



COMMUNITY CATALYST



Connecting Consumers to Coverage: Mobilizing for Enrollment



THE PROMISE OF THE AFFORDABLE CARE ACT

JUNE 2014

Our Mission

COMMUNITY CATALYST'S MISSION IS TO ORGANIZE AND SUSTAIN A POWERFUL CONSUMER VOICE TO ENSURE THAT ALL INDIVIDUALS AND COMMUNITIES CAN INFLUENCE THE LOCAL, STATE AND NATIONAL DECISIONS THAT AFFECT THEIR HEALTH.



Introduction and Background

Consumer advocates took to the capitol buildings, community meetings and everywhere in between over four years ago to make certain this country's most sweeping changes in the health care system became a reality. They worked tirelessly to ensure the Affordable Care Act (ACA) became law. Health advocates brought the voices of consumers to every step of implementation, and then set to work to make sure the people who stood to gain the most knew about the new and immediate benefits from the law.

Some of the most challenging work began last fall when state and federal health insurance Marketplaces began enrolling individuals and families in coverage and many states expanded Medicaid. Estimates of the number of people who would enroll in private plans through the Marketplaces in 2014 ranged from 7 million to 9 million. Setting the stage for just how challenging such an enormous enrollment goal is, an early 2013 poll from the Kaiser Family Foundation showed two-thirds of uninsured, low-income people—the ACA's principal beneficiaries—said they did not understand how the law would impact them.¹ Furthermore, the multitude of options and decisions left to states created a complicated patchwork of outreach and enrollment approaches to put into practice.

The outreach, education and enrollment operation required to implement a system on this scale is both immense and complex. Like any new national program, it is an undertaking that will take many years to refine and institutionalize. The sheer number of people to reach across the country is unprecedented. Additionally, data shows that many of the newly-eligible individuals were previously uninsured, more racially and ethnically diverse and with lower incomes than those covered through employer-sponsored insurance.² The new coverage options present some consumers with their first interactions with health insurance, subsidies, or the health care system. Yet, for the remarkable advances in coverage and consumer-friendly reforms that the ACA strives for to become a reality, it was imperative to start strong.



Recognizing that state-based consumer advocates were uniquely positioned to play a meaningful role in their state enrollment efforts, Community Catalyst worked closely with advocates and consumer health coalitions across the country to meet the daunting enrollment challenge.

Throughout its history, Community Catalyst has fostered the development of consumer health advocacy organizations and statewide coalitions in more than 40 states. This capacity building and the dedicated outreach and enrollment work has been advanced through a number of programs supported by various funders, particularly the Robert Wood Johnson Foundation's Consumer Voices for Coverage program, the ACA Implementation Fund collaborative and Southern Health Partners.

Central to the success of this consumer movement is the Community Catalyst philosophy of building a "system of advocacy" in which advocates work together, leveraging the capacity and expertise of every group needed to be effective. When the first open enrollment period of the new health law began, consumer health advocates jumped in, building on an existing advocacy foundation they had created and strengthened over the years. Advocates connected with community leadership and knowledge to meet people where they were. They got creative with technology and messaging to get the word out. New partnerships were formed and new initiatives were put into action.

Most importantly, health advocates tapped into the heart of local values. Despite the negative noise about the law or lack of government and media cooperation in some places, they engaged communities to make their neighbors' lives better and healthier. And together, they helped get more than 8 million people enrolled in Marketplace plans—in addition to millions of new Medicaid enrollees—surpassing expectations with a total of 12 million newly-covered individuals and families.³

Five Essential Strategies

ENROLLMENT STORIES FROM THE STATES

Though the ACA is a national program like Medicare or Social Security, consumer health advocates across the country knew from the beginning that the results of this policy reform would play out most visibly at the state and local levels. Making the ACA a success and connecting consumers to new and better coverage meant making it work within the diverse state and local government and regulatory systems that exist. Some states have a history of strong insurance reforms while a number have little or no safety-net system to build upon. In many places, advocates and others had to forge ahead despite negative political environments; in others, they had to find ways to reach rural populations or communities of color that have been largely uninsured until now.

It was necessary to develop new approaches, respond to consumer needs, and collaborate across public, private and voluntary sectors to reach and enroll the uninsured. There was no magic bullet. Different strategies would work in different places. Distinctive messages would work with diverse populations. And consumer groups in many states stepped up as central points for information, training, and coordination focused on enrollment. With the support and assistance of Community Catalyst and other national partners and funders, consumer advocates put five essential strategies into action across states:



The following summary captures a glimpse of the innovative and far-reaching ways state and local advocates addressed the challenges before them to ensure the first enrollment phase exceeded goals and laid the groundwork for the next. While in many cases, local or regional enrollment data is not yet available to show pinpointed results, stories and personal experiences from the advocates and enrollers on the ground in states are used throughout this report to demonstrate the challenges, outcomes and successes of enrollment efforts—especially those that helped vulnerable populations access coverage.

Groups are already weighing what worked, conducting statewide and local surveys, looking at data as it becomes available, and pressing for more nuanced evaluation statistics. Across states, consumer and community advocates are also starting to identify next generation issues for those who are newly enrolled. This report seeks to showcase some of the creative approaches to connect consumers to coverage and contribute to the continuing planning, assessment and quality improvement that will take place over the next few years as an outreach and enrollment system is fully institutionalized.



Closing the Information Gap

The challenge of connecting millions of newly-eligible consumers to new and better health coverage was compounded by a bitter political polarization that has gripped the country since the law's passage. In addition, a lack of resources dedicated to enrollment and the technology problems that slowed the launch of HealthCare.gov in the early months of the first open enrollment period presented barrier after barrier to work around.

But the stark information gap about the ACA that permeated the country presented a particularly disheartening starting point for the massive enrollment effort. Public perceptions and understanding about the law and enrollment options were unclear, even in states with positive public opinions of the law and supportive political environments. In those states where public officials were actively working against promotion of the law or where opposition arguments hindered education efforts, health advocates and others had to do double duty correcting misinformation, as well.

Consumer advocates and the enrollment community started getting the word out by providing basic education about the new law, what it does and doesn't do. A vital component to the public education efforts was refining the message to be heard by the audience it was intended to reach. That meant making sure information was both appropriate and resonated for a variety of audiences, including youth, low-income communities, non- or limited-English proficient consumers, older adults, immigrants, rural families, LGBTQ individuals, communities of color, small business owners and even health care providers.



Ads developed by Utah Health Policy Project.

Training community stakeholders

Consumer groups, already versed in the intricacies of the law, led the way by training others to talk about the ACA and about enrollment details accurately. Expanding the number of informed messengers along the way, advocates taught groups of community health workers, faith leaders, social service agency employees, small business leaders and more, about the law and local enrollment resources. For example, the Oregon Latino Health Coalition hosted a conference for more than 200 community health workers to train them in how to assist Latino families with ACA enrollment. And in Maine, Consumers for Affordable Health Care hosted seven regional roundtable events, bringing the enrollment community, including health insurance brokers, together to learn about Marketplace updates and enrollment best practices.

Getting the word out

Consumer organizations shouted from the rooftops and went door to door to get the message out. In Michigan, consumers opted in to get regular text messages about enrollment from Michigan Primary Care Association to help them connect to Navigators, Certified Application Counselors and other resources in their area. Washington Community Action Network had almost 5,000 one-on-one conversations with people through both phone and field canvasses, and in Kentucky, advocates worked with local cooperative extension offices to host education events.

Snapshot:

The Pennsylvania Health Access Network (PHAN) created a certified trainer class to teach community leaders how to talk about the new health care law, how to do successful outreach and to connect individuals to enrollment. With 100 PHAN certified trainers out in communities across the state, advocates were able to double the number of monthly community education events and, in only three months, reached almost 600 people.



Ads produced by Colorado Consumer Health Initiative

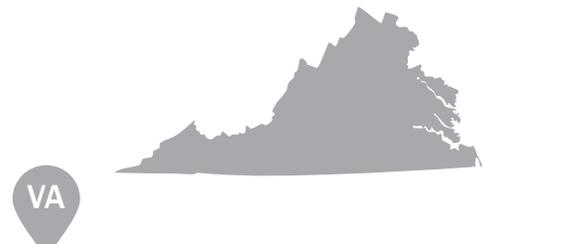


FOCUS ON RESULTS: MANY STATES USED BOTH TRADITIONAL AND SOCIAL MEDIA TO GET THE MESSAGE OUT



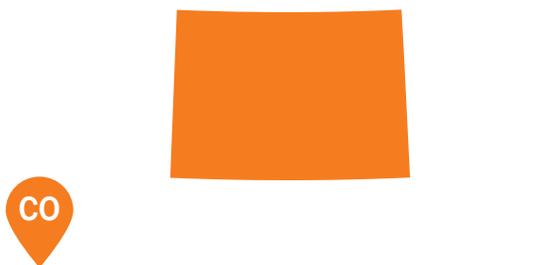
NH

A series of op-eds in community newspapers coordinated by New Hampshire Voices for Health helped counter negative press coverage about the ACA enrollment roll-out and provided accurate information about health care options in the state.



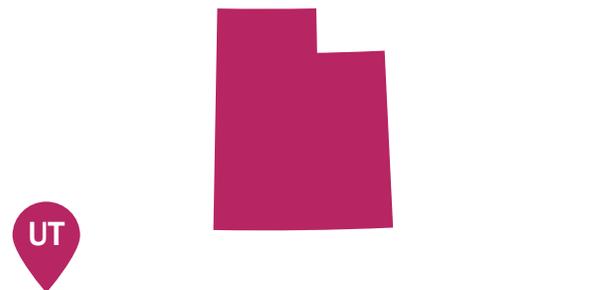
VA

Virginia Organizing and The Commonwealth Institute released a series of blogs to provide information about the Marketplace to partners and other health advocates.



CO

Colorado Consumer Health Initiative with ProgressNow Colorado Education produced a series of web-based advertisements aimed at reaching college-age and young adults.



UT

Utah Health Policy Project released the “What’s More Risky?” advertising campaign aimed at Utah’s young and active population.



RI

The Rhode Island Health Coverage Project sent a “Get Ready, Get Set” series of e-news alerts to almost 500 subscribers to promote new coverage opportunities and steps to enrollment.



NY

In New York, Raising Women’s Voices live-tweeted from events across New York City, including a street fair, Harlem Week festival, a Grandparents Walkathon, and a church presentation where they provided enrollment information.



College Students and Consumer Health Advocates Work Together to Enroll Alabama

One Saturday in March, as the pace of health care coverage enrollment efforts accelerated, two regional enrollment organizations were hosting events in a college gym in Montgomery. Student volunteers hit the surrounding streets, recruiting community members from nearby barber shops, hair salons and other local establishments to come to the event and sign up for health care. With the help of on-site Certified Application Counselors, 49 people enrolled for coverage at the event.

That's just one example of the impact consumer health organizations and volunteer college students had as they worked together across Alabama to get almost 100,000 people enrolled in affordable health insurance. In the face of formidable obstacles courtesy of a negative political environment, Jim Carnes, Policy Director of Alabama's Arise Citizens' Policy Project, attributes Alabama's success to the emergence—and convergence—of a flexible, responsive, multi-pronged outreach and enrollment network.

While Arise and partners in their outreach and enrollment coalition were hard at work in the midst of the rocky rollout of HealthCare.gov, a brand new initiative of college students was forming to add more boots on the ground. "Just as we were regaining our footing after the difficult launch, our network received an infusion of youthful energy and creativity none of us had anticipated," Carnes said.

Josh Carpenter, a Rhodes Scholar from Alabama, and Dan Liss, a Harvard Phi Beta Kappa graduate and former investment banker, approached Arise with a proposal to make college-level service learning a component of Alabama's outreach and enrollment effort. Bama Covered was an innovative student-led initiative, founded by Carpenter and Liss, who were motivated by the opportunity to help inform the people of Alabama about their new health care options.

Built from the ground up in a matter of weeks, Bama Covered trained more than 700 Alabama college students from more than 30 campuses across the state to inform and enroll classmates, campus staff and community members. "Their vision fit perfectly with efforts already moving on the ground," Carnes said. The simplicity of the message resonated as well: people not politics. It was all about community education—showing people what's available to them.

From the beginning, Bama Covered joined Arise and their weekly coalition and stakeholder calls, where they were met with an extraordinary reception and excitement about the effort. And right off



the bat, Arise pitched the idea of creating a searchable state map of enrollment and health care resources, inspired by Colorado Consumer Health Initiative's Blue Guide. As Carnes describes it, they had previously lacked the technical capacity to pull it off. But their youthful new partners said, "No problem!" With Arise providing the community health services data and Bama Covered scholars leading the technology implementation, the Bama Guide was up and running in no time.

With Carpenter and Liss both fondly referring to Carnes as the "quarterback of all the outreach and enrollment efforts," the Bama Covered teams were quickly plugged into efforts across the state. The students were doing their own outreach and enrollment work in campus communities, but they also helped fill gaps and lend capacity wherever it was needed—canvassing, community education, enrollment assistance, and just more people talking about health care.

Carnes credits the state-specific identity and nature of the initiative as a key element to success. "It had such a homegrown flavor that fueled the word of mouth excitement. Having this kind of local initiative to point to with pride really contributed to the energy across all of the enrollment community."

The public response to Bama Covered has been extremely positive, as well. *The New York Times* featured Bama Covered's innovative enrollment strategies, and their work has also been covered on NPR and numerous media outlets across Alabama. President Barack Obama even sent out a tweet congratulating Bama Covered for helping young people get health coverage.

"It's been one of most amazing experiences I've had in this work," Carnes reflected. "[As a result] there's an unprecedented community conversation about health care going on all across the state."



Breaking Down Enrollment Barriers One-on-One

Finding health insurance is complicated and frustrating, even for savvy consumers. But for people who have faced barriers to insurance, including language access, literacy or geography, in-person assistance proved critical to getting covered. And while the ACA made improvements to allow greater access to health plans, stumbling blocks like technology issues that plagued the federal and some state Marketplace websites, meant extra attention was required to help get the millions of people who needed affordable health care actually enrolled. Consumer and community groups that were focused on enrollment had to prioritize high-touch approaches to ensure nothing stood in the way.

North Carolina consumer advocates partnered with legal services organizations to ask every new client about their health insurance status and connect those without coverage directly to in-person assistance. Enrollers and volunteers in Tennessee hosted “classroom-style” enrollment sessions at various locations, often in local libraries. This allowed individuals to begin the enrollment process on their own, at a prepared computer, but to also get help from an assister if there were questions.

Snapshot:

A team of former U.S. servicemen and women were trained as Certified Application Counselors in New Jersey, adding much-needed actual boots on the ground to the enrollment campaigns across the state. These veterans engaged consumers in hospital and community health care settings, as part of a coordinated enrollment effort by the New Jersey Hospital Association and the New Jersey for Health Care coalition.

Going the extra mile

Consumer and community organizations spent many hours meeting or talking one-on-one with consumers. Keeping in mind that most people seeking health insurance were previously uninsured and low-income, enrollers took extra steps to build a level of trust and make assurances that they were there to help.

Enrollment specialists took care to answer questions about health insurance and premiums or helped complete an enrollment application from start to finish with a consumer. They also often spent time traveling to meet individuals at convenient locations and following up with families to make sure any unfinished enrollment steps were completed.

California Coverage and Health Initiatives held enrollment days in both English and Spanish at local elementary schools, providing one-on-one assistance to parents for insurance information and enrollment. Insure Central Texas, a community organization that also provides tax assistance to low-income individuals in the Austin area, enrolled more than 1,200 individuals by talking to tax clients about health insurance and getting signed up this year to avoid the penalty next year. And in Florida, bilingual application counselors provided comprehensive step-by-step enrollment instructions for Creole-speaking residents and many local Haitians who couldn't read or write.

FOCUS ON RESULTS: IN SO MANY WAYS, THE ENROLLMENT COMMUNITY MADE THE DIFFERENCE



In Arizona, a counselor helped a young adult get new insurance for January 1 and worked with her provider to obtain a self-pay rate for an eye surgery that she needed before coverage was effective.



A retired couple not yet eligible for Medicare had never used a computer before, but signed up for a plan that cost \$47 a month and learned a few new computer skills with the help of a counselor in Michigan.



In Pennsylvania, an uninsured woman was frustrated by technical errors with the Marketplace application, but the one-on-one assistance and dedicated follow-up of a counselor helped her choose and enroll in a new health plan.



A Texas counselor helped a 45-year-old Spanish-speaking man who had never had health insurance by providing basic insurance information, and now he's enrolled in a plan for 5 cents a month—far less than the penalty he was worried about paying.



A Single Day of Enrollment Events around the State Covers More Missouri

Leading into the final weeks of open enrollment, community health organizations in Missouri coordinated a single day of enrollment events across the state, each with a little local flavor. Nearly 50 events took place on March 8, 2014 as part of the Cover More Missouri day of enrollment, reaching hundreds of people with information and personal enrollment assistance community by community.

This success was not a foregone conclusion. Consumer and community health groups in Missouri had a lot working against them when it came to promoting the ACA. Like a number of other politically challenging states, policymakers had said “no” to a state-based Marketplace and “no” to Medicaid expansion. The negative sentiments even went so far that a referendum was passed making it against the law for the Missouri state government to take any steps to implement a Marketplace under the new health care law unless specifically approved by Missouri voters or the state legislature.

So with a deep bench of concerned and active health organizations behind it, the Missouri Foundation for Health (MFH) decided that something had to be done to make sure Missouri families didn't miss out on the immense opportunity for better health care. Funds were dedicated explicitly for outreach, education and enrollment activities, and MFH set out to help create a comprehensive enrollment network to augment federally-funded Navigators.

The Foundation's enrollment grantees were trained as Certified Application Counselor organizations and were part of a larger coalition of consumer, health, human service, and stakeholder groups. They were all working to raise awareness about new Marketplace health insurance options and to increase enrollment in the state. This collaborative framework provided the opportunity for shared communications resources and the local, yet statewide, enrollment push that propelled more dialogue about health care in the final weeks of open enrollment.

“Grassroots organizations really made the difference,” Doug Eller, Resource Development Coordinator at the Community Action Agency of St. Louis County said. “The events on March 8 met the needs of what was happening in Missouri and it was either us or no one.” Eller also serves as one of six “hub coordinators” for the state's enrollment activities.



One of the 47 events organized across the state on March 8 was a high-energy health fair in Berkeley, located in the St. Louis area. Held at the city's brand new municipal building, the fair included health screenings, housing resources, Zumba demonstrations, a radio personality from a local hip hop station and Marketplace enrollment assistance. Individuals and families could meet privately with an enrollment counselor or use a computer to complete the enrollment application with a counselor available to help as needed.

The event in Berkeley reached 120 people, and Eller said people were contacting their offices for weeks after the event as a result of the thousands of postcards delivered to households in the region. In the St. Louis area, and other enrollment hubs around the state, partners pooled resources to pay for local event promotion.

“The key was to have one clear message to get people to hear more about the ACA, but also to enroll people on the spot,” Eller said. It took close coordination within enrollment hubs and statewide. “We were well organized and had great partnerships,” he added.

Local publicity was amplified by the statewide communications effort to get the word out about March 8 enrollment activities. A contracted media consultant assisted the statewide communications coordination by branding and promoting enrollment information and the March 8 day of events broadly on television, radio, print, and social media. Eller reflected on the success of the Missouri enrollment efforts, “The dedication and drive that the different local organizations have is really commendable. People are bought into this because we see that it's bettering people's lives.”



Meeting Consumers Where They Are

When they weren't even looking, consumers found health insurance assistance in unexpected places—from truck stops to fast food restaurants and farm stands to fairs. Even on the way to work, consumers could be found learning about how to get signed up for health care at the bus stop or on the subway platform.

With creativity and a commitment to reach as many people as possible, advocates and community organizations brought enrollment to familiar settings to meet consumers where they were: in their neighborhoods, local hangouts, and where they work, play and go to find trusted resources. Community and consumer health groups started by talking to people. Then they partnered with others who knew more people and who spoke different languages. They created easy-to-read materials to hand out and leave behind in places all over town. And they went to the library or the Laundromat on Saturdays.

Finding familiar faces

Many times, advocates worked closely with local groups already known and trusted in high-need communities. With an understanding that health care is complex, and often times viewed as expensive and out of reach, consumer organizations knew that not only did they need to go where the people were, they needed the face of the new health care opportunity to be someone familiar in the community as well.

Snapshot:

One Pennsylvania Navigator with the Bedford area community health center initially had trouble finding a friendly place to meet with people about “ObamaCare.” In this low-income, rural and conservative region, the one notable exception was the Bedford County Public Library where he held office hours every week. The library, as it turns out, is a great place to talk about something that is largely misunderstood.

Groups worked with college students to put flyers around college campuses or to hand out enrollment information at campus events. Advocates met with business leaders and chambers of commerce and helped them host ACA education and enrollment sessions specifically for small business owners. And they went to community centers and places of congregation. In Ohio, UHCAN Ohio knew that communities of color were hard to reach with health insurance messages, particularly in Columbus, Cleveland and Cincinnati. So they went to churches in African American and Latino communities in each of these cities and helped them become health care resources for their congregations and communities. As a result, at one church, the pastor's wife coordinated regular hours every Wednesday and enrolled between six and nine people each week in March.

FOCUS ON RESULTS: FOLLOWING THE CROWDS, ADVOCATES WENT TO WHERE THE PEOPLE WERE

- ✓ In New Mexico, advocates organized eight cultural and learning events with local folkloristas aimed at reaching musicians, urban Native Americans and young adults.
- ✓ In New Jersey, advocates conducted outreach events for the state's truck drivers.
- ✓ In Florida, consumer and community groups talked to taxi drivers and handed out enrollment information at the airport and other busy taxi line locations.
- ✓ In Missouri, advocates met with providers and health clinics and provided information to help them connect uninsured patients to enrollment specialists.
- ✓ In Minnesota, Navigators attended cultural convenings to reach diverse communities in the state, including Sub-Saharan youth and families, Vietnamese and Indian communities, and migrant workers and their families.
- ✓ In Pennsylvania and many other states, local libraries were home-base for enrollers and others sharing information about the ACA and how to enroll.
- ✓ In South Carolina, community groups went to McDonald's restaurants to reach low-income workers without health insurance.
- ✓ In Michigan, enrollers set up shop at food banks and food pantries around the state to help families already seeking food assistance learn about insurance and get signed up.
- ✓ In Louisiana and Texas, advocates used music as their venue, meeting consumers at concerts and statewide music celebrations.





In Maryland, Health Care Goes on the Air

“That’s a winning call. Call 211 for free or low-cost health insurance.” Across Maryland, Virginia, and Washington DC, the public heard this message from popular Baltimore Ravens and Washington Redskins players and called to learn about health insurance coverage. Between November 2013 and January 2014, it is estimated that more than 4,000 calls to 211 were generated from this innovative advertising campaign led by the Maryland Citizens’ Health Initiative (MCHI).

The coordinated effort between consumer health advocates, the two professional football teams, and United Way’s 211 telephone help line encouraged fans to call and learn more about new health insurance options through the Maryland Health Benefit Exchange. The ads featured television, radio and digital spots with Washington’s players London Fletcher and Rick “Doc” Walker and Ravens’ player Lardarius Webb. “We had relationships we could build on, and proof that it works,” said Vinny DeMarco, MCHI President, describing the motivation for the ad campaign.

This kind of advertising effort was familiar to MCHI. In 2008, they used a similar public education campaign with players from the same two teams to inform consumers about new expanded Medicaid eligibility for adults in Maryland. At the time, the campaign helped get more than 100,000 men, women and children enrolled in the Medicaid plan; far surpassing the state’s estimates of 25,000.

After the success of the 2008 ads, there was no doubt that MCHI would pursue a similar campaign to inform the public about new coverage options under the ACA. When they started negotiations with the teams, it was clear this would need to be a larger effort than before, and would require more funds to pull it off. Fortunately, the Robert Wood Johnson Foundation and a coalition of local funders and community health organizations saw the value, as well, and supported the campaign.

Learning from what worked in the 2008 campaign, MCHI and its partners focused their resources on local radio, television and digital social media advertising, rather than more expensive bus-boards and billboards. Secondly, they used the easy-to-remember 211 number exclusively for people to call; and when someone called 211, the operator was able to act as a dispatcher, easily connecting the caller to his or her state health insurance marketplace or call-center directly.

Once on the air, the ads themselves not only connected with young people and low-income communities they were trying to reach, but the message about health care coverage coming from local sports heroes also had broad appeal. Collaboration with the sports teams further allowed the campaign to reach more than 270,000 team



The Ravens’ Lardarius Webb announces the partnership

fans through direct email, social media and website traffic. The media covered the celebrity ad campaign and many of the promotional press events at community health centers around the state. MCHI paired the celebrity football spokespeople with real consumers sharing their stories at some events, further helping to promote enrollment with a positive spin, especially during the early days of open enrollment when the state Marketplace website was experiencing problems.

DeMarco said he’s already looking forward to what’s next. The lasting relationships MCHI built with local funders, the United Way, other community partners, and the football teams are a strong foundation for helping consumers stay connected to health coverage assistance for the next open enrollment period and beyond.

Call 2-1-1 for Health Insurance.
That's a winning call.

Now, there's a new way for people who don't have health insurance to get low-cost or free coverage. To get more information, just call 2-1-1. Don't fumble your health.

HEALTH CARE for ALL

There's no off-season for health coverage.

An example from the campaign to get the word out



Engaging the LGBT Community in Georgia

Georgia Equality ventured into new territory when it started talking about the ACA. But it made sense; the lesbian, gay, bisexual, transgender (LGBT) community needed to know more about getting enrolled in new health care options. Georgians for a Healthy Future (GHF), a close partner to Georgia Equality, wanted to do more to reach this community directly. Drawing on each organization's expertise, they were able to connect with this important group of consumers who stood to benefit from the ACA.

Georgia Equality and GHF understood what was at stake. People who identify as LGBT have long been left out of our health care system. They face health disparities and stigma, and are more likely to be uninsured or low-income than their straight or cisgender peers. (Cisgender refers to those individuals who identify as their gender of birth.) The ACA includes non-discrimination provisions that are important for transgender and gender non-conforming people. Medicaid Expansion would also have a huge impact on people living with HIV, as it's estimated that 72 percent of people living with HIV/AIDS in Georgia would qualify for Medicaid if the state chose to expand the program through the ACA.

While both GHF and Georgia Equality were a part of the larger consumer health advocacy coalition in Georgia, they had not worked together previously on other initiatives. But this time, they both saw the opportunity and the need to reach, educate and enroll LGBT consumers and those living with HIV/AIDS.

The first order of business was the creation of materials developed for the LGBT community, outlining the ACA broadly, the key elements that could make the most difference for LGBT individuals, as well as information about the impact Medicaid expansion would have for many in the LGBT communities and those with HIV/AIDS. Georgia Equality and GHF distributed the materials widely to organizations working with LGBT and HIV/AIDS communities, and also to the broader consumer health coalition to incorporate into the overall ACA education efforts happening statewide.

With Georgia Equality as a trusted messenger in the LGBT and HIV/AIDS communities, they co-hosted several regional in-person town-hall style community meetings with GHF to present information about the ACA about new health insurance and subsidy options, to answer questions in a safe space, and to raise awareness about other provisions of the law. These early coordinated efforts set the stage for Georgia Equality in particular to build on this work and engage more fully in Georgia's health advocacy movement.



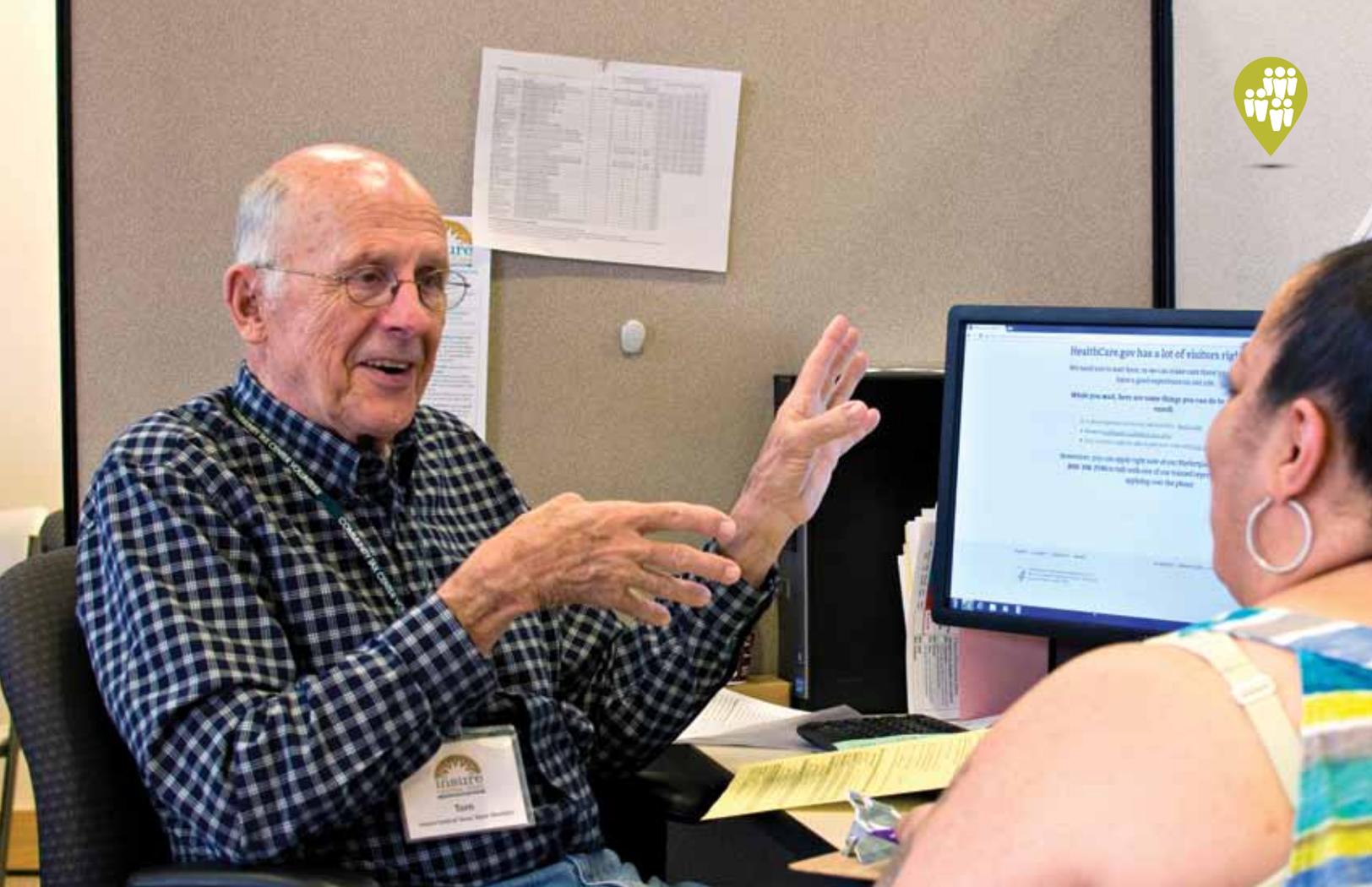
Jeff Graham, the Executive Director of Georgia Equality

Georgia Equality soon became an active member of Georgia's Navigator consortium and focused on being sure materials were sensitive to and inclusive of LGBT issues.

"We were really the only LGBT group in Georgia that had the ACA on our radar at all, and we talked about it in any way we could," explained Jeff Graham, the Executive Director of Georgia Equality. Within the broader LGBT community, other groups began to understand the importance of engaging in outreach and enrollment efforts and many have become active participants in getting LGBT consumers and people living with HIV enrolled in newly available health care coverage as a result.

GHF Executive Director Cindy Zeldin noted that the joint effort with Georgia Equality allowed them to reach this important community in every corner of the state; something it would not have been able to do otherwise. "It's important for groups that are operating with limited resources to strategically partner with other groups to get the information they have to the communities who need it," Zeldin said.

As Graham explained, "I don't know if these community-wide conversations would have happened without us specifically beginning to talk about it." As a result of their efforts, GHF and Georgia Equality opened a door to better health care for many who can now benefit from the ACA, and started an important conversation for many more who will stand to benefit if Medicaid is expanded in the future.



Getting Everyone to the Table

The immense enrollment goals and number of invested stakeholders compounded the need for consumer health coalitions and networks to work together and seek out new alliances. Groups working on health care enrollment started by building or strengthening networks with multi-sector community-based organizations, existing advocacy coalitions, and others that were ramping up as Navigators and ACA enrollment specialists. Additionally, strategic partnerships and collaborations across sectors were prioritized. Hospitals, health centers, insurers, and chambers of commerce were part of statewide and local enrollment efforts in nearly every state.

Snapshot:

Despite political and public opinion hurdles surrounding the ACA in Florida, the sunshine state enrolled an estimated 983,775 individuals through the Federally-Facilitated Marketplace as of the end of March, far surpassing initial estimates and outrunning all states except California. With Florida CHAIN at the center, health organizations and community groups prioritized close coordination. They held weekly strategy calls, shared a calendar of events, identified consumers in the coverage gap willing to share their story, created talking points for enrollment events and provided sharable social media content. They organized leadership around the strengths of every group, tapped organizations experienced in health care enrollment, and made sure every consumer had the one-on-one assistance needed to get signed up.

Adapting to meet new demands

In many states, consumer health advocates have long-established statewide, multi-stakeholder coalitions or networks around policy change issues, such as children’s health, private insurance reforms, Medicaid, and, more recently, ACA implementation. The enrollment phase of implementation meant strengthening and repurposing existing alliances or creating new partnerships. Groups took on new roles and had to coordinate efforts in great detail.

Consumer health networks managed these shifting demands by maintaining key coalition-building activities and expanding as needed to reinforce the team. In some places, workgroups or committees were created to hone in on the details; in others, multiple coalitions and interests merged into a super-collaborative for comprehensive coordination and reach across states.



Leveraging innovative ideas

As consumer health coalitions and community networks expanded and set to work, there were new opportunities to launch a creative idea, get results, and scale it throughout local, state and national networks. Groups shared storybanking ideas and advice, local enrollment organizations paired up to host joint events, and national organizations partnered to share policy expertise and strategy with state-based organizations. It was an important approach fostered by Community Catalyst’s learning community⁴ that helped magnify great ideas to every corner and community in the country.

In one example, the Colorado Consumer Health Initiative (CCHI) created an online mapping tool to help Coloradans get access to health care resources for the uninsured. The Blue Guide, as it is known, uses a comprehensive database to provide consumers with detailed information on finding health services, including local Navigators, Certified Application Counselors, and other enrollment assistance for the state Marketplace and Medicaid. CCHI created the tool with open source technology, making it easily replicated. Other states were able to leverage this capacity across the country, connecting with CCHI for the code and developing their own state-specific version, including the Bama Guide in Alabama.

Snapshot:

In North Carolina, more than 100 organizations came together under the “Big Tent Collective” to help address the state’s lack of infrastructure to engage, analyze, and coordinate information and enrollment efforts. Under the Big Tent, the diverse coalition established a unique enrollment scheduling system tied to a toll-free number. When consumers called the number to schedule in-person enrollment assistance, advocates used the tracker to monitor the numbers and locations of enrollment appointments and make real-time adjustments, increasing outreach or in-person enrollers to meet demand as needed. The data collected with the scheduling system is also being cross-referenced with outreach efforts to analyze and evaluate best practices for the next phase of enrollment.



A New Jersey Workgroup's Behind-the-Scenes Work Meets Enrollment Demands

As the first open enrollment period approached, many organizations across New Jersey were preparing for the new and intense work of reaching and enrolling as many people as possible. New Jersey for Health Care, a broad-based consumer advocacy coalition, was balancing both policy-level implementation efforts and more and more enrollment demands that members were prioritizing. To meet these new and complex needs, the coalition formed a separate ACA workgroup to focus on the getting the work done with everyone around the table.

“It became obvious that there needed to be some coordination for all the enrollment work our members were doing,” said Dena Mottola Jaborska, Director of Organizing and Strategic Program Development at New Jersey Citizen Action. “The ACA workgroup concept flowed out of the coalition because there were so many outreach and enrollment organizations in the coalition.”

Additionally, Citizen Action trained almost 1,200 community workers and providers, many of whom became Certified Application Counselors, and the workgroup provided a better way to plug everyone in together to meet diverse needs and interests.

“Separating the two meant the advocacy work of the coalition didn’t interfere,” she said. “It helped in that other groups we might not always be politically aligned with, like the hospital association, participated in the workgroup too.”

The newly developing ACA workgroup included Citizen Action in the convening role as well as SEIU, AARP, United Way, the New Jersey Hospital Association, Enroll America, Organizing for America, regional Navigators, and two privately contracted organizations hired as mobile resources to help fill gaps in the Navigator reach in the state. Many community organizations joined as well and regional staff from the Department of Health and Human Services often participated in the workgroup’s biweekly meetings during the open enrollment period.

Coordination and resource sharing were the biggest outcomes of the workgroup. At regular meetings, groups talked about enrollment events, strategized together, and enrollers from different organizations supported one another. The hospital association trained former U.S. servicemen and women to be Certified Application Counselors—“the best-trained, best enrollers in the state” Mottola Jaborska shared. The veterans held enrollment office hours in diners and out in the community as well as in the hospitals and community health care settings.



The workgroup developed consumer education and media messages easily adapted by multiple organizations; media events were hosted cooperatively among partners; and a Cover New Jersey website was created as a clearinghouse for enrollment assistance, events and agencies across the state. While Citizen Action developed the site, partners from the workgroup helped keep the enrollment information up to date.

Finally, the workgroup also served as a place to problem-solve together. As day-to-day enrollment challenges came up, the workgroup would figure out how to address them, and often times, they were able to get ahead of an issue with alerts sent to the non-profit community, helping to share awareness and solutions. “One example was when the HealthCare.gov website wasn’t working,” Mottola Jaborska said. “Some enrollers were just waiting for the site. The workgroup decided the best thing to do was to take paper applications. It seems simple, but we sent an alert out and then everyone was at least taking applications in while the site was down.”

Mottola Jaborska described the workgroup as a real working meeting where things get done. People interrupt each other, give advice, ask for help and share ideas. “It’s New Jersey; it’s the way we do things. It worked for us,” she said. The workgroup is now looking at enrollment data and best practices and already building a plan for what to get done next.



Snapshot:

California Coverage and Health Initiatives created an Enrollment Feedback Survey to collect reports of barriers or issues that enrollers were encountering during the eligibility or enrollment process. Advocates used this information to make recommendations to Covered California, the state's Marketplace, and Medi-Cal. Specifically, they were able to use feedback from enrollers about confusion experienced by some consumers with limited-English proficiency and helped the state change messaging in ads and marketing materials it was promoting in multiple languages.

Lifting up Success Stories and Improving the Consumer Experience

Across the country, the tense political backdrop surrounding the ACA created a blitz of critical and negative media attention as enrollment in new state and federal Marketplace plans began. In addition, advocates and enrollers continued to combat outright campaigns of misinformation being promoted by those who oppose the law. At the same time, there were real issues that needed to be addressed in the enrollment process. Lessons from the roll-out of major coverage initiatives like the Children's Health Insurance Program and Massachusetts' health reform law offered guidance for collecting consumer experiences to help identify problems early and improve the system.

Promoting successes

The personal stories of the individuals and families who were able to find new, affordable health care coverage are the heart and soul of the enrollment work. Community and consumer health organizations helped consumers share their stories about being uninsured and gaining access to health care. In doing so, enrollment communities sought to ground the political discourse with the real impact on people's lives all over the country. Collecting consumer stories served a dual goal: to promote health care enrollment success while countering negative

attention and to aid in continued outreach and education. Showing real people from different walks of life who were signing up for health insurance helped to not only dispel the myths, but also to keep the public conversation growing.

Groups worked in many different ways to identify consumers willing to share their story and to facilitate story collection. Health Action New Mexico dedicated a “consumer voices” section of its website to seek out and share stories about improving health care. Florida CHAIN developed a toll-free call-in system for consumers to call and leave a short recorded story or to leave a message for a call back. In New Hampshire, Voices for Health created consumer story postcards for all Navigators and assister organizations to give to each person they helped with enrollment.

Consumers first shared their personal stories with consumer and community organizations, then in many cases, these groups helped them tell their story publicly, talking to the media, to lawmakers, in videos, and featured in online and social media campaigns.

FOCUS ON RESULTS:

“I feel peace like I’ve never felt before.”
(Florida CHAIN)

Joan in Florida bought health insurance for the first time for her and her family using the Marketplace.

“For those of us who are self-employed, the benefits of the ACA are huge!”
(Campaign for Better Health Care)

Margie in Illinois avoided rising premiums by signing up for a new Marketplace plan.

Providing feedback

Advocates were often able to use real consumer experiences to highlight a problem or barrier in the enrollment process. Navigators, Certified Application Counselors and other enrollment specialists received essential information directly from individuals about what was working and what needed to be improved in the process. In Illinois, consumer health and community organizations deployed a new enrollment-specialist-only sub-site on their Illinois Health Matters website. Through the HelpHub, more than 1,200 partners working directly with consumers were reporting information gaps or issues from individual consumer experiences with enrollment or service delivery.

In many states, the scope of enrollment went beyond just getting individuals signed up. It also meant providing on-the-ground feedback to policymakers. In some cases, feedback can result in an operational change, like clarification on the application form; in other instances, a policy gap might be identified for advocates to take to the legislature or federal officials. Either way, enrollment plays a vital role in the implementation cycle, identifying and helping to resolve problems early and preventing problems later, thus creating continuous quality improvement.





New Yorkers Speak Up About New Health Care Coverage

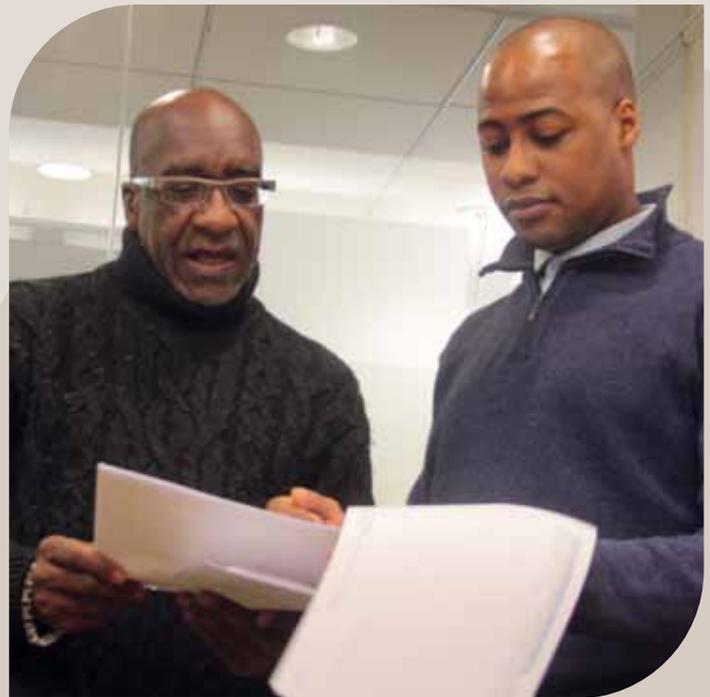
Debra had been uninsured for two and a half years before she learned about the New York State of Health Marketplace at a Health Care for All New York outreach event. Knowing the benefits of having health insurance and being able to get needed care without worrying about medical bills, Debra called the number on the flyer and connected to a Navigator at the Community Service Society of New York (CSS). She learned about her insurance options and got in-person assistance to help her enroll in new health coverage. She shared her story to help show the positive impact the ACA made in her life.

Helping consumers tell their own stories about getting the health care they need emerged as a natural fit for CSS as they began ACA enrollment work. CSS was a lead Navigator in New York, had a strong connection to the Health Care for All New York coalition of consumer health advocates, and their Community Health Advocates program had experience with story collection as New York's consumer assistance program. Additionally, as an experienced advocacy organization, they understood how meaningful it is to have real stories about what people are experiencing day to day to humanize policy goals.

CSS knew gathering real-time stories about people getting enrolled in health coverage during this first open enrollment period would be crucial. These success stories helped get the word out to consumers about ways to get enrolled and helped shift the public narrative about the ACA. Amanda Peden, Health Policy Associate at CSS, reflected on the experience saying, "We wanted to show that the New York Marketplace worked, especially because there was such bad press out there. If people thought the Marketplace wasn't working, then they wouldn't even try to enroll."

Collecting stories from multiple partners in different settings was a known challenge, so they created a streamlined process by centralizing story collection on one website, using a single standard form. CSS also enlisted their on-site communications staff to assist Navigators in story collection which took some additional burden off enrollers.

"Our Navigators could call someone from the communications team who could sit down with the consumer, take pictures, get release forms and capture their story, without sacrificing precious time assisters would otherwise use to enroll consumers," Steffie Kinglake, Volunteer Manager at CSS, said. CSS staff also worked closely with their Navigators to show them how stories would be collected and to reinforce for them how empowering consumers to share their stories can make a difference in reaching others.



Stanley (left) enrolls in health coverage

Stanley, a New Yorker who enrolled in a Silver Plan with the help of a CSS Navigator was able to finally have full coverage after more than a year of being uninsured. In Stanley's own words: "I tell people, 'Don't listen to all the hype. Get signed up!' It's called the Affordable Care Act and that's what it is—affordable!" Stories like Stanley's were able to illustrate the real impact affordable insurance options had on New Yorkers of all ages and backgrounds in a way that raw numbers couldn't.

CSS and their partners have collected nearly 100 stories about consumers and their health care experiences. The most recent are about individuals benefiting from new Marketplace and Medicaid coverage under the ACA. The stories showed the diversity of people who benefited from new coverage options in numerous and distinct ways, and many consumers who chose to tell their stories were also featured online, through social media, in videos and in the press. In some cases, consumers even helped identify a problem in the system that advocates could bring to the attention of policymakers.

"As advocates we hear all the time about problems consumers are facing," Peden said. "Having a story to illustrate the problem, or ten stories, helps put a human face on the issue."

CSS and their coalition partners are already thinking ahead about how consumers are using and accessing their coverage—lifting up the successes and shining a light on what needs to be better.



Conclusion

Consumer health advocates, community groups, health workers, faith leaders—the list could go on—definitively changed the game when it comes to launching a national program, like the ACA's insurance coverage. It was truly an effort of invention, resourcefulness, and partnership.

From the federal stage to the neighborhood backyard, there were boots on the ground saturating the country with information and assistance to make health care coverage a reality. And there's much to be proud of. More than 12 million individuals and families found new or more affordable health care coverage through Marketplaces and Medicaid programs.⁵ The impressive network of enrollment specialists, consumer health advocates, and community organizations helped ensure that the first year goals were met, even in areas where the ACA remains unpopular.

However, this was just the beginning. The work is not done. The outreach, education and enrollment phase is but one aspect of the whole ACA program of policies to make health and health care better. But changing our nations' health outcomes will only happen if individuals and families can find, access, and keep health care that's affordable and meets their needs—and know how to use this new resource to keep them healthy. While preparing for the next enrollment period, groups are also pivoting outreach and assistance efforts toward helping consumers find providers, understand how their new insurance program works and how to use it, increasing health literacy, and helping those who lose coverage access it again.

State-based consumer advocates and coalitions learned more about the people being impacted by ACA coverage during the initial open enrollment period. They are again uniquely positioned to step up in the next point in the continuum of care. And importantly, on-the-ground groups are using their knowledge about up-to-the-minute issues affecting consumers to ramp up the feedback loop and ensure continuous quality improvements so that the system works for everyone.

There's new energy in communities and across states, more conversations about accessible health care, and opportunities to use what's been learned and what's been accomplished. It's up to us to be bold in our vision and see it through toward a healthier nation.

Acknowledgements

Community Catalyst would like to extend appreciation and thanks to the exemplary consumer health advocates and community partners we have the pleasure of doing this important work with every day. We want to thank those of you who shared stories of health care outreach, education and enrollment work happening across the states, which are highlighted in this report. Examples were compiled from interviews, status updates, grant reports, organizational newsletters, and Community Catalyst blogs.

Special thanks to individuals at Alabama's Arise Citizen's Policy Project and Bama Covered; Community Action Agency of St. Louis County in Missouri; Community Service Society of New York; Georgia Equality and Georgians for a Healthy Future; Maryland Citizens' Health Initiative; and New Jersey Citizen Action Education Fund for taking the time to help us highlight your work. Special thanks to Insure Central Texas, Community Service Society, Florida CHAIN, Liz Moskowitz, Mary McGrail and Ryan Morris for taking and sharing photographs.

We want to express sincere gratitude to the philanthropic community that makes this work at Community Catalyst and the work of our state partners possible, including: Robert Wood Johnson Foundation, Missouri Foundation for Health, The Atlantic Philanthropies, The California Endowment, The Nathan Cummings Foundation, Ford Foundation, The Jacob and Valeria Langeloth Foundation, Open Society Foundations and two anonymous funders.

Finally, we would like to thank Jennifer Kennedy, primary writer of the report, and Carrie Mead and Rachelle Rubinow for their research and support. We would like to thank Amanda Puglisi of Studio A Design for the layout and design of the report. We would also like to thank Community Catalyst staff who guide the outreach, education and enrollment work of the organization and helped make this report possible, in particular Christine Barber, Lucy Cox-Chapman, Susan Sherry and Reena Singh.

ENDNOTES:

1. Kaiser Family Foundation Tracking Poll (conducted March 5-10, 2013).
<http://kff.org/health-reform/poll-finding/march-2013-tracking-poll/>
2. A Profile of Health Insurance Exchange Enrollees, Kaiser Family Foundation, March 2011.
<http://www.kff.org/healthreform/upload/8147.pdf>
<http://www.cbo.gov/sites/default/files/cbofiles/attachments/43472-07-24-2012-CoverageEstimates.pdf>
3. U.S. Department of Health and Human Services Marketplace and Medicaid Summary Enrollment Reports, May 1, 2014.
http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf
<http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/March-2014-Enrollment-Report.pdf>
4. Community Catalyst manages a nationwide learning community for cross-sharing among state consumer health advocates, including joint conference calls, national convenings, educational webinars, toolkits, and other real-time discussion opportunities.
5. U.S. Department of Health and Human Services, May 1, 2014.
<http://www.hhs.gov/news/press/2014pres/05/20140501a.html>



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