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A MISSION TO IMPROVE HEALTH: THE STORY OF MISSOURI'S EXPANDING COVERAGE INITIATIVE

MISSOURI FOUNDATION FOR HEALTH

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COVER MISSOURI

Missouri Foundation for Health
a catalyst for change

Contents

Executive Summary

The Expanding Coverage Initiative (ECI), a five-year investment of Missouri Foundation for Health (Foundation), aimed to dramatically increase enrollment in health insurance by supporting the implementation of the Affordable Care Act (ACA). The initiative's goal was to lower the state's uninsured rate from 13 percent in 2013 to five percent by employing three complementary strategies: (1) Creating awareness of the Missouri Health Insurance Marketplace and subsidies established through the ACA, (2) Assisting with enrollment of individuals, families, and small businesses in health plans through the Marketplace and Missouri's Medicaid program, and (3) Increasing health insurance literacy to help consumers understand how to make an informed choice of health plan and use it once enrolled.

The Foundation sought to build and coordinate a broad-based coalition—the Cover Missouri Coalition—and provide a supportive infrastructure, including a team of technical and content experts. Its plan was to muster the collaborative capacity needed to reach individuals across the state who were most likely to be uninsured, including people of color and individuals who were low-income or unemployed. As they planned the ECI, Foundation staff anticipated that by the end of the five-year endeavor, enrollment needs under the ACA would stabilize as the law became the new normal. However, history took unexpected turns, giving rise to substantial barriers to enrolling people in health insurance coverage.

A Mission to Improve Health: The Story of Missouri's Expanding Coverage Initiative takes a retrospective look at the ECI, which ended in 2018. This report offers lessons to inform future work of Missouri Foundation for Health, as well as Cover Missouri Coalition partners, other funders, and those working to advance broader health care access.

Key findings.

Implementing the ECI—and reaching tens of thousands of uninsured individuals throughout Missouri—required a large coalition guided and supported by a diverse team of experts. The story of that implementation reveals a largely successful process to mobilize a coalition to work toward shared goals. Specifically:

- **Ramping up a complex initiative involved a learning curve for defining roles and establishing support.** Working through some growing pains in the initiative's first year, Foundation staff were grappling with putting in place the right level of support and coordination for a fast-paced launch. As one staff member put it, they felt like they were "building the tracks as they were moving along." Ultimately, the Foundation successfully convened a statewide coalition nearly 1,000 strong and hired staff and consultants who coalesced into a highly coordinated support team.

- **The Cover Missouri Coalition's structure and support allowed for effective communication and active participation across a large, statewide membership.** The regional hub structure of the coalition facilitated local networking and problem-solving. By encouraging active regional participation and emphasizing common ground, the coalition attracted diverse organizations as members, strengthening its sustainability.

- **Beyond grantmaking, the Foundation provided resources that were not available elsewhere to Missouri organizations.** The Foundation underwrote valuable resources for coalition members that otherwise would have been out of reach for many members. This included health policy updates, tailored communications materials, media trainings, health literacy tools, and legal assistance with complex enrollment cases. According to one grantee, "There were so many resources and tools that the coalition provided throughout the years that

were just invaluable."

- **The strong network and sense of community buoyed participants' spirits and solidified a feeling of unity in a tough environment**. The robust network built through the Cover Missouri Coalition was especially valuable to its members, producing strong bonds among partners and a sense of camaraderie that helped motivate people, even in a hostile political environment. A grantee shared, "The reason individual organizations were as successful as they were was because we could lean on each other for support." Several noted that the relationships and trust would help sustain their efforts after the initiative ended.

The ECI faced a challenging task in striving to make a complex, politically charged topic accessible to all. Educating consumers about how the complicated ACA affected their health insurance choices was itself a monumental, resource-intensive task. Foundation staff themselves held hundreds of public meetings across the state to answer consumers' questions and to clear confusion about the law. Initiative partners also provided extensive training and support to coalition members to assist people who needed coverage and boost their factual understanding.

On top of the ACA's complexity, the controversial law inspired state- and federal-level efforts against implementation, adding difficulties to enrolling people in health coverage. Missouri's decision not to expand Medicaid, along with 16 other states, left a segment of the population with no affordable insurance options. Missouri voters also passed Proposition E, which barred state agencies from promoting the ACA. Furthermore, outright misinformation from government sources sowed confusion and mistrust among consumers. Although these external factors were discouraging to Foundation staff, partners, and coalition members working hard to expand health coverage, they also saw the ECI as more essential than ever in that effort. "The coalition was critical," stated one member.

For the ECI, the politically charged nature of the work made consumer education more challenging, intensified the initiative's commitment to apolitical messaging, and necessitated prudence in approaching communities hostile to the ACA. In many cases, coalition members confronted community-based antagonism when they attempted their outreach and enrollment work. In this challenging atmosphere, the Foundation provided leadership in emphasizing neutral, fact-based messaging aimed at diffusing political tension and building common ground. Often, focusing on individual needs for health care and coverage and avoiding political rhetoric or reference to the law helped turn consumers' attention to a practical desire for insurance.

Outcomes.

The state's uninsured rate did not reach the Foundation's goal of five percent, but the ECI saw substantial progress toward that target. During the period of the ECI, Missouri's uninsured rate dropped from 13 percent to nine percent. Foundation staff and partners attributed the five percent target remaining out of reach largely to the state's failure to expand Medicaid. One staff member commented, "Not having Medicaid expansion [meant] we were never going make this five percent [uninsured] goal."

Given the challenging context, partners and coalition members viewed the ECI's outcomes as successful:

- **Enrollment of Missourians exceeded expectations.** From 2013 to 2016, the uninsured rate in Missouri steadily decreased, mirroring declines in uninsured rates nationwide (which, like Missouri's, largely leveled off after 2016). During that time, approximately 273,300 individuals in Missouri gained health insurance as a result of ACA implementation overall, which included the collective efforts of the Cover Missouri Coalition. Echoing others, a grantee remarked, "Without Missouri Foundation for Health's [support of the ECI] there wouldn't be as many people enrolled in affordable health insurance coverage today."

- **Cover Missouri made inroads with high-need, vulnerable populations.** Coalition members credited the ECI with reaching vulnerable populations with enrollment assistance. Through a focus on intentional outreach and engagement strategies with diverse communities across the state, the coalition touched and built trusted relationships with populations they may not otherwise have reached, including many who were enrolling in

health insurance for the very first time.

- **Comparing Missouri to other states suggests similarities and differences in context and outcomes.** A comparison of Missouri to other states that similarly did not expand Medicaid shows that each state is unique in political and social context, and in approach to implementing the ACA. Understanding that context helps to shed light on relative successes and challenges with expanding enrollment, and suggests that enrollments that are independent of state agencies—like the ECI—can help to counteract state barriers where political opposition to the ACA is strong.

Although the ECI itself is over, its influence continues. The initiative expanded the capacity and networks of coalition member organizations. In some cases, organizations' practices have shifted to integrate enrollment assistance and insurance information for consumers. In addition, the Foundation has demonstrated its interest in maintaining ECI gains by continuing support of the Cover Missouri **website**; a limited number of **facilitated coalition meetings**; ongoing **expert policy guidance** and **health insurance literacy** support to the coalition; and updated **social media** and **communications** resources.

Lessons for the field.

Our retrospective evaluation of the ECI yields key lessons that can inform Missouri Foundation for Health, other foundations, and organizations taking on similarly complex efforts.

Lesson	What Worked for the Expanding Coverage Initiative
To engage organizations fully, make a long-term investment.	The Foundation's five-year commitment was crucial in motivating participation of a large number of partners and coalition members. The substantial investment required careful vetting, including an environmental assessment of existing infrastructure, key players, and political climate. The Foundation also considered the capacity and relationships needed to reach target populations.
Mobilize collective expertise and clarify participant roles.	Convening partners with essential skills and creating a separate coordinating role proved successful for a complicated, multi-year initiative. The Foundation brought together a strong group of experts in policy, communications, evaluation, community organizing, and advocacy, establishing (after a rocky start) a shared understanding of roles. Hiring a full-time initiative director also provided vital coordination.
Strengthen a coalition's effectiveness with shared leadership and a balance of structure and flexibility.	The ECI struck the right balance between giving partners and coalition members a meaningful voice in strategy and implementation, and supporting that implementation with structure, common processes, and communication resources. The initiative's regional hub structure tapped into community-based experience and peer learning while supporting partners and Foundation staff provided technical and content expertise through statewide meetings and open communication lines.

Lesson	What Worked for the Expanding Coverage Initiative
Tailor messaging and strategies to reach vulnerable populations.	Outreach materials and tools specific to different audiences (urban, rural, immigrant, or LGBTQ populations, for example) allowed coalition members to reach populations that had different, specific concerns about seeking health coverage. Contracted partners provided communications support, including creating targeted materials—a level of detail that small organizations in the coalition would not have been able to fund on their own, but helped them achieve the goals of the initiative.
Embrace political neutrality.	By adhering to its tradition of political neutrality—sticking to the facts and remaining apolitical in its messaging, the Foundation successfully advanced its goals amid the divisive, partisan environment surrounding the ACA.
Adapt to uncertainty in measuring impact.	A funder's impact on social change through a long-term, collective effort is difficult to gauge. A variety of stakeholder perspectives opened windows into how well the ECI's strategies worked and reasons behind successes and challenges. External statistics, such as the reduced uninsured rate in Missouri during the ECI, added weight to accounts of the initiative's contributions. Partners and coalition members emphasized the initiative's success in developing a coalition; mobilizing effective, informed outreach and enrollment, often in the face of opposition; and successfully connecting large numbers of Missourians to health coverage and access to care.

The legacy of the Expanding Coverage Initiative.

Missouri's Expanding Coverage Initiative contributed to Missourians gaining health coverage under the Affordable Care Act through awareness, education, and enrollment campaigns. Today, hundreds of thousands more remain in need of health coverage, with much uncertainty surrounding future opportunities to obtain it. The ECI, however, did more than affect current rates of insurance; it also helped to ready Missouri for the future. Its foremost accomplishment through the ECI is the development of the Cover Missouri Coalition, which remains a strong, broad statewide network of organizations capable of community mobilization in the service of health. The ECI also proved to be a successful model of collaborative partnership, with a diverse and effective team of experts supporting a multi-year endeavor in a challenging environment. The experiences and lessons of the ECI support a critical discussion of how to achieve positive social change in a climate of polarization and mistrust of institutions, providing concrete and hopeful examples of progress.

Introduction

A Brief History of the
Expanding Coverage Initiative

A timely focus on health insurance enrollment.

In March 2010, President Obama signed into law the Patient Protection and Affordable Care Act (ACA), a historic and expansive change to the health care system. Aiming to make health insurance more accessible and compelling with an insurance mandate set to begin in 2014, the ACA had the potential to reduce the numbers of uninsured Americans as well as the financial and health costs associated with a lack of coverage. As the nation worked to understand and implement the complicated new law, Missouri Foundation for Health (Foundation), driven by a mission to improve the health and well-being of individuals and communities most in need, was developing a new strategic plan. In 2012, its new plan identified a core focus on increasing enrollment in health insurance. To realize this strategic direction, the Foundation launched the Expanding Coverage Initiative (ECI) in early 2013.

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Key Concepts

- The ECI, a five-year investment of Missouri Foundation for Health, aimed to dramatically increase enrollment in health insurance.

- The Foundation developed and supported the Cover Missouri Coalition to pursue the ECI's 3-pronged approach of creating awareness, assisting with enrollment, and increasing health insurance literacy.

- This report tells the retrospective story of the ECI, which ended in 2018, and offers lessons to inform future work of Missouri Foundation for Health and others.

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Designed as a five-year endeavor, the Foundation's goal for the ECI was to reduce Missouri's uninsured rate to below five percent from where it stood at 13 percent at the start of the initiative.[1,2] The Foundation sought to build and coordinate a broad-based coalition and provide a supportive infrastructure. Its plan was to muster the collaborative capacity needed to reach individuals across the state who were most likely to be uninsured, including people of color and individuals who were low-income or unemployed. Foundation staff projected that the organization's five-year ECI investment would advance the implementation of the ACA in Missouri and initiate sustainable enrollment efforts to assist individuals needing coverage in the future. As a staff member explained, the intent was to "set up an infrastructure to get people enrolled as quickly as we could, and that infrastructure would become self-sustaining into the future."

The structure of the Expanding Coverage Initiative

Drawing upon existing health insurance enrollment models, including the State Children's Health Insurance Programs in Texas and New York as well as a major health reform measure in Massachusetts, the Foundation developed three complementary strategies through which the ECI would reach its goal: (1) Creating awareness of the Missouri Health Insurance Marketplace (Marketplace) and subsidies established through the ACA, (2) Assisting with enrollment of individuals, families, and small businesses in health plans through the Marketplace and
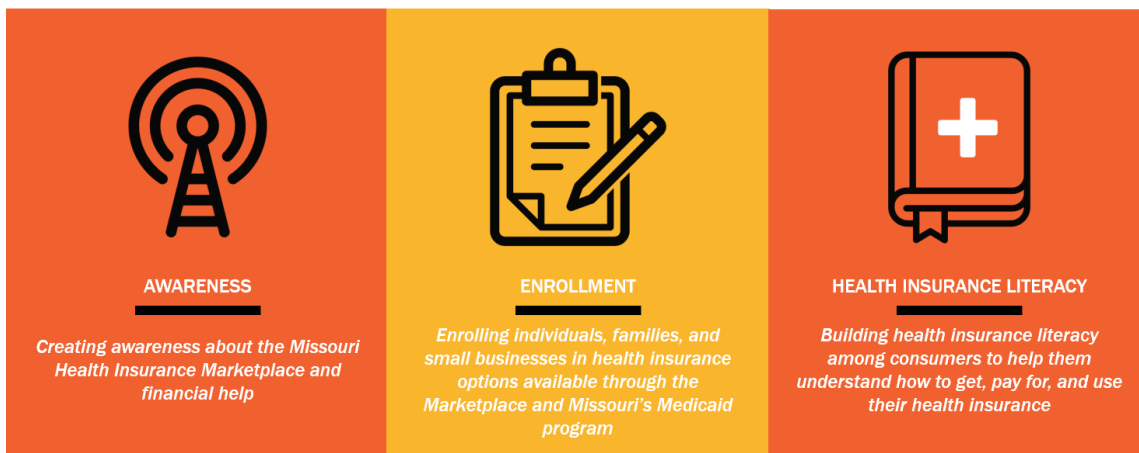
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[1] Center for Public Health Systems Science at Washington University in St. Louis. (2018). *Expanding Coverage through Consumer Assistance Program: 2017-2018 Evaluation Report*.

[2] For the purpose of this report, uninsured data reflects the total state population.

Missouri's Medicaid program, and (3) Increasing health insurance literacy to help consumers understand how to make an informed choice of health plan and use it once enrolled (Exhibit 1).

The Foundation was deliberate about making an investment lasting five years. Although it had implemented other multi-year initiatives, one staff member remarked, "Our portfolio tended to be more year-to-year." For the ECI, however, the Foundation's in-depth research into existing models steered them toward a longer outlook. A staff member noted, "We looked at the efforts that were made to get people enrolled. We looked at the tactics and borrowed some of those, and we looked at the timeline in terms of how many cycles of sign-up periods would get us to more of a steady state. That was all taken into consideration in choosing the five-year time horizon as well as the percentage target that we selected." Another added about the rationale, "We were coming to the realization that if you want to have real change, you need to pick a limited number of things and really stick with them."

Exhibit 1.   The three strategies of the Expanding Coverage Initiative

AWARENESS	ENROLLMENT	HEALTH INSURANCE LITERACY
Creating awareness about the Missouri Health Insurance Marketplace and financial help	*Enrolling individuals, families, and small businesses in health insurance options available through the Marketplace and Missouri's Medicaid program*	*Building health insurance literacy among consumers to help them understand how to get, pay for, and use their health insurance*

Source: Adapted from Center for Public Health Systems Science at Washington University in St. Louis. (March 2016). *Expanding Coverage Initiative: 2014-2015 Evaluation Report Infographic.*

With the intent of adding to the network of federally funded navigators that the ACA put into place to support outreach, education, and enrollment, the Foundation brought together a broad range of community partners and statewide organizations to initiate the Cover Missouri Coalition. Through this coalition of active stakeholders, the ECI could centralize communication and provide streamlined support to awareness, enrollment, and health literacy efforts in communities across the state. The Foundation also built a supportive infrastructure around the coalition, retaining multiple partner organizations to facilitate meetings, support communication, conduct training and technical assistance, and provide evaluation and data support. The flexibility afforded by a broad coalition and support structure of collaborative expertise would be tested by the challenging environment in which the Foundation was working to expand coverage, including the state's lack of Medicaid expansion and a highly charged political context.

Grantmaking and Beyond

Through the five years of the Expanding Coverage Initiative, Missouri Foundation for Health granted $19 million to more than 25 community organizations, health centers, and hospitals around the state for outreach and enrollment of hard-to-reach consumers. The Cover Missouri Coalition, also supported by the Foundation, comprised not only these grantees but also many other individuals and organizations involved in improving health access for Missourians.

Exhibit 2.   Key events around Missouri's Expanding Coverage Initiative

▮ Progress

⊗ Setbacks

Federal

JUN 2012. U.S. Supreme Court upholds constitutionality of the major provisions of the ACA.

JAN 2014. Per ACA, health insurance mandate begins, along with tax credits for income-qualifying individuals who buy insurance through the exchange.

JUN 2015. King v. Burwell decision upholds constitutionality of tax credits for individuals who buy health insurance through the federal exchange in states with no marketplace (including Missouri).

2017. Centers for Medicare and Medicaid Services (CMS) reduces Missouri's federal navigator funding by 60% compared to 2016, drastically reducing navigator assistance with enrollment.

2018. CMS again reduces Missouri's federal navigator funding by 59% compared to 2017, further limiting navigator assistance with enrollment.

MAR 2010. Affordable Care Act (ACA) signed into law.

JUN 2012. Supreme Court decision effectively allows states to opt out of the Medicaid expansion provision.

OCT 2013. Per ACA, health insurance exchanges open for 2014 enrollment.

NOV 2016. Federal election brings in legislative majority that opposes the ACA, putting its future into question.

2010   2011   2012   2013   2014   2015   2016   2017   2018

Expanding Coverage Initiative, Years 1-5

Missouri

NOV 2012. Missouri voters pass Proposition E, restricting state action to assist with ACA implementation.

APR 2013. Missouri Foundation for Health creates Cover Missouri Coalition.

AUG 2015. 253,430 individuals enroll in Marketplace coverage, 5,147 of whom enrolled at Foundation-funded sites.

AUG 2017. 244,382 individuals enroll in Marketplace coverage.

2012 (ongoing). Missouri's legislature declines to pass Medicaid expansion, leaving approximately 300,000 low-income adults ineligible for both Medicaid and the insurance Marketplace.

AUG 2014. 152,335 individuals enroll in health care plans through the Missouri Marketplace, 5,147 of whom enrolled at Foundation-funded sites.

AUG 2016. Missouri Marketplace enrollment hits its highest level at 290,201 individuals enrolled.

Taking a retrospective look.

Over the course of the ECI, the Foundation retained an external evaluation team through the Center for Public Health Systems Science at Washington University in St. Louis to conduct in-depth annual evaluations of the initiative's process and outcomes.[3] These evaluators tracked progress, provided grantees with data collection and analysis, and supported the data needs of the Cover Missouri Coalition at large. As the initiative began winding down in 2018, Foundation staff sought an additional, complementary evaluation and learning perspective: a broad, retrospective look at how the ECI unfolded, shaped by internal decisions and external context, and how it impacted the community of stakeholders and uninsured Missourians. This report tells that retrospective story and offers lessons to inform future work of Missouri Foundation for Health as well as other funders and organizations.

Engage R+D has served as the Foundation's retrospective learning partner, gathering information on the initiative from a variety of sources:

- **Existing evaluation reports,** including demographic and outcome data across the five years of the initiative;

- **Secondary data** to compare Missouri to other states and place it within the context of the other 17 states that opted not to expand Medicaid under the ACA;

- **Stakeholder interviews** with a total of 27 participants representing a wide range of individuals who could offer insights on successes, challenges, accomplishments, and outcomes of the ECI, including:
  - Foundation staff (n = 6),
  - Key partners that supported the Cover Missouri Coalition and provided technical assistance to grantees (n = 11), and
  - Members of the Cover Missouri Coalition (n = 10), including Foundation grantees and other members.

- **Observation of a Cover Missouri Coalition meeting** in Columbia, Missouri to gain a first-hand understanding of how partners worked together through the coalition; and

- **A reflection session with Foundation staff**, to unpack early findings and surface additional insights on how the initiative unfolded.

Quotes from interview participants that are included in this report have been lightly edited for clarity while preserving meaning. For more details on the retrospective evaluation approach and methods, see the Appendix.

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[3] Reports available at https://mffh.org/our-focus/expanding-coverage/

Findings

The Right People for the Job: Developing a Strong, Supported Coalition

In 2012, the Board of Directors of Missouri Foundation for Health identified the Affordable Care Act (ACA) as an opportunity for the Foundation to support expanded health care access for uninsured Missourians. Foundation staff and leadership developed strategies to meet this goal and, in 2013, the Expanding Coverage Initiative (ECI) was underway. Leaders of the ECI recognized early on that any effort to support health care access and enrollment at a statewide level would require a strong, expansive team, with members who could work together and move nimbly. They ramped up quickly, bringing together about thirty experts and partners with a deep desire to improve health for Missourians, as well as an understanding of what it would take to assist hundreds of thousands of Missourians with health insurance enrollment. The initial group of partners grew quickly, with the Cover Missouri Coalition peaking at almost 1,000 active members. In reflecting on the ECI implementation, Foundation staff, partners, and coalition members brought to light key accomplishments and challenges of the five-year initiative.

Ramping up a complex initiative involved a learning curve for defining roles and establishing support.

Developing the ECI meant breaking new ground. Across the nation, state and federal agencies and organizations were working rapidly to understand how to implement the ACA. Missouri was no different, and as many Foundation staff and early partners reflected, the work to establish the ECI often felt as though the team was "building the tracks as they were moving along." One staff member, reflecting on the challenges of building a program parallel to an emerging government program commented, "This work was so new. We didn't know what the federal marketplace was going to look like. There were a lot of unknowns at the beginning. We were figuring out what was needed and how we could be flexible and responsive as things were rolling out."

Key Concepts

- Implementing the ECI required a large coalition guided and supported by a diverse team of experts. Working through early needs for direction, the Foundation successfully convened a statewide coalition nearly 1,000 strong and hired staff and consultants who coalesced into a highly coordinated support team.

- The regional hub structure of the Cover Missouri Coalition facilitated local networking and problem-solving. By encouraging active regional participation and emphasizing common ground, the coalition attracted diverse organizations as members, strengthening its sustainability.

- Beyond grantmaking, the Foundation underwrote valuable resources for coalition members, such as health policy updates, tailored communications materials, media trainings, and health literacy tools that otherwise would have been out of reach for many members.

As the Foundation convened a central team of partners to launch the initiative in the uncharted territory of the ACA, roles were not always clear cut. While the Cover Missouri Coalition would provide the people-power necessary to reach into communities across the state with outreach, education, and one-on-one enrollment assistance, it would need the support of a team of consultants. In mid-2013, the Foundation funded a set of consultants (sometimes referred to as 'contracted partners') from a number of different organizations, including Community Catalyst, FleishmanHillard, StratCommRx, and Washington University in St. Louis. The firm Health Literacy Media joined the team in the initiative's second year. The consultants' expertise was wide-ranging, covering communications and media,

"The whole initiative, the roles, the website, the plans—everything was new. It was new to everyone, and it really took most of that first year for people to start to feel confident."

- Partner

health care policy, strategic facilitation, and evaluation, but some of their skills overlapped and in its first year, the initiative had not yet established lines of communication for these external consultants. In addition, the precise needs of the coalition were still emerging. Although the contracted partners ultimately transformed into what a Foundation staff member called a "well-oiled machine", partners and Foundation staff reflected on inefficiencies early on. "During the first year we weren't operating as a seamless team," noted one, continuing, "The first enrollment period was a challenge." Another agreed, "It was a little rocky in the first year. There were so many contractors and figuring out unique roles was difficult in the beginning."

Yet the Foundation's choice of contractors proved smart: The contracted partners took it upon themselves to address initial confusion. To resolve the challenge of undefined roles, partners stepped up coordination and collaboration. One partner, for example, described her process to reduce duplication of effort by taking initiative to meet with another partner funded to do similar work. The two met to "figure out how we would divvy up the work, decide where dotted lines are and where hard lines are, and take [the proposed solution] back to the client." The initial effort to delegate and streamline the work paid off, with both Foundation staff and partners appreciating the delineation of roles and ability to move forward more clearly.

As partners were working to understand roles and responsibilities, internal shifts at the Foundation contributed to a more balanced team that could dedicate ample time and leadership to the unfolding initiative. Foundation leaders reported that at the outset, they did not realize how much time and support an effort such as the ECI would truly require. One staff member described the situation as "a pain point" of "being pulled in way too many directions." By 2014, it was clear that dedicated staff were needed to support the partners and the broader coalition. To fill a new position of initiative director, the Foundation hired someone already working with the coalition through an organization funded to provide enrollment assistance. The decision to choose someone already embedded in the work made for a smooth transition. She was able to jump right into the work easily and efficiently, and "she really stepped up and emerged as a leader," according to a partner. A Foundation staff member explained, "Having somebody in a director-level position who could manage this initiative day-to-day was necessary to be there for the staff and the consultants and be available all the time."

Cover Missouri Coalition's structure and support allowed for effective communication and active participation across a large, statewide membership.

Despite the early inefficiencies shared by interview participants (which are typical of new and complex initiatives[4]), the Cover Missouri Coalition grew over the course of five years, offering crucial infrastructure and resources to partners and grantees engaged in enrollment and literacy work across the state.

Exhibit 3.   ECI regional hub structure
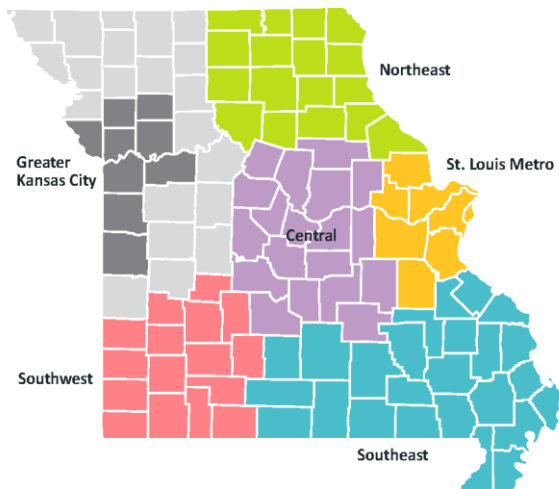
Source: Center for Public Health Systems Science at Washington University in St. Louis. (November 2014). *Expanding Coverage through Consumer Assistance Program: 2013-2014 Evaluation Report.*

One component of the ECI that allowed the coalition to expand its reach across Missouri was the regional hub infrastructure. The Foundation funded five grantees to serve as regional hub leaders across the state (Exhibit 3). The hubs focused on supporting localized efforts and coordination, in addition to participating in and remaining connected to the broader statewide work. Grantees described hubs as places to find support from partners with the same "familiarity in the area," whether working in a rural area with issues specific to self-employed farmers or working in metro St. Louis and cost sharing to participate in the local Pride event. While one grantee described some challenges with duplication of training content at the local hub level and at the statewide coalition level, the majority of partners and grantees reported that the structure was useful to bolster ongoing communication, camaraderie and support. "The hub infrastructure has been beneficial," summarized a Foundation staff member. "The hubs are bringing together partners on a monthly basis and coordinating efforts within the region, sharing, troubleshooting, and peer learning. We can only do so much training at the coalition level, but letting the hubs figure out the needs of assisters in their region has been beneficial. There was an additional layer of networking, collaboration, training, and skill-building."

Early coalition members and Foundation staff also thought expansively about the diversity of partners and experience that needed to be at the table in order for the initiative to be successful. By asking themselves "which other stakeholders are important for us to engage in this work," they moved beyond expected partners, such as health clinics, to include other community-based organizations with trusted relationships in vulnerable communities (such as nonprofits and advocacy groups), health care brokers and agents, and insurance companies. Grantees highlighted the way in which the coalition created opportunities for organizations to partner who may not have otherwise, such as Catholic Charities and Planned Parenthood. One grantee emphasized how the range of partnerships also contributed to greater sustainability of the work over the long term, noting connections built with "organizations that, on paper, you don't really think that you can connect the dots to. But we all have this one common thread that we're working towards…and it helps build more sustainable processes going forward when this funding leaves."

Beyond grantmaking, the Foundation provided resources that were not available elsewhere to Missouri organizations.

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[4] Kania, J., & Kramer, M. (2013). Embracing Emergence: How Collective Impact Addresses Complexity. *Stanford Social Innovation Review*. Retrieved from https://pdfs.semanticscholar.org/8fc9/79eaf990c4e5c40d3fa41596453cfb379dcd.pdf.

In addition to establishing a regional structure and convening a coalition to implement coordinated enrollment efforts across the state, the Foundation recognized the need for ongoing technical assistance and support for grantees working in an ever-evolving legal climate. Technical assistance partners translated complex health care policy and legal information into easy-to-digest materials. They also developed and led trainings for coalition members across Missouri, provided key communications strategy support, and facilitated coalition meetings. Foundation-funded technical assistance and tailored materials proved to be instrumental resources that would otherwise have been out of reach for many organizations. As one grantee reflected, the coalition "would always have experts that we could bring questions to at any time. There were so many resources and tools that the coalition provided throughout the years that were just invaluable." Another added that the Foundation "was critical in our work because they had the funds to hire a public relations firm to do marketing so they could get the word out about this new effort. We were able to piggyback on their efforts, using their materials for ads on our website."

"I don't know how we would have fared without the coalition in our efforts to enroll consumers in insurance."

- Grantee

The Cover Missouri Coalition also sought to serve Missouri's highest need and vulnerable populations, which often required extra resources to develop tailored strategies and targeted materials. Partners and grantees engaged in a host of activities to support coalition members to better assist these communities, including producing training and webinars on vulnerable populations and special considerations when serving them, creating videos and written materials in a total of fourteen languages, and certifying organizations as welcoming spaces for the LGBTQ community. One grantee described the experience in this way: "The coalition supported trainings on how to work with and engage especially vulnerable communities and ones that may have had a negative history when it came to trying to access healthcare."

Challenging enrollment cases emerged as a recurrent obstacle for coalition members assisting with enrollment. In response, the Foundation put resources into providing help and creating a streamlined process. These so-called complex cases involved potential enrollees whose immigration status or other conditions led to legal complications with obtaining health insurance. The Foundation funded four legal services organizations across the state to take on these cases. The attorneys provided needed expertise to help complex cases access health care and freed other assistors to handle more straightforward cases. A coalition member, echoing others, spoke of the value of this resource, saying, "Some people would have these challenges of having gotten denied for Medicaid or they owed a penalty and they didn't know why. Being able to refer back to the partners in legal services to help figure things out was really helpful."

The ECI's resources and technical assistance provided benefits beyond critical information and materials. Contracted partners were also building the capacity of coalition members, expanding their knowledge and health literacy skill set, and strengthening their ability to evaluate their own work. One partner shared, "It was exciting to see the growth of grantees over time from not being sure what to do with the data or how to incorporate it into their planning, to understanding it and knowing what to ask for." When asked to reflect on key outcomes of the work, many grantees and partners highlighted the strengthened capacity of their staff and organizations as something that would carry on well into the future. The coalition also became, as one partner described, something of a "professional organization" where members could learn from and support one another, and access "things they wouldn't have ever been able to afford on their own like advertising, media relations, outreach assistance, and training."

"It was always, 'How can we advance the same mission together? How can we be more effective together?'"

- Grantee

The strong network and sense of community buoyed participants' spirits and solidified a feeling of unity in a tough environment.

Foundation staff, partners and grantees alike found the robust network built through the Cover Missouri Coalition work to be an especially valuable product of the ECI. Interview participants noted that the Foundation and partners' deliberate efforts to establish a solid infrastructure and respond to partner needs paid off, producing strong bonds among partners and a sense of camaraderie that helped motivate people even in a hostile political environment.

Early in the coalition's work, grantees shared that some organizations were not used to a format of working together and sharing their products or information so freely. One partner described a more typical approach to thinking about content ownership prior to the ECI, saying, "Why would we give our curriculum away for free for this person from a different organization to go offer? I'm just going to offer it myself; I don't need to involve them." Over time, his and others' thinking shifted and the spirit of collaboration grew: "Cover Missouri really forced collaborations that wouldn't have happened otherwise. When they worked, they worked great. But not everybody was used to that."

As coalition members' relationships with one another evolved and grew, many described how having this network of colleagues and friends made it possible to continue doing the work. One grantee shared, "The reason individual organizations were as successful as they were was because we could lean on each other for support going through the open enrollment period. For me, that's key: collaboration and partnership." Relationships and trust also emerged as an important outcome related to sustainability. Thinking about her organization's post-ECI work, one grantee mentioned relying on existing partners to continue offering good work. "Even now as we will no longer be offering enrollment services, I am glad that I have all these people that I know who will be doing it," she said. "I can refer my clients to somebody else by name and know that they're going to get good services there."

"This has been the most meaningful work I've ever done and it's sad that it's ending. Over the last couple of years, it has been really challenging. But the Foundation has shown great leadership, and people have shown really great drive. The people in the coalition are the biggest motivator because they're really what made this possible."

- Partner

The Challenges of Making a Complex, Politically Charged Topic Accessible to All

The ECI, with its seemingly uncontroversial goal of helping people access health insurance, took place in a larger context that produced complication and confrontation. The experiences and insights of stakeholders regarding external influences on the initiative clarified three contextual elements that layered to create a challenging environment for the initiative. First, the complexity of the ACA, paired with the relevance of its details to the general public, meant that educating consumers about their new coverage and access options would demand extensive time and resources. Second, political opposition to the ACA at state and federal levels led to laws and hostility by government actors that hampered ECI efforts to ensure that consumers could make informed, fact-based decisions. Finally, community-based skepticism of the ACA created a barrier to connecting with consumers and, in some cases, raised safety concerns.

Building consumer understanding.

The ACA represented a major change to health coverage in the U.S., creating new frameworks for consumers to purchase health insurance along with new eligibility rules, mandates and penalties, and enrollment periods. Adding confusion to this complicated and unfamiliar structure, the law was being challenged in court, leading to widespread uncertainty in how it would be rolled out. The context pointed to a clear yet challenging need to expand consumers' health literacy about their health insurance options. One grantee recalled, "The Affordable Care Act was brand new. It was very confusing. There were a lot of questions and confusion around it."

> **Key Concepts**
>
> - Educating consumers about how the complicated ACA affected their health insurance choices was itself a monumental task.
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> - In addition, the controversial law inspired state- and federal-level efforts against implementation. In Missouri, the lack of Medicaid expansion left a segment of the population with no affordable insurance options, and Proposition E barred state agencies from promoting the ACA. Misinformation from government sources also sowed confusion and mistrust among consumers.
>
> - For the ECI, the politically charged nature of the work made consumer education more challenging, intensified the initiative's commitment to apolitical messaging, and necessitated prudence in approaching communities hostile to the ACA.

> **Health Insurance Literacy Defined**
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> In the context of the ECI, health insurance literacy meant the ability to understand and navigate available health coverage and access options. According to initiative partners, health literate Missourians would "have the knowledge, ability, and confidence to find and evaluate information about health plans; select the best plan for their own financial and health circumstances; and use the plan once enrolled."*
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> *Center for Public Health Systems Science at Washington University in St. Louis (November 2014). *Expanding Coverage through Consumer Assistance Program: 2013-2014 Evaluation Report.* Retrieved from https://mffh.org/our-focus/expanding-coverage/

Spending time with people who needed coverage and helping them make informed choices was resource-intensive, but necessary throughout the initiative. In fact, the Foundation made extensive efforts to inform the public even before launching the ECI. Staff members reported holding hundreds of public meetings around Missouri to educate people about what the ACA was. As one described it, "In 2009 even before the Affordable Care Act passed we saw that there was a lot of misinformation about this potential law, so we started going out in the field and talking about it, not from a perspective of 'you should support this,' but 'love it or hate it, here are the facts.' There was an appetite for having somebody present the facts. A lot of people were interested in trying to understand what this law was about." Consumers' need for assistance with health literacy continued beyond the end of the initiative. A coalition member interviewed in 2019 spoke of the need in current terms, saying, "Our system is so overly complex in terms of health care and even navigating and accessing care—I see the need for people to help consumers

navigate. People in professional-level careers still come to us because they don't understand some of this stuff."

Weathering state and federal actions against the Affordable Care Act.

In Missouri, state laws and hostility toward the ACA worked against efforts to inform and enroll consumers. Missouri chose not to expand Medicaid to cover more of the population, as authorized by the ACA. Voters also passed Proposition E, effectively barring state officials from implementing the ACA unless required to do so. Some state-level politicians generated misinformation about the health law. Then, with a new federal administration elected in 2016, federal challenges to the law added barriers to implementation. For Missouri Foundation for Health, the politics surrounding the ACA were a distraction. "We didn't come to play politics," explained a staff member. "Our aim was to get people health insurance coverage, which we know leads to better health. That's not a political statement. I think we did a good job all along of being a neutral source of fact-based information for people, and that wasn't easy when the Affordable Care Act became a political lightning rod." Foundation staff, partners, and coalition members shared their perspectives and experiences of working to expand coverage within a challenging state and federal context.

Missouri's decision not to expand Medicaid undercut the ECI's goal.

The ECI aimed to bring Missouri's uninsured rate down to just five percent from 13 percent before the initiative began. However, the state's decision not to expand its Medicaid program under the ACA made that goal much harder to reach because it left many people without an affordable insurance option. As a Foundation leader noted, "When we set our goal, we had assumed that Medicaid would be expanded in Missouri. The fact that the state then chose not to expand Medicaid—and has still not expanded Medicaid—obviously puts a constraint on getting people enrolled because we have a coverage gap of several hundred thousand people." The lack of Medicaid expansion, another concurred, "completely skewed our numbers. It left a whole segment of the population without access to coverage. With Medicaid expansion we would have made a bigger dent" in the uninsured rate.

Foundation staff are clear that those in the Medicaid gap remained uninsured because of their inability to pay, not because they lacked desire for coverage. As one staff member explained, a limited income can only go so far. "Because insurance is so expensive, there's an understandable trade-off that people who can't afford insurance have to make if they possibly could afford it: whether to spend on insurance or other important goods and services in their lives, like food, rent, utilities, education and so on," he said. "People understand that they need insurance but whether or not they can afford it factors into their actual decisions about getting it." Another added that people in the coverage gap "would come in for help getting enrolled and

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What is the Medicaid Gap?

The ACA specified that people with an income above the federal poverty level would receive federal tax credits to offset the cost of health insurance. As the Act was written, states would expand Medicaid eligibility to cover individuals earning up to 138 percent of the poverty level to assist them in affording coverage. However, some states, including Missouri, declined to expand Medicaid, leaving a segment of the population that earned too much for Medicaid eligibility and too little for federal tax credits under the ACA. These people—2.5 million nationwide—were left without an affordable coverage option, falling into what became known as the Medicaid gap or coverage gap.* In Missouri specifically, Medicaid covers adults with dependent children only if their incomes are below 22 percent of the poverty level (and non-disabled adults without children are not eligible at all), leaving those with incomes 22-138 percent of the poverty level in the Medicaid gap—approximately 124,000 people.**

*Garfield R, Orgera K, Damico A. (2019, March 21). The coverage gap: Uninsured poor adults in states that do not expand Medicaid. Issue brief. *Henry J Kaiser Family Foundation*. Retrieved from https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/

**Norris L. (2019, September 4). Missouri and the ACA's Medicaid expansion." *HealthInsurance.org. Retrieved from* https://www.healthinsurance.org/missouri-medicaid/#noexpansion

basically they'd have to pay full price for a policy. They couldn't do that. There's no way."

For those working directly with community members, the effect of the coverage gap was stark. "In terms of the on-the-ground impact of Medicaid expansion, it made the job a lot harder for the people who were face-to-face with a consumer wanting to get coverage," pointed out a Foundation staff member. "You had to tell them the heartbreaking news: 'You're in that Medicaid gap.' How hard was that to hear for somebody who really needed coverage and care? To really say that everyone in Missouri has access to quality, affordable health care is not true. It's just not there for that group of people." Indeed, among those working as enrollment assistors, "heartbreaking" was a common word used to describe the situation. For example, one related, "It was heartbreaking to talk to someone and say, 'You make too much for Medicaid, but not enough to participate here.'" She added that without coverage, "By the time they end up on our doorstep as an emergency room case, it's twice as bad and three times as expensive because they haven't had proper care."

> "We see a lot of individuals falling in the Medicaid gap. The heartbreaking part of it is they still have health care needs, but they don't have health care."
>
> **- Grantee**

The Foundation, though prohibited from lobbying, had carefully supported advocacy to promote health coverage in the face of opposition to Medicaid expansion in the Missouri legislature. As the state's position remained entrenched after several years, Foundation staff felt they had run out of options. One shared the experience:

"By May 2016, it became painfully obvious that we were not going to get Medicaid expansion, that our legislature was not going to pass it. As part of the coalition, we had a working group that was focused on Medicaid expansion. It was a lot of advocates that would get together and talk. After the 2016 legislative session, it became pretty clear that putting energy into that group was not going to get us anywhere, so we backed off substantially. Our policy staff recognized that we would probably not reach our goal of five percent uninsured. I truly believe that if we had had Medicaid expansion, we would have met that five percent, but we had to be realistic that without Medicaid expansion that was not going to happen."

Proposition E pushed the Expanding Coverage Initiative to fill a large gap in state-level work.

In November 2012, Missouri's voters approved a state ballot measure known as Proposition E, which barred the state government from setting up a state-based health insurance exchange or cooperating with the federal exchange.[5] In other words, "Proposition E meant that no state agency, or any group that received state funds, could use any part of those funds to promote the Affordable Care Act in any way," according to an initiative partner. As a Foundation staff member described it, "Our state health department and other state agencies might have a vested interest in [federal health law] normally, but they were restricted due to Proposition E. It caused a lot of confusion and lack of support from the state for helping us roll this out."

> "Proposition E banned the state government from having anything to do with implementing—or assisting with implementing—parts of the Affordable Care Act unless the federal government required it."
>
> **- Foundation Staff**

Proposition E had a chilling effect on local agencies' engagement in consumer education and enrollment. Among others, one Foundation staff member recounted, "[Local] health departments didn't know if they could even have an assister on site. They didn't know if they could put a pamphlet in the lobby because Proposition E said, 'any entity of the government.' They weren't sure that they wouldn't be violating the law if they were allowing enrollment information or presentations to take place." A partner pointed out that the restrictions have continued to pose challenges. "Some grantee organizations cannot continue

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[5] Helmy H. (2013, January 30). How Prop E did more than just stop Gov. Nixon from creating a state health exchange. *KBIA*. Retrieved from https://www.kbia.org/post/how-prop-e-did-more-just-stop-gov-nixon-creating-state-health-exchange#stream/0

to work [on enrollment] after the end of their ECI grant because they don't have funds outside of funds from the state, which can't be used to do education or outreach or enrollment for the Marketplace," she said.

At the same time, the state's complete absence in assisting with the ACA implementation presented an opening for Missouri Foundation for Health. "We saw an opportunity [to step in] in terms of people even understanding their new insurance options because the state wasn't going to do anything to advertise that," commented a Foundation staff member, who went on to describe how that opportunity raised the importance and profile of the ECI:

> *"There was going to be a vacuum because the state was not going to do a coordinated awareness campaign. They were not going to bring together the navigators and assistors and health centers to coordinate and learn. What would've happened is a bunch of organizations would've done enrollment assistance, and they all would have developed their own enrollment materials. It wouldn't have been coordinated in any way. What we did was fill a space to focus on enrollment assistance, insurance literacy, and awareness, providing the resources and messaging and back office stuff to make this successful. We really did end up with Cover Missouri as the known entity around enrollment in Missouri."*

The Foundation also saw that, regardless of politics and state actions, many key stakeholders in Missouri had a strong interest in expanding health coverage. The promise of positive effects of implementing the ACA would help the Foundation garner buy-in on the ECI and convene a robust coalition. As Foundation leadership put it, "There was an understanding by organizations that they would benefit by having patients have insurance. It's in their interest to be very supportive of getting people enrolled in coverage. Having those organizations and working with them was an external factor that reinforced the work."

Coalition members widely agreed that the initiative played an essential role in Missouri. "In other states where organizations received the federal navigator grant [to assist with enrollment], their Department of Insurance or Department of Social Services would have information on their websites and in their events to let people know about the Affordable Care Act and how they could get in touch with navigators," one said. "We had none of that in Missouri, so the coalition was critical."

Political hostility and misinformation about the ACA created barriers for consumers to get health insurance.

Political antagonism about the ACA has been a constant since before it was signed into law. Throughout the ECI, political actions against the health care law, including legal challenges, repeated efforts to repeal the ACA, and misinformation from both state and federal politicians had real effects on Missourians' ability to understand their options. From the standpoint of the initiative, efforts to educate consumers about health insurance opportunities were made much harder by the need to correct misleading messages from government sources. "The Missouri legislature," remarked a Foundation staff member, "was pretty obstructionist. It didn't help the enrollment process. There was a lot of spinning going on. Competing messaging worked against us in many ways." When the Trump administration came into office, the ECI's work to implement the law became yet more difficult. "All the misinformation and plain outright non-truths the president would say about Obamacare were challenging in our service area," relayed a grantee. "It's a challenge doing public education in an environment where parts of the government are hostile to it."

In many cases, the politicization of the ACA affected consumers' decisions directly, sometimes with dire consequences. A Cover Missouri Coalition member shared that despite outreach efforts, community members in need of health insurance did not always feel comfortable enrolling. Without coverage, their health care choices were limited. "We have absolutely heartbreaking stories where people still didn't trust that the ACA wasn't a government conspiracy, and then ended up coming back a few months later and having stage four lymphoma," she related. "Had they had coverage, they probably would've chosen different care." A coalition partner agreed that "[With] the confusion about the ACA, there was a huge mountain to overcome because many consumers didn't even think there were health insurance options available to them any longer."

The ECI's response to political hostility was to double down on communicating politically neutral facts. "It felt like a constant treadmill with the challenges to the law," noted a Foundation staff member. "Trying to stay on top of it and putting together talking points for our members took a lot of energy." Despite the strategy being labor-intensive, coalition members relied on it. According to one, "Every day we had to learn and be adaptable. When the political winds would shift and someone was filing a lawsuit, the coalition helped us stay on message that we're going to enroll people in the Marketplace because it's still the law. They would try to keep all that political noise dialed down so we could stay focused and be fearless." The fact-based approach also served to persuade key organizations to join the coalition. One partner commented that a number of groups, including hospitals, health systems, and insurance companies, "were not originally comfortable with the Affordable Care Act" but eventually came on board "because they saw the real benefit of getting their uninsured patients covered by health insurance." The resulting coalition was larger, stronger, and more widely accepted across the state.

Federal Context Spanning Two Administrations

Foundation staff shared their experiences implementing the ACA under two federal administrations: first Obama and later Trump. In the early months of the law's roll-out, the federal website—key to providing information and enrollment access—did not work, creating headaches and delays nationwide. "Once we got a functioning website at the federal level, it was a sigh of relief," recalled a Foundation staff member. "Grantees no longer had to be frustrated and could build more confidence in the ACA. It definitely didn't help the confidence of consumers when it wasn't working—it started us out in a difficult position." Despite website challenges, the Obama administration's strong support of the ACA showed in the form of investment in education, resources, and assisting organizations. They were also open to input from community-based implementers.

By contrast, the Trump administration has not favored the ACA, changing the situation for the ECI. Another Foundation staff member reflected that the previous administration "was interested and wanted to make things work and improve…. With the new administration, our work often feels like taking one step forward and two steps back. Having an administration that is committed to making the law work—I don't think we quite knew how useful that was until we didn't have it."

Confronting resistance in communities

Conducting outreach and enrollment assistance across Missouri proved challenging for the ECI's coalition members. Members had to travel long distances to enroll uninsured Missourians and were often met with high community-level opposition to the ACA. Simply meeting with consumers across a large region took a toll on those providing enrollment assistance. As one grantee related, "The navigators have long hours and drive all over creation. They may have to drive 90 miles to meet half a day with clients in one place, and then drive back to Springfield to meet with others. They couldn't keep anybody in that job for long. It was very, very challenging." Another concurred, "We have a lot of folks from rural areas. They're a distinct population because they have their own needs based on the geographical limitations of being so spread out."

Beyond the travel challenges of assisting widely dispersed consumers, community-based antagonism toward the ACA created another level of difficulty in efforts to educate the public about their health insurance options. For some, the hostility was intense enough to raise safety concerns. "It was very much a guerilla operation," described one coalition member, speaking about activities to raise awareness. "There were lots of places we couldn't even go speak. For example, [in one town] we couldn't even get educational sessions set up because the majority of the town was so against the Affordable Care Act." Another commented, "I got to the point where my staff was not sitting out front at Walmart because they did not need to be targets because of the misinformation. I was actually very concerned about my staff's safety." A member of an organization providing health insurance education told of needing to bring in organizational leadership to quell resistance to holding classes. He noted that the Foundation's strong reputation helped to calm complaints, saying, "Early on we got a call [that] likened what we were doing to holding classes on abortion. It was this anti-Obamacare thing. We weren't sure we were going to be able to get away with it, but our administration backed us. They knew who Missouri Foundation for Health was, and they respected them."

> "Signing up for insurance is very much influenced by people's personal situations—their economic status, their health status. Those practical things end up being much more important than attitudes about legislation."
>
> **- Foundation Staff**

To address the challenging atmosphere for outreach and enrollment work, Foundation staff provided communications strategies aimed at diffusing political tension and building common ground. One tactic, according to a staff member, was to avoid potentially inflammatory terms like 'Obamacare'. "We tried to provide them talking points and support on how to respond [to challenging situations] by sticking to the facts," she said. Staff encouraged a focus on addressing real-life needs of health insurance and health care, rather than naming the politically charged law. As one explained, "Many people will express real antipathy toward the Affordable Care Act, but when they are asked about any of the main components of the Act itself, they're supportive of them." The result of this disconnect between political rhetoric and a person's practical need for health coverage, another staff member commented, was "oftentimes a positive story because people said, 'Oh, wait a minute, this could actually help me.' They'd go through the process and shift their thinking just a little. But definitely there were a lot of people who needed convincing in terms of what they believed and understood about the ACA."

Outcomes

Making Progress: Results of the Five-Year Expanding Coverage Initiative

For an initiative that mobilized hundreds of organizations and individuals to directly assist consumers with health insurance enrollment, an obvious, if difficult, question is how it affected coverage statewide. In the interviews, Foundation staff, partners, and grantees consistently credited the Expanding Coverage Initiative (ECI) and the work of the Cover Missouri Coalition with health care enrollment successes in Missouri. A grantee, echoing others, stated, "One of the biggest successes is the sheer number of people that got enrolled. The Cover Missouri Coalition always felt incredibly collaborative and supportive" in that effort. Indeed, the state saw a notable drop in uninsured rates during the time period of the initiative. But while those involved in the initiative witnessed many successes, multiple factors, of which the ECI was one, likely contributed to overall changes in coverage. We cannot know what uninsured rates, enrollment, and health literacy status in Missouri would have looked like in the absence of the ECI. Thus, it is difficult to tease out causality. However, partners' and grantees' observations of their community-based efforts paired with statewide statistics showing increased enrollment in health insurance programs are a testament to positive outcomes for Missourians. Under the circumstances of a challenging environment, enrollment numbers exceeded the expectations of initiative participants. They also highlighted the ECI's role in reaching vulnerable populations.

> **Key Concepts**
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> - During the period of the ECI, Missouri's uninsured rate dropped from 13 percentto nine percent. Although short of the Foundation's goal of five percent, the enrollment exceeded initiative participants' expectations, given the challenging context.
>
> - Coalition members also credited the ECI with reaching vulnerable populations with enrollment assistance.
>
> - Comparing Missouri to other states that similarly did not expand Medicaid shows that each state is unique in political context, social context, and approach to implementing the ACA.

To better understand how Missouri fared in expanding coverage compared to other states, we also conducted an exploratory analysis of five comparison states that, like Missouri, did not expand Medicaid under the Affordable Care Act (ACA). The comparison serves to place Missouri in a broader context that illustrates some of the factors and complexities that affect uninsured rates.

Enrollment of Missourians exceeded expectations.

Despite challenges related to the initial launch of the ACA and the federal marketplace, near-constant threats to certain aspects of the law, and state-specific barriers to expanding coverage, the period of the ECI saw increased enrollment in health insurance among Missourians. From 2013 to 2016, the uninsured rate in Missouri steadily decreased, mirroring declines in uninsured rates nationwide (Exhibit 4). During that time, approximately 273,300 individuals in Missouri gained health insurance as a result of ACA implementation overall, which included the collective efforts of the Cover Missouri Coalition.
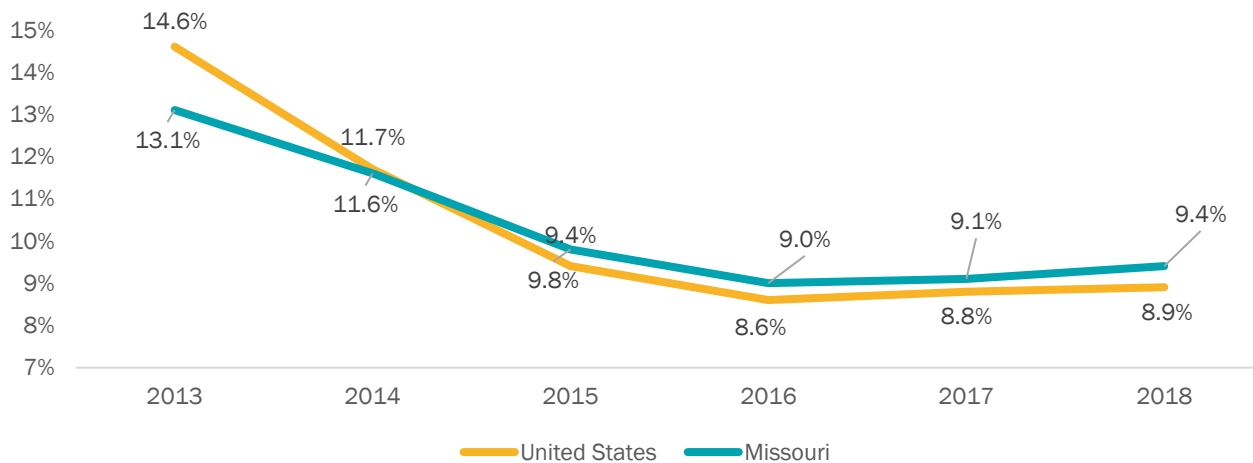
"Without Missouri Foundation for Health's [support of the ECI] there wouldn't be as many people enrolled in affordable health insurance coverage today."

- Grantee

Exhibit 4.   Uninsured rates of the total population in the United States and Missouri, 2013 - 2018

Missouri witnessed strong gains in health insurance enrollment and declining uninsured rates since implementation of the ACA. However, the coalition ultimately did not achieve its goal of reducing the uninsured rate to five percent. As shown in Exhibit 4, as of 2018 (the latest data available) the uninsured rate in Missouri ticked back up to 9.4 percent, mirroring the national uninsured rate of 8.9 percent. Several factors likely limited the extent to which Missouri was able to substantially decrease its uninsured rate. In particular, the fact that Missouri opted not to expand Medicaid coverage, along with 17 other states, left some individuals uninsured who could have otherwise had coverage. A common sentiment among Foundation staff and partners was, as one staff member stated, "Not having Medicaid expansion [meant] we were never going make this five percent [uninsured] goal."

The ECI was not focused solely on enrollment, but also on improving consumers' understanding of their coverage options and how to access health care. In these aims, the initiative made strides in distributing information and preparing enrollment counselors, both of which are precursors to increasing awareness about coverage options and raising health insurance literacy. In its first year, the Cover Missouri campaign reached 60,000 unique visitors online and distributed over one million pieces of campaign material, providing information about health insurance access.[6] By the final year of the evaluation, certified enrollment counselors felt well-equipped to support consumers to understand and use their insurance, reporting a high level of confidence "in their ability to teach consumers health insurance skills" and "use health insurance skills."[7] Anecdotally, partners and grantees agreed that the ECI likely contributed to greater awareness and health insurance literacy among Missourians. Echoing many, one grantee spoke of helping consumers understand how to use their health care as a particularly rewarding and beneficial aspect of the initiative. "To give these people the hope of better health care for themselves and their family [is very rewarding]," she reflected. She went on to state that "having the Cover Missouri information to give them to take home in their language is invaluable—information about accessing health care and health care literacy."

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[6] Center for Public Health Systems Science at Washington University in St. Louis. (2014) *Expanding Coverage through Consumer Assistance Program: 2013-2014 Evaluation Report*.

[7] Center for Public Health Systems Science at Washington University in St. Louis. (2018). *Expanding Coverage through Consumer Assistance Program: 2017-2018 Evaluation Report*.

Grantees and partners attribute what they see as the clear success of the ECI to a variety of factors. While the passage of the ACA was an important first step, it was not sufficient to support enrollment in a conservative state like Missouri, especially given barriers such as state Proposition E, which limited active participation by state agencies that might otherwise have supported or led this work. As described earlier in this report, many grantees and partners found the Cover Missouri Coalition structure, the coordination of resources, and the leadership of key technical assistance providers instrumental in their ability to deliver accurate information and help Missourians better understand the complexity of the new law in order to enroll and access health coverage. As one partner put it, "You can make a huge amount of change and progress if you have the organization and the commitment and the resources devoted to it."

Cover Missouri made inroads with high-need, vulnerable populations.

Through a focus on intentional outreach and engagement strategies with diverse communities across the state, the coalition touched and built trusted relationships with populations they may not otherwise have reached. The distribution of vulnerable populations in Missouri is uneven, with different regional hubs each identifying their own population subsets in need. Regardless of the specific population being served, coalition members saw the benefits of employing focused strategies in communities. A coalition member underscored the value of targeted materials prepared by the ECI. "We're in a rural community, and have a very quiet and hidden LGBTQ community," she reported. "Being able to have material that we can market specifically to a very quiet community here in our area was invaluable because that's material that, as a norm, is not produced here. I was very grateful to have had that insight and that outreach so that we could be a benefit to all members of our community."

> **Vulnerable Populations Served**
> - Children/pregnant women
> - Immigrants and refugees
> - LGBTQ individuals
> - Limited English proficiency
> - Low-income individuals
> - Older adults
> - Re-entry populations
> - Rural individuals/farmers

Multiple coalition members reported that some consumers they assisted had never had health insurance before. After enrolling, they were accessing their health care for the first time as an insured person. Others noted the improved health literacy of the newly insured and how individuals were better able to understand their insurance benefits and how to use them. As one grantee's story suggests, the impacts on people's lives were often immeasurable:

"A woman came to our office in tears and said 'This is the first time I've ever had insurance… Now what do I do? How do I go to the doctor?' The health care system is so complicated for someone who hasn't had that in their culture. To see somebody come out in tears for the first time they have health care and insurance, it's a moving experience because we take it for granted."

Comparing Missouri to other states suggests similarities and differences in context and outcomes.

Given that the ECI was working against formidable barriers to expanding coverage in Missouri, a natural question was how it fared in comparison to other states with similar political and policy contexts. In collaboration with Foundation staff, we selected five states that, like Missouri, all had opted not to expand Medicaid under the ACA. In addition, the five shared characteristics with Missouri that may have affected enrollment increases, such as similarity in population size and how much of the population lived in rural areas (see Appendix for further details). We then looked at enrollment statistics in these states during the five-year period of the ECI, and assessed their contexts to

"The Cover Missouri Coalition trainings and education helped drive us into assisting vulnerable people. That in turn improved their access to health care."

- Grantee

better understand factors that may have contributed to differences in outcomes.[8] Our analysis of these factors showed that state context matters, setting some states up for not only greater enrollment success, but greater access to and utilization of health insurance for individuals once covered.

Exhibit 5. A comparison of key states opting out of Medicaid Expansion[9]

State	Uninsured (2017)	% Change in Uninsured (2013 to 2017)
Wisconsin	5%	-44%
Tennessee	9%	-36%
Missouri	9%	-31%
South Carolina	11%	-31%
Kansas	9%	-25%
Nebraska	9%	-18%

Key Findings from State Comparisons

- **Understanding context is necessary to make sense of outcomes.** Wisconsin and Tennessee both saw a greater change in uninsured rates than Missouri (44 percent and 36 percent reductions, respectively, compared to 31 percent in Missouri). These two comparison states highlight the importance of understanding state-level context to discern the nuanced factors that contribute to greater health care enrollment. Wisconsin's context differed from Missouri's in that its state policies were less restrictive against ACA implementation. While Wisconsin state officials chose not to adopt full expansion of Medicaid, legislators did use a federal waiver in 2014 to expand Medicaid eligibility to childless adults up to 100 percent of the federal poverty level.[10] This change resulted in greater coverage for childless individuals and the distinction of Wisconsin as the only non-expansion state without a "coverage gap." (The waiver did not work only to expand coverage; it reduced Medicaid eligibility for parents and caretakers, leading to over 60,000 individuals losing their Medicaid coverage.) Wisconsin's governor also appointed leadership at the Department of Health Services to partner with community organizations to conduct outreach, promote enrollment in the federal Marketplace, and run town hall meetings to organize regional enrollment networks.[11] Although not fully coordinated, these strategies, combined with a unique Medicaid expansion scenario, served to support greater insurance enrollment in Wisconsin.

  In Tennessee, some of the gains on uninsured rates now appear to have been short-lived. Similar to Missouri, Tennessee had a strong coalition of over 1,000 brokers, agents, insurers, health care providers and community organizations committed to ACA outreach and enrollment work.[12] But an additional factor that reportedly contributed to reductions in uninsured rates in Tennessee was an unusual—and temporary—

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[8] While enrollment numbers are tracked consistently at the federal level, we did not have access to any data showing the extent to which these similar states experienced changes in residents' health insurance literacy, which was a key goal of the ECI, and which may result in longer-term benefits for many of Missouri's residents.

[9] The analysis informing this table and section was completed prior to the release of the U.S. Census Bureau's 2018 ACS 1-year estimates. As such, this does not reflect the 2018 uninsured rate data released in mid-November 2019.

[10] Gregory, S., Peacock, J., & Parke-Sutherland, W. (2017). The Wisconsin Approach to Medicaid Expansion. *Kids Forward*. Retrieved from http://kidsforward.net/assets/Medicaid-Approach.pdf

[11] Rockefeller Institute of Government – State University of New York. (August 2014). Wisconsin Round: 1 - State-Level Field Network Study of the Implementation of the Affordable Care Act. Retrieved from https://uwphi.pophealth.wisc.edu/wp-content/uploads/sites/316/2018/01/2014-08-wisconsin-round-one.pdf. (Accessed September 10, 2019).

[12] Interview with Beth Uselton, former Director of The Healing Trust and lead advocate planning Tennessee's enrollment exchange work. September 24, 2019.

Medicaid enrollment situation. TennCare, which operates the state Medicaid application system, needed technical updates to comply with ACA regulations.[13] While developing the new online platform, an administrative error meant that individuals enrolled in Medicaid were not required to keep up with annual eligibility redeterminations, leading to a larger Medicaid population. With TennCare's new system up and running, health care enrollment gains seen through 2017 began declining: over 100,000 Tennesseans lost coverage in 2018.[14]

- **Strong enrollment support independent of state agencies serves to counteract state barriers.** South Carolina's change in the uninsured rate matched that of Missouri—both achieved a 31 percent drop in the uninsured population over the same time period. Interestingly, the two states also shared similar political and policy contexts. In South Carolina, mandates from the governor and legislators ensured that state agencies "carried out no more than the letter of the law with regard to implementation,"[15] suggesting parallels to Missouri's Proposition E. Like Missouri's ECI, several organizations stepped forward to pick up the slack on improving insurance rates in South Carolina. Central players in the effort included the South Carolina Outreach Coalition, which comprised of about 24 health centers and social service organizations; the Knight Foundation, which funded an education initiative in a populous county; Federally Qualified Health Centers that received over $2 million in funding to hire enrollment navigators; and a major investment in outreach and consumer education from Blue Cross Blue Shield of South Carolina, which was interested in new plan participants. The existence of key partners organizing themselves, with the support of funding from the philanthropic sector, helped to produce strong enrollment results for South Carolinians despite state-level obstacles.

- **Smaller populations may require a smaller effort to expand coverage.** Kansas and Nebraska both fall within the same Centers for Medicare and Medicaid Services region (Region VII) as Missouri. Both reached the same uninsured rate as Missouri's nine percent by 2017, though that represents a lower overall percent change in the total number of uninsured. In other words, Kansas and Nebraska both had a lower uninsured rate at the start of the ACA than Missouri. The populations of both states are less than half that of Missouri, which may have simplified efforts to reach the same uninsured rate despite similar political contexts and limited coordination. In Kansas, the outreach and education efforts were "largely uncoordinated" with various entities supporting enrollment, education, and outreach locally or statewide.[16] Nebraska residents recently saw a bright spot with regard to increasing coverage, voting to expand Medicaid in 2018. However, limited support by state lawmakers means that implementation will not take place until 2020.[17]

This brief look at a small number of states shows that each presents a different setting that requires customized approaches to expanding health insurance coverage and access to health care. A state's political context and its residents' appetite for social change policies as complicated and robust as the ACA make a difference in the rollout and uptake of such a policy. At the same time, while not definitive, these comparisons do appear to support the effectiveness of investments in the coordination of a robust enrollment effort. In Missouri, South Carolina, and Tennessee, such investments reinforced cohesion among partners in states that also experienced relatively large improvements in coverage, despite no Medicaid expansion.

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[13] Kelman, B. (2019, March 19). After five years and $400M, TennCare quietly launches new application system. *Tennessean.* Retrieved from https://www.tennessean.com/story/news/health/2019/03/18/tenncare-connect-goes-online-400-m-and-5-years-after-obamacare/3108268002/. (Accessed September 23, 2019).

[14] Sher, A. (2019, September 12). Census Bureau: Tennessee had one of nation's highest drops in people with health insurance in 2018. *Times Free Press.* Retrieved from. https://www.timesfreepress.com/news/local/story/2019/sep/12/census-bureau-tennessee-had-one-nations-highe/503442/. (Accessed September 23, 2019).

[15] Rockefeller Institute of Government – State University of New York. (August 2014). South Carolina: Round 1 - State-Level Field Network Study of the Implementation of the Affordable Care Act. Retrieved from https://rockinst.org/wp-content/uploads/2018/02/2014-08-SCarolina_Round_One.pdf. (Accessed September 10, 2019).

[16] Rockefeller Institute of Government – State University of New York. (December 2014). Kansas: Baseline Report - State-Level Field Network Study of the Implementation of the Affordable Care Act. Retrieved from https://rockinst.org/wp-content/uploads/2018/02/2014-12-Kansas_Baseline_report.pdf. (Accessed September 10, 2019).

[17] Norris, L. (2019, June 23). Nebraska and the ACA's Medicaid expansion. *Healthinsurance.org.* https://www.healthinsurance.org/nebraska-medicaid/. (Accessed September 8, 2019).

From the vantage point of 2019, now that the final ECI grants have wrapped up, the lasting effects of the initiative on coalition participants are coming into focus. In addition, Missouri continues to have high numbers of uninsured people, as well as active debate about the future of health care in the public sphere. These realities underscore the fact that expanding coverage remains highly relevant to the state's hundreds of thousands of uninsured individuals and to the health care system at large. To that end, the Foundation has a strong interest in maintaining the gains realized through the ECI and articulating how it is transitioning to a new phase of deliberate investment to do so.

An expanded capacity endures.

> **Key Concepts**
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> - Although the ECI itself is over, its influence continues. The initiative expanded the capacity and networks of coalition member organizations. In some cases, organizations' practices have shifted to integrate enrollment assistance and insurance information for consumers.
>
> - The Foundation has demonstrated its interest in maintaining ECI gains by continuing support of the Cover Missouri website, a limited number of facilitated coalition meetings, ongoing expert policy guidance and health insurance literacy support to the coalition and updated social media and communication resources.

The initiative has left lasting, positive impacts on coalition organizations' capacity, practices, and relationships. One member provided an example of increased skills and knowledge among staff. "Across my agency, so many of our staff now are more comfortable talking about health insurance," she commented. "If they don't have the answer for somebody that they're interacting with, they at least know where to refer them to get more information and take the next step. That will be the lasting legacy for our agency and for the people that we encounter." Another coalition member spoke of benefiting from a broadened network, saying, "Some of the partnerships we now have would never have happened if we hadn't been a grantee." A fellow member expanded on this idea, adding that the value of collaborative partnership in the ECI has changed the way he works. "Cover Missouri was all about coming to the table as a humble partner," he noted. "It really proved you cannot afford to ignore partnerships and you will actually do better when you give your stuff away for free, take everybody's feedback, and check your ego. It affects my work definitely going forward."

"By building awareness and spreading knowledge in our communities, people now know who we are and what we do. Establishing ourselves as a great resource has been a big success."

- Grantee

Indeed, the Cover Missouri Coalition itself continues, and some subgroups that emerged through the ECI remain active in improving access to coverage. "I am proud of what's now called the Cover Missouri Coalition Medicaid Advisory Group," described one member. "We meet monthly. It's a whole lot of different stakeholders talking about mostly what's not going very well with our Department of Social Services and Medicaid. We have about ten folks from the Department of Social Services who come in. It's a cordial meeting for sure, but we bring the problems that folks are seeing on the ground that are really affecting people's eligibility for Medicaid." The Foundation reports that the coalition overall retains a membership of approximately 800 individuals representing 300 organizations.

A Foundation staff member also pointed out that health care organizations in Missouri have in many cases integrated enrollment assistance into their operations, continuing the work of the ECI. "A lot of the positions that we funded are now being absorbed into hospitals or health centers, because having an insured person reaps them more benefits than having somebody who is not insured come through the door," she explained. "They have reason to want to do this work."

Despite expanded capacity, some stakeholders fear that the end of initiative funding will harm efforts to address ongoing needs for enrollment assistance. "Cover Missouri will need some type of funding because it needs someone to take the lead and send communications or [organize] meetings," remarked a partner. "Unfortunately, a lot of Cover Missouri members won't have the resources to continue with the work otherwise." Another raised concerns that effectiveness could deteriorate if enrollment assistance relied too heavily on volunteers. "What could have happened a little more is working with organizations to help transition this work to where they're integrating it into their business models as opposed to just leaning on a grant," she suggested, "so we're not relying on mercy and volunteerism to keep it going." These concerns helped to inform the Foundation's transition planning.

The Foundation navigates a transition.

Thoughtfully planning the ECI's wind-down and transition to next steps has been a priority since the initiative's inception, and what that transition looks like has shifted over time. The policy context around the ACA at the federal level did not evolve as generally anticipated prior to the Trump presidency. As a Foundation staff member put it, "The [2016] election was unexpected. We expected to see a continued strengthening of the ACA due to policy. That didn't happen. The election made us shift our thinking and where we go with this." Another pointed out that at the outset of the ECI, "The whole goal was that this would set up an infrastructure that would self-sustain." But, a third explained, "The uncertainty about what will happen with health insurance coverage in the future means that it's not as if we implemented the ACA and now are in a steady state. Given national conversations as well as not having expanded Medicaid, there's a lot of uncertainty about what will happen in Missouri."

"There's a challenge with transitioning any initiative. We've been thinking about the best way to do that and are attempting to be as transparent and communicative as we can."

- Foundation Staff

As the ECI progressed through its final years in a challenging environment, Foundation staff broadly agreed that the organization's involvement in health coverage should continue on some level. As one leader summarized it, "Health insurance coverage is central to our mission, so we shouldn't get out of this activity completely." Staff came together around a shared goal: maintaining the gains realized under the ECI. Together, they engaged in a process of, as one described it, "strategically thinking about what might still be left from a federal standpoint or locally that we can leverage or work within and what is the Foundation's level of commitment for long term maintenance of the gains."

Continued Support of Coverage Efforts

Components of the ECI that continue to receive Foundation support include, among other items:

- Cover Missouri's website (covermissouri.org), Find Local Help zip code locator, appointment scheduler tool, and call center to assist consumers with health insurance information and enrollment,

- A limited number of facilitated Cover Missouri Coalition meetings,

- Expert assistance to the Cover Missouri Coalition with health insurance literacy and policy guidance, and

- Updated social media and communications resources, including talking points.

What specifically it would mean for the Foundation to step back from the full ECI investment, required much discussion and difficult decisions. "We don't have a lot of organizational experience transitioning out of things," noted one leader. "For the staff that worked most closely on it, it was painful to think about transitioning into maintenance mode. It's their baby." Although challenging, the attention to careful planning led to agreement across staff about fundamental and high-value elements of the initiative to continue supporting. "For a very minimal amount of money we can keep some core components of this work going. As long as the community finds them still useful we should keep them up," a staff member remarked. Namely, the Foundation remains strongly interested in the stability of the Cover Missouri Coalition as well as retaining some of

the tools and resources that proved especially useful to coalition members. Several key elements of the initiative have ended with no plans to resume, including grants for outreach and enrollment work, in-person technical assistance, and paid advertising on social and traditional media.

Time will tell how these smaller investments to maintain infrastructure and capability of health coverage efforts pay off over the longer term. A Foundation staff member, echoing others, expressed hope that with the ongoing support "the Cover Missouri Coalition will be sustained, keeping that network in place to communicate, and to mobilize, and to educate as we can. We are ever hopeful," she added, "that Medicaid will expand someday, and we'd like to be poised for that." A colleague concurred, adding, "We've made hard but good decisions about how to carry the infrastructure over in case there's a day when we see Medicaid expansion here or opportunities to rev this work back up and start again on getting affordable insurance to Missourians in need."

Conclusion

Key Lessons for the Field

A primary benefit of conducting a retrospective examination of an initiative is the opportunity to understand how successes and challenges can improve future work. Reflecting on the five-year Expanding Coverage Initiative (ECI) yields the following lessons that can inform Missouri Foundation for Health, other foundations, and organizations taking on similarly complex efforts.

To engage organizations fully, make a long-term investment.

The Foundation's five-year commitment to this initiative was crucial in motivating participation from a large number of organizations. A supporting partner reflected, "Having the Foundation commit large resources sustained over a number of years and have their direct involvement and guidance in it is really impactful." She went on to describe how a big initiative served to garner widespread participation, including from non-funded organizations, commenting, "There were grantee organizations and also non-grantee organizations that were part of the coalition. If you count the entire membership, we ended up getting over a thousand members, which in less than five years is pretty astronomical." A grantee in the coalition added that when a foundation takes on a long-term project and makes more sustained grants, it incentivizes organizations to commit more staff time and resources. "Longer grants are better because it helps us to build momentum," she explained.

Making a large investment, of course, must not be done lightly. A Foundation staff member cautioned, "It's a tremendous amount of money to spend." He advised ample vetting, suggesting, "Before you get into it, think about the environment, the policy impacts, and the community." Another concurred, emphasizing that "the environmental assessment is crucial: understanding the status, who are the target populations who don't have insurance, what's the institutional infrastructure that exists to get to them, how effective is it, where might it be bolstered, what is the public perception and the political perception of the effort, and what kind of partnerships might be available."

Mobilize collective expertise and clarify participant roles.

Policy expertise, communications, evaluation, community organizing, and advocacy were some of the ingredients vital to the ECI. By pulling together a strong group of experts in these areas, the Foundation was able to leverage resources by providing knowledge and tools to the full Cover Missouri Coalition, the majority of whose members were not funded, but could make use of the collective expertise. To make this collaborative solution work smoothly and effectively, the Foundation had to gather the right partners and establish shared understanding of roles. According to one consultant, "Getting us all together is the secret sauce that made this work so well." The Foundation also made a key decision early on to hire a full-time initiative director, which brought a level of organization and coordination that enabled the large team to function well. In short, convening partners with essential skills and creating a separate coordinating and directing role proved to be successful strategies for a complicated, multi-year initiative.

Strengthen a coalition's effectiveness with shared leadership and a balance of structure and flexibility.

The Foundation recognized that coalition members' community experience was a rich source of information to guide outreach, consumer education, and enrollment. At the same time, mobilizing hundreds of participants to work toward shared goals would require structure and effective communication. The ECI struck a useful balance, giving partners and coalition members a meaningful voice in strategy and implementation, and

supporting that implementation with structure, common processes, and shared language. For example, through the ECI's flexible hub structure, regional groups could confer on local needs and strategies, tailoring trainings and peer learning accordingly. The supporting partners and Foundation staff provided statewide meetings and open communication lines through which members could ask questions, bring up problems, or share solutions. Regularly informed by needs raised by coalition members, the partners served as a source of essential information and thoughtful improvement. Examples of their support that strengthened the coalition's success included giving policy updates and explanations critical to the community-based work, providing media training and talking points, and making process adjustments based on questions and feedback from enrollment assistors. A Foundation staff member attributed the success of the coalition strategy in part to the Foundation "knowing that the work was going to be the best when everybody felt like they had a voice and input into making it better."

> "You can make a huge amount of change and progress if you have the organization and the commitment and the resources devoted to it."
>
> - Partner

Tailor messaging and strategies to reach vulnerable populations.

Developing outreach materials and tools specific to different audiences—urban, rural, immigrant, or LGBTQ populations, for example—allowed coalition members to reach populations that had different, specific concerns about seeking health coverage. At the outset of the initiative, one coalition member recalled, "We had a lot of not-so-successful outreach attempts, so we had to learn what is going to draw people in and what are their barriers, especially in rural areas. Learning what the challenges are in the different communities really worked." Initiative partners provided communications support, including creating versions of outreach and education materials targeted to specific populations—a level of detail that small organizations in the coalition would not have been able to fund on their own. From the Foundation's standpoint, tailored outreach was part and parcel of achieving the goals of the initiative. A staff member remarked that a key takeaway for any community-focused work is "thinking long and hard about who specifically are you trying to reach. How are you planning specifically for those lower income people that need coverage, not for the whole world? Being really key on who you're trying to reach and how your strategies do or don't actually target those groups."

Embrace political neutrality.

In an increasingly divisive era, the Foundation took on an issue that could have been a political hot potato: implementation of the Affordable Care Act (ACA). Yet by adhering to its tradition of political neutrality, the Foundation led its coalition partners to avoid partisan perspectives. They focused instead on the reality of people's lives and their fundamental need for health insurance. As a Foundation staff member described it, "We've always worked hard to stick with just the facts and stay as apolitical as we can. That has really been valuable for people to trust us as a source." According to partners and coalition members alike, the strategy worked. A coalition member attributed the success of consumer education workshops in part to the non-partisan stance. "After doing 450 different workshops on Obamacare in Missouri in the last six years," he noted, "the fact that we had no complaints really speaks to the professionalism of the Cover Missouri members as well as our approach of being strongly politically neutral."

Adapt to uncertainty in measuring impact.

There are a number of reasons that it is difficult to gauge a funder's impact on social change through a long-term, collective effort. In the ECI, for example, determining which enrollments across Missouri were a direct result of the initiative is tricky at best, leading to uncertainty in attributing cause and effect. Some organizations and individuals completed enrollments independent of the ECI, and some Missourians surely would have attained coverage under the ACA even in the ECI's absence. Further, as a comparison of multiple states shows, context and approaches differ widely enough from state to state that the comparison cannot quantify the value of a particular effort. Though precise numbers are elusive, identifying progress and accomplishment—as well as opportunities for improvement—is not out of reach. A wide variety of stakeholder

perspectives, collected through interviews and surveys, can open windows into how well an initiative's strategies are working and provide insights into why and how some efforts are more successful than others. Paired with external statistics, such as the substantially reduced uninsured rate in Missouri during the period of the ECI, the markers of progress gleaned from stakeholders describe an initiative's contributions toward a broader goal. In Missouri, ECI partners and coalition members overwhelmingly emphasized the benefits of the initiative in establishing a strong and lasting coalition; mobilizing effective, informed outreach and enrollment, often in the face of opposition; and successfully connecting large numbers of Missourians to health coverage and access to care.

The Legacy of the Expanding Coverage Initiative

Under the ACA, nearly 20 million Americans gained health coverage, bringing the uninsured rate to a historic low of 27 million in 2016.[18] Missouri's ECI contributed to that improvement, connecting hundreds of thousands of Missourians to insurance and health care through awareness, education, and enrollment campaigns. Yet as every ECI participant knows well, hundreds of thousands more remain in need of health coverage, with much uncertainty surrounding future opportunities to obtain it. Indeed, leadership at Missouri Foundation for Health asserts, "The country still has not come to grips with whether we want health insurance to be something that everyone should have or to be more of a market-based commodity that some people can't afford."

The ECI, however, did more than affect current rates of insurance; it prepared for the future. As the debate over access to health coverage continues at state and national levels, the Foundation has readied Missouri for change. Its foremost accomplishment through the ECI is the development of the Cover Missouri Coalition, which remains a strong, broad statewide network of organizations capable of community mobilization in the service of health. The ECI also proved to be a successful model of collaborative partnership, with a diverse and effective team of experts supporting a multi-year endeavor in a challenging environment. These gains—the coalition infrastructure, robust relationships, and knowledge of how to implement a large-scale initiative—can accelerate the Foundation's ability to advance its mission of improving the health and well-being of Missourians. Shared with peer foundations and a broader learning community, the lessons of the ECI support a critical discussion of how to achieve positive social change in a climate of polarization and mistrust of institutions, providing concrete and hopeful examples of progress.

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[18] Garfield R, Orgera K, Damico A. (2019, January 25). The uninsured and the ACA: A primer – Key facts about health insurance and the uninsured amidst changes to the Affordable Care Act. *Henry J Kaiser Family Foundation*. Retrieved from https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-how-many-people-are-uninsured/

Appendix

Evaluation Approach and Methods

In collaboration with Missouri Foundation for Health, Engage R+D developed the following key questions to guide the Expanding Coverage Initiative (ECI) retrospective evaluation.

Category	Evaluation Question
Implementation	How did the ECI initiative unfold over its five years of implementation?
	What contextual factors related to the state and national health insurance environment influenced the ECI implementation?
	What were some of the main accomplishments of the ECI?
	What challenges emerged during implementation?
Outcomes	What impact did the ECI have on the uninsured and partners engaged by the Foundation?
	What overall evidence of effectiveness exists for each of the three prongs of the ECI's strategy (awareness-building, outreach, and health literacy)?
	What evidence exists that the ECI contributed to declining uninsured rates in Missouri (as compared to other states)?
	What, if any, unexpected outcomes emerged during the course of the ECI's implementation?
	How did the ECI influence the experience of communities most likely to be uninsured?
Lessons for the Field	What are some of the key lessons learned from the ECI that can inform the Foundation's other current and future work?
	What lessons from the ECI could be shared with other funders and actors working on similar initiatives?
	What strategies within the ECI proved to be particularly effective?
	What could the ECI have done differently to have been more effective?

This retrospective report on the ECI is the culminating analysis of information from the following secondary and primary data sources:

Synthesis of previous evaluation data. We reviewed annual evaluation reports developed by the ECI's evaluation team from the Center for Public Health Systems Science at Washington University in St. Louis. The retrospective report incorporates data points from these reports that are of relevance to our story of the ECI and our evaluation questions.

Secondary data analysis comparing Missouri to other states. A key contextual factor that influenced ECI implementation was the fact that Missouri was one of 17 states opting not to expand Medicaid under the Affordable Care Act (ACA). To better understand the unique role of the ECI in Missouri, we sought to compare Missouri's context and outcomes to several other states that also did not expand Medicaid. To identify a subset of states for comparison, we analyzed secondary data across all 17 states, comparing data across several measures, including:

- total population[19]
- racial/ethnic population[20]
- regional data[21]
- rurality[22] (measure of rural population)
- uninsured rates[23]

Reviewing these data, we developed a short list of states with similarities in the measures. Working with Foundation staff, the final agreed-upon selection of states also included two states that were in Missouri's Centers for Medicare and Medicaid Services Region VII (Kansas and Nebraska), meaning that the same regional office served as federal liaison to all three regarding ACA information. In total, the criteria helped to establish a slate of comparison states that had reasonable contextual similarities for implementing the ACA: Kansas, Nebraska, South Carolina, Tennessee, and Wisconsin. We then created snapshot descriptions of the political circumstances in these states by conducting a brief literature scan and two key informant interviews. This qualitative data, together with the descriptive statistics listed above, provided information to place Missouri in the broader setting of similar states

State	Total Population	Rurality[24]	Uninsured (2017)	% Change in Uninsured (2013 to 2017)
Wisconsin	5,643,000	30%	5%	-44%
Tennessee	6,538,200	33%	9%	-36%
Missouri	**5,921,300**	**29%**	**9%**	**-31%**
South Carolina	4,864,600	33%	11%	-31%
Kansas	2,817,600	26%	9%	-25%
Nebraska	1,859,200	26%	9%	-18%

[19] Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2017.

[20] Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2017.

[21] Centers for Medicare & Medicaid Services. CMS Regional Offices. https://www.cms.gov/Medicare/Coding/ICD10/CMS-Regional-Offices.html

[22]Fields, A., Holder, K.A., Burd, C. (2016). Life off the Highway: A Snapshot of Rural America. United States Census Bureau. Retrieved from https://www.census.gov/newsroom/blogs/random-samplings/2016/12/life_off_the_highway.html

[23] Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2017.

[24] The U.S. Census Bureau calculated the "rurality" measure by calculating the percentage of the population in each county that lives in rural areas in 2010 and applying it to American Community Survey data. More information on the measure can be found here: https://www.census.gov/newsroom/blogs/random-samplings/2016/12/life_off_the_highway.html.

and their successes and barriers in expanding coverage under the ACA.

Stakeholder Interviews. We conducted 27 semi-structured qualitative interviews from March to May 2019 with ECI partners and beneficiaries in order to better understand their experiences. Among these participants were:

- Six **foundation staff** with close involvement and leadership positions with the ECI. Their interviews served to explain initial assumptions in the initiative's planning and to clarify implementation events and timeline. Foundation staff shared perspectives on successes, challenges, accomplishments, and outcomes of the ECI throughout its five years of implementation, as well as on the transition out of the initiative.

- 11 **key partners** that supported the Cover Missouri Coalition and provided technical assistance to grantees. These interviews explored partners' perspectives on ECI implementation, outcomes, and lessons learned.

- 10 **members of the Cover Missouri Coalition,** including some who were grantees of the Foundation and some who were not. The interview participants varied in terms of the focus of their work, the geographic region of Missouri they served, the populations they reached, and the relative successes and challenges they experienced in implementing the ECI. The interviews probed on successes, challenges, and contextual factors related to outreach and enrollment. They also elicited information about how community members were impacted by the initiative as well as barriers and facilitators in successfully reaching people who needed insurance assistance.

We conducted a content analysis of the interview transcripts using qualitative analysis software to identify and organize themes.

Meeting observation. The evaluation team attended one Cover Missouri Coalition meeting in person in Columbia, Missouri in June 2019. We observed the meeting to gain a first-hand understanding of how partners worked together through the coalition.

A reflection session with Foundation staff. A facilitated, in-person staff reflection session helped us unpack early findings and surface additional reflections on how the initiative unfolded. During the session, we encouraged staff who were central to the ECI to consider the broad trajectory of the initiative and reflect on insights and lessons from their work.