



Foundations  
Helping Consumers  
Find Their Way

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# TRACKING THE FIELD

## 2018 Scan of the Field

*How Funders Are Supporting and Engaging in Consumer Assistance for Health Care Coverage*



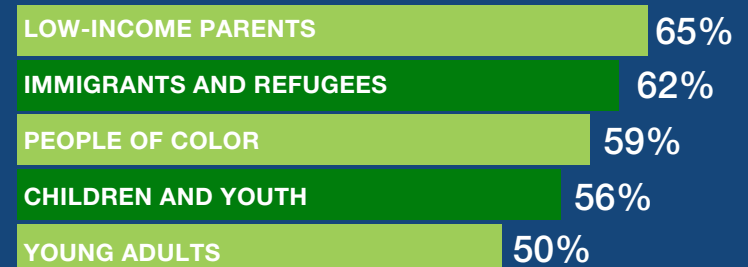
## TOP STRATEGIES



## OUTREACH METHODS



## POPULATIONS TARGETED



# KEY TAKEAWAYS



## FUNDING ASSISTANCE

Most respondents fund assistance to connect consumers to coverage and plan to continue to do so.



## SUPPORTING DIVERSE STRATEGIES

Funders support diverse strategies to get the job done.



## GETTING ON THE GROUND

Outreach and enrollment is high-touch, hands-on work for both foundations and their grantees.



## ADAPTING TO VARIED ENVIRONMENTS

Funders navigate ACA implementation challenges in different ways, depending on their location and priorities.



## CHAMPIONING THE FUTURE WORK

Ongoing support for consumer assistance is needed to maintain the progress made in reducing the uninsured rate.



## TOP CHALLENGES

- 1 THE COMPLEXITY OF OF OUTREACH AND ENROLLMENT REQUIRED TIME-CONSUMING, TAILORED SUPPORT.
- 2 FEDERAL AND STATE POLICY UNCERTAINTY AND LACK OF SUPPORT FOR ACA IMPLEMENTATION PRODUCED A DIFFICULT ENVIRONMENT.
- 3 STATES' DECISIONS NOT TO EXPAND MEDICAID CREATED COVERAGE GAPS, WHICH WERE CONFUSING FOR CONSUMERS AND THOSE ASSISTING THEM.



## CRITICAL GOALS

- 1 MAINTAIN ENROLLMENT GAINS AND RAISE PUBLIC AWARENESS ABOUT COVERAGE AND ITS BENEFITS.
- 2 PROVIDE ONGOING NAVIGATION, INCREASE HEALTH INSURANCE LITERACY, AND REDUCE CONFUSION FOR CONSUMERS AND THOSE ASSISTING THEM.
- 3 STABILIZE THE MARKETPLACE AND MAXIMIZE COVERAGE OPTIONS THROUGH POLICY ADVOCACY WORK.

## Acknowledgments

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## Introduction

The U.S. health care system experienced a seismic shift when the Affordable Care Act (ACA) passed in 2010. Foundations, government entities, nonprofit organizations, providers, and consumers quickly began preparing for the upcoming changes at the local, state, and national levels. The law's changes affected many aspects of the health care system, the most immediate and publicly visible of which were the new paths to health care coverage they created through expanded Medicaid opportunities and the newly-reformed individual insurance market.

Health foundations have long supported the essential work that connects consumers to health insurance coverage. After the passage of the ACA, foundations put that experience to work to promote consumer awareness and uptake of the new coverage options. This support has been necessary and successful, in some cases enabling many states to surpass their original projections in reducing the uninsured rate ([Grantmakers In Health 2015](#)).

However, challenges—including federal and state policy uncertainty, lack of support for the health law's implementation, states' decisions not to expand Medicaid, and the complex nature of enrollment—have created a bumpy road for consumer assistance and progress has recently stalled. Although the uninsured rate has been steadily dropping since 2010, the U.S. Census Bureau reported a reversal of that trend in 2018. The number of people without health insurance increased to 28 million in 2017, up from 27.3 million the year before ([U.S. Census Bureau 2018](#)). As policies and politics continue to evolve, there is much important work yet to be done.

Grantmakers In Health (GIH) conducted this scan of the field to explore (1) the myriad ways in which health philanthropy supported consumer assistance related to health insurance coverage in the years following the passage of the ACA, (2) the challenges that arose during the course of that work, and (3) the opportunities that foundations capitalized on. This publication shares key findings to inform funders as they strategize about the next generation of work.

**“As soon as the ACA was passed we came to the conclusion that despite the politics of it, whatever side you were on, it was a terrific tool to help connect the people we care about to health care.”**

**Marsha Atkind,**  
*The Healthcare Foundation  
of New Jersey*

To produce this scan, GIH surveyed its Funding Partners<sup>1</sup>, relying on their input via a self-reporting survey and key respondent interviews, which were conducted throughout March and April of 2018. The analysis that follows is based on the survey results received from 47 Funding Partner organizations and telephone interviews with representatives from five of those organizations. These semi-structured interviews were conducted with funders deeply engaged in the work, in order to add texture and depth to the survey results. Interview responses were not independently validated and GIH assumes that respondents provided accurate characterizations of their work.

While this response rate is not large enough to be statistically representative of all the philanthropic work conducted on consumer assistance, it provides a reasonable basis for qualitative analysis of health philanthropy's engagement in the issue. Additionally, when comparing the number of survey respondents to the overall composition of GIH's Funding Partners, one finds an overrepresentation of state-based foundations as well as foundations committed to this work. This scan is not intended to be an exhaustive resource on all consumer assistance efforts across the country; instead, it is meant to capture health philanthropy's perspective on its own work and the work of grantees in this arena.

<sup>1</sup> The survey was sent to representatives of 239 GIH Funding Partner organizations. [GIH Funding Partners](#) are philanthropic organizations that support GIH through unrestricted grants or program funding.

## Key Takeaways

### Most respondents reported funding assistance to connect consumers to coverage and planned to continue to do so.

Philanthropy has invested significantly in consumer assistance efforts related to health insurance coverage. Eighty-five percent of foundations and corporate giving programs responding to the GIH survey indicated that they currently support consumer assistance activities.

Seventy-two percent of respondents supporting consumer assistance reported that they had maintained or increased support for this work in the past two years, and 71 percent of those respondents planned to maintain or increase their support for consumer assistance in the next two years. These findings were consistent with GIH's previous qualitative research related to health funders' commitment to supporting outreach and enrollment (Grantmakers In Health 2017). Survey respondents generally characterized their work as necessary and successful.

For the purposes of this report, consumer assistance was defined as any of the following activities:

- **Outreach.** Finding persons eligible but unenrolled in health insurance coverage.
- **Enrollment.** Helping uninsured consumers select and enroll in coverage.
- **Post enrollment activities.** Helping consumers understand their benefits and responsibilities in order to maintain coverage. Helping consumers understand how to utilize their coverage.
- **Simplification and coordination.** Simplifying the application process to encourage enrollment. Helping consumers enroll in other public safety net programs they may be eligible for.
- **Convening.** Supporting connections and partnerships that contribute to the success of consumer assistance, such as coalitions of those who do this work or related entities such as schools, health centers, and community-based organizations.
- **Training and technical assistance.** Providing training and technical assistance to prepare those doing this work (agents, brokers, community health workers, promoters, ACA-introduced certified application counselors, in-person assisters, or navigators).
- **Complementary activities.** Developing and disseminating promising practices, creating and sharing communications strategies and materials, advocating for policies and procedures that ease the path to enrollment, ensuring enrollment policies are implemented.
- **Research and evaluation.** Collecting data, evaluating programs and strategies for consumer assistance, publishing results.

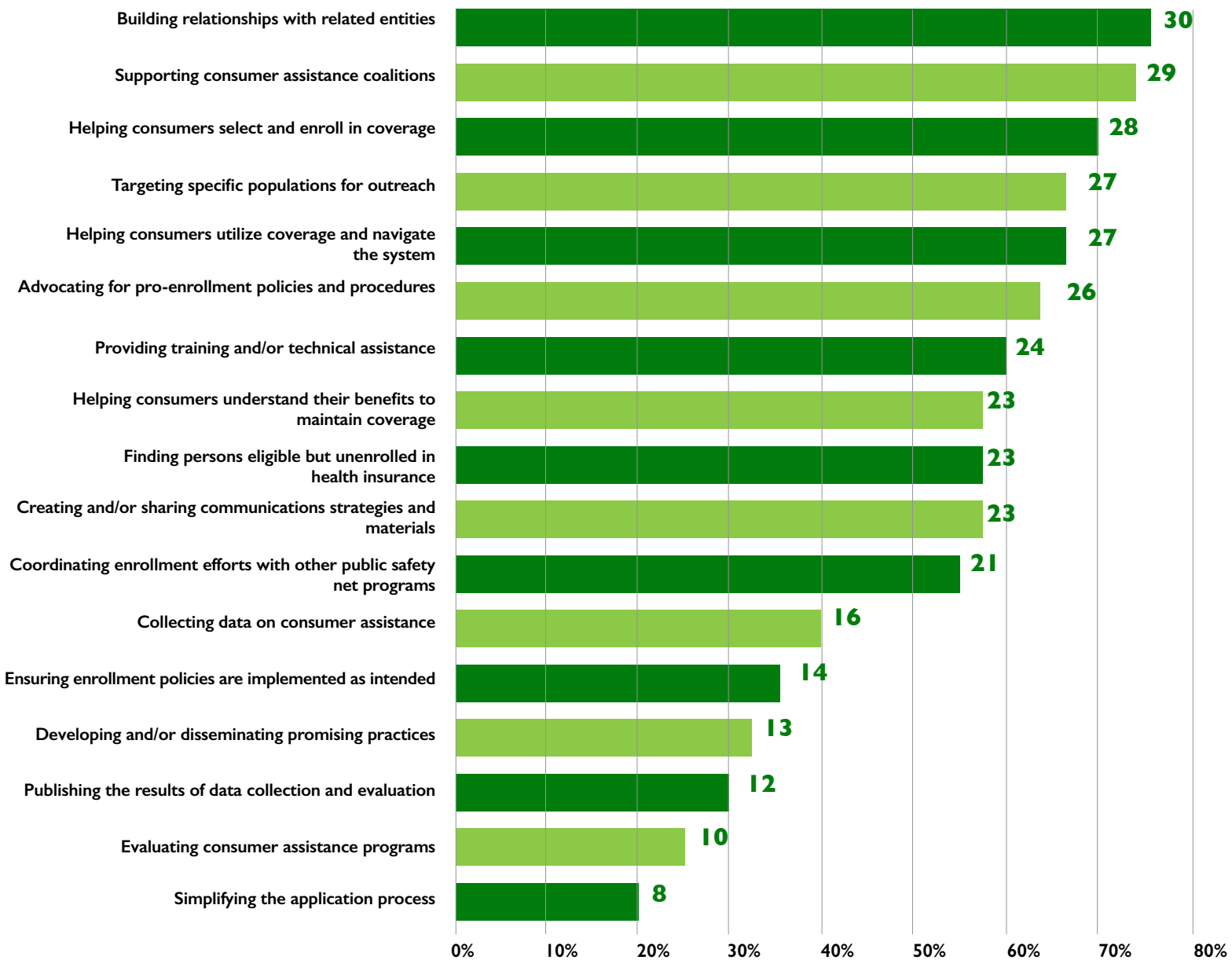
## Funders supported diverse strategies to get the job done.

Foundations approached consumer assistance with diverse strategies, as summarized in Figure 1. Foundations reported building relationships with trusted intermediaries, such as schools, health centers, and community based organizations (75 percent); supporting coalitions of organizations that conduct consumer assistance (73 percent); helping uninsured consumers select and enroll in coverage (70 percent); targeting specific populations of individuals for outreach (68 percent); helping consumers understand how to utilize their coverage and navigate the health care system (68 percent); and advocating for policies and procedures that eased the path to enrollment (65 percent).

“We wanted to get ourselves a seat at the table and we realized there was no table, so we had to create one.”

**Nancy Kelly,**  
*Missouri Foundation for Health*

**Figure 1: Types of Consumer Assistance Funders Supported or Engaged In**





**Building Relationships.** Relationship building was a central theme in this work. The most commonly reported approaches were building relationships with partners that had already established inroads with consumers and supporting coalitions of those who conducted consumer assistance. Together, these findings indicate that funders recognized the value added by investing in the connections between people and organizations that touch consumers’ lives. In interviews, funders regularly credited their grantees for the relationships, passion, and leadership that contributed to successfully reducing the uninsured rate.

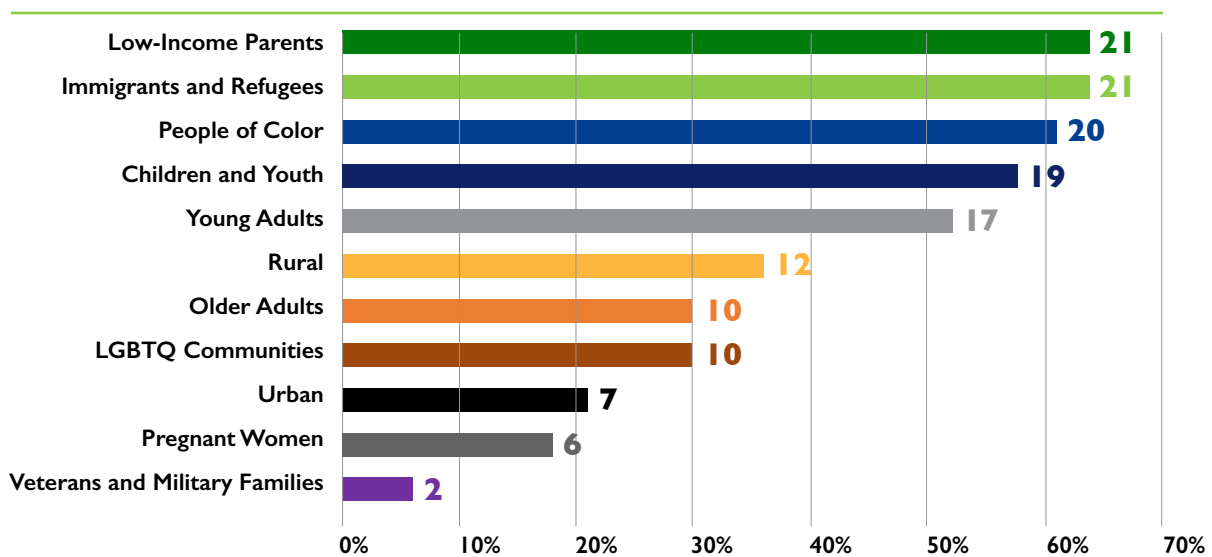
**Supporting Coalitions.** Myriad examples of successful coalitions can be seen across the country and were described by funders as crucial to mobilizing networking, training, and professional support for navigators, assisters, and advocates. In interviews, funders often described these coalitions as tight-knit learning communities that solved problems and developed consistent messaging in order to produce timely, accurate communications for the public. Sometimes these coalitions were organized at the state level, with additional county groups also convening comparable local coalitions. In some communities, the funder designated one grantee to lead and coordinate the work of the coalition, and in other places the foundation took that role.

**Targeting Specific Populations.** Sixty-eight percent of survey respondents indicated that they targeted specific populations as a core component of the consumer assistance work they supported, as illustrated in Figure 2: low-income parents (65 percent), immigrants and refugees (62 percent), people of color (59 percent), children and youth (56 percent), and young adults (50 percent).

“When you take the labels off the coverage, when it’s no longer ‘Obamacare’... and it’s really just about getting health insurance and going to people in your community who you trust to... help you figure out the process, it’s a whole other ballgame. It’s got nothing to do with politics at that point and it really doesn’t matter which way you lean politically.”

**Morgan Hynd,**  
Maine Health Access Foundation

**Figure 2: Target Populations for Consumer Assistance Activities**



Several funders reported that long-standing, trusted community organizations were best positioned to make contact with hard to reach consumers, even if those organizations lacked prior experience in health insurance enrollment. Funders who used this approach conceded that it was a challenge to invest in training and ongoing technical assistance for such organizations, but reported that the results were well worth it and that it was exciting to build the capacity of the organizations to do the work. In interviews, funders also mentioned that even groups that were not ideologically in favor of coverage expansions were successful in reaching and enrolling fellow community members.

**Focusing on Utilization and Navigation.** Sixty-eight percent of survey respondents prioritized helping consumers understand how to utilize their coverage and navigate the health care system. In interviews, funders further identified the need to strengthen coordination and support a no-wrong-door approach to consumer assistance. In one state, a foundation discovered that their grantmaking had unintentionally created several competing consumer assistance programs that were operating separately, hindering consumers' ability to understand the system. The foundation quickly established a request for proposals that required community partnerships to assist consumers, with the goals of simplifying the process, strengthening organizational relationships, and increasing educational opportunities via peer-to-peer connections.

**Supporting Advocacy.** Sixty-five percent of survey respondents reported supporting advocacy to advance policy and system improvements. Funders found that their consumer assistance efforts were enhanced when they supported these systems-change activities, such as working to simplify and coordinate enrollment procedures, identifying glitches in enrollment systems, and advocating for their solutions. In interviews, foundation staff emphasized the importance of investing in feedback loops to identify and address systemic problems. One funder referred to this as "sentinel work," as they provided resources to a networked coalition of legal service offices that tackled complex enrollment cases and then made the advocacy community and other stakeholders aware of procedural barriers to enrollment.

“Our sustained support of outreach, education, and enrollment assistance, beginning in 2010, allowed us to develop relationships with nonprofits in the community that go beyond the typical relationships that we have with grantees. So many of those organizations have said that since the project began, because of how they had to work together as a component of the grant, it changed the way they saw each other and did business together. For some of these organizations, organizational boundaries on certain issues don't really exist anymore.”

**Barbara Leonard,**  
*Maine Health Access Foundation*

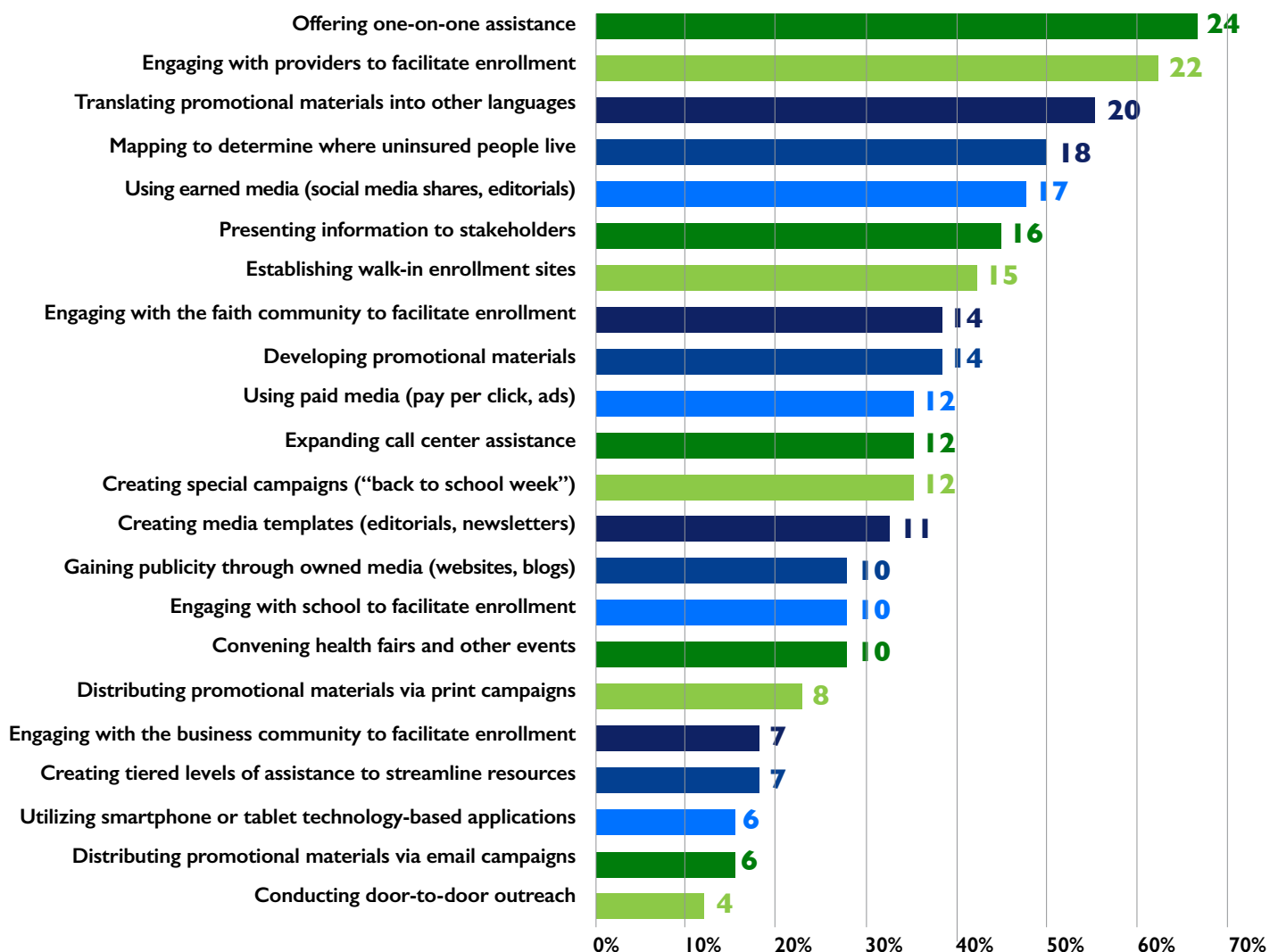
## Outreach and enrollment was high-touch, hands-on work for both foundations and their grantees.

As outreach is a critical, core component of finding consumers who are eligible to enroll, funders were also surveyed about their key outreach strategies (Figure 3). Survey respondents reported that the most effective outreach tactics used by their foundation or their consumer assistance grantees included: offering one-on-one assistance (65 percent), engaging with providers to facilitate enrollment (62 percent), translating promotional materials into a variety of languages (54 percent), mapping where uninsured people live (51 percent), and publicizing available coverage options through earned media (46 percent). Numerous funders commented on the power of combining these strategies, stressing that projects saw the most significant impact when outreach activities were layered together.

“It’s not necessarily one outreach technique that works better than the others, but it was a culmination of all the activities together that made a huge difference—the massive all-hands on deck approach that got the job done. We call it the ‘surround-sound’ effect.”

**Richard Figueroa,**  
The California Endowment

**Figure 3: Core Outreach Strategies of Consumer Assistance**



Sixty-five percent of funders surveyed reported supporting direct one-on-one assistance to help consumers enroll in available coverage programs. In a recent publication from Community Catalyst, authors enumerated the specifics of this direct service work, which included: tailored outreach, face-to-face assistance with plan selection, health insurance literacy strategies, applicant cases stratified by complexity, training and technical assistance for consumer assistance workers, and an automatic feedback loop to identify systemic problems ([Community Catalyst 2018](#)).

Foundations reported that individuals navigating the enrollment system needed person-to-person, tailored assistance that often required going beyond the basics. Funders interviewed consistently relayed that the amount of time that was required to help consumers understand the insurance options and benefits available to them was much longer than they had originally anticipated. This was especially true given the complicated nature of some family situations (e.g., multiple immigration statuses within single homes). In addition to investing in outreach and enrollment, funders also supported coverage retention efforts as a key strategy in their repertoire of consumer assistance. Funders commented that the extra time and effort spent in aiding renewal efforts maximized the dollars they invested at the time of initial enrollment.

Forty-six percent of funders reported supporting earned media to publicize the availability of coverage programs and assistance (e.g., social media shares, editorials, and more). In one example, a foundation supported a local public television program to cover outreach and enrollment events. Uninsured individuals were enrolled on site, while the news story simultaneously raised the general public's awareness of available assistance.

Interviews with funders revealed that they often went beyond grantmaking to engage in additional activities that shored up outreach and enrollment, including providing training and technical assistance for grantees and collaborating with local and state stakeholders. When capacity was strained at the state level, foundations stepped in to serve as leaders, and as connectors between communities and government.

Foundations also reported collecting data and evaluating the work in order to inform the success of future projects. They brought grantee feedback into their initiatives via surveys and required reports and put those findings directly to work as they designed programs and adapted strategies. In interviews, funders valued the opportunity to receive grantee feedback. The results were used to develop immediate course corrections, plan future projects, and eventually establish sustainability mechanisms for outreach and enrollment.

**“Our awareness work was critical, particularly the earned media. This year we made a concerted effort to get as much coverage as we could, from farm radio to Politico. It was a lot of proactive work from our partners, and anytime they were able to share a story of a consumer experience and the needs and opportunity of the marketplace, it was critical.”**

**Jessi LaRose,**  
*Missouri Foundation for Health*

ACA implementation faces many challenges, which affect consumer assistance efforts. Funders have navigated these challenges in different ways, depending on their location and their foundation's priorities.

The scope of the task of reaching consumers under the ACA was immense and—given past experience with programs such as the Children's Health Insurance Program and Medicare Part D—researchers and advocates expected challenges. Many of the initial problems that occurred—and in some cases still persist—were beyond the control of foundations and their grantees. For example, in the early stages of the health law's implementation, the most commonly identified hurdles were technology setbacks for the health insurance marketplace websites; the time-consuming, complicated work of face-to-face direct assistance; and the lack of system coordination, including strained capacity at the state level ([Grantmakers In Health 2015](#)).

When asked to reflect on the most surprising or unanticipated challenge for their foundation in supporting consumer assistance, approximately one-third of respondents cited the tumult of the current policy and political environment. At the federal level, ongoing debates about whether to repeal the health law, severe reductions in financial support for outreach, the shortened open enrollment period, the uncertain future of cost-sharing reductions and insurance subsidies, the removal of individual mandate penalty, the potential erosions of preexisting conditions protections, and the implementation of work requirements under Medicaid all contributed to the confusion and turmoil.

There were similar obstacles at the state level, as governors and states legislatures across the country displayed widely varying levels of support for the health law. Nearly a quarter of respondents identified their state's decision not to expand the Medicaid program as a major challenge. The original intent of the ACA was to expand Medicaid eligibility to childless adults in every state. However, a 2012 Supreme Court decision essentially made this expansion optional ([Kaiser Family Foundation 2012](#)). If a state chose not to expand their Medicaid programs, it left many consumers in a coverage gap in which they did not qualify for subsidies to purchase private coverage and were ineligible for public coverage programs.

“Once the glitches were largely worked out in all the systems, certainly there were a greater number of people who were able to enroll themselves or renew their coverage via technology. But it is not a panacea and there continues to be a need for support for individuals to find the right insurance product and enroll themselves in coverage that really meets their needs and the needs of their families.”

**Amy Latham,**  
*Colorado Health Foundation*

Funders in different parts of the country found themselves in very different political and policy situations. It was against this backdrop that foundations had to manage the tensions and make decisions about what to fund, guided by the foundation's location and priorities. A variety of factors appeared to drive funders' decisionmaking:

**Funder Networks.** Several funders affirmed the utility of supporting consumer assistance alongside multiple other funders, which allowed them to learn together and coordinate efforts. In some states, however, it was difficult to find other foundations supporting similar work. One funder mentioned that in retrospect, she wished she had found more opportunities to bring like-minded funders together to talk about needs in the field and encourage colleagues to continue the work.

**Competing Priorities.** In addition to supporting consumer assistance in the various ways described in this report, funders also supported important projects related to increasing high quality health care. As previously reported by GIH, about 20 percent of state funders had decided prior to 2017 to scale back support for outreach and enrollment in order to concentrate on delivery system transformation work ([Grantmakers In Health 2017](#)). Additionally, as the political environment evolved, funders found themselves diverting energy and funding away from consumer assistance work to supporting projects related to other policy priorities, including the Medicaid expansion and immigrant and refugee health and safety.

**Philosophical Viewpoints.** One tension uncovered by this scan was the philosophical difference that existed among some foundations regarding this work. Multiple funders stated that their original goal was to kickstart consumer assistance activities to ensure the health law was implemented robustly, but that they did not intend to continue the work indefinitely. A few of them made time-limited grants that they did not renew, while others have maintained a commitment to this work in the hopes that these efforts will receive sustained support from by the public sector and the insurance industry in the future. Interestingly, a July 2018 study published by the Government Accountability Office (GAO) examined enrollment under the ACA and recommended that the Department of Health and Human services take steps to better manage its performance in order to encourage enrollment, including establishing targets for enrollment, enhancing customer experience, and conveying performance goals to navigator groups (GAO 2018). However, without evidence that these improvements will occur in the near term, funders continue to step into the gap.

“In the past year, the greatest obstacle to consumer assistance came in the form of the dismantling of the Affordable Care Act, which resulted in the shortened Medicaid enrollment period and the lack of promotion. Fortunately, our state has a strong commitment to the availability of Medicaid and publicly funded insurance. Our foundation was able to work with the state, advocates and community-based organizations to address some of these challenges and continue to promote the availability of coverage and care.”

**Anonymous Funder**

## Ongoing support for consumer assistance is needed to maintain the progress made in reducing the uninsured rate.

Foundation-funded consumer assistance efforts have been critical to reducing the uninsured rate, and their success has contributed both to the health of communities and to the implementation of the health law. However, the work is not finished.

In both the survey and interviews, funders identified their top three critical goals for the next two years:

- Maintain enrollment gains and raise public awareness about the availability of coverage and its benefits.
- Provide ongoing navigation, increase health insurance literacy, and reduce confusion both for consumers and those assisting them.
- Stabilize the marketplace and maximize coverage options through policy advocacy work.

There are many opportunities for ongoing funder investment in consumer assistance: funding direct support for navigators, assisters, agents and brokers, as well as coalitions of those groups; disseminating materials, messaging, and best practices; convening plans and providers; supporting policy and systems change; and collaborating with other funders.

Consumers' health system navigation needs do not appear to diminish over time. There will be ongoing issues to resolve, new problems that crop up because of changes in state or federal law, issues that emerge as technology advances, differing approaches based on changes in federal and state administrations, and local or county practices that must be monitored to ensure no negative impact on outreach and enrollment. There will also be a continuing imperative to preserve the strong relationships that have been established in the community under these programs.

**“We have decided that we’re going to continue to fund this work—people are more confused than ever about whether it is still the law and whether they’re still eligible. We think that education and outreach activities are as important as ever if not more so.”**

**Marsha Atkind,**  
*The Healthcare Foundation  
of New Jersey*

## Conclusion

Philanthropic organizations across the country have supported consumer assistance since the passage of ACA, and the majority plan to continue to do so, in large part because of the many obstacles that remain. Funders are seeing success from their investments, not only in filling in gaps of support for outreach and enrollment, but also in building lasting and effective partnerships that continue to benefit consumers. Funders are applying lessons learned from those investments and are strategizing about the next generation of work. By continuing to support consumer assistance, philanthropy can play a vital role in sustaining progress made and continuing the forward momentum in reducing the number of uninsured individuals in this country. As the environment impacting the uninsured at the national and state policy levels remain complicated and quickly-changing, this support will be more important than ever, and could make a difference in stabilizing and institutionalizing health coverage consumer assistance for years to come.



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## Participating Funding Partners

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Blue Cross Blue Shield of Michigan Foundation  
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The California Wellness Foundation  
The Colorado Health Foundation  
The Colorado Trust  
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