



Colorado Covering Kids and Families

ADDENDUM: **Promising Practices in Outreach and Enrollment:**

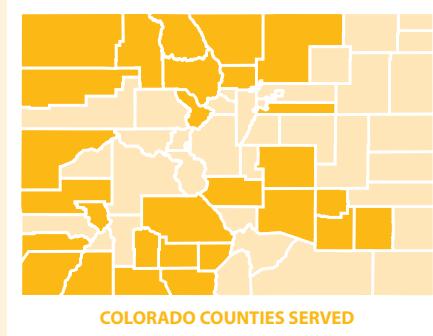
Lessons Learned from Colorado's Outreach and Enrollment Learning Collaborative



SEPTEMBER 2017

ABOUT THIS DOCUMENT

This document is an addendum to [Promising Practices in Outreach and Enrollment: Lessons Learned from Colorado's Outreach and Enrollment Learning Collaborative](#), published in March 2017. It contains additional lessons learned from the last months of the Outreach and Enrollment (O&E) Learning Collaborative from February through July 2017.



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Colorado Covering Kids and Families

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- Arapahoe County Early Childhood Council (Arapahoe County)
- Boulder County Healthy Kids and Adults (Boulder County)
- The Family and Intercultural Resource Center (Summit County)
- The Health District of Northern Larimer County (northern Larimer County)
- Hilltop Community Resources, Inc. (Mesa, Montrose, and Ouray counties)
- The La Plata Family Centers Coalition (La Plata and Archuleta counties)
- The North Colorado Health Alliance (southern Larimer and Weld counties)
- The Northwest Colorado Community Health Partnership (Routt, Grand, Jackson, Moffat, and Rio Blanco counties)
- The Piñon Project (Montezuma and Dolores counties)
- Pueblo StepUp (Pueblo, Alamosa, Bent, Conejos, Costilla, Crowley, El Paso, Fremont, Otero, Rio Grande, Saguache, and Mineral counties)

Colorado Covering Kids and Families (CKF) would also like to thank Harder+Company Community Research (Harder+ Company) for the use of their materials derived from interactions with the learning collaborative participants. CKF would like to thank the Colorado Health Foundation and Harder+Company for reviewing the content of this document to ensure its accuracy. In addition, thank you to the following individuals for reviewing and providing feedback on drafts of the report: Polly Anderson, Katie Pachan Jacobson, Kristen Pieper, and Stephanie Brooks. Finally, this project would not have been possible without the generous support of the Colorado Health Foundation.

ABOUT CKF, HARDER+COMPANY, & THE FOUNDATION

CKF is a statewide coalition-based project of the Colorado Community Health Network. The CKF Coalition consists of nearly 200 organizations and 400 individuals with experience and expertise in O&E in Colorado's health insurance affordability programs. CKF's mission is to increase access to affordable health coverage and high quality health care by ensuring Health First Colorado (Colorado's Medicaid Program), Child Health Plan Plus, and subsidized private insurance through Colorado's state-based marketplace consistently meet the needs of low-income Coloradans. Since 2002, CKF has been an effective voice in influencing improvements to the state's eligibility and enrollment systems, and health insurance affordability programs to ensure they work better for individuals and families. CKF provides leadership, coordination, and administrative support to the O&E Learning Collaborative, and houses the O&E Learning Collaborative Project Lead.

Harder+Company is a research and consulting firm that works with public sector, nonprofit, and philanthropic clients nationwide to reveal new insights about the nature and impact of their work. Through high-quality, culturally-based research, evaluation, and planning services, Harder+Company helps organizations across a wide range of areas, from health to family and child well-being, to translate data into meaningful action. Harder+Company evaluates the O&E Learning Collaborative.

The Colorado Health Foundation is bringing health in reach for all Coloradans by engaging closely with communities across the state through investing, policy and advocacy, learning and capacity building. The Colorado Health Foundation provides funding and strategic direction for the O&E Learning Collaborative.

A woman with blonde hair tied back in a ponytail is holding a baby wrapped in a light-colored blanket. She is wearing a yellow turtleneck sweater over a white collared shirt. A name tag hangs from a lanyard around her neck. The name tag reads "Metro Community Provider Network" at the top, followed by a photo of a woman, "Dr. Colleen Bowles, DO", and "Pediatrician". Below that, it says "Call to Book an Appointment".

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INTRODUCTION

The Colorado Health Foundation contracted with Colorado Covering Kids and Families (CKF) to implement and manage an Outreach and Enrollment (O&E) Learning Collaborative and Harder+Company Community Research (Harder+Company) to evaluate the learning collaborative as part of the Colorado Health Foundation's (the Foundation's) Community Approach to O&E funding opportunity.

The specific purpose of the O&E Learning Collaborative is for multi-regional grantees of the Foundation to spend three years determining the most promising, data-driven (when possible) practices in O&E for health coverage. The 10 grantees that make up the O&E Learning Collaborative, and counties served, include:

- Arapahoe County Early Childhood Council (Arapahoe County)
- Boulder County Healthy Kids and Adults (Boulder County)
- The Family and Intercultural Resource Center (Summit County)
- The Health District of Northern Larimer County (northern Larimer County)
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These organizations often serve surrounding areas, and partner with other organizations in those surrounding areas.

This addendum to the first and second editions of the *Promising Practices in Outreach and Enrollment: Lessons Learned from Colorado's Outreach and Enrollment Learning Collaborative* reports highlights the most promising O&E practices in Colorado based on the work of the 10 learning collaborative participants for the final months of the O&E Learning Collaborative from February 2017 through July 2017. The goal of the full report and this addendum is to showcase the most promising O&E practices in Colorado for communities wishing to begin their own O&E program for health coverage, or to serve as inspiration for those who are already doing this work to try new approaches.

Over the last two years, the learning collaborative participants have discovered five key practices that are the most promising across the state regardless of the organization's location, target population, or staff size (*see the callout box below*). Within the full report, each of the practices includes specific strategies and/or tactics associated with them, and it notes which strategies were promising for all learning collaborative participants, and which were promising for fewer. CKF provides examples of learning collaborative participants' promising practices throughout both the full report and this addendum. When an example appears in a callout box, it will provide a particularly detailed example of a promising practice.

FIVE KEY O&E PRACTICES

- Collaborate with community partners
- Co-locate programs/services
- Create an O&E workplan to guide your efforts
- Hire or cultivate relationships with individuals who are already trusted members of the communities you want to reach
- Use data to find the eligible but not enrolled

Whenever possible, the full report contains information from reports that support the findings of the learning collaborative. The full report and the addendum also both use the findings of Harder+Company in their work with, and evaluation of, the learning collaborative over the past two years.

How to Use this Document

There are many tactics for a promising O&E program throughout this document. The addendum is written to be a comprehensive and linear description of these tactics; however, each section may be taken independently based on your organization and community need. Additional considerations include:

- The term "you" is used throughout as this addendum speaks directly to assisters.
- For a glossary of terms and definitions, see Appendix A in the full report.
- Footnotes are denoted by Roman numerals, and provide additional information on a particular subject; endnotes are denoted by conventional numbers and refer to citations.
- Use the hyperlinks in the text, generally denoted by underlined text, to move around in the document as well as to explore websites with additional information.
- This document is intended to be used in an online format for easy use of the links provided throughout. If you are reviewing a paper copy of this document, please use the online version to access the links.

COLLABORATION WITH COMMUNITY PARTNERS

Memorandums of Understanding

Six of the ten learning collaborative participants use memorandums of understanding (MOUs) with some or all of their partners. An MOU is a formal agreement between two or more parties to establish official partnerships, although they are not legally binding. (See [Appendix A](#) for additional resources.)

Here are a few things MOUs can be used for:

- To establish that two organizations have decided to work together or co-locate staff.
- Payment arrangements for assisters who are on-site doing work at a partner organization.
- Access to specialized staff, such as having a Colorado Benefits Management System (CBMS) technician on-site.

There are many elements learning collaborative participants like about MOUs. They found that MOUs:

- Support partnership continuity if there are staff changes at partner organizations.
- Encourage accountability with other organizations.
- Provide clarification if there is ever a question on the roles and responsibilities to which organizations have agreed.

MULTIPLE PARTNER MOU

Consider having multiple partners sign one MOU. This does the following:

- Allows active partnering among multiple partners.
- Reduces the administrative burden of creating multiple MOUs.
- Requires accountability to more than one organization if a partner decides to withdraw from the MOU.

Partnership Evaluation

(See [Appendix A](#) for additional resources.)

- Consider using a partnership evaluation tool during local coalition meetings with assisters and partners, including those from the local department of human or social services.
- Create or use an existing partnership evaluation tool that assesses how well each partner knows what the other partners' organizations offer to increase strong referrals.
- Partnership evaluations should be completed by both administrative and frontline staff to evaluate how partnerships function at different levels within the organization.
- The measures of success documented in evaluation tools can be used to understand what are considered best practices in partnership when a new coalition is being established or to set expectations when a new partner joins a coalition.
- When creating evaluations, review the questions with core partners to ensure that the questions are worded in a way to elicit feedback that the organization wants, and that the evaluation is not too long.
- It is possible, and potentially preferable, to partner with different organizations at different levels (e.g., some partners only refer clients to an organization and others serve as a co-location site). The important thing is that partners meet the expectations that have been mutually established.
- Establish a data sharing relationship between partners to determine the effectiveness of the partnership, to make improvements to referral processes, or to perform additional outreach to common clients. Data elements could include the number of clients enrolled when co-locating, how many clients were outreached to, the number of referrals between organizations, and clients who may be eligible for the other organization's services.



Partnership Recommendations

Local partners can benefit from working as a coalition, meeting regularly, and working toward agreed upon O&E goals.

Coalition Collaboration

- Developing community-wide plans for outreach as a coalition helps partners develop clear and consistent messaging; shared marketing via social media and other channels; and clarity on what specific priority populations certain partners want to work with, who is taking the lead on certain groups, and what support may be needed.
- Build partnerships through building relationships, including by sharing resources with partners that the organization thinks the partner might be interested in.
- Work with local providers to get individuals enrolled in health coverage by providing paper applications for providers to give to those who do not have health coverage. If it is possible to get client permission, ask the provider to provide client contact information so that you can follow-up with those who have received the applications to see if they need any assistance completing the application.
- Ask partners who do not feel comfortable sharing their mailing lists to mail information out to clients on your behalf. Offer to pay for the materials and the postage.
- If your organization has the capacity, work with your local county to support clients who are unsure if they should be contacting the county or Connect for Health Colorado with a particular challenge.
- Have different staff members attend different partner and community meetings around your area to keep partners and the community informed on what your organization has to offer.
- Work with members of your coalition to share staffing responsibilities at local events; offer to display a partner's flyers even if they are unable to attend an event.

Coalition Meetings

- Coalitions should meet regularly and have a “convener” organization which sets meetings and takes notes to help keep the coalition together. The partner organizations should take turns as the “convener.”
- Encourage primary coalition members to send an organizational representative to coalition meetings if the primary member cannot attend.

- If you feel like your organization is doing the majority of the work in the coalition, discuss this with the members of your coalition at a meeting. Request subcommittees are formed to help support and increase the outputs created by the group, especially for large events.

Costs and Funding

- Provide as much financial transparency as possible to the coalition members around coalition marketing and other activities. This transparency will help the coalition flourish and be more responsible with resources, carefully determining if something has value to the community and if something is worth the price. The coalition will be able to truly own their work as a result.
- Your organization should acquire start-up funding to begin work with a partner. Once the organization establishes proven outcomes with the partner, the organization can go to the partner to ask for continued funding.
- Encourage coalition members to share leftover funds with the coalition to help fund materials and activities the coalition decides on as a group.
- For ongoing funding, consider who may be the best organization within your coalition to apply for that funding, then see how you and other members of the coalition can support them in the work the funding generates.



CO-LOCATION OF PROGRAMS/SERVICES

Co-location is one of the most useful strategies employed by all learning collaborative participants in O&E work and leads to faster troubleshooting of difficult cases and decreased need for clients to return for additional appointments.¹ Here are three items to consider regarding co-location in addition to those listed on page 13 of the full report:

- Co-location with partners around your area allows you to serve clients who do not feel comfortable going into a county building or for whom it is inconvenient to go to a county building.
- If there comes a time when a partner organization no longer needs your organization on-site on a regular basis, possibly because you have already reached most of their clients with your services, maintain an on-call/referral relationship with that organization, agreeing to come on-site if you are needed, do a phone meeting, or meet their clients in a comfortable and safe location of the client's choosing.
- Share the cost of a staff member who spends half of their time at your location and half of their time at a partner's location. The Family and Intercultural Resource Center did this with an assister who was a part-time CBMS technician at the Summit County Department of Health and Human Services and a part-time Health Coverage Guide with the Family and Intercultural Resource Center.



GENERAL O&E PROMISING PRACTICES

After reviewing in this addendum two of the five key promising practices explored in the full report, these additional general practices may be helpful to consider before pursuing practices specific to particular populations. These general promising practices include how best to organize O&E events, and developing and distributing O&E materials.

Organizing O&E Events

Learning collaborative participants designated organizing outreach events as another important O&E strategy.² This is supported nationally by research from the Kaiser Family Foundation.³ It is important to host O&E events at the right time, in the right place, with the right advertising, and with the right process.

Enrollment Events

- Recommended locations for enrollment events:
 - County offices
 - Churches
 - Workforce centers
 - Recreation centers
 - Resource centers
 - Community centers
- Host an enrollment event at a location where other services are also available, such as a foodbank, so that clients can access multiple services at the same time.
- In addition to providing a resource fair for those waiting for an appointment or their turn during an enrollment event, consider providing health screenings (e.g., dental and stress), flu shots, and other health-related services.
- Have a supervised children's area with a video, food, and beverages to entertain children while their parents or guardians are being assisted at enrollment events.

Outreach Events

- When setting up booths at outreach events, use the following tactics to draw individuals into your booth:
 - Life-size board games you have recreated.

- Offer simple games like a spinning wheel with questions. Consider questions on what the cost of basic health care procedures are without health coverage (e.g., flu shots or a broken arm).
- Have prizes for games and general grab-bag giveaways.
- Host fairs for large employers where you can discuss health coverage options with their employees. Tailor your presentation to your audience. For example, for those who have health coverage through their employers, you could discuss retirement health coverage options, children turning 26, and seasonal worker topics.
- If you are at an outreach event and most of the participants are over the age of 65, and therefore likely ineligible for health insurance affordability programs, ask if their children and grandchildren have health coverage, and offer to provide information to them to pass along to their families as the La Plata Family Centers Coalition does.

Develop and Distribute Outreach Materials

Learning collaborative participants identified developing outreach materials as another important O&E strategy.⁴ Below are a number of items related to materials you can create yourself or that participants have created. It is also important to consider how you can, with permission, adapt successful materials created by partners for your own use or use materials created for general audiences.

- Do not include dates on outreach materials whenever possible so you can use them for multiple years if there are extra materials remaining after an event or open enrollment period.
- Provide bookmarks with your organization's information printed on them to local libraries in English and Spanish.
- Handout pens with your phone number on them to make it easier for clients to contact you in the future.

POPULATION-SPECIFIC O&E PROMISING PRACTICES

Promising practices in O&E can vary by population. Identifying and developing outreach approaches that work best for specific populations is important to ensure that as many clients as possible are enrolled in health coverage.⁵ One tactic that applies to work with all populations is to partner with organizations who are trusted by and who serve individual communities you are interested in reaching.

The below promising practices are alphabetical by population, are based on successes of learning collaborative participants, and are intended to augment the promising practices described in the previous sections and in the full version of the *Promising Practices in Outreach and Enrollment* report.

Children and Families

- Work with your coalition to create resource packets for kindergarten teachers filled with information for a number of different assistance programs in your area. These teachers are often the first to know about a family's needs.
- Reserve a table to provide information at primary and secondary school registration days.
- Reach out to parents and guardians through free or low-cost summer recreation programs.
- Work with school districts to send out mailings about your organization to all of their students prior to open enrollment.
- Contact your local school district to see if you can participate in any existing teacher resource fairs.
- Get permission from the school district for your flyer to be included in students' Friday Folders that they take home for their parents each week with information from the school. These flyers should ask if parents or guardians are happy with their health coverage and include guidelines for medical assistance. Consider also including guidelines for food assistance. These flyers can then be returned to the schools and forwarded to your organization for follow-up.



AURORA BEACH PARTY

The Aurora Coverage Assistance Network, a member of the Arapahoe County Early Childhood Council coalition, hosted an Aurora Beach Party where they invited families to a local pool and gave out free passes they had purchased at a discount for families to go swimming. They coordinated with the summer lunch program on this event as well. While the children swam, they provided health coverage information and enrollment services to the parents and guardians.

Faith-based

- Send a letter to all faith communities in your area and then do follow-up calls. Provide basic language they could include in their bulletins or e-newsletters in your letter. Include topics related to special enrollment periods.
- Request referrals from faith practitioners.
- Get permission to leave business cards at the back of the place of worship and request that the faith leader announce the cards are there.
- Coordinate with other groups working to bring health coverage and health insurance literacy to the faith community. Pueblo StepUp is supporting the Faith Community Department in the Penrose-St. Francis Hospital in Colorado Springs' work to provide training on health insurance literacy to the faith community from a faith perspective.

Immigrants/Refugees

- Reach out to colleges and universities that have international students and see if you can outreach to those students and their spouses or partners during welcome weeks or other special events.
- Create a special enrollment period flyer on becoming a United States Citizen or legal permanent resident.



ALLEVIATING FEAR IN IMMIGRANT AND SPANISH-SPEAKING COMMUNITIES

To alleviate fear in your local immigrant and Spanish-speaking communities, facilitate evening immigration community forums. This helps to alleviate fear in the immigrant and Spanish-speaking communities and answer questions for those who would like to be of assistance.

- Have individuals from community government, school districts, and local law enforcement attend to reassure individuals about what the policies are.
- Hold the forums in the evening at schools and colleges/universities.
- Include a “Know Your Rights” presentation put on by an affiliate of the Colorado Immigrant Rights Coalition, and have simultaneous translation.
- Distribute the American Civil Liberty Union’s [Know Your Rights](#) pamphlet; it is available in multiple languages.
- Invite nonprofit immigration lawyers and have a law panel.
- Review Boulder County’s Immigrant Resources [website](#) for other ideas on information to provide in your communities.
- Reach the Spanish-speaking community through word-of-mouth only advertising for an event that is about both medical coverage and immigration issues. Use trusted faith leaders to encourage attendance. Host the event in Spanish.

Individuals Experiencing Homelessness

PROJECT HOMELESS CONNECT

The Health District of Northern Larimer County participates in the annual Project Homeless Connect event in Fort Collins where the whole community comes together to offer various services to the homeless. They send staff who help primarily with Health First Colorado (Colorado’s Medicaid Program) and Child Health Plan Plus (CHP+) enrollments, as well as answer questions and provide information.

Justice-involved

- Provide with health coverage information packets to nurses at the jails to pass along to the inmates.

TIPS FOR WORKING IN THE JAIL

Here are some tips for working in the jail from Boulder County:

- Attend any and all safety meetings with the jail, including before the partnership begins. This allows the opportunity to learn about safety in the jail before the partnership begins and to keep up-to-date on any changes.
- At Boulder County, the first few months there was a guard that escorted the assister around the jail to meet with inmates. Once the assister was comfortable, he was granted access to walk around the jail by himself. However, there are cameras monitoring him and emergency buttons as needed.
- Work with the jail to get a list of inmates and prioritize those inmates that need to be seen. Then work with the jail to ensure those individuals are in the jail at that time (i.e., not on work release).

Rural

- Attend weekly auctions of farm equipment and animals to reach farmers and ranchers.
- Perform mobile O&E to remote areas as Piñon Project does. If available, use your organization's van that may also be used for health screenings at other times.

Small Business

- Attend chamber of commerce mixers to outreach to small business owners. Encourage your local brokers to go with you to provide additional support.
- Reach out to handymen and women as well as lawn care businesses.
- Outreach to restaurant associations to reach uninsured full and part-time workers.
- Ask to be on the agenda at meetings of area business owners to discuss health coverage options and how your organization can support their business and employees. Leverage existing partnerships where possible to attend these meetings. The local hospital in Cortez's Care Net Division has quarterly meetings and discusses topics such as worker's compensation and employee health. The Piñon Project attends and discusses Health First Colorado and networks with area businesses.

Spanish-speaking

- Collaborate with the Latino Chamber of Commerce in your area.
- Reach out to Catholic churches for an increased opportunity of reaching Spanish-speaking populations.

MY HEALTH CONNECTIONS' PROMOTORAS

Three staff from the North Colorado Health Alliance's enrollment center, My Health Connections, have been trained by Sisters of Color to be promotoras. Promotoras engage people in a culturally relevant and respectful way to empower their families, friends, neighbors, and community to advocate for their health. There was not a known promotora presence in Greeley previously. This model both addresses the needs of their eligible but not enrolled population and is more likely to be successful because My Health Connections' promotoras are also members of and live in the community they will serve, and information shared is therefore more likely to be accepted and spread among friends and neighbors. They will share information on diabetes and obesity in a culturally relevant way and connect clients to community resources. All promotoras will also be trained as Health Coverage Guides, and My Health Connections will have Promotora availability for weekend and mobile work. The promotoras are focused on the issues of diabetes and obesity/weight management, but are able to address health coverage as well.

Unemployed

- Create a flyer on Consolidated Omnibus Budget Reconciliation Act, or COBRA, coverage that compares marketplace coverage and other types of health coverage as the Health District of Northern Larimer County did.

Young Invincibles

- Request that college students provide testimonials during local radio interviews.
- Use pictures of those with active lifestyles such as mountain bikers and rock climbers when marketing to young invincibles, especially in the mountain communities.
- Create flyers on the life change event of turning 26.
- When creating guides for graduating high school and college seniors, hold focus groups with these age groups in your area to see how they like to locate information when they need it, how they like to store information, and in what format they like to read information. Consider enlisting young individuals from diverse backgrounds to participate in the focus groups. Hilltop Community Resources, Inc. did this when creating their "Guide to Adulting" based on Boulder County's guide for graduating high school seniors.

HELPFUL TOOLS FOR CONDUCTING O&E

Media Campaigns and General Advertising

- Plan to begin advertising the open enrollment period for qualified health plans through the Connect for Health marketplace, with or without tax credits, one month before the start of open enrollment.
- Advertise on benches, bus shelters, and busses as the Pueblo Get Covered coalition has done.
- Get permission from clients to share the client's story with other clients. Help clients to understand that others in their community have gotten coverage and that one household can have a mix of coverage types.
- Track where clients heard about your organization or event to determine which advertising approaches are most beneficial and cost-effective.



IMPORTANT ACTIVITIES UNRELATED TO HEALTH COVERAGE

There are some activities that are unrelated to direct O&E services but are still very important in order to have successful assisters and clients.

Alternative Training Opportunities

Assisters are generally trained by their certifying agencies. For more detail on this, see page three and 41 of the full report. Here are two additional types of training that can be beneficial for an assister's community.

- Host a quarterly training for frontline staff from a variety of assistance programs in your community who all serve similar clients. Have the staff each share what they help clients with and their challenges; it is also a great networking opportunity. Include a presentation on a topic such as self-care or mental health. The primary outcome of these trainings is that frontline staff know specifically who and/or where to refer a client.
- Host an annual community assister training focused on health topics. Have assisters attend, have a local official or advocate for health topics in your community do a presentation as well as another organization, have speed trainings during various breakout sessions, offer lunch, and provide a community resource fair for those who attend.

Doing More with Less

As more eligible but not enrolled clients gain health coverage, there is less funding available for O&E; however, the learning collaborative participants have noted that there is still a need for their assistance. Here are some of the ways they are continuing their work with less available funding.

- Cross-train employees from other departments within your organization to work as assisters during the open enrollment period.
- Investigate getting an employee funded by AmeriCorps.
- Use staff provided by a local workforce center. Ensure they have had a background check. The workforce center generally pays the staff member's wages, and the staff member gets work experience. Even if this person is inexperienced, they can still make reminder phone calls, make copies, and do data entry. Additionally, having them on staff for three months is less of a challenge when there is a shortened open enrollment period as they are often placed in positions for only a few months at a time.

- See if Certified Application Counselors from other organizations will provide additional support at outreach events.
- Refer clients to enrollment events if there is not an appointment time available when they come into or call your office.
- Work with community partners to increase the partners' community engagement.
- Evaluate with your funders if you can use funding from other programs to support your assisters.

Health Insurance Literacy

Now that so many Coloradans are enrolled in health coverage, many organizations are shifting toward helping their clients understand how to effectively use their health coverage. Here is some health insurance literacy information if you are interested and able to help your clients get the most out of their health coverage.

- Help clients with outstanding hospital bills investigate if their hospital has bill forgiveness, if the client qualifies.
- Provide health insurance literacy presentations to clients in locations they will already be, such as health-related groups they already attend.
- Provide clients with health insurance literacy information. Relevant health insurance literacy topics to start the conversation in your community are as follows (see [Appendix B](#) for additional resources):
 - Basic health insurance literacy terms
 - Getting the right care in the right place
 - What happens when you go in for preventive care and it turns diagnostic
 - Helping the client understand what they are paying for
 - Helping clients understand the health plans before they choose the health plans
 - Information on the unbiased role of an assister

- Encourage clients to review informational guides on the programs in which they become enrolled, such as these guides for Health First Colorado/ CHP+ from Boulder County: [English](#) and [Spanish](#).



- Create a document to use in appointments with clients who purchase private health coverage through Connect for Health Colorado. The document should contain a place for clients to record and see important information such as health insurance company information, premium information, a checklist of what to do next now that they have health coverage, information on reporting changes, and information on deductibles.
- If you cannot afford to print out informational guides on health coverage topics, post them online and allow clients to access them that way.

HEALTH INSURANCE LITERACY SURVEY

Hilltop Community Resources, Inc. received a health insurance literacy grant from the Colorado Health Foundation which they will use to provide a Health Literacy Preview/Review Survey with their clients at the beginning and the end of each appointment. The surveys will have two sections: one on choosing health insurance and one on using health insurance. Assisters have a resource list from which to provide clients with health insurance literacy materials. Hilltop's intention is to be able to show that a client's health insurance literacy confidence has shifted through the use of the surveys.

Affordability of Prescription Drugs

A number of learning collaborative participants have had experiences with clients who are struggling to afford their medications, sometimes even when they have health coverage. See a list of resources in [Appendix C](#) the learning collaborative participants have discovered to help support these clients.

Shortened Open Enrollment Period Ideas

For the fifth open enrollment period, clients will only have 10 weeks to get enrolled into or renew health coverage for qualified health plans. Here are some ideas from the learning collaborative participants on how to be efficient and enroll as many clients as possible during the shortened open enrollment period.

- Outreach to clients who are able to enroll or reenroll themselves and encourage them to do so.
- Educate those who are ineligible for health insurance affordability programs about other options for care prior to the open enrollment period.
- Message, outreach, and educate Health First Colorado and CHP+ clients to seek assistance before the open enrollment period begins and after it ends as these two programs do not have an open enrollment period.

- Advertise throughout the open enrollment period, as the federal open enrollment period will be shorter than Colorado's open enrollment period.
- Perform reminder calls to decrease appointment no-show rates.
- Increase evaluation of clients before they come in for appointments to improve efficiency. Make sure that client income is clear and that password and account logins work. Consider if an intern or volunteer could do these evaluations. Call the client two days prior to the appointment and do a three-way call with Connect for Health Colorado to help collect this information, if necessary.
- Host an enrollment event at a computer lab. Have one staff member for every four clients. Focus these events on those who are most likely to be self-directed in their enrollment/re-enrollment. The whole process should take approximately two hours. There should be a half an hour overlap between groups. Spend 30 minutes with clients prior to their entry into the computer lab teaching them about how the computer lab works and what clients will need to do. These events might also be useful prior to open enrollment if a client needs to make sure all of their information is in order for the open enrollment period, or if they want to begin considering possible plan selections.
- Offer a range of appointment lengths as some activities will not take the length of a standard enrollment appointment to complete.
- Increase your organization's hours of operation during the open enrollment period to 8:00 a.m. to 8:00 p.m., Monday through Saturday.

Social Determinants of Health

Though health coverage is very important in keeping Coloradans healthy, there are a number of factors that contribute to an individual's health. Many organizations are starting to take a more holistic approach when it comes to their clients' health. Here are some ideas on how your organization can do the same.

- Consider assessing clients for other social determinants of health in addition to medical coverage using a paper assessment tool and referring clients to resources that can help them address those needs, either internal or external to your organization. The Colorado Family Support Assessment [tool](#) used by family resource centers is one example. There are 14 domains assessed in the questionnaire, including educational background, the rent or mortgage the client pays, and if the family situation is stable. You may want to use a different tool for single clients.
- During enrollment events, provide free dental screenings, mental health screenings, and flu shots.

- Many clients who are eligible for medical assistance are also eligible for the Supplemental Nutrition Assistance Program (SNAP). Consider if there are opportunities for clients to apply for both programs at enrollment events or to have assisters from the SNAP program present at O&E events. Learning collaborative participants have been particularly successful with this practice at low-income housing sites.
- Add links to other types of assistance on your organization's website.
- At the Grand County Rural Health Network, a member of the Northwest Colorado Community Health Partnership coalition, they want all staff to understand social determinants of health, so they have regular conversations about racism, geographic differences, and other topics. They recommended the following educational programs: the Public Broadcasting Service series "Unnatural Causes" and the "America Divided" series.
- Another possible resource identified by learning collaborative participants during their annual face-to-face meeting was coordination with Regional Health Connectors. Regional Health Connectors connect clinical care, community-based organizations, and public health and human services to help address social determinants of health within the community. Regional Health Connectors are funded through the State Innovation Model and the Colorado Foundation for Public Health and the Environment. They do not engage in direct service. To see about coordinating with your own Regional Health Connector in Colorado, email RHConnectors@coloradohealthinstitute.org or for more information, visit [here](#).



COMMUNITY DASHBOARDS

The North Colorado Health Alliance manages two dashboards. One is their Thriving Weld community [dashboard](#), which contains information on health status on many measures in the domains of access to care, active living, education, healthy eating, health mind and spirit, and livelihood, where their 60-plus partners can post and view how the community is performing on measures in the Weld County area. The second dashboard is a Thriving Colorado [dashboard](#) that has recently launched, which Colorado communities and organizations may utilize to provide community health status and transparency.

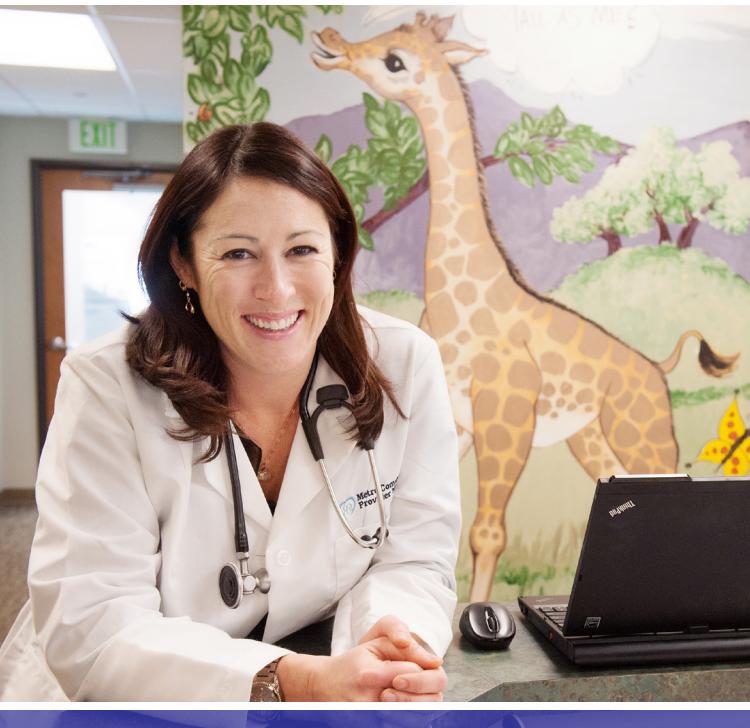
CONCLUSION

The many tactics within this addendum and the full *Promising Practices in Outreach and Enrollment* report can help organizations create a strong, successful, and sustainable O&E program. Throughout the addendum and full report, there are indicators of what should be most promising with specific populations. However, several O&E practices appear promising across the state regardless of the organization's location, target population, or the size of their staff:

- Collaborate with community partners
- Co-locate programs/services
- Create an O&E workplan to guide your efforts
- Hire or cultivate relationships with individuals who are already trusted members of the communities you want to reach
- Use data to find the eligible but not enrolled population

As organizations implement the items suggested, or try new innovative approaches, CKF encourages organizations to continue collaborating by sharing successes with the broader O&E community through monthly CKF Coalition meetings, the CKF sharing forum

(launching fall 2017), and other community opportunities; take data driven approaches; and continue to innovate.



APPENDIX A:

Partnership MOUs and Evaluations

Partnership MOUs

Several agencies have designed sample memorandums of understanding (MOUs) for community-based organizations to build on.

- MOU [example](#) from the U.S. Department of Health & Human Services: Administration of Children & Families⁶
- MOU [example](#) from the U.S. Department of Housing and Urban Development's HUD Exchange which provides resources and assistance to support HUD's community partners⁷
- MOU [example](#) from the U.S. Environmental Protection Agency⁸

Partnership Evaluations

Susan Ladd of the Centers for Disease Control created a partnership evaluation [presentation](#) that addresses various types of partnership evaluation tools.⁹ The presentation also advises evaluating if the partnership is ready to be evaluated before beginning (see page five of the presentation). Since the presentation is from 2012, CKF has included updated links to relevant resources discussed below.

- **Composition and Reach: Membership Assessment Tool** (see pages seven and eight): This tool is about determining if the capacity among your partners allows you to achieve everything you would like to achieve. To create this tool, it encourages organizational leadership to make a list of everything they would like from their partnerships and then determine which partnerships meet which desires and then evaluate any gaps. This also helps determine which partners are very actively engaged with you and which partners are less so.
- **Processes, Infrastructure, and Function: Collaboration Factors Inventory** (see pages nine and 10): A Collaboration Factors Inventory is designed to be answered by all partners to determine what is working well and what may need improvement. Find the online inventory [here](#).¹⁰
- **Processes, Infrastructure, and Function: Coalition Effectiveness Inventory** (see pages 11 and 12): This tool starts by focusing on participants and leaders within the partnership, shifts to the structure of the partnership, and finishes with the stages of partnership development. It is available on pages 102 through 107 in the *Center for Disease Control's Partnership Evaluation: Guidebook and Resources* document. Find the Guidebook [here](#).¹¹
- **Processes, Infrastructure, and Function: Partnership Self-Assessment Tool** (see pages 13 and 14): This tool is for all partners to take and evaluates leadership, administration and management, resources, decision-making, as well as overall partner satisfaction and benefits to the partner organizations. The tool itself, as well as more information regarding the tool, is available [here](#).¹²

APPENDIX B:

Health Insurance Literacy Resources

Note: Some of these materials are not created for Colorado. Please be mindful of elements that may not apply to Colorado assistance programs, especially since Colorado has its own state-based marketplace, Connect for Health Colorado.

GENERAL HEALTH INSURANCE LITERACY RESOURCES

- Centers for Medicare & Medicaid Services [From Coverage to Care](#)
 - This resource contains information for clients on understanding their health coverage, receiving primary care, and accessing preventive services.
- Centers for Medicare & Medicaid Services [Summary of Benefits and Coverage Template and Uniform Glossary](#)
 - This resource contains links to Summary of Benefits and Coverage templates in various formats and languages that assisters can fill-in with clients to help them better understand their health insurance plan. Within these documents are links to glossary terms.
 - This resource also contains links to a Uniform Glossary of health coverage and medical terms in various languages.
- The Colorado Health Foundation and numerous partners launched a [tool](#) to help health care stakeholders with messaging around health insurance literacy. The tool uses unified messaging about health insurance literacy that is based on topics which are aligned with the enrollment calendar. This unified messaging is intended to improve retention of the information especially when consumers are hearing it from multiple sources. The tool, which is hosted by [CoveredHQ](#) (a one-stop-shop where assisters and other stakeholders can find resources on health insurance literacy), provides top-line messages, sample content for newsletters and social media, and resources to link. Additionally, messaging is provided in both English and Spanish.
- Connect for Health Colorado clients can visit Connect for Health Colorado's [What to Expect](#) webpage for next steps once they are enrolled in health coverage, as well as the [Using Your Health Insurance](#) webpage for tips and suggestions on how clients can get the most from their health coverage.
- Raising Women's Voices has created health insurance literacy resources focused on women called [My Health, My Voice](#). The following materials are available:
 - A step-by-step guide to using health coverage;
 - A flyer on the five most important steps to take after getting health coverage;
 - A flyer on four costs women will pay when using health coverage;
 - A flyer on what a well-woman visit is;

- A health journal for tracking health goals, family health history, medications, health providers, and more; and
- A chart for recording a consumer's family medical history.

Note: Many of these materials are also available in Spanish, as well as in color or black and white.

INFOGRAPHIC EXAMPLES

- Covering Wisconsin has excellent examples of infographics on health insurance literacy. If you have an interest in using their materials in bulk quantities or if you would like to co-brand with them on any of their materials, please contact them for payment arrangements.

VIDEOS

- The Colorado Department of Health Care Policy and Financing has created four videos on Health First Colorado benefits for its members.
- Connect for Health Colorado has a number of health insurance literacy videos on their YouTube channel.

APPENDIX C:

Prescription Drug Resources

A number of learning collaborative participants have had experiences with clients who are struggling to afford their medications, sometimes even when they have health coverage. Here is a list of resources the participants have discovered to help support these clients.

- Help the client discover what company the pharmaceutical is made by and check to see if that company has any discount programs. Here are some links to get you started:
 - Pfizer [medications](#)
 - Enbrel [medications](#)
 - Humira [medications](#)
- [Good RX](#): Find the pharmacy with the lowest price for the client's prescription drugs.
- [NeedyMeds](#): Recommend to clients for help with the cost of medicine.
- [Rx Outreach](#): A non-profit pharmacy making medications affordable.
- [Colorado Drug Card](#): A free statewide prescription assistance program (clients can also call 1-877-321-6755).

ENDNOTES

- ¹ Harder+Company Community Research. (2016). *The Colorado Health Foundation Community Approach to Outreach & Enrollment: Look Back Report: April 2016*. San Diego, CA: author.
- ² Ibid.
- ³ Artiga, S., Rudowitz, R., & Tolbert, J. (2016). *Outreach and Enrollment Strategies for Reaching the Medicaid Eligible but Uninsured Population*. Retrieved from <http://files.kff.org/attachment/issue-brief-outreach-and-enrollment-strategies-for-reaching-the-medicaid-eligible-butuninsured-population>
- ⁴ Harder+Company Community Research. (2016). *The Colorado Health Foundation Community Approach to Outreach & Enrollment: Look Back Report: April 2016*. San Diego, CA: author.
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- ⁶ U.S. Department of Health & Human Services: Administration of Children & Families. (2003). *Memorandum of Understanding (MOU)*. Retrieved from https://www.acf.hhs.gov/sites/default/files/fysb/mou_508.pdf
- ⁷ U.S. Department of Housing and Urban Development. *Sample Memorandum of Understanding*. Retrieved from <https://www.hudexchange.info/resources/documents/SampleNSPCommunityPartnersMOU.pdf>
- ⁸ U.S. Environmental Protection Agency. (2016, April). *U.S. Environmental Protection Agency's Landfill Methane Outreach Program: Memorandum of Understanding for Community Partnerships*. Retrieved from https://www.epa.gov/sites/production/files/2016-04/documents/community_mouf.pdf
- ⁹ Ladd, S. (2012). *CDC Coffee Break: Tools for Partnership Evaluation* [PDF document]. Retrieved from https://www.cdc.gov/dhdsp/pubs/docs/cb_october_2012.pdf
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- ¹¹ Centers for Disease Control and Prevention. (2011). *Evaluation Technical Assistance Document: Division of Nutrition, Physical Activity, and Obesity (DNPAO) Partnership Evaluation Guidebook and Resources*. Retrieved from <https://www.cdc.gov/obesity/downloads/PartnershipEvaluation.pdf>
- ¹² National Collaborating Centre for Methods and Tools. (2008). *Partnership self-assessment tool*. Hamilton, ON: McMaster University. (Updated 09 June, 2017) Retrieved from <http://www.nccmt.ca/resources/search/10>



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