Message guide to clearly communicate with Missourians about Medicaid expansion

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# About this guide

Missouri Foundation for Health created this guide to help enrollment assisters, health care professionals, community organizations, and advocates communicate about the expansion of Medicaid in Missouri. This guide:

* Gives a framework to build written, spoken, and digital communications that will motivate Missourians to apply for Medicaid
* Includes key messages to tailor your communication to your audience

To inform this guide, MFH partners carried out focus groups with uninsured Missourians who will likely qualify for expanded Medicaid. The focus groups identified barriers, motivators, and gaps in knowledge. See [Appendix 1](#_Appendix_1:_Key) for a summary of the key focus group findings.

# How can I motivate Missourians to apply for Medicaid when it expands?

To create a message that will resonate with your audience and motivate them to apply for Medicaid through MO HealthNet:

1. Start with “4 parts to include in your communication” (see below)
2. Add messages for each part using the table on pages 2-4. Include the core messages and choose supporting messages, as needed, to tailor your communication to your audience.

4 parts to include in your communication:

**2.** Address barriers of the cost of health insurance and belief they don’t qualify

**3.** Tap into motivations: health care services, access, and peace of mind

**4.** Offer help to understand insurance options and apply

**1.** Share new information about changing rules

\*All income references are based on the 2023 [federal poverty level.](https://dssmanuals.mo.gov/wp-content/uploads/2019/03/MAGIappendix-a.pdf)

Messages to include in each part of your communication:

| Part | Core messages | Supporting messages |
| --- | --- | --- |
| 1. Share new information about changing rules | * Amategeko yarahindutse. Missouri Medicaid yaguye serivisi zayo kugira ngo yishingire abantu benshi. Ubu abantu benshi bakuru bashobora kubona ubwishingizi bw’indwara buhendutse cyangwa bw’ubuntu binyuze muri Missouri Medicaid (yitwa MO HealthNet). | * Ku nshuro ya mbere, abantu bakuru benshi bujuje ibisabwa kugira ngo babone ubwishingizi bw’indwara bwa Medicaid butangwa binyuze muri MO HealthNet. Aha harimo ababyeyi batigeze buzuza ibisabwa mbere kimwe n’abantu bakuru badafite abana. |
| 1. Address barriers of the cost of health insurance and belief they don’t qualify | * Ubwishingizi bw’indwara bw’ubuntu cyangwa buhendutse butangwa binyuze muri MO HealthNet buguha amahirwe yo kubasha kwivuza. Iyo ufite ubwishingizi bw’indwara, ntibigusaba guhitamo kimwe hagati y’ubuzima bwawe no kwita ku muryango wawe kubera ubushobozi buke. Ushobora kubona serivisi z’ubuvuzi ukeneye utagize igihombo kubera ubwinshi bwa fagitire zo kwivuza. * N’ubwo wigeze kugerageza kubona ubwishingizi bw’indwara bwa Medicaid ugasanga utujuje ibisabwa, ongera urebe. Amategeko yarahindutse, ubwishingizi bw’indwara bwa Medicaid butangwa binyuze muri MO HealthNet bushobora kugufasha. | * Iyo ufite ubwishingizi bw’indwara butangwa binyuze muri MO HealthNet, ushobora kubona serivisi nyinshi zo kwirinda indwara ku buntu. Muri izo serivisi harimo izo kwipimisha kanseri, ibizamini byo kwa muganga no guterwa inshinge zisanzwe. |
| 1. Tap into motivations: health care services, access, and peace of mind | * Iyo ufite ubwishingizi bw’indwara butangwa binyuze muri MO HealthNet, ushobora kubona ubufasha ukeneye ku gihe ubukeneyeho. MO HealthNet ikubiyemo serivisi zo kubonana na muganga, gukorerwa amasuzuma yo kwa muganga ya buri mwaka, imiti wandikirwa n’ibindi byinshi. * Ubwishingizi bw’indwara butangwa binyuze muri MO HealthNet buguha uburyo bwo kubona serivisi nziza z’ubuvuzi zigufasha kubona no gukomeza kugira ubuzima bwiza, harimo serivisi z’ubuzima bwo mu mutwe, iz’ubuvuzi bw’amenyo ndetse n’izindi nyinshi. * Impanuka zibaho. Iyo ufite ubwishingizi bw'indwara butangwa binyuze muri MO HealthNet, uba witeguye ibishobora kugutungura kandi ukaba utuje kuko udashobora kujya mu madeni bitewe n’amafaranga menshi ugomba kwishyura fagitire zo kwa muganga. | * Uhangayikishijwe n’ubuzima bwawe? Hashize igihe kirekire aho uherukira kubonanira na muganga? Iyo ufite ubwishingizi bw’indwara, ushobora kwiyitaho ukanita ku muryango wawe. * Ubwishingizi bw'indwara butangwa binyuze muri MO HealthNet butuma ubasha kubona serivisi zitangwa n’inzobere mu by’ubuzima utavuye mu rugo. Ubu, ushobora kubonana n’abaganga benshi binyuze mu nzira y’ubuvuzi bukoresha ikoranabuhanga bwitwa telehealth. * Igihe winjiza amafaranga makeya atabasha kwishyura ibyo wowe n’umuryango wawe mukenera kugira ngo mubeho, ntuhangayikishwa n’amafaranga yo kwivuza. Ubwishingizi bw’indwara butangwa binyuze muri MO HealthNet burakurinda wowe n’abawe. * Igihe urwaye cyangwa ukomeretse, ugomba kwita ku bijyanye n’ukuntu wakira aho guhangayikishwa n’uburyo uzishyura serivisi z’ubuvuzi. Iyo ufite ubwishingizi bw’indwara butangwa binyuze muri MO HealthNet, ushobora kubona ubufasha ukeneye nta madeni ugiyemo cyangwa ngo uhangayikishwe na yo. * Kuvunika amagufa n’impanuka bishobora gutuma utakaza amafaranga mu ngendo zo kujya kwa muganga mu cyumba cy’indembe na serivisi zo gukurikiranwa. Iyo ufite ubwishingizi bw'indwara butangwa binyuze muri MO HealthNet, uba witeguye ibihe bitungurana. |
| 1. Offer help to understand insurance options and apply | * Ushobora kubona ubufasha ku buntu mu gusobanukirwa amahitamo ufite mu bijyanye n’ubwishingizi bw’indwara, harimo n’ubwa Medicaid butangwa binyuze muri MO HealthNet. Hamagara kuri 1-800-466-3213 cyangwa usure uru rubuga: CoverMissouri.org/help kugira ngo ubone inzobere yabihuguriwe iri hafi yawe. | * None ubwo amategeko yahindutse, urashaka kureba niba wujuje ibisabwa ngo uhabwe ubwishingizi bw’indwara bwa Medicaid butangwa binyuze muri MO HealthNet? Ntabwo ari ngombwa ko ubikora wenyine. Kugira ngo ubone ubufasha bw’ubuntu butangwa n’inzobere yabihuguriwe, hamagara kuri 1-800-466-3213 cyangwa usure uru rubuga: CoverMissouri.org/help. * Abakozi batanga ubufasha ba Cover Missouri bashobora kugufasha kumenya niba wemerewe guhabwa ubwishingizi bw’indwara bwa Medicaid hakurikijwe amategeko mashya, bakanagufasha gusobanukirwa amahitamo ufite mu bijyanye n’ubwishingizi bw’indwara bwawe. Sura uru rubuga: CoverMissouri.org/help cyangwa uhamagare kuri 1-800-466-3213 kugira ngo uhabwe randevu yo kubonana ku buntu n’utanga ubufasha wabihuguriwe hifashishijwe uburyo bw’ikoranabuhanga cyangwa bw’imbonankubone. |

# Appendix 1: Key findings from focus groups that informed these messages

In April – May 2021, Missouri Foundation for Health’s partners carried out focus groups with uninsured Missourians who will likely qualify for Medicaid when the new rules take effect. Participants represented priority populations for education efforts, including:

* Missourians living in rural communities
* Black Missourians
* Immigrant communities
* Hispanic/Latino Missourians, including Spanish-speaking residents

Key findings

* **Soon-to-be eligible Missourians have little to no awareness of Medicaid expansion.** Focus group participants were not aware of the pending Medicaid rule changes, and few recalled the 2020 ballot initiative.
* **Health insurance is a personal issue, not a political one.** Across political groups, participants were eager to have access to quality, affordable health insurance.
* **Many have positive impressions of Medicaid or MO HealthNet.** Some participants (or their spouses) had MO HealthNet for Pregnant Women during a pregnancy or their children were covered. They felt the coverage was good.
* **Familiarity with the term “Medicaid” compared to “MO HealthNet” is mixed.** Most people were more likely to be familiar with “Medicaid.” Those with children or other family members who have been covered through MO HealthNet were more familiar with the state program name. Some were aware that the two names represented the same program. Some said that they were more comfortable with the term “MO HealthNet” compared to “Medicaid,” believing that it carried less stigma.
* **Most believe health insurance is out of reach financially.** And if they aren’t already in medical debt, they know they could be one accident away from it. They value coverage, but many have looked for coverage in the past, only to find they did not qualify, or they could not afford the cost of health insurance.
* **Many are struggling to manage their health.** They regularly put off needed health services and only get care as a last resort. They want to know they can have access to many of the basics—from doctor and well-woman visits to emergency room coverage. They are also very interested in dental and mental health care.
* **There is high interest in enrolling.** Because of prior experience applying and being denied, or simply knowing that Medicaid is for select populations, they need to be told the rules have changed. Once they know coverage could be within reach, they want to learn more and check their eligibility.