The Personal Touch: Reaching and Enrolling Uninsured Women and LGBT People

Best practices and lessons learned from Raising Women’s Voices and our regional coordinators

for the health care we need
The Personal Touch:
Reaching and Enrolling Uninsured Women and LGBT People

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November 2014

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About RAISING WOMEN’S VOICES

RAISING WOMEN’S VOICES for the Health Care We Need is a national initiative working to make sure women’s voices are heard and our concerns are addressed as the Affordable Care Act (ACA) is implemented. Raising Women’s Voices is a collaboration of the Black Women’s Health Imperative, the MergerWatch Project of Community Catalyst and the National Women’s Health Network. It was co-founded by Byllye Avery, Cindy Pearson, Lois Uttley, Amy Allina and Reena Singh. The three RWV partner organizations came together in 2007, with a strong track record of reproductive justice organizing, education and advocacy work. Since then, RWV has created an independent voice within the health reform movement for the health needs of all women, and particularly for those who are low-income, women of color, immigrant women, young women and members of the LGBT community.

While informed by expert policy and situational analysis, RWV work is rooted in grassroots knowledge, as well as movement-building expertise. Recognizing that much of the work of putting the ACA into action is taking place out in the states, we have recruited, trained and provided funding support to 28 state-based advocacy groups, which serve as RWV regional coordinators in 25 states and the District of Columbia. This vibrant network of regional coordinators includes groups with strong on-the-ground connections to women, LGBT people and their families in diverse communities. Some of our coordinators are women’s health providers, while others are experienced advocates for reproductive health, maternal and child health, LGBT health, immigrant women and their families, people with HIV/AIDS and the needs of low-income women and families. A list of the RWV regional coordinators can be found at the end of this report.

We place a priority on asking women to share their experiences navigating the health care system. Because of women’s roles as arrangers of health care for our families, we believe women are grassroots experts in what is needed to make sure the health system is user-friendly and affordable. This report reflects what RWV and our regional coordinators learned doing on-the-ground outreach and enrollment during the first ACA Open Enrollment Period from October 2013 through mid-April 2014.

To learn more about Raising Women’s Voices, visit our website at www.RaisingWomensVoices.net. Find us on Facebook at www.facebook.com/RWV4HealthCare.

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Introduction

Making personal contact. Overcoming skepticism. Demystifying health insurance.

Across the United States, Raising Women’s Voices and our 28 regional coordinators used those approaches and more to reach and enroll uninsured women, LGBT people and their families during the first Open Enrollment period of the country’s new health insurance marketplaces. We did so in a wide variety of settings that presented special challenges – from urban neighborhoods in New Orleans, New York City, Pittsburgh and Chicago to rural towns in Maine, Montana, New Mexico and West Virginia.

In some places, RWV coordinators partnered with national enrollment campaigns like Enroll America and Out2Enroll. In others, our coordinators formed local partnerships with churches and agencies like the YWCA, or they co-founded outreach campaigns that trained and deployed volunteers to street fairs, festivals and other community events. In all, RWV and our coordinators gave more than 120 presentations about the new coverage options and tabled at more than 130 events. Some coordinators also employed phone banking and mailings, while one created a cell phone app that helped women find the nearest navigator to assist with enrollment.

Nationally, Raising Women’s Voices partnered with the Ms. Foundation for Women and the Conway Strategic communications firm to create and launch Women 4 Health Care. This lively social media campaign provided enrollment tips through Facebook badges featuring women of color, low-income women and families. Raising Women’s Voices also joined the national advisory council of Enroll America, helping to create campaigns that reached uninsured women and their families.

As the first Open Enrollment period ended in April 2014, the results were encouraging: more than 4.3 million women nationwide had enrolled in the new private Qualified Health Plans, according to the U.S. Department of Health and Human Services (HHS). Of those, 2.4 million were women in their prime reproductive health years, ages 18 to 44. They will benefit from women’s preventive services, like contraception and breastfeeding supports, that are covered without co-pays because of the Affordable Care Act. Women were also among the millions of new Medicaid enrollees, but HHS has not provided a gender breakdown.
With the second Open Enrollment period set to begin on Nov. 15, 2014, Raising Women’s Voices and our coordinators have been sharing lessons learned and best practices. We found that person-to-person contact, especially in-person communication at community events, was extremely effective in helping women and LGBT people to understand their options and take action to apply. This was especially important in reaching low-income women and LGBT people in federally-facilitated marketplace states, where there was a scarcity of navigators because of a lack of federal funding. We found that we needed to follow up on our initial contacts with women by making phone calls and sending emails to offer additional encouragement and answer questions. Our Women 4 Health Care social media campaign also reached our constituencies with helpful enrollment tips.

This report documents some of the experiences our regional coordinators had during the first Open Enrollment period and summarizes their insights about best practices for reaching and enrolling women, LGBT people and their families. We have organized their comments into sections focusing on the particular challenges of reaching specific constituencies: urban women of color, rural women, Latinas, LGBT people, patients of women’s health centers, and enrollment assisters.
Reaching Urban Women of Color and Their Families

Raising Women’s Voices regional coordinators identified three key challenges in their outreach to low and moderate-income women and families of color in urban neighborhoods:

1. **Trust.** Given their personal and community experiences with discrimination and with government programs that did not live up to promises, many women of color are mistrustful of new initiatives and skeptical they will benefit.

2. **Affordability.** Particularly in states that did not accept Medicaid expansion, affording health insurance means juggling an already tight personal budget.

3. **Lack of familiarity with health insurance.** A lack of personal experience with health insurance means unfamiliarity with insurance terminology and how to evaluate health plans. As a result, enrollments become very time-consuming.

Our coordinators made significant progress in addressing these issues. They found that gaining trust requires that outreach efforts be personal and consistent. Partnerships with other local non-profits, volunteer groups and national outreach campaigns helped regional coordinators expand their reach and credibility. Addressing affordability meant helping women understand the availability of financial aid, as well as the importance and value of their own health care. Promoting greater knowledge of how to choose and use health insurance effectively has become a Raising Women’s Voices focus for 2014 and beyond.

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**Raising Women’s Voices–NY**

Raising Women’s Voices–NY organizers faced a challenge of how to assemble enough staffing to even begin to reach the hundreds of thousands of uninsured women and families in the urban neighborhoods of New York City. They found a creative way to stretch their limited resources. By co-founding an initiative called Get Covered NY, RWV–NY was able to work with more than 100 volunteers from Greater NYC for Change, a collection of neighborhood activists who had experience doing tabling, canvassing and phone banking for progressive political campaigns. Get Covered NY trained all its volunteers in the basics of the Affordable Care Act and the new coverage options becoming available through NY State of Health, that state’s marketplace.

Get Covered NY outreach was concentrated in low-income neighborhoods in upper Manhattan, the Bronx, parts of Brooklyn and lower Westchester County where the residents are predominantly people of color.
RWV–NY Community Organizer Liza Lederer-Plaskett, interns and Get Covered NY volunteers attended scores of community fairs and festivals like “Harlem Week” and “Viva Bronx!” At these large events, the outreach team made sure to have little treats to give away. The goodies attracted children to the tables and their mothers followed, more receptive to hearing what the Get Covered NY team had to say.

Get Covered NY also tabled at health fairs in CVS drug stores and gave presentations at local churches and community-based organizations. “Churches are hubs of low-income communities. Everyone who comes to the presentation is there to listen,” Lederer-Plaskett says.

Some of the uninsured women and families she talked with were wary. “The majority of the people I meet in the Bronx or Harlem want a solution. But, at the same time, they don’t trust solutions,” said Lederer-Plaskett. “We give them a basic outline of their coverage options, explain the financial aid available and get them a phone number to talk to an enrollment counselor about their situation.”

At all of the outreach events, Get Covered NY collected names and contact information for uninsured people interested in learning more about the new coverage options. The names were entered into a database, designed by RWV-NY staffer Maryanne Tomazic, that grew to about 2,500 entries. GCNY co-founders Kate Linker and Linda Ricci hosted and supervised weekly volunteer phone banks to remind uninsured people to get covered and give them a phone number to schedule a navigator appointment.

New Voices Pittsburgh is a decade-old group that works to promote the health and well-being of black women and girls in the Pittsburgh area. In support of Open Enrollment, New Voices Pittsburgh formed partnerships. They hosted enrollment and educational sessions at the YWCA. They partnered with Enroll America to conduct phone banks every Tuesday from the New Voices offices. They made important in-person connections via bus stop canvassing, spreading the word to people waiting for buses.

In the final month of Open Enrollment, New Voices Pittsburgh gave enrollment a huge push. They added another weekly phone bank on Thursdays, contacting people from their own database to offer information and schedule enrollment appointments. They conducted a “Week of Action,” each day focusing on reaching a different population. They reached people of color at an open mike, spoken word performance at a lounge. In total, New Voices Pittsburgh staffers and volunteers made 3,000 phone calls.

New Voices Pittsburgh, PA

Carmen Alexander, Community Organizer, New Voices Pittsburgh
For the upcoming second Open Enrollment season, New Voices Pittsburgh will focus its efforts on spreading health insurance literacy. With limited resources, doing enrollments was too time-consuming for the New Voices team. “Appointments were taking much longer than anticipated because we spent an hour and a half just explaining basic insurance terms,” said New Voices Pittsburgh Community Organizer Carmen Alexander, who became a certified application counselor.

Once again, New Voices Pittsburgh will partner with the YWCA, this time giving “Health Insurance 101” presentations.

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Monique is a 38-year-old certified nurse assistant who attempted to enroll in health insurance on her own through the healthcare.gov website. But the website was having technical problems so she called the helpline to request a paper application. She received the application, but it was in Spanish, and she doesn’t speak Spanish. When she told a friend about her frustration, the friend referred her to New Voices Pittsburgh. Carmen Alexander scheduled an enrollment appointment with Monique. Two hours into the appointment, with Monique’s enrollment almost complete, the website crashed. Monique was about to give up. But Carmen called the helpline and got a representative on the phone. Then she got disconnected. She called back and eventually resumed with another representative. After an hour and a half on the phone, Monique’s application was complete.

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**EverThrive Illinois, Chicago**

EverThrive Illinois (formerly the Illinois Maternal and Child Health Coalition) leveraged partnerships with numerous organizations to make its outreach to urban women of child-bearing age more effective. “We focused on educating the people young women already trusted so they could answer their questions,” said Kathy Waligora, Health Reform Initiative Manager at EverThrive Illinois. A total of 1,500 social service and health care providers attended EverThrive’s enrollment training sessions at libraries, federally qualified health centers and hospitals. They were educated on the basic provisions of the ACA and key messaging tips for people who are uninsured.

EverThrive Illinois also partnered with the United Way, emailing information to 6,000 people. They conducted in-person presentations with the group Young Invincibles, meeting young people who had aged out of the Children’s Health Insurance Program (CHIP) and did not know about their options for new coverage. “They were so used to being turned away for things that they didn’t even try,” said Kathy Waligora.
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New Jersey Citizen Action

New Jersey Citizen Action, the largest consumer watchdog group in the state, ensured that its messages about affordable health coverage were delivered by trusted messengers through creation of partnerships with nine established grassroots community organizations across the state. The groups conducted outreach to women and families at hair salons, nail salons, bodegas, churches, senior centers, after-school programs, ESL classes, street festivals, parades and through door-to-door canvassing.

Consistency was key to building trust. “If you see the same person every weekend at the hair salon handing out materials, and they don't want something from you, you start to realize that what they’re saying must be important,” explained Aida Rivera, Health Care Organizer. “Once we get through to one person in a community, it spreads like wildfire.”

NJ Citizen Action advocated consistency in the people and locations where outreach took place, as well as in the educational materials workers distributed. They invested in training outreach workers to ensure that only accurate information was disseminated. Workers were trained to never “make up an answer.” Instead, they were told to promise to follow up with the right information, either via phone, email or, in many cases, in person at the same location the next weekend.

In urban Essex County, partner group Bessie Mae Women's and Family Health Center created outreach events that drew big crowds. With a trusted reputation, Bessie Mae hosted two family-oriented health fairs that attracted 500-700 people each. Turnout was boosted by kid-friendly features like a bouncy house, face-painting, family Zumba, and live music, which were funded by sponsors like health plans, local elected officials and banks. With certified application counselors on site, 289 people enrolled in Medicaid or a qualified health plan during the two events.

Leveraging their ties in the community, Bessie Mae reached younger adults on their own turf. In one case, staffers were able to use a computer room at a trade school for an enrollment session. Computer-confident young adults enrolled themselves and asked questions if they needed help.

A navigator’s story

“After a presentation I made on the South Side, navigators stayed to do enrollments. One navigator told me she enrolled a woman in her 20s who had not been to a doctor since an acute medical issue years ago. The navigator offered to schedule an appointment for her at a federally qualified health center. The woman said, ‘That’s fine, but how do I know I’m going to be sick then?’ The navigator then explained the preventive care provisions of the ACA”

— Kathy Waligora, Health Reform Initiative Manager, EverThrive Illinois
In New Orleans, Women With A Vision has been working with marginalized women and families for 23 years. WWAV staffers and volunteers focused on getting the word out about Open Enrollment through repeated face-to-face interactions. They walked the streets, stopping at grocery stores and laundromats. They also attended health fairs, churches, and political rallies. In all, the seven staffers talked to over 1,000 people.

In a state that did not accept Medicaid expansion, affordability of health insurance is very much an issue. WWAV is working with advocacy partners in Louisiana to urge that this coverage gap be closed.

In the meantime, WWAV Community Health Coordinator Catherine Haywood makes the pitch for women to at least apply for coverage, and see if they might qualify for financial aid, by appealing to women’s role as caretakers. “I tell them you need health insurance so you can get well-woman checkups and stay healthy so you can take care of the children you love so well.”
Reaching Rural Women and Families

In rural parts of the country, Raising Women’s Voices regional coordinators faced some different challenges:

1. **Inaccessibility.** Regional Coordinators were challenged to connect with women and families who were isolated geographically and/or who had limited access to enrollment information, computers or the Internet.

2. **Misperceptions.** Negative myths about the Affordable Care Act had to be dispelled.

3. **Trust.** Outreach to Native Americans, mistrusting of the federal government, required partnerships with trusted community leaders.

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**Consumers for Affordable Health Care, Maine**

Maine is an enrollment success story. In the first Open Enrollment period, Maine exceeded its enrollment goals by 92 percent, making it the number one state for enrollments per capita in the federally-facilitated marketplace. Outreach to rural populations in Maine was crucial, since rural areas make up a large part of the state. Consumers for Affordable Health Care worked with various groups throughout the state to achieve this success and became experts on effective outreach to rural populations.

One of the biggest hurdles to overcome in rural areas was lack of access to information about enrollment and the assistance available, or even access to a computer with internet that could be used to visit healthcare.gov, the federal enrollment website. People living in rural areas aren’t always getting e-mail blasts of information or seeing advertisements while scrolling through their Facebook accounts. Many have also gone without insurance and regular health care services their whole lives, and so aren’t receiving information from a local doctor or pharmacist.

Whenever possible, they connected with people in person. They gave presentations at universities, fairs, bridal showcases and agricultural fairs like the Blueberry Festival. In total, during Open Enrollment, Consumers for Affordable Health Care participated in 33 public gatherings, reaching 894 people in person.

“In Maine’s rural areas, we set up tables at agricultural events that would draw a large crowd, and frequently when you talk to one person from a small community, you’ve also reached their sister, cousin, and neighbor across the street. Even if a person saw a flyer or advertisement about the Marketplace, that won’t mean nearly as much to them as hearing about how their friend is now able to afford the medication they need for only a few dollars a month.”

– Kate Ende, Legal and Program Associate, Consumers for Affordable Health Care
Consumers for Affordable Health Care didn’t have the capacity to go to every rural town in Maine and sit outside a corner store to talk to people, so they found partners who did. Much of the outreach going on in the field was in the very capable hands of local assisters, who already had the roots, ties, and credibility within these communities. Consumers for Affordable Health Care made it their job to do whatever they could to support them.

Access to accurate information was not just an issue for consumers. Using technology and in-person convenings, Consumers for Affordable Health Care brought local assisters together and created a network so that each one of them, no matter where they were, could ask for and receive support, accurate information and updated guidance from the entire assister community in Maine.

Consumers for Affordable Health Care used technology to reach younger, tech-savvy people. They created a simple whiteboard video explaining the Marketplace and Open Enrollment, which has nearly 11,000 views on YouTube.

**WVFREE, West Virginia**

“In West Virginia, the biggest challenge to outreach is the terrain itself— it’s hilly and mountainous. We say that people live ‘here and there along the road,’” said WVFREE Health Policy Associate Amy Weintraub. Door-to-door canvassing is not always possible. So WVFREE targeted younger women with technology. They developed a smartphone-friendly website for locating assisters and navigators by county. The site was successful enough that the state is creating its own version for Year 2, which will have the advantage of having the most up-to-date information.

**Ms. Franklin’s story**

*Ms. Franklin is a mother of four children working as a private nanny. Before her divorce in 2010, she had coverage through her spouse, but had been uninsured since that point. Various chronic health issues went unaddressed during this time. She was skeptical that any insurance available through the marketplace would actually be affordable for her, as her month-to-month expenses left her with no expendable income. The negative news coverage regarding the healthcare.gov website also made her anxious that she would be able to navigate it on her own. With WVFREE staff support, however, she got through the application in one sitting and enrolled in a plan that, due to her income and family size, cost her less than $50 each month. Ms. Franklin has chosen a physician in private practice and is now accessing care. “Thanks to ACA, I can now get regular preventive check-ups and not have to resort to putting off treatment and rushing to the ER when I am really, really sick.”*
New Mexico Religious Coalition for Reproductive Choice

The New Mexico Religious Coalition for Reproductive Choice built awareness of Medicaid expansion among low-income people by traveling to rural areas of the state. They distributed information at five rural churches hosting food banks and community meals. “Many of the people we met were working poor people, unaware that they might now be eligible for Medicaid,” said Executive Director Joan Lamunyon Sanford. “We also met women with children who already had Medicaid, but had questions about health insurance for their husbands or fathers.”

Montana Women Vote

Montana Women Vote focused its outreach on its constituency of women who are low-income, single, mothers, young and/or Native American. In a largely rural state like Montana, mail, social media and phone were efficient ways to get the word out. Montana Women Vote extracted 3,000 names of women likely to qualify for 95 percent subsidies from its database of 15,000. They were mailed a brochure developed in partnership with a navigator, Montana Primary Care Association. Montana Women Vote volunteers made 1,300 phone calls over the course of two weeks. Navigators reported that many people brought the brochures to their enrollment appointments.

The phone banks were an opportunity for Montana Women Vote to address misperceptions about the Affordable Care Act (ACA). Local media coverage had focused on the price of the health plans available through the marketplace, but not the subsidies. Over the phone, volunteers were able to give skeptical people hypothetical scenarios that showed the affordability of the health plans.

Outreach to Native Americans, the largest non-white ethnic group in Montana, was accomplished with partners. Given a long history of broken promises from the federal government, including the gross underfunding of Indian Health Services, Native Americans are highly skeptical of the ACA. Montana Women Vote worked behind the scenes to support their partner, Western Native Voice.

“We worked as an ally with native and tribal leaders. We provided educational materials for Western Native Voice to use at tabling events on reservations,” Executive Director Sarah Howell said. “We made sure that the clinics and community health centers nearby had navigators culturally competent to enroll Native Americans.”
Reaching Latinas and Their Families

In reaching Latinas, Raising Women’s Voices coordinators faced three main challenges:

1. **Language and cultural barriers.** Marketplace websites and informational materials were not immediately available in Spanish, forcing RWV coordinators to work with partners to develop appropriate fact sheets.

2. **Fears about immigration status.** Many Latinas live in households of mixed documentation status. They are wary of sharing personal information, but will listen.

3. **Lack of knowledge about health insurance.** Health insurance literacy is especially an issue for Latinas who were not raised in the United States.

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**New Jersey Citizen Action**

New Jersey Citizen Action reached Latinas and immigrants across the state through partnerships with trusted grassroots community organizations. These partner groups were already well-connected in urban areas like Northern New Jersey’s Union City, which is 85 percent Latino, and in rural areas in Southern New Jersey where migrants work in the state’s agricultural industry.

Because literacy rates are low among the populations they were reaching, the outreach workers employed flyers that used minimal words and relied heavily on images to communicate. For example, a flyer featured pictures of a birth certificate and Social Security card to communicate the pieces of documentation people needed to bring to an enrollment appointment.

“The key thing is that we wanted folks to come prepared,” said Aida Rivera, Health Care Organizer. “If you get them there and then tell them they need to come back because they don’t have the documentation they need to enroll, the chances of them coming back are slim.”

In rural areas, churches are gathering places for immigrants and Latinas. The partner group Servicios en Burlington County stuck flyers in English and Spanish onto the windshields of cars in the parking lot during church services. After services they conducted enrollment sessions.

Rivera explained a strategy for establishing trust within a church community, “We want to be the messengers, but we’re not the trusted source. So, who can be the messenger? We want that lady in the church who has been there forever and knows everybody. That’s who we want to educate and have her become the messenger.”

Looking ahead to Open Enrollment for 2015, New Jersey Citizen Action is focused on improving health literacy and prevention. Whether rural or urban, New Jersey Latinas not only lacked awareness of the Affordable Care Act, they also lack basic health literacy.
Another goal is to get more media coverage. While a Public Service Announcement ran on a New Jersey TV station in English and Spanish last summer, this year Rivera is educating and preparing partner groups to target media outlets and leverage social media like Facebook and Twitter.

**COLOR, Colorado**

In its work with Latinas during Open Enrollment, COLOR’s biggest challenge was education. “The health care system in America is complicated and confusing,” said Communications Director Ryann Nickerson. “Among immigrants, there is the sense that the system is designed to exclude them.” To help Latinas understand the system, COLOR tried to answer questions like “What is health care? Why should you buy health insurance? Who can buy insurance?”

COLOR engaged more than 2,000 individuals in face-to-face conversations, phone calls, mail, and email during their Pledge to Enroll campaign. Partnerships with advocacy and direct service organizations serving the Latino community were critical to success. Together they organized a “cafecito” series, ‘Tu Cuerpo, Tu Salud,’ held forums, and sent out street teams armed with English and Spanish postcards. Volunteers followed up with phone calls and emails to give people information on how to apply for Medicaid, what to bring to an enrollment appointment, and how to prepare to make decisions about plans. An event in Northwest Denver enrolled almost 200 families and provided information to many who were undocumented.

**Women With A Vision, New Orleans, LA**

Women With A Vision partnered with the nonprofit group Puentes to support Open Enrollment in New Orleans’ Latino communities. Women With A Vision provided expertise in grass-roots outreach techniques and together, they identified key neighborhoods to target and gatekeepers to help reach uninsured women. Outreach teams visited laundromats and grocery stores, as well as a health fair at a community college.

Because of the gender dynamic in many traditional Latino households, husbands or other male family members are often the final decision-makers. Women With A Vision hired a Latino man to help in their outreach. It was easier for him to make connections with other Latino men – at bars, churches, community centers – and communicate the importance of the whole family having health insurance.
Raising Women’s Voices–NY

Raising Women’s Voices–NY sent bilingual outreach workers to numerous public gatherings that attract large numbers of Latinas and families. Outreach worker Engracia Jamieson attended up to three festivals a week, making connections with Latinas by sharing her own experience of switching from an expensive private insurance plan to an affordable qualified health plan sold through New York's marketplace (NY State of Health).

She knows that many Latinas are skeptical, so she always approaches them with a simple greeting: “Perdone, conoce a alguien que necesite seguro de salud?” (Excuse me, do you know anyone who needs health insurance?)

“The main thing is for them to talk. I know it’s a good thing if they open up. When they give me a chance, I explain my own experience to them,” Jamieson said. “Even if their experience is different from mine, I have now spoken to so many people that I have many examples to share. The goal is to make them think. I tell them how a navigator helped me save hundreds of dollars a month and that there are many options available. There is something for all of us.”

Engracia’s story

Engracia Jamieson has worked for decades as an educator, but employer-based health insurance was never a good option. She found that many teaching positions came with very minimal health insurance, if any at all. Instead, she scraped together $488 a month to participate in a health plan provided by her late husband’s former employer. When she heard about the new options under the Affordable Care Act, she met with Carolina Rodriguez, a Spanish-speaking navigator at the Community Service Society of New York, for help enrolling. Rodriguez helped her find a plan that fits her health needs and saves her $4,500 a year. “For me, it was a night and day difference. It was a no-brainer,” Jamieson said.

As an outreach worker for Raising Women’s Voices–NY, Jamieson refers the Latinas she meets in the Bronx and Upper Manhattan to Rodriguez. “I could not have done it on my own. Carolina’s knowledge definitely saved me money. I tell people I meet at outreach events who think insurance is still too expensive, ‘I know someone that might be able to help you get it cheaper.’ They are always happy to take the phone number.”
Kirsy Rosado’s story

Kirsy Rosado, a young widow and survivor of domestic violence, is trying to rebuild her life. In the summer of 2013, she left an administrative job in the Dominican Republic to marry her American fiancé and live in Yonkers.

That same summer she attended the Bride’s March, a domestic violence memorial walk. There she signed up to be contacted about enrolling in an affordable health plan. A few weeks later, Raising Women’s Voices Outreach Worker Engracia Jamieson left a message on her voicemail with information on how to schedule an appointment with a navigator.

By now living with her mother and sister in East Harlem after the death of her husband, Kirsy said that the message from Engracia warmed her heart. “I didn’t know anyone here in the United States. I was so grateful to get that phone call.”

The next day she scheduled an appointment with a Spanish-speaking navigator at the Community Service Society of New York. “She very patiently answered all my questions, and I could feel she really wanted to help me. She guided me through the process so professionally and smoothly that in about a month I was able to get my health insurance,” Kirsy recalled.

Kirsy qualified for Medicaid. She immediately scheduled a complete physical. “Now I feel relieved and very happy. I was the only one in my family, who didn’t have health insurance, and it was always a concern for me,” Kirsy said. “I am very thankful to Engracia and to everyone who made it possible for me to be protected now. It is giving me peace of mind.”
Reaching LGBT People and Families

Outreach to LGBT people by Raising Women’s Voices regional coordinators and partner organizations has focused on overcoming three main barriers:

1. **Fear of discrimination.** Most LGBT people, especially those who are transgender, have experienced discrimination. It’s important to let them know that the ACA does not allow the marketplaces or insurance companies to discriminate based on sexual orientation or gender identity.

2. **Expecting to be denied coverage.** LGBT people with pre-existing conditions like HIV/AIDS have long been denied coverage or priced out of the private insurance marketplace. The ACA has ended coverage denials for pre-existing conditions and does not allow premium prices to be linked to a person’s medical condition.

3. **Affordability.** Many LGBT people have low or modest incomes, and work at jobs that do not provide employee health insurance. The financial aid available for private health insurance makes coverage more possible, and in states that have expanded Medicaid, low-income single adults (including unmarried LGBT people) have become eligible for Medicaid coverage for the first time.

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**The Lesbian Health Initiative of Houston, Texas**

Houston has the highest uninsured rate (29 percent) of all major metropolitan areas in the country. Liz James, Executive Director of the Lesbian Health Initiative, estimates that approximately 90,000 of Houston’s uninsured people identify as LGBT. For the Lesbian Health Initiative, supporting Open Enrollment meant making sure that LGBT families were fully included.

Before Open Enrollment even began, the Lesbian Health Initiative became the voice of the LGBT community in Houston, educating leaders and consumers affiliated with established community groups. Partnering with Out2Enroll, the nation’s largest LGBT education and outreach group, the Lesbian Health Initiative trained leaders on issues that matter to LGBT people — for example, ensuring assisters would know how to handle enrollment for two women, living in Texas, who had been married in another state.

Liz James said, “I don’t see silos. I see how things overlap.” With that perspective, the Lesbian Health Initiative formed diverse alliances that helped ensure the needs of the LGBT community were addressed. She taught an “ACA for Women” class at Hope Clinic, a health care provider serving Houston’s diverse Asian community.

The Lesbian Health Initiative also presented to the medical community at a Cancer Alliance of Texas meeting.

The Lesbian Health Initiative hosts bi-annual health fairs where LGBT people can receive free preventive screenings from medical staffers who have been through the Lesbian Health Initiative’s cultural competence training. “These health fairs are a vehicle to get patients to own their health care,” said Liz James. During Open Enrollment, the Lesbian Health Initiative brought in Enroll America to educate consumers on how to apply for affordable insurance.
For the upcoming second Open Enrollment period the Lesbian Health Initiative will be part of an awarded navigator consortium in Houston. “Once we get our contract in place we will be hiring one very LGBT culturally competent and appropriate navigator,” Liz James was happy to announce.

**Liz James’ story**

Until this year, Liz James, Executive Director of the Lesbian Health Initiative, was one of the thousands of Americans excluded from health insurance due to pre-existing conditions. Her experience being uninsured is similar to what many of her clients at the Lesbian Health Initiative have been through. “I’m part of our client base,” she says.

Liz knows first-hand how important it is to have health insurance. In the span of five years she was diagnosed with and treated for two serious diseases: Hepatitis-C and melanoma. She was lucky to have had employer-based insurance that gave her access to excellent medical care.

In 2010, Liz had recovered from her illnesses but became uninsured. The relationship through which she had had domestic partner benefits ended. She had also made the shift from corporate America to non-profit work, which did not come with health benefits. “I was uninsurable,” she said. “I felt incredibly vulnerable. I knew I couldn’t take care of it myself if I got cancer again.”

She skipped her preventive care because she could not afford it. One day while gardening, she accidentally stabbed her hand with her pruning shears. “My first thought was, ‘Oh my god, I’m uninsured!’” she recalled.

When Open Enrollment began, Liz was quick to complete her online application. Her silver plan began January 1, 2014. “Once I had health coverage again, I felt both an enormous sense of relief and security: Relief, because I now had access to no-cost prevention screenings, including an annual mammogram. I could finally let go of that worry that was always in the back of my mind about what I would do if I had an accident or faced a serious illness, like a reoccurrence of melanoma. Security, because now I am no longer at risk for going broke because I have to tap all my financial resources to get the healthcare I might need.”
New Voices Pittsburgh, PA

New Voices Pittsburgh worked with partners ranging from an affirming church to Out2Enroll. Following a weekend service at Judah Fellowship, New Voices Pittsburgh Community Organizer Carmen Alexander gave a presentation. She pointed out the ACA’s provisions eliminating exclusions for pre-existing conditions and requiring no-cost health screenings for STIs. She answered many questions, including those about domestic partnership requirements. (Pennsylvania has since legalized same-sex marriage.)

“My message to the LGBT community is: your health is important, and now you have access,” said Alexander.

She found that transgender people were having more than their share of problems. “I got feedback from transgender people who were kicked out of the marketplace because the gender they selected didn’t match up in a background check with what was on record for them. I referred them to Out2Enroll’s legal team who is better equipped to help them.”

Raising Women’s Voices–NY

Raising Women’s Voices–NY Director Lois Uttley is Co-Chair of the LGBT Task Force of Health Care for All NY, the statewide consumer health advocacy coalition. In that role, she helped get outreach to uninsured LGBT New Yorkers started early, with a press conference that kicked off Pride Month in June of 2013.

RWV–NY and its partners in the Get Covered NY outreach campaign then set up tables at the PrideFest in Manhattan, which draws tens of thousands of people, and smaller Pride celebrations in the Bronx and Brooklyn. They made presentations at LGBT community centers and health centers through the summer and into the fall as Open Enrollment began. Raising Women’s Voices–NY also attended events such as Manhattan LGBT Chamber of Commerce meetings and the Thanksgiving banquet at The Loft LGBT Community Center in White Plains, NY. Approximately 200 people attended the early November event, which has special meaning for people excluded from their families of origin. Community Organizer Liza Lederer-Plaskett had a line of people waiting to speak to her.

They answered questions from married LGBT people who were wary of how the application process would go for them, even though same-sex marriage is legal in New York. Liza Lederer-Plaskett was happy to tell them, “If you filed jointly on your tax return this year, then you can apply for health insurance the same way. You don't have to do anything different.”
She is also happy to let people know that, thanks to the ACA’s protection of those with pre-existing conditions, people living with HIV/AIDS or other chronic illnesses can finally get an affordable health plan. For those who meet financial requirements, New York’s ADAP program will help cover the cost of health insurance premiums for people with HIV/AIDS.

Through leadership of the LGBT Task Force, RWV–NY Director Uttley helped secure the addition of “help text” to the state’s enrollment application, explaining how transgender people should answer the question about whether they are male or female. (The help text advised that the answer to the gender question must match whatever gender is listed on the individual’s Social Security records.) The Task Force also worked to get LGBT cultural competency information included in the state marketplace’s training for staff of navigator agencies. RWV–NY collaborated with LGBT-friendly navigator agencies, inviting them to outreach events and referring LGBT people to them for assistance in enrolling.

**Women With A Vision, New Orleans, LA**

Women With A Vision spread the word about Open Enrollment to LGBT people in their own office, which is a safe space. They also distributed information at gay bars. They made presentations at partner agencies, Break OUT!, which serves LGBTQ youth and Camp ACE, which serves people with HIV/AIDS.
Reaching Patients of Women’s Health Care Providers

Several Raising Women’s Voices Regional Coordinators operate health care centers or clinics. These groups had unique opportunities to reach people who appeared to be easier to enroll. However, enrolling them was not always so simple. Challenges they faced included:

1. **Staff Reluctance** – Staff members working with patients were conscious of the number of personal questions they get asked during their appointments and were sometimes hesitant to also ask questions about health insurance.

2. **Patient Skepticism** – Like many other uninsured people, some patients of these health centers were skeptical of the new insurance marketplace and their ability to afford health insurance.

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**The Feminist Women’s Health Center, Atlanta, GA**

The Feminist Women’s Health Center had a soup-to-nuts approach to reaching uninsured people in Atlanta. They conducted outreach and education at over a dozen festivals and fairs before Open Enrollment began. They used social media and sent out emails twice a month. They led educational workshops in English and Spanish.

They also posted flyers in their own health clinic, which serves women of color and the uninsured. During open enrollment, they partnered with The Health Initiative to have navigators in their clinic one evening a week. Looking ahead to Open Enrollment 2, Community Education & Advocacy Manager Kwajelyn Jackson sees opportunities to improve the role of their clinics in driving enrollment.

“Some of the clinic staff were intimidated to ask more personal questions or be seen as selling something the patient didn’t sign up for,” Kwajelyn Jackson said. Clinical staff will be trained on how to talk to patients about health insurance. Another improvement will be offering navigator appointments at various times during the week to accommodate schedules of people who work non-traditional hours.
The Personal Touch: Reaching and Enrolling Uninsured Women and LGBT People

As one of Iowa’s official navigator entities, Planned Parenthood of the Heartland had trained certified application counselors in each of their 14 health centers in Iowa. These counselors were available to the general public as well as to the uninsured women within their patient base.

Planned Parenthood of Iowa made inroads enrolling uninsured patients, primarily women 18-35 years old, through intensive education and outreach. “The first hurdle was training our own health center staff on the Affordable Care Act,” said Erin Davison-Rippey, Director of Public Affairs. “Planned Parenthood was a big supporter of the law and we needed to explain why it’s a benefit to us as an organization. A lot of myths were dispelled in staff training.”

With staff knowledgeable about the benefits of the Affordable Care Act (ACA), an integrated set of educational materials including posters and cards was prominently displayed in the health centers. Anyone entering a health center was sure to see information on the waiting room tables, patient rooms, on desks. When patients called in to schedule appointments, they were asked if they had health insurance. Anyone who answered, “no,” was referred to a certified application counselor for either assistance or an appointment.

The most important factor in enrolling the client base was providing honest, objective information on the ACA. “Everyone needed information. They needed clarification on what was fact or fiction. They were relieved to talk to somebody for free who wasn’t pushing a plan or selling them a product,” said Craig Petersen, a certified application counselor. Petersen estimates that he and his colleagues enrolled around 150 patients of Planned Parenthood of the Heartland in an affordable health plan during the first Open Enrollment period.

“A certified application counselor’s story

“One of my clients was a man in his 20s who was a patient at the clinic in Des Moines. A community college student, he came in with his mother. He enrolled in Medicaid and then I offered to see if his mother was eligible. Even though she is a legal resident, she always assumed she would not be eligible and, given the language barrier, she was scared to make the effort to find out. I called the federal helpline and got a Spanish translator on the phone. It turned out she also qualified for Medicaid. She almost exploded with happiness. She was just smiling from ear to ear.”

– CRAIG PETERSEN, CERTIFIED APPLICATION COUNSELOR, PLANNED PARENTHOOD OF THE HEARTLAND.
Planned Parenthood of Southern New England, CT

In Connecticut, Planned Parenthood of Southern New England focused its enrollment efforts on young people of color, many of whom were already in their patient population. With enrollment specialists in many of their 17 centers in Connecticut, they started outreach by calling 3,000 people, including patients. Throughout the fall, enrollment events for patients and community members were held at Planned Parenthood health centers across the state.

Planned Parenthood of Southern New England learned that multiple conversations were needed to convince people to enroll. They began to talk to patients in their waiting room. Many had doubts about affordability or didn’t understand how insurance works. Others thought the ACA was something political that did not involve them.

“In the end, we found that a layered approach was most effective. We could start the conversation with Facebook. Having the same people following up, multiple times, in person, was what really made the difference,” said Gretchen Raffa, Director, Public Policy, Advocacy & Strategic Engagement, Planned Parenthood of Southern New England.

A family’s story

“At a church enrollment event, I met a woman from Old Saybrook with five children. Her husband had been laid off from his job. She didn’t think she was eligible for Medicaid. In fact, the entire family qualified. She was relieved that she now had one less thing to worry about.”

Helping Navigators and Outreach Workers Succeed

In some cases, Regional Coordinators worked “behind the scenes” supporting the workers on the front lines of outreach and enrollment to have a greater impact. There were two challenges they were trying to address:

1. **Need for Information.** There was a tremendous need for up-to-date information on rules and procedures, information on website technicalities and information that could be given to overwhelmed consumers.

2. **Need for Training and Support.** Navigators, certified application counselors, and other assisters needed training to best do their jobs with the widely diverse populations they were helping. In some cases workers on their own needed the moral support that came from being connected to others in their situation. Regional Coordinators responded with training sessions, telephone support and email lists.

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**Maryland Women’s Coalition for Health Care Reform**

Maryland Women’s Coalition for Health Care Reform did not do direct outreach to the public, but established best practices for educating people in need and the workers who help them. They made dozens of “ACA 101” presentations to faith-based, community, and political groups prior to and during Open Enrollment.

They focused most of their efforts on giving the navigators and assisters in the state tools and knowledge to better help the uninsured. They created a series of checklist-style “Consumer Information Cards” that assisters could give people making decisions: enrollees trying to choose a plan; women who might become pregnant and qualify for Medicaid; those with substance use disorder.

They hosted a webinar for assisters and navigators on cultural competency. They also helped to facilitate the flow of information from the exchange to people working within Maryland’s six connector agencies.

Building on their success from last year, the Maryland Women’s Coalition for Health Care Reform will be expanding its engagement and education campaign to focus on health care literacy, creating tools in English and Spanish that connectors can distribute to the consumers they help.

“\nAs the only information hub for consumer advocates in Maryland, we draw information in, collate it, and distribute it to community-based organizations and government agencies.”

– **Steering Committee Chair**

**Leni Preston.**
In addition to a multitude of outreach efforts, Consumers for Affordable Health Care brought together Maine’s assister community in a series of roundtable discussions. The individual enrollment assistance these workers provided was crucial to Maine’s large rural and aging population, a demographic that tends to be less confident with technology. And the role that CAHC played in supporting these assisters was crucial to their success.

The findings of the roundtables were issued in a report. At these meetings, held in seven regions of the state, assisters shared their successes and the challenges they faced. Their biggest challenges were technical problems on healthcare.gov and confusion about rules. Frequently, CAHC staffers in attendance were able to provide helpful information to assisters at the meetings, such as how to handle Medicaid eligible people as well as those who were in the “coverage gap.” This began CAHC’s role as the “navigator of navigators” in Maine. CAHC later developed a list serve to disseminate information and foster dialogue among assisters. They also troubleshooted for navigators calling their helpline.

Importantly, the roundtables and the list serve that came out of them united assisters who were often working alone in rural areas, giving them not only the information they needed to do their job but the emotional support to face the uphill battles.

As part of the health literacy committee of the state’s outreach coalition, Oregon Foundation for Reproductive Health (OFRH) worked with the state and community partners to create educational materials just for women. “We took responsibility for identifying the key talking points for uninsured women – like birth control and well woman checkups – and assimilated them into Oregon’s outreach and educational materials across the board. We had consistent messages throughout the system, from the exchange to community engagement organizations to navigators,” said Executive Director Michele Stranger-Hunter.

Staffers from OFRH conducted outreach in the Portland metropolitan area during the summer months of 2013. But, in the fall they were forced to shift gears unexpectedly. When Oregon’s online exchange failed to work, many prospective enrollees were forced to complete lengthy paper applications. Uninsured women who were pregnant were getting lost in the backlog of processing these applications. OFRH worked to find a fix to this problem so that those applications would be fast-tracked, ensuring pregnant women had access to the full range of health services Oregon Health Plan covers.
Members of the Raising Women’s Voices National Coordinating Team

BLACK WOMEN’S HEALTH IMPERATIVE
Byllye Avery, Founder and Board Member
Linda G. Blount, President and CEO
Courtney Christian, Director of Policy and Advocacy

MERGERWATCH PROJECT OF COMMUNITY CATALYST
Lois Uttley, Director
Kyle Marie Stock, Model States Policy Manager
Maryanne Tomazic, Field Coordinator (during Open Enrollment Period 1)

NATIONAL WOMEN’S HEALTH NETWORK
Cindy Pearson, Executive Director
Amy Allina, Deputy Director (during Open Enrollment Period 1)
Coco Jervis, Program Director
Cecilia Saenz Becerra, Field Organizer
Ariel Tazgargy, Law Students for Reproductive Justice Fellow (2014-15)
Lillian Hewko, Law Students for Reproductive Justice Fellow (during Open Enrollment Period 1)
Raising Women’s Voices Regional Coordinators

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Planned Parenthood of the Heartland

**CALIFORNIA**
Access Women’s Health Justice
California Latinas For Reproductive Justice

**COLORADO**
Colorado Organization For Latina Opportunity And Reproductive Rights

**CONNECTICUT**
Planned Parenthood of Southern New England

**GEORGIA**
Feminist Women’s Health Center

**ILLINOIS**
EverThrive Illinois

**IOWA**
Planned Parenthood of the Heartland

**KENTUCKY**
Kentucky Health Justice Network

**LOUISIANA**
The Institute Of Women and Ethnic Studies
Women With A Vision

**MAINE**
Consumers For Affordable Health Care

**MARYLAND**
Maryland Women’s Coalition For Health Care Reform

**MINNESOTA**
NARAL Pro-Choice Minnesota

**MISSISSIPPI**
Mississippi In Action

**MONTANA**
Montana Women Vote

**NEW JERSEY**
New Jersey Citizen Action

**NEW MEXICO**
New Mexico Religious Coalition For Reproductive Choice

**NEW YORK**
Raising Women’s Voices–NY

**OHIO**
Raising Women’s Voices Ohio

**OREGON**
Oregon Foundation for Reproductive Health

**PENNSYLVANIA**
New Voices Pittsburgh
Women’s Way

**RHODE ISLAND**
Planned Parenthood of Southern New England

**TEXAS**
The Lesbian Health Initiative of Houston, Inc
Afiya Center

**WASHINGTON**
Northwest Health Law Advocates

**WASHINGTON, DC**
Black Women’s Health Imperative

**WEST VIRGINIA**
WVFREE

**WISCONSIN**
Wisconsin Alliance For Women’s Health
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