



## Outreach and Enrollment Showcase Builder

This outreach and enrollment (O&E) *showcase builder* will help you organize your O&E efforts and successes in the corresponding sections of the *showcase design template*. The builder includes sample text you can paste directly in to the showcase template, as well as tips for drafting your own text.

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### **TITLE**

#### ***Sample Titles***

- How Your Community Health Center is Helping the Uninsured Gain Coverage
- Outreach and Enrollment Highlights: Helping Our Community with Health Coverage Options
- Access to Coverage Saves Lives
- How Your Community Health Center is Increasing Access to Coverage
- Why Access to Coverage Matters
- What Access to Coverage Means in Our Community

#### ***Tips for Writing Your Own***

- Write your title to capture attention and make the reader curious enough to read the rest of the story. What facts will grab a reader's attention and make them interested in reading about your program?
- Use a verb. Your title doesn't need to be a complete sentence, but it will be more interesting and get the reader's attention if it uses action words. For example, "saves lives," or "saves health care costs."
- Avoid acronyms in your title.

### **SUMMARY-INTRODUCTION**

#### ***Sample Text***

At [CHC name], the devastating effects of being uninsured are presented to us through the [x] uninsured patients we serve each year. Hardworking individuals and families skip care and treatment, postpone surgeries, and do not take important medications because they are simply unable to afford it. When the Affordable Care Act expanded coverage options for such individuals, [insert CHC name] seized the opportunity to be at the forefront of educating the public and helping those in need enroll into expanded Medicaid or private coverage through the



state's health insurance Marketplace, Connect for Health Colorado. With generous support from [insert funding source], [CHC name] now has a robust health coverage outreach and enrollment program.

### ***Tips for Writing Your Own***

- Open with a strong lead sentence.
- The summary should give the reader a short description by answering the “Who, What, Where, When, and How” questions about your success.

## **COMMUNITY IMPACT**

### ***Sample Text***

[CHC name] has hired [x] new employees to conduct community outreach and help individuals and families enroll into coverage. They have received a total [x] hours of training and are certified to provide enrollment assistance by Connect for Health Colorado.

[CHC Name]'s outreach and enrollment staff have become a trusted source of information and application assistance in the community, making affordable coverage a reality for all.

## **INNOVATIVE PRACTICES TO REACH THE UNINSURED**

### ***Sample Text***

Reaching those who are eligible but not enrolled in an affordable health coverage program is an important but sometimes difficult task. Working in collaboration with our community partners and organizations, [begin discussion of unique best practices at your CHC].

## **PATIENT STORIES**

You will need consent from your patients to use their stories. You can use CCHN's consent forms in English and Spanish, attached below.

The following resources from Community Catalyst can help you collect, write, and track patient success stories:

- [Storybanking Guide](#)
- [Storybanking Tip Sheet](#) - this tip sheet from Spitfire Strategies can help prepare you to make the most of your time and energy
- [Sample Spreadsheet](#) - Adapt this Excel spreadsheet to catalog and track your stories

### ***Use a quote:***

- Ask one of your newly insured patients or a partner if they are willing to be quoted in your story to describe the ways your program has helped or how it has affected the intended audience.
- The quote should be specific about what they think about the program, its impact, and how well it is working.
- You need to obtain permission and contact information from the person being quoted in order to use their statement.



## **GENERAL WRITING TIPS**

- Open with a strong lead sentence that helps paint a picture of the people behind the facts. Provide an emotional hook by sharing a story about the participants in your program. Who was at risk? Who was suffering? Who was outraged?
- Describe the specific state or local condition or issue that led to your program being developed in a clear, concise statement about a single issue. Provide compelling facts about the single issue or condition.
- Describe the consequences of being uninsured, a disparity, and cost data in a meaningful way for your reader to illustrate the challenge, and show the need for your program
- Use social math to illustrate the size of the problem. This helps the reader visualize the numbers. For example, more than 1.5 million Coloradans are uninsured, more than the populations of Denver, Boulder, Fort Collins, Colorado Springs, Pueblo, Greeley, and Grand Junction combined.
- Name the key partners and/or program implementers (e.g., the state health department, a local community, or partner organizations). What roles have they played in developing solutions to these challenges?
- Avoid jargon. For example, the first sentence is more direct and more understandable by most readers:
- Describe specific accomplishments in understandable and actionable language (e.g. number insured, health outcomes, system changes, money saved) that your program has brought. Avoid broad, sweeping language. For example, the first sentence describes a specific outcome:
  - *Your community* has improved knowledge of health care reform due to the 10 educational events you have hosted.
  - *Your program* works to reduce the rate of uninsured by helping eligible community members enroll in affordable coverage.
- Describe how you measure your program's success or impact.
- Emphasize your community's positive response to your program, positive media coverage, or recognition by community leaders.
- Identify the three most important actions, steps, or strategies that have been key to the success of your program. Think specifically about the essential elements that have brought this success.
- Describe the population your program serves, and include pertinent demographics (e.g., race, gender, age, socioeconomic status).

*Adapted from the Centers for Disease Control National Center for Injury Prevention & Control [Success Story Builder](#).*



MULTIMEDIA CONSENT FORM

I, \_\_\_\_\_, hereby give my permission to the Colorado  
 (your printed name)

Community Health Network and/or \_\_\_\_\_ to use any  
 (name of Community Health Center)

quotes, photographs, videos, and/or voice recordings of me described as

\_\_\_\_\_, for the purpose of

\_\_\_\_\_. I also grant the same permission for my children listed

below. I hereby waive all rights to the above stated multimedia and give my permission for these images, videos, and voice recordings to be published or distributed publicly. I understand that my personal information is for organizational record-keeping purposes and will not be released to anyone else without my express consent.

Children	
_____	_____
(Name)	(Age)
_____	_____
(Name)	(Age)
_____	_____
(Name)	(Age)

Adult Signature

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Telephone Number)

\_\_\_\_\_  
 (Name) (Age)

\_\_\_\_\_  
 (Address)



FORMULARIO DEL CONSENTIMIENTO PARA MULTIMEDIA

Yo, \_\_\_\_\_, por medio de la presente, otorgo mi autorización a  
(nombre)

Colorado Community Health Network y/o \_\_\_\_\_ para usar  
(nombre de la clinica)

mis citas, fotografías, videos, y/o grabaciones descritos

como: \_\_\_\_\_, con el propósito de  
\_\_\_\_\_. También otorgo mi autorización de parte de mis niños  
enumerado abajo. Por este conducto concedo todos los derechos de esta multimedia y doy mi  
permiso para que estas imagenes, videos, y grabaciones sean publicados o distribuidos  
públicamente. Es de mi conocimiento que mis datos abajo son únicamente para obligaciones de  
registro y mi nombre, número de teléfono, y dirección no serán dados a conocer a ninguna persona  
sin mi permiso.

Niños

_____	_____
(Nombre)	(Edad)
_____	_____
(Nombre)	(Edad)
_____	_____
(Nombre)	(Edad)
_____	_____
(Nombre)	(Edad)

Firma

\_\_\_\_\_

(Firma)

\_\_\_\_\_

(Fecha)

\_\_\_\_\_

(Número de teléfono)

\_\_\_\_\_

(Dirección)