Open Enrollment Pilot Project

FINAL REPORT

The Colorado Health Foundation funded two studies to identify the barriers and challenges of outreach to uninsured Coloradans in preparation for the second health coverage open enrollment period. The studies, linked on the Foundation website, are "Culture of Coverage: Audience Research and Message Testing Among Uninsured Coloradans" (GSG and Hilltop Public Solutions); and "Barriers to Enrollment in Health Coverage in Colorado" (RAND).

Among other things, these reports found that assistance sites wanted customized marketing for their own community, and also identified some key messages for motivating people to get covered. The Colorado Health Foundation funded this pilot project to test the messaging from the studies and provide customized marketing support to three assistance sites, with an eye towards uncovering long-term strategies for supporting future open enrollment periods.

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Project Overview

The goal of the open enrollment project was to support outreach efforts through targeted work with identified assistance centers and to uncover long term strategies for supporting future open enrollment periods. To accomplish this, the team developed a two-phased approach to create and implement a needs-specific open enrollment pilot program for three selected sites from January 15 through February 15, 2015. Assistance sites were identified based on their ability to represent a wide variety of populations and community dynamics as well as their different structures and approaches. Chosen sites included the Stapleton Foundation's be well communities, Valley-Wide Health Systems and Kit Carson County Health and Human Services. Though all three sites share a similar commitment to the health of their communities, they are distinctly different in both their approach to this as well as their capacity for doing so.

- **Stapleton's *be well* initiative** is a community based program aiming to foster overall health and wellness among the populations it serves and includes broader initiatives outside of health coverage. The be well initiative covers northeast Denver and northwest Adams counties.

- **Valley-Wide Health Systems** is a geographically-based community health center, generally well-versed in navigating the health care landscape. This provider covers a large geographic area including Crowley, Otero, Bent, Fremont, Saguache, Mineral, Rio Grande, Alamosa, Conejos and Costilla counties.

- **Kit Carson County Health and Human Services** serves the role of county-based health department, with numerous health-related programs and objectives as well as other roles and responsibilities as a government agency. The site covers Kit Carson and Cheyenne counties and previously also covered Lincoln County.

Due to the uniqueness of each site as mentioned above, it must be noted that the approach taken when working with each site differed, in some cases greatly, depending on particular nuances of the entity itself, its ability to implement various elements of a pilot program and the populations it serves. How these factors contributed to the structure of the program are defined below.

Structure

By structuring the work around two distinct phases, the team was able to assess current conditions within each assistance site and use that information to create an implementable pilot program that built off existing resources and opportunities. Phase 1, which focused on site research and pilot program development, laid the groundwork for the implementation of Phase 2, which included the execution of the planned pilot program, ongoing support and sharing of effective tools and subsequent research and assessment.

The research portion of Phase 1 included multiple interviews, both in person and over the phone with several influencers at each site including open enrollment directors, health care guides, counselors and clients. The interviews focused on both developing a clear understanding of each site's internal goals and unique

challenges and identifying its populations served and their relationship to each assistance site based on their perceptions of the system. The team also audited current materials and tactics in use at each site, as well as assessed capacity. Following this information-gathering portion, the team identified additional materials and tactics needed to communicate with each population served and created a menu of supplemental materials and messaging for each site.

A summary of the findings compiled for the Phase 1 report are outlined below. The full Phase 1 report is available from the Colorado Health Foundation. These will also serve as an initial lens with which to view the post-enrollment results and recommendations that make up the bulk of this Phase 2 report.

Phase 1 Summary

Following research and in-depth interviews with each of the three identified assistance sites, the team compiled a list of common themes with which to begin developing the pilot program. Those themes included:

Trusted community resources and influencers have clout: It was noted that hard-to-reach clients who have not already sought out health insurance opportunities on their own are more likely to engage with the process if the information comes from an entity or person who is known to them. In addition, many health care guides and their leadership who work closely within the community are well aware of events and opportunities that will help reach their targeted audiences. This type of grassroots initiative has been successful within the communities interviewed and likely will continue to be.

Sensitivity to local culture: There exists, particularly in more rural communities, a stigma surrounding Connect for Health Colorado as a government program that simply exists to "sell" a product that the community doesn't need or want. Realizing that many of these people come from generations of uninsured families, special attention must be paid to their perception of the health care system and its role in their lives.

Concerns regarding available materials and messaging: Sites noted that outreach materials are often focused on one type of population and consequently isolate others. For example, earned media and advertising that only acknowledge an urban environment in the theme and language are quickly discounted by those in our state's rural and mountainous areas. Additionally, delivering the right message at the right time continues to be a challenge for sites who feel they need help to speak to their desired audiences, particularly those who haven't been reached by the broader, Connect for Health Colorado materials. The majority of those interviewed didn't feel there were enough opportunities to revise materials or tailor messaging to more accurately speak to their populations.

Ongoing communication and relevance is a challenge: The sites identified for the purpose of this project deal with many community members that have little to no experience with health insurance, meaning sites must help new clients to navigate the system, while also looking for ways to facilitate re-enrollment and cultivate a new generation of insurance-literate community members. Sites noted that keeping people engaged with their health care throughout the year continues to be a problem as many are unfamiliar with additional reasons they may need to connect with health care guides throughout the year such as "life change events" or other qualifying situations. Finding a way to stay connected with clients was important to the sites surveyed.

Media outreach must be tailored to each specific community: While the trend for reaching a broader audience seems to consistently point to online engagement, more rural sites made clear that digital strategies may not be the most effective for their populations. Community-based entities generally rely on more traditional, local forms of media such as small newspapers and radio stations, especially outside of Colorado's urban areas.

Important considerations

As with any report of this kind, findings and outcomes should be viewed within their larger context in order to draw more accurate and complete conclusions about the path forward. Within the framework of Colorado's efforts toward expanded health insurance opportunities for all as well as the unique qualities of the individual sites selected for this pilot project, the following observations were top of mind as this report was developed.

1. **Well documented technological problems and training issues continue to be a significant barrier for sites.** Due to these issues, sites reported needing multiple hours or multiple appointments to resolve problems for individuals seeking their assistance. In some cases, individual issues remained unresolved at the time of this report's writing.

2. **Comprehensive reporting at the assistance site level was a known barrier to evaluation and improvement.** Reporting of progress and goals in a number of areas is not robust and reports are not shared back with assistance sites. Challenges with existing reporting formats and technologies continues to hamper site-level efforts to participate and, in cases where capacity issues are already a problem, keeps the site from responding at all. Additionally, sites do not receive any analysis or insight into the data they are sharing, limiting its utility to them. For these reasons it is difficult to draw quantifiable conclusions about the impact of our outreach efforts because appointments, referrals and enrollments are not tracked consistently.

3. **Individual strengths and weaknesses of each type of assistance site greatly influence their ability to deal with the changing nature of the enrollment work.** For example, public health departments have natural advantages when dealing with individuals who ultimately need to be connected with a number of resources but may struggle with a broad array of programs and areas under their purview. Health care providers have more natural marketing and outreach capacities but may be challenged by the mechanics of developing more ongoing relationships around life changing events and reenrollment.

4. **Less populated areas of the state are dealing with issues of dwindling populations who are both eligible and willing.** In some portions of the state, the uninsured are known to local health officials by name, their numbers reaching only the dozens. While attempts must be made to continue enrollment, more sparsely populated areas will be more and more likely to be looking for needles in a haystack.

5. **Efforts to help individuals enroll in the health insurance that is right for them follow the federal philosophy of "no wrong door," but assistance sites primarily need support for enrolling individuals in Connect for Health Colorado.** Once an individual is working with a health coverage guide, the Medicaid issue is resolved and the process of signing up for Medicaid requires little decision making. Consumers who must enter the marketplace are the ones that need additional support.

Phase 2 Approach

Our overall approach to Phase 2 was informed by our research and reporting gathered in Phase 1. After completing initial visits with each site, we set out to develop customized strategies for each that recognized their unique challenges, needs and opportunities. While the specific approach for each site is spelled out and analyzed in detail in the site overview section, each included a selection from the following, overarching menu of activities:

(Please note that not all sites elected to use all recommendations.)

- **Tailored Messaging**
  - Included: Site-specific messaging themes created based on perceived needs from each site. These messages were a common thread throughout many of the materials developed.
- **Educational Materials**
  - Included: Cost Comparison Handout and poster, Insurance Benefits Brochure and poster, Residency Requirements Handout, Insurance Sign Up Pledge Card, Glossary of Health Insurance Terms Handout, Tax Preparer Handout, Life Changing Event Handout, poster and reminder collateral.
- **Print Advertising**
  - Includes: Region/county/community-specific advertising in small to medium newspapers including dailies, weeklies and monthlies. Where appropriate, these ads appeared in both English and Spanish.
- **Radio Advertising**
  - Includes: Radio spots targeting local and influential stations. Where appropriate, these ads ran in both English and Spanish.
- **Website, Social Media and Digital Outreach**
  - Includes: Targeted online outreach echoing tailored messaging developed for each site such as pay-per-click/social media advertising campaign, a social media toolkit for increased presence and some basic web copy for an enhanced digital presence.
- **Earned Media Toolkit**
  - Includes: Draft opinion pieces, draft letters to the editor, media outreach lists and support on placement efforts, template press releases and template event announcements.
- **Additional Outreach**
  - Includes: Site-specific assistance as dictated by each site. This included event support and ongoing counsel regarding emerging opportunities.

The recommendations outlined above were tailored to each site based on their individual needs, while recognizing the existing similarities in each and how certain strategies can be adjusted to fit numerous assistance sites around the state as they continue their open enrollment work. Strategies were conceptualized based on time-frame feasibility, long-term adaptability, ease of implementation to end-users and effectiveness.

Once conceptualized, each individual Pilot Program was managed by the team, recognizing that certain elements would remain dynamic throughout the open enrollment period and outreach options may be found to be more or less necessary as they are implemented and tested.

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Phase 2 Approach continued...

Messaging

One thing we heard loud and clear during Phase 1 was a need for each assistance site to put their own voice on their outreach materials through simple, clear messaging from the local, trusted community partner perspective. Catchy taglines are not as important as compelling and emotionally-resonant messages that speak directly to the people they are trying to reach. In order to accomplish this goal, we worked with staff at each site to dig into the type of messages they thought were necessary.

While the general message platform identified by previous research served as our starting point, the following refined messages were integrated across our outreach materials:

- **Affordability:** You can afford health insurance.

- **Help is in your community:** From a trusted source – convenient, free, no-obligation

- **Tax penalty:** Get something for your money – penalty vs. benefits – not scare tactics but something that could protect your family.

- **Beat the rush:** Get covered before the deadlines and avoid long waits and technical difficulties.

- **Proactive approach to health:** Protect your family before you get hurt or sick – especially for active families, laborers and young invincibles.

We approached the message development for each site individually, but found that all three sites were in need of similar messaging. The localization of the materials was based largely around selecting images and design elements that were inclusive of and resonated with the populations each site was attempting to reach.

Materials Development

Early in our initial conversations with pilot sites, it became clear that they struggled with needs for basic materials that would help them to not only encourage appointments with health coverage guides, but also assist those guides in helping that individual make the decision to become insured. Guides were also struggling with health insurance literacy issues and the emerging need to be an ongoing resource throughout the year and across multiple years. Based on these understandings we created a menu of educational and outreach materials. We took an individual approach to determining the appropriate materials for each site. A specific list of each can be found in the site-specific sections of this report.

Recognizing a need to localize the material to each site, we worked with our graphic design team to carefully select visuals and tailor our outreach materials. Much attention was paid to image selection and presentation to ensure we would hit the right mark with our unique audiences. For example, we heard from VWHS that the Connect for Health Colorado materials showing a yoga class in front of the Flatirons do not connect at all with communities in the San Luis Valley and often times cause the information to be dismissed out of hand. Similarly, rural or mountain photography has less attraction in the Denver-metro area.

More appropriate images are more geographically-sensitive (e.g. showcasing an image of the Sangre de Cristos in the San Luis Valley or a Denver city shot for the Stapleton Foundation) and representative of each target population. For the same reasons, all of the materials were co-branded with a prominent assistance site logo offset by a smaller Connect for Health Colorado logo, building off the relationship each site maintains as a trusted community resource.

Paid Advertising

Each of the sites we worked with identified paid advertising, particularly in smaller, locally-focused publications, as a valuable tool for attracting and engaging new clients, however financial resources limit their ability to implement this strategy in an effective manner. While the specific approach was different for each region, we allocated about one-third of the total budget to strategic media buys in each region.

Local newspapers and radio stations were prioritized over other forms of advertising. Television was discussed but eliminated for two reasons: 1) the Stapleton Foundation's service area was already saturated for Connect for Health Colorado television advertisements, and 2) there is no local television presence in the other communities we worked with making targeted advertising futile (some get Denver channels, others get New Mexico channels).

Our advertising buys in newspapers and on radio were focused on medium to small print publications and local radio to maximize our outreach to those outlets community members were most likely to use and trust.

For the Stapleton Foundation effort we also dedicated some resources to a geo-targeted Facebook click-through campaign that allowed us to capitalize on the organization's outreach efforts through the social media community they were attempting to build.

Newspaper advertising
The campaign consisted of two ads aimed at highlighting two of our key messages at strategic times in the process over a four week period:

First two weeks (January 18 – 31):
"You can Afford Health Insurance" – this half-page (color where available) ad ran six times total in each daily and twice in each weekly.

Second two weeks (February 1 – 14):
"Beat the Rush"– this quarter-page (color where available) ad ran six times total in each daily, twice in each weekly and once in each monthly.

Phase 2 Approach continued...

Radio advertising
Given the longer lead time associated with radio, the radio ads started a week later than the newspaper ads and ran for a total of three weeks. A list of participating stations can be found in the site specific sections of this report.

We developed one 30-second radio spot for each assistance site focusing on the message of health insurance affordability. Local voice talent was tapped in each market (including Spanish-language talent) to record the ads and give them more credibility with each community.

Facebook campaign
To build on existing but limited community social media resources, we implemented a geo-targeted, pay per click campaign focused on increasing the visibility of the health coverage guides and their work.

Earned Media

Where possible, we implemented and supported a direct earned media strategy that allowed us to use opinion pieces and letters to the editor, as well as more strategic announcements for events, to place messages in community media outlets. For smaller publications, this strategy can yield strong media placements with largely unedited messages in outlets most trusted by local residents. We attempted to boost the impact of the individual pieces by using community members as authors.

Digital Assets

To further explore the economical use of online assets, we provided more robust web copy for some sites as well as social media assets and assistance posting those assets in a timely and strategic fashion. These efforts showed strong gains in attention to health insurance, but given their nature, we can make little assessment of their direct impact on health coverage guide appointments and enrollments.

Implementation

An important component to creating a pilot program was its ability to be adaptable for each site. As such, information and key themes gathered during Phase 1 research largely informed not only the elements to include in the program, but the approach for managing the program with each site as well.

To develop the specific program to be implemented, the team worked in conjunction with site contacts to decide which collateral materials and strategies were appropriate and potentially useful to them. In order to foster the success of these programs, the team focused on two major areas throughout the open enrollment period:

• **Ongoing support and analysis:** When possible and desired, the team provided continuous support to each site which included calls and emails to gather information about what was working, problems that arose, unmet needs and requests for additional materials. The level at which each site could provide feedback varied based on capacity. For example, Kit Carson County Health and Human Services, is a fully operational health department that oversees numerous initiatives and also faced turnover in health

guide leadership, which made access less robust for the team. In comparison, Valley-Wide Health Services and the Stapleton Foundation's be well initiative were more responsive during the open enrollment period as they are both health care-focused sites with slightly higher capacity.

- **Evaluation:** A common capacity-based issue at all three sites was the lack of a consistent mechanism for data collection. Understanding this challenge, we implemented a simple tic sheet for each site in hopes it would help streamline data collection for questions specific to marketing and outreach. We also focused on ongoing qualitative evaluation of tactics and used that information to adjust strategies at each site as necessary. The team was particularly sensitive to the fact that tactics that worked in one community or site may not be the most effective choice for another.

Open Enrollment

Outreach and Marketing Inventory

Name: _____

Assistance Site/Service Area: _____

How are clients hearing about your services? Select one of the following and keep this as a running tally sheet.

Source/Vehicle	
Referrals from Connect for Health Colorado	
Newspaper advertisements (Publication?)	
Radio advertisements (Station?)	
Social media	
Website (What organization?)	
Referral from other agency or organization	
Newspaper story	
Flyer or Poster	
Community/outreach or enrollment event	
Health clinic	
Word of mouth (From whom?)	

Key Findings & Overarching Results

The following findings summarize the main outcomes of this open enrollment pilot outreach program for all three pilot assistance site organizations, as defined by five main categories:

- **Tracking & Reporting**
- **Enrollment Results**
- **Advertising Outcomes**
- **Messaging Effectiveness**
- **Materials & Outreach Assessment**

Tracking & Reporting

It has been well established that there is no singular system in place for consistently tracking assistance site appointments and enrollments. The Connect for Health Colorado reporting system (DART) has been mentioned to us extensively throughout our site coordination, but no site has yet been able to complete and share these reports. We will continue to actively track down these reports for the pilot sites, as available but anticipate receiving only limited updates and information from two of our three sites.

As a result, this report includes a significant amount of Connect for Health Colorado enrollment data for the counties served by the pilot assistance sites. The following data does help provide a high-level picture of this year's open enrollment activity. However, several important factors must be noted:

- The Stapleton Foundation serves numerous unique communities/neighborhoods in metro Denver. As a result, Denver and Adams county enrollment statistics are not as representative as county data for Valley-Wide Health Systems and Kit Carson County.

- Connect for Health Colorado enrollment data includes all enrollments, not just those enrolled through assistance sites.

- Connect for Health Colorado enrollment data does not include Medicaid, yet the pilot sites serve populations with high Medicaid eligibility.

- This data should not be viewed as an exhaustive statistical summary, but rather as the initial, high-level lens through which to view the individual pilot sites.

Enrollment Results

Collectively all of the pilot sites classified this year's open enrollment as a success, when compared to last year's effort. The operation and management of their respective assistance sites generally went smoothly during the entire enrollment period.

Additionally, a significant increase in the volume of appointments and inquiries was reported in the final weeks of open enrollment, when our outreach activities were underway. All three pilot organizations **directly attributed this increased volume to our outreach efforts.**

Connect for Health Colorado: County Enrollment Data

The Connect for Health Colorado enrollment data that is available for each county in Colorado provides a number of interesting insights.

Total Exchange Enrollment in all Pilot Site Counties
(Medicaid not included)

Y-axis: Individuals Enrolled (0 to 35000)

- Nov.15, 2014: ~4500 — **435.77%**
- Dec.15: ~25500 — **4.09%**
- Dec.31: ~26500 — **5.37%**
- Jan.15, 2015: ~28000 — **2.20%**
- Jan.31: ~28500 — **11.72%**
- Feb.15: ~32000
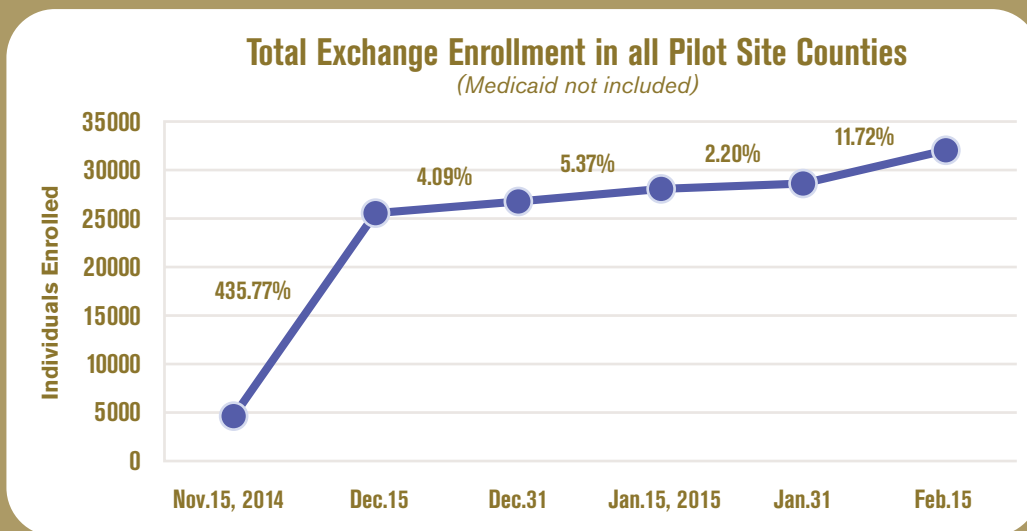
As the above chart indicates:
- Reenrollments before the December 15, 2014, deadline accounted for the largest single increase – more than 435% in pilot counties and 344% statewide (see chart on page 12)

- **A significant spike in enrollments occurred in each county served by the pilot assistance sites during the final weeks of open enrollment:**

  - For all counties served by the pilot assistance sites, **enrollments increased more than five-times** from February 1-15 over January 15-31

While the outreach and advertising efforts of this program cannot specifically be credited with a quantifiable portion of this increase, the bulk of our efforts were concentrated in late-January through February 15. Furthermore, for many of these counties, the pilot assistance sites were one of, if not the only active assistance sites in the area.

Connect for Health Colorado: Statewide Enrollment Data
The statewide Connect for Health Colorado enrollment data (shown below) is generally consistent with the data reflected by the counties served by the pilot assistance sites.

Total Statewide Exchange Enrollments
(Medicaid not included)
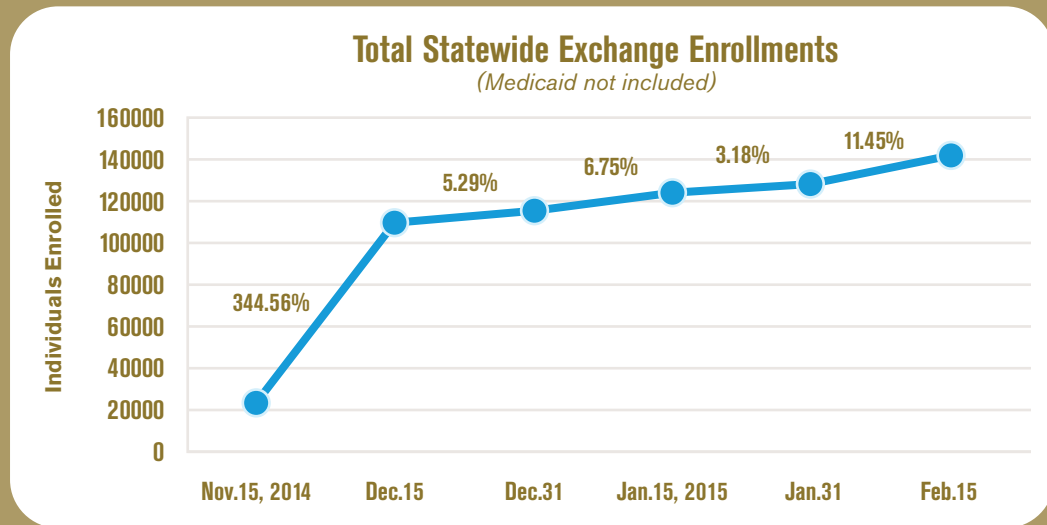
However, enrollment in pilot site counties was slightly higher while the outreach effort was implemented in late-January through February 15. These results were especially evident in the counties served primarily by the pilot assistance sites:

• Counties served by Valley-Wide Health Systems saw a 12.82% increase in enrollments from February 1-15 over January 15-31, compared to the statewide average of 11.45%*

   It is important to note that Valley-Wide Health Systems accounts for all but three of the assistance sites serving Crowley, Otero, Bent, Fremont, Saguache, Mineral, Rio Grande, Alamosa, Conejos and Costilla counties.

• Counties served by Kit Carson County Health & Human Services saw a 13.8% increase in enrollments from February 1-15 over January 15-31, compared to the statewide average of 11.45%**

   **It is important to note that Kit Carson County Health & Humans Services operates all three of the assistance sites serving Kit Carson, Cheyenne and Lincoln counties.*

• Counties served by the Stapleton Foundation saw an 11.61% increase in enrollments from February 1-15 over January 15-31***

   ***It is important to note the Stapleton Foundation's be well assistance sites comprise only four of approximately 13 assistance sites serving Denver and Adams counties.*

Year-to-Year Statewide Enrollment Comparison: 2013/14 vs. 2014/15

In the 2014/15 open enrollment period, statewide enrollments through the exchange increased by nearly 10% in comparison to the longer 2013/14 open enrollment period (shown below).

Year-to-Year Statewide Enrollments
(2013/14 compared to 2014/15)

Individuals Enrolled

	2013/14 Total	2014/15 Total
Medicaid	178,508	76,194 (−57.32%)
Connect for Health	127,233	139,652 (+9.76%)
Total	305,741	215,845 (−29.40%)

Legend:
- Medicaid
- Connect for Health
- Total
- % Change
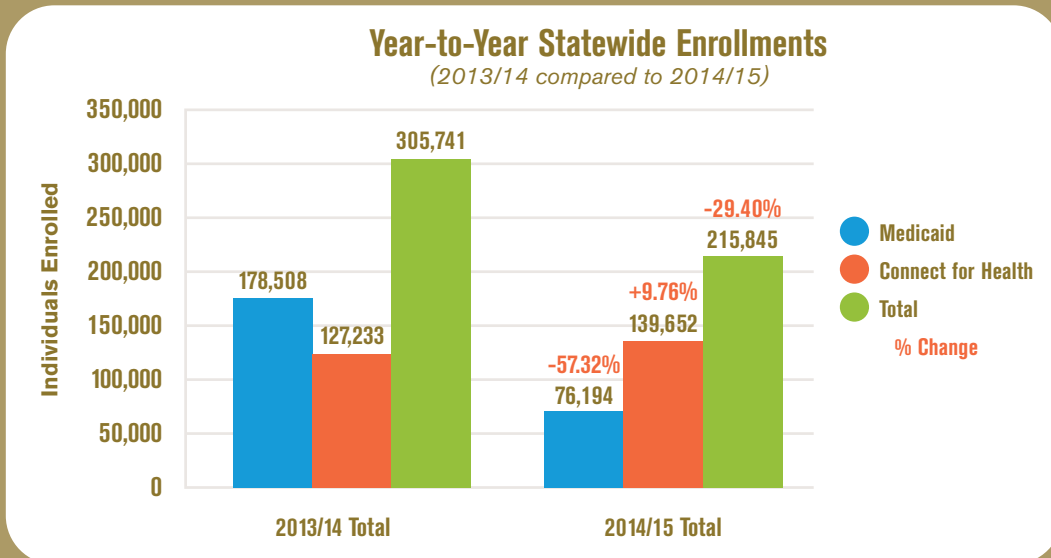
Medicaid

It's worth noting that Medicaid expansion significantly increased the total number of 2013/14 enrollments in some form of health insurance, but saw a 57.32% decrease this year. However, the counties served by our pilot sites include significant Medicaid-eligible populations, and anecdotally reported considerable new and re-enrollments in Medicaid this year.

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Key Findings & Overarching Results continued...

Year-to-Year Pilot County Enrollment Comparison: 2013/14 vs. 2014/15
Exchange enrollments in all counties served by the pilot sites increased by nearly 20% in comparison to enrollments during the extended 2013/14 open enrollment (shown below).

Year-to-Year Exchange Enrollments in all Pilot Counties
(2013/14 compared to 2014/15)
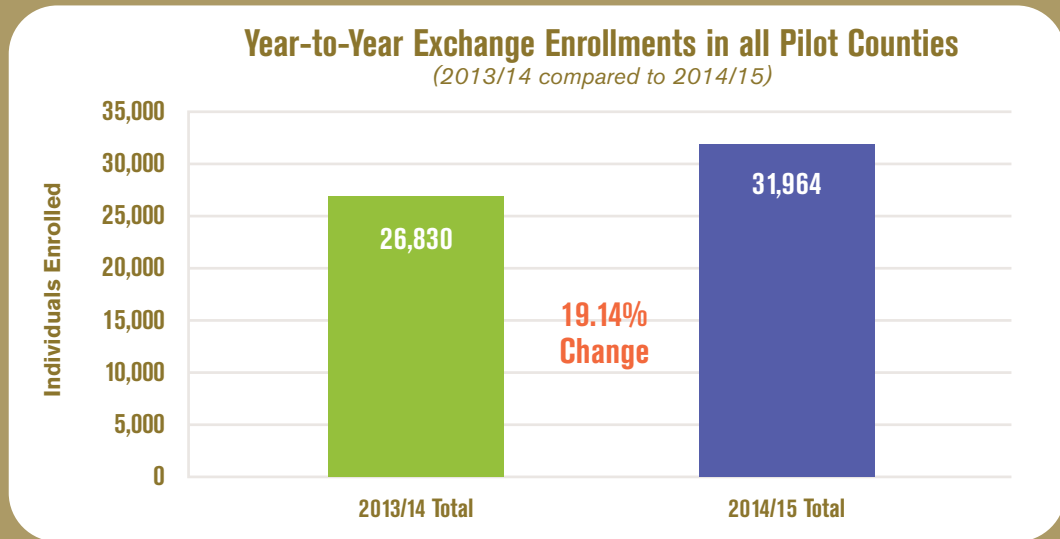
The ***exchange enrollment in pilot site counties (19.14%) was more than double the 9.76% average statewide increase*** during this open enrollment period, compared to 2013/14:

- Counties served by Valley-Wide Health Systems saw a ***13.24% increase in exchange enrollments during 2014/15,*** compared to 2013/14.

- Counties served by Kit Carson County Health & Human Services saw an ***11.18% increase in exchange enrollments during 2014/15,*** compared to 2013/14.

- Counties served by the Stapleton Foundation saw a ***19.75% increase in exchange enrollments during 2014/15,*** compared to 2013/14.

A year-to-year enrollment comparison of pilot site counties versus non-pilot site counties is also warranted. ***In non-pilot site counties, exchange enrollment was nearly three times lower (7.26%) than enrollment in pilot site counties (19.14%)*** during this open enrollment period, compared to 2013/14.

Year-to-Year Exchange Enrollments in Non-Pilot Counties
(2013/14 compared to 2014/15)

Individuals Enrolled

2013/14 Total: 100,403

7.26% Change

2014/15 Total: 107,688
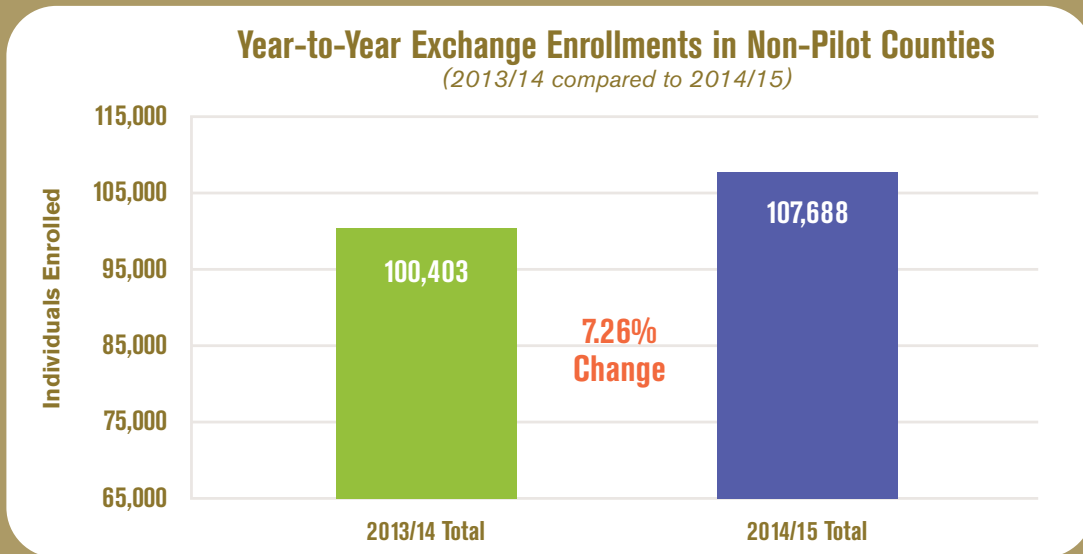
Enrollment Conversion Rates

Once an appointment was made and the enrollment process initiated, the pilot sites anecdotally reported an average conversion rate from uninsured to insured at approximately 75%-90%. Some unconverted clients did ultimately choose to remain uninsured and pay the tax penalty due to cost and financial considerations. Still others continue towards completion of their application due to technological issues.

Overall, staff from the three pilot sites believed that the *majority of appointments at all of the pilot assistance sites resulted in enrollment in health insurance.*

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Advertising Outcomes

A highly targeted advertising campaign was implemented as part of this program. It was designed to utilize local and regional media outlets not already covered by the extensive Connect for Health Colorado advertising effort, and to saturate the markets served by our three pilot assistance site organizations:

- San Luis/Arkansas Valleys and Can on City (Valley-Wide Health Systems)
- Eastern Plains (Kit Carson County Health & Human Services)
- Northeast Denver & Northwest Aurora (Stapleton Foundation)

The total media buy for our advertising campaign was $104,000. It focused primarily on print and radio outlets, as well as a small geo-targeted social media effort in metro Denver, and produced the following aggregate results:

Combined Advertising Campaign Results: All Markets

Total Advertising Spend	**$104,000.00***

Print Advertising	
Total Print Ad Spend	$63,118.54
Total Number of Print Outlets	19
Total Number of Print Ads	94
Total Print Ad Impressions	1,310,364
Average Cost per Print Ad	$597.47
Average Cost per Print Ad Impression	$0.08

Radio Advertising	
Total Radio Ad Spend	$15,091.85
Total Number of Radio Outlets	11
Total Number of 30 second Radio Spots	1050
Average Cost Per Radio Ad	$23.67

Digital Advertising: Facebook Pay-Per-Click	
Total Digital Ad Spend	$5,000
Total Digital Ad Impressions	1,055,695
Total Number of Digital Ad Clicks	3,226
Average Cost Per Digital Ad Click	$1.55
Click-Through Rate	0.31%**

*Includes media buying, advertising placement, administrative and production fees
**Exceeds the general advertising industry standard of approximately 0.10%

Messaging Effectiveness

Tailored messages were developed for the pilot assistance sites based on the messaging research conducted by the Colorado Health Foundation, as well as individual interviews with staff at each pilot assistance site.

All messages were delivered through a trusted community messenger, by using materials and advertising branded by the pilot assistance sites with local contact information. Overall, this localized approach was highly effective. In fact, it was so effective that *in areas where strong anti-ACA sentiment exists, the uninsured cut ads from the newspaper and brought them to assistance sites thinking this was some local alternative to "Obamacare."* This sentiment was so strong that, despite physically going to an assistance site, individuals chose to remain uninsured rather than enroll in the exchange.

A summary of each customized message and its effectiveness is below:

- **You can afford health insurance:** Most people without health insurance can get covered for less than it costs to fill up the gas tank or buy groceries.

    - Message Effectiveness: Highly effective in print/digital advertising for driving traffic to the assistance sties. For clients who did not qualify for cost sharing subsidies, some dissatisfaction emerged during the enrollment process.

- **Get something for your money, don't pay a fine:** This year, all Americans are required to have health insurance or pay a fine. Get something for your money that protects your family by ensuring you can get them the health care they need, when they need it.

    - Message Effectiveness: Highly effective as motivating advertising message and during enrollment/ decision making process – *will become even more effective as the tax penalty increases.* But it is important to note that this message needs to remain the more positive motivation to receive value for your money rather than a more negative frame using fear as a motivation.

- **Beat the February 15th rush:** Get health insurance today to avoid long and frustrating delays. Free help is available in your community.

    - Message Effectiveness: Somewhat effective advertising message. Human nature regarding deadlines is still the most powerful motivating factor for individuals initiating the enrollment process.

- **Free help is available in your community:** Trained health coverage guides are available in your community to provide free help in choosing the plan that's right for you before the February 15th deadline.

    - Message Effectiveness: Moderately effective advertising and enrollment/ decision making message. However, some confusion between "free help" and "free insurance" was reported.

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Materials and Outreach Assessment

A comprehensive set of individually customized materials were delivered to each pilot assistance site. Based on feedback from each site, the materials were important communications and outreach tools. However, quality education materials are not inexpensive to produce when design, content, printing and delivery are all considered. That said, given the expanding needs of assistance sites, the materials were an important part of the equation and some were more effective than others.

Below is a summary of total materials produced, rough cost estimates and the materials that proved most effective:

- **Materials Produced:** Twelve unique pieces of collateral material were produced for the pilot sites. Customized versions were then developed for each pilot organization, using regional images, local contact information and message adjustments, as needed.

- **Approximate Cost per Piece of Collateral Material:** The total cost for production of the 12 pieces of collateral was approximately $56,000, including graphic design, content development, printing and delivery to each pilot site are all considered. This equates to an average cost of approximately $4,733.00 per piece of collateral material. In order to maximize the investment made for this project, we have developed templates for use by any site that can be easily personalized with site-specific information and quickly printed by a local vendor.

  - **Event Giveaways:** We produced more than 500 branded lunch boxes for distribution at the annual be well event on January 29. Upon completing a be well Health & Wellness pledge, which included committing to enroll in health insurance, participants were given a lunch box filled with assistance site information. Total giveaway cost was roughly $5,000.00, or approximately $10.00 per lunch box.

Most Effective -- Health insurance literacy: While materials related to affordability, local assistance and the tax penalty were effective for driving traffic to the pilot sites, materials related to health insurance literacy were reported to be most effective once clients were already in the door. The glossary of health insurance terms and guidelines for covered/free preventive services were reported to be the most utilized materials. Similarly, the life changing events handout is anticipated to provide significant value beyond the open enrollment period.

Key Learnings

While each site was notably unique in their individual outcomes, the following represent the big picture takeaways that emerged across all sites. These statements differ in nuance to some degree from site to site, but they generally sum up the key points we believe to be true related to the overall lessons-learned from the marketing and outreach effort. Individual site learnings are explored in more detail in the site-specific sections of this report.

1. **Stigmas around certain health insurance options continue to create barriers.** Negative perceptions around the Affordable Care Act persist in communities across the state. In addition, stigmas around the use of Medicaid also continue. Reporting from sites seems to indicate that these perceptions are continuing to create barriers to coverage either because the individual would rather pay a fine than participate, or because they are now eligible for Medicaid, refuse the option and are then not eligible for tax credits on the exchange.

2. **Localized outreach works, but anti-government sentiment remains a powerful deterrent.** While the localized materials brought more people to the assistance sites – many for the first time – a few individuals thought the advertisements were for something other than the plans available under the Affordable Care Act. Staff reported more than one instance of a client coming in and leaving once they realized they were looking at "the same Obamacare I said no to last year."

3. **The services assistance sites are asked to provide in order to help individuals is expanding.** Following the first year of open enrollment, assistance sites report finding themselves in the position of operating much like an human resources department helping people through life changing events as well as working through their own internal challenges with reenrolling existing clients.

   As they attempt to operate more extensively in hard-to-reach communities, sites are also reporting the need for more social work skills, access to a broader variety of programs and supports, as well as more comprehensive training on de-escalation strategies and how to deal with emotionally sensitive situations. Partly exacerbated by the federal "no wrong door" policy, guides often find themselves walking a fine line between sales and counseling where they are working to help clients find the best plan for their individual situation while being careful to not appear as brokers or as promoting one plan over another.

4. **New groups of individuals are being drawn directly into the enrollment conversation and will need resources and support going forward.** With fines beginning during this tax cycle, tax preparers are finding they are the first introduction for some to the new health insurance requirements of the Affordable Care Act. Many report they are neither prepared for this role, nor sure of how to help their clients going forward – an issue that is only expected to escalate as time goes on and the penalty increases.

   On a similar note, a more strategic alignment with the tax season is viewed as a big opportunity area. With the tax season ending in April, many people are not finding out about their exact tax penalty until it's too late. An open enrollment period that deliberately mirrors the tax season was suggested as a more effective way of reaching those potential clients.

5. Earlier outreach efforts would have made for a more manageable workload. Scheduling realities allowed for our outreach materials to only be in the field for the final weeks of this year's open enrollment period. This had the effect of multiplying the rush of people that habitually wait until the last minute to take action. Enrollment staff felt this effect may have been lessened by getting advertisements and other outreach materials into the field earlier. Ideally, aligning outreach efforts with the open enrollment period.

6. Co-location of services is a real value-add. Whether it was intentional or not, all sites realized benefits from having related services located in close proximity. VWHS inadvertently benefited from having one of their health coverage guides in close proximity to a free tax preparation service where the two could make convenient referrals back and forth. Both services were located on the Alamosa State University campus, helping attract one of their target demographics – college students. Many be well enrollments resulted from walk-in and referral appointments generated at the assistance sites co-located in City and County of Denver recreation centers. Kit Carson Health and Human Services, by nature, operates as a one-stop-shop for social services where Medicaid assistance is offered next door to Connect for Health Colorado assistance, allowing the department to significantly shorten appointment times and maximize referral efficiency.

7. There is room for improvement in the two-way interface between Connect for Health Colorado and the assistance sites. A number of disconnects are evident in the relationships that each assistance site holds with Connect for Health Colorado – a problem that stems from inefficiencies and missed opportunities on both sides.

For example, health coverage guides have to navigate the same system and channels as everyone else, causing disruptions to appointments, long wait times, etc. Separate Connect for Health Colorado and Medicaid customer service resources for health coverage guides, such as dedicated access channels and support lines, would significantly help with the application process and enrollment efficiency. Sites reported that many customers do not see the benefit of using an assistance site when the same delays apply and a real time resolution is not guaranteed because customer service representatives are often unsure how to resolve the complex issues common to an assistance site client.

To some degree, it's up to each site to determine the hours they are available to provide assistance. This presents problems and backlogs when the individual site business hours are different than Connect for Health Colorado hours.

The referrals from Connect for Health Colorado could also be more strategic. While they account for a significant portion of the workload at some assistance sites, in many instances, referrals are made to a site that is not necessarily the most convenient for the client nor the site with the appropriate internal resources to handle the consumer's issues.

Additionally, the required Connect for Health Colorado reporting structure is perceived by many as confusing and overly time consuming, providing little value to the assistance sites because they don't have real-time access to their individual data or the data of other sites for performance tracking and comparison purposes. Site staff agree that a shorter, more focused set of questions (possibly 10 rather than the current 25) would improve their ability to file the reports in a timely manner or file them at all, but would still result in the collection of data that would help all sites improve.

Stapleton Foundation:
be well Health and Wellness

Site Overview

The Stapleton Foundation is a community advocacy organization that focuses on four priority areas: Health and Wellness, Lifelong Learning, Neighborhood Connections and Sustainable Development. The foundation primarily serves the communities of Stapleton, East Montclair, Northwest Aurora, Northeast Park Hill, Greater Park Hill and Montbello. The organization's Connect for Health Colorado assistance sites are managed through the Stapleton Foundation's *be well Health and Wellness* initiative.

The *be well* initiative operates four assistance sites that are staffed by one full time health coverage guide and two part-time health coverage guides, one of which is bilingual (Spanish and English). The *be well* assistance sites are located at the:

- Stapleton Foundation headquarters (primary site)
- Central Park Recreation Center
- Hiawatha Davis Recreation Center
- Moorhead Recreation Center

Site Specific Approach

As noted in the Phase 1 report, the be well sites were already experiencing a good volume of appointments midway through open enrollment. Despite this limited capacity, be well staffers committed to insuring as many people as possible by increasing appointment volume through our outreach efforts during final weeks of this years' open enrollment period.

In addition to supporting their already robust grassroots efforts, the overarching approach for the Stapleton Foundation focused on providing be well staff with educational resources and implementing many aspects of the organization's day-to-day communications activities. This allowed be well health coverage guides to focus primarily on client appointments.

Following two in-person work sessions with be well staff and numerous follow-up phone and email conversations, we collaboratively developed a comprehensive strategy that targeted the following priority populations and delivered the communications materials identified on page 22:

Target Audiences
- Non-Medicaid eligible and newly non-Medicaid eligible
- Young families (children are covered by CHP+ but parents are not covered by employer)
- Immigrant populations speaking a variety of languages (for the purposes of this program, only Spanish-language outreach was offered, however it was noted that there were additional, albeit less frequent, language needs.)

Print Advertising
A targeted print advertising campaign was implemented in the following small, local papers not already covered by Connect for Health Colorado:

- Front Porch Stapleton
- Greater Park Hill News
- Aurora Sentinel
- YourHub (zoned edition)
- La Voz
- Viva Colorado

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Educational Materials
Co-branded materials that more prominently positioned be well over Connect for Health Colorado, proved to be effective outreach and educational tools. The following materials were provided to all be well assistance sites and staff:

- **Cost Comparison Poster/Handout:** A visual comparison of average tax penalty, premiums, tax credits for specific income ranges

- **Insurance Benefits Poster/Brochure:** Identifies no-cost preventive services and explains how health insurance works

- **Residency Requirements Handout:** Explains residency and visa requirements for private plans and Medicaid enrollment systems

- **Back-to-Basics Pledge Card:** Asks be well clients to provide contact information and pledge to participate in simple wellness steps, including signing up for health insurance

- **Glossary of Health Insurance Terms:** Defines commonly used and misunderstood insurance language with real life scenarios in easy to grasp terms

Other Outreach

- **Digital Advertising:** A geo-targeted pay per click/social media advertising campaign was implemented to specifically reach this localized part of Denver. The effort directed users to the main assistance site phone number and be well webpage.

- **Website, Social Media and Digital Outreach:** We implemented updates to the be well website's home and assistance site pages, as well as developed a social media toolkit and executed regular updates to the be well facebook page.

- **Event Support:** General promotion and educational materials were provided in support of the annual Stapleton Foundation be well "back-to-basics" event on January 29.

- **Back-to-Basics Giveaway:** We designed and supplied more than 500 be well branded "old school" lunch boxes for the January 29 event that were filled with assistance site information.

Ongoing Support

Several additional resources were identified for continuing and building upon the health insurance dialogue established during the open enrollment period.

- **Life Changing Events Poster/Handout:** Identifies qualifying events that allow individuals to take advantage of a special health insurance enrollment period.

- **Reminder Magnet:** A visible reminder for newly insured to stay proactive with regards to their health insurance (e.g. reevaluate coverage next open enrollment and for life changing events, use preventive services, etc.)

- **Health Insurance Literacy:** Now that thousands more be well stakeholders have health insurance, many for the first time, a significant knowledge gap exists. Many who are now covered are still unsure about how to use their insurance. Some of the materials provided during open enrollment, such as the glossary of terms and insurance benefits handout, will continue to be useful as the newly enrolled begin to use their benefits.

Site Specific Findings

Overall, *be well* staff classified this year's open enrollment as a success, though the general sentiment was that it was much more difficult than last years' enrollment period. The operation and management of their assistance sites generally went as expected throughout the period, however unforeseen events and client issues, high volume and referral and technical issues jammed up daily procedures. The following site specific findings summarize the main outcomes of this year's open enrollment period.

Enrollment Results

Total Connect for Health Colorado enrollments in Denver and Adams counties increased from last year's open enrollment period. The *be well* assistance sites reported more clients qualifying for marketplace tax credits this year, as opposed to last year when many more of their customers qualified for Medicaid. Additionally, a

significant increase in the number of appointments and inquiries was also experienced during the final weeks of open enrollment. The *be well* health coverage guides **directly attributed much of this increased volume to our outreach efforts.**

Once an appointment was made and the enrollment process initiated, the conversion rate from uninsured to insured was reported as approximately 75%-90%. Some clients did ultimately choose to pay the penalty due to cost and financial considerations, while others continue towards completion of their application due to technological issues. However, the **majority of be well assistance site appointments resulted in enrollment in health insurance.**

Tracking

be well staff was asked to track referral sources for each appointment by asking "How did you hear about us?" According to guides, it was often difficult to connect the dots regarding which materials were successful in driving traffic. Guides noted that they did not consistently have that conversation with clients. Additionally, as previously stated, many clients were referred to *be well* through the Connect for Health customer service line, which usually precluded guides from asking how they got their information.

Based on feedback from *be well* health coverage guides in relation to the information they did collect from clients, client volume was primarily driven by the sources below. Listed in order of perceived effectiveness, they are:

- Phone inquiries (driven by grassroots outreach and advertising)
- Recreation center co-location
- *be well* event/pledge follow-ups
- Connect for Health Colorado referrals
- Social media
- Word of mouth

It is important to note that the list above is reflective of the referral sources as documented by individual enrollment staff. It is not necessarily representative of all referrals; just those staff was able to track in some fashion. Location, taking calls while driving, workload management and other uncontrollable factors contributed to incomplete data on referral sources.

Although the *be well* assistance sites were only four of about 13 sites serving Denver and Adams counties, the available Connect for Health Colorado enrollment data does provide some interesting insights.

Denver/Adams County Exchange Enrollment
(Medicaid not included)
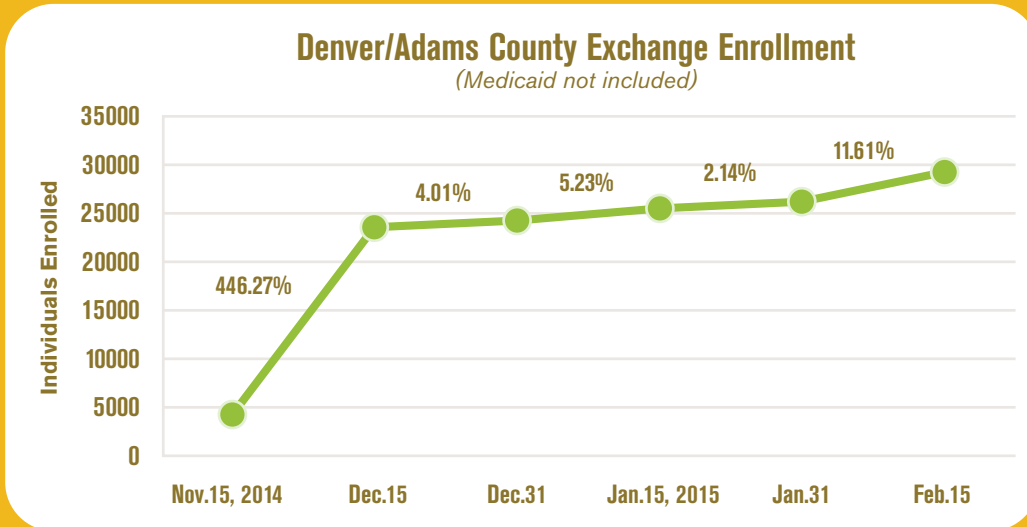
As the above chart indicates, *a significant spike in Denver and Adams county enrollments occurred in the final weeks of open enrollment.* Our outreach and advertising efforts cannot be credited with a specifically quantifiable portion of this increase. However, the bulk of our efforts were concentrated in late-January through February 15. Furthermore, targeting only the discreet portion of northeast Denver and northwest Aurora was not possible through print advertising. Advertisements in the Aurora Sentinel, YourHub, Viva Colorado and La Voz newspapers reached a significantly larger cross-section of greater Denver.

When comparing the data of this year's open enrollment to last year's, there was also a sizeable increase in Denver and Adams counties. With a 19.75% increase in exchange enrollment, these counties were well above the statewide average of 9.76%.
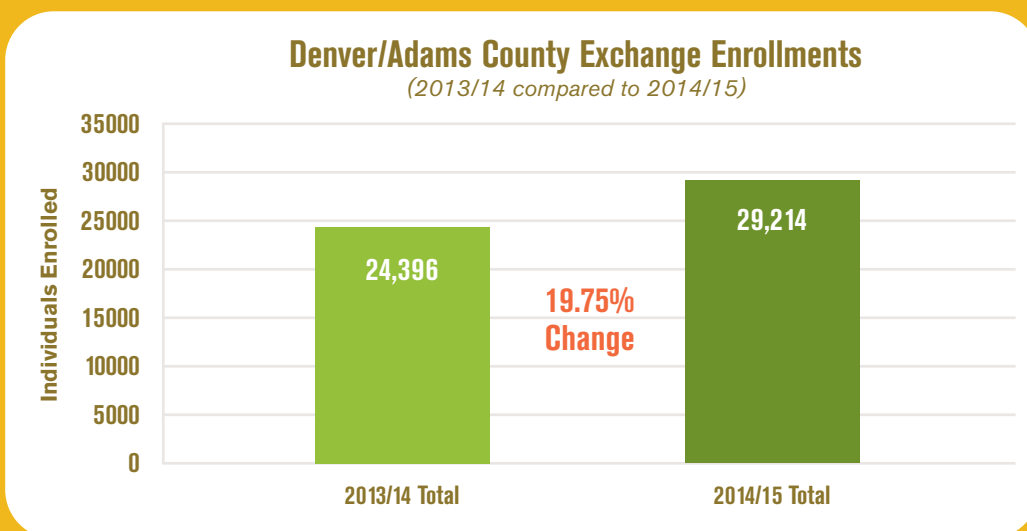
Denver/Adams County Exchange Enrollments
(2013/14 compared to 2014/15)

Outreach and Advertising Outcomes

Below is an inventory of all outreach efforts, including a rough approximation of return of investment for each communication vehicle:

- **Print & Digital Advertising:** A targeted digital and print advertising campaign was designed and implemented to reach beyond the media outlets already covered by Connect for Health Colorado in the metro Denver area. It focused on smaller, local newspapers and Facebook users geo-targeted by ZIP code:

Stapleton Foundation: Northeast Denver & Northwest Aurora

Total Advertising Spend:	**$19,986.86**

Print Advertising

Print Ad Spend	$14,986.86
Print Outlets	6
Number of Print Ads	18
Print Ad Impressions	648,976
Average Cost per Ad	$832.60
Average Cost per Impression	$0.023

Digital Advertising: Facebook Pay-Per-Click

Digital Ad Spend	$5,000
Digital Ad Impressions	1,055,695
Number of Digital Ad Clicks	3,226
Average Cost Per Click	$1.55
Click-Through Rate	0.31%*

*exceeds the general advertising industry standard of approximately 0.10%

As shown in the below chart from Facebook, posts reached more than 80,000 people daily when the project was at its peak.
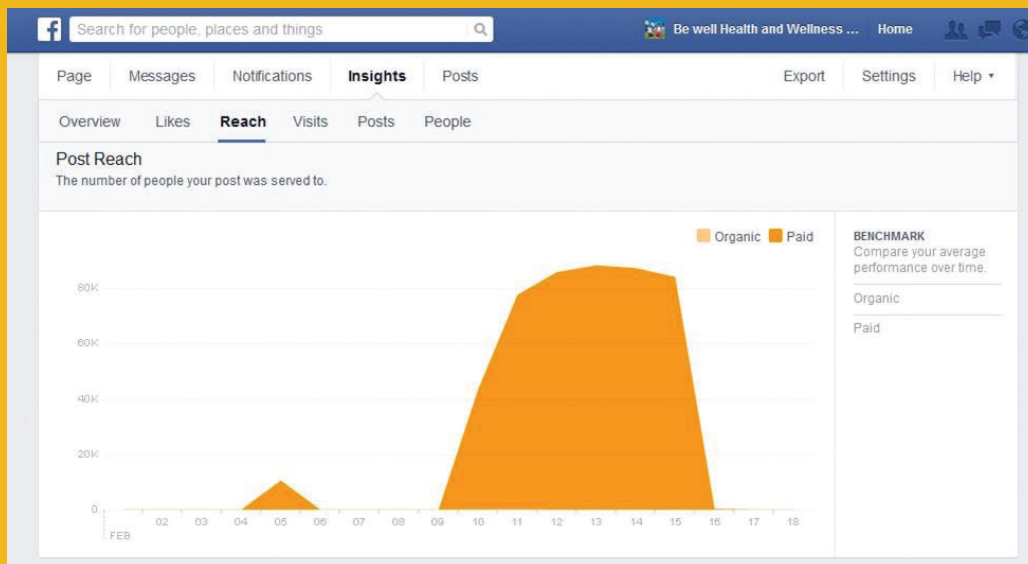
- **Events:** More than 500 branded lunch boxes were provided and distributed at the annual *be well* event on January 29. All participants who completed a *be well* Health & Wellness pledge, which included enrolling in health insurance, were given a lunch box filled with assistance site information. This tactic capitalized on the type of grassroots strategy that *be well* specializes in, and anecdotally resulted in a great deal of assistance site appointments.

- **Materials and Communications Support:** The quantifiable benefits of providing *be well* staff with branded and localized educational resources are difficult to determine. However, these materials were especially valuable for educating clients during enrollment appointments. Key anecdotal outcomes include:

  - **Health insurance literacy:** The glossary of health insurance terms and guidelines of covered/free preventive services were the most valuable and utilized materials. Similarly, the life changing events handout and refrigerator magnet are anticipated to provide significant value beyond the open enrollment period.

  - **Added capacity:** Our implementation of many aspects of *be well's* day-to-day communications activities allowed *be well* health coverage guides to focus primarily on client appointments. In addition to the educational materials, and digital and print advertising campaigns, our team executed regular updates to the *be well* Facebook page and website.

  - **Strategically chosen materials:** Guides noted that fewer targeted materials were more valuable than giving clients a stack of materials during appointments as they were less likely to read them. In addition, guides believe ongoing communication materials to engage clients beyond the open enrollment period are a valuable and necessary tool to pursue.

Capacity

The Stapleton Foundation found the model of this pilot program to be highly effective because it ***increased staff capacity to focus on client enrollment rather than grassroots and outreach activities during this important period.*** The four *be well* assistance sites operated at capacity or were exceeding capacity during the entire open enrollment period. This was primarily due to the high volume of client appointments and inquiries. At times it resulted in a backlog of potential clients, but *be well* health coverage guides were generally able to respond to all standard client inquiries within approximately one business day. These types of appointments usually took between 1-2 hours.

The largest concern expressed by guides, however, was the type of client issues the site had to assist with. Aside from the well-recognized technology issues, a primary factor is that the application process – especially at assistance sites – is much more than simple enrollment. In addition to recovering lost passwords, determining Medicaid eligibility and other support, health coverage guides must help each client assess their individual needs and find appropriate coverage. This uniquely personal and often time consuming process can involve varying degrees of what is best described as social work-- a skill health coverage guides are not formally trained in and are often uncomfortable tackling, especially when dealing with issues they do not have proper resources to address.

be well staff faced language barriers they were not equipped to deal with, forcing them to rely on the children of clients to translate complex subjects. Staff also encountered additional culturally difficult problems such as overseas insurance not recognized in the United States.

Additionally, staff relied on Connect for Health Colorado customer service to help answer these and other complex questions that are increasingly common to assistance site clients, but found those customer service staffers were equally as unprepared to deal with such issues. Guides noted that more information is needed about health coverage exemptions and what to do if a client missed open enrollment. More comprehensive training or concrete instruction around where to refer these types of clients is also needed on both the site's end and Connect for Health Colorado.

Due to the lack of training, necessary additional research needed to solve client issues, a part-time staff and sizeable phone wait times, these appointments often took three or more hours, with many requiring two to three additional follow-up appointments. This proved to be a barrier in site capacity.

Ultimately, given the high client volume experienced at the *be well* assistance sites, their staff expressed a clear need for more trained health coverage guide resources during the open enrollment period. However, this additional capacity could not be afforded given the current available budget.

Site Specific Themes and Conclusions

Following the open enrollment period, a number of important considerations emerged that were specific to the *be well* assistance sites. The following key takeaways focus on both the operational and strategic approach *be well* takes in reaching and enrolling the uninsured.

- **Targeted/Localized Outreach and Messaging Works:** The localized approach of this pilot program effectively engaged target populations by using tailored messages communicated through a trusted and familiar source, the *be well* initiative. *be well* operates in an urban area and serves the most culturally diverse client base. They emphasized the importance of prioritizing outreach to immigrants and refugees with targeted communications that are engaging and relevant for each population.

- **Recreation Center Co-Location Works:** Many *be well* enrollments resulted from walk-in and referral appointments generated at the assistance sites co-located in City and County of Denver recreation centers. This co-location model could also be expanded to other high visibility community locations, e.g., transit hubs, town centers, libraries, etc.

- **Medicaid Stigma and ACA Sentiment:** One somewhat surprising learning during this process was that many of those eligible for Medicaid would prefer to opt-out and pay for coverage in the Exchange. In the *be well* community, "Obamacare" is generally favorably perceived, but a stigma exists around Medicaid and other entitlements.

- **Assistance Site Training and Coordination Could Improve:** The application process often becomes much more than enrollment when sensitive personal issues arise. Health coverage guides are increasingly functioning as human resources managers and social workers -- training on de-escalation strategies and how to deal with emotionally sensitive situations would be valuable. Additionally, better understanding about how referrals come from Connect for Health Colorado to *be well* is important when thinking about how to improve the accuracy of these referrals in getting clients to the most valuable site/guide for their needs. Guides also reported that assistance sites need to have a different way of contacting Connect for Health Colorado and Medicaid customer service than the clients do. Many customers do not see the benefit of using an assistance site when the same long delays apply and a real time resolution is not guaranteed due to the complex issues that are increasingly common to an assistance site client.

Ongoing Opportunities and Challenges

As a community organization that focuses on health and wellness, as well as education, transportation and sustainable development, the Stapleton Foundation connects with its community at a deep-seated level. This holistic approach provides *be well* with significant opportunities for communicating with the small portion of its community that remains uninsured and difficult to reach.

As hundreds, if not thousands, more of *be well's* stakeholders have health insurance, often for the first time, *health insurance literacy becomes increasingly important.* An organized effort around how to understand and use health insurance coverage is needed to ensure these newly covered populations are seeing value in what they are paying for. This presents the Stapleton Foundation with both opportunities and challenges.

While *be well* is correctly positioned to educate its community about how to use their health coverage, resource issues exist. Aside from the general uncertainty regarding the Affordable Care Act and how assistance sites will be managed in the future, many of the *be well* health coverage guides serve other roles outside of open enrollment. As nutritional educators, fitness instructors and community advocates, the *be well* staff must decide how to best allocate the financial and operational resources available.

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Valley-Wide Health Systems

Site Overview

Valley-Wide Health Systems (VWHS), Inc. is a private non-profit community/migrant health center governed by a volunteer community board. It operates multiple full-service primary health care clinics and dental clinics throughout southern Colorado and provides or arranges for additional health services to address the needs of its patient population.

In total, VWHS serves 10 rural counties in the San Luis Valley, Arkansas Valley and Cañon City areas. The primary patient population is a combination of ranchers, farmworkers (including legal immigrants and other seasonal employees), college students (Adams State University, Otero Junior College and Trinidad State Junior College), young families, contractors and other working class populations.

VWHS has 10 full-time staff assigned to health insurance enrollment assistance (including Medicaid and sliding scale programs). The system had a staff of 12 at the outset of this year's open enrollment period, but lost two by the end. These employees are overseen by an Eligibility Coordinator and fall into three categories:

Health Coverage Guides (HCG): Primarily responsible for community outreach and partnerships, the HCGs are located offsite from the clinics and embedded in the communities they serve.

Outreach & Enrollment Specialists (O&E): Originally responsible for Medicaid expansion and in-reach to existing clients, the O&Es are primarily based in health clinics but often travel between multiple clinics and community sites in their service areas.

Eligibility Specialists: Assist with the Colorado Indigent Care Program and sliding scale programs, focusing only on eligibility and enrollment, not outreach.

Site Specific Approach

As noted in the Phase 1 report, VWHS was already doing a significant amount of outreach and engagement in the communities they serve. What they lacked were resources to deliver their messages beyond the limited reach of the ground that the HCGs and O&Es can cover. Local newspapers and radio stations are well known as the primary sources of information in these valleys. Having found some success with paid advertising in the past, VWHS was eager to employ that tactic again. In fact, paid newspaper and radio advertisements were the number one request we heard from every staff person we talked to. Given that reality, the decision was made to saturate VWHS' service area with print and radio advertising.

Following two in-person work sessions with VWHS staff and numerous follow-up phone and email conversations, we developed a comprehensive strategy that targeted the following populations and delivered the communications materials identified below:

Target Audiences
- Non-Medicaid-eligible
- Farm workers (including legal immigrant, seasonal employees and self-employed)
- Ranchers
- Contract workers
- Students/young invincibles
- Young families
- Tax preparers
- Department of Human Services (DHS) offices (identified as potential high volume referral source)
- Spanish speakers

Paid Advertising
A four-week print advertising campaign was implemented in the following publications:

- Alamosa Valley Courier
- Pueblo Chieftain
- Valley Publishing
    - Mineral County Miner
    - South Fork Times
    - Del Norte Prospector
    - Monte Vista Journal
    - Center Post Dispatch
    - Conejos County Citizen
- Cañon City Record
- La Junta Tribune

Efforts were also made to place advertisements in the Adams State Paw Print (Alamosa State University student paper) and the Costilla County Free Press but they were unsuccessful due to a lack of response from the publications.

A three-week radio campaign ran on the following stations:

- KRZA- Alamosa
- KZBR-Alamosa
- KALQ-Alamosa
- KGIW-Alamosa
- KSLV-Monte Vista
- KYDN-Monte Vista
- KXMT-Taos (Spanish radio)
- KVLJ-La Junta

Similar efforts were also made to reach KASF-Alamosa (Adams State University radio) but they were also unsuccessful for the same reasons identified above.

Valley-Wide Health Systems continued...

Educational Materials

Co-branded materials that prominently positioned VWHS and secondarily identified Connect for Health Colorado, proved to be effective educational tools. The following materials were provided to all VWHS' assistance sites and staff:

- **Cost Comparison Poster/Handout:** A visual comparison of the average tax penalty, premiums, tax credits for specific income ranges

- **Insurance Benefits Poster/Brochure:** Identifies no-cost preventive services and explains how health insurance works

- **Residency Requirements Handout:** Explains residency and visa requirements for private plans and Medicaid enrollment systems

- **Glossary of Health Insurance Terms:** Defines commonly used and misunderstood insurance language with real life scenarios in easy to grasp terms

- **Department of Human Services (DHS) Sticky Notes:** Desktop note pads with VWHS contact info that DHS employees can use to make referrals

- **Tax Preparers Rack Card:** A resource for tax preparers to help talk clients through their individual penalty with referral information to a health insurance assistance site

Other Outreach

- **Earned Media:** We produced a suite of support materials to assist VWHS in taking better advantage of local media opportunities, including press releases, op-eds, letters to the editor and event-based media alert templates. We also provided an earned media guide to empower staff with techniques for working with local media and assisted them with media strategy and placement.

- **Social Media:** We developed a social media toolkit that provided content and recommendations for regular updates to VWHS' Facebook and Twitter pages and also provided guidance on how to best leverage other newly produced open enrollment materials across VWHS' social media channels.

Ongoing Support

Several additional resources were identified and implemented for building upon the health insurance dialogue established during the open enrollment period.

- **Life Changing Events Poster/Handout:** Identifies qualifying events that allow individuals to take advantage of a special health insurance enrollment period.

- **Reminder Magnet:** A visible reminder for newly insured to stay proactive with regards to their health insurance (e.g. re-evaluate coverage next open enrollment and for life changing events, use preventive services, etc.).

- **Health Insurance Literacy:** Many who are newly covered are still unsure about how to use their insurance. Some of the materials provided during open enrollment, such as the Glossary of Terms and Insurance Benefits brochure, will continue to be useful as the newly enrolled begin to use their benefits.

Site Specific Findings

Overall, VWHS was extremely pleased with the response to the additional outreach during this open enrollment period. The following site specific findings summarize the main outcomes of this year's open enrollment period.

Enrollment Results
Staff reported major increases in calls and enrollment appointments during the last month of open enrollment as a result of the targeted newspaper and radio advertisements. Of those, higher numbers of students, self-employed and non-Medicaid-eligible were reported this year compared to last – all audiences identified as targets at the outset of this effort. One HCG estimated she received triple the calls this year versus last year – a sentiment that was echoed in varying degrees by others. The increased volume meant that staff had less time to devote traditional outreach events than they have in the past because they were spending more time assisting clients. On average, staff estimated an 80-90% conversion rate for non-Medicaid-eligible clients.

Tracking
Staff was asked to track referral sources for each appointment by asking "How did you hear about us?" Based on feedback from staff, client volume was primarily driven by the sources below. Listed in order of perceived effectiveness, they are:

- Newspaper advertisements (38%)
- Radio advertisements (20%)
- Health clinics (17%)
- Word of mouth (10%)
- Referral from other agency/organization (6%)
- Community outreach or enrollment event (4%)
- Poster or flyer (2%)
- Website (1%)
- Social media (< 1%)
- Referral from Connect for Health Colorado (< 1%)

It is important to note that the list above is reflective of the referral sources as documented by individual enrollment staff (a total of 357 referrals). It is not necessarily representative of all referrals, just those staff was able to track in some fashion. Location, taking calls while driving, workload management and other uncontrollable factors contributed to incomplete data on referral sources.

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Valley-Wide Health Systems continued...

Although some items may be lower on the list, many staff believe that people may have seen or viewed a number of materials before only reporting the final one that prompted them to act. For example, people saw a brochure, heard about it at the clinic and then made an appointment once they saw it in the newspaper and had the phone number in front of them.

During this year's open enrollment period, VWHS reported a total of 490 marketplace appointments (including repeat appointments with the same client). Appointment times reached an average of nearly two hours with many clients needing to come back multiple times because of technology issues with the Connect for Health Colorado website.

While VWHS is not the only assistance site in its service area, it does cover the most territory. Only three other assistance sites serve the same 10-county region (San Luis Valley Health, Rio Grande Hospital and Otero County Department of Human Services) through a total of four additional assistance staff.

VWHS recorded a total of 213 Connect for Health Colorado enrollments (including re-enrollments) and a total of 353 Medicaid enrollments during this open enrollment period (November 15, 2014 – February 15, 2015). Last open enrollment period (October 1, 2013 – March 31, 2014), the system reported a total of 216 Connect for Health Colorado enrollments and a total of 2,070 Medicaid enrollments. VWHS' enrollment coordinator attributes much of the difference between the two enrollment periods to Medicaid expansion and also points out that the system completed virtually the same number of Connect for Health Colorado enrollments this year as compared to last with two less staff in half the available time.

The available Connect for Health Colorado enrollment data also provides some additional insight into VWHS' overall success during this year's open enrollment period.

Exchange Enrollment in Counties Served by VWHS
(Medicaid not included)
Alamosa/ Bent/ Conejos/ Costilla/ Crowley/ Fremont/ Mineral/ Otero/ Rio Grande/ Saguache Counties

Individuals Enrolled

	Nov.15, 2014	Dec.15	Dec.31	Jan.15, 2015	Jan.31	Feb.15
	327.17%	4.81%	6.12%	2.74%	12.82%	
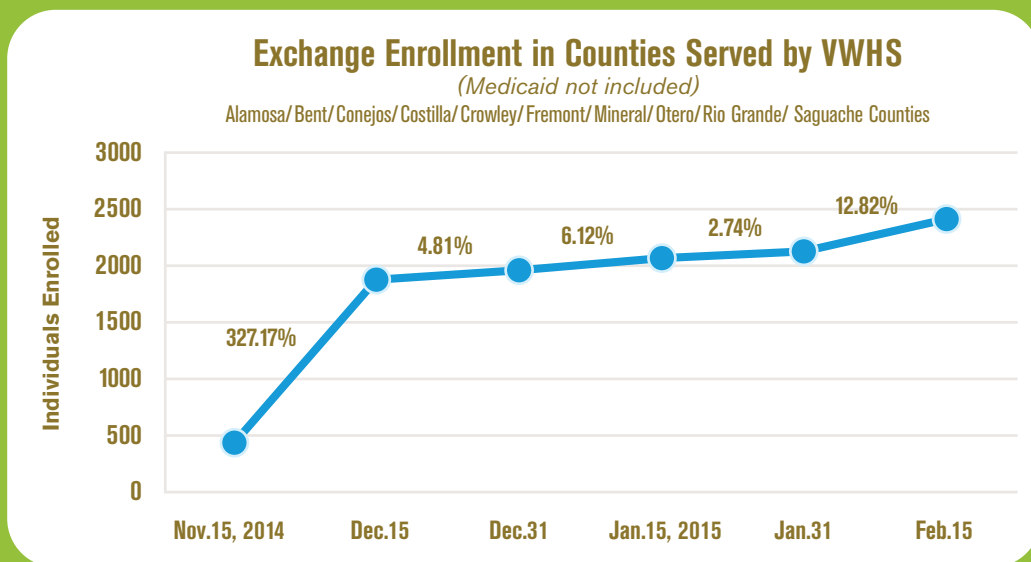
As the chart on page 34 indicates, *a significant spike in enrollments in the counties served by VWHS occurred in the final weeks of open enrollment (nearly 300 enrollments in the last two weeks alone compared to roughly 200 enrollments in the previous month and a half).* Our outreach and advertising efforts certainly cannot solely be credited with this increase. However, the bulk of our efforts were concentrated in late-January through February 15.

When comparing the data of this year's open enrollment to last year's, there was also a sizeable increase in enrollments for Valley Wide's service area. With a 13.24% increase in exchange enrollment, these counties were above the statewide average of 9.76%.

Exchange Enrollment in Counties Served by VWHS
(2013/14 compared to 2014/15)

	2013/14 Total	2014/15 Total
Individuals Enrolled	2,130	2,412

13.24% Change
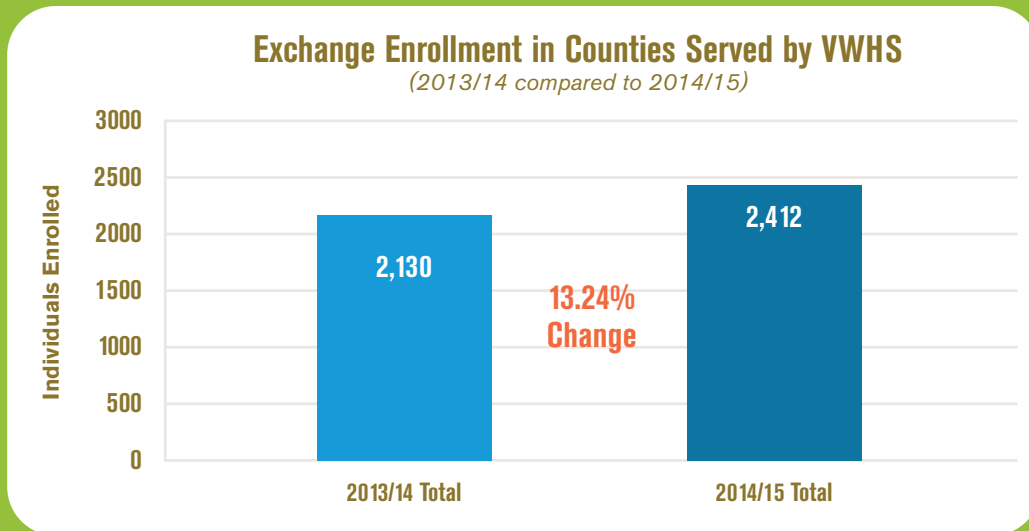
While the data is somewhat incomplete, it does seem to indicate that that these assistance sites, even those as large and well-staffed as VWHS, are only handling a small percentage of the total enrollments in the counties they serve. As a large majority of clients appear to be enrolling through the website on their own, the assistance sites are at capacity providing much needed in-person assistance for people who truly need the help – handling more complicated and remote cases, sometimes over the course of two, three and four appointments.

Outreach and Advertising Outcomes
Below is an inventory of all outreach efforts, including a rough approximation of return of investment for each communication vehicle:

Print & Radio Advertising: A print and radio advertising campaign was designed and implemented to blanket VWHS' service area.

Valley-Wide Health Systems: San Luis/Arkansas Valleys

Total Advertising Spend:	$56,080.13

Print Advertising

Print Ad Spend	$44,692.68
Print Outlets	9
Number of Print Ads	60
Print Ad Impressions	637,776
Average Cost per Ad	$744.88
Average Cost per Impression	$0.07

Radio Advertising

Radio Ad Spend	$11,387.45
Radio Outlets	9
Number of 30 second Radio Spots	945*
Average Cost Per Ad	$12.05

*includes 105 Spanish spots on KXMT-FM, Taos

In addition to the data in the table above, there are a few anecdotal notes worth mentioning about the advertising effort:

- A few clients cut out the newspaper advertisements and brought them to appointments.
- Color newspaper advertisements were thought by site staff to be more effective than black and white because the photography tended to draw the eye more when full color.
- One justification we heard for the effectiveness of the newspaper and radio advertisements is the fact that people can view/hear them on their own time and choose to listen or not. Compare that to community or outreach events where people may be there for a different reason and not want to be interrupted to talk about health insurance.
- VWHS' Eligibility Coordinator largely credits the radio and newspaper advertising for helping attract new numbers of hard-to-reach members of their communities, people that they have struggled to connect with through more traditional means of outreach and community engagement.

Messaging: "Free" and "low cost" messaging resonated the most. Enrollment staff overwhelmingly told us that messages related to cost and savings prompted the majority of people to seek their help. With cost as the big motivator, some people, however, were disappointed to find that their individual premiums were not as low as they expected. The messages about "help being available in your community" and "get something for your money" were also viewed as effective.

Materials and Communications Support: The quantifiable benefits of providing VWHS staff with branded and localized educational resources are difficult to definitively determine. However, these materials were especially valuable for educating clients during enrollment appointment.

Of the brochures and posters, the Glossary of Health Insurance Terms was seen as the most useful for enrollment staff. Most people who come in for help want to take their time to understand what they're signing up for and what the terms mean. Staff found this particular brochure very helpful in walking clients through the process.

VWHS is also eager to get the Life Changing Events handouts into the field and anticipates them being useful for attracting and engaging clients and potential clients beyond open enrollment.

Other Outreach: As mentioned previously, we developed a suite of earned and social media materials and worked with VWHS staff to implement them in the field. While VWHS staff was primarily responsible for distributing the materials, we assisted where we had existing media relationships and also provided guidance on best practices related to media pitching and placement.

Earned media efforts were very successful. The press release we wrote was printed verbatim in the *Cañon City Daily Record,* the *Pueblo Chieftain,* the *Alamosa Valley Courier* and the *Rocky Ford Daily Gazette*

VWHS anticipates customizing and using the draft op-eds moving forward, particularly the one related to life-changing events. Similarly, they expect to use the media alert templates to help more effectively advertise events and develop more regular relationships with local media. Social media had some impact (e.g. slight increase in activity and page "likes" during outreach period), but it was minimal because VWHS' networks are not proactively promoted or managed on a regular basis.

Site Specific Themes and Conclusions

VWHS eagerly participated in this project and took full advantage of the services and resources offered in support of its enrollment goals. Staff was available and accessible for interviews and follow-up, helping to streamline the process and maximize its effectiveness. As enrollment staff worked hard to manage a heavy client volume, a number of important themes emerged concerning the impact of our outreach efforts on VWHS' enrollment activities and big picture goals.

- **Some confusion that VWHS was the insurance provider, not just the enrollment assistance site.** A few others assumed that the presence of VWHS' logo on the outreach materials meant that VWHS was the provider of the plans. This sparked their interest because they thought they could buy insurance directly from a trusted community organization, and possibly get it at a lower cost. This was evidenced by a few questions like, "Are the health plans that VWHS offers cheaper than Obamacare?"

- **Cultural nuances need to be taken into account when dealing with language.** While many people in VWHS' service area speak Spanish as their first language, they are used to hearing Spanish on the radio from New Mexico, which is very different in dialect and inflection than the Spanish spoken by native speakers in much of Colorado, particularly in Denver. When our Denver-based Spanish translation partner reviewed the Spanish radio advertisement read by a local New Mexico radio personality, her first reaction was that it couldn't have been delivered by a native speaker. In reality, when vetted a second time by one of VWHS' bilingual health coverage guides, it became clear that the voice was well-recognized and received in the San Luis Valley because the New Mexico station is the only station they can pick up.

- **The penalty is motivator for some, but it doesn't sway everyone:** While many people got a wake-up call from their tax preparers that prompted them to act, a significant number of people expressed that they would prefer to pay the fine this year than pay for insurance that they've never needed before.

- **Close coordination between each assistance site and Connect for Health Colorado is critical:** VWHS overlooked the fact that the deadline was on a Sunday and was not adequately staffed over the weekend as it was outside normal business hours. The Connect for Health Colorado website and call center was open, but VWHS' full enrollment staff was not scheduled to provide assistance, nor were they prompted to do so by Connect for Health Colorado. While the advertisements we ran prominently featured the February 15 deadline, problems arose when only a portion of VWHS' staff was available to handle the influx. Better planning, coupled with a proactive message from Connect for Health Colorado regarding the final weekend push and need for support outside regular business hours, could have helped mitigate this issue.

Ongoing Opportunities and Challenges

Enrollment staff's primary responsibility is in-person outreach and enrollment assistance – something that keeps them busy full-time. Staff does not have the capacity to both create outreach materials and offer quality enrollment assistance. While many have attempted to create compelling outreach materials on their own, they often don't have adequate time and know-how to do them well. As a result, staff-created materials detract from time spent with clients and lack a strategic approach and consistency in message to effectively attract new clients.

VWHS has experienced some turnover in enrollment staff, losing two full-time staff during this open enrollment period. When our outreach efforts increased client volumes during the final few weeks before the deadline, VWHS' enrollment assistance coordinator traveled to help personally lessen the burden on some of the more heavily-hit areas. We also had to adjust our strategy in one region (Cañon City) to avoid overloading the area with new calls and appointments. This poses a concern going forward as future funding availability for enrollment assistance is in question.

VWHS is proactively working to create value for enrollment staff beyond open enrollment. In an attempt to avoid cutting hours and implementing furlough days, they are leveraging existing staff, focusing on health care literacy, and organizing additional outreach and messaging around life change events, and perhaps, small employer outreach (SHOP).

Still, financial resources will continue to be a barrier to more effective outreach and engagement. VWHS expects a smaller and more narrowly-scoped Connect for Health Colorado grant next year. As a result, they need to be strategic about where they allocate already limited resources. While paid advertising is viewed as very effective, it comes at a high cost.

For a system of VWHS' size and scope, an overarching communications strategy is essential to support all aspects of service delivery. While VWHS is actively working to add capacity across the system and increase their patient pool, they lack a dedicated person or department responsible for communications and marketing to help attract new patients. This is a big opportunity area that includes health insurance assistance but extends far beyond it as well.

Kit Carson County
Health and Human Services

Site Overview

KIT CARSON COUNTY
CHEYENNE COUNTY

The Kit Carson County Health and Human Services department serves as a central hub for sites serving individuals in Kit Carson, Cheyenne and until half way through the open enrollment period, Lincoln counties. The department provides training, support and oversight for health coverage guides working across the counties. The county-level outreach effort provides both over-the-phone and in-person help to individuals seeking health insurance through Connect for Health Colorado. Due to limited and slow internet connection speeds across much of the service area, in-person services both in county health departments as well as outreach conducted at community libraries and other facilities tend to be the most popular.

A major factor impacting all outreach efforts to these farming-based, largely conservative, rural counties is the large geographic distances covered by the counties themselves. Individuals typically live 20 to 30 minutes from the communities where they go for the majority of their services.

Kit Carson Health and Human Services supports the following structure for health coverage guides:
- One guide housed at the Prairie Family Center in Burlington
- Two guides housed in the Kit Carson Health and Human Services Department building in Burlington
- Three guides housed at the Cheyenne County Health Department located in Cheyenne Wells

(An additional two guides were housed in the Lincoln County Public Health Department and the Lincoln County Social Services Department, but all assistance work was turned over to Peak Vista at the end of their service contract in January.)

Site Specific Approach

In order to meet, but not exceed capacity, the Kit Carson sites were provided with an approved list of educational materials as well as highly targeted print advertising and radio advertising. Following the production of these materials and advertising assets, Lincoln County asked to be withdrawn, which precipitated revisions to all advertising and as many of the materials as was feasible.

In general the sites reported that their appointment volume entering the 2015 was near capacity and with leadership turnover their time and flexibility were limited, however, no individual seeking help was turned away.

Target Audiences
- Individuals planning to pay fines rather than seek health insurance
- Older individuals not yet eligible for Medicare, known to county staff as "old invincibles," who have never had health insurance and are often times members of families who generationally have not had health insurance
- Young families
- Individuals not responding to re-enrollment information

Paid Advertising

A focused advertising campaign using co-branded, locally focused images and messaging was implemented in a select number of newspapers and a single radio station viewed as the most likely to be read and shared by community members.

Print Advertising

Targeted outlets included:
- *Burlington Record*
- *Stratton Spotlight*
- *Flagler News*
- *The Range Ledger*

Radio Advertising

The two radio stations targeted for inclusion were KNAB AM and KNAB FM. The stations have high listenership in the counties because of their focus on community farming news and reports. Previous attempts to have the stations run PSAs provided on the topic had failed.

Educational Materials

Co-branded education materials, specifically selected by health coverage guides at the site were selected. Attention was paid to ensuring that the materials stressed the local nature of the assistance and that visually the images were appealing to a rural audience.

- **Cost Comparison Poster/Handout:** A visual comparison of average tax penalty, premiums, tax credits for specific income ranges

- **Insurance Benefits Poster/Brochure:** Identifies no-cost preventive services and explains how health insurance works

- **Glossary of Health Insurance Terms:** Defines commonly used and misunderstood insurance language with real life scenarios in easy to grasp terms

- **Tax Preparers Rack Card:** A resource for tax preparers to help talk clients through their individual penalty with referral information to a health insurance assistance site

Other Outreach

The team did not provide as much outreach support as desired to the department due to lack of staffing capacity to participate in the support as well as leadership turnover during the last two months of the open enrollment period. Additionally, testing new means of outreach through vehicles such as social media are presently prohibited by department policy, but are being explored for future use.

Ongoing Support

Several additional resources were identified and implemented for building upon the health insurance dialogue established during the open enrollment period. Specifically requested by Kit Carson and shared with other pilot assistance sites were attempts to begin health insurance literacy conversations across their communities.

- **Life Changing Events Poster/Handout:** Identifies qualifying events that allow individuals to take advantage of a special health insurance enrollment period.

- **Reminder Magnet:** A visible reminder for newly insured to stay proactive with regards to their health insurance (e.g. reevaluate coverage next open enrollment and for life changing events, use preventive services, etc.)

- **Health Insurance Literacy:** Many who are newly covered are still unsure about how to use their insurance. Some of the materials provided during open enrollment, such as the Glossary of Terms and Insurance Benefits brochure, will continue to be useful as the newly enrolled begin to use their benefits.

Site Specific Findings

Kit Carson staff and leadership saw this year's open enrollment as a turning point year for their efforts in terms of their ability to show their community real life success stories that can begin to overcome inherent biases against the Affordable Care Act and other politically charged elements of the current health care environment. Early attempts of site staff last year to engage local groups were met with some opposition. Staff plan to return to those groups next year with more concrete results and more personal stories, which they are currently collecting from willing community members.

Enrollment Results
During the 2014-2015 open enrollment period, staff members reported at- and beyond- capacity appointments and increased enrollments over last year's open enrollment period. Due to staff turnover, detailed reports on specific numbers of appointments for each site as well as specific enrollments at each site are not available. But available Connect for Health Colorado county level sign up data would seem to bear out at least their sense of enrollment numbers.

Tracking
As with the other pilot sites, Kit Carson was asked to track marketing and outreach-based referrals using a simple grid system. This process was secondary for staff and only limited tracking was accomplished in this way. Based on the staff's feedback and the tracking that was accomplished, the following were perceived as the most effective means of referral for their sites. They are listed in rank order:

- Internal health department referrals from those not eligible for Medicaid
- Newspaper advertisements
- Radio advertisements

Kit Carson County Health and Human Services continued...

Kit Carson/Cheyenne/Lincoln County Exchange Enrollment
(Medicaid not included)
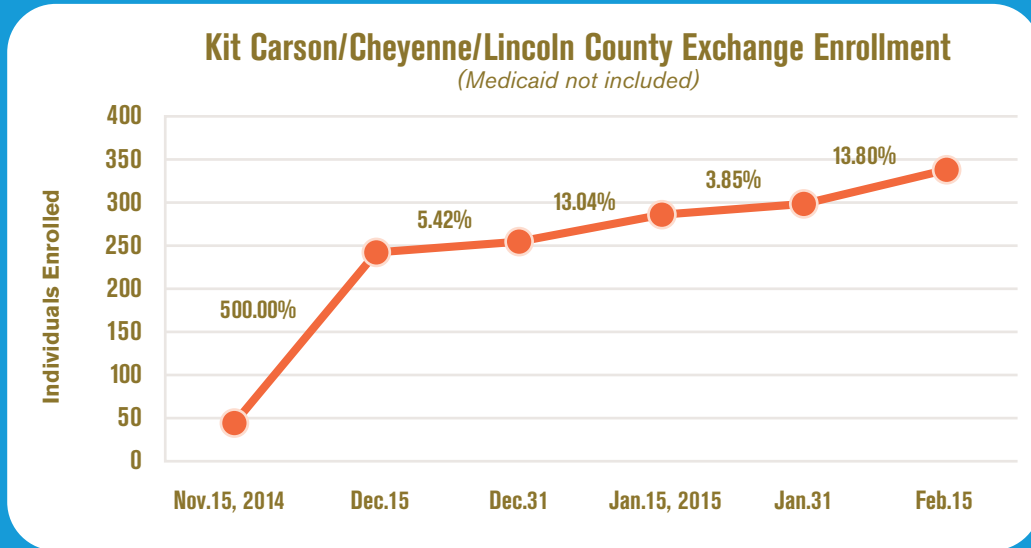
When comparing the data of this year's open enrollment to last year's, there was an increase in Kit Carson County Health and Human Services' service area. With an 11.18% increase in exchange enrollment, these counties were above the statewide average of 9.76%. This outcome is echoed by county staff who perceived that they were at capacity during this open enrollment period even with more limited community outreach.

All three counties, including Lincoln County which was part of the pilot program for the first month and a half of the open enrollment period also showed gains over the 2014 – 2015 open enrollment period as evidenced by the Connect for Health Colorado data.

Kit Carson/Cheyenne/Lincoln County Exchange Enrollment
(2013/14 compared to 2014/15)
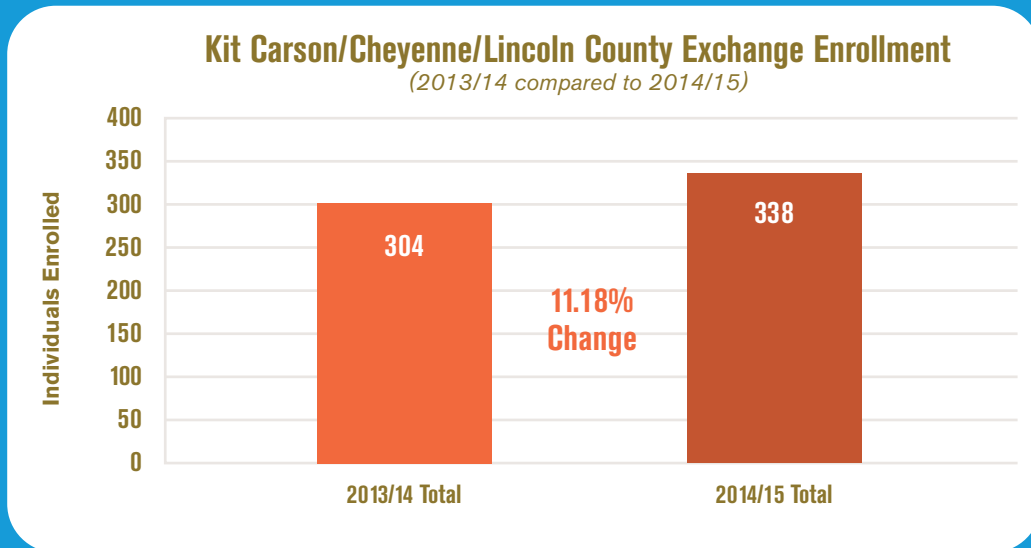
Outreach and Advertising Outcomes

Following are a list of advertising and outreach efforts with rough approximations of return on investment where the data allowed such conclusions to be drawn.

Print & Radio Advertising

Kit Carson County Health & Human Services: Eastern Plains

Total Advertising Spend:	**$7,143.40**

Print Advertising

Print Ad Spend	$3,439.00
Print Outlets	4
Number of Print Ads	16
Print Ad Impressions	23,612
Average Cost per Ad	$214.94
Average Cost per Impression	$0.15

Radio Advertising

Radio Ad Spend	$3,704.40
Radio Outlets	2
Number of 30 second Radio Spots	105
Average Cost Per Ad	$35.28

Messaging

Pilot messaging with a simple and direct appeal was seen to be the most effective for this community. The approach that included "get something for your money" was seen as the most likely driver for additional enrollments during this period.

Staffers did note that messaging including the "free" descriptor was seen as a bait and switch and should generally be avoided. Consumers discussing the language with guides noted that they would challenge the word "free" when they are required to pay premiums and co-pays even if certain preventive services are free and the assistance site services specifically are free.

Site Specific Themes and Conclusions

While Kit Carson County attempted to participate fully in the pilot project, staff turnover and high appointment volumes challenged their ability to do so. Limited access to staff feedback and participation also limits the conclusions this report can draw, however a few key themes emerged as they related to health and human services department based sites in general.

- **Co-location works:** Early in the open enrollment period, staffers struggled with appointment times that stretched to three or four hours based on challenges with technology and other barriers to quick turnaround. Staffers developed a streamlined process that allowed them to begin with phone conversations that provided necessary Medicaid disqualifications before an in-person appointment was scheduled. During the peak enrollment period at the end of the open enrollment cycle, Medicaid specialists were enlisted over weekends and after business hours to run Medicaid enrollments or declinations. Ultimately, this streamlined process led to average appointment times being dropped to about one and a half hours.

- **County departments have natural limitations and natural advantages:** Because they are seen as trusted voices in their community on public health issues, county departments are a natural resource for those seeking insurance. Limitations on the department's ability, however, to take advantage of the full spectrum of marketing opportunities are, in some cases, a drawback.

- **Deep and engrained political stigmas make the department's work difficult and delicate:** Long-standing stigmas around the use of Medicaid are still very prevalent in many rural counties across the state. These stigmas are now coupled with a deep ideological opposition to recent health care reforms, and specifically the government requirement that all citizens be insured. These strongly held convictions not only make it difficult for county staffers to do successful outreach within certain pockets of their community, but they also require a careful navigation of local public officials, who control the department budget.

Ongoing Opportunities and Challenges

While county staffers enthusiastically embrace the importance of health insurance and the need for their communities to make a cultural shift in understanding around the value of health insurance, they understand that shift is likely a long-term proposition. Their efforts to move that needle include a heavy reliance on personal relationships and long-standing community positions that help them bridge the divide between their own support for health care reform and the general community opposition to it.

They continue to look for creative ways to take advantage of these relationships as a means for bringing additional community members into the fold of the insured.

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Conclusion

In the now highly politicized world of health insurance, it is hard to predict how our current situation in Colorado and across the nation will evolve. It seems unlikely that all reform gains will be rolled back completely. But how and when the existing system will be tweaked and changed seems less certain.

That being said, there are arenas for additional consideration even within the existing debate over health coverage that could continue to produce benefits in important health outcomes. While the research contained in this report wasn't comprehensive enough to draw broad and definitive conclusions about all aspects of engagement and outreach around health insurance enrollment, our findings do point to some areas for additional thought and debate.

1. **Should Connect for Health Colorado be the primary focal point for the state health care exchange when it is presented to local communities, particularly those hard-to-reach communities that will increasingly be the focus for future new enrollment efforts?**

   The need for regionalizing or localizing the face of Connect for Health Colorado is a potential win for those interested in seeing more Coloradans sign up for health insurance as well as those interested in meeting additional goals that have the potential to boost overall health outcomes. The importance of a local, trusted voice was clear in our work. The distrust of a statewide program, largely viewed for a variety of reasons as an unwanted government mandate for those remaining uninsured, is also clear. What isn't clear is how many years and how many resources would need to be dedicated to overcome Connect for Health Colorado's initial branding challenges, especially given the ongoing political debate and negative media exposure of the exchange. This left us wondering if there isn't a more efficient way to leverage the brands of trusted local entities -- as already begun by the assistance site work itself -- to encourage more enrollments.

2. **Should assistance sites accept their evolving and broader role going forward and should they refocus their efforts to deal with these different needs and issues given fiscal constraints?**

   We've touched on this in other sections of the report from different angles, but it is worth considering the evolution of assistance sites from purely enrollment driving vehicles to places where that effort is coupled with ongoing attempts to provide education on using health insurance as well as other factors that are creating barriers for both initial sign ups as well as the larger culture of change we hope to create.

3. In tandem with the above consideration, the final missing component to Colorado's ultimate success, as well as our national success, is health literacy which includes a much more robust understanding of how health insurance operates and how individuals can receive value for their money. Assistance sites are grappling with their role in this process and are seeking out materials and supports to assist in this. But should they be?

If sites take on this new role, what should that look like? Are there better ways to achieve the ultimate goal, which is increasing health outcomes, that removes assistance sites from their current creep toward health insurance educators? It would seem that there is a logical connection between well-educated health coverage guides with consumers. But with sites struggling to lower their typical appointment durations and/or the number of appointments it takes to achieve enrollment, is it realistic unless the assistance site structure changes?

4. There are ways for Medicaid to be more seamlessly integrated into the process of health insurance enrollment and from a consumer perspective it would be the best possible option. Can the will to do this be generated?

At least for assistance sites, the link between Medicaid and health exchange options is a fact and must be managed. Continued separation and in some cases dysfunction between these two entities does not serve the state's broader enrollment goals and creates real barriers at the health coverage guide and consumer level that likely prevented individuals from getting insurance during this open enrollment period.

5. Technology issues plaguing enrollments, both with Medicaid and Connect for Health Colorado are well documented and important, but plans to solve those issues should be preceded by a larger assessment of whether the sites themselves are truly accessible to consumers.

While a great deal of thought went into the structure of Connect for Health Colorado's web presence and hard work has also gone into current PEAK website for Medicaid sign ups as well, neither are translating as user friendly or intuitive for consumers, especially those who already lack varying levels of health literacy. Outside the technical challenges, coding issues and other back end problems, there is somewhat universal agreement that the sites in general don't function in a way that allows consumers approaching health care for the first time to navigate their choices and needs on their own. If we are to relieve pressure on both assistance sites as well as Connect for Health Colorado's customer service support, the sites must become more intuitive.

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Appendix Advertising

Print

Advertising buys were focused on medium to small print publications and highlighted two of our key messages at strategic times during open enrollment.

Radio

30-second radio spots in Spanish and English were developed for each assistance site focusing on the message of health insurance affordability. The scripts for each are below.

Kit Carson, Lincoln, Cheyenne
30-Second Spot

You can afford health insurance.

Protect your family by ensuring you can get them the health care they need, when they need it.

This year, all Americans are required to have health insurance or pay a fine. Get something for your money by signing up for a low or no-cost plan today. Free help is available in your county to assist you in choosing the plan that's right for you.

Call Kit Carson, Lincoln or Cheyenne county public health departments for help before the February 15 deadline.

Usted puede pagar un seguro de salud.

Proteja a su familia y dele el cuidado de la salud que necesita, cuando lo necesita.

Este año, todos las personas en los Estados unidos tienen que tener un seguro de salud o pagar una multa. Inscríbase hoy mismo en un plan de bajo costo, o sin costo. Reciba ayuda gratis en su condado, para escoger un plan adecuado para usted.

Llame a los Departamentos de Salud Pública de los condados de Kit Carson, Lincoln o Cheyenne antes del plazo del 15 de febrero.

Valley-Wide, San Luis Valley
30-Second Spot

You can afford health insurance.

Protect your family by ensuring you can get them the health care they need, when they need it.

This year, all Americans are required to have health insurance or pay a fine. Get something for your money by signing up for a low or no-cost plan today. **Free help is available in your county to sign up before the February 15 deadline.**

In the San Luis Valley, call a Valley-Wide Health Systems coverage guide at (719) 589-3658. That's (719) 589-3658.

Usted puede pagar un seguro de salud.

Proteja a su familia y dele el cuidado de la salud que necesita, cuando lo necesita.

Este año, todos las personas en los Estados Unidos tienen que tener un seguro de salud o pagar una multa. Aproveche su dinero e inscríbase hoy mismo en un plan de bajo costo, o sin costo. **Hay ayuda gratuita en su condado para inscribirse antes del plazo del 15 de febrero.**

En San Luis Valley, llame para recibir ayuda de expertos en cobertura de Valley-Wide Health Systems al (719) 589-3658. Recuerde (719) 589-3658.

Valley-Wide, Arkansas Valley
30-Second Spot

You can afford health insurance.

Protect your family by ensuring you can get them the health care they need, when they need it.

This year, all Americans are required to have health insurance or pay a fine. Get something for your money by signing up for a low or no-cost plan today. Free help is available in your county to sign up before the February 15 deadline.

In the Arkansas Valley, call a Valley-Wide Health Systems coverage guide at (719) 469-4238. That's (719) 469-4238.

Usted puede pagar un seguro de salud.

Proteja a su familia y dele el cuidado de la salud que necesita, cuando lo necesita.

Este año, todos las personas en los Estados Unidos tienen que tener un seguro de salud o pagar una multa. Aproveche su dinero e inscríbase hoy mismo en un plan de bajo costo, o sin costo. Hay ayuda gratuita en su condado para inscribirse antes del plazo del 15 de febrero.

En Arkansas Valley, llame para recibir ayuda de expertos en cobertura de Valley-Wide Health Systems al (719) 469-4238. Recuerde (719) 469-4238.

Appendix Educational Materials

Brochures

Building off the general message platform identified by previous research, a series of health care literacy brochures were developed in both English and Spanish for distribution at each site.

Other Educational Materials

Supplementary materials were developed in English and Spanish to encourage ongoing health care literacy. These included a tax-preparer rack card, pledge card, life change event handout, reminder magnet and residency requirement fact sheet.

Rack Card

Rack Card

Fact Sheet

Reminder Magnet

Fact Sheet

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Appendix Digital Assets

Facebook Ads

In order to maximize existing online assets, we provided web copy, social media assets and assistance posting those assets.

You Can Afford Health Insurance.
Protect your family by ensuring you can get them the health care they need, when they need it.
FREE HELP is available for choosing the plan that's right for you. Call (303) 468-3228 or visit www.bewellconnect.org for more info.

be well
An official CONNECT for HEALTH COLORADO Assistance Site

Beat the February 15th Rush for Health Insurance.
This year, all Americans are required to have health insurance or pay a fine. Get something for your money by signing up for a low- or no-cost plan today.

FREE HELP is available for choosing the plan that's right for you. Call (303) 468-3228 or visit www.bewellconnect.org for more info.

be well
An official CONNECT for HEALTH COLORADO Assistance Site

Got Health Insurance?
Use Your FREE Preventive Services Today!

be well
An official CONNECT for HEALTH COLORADO Assistance Site

New health care laws require most health plans to cover a set of preventive services **at no cost to you**.

A detailed list and more information about all available free preventive services can be found at:
www.healthcare.gov/preventive-care-benefits

Social Media Toolkit

We provided interested sites with a social media toolkit, which gave them message-centric content for Facebook and Twitter and outlined a strategic posting schedule.

Valley-Wide Health Systems: Social Media Toolkit

As discussed during our December 2014 interviews, social media is an effective way to communicate with various hard to reach populations. The purpose of this toolkit is to provide Valley-Wide Health Systems (VWHS) with resources for promoting the open enrollment period on its own social media vehicles, as well as partner pages.

VWHS has well-established and active Facebook and Twitter accounts. The below chart provides a schedule of tweets and Facebook status updates for the VWHS accounts. These posts can then be shared by VWHS partner organizations and other locally influential groups.

Additionally, the following three images attached to this toolkit are sized for facebook and can accompany various posts, as appropriate:

1. You can afford health insurance
2. Beat the rush
3. Free preventive services

Timing

January 15-February 15: Reflecting one of the key messages you helped us determine, this timeframe will focus heavily on the "you can afford health insurance" and "beating the rush" messages, as well as providing the information people need to get assistance.

February 15 and beyond: Social media also offers a way to stay connected with clients and communities during "off-peak" times. This time period will focus on informational posts regarding life-changing events, the benefits of health insurance and other reminders.

Most of these posts can be modified as needed used at any point throughout their designated timeframe. They are intended to be repurposed as needed.

January 15-February 15		
Date	**Tweet**	**Facebook Status Update**
Tuesday, January 20	Don't pay a fine. Get affordable health insurance. San Luis Valley: 719-589-3658 Arkansas Valley: 719-469-4238 Fremont County: 719-275-2301	This year there's a fine for not having health insurance. That money is better spent protecting you and your family. Call today to talk with a trained health coverage guide who can help find the right solution for you. San Luis Valley: 719-589-3658 Arkansas Valley: 719-469-4238 Fremont County: 719-275-2301

Thursday, January 22	Get free enrollment help in your county.#GetCovered San Luis Valley: 719-589-3658 Arkansas Valley: 719-469-4238 Fremont County: 719-275-2301	Low and no cost health insurance plans are available until February 15. #GetCovered with FREE HELP in your county by calling us at: San Luis Valley: 719-589-3658 Arkansas Valley: 719-469-4238 Fremont County: 719-275-2301
Tuesday, January 27	Are shots & physicals FREE for you? #GetCovered San Luis Valley: 719-589-3658 Arkansas Valley: 719-469-4238 Fremont County: 719-275-2301	New health care laws require most health plans to cover preventative services like shots, physicals and screenings at no cost to you. With low cost health care plans available in your county, you can't afford not to get covered. Call us today for free, no obligation assistance: San Luis Valley: 719-589-3658 Arkansas Valley: 719-469-4238 Fremont County: 719-275-2301
Friday, January 30	Feb 15 is your LAST day to #GetCovered San Luis Valley: 719-589-3658 Arkansas Valley: 719-469-4238 Fremont County: 719-275-2301	Feb. 15th is your LAST day to enroll for 2015 health coverage and the trained guides at Valley-Wide Health Systems are available to help find the right solution for you. Call us today! San Luis Valley: 719-589-3658 Arkansas Valley: 719-469-4238 Fremont County: 719-275-2301
Monday, February 2	Insurance for less than a tank of gas. San Luis Valley: 719-589-3658 Arkansas Valley: 719-469-4238 Fremont County: 719-275-2301	This year, if you don't have health insurance, you face a tax penalty. Would you rather pay a fine and get nothing…or buy insurance and get important benefits for you and your family? Call today and #GetCovered San Luis Valley: 719-589-3658 Arkansas Valley: 719-469-4238 Fremont County: 719-275-2301

Published Press Releases

Where possible, we implemented and supported a direct earned media strategy that allowed us to use opinion pieces, letters to the editors and more strategic announcements to place messages in community media outlets.

Media Template and Toolkit

To support and encourage earned media, we developed a toolkit containing templates for a media advisory and press release as well as sample op-eds and a guide to communicating with local media.

[LOGO]

FOR PLANNING PURPOSES:
January X, 2015

MEDIA CONTACT:
Name
Phone
Email

Event Offers Free, In-Person Help to Sign-Up for Health Insurance
February 15 is the last day to get health insurance coverage for 2015

Town, January X, 2015 – This year, all Americans are required to sign-up for health insurance by February 15 or face an annual tax penalty from the federal government that goes up every year. Valley-Wide Health Systems is hosting a free enrollment event to help uninsured residents understand their health insurance options and get free in-person help enrolling in low- or no-cost health insurance plans that meet their needs. The event is open to all [insert county/valley name] residents.

WHAT:	**Free Health Insurance Enrollment Event** **No registration required**
WHO:	**Valley-Wide Health Systems certified Health Coverage Guides will be on hand to answer questions and offer enrollment assistance**
WHERE:	**Location and address**
WHEN:	**Date and time**

Valley-Wide Health Systems is an official Assistance Site for Connect for Health Colorado and the Medicaid Expansion program – new health insurance options under the Affordable Care Act. Health Coverage Guides are available to help Coloradans access new low- or no-cost health insurance plans and get in-person enrollment assistance in their communities. There is no obligation to enroll and all assistance is free and confidential.

If you have any questions, or cannot attend the event but would like enrollment assistance, call the Health Coverage Guide in your community at XXX-XXX-XXXX.

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As open enrollment ends, major life changes can save you money on your health insurance

Health insurance can be confusing, but it doesn't have to be. This year, Valley-Wide Health Systems' certified Health Coverage Guides helped more than 240 people in our communities navigate the health insurance enrollment process and get insured – some for the first time ever.

We're proud that so many people in our community have chosen to make health coverage a priority. We continue to stand by our commitment to provide quality, comprehensive health care services with special consideration for our medically underserved populations.

Although this year's open enrollment period for health insurance ended on February 15, our in-person services are available year-round. This assistance helps individuals understand and use their coverage, make necessary changes to their plans and take advantage of insurance benefits.

We all know the only constant in life is change, but what many people don't know is that major life changes such as relocation, a new job and new additions to your family can affect your health insurance coverage. As a result, many individuals may be paying more than necessary or be covered by a plan that is no longer appropriate for their family. If you lose your health insurance benefits for any reason, including Medicaid, you may be eligible to purchase a new plan.

Valley-Wide's certified Health Coverage Guides are available to help you through these changes and make sure your health insurance plan works for you. By staying on top of your coverage, you may be able to save money or qualify for other plans that are better suited for your new situation.

We are thrilled to see so many in our community taking positive steps towards managing their health insurance. I urge you to continue taking advantage of the services provided our Health Coverage Guides who are always available at no cost and no obligation. In XXXX County, call XXX-XXX-XXXX for free assistance today.

Gigi Darricades
President/CEO
Valley-Wide Health Systems

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Open Enrollment Pilot Project

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