

MEMO



SPARK POLICY INSTITUTE
igniting public policy and community change

DATE: December 22, 2013
TO: Connect for Health Colorado
FROM: Spark Policy Institute
RE: Assistance Network Quarterly Report Analysis

The purpose of this memo is to outline key findings from the October 15th, 2013 Quarterly Reports from the Connect for Health Colorado Assistance Network. In addition, it will cover additional learning gathered during the Evaluation Advisory Committee meetings and Weekly Best Practice calls with grantees.

To date we have collected quarterly report information from seventy-five grantee sites, including data about planned strategies for individual assistance leading to enrollment, outreach strategies, training activities, and experiences with Regional Hubs. What follows is an analysis of grantee self-reported data (covering July 1 to September 30, 2013) describing the grantees' emerging common outreach models; exploring proposed, but as of the reporting date, not yet implemented application assistance models; highlighting specific experiences reported by grantees; and drawing on the learning in November and December during the evaluation's three Best Practice calls with the grantees. The report concludes with future training and support needs.

ASSISTANCE AND OUTREACH MODELS HIGHLIGHTS

Quarterly report data revealed a number of planned strategies for grantee sites as they begin working on enrollment assistance and the outreach strategies they had already begun implementing as of the end of September. We are presenting these strategies through a series of models that group together the different activities into a more comprehensive picture. Many grantee sites reported plans and current activities that fall into multiple models, so these are not mutually exclusive. Yet, there are some unique aspects to each of the following models that create future opportunities for active sharing of best practices among the grantee network, and the potential to exploit particular avenues for reaching specific target populations.

Target Populations: Expected target populations varied somewhat across grantee sites, depending on their location but also according to their organizational focus. For example, the Denver Indian Family Resource Center and the Center for African American Health already have clearly identifiable target populations. Within rural communities, among a variety of target populations, a significant number of grantee sites are specifically planning on targeting Latino populations (>75%), and that number increases to more than 95% of grantee sites in urban areas. Many grantee sites are also planning on targeting African American populations, with the highest percentage located within urban settings (40%). In addition, findings from the data indicate that nearly all grantee sites (>90%) are planning to specifically target younger populations (19 to 35 yrs. old) with assistance and outreach strategies in addition to the work they plan with more general audiences.

Traditional In-Office Application Assistance and Outreach: More than 90% of sites reported in the quarterly reports that they plan to use traditional enrollment assistance approaches, including offering services during normal business hours; scheduled grantee office visits; taking phone calls; and assistance with paper and website applications; PEAK applications and Medicaid qualifications.

- 78% of grantee sites plan to offer assistance in their offices as their primary engagement strategy;
- 81% of grantee sites plan on offering website assistance and 71% plan paper assistance prior to website;
- More than 40% of grantee sites in this group report more than three-quarters of their appointments are pre-scheduled; and
- 60% reported responding to incoming phone calls as a planned outreach strategy.

"I was distributing information to a retail clerk who did not recognize the 'Connect for Health Colorado' name; when she realized that this was the marketplace for purchasing affordable health care, the light went on and she was excited. She subsequently told other friends and neighbors who have then contacted me at the office number."

- Volunteers of America

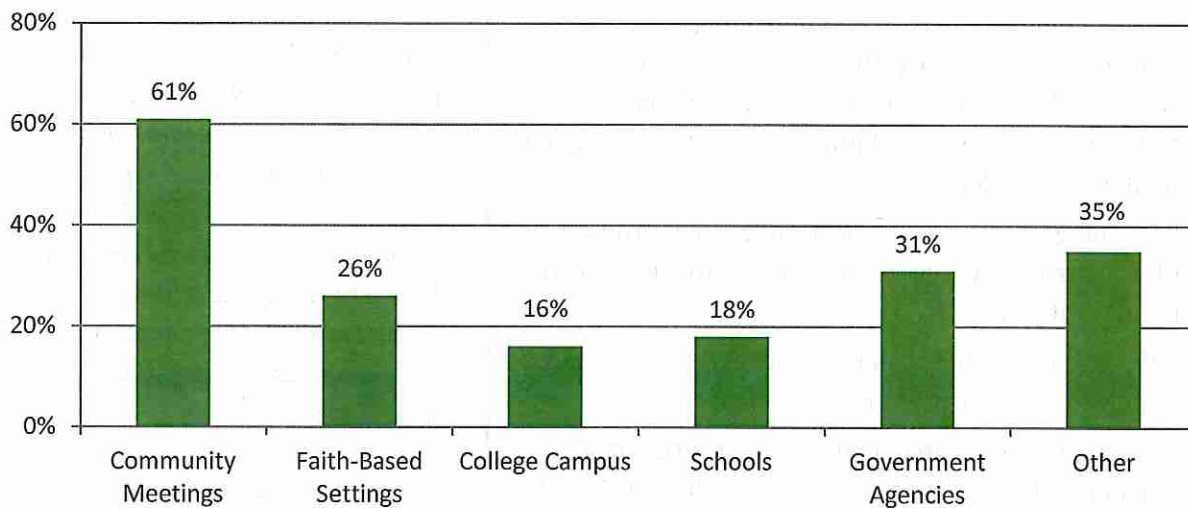
However, some grantee sites plan to expand on this traditional model: 48% of grantee sites expect to offer assistance outside of normal business hours and 46% will offer support on the weekends. Those grantee sites that are specifically targeting African American, Latino and Younger populations are significantly more likely to provide assistance outside of normal working hours and on weekends. The difference is particularly pronounced for sites providing African American and Latino populations assistance after 5pm during the week. Similarly, grantee sites located in rural areas were much more likely to report that they planned on offering assistance outside of regular business hours.

During the Weekly Best Practice calls, grantee participants volunteered that that having Health Coverage Guides work flexible schedules, work outside normal

business hours, and carry cell phones has created opportunities to reach people who may not have been able to access the sites during normal business hours.

Community Focused Activities: Grantee sites included in this model reported that their outreach to date is mostly focused on engaging the community including at libraries, grocery stores, local clinics, farmers markets, community events, schools, churches, etc. Most often, these strategies include talking to people, raising awareness, reaching out to an audience in a social or community space that feels comfortable to them and helping people take the first steps towards getting more information and materials they need to move forward with the enrollment process. Overall, 80% of grantee sites plan to use this approach for outreach.

Table 1: Percent of grantee sites reporting engagement in community outreach at each type of location



Note: 'Other' includes outreach at local restaurants, small businesses, and presentations to clubs, charities and clinics.

In the Weekly Best Practice call, some grantee staff identified a lack of transportation as a barrier for clients trying to reach their offices. For many, community outreach is already playing an important role in accessing target populations in order to overcome this barrier. Moreover, many grantee sites, in the quarterly reports and during the weekly calls, identified community events as the best way to access typically underserved or difficult to reach populations:

- 16% of grantee sites report planning to use kiosk stations for enrollment assistance; 92% of those grantee sites are specifically planning on targeting Latino populations in addition to any other populations that may be a focus for these sites;
- 6% of grantee sites plan to use mobile vans; all of those grantees are planning on targeting African American and Latino populations with this community outreach activity in addition to any other populations that may be a focus for these sites;
- 64% of grantee sites reported using intensive community outreach to reach new clients, including presentations, conversations and direct engagement with their audience;
- Of those sites planning to offer education on basic needs (23% of grantee sites) and post enrollment assistance (25% of grantee sites), 94% of grantee sites are targeting the Latino population in addition to any other populations that may be a focus for these sites, a significantly higher percentage as compared to any other target population;
- Non-profits are significantly more likely (85%) to report using an outreach strategy that includes community events when compared to grantee sites based in local government (<17%) and health care organizations (<17%); and
- Community events, such as enrollment events (87%) and Health Fairs (50%) are common outreach strategies for grantee sites located in mixed rural and urban settings.

Partner Engagement, Leveraging Old and New Partnerships:

For several grantee sites, assistance and outreach strategies are going to be focused on organizational partners rather than direct engagement with community members. Nearly 90% of grantee sites report that referrals from partner organizations will be either a primary or secondary strategy for reaching new client populations. Reports of partner engagement also included:

- 51% of grantee sites report they have trained or plan to train partner organizations to increase the number of referrals;
- 74% indicated they plan or already have shared materials with partner organizations;
- 44% of grantee sites plan to host organizational partner meetings in order to boost client referrals; and
- 53% expected to co-locate Health Coverage Guides within a partner organization.

We are working with Rocky Mountain Communities. Our plan was to meet the residents where they were, provide information and assistance once they were ready. Our guides have reported that after their 2nd or 3rd time at a community center, the residents began to recognize and trust them, even bringing neighbors who had questions or could be helped to see them.

- Boomers Leading Change

Grantees in this group plan to generate new partners through letters, emails and cold calls, and to utilize existing connections to gain access to a broader audience of potential clients. Grantee sites expect to or have already begun to offer information sessions and presentations at partner locations, leveraging often long-standing, trusted relationships to reach target populations. Some specific highlights include:

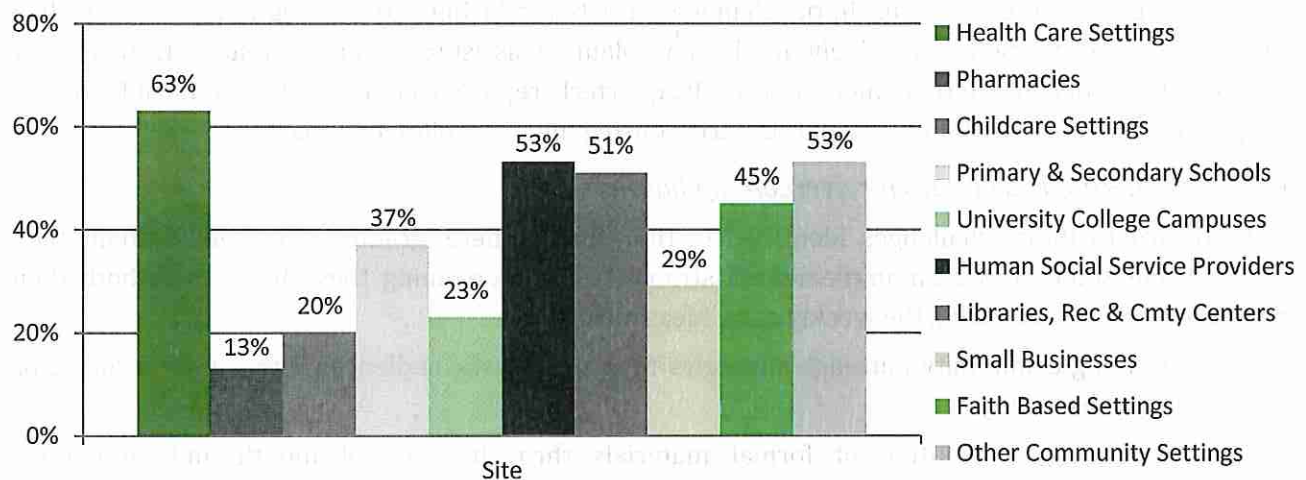
- Within rural settings, many grantee sites (>50%) identified presentations to local government agencies as a significant outreach strategy;
- 40% of grantee sites reported outreach with health care organizations;
- 77% of those targeting African Americans and 97% of those targeting Latinos identified health clinics as a strong organizational partner
- 20% of SHOP sites reported working with a local Chamber of Commerce;

Grantees also expect to leverage existing partnerships in new ways. For example, in some cases, grantee sites have access to a target population through relationships that currently focus on housing or social welfare benefits, therefore assistance and outreach strategies represent an expansion of that relationship into a focus on healthcare. By having these channels already established, grantee sites report they are able to build on the trust and visibility they have in the community to access target populations.

Information and Material Distribution: Finally, the most commonly planned and reported strategy among grantee sites entails broad information distribution via a number of mediums. As mentioned above, these activities often overlap with community outreach or engagement of partner organizations. This model highlights, however, the specific plan or current practice of widely distributing such things as flyers, brochures, and handouts along with preparation checklists for clients, pledge cards, and educational materials about the Affordable Care Act, available tax credits, and the marketplace. Also included in this strategy are grantee sites' plans or current activities related to paid media and social media engagement.

- 92% of grantees report that light-touch outreach efforts, such as information distribution through flyers, brochures, emails, etc., is a methods for reaching new clients;
- Electronic communication, such as e-newsletters (44%), social media outreach (48%) and website (57%) were the most often reported light-touch communication focus for grantees;
- Traditional media such as radio and newspaper accounted for only 11% and 20% of activity respectively; and
- 100% of grantees targeting young people between 26 and 35 years old planned on using social media and e-newsletters.

Table 2: Percent of grantee sites reporting distribution of flyers/brochures at each type of location



Note: Other includes non-profits and community agencies, health fairs, grocery stores, community kiosks, laundry mats, neighborhood outreach centers, town hall, arts center, and farmers markets.

Overall, initial data analysis suggests that grantees are planning and implementing a mix of strategies to reach their target audiences and assist them with enrollment. Where grantees are working with particular target populations, such as the Denver Indian Family Resource Center or the Center for African American health, they are tailoring their activities to their understanding of how to best reach those communities. For example, on the Weekly Best Practices call, The GLBT Center talked about their street teams that visit social spaces, such as restaurants and bars, as a unique way to reach their target audience. Other examples include meeting refugee populations at their church, a central location for that community. Grantees are leveraging their organizational partners to expand their audience, offering training, materials and even Health Coverage Guides to their network. Thus far, many grantees are developing creative, multi-faceted strategies, particularly for underserved or harder to reach audiences.

CHALLENGES AND OPPORTUNITIES

Now that the Connect for Health website has been launched, and enrollment assistance and outreach strategies are underway, several opportunities for future training have emerged to address evolving grantee challenges.

Grantee Reported Barriers Experienced During Outreach Activities

From the quarterly reports and during the weekly learning calls, some initial barriers to assistance and outreach strategies have emerged for grantees. These issues tend to fall into two categories: public

outreach challenges and internal organizational development needs. For example, grantee sites identified a lack of awareness, or misinformation, among members of the public about the ACA or Connect for Health Colorado (including confusion about the difference between Colorado and the Federal exchange) as one early barrier. Other examples of barriers from public engagement strategies included low attendance at events they hosted, low visibility when they attended other community events, and delayed or insufficient media materials from Connect for Health Colorado. Several grantees also highlighted that the Connect for Health brand was not readily recognizable or publically visible in these initial stages. Finally, many grantees identified the lack of access to technology, including access to the internet, for their target audiences. Particularly in rural areas, for those grantees targeting older adults, the need for alternative outreach strategies emerged during this period due to limited internet access.

Within the grantee organizations, initial challenges related to hiring and training new staff, as well as building staff capacity to effectively implement planned assistance and outreach strategies. An additional area of concern that emerged from the quarterly reports were the lack of staff confidence in preparing to handle difficult or unusual scenarios during initial enrollment assistance.

Grantee generated strategies for overcoming barriers

With regard to initial challenges identified in the public sphere, grantee sites talked about their planned and sometimes their implemented strategies for overcoming these barriers in both their quarterly reports and during the weekly calls. Ideas included:

- Targeting community outreach strategies to reach specific audiences rather than focusing on the public at large;
- Reinforcing distribution of formal materials through word of mouth and community conversations;
- Combining marketing materials from Connect for Health with other organizations' materials for visibility;
- Allowing partner organizations direct access to a scheduling tool, so they can assist consumers in setting up an appointment for application assistance;
- Providing planning materials like checklists to better prepare clients for enrollment assistance meetings; and
- Coordinating within other sites in the assistance network to avoid duplication of efforts.

In addition, Regional Hubs are beginning to offer supplemental training and materials to support grantees in overcoming some of these barriers. From the quarterly report:

- 73% of grantees report accessing their Hub for troubleshooting during October;
- 44% of grantee sites report receiving support from their regional Hub on outreach activities;
- 56% of grantee sites report participating in a regional meeting; and
- 30% of grantee sites indicated that their Hub had assisted in coordinating multiple grantees' outreach activities.

However, there are needs identified by grantees that have not yet been met. For example, several grantees suggested a need for supported training sessions with hands-on practice on the Connect for Health Website, including training for navigating different scenarios. They also suggested offering additional issue specific training for Health Coverage Guides covering topics such as Medicaid, PEAK, small business, and tax credits.

Additional training opportunities might include:

- *Communication Training:* Including sharing best practices on how to reach target audiences including how to start outreach conversations; scripts to follow during outreach calls to potential partner organizations; addressing opposition messaging and situational solutions; and providing training with role-playing using practice scenarios;
- *Data Collection, Tracking and Using Results:* Including capacity and skill building for tracking and using internal evaluation forms; and offering learning opportunities for translating quality assurance data collected at the sites into strategy improvement; and
- *Organizing Events:* Including information and support for organizing larger enrollment events, with HCGs on hand to assist, while addressing HIPAA concerns.

CONCLUSION

Overall, it is clear that multi-dimensional strategies are emerging from the Assistance Network. Grantees report offering both traditional and non-traditional models of services by planning to use in-office services as well as mobile methods to reach residents. Many grantees are also planning to or already actively engaging community members by attending community events, providing public presentations, meeting community members in places they congregate or feel comfortable and sharing information either in-person at health fairs or through media and marketing to raise awareness about Connect for Health Colorado. Grantees are also developing new partnership and utilizing existing partnerships to broaden their reach to community members.

Many aspects of this work are common across grantees. However, customized technical assistance and training is recommended to meet the unique needs of each site. Grantee feedback thus far has indicated an interest in improving their strategies and finding new and innovative ways to reach community members. Connect for Health Colorado and the Regional Hubs may consider providing individualized training on the technological aspects of the work, offering material and logistical support, as well as interactive learning processes tailored to the needs of grantees.

Lessons learned so far also reinforce the need to go beyond just the quarterly report data to best support grantees in their activities. The quarterly reports provide one perspective on the models of assistance and outreach, training needs, and suggestions for future opportunities. On the other hand, Weekly Best Practice Webinars that combine presentation of evaluation learning with a dialogue with grantees can further promote peer learning and the development of “best practices”. The discussion and feedback from these calls demonstrates a high level of interest in exchanging ideas and a keen awareness that peer support is helpful to overcome obstacles. For example, the November 13th session on community engagement led to an active sharing of ideas for where and how to start conversations with potential clients and partners. The November 20th call focused on leveraging partnership and showcased a powerful example of a grantee site opening up scheduling capabilities for partners to set up application assistance appointments, creating a direct link for client services from the grantee’s network of organizational partners.

Our evaluation model aims to distill the collective information, generate timely and useful feedback, and support the powerful forward momentum observed in Connect for Health Colorado’s work to date.