







BRANCHES

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A MOMENT IN TIME: HOW WESTERN PENNSYLVANIA CONNECTED THOUSANDS TO AFFORDABLE, QUALIFIED HEALTH INSURANCE OPTIONS

Approximately once in a generation there is a significant social policy achievement that profoundly affects the lives of Americans. In the 1930s, it was Social Security; in the 1960s, the establishment of Medicare and Medicaid. In 2010, it was the passage of the Patient Protection and Affordable Care Act (ACA), which attempts to make preventive health care more affordable and accessible to American citizens and prevents health insurance companies from denying coverage based on pre-existing conditions.

One of the major tests of the ACA arose in October 2013 when the health insurance Marketplaces were launched to help people compare their options and select an affordable health plan with a set of essential health benefits in the individual market. This presented an immediate opportunity and challenge to identify, educate, and enroll uninsured

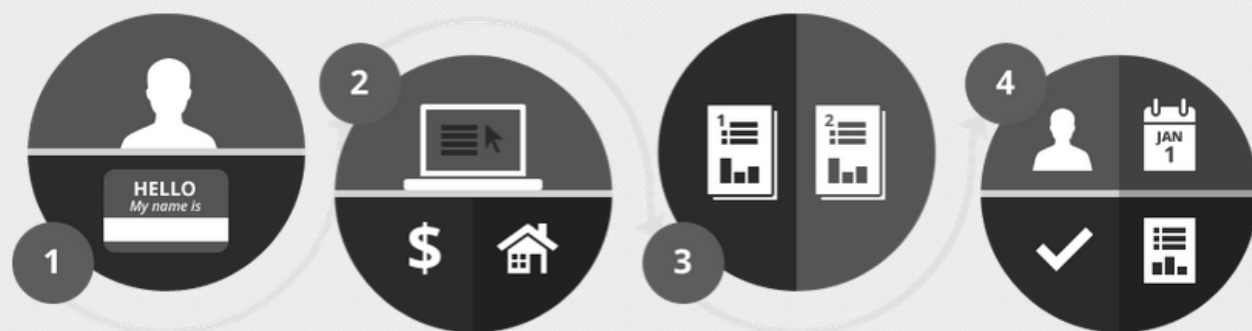
“With the strokes of 22 pens, President Obama signed his landmark health care overhaul — the most expansive social legislation enacted in decades — into law on Tuesday, saying it enshrines “the core principle that everybody should have some basic security when it comes to their health care.”

*—The New York Times,
March 23, 2010*

SOME KEY ACA HIGHLIGHTS

- Require most U.S. citizens to have health insurance or pay a fee.
- Create health insurance exchanges through which individuals can purchase coverage, with subsidies available to individuals/families with income between 133-400% of the federal poverty level. States may create exchanges or opt to participate in the federal Health Insurance Marketplace exchange.
- Require employers to pay a fee if they do not offer qualified, affordable health coverage, with exceptions for small employers.
- Allow states to expand Medicaid to 138% of the federal poverty level.

How the Marketplace works



Create an account

First provide some basic information. Then choose a user name, password, and security questions for added protection.

Apply

Next you'll enter information about you and your family, including your income, household size, other coverage you're eligible for, and more.

Visit HealthCare.gov to get a checklist to help you gather the information you'll need.

Pick a plan

Next you'll see all the plans and programs you're eligible for and compare them side-by-side.

You'll also find out if you can get lower costs on monthly premiums and out-of-pocket costs.

Enroll

Choose a plan that meets your needs and enroll!

Coverage starts as soon as January 1, 2014.

Source: CMS

individuals in qualified health insurance plans during the first open enrollment period from October 2013 through March 2014. Despite well-documented technical glitches that slowed sign-ups initially, the first enrollment period achieved stunning final results.

In preparation for the historical launch of the Marketplace, a senior advisor to President Obama invited foundation executives, including Karen Wolk Feinstein, PhD, president and CEO of the Jewish Healthcare Foundation, to meet with the President and the Secretary of the U.S. Department of Health and Human Services (HHS) on May 1, 2013. The President, HHS staffers, and foundation executives engaged in a lively exchange about how to conduct an education and outreach campaign to enroll Americans in qualified health insurance plans.

Then-HHS Secretary Kathleen Sebelius also visited Pittsburgh in September of 2013, stressing the importance of this moment for so many people in this country. "Not having affordable health coverage in the richest country on Earth," she noted, "divides us into societies who have access to some of the best health care in the world, and folks who don't."

The foundation executives recognized that the ACA presents an unprecedented chance to provide near-universal health insurance in the U.S. But for it to work, communities needed to galvanize around enrollment to help diverse populations – a prospect made even more challenging in Pennsylvania by scarce federal funds and a climbing rate of uninsured individuals (from 10.8% of the population in 2011 to 12% in 2012, according to the Hospital & Healthsystem Association of Pennsylvania (HAP); the nationwide rate, by contrast, declined slightly over that timeframe from 15.7% to 15.4%).

"There was limited leadership coming from the federal government with respect to our region," Dr. Feinstein says.

“So the nonprofit community organized itself to make the most of this singular, historic opportunity. It was time to act.”

IDENTIFYING THE LOCAL PLAYERS

In response, the Jewish Healthcare Foundation began to convene local organizations and agencies that were preparing to provide outreach and enrollment assistance in order to develop a collective sense of what everyone was doing on-the-ground and to identify the assets in the community. These planning meetings included diverse organizations such as libraries, federally qualified health centers, grocery stores, and faith-based groups.

The participating community organizations in the greater Pittsburgh region knew that they could play an important role in providing outreach and education to raise awareness about the ACA and Marketplace, and in facilitating consumer enrollment through referral or direct help (in the case of certified application counselors (CACs)). But many of these groups did not have a working relationship with each other.

“The organizations answered our call to collaborate before there was even a thought of their getting funding,” says JHF Chief Program and Operating Officer Nancy Zionts, who directed the community meetings. “We looked at some of the key characteristics of our region, and since we did not have external resources to do a campaign, we asked: How could we organize Pittsburgh’s enrollment and education efforts in a way that would maximize impact? We went around the room and discovered what assets people brought to the table. The groups immediately started bartering – libraries offering community space, grocery stores setting up education and outreach tables. It’s a Pittsburgh thing.”



A Community Meeting with the Local Marketplace Outreach and Enrollment Partners

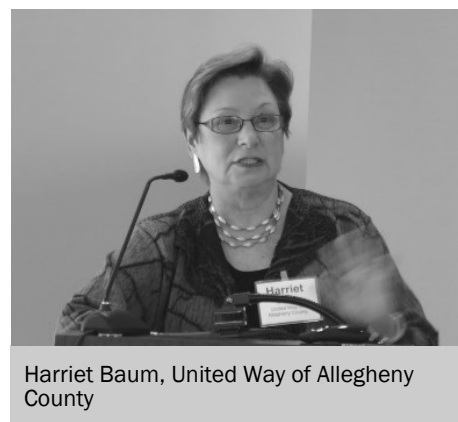
The planning meetings also identified barriers to a successful health insurance enrollment period. An on-the-ground, community-based effort needed a local community organizer and supplemental funding. As a result, the Western Pennsylvania Mini-Grant Initiative was established to increase funding to the local non-profit organizations and community-based groups for outreach, education, and enrollment assistance during the first open enrollment period.

STRENGTHENING THE ON-THE-GROUND ENROLLMENT EFFORT IN A SPIRIT OF COLLABORATION

With support from The Pittsburgh Foundation, Highmark Foundation, The Heinz Endowments, Jewish Healthcare Foundation, and Staunton Farm Foundation, the Western Pennsylvania Mini-Grant Initiative provided \$149,300 to 17 community organizations, with the Jewish Healthcare Foundation serving as the fiscal agent.

“We made an extra push because we were so concerned about a lack of ACA funding for our region,” says Joni Schwager, executive director of the Staunton Farm Foundation. “The foundation community stepped up to make sure people didn’t miss this opportunity to sign up.”

To ensure that these community organizations would work together — to partner, strategize, and share their frustrations and best practices — one of the mini-grants was awarded to the United Way of Allegheny County to hire a part-time community coordinator, Harriet Baum. Harriet knew the Greater Pittsburgh region well having been the executive director of the National Alliance on Mental Illness (NAMI) Southwestern Pennsylvania and a lifelong Pittsburgher.



Harriet Baum, United Way of Allegheny County

“The Health Insurance Marketplace was brand new – no one had ever done this before,” Baum says. “The primary challenges were all of the complications with the HealthCare.gov website, and trying to get as many people enrolled as possible with limited resources. It was a matter of letting people know about the ACA and the availability of affordable insurance through the Marketplace, and trying to deal with all of the negative publicity going on at that point. People were suspicious. We had a responsibility to get the correct information out to the community.”

‘The Messenger is Everything’

Organizations developed strategies to go out into the community and meet people at local events to let them know about the ACA and opportunities for enrollment. They went to libraries and grocery stores, put flyers in bags in places like Goodwill, and used traditional and social media. And they tailored their communications strategies to reflect the unique characteristics of individual neighborhoods.

New Voices Pittsburgh, an organization committed to achieving the complete health and well-being of African American women and girls, conducted outreach at high-volume spots such as transit hubs, community fairs, and happy hours. The organization also offered walk-in hours in the evening and on weekends to accommodate consumers’ work schedules and hosted a Kinks, Locks & Twists conference, which explored the link between the health of bodies, communities, and ecosystems. Attendees learned about the ACA and had the opportunity to sign up for enrollment appointments.



“The messenger is everything,” says La’Tasha D. Mayes, executive director of New Voices Pittsburgh. “You have to have people doing outreach, education, and organizing who reflect the community that they’re trying to reach. And we can’t wait until the last week of enrollment to reach people – we have to be creative in engaging the most marginalized population.”

In March of 2014, New Voices Pittsburgh received national recognition when Mayes was invited to the White House to speak with Dr. Jill Biden, the wife of Vice President Joe Biden, about the organization’s success during the first enrollment period. In July of

2014, Mayes participated in another White House panel tasked with developing outreach and education strategies for LGBTQ individuals during the second health insurance enrollment period.

“Dr. Biden understood from our meeting how the ACA is making a difference in the lives of all types of Americans, including LGBTQ people,” Mayes says. “I shared my own story about not being insured and how that inspired the work we do to reach the most marginalized, vulnerable population.”

Reaching out to uninsured individuals in rural communities also posed a number of transportation and accessibility issues. According to Pat Raffaele, vice president of professional services for the Hospital Council of Western Pennsylvania, outside of Allegheny County there are fewer community hubs where people gather, and some residents lack computer or cell phone access.

Katie Montgomery, the Hospital Council’s certified application counselor, met with people at libraries and neighborhood events to provide one-on-one enrollment assistance. She and Raffaele also took a few road trips to ensure less mobile residents received badly-needed healthcare coverage.

“We traveled to Butler to help a woman who could not drive due to health issues, and who could not get reliable bus or cab service in her neighborhood,” Raffaele says. “We met people in the community, rather than having them come to our building.”

“Our interest with the mini-grants was to reach beyond Allegheny County,” Schwager says. “The Staunton Farm Foundation is very active in integrating behavioral health into primary care, particularly in rural areas, and the ACA increases benefits for behavioral health. This initiative was a grass-roots movement that allowed us to help underserved people receive health coverage that supports both mental and physical well-being.”

The Consumer Health Coalition (CHC) utilized an outreach strategy called 100% Pledge, teaming with more than 100 community-based organizations across southwestern Pennsylvania that serve vulnerable populations. The CHC trained staff on premium tax credits, cost-sharing reduction, and open enrollment, and asked community organizations to make referrals of people in need of assistance to the CHC.

Left: Online Calendar of Local Enrollment Events Developed by a JHF Salk Fellow for the Consumer Health Coalition. [Click](#) to view online. Right: The Jonas Salk Fellows develop materials for Marketplace community partners and mini-grantees



“We worked with our pledge partners and went directly into social hubs across the region,” says Beth Heeb, executive director of the Consumer Health Coalition. “That included libraries, community colleges, universities, farmers markets, and a whole slew of organizations trying to eliminate barriers for consumers so they could get the assistance they needed.”

Reaching the Young Invincibles

Since the Jewish Healthcare Foundation’s 2013-2014 Salk Fellowship for multi-disciplinary graduate students coincided with the first open enrollment period, JHF designed the Fellowship to provide support for the community organizations engaged in the Marketplace outreach and enrollment activities. Based on the needs of the community groups and mini-grantees, the Fellows developed social media messages, in-reach scripts for health centers, brochures for consumers, and a central, online calendar for the mini-grantees, which was cited by the mini-grantees as a vital tool for collaboration.

The Salk Fellows used their knowledge as medical, nursing, pharmacy, and policy students to create targeted resources that better aided prospective enrollees in evaluating insurance plans. For example, messages and materials were developed for individuals with diabetes to ask questions about their health plan options and out-of-pocket costs.

Fellows also helped to reach out to the community’s “young invincibles” – individuals between the ages of 18 and 34 whose participation in health insurance coverage is considered key to containing healthcare costs. Thirty percent of Pennsylvanians who enrolled in the Marketplace were in that age bracket, compared to 28 percent nationally.

“The Fellows lent a youth perspective,” says Rachael Singer, a certified application counselor (CAC) at the Squirrel Hill Health Center (and former Salk Fellow herself) who worked with Fellows to develop scripts used to contact uninsured patients. “A lot of enrollment work comes down to trusting information and dispelling myths. Talking to someone your own age helps establish that trust.”

YouthPlaces established trust and spread reliable information on the ACA by developing a peer-to-peer outreach and awareness strategy for isolated, uninsured African American men between the ages of 18 and 30.

YouthPlaces staff recruited more than 30 young men from its *Together as One* violence prevention initiative to host enrollment events at local YouthPlaces sites and recreation centers, pass out flyers, post on social media, and call or visit uninsured friends. They focused on engaging young men in low-income communities including Beltzhoover/Arlington, Clairton,

Planned Parenthood of Western Pennsylvania (PPWP) broke down barriers by creating ACA enrollment guides, which were mailed to uninsured clients and distributed at its health centers and during community events. A total of 10,000 guides were given out, outlining coverage options, the ten essential health benefits included with each plan, financial assistance, frequently asked questions, and other community resources available to help with the enrollment process.

According to PPWP Director of Development Jody Figas, PPWP created the guides based on Q & A sessions held with constituents prior to the first enrollment period.

“We already had some general information available on accessing the Marketplace, but we realized early on that there was a gap,” Figas says. “We were hearing the same questions and wanted to make sure that people had information tailored to their needs. When we heard about the mini-grant opportunity, it was perfect timing.”

PPWP also purchased a laptop with a mobile hotspot, allowing its certified application counselors to provide direct enrollment services at over 50 outreach events at locations including the Community College of Allegheny College, the University of Pittsburgh, and at the Pittsburgh Women’s Expo held in March 2014 at the David L. Lawrence Convention Center.

Duquesne, East Hills, Garfield, the Hill District, Homewood, McKeesport, and McKees Rocks.

“A lot of young guys in these communities never had health insurance and they weren’t aware of the ACA,” says Antoine Bailey, director of YouthPlaces’ *Together as One* initiative. “Our recruits have a lot of connections in their neighborhoods and can relate to the people we’re trying to reach. When they go out and say, ‘hey, you should check this out,’ it has credibility.”

The outreach done through the mini-grant program enabled YouthPlaces to forge deeper connections with young men and their families who, in addition to providing education and outreach to encourage enrollment, learned about other social services that the organization provides.

“We continue to work with these young men through not only our violence prevention initiative, but also in our career development program, which links them with opportunities for skill development, long-term employment, and post-secondary education,” YouthPlaces Director Lori Schaller says. “We worked with parents to meet the needs of their children and enrolled them in after-school programs [including mentoring and tutoring, community service projects, and field trips to explore business, cultural, and recreational opportunities]. The enrollment outreach allowed there to be a wider connection with those who are often disenfranchised from traditional social services.”

“Men of change and changed men is our motto,” Bailey says. “I’m proud that I’m able to go out into the community, be a source of information, and help people change.”

Providing Outreach, Education, and Enrollment Assistance: The Mini-Grantees

Among the 17 mini-grantees, eight focused on outreach and the other nine provided enrollment assistance and outreach. The following representative examples highlight their unique activities:

The *Consumer Health Coalition* (CHC) provided training to community partners, hosted and participated in



PA 2-1-1 Southwest’s map of Marketplace application assistance centers, developed for the Western PA Marketplace Mini-Grant Initiative

in onsite enrollment events at conveniently accessible community sites with Wi-Fi hotspots and laptops, provided direct enrollment assistance, and operated a helpline to counsel people on their health insurance options.

The United Ways of Allegheny County and Westmoreland County connected residents to Navigators, in-person assistance personnel, or certified application counselors via PA 2-1-1. PA 2-1-1 Southwest also developed an online, interactive map of personnel who could help callers with enrollment. And United Way of Westmoreland County conducted an outreach campaign, which included providing information to the Volunteer Income Tax Assistance (VITA) coordinators about how to connect their clients to Navigators, in-person assistance personnel, or certified application counselors.

The Hospital Council of Western Pennsylvania hired a part-time enrollment coordinator who became a certified

application counselor (CAC), provided enrollment assistance, held training sessions for key contacts at hospitals, and worked with hospital contacts to plan outreach strategies for hospitals in western Pennsylvania's rural counties.

YouthPlaces recruited young African American men between the ages of 18 and 30 from their violence prevention initiative to design and implement a plan to increase awareness of health insurance options and the ACA.

Eastside Neighborhood Employment Center distributed information, called clients, made enrollment appointments, and hosted events and workshops with CACs.

Goodwill of Southwestern Pennsylvania distributed bag and paycheck stuffers at their 31 stores, advertised the availability of enrollment assistants via social media outlets, distributed press releases, and held enrollment and information sessions at Goodwill and other community sites.

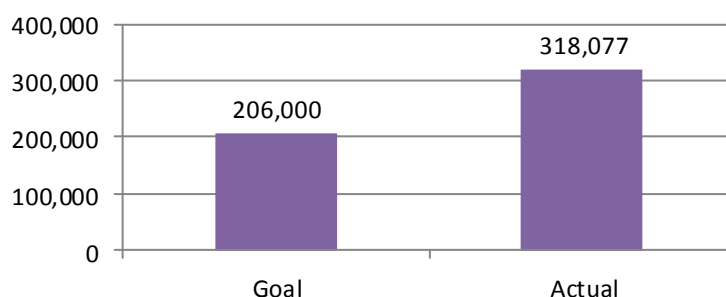
New Voices Pittsburgh — a grassroots human rights organization for black women — identified a staff member who became a CAC, distributed informational postcards, conducted outreach at bus stops and bars, organized enrollment happy hours and stations, offered assistance via a hotline, attended community meetings to distribute information, and worked with Enroll America.

Resources for Human Development — a federally-funded Marketplace Navigator — partnered with the Allegheny Intermediate Unit (AIU) to employ a part-time Navigator for Butler and Beaver counties who implemented an outreach and enrollment campaign. The AIU navigators worked with outreach partners, including the Center for Community Resources, to maximize the efficiency of their enrollment activities.

OBTAINING RESULTS

Based on data from HHS released on May 1, 2014, 318,077 Pennsylvanians enrolled in private health insurance through the Marketplace, exceeding the State's goal of 206,000 for the first open enrollment period from October 1, 2013 to March 31, 2014. Of those enrolled in Pennsylvania, 81% received financial assistance and 11% were between the ages of 18 and

Pennsylvanians Enrolled In Insurance Through the Marketplace During Open Enrollment Period



“Health care exists for us to complain about. In this coverage world, reporters will tell you that editors do not like to talk about positive news as much as they like to talk about problems and anecdotal issues, which do not reflect the overall impact of the law...but fast forward to now, and over eight million people have enrolled in the [Health Insurance Marketplace] exchanges and millions more in the Medicaid program. There will hopefully be lessons learned from the implementation process, but perhaps the greatest one was that, even in the midst of a crisis, there was a commitment to work it through.”

— Chris Jennings, a former senior health policy advisor for the Clinton and Obama administrations, at the 2014 Princeton Conference

25 — an important population to ensure affordable coverage. Another 50,000 people enrolled in Medicaid or the Children’s Health Insurance Program (CHIP) in Pennsylvania. Across the country, the enrollment goal for private health insurance was exceeded by 14%.

The Western Pennsylvania Marketplace Mini-Grant Initiative contributed to Pennsylvania’s success in exceeding the State’s enrollment goal by 54% during the first open enrollment period. They reached more than one million people in southwestern Pennsylvania who might otherwise be unaware of online resources or unable to complete the Marketplace enrollment process.

“During our early meetings, we listened to Allegheny County Health Department Director Karen Hacker describe Massachusetts’ experience in expanding healthcare coverage,” Zionts says [Dr. Hacker previously served in leadership roles at the Cambridge Health Alliance and was an Associate Professor of Medicine at Harvard Medical School and School of Public Health]. “Dr. Hacker said it took an average of 18 ‘touches’ from various organizations before anybody signed up for coverage, and people were just proud to be one of the 18. We embraced that same philosophy in Pittsburgh. Getting someone enrolled was important – getting credit for it was not.”

“Our partnerships with affiliated hospitals, libraries, and the Consumer Health Coalition were crucial,” Raffaele says. “We’re exploring new ways to collaborate with federally qualified health centers, mental health facilities, and the intermediate unit, among others. We have this great ability to partner in western Pennsylvania. We don’t sit and contemplate – we get it done.”

The mini-grantees helped obtain health insurance for people who were previously uncovered due to a pre-existing condition or a lack of affordable options. The following stories reflect these common themes and demonstrate the significant impact of the mission-driven organizations on the lives of people.

We held one enrollment event at the Squirrel Hill Carnegie Library during evening hours. A man who had no health insurance but was experiencing significant health problems attended the event, because he lived in the community and saw one of our flyers. He needed major eye surgery, had no health insurance, and was unsure where to turn for assistance. He did not have a computer and did not understand how to use the Marketplace to get health insurance. At the enrollment event, he met with a Consumer Health Coalition (CHC) Navigator who walked him through the Marketplace application process; made sure that his doctors, surgery, and medications would all be covered; and assisted him with enrolling in a plan. This meant he would have health insurance, and he was relieved that he could now get the surgery he needed.

—Consumer Health Coalition

A woman was paying over \$450/month to receive health insurance through COBRA from her husband’s employer after they recently divorced, and she was referred to CHC from a partner agency. She was self-employed with a low-income and was struggling to pay her health insurance costs. She needed help understanding the application process and how insurance plans are set up, but she didn’t want to call the Marketplace because English was her second language and she felt that her accent made phone conversations difficult. She met with a Navigator at the CHC office to complete the enrollment process. She enrolled in Marketplace Insurance for \$150/month with low deductibles and out-of-pocket expenses. She said that this difference in cost and coverage would really improve her life because covering her premiums would no longer be a struggle.

—Consumer Health Coalition

One great story on the impact of the ACA on people was that of a consumer in his late fifties. He lost his job and with it his employer-provided health insurance. He remained without health insurance for more than two years. Since he had an implanted pacemaker to help his weak heart, he was rejected by private health insurance companies because of his pre-existing condition and did not qualify for Medicaid. He was in an unenviable position. His fortune changed with the implementation of the ACA. Through our center and with the help of a

certified application counselor (CAC) from a partner organization, he was able to get decent health insurance for the affordable premium of about \$60/month. Needless to say, he was ecstatic and a few weeks later he made his first appointment with a doctor in years.

—Eastside Neighborhood Employment Center

A 22 year old male came in seeking enrollment assistance. He recently obtained employment and does not have health insurance benefits through his employer. Based on his income, an affordable health plan was identified utilizing a percentage of his tax credits. As a result, he was able to obtain a health insurance policy. This experience was his first opportunity to obtain insurance independent of his mother.

—Macedonia Family and Community Enrichment Center

A mother with a 29 year old son with mental illness met with the navigator to explore healthcare coverage for her son. The family was solidly middle class and the son was in recovery. Monthly medication costs were substantial for the family; the son was not eligible for other support services. Through a Marketplace application, the son was able to access affordable care and the mother was extremely relieved and appreciative.

—Resources for Human Development, Inc.

Due to our bar canvass in Homewood, someone gave a resident a New Voices Pittsburgh postcard with our targeted messaging and images, and she contacted our community organizer who is also a CAC. Our community organizer scheduled an appointment with the applicant to enroll in-person, but the online system through healthcare.gov was down. Our community organizer sent the applicant home while she contacted the Marketplace via phone, waited for two hours, and then was cut off. Our community organizer called the Marketplace hotline and connected them to the applicant who was finally able to enroll in the final hours of enrollment. This applicant attested that “If it wasn’t for her [our community organizer], I wouldn’t have any insurance.”

—New Voices Pittsburgh

Every one of the people with whom the navigator met had a story, a life — many living on the edge, living paycheck to paycheck, without health care, with quiet fear and incredible courage. The Affordable Care Act and the Marketplace offered hope and relief for some, yet was still out of reach for others. The experience for the navigator was humbling and saddening; so much need in such a wealthy nation.

—Resources for Human Development, Inc.

IDENTIFYING THE CHALLENGES AND LESSONS LEARNED

To identify common themes, challenges, and lessons learned, staff from the Jewish Healthcare Foundation reviewed qualitative reports from the mini-grantees and compiled the information into a database. The Jewish Healthcare Foundation staff also attended collaborative meetings where the mini-grantees discussed their experiences, stories, and lessons learned.

The mini-grantees reported the following challenges:

- About half of the people with whom the local enrollment assistants worked could not find an affordable health insurance option, because Pennsylvania has not elected to expand Medicaid up to 138% of the federal poverty level
- Consumers were unfamiliar with the basic terminology of health insurance, especially in rural areas
- The rural areas were not as connected to the Marketplace enrollment activities as the urban areas, and it was more challenging to generate interest in Marketplace enrollment and informational sessions in areas beyond the greater Pittsburgh region

- The technical glitches and some unclear questions on the Marketplace enrollment website caused consumers to feel frustrated, consumers to re-schedule their appointments, and enrollment sessions to take longer than expected
- It was time-consuming to coordinate appointments, send appointment reminders, and manage contact databases for outreach

In preparation for the second enrollment period, they also reported the following lessons learned:

- The monthly collaborative meetings organized by Harriet Baum and the online calendar of events enabled the community groups to develop relationships, collaborate, and support each other for greater impact
- After the group identified enrollment assistants and outreach partners and coordinated their efforts, the groups were able to focus on their unique strengths and roles
- For enrollment assistants, it is important to offer flexible appointment times and multiple locations, confirm appointments the day before, double-book appointments to account for no-shows, use Wi-Fi hotspots and laptops to avoid common technical issues, “meet consumers where they are,” build trust with the consumers, be culturally-competent and persistent, relate to the consumers, and display non-judgmental attitudes and postures
- It typically took two to five contacts with a person to complete the application for health insurance
- People needed more education on the basics of health insurance and the ACA, especially in rural communities, and on how to effectively use their health insurance
- Word of mouth referrals was an important referral source for the grantees. Grantees found the local media, local restaurants, barber/beauty shops, churches, and local civic organizations also served as sources of information for their constituencies
- The following groups were frequently cited as key partners for outreach and enrollment: the Consumer Health Coalition, local libraries, community health centers, VITA tax programs, Allegheny Intermediate Unit’s Navigators, and United Ways’ 2-1-1 lines

"Being a part of the coalition provided us with an opportunity to share our successes and struggles along the way, get answers to questions or work out difficult situations. It was a place to turn when we often couldn't find answers elsewhere. It certainly made us feel that as an organization we were also supported and part of a community in making this outreach a success."

— YouthPlaces Director Lori Schaller



COMMUNITY ORGANIZATIONS DISCUSS THEIR LESSONS LEARNED ON MARKETPLACE OUTREACH AND ENROLLMENT DURING A JONAS SALK FELLOWSHIP SESSION AT THE JEWISH HEALTHCARE FOUNDATION
From left to right: Usama Al-Terufi (Eastside Neighborhood Employment Center), Brenda Jaros (Goodwill of SWPA), Helen McGuirk (Carnegie Libraries), and Rachael Singer (Squirrel Hill Health Center)

CONTINUING THE WORK AND PREPARING FOR THE SECOND ENROLLMENT PERIOD

Many of the mini-grantees are continuing to assess the health insurance needs of their clients, refer clients to enrollment assistants during the Special Enrollment Period, enroll people who meet the Special Enrollment categories, maintain their community partnerships, increase public awareness, and help people understand how to use their newly acquired health insurance.

“Insurance alone does not improve health outcomes,” Zionts says. “It’s crucial for people who have never had health insurance before to realize that there’s a hope and an expectation that they will use it for preventive services when they are well, and not just when they’re sick.”

More than half of the Health Insurance Marketplace assistance programs nationwide seldom or never coordinated with other programs, according to a Kaiser Family Foundation survey released in July of 2014. Of those programs that did coordinate, 80% said this was very or somewhat important in planning outreach activities, and 81% said coordination helped resolve consumers’ complex questions or problems.

“Some of the people in the room at coalition meetings had huge community events coming up, but they didn’t have enrollment counselors,” Planned Parenthood’s Figas says. “They were able to link with other groups to make sure that people knowledgeable about the ACA attended those events. It was a great match of resources — organizations with uninsured constituents paired with folks who had Marketplace knowledge and expertise.”

Pittsburgh’s strong community ties make teamwork the rule rather than the exception

“People shared resources and knowledge — they were collaborative, not competitive,” Baum says. “They developed sustainable partnerships that helped more consumers receive life-changing health coverage. Because of those partnerships, they’ll be able to hit the ground running during the second enrollment period.”

The grantees identified several resources that would help them during the next open enrollment period:

- Additional support in rural areas for outreach, education, enrollment, and community coordination
- Training for the local enrollment assistants on special topics with scenarios and hands-on exercises
- A proactive communication campaign with standardized outreach and educational materials in different languages and appropriate literacy levels to ensure a consistent message in the communities
- Additional support to help people understand how to best use their health insurance benefits

The collaborative is using these suggestions, lessons learned, and challenges to prepare for the next open enrollment period from November 15, 2014 to February 15, 2015.

Western Pennsylvania at its finest

The collaborative, grassroots effort in western Pennsylvania hit the mark. The initiative strengthened the community-based outreach and enrollment effort by providing mini-grants to 17 community organizations in order to help them expand their role in community coordination and Marketplace outreach and enrollment. These

community organizations reached over one million people in southwestern Pennsylvania.

“Many of the [young African American men from our violence prevention initiative] went from having no information or understanding of the ACA to being able to speak knowledgeably on what it means and how it affects different individuals,” YouthPlaces’ Schaller says. “They were, and still are, able to be resources of information and support within their own communities.”

In contrast to the stories about the technical glitches covered by the media, this story demonstrates how our region saw this as a “moment-in-time” opportunity in our nation’s history and rose to the occasion. It demonstrates just how mission-driven the community organizations are and philanthropy’s role in identifying the existing on-the-ground efforts, convening the players, identifying the gaps, and making strategic, high-impact investments.

“Given the rocky start of open enrollment, I think our community did a fantastic job of coordinating and working together,” the CHC’s Heeb says. “Pittsburgh is just a place where people want to help one another. People realized that this is a critically important issue, and we couldn’t let a lack of resources prevent so many individuals from finally getting the health insurance for which they have been desperately waiting.”

“When rapid collaboration is required, Pittsburgh excels,” Dr. Feinstein says.

“As it became clear that our region had to organize ourselves if we wanted the enrollment effort to succeed here, critical players stepped up to the challenge,” Dr. Feinstein says. “For the community organizations, this wasn’t about the money. Without a blueprint and with unreliable technology, they nevertheless plowed ahead victoriously. This issue of Branches is our thank you to the organizations and philanthropies who answered the call. And, we are planning now for next year. It will be even better.”

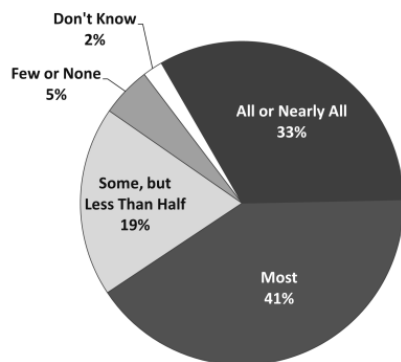
MINI-GRANTEE	TARGET POPULATION
Allen Place Community Services	Northside community
Center for Community Resources	Butler County, with a focus on rural, underserved, low income individuals and families
Center of Life	Greater Hazelwood residents
Consumer Health Coalition	Vulnerable populations, including low-income, working people in western PA, with a focus in Allegheny County
Eastside Neighborhood Employment Center	Eighty percent of clients are minorities in the Pittsburgh area, with the majority from the East End
Goodwill of Southwestern Pennsylvania	31 retail stores in southwestern PA for low-income, out of work, or under-employed seniors, young adults, and individuals with disabilities
Hospital Council of Western Pennsylvania	Counties surrounding Allegheny County and in the rural areas of northwestern Pennsylvania (Blair, Cambria, Clarion, Clearfield, Crawford, Elk, Jefferson, Mercer, Somerset, and Venango)
Larimer Consensus Group’s Work & Wellness Action Team	Likely uninsured households in the Larimer neighborhood and eastern portions of East Liberty
Life’sWork of Western PA	25-50 year olds with employment barriers in Allegheny, Fayette, Washington, and Westmoreland counties
Macedonia Family and Community Enrichment Center	Hill District and surrounding section of Allegheny County
New Voices Pittsburgh	Black women and Black LGBT people in Pittsburgh
PA Health Access Network	Suburbs of Pittsburgh and Beaver County
Planned Parenthood of Western PA	Low-income families in areas that have a high number of uninsured
Resources for Human Development, Inc.	Butler and Beaver Counties (the majority of enrollees fell within the 100%-175% federal poverty level)
United Way of Allegheny County	Eleven counties in southwestern Pennsylvania via PA 2-1-1 Southwest
United Way of Westmoreland County	Armstrong, Fayette, and Westmoreland counties
YouthPlaces’ Together As One Initiative	Young African American men between the ages of 18 and 30 in low-income and high-violence areas in Allegheny County

Selected Findings: Kaiser Family Foundation, Survey of Health Insurance Marketplace Assister Programs, Jul 15, 2014. [Full Report.](#)

Figure 9

Consumers Needing Help Understanding Basic Insurance Concepts

Among your Program's clients who considered or purchased QHPs, how many needed help understanding basic insurance terms, such as "deductible" or "in-network service"?

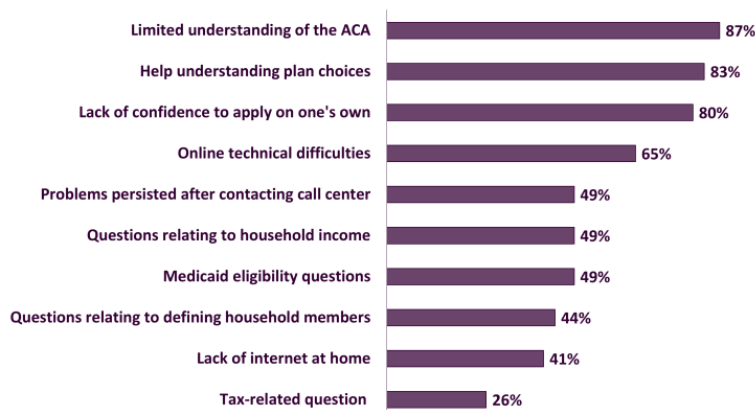


SOURCE: Kaiser Family Foundation, Survey of Health Insurance Marketplace Assister Programs, July 2014.



Figure 7

Top 10 Reasons Consumers Sought Help



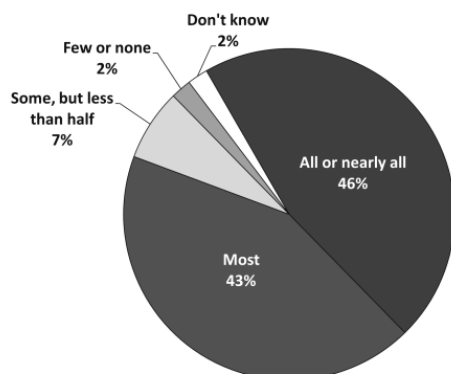
NOTE: This figure indicates the share of Assister Programs that reported Most or Nearly All consumers sought help for these reasons during open enrollment. See Appendix Table 8 for full results.
SOURCE: Kaiser Family Foundation, Survey of Health Insurance Marketplace Assister Programs, July 2014.



Figure 8

Consumers Seeking Help Who Were Uninsured

Of the people your Assister Program helped with eligibility and enrollment in health coverage, roughly how many were uninsured at the time they sought assistance?



SOURCE: Kaiser Family Foundation, Survey of Health Insurance Marketplace Assister Programs, July 2014.



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