



# STATE OF ENROLLMENT

Lessons Learned from Connecting  
America to Coverage, 2013 – 2014











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America to Coverage, 2013 – 2014









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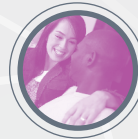


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*"This is the first time anyone in my family has had health insurance. Thanks to the financial assistance available, we're paying about \$300 total for our health coverage. I'm active playing soccer and rock climbing so this is great peace of mind."*

**-Ali K., Florida**





# SUMMARY

## PRESIDENT'S LETTER

### PRESIDENT'S LETTER

For those of us on the front lines of the outreach effort, the initial open enrollment period was a time of both great satisfaction and, admittedly, some frustration. But at the end of the day, what I will remember most is the power of speaking to and hearing from people directly, and working with staff, volunteers, and partners to provide individuals with the tools and information they needed to successfully enroll in coverage.



When Ron Pollack, the founder and chairman of the board of Enroll America, launched the organization in 2011, he envisioned a national coalition that would bring together leaders from many sectors, working side by side towards a common, multi-year goal: maximizing the number of Americans who enroll in and retain health coverage. While over 12.8 million Americans enrolled in coverage through the marketplaces, Medicaid, and the Children's Health Insurance Program (CHIP) during the initial open enrollment period, the journey is far from over, and the importance of that coalition —

from providers to faith leaders, volunteers to elected officials — has never been more clear.

We've all learned a lot during this unprecedented moment in American history, and our team has distilled and organized that wisdom in the report that follows. While there is still much to uncover about what worked well and why, there are several important themes that underlie the success we've seen over the last year.

**One of the first things we realized when we launched this effort is that for consumers,**



**purchasing health coverage is a personal decision, not a political one.** The challenge faced by the thousands of groups working on enrollment seemed daunting: reaching consumers with objective information on what is, arguably, the most politicized issue of our time. But when it came time to enroll, for millions of Americans, the conversation simply wasn't political; they just wanted the facts. The success of this effort was about providing consumers with basic — but personalized — information about their options and what health coverage could mean for them and their families.

**Second, paying close attention to the experience of actual consumers can provide a roadmap for success even in the face of major obstacles.** Some of the challenges we faced were beyond our control, including the difficulty inherent in implementing such a complex program, and the notoriously troubled rollout of HealthCare.gov. Through the troubled days of October and November when the federal website was functioning poorly, the national coalition stayed focused on reaching uninsured consumers and educating them about their insurance options. While many in Washington, D.C., declared marketplace enrollment dead on arrival, we were optimistic because we heard every day from consumers who, though frustrated, were still eager to find coverage and were anxious to find someone to help them navigate the process.

**Fundamentally, the success of this effort came down to one thing: a focus on people.** Enroll America invested its budget in staff, hiring people who could respond to those obstacles and empower local organizations, leaders, and volunteers to educate their communities across the country. To me, the power of our people-focused effort was never more real than when I spent eight days on our “Countdown to Get Covered” bus tour

through 10 cities in Ohio and Texas in mid-March, spreading the word to consumers about the upcoming deadline to enroll in coverage. I stood side by side with faith leaders in Dallas, met with city officials in San Antonio, and stopped by the neighborhood library in McAllen where enrollment assisters set up shop every day. In Cincinnati, I sat down with assisters serving the area's Latino community, and in Cleveland joined administrators at Cuyahoga Community College. The coalitions in each of these cities looked very different, but each featured local organizations and leaders coming together to fill a need. Connecting America to coverage is not about sitting in Washington, assuming that a one-size-fits-all approach will work for everyone. It is about rolling up our sleeves and working together to meet consumers where they are with the information that they need.

It is important to note that this great undertaking would not have been possible without the dedication and steadfast support of our funders. A diverse coalition of national and regional philanthropies; health plans, hospitals, and associations; allied organizations; and individuals came together because they saw the unique opportunity and the need to reach consumers to help them understand their new options under the Affordable Care Act (ACA). The ongoing support of these funders allows us to continue our work to educate and mobilize consumers to enroll in coverage. For this we are incredibly humbled and continuously grateful.

Sincerely,



**Anne Filipic**  
**President, Enroll America**





## Future Considerations

Going forward, enrollment stakeholders have the opportunity to be even more effective by taking lessons learned during the initial open enrollment period and sharing them across the national coalition. Indeed, that is the main goal of this report and why this document begins with items that deserve considerable focus as the outreach and enrollment work continues.

**1. Young adults, African Americans, and Latinos will likely remain the hardest groups to enroll, but more is known now about how to reach these populations.**

Notably, these groups started with the lowest enrollment rates during the early months of the initial open enrollment period, but their enrollment rates climbed steadily after Enroll America staff and volunteers followed up with these individuals multiple times.<sup>1</sup>

With each contact from an Enroll America volunteer or

staffer, consumers became more likely to successfully enroll. This effect was particularly strong among certain populations: African American and Latino consumers were about twice as likely to enroll after the third follow-up, and young people were more than twice as likely to enroll after the third follow-up.<sup>2</sup>


**2. Assisters increase the likelihood that a person will successfully enroll, and consumers value in-person help.**

Consumers who received help from a navigator, certified application

counselor (CAC), or other in-person assister were about twice as likely to successfully enroll compared to consumers who attempted to enroll online without help.<sup>3</sup> In addition, 87 percent of partners surveyed by Enroll America stated that help from an assister was the top factor that led to successful enrollment.<sup>4</sup>

In-person assistance is particularly important in communities of color. Enroll America found African Americans and Latinos to be 43 percent more likely to seek in-person help than their white counterparts.<sup>5</sup>





It is therefore critical that there be enough assisters to meet the needs of consumers seeking help with enrollment and renewal, that assisters have the support and training necessary to help consumers with the full range of issues they will face in the coming year, and that consumers who want help know how to obtain assistance. Enroll America will continue to partner with in-person assisters, connect consumers to in-person help in their communities, and advocate for the continued funding of these programs.

**3. Informing consumers about the availability of financial assistance was the single most effective way to motivate uninsured consumers to enroll, and this will likely remain the biggest motivator heading into the next annual open enrollment period.**

The survey by PerryUndem Research & Communication that Enroll America released in January 2014 revealed that the perception that

coverage was unaffordable was the single greatest barrier to enrollment.<sup>6</sup> As a result, Enroll America and partners stepped up efforts to educate the uninsured about the availability of financial help through outreach messaging, earned media, and advertising. That shift in focus had an immediate impact:

- Click-through rates for Enroll America's digital advertisements jumped by 16 percent, and this message continued to outperform all other messages.<sup>7</sup>
- Emails to Enroll America's list of 1 million consumers saw a 150 percent higher click-through rate when they featured an affordability message and access to tools that provided individualized information to consumers, compared to emails that featured stories of consumers who had successfully enrolled.<sup>8</sup>

With more than 500,000 unique page views, the Get Covered

Calculator was the single most popular tool on GetCoveredAmerica.org, the most popular tool used by Enroll America's partners, and the page that connected the most consumers directly to their marketplace to enroll in coverage.<sup>9</sup>

The summary enrollment report for the initial annual open enrollment period released by the Department of Health and Human Services (HHS) shows that the vast majority of people who enrolled in marketplace coverage received financial help.<sup>10</sup> And, additional research conducted by Enroll America and PerryUndem following open enrollment found that **uninsured consumers who did not try to enroll cited "I can't afford insurance" as the number one reason (48 percent) why they did not explore their options."** **This reaffirms the fact that the availability of financial help matters.** Enroll America will continue to emphasize that financial help is available, and will continue to share the results of message testing with partners to help frame the discussion



IN A SURVEY OF REPRESENTATIVES  
FROM PARTNER ORGANIZATIONS,  
**73%** SAID THAT  
**PARTNERSHIPS WERE**  
**“CRITICALLY IMPORTANT”**  
**TO THEIR WORK.**

surrounding the availability of affordable health coverage.

**4. Consumers value individualized information.**

Moving away from personal stories and instead promoting individualized information about coverage and costs through tools like the Get Covered Calculator increased the clicks on GetCoveredAmerica.org by nearly 10-fold.<sup>12</sup> **Enroll America survey research also found that consumers who used the Calculator were more likely to be motivated to get insurance than they would have been if they had been exposed to a different message.**<sup>13</sup>

Enroll America will continue to provide individualized information through interactive tools on its consumer facing website, GetCoveredAmerica.org, and will continue to promote these tools via

email, social media, and during conversations with consumers.

**5. Partner engagement at the national and local levels was a key factor in connecting individuals to marketplace, Medicaid, or CHIP coverage during the initial open enrollment period, and will remain a crucial component of enrollment work.**

**In a survey of representatives from partner organizations, 73 percent said that partnerships were “critically important” to their work.**<sup>14</sup> When asked what their organization’s most effective outreach tactics were for reaching uninsured consumers, more than half of all respondents (58 percent) mentioned partnering with local organizations on the ground.<sup>15</sup> Local partnerships

(e.g., partnerships with churches or libraries) were cited more frequently than any other outreach tactic as the most effective way to reach uninsured consumers.<sup>16</sup>

The combination of earned media coverage, digital outreach, on-the-ground grassroots organizing, and coordinated efforts with national and local stakeholders created a drumbeat so that consumers heard consistent messages repeated in multiple contexts about how they could get covered — and then became more likely to follow through with enrollment. It is crucial that this drumbeat goes on so that consumers continue to enroll and stay covered once enrolled. **Notably, 70 percent of representatives from partner organizations working with Enroll America said that enrollment was a top priority for their organization, and nearly all said they would be as or more engaged in enrollment efforts during the next open enrollment period.**<sup>17</sup>



*“As someone whose income varies from month to month, I’m thankful to have a predictable monthly premium that covers 80 percent of my health care costs.”*

**-Amy Lynn S., Michigan**





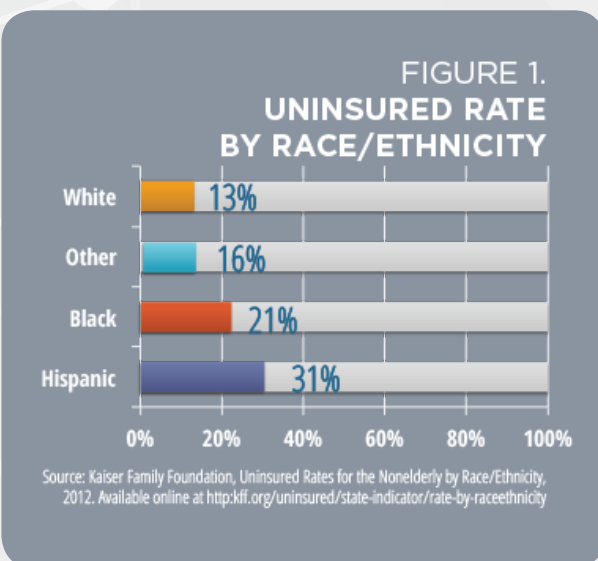
# INTRODUCTION

## THE REPORT AT A GLANCE

The ACA created an unprecedented opportunity for millions of uninsured Americans to gain access to affordable, comprehensive health coverage through health insurance marketplaces or Medicaid. For many people, this was the first time in their lives that health insurance was within financial reach.


**However, simply making coverage available was not enough to ensure that those who were eligible would enroll.** Years of experience with other enrollment efforts, including for CHIP and Medicare Part D, point to the significant challenges associated with getting consumers to take action to participate in health coverage programs.<sup>18</sup> Furthermore, some of the groups that are the hardest to reach are also the most likely to be uninsured: young adults, Latinos, African Americans, and Asian Americans and Pacific Islanders.<sup>19</sup> (See Figure 1.) These consumers tend to have the least awareness about the law, and the least experience navigating the complexities of purchasing health insurance.<sup>20</sup>

Research commissioned by Enroll America conducted roughly a year before open enrollment began found that 78 percent of uninsured consumers were unaware that new health coverage options



were coming.<sup>21</sup> Lack of awareness was even more pervasive among uninsured Latinos and African Americans (83 and 86 percent, respectively).<sup>22</sup>





And yet, the Congressional Budget Office (CBO) set a high bar for success: Millions upon millions of Americans were to learn about their new coverage options and enroll.<sup>23</sup> Rising to this challenge would require creativity and innovative thinking — employing tried-and-true public awareness and outreach techniques would be necessary, but not sufficient.

What happened during the first open enrollment period (October 1, 2013–March 31, 2014) suggests that partners did indeed get creative and devise innovative ways to reach consumers. Stakeholders from across the country successfully connected millions of Americans to coverage, surpassing the CBO’s initial projections for marketplace enrollment.<sup>24</sup> At the conclusion of the grace period, 8 million Americans had enrolled in marketplace coverage, and an additional 4.8 million had enrolled in Medicaid or CHIP between October 1, 2013, and March 31, 2014.<sup>25</sup> African Americans, Latinos, and young adults started with lower enrollment rates, but their enrollment rates climbed as the deadline for enrollment drew closer.<sup>26</sup> For example, 52 percent of young adults who selected a plan through the health insurance marketplace did so in March 2014 — the final month of the initial open enrollment period.<sup>27</sup>

**The natural question is, how? How did stakeholders work together to fill a massive public awareness gap, overcome the troubled launches of HealthCare.gov and other state marketplace websites, and help consumers navigate the complexities of purchasing private health insurance?** Experts will spend years examining these questions, but outreach and enrollment efforts are ongoing *now*, so there is a certain urgency to reflect and understand as much as possible, as soon as possible. The success of future enrollment efforts depends on taking a critical, metrics-based look at what worked, what did not, and how to make progress from here.

## Enroll America

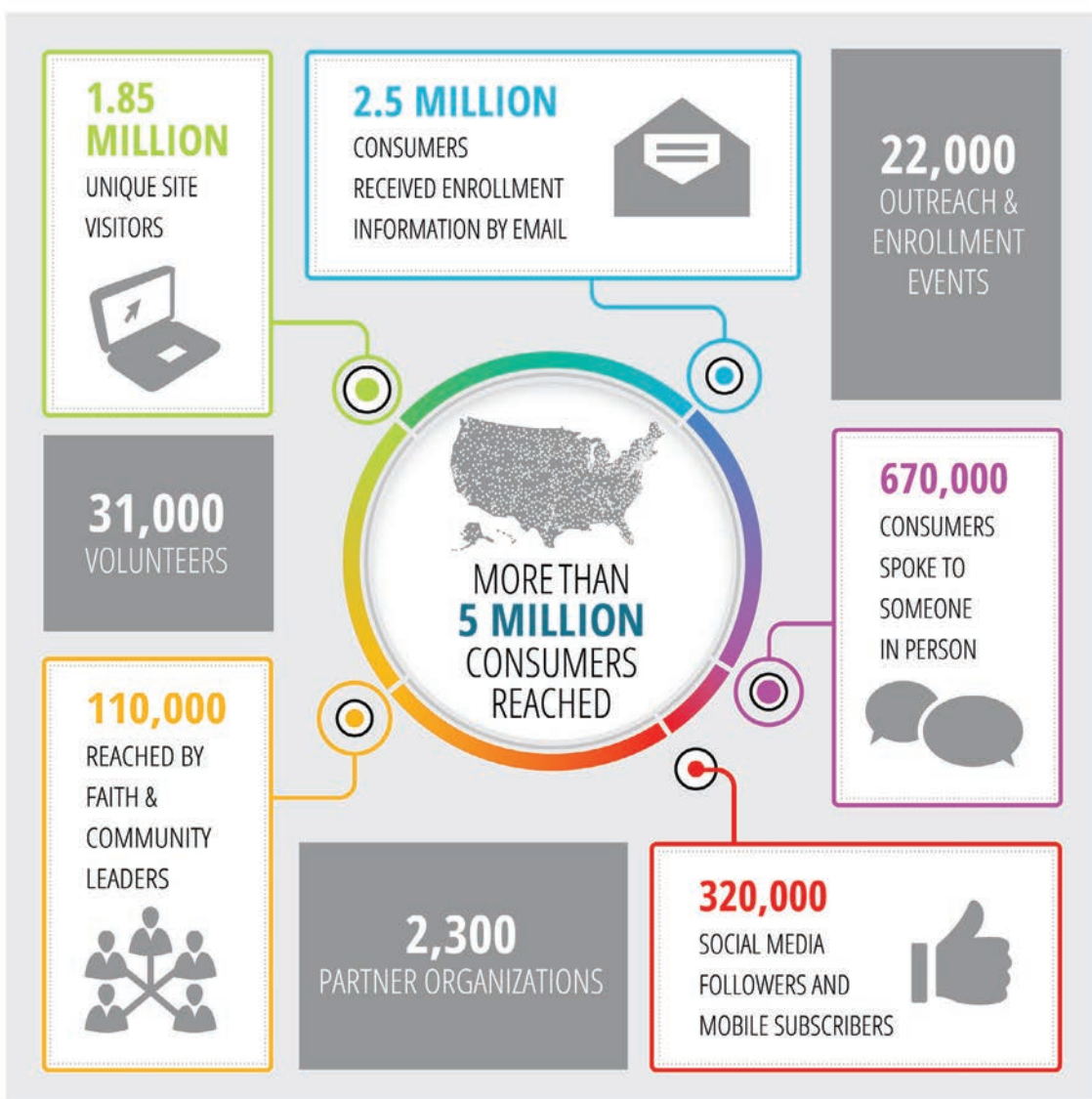
Enroll America convened the nation’s leading health coverage enrollment coalition, with more than 2,300 partners from across the country representing community and health organizations, health care providers, civic and labor organizations, and corporate partners, to name a few. All partners share an interest in maximizing the number of Americans who enroll in the new health coverage options made available as a result of the ACA.

Enroll America is an independent, nonpartisan, nonprofit 501(c)(3) organization that provides coalition-building and technical assistance support in 39 states and Washington, D.C. In the remaining 11 states (Arizona, Florida, Georgia, Illinois, Michigan, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee, and Texas), Enroll America operates a consumer-facing campaign, called Get Covered America (GCA), which employs techniques from past enrollment efforts, as well as successful political, issue, and corporate marketing campaign tactics. The GCA campaign includes online organizing, earned media, paid advertising, and grassroots outreach operations. By the end of the first enrollment period, more than 31,800 volunteers had committed time to the campaign.

These efforts were informed by a robust data and analytics operation, which provided a level of precision that is unique to Enroll America. The GCA campaign, in particular, gave Enroll America access to a rich set of data, both qualitative and quantitative, that is applicable to enrollment stakeholders nationwide. As of April 2014, Enroll America staff had engaged more than 5 million consumers, including one-on-one conversations with volunteers, unique visitors to Enroll America’s consumer-facing website, and partnerships with organizations like churches and community colleges (but not including the more than 3,000 earned media hits with more than 1 billion impressions). (See Figure 2.)



FIGURE 2.  
CONSUMER ENGAGEMENT LEADING UP TO AND  
DURING THE INITIAL OPEN ENROLLMENT PERIOD  
JUNE 2013–APRIL 2014







## What Is in This Report

This report is a compilation of lessons learned during the initial open enrollment period and best practices to replicate as organizations continue to connect Medicaid- and CHIP-eligible populations to coverage and plan for future marketplace open enrollment periods.

In the weeks directly following the end of the first open enrollment period, Enroll America held more than 50 debriefs with staff, volunteers, and partners to learn about what worked well during the initial open enrollment period and what needs to work better next year. Enroll America also surveyed over 350 representatives of national, state, and local

partner organizations, and all of its national staff. This information, along with the data collected throughout the initial open enrollment period, is captured in this report, and will inform Enroll America's programmatic efforts moving forward. It is presented here, in this report, as a guide for other partners working in this space in future years.

### **Engaging Consumers: Meeting Them Where They Were**

During the initial open enrollment period, Enroll America's primary goal was to meet consumers where they were — whether it was their place of worship, at their community college, on the phone, or on their computers and mobile devices — with messages and messengers that resonate. This section





describes how consumer research and data drove major engagement strategies, as well as the lessons learned from these strategies.

#### **The Path to Coverage:**

Two infographics show how Enroll America and partners helped consumers along the path to coverage, with multiple touches through earned media, online, and on the ground.

#### **The Power of Collaboration: Leveraging Partnerships**

Partners helped organizations expand their reach, engage hard-to-reach populations, and overcome resource gaps. This section speaks to the value of partner engagement in enrollment work and how partner

relationships were essential to this effort. Lessons learned and best practices that can be replicated are documented through examples from the states where Enroll America has grassroots outreach operations and the states and Washington, D.C., where Enroll America's State Assistance team is working with partners to maximize enrollment through technical assistance.

#### **Evaluating Efforts: Mining Powerful Data for Insight**

This section documents lessons learned and best practices for program evaluation using examples from Enroll America's experience. It explains how Enroll America evaluated its efforts along the way, and how these findings ultimately influenced the strategy that led to millions of successful consumer

interactions. This section also includes action steps for stakeholders who are interested in improving their program evaluation efforts.





*Health insurance is a very personal matter. Deciding whether to enroll in health coverage prompts many questions that only the consumer can answer: What will this coverage cost me? Can I afford it? Will it meet my health care needs?*





# ENGAGING CONSUMERS

## MEETING THEM WHERE THEY WERE

### GETTING TO KNOW THE UNINSURED POPULATION

**It is critical for any enrollment campaign, whether at the national, state, or local level, to keep consumers and their experience at the center of its strategy. Enroll America constantly considered how every aspect of its outreach program would reach, be received by, and help consumers enroll in coverage.**

To understand the messages that would motivate consumers to get covered, Enroll America needed to get to know the people who were looking for health insurance: who were they, what were their past experiences with and barriers to getting health coverage, what did they know about the new options, and what did they need to know and hear — and from whom — to be motivated to take action?

In the fall of 2012, Enroll America commissioned a consumer survey and focus groups to tease out this critical information.

This research found that many people who were potentially eligible for new health coverage options were not aware of the opportunities or how to take advantage of them.

- Approximately 78 percent of uninsured adults lacked awareness of the new coverage options available through their state's marketplace, and 83 percent of the Medicaid expansion population lacked awareness of their new options.<sup>28</sup>
- Consumers reported being stressed and worried about not having health insurance or about the prospect of buying coverage,





and most did not believe they would be able to find a plan they could afford.<sup>29</sup>

- Many of the uninsured described having negative experiences when shopping for coverage in the past, and even when presented with the facts about their new options, many still did not believe they would be able to find high-quality, affordable health insurance.<sup>30</sup>

**This research showed that the most important communications job for Enroll America and its partners to tackle would be overcoming the deep skepticism about the affordability and availability of new plans.**

Enroll America commissioned additional consumer research in December 2013, halfway through the first open enrollment period, which revealed that informing consumers about the availability of financial assistance was the single most effective way to motivate uninsured consumers to enroll. It also suggested that consumers had a strong desire for in-person help with the enrollment process.<sup>31</sup>

This consumer research gave Enroll America the tools it needed to better understand how to conduct outreach, engage consumers, and, ultimately, mobilize individuals to enroll in coverage.

#### **Putting Research into Action: The GCA Campaign**

Enroll America sought to create a coordinated, wide-reaching effort to ensure that Americans knew how, where, when, and why they should sign up for coverage. This meant drawing on consumer research to develop messages and identify partners that would be trusted messengers, and using the uninsured model and the Get Covered Data (GCD) database to inform the organization's day-to-day outreach.

In 2012, Enroll America tested several themes, brands, and images for a potential consumer-facing enrollment campaign. Consumers were attracted to names and logos that felt inclusive. Furthermore, they were overwhelmingly attracted to images that featured elements of the American flag: red, white, blue, and stars. "Get Covered" was the phrase that tested best among consumers because it felt action-oriented, like they needed to do something, and the concept of "America" made consumers, especially Latinos, feel like they were part of a broader national process.<sup>32</sup> From this research, the name "Get Covered America" was born.

In January 2013, drawing on the above research, as well as best practices from other national outreach campaigns, incoming President Anne Filipic drafted a document that laid out five guiding principles for the campaign. These principles informed important strategic decisions that Enroll America leadership made early on and have continued to represent the organization's approach to the campaign:

**1. The campaign will be data-driven and metrics-based.** Successful campaigns and private sector companies have developed innovative methods to use and analyze data to focus their efforts and increase their impact. Enroll America will work with leaders in the field to apply those tactics, building, testing, and refining a list of uninsured individuals, and analyzing the impact of different components of outreach efforts.

**2. The campaign will be grassroots-focused.** Enroll America will build on the power of community-based organizing that has been demonstrated by recent campaigns. In addition, research has found that the most effective messengers to the



## *At the heart of this strategy was a belief in hiring staff who could implement a coalition-based program ...*



uninsured are trusted voices, such as family members, and real people whose stories and experiences reflect their own. Enroll America's programs will work to empower these potential messengers to reach the uninsured. Every component of Enroll America's campaign, from the grassroots program to the media strategy, will be guided by the need to meet the uninsured where they naturally go for information.

### **3. The campaign will be coalition-based.**

An effective outreach and enrollment effort must begin with a coordinated approach. Building on the network of national, state-based, and community stakeholders who share an interest in health coverage outreach and enrollment, Enroll America will convene and grow these networks, and will engage them to work in a coordinated fashion to create an “echo chamber” effect for consumers, leveraging the activities of multiple stakeholders to create an even stronger and more wide-reaching effort.

### **4. The campaign will use cutting-edge tactics in online organizing and social media.** While there are few things that are more powerful than a one-on-one, person-to-person conversation, consumers are increasingly getting their information through new sources. Enroll America will

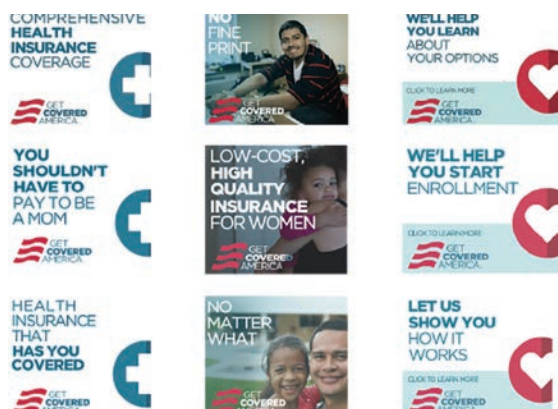
buttress local, on-the-ground efforts with the latest tactics in reaching targeted audiences through online and social media. Enroll America will take a hyper-segmented approach to reaching target audiences through the sources where they naturally seek their information.

### **5. The campaign will be committed to building a narrative of success.** Part of Enroll America's ability to enroll the uninsured in health coverage will be linked to public perceptions of the health coverage system. Enroll America will work with partners to lift up examples of success throughout the coming months.

**At the heart of this strategy was a belief in hiring staff who could implement a coalition-based program in specific states that was national in scope but local in nature.** This included a plan that would mean more than three-quarters of Enroll America staff would be hired in communities with high percentages of eligible uninsured consumers. This staff would recruit volunteers and mobilize partners to reach the uninsured. It also meant an investment in headquarters staff who could build the necessary tools and resources to support this work at the local level.



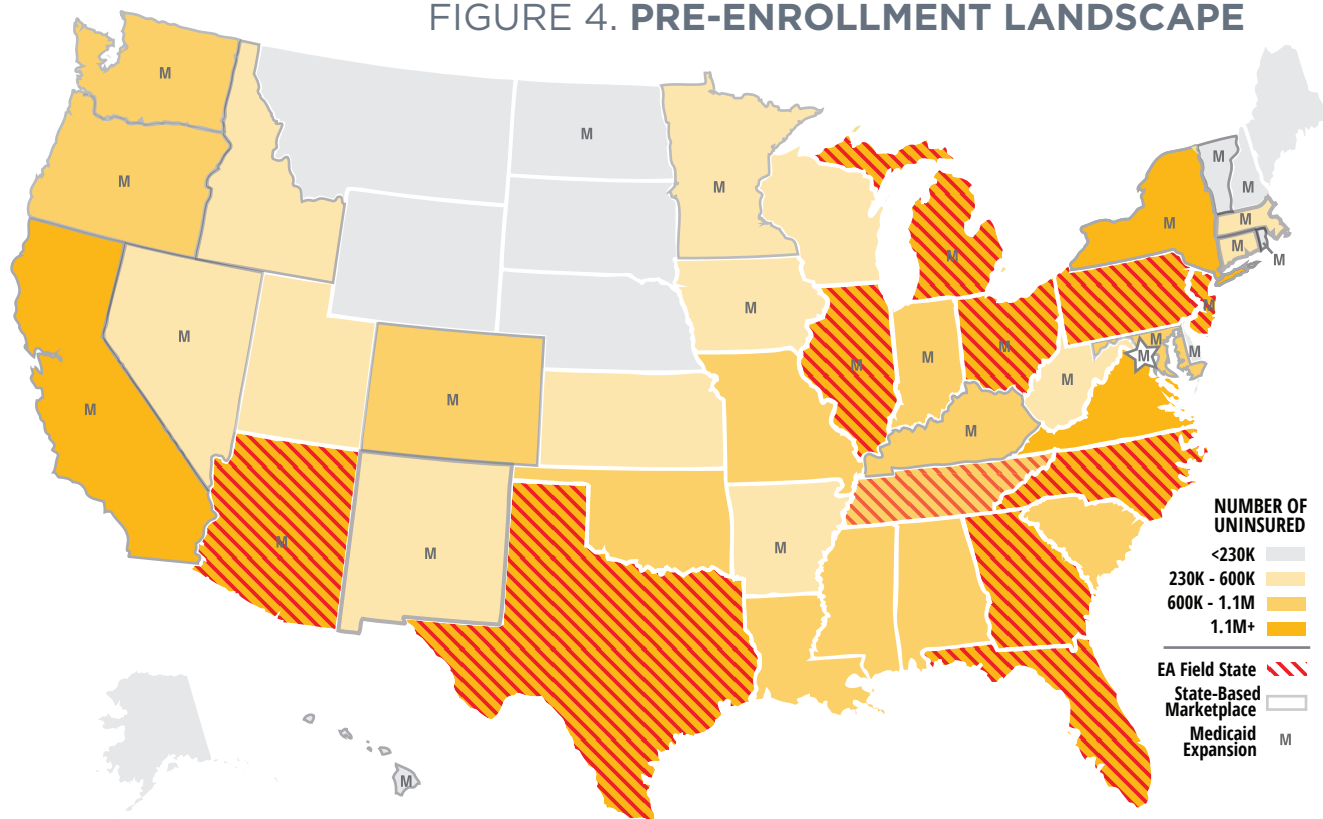
**FIGURE 3. GCA PAID MEDIA DIGITAL ADVERTISING**



Additional resources would go toward a paid media campaign, the focus of which would be digital advertising (See Figure 3.). This approach would be more targeted and easier to assess than TV or radio buys.

In addition, recognizing that two-thirds of the uninsured in the country lived in just 13 states, and that approximately 50 percent of the uninsured lived in less than 4 percent of all counties, Enroll America's leadership felt that there was an opportunity to focus its resources in targeted areas while still coordinating with and supporting partners in all 50 states and Washington, D.C.<sup>33</sup> (See Figure 4.)

**FIGURE 4. PRE-ENROLLMENT LANDSCAPE**



Source: Census Bureau, Current Population Survey, March 2011 and 2012



# THE INCREASE IN ENROLLMENT WAS THE STRONGEST AMONG CONSUMERS ENROLL AMERICA WAS ABLE TO BOTH CALL AND EMAIL.

Enroll America launched the GCA campaign in June 2013 to include an on-the-ground staff presence in 11 states: Arizona, Florida, Georgia, Illinois, Michigan, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee, and Texas.<sup>34</sup>

While Enroll America considered a number of factors when deciding where to dedicate staff, two factors were most important:

1. The sheer number of eligible uninsured
2. The number of resources available for outreach and enrollment: If a particular state had limited resources, Enroll America saw an opportunity to fill the gap. Therefore, whether the state had a federally facilitated marketplace (FFM) or a state-based marketplace (SBM) mattered, because SBMs had more funding to conduct outreach and enrollment during the initial open enrollment period.<sup>35</sup>

Using the five guiding principles listed on pages 18-19, Enroll America ultimately employed multiple, complementary pathways to engage consumers. The GCA campaign engaged consumers in three primary ways:

1. Strategic communication through earned media
2. Online through digital advertising and outreach
3. On the ground through data-driven grassroots organizing and coalition-based partnerships with trusted messengers, such as faith leaders, doctors, and public officials (see The Power of Collaboration: Leveraging Partnerships on page 48.)



The combination of earned media coverage, digital outreach, on-the-ground grassroots organizing, and coordinated efforts with local and national stakeholders created a drumbeat so that consumers would hear consistent, repeated messages about how they could get covered — and then become more likely to follow through with enrollment. For example, a consumer who saw a story about a nearby GCA enrollment event on the local evening news may have been more likely to seek out in-person assistance in the future.

Enroll America's outreach efforts had a positive effect on enrollment, especially when Enroll America had both an individual's email address and phone number, as this allowed the organization to follow up with individuals through different mediums.<sup>36</sup> In an early randomized controlled trial, Enroll America found that an initial follow-up contact (either via email or phone) significantly increased the likelihood that an individual would engage with staff and volunteers on future follow-up calls.<sup>37</sup> In a subsequent randomized controlled trial, data showed that Enroll America's follow-up program increased the number of consumers who signed up for health



insurance.<sup>38</sup> **The increase in enrollment was the strongest among consumers Enroll America was able to both call and email.**<sup>39</sup>

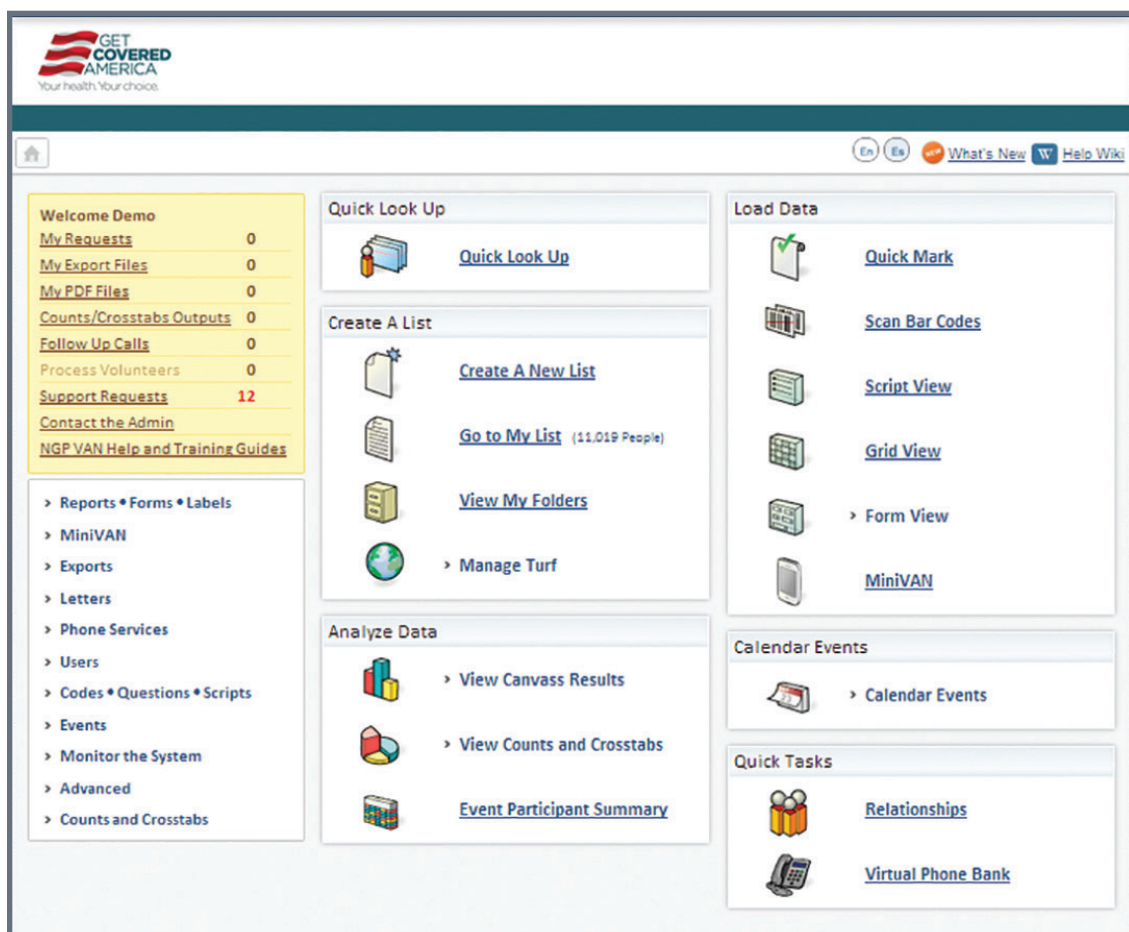
All of this work was done using data-driven strategies with the help of trusted messengers — partners on the ground who were reliable resources for information (e.g., faith-based organizations, community health centers, and pharmacies). Furthermore, working with partner organizations allowed for coordinated earned media,

particularly through events: More than half of respondents from partner organizations reported that they worked with Enroll America to generate media coverage through an event partnership.<sup>40</sup>

### Data-Driven Outreach

Taking a data-driven approach to consumer outreach was one of Enroll America's core strategies. There were two key ways that Enroll America used data to improve its outreach: the uninsured model and the

FIGURE 5. GET COVERED DATA (GCD)





*“Having an idea of the number of individuals without insurance in our service area helped us to know what counties required extra attention due to high numbers of uninsured/little insurance.”*

**-Denise Belle, Director of Community-Based Outreach Programs, Rural Health Group, Inc.**

national database. The uninsured model was the foundation on which Enroll America's outreach strategy was built. The model made Enroll America's outreach more efficient by identifying consumers who were most likely to be uninsured so the organization and its partners could engage more people for each dollar it spent and each hour its volunteers were on the job.

Enroll America's national database, called Get Covered Data (or GCD), (see Figure 5) was the second key to its data-driven strategy. This secure, online database enabled grassroots staff and volunteers to implement outreach according to the uninsured model and to track their progress. Select Enroll America staff and partners could access the information contained in the uninsured model through GCD. The uninsured model allowed Enroll America and partners to target resources, while GCD provided contact information and helped track conversations with consumers so that staff and volunteers could follow up and help individuals through the enrollment process.

**The uninsured model was built on more than 10,000 phone interviews that were completed in the spring of 2013 using data from GCD. These data included information from an original consumer list that drew**

**on a variety of public and commercial sources, and it included contact and basic demographic information on 230 million Americans.** Enroll America called a random sample from that list who were between the ages of 18 and 64 and asked respondents whether they had insurance. Enroll America then built the uninsured model by comparing the characteristics of people who had coverage to people who did not.

The uninsured model improved outreach by identifying individuals, geographic areas, and demographic groups that were more likely to be uninsured than the national average. This was critical because the uninsured were relatively uncommon: 41 million Americans were eligible and uninsured out of a total of 317 million Americans (about one in eight).<sup>41</sup>

The model itself assigned each person a score from 0-100 based on the probability that he or she was uninsured. For example, if an Enroll America volunteer were to talk to 100 people who all had a score of 32, the volunteer would expect to reach 32 uninsured consumers. While 32 out of 100 may not seem like a very high proportion, context is everything: Since only about 13 of 100 Americans were eligible and uninsured, the ability to target a list where one can expect to reach 32 uninsured consumers was a



# DURING THE INITIAL OPEN ENROLLMENT PERIOD ENROLL AMERICA STAFF, VOLUNTEERS, AND PARTNERS USED GCD TO HELP INFORM WHERE TO HOLD TABLING EVENTS, WHERE TO GO DOOR TO DOOR TO TALK ABOUT NEW HEALTH COVERAGE OPTIONS, WHICH ZIP CODES SHOULD RECEIVE TARGETED DIGITAL ADS, AND WHICH LOCAL NEWS STATIONS TO PARTNER WITH TO HOLD PHONE-A-THONS.

huge increase in efficiency over contacting people at random, more than doubling the rate of efficiency.

Enroll America used the data added to GCD to further increase the efficiency of outreach efforts. These data could be basic, like whether consumers self-reported having insurance or were interested in enrolling in health coverage, or more complex, like which events volunteers had worked, and what events they might be interested in volunteering for in the future. GCD also allowed users to add individuals who might not already be in the database. Once the data was used to reach out to consumers, additional data gathered from those conversations was entered into GCD, and sophisticated analytical tools were used to get a sense of trends in outreach efforts.

**During the initial open enrollment period, Enroll America staff, volunteers, and partners used GCD to help inform where to hold tabling events, where to go door-to-door to talk about new health coverage**

**options, which ZIP codes should receive targeted digital ads, and which local news stations to partner with to hold phone-a-thons.** Enroll America and partners were also able to evaluate their efforts by analyzing the data that were entered and tracked in GCD. Analyses of these data informed many programmatic decisions throughout the initial open enrollment period: 48 percent of partners who used a database to help reach uninsured consumers said they used GCD during the initial open enrollment period, and the majority of people who used GCD said that it helped them reach their goals.<sup>42</sup> Enroll America launched an earned media effort in June 2013 alongside the consumer-branded GCA campaign. From that point forward, Enroll America attracted extensive earned media attention, both in the national press and in regional outlets in its 11 campaign states, resulting in more than one billion impressions. (See Figure 6.) This tremendous amount of earned media allowed the organization to convey key messages to uninsured consumers and amplify the impact of its on-the-ground organizing.





## ENGAGING CONSUMERS THROUGH EARNED MEDIA

Enroll America's earned media strategy, executed by a 17-person communications team spread across the country, included building relationships with and pitching stories to reporters, holding press events, creating newsworthy announcements, and alerting the press to enrollment activities at the local level. Hiring 10 of these 17 staff in

targeted states reflected Enroll America's commitment to focusing resources in local communities in order to meet consumers where they were. Communications staff were held to rigorous metrics and weekly reporting for earned media coverage, focusing on media markets where uninsured consumers were concentrated and outlets that reached the target audience, including African

**FIGURE 6. EARNED MEDIA COVERAGE IN ENROLL AMERICA'S 11 CAMPAIGN STATES**



Source: Data Collected by Enroll America's Communication Program



# AMONG THOSE WHO WERE UNINSURED AND GOT INSURANCE, 17 PERCENT CITED LOCAL NEWS AS A SOURCE OF INFORMATION ON THE ACA.

American, Latino, and campus press.

Enroll America's earned media efforts focused primarily on messaging to uninsured consumers. Halfway through open enrollment, when it became apparent that financial help was the most important message for uninsured consumers to hear, Enroll America held specific press conferences on that theme and created posters conveying how many enrollees were eligible for financial help so that TV cameras would capture the message.

In addition to traditional radio, TV, and print media, Enroll America engaged specialty outlets — such as ethnic media outlets and campus newspapers and radio programs — to more effectively reach target audiences. News coverage played a significant role in raising awareness of the health insurance marketplaces and boosting attendance at enrollment events, in part because of strong partnerships with ethnic media, which had an especially broad reach. Specifically, based on Enroll America's experience, the Latino press was an incredibly important resource and trusted messenger for the hard-to-reach Spanish-speaking uninsured community.

While it is difficult to quantify the impact of earned media, it is clear that it played a role in raising awareness among uninsured consumers during the initial open enrollment period. Local news media proved to be one of the main sources of information on the ACA for consumers who were uninsured.

**Among those who were uninsured and got insurance, 17 percent cited local news as a source of information on the ACA.**<sup>43</sup> This was the third largest source of information for the newly enrolled and previously uninsured after

online and friends and family.<sup>44</sup>

Here are just a few examples of consumers who took action because of information they heard about through earned media:

- Carol Jackson from Illinois said enrolling in health coverage was a blessing after a year without insurance and two denials from insurers because of a pre-existing condition. She felt like she had no choice but to go without coverage after her husband was laid off and COBRA premiums were quoted at more than \$1,000 a month. She tried to enroll multiple times through HealthCare.gov on her own to no avail. But then she saw an upcoming GCA enrollment event mentioned on her local Channel 20 cable news, and she quickly jotted down the address and information to get in-person assistance. Carol said enrolling went smoothly with the help of an assister, and that she was nearly brought to tears by what the savings would mean for her and her family.
- GCA's "Countdown to Get Covered" bus tour stopped in McAllen, Texas, on March 11 to highlight the in-person enrollment assistance that was available at the local library. The day after the press event, an enrollment event at that library saw a four-fold increase in the number of attendees, with hundreds of consumers filing through their doors. Enroll America also hosted a phone-a-thon with CBS Action 4 Valley Central News on the evening of March 19 promoting an enrollment event at the







McAllen Convention Center. The phone-a-thon itself was one of the state's most successful, with 1,600 phone calls and questions answered during the phone-a-thon. But the phone-a-thon also boosted attendance for the two-day enrollment event, which served roughly 1,000 people per day.

- In Arizona, two TV stations broadcasted live from a Get Covered Phoenix enrollment event on March 31. That press coverage led to more than 300 families turning out to get enrolled. Nearly all of the consumers who attended the event mentioned that they were encouraged to take action after seeing the report on their local news.





# Lessons Learned from Engaging Consumers through Earned Media



- **Start with a messaging strategy and a goal.**

Know what you're communicating and to whom, and why it's important for them to hear those messages. Enroll America's goal was to reach uninsured consumers with the messages that would motivate them to enroll: namely, that financial assistance and in-person help were available. By creating specific press events around these themes, Enroll America was able to motivate uninsured consumers to look into their enrollment options.

- **Engage reporters on the importance of enrollment in their communities.**

Give reporters reasons to cover the issue. Enroll America encouraged constituency-focused outlets, as well as broader

media organizations, to look at providing this information as a public service for the community. For example, GCA staff and volunteers worked phone-a-thons at local TV stations answering questions for viewers.

- **Package your activities in news-worthy ways.**

Look for timely and relevant news hooks based on current events. For example, Enroll America was able to generate press about the new enrollment options available for people with pre-existing conditions during Diabetes Awareness Month.

- **Engage ethnic and specialty media and other trusted sources of information for your target audience.** For example, the Latino press is an incredibly

important resource and trusted messenger for the Spanish-speaking community. Enroll America had Spanish-speaking spokespeople at the local and national levels to engage the Latino press.

- **Educate staff about the importance of building relationships with reporters and executing an overall communications and messaging strategy.**

Enroll America had a full-time communications staffer in each of its 10 initial target states who made sure the local media were informed of the organization's activities and covered enrollment efforts.





## ENGAGING ONLINE THROUGH DIGITAL ADVERTISING AND OUTREACH

**Enroll America's research found that the uninsured population — particularly communities of color, young adults, and women — were more likely to get their information online, including through social media.**<sup>45</sup>

Approximately 91 percent of Americans own mobile phones, and 87 percent actively use the internet.<sup>46</sup> Women are 13 percent more likely to use social media than men. Latinos are 10 percent more likely to use social media than whites.<sup>47</sup>

This environment made a digital-heavy outreach strategy a clear priority, and consumers were at the core of every decision made in the digital program: What information did they need? What were the best message frames for explaining their options? A persistent test-and-learn approach to site design and messaging guided the campaign to maximize enrollment opportunities.

Enroll America's digital strategy had three primary components: (1) outreach, (2) engagement, and (3) enrollment.

**(1) Outreach:** Digital media has continued to evolve — it now allows for the use of sophisticated engagement strategies based on information gathered from consumers' online behavior. This helped the GCA campaign reach uninsured consumers online and replicate one-on-one, in-person conversations. Similar to the GCA grassroots team, the digital campaign engaged consumers who lived in the same ZIP codes with the highest rates of uninsured Americans and individuals who were among the demographic groups that were most likely to be uninsured. The campaign reached these consumers through various online paid media tactics, such as paid search, display banners, and social media.

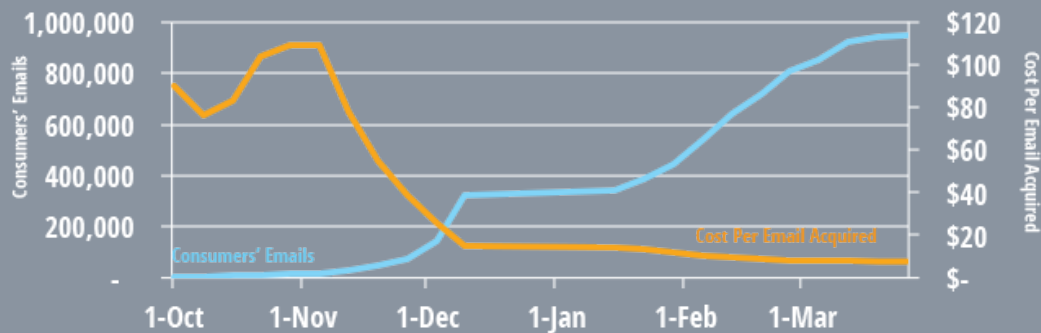
The GCA campaign began its paid media advertising by hyper-targeting only those



*To raise awareness, GCA created #GetCovered social media profile pictures that were widely adopted by partners and supporters alike.*



FIGURE 7.  
IMPROVING EFFICIENCIES  
OF PAID MEDIA



Source: #StateOfEnrollment: Key Findings: Maximizing Enrollment through Digital Best Practices and Testing, April 30, 2014

individuals who were believed to be uninsured, but the campaign found that a more cost-effective and efficient strategy was to focus on broad demographics across ZIP codes. (See page 78 to learn why Enroll America adjusted its digital outreach strategy.) It also positioned the digital campaign to engage a broader community in the discussion about getting covered, allowing interested individuals and families to opt into the GCA program. The campaign was able to get key messages about affordability, deadlines, and assistance resources in the hands of influencers who might not have been reached with a more hyper-targeted approach. The digital campaign was able to replicate a traditional grassroots program that would engage leaders in a community to help spread the word about enrollment options.

In mid-November 2013, Enroll America adopted its paid digital media strategy that was designed to reach a broader community of those interested in getting covered, which dramatically increased the number of consumers the digital campaign was able to engage and the efficiency with which they were reached. (See Figure 7.)

Ultimately, the campaign drove more than 1.85 million people to GetCoveredAmerica.org and had more than 1.1 million consumers sign up to get information by email.

**(2) Engagement:** During the first open enrollment period, Enroll America did not connect consumers directly to HealthCare.gov. Instead, the digital campaign directed consumers to the campaign's consumer-focused website, GetCoveredAmerica.org. Whether consumers lived in an FFM or SBM state, they could find helpful information customized for their situation and get connected to the state marketplace that was right for them. This was part of a broader consumer engagement strategy that was conceived long before the HealthCare.gov website glitches became apparent.

There were four main reasons to send consumers to GetCoveredAmerica.org rather than directly to HealthCare.gov (or their state's marketplace website):

- 1. HealthCare.gov had to be all things to all people.** HealthCare.gov had to cater to a broad audience with a variety of needs. It was not made explicitly for an audience of uninsured, under-informed, and potentially skeptical consumers. Based on consumer marketing research and best practices, GetCoveredAmerica.org was designed to offer a particularly simple, clean, easy-to-navigate user experience. The target consumer audience needed easy-to-understand tools and information that would give them the confidence to move forward with an application on



HealthCare.gov or their state marketplace website, but only once they were ready to transact.

FIGURE 8.  
GCA EMBEDDABLE  
CALCULATOR

**HOW MUCH WILL YOUR HEALTH INSURANCE REALLY COST?**

**GET COVERED AMERICA**

Your new health insurance options might be more affordable than you think. Your state's Health Insurance Marketplace offers a range of quality plans to fit your needs and your budget.

**ENTER YOUR HOUSEHOLD INFO TO GET AN ESTIMATE**

ZIP code

Estimated 2014 household income \$

# of people in household     
Includes you, a spouse, & kids you count as dependents on your taxes.

# of people who need insurance     
If the person being covered is less than 1 year old, please enter 0.

Person 1

Email   
Include email if you would like your results emailed to you.

☒ Receive updates from Get Covered America

**CALCULATE**

- 2. Consumers needed access to tools and information before they would commit to starting their application.** When HealthCare.gov launched, a lot of information about plans, costs, and eligibility for financial help were locked behind the application. Research suggested that consumers needed to get excited about this opportunity before they would consider starting an application, but there was not enough information available on HealthCare.gov to engage these “window shoppers.” On the other hand,

GetCoveredAmerica.org was a jargon-free website with tools and resources (like a calculator, assistance locator, and plan selector) that were helpful to consumers who might be learning about health insurance for the first time or who previously had a bad experience with health insurance. (See Figure 8.)

- 3. Consumers wanted a third-party, nonpartisan source of information on the ACA.** As mentioned previously, Enroll America’s consumer research showed that the uninsured were confused. They had a limited understanding of their opportunities under the ACA and wanted enrollment help from a trusted, independent source. Given its association with the Administration, HealthCare.gov was not positioned to serve as that resource. The fact that GCA was an independent third party provided a platform for conversation about the ACA that was not politically charged. In fact, GCA found success with little explicit mention of the ACA or “Obamacare” by simply focusing on helping consumers understand their new health insurance options.

- 4. Directing consumers to GetCoveredAmerica.org allowed the campaign to keep in touch with consumers throughout the enrollment process.** By collecting email addresses and phone numbers of interested consumers on GetCoveredAmerica.org, the conversation about getting covered was able to continue in a friendly tone from a trustworthy source, even when HealthCare.gov was not working. This allowed GCA to continue moving forward despite the early problems with HealthCare.gov.

**It is important to note that GCA’s success was not directly tied to the success of HealthCare.gov. The digital campaign was able to collect more than 1 million email addresses and 132,000 phone numbers**





of uninsured consumers, which created a tremendous opportunity for outreach. GCA sent more than 44 million emails during open enrollment — helping consumers understand their new options and know where to go for help.

**(3) Enrollment:** GetCoveredAmerica.org allowed consumers to continue exploring health insurance at a pace that was comfortable for them. Some consumers had very few questions, while others needed more help. GetCoveredAmerica.org provided consumers with a place where they could dig as deeply into their questions as they wished and then move on to their state's marketplace to complete their application when they were ready. **Nearly one-third of all site traffic was from consumers who were returning to the site to learn more, a rate that increased by 30 percent in the last few weeks before the March 31 deadline (and the April 15 grace period).**

Just as on-the-ground staff and volunteers built relationships with consumers by developing trust over time, the campaign's digital presence used online tools, email, and social media to establish trusted relationships that made consumers responsive to follow up about the enrollment process. The digital campaign encouraged consumers to share their phone numbers with Enroll America so the grassroots team could follow up with them as well. The campaign also directed consumers to the Get Covered Locator tool to find and connect with enrollment help in their area over the phone or in person. **Ultimately, the digital campaign succeeded in connecting some 380,000 consumers to their state's marketplace website or to contact information for local application assisters.**

*Ultimately, the digital campaign succeeded in connecting some 380,000 consumers to their state's marketplace website or to contact information for local application assisters.*





## Lessons Learned from Engaging Consumers Online

The online conversation with consumers provided numerous opportunities to test and optimize engagement. Tests were both small (a few words in a headline, subject line, or action button) and large (design concepts and layouts). And tests were conducted across email, websites, landing pages, advertising copy, and graphics. Some tests produced small improvements, others yielded 50 percent gains, and still others resulted in as much as a 10-fold increase in engagement.<sup>48</sup> During the first open enrollment period, the campaign identified some crucial — and sometimes surprising — results.

### Sharing Stories Was Less Effective than Providing Individualized Help

Emails with straightforward subject lines performed much better than those that emphasized personal stories.<sup>49</sup>

- “Free, in-person help with your health insurance application”
- “How to choose the right plan before March 31st”

Messages in email and on the site that connected with consumers’ wallets resonated more than emotional appeals.<sup>50</sup>

- “Health insurance is more affordable than you might think”
- “Sign up by March 31st to avoid paying a fine”

Having access to consumer-friendly tools that could help people understand their options, not stories of other people getting

enrolled, were the strongest drivers to get consumers to start their applications.<sup>51</sup> Consumer stories still have value when it comes to engaging volunteers and supporters, in fundraising, in generating earned media, and even in certain consumer settings. However, the results of several rounds of testing indicated that consumers were more likely to take action if they first saw how they would be affected personally.<sup>52</sup>



### **“Affordability” Was a Top Message Driver, but Some Approaches Worked Better than Others**

Including specific dollar amounts consistently outperformed all other messages in driving email open and click rates, as well as action on the website.<sup>53</sup>

- “More than half of uninsured Americans could get covered for under \$100 a month.”

Messages referring to “super savers” consistently drove the highest action rates.<sup>54</sup>

- “Gail R. from Pennsylvania got covered for \$1.11 a month.”

Messages with overtly sales-oriented phrases like “savings” or “free help” underperformed the alternatives. Even specific

examples from consumers who “saved hundreds” performed far worse than the previously mentioned examples.<sup>55</sup>

### **The Penalty for Not Having Coverage, and the Deadline, Were Positive Motivators**

“Fine” outperformed “penalty” and “fee” to describe the mandate.<sup>56</sup>

- “Avoid paying a fine”
- “Sign up by March 31st to avoid paying a fine”
- “You have less than X days left to sign up for affordable health insurance — or you may have to pay a fine.”
- “Get started today, and make sure you don’t have to pay a fine!”

### **This Was Not a Political Campaign — It Was a Consumer Marketing Campaign**

Consumer marketing techniques, not traditional messaging that is commonly used in nonprofit or political campaigns, were best able to engage consumers about enrollment.<sup>57</sup>

- Phrases like “Get started” and “Learn more,” which are more typical in consumer marketing, greatly outperformed language that is common in political and nonprofit campaigns, such as “Commit now.”
- Simple deadline- and fine-focused emails outperformed “day of action,” fundraising-, and grassroots-style emails that ran the risk of introducing artificial deadlines.

***This was not a political campaign — it was a consumer marketing campaign.***





## ENGAGING ON THE GROUND: GRASSROOTS ORGANIZING AND COALITION-BASED PARTNERSHIPS

Day in and day out, Enroll America staff implemented a consumer- and data-driven grassroots program in the 11 campaign states. To run each state's grassroots program, Enroll America divided the core responsibilities of developing and maintaining relationships with partners, providing day-to-day management, and engaging the media.<sup>58</sup> Each state had a state director, who was the public-facing representative of Enroll America statewide. State directors focused on strengthening traditional partnerships, working with enrollment assisters (navigators, community health centers, and other entities), and engaging nontraditional partners (like colleges, small businesses, and faith communities) who could reach uninsured Americans. The state directors who led these efforts were selected, in part, because of their existing presence in and knowledge of the health coverage community in their state.

Each campaign state, except Tennessee, had two other statewide staffers: an organizing director and a communications lead. The organizing director's primary responsibility was managing the grassroots staff day to day and leading them to meet their weekly consumer-contact goals. The communications lead was responsible for maintaining relationships with the press and preparing staff or volunteers to go on the record with reporters.

Every state had a regional structure of organizers who were responsible for specific areas. In their target region, they worked

every day with volunteers and local partners to reach consumers with information, and to collect data on those consumers so the organization could follow up and make sure they got covered.

Enroll America's grassroots program evolved to include four different but overlapping types of activity:

- Conducting outreach in neighborhoods with high rates of uninsured individuals
- Gathering consumers' contact information by using "commit cards" (See Figure 9.)

**FIGURE 9.**  
**GCA COMMIT CARD**

Staff and volunteers encouraged individuals to fill out a commit card if they were interested in learning more about their options or starting the enrollment process. The commit card was an easy, flexible, and transportable system to collect the essential consumer data needed to conduct follow-up. Through the commit card, individuals could sign up for Enroll America's email and text program and indicate if they were interested in volunteering.

The Health Insurance Marketplace allows you to compare plans and prices side-by-side, then choose the one that fits your needs and your budget.

Here's what you should know:

- Financial help is available for many.
- You can get free help — online, by phone, or in person — with your application or to better understand your options.
- If you missed the deadline to get covered, certain changes in your life (like getting married, having a baby, or moving) could allow you to sign up for a new plan that better fits your new situation.

We'll be in touch about important dates, and we'll send you more information about your health insurance options so that you'll be ready to get covered.

Yes! I, \_\_\_\_\_, commit to learning more about my health coverage options.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

☐ Send me text alerts so I'll be ready to get covered. (Message & data rates may apply)

☐ I believe I am affected by a life change.

☐ I do not currently have health insurance.

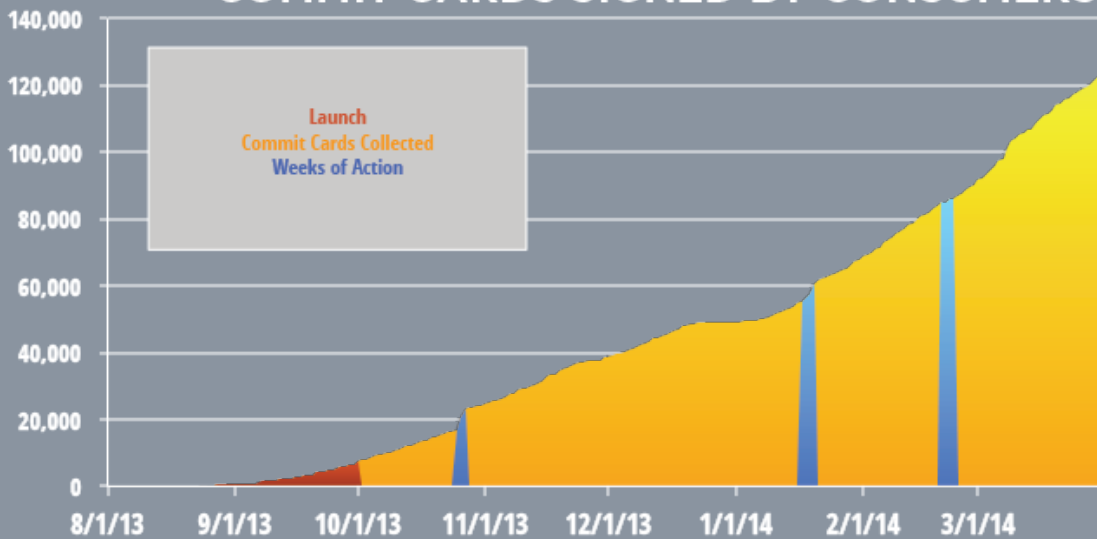
☐ I'm looking for better coverage.

☐ I'd like to volunteer with Get Covered America.

For official use - origin \_\_\_\_\_ For official use \_\_\_\_\_ A B C D



FIGURE 10.  
COMMIT CARDS SIGNED BY CONSUMERS



Source: Data Collected by Enroll America's Field Program

- Running a follow-up phone program to reach consumers who were previously identified as uninsured and/or who indicated interest in the new health coverage options<sup>59</sup>
- Organizing coalition-driven consumer enrollment events with partners

All four of these activities were enhanced by a focused and strategic earned media and digital outreach plan (which is referenced in several sections of this report), as well as by strong local partnerships.

#### Conducting Data-Driven Outreach

Throughout open enrollment, the grassroots team conducted outreach in four primary ways: tabling at high-traffic events, door-to-door outreach, phone banking to follow up with consumers, and talking to consumers at enrollment events. Examples of outreach tactics included: tabling after worship services, going to high-traffic public transportation locations, or working with CVS and other corporate partners to have a table in their stores. Organizers focused their outreach in ZIP codes with a high density of the uninsured and at locations where they could engage interested consumers.

#### Gathering Consumers' Contact Information

When speaking with interested or uninsured consumers, Enroll America staff or volunteers asked individuals to fill out a commit card. Staff and volunteers encouraged individuals to fill out a commit card if they were interested in learning more about their options or starting the enrollment process. Consumers were not asked to commit to enrolling in coverage. The commit card had several fields for the consumer to fill in: name, address, email, and phone number, for example. This information was then entered into the GCD database.

#### Collecting this information allowed staff and volunteers to follow up with consumers with additional information about how to connect to coverage.

Throughout the initial open enrollment period, Enroll America staff continued to identify newly eligible consumers and asked them to fill out commit cards. Nearly half of all commit cards (44 percent) were collected in the months of February and March. (See Figure 10.) This was primarily due to a short-term surge in staff, but also because of a supplemental, robust volunteer program that was strategically kicked off in February (to gear up for the March 31 enrollment deadline) and a



FIGURE 11.  
COMMIT CARD SOURCES IN MARCH

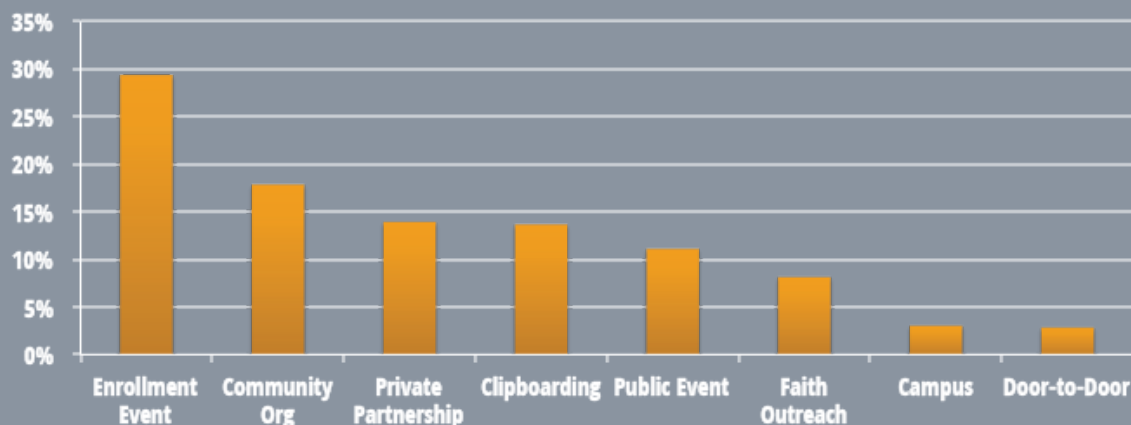
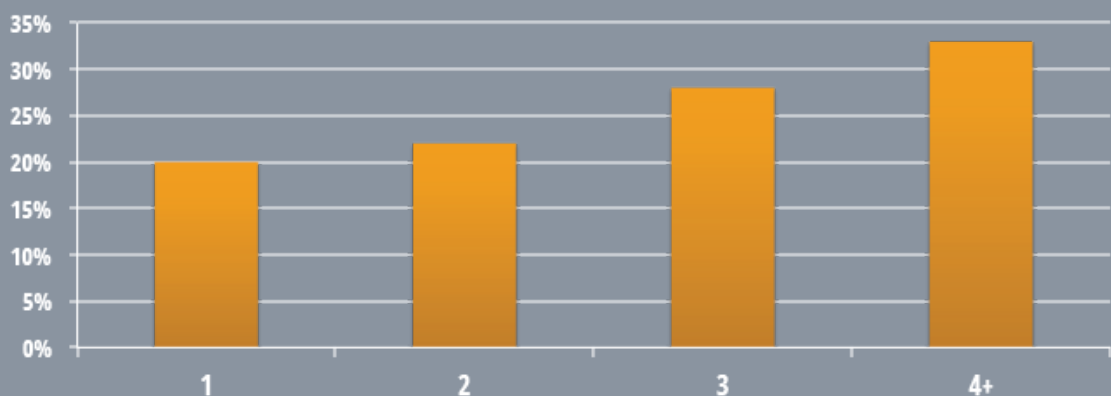


FIGURE 12.  
INCREASE IN ENROLLMENT RATE  
AFTER MULTIPLE CONTACTS



Source: Data Collected by Enroll America's Field Program

heightened increase in consumer awareness about the new coverage options. Enroll America staff and volunteers were able to get commit cards from more than 20 percent of the 670,000 people spoken between June 2013 and May 2014.

Commit cards came from a variety of sources depending on the area, and organizers changed their tactics when they identified strong sources of commit cards. (See Figure 11.) For example, in the last month of open enrollment, enrollment events proved to be the best source for commit cards, but staff and volunteers continued to get cards from a variety of sources, such as community organizations, clip-boarding, and door-to-door

outreach. In March 2014, more than one in 10 commit cards came from a private partnership with CVS, Kmart, or a local small business. (See page 76 of this report for more on how Enroll America evaluated these efforts.)

#### Follow-Up and Enrollment

After identifying consumers who were interested in enrolling, Enroll America staff and volunteers followed up by phone to make sure these consumers enrolled. This became the heart of Enroll America's grassroots effort. With each contact from an Enroll America volunteer or staff, consumers became more likely to enroll. (See Figure 12.)



**This effect was particularly strong among difficult-to-reach populations: African American and Latino consumers were about twice as likely to enroll after the third follow-up, and young people were more than twice as likely to enroll after the third follow-up.**<sup>60</sup> In fact, even though young, African American, and Latino consumers started out being significantly less likely to enroll than average, by the time they had been contacted four times, that gap shrank significantly, and they were nearly as likely to enroll as other consumers.

The enrollment process often took consumers significant time and several attempts over multiple days. **Analysis of post-enrollment surveys found that 45 percent of those who enrolled visited HealthCare.gov or their state's marketplace website three or more times, 60 percent took more than a week to enroll, and 37 percent invested four or more hours in enrolling.**<sup>61</sup> An effective follow-up program provided an ongoing nudge for consumers to finish the process.

Following up by phone also provided organizers with two opportunities:

1. To gather more information about the consumer (his or her email, insurance status, etc.): If individuals had enrolled in health insurance, they were removed from the call list and asked if they would like to share their story and/or talk to their friends and family about the new coverage options.

2. If individuals had not yet enrolled, volunteers or staff would continue to follow up with them to connect them to coverage, either in person, online, or through the hotline. For instance, individuals would be notified about upcoming local enrollment events, and, when possible, staff and volunteers would make appointments for individuals with assisters.

**Consumers who received help from a navigator, CAC, or other in-person assister were about twice as likely to successfully enroll as consumers who attempted to enroll online without help.**<sup>62</sup> Furthermore, African Americans and Latinos were 43 percent more likely to seek help than their white counterparts.<sup>63</sup>

For these reasons, over the course of open enrollment, the Enroll America grassroots program placed more emphasis on referring consumers to enrollment events and on coordinating large-scale events like the National Latino Enrollment Summits (see page 59) to make sure that consumers had opportunities to enroll with in-person assistance. This tactic proved especially important during the final weekend of open enrollment, when long lines and high attendance at enrollment events across the country highlighted the importance of serving last-minute enrollees.

*Consumers who received in-person help ... were about twice as likely to successfully enroll as consumers who attempted to enroll online without help.*





## Tips and Tricks: Enrollment Event Logistics

- **Schedule specific hour-long appointment slots for consumers to meet with in-person assisters,** and confirm appointment dates and times with consumers twice before the day of the event.
- **Determine whether it makes sense to double-book appointments** to maximize efficiency in case individuals do not show up for appointments.
- **Hold classroom-style enrollment events.** This enrollment approach allows several consumers to begin the enrollment process simultaneously while still receiving in-person help. Each assister can help four or five individuals at once. Classroom-style enrollment events can work well in computer labs (at a school or library, for instance), and local media may be interested in helping

promote these events. This type of enrollment can be particularly useful when important deadlines loom and there is a surge in interest, or when assister capacity is limited. For example, if a computer lab has 40 computers, the event can be fully staffed with just 10 assisters.

- **Make sure all staff and volunteers have defined roles and know their direct responsibilities.** Even if the event is large, doing a dry run will increase efficiency on the day of the event.
  - **Identify the language needs of the population being served,** and establish new partners or work with existing partners to provide culturally and linguistically appropriate assistance.
  - **Have an airtight sign-in and sign-out process.**
- Instruct every assister to have consumers go to the sign-out table when they're done with their application. Having consumers sign out will help organizations track whether or not consumers successfully enrolled.
- **Consider doing larger events** on weekends (especially Saturdays from 10:00 a.m.-3:00 p.m.).
  - **Do enrollment on a weeknight (especially near deadlines);** the highest traffic is usually from 5:00 p.m.-9:00 p.m.
  - **Publicize the enrollment opportunity** by engaging the local media. Consider partnering with a local news station to do a phone-a-thon to educate consumers about their new options and to raise awareness about the enrollment event.





## Lessons Learned from Engaging on the Ground

After months of outreach work through the GCA campaign, seven tactics rose to the top as consistently successful strategies to reach the uninsured:

- 1. Working with partners was essential for effective grassroots organizing around enrollment.** Enroll America magnified its reach by enlisting specific individuals who were influencers in their community (like public officials and local celebrities) and teaming up with trusted institutions (like churches and schools). For instance, through its faith outreach program, Enroll America was able to reach over 125,000 consumers. Among many strategies, this was made possible by engaging faith leaders and having tables of information available after worship services. (See page 48 for more examples of the importance of partner engagement.)
- 2. Collecting information using a commit card was an effective and simple way to collect consumers' information for follow-up.** Consumers could also tear off a portion of the card that had helpful information on enrollment. The commit card worked well at many different types of events, including outreach at churches, hospitals, and farmers' markets.
- 3. Working with assisters was a crucial component of the work,** as Enroll America staff and volunteers did not directly enroll individuals in coverage. One of the biggest challenges in March 2014 was the limited capacity of in-person assisters due to high demand. In order to plan ahead for the inevitable surge at the end of open enrollment, more assisters will need to be recruited to help consumers navigate the enrollment process.
- 4. Following up with consumers over the phone was one of the most important tools Enroll America staff employed.** It allowed organizers to have multiple contacts with consumers, which in turn allowed them to collect more information about consumers' insurance status, invite them to enrollment events, and slot them into appointments with assisters.
- 5. Establishing locations for "drop boxes" where consumers could leave their contact information so that Enroll America staff could follow-up** with them was a low-cost, low-



effort option that yielded results. Once Enroll America staff established partnerships with locations where there were likely to be uninsured consumers, such as at The Ohio State University Wexner Medical Center, they set up a physical drop box and trained partner staff at those locations to ask consumers to fill out commit cards and leave them in the box. Later, Enroll America staff picked up the cards and followed up with those consumers over the phone.

6. **Engaging volunteers allowed Enroll America's grassroots program to grow to scale.** If Enroll America had relied only on a fixed number of paid staffers, consumer outreach would have stayed constant throughout open enrollment. However, by recruiting more than 31,800 volunteers leading up to and through open enrollment, GCA increased its rate of consumer engagement and was ultimately able to

have more than 670,000 conversations with people who were looking for health insurance.

7. **Providing a consistent time and location** — for example, the local library from 9:00 a.m. until 5:00 p.m. — helped spread the word in communities, and consumers responded well to this strategy.







## Women in Focus

Enroll America's research indicated that women played a particularly important role during the initial open enrollment period. This is because women tend to be the health care decision makers in their households, are more likely to enroll than men, and are more likely to help their friends and families get covered.<sup>64</sup>

Furthermore, Enroll America knew that moms, wives, grandmothers, aunts, and girlfriends were going to be crucial to reaching other demographic groups. When young Americans and other hard-to-reach groups were asked whom they would turn to for advice on health insurance, their mom or a female significant other was the person they were most likely to call.<sup>65</sup>

Indeed, subsequent research confirmed these findings.

**In January, Enroll America asked consumers whether they spoke to friends and family about health insurance, and found that women were 47 percent**

**more likely to report sharing information than their male counterparts.<sup>66</sup> Enroll America's post-enrollment survey found that mothers were twice as likely as fathers to have helped a consumer choose a plan, and twice as likely to have discussed getting health insurance with consumers (among the newly enrolled, 19 percent compared to 10 percent, and among the uninsured, 15 percent compared to 7 percent).<sup>67</sup>**

As enrollment stakeholders identified young people, particularly young men, as a focus for enrollment, conventional wisdom suggested that they should be a top target for paid media and outreach. This was the community that research indicated was the least likely to enroll and therefore should be the focus of outreach and education work. While this wasn't the only mechanism used to reach young adults, and young men in particular, Enroll America determined that influencing the relationship between this

demographic and the women in their lives would provide a path to success.

For these reasons, Enroll America chose to explicitly engage women in its paid media and outreach efforts. The primary audience for Enroll America's paid digital marketing campaign was African American, Latina, and Caucasian women ages 18-64. Enroll America tailored the imagery, messages, and content of the ads specifically for a female audience.

Enroll America's campaign with the Ad Council, called "Take Care People," also focused on women. The imagery, voice talent, and use of pets as a messenger were chosen specifically to appeal to young women, especially young moms. While pets are not the first messenger that springs to mind when one thinks about health coverage, focus groups revealed the concept to be disarming, and consumers — especially women — were able to retain



# WOMEN REPRESENTED 64 PERCENT OF TRAFFIC ON GETCOVEREDAMERICA.ORG

the important messages after seeing the ads. In the context of a highly politicized discussion around the ACA, the pet concept provided an opportunity to deliver the facts in a non-political, non-threatening, and factual way.

In 2013, Enroll America and its partners launched the national “She Knows” campaign. This campaign is a call for women to learn more about their stake in the new health coverage options. It also encourages women to recognize their role as trusted messengers and to gain training on how to effectively amplify their voice to help spread the word to other uninsured Americans. The campaign engaged women through various mechanisms: house parties; webinars; tele-town halls; trainings for organizations and volunteers; social media (on Twitter and Facebook); and with blogs and emails.

The results of Enroll America’s focus on women were clear.

**Women represented 64 percent of traffic on GetCoveredAmerica.org.** In addition, a majority of the people who asked Enroll America staff or volunteers to follow-up with them about their coverage options were women, 59 percent of the consumers who received enrollment assistance from staff or volunteers were women, and 68 percent of the consumers who were connected to their state’s marketplace via GetCoveredAmerica.org were women. **Just as telling is that two-thirds of the volunteers GCA recruited in the 11 states with grassroots operations were women, demonstrating how Enroll America was able to mobilize women to get the word out about new coverage options.**

Fernando Valdez, 25, said he was dragged out of bed early on Saturday by his mother, who forced him to wait in line and enroll.

Now, Valdez will pay \$22 a month for his health insurance. “I got home at 4 a.m., and here I was at 7:30 a.m.,” Valdez said. “My mom made me come here and sign up, and we were 80th in line. There were tons of people outside. I was forced to come here — but now I can walk away a covered man, knowing that if I get into an accident, I will not be in trouble with trying to find health care.”<sup>68</sup>

Women will likely remain a trusted messenger among populations with the highest rates of uninsured. In the coming weeks and months, Enroll America will continue to engage women as valued partners in its mission to maximize enrollment. **Enroll America will do this through ongoing work with partners to coordinate educational opportunities for women as health coverage consumers, and by engaging the institutions that are likely to be in contact with women, such as health care providers and sororities.**

*“My mom made me come here ... but now I can walk away a covered man.”*





## “Take Care People”

**In 2013, Enroll America was accepted as an Ad Council campaign.** The Ad Council produces, distributes, and promotes public service campaigns on behalf of nonprofit organizations and government agencies in issue areas such as preventive health, education, community well-being, and strengthening families. The Ad Council model works by partnering nonprofits with agencies that donate their time and talent to the effort, and the Ad Council secures donated media.

This meant that **Enroll America would be partnering with the Ad Council on an**

**integrated, nationwide marketing campaign that was designed to drive consumers to GetCoveredAmerica.org** and ultimately to enroll in coverage. This initiative was in addition to the resources Enroll America had invested in paid digital media, and was pursued because the Ad Council's model allowed Enroll America to secure media placements with entities that had broad audiences where consumers would not otherwise see or hear information about health coverage. Furthermore, it offered the ability to maximize reach through donated media at a fraction of the cost of a nationwide, integrated

marketing campaign on a similar scale.

The integrated marketing campaign features TV, radio, out-of-home, digital, and mobile ads. **The campaign launched in February 2014 and will continue for the next several years. Together, the Ad Council and Enroll America produced more than 50 versions of the ads, and they have been seen nationwide.** During open enrollment, the Ad Council-Enroll America partnership secured \$6 million in donated media. **The television ads aired more than 13,000 times, and the campaign yielded 133 million impressions in**

*The television ads aired more than 13,000 times, and the campaign yielded 133 million impressions in less than two months.*





less than two months. The ads were featured in Times Square and appeared in *O Magazine*, *People*, *Entertainment Weekly*, *Shape*, the *Enquirer*, and others. The campaign also conducted Twitter chats with major Twitter influencers to reach African American women, Latinas,

millennials, and new moms. The estimated value of the partnership in donated media over the two- to three-year life of the campaign is between \$25 and \$75 million.

This partnership provided Enroll America with a unique opportunity to reach

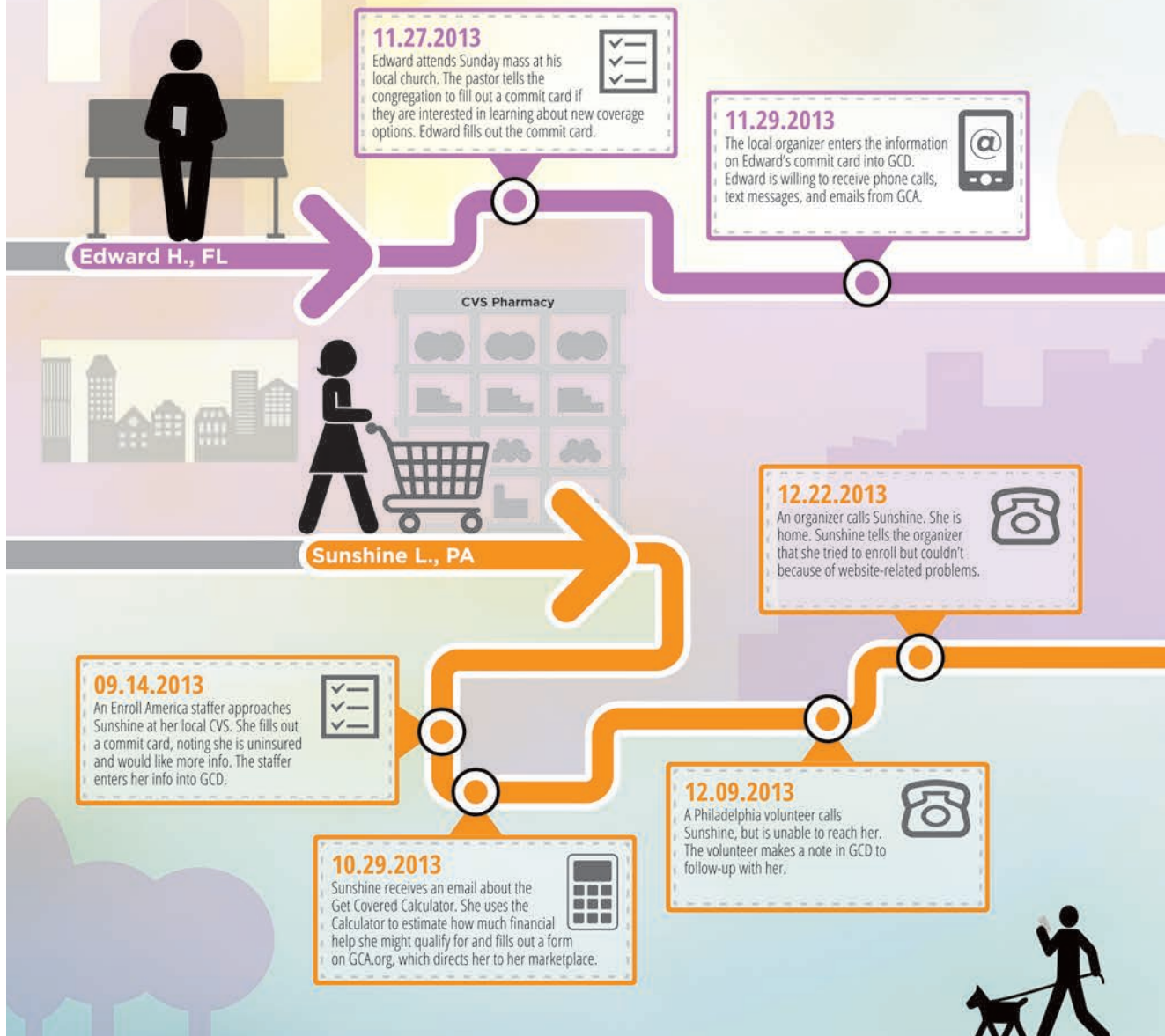
millions of consumers with creative media during the initial open enrollment period. **The campaign will continue to raise awareness about new coverage options over the next few years as enrollment stakeholders work to maximize enrollment.**

*The ads were featured in Times Square and appeared in O Magazine, People, Entertainment Weekly, Shape, the Enquirer, and others.*

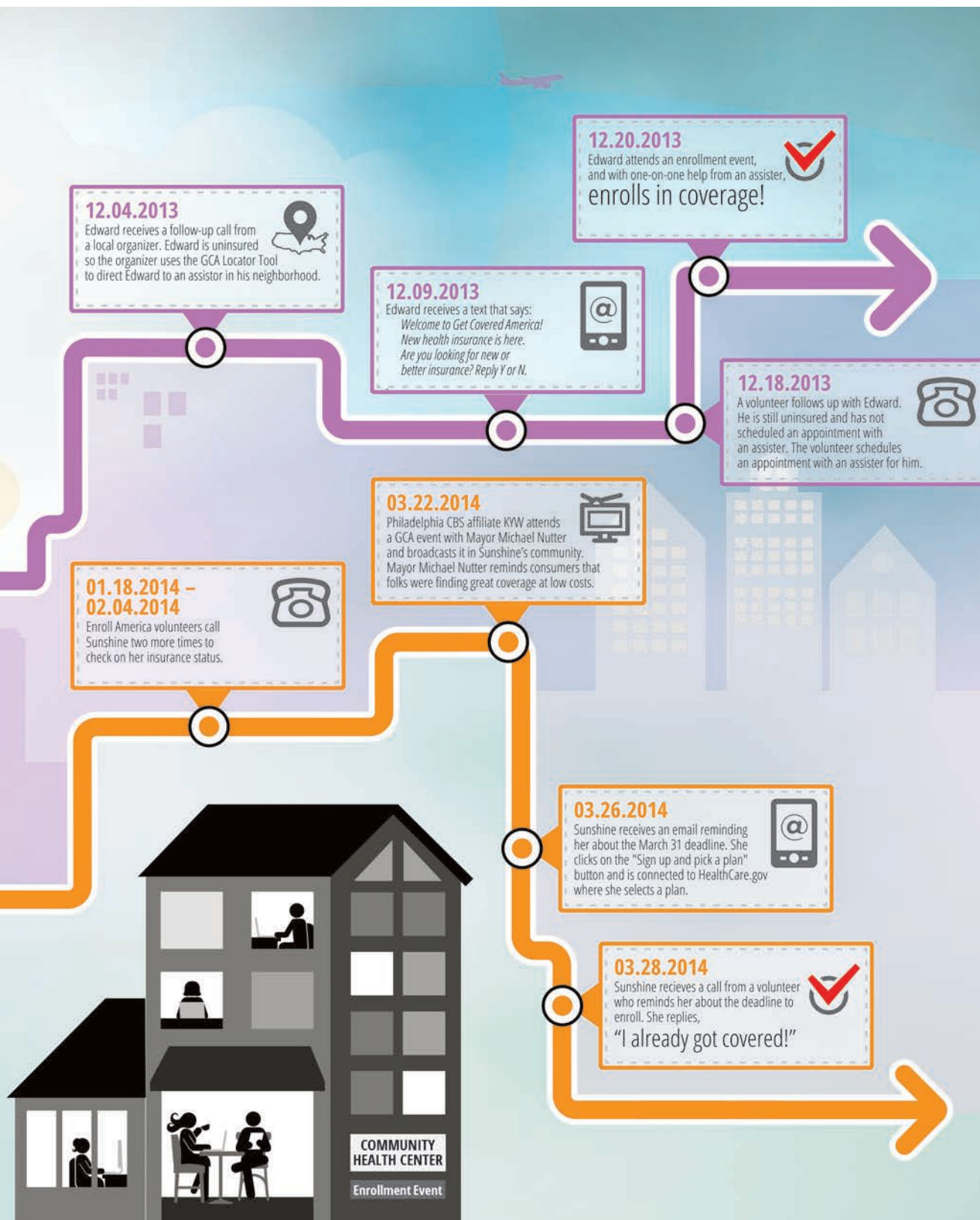


## THE PATH TO COVERAGE

These case studies show how Enroll America helped consumers along the path to coverage – with multiple touches online, in person, and through earned media.

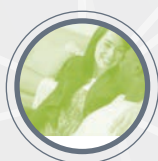








*It was clear to Enroll America's founder, Ron Pollack, that a "big tent" effort would be needed to accomplish the mammoth task of enrolling millions of newly eligible uninsured consumers in coverage.*





# THE POWER OF COLLABORATION LEVERAGING PARTNERSHIPS

No organization, no matter how large or sophisticated, can enroll millions of Americans on its own. For an effort of this scope and scale, health coverage stakeholders needed to work with an enormous number of partners to reach consumers with key messages about their new coverage options, the availability of financial help, and enrollment deadlines. Effective partnerships can help facilitate these conversations and can provide valuable opportunities to multiply reach, convey tested messages through trusted messengers, and increase access to resources and expertise. In a survey of representatives from Enroll America's partner organizations, 73 percent said that partnerships were "critically important" to their work.<sup>69</sup>



## Enroll America's Approach

Enroll America was created to be a collaborative organization, working with partners that run the gamut of health coverage stakeholders. Even before the

passage of the ACA, it was clear to Enroll America's founder, Ron Pollack, that a "big tent" effort would be needed to accomplish the mammoth task of enrolling millions of newly eligible uninsured consumers in coverage.



# THE MOST OBVIOUS BENEFIT OF LARGE-SCALE PARTNERSHIPS IS THE OPPORTUNITY TO ENGAGE ENORMOUS NUMBERS OF AMERICANS THROUGH NETWORKS THAT HAVE BEEN BUILT AND FACILITATED BY PARTNERS.

**In 2011, before the organization was officially launched, Enroll America began to enlist many different voices in all 50 states and Washington, D.C. — insurers, health care providers, retail pharmacies, consumer advocacy organizations, labor organizations, government, and others — to work together on their shared interest: enrolling Americans in health coverage when new options became available.** This meant raising awareness of enrollment options among the uninsured and working to support an easy, accessible, widely available enrollment process.

In addition to convening partners, Enroll America aimed to assist health coverage enrollment stakeholders by providing policy support and guidance. Enroll America's Best Practices Institute (BPI) offered partner organizations this support through publications, toolkits, webinars, presentations, trainings, and blog posts on outreach and enrollment policy best practices.

At the same time, BPI also served as a policy compass for the GCA campaign, training staff and volunteers on pertinent policy issues and synthesizing learning from the field into policy recommendations for state and federal policymakers. Based on information collected through the campaign effort and from state partners, BPI made recommendations to policymakers on topics including enrollment

assister programs, the application, and the call center, among others. To complete this “feedback loop,” BPI provided timely updates on national policy developments and best practices for partners, grassroots staff, and volunteers. This work continues with ongoing Medicaid enrollment and as we head into the next open enrollment period.

## Expanding Reach

**The most obvious benefit of large-scale partnerships is the opportunity to engage enormous numbers of Americans through networks that have been built and facilitated by partners.** Partners have unique memberships and distinct audiences. Effective partners also have tools that can expand the reach and effectiveness of coalitions. For example, to drive enrollment, Enroll America partnered with the Service Employees International Union (SEIU), which has 2.1 million members.

SEIU members have a strong history of advocating for health coverage as a way to improve the lives of low-wage workers. SEIU nurses, doctors, child care providers, and security officers reached out to contact millions — SEIU members, their families, friends, and community members. SEIU's local member leaders conducted a variety of different outreach activities — ranging from renting kiosks at shopping malls where high rates of uninsured individuals frequented to conducting telethons with Latino media outlets. In addition, SEIU members partnered with African American, Latino, and lesbian, gay, bisexual, and transgender (LGBT) groups. This allowed SEIU members to expand reach into specific communities and develop strong networks in counties with the highest rates of uninsured.





*"In Arizona, longstanding coalitions evolved, and new partnerships were forged to ensure that a wide range of consumers were informed about their new health insurance options under the ACA. These partnerships increased reach to low-income families, Latinos, and other groups with some of the highest uninsured rates. This initial open enrollment period reinforced that in health coverage enrollment work, the whole is most definitely greater than the sum of its parts."*

**-Kim Van Pelt, Director, State Health Policy and Advocacy, St. Luke's Health Initiative**

### **Singing from the Same Hymnal**

Consumer research has found that consumers needed to hear a few key messages: 1) all plans cover certain key benefits, 2) financial help is available, 3) they cannot be denied because of a pre-existing condition, and 4) all plans have to tell consumers what services are covered and what they cost with no fine print.<sup>70</sup> However, who consumers needed to hear these messages from, how they wanted to be reached, and their demographic diversity meant that health coverage stakeholders would need to work with an

enormous number of groups, organizations, and networks to get the job done.

Partnerships allowed for the coordination and delivery of these messages. National coalitions disseminated research findings; coordinated message calendars; and coordinated monthly, themed outreach and education initiatives. For example, when research revealed a persistent lack of awareness about new plans and financial help that is available, Enroll America and its partners were able to pivot to messages that focused explicitly on these issues.



## ENHANCED COORDINATION THROUGH THE NATIONAL COALITION ALSO ALLOWED ORGANIZATIONS TO COALESCE AROUND KEY MESSAGES AT CRITICAL TIMES.

Working with the national coalition also meant that literature, educational materials, tools, press releases, and outreach events could be coordinated with the same important messages that consumers told researchers they needed to hear. For example, one month before the end of open enrollment, the coalition unveiled a massive wave of activity to educate consumers about their benefits and to get people to sign up for coverage. More than 4,000 events were scheduled throughout March, ranging from enrollment events and days of action to bus tours and social media pushes. To ensure that consumers knew about the financial help available, organizations joined together to publicize their events in one location online at ACAFinancialHelp.com. This was a website where consumers could enter their ZIP code and see a list of local enrollment events, figure out whether they qualified for financial help, and get enrolled.

**Enhanced coordination through the national coalition also allowed organizations to coalesce around key messages at critical times.** For instance, making sure consumers were aware of enrollment deadlines was an important component of national-level partner engagement work. News stories about shifting deadlines had created widespread confusion about which deadlines mattered, whom they applied to, and where they applied.



*"It is vital that everyone — assister groups, providers, and health plans — work together to ensure that consumers have critical information about how to enroll, when to enroll, and how to retain coverage. Working in partnership with a variety of stakeholders across industries, we've seen great enrollment outcomes during this first period and look forward to additional collaboration for future success."*

**-William M. Gracey, CEO, BlueCross BlueShield of TN**



*“[Latino outreach] was successful because we had bilingual navigators who were very familiar with serving the needs of this population ... You must include local organizations [that] families trust if you are going to be successful with outreach and enrollment.”*

**-Daniel Goetz, Certified Marketplace Navigator,  
Alamo Area Council of Governments**

#### Trusted Messengers

**Key segments of the population, especially low-income individuals, African Americans, and Latinos, were deeply skeptical about the affordability and availability of new plans.<sup>71</sup> Therefore, enrollment stakeholders needed to be diverse and inclusive; work closely with organizations that reached people of color, women, and young adults; and closely involve these groups in the decision making surrounding outreach and communications.** For example, MomsRising

(Health Ambassador Network of 4,000), the National Council of Jewish Women (90,000 members), Raising Women's Voices, and Black Women's Roundtable have used messaging and outreach tools provided by Enroll America to reach uninsured women.

#### Bridging the “Resource Gap”

Enrollment funding and other resources, whether from government or private sources, were not distributed evenly across the states (or even within states), nor were they

*“Working together allowed us to overcome some of the barriers that organizations who didn't partner faced ... By collaborating and sharing best practices, many organizations were able to make necessary shifts in their strategies, outreach efforts, staffing, etc.”*

**-Maura Shiffman, Manager, Community Health and Data  
Division, Health Council of South FL**





allocated based on where the uninsured live. This “resource gap” was especially apparent in states that did not run their own marketplaces, since these states had far fewer sources of state or federal funding at their disposal to support outreach and enrollment work. The country became a patchwork of state-based, partnership, and federal marketplaces, each with its own requirements and capacity to conduct outreach and public education.

**State-based marketplaces like California’s had disproportionately more resources to educate and enroll the public than states like Florida, North Carolina, or Texas, which did not run their own marketplaces. That meant fewer resources and staffers on the ground in these states to let consumers know how, why, and where to enroll.**

Effective partnerships between organizations, such as one in North Carolina that developed a statewide, in-person assistance scheduling system (see page 70), helped address these “resource gaps” by allowing groups to share

resources or gain expertise to reach critical populations. Because so little money was dedicated to outreach in states that did not set up their own marketplaces, these partnerships became the critical enrollment infrastructure in many places.

### Effective National and State Partnerships

Although Enroll America’s work began at the national level, it quickly expanded to include partners at all levels: national, state, regional, and local. These partners came to the table because collaboration was mutually beneficial — all organizations stood to gain by working with the other partners. Moreover, enlisting the help of a wide variety of stakeholders at all levels helped ensure that consumers received information where they wanted and from an individual or institution they trusted.

On the next pages are just a few promising practices from national-level efforts:





## REACHING YOUNG AMERICANS AT COMMUNITY COLLEGES

There are a few reasons why community colleges are an ideal place to reach young adults:

1. Community colleges are more likely than four-year colleges to serve uninsured students, in part because these institutions do not require their students to have health insurance.
2. Community colleges have an interest in connecting their students to coverage because nearly 70 percent of people who started their degree but did not finish said that having health insurance would have helped them “a lot” in completing their degree.<sup>72</sup>
3. Community colleges are a trusted source of information for their students. As such, they are able to mobilize large groups of students when they, for example, email their entire student body about an upcoming enrollment event on campus.



4. Community college campuses usually have high-traffic areas where outreach activities, such as tabling, can be effective.

With the help of national and local-level partners, Enroll America approached community colleges about holding webinars and conference calls for administrators and holding enrollment events for their students and staff. Community colleges that agreed to host events committed to providing a space equipped with computers and audio/visual capabilities. The colleges also took their own steps to educate students about the new insurance options and promote enrollment events by sending campus-wide emails and using campus newspapers, radio stations, and social media platforms to disseminate information.

Enroll America provided the language and an RSVP link for schools to use in promotional materials and, together with local HHS offices, recruited navigators and CACs to attend the enrollment events.

In states where Enroll America had grassroots staff on the ground, organizers also called students to confirm attendance and to remind them about the documents they



# ENROLL AMERICA EVENTUALLY BUILT RELATIONSHIPS WITH MORE THAN 40 COMMUNITY COLLEGES AND HELPED FACILITATE MORE THAN 70 ENROLLMENT EVENTS AT COMMUNITY COLLEGES IN 25 STATES. THIS LED TO MORE THAN 500,000 STUDENTS BEING CONTACTED DIRECTLY.

needed to bring to their appointments, conducted sign-in and sign-out at the events to track those who came and whether they successfully enrolled, gave presentations at the events, and followed up with students who did not complete the enrollment process at the events to facilitate future opportunities to complete enrollment.

For example, Enroll America held an enrollment event in partnership with Miami-Dade College. The school agreed to provide

a computer lab for the event, to send emails to staff and students, and to market the event online. Enroll America staffed the event. This program was later expanded to other community colleges in Florida.

**Enroll America eventually built relationships with more than 40 community colleges and helped facilitate more than 70 enrollment events at community colleges in 25 states. This led to more than 500,000 students being contacted directly.**







## PARTNERING WITH CITY GOVERNMENT

Public officials, specifically mayors, are trusted messengers in local communities and can increase the short- and long-term viability and success of local coalition work. Enroll America, with the help of national partners, began building partnerships with mayors in communities across the country during the summer of 2013. This work culminated in a “Mayors’ Month of Action” between January

15 and February 15, 2014. This was a strategic partnership between Enroll America and 16 mayors across the country to support and amplify health coverage enrollment efforts in local communities. **Mayors co-hosted press conferences and earned media events, participated in door-to-door outreach and enrollment fairs, and submitted op-eds in major newspapers.**



*Mayors co-hosted press conferences and earned media events, and they participated in door-to-door outreach and enrollment fairs and submitted op-eds in major newspapers.*





## Partnership with the City of Houston

This partnership involved extensive, coordinated outreach to help Houston residents learn about the new coverage options. Enroll America and the city worked together to print 100,000 Houston-specific commit cards, publicize enrollment events through official channels (e.g., the mayor's office), attract earned media coverage, collect commit cards, and use the GCD database to follow up with consumers. For example, the city publicized events as city events and produced yard signs that reminded Houstonians to "Enroll here today." As a result, 10,000 commit cards were collected from individuals looking for health insurance, and nearly 178,000 Houston residents enrolled in coverage.

# 10,000 COMMIT CARDS WERE COLLECTED FROM INDIVIDUALS LOOKING FOR HEALTH INSURANCE, AND NEARLY 178,000 HOUSTON RESIDENTS ENROLLED IN COVERAGE.

The following city staff worked with Enroll America:

- Two city outreach workers
- Four city data entry workers
- Ten city navigators to support events in the community

Enroll America provided data and analytics that the city needed, as they helped the city track outreach that could be used in reporting. The city adopted Enroll America's strategy for reaching the uninsured. Additionally, the city relied on Enroll America for:

- Issue expertise in conducting outreach, as well as strategy, guidance, and trouble-shooting
- Nuts-and-bolts assistance with planning, running, and turning people out for enrollment events
- Designing a successful program to follow-up with people who still needed to enroll
- Training 90 city navigators on topics such as outreach basics, the ACA, the use of commit cards, and resources that were available in the community for people in the Medicaid coverage gap





## LATINO ENROLLMENT SUMMITS

Latinos had a higher uninsured rate than other ethnic groups, were generally less informed about the financial assistance and insurance options available under the ACA, and were more likely to want in-person assistance when applying for health insurance than the uninsured population overall.<sup>73</sup>

In June 2013, Latino-focused groups such as the League of United Latin American Citizens, the National Council of La Raza, Planned Parenthood for America, Voto Latino, and the National Latina Institute for Reproductive Health, along with Enroll America, began convening partners to facilitate coordination of messages, outreach, and events. Enroll America approached the coalition about hosting Latino Enrollment Summits in targeted communities to harness momentum,

generate earned media, and lead consumers to enroll. Because these organizations were already trusted messengers in the Latino community, their involvement was critical to the events' success.

Based on its experience with previous enrollment events, the coalition identified several components that were necessary for success: bilingual navigators, family-friendly spaces, strong media promotion, convenient locations, and trusted brands.

Each member of the coalition took on the aspects of planning and implementing the summits that matched its strengths. Partners used their existing membership lists and staff resources to recruit for the events. In addition, HHS helped identify bilingual

*Based on its experience with previous enrollment events, the coalition identified several components that were necessary for success: bilingual navigators, family-friendly spaces, strong media promotion, convenient locations, and trusted brands.*





navigators who could attend the summits, and Administration officials traveled to several summits to promote them to the local community, which attracted media attention. This attention helped energize existing partners at the local level and attract new ones, including

local leaders, community organizations, and elected officials (including members of Congress).

In total, 62 Latino Enrollment Summits were held in 25 cities across the country. The first event was held in Dallas on January 25, 2014, and served 50 families. The final event during open enrollment was held in San Antonio on March 31, 2014, and served close to 1,200 individuals. Overall, these summits informed more than 15,000 Latinos about their new health insurance options and successfully engaged

Latinos in enrollment. Enroll America also partnered with “promotoras.” Promotoras are trusted messengers in the Latino community and are a well-respected resource for health care information. Enroll America trained promotoras in south Texas to talk about the new, affordable coverage options. The promotoras collected commit cards from members of the community and passed the cards back to Enroll America, allowing staff to follow up and invite interested individuals to enrollment events.







*“After seeing the success of the Latino Enrollment Summits in cities across the country, I knew that Colorado could benefit from a similar type of event. Part of my job is to encourage collaboration — we know that when people work together, there is a multiplier effect. After talking to partners on the ground, they agreed to combine three competing events to create a Denver Latino Enrollment Summit. Before the doors opened, 50 people were waiting in line. For up to three hours, people patiently waited for in-person assistance. Having a young mother of three track you down and give you a big hug because you helped her get coverage for the first time was powerful. In the end, 500 people showed up, and 126 families got coverage. Fundamentally, the success of the event was based on two elements: community collaboration and in-person assistance.”*

**-Melanie Herrera Bortz, State Assistance Regional Manager,  
Southwest Region, Enroll America**





## REACHING COMMUNITIES OF COLOR THROUGH FAITH LEADERS

During the initial open enrollment period, Enroll America learned that the faith community could be an especially well-trusted messenger for communities of color, and the organization developed its “Health Care from the Pulpit” materials to engage the faith community. Enroll America developed these materials to serve two purposes:

1. To train Enroll America staff and other groups on how to be culturally appropriate when engaging faith-based organizations
2. To provide a calendar guide for the types of activities that faith-based institutions should be conducting

The national faith coalition that would implement Health Care from the Pulpit launched in September 2013 with primarily African American denominational leaders. The leaders met regularly with Enroll America staff to discuss outreach strategies. The coalition grew and diversified as the months went on, eventually representing a collective membership of more than 20 million congregants that included Christians, Jews, and Muslims.

Meanwhile, at the local level, Enroll America staff and volunteers identified and trained local faith leaders to become messengers for the ACA using Health Care from the Pulpit materials as a guide. These faith leaders addressed pre-gathered church groups prior to, during, or after worship services. This was a highly efficient strategy, since it required no crowd-building or staff resources, yet it still reached uninsured consumers. Together, local and national faith-based outreach produced more than 1,500 outreach and enrollment events at churches, mosques, synagogues, and other faith centers, as well as four National Faith Weekend of Action events (weekends where many organizations and volunteers came together to hold complementary events in one city or location).

Partner organizations working on outreach were most likely to mention faith-based partnerships as one of the most effective ways to reach uninsured consumers, with 37 percent saying it was one of the top three ways to reach consumers.<sup>74</sup> Partners ranked faith-based institutions as some of the most effective entities to collaborate with on outreach, along with libraries and social service agencies.

*The coalition grew and diversified ... eventually representing a collective membership of more than 20 million congregants that included Christians, Jews, and Muslims.*



# PARTNER ORGANIZATIONS WORKING ON OUTREACH WERE MOST LIKELY TO MENTION FAITH-BASED PARTNERSHIPS AS ONE OF THE MOST EFFECTIVE WAYS TO REACH UNINSURED CONSUMERS.





## Faith-Based Partnership in Chicago

Enroll America developed a partnership with a church on the south side of Chicago. The church hosted weekly enrollment events, as well as phone banks. Members of the congregation were

recruited by the pastor and church leadership, and Enroll America staff trained them to do outreach in their community. And once it became clear that the partnership was an effective strategy to raise awareness

about new coverage options within the African American community, church leadership began to train other area church leaders.







## Building Partnerships to Reach Consumers in Health Care Settings

Leading up to the initial open enrollment period, Enroll America worked with a wide variety of partners from the health care sector — including hospitals, health centers, provider organizations, and pharmacies — to reach consumers at times and places where they were already primed to be thinking about health care.

Enroll America based this strategy on its research that found that the uninsured ranked health care providers as the most trusted messengers about the new health care options. The uninsured also ranked nurses and doctors as some of the people they would be most likely to turn to for help with navigating the enrollment process.<sup>75</sup> In addition, doctors are the top messengers for younger low-income individuals.

Enroll America began providing technical assistance to many of these partners years in advance, recognizing the significant role they would need to play. For example, Enroll America engaged hospitals and health systems in a number of ways, including:

- Publishing articles in magazines that were read by hospital executives to encourage them to take an active role in outreach and enrollment
- Creating hospital-specific tools, like the presumptive eligibility toolkit

([www.presumptiveforhospitals.org](http://www.presumptiveforhospitals.org)), which was designed to equip hospitals to take full advantage of new opportunities to expedite Medicaid enrollment

- Providing training modules for hospital staff on enrollment messages
- Providing technical assistance to hospitals on eligibility and enrollment regulations

Individual hospitals and health systems also developed their own unique enrollment programs and activities. Some trained staff as CACs, and others received navigator grants. Still others provided space on-site for enrollment events or regular assister “office hours.” Regardless of the approach, Enroll America provided broad and consistent support that could be adapted to the needs of different hospital systems. This enabled Enroll America to work with these critical partners in whatever ways best suited the communities the hospitals served.





*“Providers can play an important role with consumers, since we identify many uninsured individuals and have the opportunity to direct them to enrollment resources. Partnerships are key to expanding reach, reinforcing enrollment messages, and repeating critical information about when, where, and how they can find coverage.”*

**-Mary Ella Payne, Senior Vice President, Policy and System Legislative Leadership, Ascension Health**

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- Creating hospital-specific tools, like the presumptive eligibility toolkit ([www.presumptiveforhospitals.org](http://www.presumptiveforhospitals.org)), which was designed to equip hospitals to take full advantage of new opportunities to expedite Medicaid enrollment
- Providing training modules for hospital staff on enrollment messages
- Providing technical assistance to hospitals on eligibility and enrollment regulations

Individual hospitals and health systems also developed their own unique enrollment programs and activities. Some trained staff as CACs, and others received navigator grants. Still others provided space on-site for enrollment events or regular assister “office hours.” Regardless of the approach, Enroll America provided broad and consistent support that could be adapted to the needs of different hospital systems. This enabled



Enroll America to work with these partners in whatever ways best suited the communities the hospitals served.

The National Association of Community Health Centers (NACHC) represents 1,300 community health centers across the country that have approximately 9,000 care delivery sites, serving more than 22 million patients. Enroll America developed a mutually beneficial partnership with the NACHC. The association provided Enroll America's State Assistance department with strategic introductions to their own primary care centers and to key state stakeholders on the ground who were doing outreach and enrollment work. In turn, Enroll America provided NACHC with technical assistance,

resources, and tools on a variety of topics, especially on outreach planning.

Pharmacies were also ideal locations where outreach workers could start conversations about health coverage, as consumers are primed to think about health care and health choices in a pharmacy setting. In September 2013, GCA and CVS (the retail pharmacy chain) launched a partnership based on CVS's Project Health. Project Health is a wellness program that brings free health screenings to communities with the goal of promoting wellness and disease prevention. These free, confidential screenings, which are conducted by medical professionals, test customers' blood pressure, body mass index (BMI), glucose level, cholesterol level, and vision.



*“Preparing for the initial open enrollment period required significant planning by hospitals and health care providers, as well as heightened coordination with various stakeholders across industries. This is a multi-year effort, and we’re committed to working with Enroll America and others to maximize enrollment in Medicaid and marketplace coverage.”*

**-Rich Umbdenstock, President and CEO,  
American Hospital Association**



**82% SAID THEY WERE LIKELY TO ENROLL  
DURING THE OPEN ENROLLMENT PERIOD**

**93% FOUND THE  
HEALTH INSURANCE EXPERT HELPFUL**

**88% THOUGHT THE OPPORTUNITY TO  
SPEAK DIRECTLY WITH AN EXPERT  
WAS VALUABLE**

**-CONSUMER INTERACTIONS WITH ENROLL AMERICA STAFF AS PART OF A  
PARTNERSHIP WITH CVS'S PROJECT HEALTH**

CVS agreed to allow Enroll America staff and volunteers to staff Project Health events to let consumers know about the new health coverage options and financial help that is available to pay for coverage. Enroll America staffed 130 Project Health events in 10 markets around the country at the end of 2013 and beginning of 2014, which led to speaking with more than 11,000 consumers, many of whom self-identified as being uninsured.

Data collected from this partnership revealed that consumers were hungry for information about their health coverage options and appreciated being able to speak with someone in person. Of the consumers that Enroll America staff or volunteers spoke to:

- 82 percent said they were likely to enroll during the open enrollment period
- 93 percent found the health insurance expert helpful
- 88 percent thought the opportunity to speak directly with an expert was valuable







*“Planned Parenthood health centers are a fixture in the Latino community and are often the first entry point into the health care system for many. With a presence in all 50 states and Washington, D.C., Planned Parenthood’s 68 affiliates, which operate more than 700 health centers, saw more than 600,000 Latinos in 2012, and 79 percent of Planned Parenthood health care patients have incomes of 150 percent of the federal poverty level or less, the equivalent of \$35,775 a year for a family of four. These are exactly the types of individuals and families that stand to benefit from the ACA and increased access to health care. The ACA has made insurance more affordable and accessible, and as Latinos start taking advantage of preventive health care benefits, like birth control with no copay and health screenings, word will spread, interest in enrollment will escalate, and Planned Parenthood will continue its vital work.”*

**-Vanessa Gonzales, Director of Latino Engagement,  
Planned Parenthood**





## HIGHLIGHTS FROM THE STATES

Much of the success of the national campaign came from working with and supporting local organizations. State and local partners were the groups most often on the front lines, talking with consumers, educating them about their options, and getting them enrolled. Here are just a few promising practices from state and local efforts:

### **Streamlined appointment system for enrollment assistance in North Carolina:**

Eleven nonprofit organizations created the “Navigator Consortium.” Together, they applied for and received one of the largest navigator grants in the country. The consortium provided enrollment assistance in many of the state’s 100 counties with a remarkable level of coordination.

The most impressive aspect of coordination was their statewide assister scheduling line. Legal Aid of North Carolina spearheaded this scheduling line with the help of the North Carolina Community Health Centers Association and input from the Navigator Consortium. Because the assisters were working in sync, consumers across the state

could call one toll-free number and make appointments for local, in-person help with enrollment.

This scheduling system provided a direct and organized way to match uninsured consumers with available assisters and maximize the efficacy of outreach efforts. The hotline helped everyone involved:

- Consumers had an easier way to make appointments in their community that would fit their schedule.
- Assistors could identify which regions had greater demand for in-person help and send additional resources to those locations, and they could spot areas where there were few appointments and work there on engaging more local partners and getting more consumers in the doors.
- For community and service organizations, the statewide phone line simplified handoffs to a single step where they could directly schedule appointments with consumers who were looking for insurance.
- Enroll America staff used the hotline to schedule appointments on the spot as they identified uninsured consumers.





### The Maine Health Access Foundation

**(MeHAF) helped fill a resource gap:** MeHAF is a statewide organization that uses its expertise in health coverage to encourage access to quality care and improve the overall health of Maine's population. Specifically, MeHAF focuses on those who are uninsured and underinsured.

Recognizing that there was a gap in both public awareness efforts and in-person assistance due to limited federal funding and training leading up to the initial open enrollment period, MeHAF stepped up to play a leadership role in three major areas of outreach and enrollment.

- MeHAF sought help from Burgess Advertising and Marketing to develop an aggressive marketing campaign to increase public awareness. This campaign included a website, [enroll207.com](http://enroll207.com), which displayed state-specific information (such as a ZIP code locator) to help connect consumers with trained in-person assisters who were nearby.
- The campaign also included radio ads, press events, print materials, online ads, bus wraps, educational town halls, Chamber of Commerce forums, and social media. In conjunction, MeHAF funded a consortium of stakeholders called the Health Reform Outreach and Education Collaborative. This consortium included groups like Maine

Equal Justice Partners and the Somali Culture and Development Association, who worked together to provide information about health coverage to Maine's immigrant and refugee communities.

- MeHAF provided a grant to Consumers for Affordable Health Care (CAHC), a local nonprofit organization, to offer much-needed technical help for assisters in Maine. Enroll America provided on-site outreach training and resources, in addition to sharing best practices with MeHAF throughout the development of these programs.





**Kansas Partners raised awareness using tested messages:**

The Sunflower Foundation, Reach Foundation, and United Methodist Health Ministry Fund spearheaded a marketing effort to address Kansans' low awareness of their new health insurance options, financial help, and important enrollment deadlines.

In early 2014, these groups partnered with Enroll America to create a Kansas-focused, integrated marketing campaign to raise awareness of enrollment deadlines and financial help. The campaign created digital, television, and radio ads to emphasize the peace of mind that comes with coverage, along with important information about deadlines and the availability of in-person assistance. The digital ads began in mid-January, and the television and radio ads followed in February. The digital and radio ads were done in English and Spanish and aired statewide. Enroll America partnered with the Kansas Marketplace Consortium, the state's largest navigator program, to list all navigator enrollment locations and events on [GetCoveredAmerica.org](http://GetCoveredAmerica.org) so that consumers were able to easily find local help.

- The cumulative results of this effort were more than 35,000 unique Kansas visitors to [GetCoveredAmerica.org](http://GetCoveredAmerica.org), and almost 90,000 email addresses collected from Kansans for follow-up.
- In total, this brief marketing campaign produced nearly 35 million impressions, and the digital effort reached 1.6 million consumers.

**New York “Ambassadors for Coverage” were trusted messengers in their communities and connected individuals to enrollment assistance:**

Ambassadors for Coverage is a combination of community groups and organizers around New York that acted as

a bridge between in-person assisters and hard-to-reach consumers. Funded by the New York State Health Foundation, Ambassadors for Coverage is a project of Empire Justice and provides targeted, culturally-appropriate outreach to hard-to-reach populations, including the LGBT community, workers with families, and immigrants and refugees.

Empire Justice provided grants to 21 ambassador organizations. These grantees worked in specific communities to talk directly to consumers through outreach events, presentations, social media, radio, and even holiday grocery bag campaigns, acting as a trusted messenger and referral network to in-person assisters. Through all of these outreach methods, Ambassadors for Coverage reached more than 240,000 consumers in a three-month period. Looking forward, Ambassadors for Coverage will continue to gain access to communities that would otherwise be missed and to engage in conversations to dispel myths in hard-to-reach populations.

Enroll America worked with the Ambassadors for Coverage program to share outreach best practices with the grantees. Three of the grantees adopted these best practices and used Enroll America's outreach planning tools. These grantees successfully reached the most consumers.

**San Antonio schools raised awareness**

**about health coverage:** Public schools in San Antonio, TX provide a range of information to parents regarding social services that are available in the community. Enroll America began working with one school district in San Antonio to connect with uninsured parents. Enroll America staff reached out to the strongest point of contact at each school (e.g., a member of the PTA, a school nurse, or another member of the faculty) to develop a



partnership. With the permission of the school, Enroll America then attended school events to make short announcements about the new health coverage options and to hand out and collect commit cards. Through word of mouth from parents and faculty, the program spread to other school districts. More than 2,500 commit cards were collected through this initiative.

K-12 school-based outreach has been one of the many successful strategies used by local stakeholders to enroll children in Medicaid and CHIP. Now that adults have more options for affordable health coverage under the ACA, partnering with K-12 schools was also a relatively easy way to get young parents enrolled. (The mean age of first-time mothers is 26.<sup>76</sup>)

- Schools can call the students' homes or send pamphlets home with students about new health coverage options.
- Schools can also host informational sessions for parents on their new options.



### **Vietnamese Community Center (VCC) in Houston acted as a gateway into the community:**

In Houston, Texas, the VCC partnered with Enroll America to conduct health coverage enrollment outreach. As VCC and its members became more familiar with Enroll America staff and volunteers, the partnership evolved. Enroll America went from conducting outreach at the center with commit cards printed in Vietnamese, to holding two standing enrollment events per week.

The VCC partnership also provided Enroll America with the opportunity to have a presence at the major Tet (Vietnamese New Year) festivals around the city. This was key for Enroll America staff and volunteers, as some of these festivals were at temples where relationships had not yet been formed.

Furthermore, Enroll America's continued presence led community members to volunteer with the organization at tabling and enrollment events.

The VCC partnership also led to a partnership with Boat People SOS (BPSOS). BPSOS is a national Vietnamese advocacy organization that seeks to organize and empower the Vietnamese community. They also helped Enroll America hold outreach and enrollment events at local temples and apartment complexes. Ultimately, Enroll America helped connect 1,080 Vietnamese Houstonians to coverage with the help of these local partners.

*At the national level*, in partnership with the Asian and Pacific Islander American Health Forum, Enroll America entered the names of enrollment assisters working with the Asian American Pacific Islander population into the GCA Locator tool to facilitate access to trusted messengers and language-appropriate assistance.



**Probation Officers in Arizona connected at-risk populations to coverage:**

Enroll America staff trained 12 probation officers across Maricopa County, Arizona, on the basics of the enrollment process; the new, affordable options under the ACA; and the importance of health coverage for the re-entry population. In turn, the probation officers collected commit cards from clients who were interested in getting covered. Enroll America staff followed up with each individual to connect him or her with in-person assistance or GetCoveredAmerica.org. From this partnership, 3,333 commit cards were collected — approximately 400 per week during the initial open enrollment period. This work will continue year-round, as many of these adults are eligible for Medicaid.

**Partners in California used data to expand their reach:**

The California Endowment (TCE) worked with Enroll America to help put together a program that allowed all of TCE's grantees who were working on enrolling and engaging the Medi-Cal (California's Medicaid program) expansion population to gain access to GCD. TCE grantees were then able to identify more than 11,000 uninsured consumers who were eligible for Medi-Cal, to have more than 60,000 conversations, and to enroll more than one-third of the individuals identified. This partnership provided an opportunity for programs with fewer resources to become more data savvy and to have access to some of the latest technologies and techniques.





# Lessons Learned From Partner Engagement on Health Coverage Enrollment



- Engage groups that already reach specific populations. Meet people where they are by engaging organizations that have already developed relationships with those populations.
- Determine which organizations have the capacity to reach areas where the uninsured population is concentrated, and plan to support partners doing outreach in specific areas where they do not have staff.
- Coordinate event and messaging calendars with partners whenever possible.
- Build coalitions that can engage local media to help get the message out. Local outlets can act as trusted messengers for certain communities.
- Team up with in-person assisters who speak the same language as the consumers who are being reached.
- Ask partners to send information to consumers through their regular communication channels. For example, high turnout at GCA events with community colleges was dependent on the school sending a promotional email to the entire student body. Conveying the message through the school's brand allowed students to hear from a familiar, reliable source.
- Provide supplemental materials that partners can use, such as consumer-friendly descriptions of the ACA, pre-designed flyers, and trainings on tested messaging. Give out materials consumers can share with their families and friends, who may also be looking for health insurance.
- In-person assistance is critical to any health coverage enrollment effort. Encourage partners to become CAC organizations, and support them as they train their CACs. This support can be as easy as finding space for the training.
- Identify and plan around the support that partners will need. For example, Enroll America provided partners in the faith community, who had little experience with data collection, with an infrastructure for collecting and maintaining consumer data so that these partners could measure their efforts.
- Pool resources to serve consumers as effectively and efficiently as possible, and to fill in any gaps that may exist for individuals looking for application assistance in their community.



*Without the ability to evaluate program activities, the effectiveness of any organization's efforts remains a black box where successes can be explained only with anecdotes. While stories are valuable and can help color and explain the work being done, having hard data is invaluable.*





# EVALUATING EFFORTS

## MINING POWERFUL DATA FOR INSIGHT

In keeping with one of the organization's core principles of being data-driven and metrics-based, program evaluation was at the heart of Enroll America's efforts. At every step of the way during the initial open enrollment period, Enroll America looked at how it could develop metrics to measure success. This focus on developing and measuring metrics has allowed for constant program evaluation, and for Enroll America to improve its program over time.




Without the ability to evaluate program activities, the effectiveness of any organization's efforts remains a black box where successes can be explained only with anecdotes. While stories are valuable and can help color and explain the work being done, having hard data is invaluable. Taking the time to establish methodical program evaluation improves effectiveness within organizations and externally with partners, supporters, and funders.

### How did Enroll America define success for Get Covered America?

When evaluating a program, the first step is determining what should be evaluated. Within the context of implementing the health insurance marketplaces and Medicaid expansions, the obvious outcome to evaluate is enrollment. But this is easier said than done. Enrollment data are not easy to obtain for most non-governmental organizations (other than health plans), but there are many valuable metrics these groups can use. These





metrics include the number of uninsured people who have been identified, the number of touches or contacts with uninsured people, and even what consumers report when having conversations with staff.

The second step is establishing a baseline against which to measure the program's efficiency and effectiveness. Once a baseline had been established, any measurement of different tactics could then be compared to the baseline to determine which tactics were most efficient.

Enroll America looked at the GCA campaign in two separate components. The first component involved building a sizable list of consumers who were very interested in enrolling. The second component involved taking that list of consumers and getting them to enroll. Breaking down the campaign into two parts allowed Enroll America to define success for each component without conflating the two.

Enroll America's communications program is metrics- and data-driven. During the initial open enrollment period, the organization focused its efforts on key media markets and outlets such as African American, Latino, and campus press. This allowed Enroll America to set specific goals targeted to specific markets and measure where the program was having success and where the program had an opportunity to improve.

### **What did Enroll America measure?**

There is always a natural tension between wanting to track and measure everything and honing in on a few key metrics to drive success. Absent the ability to get actual enrollment data from HHS or from the health plans themselves, Enroll America had and will continue to focus on the following metrics:

1. The number of consumers engaged by Enroll America
2. The number of uninsured identified by Enroll America
3. Email acquisition costs
4. Email open and click rates
5. Email acquisitions through grassroots staff
6. Phone number acquisitions through email
7. The number of consumers who were followed up with
8. The number of times a consumer was followed up with
9. Press stories earned by Enroll America

### **How did the data influence Enroll America's tactics?**

The following are examples of how Enroll America evaluated different components of the GCA campaign and how the organization changed or maintained course to maximize results based on its findings.

When collecting consumers' contact information for targeted outreach, Enroll America defined success as building the richest list possible (collecting names, phone numbers, emails, and addresses) as efficiently as possible, bearing in mind that time and money were limited. This played out in a few ways:

For the digital program, Enroll America focused on email acquisition, primarily through paid digital media. The initial strategy was to work with digital media vendors who used big data tools to target pools of consumers who were believed to be uninsured. This approach yielded acquisition costs of more than \$100 per email address, which was well beyond an acceptable acquisition level for digital media. A "big




# RELYING ON INTERNAL DATA TO GUIDE THE PAID MEDIA PLAN WAS A FAR MORE AFFORDABLE APPROACH THAT POSITIONED THE CAMPAIGN TO ENGAGE A BROADER COMMUNITY ...

data” approach is inherently more targeted but also a far more costly paid media program to run.

Enroll America chose to shift its digital strategy to focus its outreach on a broader population of consumers: those in selected ZIP codes who had been identified by internal data analysis as having high uninsured rates and having a high proportion of demographic characteristics that are most common among the uninsured. **Relying on internal data to guide the paid media plan was a far more affordable approach that positioned the campaign to engage a broader community** in the discussion about getting covered,







allowing interested uninsured individuals and families to opt into the GCA program. The results were significant: The cost of email acquisitions dropped to under \$5 per email address, a reduction of more than 95 percent.

Enroll America's grassroots program also worked on list building, but the approach focused on engaging consumers in one-on-one conversations. The initial approach relied, in large part, on traditional door-to-door outreach. This was done by producing targeted lists of consumers who would have a higher-than-average chance of being uninsured. When an uninsured consumer was identified, he or she was asked to fill out a commit card. Through door-to-door outreach, Enroll America staff and volunteers collected an average of four commit cards per volunteer shift (the baseline).

In September, Enroll America staff tried a "high traffic canvassing" approach — positioning staff and volunteers in areas with lots of people who were coming and going. Similar to door-to-door outreach, interested consumers were asked to fill out a commit card. Using this method, Enroll America staff and volunteers collected five commit cards per shift. This switch in tactic yielded a 25 percent increase in productivity. Even though this did not hold true uniformly across all organizers or communities, Enroll America decided to adjust its approach. Instead of holding volunteers and staff accountable for knocking on a certain number of doors,

Enroll America gave staff and volunteers the flexibility to collect commit cards using the method that was most effective in their area.

At the end of open enrollment, Enroll America was very interested in understanding how its follow-up program affected uninsured individuals. In order to cleanly measure these effects, Enroll America conducted a test using a randomized control group and a "treatment" group. The control group was removed from the follow-up program, and the treatment group received phone calls from the Enroll America staff. Afterward, both groups were surveyed to measure how many consumers had health insurance after open enrollment ended.

The results showed 43 percent of the control group gained health insurance and 46 percent of the treatment group gained health insurance. Looking at subgroups, there was a 6 percentage point difference between the control and treatment groups among consumers for whom Enroll America had both a phone number and email address, while there was only a 1 percentage point difference between the control and treatment groups among consumers for whom Enroll America had just a phone number. The increased effectiveness among consumers who were part of the email program had encouraged Enroll America to place a higher priority on collecting email addresses from consumers.





## Best Practices for Data-Driven Program Evaluation

For organizations that are looking to build robust, data-driven program evaluation processes, there are a few things to keep in mind.

### Capture data:

- Capturing and recording data are at the heart of being able to do good analysis. Your analysis is only going to be as good or as complete as your data.
- Do an inventory of what data you have at your fingertips. Figure out where and how you are going to store those data.
- Develop systems that standardize your data.

### Hire dedicated data staff:

- Out of 250 staff, Enroll America had 10 staff who were dedicated to data management or data analysis.
- Data staff helped with data management, data trainings, analysis, and overall strategy.
- Working with data can get very tricky very fast, so having dedicated staff

on hand who can think through data problems and implement solutions will go a long way toward preventing future headaches.

### Keep it simple:

- Start with simple data collection and try to answer simple questions.
- Take care not to overwhelm staff by having them track too many metrics too quickly, as this will decrease the quality and quantity of the data you can collect.
- Keeping it simple to start will help you cultivate a data culture within your organization that you can build on in the future.

### Create systems that allow for automatic self-correction:

- In the example laid out earlier (where it was discovered that high-traffic canvassing yielded one more commit card per shift than door-to-door canvassing), Enroll America did not simply switch its outreach tactic

to high-traffic canvassing. Instead, the organization changed the focus of its metrics from doors knocked to commit cards collected.

- By re-prioritizing its goals, Enroll America was able to give directed autonomy to its staff that allowed them to use area-specific tactics while also ensuring that everyone was working toward the same goal.

### Listen to your data:

- As you begin doing analysis, you will learn you have been wrong about something in the past.
- Be prepared to change course when necessary.
- Also, look to your data to tell you about your data collection processes and whether or not these processes are working.
- Some of the best lessons learned are around how you collect and record data, which creates the opportunity to do better analysis in the future.



## Conclusion

The coming year will involve several major milestones: the first opportunities for consumers to enroll via special enrollment periods, the first year to observe consumers using their coverage, the first time annual renewals will happen for newly enrolled consumers, and the first time stakeholders will be able to go into an open enrollment period having done it before.

Enrolling more than 12.8 million Americans in marketplace coverage, Medicaid, or CHIP during the initial open enrollment period was a monumental achievement, but the true measure of success will be ensuring that those gains in coverage are maintained

over the long term and that millions more Americans who are eligible for coverage actually enroll.

Approximately 70 percent of representatives from partner organizations who worked with Enroll America said that enrollment was a top priority for their organization, and nearly all said that they would be as engaged or more engaged in enrollment efforts during the next open enrollment period. Success will require putting lessons learned into practice right away, as well as continuing to monitor and evaluate health coverage enrollment strategies and initiatives during the ensuing months and years.







Looking to the next open enrollment period, the knowledge gap surrounding the availability of financial help will likely remain a barrier. Messaging to those who are eligible for coverage will need to be refined even further, and stakeholders will need to become even more innovative in their approaches to providing individuals with easy-to-understand, personalized information. Furthermore, supporting in-person assistance programs and continuing to find ways to connect individuals with the help they need will be crucial components of maximizing enrollment and retention.

Over the next few months, stakeholders have the opportunity to educate millions of newly enrolled Americans about their health insurance benefits and how to navigate the health care system. Connecting people to coverage involves more than making sure each person has an insurance card: This enrollment movement is about giving individuals and families financial security and the opportunity to live happier, healthier lives.





*Enroll America thanks our many generous contributors, who make our work possible.*





# APPENDICES

## ACKNOWLEDGMENTS AND ENDNOTES

### Acknowledgements

**This report was written by Enroll America staff.**

Special thanks go to the following:  
Cynthia Youngblood, William Tomasko,  
Jennifer Sullivan, Sophie Stern, Adam Stalker,  
Matthew Saniie, Sara Little, Ricky Gonzales,  
Kate Doehring, and Martine Apodaca of Enroll  
America for their contributions to this report,  
as well as Ingrid VanTuinen of Families USA  
for her editorial support.

Enroll America also thanks our many  
generous contributors, who make our  
work possible; Chairman of the Board Ron

Pollack, who envisioned and created Enroll  
America when enrollment was still years  
away; our Board of Directors and Advisory  
Council, who've guided the organization  
since Enroll America was merely an idea;  
our many committed staff, past and present,  
who've worked tirelessly to make enrollment  
a success; and the tens of thousands of  
individuals and organizations who improve  
people's lives every day by increasing their  
access to health coverage.

**To all, we are grateful for the support you've provided thus far, and we look forward to continuing to work and learn together for years to come.**



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- <sup>24</sup> After the troubled launch of the HealthCare.gov website and other state marketplace websites, the CBO adjusted its enrollment projections down from 7 million to 6 million for marketplace coverage, and from 9 million to 8 million for Medicaid in 2014. Yet the Administration announced on May 1, 2014, that as of the end of open enrollment, 8 million individuals had enrolled in marketplace coverage. CBO enrollment projections are for the 2014 plan year (which runs from January through December) and include enrollment that may occur outside the initial open enrollment period through special enrollment periods and through continued enrollment in Medicaid and CHIP. (Individuals can enroll in Medicaid and CHIP year-round; in April an additional 1.2 million individuals enrolled in Medicaid.) Congressional Budget Office, Updated Estimates of the Insurance Coverage Provisions of the Affordable Care Act, Appendix B, available online at <http://www.cbo.gov/sites/default/files/cbofiles/attachments/45010-breakout-AppendixB.pdf>; Department of Health and Human Services, op. cit; Centers for Medicare and Medicaid Services, Medicaid & CHIP: April 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report, June 2014, available online at: <http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/April-2014-Enrollment-Report.pdf>
- <sup>25</sup> Department of Health and Human Services, Enrollment in the Health Insurance Marketplace totals over 8 million people, May 2014. Available online at <http://www.hhs.gov/news/press/2014pres/05/20140501a.html>
- <sup>26</sup> Movement among race is based on Post-ACA Enrollment Survey conducted by PerryUndem. White consumers made up 68 percent of consumers who enrolled between October and December, and only 50 percent of consumers who enrolled between January and April 16. Movement among youth is based on HHS only reported numbers. Department of Health and Human Services, op. cit.
- <sup>27</sup> Department of Health and Human Services, op. cit.
- <sup>28</sup> Enroll America and Lake Research Partners, Informing Enroll America's Campaign Findings from a National Study, op. cit.
- <sup>29</sup> Ibid.
- <sup>30</sup> Ibid.
- <sup>31</sup> Enroll America and PerryUndem, The Uninsured Midway through ACA Open Enrollment, January 2014, available



online at [https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2014/01/Perry\\_Undem\\_Uninsured\\_Survey.pdf](https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2014/01/Perry_Undem_Uninsured_Survey.pdf).

- <sup>32</sup> Enroll America and GMMB, Findings from 10 Focus Groups with Uninsured Americans, December 2012, available upon request
- <sup>33</sup> Enroll America and Lake Research Partners, Informing Enroll America's Campaign: Findings from a National Study, February 2013, available online at [http://www.enrollamerica.org/wp-content/uploads/old-files/best-practices-institute/public-education-resources/Enroll\\_America\\_Survey\\_Final\\_Report.pdf](http://www.enrollamerica.org/wp-content/uploads/old-files/best-practices-institute/public-education-resources/Enroll_America_Survey_Final_Report.pdf).
- <sup>34</sup> An on-the-ground presence was not established in Tennessee until October 2013.
- <sup>35</sup> Robert Wood Johnson Foundation, Deciphering the Data: State-Based Marketplaces Spent Heavily to Help Enroll Consumers, April 2014, available online at [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2014/rwjf412855](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf412855).
- <sup>36</sup> Enroll America Follow-Up Program, November 2013-April 2014.
- <sup>37</sup> Ibid.
- <sup>38</sup> Enroll America's digital team and grassroots staff and volunteers began follow-up with consumers previously identified as uninsured and/or that indicated interest in the new health coverage options. The purpose of the follow-ups was to determine whether consumers had enrolled, encourage those who hadn't to take action and connect them to resources, and learn more about the consumers and their experiences with enrollment. These efforts allowed the campaign to re-connect with hundreds of thousands of consumers with a concentration in the grassroots states between November 18, 2013 and April, 2014.
- <sup>39</sup> Enroll America Follow-Up Program, November 2013-April 2014.
- <sup>40</sup> Enroll America's Survey of Partners, op. cit.
- <sup>41</sup> Centers for Medicare and Medicaid Services, op. cit.
- <sup>42</sup> Enroll America's Survey of Partners, op. cit.
- <sup>43</sup> Enroll America and PerryUndem, Why Did Some People Enroll And Not Others: Findings From A New Survey, May 2014.
- <sup>44</sup> Ibid.
- <sup>45</sup> Enroll America and Lake Research Partners, Informing Enroll America's Campaign: Findings from a National Study, op. cit.
- <sup>46</sup> PewResearch Internet Project, Summary of Findings, February 2014, available online at <http://www.pewinternet.org/2014/02/27/summary-of-findings-3/>.
- <sup>47</sup> PewResearch Internet Project, Social Networking Fact Sheet, September 2013, available online at <http://www.pewinternet.org/fact-sheets/social-networking-fact-sheet/>.
- <sup>48</sup> Enroll America, Key Findings: Maximizing Enrollment through Digital Best Practices and Testing, April 30, 2014, available online at <http://www.enrollamerica.org/blog/2014/04/stateofenrollment-key-findings-maximizing-enrollment-through-digital-best-practices-and-testing/>.
- <sup>49</sup> Ibid.
- <sup>50</sup> Ibid.
- <sup>51</sup> Ibid.
- <sup>52</sup> Ibid.
- <sup>53</sup> Ibid.
- <sup>54</sup> Ibid.
- <sup>55</sup> Ibid.
- <sup>56</sup> Ibid.
- <sup>57</sup> Ibid.
- <sup>58</sup> The staffing structure described in this section of the report will remain in place heading into the next open enrollment period.
- <sup>59</sup> As a part of the Enroll America's umbrella follow-up program, grassroots staff and volunteers began a follow-up phone program with consumers previously identified as uninsured and/or that indicated interest in the new health coverage options between November 18, 2013 and April, 2014, reaching over 20,000 individuals in the 10 original grassroots states.
- <sup>60</sup> Enroll America Follow-Up Program, op. cit.
- <sup>61</sup> Enroll America and PerryUndem, Why Did Some People Enroll And Not Others: Findings From A New Survey, May 2014.
- <sup>62</sup> Enroll America, In-Person Assistance Maximizes Enrollment Success, March 2014, available online at <https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2013/12/In-Person-Assistance-Success.pdf>.
- <sup>63</sup> Ibid.
- <sup>64</sup> Employee Benefits Security Administration, General Facts on Women and Job Based Health, 2013, available online at <http://www.dol.gov/ebsa/newsroom/fshlth5.html>; Department of Health and Human Services, op. cit.; Enroll America Field Program, op. cit.; Enroll America and Lake Research Partners, Informing Enroll America's Campaign: Findings from a National Study, op. cit.
- <sup>65</sup> Enroll America and Lake Research Partners, Findings from 10 Focus Groups with Uninsured Americans, December 2012, available upon request.
- <sup>66</sup> Of the people Enroll America contacted in January, 13.5 percent of women reported talking to their friends and family about health insurance, compared to 9.2 percent of men.
- <sup>67</sup> Enroll America and PerryUndem, Why Did Some People Enroll And Not Others: Findings From A New Survey, May 2014.
- <sup>68</sup> "Enroll El Paso Makes a Push to Get Residents Enrolled for Affordable Care Act," El Paso Times, March 2014.
- <sup>69</sup> Enroll America's Survey of Partners, op. cit.
- <sup>70</sup> Enroll America and Lake Research Partners, Informing Enroll America's Campaign: Findings from a National Study, op. cit.
- <sup>71</sup> Enroll America and Lake Research Partners, Informing Enroll America's Campaign: Findings from a National Study, op. cit.
- <sup>72</sup> Young Invincibles, Helping Students Understand Health Care Reform and Enroll in Health Insurance, June 2013, available online at [http://health.younginvincibles.org/wp-content/uploads/2013/09/ACA-Toolkit\\_Helping-Students-Understand-Health-Care-Reform-and-Enroll-in-Health-Insurance.pdf](http://health.younginvincibles.org/wp-content/uploads/2013/09/ACA-Toolkit_Helping-Students-Understand-Health-Care-Reform-and-Enroll-in-Health-Insurance.pdf).
- <sup>73</sup> Enroll America, Enroll America's Grassroots Campaign and Early Lessons Learned, November 2013–February 2014, April 2014, available online at <https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2014/04/Grassroots-Campaign-and-Early-Lessons.pdf>; PerryUndem, op. cit.
- <sup>74</sup> Enroll America's Survey of Partners, op. cit.
- <sup>75</sup> Enroll America and PerryUndem, The Uninsured Midway through ACA Open Enrollment, January 2014, available online at [https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2014/01/Perry\\_Undem\\_Uninsured\\_Survey.pdf](https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2014/01/Perry_Undem_Uninsured_Survey.pdf).
- <sup>76</sup> CDC, Births and Natality, available online at <http://www.cdc.gov/nchs/fastats/births.htm>











