The California Endowment
Key insights and lessons learned from ACA outreach and enrollment

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Acknowledgements

This learning brief was prepared by Harder+Company Community Research with funding from The California Endowment. It documents health insurance enrollment efforts prior to the 2016 national election as part of the Affordable Care Act (ACA). We would like to thank TCE’s Learning and Evaluation Department, specifically Lori Nascimento, Kristina Faeldan and Nicole Pritchard for their invaluable feedback and guidance. The information in this report draws from the experience and stories of the 14 Building Healthy Community (BHC) sites, TCE program staff, as well as research and data from Enroll America and The Kaiser Family Foundation. Together, this information helps to shed light on TCE’s contributions to ACA outreach and enrollment efforts and provides lessons and key insights to inform future work.

**Enroll America:** Enroll America is the nation’s leading health care enrollment coalition, working with thousands of organizational partners in all 50 states to create cutting-edge tools, analyze data, inform policy, and share best practices that maximize the number of Americans who enroll in and retain health coverage under the Affordable Care Act. Enroll America supported TCE’s ACA related-investments by providing technical assistance to BHC grantees on how to use the Get Covered Database to enhance local outreach and enrollment.

**Kaiser Family Foundation:** With support from The California Endowment, the Kaiser Family Foundation conducted the California Longitudinal Panel Survey from 2013 to 2016. This series of surveys tracked the experiences and views of a representative randomly selected sample of Californians who were uninsured prior to the major expansion under the ACA.

**Harder+Company Community Research** works with public and social-sector organizations across the United States to assess their impact and sharpen their strategies to advance social change. Harder+Company supports TCE’s learning and evaluation goals by synthesizing data and surfacing key insights for ACA-related investments.
Introduction

“The prosperity of California depends on the health of everyone here, regardless of where they were born.”
Daniel Zingale, Senior Vice President
The California Endowment

Overview

The passage of the Affordable Care Act (ACA) in 2010 has led to an era of extraordinary health reform and the massive enrollment of millions of individuals in health insurance programs. According to Enroll America, the nation’s leading health care enrollment coalition, prior to ACA California ranked 36th in the nation for health coverage with a state uninsured rate of 18%. Though this rate was above the national average of 14%, there was still a need to enroll an estimated 6.7 million uninsured individuals. Following the passage of ACA, California was the first state to create its own state-run market place, now known as Covered California, and has since expanded Medi-Cal (California’s Medicaid program) coverage to millions of Californians. By 2015, California’s uninsured rate dropped to 8.5%.

The California Endowment (TCE) has been an influential leader and key contributor to efforts that expand access and coverage for all Californians. In 2013, TCE pledged a special allocation of $350 million over four years to support the implementation of the ACA across the state. This investment included $188 million to educate Californians about ACA health coverage options and promote large-scale outreach efforts. Through a multi-pronged approach of grassroots organizing, public media campaigns, advocacy efforts, and innovative regional partnerships, TCE has made critical contributions to advance the ACA’s implementation in the state.

This report focuses on ACA outreach and enrollment, highlighting key trends, insights, and lessons learned from TCE’s efforts to advance health coverage in California. With a focus on underserved communities and the newly eligible Medi-Cal population, TCE has invested in a number of key strategies contributing to the surge in Medi-Cal enrollment from approximately 7.9 million in 2012-13 to a projected 14.1 million in 2016-17. These key outreach strategies include:

- **Leveraging Resources and Partnerships**: Through partnerships with local, county and state agencies, TCE has helped amplify and spread outreach and enrollment efforts by promoting collaboration and leveraging both public and private resources.

- **Building Awareness and Changing the Narrative**: By engaging various media partners and trusted community messengers, the Endowment is improving health literacy and creating a new narrative about the benefits of prevention, health equity, and coverage for all Californians regardless of immigration status.

- **Enhanced Collaboration and Policy Innovation**: Through its various ACA investments, the Endowment is promoting cross-sector collaboration between systems players, community-based organizations, and residents.
resulting in policies and practices that protect consumers and advance health reform efforts.

- **Innovative Grassroots Organizing Strategies:** At the community level, TCE program managers and partners at each BHC site worked to identify and develop outreach and enrollment strategies designed to leverage community networks and engage trusted partners. TCE subsequently provided outreach and enrollment grants to the 14 BHC sites to advance health access and equity in low-income communities.

Over three years after the first round of open enrollment, there is much to be learned from the successes and challenges of these diverse strategies. This report draws from various data sources and seeks to elevate some of the key learnings from TCE’s work as well as the collective efforts of other partners across the state. With an eye to the future, it also explores implications for ongoing efforts to reach the remaining uninsured, strengthen retention and utilization rates, and advance policy and practices that ensure health coverage and access for all Californians.

**Medi-Cal enrollment has increased from 7.9 million in 2012-2013 to a projected 14.1 million in 2016-2017.**

Source: California Budget and Policy Center
The Changing Landscape of Health Insurance Coverage

The National and State Context

In a landmark legislative decision, Congress passed the Patient Protection and Affordable Care Act (ACA), which was signed into law by President Obama in March 2010. The law became one of the most significant social policies enacted since the introduction of Medicare and Medicaid in the mid-1960s. The ACA created a framework for comprehensive health insurance coverage for millions of Americans as well as new rules governing the private health insurance market. In addition to new resources to reform health care delivery systems, states were authorized to expand Medicaid to many low-income individuals under age 65 who were previously ineligible for coverage. From the onset, the passage of the law has been controversial and implementation has been wrought with challenges.

Historically, the creation of Medicare and Medicaid marks the single most significant decrease in the rates of uninsured. At that time, the percent of uninsured Americans dropped from 24.3% in 1963 to 14.6% in 1970.\(^6\) The introduction of the ACA represents the second largest decrease in uninsured rates in the last 50 years, however these gains varied by state due in part to local decisions to opt out of Medicaid expansion. According to a recent Kaiser Family Foundation report, the rate of uninsured Americans has dropped from 16.9% in 2012 (the year before the first Open Enrollment period) to 10.5% in 2015.\(^7\)

In many ways, California has been a pioneer in the early implementation of the ACA. With more than 39 million residents, the state faced the monumental task of facilitating enrollment for approximately 5.5 to 6.7 million uninsured individuals, according to a survey conducted by the Kaiser Family Foundation.\(^8\) Covered California became the nation’s first state-run health insurance exchange, leading efforts to enroll millions of Californians in healthcare coverage through Medi-Cal and other private insurance programs. Medi-Cal alone has over 13 million enrollees, which amounts to nearly 1/3 of all Californians. By 2015, according to modeling done by Enroll America, California had achieved the 8th highest absolute decrease in uninsured rate of any state.\(^9\)

California has made tremendous strides in its efforts to reach and enroll millions of Californians. By the end of 2015, the California Budget and Policy Center estimated that uninsured rates had been cut in half since 2013, representing the largest decrease in the country.\(^10\) According to 1-year estimates from the Census’ American Community Survey, the number of uninsured in 2015 had fallen to an estimated 3.3 million.\(^11\) Most of these gains in insured individuals can be attributed to increased participation in Medi-Cal. Medi-Cal enrollment increased significantly from approximately 7.9 million in 2012-13 to a projected 14.1 million in 2016-17.\(^12\) This suggests that California has been especially effective in reaching low-income families and individuals. Previously, low-income parents would have become ineligible for coverage if their income increased just slightly over the poverty line and childless adults were previously ineligible.

The ACA at a Glance

**Health Benefit Exchanges** were established to make health insurance more affordable as well as easier to purchase for small businesses and individuals. Covered California serves as the state’s health benefit exchange and is the largest health benefit exchange in the nation.

**The Medicaid Eligibility Expansion** made it possible for millions of Americans to qualify for no-cost and very low-cost coverage. States were given the option to expand or not expand Medicaid to qualify individuals below 138% of the federal poverty line. California was one of 32 states to have expanded Medicaid as of January 2017. This especially impacted low-income adults with no children, a group previously ineligible to receive Medicaid benefits. The entire cost of the Medicaid Expansion is covered by federal funding through 2019; after which states would be responsible for 10% of costs.
A favorable state policy environment has played a critical role in advancing the expansion of coverage for all Californians. In June 2015, the Governor and California State Legislature approved SB 4 extending Medi-Cal access to all low-income children, regardless of immigration status which took effect in May 2016.\textsuperscript{13} Creative outreach and enrollment strategies as well as the state’s early implementation of ACA provisions have helped to pave the way to successful ACA implementation in California. The diversity within the state alone requires flexible and creative outreach strategies that leverage partnerships with diverse stakeholders as well as the ability to respond to policy opportunities. Overall, the Covered California enrollment data suggests that outreach and enrollment efforts have been largely successful. The highest Covered California enrollments were completed during the first open enrollment period, shown by Exhibit 1.

Exhibit 1: Covered California Open Enrollment (Oct 2013 – Mar 2014)\textsuperscript{14}

“By April 2014, more than 3 million Californians enrolled in Covered California and Medi-Cal combined — 1.4 million in the exchange, including 1.2 million in subsidized coverage (88 percent) and approximately 1.9 million enrolled in Medi-Cal.”

-Covered California Lessons Learned
TCE’s Contributions to Outreach and Enrollment

Since its inception, The California Endowment has been committed to supporting the health and well-being of California’s underserved communities. The historic passage of the ACA created an unprecedented opportunity to expand health care coverage and access for millions of underserved people in the most populous state in the nation. With an investment of $188 million in outreach and enrollment and a “grassroots to tree tops” approach, TCE has leveraged resources and networks, influenced policy and practice at the state-level, and funded public education campaigns to change the narrative about health access and coverage. While California’s success has been the result of a massive collective effort, TCE’s investments and focus on health equity have helped move the needle and are paving the way to coverage and health access for all Californians.

Through statewide and place-based investments, TCE strives to attain 100% coverage and access to health promoting, prevention-oriented care and public health in California. Through its place-based investments in 14 Building Healthy Communities (BHC) sites across the state, the Endowment also aspires to close the health equity gap by ensuring 100% of historically excluded adult and youth residents in BHC communities have the power, agency and voice in public and private sector decision-making. Guided by its organizational theory of change, TCE seeks to help communities and health advocates assert power in economically challenged communities by focusing on five drivers of change. These drivers have become foundational for many of TCE’s investments, including its investments in outreach and enrollment. In this section, TCE’s key accomplishments and grant-making activities are organized around these drivers of change. We also highlight both common challenges and promising strategies that have emerged from collective efforts to advance ACA outreach and enrollment both in California and across the nation.

- **Leveraging Resources and Partnerships**: Through partnerships with local, county and state agencies, TCE has helped amplify and spread outreach and enrollment efforts by promoting collaboration and leveraging both public and private resources.

- **Building Awareness and Changing the Narrative**: By supporting and engaging various media partners and trusted community messengers, the Endowment is improving health literacy and creating a new narrative about health equity, coverage for all, and the benefits of prevention.

- **Enhanced Collaboration and Policy Innovation**: Through its various ACA investments, the Endowment encourages cross-sector collaboration between systems players, community-based organizations, and residents resulting in policies and practices that advance health reform efforts.

- **Innovative Grassroots Organizing Strategies**: Through outreach and enrollment grants to the 14 BHC sites, the Endowment is leveraging community networks and building capacity and advocacy infrastructure at the community level to advance health access and equity in low-income communities.

“We knew it might help get into hard to reach communities if we looked for and worked through trusted voices in the community.”

South Los Angeles BHC Manager
The California Endowment
Exhibit 1. Key ACA Implementation Events and TCE Outreach and Enrollment Strategies

**ACA Implementation**

- **The ACA is Law**
  - *March 2010*
  - Patient Protection and Affordable Care Act (ACA) is signed into law

- **The ACA Upheld in Supreme Court**
  - *June 2012*
  - Supreme Court upholds ACA legislation while making Medicaid expansion a state option

- **1st Open Enrollment and Launch of Covered California**
  - *October 1st, 2013 – March 31st 2014*
  - Covered California launches Covered California and its 1st open Enrollment, coinciding with launch of the national healthcare.gov exchange.

- **Medi-Cal Expansion Begins**
  - *January 1st, 2014*
  - Medicaid expansion takes effect in most states including California

- **2nd Enrollment Period**
  - *November 2014 – February 2015*
  - Covered California Open Enrollment #2

- **3rd Enrollment Period**
  - *November 2015 – February 2016*
  - Covered California Open Enrollment #3

**The California Endowment Outreach and Enrollment Strategies**

- **Building Early Awareness**
  - *February 2012 – December 2014*
  - TCE partners with state and local partners to host WE Connect events targeting areas with high concentrations of eligible uninsured

- **Media Campaigns Targeting Latinos**
  - *March 2013-May 2016*
  - TCE partners with Univisión, Telemundo, and La Opinión to launch comprehensive media campaign targeting California Latinos

- **Community-Based Outreach**
  - *May 2013*
  - Each of the 14 TCE BHC site program managers is allocated up to $500,000 for local ACA health coverage education, outreach, and enrollment efforts in their sites.

- **Partner Support of ACA Navigation**
  - *September 2013 – August 2016*
  - TCE partners with The Health Consumer Alliance to help consumers and their advocates navigate new ACA health rights and coverage options

- **Media Health Literacy Campaigns Targeting Hard-to-Reach Groups**
  - *October 2013 – March 2014*
  - TCE partners with CBS Radio to outreach to low-income Latinos, Asians, and African Americans in California and provide education on ACA health coverage.

- **DHCS Leveraged Funding**
  - *February 2014*
  - TCE contributes $28 million to the California Department of Health Care Services, leveraging federal matching funds and supporting Medi-Cal outreach and enrollment at the county level
Leveraging Resources and Partnerships
Partnering with multiple sectors to amplify resources and spread

In 2013, The California Endowment and the Department of Health Care Services (DHCS) announced $26.5 million in funding for Medi-Cal outreach and enrollment. The federal government matched this funding for a total of $53 million. From this combined private, public and federal funding, $28 million was allocated to in-person enrollment assistance payments for Medi-Cal applicants and $25 million was allocated to local outreach and enrollment opportunities. The partnership between TCE and DHCS amplified efforts focusing on harder-to-reach populations, including young men of color, people with limited English proficiency, mixed immigration status families, the homeless, and persons involved with the criminal justice system.

- **Funding multiple waves:** In addition to leveraging public sector funds, there were a number of strategies that helped support sustained enrollment efforts over time as well as more concentrated outreach to hard-to-reach populations, such as partnerships built among BHC grantees and partners to leverage staff and other resources. Multi-year funding from TCE (as opposed to a one-time contribution) helped to sustain and support multiple waves of open enrollment, each of which saw gradual increases in enrollment numbers.

- **Targeting hard-to-reach populations:** TCE has focused on specific hard-to-reach populations including young men of color, justice-involved populations, and the homeless. Efforts to enroll individuals involved in the justice system have produced an array of promising partnerships and success stories. With funding from the Endowment, BHC sites in Boyle Heights and South Los Angeles partnered with Homeboy Industries, a trusted partner with deep experience working with justice-involved youth and adults. Homeboy Industries coordinated routine onsite and offsite enrollment clinics with partner agencies, and conducted outreach visits to juvenile detention centers and probation offices. Overall, the staff made 1,130 follow-up calls to uninsured individuals, resulting in nearly 1,000 enrollments and re-enrollments. They also collaborated with local clinics and legal services to provide linkages to other health related services.

Building Awareness and Changing the Narrative
Investing in public media campaigns and outreach events

Through major media campaigns, partnerships, and large-scale events TCE has helped raise awareness, educate people about the ACA, and shift mindsets about health coverage for all Californians. With targeted, consistent and repetitive messaging in multiple languages, TCE helped create solid brand and mission recognition at the state, regional and local levels. Diverse examples of efforts to build awareness and change the narrative are highlighted below.

- **WE Connect Events:** In 2012, TCE partnered with state and local partners to host events across the state, targeting areas with high concentrations of eligible uninsured Californians. Building off the model initiated in 2005 by former California First Lady Maria Shriver, events have

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**Medi-Cal Enrollment by Open Enrollment Period**

Medi-Cal has year round enrollments and the figures below have been aligned to the open enrollment schedule. The ending month of Covered California’s enrollment period (i.e. March 2014 for OE1, Feb 2015 for OE2, etc.) and the most current month of data available for OE4 were used. Numbers represent certified eligible (enrolled) for each month.

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Period</th>
<th>Number</th>
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<tbody>
<tr>
<td>Enrollment 1</td>
<td>Oct 2013-March 2014</td>
<td>6,970,681</td>
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<tr>
<td>Enrollment 2</td>
<td>Nov 2014-Feb 2015</td>
<td>9,074,167</td>
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<tr>
<td>Enrollment 3</td>
<td>Nov 2015-Feb 2016</td>
<td>10,307,844</td>
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<tr>
<td>Enrollment 4</td>
<td>Nov 2016-Jan 2017</td>
<td>10,566,118</td>
</tr>
</tbody>
</table>

Source: Department of Health Care Services Medi-Cal Managed Care Enrollments
served as a one-stop shop for low-income families to learn about eligibility for various programs and services. With the implementation of the ACA, TCE leveraged these events to help families enroll in low-cost or no-cost insurance, and learn more about the ACA and its implications for their families. The events also provided an opportunity to better understand what types of information and support diverse communities needed to effectively navigate enrollment assistance in their communities.

- **“Asegúrate” campaign and media partnership to reach Latino communities:** In 2013, TCE partnered with Covered California and three of the largest Spanish media agencies (Univisión, Telemundo and La Opinión-impreMedia) to launch a historic campaign to reach the 15 million Latinos who reside in California. The bilingual campaign, known as Asegúrate (“Get Covered” in English), was designed to educate California Latinos – who represent the highest percentage of uninsured - and to encourage enrollment in Medi-Cal or private insurance through Covered California. A variety of mediums were used to reach California Latinos including television, print reporting, public service announcements, digital media, and documentaries. Data from the Kaiser Family Foundation’s Longitudinal Panel Survey suggests efforts to reach and enroll California Latinos in health insurance have been positive. Of all eligible Hispanics in this survey, three-fourths (76%) reported having health insurance after multiple waves of enrollment. This is comparable to the 80% of non-Hispanic whites who reported having health insurance during the same time period.\(^\text{18}\)

- **Public media campaigns to influence policy and expand safety net programs:** First Media Services was awarded a TCE grant to support a media campaign across multiple platforms that would support and amplify TCE’s local and statewide advocacy effort to protect adequate safety-net funding, and to provide an organized and coordinated set of services and health home for the remaining uninsured. Counties especially find this safety-net funding crucial because they would likely have to deny care to those not covered under ACA reforms. First Media Services created a communication campaign that helped to educate Californians about the need to preserve safety-net funding so that all Californians have access to health services once the ACA was fully implemented. This type of media campaign has the ability to change the narrative and influence policy. In early 2015 there were only nine counties that offered safety-net programs to undocumented residents. Since then, an additional 38 counties have added such programs.\(^\text{19}\)

**Enhanced Collaboration and Policy Innovation**

**Advancing advocacy and collective efforts for policy change**

The California Endowment has partnered with and supported a diverse array of grantees to promote civic engagement and policy change. Much of this work has focused on building the advocacy capacity at the community level as well as support collaborative efforts to influence changes in policy and institutional practices. Several key strategies and achievements are highlighted below.
Advocacy and media campaigns to shift mindsets and ensure health coverage for all Californians: The #Health4All campaign represents TCE’s bold efforts to use communications and advocacy to ensure a health care system that is inclusive of all Californians, including undocumented residents. Undocumented Californians are excluded from the ACA and over a million undocumented Californians were estimated to remain uninsured after the law’s passage. #Health4All works at the community, regional, and state levels to shift the narrative and promote coverage for all. The strategy including grants to grassroots organizations, advocates and other key partners to organize, engage, and mobilize various constituency groups. It also includes a robust communications campaign to reframe the discussion about access by focusing on the social and economic contributions of the undocumented population to California. Perhaps one of the most significant policy victories thus far has been California’s decision to extend Medi-Cal coverage to all children, regardless of immigration status. As a result of the Health for All Kids Act, undocumented children have now become eligible for Medi-Cal.

Regional advocacy to reduce barriers to enrollment process: During the early waves of enrollment, grantees across the state raised concerns about the bottlenecks and certification delays for Certified Enrollment Counselors (CECs), resulting in a deficit of CECs to enroll new applicants. Frustrated by the situation, the East Oakland BHC partnered with the Alameda Health Consortium (AHC) who received a grant from TCE to advocate for practice improvements and more efficient strategies to meet community needs. AHC used their relationships and called on members of Congress to help facilitate solutions to the backlog. AHC was able to engage directly with Covered California to advocate for improved processes and work collaboratively with other county consortia to identify solutions.

Advancing policy change that protects low-income Californians: TCE has worked with various partners to advance policies that ultimately protect thousands of low-income Californians from financial hardship. In terms of statewide policy change, partners and grantees helped advocate for SB 4, which extends health coverage to the state’s 260K+ uninsured and undocumented kids. Other notable policy changes include a set of statewide reforms intended to close ACA loopholes, which, in turn, has made health access and coverage more affordable for all Californians.

Innovative Grassroots Organizing Strategies
Leveraging community networks and building people power

One of TCE’s greatest strengths has been its ability to leverage and mobilize vast community networks, relationships, and expertise through grants to the 14 BHC sites across the state. Through a partnership with Enroll America, TCE supported technical assistance for data-driven outreach and enrollment strategies at the community-level. A primary component of this technical assistance involved trainings in the usage of Enroll America’s Get Covered Database (GCD). The GCD contains publically available consumer data on over 230 million consumers nationwide, including predictions on each consumer’s propensity to be uninsured. BHC grantees and partners were trained to use the GCD to better target their outreach and enrollment efforts using the predictive modeling capabilities of the database.
After the majority of outreach and enrollment activities concluded in BHC sites, Enroll America interviewed TCE site program managers and key local partners to identify outreach and enrollment strategies and experiences that occurred in each site, and summarized findings into learning briefs. Exhibit 2 displays primary strategies used by BHC sites as reported in Enroll America’s site-specific ACA outreach and enrollment interviews and briefs.

**Exhibit 2. ACA Outreach and Enrollment Strategies Highlighted During Interviews with BHC Site Program Managers and Partners**

<table>
<thead>
<tr>
<th>BHC Site</th>
<th>Campaign/Organizing Strategies</th>
<th>Clinic-Based Enrollment</th>
<th>Coalition and Partnership Strengthening</th>
<th>Data-Driven Strategies</th>
<th>Earned-Media Strategies</th>
<th>Health Insurance Literacy</th>
<th>Key Constituency Outreach</th>
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Local outreach and enrollment strategies included a broad range of tactics, venues, and practices ranging from more traditional clinic-based enrollment to grassroots community organizing and engaging diverse populations in churches, strip malls, and trusted community settings. In California, coalition building and the community organizing approaches proved to be particularly effective for reaching underserved populations and communities of color. This is largely consistent with what Enroll America has observed nationally. Regardless of the specific strategy, the flexibility to tailor and adapt approaches to reflect the diverse needs of rural, urban, and multi-ethnic communities as well as consistent messaging and trusted messengers were identified by grantees as critical ingredients for bolstering outreach and enrollment. All but one BHC site explicitly noted using a coalition and partnership strengthening strategy to support their outreach and enrollment efforts.

Despite efforts to track outreach and enrollment efforts at the BHC sites, inconsistent data makes it impossible to assess the impact of outreach and enrollment efforts or to attribute enrollment gains to a particular strategy, grantee, or location. Nevertheless, Enroll America observed that community organizing strategies have been instrumental in reaching underserved populations. At the
BHC-level, community organizations excelled at using relationship-based organizing strategies to create awareness and improve health insurance literacy in their communities. This included the use of door-to-door canvassing, phone-banking, health fair events, and commit cards. Grantees noted the importance of a trusted messenger and a consistent message as well as the need for multiple contacts. Enroll America data suggests the more contacts with the consumer the more likely they are to complete the enrollment process. Grantees noted the positive response when they focused on services for the entire household, rather than just those eligible for enrollment in either Medi-Cal or Covered California.\textsuperscript{21}

Coordination among community-based organizations (CBOs) was also identified as a successful strategy. According to Enroll America, coordinated communications increased earned media opportunities and consistent messaging. By working together, CBOs were also able to expand their networks and referral pathways – not merely from outreach worker to enroller but also to organizations that serve different cultural and linguistic communities.\textsuperscript{22}
Key Insights and Lessons Learned

Much can be learned from both state and national efforts to identify, engage, and enroll underserved populations in health coverage. Enroll America and Covered California have surfaced a range of promising strategies and lessons learned that can help inform ongoing enrollment, retention and utilization efforts. The following section briefly highlights key learnings that span state and national efforts as well as TCE’s own experience supporting grassroots strategies and statewide campaigns.

Effective Strategies and Promising Practices

- **Trusted messenger model:** Regardless of geography, Enroll America found the trusted messenger model to be a highly effective strategy for reaching underserved communities. Consumers are more likely to respond positively to community organizations and individuals they know and trust. Additionally, grantees and partners that had experience working with these populations understood the need for linguistic and culturally appropriate informational materials and communication. While there is insufficient enrollment data to assess the full impact of the trusted messenger model in the BHC communities, state-level enrollment data and observations from Enroll America both nationally and in California suggest that these grassroots and neighborhood-based strategies have been highly effective. TCE funded a variety of organizations including CBOs with established reputations but limited health care experience as well as health care organizations with little experience with civic engagement. As Enroll America noted, these partnerships required work but were often successful.

- **Diversified outreach strategies with multiple contacts:** Individualized and in-person support with multiple touchpoints has helped many individuals and families better understand their options and navigate the complicated enrollment process. TCE grantees found that in-person communication provided opportunities to engage with people in a more holistic way and to better incorporate the diverse needs of the entire household. This is particularly important in many BHC sites where there is a higher concentration of mixed status families. Furthermore, not all initial outreach resulted in immediate enrollment and people often needed time to process information, consult with others, and make informed decisions. Enroll America and Covered California both highlighted the need for approaches that relied on multiple contacts and consistent messaging at each touch point.

- **Multi-channel marketing and media mix to target specific audiences:** Working with the media and trusted community partners has also proved to be an effective strategy in California and nationally. TCE funded respected and well-known media outlets such as Univisión and Telemundo to promote mass media campaigns as well as grassroots organizations working with young adults, faith based institutions and leaders, cities and local government, health care providers, and various community coalitions. This strategy proved to be an effective way to reach
Latino populations.

- **State and regional support and coordination for community partners:** Following the initial waves of open enrollment, Covered California sought feedback from community partners about ways to strengthen the enrollment process. Initially TCE grantees and other community partners reported a variety of logistical challenges including the lack of certified enrollment counselors. Enroll America observed that individualized advice and assistance are particularly important, particularly at the county level where enrollment processes may be different. For this reason, TCE’s grantees and their partners have found that knowledge of county services and county-specific issues increases the ability of enrollers to do their jobs effectively.23 As noted earlier, several TCE grantees actively engaged with Covered California to advocate for improved processes and strategies to better meet community needs.

**Barriers and Challenges**

- **Low health insurance literacy requires intensive and sustained consumer engagement:** Regardless of geography, health insurance education has proved to be a critical precondition for increased enrollment, retention and utilization. Many consumers were new to health insurance terminology and enrollment procedures, requiring extensive consumer education and support navigating the enrollment process.24 In California, Enroll America observed that community-based organizations had to develop tools and language to engage populations that did not have the same value and culture of using health insurance. Additional consumer education, specifically how to access the health care system and utilize coverage, will undoubtedly require ongoing efforts.

- **Varying degrees of capacity to collect data and use data-driven tools across sites:** With support from TCE, Enroll America provided technical assistance and access to the Get Covered database to help BHC sites strengthen their outreach strategies by using data-driven tools. Grantees reported that the database helped them tailor their outreach efforts and target pockets of uninsured individuals. This was particularly useful given their limited capacity and the overwhelming number of newly eligible individuals in each of the BHC sites. However, some grantees lacked the staff capacity to update the database, diminishing its utility for accurate and real-time information. Enroll America observed that civic engagement grantees accustomed to campaign-style outreach tactics were more likely to update and use the data system than health service providers engaged in outreach efforts. Of the seven organizations and BHC collaboratives that made significant use of the data system, six were civic engagement or organizing groups with prior experience using constituent relationship management systems (CRMs) to manage field programs.25 This provides some important lessons for the assessing readiness and capacity needs of community-based grantees for future outreach efforts.

- **Timing and unclear expectations for using data-driven tools:** The GCD program was designed to collect data at specified, consistent intervals of time during outreach and enrollment efforts. However, the introduction of the data system occurred after BHC sites had already developed and launched their outreach strategies and the use of the GCD systems was not widely adopted by TCE-funded programs. As Enroll America noted, “while these [TCE] grants had a dramatic impact upon the
enrollment landscape, they were not planned with an eye toward measuring a broad range of activities in an easily commensurable fashion.” Many programs were funded in advance of the selection of GCD as a CRM tool, making it very difficult to make cross-site comparisons in a meaningful way “because the data generated by each grantee meant something slightly different.”

The Remaining Uninsured

Despite historic rates in coverage, more than 5 million adults remain uninsured across the country. Nationally, data suggests that many of the remaining uninsured exist in the 19 states that opted out of the Medicaid expansion. While great strides have been made in California, an estimated 3.8 million people remain uninsured, including many undocumented individuals, mixed status families, and low-income populations who still face challenges accessing affordable health insurance. With funding from The California Endowment, a longitudinal panel survey conducted by the Kaiser Family Foundation found that the remaining uninsured are largely long-term uninsured who cite cost as a reason for not enrolling. They also found that Latinos lag in coverage and that a significant portion of them do not have insurance because of their immigration status.

Similarly, the UCLA Center for Health Policy Research (as cited in Fronstin, 2016) found that a common reason individuals opt out of insurance coverage is a real or perceived lack of affordability. In addition to educating uninsured Californians about the benefits and legal requirements of health coverage, there is also ground-breaking work underway to change the narrative and ensure health coverage for all, regardless of immigration status. The California Endowment and its partners are leading this charge and have been instrumental in the state’s decision to expand Medi-Cal benefits to undocumented children.

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Barriers to Enrollment

According to the UCLA Center for Health Policy Research, many remaining uninsured individuals perceive health insurance as unaffordable.

- **42.6%** Believe insurance is too expensive
- **27.1%** Life events and circumstance such as changing jobs, family situations, don’t qualify for public programs
- **23.5%** Ineligible due to legal status
- **6.8%** Don’t believe they need insurance.

Source: California Health Interview Survey, CHIS 2014. UCLA Center for Health Policy Research.
Organizing as a Model for Outreach
Case Study of the Santa Ana Building Healthy Communities (BHC) Site

The BHC site has a history of using grass roots organizing models to advance their goals related to health and well-being. Grantees working in the area leveraged this comfort and familiarity with an organizing model to focus outreach and enrollment efforts with the grants made available through The California Endowment. Two primary grantees, Community Health Initiative of Orange County (CHI OC) and Sol Institute for Civic Engagement, developed an organizing campaign that helped key communities in the Santa Ana BHC reach many uninsured and eligible individuals and help them on a path to accessible, affordable and quality health coverage.

CHI OC leveraged their 2011-2013 work to build the Healthy Families enrollment infrastructure by training and supporting Enrollment Counselors and Assistors. Their previous work around Healthy Families helped them to carry on best practices for enrolling in Covered California and play a leading role in Covered OC, a collaborative of service agencies, businesses, and government representatives dedicated to supporting successful access to and coverage of health for all Orange County residents.

"Without Covered OC’s advocacy and leveraging of resources, it was highly unlikely that Orange County-based entities would have received the same level of support and funding from Covered CA, OC SSA, and Blue Shield of CA Foundation (approximately $4 million total). As SABHC’s main enrollment entity, CHI OC was able to bring much needed monies for [Outreach, Enrollment, Retention, and Utilization] related activities to Santa Ana and OC as a whole.\(^{32}\) - Amy Demarco Covered California

Additionally, the Sol Institute took on the role of managing entity for an organizing-style campaign with the help of staff and volunteers from five community based organizations already doing ACA outreach in Santa Ana and the surrounding Orange County communities. The Orange County Labor Federation also got involved in providing staff, space and other resources. The community based organizations used the Get Covered Database as well as State Voices Voter Activation Network (SV VAN) to better target their door to door canvassing and other contacts with consumers. Because both the SV VAN and Get Covered Database require data entry of the results of the canvassing and other touchpoints, the Sol Institute was able to get additional TCE grant funding to fund a part-time data entry staff member.

According to Enroll America’s Outreach and Enrollment Brief for Santa Ana, “Orange County far exceeded enrollment goals from Covered California in 2013-14, reaching almost 300% of the pre-enrollment estimates of need in Orange County. Most Covered California CECs and Navigators were associated with Covered OC and thus the collaborative supported by the BHC.”\(^{33}\) Though direct attribution cannot be established, it is clear that the use of an organizing model before and during outreach efforts enhanced the Santa Ana BHC site’s ability to enroll such a large number of residents. The California Endowment’s investment proved to be a great asset to the work being done by the primary grantees as well as the various community based organizations and stakeholders in the city and county.
Coalition Building as a Model for Outreach  
Case Study of the Fresno Building Healthy Communities (BHC) Site

Even prior to TCE funding, the Fresno BHC site identified and emphasized a need to collaborate among the different community organizations working in the Fresno region. In order to facilitate this collaboration, partners were identified, and quality and culturally appropriate trainings were given to ensure that consumers would receive tailored assistance. "Even before grant funds began to flow, the Fresno BHC site was having conversations to develop strategies." Because resources have been historically limited for many of the community organizations, a culture of collaboration and leveraging capacity and resources was already present. Fresno BHC partners engaged county stakeholders in conversations to ensure that Medi-Cal outreach and enrollment strategies were coordinated and efforts were not duplicated.

Clinica Sierra Vista and their subcontractors played a prominent role in the Fresno BHC site’s outreach and enrollment strategies and their success. Clinica Sierra Vista was a top-ranking Certified Enrollment Entity according to Covered California data and as a long-standing Fresno BHC partner and experienced outreach and enrollment entity, collaboration between the Fresno BHC site and Clinica Sierra Vista was natural and effective. Centro La Familia was also a key partner that was able to help the Fresno BHC leverage connections with Univision, radio stations and government agencies. This partnership gave the BHC access to an organization with a positive reputation in the community as well as extensive stakeholder relationships.

TCE funding in the Fresno BHC site was an opportunity to deepen the partnerships and relationships the BHC and partners already had. They were able to build off of the experience of others and leverage capacity, reputations, human resources, and general community knowledge to advance outreach and enrollment efforts. The Fresno BHC site grew stronger in its collaborations and successfully reached out to many individuals that now had access to health coverage.

Investments at the state or local level, building partnerships, and coalitions were increasingly important strategies for grantees. With limited resources and capacity, grantees had to be efficient and innovative with their outreach. Media partners were integral to BHC success including radio ads, newspaper editorials, and billboards, to spark interest and conversations about health and health insurance. Additionally, having partners across regions provided multiple engagement and referral opportunities for consumers to access Covered California or Medi-Cal.

The support of The California Endowment gave grantees the space and opportunity to test strategies, adjust models, and ultimately strengthen their ability to connect with communities of uninsured individuals.
Implications for the Future

The California Endowment has been an influential partner and contributor to ACA implementation in California, supporting statewide efforts to extend health insurance coverage to vulnerable and hard-to-reach populations. According to the Kaiser Family Foundation, California increased its Medi-Cal enrollment by 58% between mid-2013 and January 2016, accounting for more than 27% of the total national increase in Medicaid enrollment.35 Despite an array of outreach and enrollment challenges, the state enrolled unexpectedly large numbers of people through multiple rounds of open enrollment, resulting in historic rates of health insurance coverage across the state.

In addition, TCE’s support for massive media campaigns, innovative partnerships, grassroots organizing strategies, and advocacy efforts are influencing policy reforms and a new narrative about the importance and benefits of coverage for all Californians. In 2016, Governor Brown and the State Legislature agreed to extend access to full-scope Medi-Cal for all low-income children regardless of immigration status. Counties across the state are also expanding their indigent care programs.

Nevertheless, new challenges still loom on the horizon, the most significant of which is the uncertain future of the ACA in the wake of the recent national elections. Other more manageable challenges and opportunities include (1) reaching the remaining uninsured, (2) enhancing retention and health care utilization, and (3) continuing to leverage partnerships and networks that advance health equity and prevention-oriented care in California. Key considerations for future work are outlined below.

**Reaching and obtaining coverage for the remaining uninsured**

While Latinos and African-Americans are getting insured in great numbers, they continue to be under-insured relative to the general population. According to the Kaiser Family Foundation California Survey, Hispanics make up two-thirds of the remaining uninsured and half of them (33%) are likely undocumented immigrants who are not eligible for Medi-Cal or assistance through Covered California.36 Many uninsured Latinos worry that enrolling in health insurance will draw attention to their immigration status. The survey found that half (55%) of California’s remaining uninsured Hispanics say they are *very or somewhat concerned* that they or a family member could be deported if they sign up for insurance. In addition, 50% of all uninsured who were born in another country worry that signing up for health insurance could hurt their ability to become a US citizen.37 The Endowment’s #Health4All Campaign continues to advocate for policy reforms that extend coverage to all Californians regardless of immigration status, however given the results of the national elections, dispelling the fears of undocumented immigrants will be even more challenging.
Ensuring coverage retention and health service utilization

Many of the previously uninsured had very little interaction with the health insurance system prior to the ACA and likely have limited experience navigating insurance-based health care. Ongoing education and health literacy efforts will likely be needed to support vulnerable populations and low-income communities retain their coverage and access care. Lessons from various rounds of open enrollment have underscored the importance of individualized and multiple touchpoints to help consumers understand their options, stay enrolled, and learn how to utilize insurance programs.

Leveraging partnerships and strategies to advance health equity and prevention-oriented care

Using a multi-pronged “grassroots to tree tops” strategy, TCE has supported and leveraged partners in the 14 BHC sites as well as multi-sector stakeholders across the state to support massive outreach and enrollment efforts. At the community level, TCE has helped to build the capacity of local grantees to use data to inform and target their strategies – skills that could be more intentionally strengthened and used to close the health equity gap and ensure that historically excluded adult and youth residents in BHC communities have the power, agency and voice in public and private sector decision-making. Similarly, the partnerships TCE has cultivated at the county and state level will continue to be critical in efforts to advance policies that extend health coverage to all Californians and make prevention-oriented care a standard practice.
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