

The *Own Your Future* Long-Term Care Awareness Campaign: Implications for CLASS

By Eileen J. Tell

The Community Living Assistance Services and Supports (CLASS) Plan – a groundbreaking component of the Affordable Care Act – creates a voluntary federally-administered insurance program to help individuals pay for needed assistance in a place they call home if they become functionally limited. Implementation will require knowledge translation from various sectors, including research and existing public and private programs. This Technical Assistance Brief Series seeks to answer questions pertinent to developing and implementing the program.

This brief describes lessons learned from the *Own Your Future* Campaign in regard to the best means and messages to encourage long-term care planning and how this information may be useful for communications outreach for the CLASS Plan.

Introduction and Overview of the *Own Your Future* Campaign

While 70% of persons age 65 and over will need long-term care at some point in their lives,¹ most do not plan for this potentially devastating risk. Thus, the United States Department of Health and Human Services (DHHS) launched *Own Your Future*, a consumer awareness campaign designed to encourage Americans to take an active role in planning for long-term care needs. If individuals and families are more aware of this potential need, they are more likely to take steps to prepare for the future. From a public policy perspective, increased planning may increase private financing and may reduce the already excessive burden on public financing.

The Development Phase

An important element in launching a successful communications campaign on long-term care planning is the careful development and design of effective

messages for the desired audience. To this end, a comprehensive research agenda was undertaken from 2000 to 2005 to explore why people do not plan, how to best motivate planning, and what factual information and motivational messages people need to feel that planning ahead for long-term care needs is both beneficial to them and feasible.²

The campaign used both qualitative and quantitative research methods to determine the best means and messages to encourage planning. Specifically, numerous focus groups, a comprehensive consumer survey, best practice interviews with leading experts in messaging on long-term care, as well as other social marketing topics, and a literature review were conducted in order to inform the best communication strategies and messages to help raise awareness of the need to plan and give consumers the “planning tools” they need.³ The key component of the *Own Your Future* campaign—the Long-Term Care Planning Guide—was developed based on the research findings and was further fine-tuned through additional focus groups and one-on-one consumer testing.

Lessons Learned from the Development Phase

The research preceding implementation of *Own Your Future* indicated that many people are aware of the possible risks and costs of someday needing long-term care but are overwhelmed at the prospect of how to plan for that need. The research also showed that people's attitudes and knowledge about long-term care have changed dramatically over the last 25 years.⁴ Misperceptions, such as the belief that "it won't happen to me" or that "Medicare or my health plan will pay for long-term care" still exist. But overall, awareness about the need to plan has improved.⁴ Currently, people lack knowledge about how to plan or may not believe that planning is possible and beneficial. Like "end-of-life" planning, making preparations for a time when one might be functionally or cognitively dependent on others, is something people do not want to think about. Overcoming this denial by making people realize that planning is possible and beneficial was the campaign's first challenge and one that will apply to CLASS as well.

Awareness and education campaigns specific to long-term care are more challenging because they must overcome a natural resistance (in this case denial and discomfort) in order to get the target audience to adopt the behavior being promoted. Other such challenges include:

- **Denial.** People do not believe they may need long-term care and thus underestimate the risk of needing care.³

- **Difficulty comprehending the value of planning.** The benefits of planning ahead, such as greater peace of mind and financial and emotional independence, occur far in the future for most people and are difficult to quantify.⁵
- **Disbelief.** Some people may not believe planning can make a difference in an event that is already perceived as a negative⁵
- **Overestimating costs.** People who buy private long-term care insurance while they are still young and healthy can realize lower premiums. However, people consistently overestimate what they believe to be the costs of obtaining such coverage, even among those who have met with an agent or planner.
- **Misperception of financial risk.** Even if they do accept that they may need long-term care, some people mistakenly believe that Medicare, disability insurance, or their private health plan will pay for it.⁶

The consumer research conducted prior to *Own Your Future* provided a critical baseline to assess knowledge of long-term care, factors that would motivate planning, and barriers to planning. Specifically, the focus groups helped inform the most effective "language" of long-term care to use in reaching out to consumers. It highlighted consumers' concerns with "message overload," the importance of a government-sponsored campaign that is clearly identified as such, and the need to differentiate communications that are really meant to "sell" something as opposed to those meant to "educate."²

The Implementation Phase

State activities used to reinforce core campaign messages included:

- television spots with introductory messages from the governors;
- distribution of materials through state and local senior organizations;
- a governor's press event;
- briefings for media, state legislators, and other state officials;
- educational activities for private employers;
- a state-specific component included in the kit to identify local resources for learning more about long-term care; and
- print and radio ads.¹

The campaign implementation phase was conducted in waves from 2005 through 2010, with a total of 24 states and the District of Columbia participating. Key elements in the campaign included an initial mailing from each state's governor and subsequent communication follow-up. Specifically, governors in participating states sent letters to all households with residents between the ages of 45 and 65 (and in some states up to age 70), raising awareness about long-term care risks and costs and encouraging residents to consider their future long-term care needs and order a free Long-Term Care Planning Guide. This mailing reached approximately 20 million households in 24 states and over 1.5 million recipients took the additional step of ordering the free Planning Guide.²

(Sample campaign materials can be found at: http://www.longtermcare.gov/LTC/Main_Site/Planning_LTC/Campaign/Kit/index.aspx)

Results of the Implementation Phase

Response rates ranged from 4% to over 20%, greatly exceeding typical direct mail campaign response rates. Factors believed to have influenced the response rates across states include the degree of additional state activity supporting the campaign, including the use of both paid media and public service announcements (PSAs), and the nature and degree of follow-up messages.²

Based on a post-Phase I survey, important differences were observed between individuals who requested the Long-Term Care Planning Guide ("responders") and those who did not ("non-responders"). As found in other studies, differences in attitudes are more important than demographics in differentiating those who ordered the Planning Guide and those who did not. Specifically, individuals with the following characteristics were more likely to order the Planning Guide:

- older (specifically, those ages 65 to 69 were most likely to respond);
- male;
- not married;
- greater education;
- retired;
- greater asset wealth;
- having other financial planning vehicles such as an IRA or annuity;
- knowing someone who has needed long-term care;
- a belief in the value of planning;
- a belief in the benefits of planning ahead;
- a belief that long-term care may someday be needed;
- concern about the burden on their family if they needed long-term care;
- concern about how or whether they will get the help they need if they need long-term care; and
- an unwillingness or inability to rely on family or friends to provide care.⁵

The post-campaign consumer survey found that individuals who received the Planning Guide were more likely to take some type of long-term care planning action after the campaign than those who did not.⁵ Specifically, they were more likely to:

- review their existing coverage to learn the facts about how it does not cover them for long-term care needs;
- look into a reverse mortgage;
- talk to an agent or financial planner about their future long-term care needs; or
- buy long-term care insurance.
- score on the “level of campaign exposure scale;”
- being between ages 65 and 69;
- being male; and
- having recently “read, heard, or seen” something about long-term care in the media.

Based on an analysis that took into account multiple variables but also controlled for variables that are related to one another, we are able to identify factors important in motivating individuals to order the Planning Guide in the first place:²

- a variable constructed to measure one’s “attitudes toward planning” (see Table);
- a variable constructed to measure the “level of campaign exposure” (see Table);
- a belief that someday one may need long-term care;
- age;
- being male;
- being unmarried;
- having a college degree or higher; and
- having taken some action as a result of something they “read, heard, or saw” about long-term care in the media.

But not everyone who received the Planning Guide took some type of long-term care planning action (see Figure). In order to identify the key factors important in moving an individual to the point of doing something to plan ahead for future long-term care needs, another multi-variable analysis was conducted. Significant factors that predict the likelihood of taking some type of long-term care planning action include:²

- score on the “attitudes toward planning scale;”
- They may already be further along with planning on their own and do not feel a need for the guide. Indeed, women and married couples are more likely purchasers of long-term care insurance.
- Women may not feel that they need the guide because they are already more familiar with long-term care than are males and may have already done some long-term care planning.
- Married people may have less interest in the guide because they may feel that they have other resources for planning available to them, such as each other, adult children, or a personal financial planner or insurance agent.

These analyses show that attitudes toward planning, campaign exposure, and acknowledgement of the risk of needing long-term care are important factors compelling individuals to learn more about how they can plan ahead. With respect to undertaking planning, exposure to campaign messages is important. This suggests that multiple messages, not just receiving the governor’s letter or ordering the kit, are important to compel action. Also, once again a “planning orientation” or a belief that planning is both feasible and leads to more favorable outcomes is a critical variable.

While long-term care is often thought of as a “women’s issue,” it is surprising to note that women (and married couples) were actually less likely, all else being equal, to order the planning guide. The following are possible reasons:

FIGURE Planning Actions Taken, by Responder Status

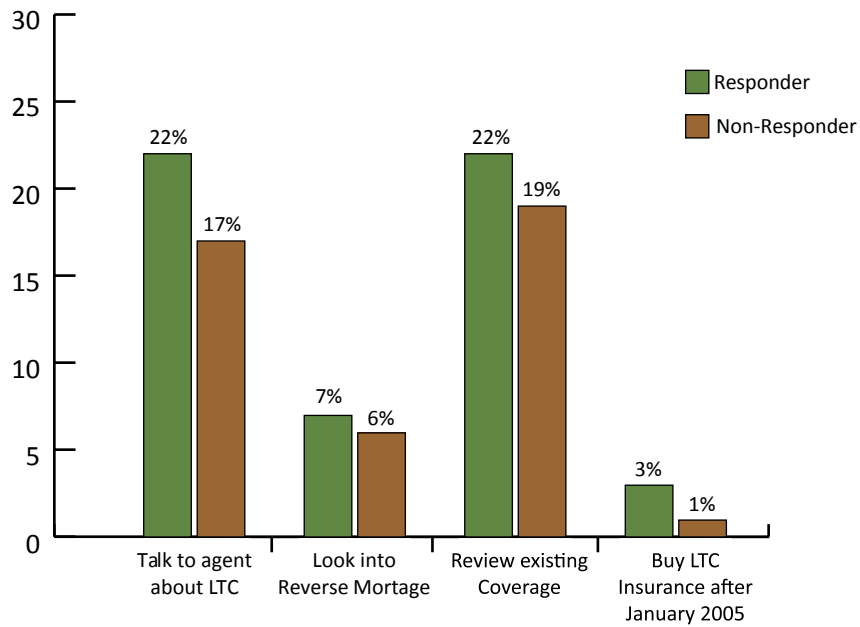


TABLE "Attitudes Toward Planning" and "Level of Campaign Exposure"

Key Questions Used to Derive the "Attitudes Toward Planning Scale"

A score of 0 through 8, with one point given for each answer that indicated a planning attitude:

- I can take steps now to plan for a time when I may be unable to care for myself;
- If I am ill or unable to take care of myself, I am confident I could get the help I need;
- By planning now, I am more likely to have control over the type of care I receive;
- If I make arrangements now, I can better protect my income and savings;
- Planning ahead will help me stay in my home;
- I worry that the cost of care would burden my family;
- Disagreement with the statement...."I feel confident that family or friends would care for me"; and
- Disagreement with the statement...."I'll deal with it when it happens."

Key Questions Used to Derive the "Level of Campaign Exposure" Scale

A possible score of 0 through 3, with one point for each "YES" answer:

- Recalled receiving Governor's letter
- Recalled seeing TV ad
- Recalled hearing radio ad

A well-researched education and awareness campaign is critical to building support and enabling consumers to take personal responsibility for their future long-term care needs.

Implications for the CLASS Plan

Own Your Future was a successful social marketing campaign in terms of both its favorable response rates and evidence that campaign exposure helped move consumers along the “planning continuum” and take a variety of long-term care planning steps including purchasing insurance. It will be important for the CLASS Plan to develop and test key messages and use research to identify appropriate market segments for whom those messages best resonate.

Own Your Future showed that key messages also need to include incentives for planning and illustrates how the CLASS Plan can help provide those elements, such as:

- greater independence and choice of care setting when care is needed;
- the peace of mind of not having to rely on or burden one’s family or friends with caregiving responsibilities;
- financial protection, that is, being able to protect quality of life and lifelong savings and leave an estate to a surviving spouse or heirs; and
- some assurance that one can afford the type and amount of care that is preferred.

From both the development and the implementation phases of *Own Your Future*, a number of “best practices” were identified that should be incorporated into the design of the communications for the CLASS Plan.³ Critical factors in reaching out to consumers to motivate learning and behavior change with regard to long-term care include the following:

- The best approach is one that is factual and uses personal anecdotes and real stories to illustrate the facts but does not use scare tactics. Some humor can be helpful, but it must accompany key facts and a meaningful “call to action.”
- Repeat messaging is important. A complex topic such as long-term care requires more than one “touch.” This was also evident in the finding that individuals with greater exposure to the campaign messages were more likely to take planning actions.
- Campaign messages need to be sent through a trusted source. Research for the CLASS Plan needs to identify how best to leverage affinity in reaching out to its target market. This is especially critical where CLASS is offered directly to consumers rather than through a sponsoring employer.
- The education gap needs to be addressed by providing basic facts about risks and costs, but also by providing a solution to any problem that is raised.
- Direct mail is relatively inexpensive and allows for focused and repeat communications.
- Earned media is cost-effective but difficult to obtain. Paid advertising can be an effective supplement to direct mail as well, but it is not generally useful on its own because of the complexity of the message and the cost.
- Materials need to include an easy “call to action” and reinforce the rewards promised by the campaign, such as more care options, empowerment through education, independent living, peace of mind, aging with dignity, and others.

One challenge identified by the campaign was the difficulty of reaching “non-planners,” since individuals with a planning orientation were naturally more receptive to the messages being sent.⁵ Research is needed to identify what would motivate someone not naturally inclined to “planning” to engage with materials and information on long-term care in general and CLASS in particular. Reaching “non-planners” has proven challenging within the private long-term care insurance market and is likely to be a challenge for CLASS as well.

In general, however, an education and awareness campaign on the basics of long-term care and the need to plan—broadly focused rather than specific to CLASS—is likely to be a useful prelude to a more focused marketing endeavor. Such a campaign can lay the groundwork of interest and help clarify the advantages of planning ahead while overcoming the challenges associated with doing so. In this context, direct marketing communications for CLASS are likely to find a more receptive audience.

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