

Scott.A.Milkey

From: Reel, Amy
Sent: Wednesday, May 13, 2015 10:09 AM
To: Gov Pence
Subject: Automatic reply: Governor Mike Pence Directs Flags to Be Flown at Half-Staff in Henry County

Hello, I will be working in Scott County in response to Indiana's HIV outbreak with limited ability to respond to daily email.

All business not related to the outbreak, please contact Ken Severson at kseverson@isdh.in.gov.

Thank you

Scott.A.Milkey

From: Adams, Jerome
Sent: Wednesday, April 29, 2015 9:15 AM
To: Neale, Brian S;Keefer, Sean (GOV);Atterholt, Jim;mrp
Subject: Fwd: Scott County

I thought I'd share the email below with you, and suggest you share it with the governor. It is from Holli Reynolds, a senior at Austin High School. She wrote an article for her school newspaper called "her story" (it was in the folders I gave you the other day) that is about a drug addicted prostitute in Austin. The story is receiving national attention- the CDC has shared it with all of their senior staff. Holli is committed to helping her community and also very religious / was leading a prayer walk in Austin Monday night when I was down there. In short, she is everything the Governor values in a young Hoosier, and she and her fellow students are a window into the plight of Austin. Please see her comments to me below.

Jerome

Jerome Adams, MD, MPH
Indiana State Health Commissioner
(317) 2[REDACTED]

Begin forwarded message:

From: Holli Reynolds <[holli.reynolds@\[REDACTED\]](mailto:holli.reynolds@[REDACTED])>
Date: April 29, 2015 at 8:49:45 AM EDT
To: <jeadams@isdh.IN.gov>
Subject: Scott County

Dr.Adams,

I know you are very busy, but yesterday I walked around Austin's "north side" knocking on peoples doors asking them if they could see something changed in the community what would they liked to see changed and like I thought many said they would like to see the drug problem go down. The next question I asked was how could the drug problem go down? If you had a wish list on what you could get accomplished if your voice was heard what would you fight for? The responses were much help and some even surprised me.

The children said they do not know anything besides drugs. Its what the kids do for fun because there isn't anything going on around here. They see their friends going, using, and selling and they want to make a quick buck or feel how their friends feel. Many children said they would love to see more after school programs. Many said they do not get a meal besides school everyday. They also talked about how they love sports, but there is no way to play on the school team. No one tells them about sign ups and their parents do not have money.

The adults said similar things, they said the best thing to do is help the younger generation to stay off the streets, that the kids need something to look forward to. That many of the kids sell drugs because they know where to find the drugs and it makes them money so they can eat. They talked about how hard transportation is hard and bicycles were much needed. Everyone steals each others bikes so they can get around better. Many talked about all the abandon buildings that are not getting used and they would like to see things go in these buildings or have them tore down. Many said it was frustrating all funds and grants go to scottsburg because they have no way to get there. A job core was also talked about. Adults say the can't get jobs because they are not getting second chances. Such as, lower level education or a criminal record.

I do not know if this would be any help to you, but this is what the rougher parts of Austin discussed with me about. They want a better life for the children and the children are just afraid they are going to get drug into the drug problem because that is all they know without actually having a program that teaches them differently. Thank you for your time.

Sincerely,

Holli Reynolds

P.S. I am linking you my latest story, "His Story". You can look at it and tell me what I should do with it if you would like. I have shown very few people this story due to the fact I am publishing it in my school newspaper.

Scott.A.Milkey

From: Brooks, Kara D
Sent: Tuesday, March 31, 2015 9:00 AM
To: Governor Mike Pence
Subject: FW: Stay strong!!

Follow Up Flag: Follow up
Flag Status: Completed

IQaccount: GOV
IQmailAttach: E-Mail Message 2015-03-31 08-59AM.html
IQmailID: 8389797
IQpeopleID: 9282228

From: Kevin Gordon [mailto:kevin-gordon@[REDACTED]]
Sent: Tuesday, March 31, 2015 6:03 AM
To: Cleveland, Bridget; Brooks, Kara D; Denault, Christina
Subject: Stay strong!!

Hi Bridget, Kara and Christy

Please convey my support to Governor Pence.

This morning, I posted the following on my facebook page when I shared:
[Pence: Coverage of religious freedom law 'shameless'](#)



Pence: Coverage of religious freedom law 'shameless'

Indiana Gov. Mike Pence on Sunday sternly defended his state's new religious freedom law from what he called "reckless" and "shameless" media coverage,...

[View on www.politico.com](http://www.politico.com)

Preview by Yahoo

In June, 2003 with George W. Bush's approval rating at around 70% and Republicans in control of the House, then Congressman Pence, was summoned to the Dick Cheney "woodshed" because he was refusing to vote yes on H.R.1 - Medicare Prescription Drug, Improvement, and Modernization Act of 2003, (Prescription drugs for all seniors regardless of income level) The final vote was Ayes 216. Noes 215, Present 1 and Not voting 3. Congressman Pence was one of 19 Republicans to vote NO on the Bill. Don't count on Governor Pence to be intimidated now.

Kevin

Kevin J. Gordon
859-8[REDACTED]

Scott.A.Milkey

From: Felix Angelastro <Felix.Angelastro@[REDACTED]>
Sent: Wednesday, January 07, 2015 9:21 AM
To: Neale, Brian S
Cc: Atterholt, Jim; Governor Mike Pence
Subject: Brian N / Felix @ Resonate Con Call Request for Monday 1/19 @ 1:30P EDT
Attachments: Resonate ACA Open Enrollment 2015 Report.pdf

Brian, nice to meet you and Happy New Year. I thank Jim for the introduction. I wanted to bubble this up to see if we could connect on Monday 1/19 @ 1:30P EDT for a 30 min screen share. I would bring my research people (who assembled this PPT) and walk you through this information, our process and platform in regards to those signing up for ACA in 2015; and answer any questions you may have. I can also tell you how other Government agencies, PACs, Issue groups and Candidates used our motivations targeting to move the needle to their advantage last cycle.

Is Monday 1/19 @ 1:30P EDT good for a conference call? Let me know what works.

My best!

FA

Felix Angelastro
DIRECTOR, BUSINESS DEVELOPMENT
[Resonate](#)

P. 202.601.4064 | M. 917.5[REDACTED] | F. 571.366.2120
1275 K Street, NW, Suite 501 | Washington, DC 20005
resonate.com

From: Atterholt, Jim [<mailto:jatterholt@gov.IN.gov>]
Sent: Thursday, December 18, 2014 7:28 PM
To: Felix Angelastro; Neale, Brian S
Cc: Governor Mike Pence
Subject: RE: Jim Atterholt / Felix @ Resonate Con Call Request for Friday 1/9 @ 1:30P EDT

Felix,

Thanks for taking the time to share with us this helpful information. I have included our Policy Director, Brian Neale, on this e-mail as he would be the best person in our office to utilize this data. I will defer to Brian on next steps. Thanks again for reaching out to our office on this important issue. Hope all is well.

Jim

James Atterholt
Chief of Staff
Governor Mike Pence
jatterholt@gov.in.gov
Executive Assistant: Janille Myers
Office: 317-232-1800

From: Felix Angelastro [[mailto:Felix.Angelastro@\[REDACTED\]](mailto:Felix.Angelastro@[REDACTED])]
Sent: Thursday, December 18, 2014 11:20 AM
To: Atterholt, Jim
Cc: Governor Mike Pence
Subject: Jim Atterholt / Felix @ Resonate Con Call Request for Friday 1/9 @ 1:30P EDT

Jim, Happy Holidays! I wanted to drop you a line because I read (in today's WSJ & Politico) about the planned Medicaid expansion in Indiana. Perhaps you and Governor Pence would be interested in this specific research and information attached. Resonate in DC working with many Public Affairs companies inside and outside the beltway on education/persuasion digital ad campaigns targeting healthcare and political awareness campaigns. I'm writing to set up a conference call on Friday 1/9 @ 1:30P EDT to introduce our Motivations targeting –Survey data and digital capabilities.

Towards that end, I've included an interesting piece of research from our "Motivations" survey data on the ACA-Affordable Care Act. We identified what the target "Who Intends to Enroll in 2015" (Page 13) and the differences between who enrolled in 2014 vs. who intends to enroll in 2015. Remember, we're the only marketing intelligence company that delivers media (Pre-roll & Display Ads) based on "WHY" consumers vote or make healthcare related decisions. And because we are the largest primary research platform in the US, with larger sample based than Simmons and MRI combined, we can provide deeper digital insights and more precise online targeting for Tennessee's digital awareness campaign. Specifically to Indiana, we can provide the motivations, the "WHY's" Indiana voters act and the subsequent targeting. It will help you and the Governor Pence know more about these kinds of folks so you can shape your video / display messaging and reach them more effectively.

Let me know if I can download you on how we've helped other Political Campaigns, advocacy groups, issues hospital and wellness groups and how they used us effectively this past cycle. Is Friday 1/9 @ 1:30P EDT good for a 30 minute conference call. It will be an organized, concise call with your limited time in mind.

All my best,

FA

Felix Angelastro
DIRECTOR, BUSINESS DEVELOPMENT
[Resonate](#)

M. 917.5[REDACTED] | F. 571.366.2120
1275 K Street, NW, Suite 501 | Washington, DC 20005
resonateinsights.com

The background of the slide features a large, light blue spiral that originates from the center and expands outwards, creating a sense of depth and movement. The spiral is composed of concentric, slightly offset circular bands.

Recruiting Health Exchange Enrollees

From demographics to personal drivers, what Exchanges need to know about this year's participants

reSonate

2015 Affordable Care Act Open Enrollment



To engage potential enrollees during Open Enrollment, Federal and State Exchanges need to understand the underlying reasons people are evaluating their insurance options.

They need to understand the reasons for lack of insurance or why someone with insurance is considering the open exchange. And what will motivate different groups to take action.

This report helps Exchanges convert intenders to enrollees by answering critical questions such as:

- What is the composition of uninsured, and what are their value drivers?
- How do Millennials' attitudes toward their own health impact their outlook on insurance?
- What are the key differences of those just browsing vs those who will take action?

Executive Summary

Understanding the uninsured is critical to connecting with potential Affordable Care Act enrollees. This report dives into the reasons behind the lack of insurance and the drivers that will influence people to sign up on the exchange.

Who are the Uninsured?

The uninsured population continues to skew **young** (49% are Millennials), **lower-income** (58% have a household income less than \$50,000), and **minority** (63% more likely to be black and 44% more likely to be Hispanic than the insured population).

Not surprisingly, **47% cite cost as the main reason for lack of insurance**. But the uninsured are also 33% less likely to value health. Instead, they prioritize peace of mind, self-fulfillment, and self-image. Exchanges who wish to engage the uninsured will need to appeal to these motivations – connecting insurance to the achievement of these goals.

Focus on Millennials

A deeper look at the uninsured Millennials reveals

that **only 19% claim they don't need insurance**. Instead, cost and job status are top reasons for their lack of insurance. **Millennials in jobs where coverage is not offered are 132% more likely to be uninsured**. But like the larger uninsured population, their health isn't a top priority. Instead, they're driven by their quest for peace of mind, self-preservation, and enjoyment of life.

2015 Intenders

Though most outreach efforts are focused on the uninsured, **70% of those evaluating their options on the open exchange are already insured**. They are more likely to be driven by a sense of **accomplishment, pride and self-image** than their uninsured counterparts.

The general composition and motivations differ from their 2014 predecessors. **This year, intenders are 41% more likely to be a Millennial, 17% more likely to be male and 31% more likely to be employed full-time**. In 2014, intenders were driven by a sense of community and security/well-being. This year's intenders are more likely to be driven by more personal motivations such as personal happiness, sense of self and success.

Preparing for Open Enrollment 2015



CONTENTS

- 01 Who Are the Uninsured?
- 02 Deeper Look at Millennials
- 03 Who Intends to Enroll in 2015?
- 04 Understanding 2014 Enrollees
- 05 Experience

01

Who Are the Uninsured?



The uninsured run the gamut, but skew to lower incomes, younger populations, and lower-skilled labor.

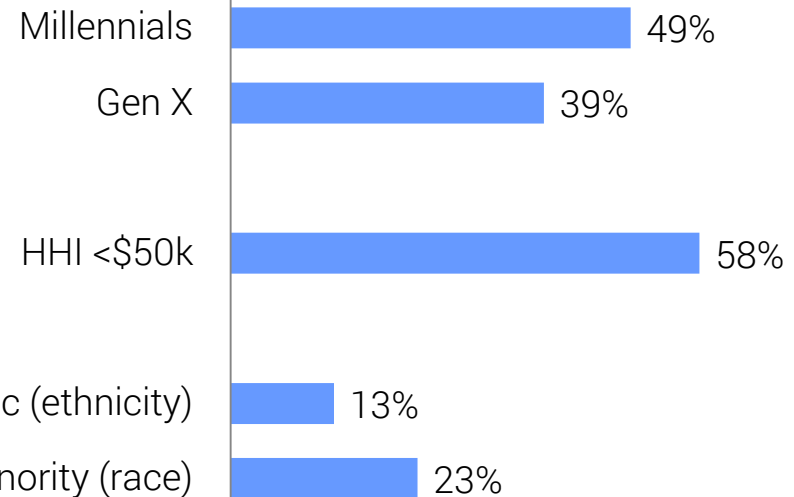
Few people feel “invincible.” Many simply can’t afford insurance.

Don’t overlook the self-employed population. While it may be small, these workers are much more likely to be uninsured and lack workplace benefits of subsidized insurance.

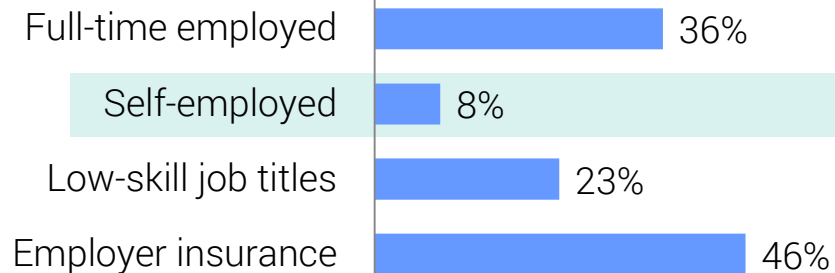
Almost half of the uninsured have health benefits available through their employer. Some cite missing open enrollment or recent start dates as reasons for being uninsured, but cost is still a factor for many.

PERCENT OF UNINSURED

Demos

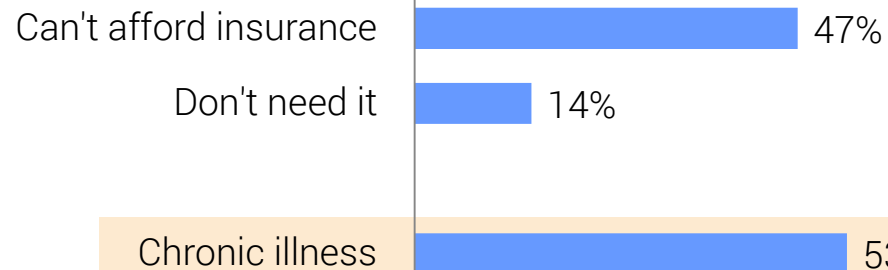


Employment



Over one in five self-employed are uninsured

Health Ins.



One in ten with a chronic illness is uninsured

Value Drivers

Uninsured consumers are **more likely to value success** and less likely to value security, but individual values provide the greatest clues to connect with them.

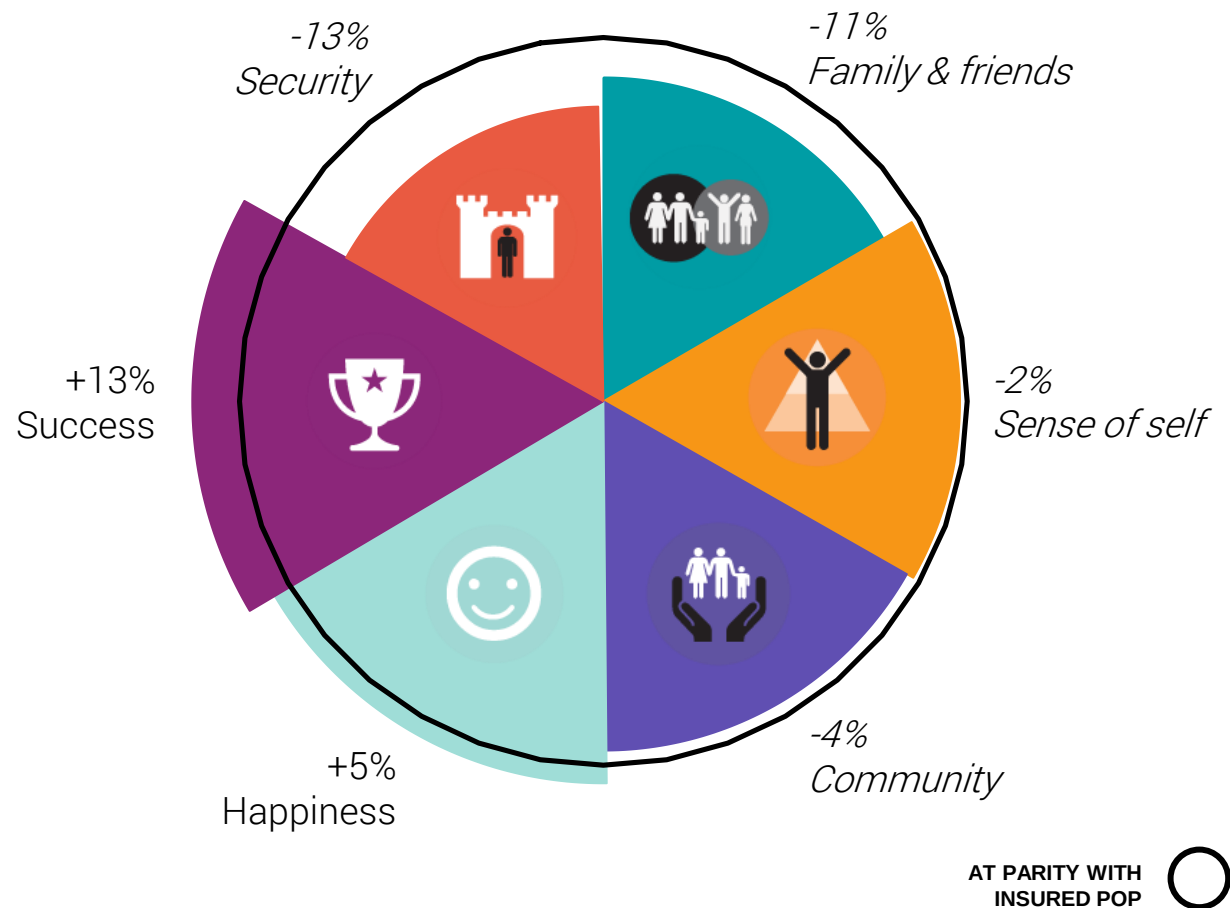
The uninsured are **33% less likely to value health**, so it is important to frame insurance in the light of things they do value.

Compared to those with health insurance, the uninsured are **more likely to value peace of mind, self-fulfillment, and self-image**.

Peace of mind may be a key marketing messaging around health exchanges, since financial and health security is not a highly-indexing value segment.

Self-fulfillment is another message to explore. While the uninsured are pursuing life interests that don't come complete with health insurance, they can still be covered.

VALUES SEGMENTS UNINSURED VS INSURED



TOP OVER-INDEXING VALUES



Self-image (33% more likely)



Self-fulfillment (31% more likely)

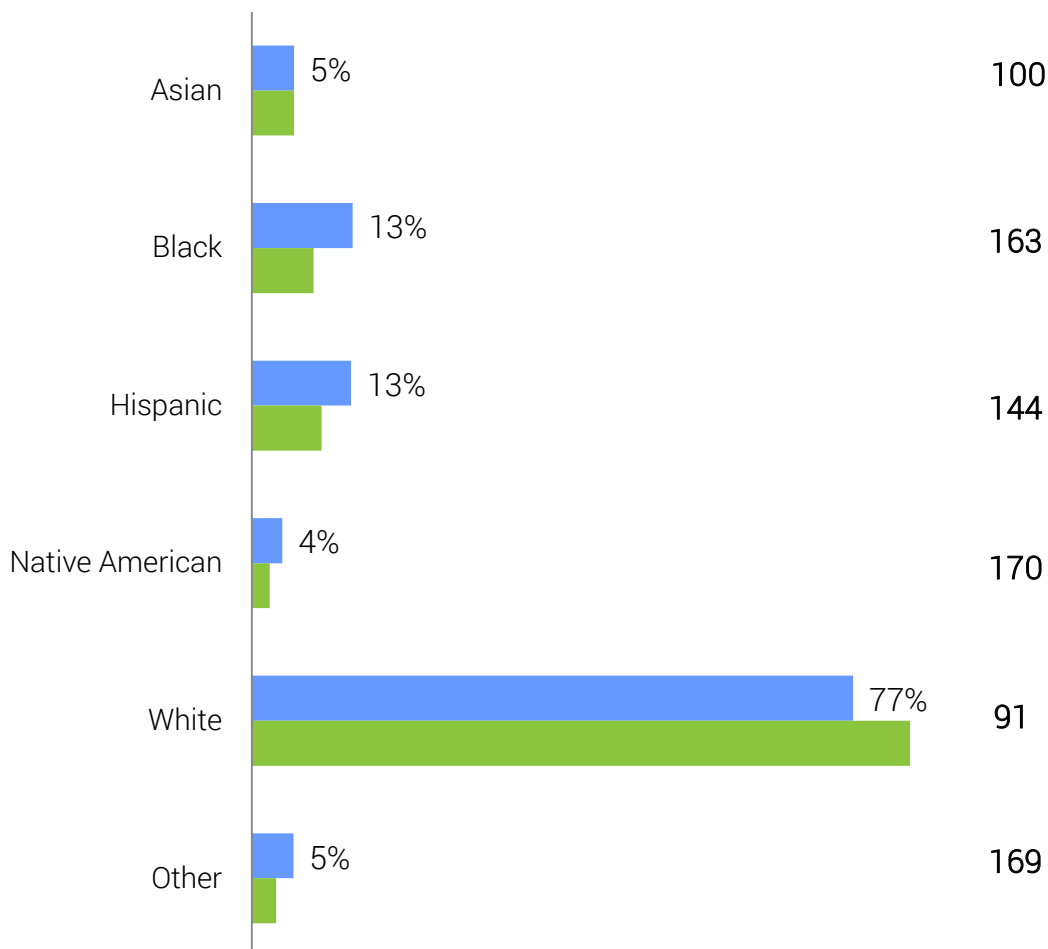


Peace of mind (23% more likely)

The uninsured skew toward minorities

RACE/ETHNICITY: UNINSURED vs INSURED

INDEX:
UNINSURED
vs INSURED



The uninsured are more likely to be minorities, particularly black and Hispanic. There are differences between the minority uninsured and the rest of the uninsured population.

Assimilation: The uninsured are more likely to live in less-assimilated households, speaking languages other than English (though often in addition to English).

Age: On average, 46% of the uninsured population are under 35. But 65% of Hispanic uninsured and 57% of black uninsured are under 35.

Income: Uninsured Hispanics have higher income than the rest of the uninsured (14% over \$100k), while the black uninsured population has lower income (66% under \$50k).

Employment: Uninsured Hispanics are also more likely to be employed full-time than the rest of the uninsured population.

02

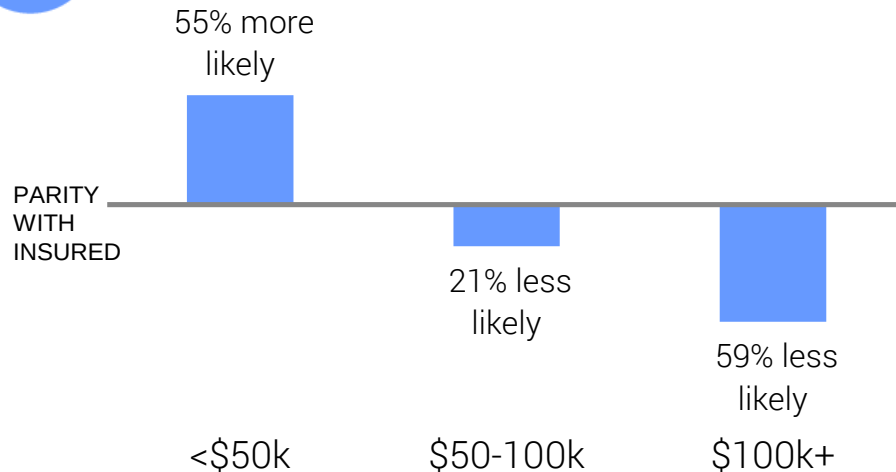
Deeper Look at Millennials

Demographic Drivers



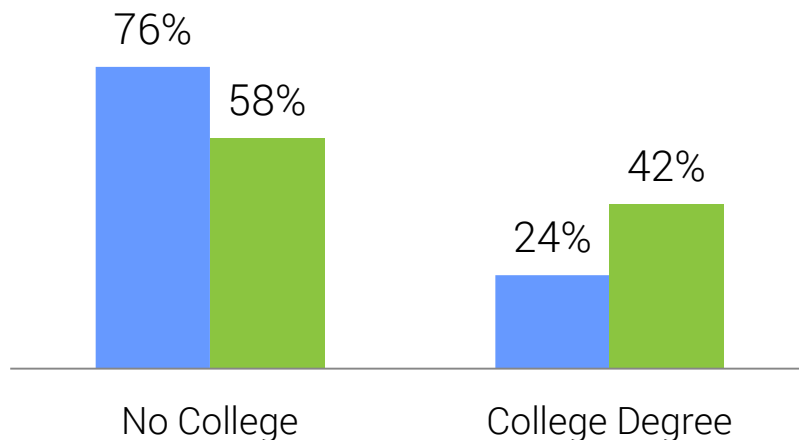
INCOME

18-34: UNINSURED vs INSURED



EDUCATION

18-34: UNINSURED vs INSURED



Money and opportunity are big drivers in the differences between insured and uninsured Millennials.

25% of uninsured 18-34 year olds have a household income less than \$25k.

These uninsured Millennials are 135% more likely to be employed in Construction/Labor and 26% more likely to be in Retail. These two industries make up 19% of the employed uninsured.

37% of the employed uninsured state that their employer does not offer health insurance. **Those whose employers do not offer insurance are 132% more likely to be uninsured.**

The uninsured are also 1.7 times more likely to be unemployed.

Value Drivers

There are three key differences in values that drive the uninsured versus the insured Millennials.

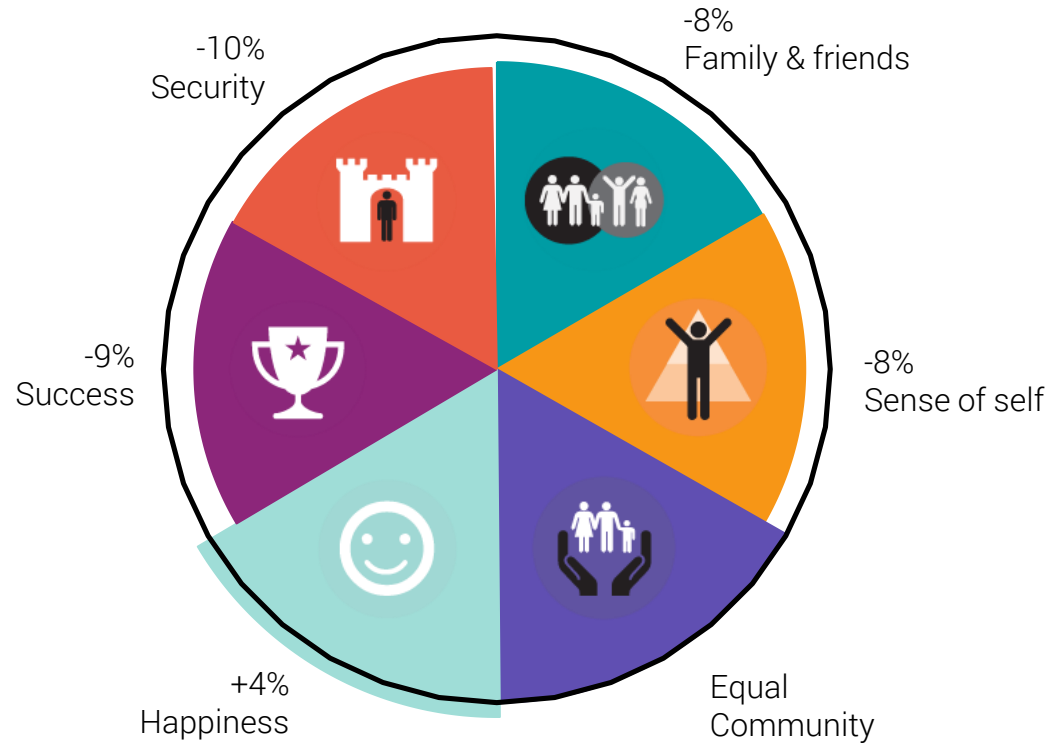
Uninsured Millennials are more likely to value **peace of mind**, **self-preservation**, and **enjoyment of life**.

The first two motivations (peace of mind and self-preservation) suggest uncertainty introduced by their financial situation and lack of security.

Health exchanges offer services that **compliment the motivations of this group**, but there are two main challenges. First, they need to help Millennials understand that they can afford insurance. And second, exchanges need to convince this group it's worth the time commitment to learn about their options.

VALUES SEGMENTS

18-34: UNINSURED vs INSURED



AT PARITY WITH
18-34 INSURED
POP



TOP OVER-INDEXING VALUES



Peace of mind (43% more likely)



Self-preservation (22% more likely)



Enjoyment (19% more likely)

Health Psychographics

Uninsured Millennials report a 12% lower incidence of having a chronic condition. But judging from their less proactive behavior, it's possible they just haven't been diagnosed yet.

Nonetheless, half of the uninsured report having a chronic condition.

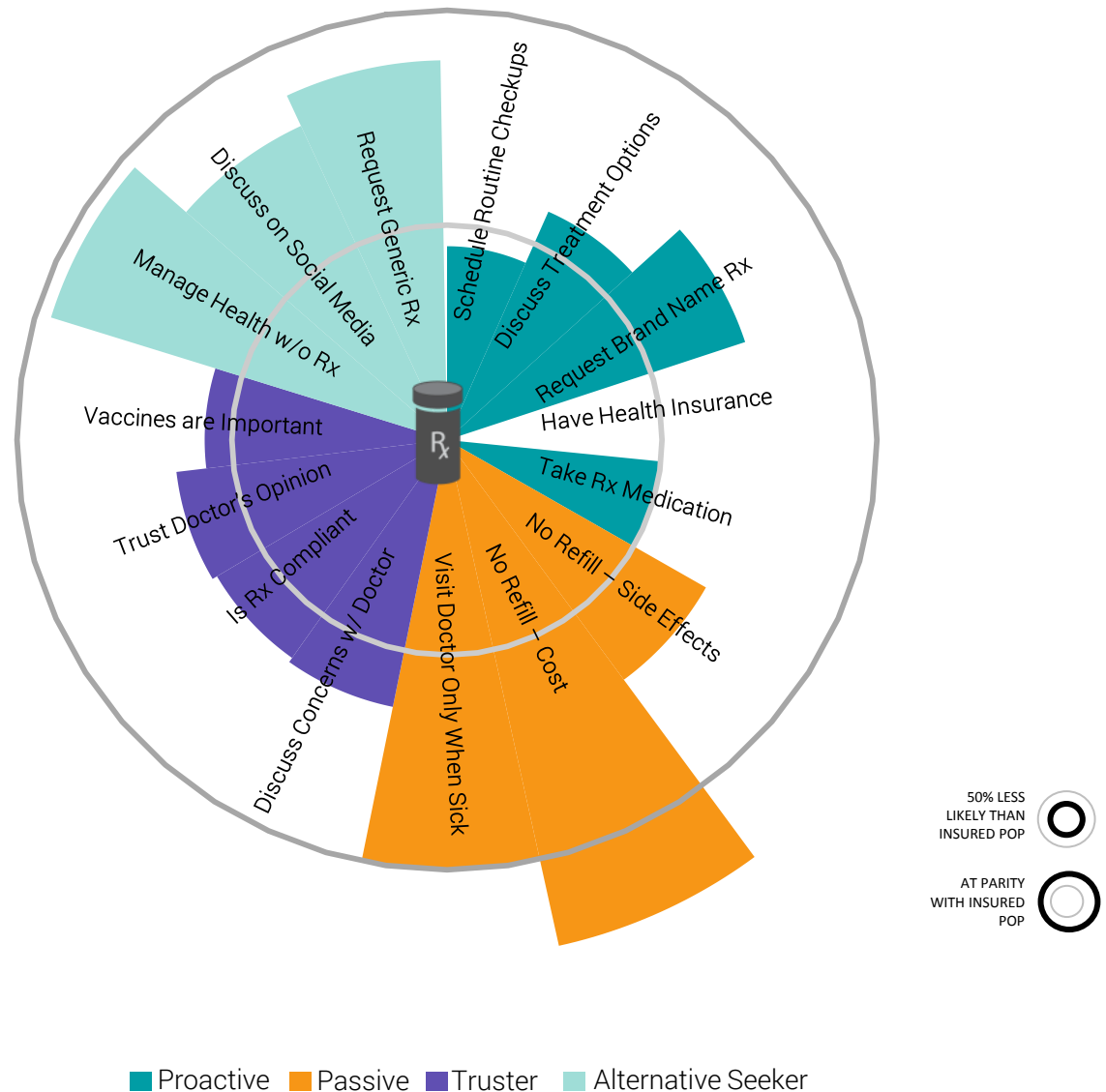
Only 19% of the uninsured get routine medical care, compared to 42% of the insured.

The uninsured are also less compliant when taking medication. Only one in four report taking medication as directed for as long as directed, and they are 21% more likely to stop a medication due to cost.

Their health behaviors are possibly in conflict with their personal motivations, providing an opportunity for health exchanges to assist with resolution

HEALTH BEHAVIORS

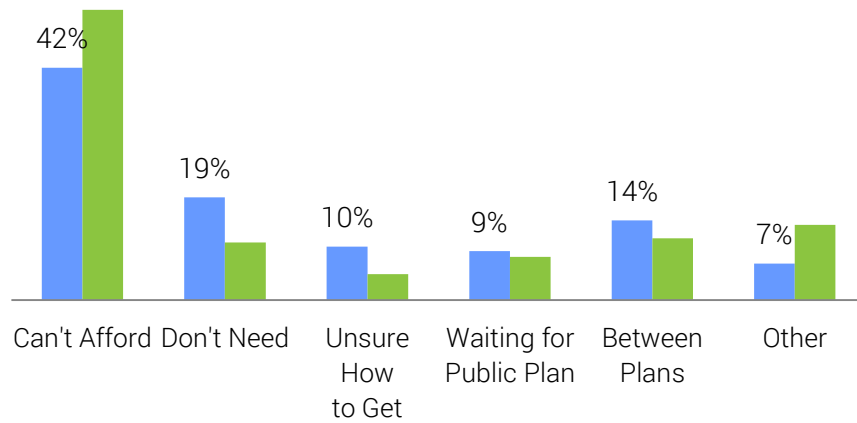
18-34: UNINSURED vs INSURED



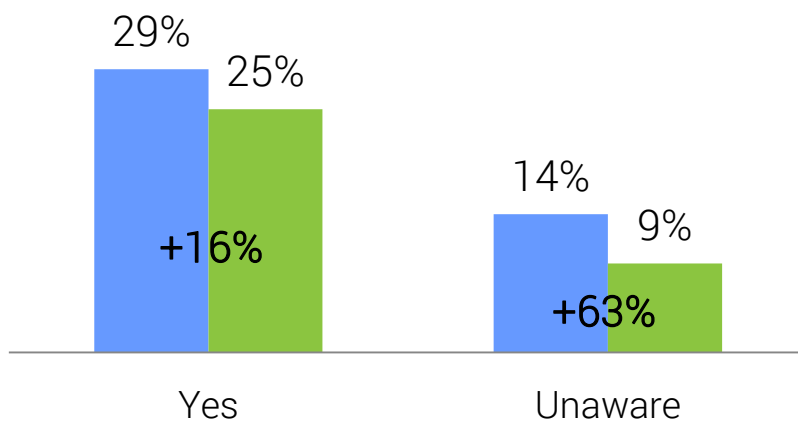
Insurance Intentions



REASONS FOR BEING UNINSURED UNINSURED: 18-34 vs 35+



INTENT TO PURCHASE ON HIX UNINSURED: 18-34 vs 35+



Although Millennials are more likely than A35+ to say that they just don't need insurance, over 80% still cite another reason.

Over 40% of Millennials say that they can't afford insurance, while 10% say that they don't know how to get it.

Employment difficulties shows itself in reasons for not being insured, with 14% citing being "between plans (e.g. lost a job or got a new one)" as a reason.

Millennials actually show a bias for buying on the exchanges, but also show a higher unawareness. Certain populations need to be educated versus persuaded.

03

Who Intends to Enroll in 2015?

BEST LOOKING

COST EFFECTIVENESS

SELF IMAGE

DURABILITY

UNIQUENESS

HEALTH & LONGEVITY

BRAND NAME

POPULAR

QUALITY

Who are the intenders?

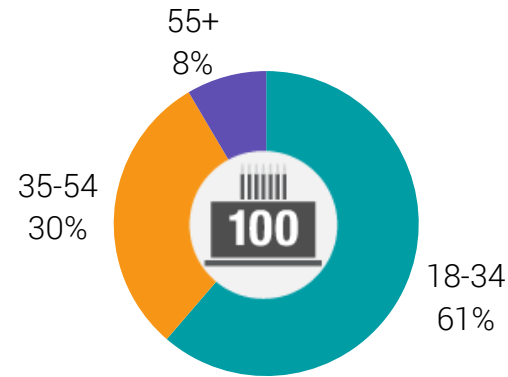
MOST DISTINGUISHING VALUES*

- Self-image: 105% more likely
- Accomplishment: 50% more likely
- Pride: 41% more likely

DID YOU KNOW?

- 30% of intenders are uninsured
- Two-thirds of intenders report a chronic condition
- Intenders are 26% less likely to adhere to a doctor's prescription

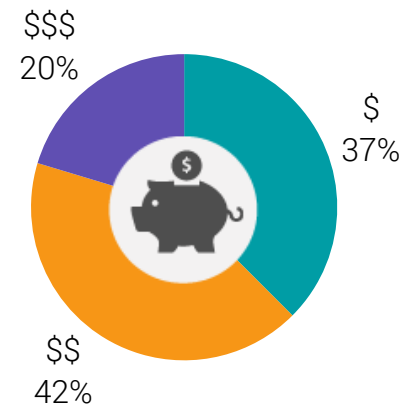
*Compared to total online adult population



AGE



GENDER

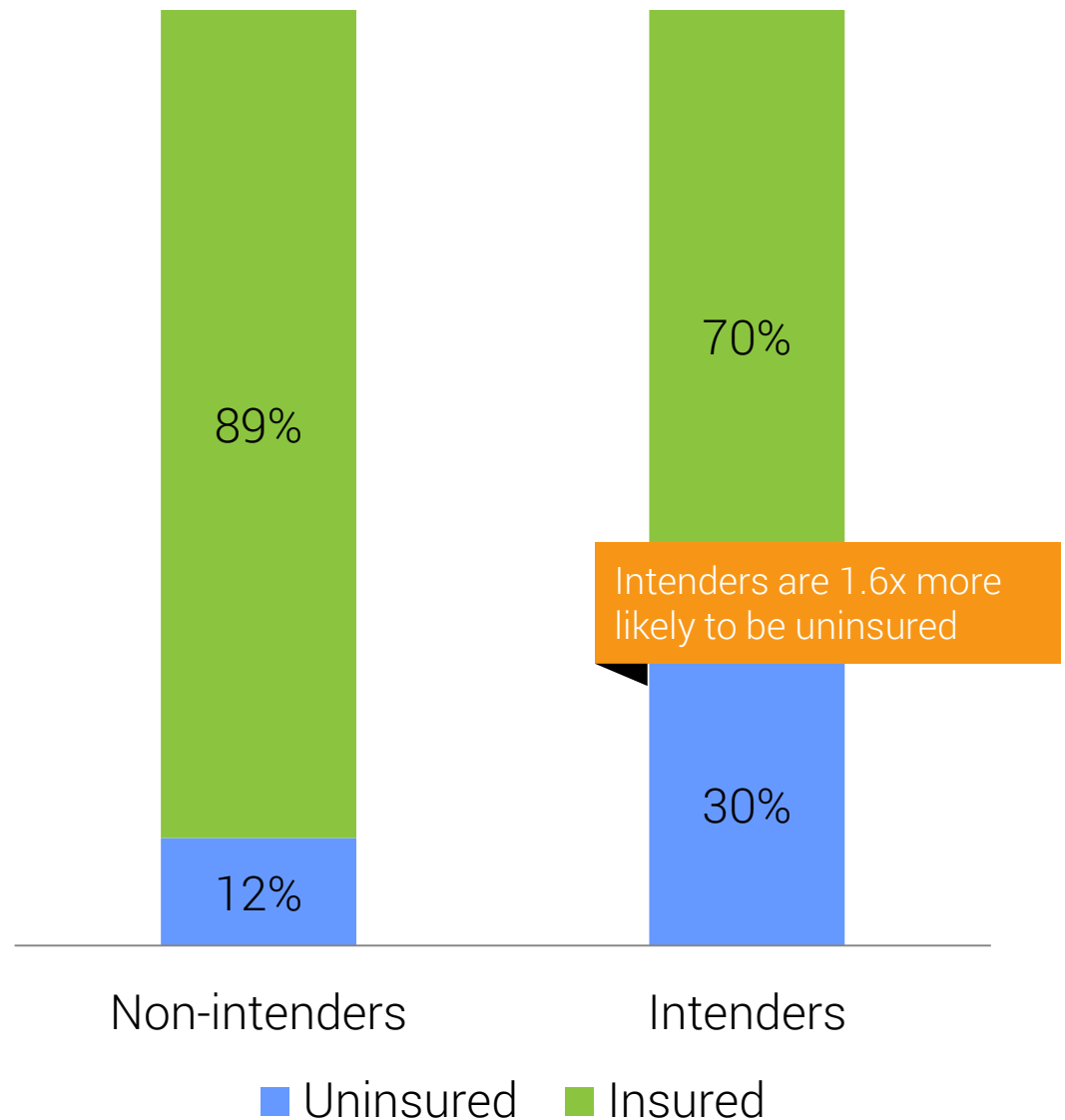


INCOME

Though the uninsured are more likely to intend enrollment on the exchanges, they are not the only ones interested.

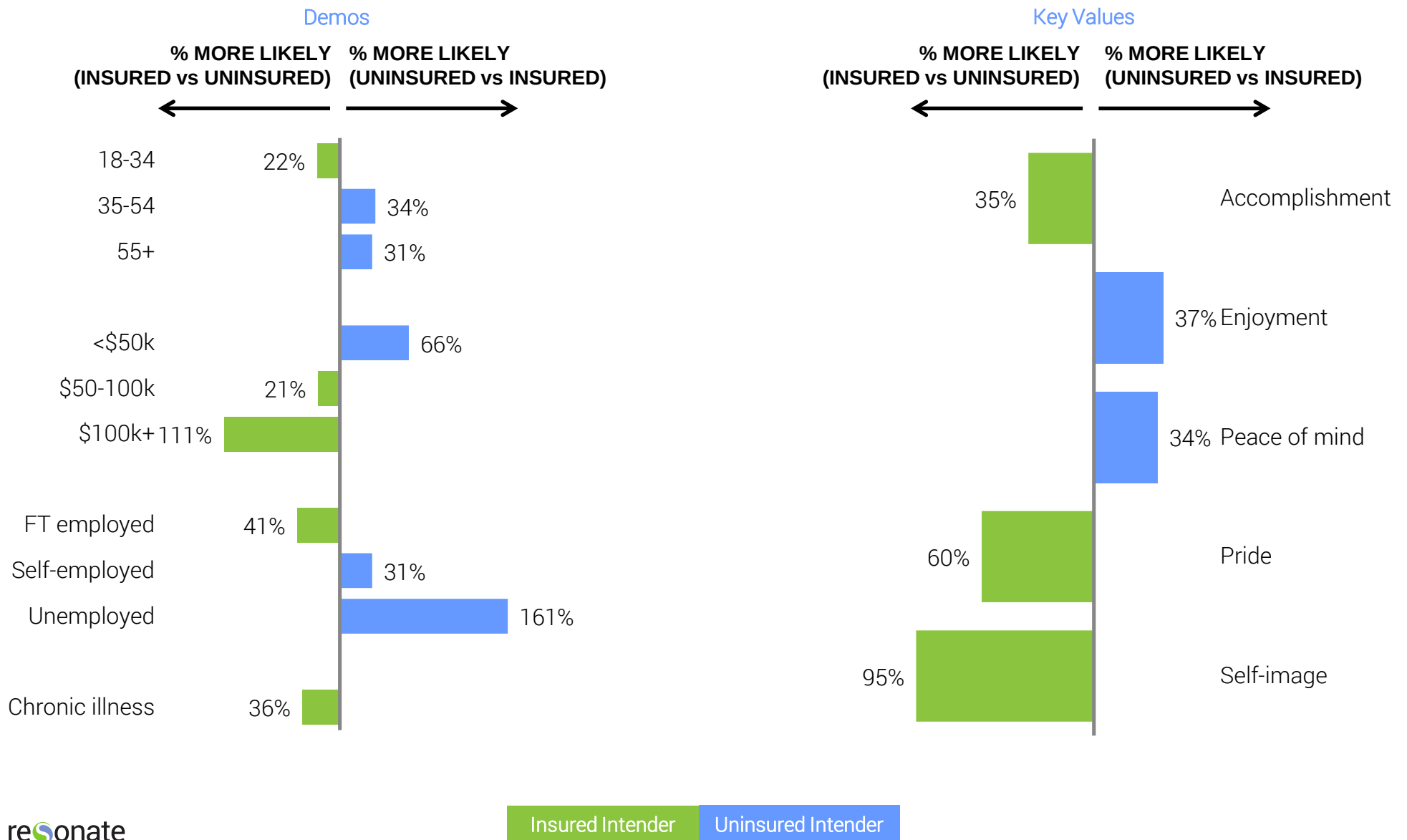
Success in enrollment depends on identifying all intenders, not just uninsured.

INTENT TO ENROLL
UNINSURED vs INSURED



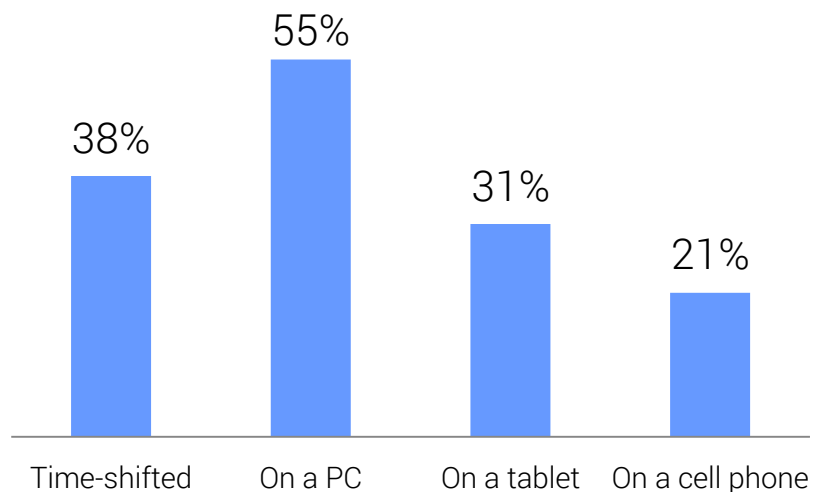
Differences between insured and uninsured intenders

Insured intenders tend to have higher incomes, but are more likely to have chronic conditions; they may be deal-shopping. Uninsured intenders are more likely to be lower income and have sub-optimal employment conditions for obtaining insurance.

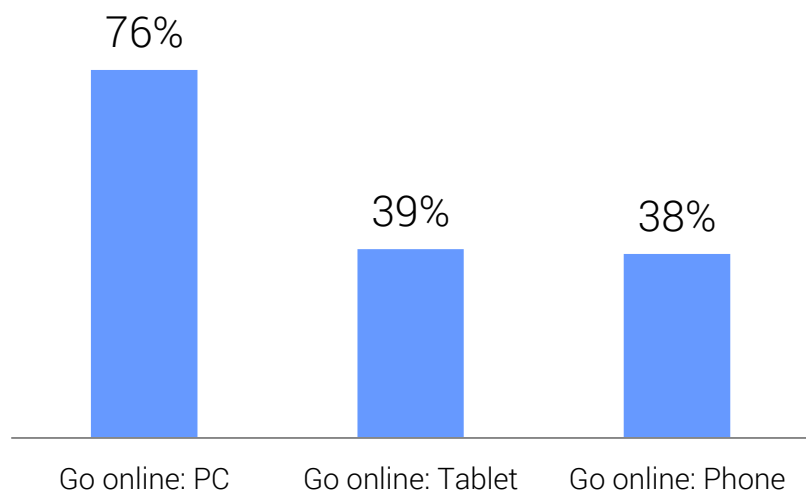


Intenders and Media Consumption

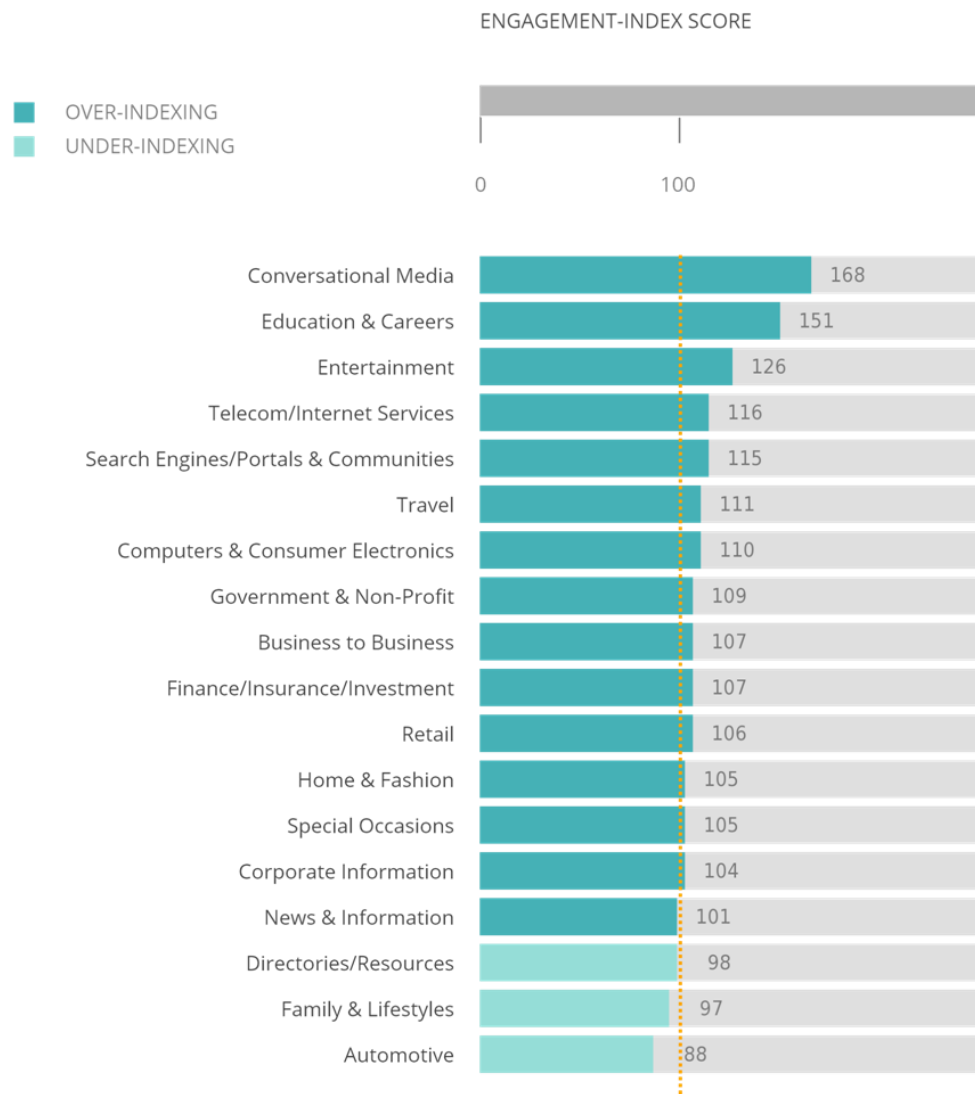
SOURCES OF TV CONTENT



MULTI-TASKING WHILE CONSUMING TV

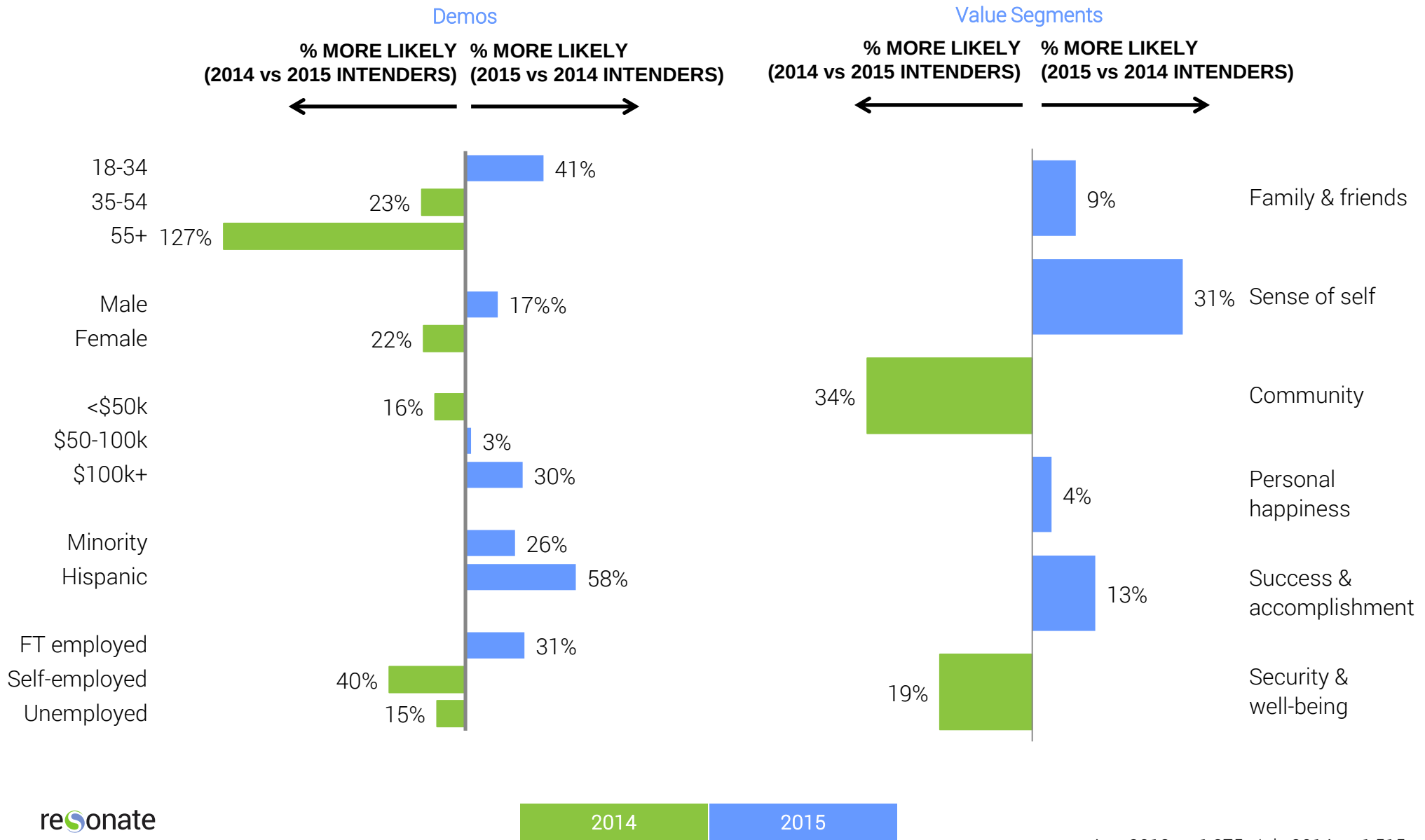


ONLINE SITE USAGE



Differences between 2014 and 2015 intenders

2015 intenders look very different from their 2014 predecessors. Many groups of interest to the exchanges last year are the prominent intenders this year (younger, minority, Hispanic), suggesting that they are ready to give it a try.



04

Understanding 2014 Enrollees

Who is already enrolled?



NOT SICKER

The incidence of chronic conditions is nearly the same among enrollees (70% vs 68%)*



LESS FULL-TIME EMPLOYMENT

- 18% more likely to work part-time
- 51% more likely to be unemployed
- 88% more likely to be self-employed

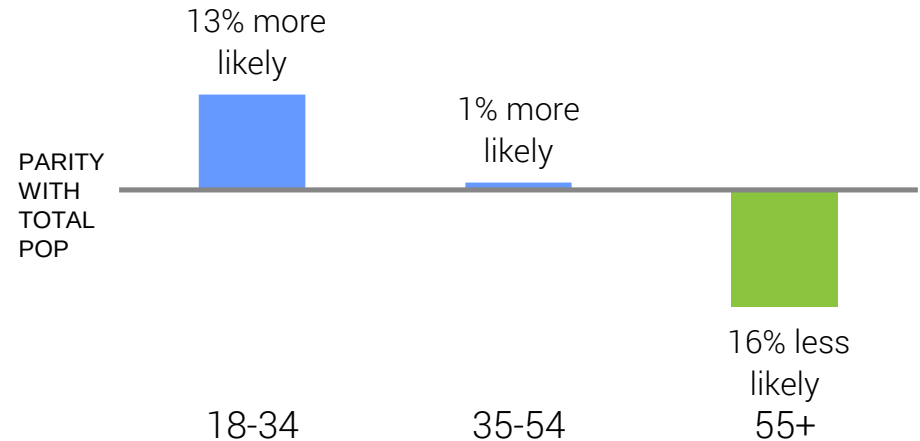


MORE MINORITIES

- 46% more likely to be Hispanic
- 70% more likely to be black

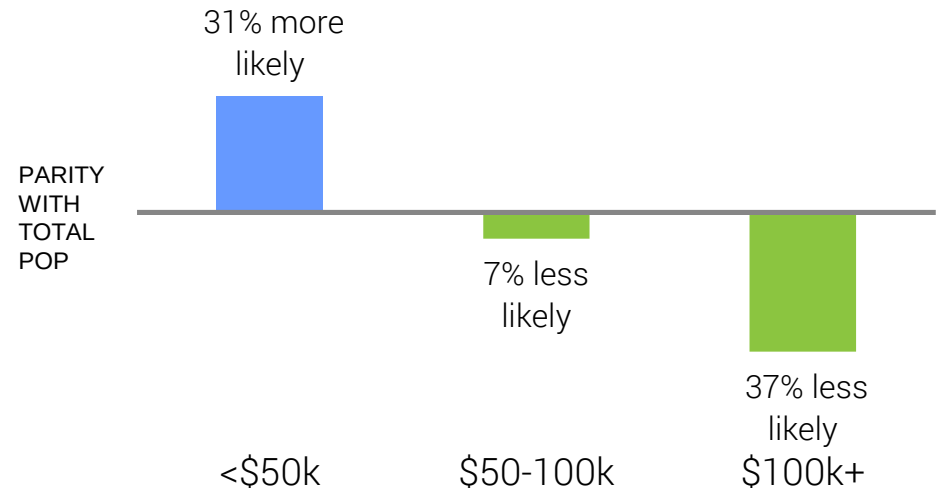
AGE

ENROLLED vs ADULT ONLINE POP



INCOME

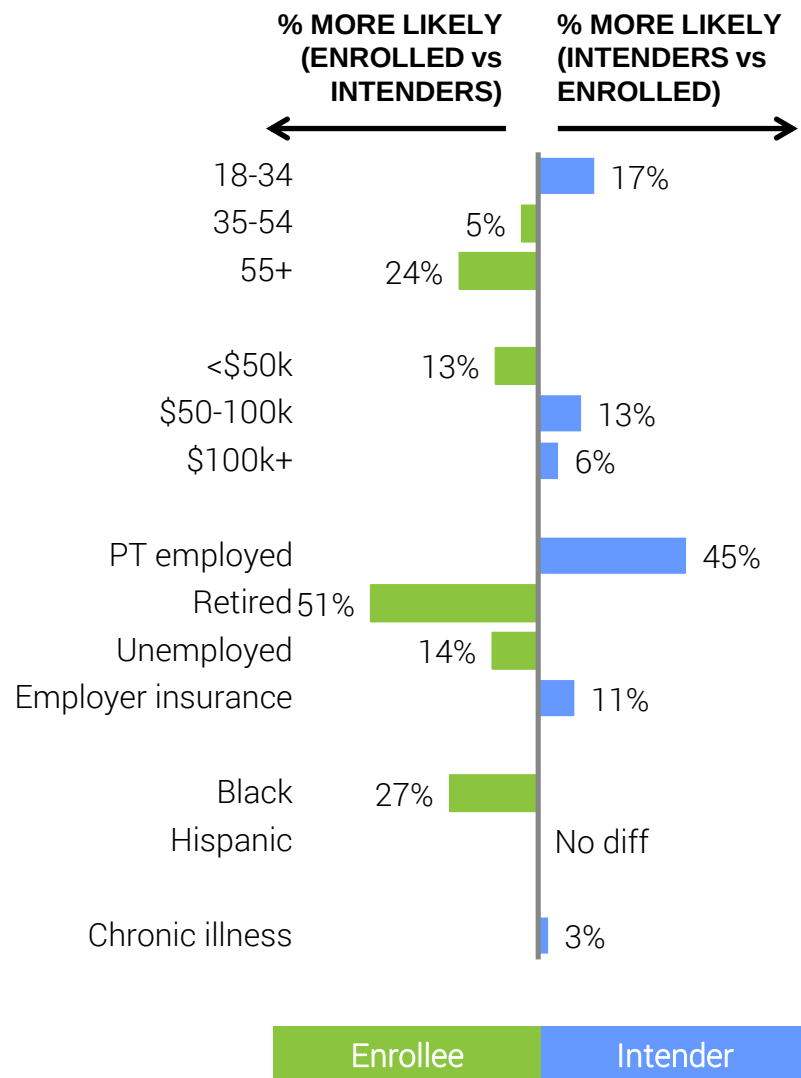
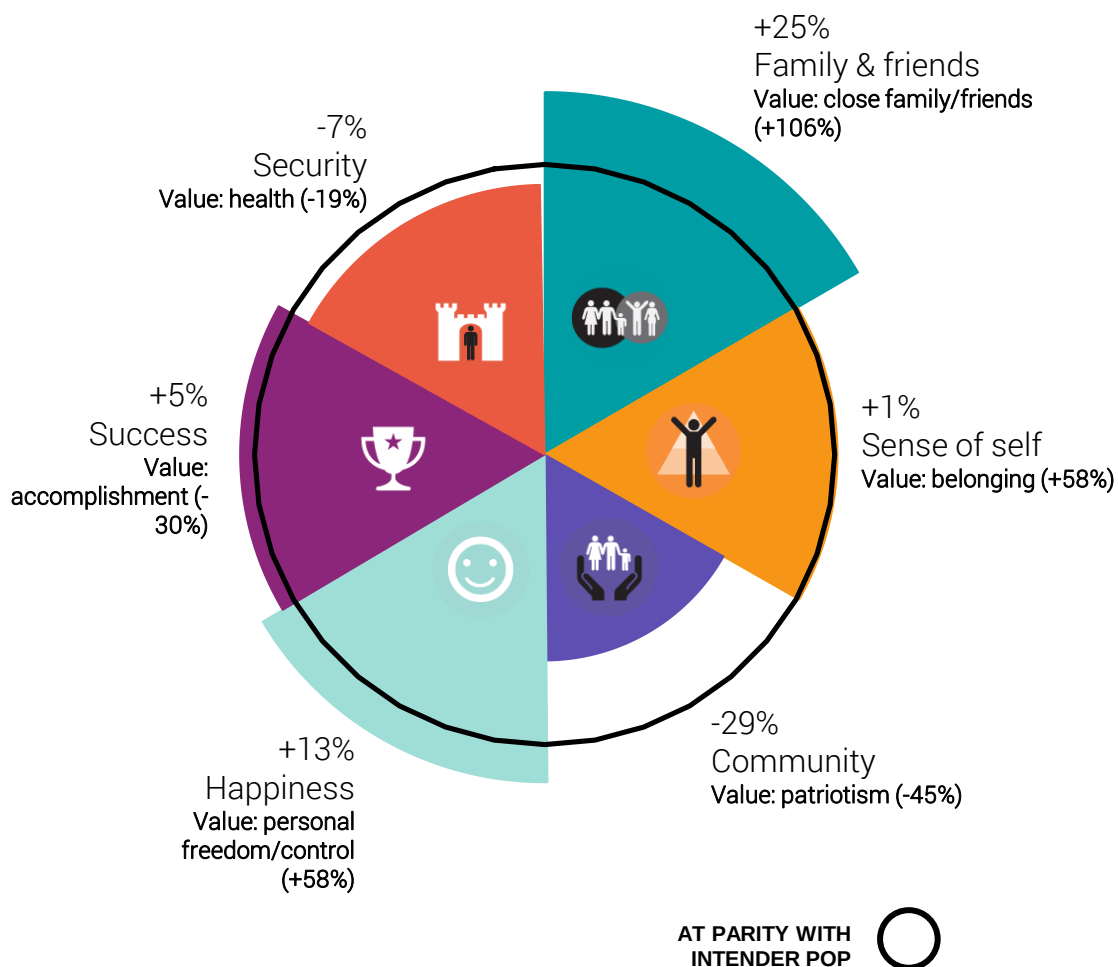
ENROLLED vs ADULT ONLINE POP



Difference between 2014 cycle intenders and enrollees

Compared to people who intended to buy, those who actually enrolled are more likely to value personal relationships and a sense of belonging, as well as the freedom to pursue their own interests, and less likely to value their health. The enrollee population was more likely to be older, lower income, and without employment than overall intenders.

VALUES SEGMENTS AND LEADING VALUE (BY DIFF) 2014 ENROLLED VS INTENDERS



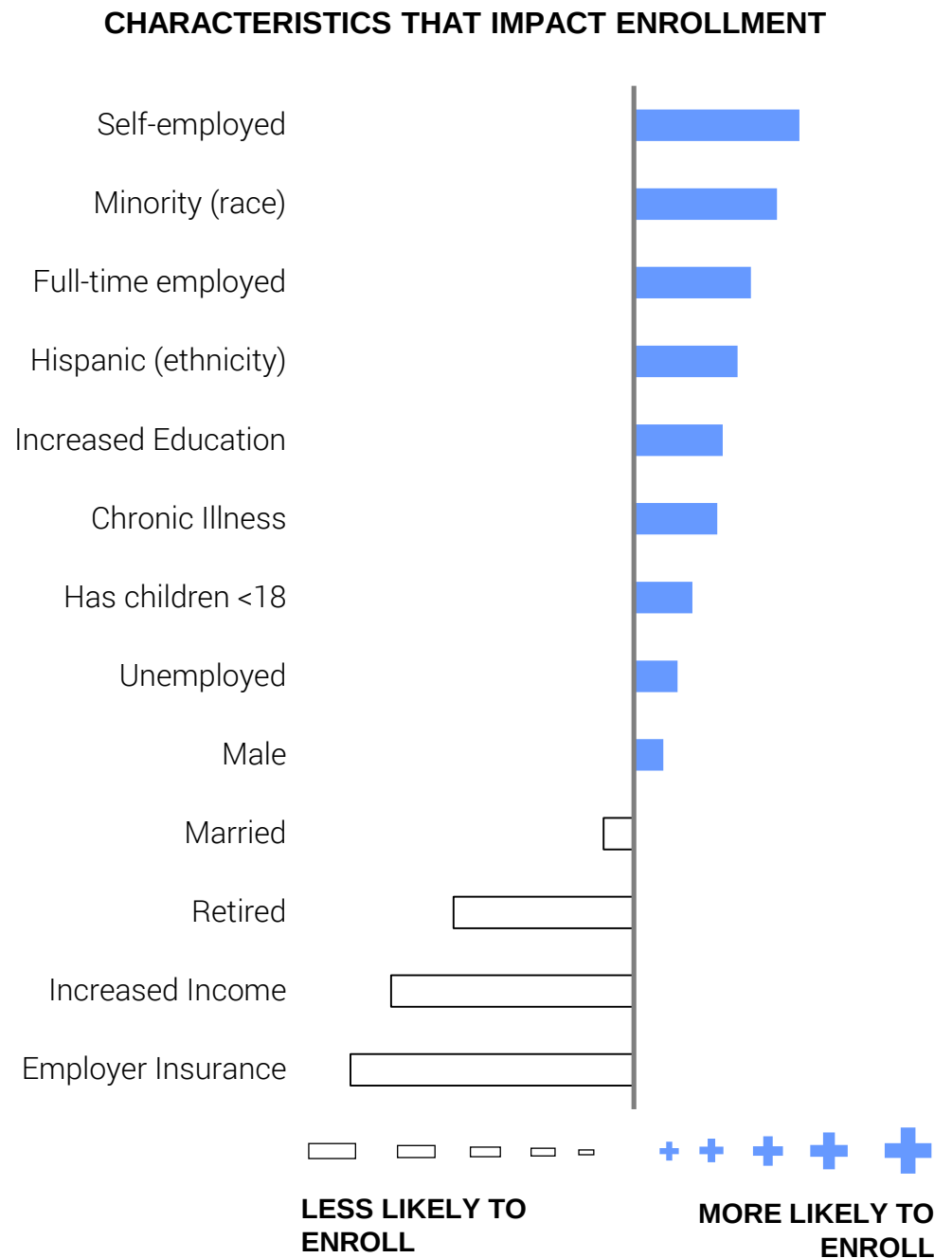
Driving from intention to enrollment: What factors predicted enrollment in the 2014 cycle?

Employment is a driver of enrollment, and particularly **self-employment**, where employer-provided insurance isn't available.

The availability of **employer-provided insurance** is a **deterrent to enrollment**. It's often a more convenient and cost-effective solution.

Education is also a driver. Though higher incomes are often associated with increased education, income is negatively associated with enrollment.

Being chronically ill is also associated with enrollment, as uninsured or underinsured patients look to build in a safety net.



Resonate's Experience with the Affordable Care Act

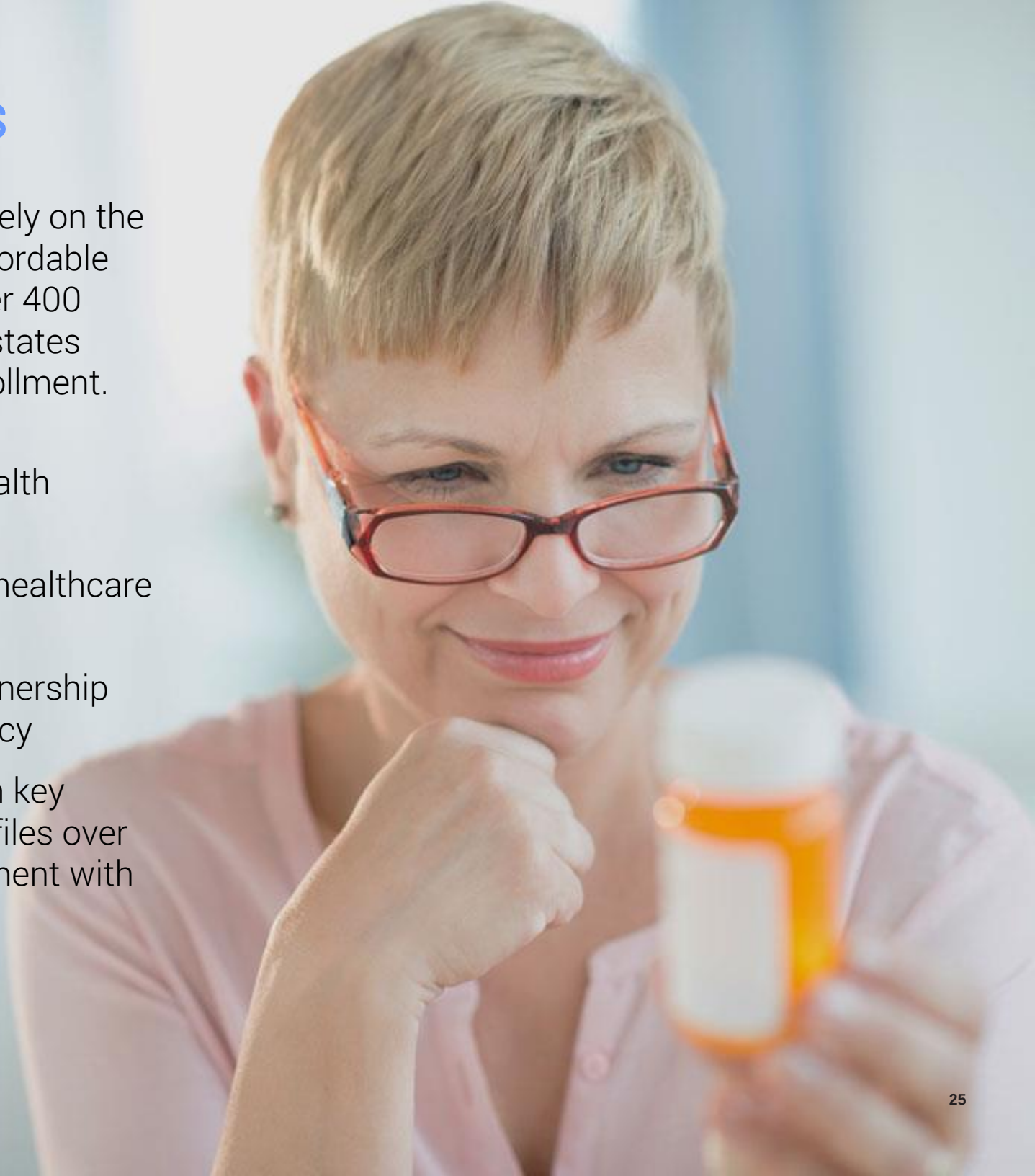


Proven Results

Resonate worked extensively on the inaugural rollout of the Affordable Care Act. We delivered over 400 million impressions in 34 states during the 2014 Open Enrollment.

- 6 states with direct health exchanges
- 9 states with national healthcare organization
- 28 states through partnership with government agency

Optimized media based on key differences in enrollee profiles over the course of Open Enrollment with Resonate Analytics.



Extensive Reach to Potential Enrollees

Resonate reaches prospective enrollees wherever they are online based on over 6,000 individual targeting attributes.

Sample targeting attributes include:

DEMOGRAPHICS

- Age
- Gender
- Race & Ethnicity
- Employment Status
- Household Income

HEALTHCARE PROFILE

- Rx Persistency & Compliance
- Physician Relationship
- Insurance Status
- Health Management Behaviors

+ 1000s MORE

- Personal Values
- Media Consumption
- Social Media Habits
- Consumer Values
- Product Preferences

CASE STUDY

OBJECTIVE

Identify and engage a hard-to-reach healthcare audience

Deploy a multi-step action plan to target a dynamic audience group

ACTION PLAN

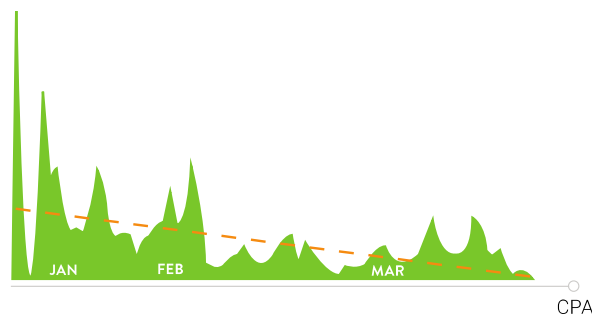
- Use motivations-based targeting to deliver digital ads across display, video, social and mobile channels in specific geos
- Consistently optimize throughout campaign to drive down CPA
 - Day-parting
 - Creative swaps
 - Adjust audiences
 - Retargeting
- Leverage insights from Resonate Analytics to adjust delivery tactics based on significant shift in respondent profile over the course of the campaign

RESULTS

Resonate effectively **reduced CPA** by nearly

2000%

and continually decreasing throughout the duration of the campaign.



BACKGROUND

CLIENT

Government Healthcare Organization implementing the Affordable Care Act

GOAL

With limited time and budget, the client needed a multi-state acquisition campaign to identify intenders of ACA and convert intenders into customers

CHALLENGE

Identifying and engaging a traditionally hard-to-reach audience to take action



THE RESONATE DIFFERENCE

Leveraging **Resonate Analytics**, the organization found that the profile of converters changed throughout the duration of the campaign. Those responding later held distinctively different motivations and demographics compared to those who responded early.

These learnings were immediately available for action—changing the targeting tactics and continuing to increase conversions.

Learn more about reaching
potential ACA enrollees.

E: info@resonateinsights.com

P: 571-264-3200

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