

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

FINAL REPORT

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The statements contained in this report are solely those of the authors and do not necessarily reflect the views or policies of the Centers for Medicare & Medicaid Services. The awardee assumes responsibility for the accuracy and completeness of the information contained in this report.



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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.



I. Introduction

A critical role of the National Medicare Education Program (NMEP) is to provide information to people with Medicare about the Medicare program and their Medicare+Choice options. Ketchum, BearingPoint and Westat have attempted to complete the larger task of assessing how well CMS is communicating with the Medicare population by analyzing six target communities through media monitoring, site visits and a beneficiary survey. Complete findings will be reported in the Project Summary Final Report, which will be submitted to CMS.

As part of this larger report, Ketchum monitored and analyzed media in order to provide background data about the flow of information in the six target markets. These findings will later be fed into the findings from both the survey and site visit portions of this contract, which ultimately will 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 survey 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.

Ketchum monitored and categorized all Medicare-related media in the six markets during two separate three-month periods and subsequently assessed the coverage. The six case study sites monitored from October 1, 2001 through December 31, 2001 and October 15, 2002 through January 15, 2003 included:

- Tucson, Arizona
- Sarasota, Florida
- Springfield, Massachusetts
- Dayton, Ohio
- Eugene, Oregon
- Olympia, Washington

Ketchum's monitoring encompassed both paid and earned media in local print outlets (daily, weekly and monthly) and broadcast outlets (radio and television).

The purpose of this document is to provide a summary and analysis of the media coverage collected during the afore-mentioned time period in each of the six sites as well as recommendations for future efforts. It constitutes findings for Year Two of the NMEP Case Study Sites Assessment, as well as comparisons between Year One and Year Two media monitoring. Findings will be included in the Project Summary Final Report.



The three Contractors on this project sought answers to the following research questions. The starred (*) questions, however, were unable to be answered solely by this media audit. Those questions will be addressed fully in the Project Summary Final Report.

- 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 among people with Medicare or just giving 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?

Generally, our findings show that in the target markets, Medicare was more often a sub-topic in media coverage about larger news stories. Very few media stories served as effective sources of straight Medicare information. In addition, very little coverage featured key Medicare messaging, sources or resources.



II. Discussion

Methodology:

To form an understanding of the quality and quantity of Medicare coverage as well as the messages to which residents in the six case study sites were exposed, the Ketchum team monitored and evaluated the content and impact of media messages.

Monitoring methods. For data collection, the team relied upon video monitoring services and Burrelle's Clipping Service to conduct daily monitoring of local television stations and newspapers within the six markets. Compared to last year's collection efforts, we expanded this year's search terms to cover not just "Medicare," but all media about health issues relating to seniors. Our search terms included the following:

- Medicare in connection with issues re: seniors
- Healthcare in connection with issues re: seniors
- Nursing homes in connection with quality of care
- Medigap-supplemental insurance
- Tricare for Life-Veteran's benefits
- Medicare + Choice (Medicare Managed Care)
- Medicaid in connection with seniors
- Senior citizens in connection with health plan options
- Prescription drugs in connection with coverage for seniors
- Senior citizens in connection with Prescription drug coverage
- Assisted living in connection with seniors re: quality of care
- Long-term care in connection with seniors re: quality of care
- Home health care in connection with seniors re: Medicare
- Hospital care in connection with seniors re: quality
- Medicare in connection with cost for people with Medicare
- Medicare in connection with benefits changes
- Managed care providers in connection with Medicare re: pulling out of Medicare
- Medicare trust fund solvency
- Retirees in connection with lack of insurance or underinsurance
- Managed care in connection with government regulation
- Ticket to Work-self-sufficiency program in connection with Medicare
- Retirement benefits in connection with large employers re: changes in benefits
- Hospitals in connection with going out of business
- Hospitals in connection with doctors leaving
- Hospitals in connection with health care plans
- Centers for Medicare & Medicaid Services
- Medicare Handbook



We augmented our collection by conducting searches of newspapers' Web sites. (When the community was a suburb to a larger media market, such as Olympia to Seattle, the media in the larger market was also used.) Each outlet was contacted to determine the percentage of their audience that included people with Medicare. Those outlets, as well as all the major outlets in each market, were monitored. The list included both large and small newspapers as well as broadcast outlets. (See Appendix A, Figure 2 for a full list of media monitored.)

Analysis Methods. In order to provide an accurate snapshot of coverage in the six sites, Ketchum developed qualitative methods for data analysis. 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. Similar to last year's analysis methods, each entry was categorized by 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.)

Our analysis methods mirrored last year's excluding a few key changes. Working closely with CMS, we expanded our search terms to cover media about health issues relating to seniors. We also altered monitoring indicators slightly for Year Two, adding some new messages to track (see Appendix A, Figure 1, Messages M14 – M19) plus a "coverage" code that evaluated whether a story covered a state, local or national issue. In addition, we omitted the qualitative Reach, Content and Quality scoring unique to last year's analysis.

Finally, Ketchum fractured the data in a variety of ways, analyzing the overall findings (medium, tone, messages, sources, resources, topics) across all markets, as well as the results in each individual market. For example, we calculated the top five story topics in each city, as well as the top five stories as a whole across all markets.

While most of our monitoring indicators were straightforward, the most subjective monitoring indicator was "tone." We classified a piece of media coverage as "negative" if it reflected poorly on Medicare (e.g., if the story cited shortcomings to the Medicare program, if it criticized the healthcare system with respect to Medicare, cited problems with HMOs or nursing homes, referenced people with Medicare who might suffer, explored the limitations of prescription drug coverage, etc.)



Key Findings and Trends Identified Across Markets:

As a whole, the six markets studied from October 2002 through January 2003 did not produce a large volume of coverage that included positive Medicare messages and resources. Key findings from our analysis of the 577 total clips 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 informative Medicare information or in-depth options to readers. The best examples of such quality coverage include a December 23 story in the *Arizona Daily Star* that described the various health plan options for seniors in Pima County and a November 29 TV spot in Olympia that announced open enrollment for Medicare. Additionally, the stories on flu shot availability, Medicare anti-smoking pilots and the Nursing Home Quality Initiative (NHQI) communicated helpful information to readers and viewers.

Medicare Messaging Absent in Most Coverage.

Less than ten percent (8%) of coverage repeated 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 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. (See Appendix A, Figure 17.)

Message	Number of Mentions Across Six Markets
Medicare is committed to improving quality of care in nursing homes	16
Medicare will help you narrow down your choices of providers, nursing homes and health care plans	11
Medicare will help you help yourself	7
The Medicare program offers preventive services	6
There are now more choices and options in health plans	4
Various health plan options differ	2
Original Medicare does not pay for everything and does not cover all services	2
Beneficiaries do not have to change their health plans	1
Contact Medicare regarding questions on benefits and covered services	1



Medicare Resources Absent in Most Coverage.

Similarly, less than ten percent (7%) of coverage cited Medicare resources. When resources were present, 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. Considering that only 40% of seniors use the Internet, it is somewhat curious that *medicare.gov* was cited most often. (See Appendix A, Figure 13.)

Resource	Number of Mentions Across Six Markets
Medicare.gov	20
1-800 Medicare	17
Nursing Home Compare	4
Health Fairs	1

Media Are Not Raising Awareness of Everything Medicare Has to Offer Among People with Medicare.

Based on the findings above, Ketchum also concludes that the media are not disseminating positive Medicare information and resources on their own volition. Exposure to useful Medicare information is, in fact, 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. Springfield and Olympia were the only markets that featured radio hits. These findings are not surprising considering the media habits of senior populations. According to MRI data, seniors are heavy television viewers, and 70% of them read a daily newspaper. Only 43% of them have Internet access of any kind. Based on this data, we conclude that media stories about Medicare are coming through the appropriate channels. (See Appendix A, Figure 10.)

Medium	Total Number of Hits	Percentage
Major TV Networks	301	52%
Daily Newspaper	216	37%
TV, Non-Major Network	29	5%
Radio	25	4%
Weekly, Monthly or Quarterly Paper	5	<0%
Online	1	<0%



Negative Stories Versus Positive.

Negative stories outweighed positive stories across all markets, 44% to 26%. 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. (See Appendix A, Figure 14.)

Tone	Total Number of Hits	Percentage
Negative	255	44%
No tone apparent, neutral or informational	102	18%
Positive	150	26%
Equal number of positive and negative mentions	70	12%

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. These findings highlight the fact that proactive media outreach about a noteworthy CMS event or project is an effective tactic for communicating key CMS messaging and information.

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. Last year, we collected only stories that mentioned Medicare, whereas this year, we monitored media that touched on any health care issue that affected seniors. Ketchum believes that mid-term election coverage is also responsible for bringing Medicare issues front and center this year. Finally, the fact that CMS launched concentrated Medicare campaigns this year is a reason for additional coverage.

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. (See “Comparison of Year One to Year Two” section.)



***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 NAACP, The National Academy of Sciences and the Kaiser Family Foundation. In 14% of the total coverage, no source was attributed. (See Appendix A, Figure 12.)

Source	Total Number of Quotes/Attributions	Percentage
State Legislator	173	30%
No sources quoted	126	22%
Other National Advocacy Group	82	14%
Member of Congress	62	11%
Federal Government	57	10%
Medicare Beneficiary	56	10%
Senior Center	43	7%
Local Advocacy Organization	40	7%
Hospital	36	6%
CMS	34	6%
Local Pharmacy	32	6%
State Agency/Office on Aging	30	5%
AARP	19	3%
Local Official	19	3%
Individual Physician	19	3%
Insurance Company/HMO	18	3%
Medicare	17	3%
Pharmaceutical Company	8	1%
Quality Improvement Organization	7	1%
Local Ombudsman's Office	5	1%
American Medical Assn (AMA)	3	1%
American Health Care Association (AHCA)	2	<1%
State Insurance Department	1	<1%
State Health Insurance Assistance Program (SHIP)	0	0%
State Ombudsman	0	0%
HCFA	0	0%

The Federal Government, CMS and Medicare were attributed sources in 10% of 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.



For example, CMS, Medicare and/or the Federal Government were sources present in practically all coverage of the NHQI initiative and stop-smoking pilots. Similarly, stories about the CMS study on rising health care costs usually quoted authors Katherine Levit or Dr. Stephen Jencks. (“Health care expenses soaring at most rapid rate in a decade;” *Arizona Daily Star*; Jan. 8, 2003; by Robert Pear. And “Medicare Quality Has a Long Way to Go;” WWSB-ABC Tampa; 5 p.m. broadcast; Jan 14, 2003.)

News stories related to Department of Health and Human Services (DHHS) or CMS also featured government sources. For instance, some were included in a story about CMS deciding whether to approve a new heart-monitoring device for a larger Medicare audience. (“Heart Monitoring Device Hits Medicare Snag;” *Dayton Daily News*; Nov. 22, 2002.) Stories on Medicare’s cuts in payments to doctors included Medicare and CMS’s Tom Scully as sources (“Medicare to cut payments to doctors by 4.4 percent;” *Sarasota Herald-Tribune*; Dec 21, 2002; N.Y. Times News Service.) The Centers for Disease Control (CDC) and DHHS Secretary Tommy Thompson appeared in a story about senior deaths from the flu. (“Deaths from flu show big increase;” *Arizona Daily Star*; Jan. 8, 2003; by Lindsey Tanner.)

Four Key Issues and Campaigns:

This year, four Medicare-related issues and campaigns had the potential to increase media coverage of key CMS messages. Ketchum studied these items closely and analyzed the nature of their media coverage. Unfortunately, coverage of only one of them – the NHQI campaign – garnered the sort of quality media CMS hoped for.

The four topics and their corresponding analyses follow:

Nursing Home Quality Initiative

As mentioned above, the NHQI was covered in five of the six markets, and in four of those markets it was a top five story. The story appeared 35 times total, with most coverage appearing on local affiliates of major TV networks (making the stories brief and to the point). The stories seldom quoted any sources, but they usually credited the news to the federal government, cited either *medicare.gov* or *1-800 Medicare* and communicated one or more of the nursing home quality messages.



For the most part, coverage of the issue was positive and limited to the November launch itself. However the Olympia market featured some follow-up stories. One December 26 analysis in daily paper *The Olympian* analyzed how the NHQI had affected local nursing homes. The story quoted CMS, local nursing home administrators, the American Health Quality Association and an individual physician. Many in the story said the program had had no impact. Another negative editorial in the same newspaper criticized the NHQI, commenting that it hadn't gone far enough and that the data were insufficient for decision-making purposes.

Prescription Drug Benefit

Prescription drug benefits were covered in a variety of ways across all markets. Most coverage of the issue was related to a political candidate's platform or to specific legislation.

For example, Tucson media covered a prescription drug card program for seniors launched by Arizona's governor. The news produced more than 15 positive hits that mostly quoted state legislators, the American Association of Retired Persons (AARP) and groups like the Arizona Pharmacy Association.

Many markets ran national stories about President Bush's prescription drug benefit for seniors. These stories often quoted the President, CMS Administrator Tom Scully, AARP spokespeople, and members of Congress both for and against the plan (e.g., Senator Edward Kennedy sharply criticized it). Many of those quoted anticipated that Medicare payments to doctors would be reduced in 2003, which would limit health care available to Medicare patients.

The Springfield market featured 16 stories about pharmacy assessment fees levied by pharmacies such as Walgreens and CVS. These stories primarily quoted pharmacy spokespeople and state legislators fighting the fees. Also in Springfield, 12 stories about the passage of a prescription drug tax in the Massachusetts state legislature appeared. Most of these stories were balanced, analyzing the pros and cons of such policies, and most stories mentioned that people with Medicare and Medicaid would not be required to pay the tax.



National Media Campaign

Excluding paid political advertisements that happened to mention Medicare, we uncovered only eight total advertisements, most of which were placed by healthcare providers or quality improvement organizations. Naturally, the ads were positive, communicating key Medicare messaging. All eight appeared in either Dayton or Tucson. Dayton featured one *Dayton Daily News* print ad and two TV ads about a Medicare stop smoking pilot. In addition, four Ohio KeyPro advertisements promoted the NHQI and referenced *medicare.gov* and *1-800 Medicare*. Similarly, Tucson featured one Medicare+Choice print ad placed by Pacificare.

Fall Mid-term Elections

Media in the six markets tracked local, state and national races closely during the October-November timeframe, and Medicare issues were central to many 2002 campaigns. From state congressional debates to round-ups about what a Republican-controlled congress will mean for issues including Medicare, election-related coverage appeared often in our media monitoring. Fourteen percent of total coverage across all markets was election related, but virtually no Medicare messages appeared in that coverage.

Specifically, candidates were vocal about their views on the issue of prescription drug coverage – though few of the stories mentioned Medicare itself. Most election-related stories were negative since candidates criticized the status quo. For instance, in Springfield, gubernatorial candidate Mitt Romney chided the insufficiencies of the current health care system. He advocated cutting costs of prescription drugs. Quoted sources in election-related coverage usually included the candidates themselves and current state legislators. The AARP, which sponsored some candidate forums in Springfield, was quoted occasionally.



Major News Stories in the Six Markets:

After collecting and coding the 577 total media hits across the six markets, we grouped the articles and stories in each market by subject matter. Then, we calculated the top five media stories in each market – that is, the story topics covered most often.

The top five stories varied from market to market. Some subjects achieved top-five status in more than one market (e.g., the NHQI launch and mid-term election stories). Others were local issues unique to certain cities. In the market-by-market analysis section (see page 29), Ketchum has listed and synopsized the top five stories in each area.

Meanwhile, Ketchum calculated the five stories covered most often across *all* markets, whether they originated from national or local media outlets. They included the following:

Medicare and the mid-term election: 84 media hits

As stated in the previous section, a large amount of October and early November coverage in most markets was election related, exploring the stances of national and state candidates on long-term care and prescription drug benefits for seniors. Coverage was mostly negative, as candidates vowed to reform a troubled healthcare system.

The launch of the Medicare Nursing Home Quality Initiative: 35 media hits

On or around November 12, outlets in five out of six markets covered CMS's launch of the Nursing Home Quality Initiative. Stories were primarily positive, announcing Medicare's new tool to help select a nursing home. However two negative stories in the Olympia market included criticism of the NHQI's effectiveness. Most stories included key messaging about nursing home quality and referred readers and viewers to *1-800 Medicare* and *medicare.gov*.

State budget woes: 28 media hits

Many media stories in the various markets reported plans for state budget cuts, which often included cuts for health programs for the poor and reduced payments to nursing homes. The issue was covered abundantly in Olympia and Eugene, and practically all of these media hits were negative. In Olympia, for example, Washington's Governor Locke lamented the state's deficit and threatened to cut Medicare funding as a remedy. Similarly, in Oregon, proposals to control the state budget included a reduction in payment to nursing homes. Such stories attracted lots of attention and usually quoted state legislators, hospitals, people with Medicare, local officials and state agencies such as the Department of Human Services.



Closure of a Seattle nursing home: 28 media hits

A highly-charged media topic in the Olympia market was the potential closure of a Seattle nursing home. The move, sparked by cuts in Medicare and Medicaid reimbursement rates, would have left 150 residents homeless. The NAACP worked to prevent the closure, and ultimately, the home took on non-profit status in order to remain open. While this was a local news topic in a single market, the story garnered so many hits that it made the overall top five list. Naturally, the coverage was negative, and no Medicare messaging appeared in any of the articles or stories. Quoted sources included nursing home officials, people with Medicare, the NAACP and local advocacy organizations like the Urban League.

Medicare and flu shots: 20 hits

Neutral flu-shot related news was covered often in various markets. Several stories and calendar items listed the times, dates and locations of flu shots, free to those on Medicare Part B. One story explored reasons why physicians rarely offer flu shots today. Articles often quoted local officials such as county health departments or groups such as the Visiting Nurses Association. One AP wire story quoted the CDC, which reported that fewer than two-thirds of seniors are being vaccinated against the flu. The message that *Medicare offers preventive services* appeared in six of the 20 clips; however Medicare resources or contact information was never listed in these stories.

Earned Media vs Paid Media and Stories from CMS Sources:

Paid media comprised only five percent of all coverage, and the breakdown of that paid media follows. It includes 18 political ads (paid for by candidates) that happened to mention prescription drug reform. More importantly, Ketchum uncovered two television ads in Dayton (about a Medicare stop-smoking pilot), and six total print ads. Five of those print ads were placed by healthcare provider Pacificare and quality improvement organization KeyPro.

This paid media was, naturally, very positive. Much of it contained Medicare messaging and resources. (*Medicare will help you help yourself* appeared in the TV stop-smoking ad and in one of the KeyPro ads about Nursing Home Compare. *Medicare is committed to improving the quality of nursing homes* appeared in two of the KeyPro ads. Finally, *1-800 Medicare, medicare.gov* and *Nursing Home Compare* appeared in the KeyPro ads.)



(See Appendix A, Figures 15 and 16.)

Tone	Total Number of Hits	Percentage
Earned Media	551	95%
Paid Media Breakdown: 18 Political TV Ads 2 TV Ads (Dayton stop-smoking pilot) 6 Print Ads (One Dayton stop-smoking pilot; 4 Dayton KeyPro ads; one Pacificare ad in Tucson)	26	5%

It is worth noting that stories that originated from CMS sources translated into the most effective, quality earned media hits. In fact, it was these proactive campaigns that won CMS the most quotes and attributions.

As mentioned, the NHQI launch was a top five story that produced 35 (mostly positive) earned media hits. And though CMS’s study on the rising cost of health care was not positive news, the study results themselves were covered in various markets more than 13 times.

Based on this information, Ketchum concludes that proactive placement tactics are the key to winning quality coverage for CMS and Medicare. Media outreach that links back to CMS initiatives has equated to better quality results.

Comparison of Year One and Year Two:

Ketchum conducted a similar media analysis of the same six markets in fall 2001. A comparison of findings from Year One to Year Two follows.

We believe that the primary reasons for differences between Year One and Year Two stem from each media environment at the time of monitoring. For example, election coverage dominated this fall’s media landscape. But we also must recognize this year’s expanded search criteria, which created a much larger volume of coverage and, in some respects, an uneven basis for comparison.



Information Types:

The two dominant information types did not change from Year One to Year Two – daily newspapers and major television networks accounted for the majority of coverage both years. However, this year we saw the amount of TV coverage increase from 35% in Year One to 53% in Year Two. Daily newspaper coverage decreased from 50% last year to 37%. The increase in television coverage this year is primarily due to an increase in broadcast election coverage. Because seniors are heavy television watchers, this increase bodes well for CMS in terms of reaching target audiences.

Year One

Information Channel	Percentage of Coverage in that Channel
Television	35%
Daily Newspapers	50%

Year Two

Information Channel	Percentage of Coverage in that Channel
Television	53%
Daily Newspapers	37%

Topics:

Last year, half of the coverage overall presented general information about Medicare rather than specific issues-based information. This year, due to our expanded search terms, Medicare was more often a sub topic in coverage about larger news stories. In addition, last year September 11 pushed domestic issues like health care off the news radar; whereas this year, mid-term election coverage stole the media spotlight.

Tone:

The ratio of negative to positive news held steady from Year One to Year Two. Last year, 41% of all coverage was negative while 29% was positive. This year, 44% percent was negative and 25% was positive.

Messages:

Significantly less Medicare messaging penetrated coverage in Year Two. Last year, 49% of coverage repeated Medicare messaging. This year only eight percent of coverage featured key messaging. (Again, this could be due to the expanded search criteria used in this year’s monitoring.) The most common messaging changed, as well. This year, nursing home quality messaging was used most frequently due to the NHQI launch. Last year *Original Medicare Does Not Pay for Everything and Does Not Cover All Services* was most common.



Resources:

In Year One, 85% of coverage lacked Medicare resource citations. Year Two was not any better – 93% of coverage did not cite a Medicare resource. This year, *medicare.gov* was used most frequently, whereas last year, *1-800 Medicare* was most common.

Sources:

More sources were quoted in this year's coverage, but the sources themselves differed. Last year, information about Medicare was presented without a concrete attributable source 30% of the time. This year, sources were missing from coverage only 14% of the time.

Last Year, the most common sources quoted were an insurance company or HMO (17%) and "Medicare" (16%). This year, state legislators (30%) and other national advocacy groups (15%) were quoted most often, due mostly to the onslaught of election and state legislative coverage across the six sites. (See Appendix A, Figure 8 for a breakdown of attributed sources.)



**Qualitative Findings and
Market-by-Market Analysis:**

As mentioned, Ketchum collected 577 media hits from the six target markets. Springfield produced the most coverage (165 clips) followed by Dayton, Olympia, Tucson, Sarasota and finally Eugene.

Market	Number of Media Clips
Springfield	165
Dayton	130
Olympia	83
Tucson	82
Sarasota	67
Eugene	50

The following section analyzes media results in each of the six markets.

Please note that a media audit alone cannot measure whether people with Medicare *recognize* Medicare information sources. It is possible that the appearance of Medicare resources in various stories reached some readers and viewers; but based on the relatively small number of mentions, Ketchum estimates that valuable Medicare information did not reach a significant number of people with Medicare in each market.

TUCSON, Arizona

Media and Information Types

As was the case in other markets, most of the coverage in Tucson appeared in the daily newspaper or on television. Of the 82 media hits in this market, 59% appeared in daily newspaper *The Arizona Daily Star*. This coverage consisted of print news and wire stories, plus several columns, letters to the editor and editorials. Thirty-six percent of Tucson coverage appeared on major TV networks, and one print ad appeared in this market. (See Appendix A, Figure 19.)

Medium	Tucson	All Markets
Daily Newspaper	59%	37%
Weekly Newspaper	5%	0%
TV, Major Network	36%	52%
TV, Non Major Network	0%	5%
Radio	0%	4%
Online	0%	0%



Information Channel	Tucson	All Markets
Print News	16%	14%
Print Wire Story	24%	10%
Print Editorial	5%	3%
Print Column	7%	2%
Print Ad	1%	1%
Letter to the Editor	11%	5%
Calendar Item	0%	2%
TV News	35%	66%
TV Public Affairs/Talk	0%	<1%
TV Ad	0%	<1%
TV Ad Political	0%	3%
Radio News	0%	3%
Radio Public Affairs	0%	<1%

Topics

Forty-four percent of the Tucson hits focused on national issues – most of them political. The remaining coverage was split evenly between local issues (such as the activities of HMOs in this market) and state political issues – 30% and 26% respectively. (See Appendix A, Figure 20.)

Coverage	Tucson	All Markets
Local Issue	30%	32%
State Issue	26%	39%
National Issue	44%	29%

Top Five Stories

Based on quantity and similarity of subject matter, the five story topics that dominated the Tucson market include the following:

Story Topic	Percentage of Total Coverage in This Market	Percentage Across All Markets
Medicare and the mid-term election	20%	14%
Governor’s prescription drug card program	18%	3%
The launch of the Medicare Nursing Home Quality Initiative	6%	6%
CMS report on the rising cost of health care	5%	3%
Closure of a local nursing home	5%	<1%



Medicare and the mid-term election: 16 hits

A large amount of October and early November coverage in Tucson was election related, exploring the stances of state candidates on long-term care and benefits for seniors. Medicare itself was not the subject of most election coverage. Rather it was the prescription drug issue that landed this media in our findings. For example, several articles covered Congressman Jim Kolbe, who made the issue a table stake in his own election. In addition, both candidates for the local congressional seat supported prescription drug coverage for seniors, with each supporting the proposal from their respective parties in Congress. Several round-up stories appeared in the early November timeframe, outlining what the election results will mean for Americans. Republicans affirmed that prescription drug coverage was high on their agenda. Legislators and members of Congress were quoted most often in these stories, with occasional endorsements by groups like the AARP.

Governor's prescription drug card program: 15 hits

In her first action as Arizona governor, Janet Napolitano launched a prescription drug card program for seniors. In early January, this news garnered 15 media hits in television and print. The news spurred reactive media, as well. Several editorials and letters to the editor praised the Governor's action, while some Republicans criticized it in print. Many of the stories quoted the governor herself, along with state assemblymen, and spokespeople for groups including the AARP and the Arizona Pharmacy Association. Supporters said the discount program would be particularly welcome in rural areas "abandoned by Medicare HMOs." According to the governor, the discount program would be open to about 570,000 people enrolled in Medicare.

The launch of the Medicare Nursing Home Quality Initiative: 5 hits

On or around November 12, five outlets covered CMS's launch of the Medicare quality indicators. These positive hits announced Medicare's new tool to help select a nursing home and explored how the quality indicators can be used. CMS and Medicare were attributed sources in this coverage. Several of these stories referred readers and viewers to *1-800 Medicare* and *medicare.gov*; and several communicated key messaging (see following sections).

CMS report on the rising cost of health care: 4 hits

In January, the results of a CMS study were covered by a handful of outlets. The negative study found that Americans' spending on health care rose nine percent in 2001. Medicare was not specifically mentioned in the stories, however the story said that prescription drug spending continued to grow faster than all other areas. Researcher Katharine Levit was quoted in one such story that appeared in the *Arizona Daily Star*. ("Health care expenses soaring at most rapid rate in a decade;" *Arizona Daily Star*; Jan. 8, 2003; by Robert Pear. and "Healthcare price boost is highest in 10 years;" *Tucson Citizen*; Jan. 8, 2003; by Janelle Carter.)



Closure of a local nursing home: 4 hits

Four letters to the editor ran in this market that criticized the closure of a local nursing home for fire code violations. Medicare was not mentioned in these negative letters.

In broader terms, the topics covered most often in this market were prescription drug coverage, nursing home quality and Medicare initiatives. (See Appendix A, Figure 26.) *NOTE: The following chart demonstrates the most commonly covered topics as measured by the monitoring indicators.*

Top Five Story Topics as Measured by Monitoring Indicators	Percentage of Total Coverage in Tucson	Percentage Across All Markets
Prescription Drug Coverage	51%	41%
Nursing Home Quality	11%	11%
Medicare Initiatives	6%	3%
CMS Initiatives	5%	4%
General Medicare	4%	3%

Tone

Coverage in the Tucson market was negative in tone 41% of the time. Thirty-nine percent of media coverage was positive, 11% had no tone apparent, and 9% included an equal number of positive and negative angles.

The abundance of election coverage that criticized prescription drug prices was a contributing factor to the amount of negative stories. Examples of positive coverage include stories about the NHQI and positive reaction to the Governor’s prescription drug proposal. (See Appendix A, Figure 23.)

Tone	Percentage of Tucson Hits
Negative	41%
Positive	39%
No Tone Apparent	11%
Equal Number of Positive and Negative Mentions	9%



Medicare Messages and Resources

Medicare is committed to improving quality of care in nursing homes and Medicare will help you narrow your choices of nursing home.

These messages were communicated in five stories and articles about the NHQI.

1-800-Medicare and medicare.gov were referenced in four of the five media hits on the same subject.

Various health plan options differ.

This message was present two times – once in an *Arizona Daily Star* advertisement by Secure Horizons; and once in a December 23 article describing the various health plan options for seniors in Pima County.

There are now more choices and options in health plans.

This appeared one time, in the same December 23 article about various health plans in Pima County.

Original Medicare does not pay for everything and does not cover all services.

This appeared twice – once in the December 23 Pima County article, and once in an October newscast about Congressman Kolbe’s re-election bid.

Health fairs were referenced one time in an announcement about a local senior health fair. (See Appendix A, Figure 25.)

Messages	Number of Mentions In Tucson	Number of Mentions Across All Markets
Medicare is committed to improving quality of care in nursing homes	5	16
Medicare will help you narrow down your choices of providers, nursing homes and health care plans	5	11
Medicare will help you help yourself	0	7
The Medicare program offers preventive services	0	6
There are now more choices and options in health plans	1	4
Various health plan options differ	2	2
Original Medicare does not pay for everything and does not cover all services	2	2
Beneficiaries do not have to change their health plans	0	1
Contact Medicare regarding questions on benefits and covered services	0	1



(See Appendix A, Figure 22.)

Resource	Number of Mentions In Tucson	Number of Mentions Across Six Markets
Medicare.gov	4	20
1-800 Medicare	4	17
Nursing Home Compare	0	4
Health Fairs	1	1

Quoted and Attributed Sources

As in most markets, state legislators were quoted most often in Tucson coverage, due to the abundance of coverage of the election and governor’s initiatives. The Federal Government, CMS and Medicare were attributed sources in 13%, 6% and 4% of the coverage 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 NHQI announcements. (See Appendix A, Figure 21.)

Source	Percentage of Tucson Stories in Which Quoted or Attributed	Percentage Across all Markets
State Legislator	28%	30%
Member of Congress	27%	11%
No sources quoted	22%	22%
Other National Advocacy Group	15%	14%
Federal Government	13%	10%
Medicare Beneficiary	11%	10%
State Agency/Office on Aging	6%	5%
Medicare	6%	3%
Local Advocacy Organization	5%	7%
Insurance Company/HMO	5%	3%
CMS	4%	6%
Individual Physician	4%	3%
Local Pharmacy	2%	6%
AARP	2%	3%
Pharmaceutical Company	2%	1%
Local Ombudsman’s Office	2%	1%
Senior Center	1%	7%
Hospital	1%	6%
Local Official	0%	3%
Quality Improvement Organization	0%	1%
American Medical Assn (AMA)	0%	1%
American Health Care Association (AHCA)	0%	<1%
State Insurance Department	0%	<1%
State Health Insurance Assistance Program (SHIP)	0%	0%
State Ombudsman	0%	0%
HCFA	0%	0%



Key Findings

- *How effectively is the media disseminating Medicare information in this market?*
- *Are media helping raise awareness among people with Medicare or just giving them information for a specific topic?*
- *Was there a prevalence of negative Medicare publicity in this site?*

Overall, Tucson media did not disseminate positive Medicare information effectively. Of the 82 media hits in this market, 41% of them were negative, and nearly all of them were situational, reporting on specific topics that happen to relate to Medicare. However, positive coverage followed close behind at 39%.

Examples of negative coverage included a story on cuts in payment to doctors, which could lead doctors to limit the number of Medicare patients they treat. In another story, a local woman alleged that her mother's death was caused by a lack of communication between two hospitals and three nursing homes. (Medicare was not mentioned in this piece; rather, it was a commentary on nursing home quality.)

- *Was there a particular article or broadcast piece that seemed to be most effective in this market?*
- *Which placement tactics worked best in Tucson?*

From an earned media perspective, proactive “news” pitches seemed to generate the best coverage for CMS and Medicare.

CMS’s launch of the NHQI worked well in this market. The news garnered five positive broadcast media hits, most of which communicated key messaging and resources (see below).

The December 23 article in the *Arizona Daily Star* effectively communicated Medicare options to readers. It described the various health plan options for seniors in Pima County, including some new services offered by the two major Medicare HMOs. The source of this story is unknown, but one can conclude that *The Star* endeavored to “inform” readers in the piece.

In addition, the *Arizona Daily Star* advertisement placed by Secure Horizons communicated Medicare messaging about the differences between health plans. The ad encouraged people with Medicare to consider the Secure Horizons plan, offering three sales meetings to learn more.



- *Which messages are consistently appearing in the Tucson media?*
- *Do people with Medicare in this market recognize the different ways in which they can access information to help answer their questions?*

As mentioned, *Medicare is committed to improving quality of care in nursing homes and Medicare will help you narrow your choices of nursing homes* appeared most often in this market. These messages were present in all five stories about the NHQI, and four of these same stories referenced *1-800-Medicare* and *medicare.gov*. *Health fairs* were referenced one time in an announcement about a local senior health fair.

Various health plan options differ, There are now more choices and options in health plans, and Original Medicare does not pay for everything and does not cover all services were the only other messages present in this market. Each appeared only one to two times.

SARASOTA, Florida

Media and Information Types

Sarasota produced only 67 hits – mostly from TV networks and print outlets. Major TV news comprised the majority (54%) of coverage, and 28% appeared in daily paper, the *Sarasota Herald Tribune*, in the form of news stories, wire stories, editorials, columns, letters to the editor and calendar items. (See Appendix A, Figure 27.)

Medium	Sarasota	All Markets
Daily Newspaper	28%	37%
Weekly Newspaper	0%	0%
TV, Major Network	54%	52%
TV, Non Major Network	18%	5%
Radio	0%	4%
Online	0%	0%

Information Channel	Sarasota	All Markets
Print News	13%	14%
Print Wire Story	6%	10%
Print Editorial	0%	3%
Print Column	3%	2%
Print Ad	0%	1%
Letter to the Editor	4%	5%
Calendar Item	3%	2%
TV News	70%	66%
TV Public Affairs/Talk	0%	<1%
TV Ad	0%	<1%
TV Ad Political	1%	3%
Radio News	0%	3%
Radio Public Affairs	0%	<1%



Topics

In Sarasota, coverage was almost evenly split between local (28%) and state (31%) issues. Forty-one percent of media hits covered national issues. (See Appendix A, Figure 28.)

Coverage	Sarasota	All Markets
Local Issue	28%	32%
State Issue	31%	39%
National Issue	41%	29%

Top Five Stories:

Based on quantity and similarity of subject matter, the five story topics that dominated the Sarasota market include the following:

Story Topic	Percentage of Total Coverage in This Market	Percentage Across All Markets
The launch of the Medicare Nursing Home Quality Initiative	15%	6%
Medicare and the mid-term election	12%	14%
Medicare and flu shots	7%	3%
The Bush Administration and Medicare	7%	1%
More choices in health plans	6%	2%

The launch of the Medicare Nursing Home Quality Initiative: 10 hits
Similar to Tucson, CMS’s launch of the Medicare quality indicators was covered 10 times in print and broadcast outlets. These hits announced Medicare’s new tool to help select a nursing home and explored how the quality indicators can be used. Once again, several of these stories referred readers and viewers to *1-800 Medicare* and *medicare.gov*. The “Federal Government” or “Medicare” were attributed sources in most of these positive launch stories. In one TV broadcast, a spokesperson from a senior center was quoted.

Considering that Florida was the site of the NHQI’s pilot launch, this coverage is particularly interesting. The topic was covered here significantly during the April 2002 pilot, so this extra coverage in November shows that the story had staying power in this market.



Medicare and the mid-term election: 8 hits

Here again, a large amount of coverage in this market was election related, exploring the stances of state candidates on long-term care and benefits for seniors. Issues relevant to seniors topped the agenda for both Florida gubernatorial candidates, Bush and McBride. Both presented plans that promise to make prescription drugs more affordable for seniors. The stories seldom focused on Medicare itself; however in one story, Candidate McBride said he supported expanding Medicaid prescription drug eligibility.

Medicare and flu shots: 5 hits

Flu-shot related news was covered five times. Several stories and calendar listings reported the times, dates and locations of flu shots, free to those on Medicare. One story explored reasons why physicians rarely offer flu shots today. The Manatee County Chapter of the American Red Cross and the Sarasota County Health Department were quoted in two of the announcements; however no Medicare resources were listed in this coverage.

The Bush Administration and Medicare: 5 hits

In December and January, several stories covered Medicare from a national political perspective, reporting on the President’s prescription drug plan for seniors. These neutral stories did not relate directly to Florida. Rather, they discussed the President’s plan to address Medicare reform and prescription drugs in his State of the Union Address.

More choices in health plans: 4 hits

On or around November 22, several TV broadcasts and the *Sarasota Herald-Tribune* covered the positive news that people with Medicare in the Sarasota area have a new health plan option. A local health plan (Quality Health Plans) had been added to the options for Medicare managed care. This insurance company was the attributed source.

In broader terms, the topics covered most often in this market were prescription drug coverage and nursing home quality. (See Appendix A, Figure 34.) *NOTE: The following chart demonstrates the most commonly covered topics as measured by the monitoring indicators.*

Top Five Story Topics as Measured by Monitoring Indicators	Percentage of Total Coverage in Sarasota	Percentage Across All Markets
Prescription Drug Coverage	30%	41%
Nursing Home Quality	19%	11%
Medicare+Choice	9%	1%
Long-term Care	4%	15%
Medicaid	4%	7%



Tone

Thirty-six percent of coverage in Sarasota was positive. Thirty-one percent was negative, 19% showed no apparent tone and 13% had an equal number of positive and negative mentions. (See Appendix A, Figure 31.)

Tone	Percentage of Sarasota Hits
Negative	31%
Positive	36%
No Tone Apparent	19%
Equal Number of Positive and Negative Mentions	13%

Medicare Messages and Resources

The Medicare program offers preventive services.

This positive message appeared twice in this market –once in an October TV news interview with the Dana Garber Cancer Institute. The story discussed Medicare’s coverage of breast cancer scans. In addition, the message appeared in a column that explored why physicians rarely offer flu shots anymore. (Note: this particular column was a unique combination of positive and negative messaging. The author notes that Medicare covers flu shots, but criticizes the reimbursement rate to doctors. He claims that fewer doctors are offering flu shots today because it is not economical. Citation: “The Next Wal-mart Special;” Sarasota Herald-Tribune; Dec. 29, 2002; by Waldo Proffitt; Page F2.)

Medicare is committed to improving quality of care in nursing homes.

This appeared twice in two positive TV stories about the NHQI.

Medicare will help you help yourself.

This message appeared one time in a positive November 21 story about an anti-smoking pilot.

There are now more choices in health plans.

This appeared in three separate airings of a TV story on people with Medicare in the area now having a new health plan.

1-800-Medicare and medicare.gov each appeared in three positive news stories about the NHQI.



(See Appendix A, Figure 33.)

Messages	Number of Mentions In Sarasota	Number of Mentions Across All Markets
Medicare is committed to improving quality of care in nursing homes	2	16
Medicare will help you narrow down your choices of providers, nursing homes and health care plans	0	11
Medicare will help you help yourself	1	7
The Medicare program offers preventive services	2	6
There are now more choices and options in health plans	3	4
Various health plan options differ	0	2
Original Medicare does not pay for everything and does not cover all services	0	2
Beneficiaries do not have to change their health plans	0	1
Contact Medicare regarding questions on benefits and covered services	0	1

(See Appendix A, Figure 30.)

Resource	Number of Mentions In Sarasota	Number of Mentions Across Six Markets
Medicare.gov	3	20
1-800 Medicare	3	17
Nursing Home Compare	0	4
Health Fairs	0	1



Quoted and Attributed Sources

Interestingly, the Federal Government or “the government” was the source quoted or attributed most often in the Sarasota market. It appeared 11 times in stories about NHQI and in stories about HHS’s delayed audit of Florida’s pension fund. Thanks to election coverage, state legislators were also common sources in Sarasota. (See Appendix A, Figure 29.)

Source	Percentage of Sarasota Stories in Which Quoted or Attributed	Percentage Across all Markets
Federal Government	25%	10%
No sources quoted	21%	22%
State Legislator	18%	30%
Other National Advocacy Group	12%	14%
Member of Congress	9%	11%
Insurance Company/HMO	9%	3%
CMS	7%	6%
Medicare Beneficiary	7%	10%
Senior Center	6%	7%
Local Advocacy Organization	6%	7%
Hospital	3%	6%
American Medical Assn (AMA)	3%	1%
Individual Physician	3%	3%
Medicare	3%	3%
Local Official	1%	3%
Pharmaceutical Company	0%	1%
Quality Improvement Organization	0%	1%
Local Ombudsman’s Office	0%	1%
American Health Care Association (AHCA)	0%	<1%
State Insurance Department	0%	<1%
State Health Insurance Assistance Program (SHIP)	0%	0%
State Ombudsman	0%	0%
HCFA	0%	0%
Local Pharmacy	0%	6%
State Agency/Office on Aging	0%	5%



Key Findings

- *How effectively is the media disseminating Medicare information in this market?*
- *Are media helping raise awareness among people with Medicare or just giving them information for a specific topic?*
- *Was there a prevalence of negative Medicare publicity in this site?*

Similar to Tucson, Sarasota media primarily covered situational stories that related to Medicare. From the mid-term election campaign issues to a local nursing home that had been fined, most coverage reported on very specific topics.

Positive coverage just outweighed negative coverage in Sarasota, 36% to 31%. One negative article in this market discussed HHS's delay of an audit of Florida's pension fund that would have looked into possible abuse of Medicare programs. Veterans' issues were also prevalent in this market. Several articles and letters to the editor criticized veterans' health plans.

- *Was there a particular article or broadcast piece that seemed to be most effective in this market?*
- *Which placement tactics worked best in Sarasota?*

This market tended to cover news stories versus features. Therefore, Medicare's launch of the NHQI was highly effective in Sarasota. The campaign produced 10 media hits – again, all on major television networks. Unfortunately, the message that *Medicare is committed to improving quality of care in nursing homes* appeared in only two of those 10 stories (due to the brevity of many of the NHQI hits.) However Medicare resources were referenced several times (see below).

- *Did this market feature effective examples of local media information on Medicare?*

One story on local health plan options ran three times on a non-major TV network. The story announced a new local health plan that had been added to the options for Medicare managed care. The insurance company (Quality Health Plans) was the attributed source in this story.



- *Which messages are consistently appearing in the Sarasota media?*
- *Do people with Medicare in this market recognize the different ways in which they can access information to help answer their questions?*

There are now more choices in health plans was the message communicated most often in the Sarasota market, thanks to the three television stories about the new local health plan.

Medicare is committed to improving quality of care in nursing homes appeared twice in this market in stories about the NHQI, while four of those stories referenced *1-800-Medicare* and *medicare.gov*.

The Medicare program offers preventive services appeared twice, while *Medicare will help you help yourself* appeared once in a story about an anti-smoking pilot.

SPRINGFIELD, Massachusetts

Media and Information Types

Springfield had the most media coverage of any market – 165 clips, which is more than double most other markets. Most of this coverage (64%) included local spots on major TV networks. Fifteen percent appeared in daily newspapers and 14% was radio coverage.

Information types included TV, print and radio news, plus some wire stories, editorials, columns, letters to the editor, and public affairs programming. (See Appendix A, Figure 35.)

Medium	Springfield	All Markets
Daily Newspaper	15%	37%
Weekly Newspaper	1%	0%
TV, Major Network	64%	52%
TV, Non Major Network	4%	5%
Radio	14%	4%
Online	1%	0%

Information Channel	Springfield	All Markets
Print News	10%	14%
Print Wire Story	0%	10%
Print Editorial	2%	3%
Print Column	.5%	2%
Print Ad	0%	1%
Letter to the Editor	0%	5%
Calendar Item	0%	2%
TV News	62%	66%



TV Public Affairs/Talk	.5%	<1%
TV Ad	0%	<1%
TV Ad Political	0%	3%
Radio News	12%	3%
Radio Public Affairs	0%	<1%

Topics

Contributing to the large volume of clips in this market was an abundance of political stories related to the election and state congressional issues. State issues were covered most often in this market -- 62% of the time. Twenty-two percent were local issues and 16% were national issues. (See Appendix A, Figure 42.)

Coverage	Springfield	All Markets
Local Issue	22%	32%
State Issue	62%	39%
National Issue	16%	29%

Top Five Stories:

Based on quantity and similarity of subject matter, the five story topics that dominated the Springfield market include the following:

Story Topic	Percentage of Total Coverage in This Market	Percentage Across All Markets
Medicare and the mid-term election	15%	14%
Pharmacy assessment fees	9%	3%
Massachusetts state tax on prescription drugs	7%	2%
Massachusetts's participation in a non-profit to lower drug prices	5%	1%
CMS study results	5%	3%

Medicare and the mid-term election: 25 hits

October and early November coverage was primarily election related, and long-term care and senior benefits were key campaign issues. In Massachusetts, gubernatorial candidate Mitt Romney advocated cutting costs to allow prescription drug coverage, and the AARP received coverage for its guide for seniors to the gubernatorial candidates' positions on issues. In the 5th congressional district, Freedman ran on a platform protecting Medicare. State legislators and members of Congress were the primary sources quoted in this often negative coverage.



Pharmacy assessment fees: 16 hits

Sixteen media hits focused on the prescription drug surcharges levied by pharmacies such as Walgreen's and CVS. The issue sparked real controversy. An editorial in the *Springfield Union-News* analyzed the fee and called for national health care reform. In other coverage, state agencies vowed to appeal the fee. Sources quoted in these stories included the pharmacies themselves, the Massachusetts Medical Society, the Amherst Council on Aging and lawmakers.

Massachusetts state tax on prescription drugs: 12 hits

Twelve December and January media hits addressed the passage of a prescription drug tax in the Massachusetts state legislature. Debate surrounded how much the tax will affect consumers, though most coverage noted that Medicare and Medicaid recipients will not be required to pay the tax. Sources quoted in these stories included legislators, people with Medicare and agencies such as the Massachusetts Independent Pharmacists' Association.

Massachusetts's participation in a non-profit to lower drug prices: 8 hits

In mid January, several outlets reported that Massachusetts is one of nine states forming a non-profit to negotiate lower drug prices. These brief announcement stories were positive in tone. Most coverage did not quote sources, however Congressman Richard Neal and state legislator Peter Shumlin each appeared in one of the stories.

CMS study results: 8 hits

The results of a CMS study were reported often. Released by CMS in January, the study looked at the quality of health care delivered to Medicare recipients across the country, ranking the best/worst states. Most stories were balanced, usually crediting CMS, Medicare or the Federal Government as a source. In fact, CMS's Dr. Stephen Jencks was quoted in five of the clips. (e.g., "Medicare Study;" WHDH-TV 7 Boston; Jan. 15, 2003; 5 a.m. and "Medicare Study;" WMUR-TV ABC 9; Jan. 15, 2003; 5:00 a.m.)

In broader terms, the topics covered most often in this market were prescription drug coverage and long-term care. (See Appendix A, Figure 42.) *NOTE: The following chart demonstrates the most commonly covered topics as measured by the monitoring indicators.*



Top Five Story Topics as Measured by the Monitoring Indicators	Percentage of Total Coverage in Springfield	Percentage Across All Markets
Prescription Drug Coverage	59%	41%
Long-term Care	10%	15%
Medicaid	9%	7%
Nursing Home Quality	7%	11%
CMS Initiatives	5%	4%

Tone

Thirty-eight percent of stories in Springfield were negative. Sixteen percent were positive, 26% had no tone apparent and 20% were neutral. (See Appendix A, Figure 39.)

Tone	Percentage of Springfield Hits
Negative	38%
Positive	16%
No Tone Apparent	26%
Equal Number of Positive and Negative Mentions	20%

Medicare Messages and Resources

Medicare is committed to improving quality nursing home care and Medicare will help you narrow down your choices of nursing homes.
These messages appeared three times in positive stories about the NHQI launch.

Medicare will help you help yourself.
The message was communicated one time in an announcement that Medicare is piloting a program in Massachusetts to help people with Medicare stop smoking.

1-800-Medicare appeared in one NHQI story, and *medicare.gov* appeared in three. (See Appendix A, Figure 41.)



Messages	Number of Mentions In Springfield	Number of Mentions Across All Markets
Medicare is committed to improving quality of care in nursing homes	3	16
Medicare will help you narrow down your choices of providers, nursing homes and health care plans	3	11
Medicare will help you help yourself	1	7
The Medicare program offers preventive services	0	6
There are now more choices and options in health plans	0	4
Various health plan options differ	0	2
Original Medicare does not pay for everything and does not cover all services	0	2
Beneficiaries do not have to change their health plans	0	1
Contact Medicare regarding questions on benefits and covered services	0	1

(See Appendix A, Figure 38.)

Resource	Number of Mentions In Springfield	Number of Mentions Across Six Markets
Medicare.gov	3	20
1-800 Medicare	1	17
Nursing Home Compare	0	4
Health Fairs	0	1

Quoted and Attributed Sources

As in most markets, state legislators were quoted most often in Springfield coverage, due to the abundance of election coverage and state budget initiatives. The Federal Government, CMS and Medicare were attributed sources in 5%, 5% and 2% of the coverage respectively – less than the average across all markets. Most occurrences of CMS/government quotes and attribution were in stories related to NHQI announcements. (See Appendix A, Figure 37.)

Source	Percentage of Springfield Stories in Which Quoted or Attributed	Percentage Across all Markets
State Legislator	45%	30%
No sources quoted	22%	22%
Local Advocacy Organization	13%	7%
Senior Center	7%	7%
Local Pharmacy	6%	6%
State Agency/Office on Aging	5%	5%
Federal Government	5%	10%



Hospital	5%	6%
CMS	5%	6%
Local Official	5%	3%
Medicare Beneficiary	4%	10%
Other National Advocacy Group	3%	14%
AARP	2%	3%
Medicare	2%	3%
Quality Improvement Organization	1%	1%
Individual Physician	1%	3%
Insurance Company/HMO	1%	3%
Pharmaceutical Company	0%	1%
Local Ombudsman's Office	0%	1%
American Medical Assn (AMA)	0%	1%
American Health Care Association (AHCA)	0%	<1%
State Insurance Department	0%	<1%
State Health Insurance Assistance Program (SHIP)	0%	0%
State Ombudsman	0%	0%
HCFA	0%	0%

Key Findings

- *How effectively is the media disseminating Medicare information in this market?*
- *Are media helping raise awareness among people with Medicare or just giving them information for a specific topic?*
- *Was there a prevalence of negative Medicare publicity in this site?*

While we uncovered the most hits in Springfield (165), stories about local and state legislative issues dominated the coverage. Once again, the media here largely reported on situational topics such as the Massachusetts state tax on prescription drugs.

Thirty-eight percent of the coverage was negative while 27% was positive. Negative coverage surrounded news of a local hospital (Beth Israel Deaconess) that paid back the Federal government for Medicare fraud. In addition, state regulators proposed levying a fee for nursing home payments not covered by Medicare, which garnered negative coverage.



- *Was there a particular article or broadcast piece that seemed to be most effective in this market?*
- *Which placement tactics worked best in Springfield?*

While it was not a top story in terms of quantity, Medicare's launch of the NHQI was covered effectively in Springfield in a variety of outlets. In terms of quality messaging, it was the best placement tactic used. The news fostered six hits, four on major television networks, one on the local National Public Radio member station, and one in the *Springfield Union News*.

As was the case in most markets, actual news items garnered the most coverage.

- *Which messages are consistently appearing in the Springfield media?*
- *Do people with Medicare in this market recognize the different ways in which they can access information to help answer their questions?*

While Springfield produced the most Medicare media coverage, very little of that coverage included Medicare messages.

As mentioned, *Medicare is committed to improving quality nursing home care* and *Medicare will help you narrow down your choices of nursing homes* appeared most often – three times each in stories about the NHQI launch. *1-800-Medicare* appeared in one of those stories, and *medicare.gov* appeared in three.

Finally, *Medicare will help you help yourself* appeared in one story about a stop-smoking pilot.



DAYTON, Ohio

Media and Information Types

The Dayton market produced many media hits – 130. Sixty-two percent appeared in the daily newspaper, the *Dayton Daily News*, followed by 35% percent on major TV networks. Three percent appeared on non-major TV networks.

Of note in this market is the appearance of seven advertisements (see below).

(See Appendix A, Figure 43.)

Medium	Dayton	All Markets
Daily Newspaper	62%	37%
Weekly Newspaper	0%	0%
TV, Major Network	35%	52%
TV, Non Major Network	3%	5%
Radio	0%	4%
Online	0%	0%

Information Channel	Dayton	All Markets
Print News	23%	14%
Print Wire Story	15%	10%
Print Editorial	4%	3%
Print Column	2%	2%
Print Ad	4%	1%
Letter to the Editor	5%	5%
Calendar Item	6%	2%
TV News	38%	66%
TV Public Affairs/Talk	0%	<1%
TV Ad	2%	<1%
TV Ad Political	2%	3%
Radio News	0%	3%
Radio Public Affairs	0%	<1%

Topics

State, local and national issues were split quite evenly in this market, 38%, 30% and 32% respectively. (See Appendix A, Figure 44.)

Coverage	Dayton	All Markets
Local Issue	30%	32%
State Issue	38%	39%
National Issue	32%	29%



Top Five Stories:

Based on quantity and similarity of subject matter, the five story topics that dominated the Dayton market include the following:

Story Topic	Percentage of Total Coverage in This Market	Percentage Across All Markets
Medicare and the mid-term election	23%	14%
Post-election round-up and what a Republican congress will mean for Medicare	8%	3%
Medicare and flu shots	7%	3%
Ordering prescription drugs from Canada	6%	2%
Negotiated drug prices for those on Medicare and Medicaid	4%	1%

Medicare and the mid-term election: 30 hits

Once again, October and early November coverage was largely election related, exploring the stances of state candidates on long-term care and benefits for seniors. Congressional incumbent, Boehner, was quoted for taking the position that the government must “fix” Medicare. In another story, gubernatorial challenger Tim Hagan issued complaints that the Taft campaign was using scare tactics to criticize him on issues such as his support of Medicare and his backing of prescription drug coverage for seniors.

Post-election round-up and what a Republican congress will mean for Medicare: 10 hits

Following the November election, several articles and editorials addressed the election results as they related to Medicare, both nationally and statewide. Examples include summaries of the issues the Republican Congress planned to tackle, including prescription drug coverage for seniors. In Ohio, Governor Taft claimed he was looking at reductions in Medicaid as a way to save money on the state budget.

Medicare and flu shots: 9 hits

Flu-shot related news was covered nine times. Several calendar listings reported the times, dates and locations of flu shots, free to those on Medicare. These neutral mentions listed sources such as the Health District of Montgomery County and senior centers; however no Medicare resources were ever listed in this coverage.



Ordering prescription drugs from Canada: 8 hits

Many stories in this market warned seniors that purchasing drugs over the Internet from Canadian pharmacies may not always be legitimate. One story claimed that many pharmacies import drugs from Canada while the Food and Drug Administration (FDA) looks the other way. Few of these stories directly related to Medicare; rather, it was the prescription drug topic that landed these clips in our findings. The negative stories often quoted pharmacies and the FDA’s William Hubbard.

Negotiated drug prices for those on Medicare and Medicaid: 5 hits

Two organizations, the Pharmaceutical Research and Manufacturers of America (PhRMA) and the Coalition for Affordable Prescription drugs, were fighting over whether Ohio should be allowed to negotiate drug prices with pharmaceutical companies for uninsured Ohioans. Variations on this story were covered five times in the *Dayton Daily News*.

In broader terms, the topics covered most often in this market were prescription drug coverage, long-term care and nursing home quality. (See Appendix A, Figure 50.) *NOTE: The following chart demonstrates the most commonly covered topics as measured by the monitoring indicators.*

Top Five Story Topics as Measured by the Monitoring Indicators	Percentage of Total Coverage in Dayton	Percentage Across All Markets
Prescription Drug Coverage	52%	41%
Long-term Care	9%	15%
Nursing Home Quality	9%	11%
Medicaid	5%	7%
CMS Initiatives	5%	4%



Tone

Positive and negative coverage in Dayton was nearly equal – 38% negative to 35% positive. Ten percent had an equal number of positive and negative mentions and, 17% percent had no tone apparent. (See Appendix A, Figure 47.)

Tone	Percentage of Dayton Hits
Negative	38%
Positive	35%
No Tone Apparent	10%
Equal Number of Positive and Negative Mentions	17%

Medicare Messages and Resources

The Medicare program offers preventive services.

This appeared three times in announcements on local flu shot clinics.

Medicare is committed to improving quality of care in nursing homes

This message appeared twice in KeyPro ads on Nursing Home Compare.

Medicare will help you help yourself.

This message was present in three media stories – once in a story about Medicare’s pilot project to help seniors quit smoking; once in a KeyPro ad about Nursing Home Compare; and once in a TV ad on Medicare’s stop smoking campaign.

1-800 Medicare, Medicare.gov and Nursing Home Compare all appeared four times in the KeyPro ads. (See Appendix A, Figure 49.)

Messages	Number of Mentions In Dayton	Number of Mentions Across All Markets
Medicare is committed to improving quality of care in nursing homes	2	16
Medicare will help you narrow down your choices of providers, nursing homes and health care plans	0	11
Medicare will help you help yourself	3	7
The Medicare program offers preventive services	3	6
There are now more choices and options in health plans	0	4
Various health plan options differ	0	2



Original Medicare does not pay for everything and does not cover all services	0	2
Beneficiaries do not have to change their health plans	0	1
Contact Medicare regarding questions on benefits and covered services	0	1

(See Appendix A, Figure 46.)

Resource	Number of Mentions In Dayton	Number of Mentions Across Six Markets
Medicare.gov	4	20
1-800 Medicare	4	17
Nursing Home Compare	4	4
Health Fairs	0	1

Quoted and Attributed Sources

Here again, state legislators were quoted most in this market. CMS, the Federal Government, and Medicare were attributed sources in 8%, 5% and 4% of the coverage respectively. The government was cited in a story about Medicare premiums increasing. Similarly, the CDC was quoted in a story about seniors being vaccinated for the flu, while Medicare and CMS were attributed in a story about Medicare's approval of a heart-monitoring device. Of note is that these same Medicare sources were cited in the paid advertisements that appeared in this market. (See Appendix A, Figure 45.)

Source	Percentage of Dayton Stories in Which Quoted or Attributed	Percentage Across all Markets
State Legislator	38%	30%
Other National Advocacy Group	30%	14%
No sources quoted	22%	22%
CMS	8%	6%
Local Pharmacy	8%	6%
State Agency/Office on Aging	8%	5%
Medicare Beneficiary	7%	10%
Member of Congress	6%	11%
Federal Government	5%	10%
Local Advocacy Organization	5%	7%
Local Official	5%	3%
AARP	4%	3%
Medicare	4%	3%
Insurance Company/HMO	3%	3%
Quality Improvement Organization	3%	1%
Senior Center	2%	7%
Hospital	2%	6%
Pharmaceutical Company	2%	1%



Local Ombudsman’s Office	2%	1%
Individual Physician	1%	3%
American Health Care Association (AHCA)	1%	<1%
American Medical Assn (AMA)	0%	1%
State Insurance Department	0%	<1%
State Health Insurance Assistance Program (SHIP)	0%	0%
State Ombudsman	0%	0%
HCFA	0%	0%

Key Findings

- *How effectively is the media disseminating Medicare information in this market?*
- *Are media helping raise awareness among people with Medicare or just giving them information for a specific topic?*
- *Was there a prevalence of negative Medicare publicity in this site?*

In the Dayton market, most reports were situational, covering news items that loosely related to Medicare. For the most part, only some of the paid media in this market – five advertisements – communicated key Medicare messaging.

This market featured nearly as many positive hits as negative (35% positive to 38% negative). Of note were several stories on state legislation, and delayed plans for a state prescription drug card program. Results from CMS’s study on the rising costs of health care also ran four times in this market. (e.g., “Healthcare spending growth biggest in decade, study finds”; *Dayton Daily News*; Jan. 8, 2003; Associated Press. and “A new report shows Americans are spending more on healthcare”; WDTN-ANC Dayton; Jan. 8, 2003; 5 p.m.”)

- *Was there a particular article or broadcast piece that seemed to be most effective in this market?*
- *Which placement tactics worked best in Dayton?*

There was a dearth of quality earned media placements in this market. Flu shot announcements were the best examples (in terms of effective Medicare messaging and information). Nine such announcements ran, all of them as calendar items in the *Dayton Daily News*.

Rather, the paid media in Dayton were the most effective channels for positive Medicare messaging. Four KeyPro print advertisements promoted Nursing Home Compare and one television ad publicized Medicare’s stop smoking campaign.



Unlike the other markets, Medicare's launch of the NHQI was not covered in Dayton during the specified monitoring timeframe. This is not unexpected due to the fact that Ohio was a pilot NHQI state. Coverage of the story had already run in this market during the April 2002 pilot. (Interestingly, even though Florida was also a pilot state, the Sarasota market covered both the pilot and the national launch.)

- ***Did this market feature effective examples of local media information on Medicare?***

This market communicated local flu shot information very effectively. The remainder of local Medicare information related to state and local legislative issues.

- ***Which messages are consistently appearing in the Dayton media?***
- ***Do people with Medicare in this market recognize the different ways in which they can access information to help answer their questions?***

The Medicare program offers preventive services and Medicare will help you help yourself each appeared three times in this market. The former appeared in announcements on local flu shot clinics while the latter was present in two ads, and in a story about a stop-smoking pilot.

Medicare is committed to improving quality of care in nursing homes appeared twice in KeyPro ads on Nursing Home Compare.

1-800 Medicare, Medicare.gov and Nursing Home Compare all appeared four times in the KePro ads.



EUGENE, Oregon

Media and Information Types

This market produced only 50 hits – the fewest of any of the six markets. Coverage was print and TV based. Fifty percent appeared in the daily newspaper and 50% hit major TV networks. (See Appendix A, Figure 51.)

Medium	Eugene	All Markets
Daily Newspaper	50%	37%
Weekly Newspaper	0%	0%
TV, Major Network	50%	52%
TV, Non Major Network	0%	5%
Radio	0%	4%
Online	0%	0%

Information Channel	Eugene	All Markets
Print News	12%	14%
Print Wire Story	18%	10%
Print Editorial	4%	3%
Print Column	8%	2%
Print Ad	0%	1%
Letter to the Editor	8%	5%
Calendar Item	0%	2%
TV News	50%	66%
TV Public Affairs/Talk	0%	<1%
TV Ad	0%	<1%
TV Ad Political	0%	3%
Radio News	0%	3%
Radio Public Affairs	0%	<1%

Topics

Thirty-six percent addressed national issues, 34% local issues and 30% state issues. (See Appendix A, Figure 52.)

Coverage	Eugene	All Markets
Local Issue	34%	32%
State Issue	30%	39%
National Issue	36%	29%



Top Five Stories:

Based on quantity and similarity of subject matter, the five story topics that dominated the Eugene market include the following:

Story Topic	Percentage of Total Coverage in This Market	Percentage Across All Markets
State budget woes	16%	5%
Oregon’s Measure 23 – Universal Health Care initiative	16%	1%
Rising costs of healthcare	10%	3%
The launch of the Medicare Nursing Home Quality Initiative	10%	6%
Tenet Health Care fraud and abuse	6%	1%

State budget woes: 8 hits

Beginning in mid December, many articles covered the topic of state budget cuts and their effect on health care. Several articles noted that certain budget proposals would reduce payment to nursing homes and hurt Medicare and Medicaid recipients who rely on state help. These negative stories usually quoted state lawmakers and agencies such as the State Department of Human Services.

Oregon’s Measure 23 – Universal Health Care initiative: 8 hits

Print and broadcast outlets tracked Measure 23, a proposed Universal Health Care initiative in the Oregon state legislature. Various stories and editorials weighed the pros and cons of the measure. Some critics argued that physicians already suffer low reimbursement rates because of Medicare, and that a state-sponsored program would only exacerbate the program. The measure was ultimately defeated by a large margin.

Rising costs of healthcare: 5 hits

The rising cost of healthcare was a topic covered more than once in Eugene. Two negative stories reported the results of the CMS study that showed a nine percent healthcare cost increase in 2001. Other articles discussed the number of states with budget problems – many due to rising healthcare costs and the Medicare system.



The launch of the Medicare Nursing Home Quality Initiative: 5 hits

On or around November 12, CMS’s launch of the Medicare quality indicators was covered five times in print and broadcast outlets. These hits announced Medicare’s new tool to help select a nursing home and explored how the quality indicators can be used. CMS and Medicare were cited as sources in these positive stories, and much of the coverage communicated key messages and referred readers and viewers to *1-800 Medicare* and *medicare.gov* (see below).

Tenet Health Care fraud and abuse: 3 hits

Three negative stories about the federal investigation of Tenet Health Care appeared in this market. *The Eugene Register Guard* tracked the accusations about the hospital chain’s over billing of the Medicare system. Quoted sources included the Justice Department and Tenet Health Care.

In broader terms, the topics covered most often in this market were long-term care and nursing home quality. Interestingly, prescription drug coverage was not a top-five story topic in Eugene. (See Appendix A, Figure 58.) *NOTE: The following chart demonstrates the most commonly covered topics as measured by the monitoring indicators.*

Top Five Story Topics as Measured by the Monitoring Indicators	Percentage of Total Coverage in Eugene	Percentage Across All Markets
Long-term Care	34%	15%
Nursing Home Quality	14%	11%
Medicaid	8%	7%
Fraud and Abuse	4%	2%
DHHS Initiatives	4%	2%



Tone

Eugene coverage was primarily negative (62%). Twelve percent was positive, 12% was comprised of an equal amount of positive and negative angles and 14% had no tone apparent. (See Appendix A, Figure 55.)

Tone	Percentage of Eugene Hits
Negative	62%
Positive	12%
No Tone Apparent	14%
Equal Number of Positive and Negative Mentions	12%

Medicare Messages and Resources

Medicare will help you narrow down your choices of nursing homes.
This message appeared three times in stories announcing the NHQI.

Medicare is committed to improving quality of care in nursing homes.
This was present in one of the stories that announced the quality indicators.

Medicare.gov was mentioned in three stories about the quality indicator launch and *1-800 MEDICARE* was mentioned in two of those stories.

(See Appendix A, Figure 57.)

Messages	Number of Mentions In Eugene	Number of Mentions Across All Markets
Medicare is committed to improving quality of care in nursing homes	1	16
Medicare will help you narrow down your choices of providers, nursing homes and health care plans	3	11
Medicare will help you help yourself	0	7
The Medicare program offers preventive services	0	6
There are now more choices and options in health plans	0	4
Various health plan options differ	0	2
Original Medicare does not pay for everything and does not cover all services	0	2
Beneficiaries do not have to change their health plans	0	1
Contact Medicare regarding questions on benefits and covered services	0	1



(See Appendix A, Figure 54.)

Resource	Number of Mentions In Eugene	Number of Mentions Across Six Markets
Medicare.gov	3	20
1-800 Medicare	2	17
Nursing Home Compare	0	4
Health Fairs	0	1

Quoted and Attributed Sources

In Eugene, the Federal Government was the source attributed most often. This source appeared in stories about Tenet Health Care and in NHQI announcements. CMS Administrator Tom Scully was quoted in a story about cuts to Medicare reimbursements, and CMS was the attributed source in stories about its study on health care spending. (See Appendix A, Figure 53.)

Source	Percentage of Eugene Stories in Which Quoted or Attributed	Percentage Across all Markets
No sources quoted	36%	22%
Federal Government	24%	10%
Member of Congress	18%	11%
State Legislator	14%	30%
Other National Advocacy Group	14%	14%
Senior Center	10%	7%
Hospital	10%	6%
CMS	10%	6%
AARP	10%	3%
Local Official	8%	3%
Individual Physician	8%	3%
State Agency/Office on Aging	6%	5%
Insurance Company/HMO	6%	3%
Medicare	4%	3%
Pharmaceutical Company	4%	1%
American Health Care Association (AHCA)	2%	<1%
Medicare Beneficiary	2%	10%
Local Advocacy Organization	2%	7%
Local Pharmacy	2%	6%
State Insurance Department	2%	<1%
Quality Improvement Organization	0%	1%
Local Ombudsman's Office	0%	1%
American Medical Assn (AMA)	0%	1%
State Health Insurance Assistance Program (SHIP)	0%	0%
State Ombudsman	0%	0%
HCFA	0%	0%



Key Findings

- *How effectively is the media disseminating Medicare information in this market?*
- *Are media helping raise awareness among people with Medicare or just giving them information for a specific topic?*
- *Was there a prevalence of negative Medicare publicity in this site?*

In Eugene, the market with the least media coverage, Medicare information was not disseminated effectively. Very little coverage related directly to any CMS initiatives. Once again, Eugene media covered situational stories that related to Medicare such as Oregon's legislation on Universal Health Care.

Sixty-two percent of the Eugene coverage was negative. One topic involved a nursing home resident's rape by an employee. Another dealt with the relocation of a local hospital, which would force a competitor out of business.

- *Was there a particular article or broadcast piece that seemed to be most effective in this market?*
- *Which placement tactics worked best in Eugene?*

Media in Eugene tended to cover news items. Therefore Medicare's launch of the NHQI was an effective tactic for placing quality Medicare information. The news sparked five media hits – four on major television networks and one in the *Eugene Register-Guard*. Unfortunately, this was the only CMS campaign that garnered coverage in this market.

- *Which messages are consistently appearing in the Eugene media?*
- *Do people with Medicare in this market recognize the different ways in which they can access information to help answer their questions?*

The only consistent messaging communicated in this market revolved around the NHQI launch. *Medicare will help you narrow down your choices of nursing homes* appeared most often in this market, and *Medicare is committed to improving quality of care in nursing homes* was present in one of the stories that announced the quality indicators.

Medicare.gov was mentioned in three stories about the quality indicator launch and *1-800 MEDICARE* was mentioned in two of those stories.



OLYMPIA, Washington

Media and Information Types

Olympia produced 83 media hits – largely from print and television outlets once more. Seventy-two percent aired on major TV networks while 21% appeared in the daily newspaper. Six percent ran on non-major TV networks, and one radio hit occurred, as well. (See Appendix A, Figure 59.)

Medium	Olympia	All Markets
Daily Newspaper	21%	37%
Weekly Newspaper	0%	0%
TV, Major Network	72%	52%
TV, Non Major Network	6%	5%
Radio	1%	4%
Online	0%	0%

Information Channel	Olympia	All Markets
Print News	11%	14%
Print Wire Story	4%	10%
Print Editorial	1%	3%
Print Column	0%	2%
Print Ad	0%	1%
Letter to the Editor	3%	5%
Calendar Item	0%	2%
TV News	81%	66%
TV Public Affairs/Talk	0%	<1%
TV Ad	0%	<1%
TV Ad Political	0%	3%
Radio News	<1%	3%
Radio Public Affairs	0%	<1%

Topics

A majority (59%) of coverage in Olympia addressed local issues. The remaining coverage was split evenly between state and national issues (mostly election related). Of note is that this market ran one television story about Medicare open enrollment. (See Appendix A, Figure 60.)

Coverage	Olympia	All Markets
Local Issue	59%	32%
State Issue	20.5%	39%
National Issue	20.5%	29%



Top Five Stories:

Based on quantity and similarity of subject matter, the five story topics that dominated the Olympia market include the following:

Story Topic	Percentage of Total Coverage in This Market	Percentage Across All Markets
Closure of a Seattle nursing home	23%	3%
State budget woes	12%	5%
Medicare Nursing Home Quality Initiative	10%	6%
Fraud and abuse	8%	2%
Local long-term care fundraiser	5%	<1%

Closure of a Seattle nursing home: 19 hits

A highly-charged media topic in this market was the potential closure of a Seattle nursing home. The move, would have left 150 residents homeless. The NAACP worked to prevent the closure, and ultimately, the home took on non-profit status in order to remain open. These stories quoted sources such as the senior center itself, people with Medicare and the NAACP. While not criticizing Medicare directly, many stories stated that the closure was sparked by cuts in Medicare and Medicaid reimbursement rates.

State budget woes: 10 hits

Beginning in mid December, many media stories in this market reported the governor’s plans for budget cuts, which included cuts for health programs for the poor. Lawmakers were quoted often in this coverage, some of whom threatened to cut Medicare in the next legislative session. One story accounted a rally staged by the seniors and disabled affected by the budget cuts.

Medicare Nursing Home Quality Initiative: 8 hits

CMS’s Medicare quality indicators were covered eight times in print and broadcast outlets. Several of these hits announced the new tool to help select a nursing home, but a few raised criticisms. One December analysis piece in *The Olympian* said the NHQI had had no impact. Another January 7 editorial in the same newspaper criticized the NHQI, commenting that it hasn’t gone far enough.

Fraud and abuse: 7 hits

Several stories reported instances of fraud and abuse such as the Tenet Healthcare lawsuit and HCA’s settlement with the government over healthcare fraud. One local case received three hits – that of a University of Washington doctor who overbilled Medicare and Medicaid patients.



Local long-term care fundraiser: 4 hits

Several media outlets in Olympia covered the fundraising tactics of a local health care system, Providence Health. This hospital sold trees to raise money for its long-term care division and won coverage from every area television network.

In broader terms, the topics covered most often in this market were long-term care and Medicaid. (See Appendix A, Figure 66.) *NOTE: The following chart demonstrates the most commonly covered topics as measured by the monitoring indicators.*

Top Five Story Topics as Measured by the Monitoring Indicators	Percentage of Total Coverage in This Market	Percentage Across All Markets
Long-term Care	37%	15%
Medicaid	14%	7%
Prescription Drug Coverage	13%	41%
Nursing Home Quality	13%	11%
Fraud and Abuse	8%	2%

Tone

Sixty-seven percent of stories here were negative, 19% were positive, 4% had an equal number of positive and negative mentions and 10% had no tone apparent. (See Appendix A, Figure 63.)

Tone	Percentage of Olympia Hits
Negative	67%
Positive	19%
No Tone Apparent	10%
Equal Number of Positive and Negative Mentions	4%



Medicare Messages and Resources

Medicare is committed to improving quality of care in nursing homes appeared in three stories that announced Medicare's new tool to help select a nursing home, and *Medicare will help you help yourself* appeared in two of the same stories.

Medicare offers preventive services appeared one time in an announcement for flu shots that are free for some Medicare customers.

1-800 Medicare was referenced in the three announcements about the Nursing Home Quality Initiative, and *medicare.gov* appeared in those same three stories and in one additional story about open enrollment.

Beneficiaries do not have to change their health plans and *Contact Medicare regarding questions on benefits and covered services* both appeared in the November 29 announcement about open enrollment. It offered instructions on how people with Medicare can learn about available benefits. (See Appendix A, Figure 65.)

Messages	Number of Mentions In Olympia	Number of Mentions Across All Markets
Medicare is committed to improving quality of care in nursing homes	3	16
Medicare will help you narrow down your choices of providers, nursing homes and health care plans	0	11
Medicare will help you help yourself	2	7
The Medicare program offers preventive services	1	6
There are now more choices and options in health plans	0	4
Various health plan options differ	0	2
Original Medicare does not pay for everything and does not cover all services		2
Beneficiaries do not have to change their health plans	1	1
Contact Medicare regarding questions on benefits and covered services	1	1

(See Appendix A, Figure 62.)

Resource	Number of Mentions In Olympia	Number of Mentions Across Six Markets
Medicare.gov	3	20
1-800 Medicare	3	17
Nursing Home Compare	0	4
Health Fairs	0	1



Quoted and Attributed Sources

Compared to other markets, Olympia featured the most quotes from people with Medicare. This was mostly due to widespread coverage of the Seattle nursing home closure, which included interviews with people with Medicare who would potentially lose their home. CMS and the Federal Government were cited in several NHQI stories and in stories about government investigations of fraud and abuse. (See Appendix A, Figure 61.)

Source	Percentage of Olympia Stories in Which Quoted or Attributed	Percentage Across all Markets
Medicare Beneficiary	30%	10%
Senior Center	21%	7%
Hospital	18%	6%
No sources quoted	13%	22%
Other National Advocacy Group	13%	14%
Local Pharmacy	11%	6%
Federal Government	12%	10%
State Legislator	10%	30%
Individual Physician	8%	3%
Member of Congress	8%	11%
Local Advocacy Organization	4%	7%
CMS	4%	6%
State Agency/Office on Aging	4%	5%
AARP	1%	3%
Pharmaceutical Company	1%	1%
Quality Improvement Organization	1%	1%
Local Official	0%	3%
Insurance Company/HMO	0%	3%
Medicare	0%	3%
Local Ombudsman's Office	0%	1%
American Medical Assn (AMA)	0%	1%
American Health Care Association (AHCA)	0%	<1%
State Insurance Department	0%	<1%
State Health Insurance Assistance Program (SHIP)	0%	0%
State Ombudsman	0%	0%
HCFA	0%	0%



Key Findings

- *How effectively is the media disseminating Medicare information in this market?*
- *Are media helping raise awareness among people with Medicare or just giving them information for a specific topic?*
- *Was there a prevalence of negative Medicare publicity in this site?*

All markets featured mostly situational news stories that related to Medicare, and Olympia was no different. The information disseminated in this market involved mostly state and local legislative stories, national and local fraud and abuse cases, and stories related to one specific nursing home closing. Negative coverage outweighed positive coverage in Olympia, 67% to 19%.

That said, open enrollment was covered one time -- worth noting since Olympia is the only market that covered this subject, even though coverage was limited. The NHQI launch was a top five story in this market, though some of the coverage explored negative aspects of the news.

- *Was there a particular article or broadcast piece that seemed to be most effective in this market?*
- *Which placement tactics worked best in Olympia?*

Medicare's launch of the NHQI was effective in Olympia in terms of amount of coverage. The campaign produced eight media hits, most on major television networks – however not all of the coverage was positive. Two of the hits in *The Olympian*, offered balanced, but skeptical analysis of the NHQI's impact. (One was an editorial, the other an analysis piece.)

Open enrollment was the only other pure CMS story reported in Olympia. The single instance contained key messages and Medicare resources.

- *Did this market feature effective examples of local media information on Medicare?*

Except for one flu-shot announcement, this market contained few effective examples of local media information on Medicare. The local issue that dominated this market was the closure of a Seattle nursing home.



- *Which messages are consistently appearing in the Olympia media?*
- *Do people with Medicare in this market recognize the different ways in which they can access information to help answer their questions?*

The most common message in this market was *Medicare is committed to improving quality of care in nursing homes*. It appeared in three stories that announced the NHQI, while *Medicare will help you help yourself* appeared in two of those same stories.

1-800 Medicare was referenced in the three announcements about the quality indicators, and *medicare.gov* appeared in those same three stories and in one additional story about open enrollment.



III. Conclusions and Recommendations

Conclusions:

As mentioned, the following research questions served as a backdrop for measurement of the media monitoring portion of the National Medicare & You Education Program. Based on these questions and our media analysis findings, Ketchum draws the following conclusions:

- **How effectively is the media disseminating Medicare information?**

The media in these six markets were 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.

There were a few exceptions to this rule. An article in Olympia promoted open enrollment, and positive stories about the NHQI launch cited nursing home quality messages and resources.

- **In which sites were the best examples of local media information on Medicare given?**

The Olympia article on open enrollment included quality information for local people with Medicare.

Sarasota featured another good (but limited) example of local Medicare information. The story there on local health plan options ran three times on a non-major TV network.

The Dayton market communicated local flu shot information very effectively, but this coverage was not always Medicare related. The remainder of local Medicare information related to state and local legislative issues.

- **Was there a particular article or broadcast piece that seemed to be most effective?**

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.



- **Which placement tactics worked best and least in which locations?**

In all six locations, 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 tactics won 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.”

- **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?**

This question is difficult to answer based on media analysis alone, however local news items within certain sites had a direct impact on the content and tone of media coverage. For example, news of the closure of a Seattle nursing home dominated coverage in the Olympia market. The Arizona governor’s prescription drug program was a popular topic in the Tucson market. And the Massachusetts state tax on prescription drugs was a top-five story in Springfield.

- **Was there a prevalence of negative Medicare publicity in some sites? Did it primarily come from one source? What issues did it involve?**

The Olympia and Eugene markets had the highest percentage of negative media. Negative print and broadcast stories that dominated the Olympia market included the story about the closure of the 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.

Market	% of Negative Hits	% of Positive Hits
Olympia, Wash	67%	19%
Eugene, Ore.	62%	12%
Tucson, Ariz.	41%	39%
Springfield, Mass.	38%	26%
Dayton, Ohio	38%	35%
Sarasota, Fla.	31%	36%

- **What messages are consistently appearing in the media and which are not?**

Thanks to the success of the NHQI launch, *Medicare is committed to improving quality of care in nursing homes* and *Medicare will help you narrow your choices of nursing homes* were present most often in Ketchum's media monitoring. *Medicare will help you help yourself* and *Medicare offers preventive services* appeared the next most often, usually in the context of stop smoking pilots or flu shots. Additional messaging appeared in isolated instances.

Less than ten percent of all coverage included key messaging, and when messages were present, they were usually in stories that originated from CMS sources. The breakdown of all messaging mentions follows (Also see Appendix A, Figure 17.):



Message	Number of Mentions Across Six Markets
<p>Medicare is committed to improving quality of care in nursing homes</p> <p><u>Occurrences:</u> In stories and ads about NHQI</p>	16
<p>Medicare will help you narrow down your choices of providers, nursing homes and health care plans</p> <p><u>Occurrences:</u> In stories and ads about NHQI</p>	11
<p>Medicare will help you help yourself</p> <p><u>Occurrences:</u> In various stories and ads about Medicare stop smoking pilots</p>	7
<p>The Medicare program offers preventive services</p> <p><u>Occurrences:</u> In various flu shot announcements and in a Sarasota story about the Dana Garber Cancer Institute covering breast scans</p>	6
<p>There are now more choices and options in health plans</p> <p><u>Occurrences:</u> In a Tucson article on Pima County health plan options and in Sarasota stories about local beneficiaries having a new health plan option</p>	4
<p>Various health plan options differ</p> <p><u>Occurrences:</u> In a Secure Horizons ad and in an article on Pima County health plan options (both in the Tucson market)</p>	2
<p>Original Medicare does not pay for everything and does not cover all services</p> <p><u>Occurrences:</u> In an article on Pima County health plan options and in a broadcast interview with Congressman Jim Kolbe (both in Tucson)</p>	2
<p>Beneficiaries do not have to change their health plans</p> <p><u>Occurrences:</u> In one Olympia story about open enrollment</p>	1
<p>Contact Medicare regarding questions on benefits and covered services</p> <p><u>Occurrences:</u> In one Olympia story about open enrollment</p>	1



- **Are people with Medicare getting information useful in helping them make decisions regarding choosing a health plan, provider, or nursing home?**

As mentioned, only seven percent of total coverage cited Medicare resources. When resources were present, the ones most frequently referenced were *medicare.gov* and *1-800 Medicare*. (See Appendix A, Figure 13.)

Resource	Number of Mentions Across Six Markets
Medicare.gov	20
1-800 Medicare	17
Nursing Home Compare	4
Health Fairs	1

- **Do people with Medicare recognize the different ways in which they can access information to help answer their questions?**

Because these 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.

- **Are media helping raise awareness among people with Medicare or just giving them information for a specific topic?**

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 the following:

Continue to develop and launch Medicare/CMS initiatives and build local media outreach strategies around them. The one earned media tactic that “worked” for CMS was the placement of news that came from CMS sources. The NHQI launch, stop-smoking pilots and CMS study results were all newsworthy items that won coverage across the six markets. Therefore, 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. For example, some coverage of the NHQI launch included input from local nursing homes and people with Medicare.

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. CMS must view the media as an intermediary – a conduit for disseminating information. In these six markets and beyond, regional officers should send information packets to key local media, encouraging them to consider specific CMS spokespeople their go-to resources on Medicare-related subjects. The information packets should include a Rolodex card that lists spokesperson contact information, areas of expertise and resources such as *medicare.gov* and *1-800 Medicare*. If possible, these local and regional experts might conduct deskside briefings with key media in these markets.

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* 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. CMS should work closely with the regions to implement a rapid response mechanism, whereby the staff in each region monitors the media regularly to quickly identify potentially negative media situations. CMS then can help the regions to offer Medicare sources and resources for comment to the media to better balance the coverage.

Leverage the best channel 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. According to MRI data, seniors are heavy television viewers, and 70% of them read a daily newspaper. Only 43% of them have Internet access of any kind.

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 received 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.



Appendix A:

Figure 1: Monitoring indicators

<p><u>City</u> L1 – Tucson, Ariz. L2 – Sarasota, Fla. L3 – Springfield, Mass. L4 – Dayton, Ohio L5 – Eugene, Ore. L6 – Olympia, Wash.</p> <p><u>Mediums</u> Q1 – Daily paper Q2 – Weekly, monthly or quarterly paper Q3 – TV news, major network: NBC, ABC, CBS, FOX Q4 – TV non-major network (UPN, WB, local cable access) Q5 – Radio Q6 – Online Q7 – Other</p>	<p><u>Types</u> Print P1 – Print News P2 – Print Wire Story P3 – Print Editorial P4 – Print Column P5 – Print Ad P6 – Print PSA P7 – Letter to the Editor P8 – Calendar Item P9 – Matte Release P10 – Print Other</p> <p>Television T1 – TV News T2 – TV Public Affairs/Special T3 – TV Ad T4 – TV PSA T5 – TV Ad, political T6 – TV Other</p>	<p>Radio R1 – Radio News R3 – Radio Public Affairs/Talk Program R4 – Radio Ad R5 – Radio PSA R6 – Radio Other</p> <p>Other Mediums O1 – Online News Source O2 – Online General Web site O3 – Billboard O4 – Transit ad</p> <p><u>Tone</u> N1 – Positive about Medicare N2 – Negative about Medicare N3 – Equal number of positive and negative points about Medicare N4 – No tone apparent, neutral or informational</p>
<p><u>Messages</u> M1 – Be more informed about Medicare. M2 – Original Medicare does not pay for everything and does not cover all services. M3 – The Medicare program offers preventive services M4 – Medicare beneficiaries have guaranteed rights (like the right to appeal decisions that that deny or limit payment for medical care) M5 – There are now more choices and options in health plans M6 – Various health plan options differ (e.g. benefits, costs, choice of doctors, hospitals, providers) M7 – Range of health plan choices varies by region M8 – No matter what their health plan options are, Beneficiaries are still covered by Medicare M9 – Beneficiaries do not have to change their health plans M10 – Contact Medicare regarding billing or provider complaints M11 – Contact Medicare regarding questions on benefits and covered services M12 – There are special programs available to low-income beneficiaries M13 – CMS (or Medicare) provides accurate information and is a trusted source M14 – Medicare is committed to improving quality of care in nursing homes M15 – Medicare will help you help yourself M16 – Medicare will help you narrow down your choices of providers, nursing homes and health care plans M17 – Medicare has answers to your questions that are easy to understand M18 – Medicare hears your questions loud and clear M19 – Making decisions about health care isn't always easy, that's why there's 1-800-MEDICARE</p>		



<p><u>Sources</u> Federal S1 – CMS S2 – Medicare S3 – HCFA S4 – Federal Government S5 – Member of Congress</p> <p>State S6 – Area Agency/Office on Aging S7 – State Insurance Department S8 – State Health Insurance Assistance Program (SHIP) S9 – State Legislator S10 – State Ombudsman S11 – Quality Improvement Organization</p>	<p>Provider/Advocacy Group S12 – American Association of Retired Persons (AARP) S13 – American Medical Association (AMA) S14 – American Health Care Association (AHCA) S15 – Insurance Company/HMO S16 – Pharmaceutical company S17 – Other National Advocacy Group</p> <p>Local S18 – Individual Physician S19 – Hospital S20 – Local Official S21 – Local Advocacy Organization S22 – Local pharmacy S23 – Senior Center S24 – Local Ombudsman’s office S25 – Medicare beneficiary</p>	<p><u>Resources</u> V1 – Medicare Handbook or Medicare & You Handbook V2 – 1-800-MEDICARE or Medicare Choices Helpline V3 – medicare.gov or Medicare Web site V4 – CMS Regional Office or REACH program V5 – Nursing Home Compare V6 – Medicare Compare V7 – Medigap Compare V8 – Medicare personal plan finder V9 – Health Fairs V10 – SHIP meetings/programs</p> <p><u>Coverage</u> C1 – Local issue C2 – State issue C3 – National issue</p>
<p><u>Topics</u> T1 – General Medicare – what is Medicare, who is covered, what are options T2 – Original Medicare or Fee-for-Service Medicare T3 – Supplemental insurance (e.g. Medigap) T4 – Tricare for Life – Veteran’s benefits T5 – Medicare + Choice T6 – Medicaid T7 – Other health plan options for seniors T8 – Prescription drug coverage T9 – Long-term care (assisted living or nursing home care) T10 – Home health care T11 – Nursing home quality T12 – Hospital care quality T13 – Cost increase for beneficiaries T14 – Cost decrease for beneficiaries T15 – Benefits expanded T16 – Benefits decreased T17 – Provider choice expanded T18 – Provider choice limited T19 – Managed care providers pulling out of Medicare</p>	<p>T20 – Medicare efforts to improve health care quality T21 – Medicare trust fund solvency T22 -- Uninsured or underinsured retirees T23 – Government regulation of managed care T24 – Medical errors T25 – Ticket to Work T26 – Changing retirement benefits for large employers T27 – Fraud and abuse T28 – Denial of claims T29 – Appeals and grievances T30 – CMS Initiatives T31 – Medicare Initiatives T32 – DHHS Initiatives T33 – White House Initiatives T34 – Congressional Initiatives T35 -- Other</p>	



Figure 2: Media Monitored

<p>Olympia, Wash. <i>The Olympian</i> <i>The Thurston County Dispatch</i> <i>The Catholic Northwest Progress</i> KIRO-AM (News)* KMPS-FM (Country)* KBSG-AM/FM (Oldies)* KWJZ-FM (Smooth Jazz)* KRWM-FM (Soft AC)* KVI-AM (Talk)* KING-FM (Classical)* KOMO-TV, ABC (Seattle) KIRO-TV, CBS (Seattle)</p>	<p>Sarasota, Fla. <i>Sarasota Herald Tribune</i> <i>The Tampa Tribune</i> <i>Sarasota Magazine</i> <i>Pelican Press</i> WCTQ-FM (Country)* WFLA-AM (News)* WDUV-FM (Soft AC)* WSJT-FM (Smooth Jazz)* WSRZ-FM (Oldies)* WWRM-FM (AC)* WQYK-FM (Country)* WWSB-TV, ABC WFLA-TV, NBC (Tampa) WTVT-TV, FOX (Tampa) WTSP-TV, CBS (Tampa)</p>	<p>Springfield, Mass. <i>Springfield Union-News</i> <i>The Catholic Observer</i> <i>Springfield Journal</i> WMAS-FM (AC)* WHYN-AM (Full Service)* WPKX-FM (Country)* WDRC-FM (Oldies)* WMAS-AM (Adult Stand)* WNNZ-AM (Talk)* WWLP-TV, NBC</p>
<p>Dayton, Ohio <i>Dayton Daily News</i> <i>Huber Heights Courier</i> WHKO-FM (Country)* WLQT-FM (AC)* WLW-AM (Full Service)* WHIO-AM (Talk)* WFCJ-FM (Religious)* WKEF-TV, NBC WDTN-TV, ABC WHIO-TV, CBS WRGT-TV, FOX</p>	<p>Eugene, Ore. <i>The Register-Guard</i> KKNV-FM (Country)* KMGE-FM (AC)* KPNW-AM (News)* KKXO-AM (Adult Stand)* KEHK-FM (Classics)* KUGN-AM (News)* KODZ-FM (Oldies)* KEZI-TV, ABC KVAL-TV, CBS</p>	<p>Tucson <i>Arizona Daily Star</i> <i>Tucson Citizen</i> <i>Desert Airman</i> KMXZ-FM (Country)* KNST-AM (AC)* KHYT-FM (News)* KTUC-AM (Classics)* KTUC-AM (Adult Stand)* KOYT-FM (Country)* KGUN-TV, ABC KOLD-TV, CBS</p>
<p><i>*Because no vehicle for monitoring radio stations on a daily basis exists, the Ketchum team relied on regional and local contacts for coverage reports.</i></p>		



Figure 4: Total Number of Hits by Medium

Medium	Total Number of Hits	Percentage
Major TV Networks	301	52%
Daily Newspaper	216	37%
TV, Non-Major Network	29	5%
Radio	25	4%
Weekly, Monthly or Quarterly Paper	5	<0%
Online	1	<0%

Figure 5: Total Number of Hits by Information Channel

Information Channel	Total Number of Hits	Percentage
TV News	319	55%
Print News	82	14%
Print Wire Story	58	10%
Letter to the Editor	27	5%
Radio News	23	4%
TV Ad, political	18	3%
Print Column	16	3%
Print Editorial	15	3%
Calendar Item	10	2%
Print Ad	6	1%
Radio Public Affairs/Talk Program	3	<0%
TV Ad	2	<0%
TV Public Affairs/Talk Program	1	<0%

Figure 6: Total Number of Hits by Issue Coverage

Coverage	Total Number of Hits	Percentage
Local Issue	185	32%
State Issue	227	40%
National Issue	165	28%

Figure 7: Total Number of Hits by Tone

Tone	Total Number of Hits	Percentage
Negative	255	44%
No tone apparent, neutral or informational	102	18%
Positive	150	26%
Equal number of positive and negative	70	12%



Figure 8: Earned versus Paid Media

Tone	Total Number of Hits	Percentage
Earned Media	551	95%
Paid Media Breakdown: 18 Political TV Ads 2 TV Ads (Dayton stop-smoking pilot) 6 Print Ads (One Dayton stop-smoking pilot; 4 Dayton KeyPro ads; one Pacificare ad in Tucson)	26	5%

Figure 9: Breakdown by Quoted Sources

Source	Total Number of Quotes/Attributions	Percentage
State Legislator	173	30%
No sources quoted	126	22%
Other National Advocacy Group	82	14%
Member of Congress	62	11%
Federal Government	57	10%
Medicare Beneficiary	56	10%
Senior Center	43	7%
Local Advocacy Organization	40	7%
Hospital	36	6%
CMS	34	6%
Local Pharmacy	32	6%
State Agency/Office on Aging	30	5%
AARP	19	3%
Local Official	19	3%
Individual Physician	19	3%
Insurance Company/HMO	18	3%
Medicare	17	3%
Pharmaceutical Company	8	1%
Quality Improvement Organization	7	1%
Local Ombudsman's Office	5	1%
American Medical Assn (AMA)	3	1%
American Health Care Association (AHCA)	2	<1%
State Insurance Department	1	<1%
State Health Insurance Assistance Program (SHIP)	0	0%
State Ombudsman	0	0%
HCFA	0	0%



Figure 10: Mediums Across All Markets

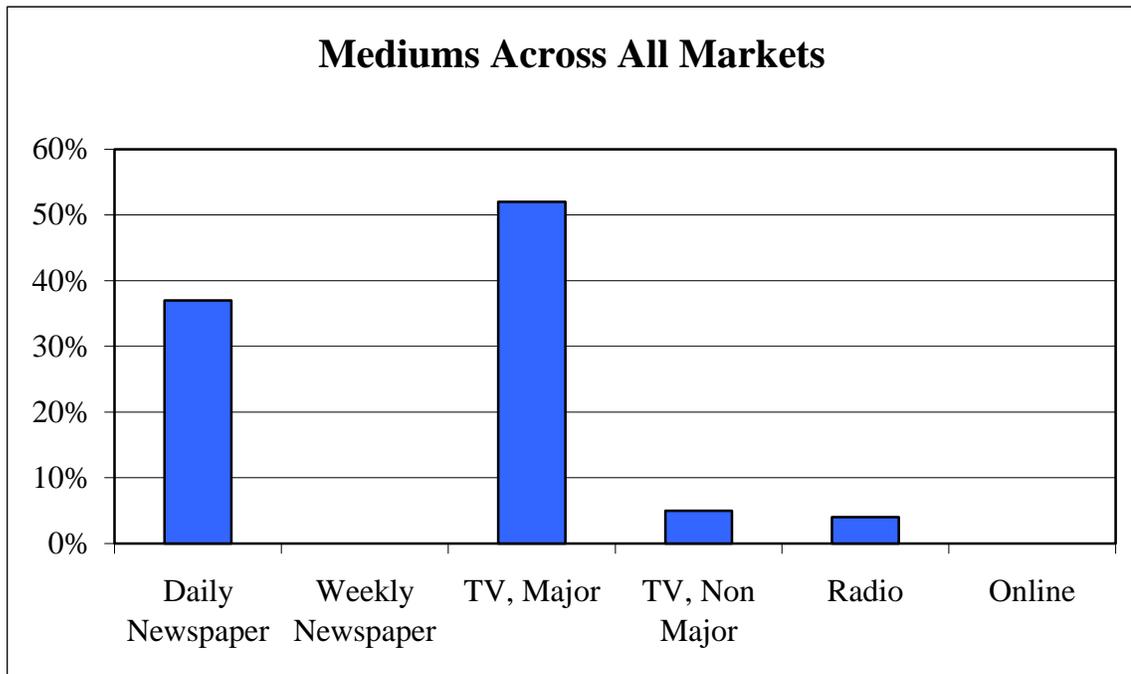


Figure 11: Coverage Across All Markets

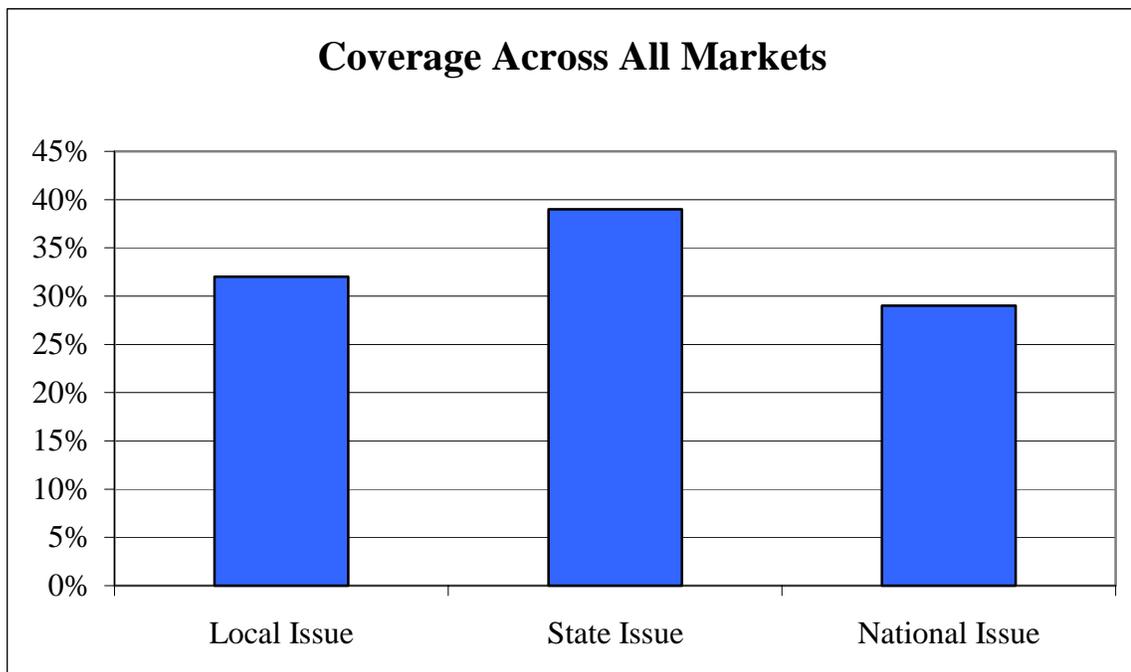
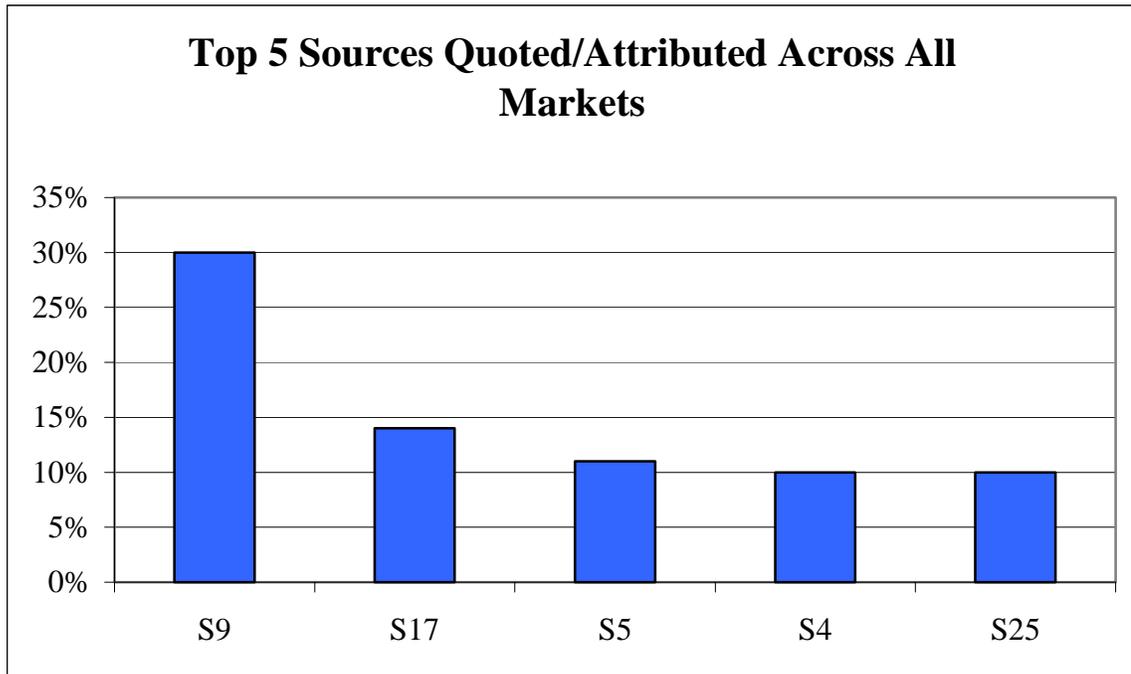




Figure 12: Top 5 Sources Quoted/Attributed Across All Markets



S9 – State Legislator
S17 – Other National Advocacy Group
S5 – Member of Congress
S4 – Federal Government
S25 – Medicare beneficiary



Figure 13: Resources Cited Across All Markets

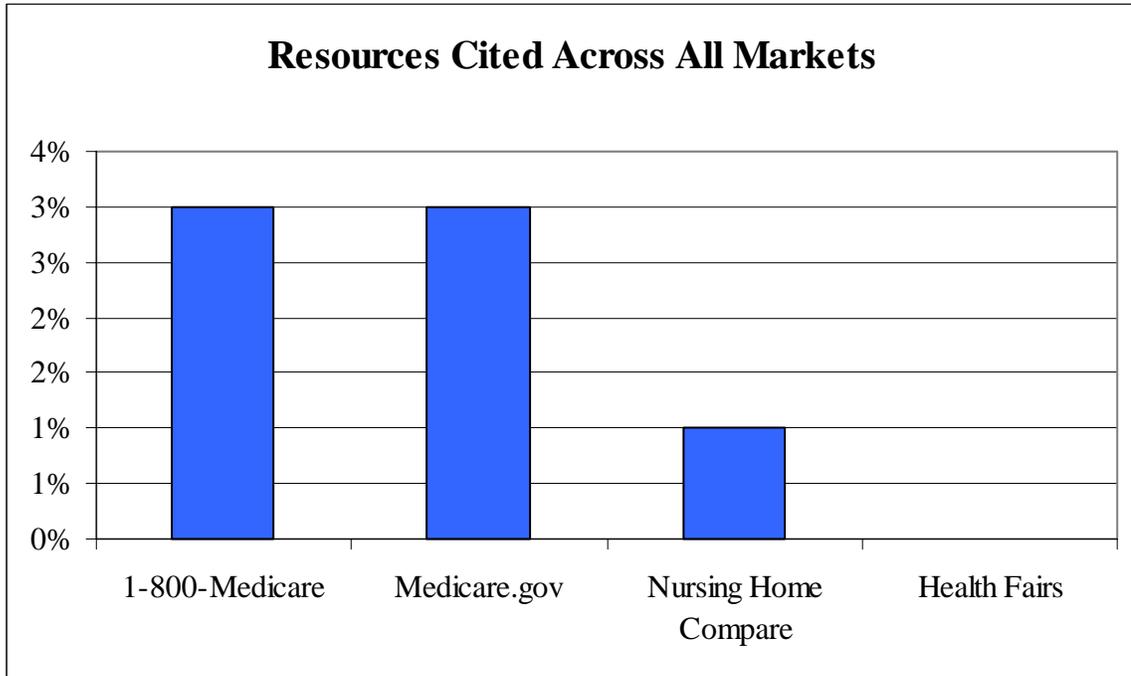


Figure 14: Tone Across All Markets

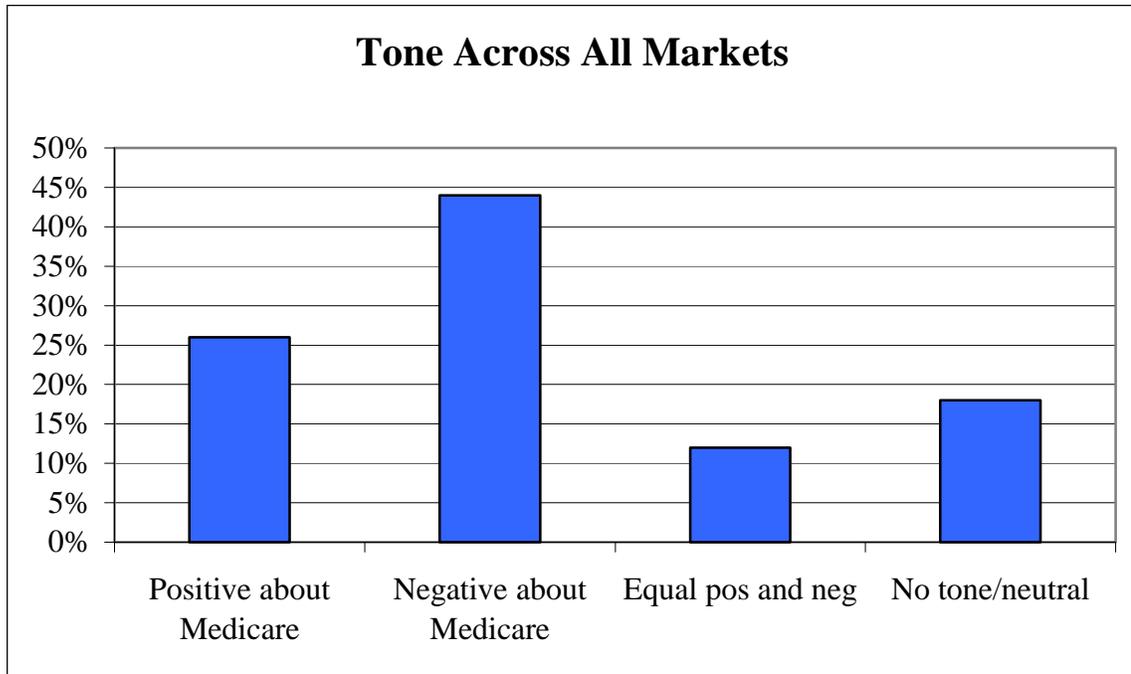




Figure 15: Paid vs. Earned Media Across All Markets

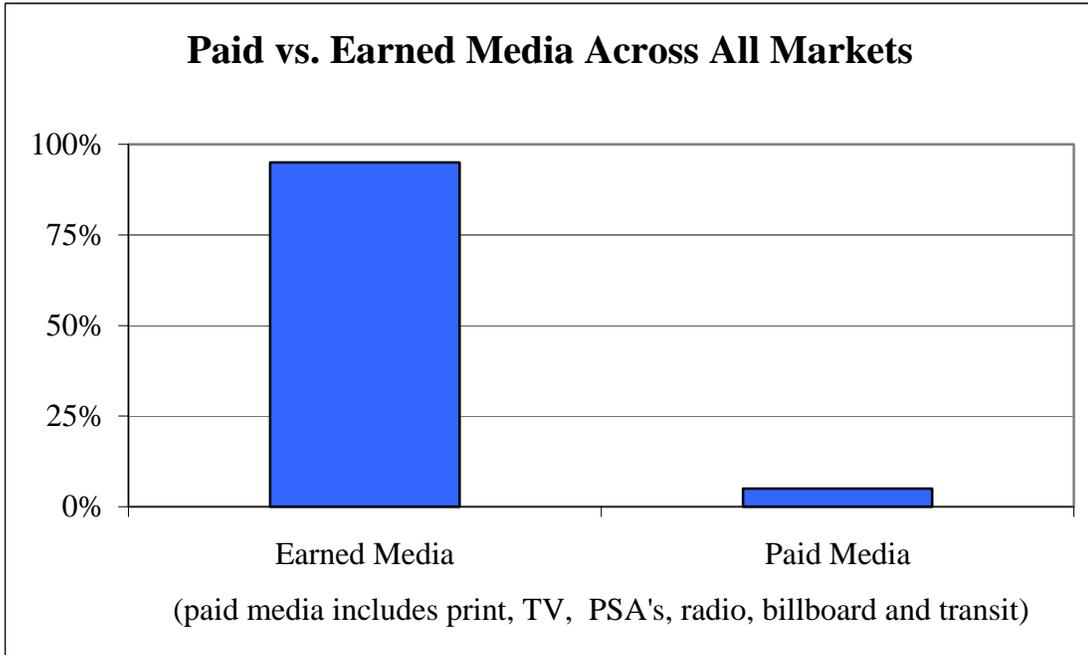


Figure 16: Paid Media Across All Markets

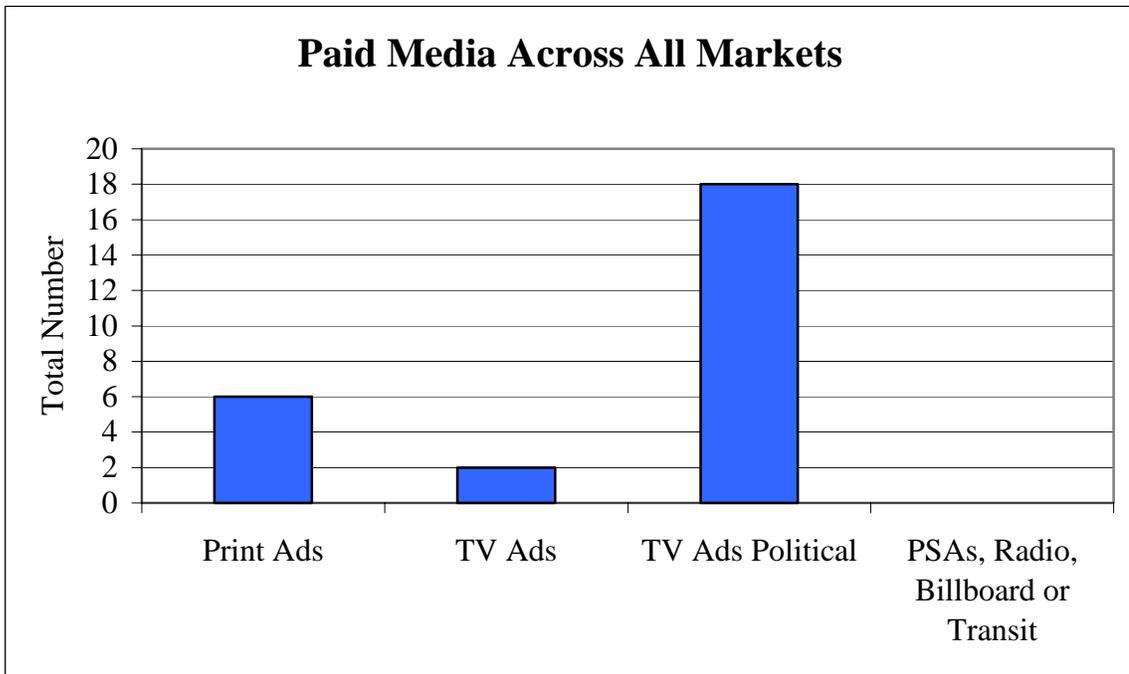
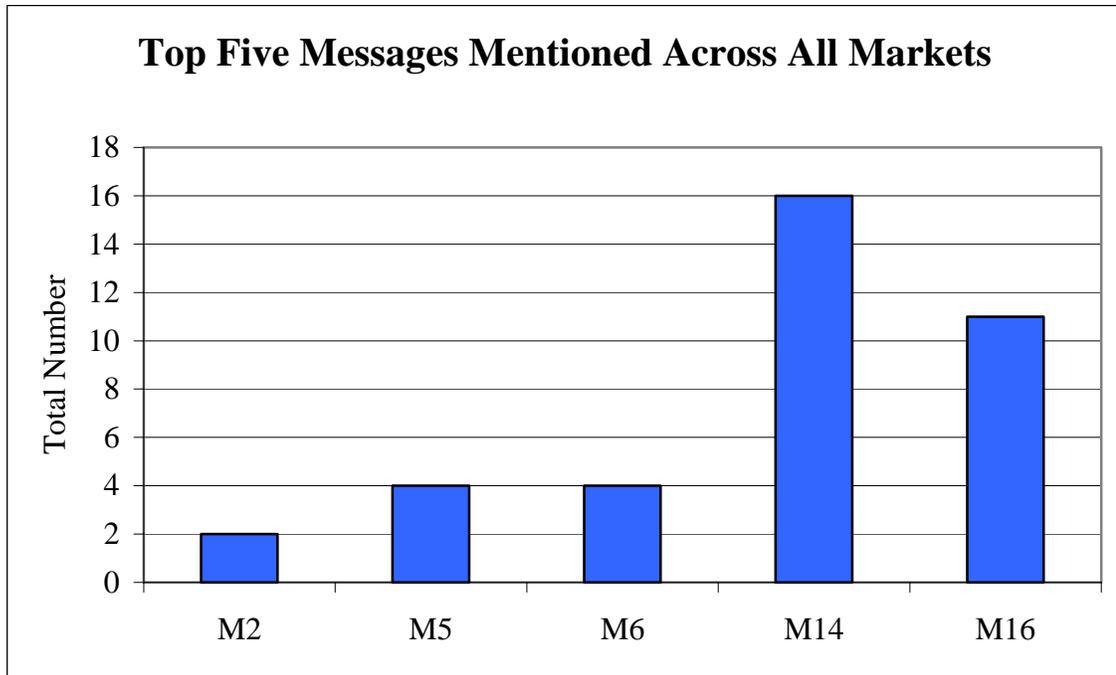




Figure 17: Top Five Messages Mentioned Across All Markets



M2 – Original Medicare does not pay for everything and does not cover all services.

M5 – There are now more choices and options in health plans

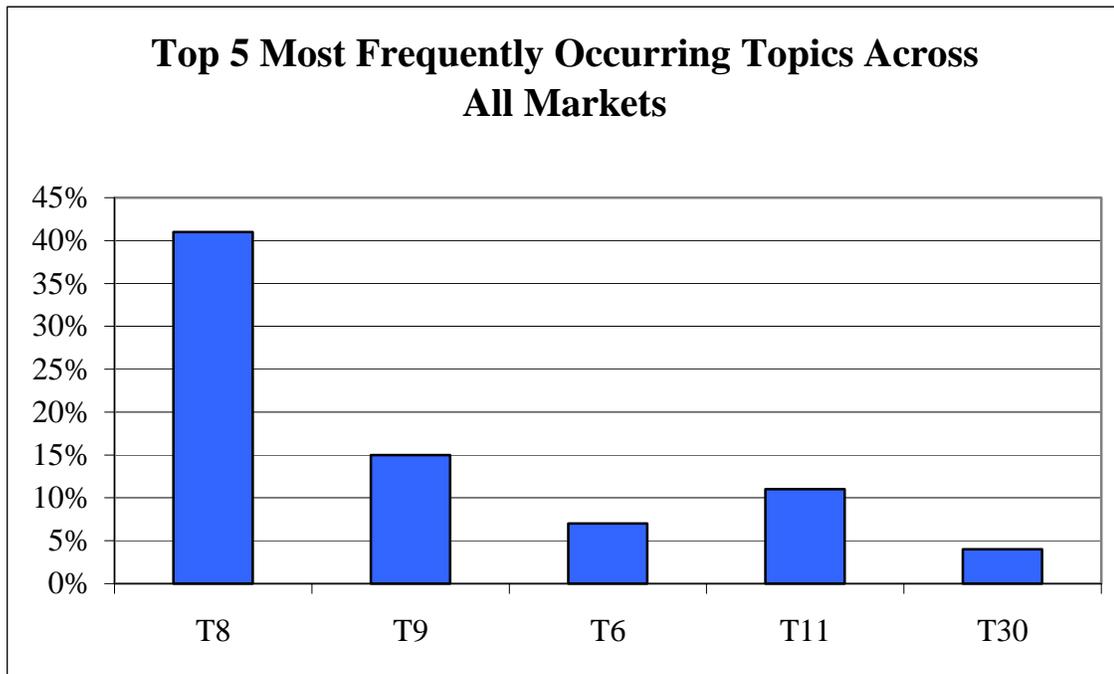
M6 – Various health plan options differ (e.g. benefits, costs, choice of doctors, hospitals, providers)

M14 – Medicare is committed to improving quality of care in nursing homes

M16 – Medicare will help you narrow down your choices of providers, nursing homes and health care plans



Figure 18: Top 5 Most Frequently Occurring Topics Across All Markets



T8 – Prescription drug coverage
T9 – Long-term care (assisted living or nursing home care)
T6 – Medicaid
T11 – Nursing home quality
T30 – CMS Initiatives



Figure 19: Medium: Tucson

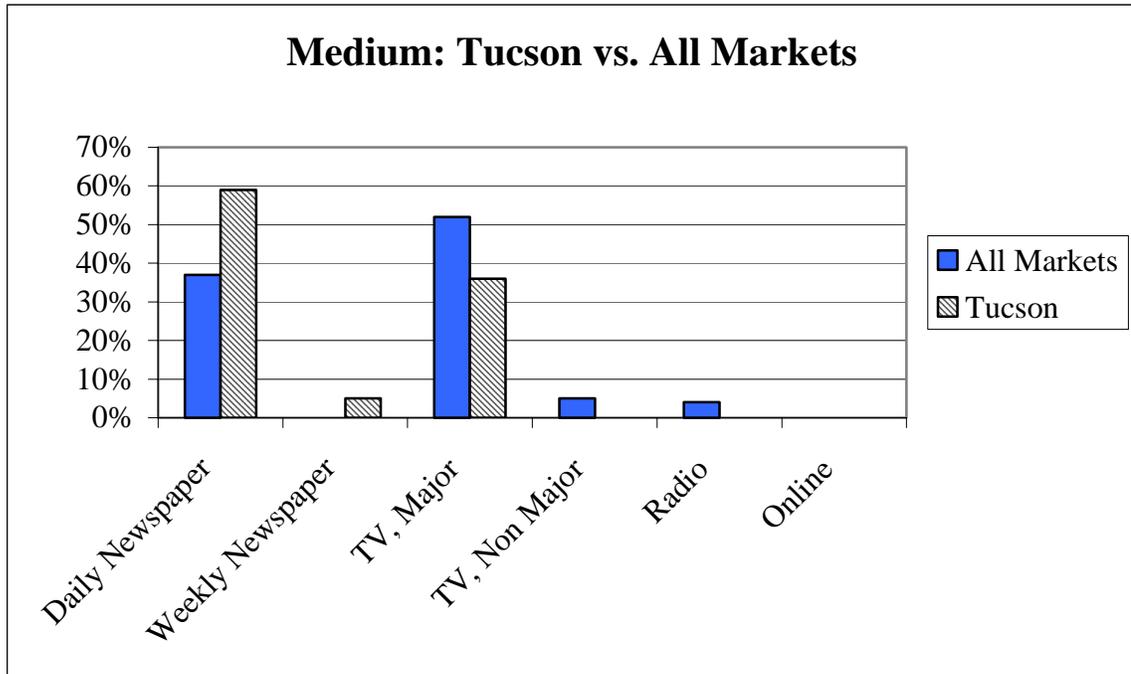


Figure 20: Coverage: Tucson

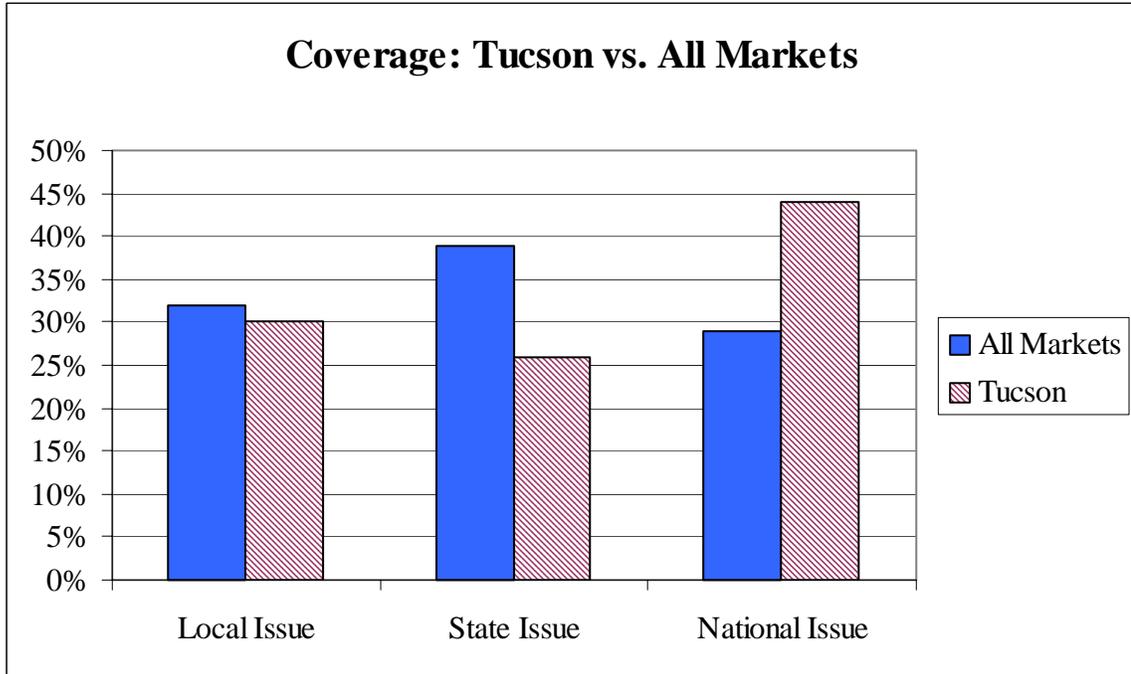
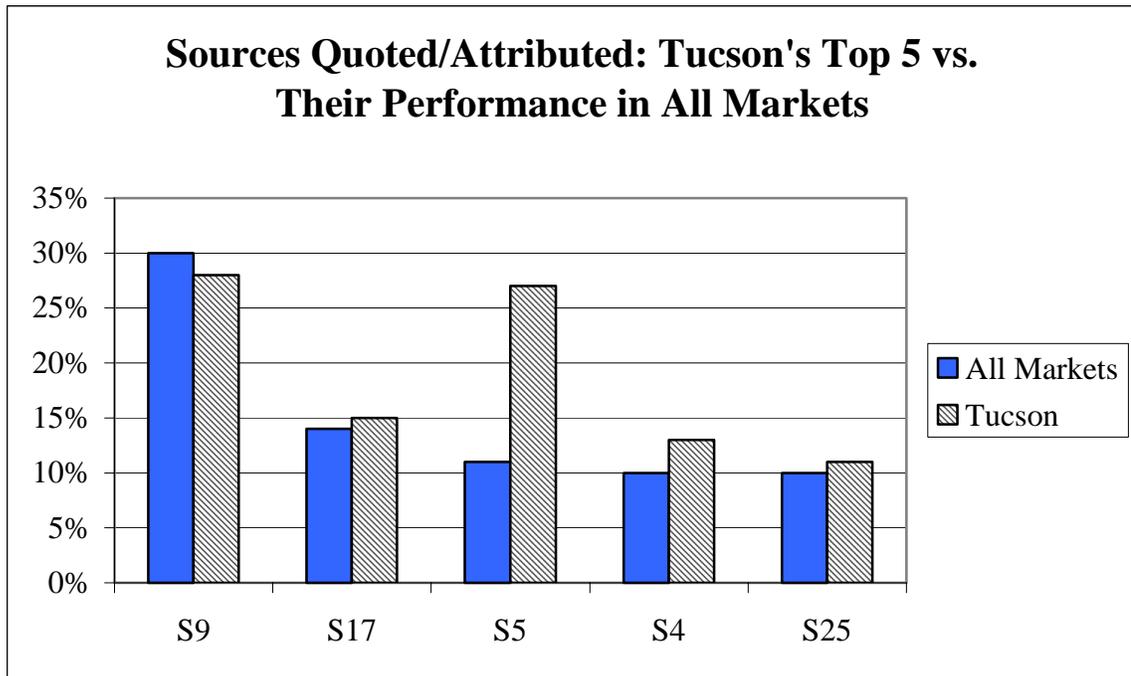




Figure 21: Sources Quoted/Attributed: Tucson



S9 – State Legislator
S17 – Other National Advocacy Group
S5 – Member of Congress
S4 – Federal Government
S25 – Medicare beneficiary



Figure 22: Resources Cited: Tucson

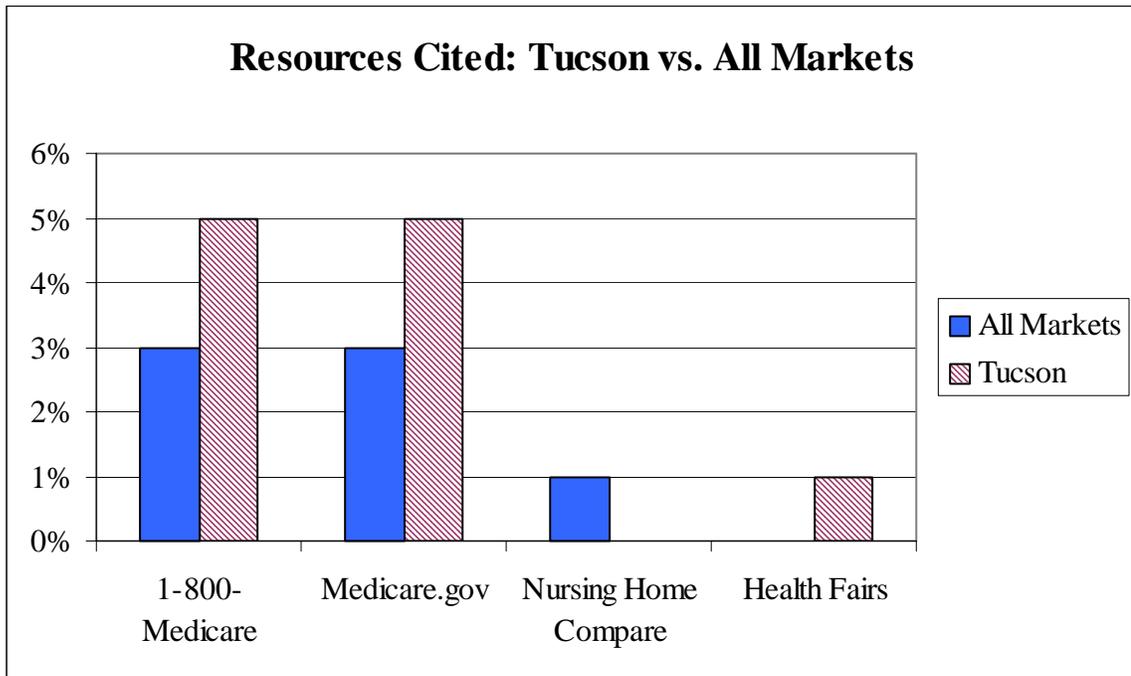


Figure 23: Tone: Tucson

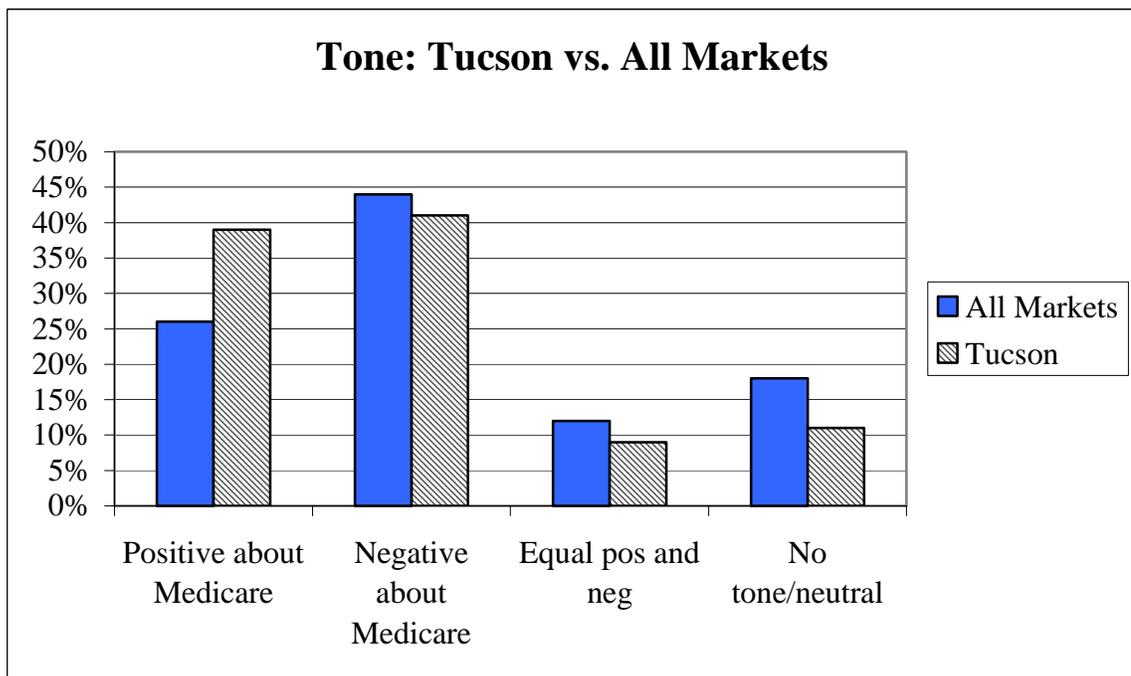




Figure 24: Paid Media: Tucson

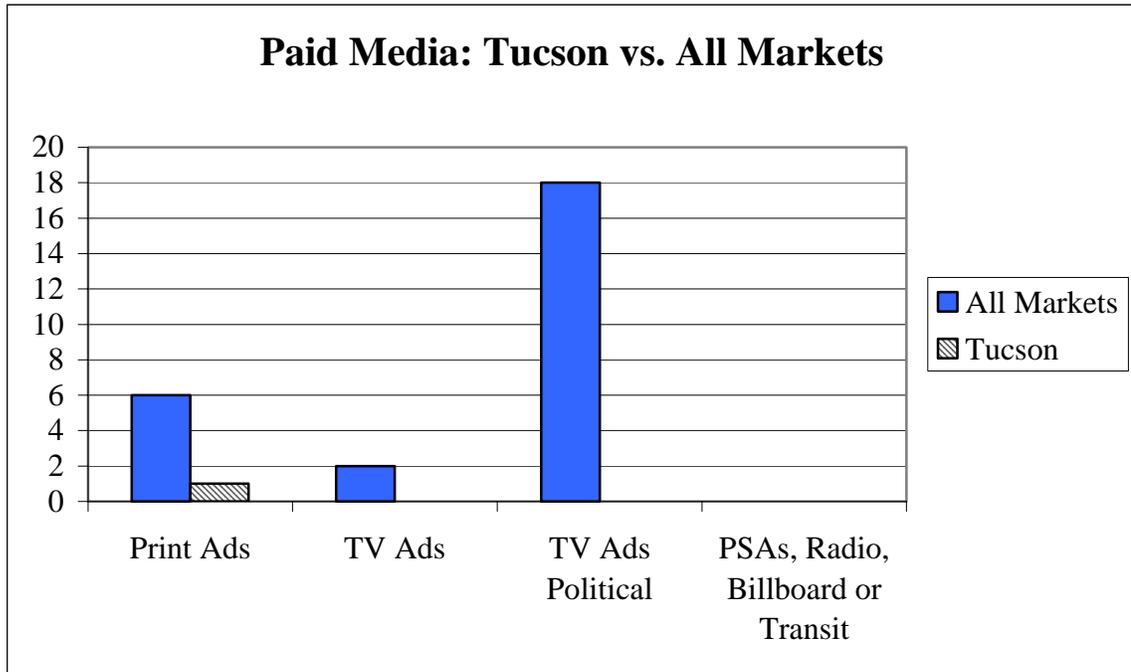
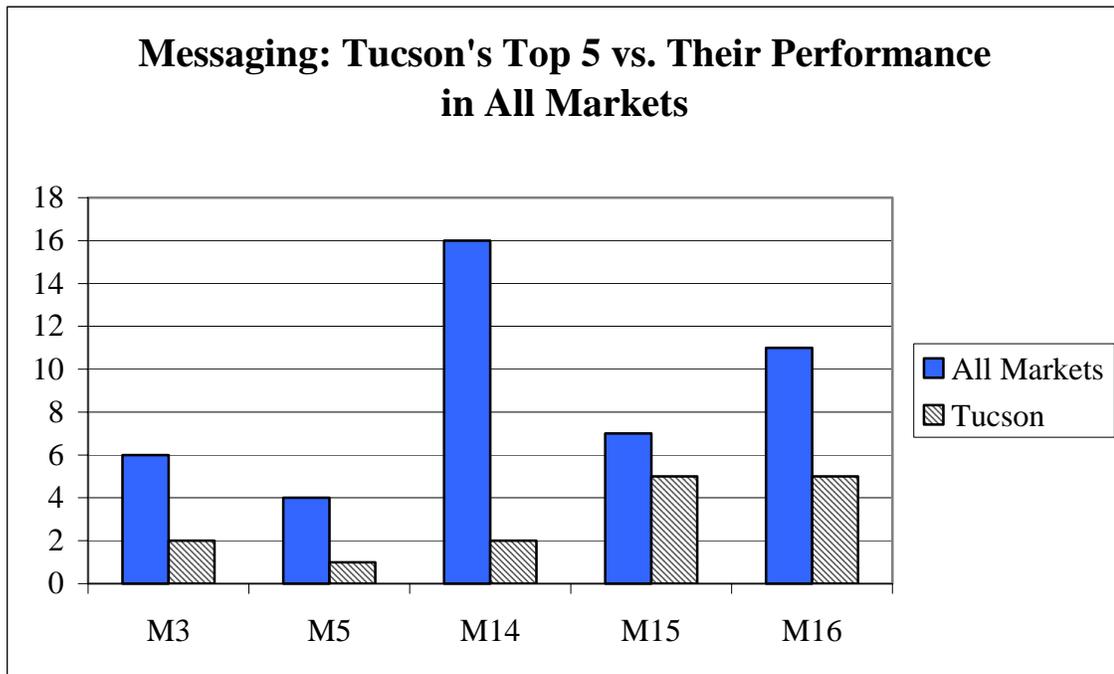




Figure 25: Messaging: Tucson



M3 – The Medicare program offers preventive services

M5 – There are now more choices and options in health plans

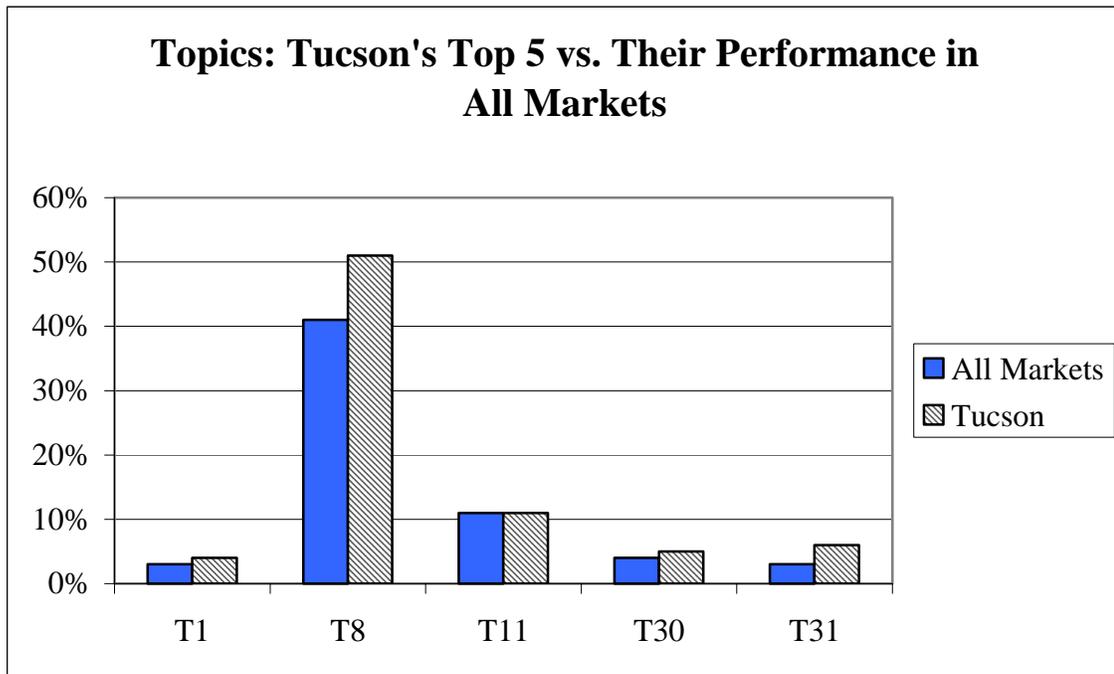
M14 – Medicare is committed to improving quality of care in nursing homes

M15 – Medicare will help you help yourself

M16 – Medicare will help you narrow down your choices of providers, nursing homes and health care plans



Figure 26: Topics: Tucson



T1 – General Medicare – what is Medicare, who is covered, what are options
T8 – Prescription drug coverage
T11 – Nursing home quality
T30 – CMS Initiatives
T31 – Medicare Initiatives



Figure 27: Medium: Sarasota

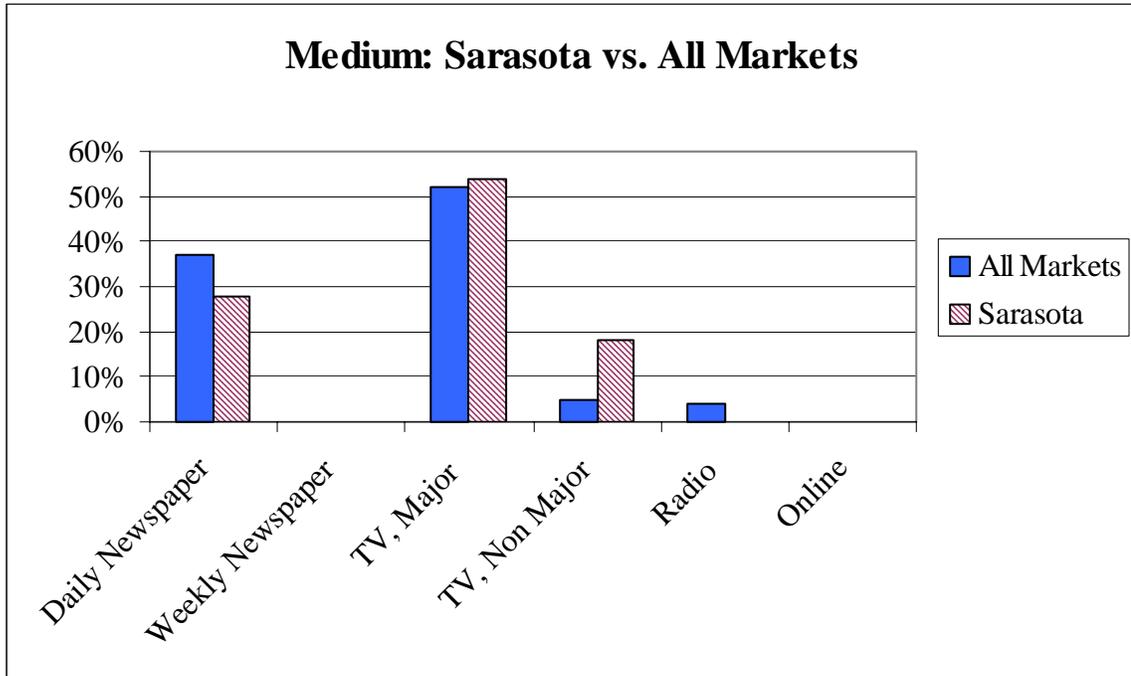


Figure 28: Coverage: Sarasota

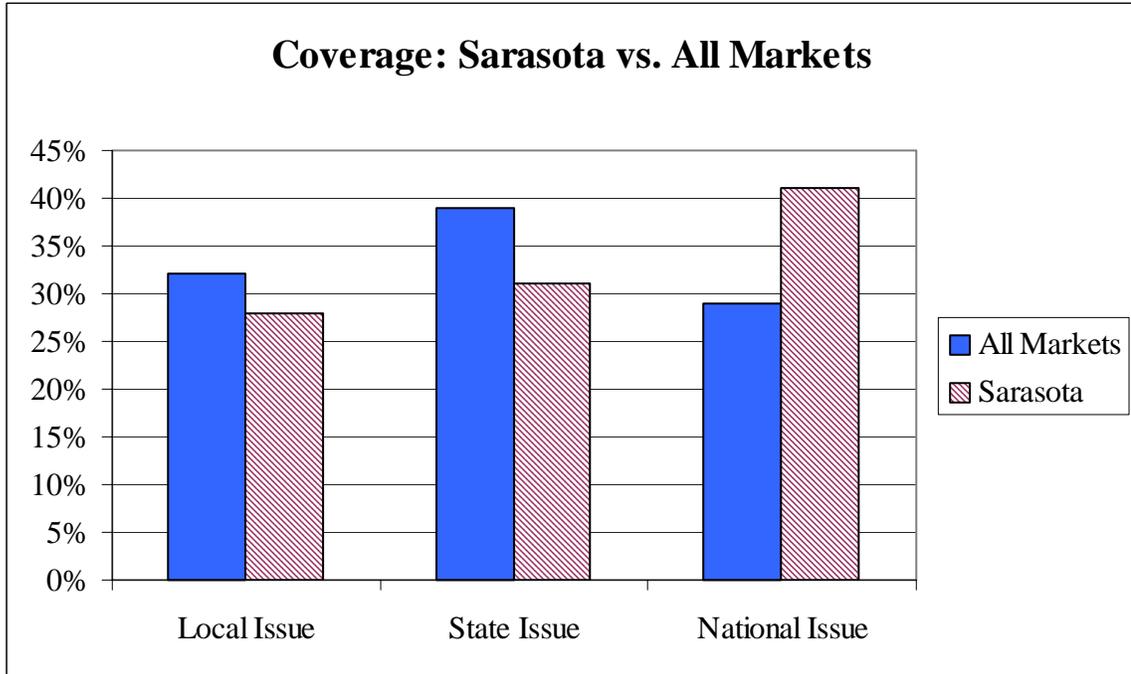
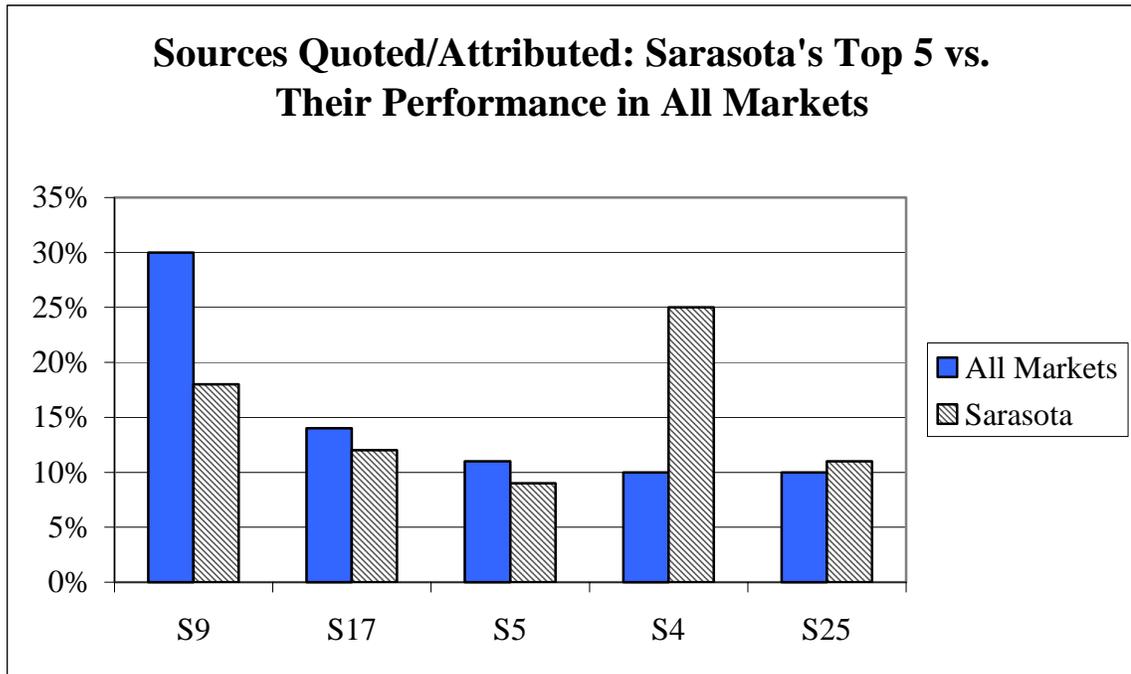




Figure 29: Sources Quoted/Attributed: Sarasota



S9 – State Legislator
S17 – Other National Advocacy Group
S5 – Member of Congress
S4 – Federal Government
S25 – Medicare beneficiary



Figure 30: Resourced Cited: Sarasota

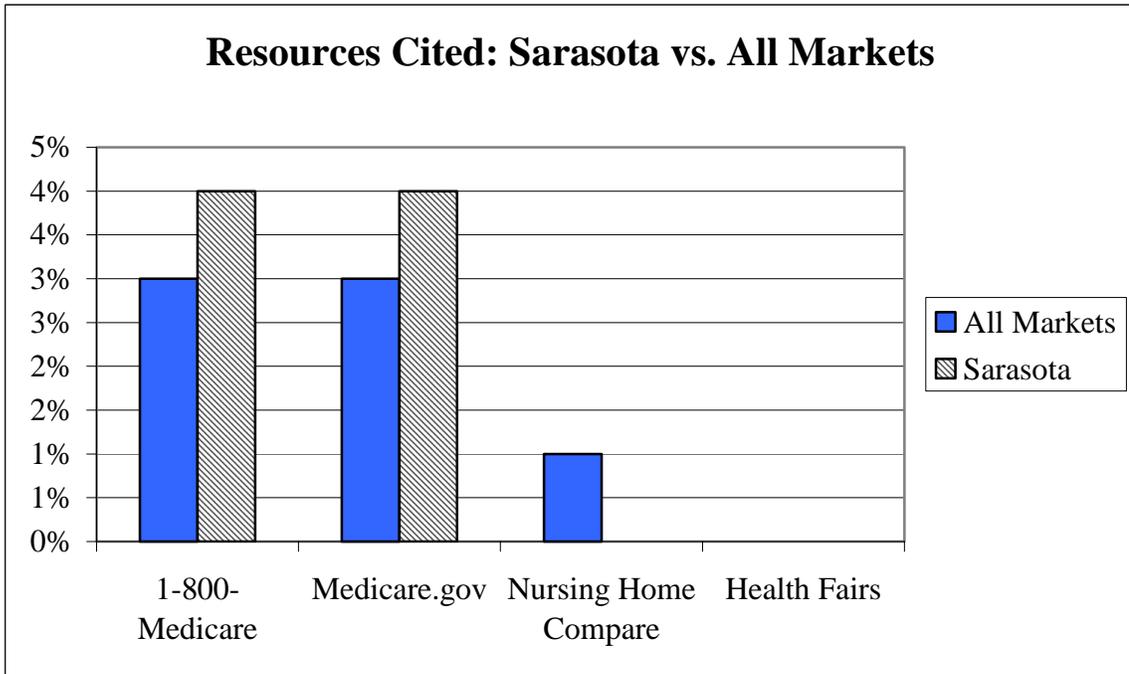


Figure 31: Tone: Sarasota

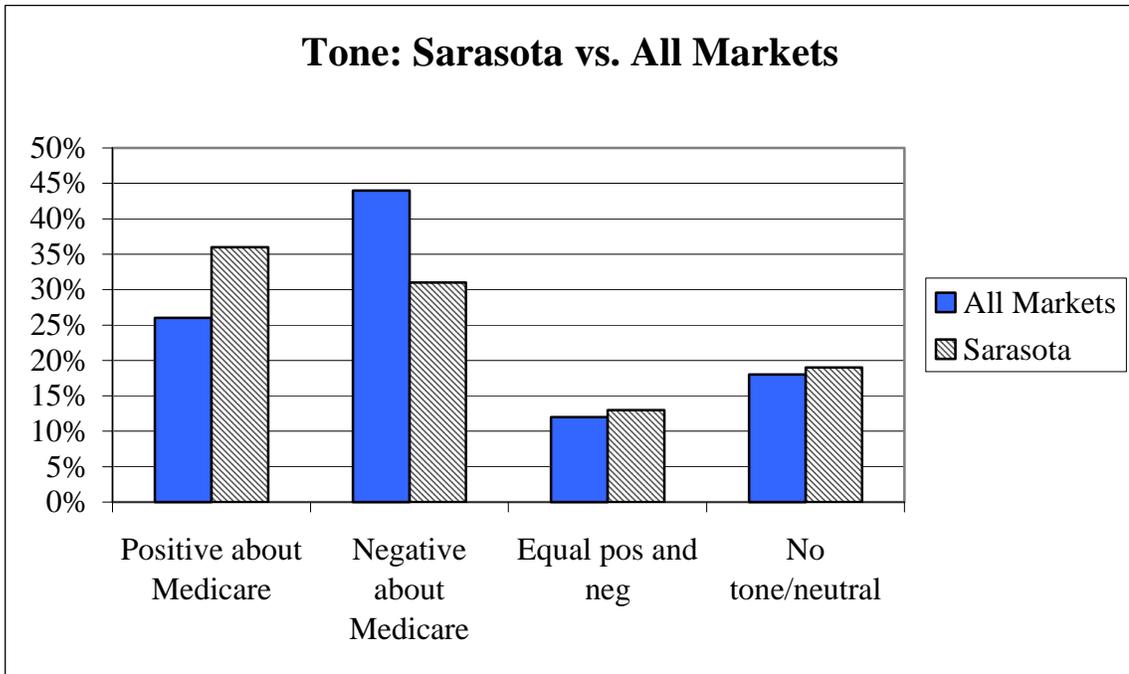




Figure 32: Paid Media: Sarasota

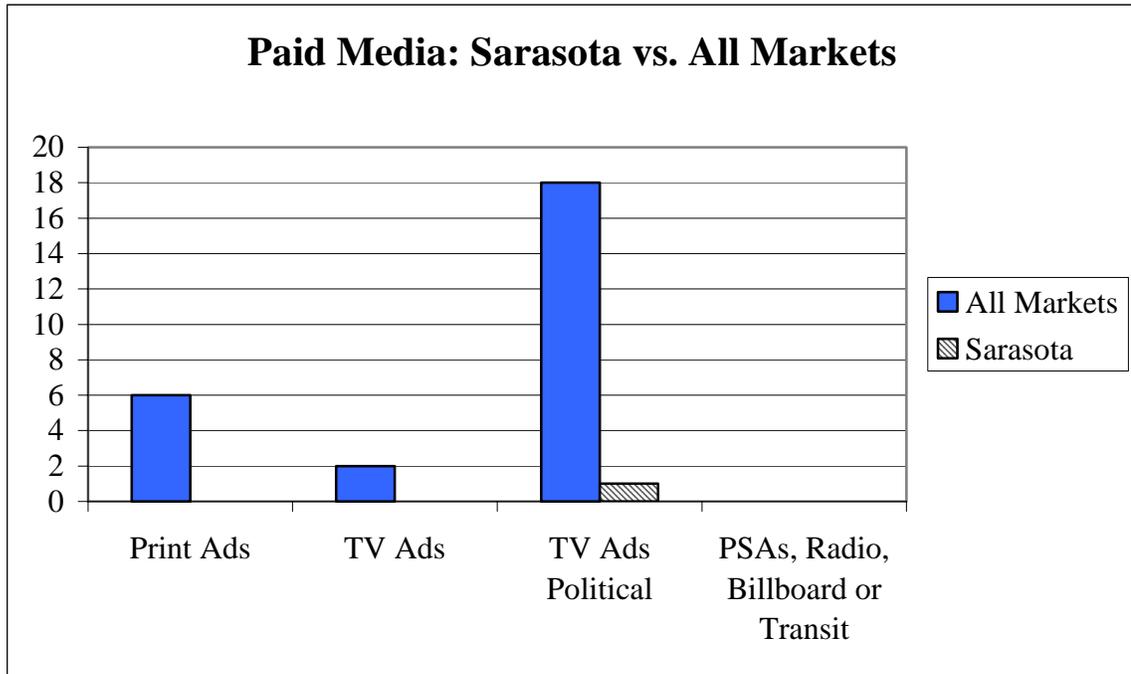
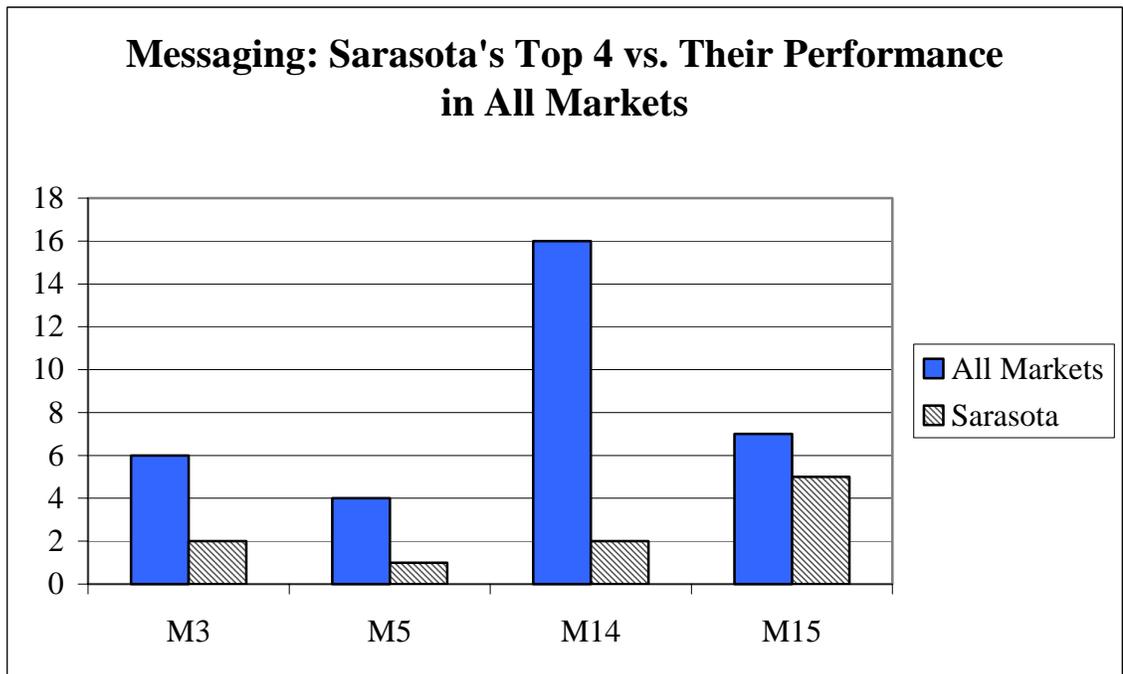


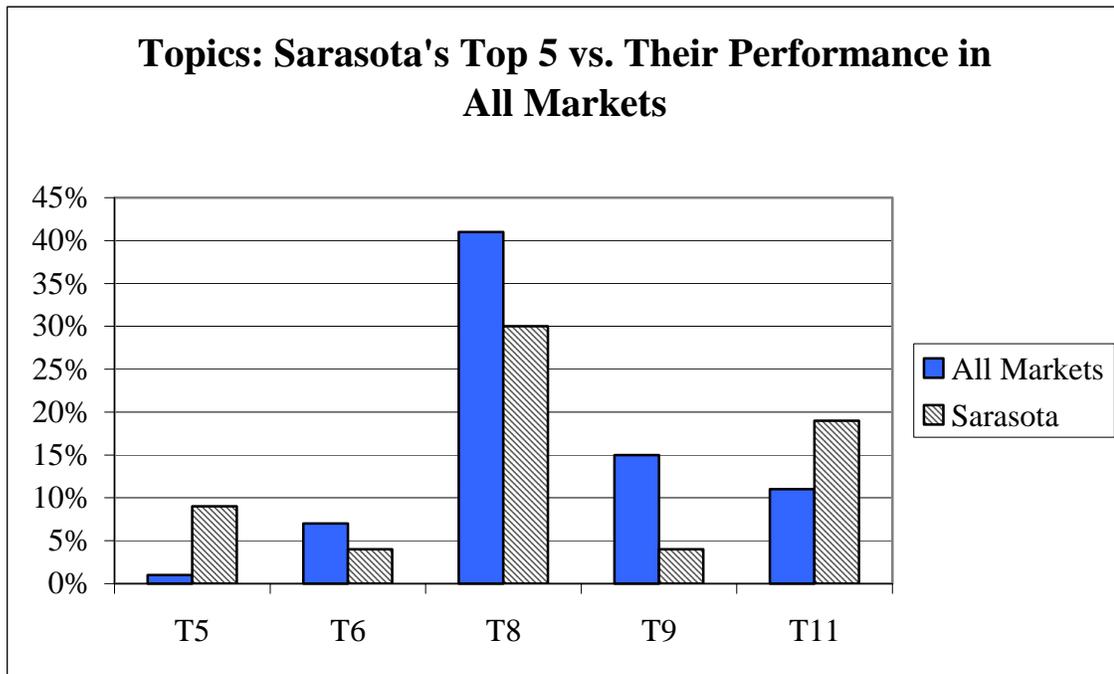
Figure 33: Messaging: Sarasota



M3 – The Medicare program offers preventive services
M5 – There are now more choices and options in health plans
M14 – Medicare is committed to improving quality of care in nursing homes
M15 – Medicare will help you help yourself



Figure 34: Topics: Sarasota



T5 – Medicare + Choice
T6 – Medicaid
T8 – Prescription drug coverage
T9 – Long-term care (assisted living or nursing home care)
T11 – Nursing home quality



Figure 35: Medium: Springfield

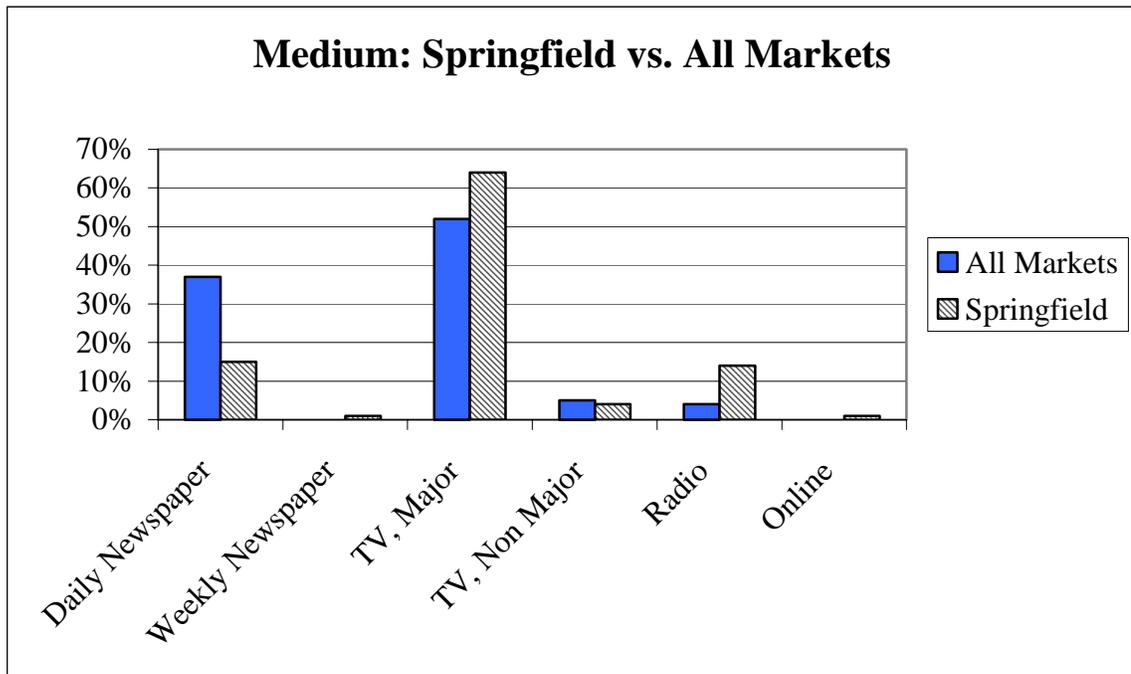


Figure 36: Coverage: Springfield

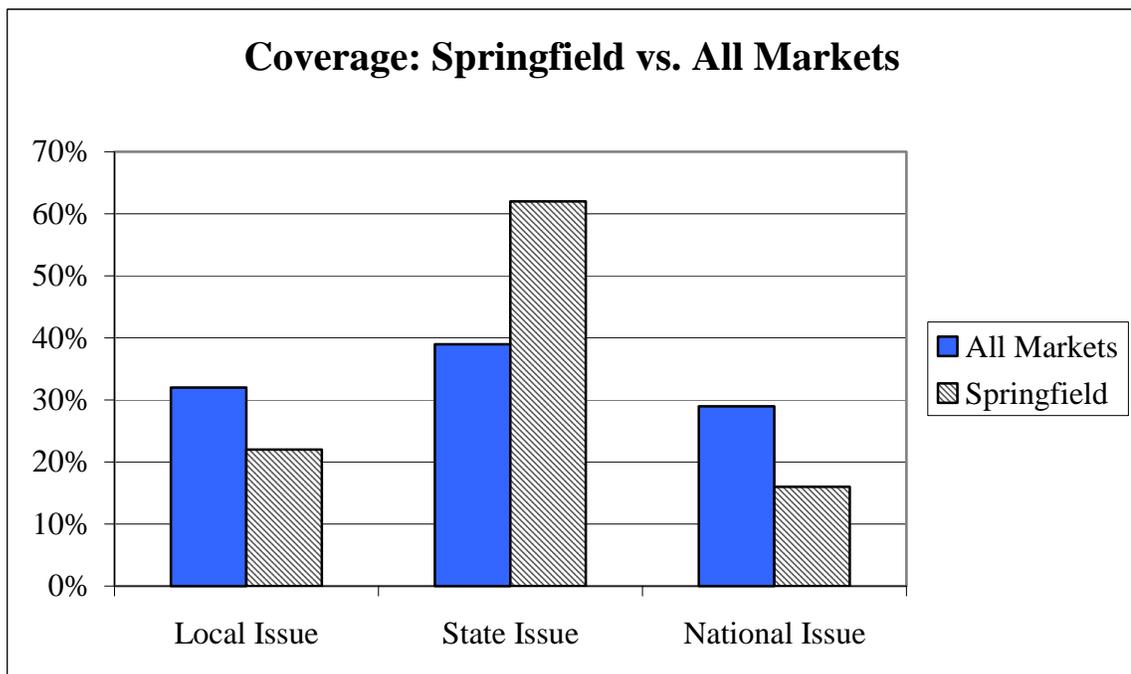
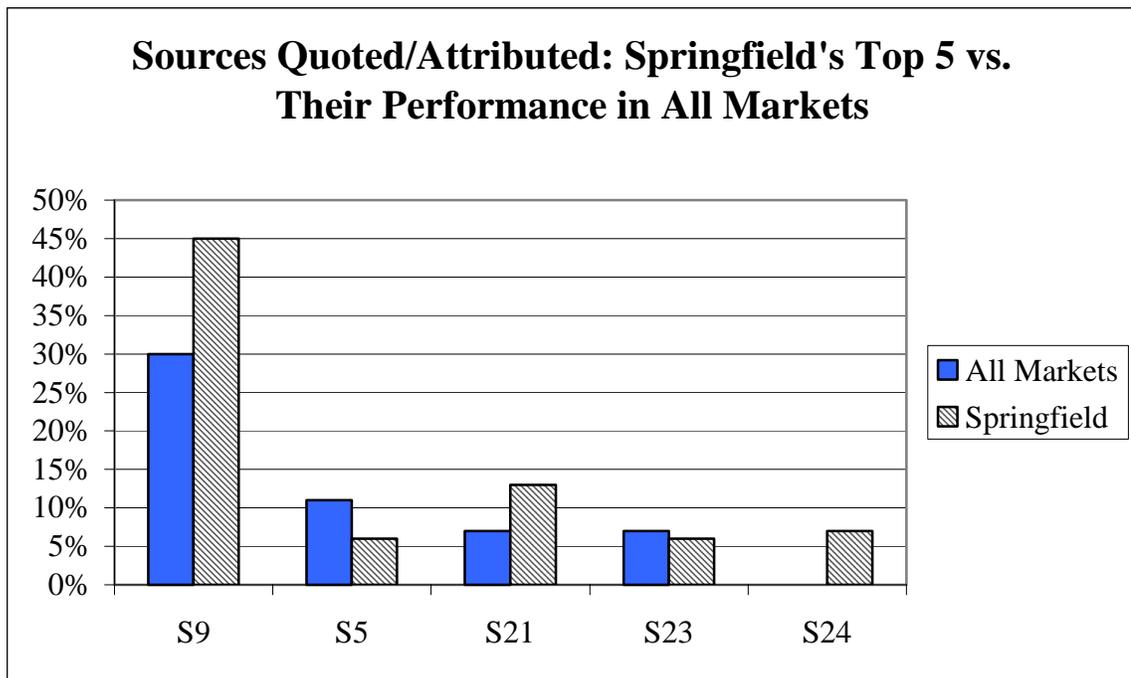




Figure 37: Sources Quoted/Attributed: Springfield



S9 – State Legislator
S5 – Member of Congress
S21 – Local Advocacy Organization
S23 – Senior Center
S24 – Local Ombudsman’s office



Figure 38: Resources Cited: Springfield

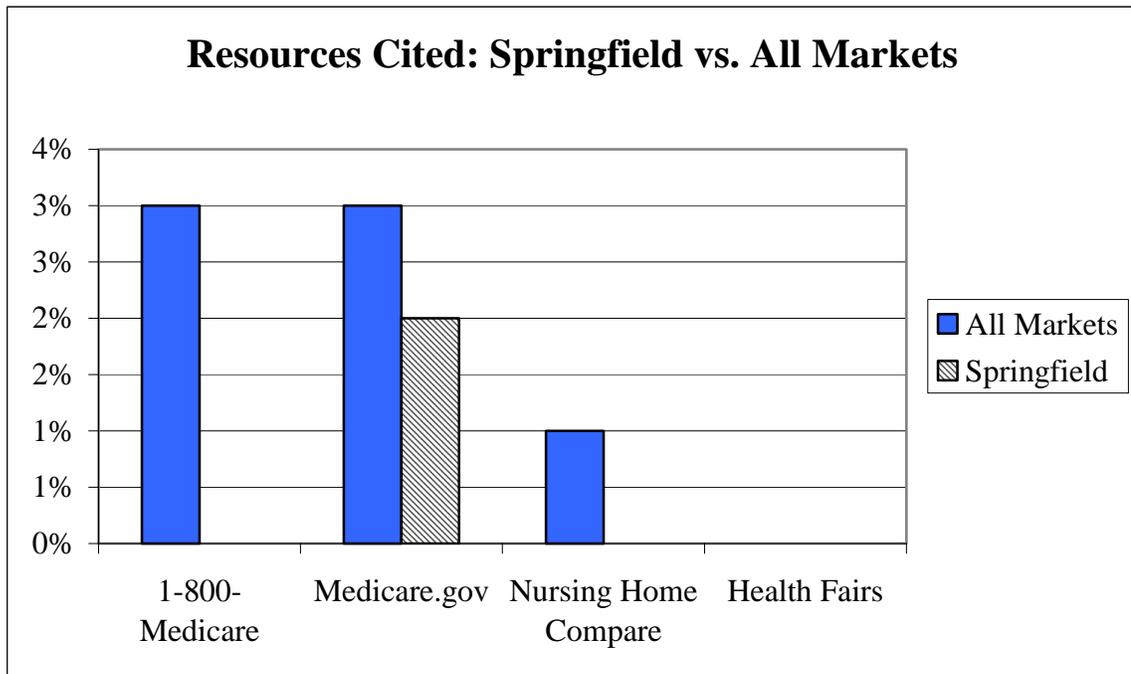


Figure 39: Tone: Springfield

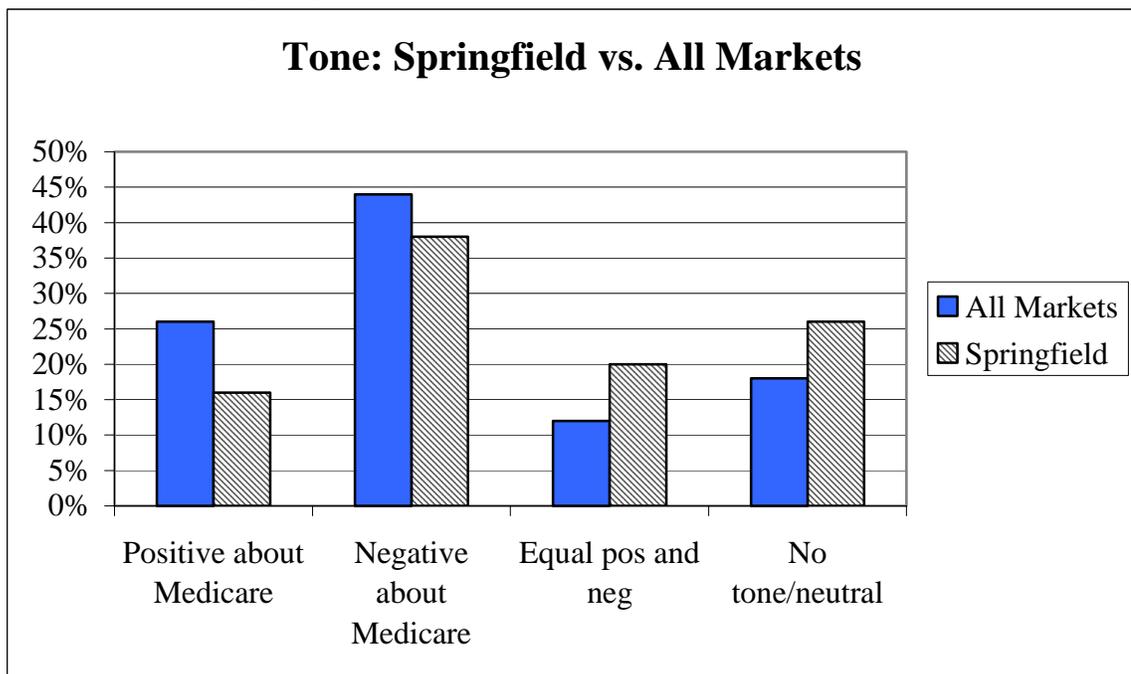




Figure 40: Paid Media: Springfield

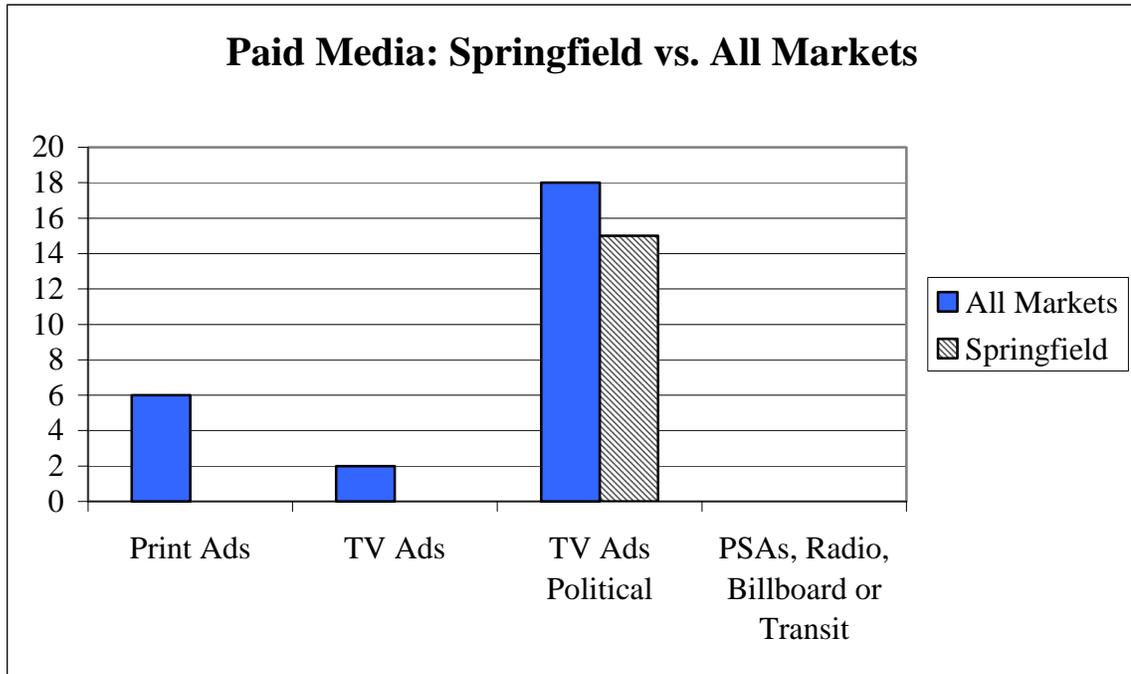
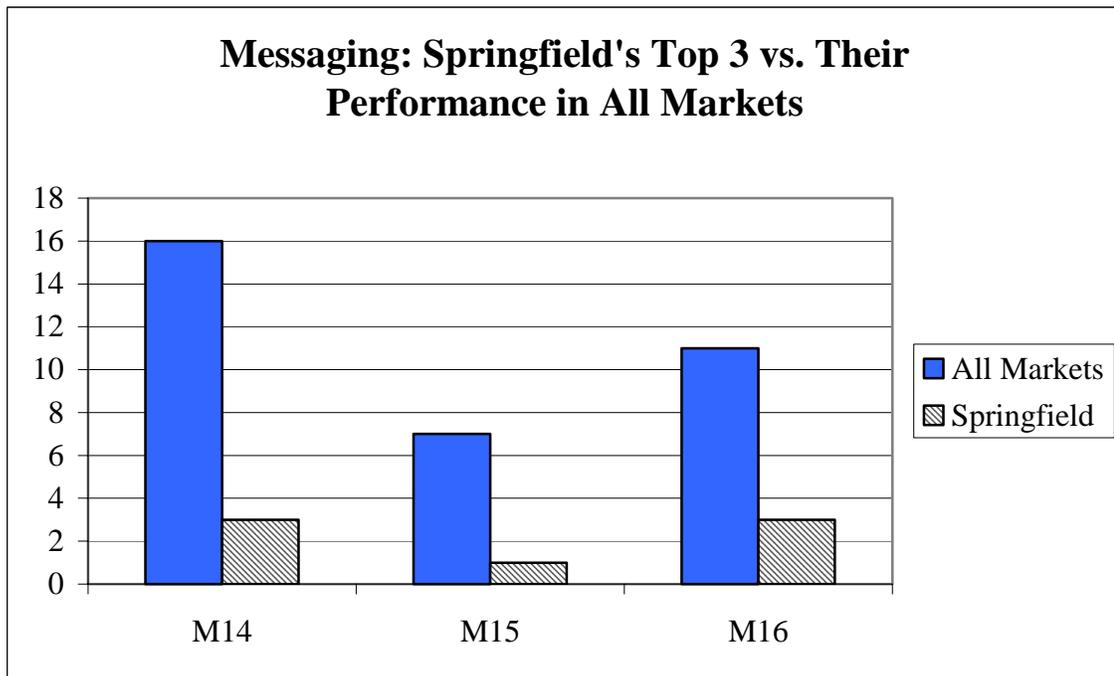


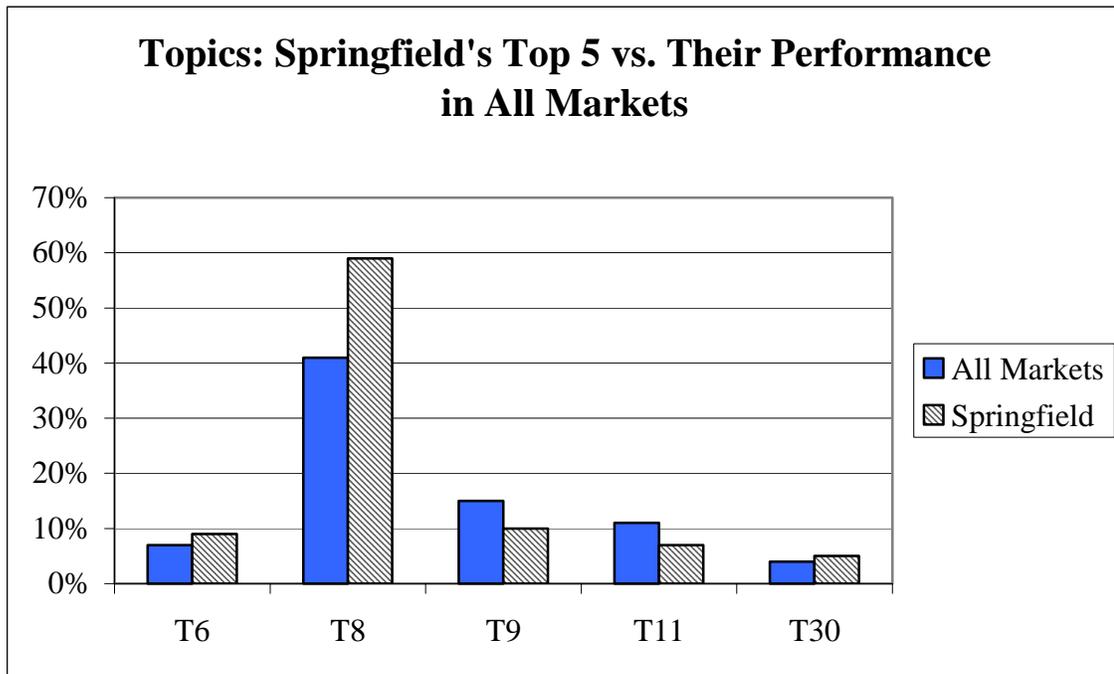
Figure 41: Messaging: Springfield



M14 – Medicare is committed to improving quality of care in nursing homes
M15 – Medicare will help you help yourself
M16 – Medicare will help you narrow down your choices of providers, nursing homes and health care plans



Figure 42: Topics: Springfield



T6 – Medicaid
T8 – Prescription drug coverage
T9 – Long-term care (assisted living or nursing home care)
T11 – Nursing home quality
T30 – CMS Initiatives



Figure 43: Medium: Dayton

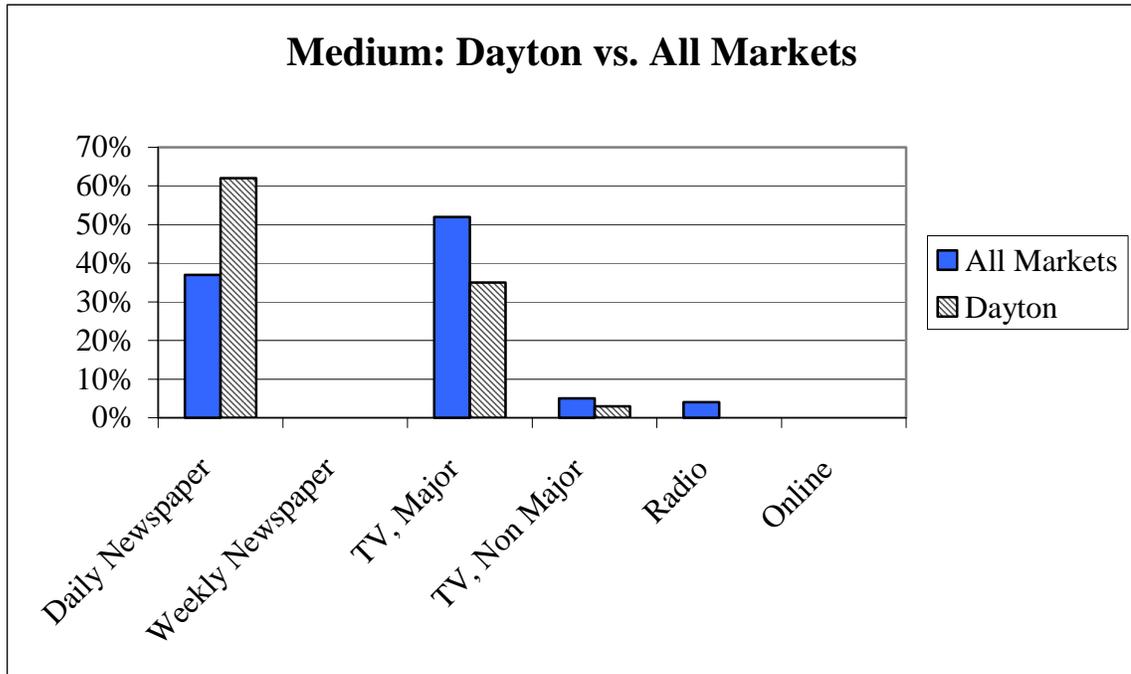


Figure 44: Coverage: Dayton

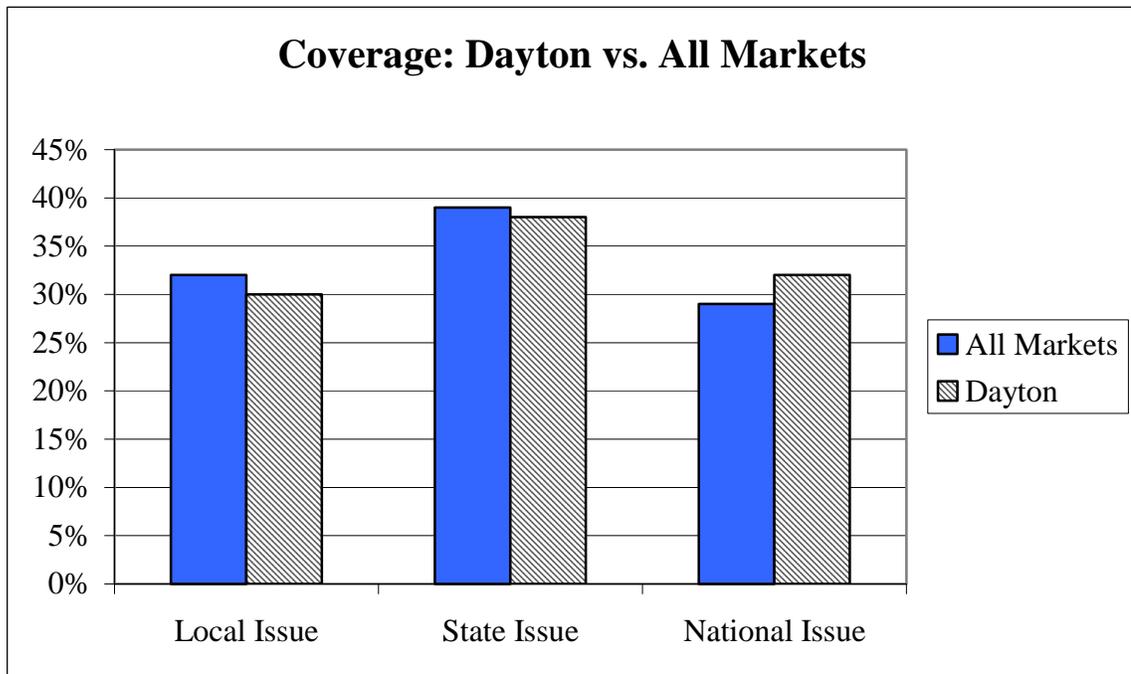
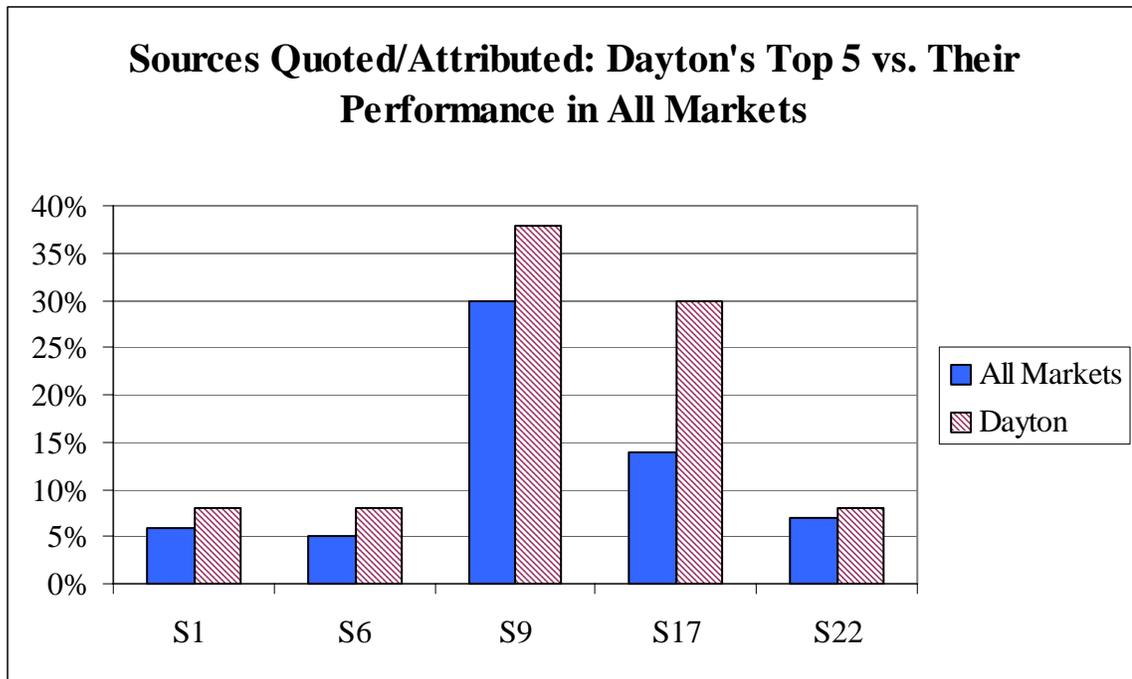




Figure 45: Sources Quoted/Attributed: Dayton



S1 – CMS
S6 – Area Agency/Office on Aging
S9 – State Legislator
S17 – Other National Advocacy Group
S22 – Local pharmacy



Figure 46: Resourced Cited: Dayton

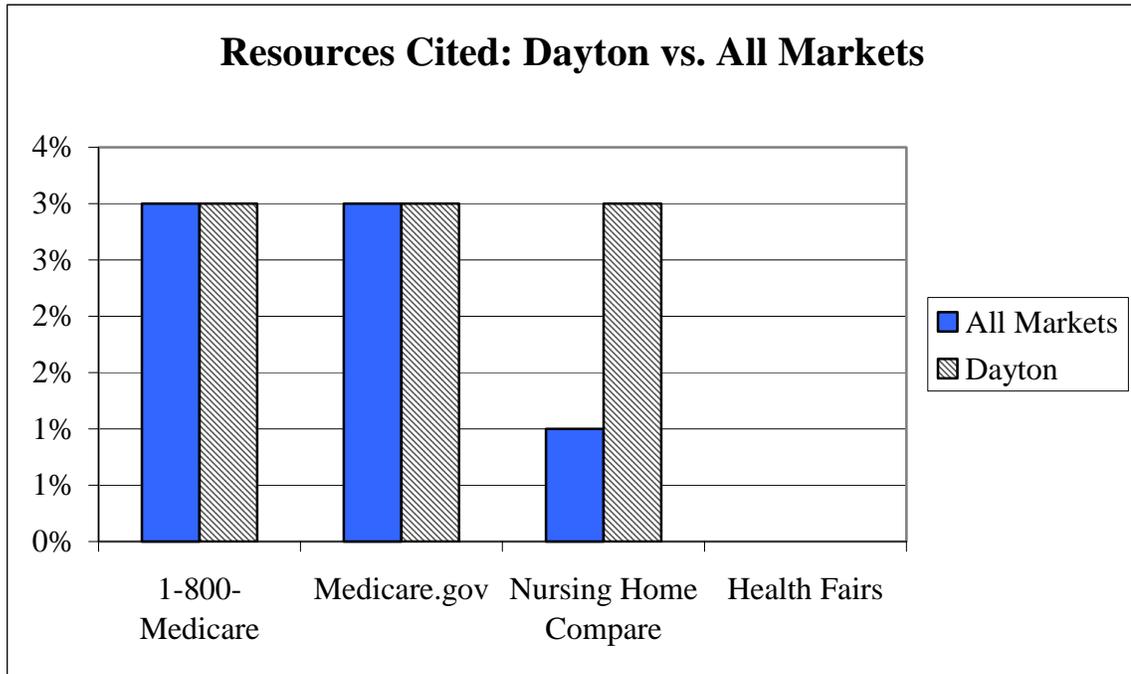


Figure 47: Tone: Dayton

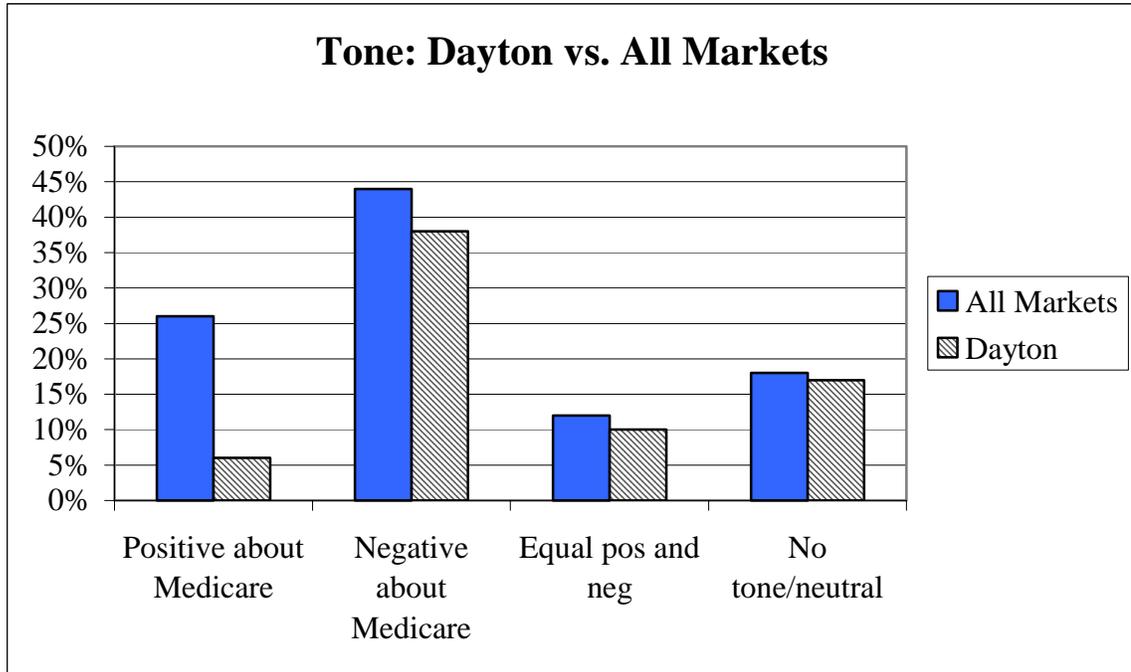




Figure 48: Paid Media: Dayton

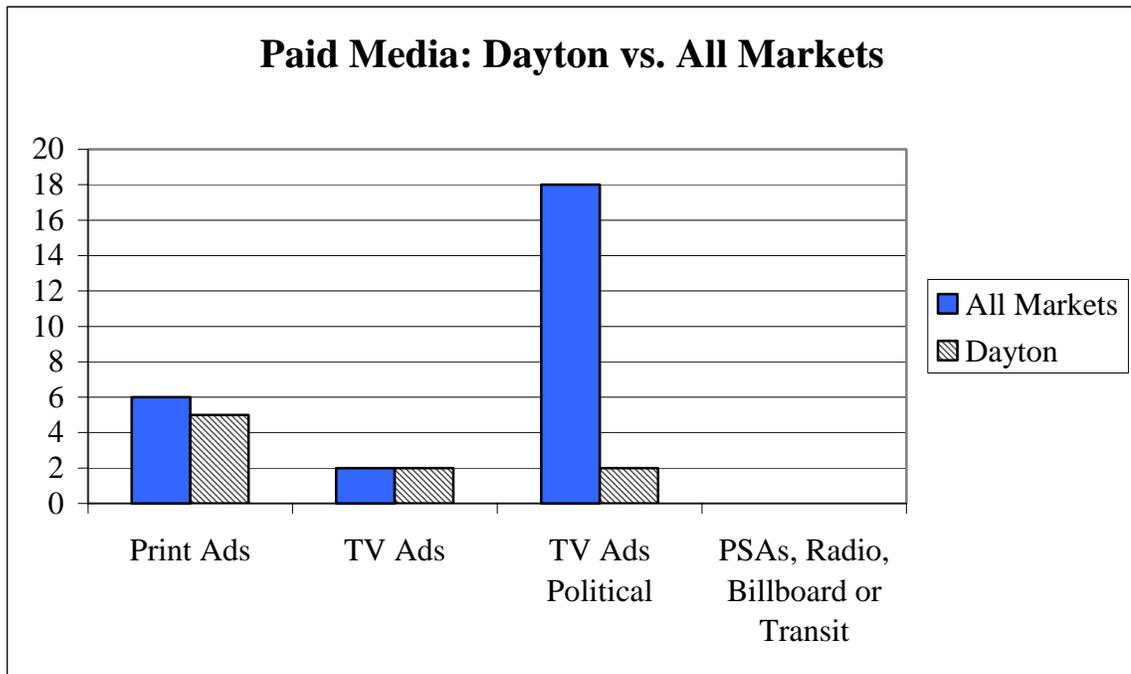
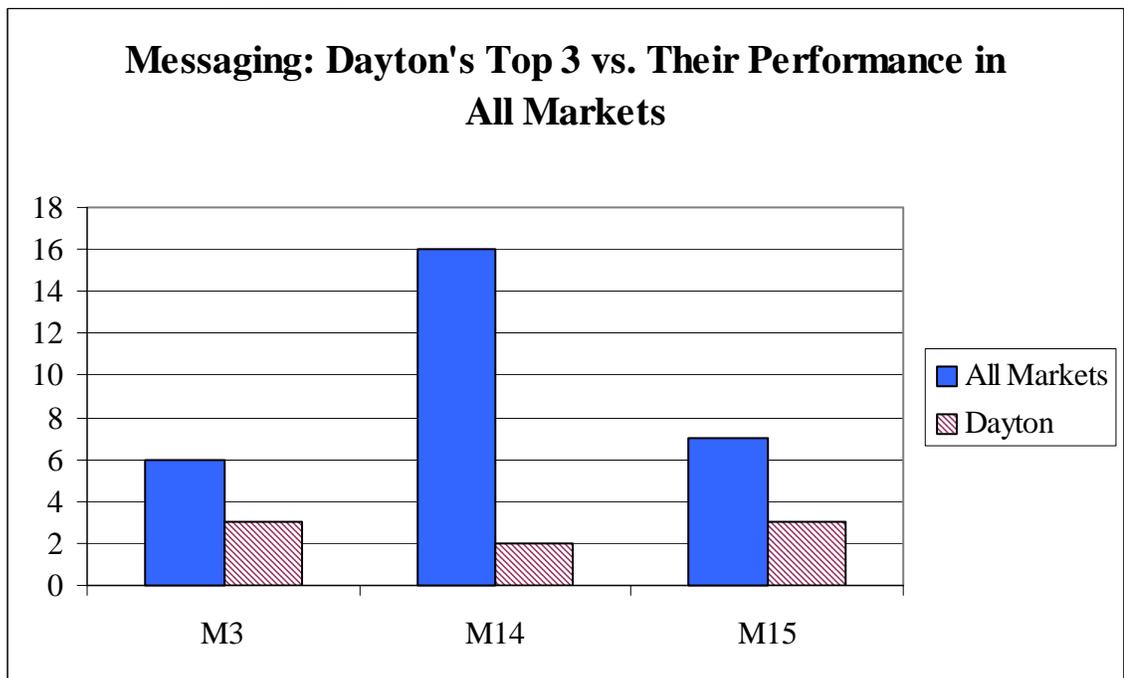


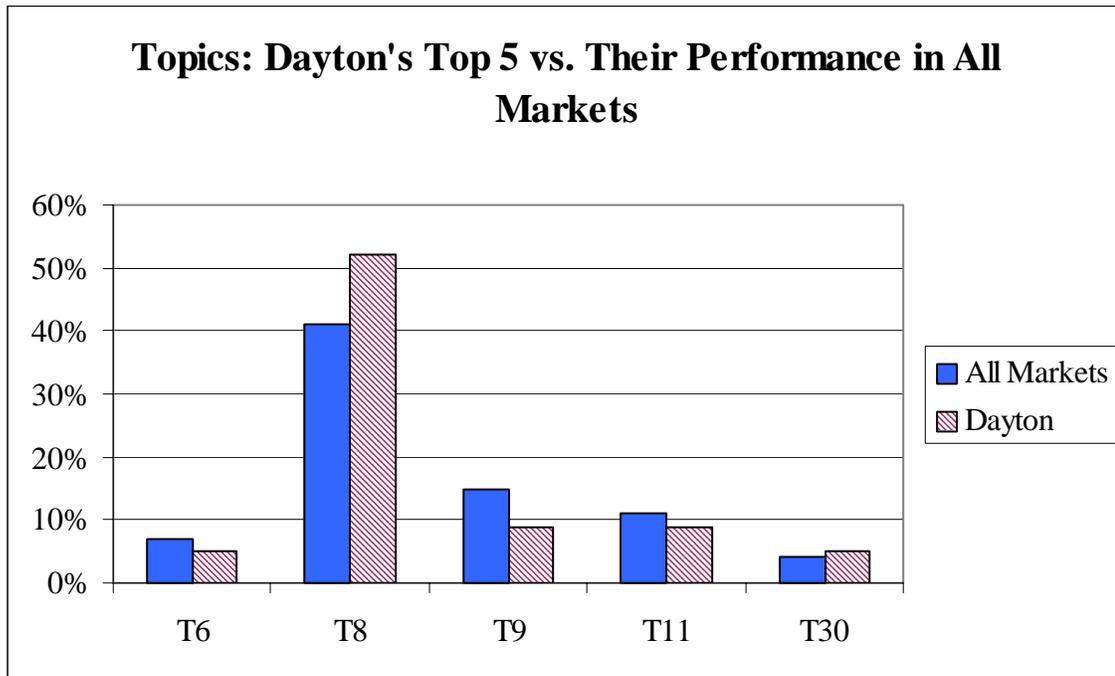
Figure 49: Messaging: Dayton



M3 – The Medicare program offers preventive services
M14 – Medicare is committed to improving quality of care in nursing homes
M15 – Medicare will help you help yourself



Figure 50: Topics: Dayton



T6 – Medicaid
T8 – Prescription drug coverage
T9 – Long-term care (assisted living or nursing home care)
T11 – Nursing home quality
T30 – CMS Initiatives



Figure 51: Medium: Eugene

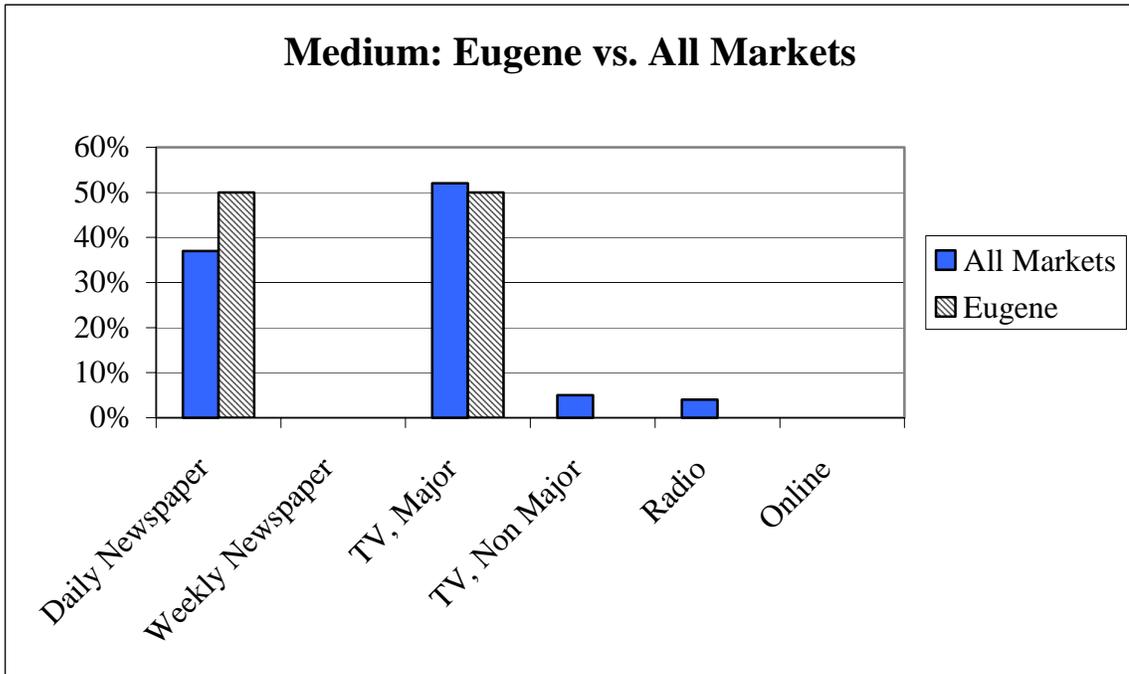


Figure 52: Coverage: Eugene

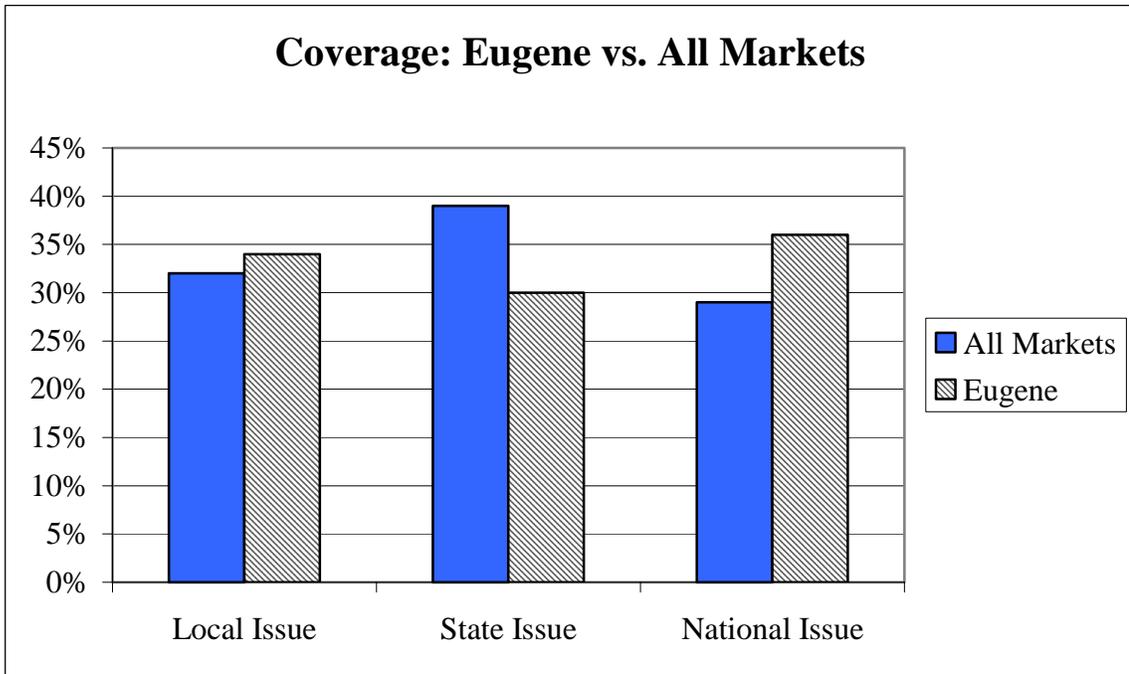
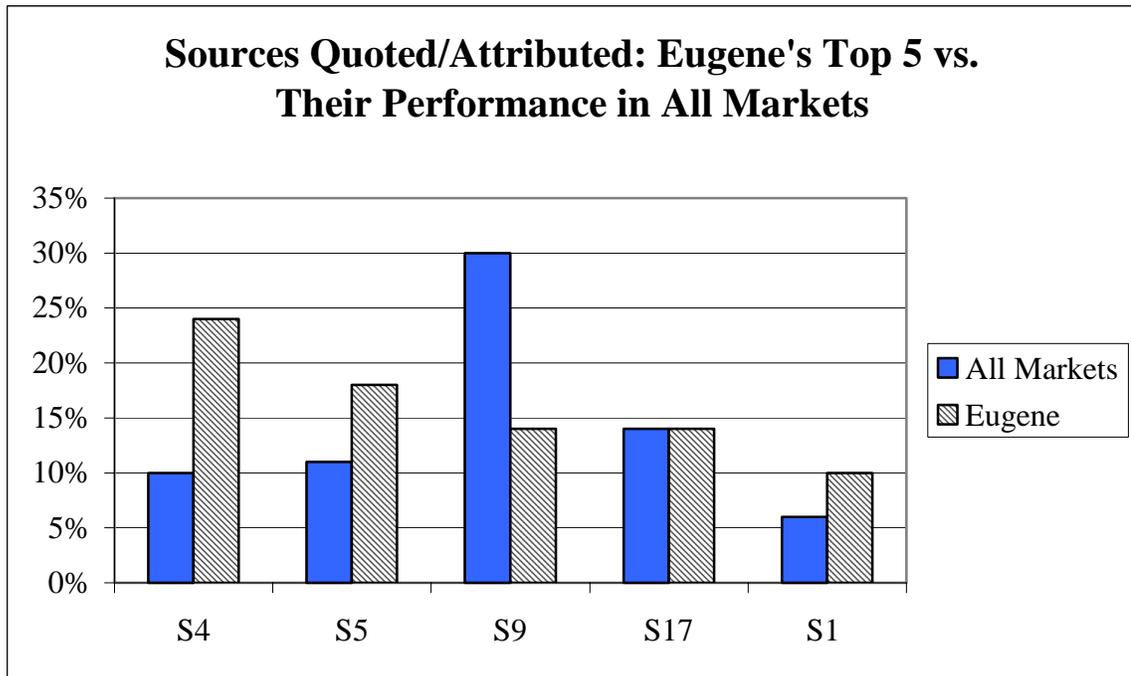




Figure 53: Sources Quoted/Attributed: Eugene



S4 – Federal Government
S5 – Member of Congress
S9 – State Legislator
S17 – Other National Advocacy Group
S1 – CMS



Figure 54: Resources Cited: Eugene

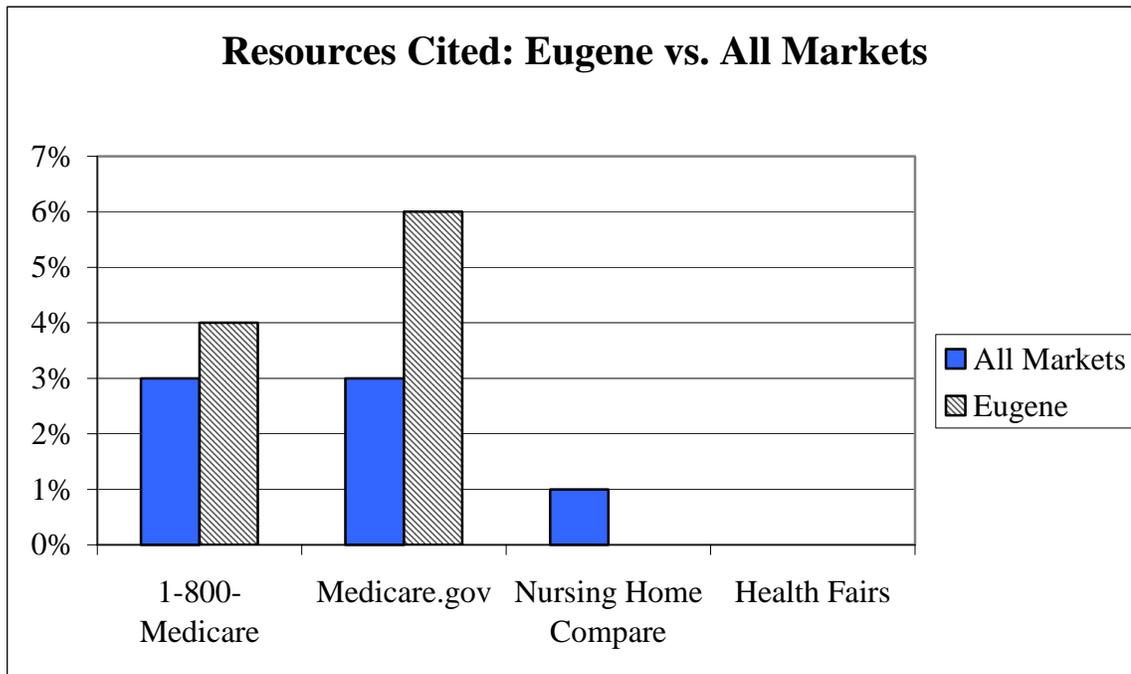


Figure 55: Tone: Eugene

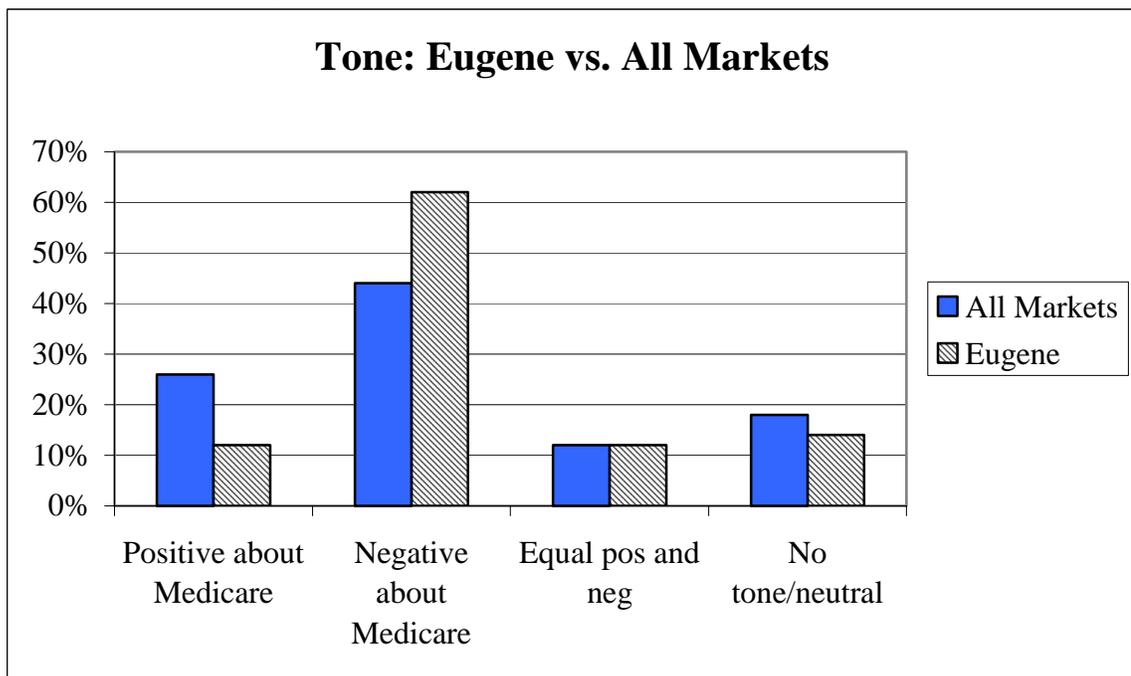




Figure 56: Paid Media: Eugene

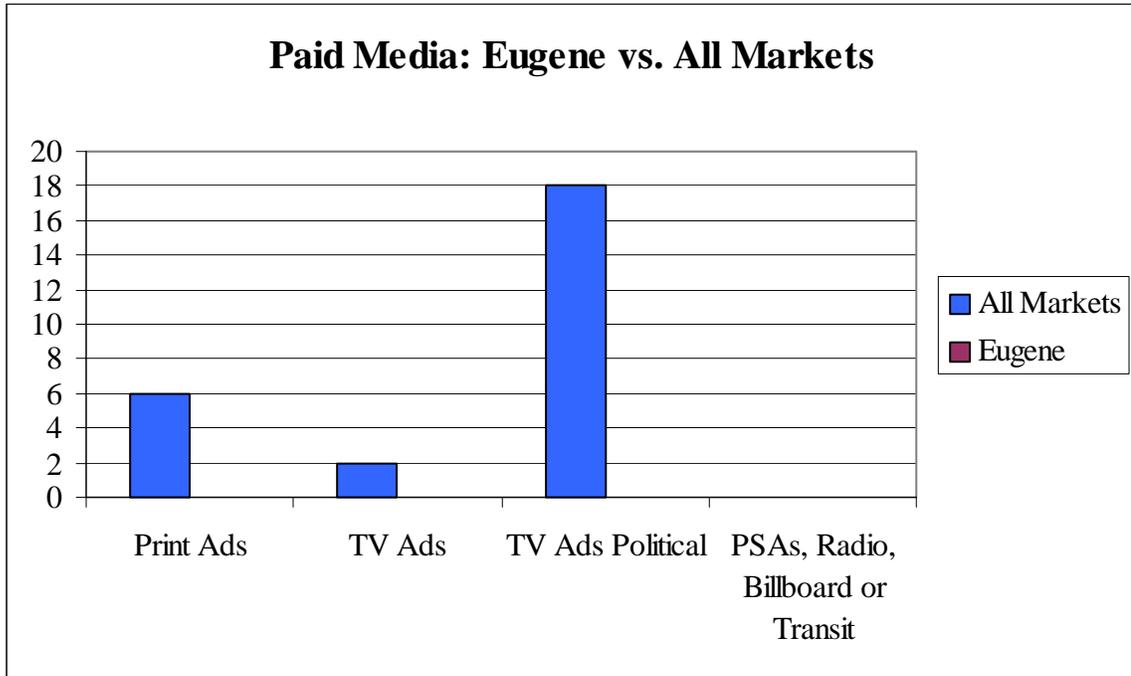
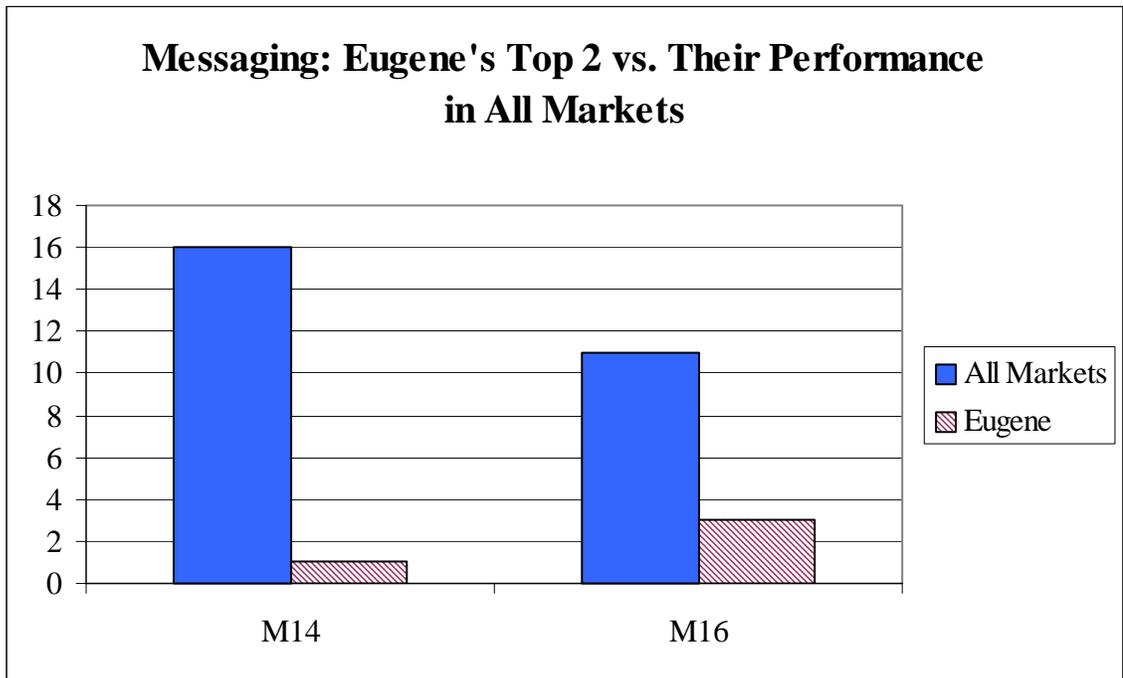


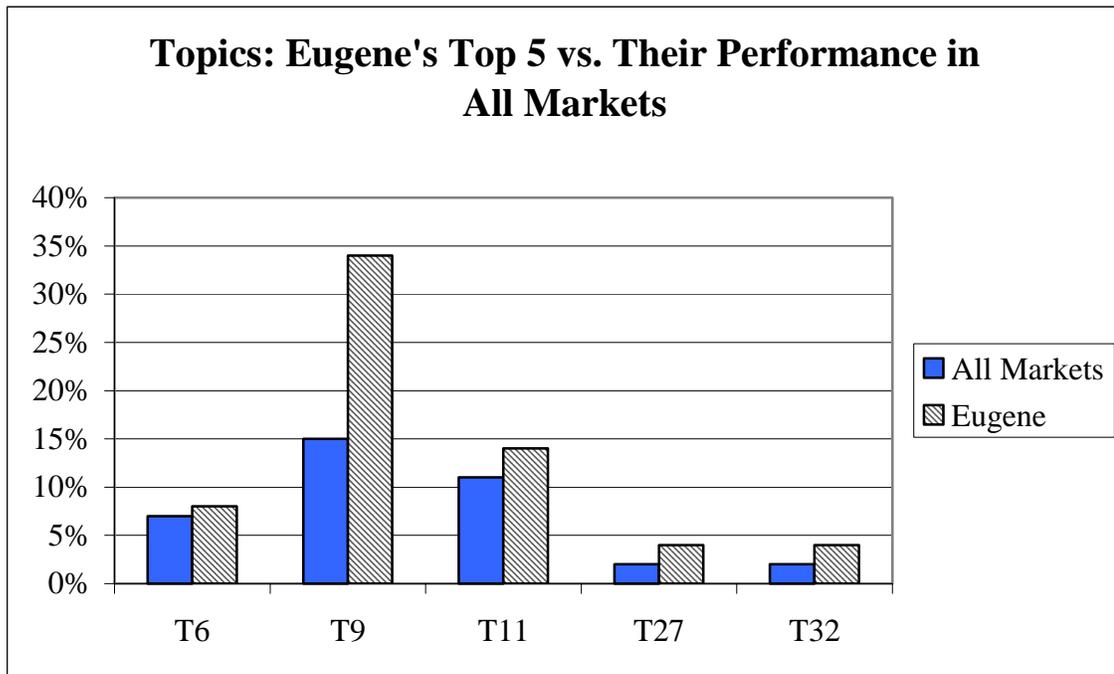
Figure 57: Messaging: Eugene



M14 – Medicare is committed to improving quality of care in nursing homes
M16 – Medicare will help you narrow down your choices of providers, nursing homes and health care plans



Figure 58: Topics: Eugene



T6 – Medicaid
T9 – Long-term care (assisted living or nursing home care)
T11 – Nursing home quality
T27 – Fraud and abuse
T32 – DHHS Initiatives



Figure 59: Medium: Olympia

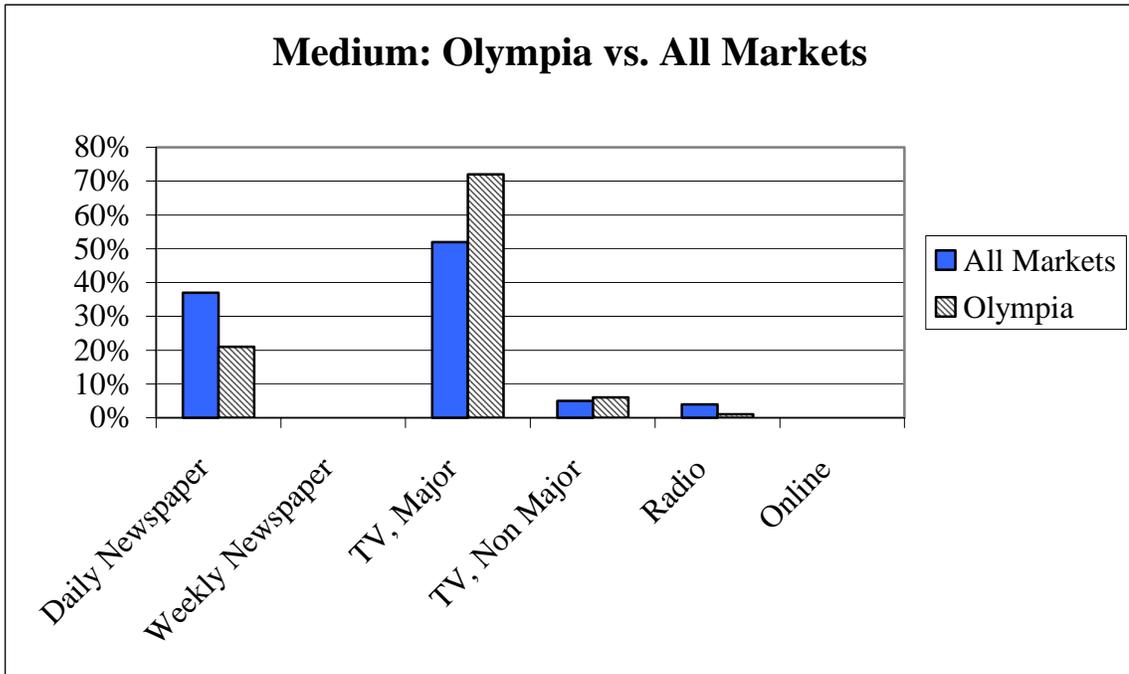


Figure 60: Coverage: Olympia

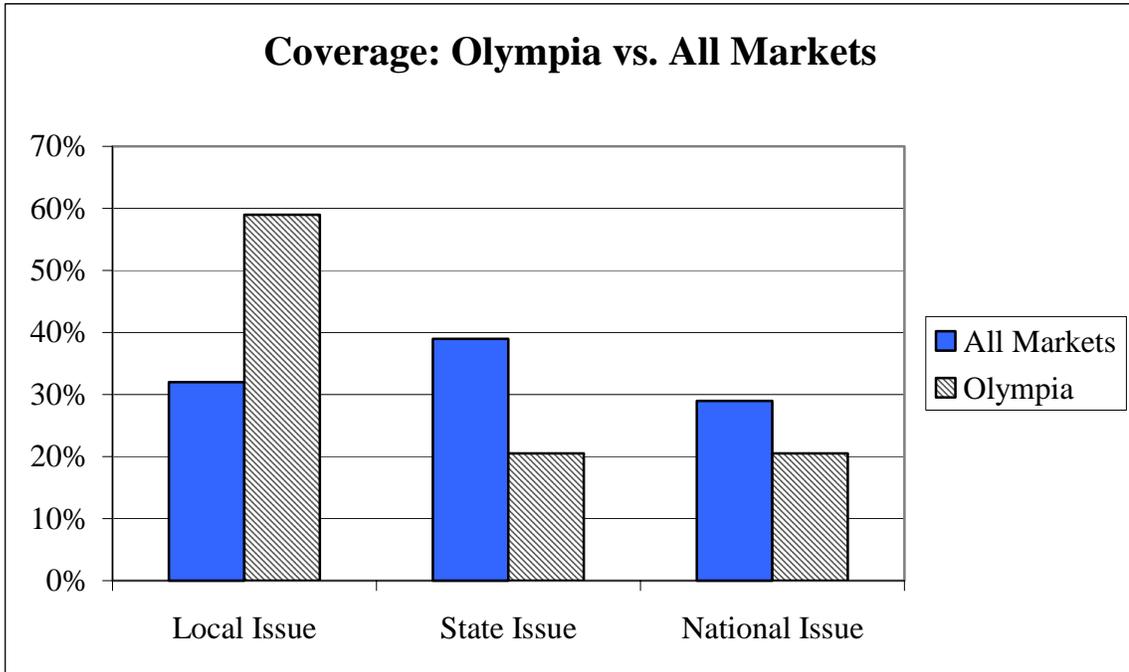
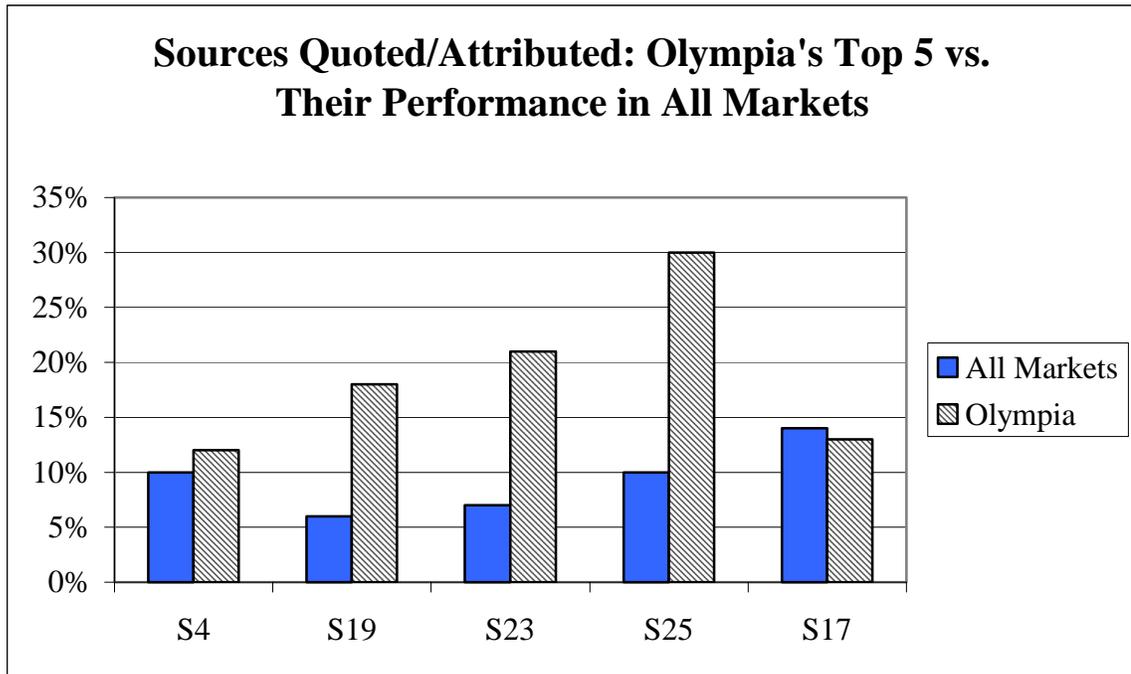




Figure 61: Sources Quoted/Attributed: Olympia



S4 – Federal Government
S19 – Hospital
S23 – Senior Center
S25 – Medicare beneficiary
S17 – Other National Advocacy Group



Figure 62: Resources Cited: Olympia

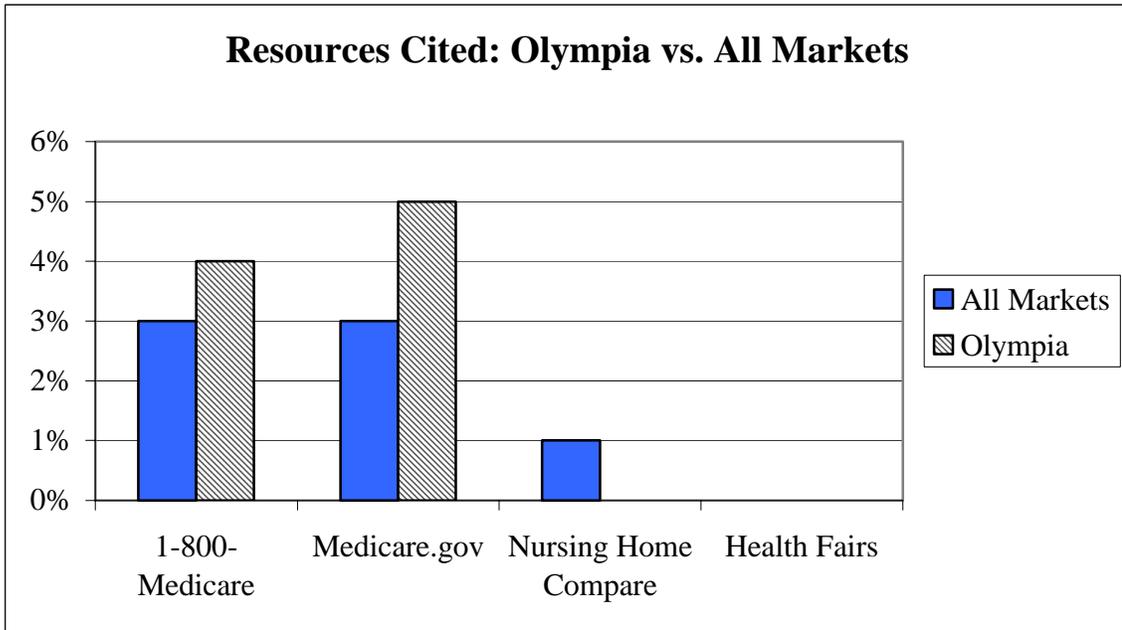


Figure 63: Tone: Olympia

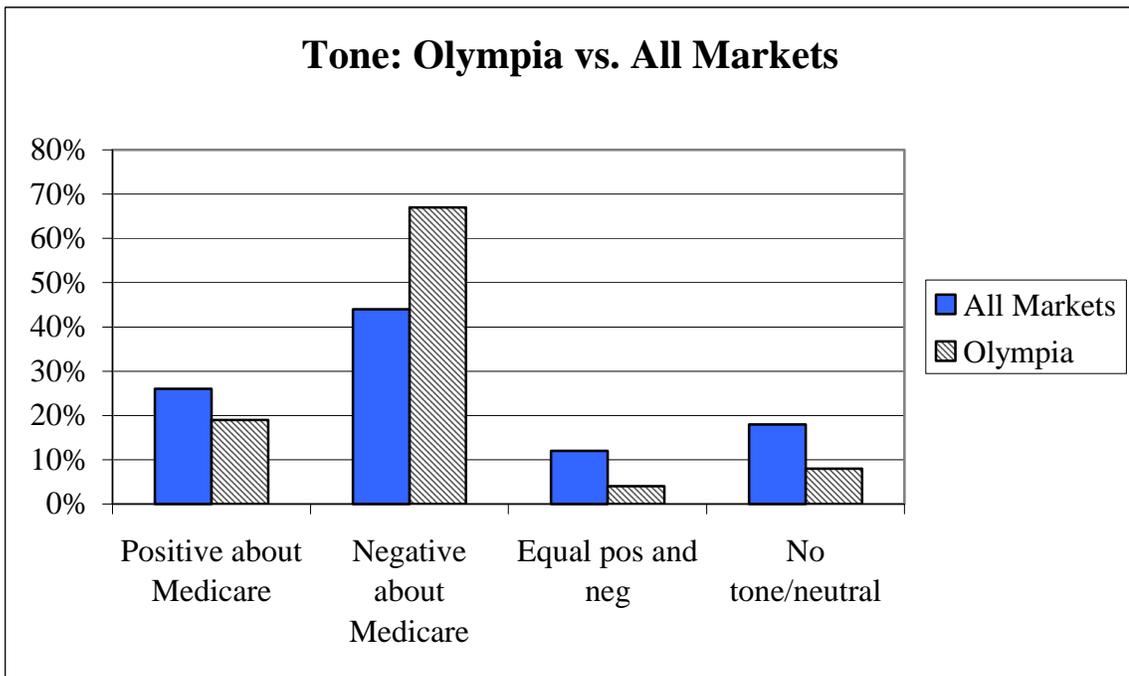




Figure 64: Paid Media: Olympia

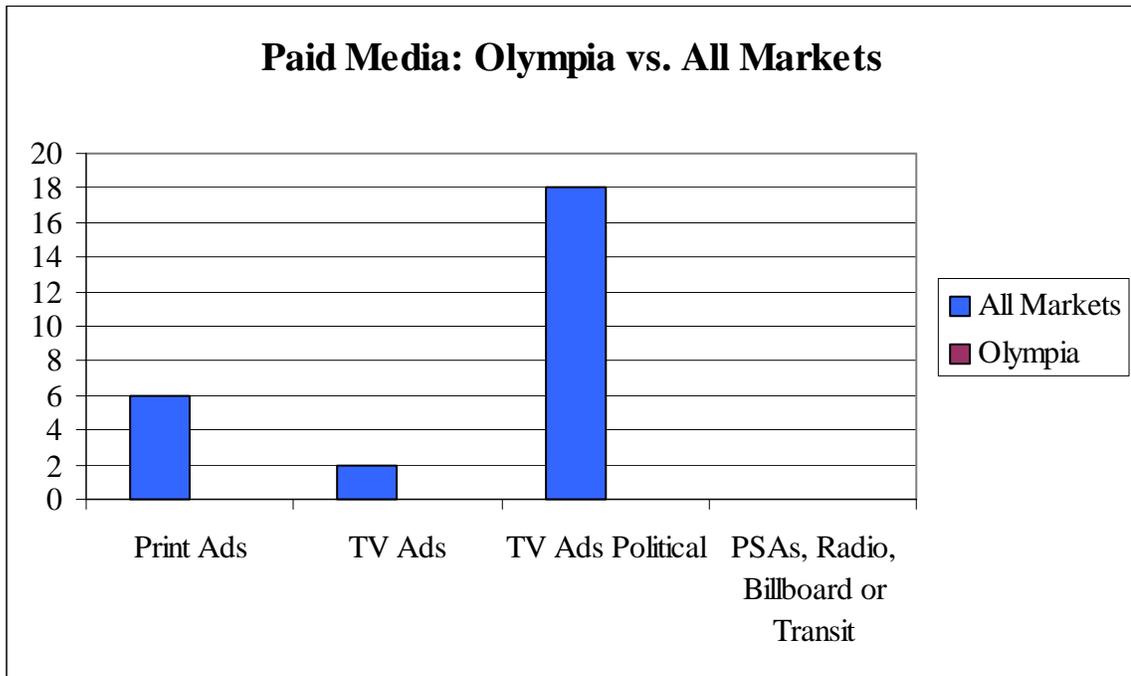
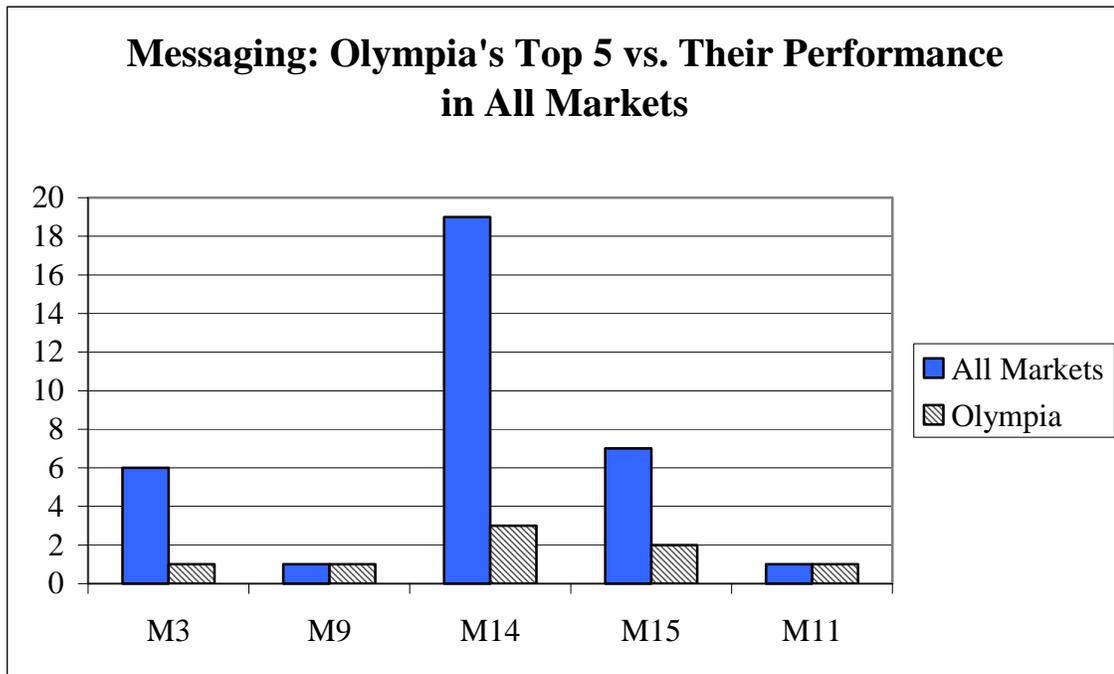




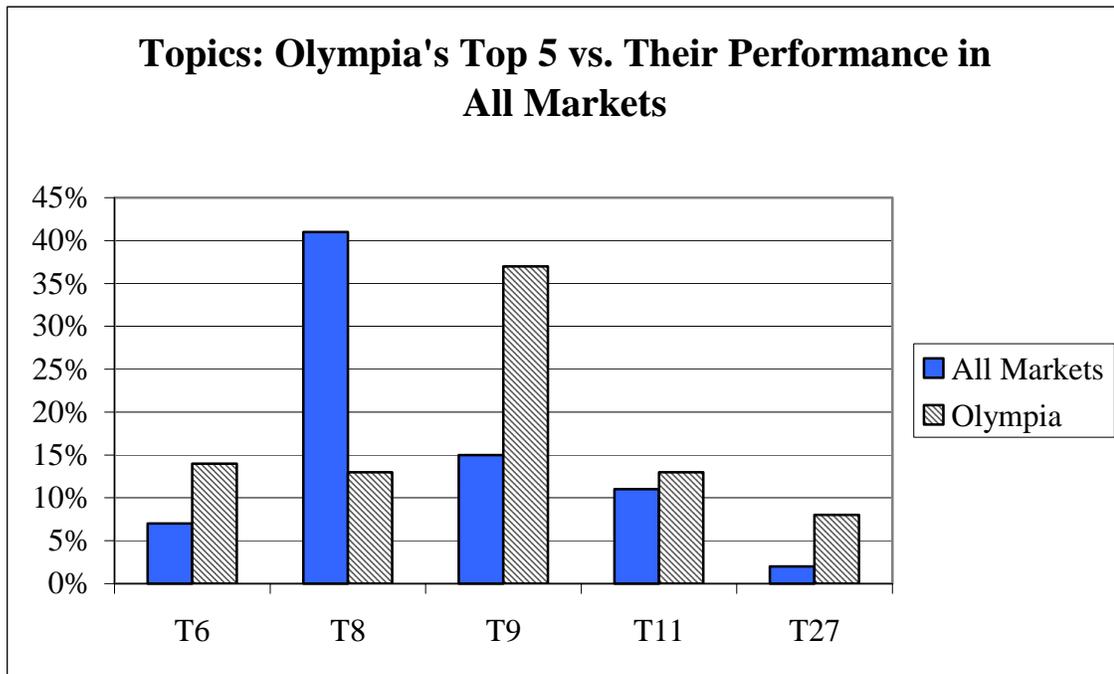
Figure 65: Messaging: Olympia



M3 – The Medicare program offers preventive services
M9 – Beneficiaries do not have to change their health plans
M14 – Medicare is committed to improving quality of care in nursing homes
M15 – Medicare will help you help yourself
M11 – Contact Medicare regarding questions on benefits and covered services



Figure 66: Topics: Olympia



T6 – Medicaid
T8 – Prescription drug coverage
T9 – Long-term care (assisted living or nursing home care)
T11 – Nursing home quality
T27 – Fraud and abuse