

MARKETING TO AND SERVING PRIVATE PAY CONSUMERS

As expressed in the national vision for the ADRC initiative, ADRCs should be highly visible and trusted places in their communities where *people of all income levels* can turn for information and assistance. Making ADRC services available to consumers with the ability to pay privately for services is important for at least four reasons:

- 1) Individuals and families with all levels of income need unbiased, reliable information and counseling about long term service and support options,
- 2) ADRCs can help families with private resources use their resources more wisely, which may delay or prevent "spend-down" to Medicaid or unnecessary institutionalization,
- 3) Through donations and cost-sharing for some services, individuals with private resources can contribute financially to ADRC operations, and
- 4) The use of ADRC services by all residents in a community helps build broad community support for the program, which helps achieve long term sustainability.

Across the country, there are individuals with private resources to spend on long term supports and services who could benefit from ADRC services. In fact, 36 percent of all spending on long term care in the U.S. comes out-of-pocket from individuals and their families.¹ People with moderate to higher incomes may seek out the ADRC for basic information about long term service and support options in their communities, caregiver support and advice, short-term assistance during a health or family crisis, information about Medicare, options counseling, legal counseling, assistance with financial planning, retirement planning, estate planning, or planning for future long term care needs.

For many organizations operating ADRCs, reaching out to and serving individuals with higher incomes has been a new area of focus. Traditionally, human service organizations such as Area Agencies on Aging (AAAs) and Centers for Independent Living have focused on providing resources and services to underserved individuals and individuals with the highest levels of need. They have worked primarily to connect people to public services and programs for which they may be eligible. Historically, few of these organizations have purposefully marketed to private paying individuals or specifically tried to attract consumer with higher income levels. As a result, they do not tend to have as much information about privately financed services that are available in their areas as they have publicly funded services. While these organizations would rarely turn anyone seeking assistance away because his or her income is too high, they may not have the information or resources on hand to assist these individuals. In a recent National Association of Area Agencies on Aging (N4A) study, 49.6 percent of AAAs reported that they "do not plan for or cannot work on developing policies and procedures to serve private pay/insurance clients."²

Over time, more ADRCs are working on serving individuals of all income levels. Over half of ADRC grantees now report that they actively target private pay consumers.³ Forty eight percent of pilot sites that are able to track client income level have more than 30 percent of clients who are not low-income. More than half ADRC websites list private pay information and 37.2 percent of grantees states offer online decision support tools. Fifty percent of pilot sites have seen an increase in the percent of contacts

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¹ The Lewin Group Long Term Care Financing Model

² N4A Survey Report 2007: http://www.cas.muohio.edu/n4a/Preparing%20the%20Aging%20Network-Presentation%2012-pdf

³ ADRC Semi Annual Reports.



referred to private services between Spring and Fall of 2007.⁴ Despite these statistics, ADRCs continue to ask for technical assistance in identifying and serving these individuals.

KEY LESSONS LEARNED

- Serving privately paying consumers may require a change in organizational culture and outlook. Staff may have to shift their orientation from thinking "what public program does this individual qualify for?" to "how can I help this individual identify existing resources and evaluate services in the community that meet their preferences and needs?" I&R protocols and intake questions may need to be adapted to *presume* the availability of some level of private resources, rather than the lack of resources.
- Research and know your target audience. For example, what media do individuals with higher incomes pay attention to? What organizations are they affiliated with? Reach out to "critical pathways" providers who serve people with moderate and high incomes. In addition, think about elder law attorneys, financial planners, banks, real estate agents, libraries, schools, country clubs, recreation centers, etc.
- Use focus groups or consumer market research to make sure your name and messages are clear and effective and do not have unintended negative connotations. For example, does your name, logo, or tag lines make people think your organization is all about "welfare" or "county assistance"? It is important that your organization's name, brand and messages resonate with all of your target populations.
- ADRC marketing materials should emphasize the availability of unbiased and
 comprehensive information, expert advice, and decision-support services. ADRCs should
 avoid messages and materials that overemphasize access to public programs. You do not
 want private paying consumers to stay away because they are afraid of taking services away
 from people who "really need it".
- The second most common source of referral to ADRCs is friends and family. Excellent customer service is critical to raising visibility and trust because without it, people will not refer their friends and family.
- Work with I&R staff to identify the most common requests for information and assistance they receive from consumers with moderate and higher incomes and ensure that your resource database includes listings for these types of resources.
- Develop a set of inclusion/exclusion criteria for resources in your information and referral database to help you decide which types of providers and services you will list and what criteria they must meet in order to be included.
- Develop training opportunities to educate staff on resources available to people with private resources.

FOR MORE INFORMATION

Marketing

ADRC-TAE Issue Brief: Private Industry Lessons – Branding. Branding is one strategy ADRC's can use to help build the Resource Center awareness and acceptance among clients, consumers, partners, and other stakeholders as trusted resources for long-term supports and services. This issue brief provides an overview of branding, its benefits, core elements of branding and suggested branding strategies. http://www.adrc-tae.org/tiki-index.php?page=OutreachandMarketing

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⁴ 34 pilot sites reporting.



Centers for Disease Control and Prevention Social Marketing. Brief description of social marketing and link to pages on the CDC's brand of social marketing, prevention marketing. http://www.cdc.gov/healthmarketing/

Social Marketing Institute. This website on social marketing provides conferences, success stories, articles, links. http://www.social-marketing.org/sm.html

Social Marketing Place. Nedra Klein Weinreich's website on social marketing with definitions, articles, and links. http://social-marketing.com/

Turning Point Foundation. A guide to social marketing, free CD-Rom tutorial, articles, links to resources. http://www.turningpointprogram.org/Pages/socialmkt.html

AARP – AARP offers many publications in which the ADRC could be marketed and highlighted. You can search for local chapters by zip code on their website: http://www.aarp.org/states/

Idaho Performance Measures - This grid details the performance measures for increasing awareness of non-public options for financing long term care that are part of legislative reporting for Idaho's ADRC. http://www.adrc-tae.org/tiki-download_file.php?fileId=26826

Resources to Use in Serving Individuals with Private Resources

National Clearinghouse on Long Term Care Information. This website, hosted by the U.S. Department of Health and Human Services, has detailed information about private financing options for long term care: http://www.longtermcare.gov/LTC/Main_Site/index.aspx

Own Your Future Campaign. This campaign is jointly sponsored by Centers for Medicare and Medicaid Services, Assistant Secretary for Planning and Evaluation, Administration on Aging and the National Governors Association. Long Term Care Planning Guides are available for consumers and families to download. http://www.longtermcare.gov/LTC/Main_Site/Planning_LTC/Campaign/index.aspx

Assessing Your Long-Term Care Planning Quotient. This quiz was developed by Long Term Care Group, Inc. for use in the 2003 CMS National Long-Term Care Training. It is designed to provide a quick first impression of how much "planning" for long term care someone has done and to give them some ideas for some easy "first steps" they can take

http://www.adrc-tae.org/tiki-download_file.php?fileId=1962

A House in Order: How Planning for Your Aging Brings Peace of Mind: http://www.adrc-tae.org/tiki-download_file.php?fileId=26901

National Council On Aging: Use Your Home to Stay at Home Program. This is a public-private initiative that encourages the appropriate use of home equity to help older people live at home. http://www.ncoa.org/content.cfm?sectionid=250

American Institute of Certified Public Accountants (AICPA). This association maintains a website devoted to financial literacy with detailed information about retirement and estate planning and the "sandwich generation" of individuals caring for children and parents. http://www.360financialliteracy.org/