Local Leadership and the Affordable Care Act

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Local health departments are in key positions to lead in the education and implementation efforts to advance the Patient Protection and Affordable Care Act. The first enrollment period is over, but the efforts to enroll the uninsured and advocate for expansion of Medicaid in the states that have not yet taken on this expansion will continue for years to come. Political climates may be unsupportive, but some actions may still be possible.

KEY WORDS: Affordable Care Act, health, health care access, insurance, uninsured, Medicaid expansion

Across the United States, limited health care access is a crucial concern. Insurance coverage and access to health care services are highly correlated. As a 2013 report from the Kaiser Family Foundation noted, "Health insurance makes a difference in whether and when people get necessary medical care, where they get their care, and ultimately, how healthy people are."¹

More than 15% of US residents and 21% of those between 18 and 64 years do not have health insurance. In Texas, the numbers are worse; 24% of Texans lacked health insurance, and 31% of those between 18 and 64 years were without health insurance, according to American Community Survey data for 2012.² These high numbers are of immense concern to those of us monitoring the health of our residents.

When the Patient Protection and Affordable Care Act (ACA) was established as law, many of us were pleased and hopeful about the opportunity for more Americans to gain access to health care. Unfortunately, the ACA had a rocky beginning, with legal and political battles and technical difficulties.

As leader of one of the largest public health departments in the United States, and representing a city with many uninsured, I determined that our department needed to play a significant role in moving the

ACA implementation forward. Those of us at the helm of local health departments recognized the immense value of shoring up health insurance for our residents. Nonetheless, we faced a daunting task during the first months of ACA implementation to guide our communities and residents through an initially awkward enrollment process.

Complicating the enrollment process was state-level political leadership that ranged from open hostility to skeptical ambivalence. Rarely did state leaders give the ACA exuberant endorsement. Texas did not expand Medicaid and provided no statewide funding or coordination for enrollment efforts. Along with some other states, Texas compounded obstacles to enrollment by instituting additional training and certification requirements for navigators. Fortunately, federal and other nonstate funding was available to community-based organizations to assist at the local level with the enrollment process. This funding arrived late in the implementation process, and funding sources had somewhat different outcome goals, adding to the challenges in devising strategies to educate and enroll our uninsured in the ACA.

● ACA Implementation Presents Difficulties

As the ACA enrollment implementation got underway, an increasing number of challenges arose. One challenge was that federal funding—although greatly appreciated—was insufficient to address our needs. Another challenge was that many of the

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community-based organizations that did receive funding had limited internal capacity to reach large numbers of the population. A third challenge was that a major health collaborative in the Houston area, Gateway to Care, was not funded for this enrollment project, which both limited and complicated our outreach to a major portion of our targeted populations. Finally, the Federally Qualified Health Centers were the first to receive funds for enrollment efforts, but their focus was primarily geared toward their existing clientele rather than the swath of potential new enrollees outside their respective catchment areas.

One of the essential roles of a local health department is to “link people to needed personal health services and assure the provision of health care when otherwise unavailable.”³ The Houston Department of Health and Human Services (HDHHS) serves as a safety net for residents, and so we understand the adverse outcomes that can result in the absence of affordable medical care and lack of insurance. As a large and well-established health department, we believed that our agency, HDHHS, was uniquely positioned to lead and facilitate local community outreach, education, and enrollment efforts for the ACA.

● What HDHHS Brought to the Table

The HDHHS role in the ACA enrollment effort began with the recognition that the department is already established as a reliable provider of safety net care. Over the years, HDHHS has developed ties and collaborations with most, if not all, of the local organizations involved with improving the health of the population we serve. HDHHS has staff members who are experienced in coordinating complex efforts and managing funds that could cover activities in the interim until federal dollars arrived. And most importantly, the necessity of coordinated efforts to enroll Houstonians into the ACA was recognized.

HDHHS has a large staff with broad expertise and access to extensive resources that would be important assets for an enrollment project. Like most health and human service agencies, HDHHS has a full palette of resources: full-time navigation staff, expedited HR services, Web and information technology resources, call center operations, event planning resources, auditoriums and conference rooms, media access, multilingual personnel, and the ability to redirect operational priorities as needed. Members of HDHHS staff are trained in rapid response. The department has experience going into action quickly in response to crises such as hurricanes, and HDHHS teams have already engaged in multiagency efforts such as the Houston homeless census count or the summer Hip-Hop for HIV event. Our teams are prepared for short-term action when needed.

Even as HDHHS has many resources, we could not do the ACA enrollment by ourselves. Partnerships and community collaborations were essential because community-based organizations are well connected to the neighborhoods they serve and would provide credibility to the enrollment effort. Collaborations with community organizations would also help mitigate the stigma that HDHHS, as a governmental agency, faced with some residents.

HDHHS was among many community-based organizations and government agencies across the nation tasked to mobilize for the ACA and assist those who were unlikely to be able to navigate the enrollment process independently.

● The Houston Strategy

Before the ACA open enrollment period began, there were approximately 1.3 million uninsured residents in our 13-county target area; most were in Harris County, which includes the more than 500 000 uninsured living in the City of Houston.² The Centers for Medicare & Medicaid Services estimated that 138 000 people would enroll from the Houston metropolitan area. This number guided planning for the initiative, although the basis for this projection was not well understood. When the ACA enrollment project began, funding, outreach, and enrollment tasks were divided among different agencies throughout the metropolitan area, without one overarching entity coordinating the strategy at the multicounty level. This was a massive, multisector collaborative undertaking, and simply identifying all of the funded organizations took several weeks in the fall of 2013.

As the HDHHS leadership surveyed the scope of organizations that would be working on ACA enrollment in our area, the need for direction and effective collaboration became apparent. For the initiative to work well, the various agencies would need to come together and develop a coordinated plan, with planning, logistics, operations, and intelligence components. The organizational needs of this task fit well with the National Incident Command System (ICS), used nationally for extreme disasters such as large forest fires or floods. HDHHS has used ICS many times for rapid response efforts and not necessarily always for disasters. The ICS structure can be an effective organization strategy for staging an event or other project, and it works especially well when combining many different groups to achieve a coordinated task.

The process started with individual phone calls to the various participating agencies, which led to an initial meeting of agency heads. The group agreed to form the Gulf Coast Health Insurance Marketplace Collaborative (Collaborative) and to use the ICS structure.

The mission of the Collaborative was to coordinate, network, and streamline efforts and to efficiently engage the diverse population of greater Houston in understanding and enrolling in health care opportunities available under the ACA.

The Collaborative includes 14 organizations with great diversity in size, type of organization, mission, target clients, and funding. This diversity was both a strength and a challenge in achieving the goals of the Collaborative. The Table lists the Collaborative partners.

The charge of the Collaborative was to ensure that the public knew about the ACA and how to access healthcare.gov. Most Americans and Houstonians were able to manage ACA enrollment on their own without the assistance of navigators or enrollment assistors, so the Collaborative efforts targeted those who needed further help. The Collaborative coordinated education and outreach activities and pooled resources for navigators and enrollment assistors for the relatively small group of people who lacked technology, insight, or confidence to make decisions about their health insurance.

HDHHS and the Collaborative also made strong efforts to work effectively with leaders from the federal level, hosting Vice President Joe Biden, US Secretary of Health and Human Services Kathleen Sebelius, US Secretary of Transportation Anthony Foxx, and US Secretary of Labor Thomas Perez. On the local level, HDHHS and partners supported ACA enrollment events sponsored by several Houston Congressional Representatives. These elected and appointed representatives were able to bring resources to expand the reach of the Collaborative, such as their networks of communications and trusted personnel.

● The Collaborative Structure

When the Collaborative initially formed, the task was to ensure that all information, data, and outreach efforts were supporting a unified goal. Members discussed challenges and strategies that would enable them to accomplish their individual needs and deliverables. The

TABLE ● Gulf Coast Health Insurance Marketplace Collaborative Partners

Gulf Coast Health Insurance Marketplace Collaborative Partner Organizations	
City of Houston Department of Health and Human Services	The public health authority for 2.1 million residents in Houston, Texas, and provider of public health and human services.
Change Happens!	A nonprofit working with families/children in high-risk communities; provides substance abuse treatment, HIV prevention, and services for youth and the homeless.
Texas Organizing Project	A membership-based organization that works to improve lives of low-income/working class families through community organizing and civic and electoral engagement.
Enroll America	A nonprofit, nonpartisan 501(c)(3) organization focused on maximizing the number of Americans who are enrolled in and retain health coverage.
Gateway to Care	A 501(c)(3) nonprofit organization dedicated to ensuring that each resident of the Harris County/Greater Houston area has access to affordable health care.
Harris County Area Agency on Aging	Part of a nationwide network; coordinates supportive services for the elderly throughout Harris County.
Harris County Healthcare Alliance	A 501(c)(3) nonprofit agency of >50 health care-focused organizations, coordinating efforts to help the uninsured gain access to care.
Harris Health System	It is a public system for health care for Houston/Harris County, with 3 hospitals, 16 community health centres, 14 homeless shelters, and many other services. They serve uninsured, underinsured, Medicaid, and/or indigent patients.
Houston Area Urban League	Part of a national organization devoted to empowering African Americans to enter the economic and social mainstream.
Memorial Hermann Health System	The largest not-for-profit health system in southeast Texas, with 12 hospitals and numerous specialty programs and services throughout the Greater Houston area.
Texans Together	A grassroots organization that engages modest-to-lower income people in public policy education and issue advocacy of their choosing and in nonpartisan programs.
Cognosante	A provider of information technology solutions for health organizations.
One Voice Texas	A collaborative of 100+ public, private and nonprofit organizations and individuals working to ensure that the health and human services needs of all Texans are addressed through public policy and program initiatives.
Vecino Health Centers	An organization established in 2001 by local pastors to address the need for primary health care in Houston communities with limited access to medical care.

Collaborative set the goal of developing policies and practices to raise public awareness of the ACA through fact-based health care information services that were, importantly, nonpartisan.

The Collaborative strengthened Houston area efforts by pooling resources, skills, and local services to educate and engage the community about health care reform. An Advisory Board of executive-level directors was created to serve as the governing body and to provide policy guidance. A HDHHS deputy director was appointed as an Incident Commander and, following the ICS structure, was made responsible for the overall operations, management, and facilitation of the Collaborative.

Seven subcommittees were created: Intelligence, Marketing, Training, Call Center, Administrative Support, Logistics, and Operations. Each subcommittee had a representative from each organization when his or her role fitted with his or her organization's individual mission. The outreach groups were established to focus on intelligence, training, and marketing. The Operations Committee, with representation from each partner organization, was tasked to ensure that outreach, education, and enrollment remained a top priority. The Figure shows the ICS structure the Collaborative adopted with modifications to meet the specific needs of the project.

Within 2 weeks of initiating the Collaborative, the Intelligence subcommittee established a strategy for subcommittees to exchange information and provide support. An online information portal was created for Collaborative members to enter data, share resources, and receive updates.

Subcommittees held meetings as needed, the Incident Commander met with Operations, Training, and Marketing subcommittees every 2 weeks, and the full Collaborative met once a month. A Call Center was created using the resources of 3 of the organizations. A Web site (www.enrollgulfcoast.com) was developed to promote outreach and enrollment events on one over-all calendar. Geo-coded maps were produced to identify pockets of uninsured within the 13-county region. Reporting tools were created to provide organizations with the ability to report their numbers daily.

As the enrollment period progressed, this organization allowed the partners to be increasingly able to coordinate their efforts and reach into the communities.

● **Challenges During the Active Enrollment Period**

As the 14 organizations of the Collaborative went to work in the greater Houston area, gaps began to

FIGURE ● Structure of a Collaborative to Maximize Health Insurance Enrollment During Affordable Care Act Implementation in Houston, Texas

Abbreviation: CAC, Certified Application Counselor.

appear. One key gap was the lack of paid media about the ACA in the Houston market. This was especially evident the first 3 months of open enrollment, as the Collaborative worked to get information to the community. New media promotion was brought into play during the enrollment period and by the last 10 weeks of open enrollment, HDHHS had a targeted paid radio campaign in place, which was doubled during the last month by Change Happens!, another member of the Collaborative.

Throughout the enrollment process, the team looked for low-cost ways to reach thousands of Houston area residents. One method used City of Houston water bills by including ACA promotion pieces in billing statements, which went to 440 000 households twice during the 6-month period. Another effort used the waiting room monitors of the 14 HDHHS WIC (Supplemental Nutrition Program for Women, Infants, and Children) programs, which were viewed by about 70 000 clients each month. With such significant usage, these sites were ideal for distributing educational materials about the ACA. HDHHS staff also included ACA information in nutrition and other educational classes. The WIC sites showed the ACA information commercial on a loop in the waiting areas and provided commit cards so the women could sign up for a follow-up call from an enrollment expert.

● Enrollment Results

The registration strategies for Houston and the Collaborative resulted in 197 650 enrollments by April 15, 2014, surpassing the initial Centers for Medicare & Medicaid Services projection of 138 000. The Collaborative workers had more than 150 000 face-to-face interactions with residents, and outreach efforts made contact with more than 500 000 people.

The Collaborative efforts have led to increased trained certified employees, more consumer education, improved enrollment resources, and greater overall access to enrollment. The approach used by HDHHS and the Collaborative has gained national attention by media outlets, the US Department of Health and Human Services, and the White House. Tools developed for the initiative for outreach, education, and data collection have been implemented by 2 other Texas cities and have gained interest from other parts of the county as well.

The open enrollment period for the ACA ended in the spring of 2014, but it will open again in the fall. In the interim, the Collaborative has continued to enroll people with life changes, help those eligible for Medicaid/Children's Health Insurance Program, and assist uninsured residents to understand the ACA guidelines

and how they can enroll. Additional efforts will focus on health literacy, with emphasis on understanding insurance benefits and how to use them.

● Recommendations

Other big city health departments likely are facing similar challenges with enrollment. Houston's organization, geography, and political constitution do not limit transferability of our lessons learned—our success came not from any of those characteristics but through collaboration and considered leadership from the various organizations involved. I have 4 major recommendations for local health officials trying to start up similar collaboratives. These are as follows:

1. *Take a leadership role.* Local health departments are in key positions to lead in the education and implementation efforts to advance the ACA. The first enrollment period is over, but the efforts to enroll the uninsured and advocate for expansion of Medicaid will continue for years to come. Political climates may be unsupportive, but some actions may still be possible.
2. *Use the ICS structure.* The ICS structure is an established best practice that has been used successfully in a variety of scenarios, especially when multiple and disparate partners are involved. Use of the ICS structure enabled our Collaborative to organize and implement policies across the different participating agencies, which led to coordinated community-wide efforts to implement the ACA. The ICS structure allowed the teams to enhance the effectiveness of their work by synchronizing resources and activities across organizations. This unified outreach and enrollment strategy resulted in the Collaborative working effectively to surpass the original projected goal and enroll nearly 200 000 residents. The ICS structure can be easily scaled to fit the needs of various collaborations as long as the following guidelines are considered:
 - Identify the needs of the community, where target individuals are located, and the best way to deliver the message.
 - Establish a set meeting schedule.
 - Develop Web-based tools needed for communication, sharing information, and support.
3. *Emphasize the strengths of each organization*
 - Include all partner agencies.
 - Identify the strengths and opportunities of each partner agency.
 - Understand the limitations of partners and allow each to decide how they are able to participate in the collaborative.

Each agency brings a range of strengths and resources to the group. Working together allows these strengths to be multiplied, especially if each organization can recognize the strengths and opportunities that can be gained from others in the group and will use them as opportunities to advance community-wide policies that improve public health.

4. *Use people and technology wisely*

- Overestimate your need for bilingual staff; you will likely need more than you think.
- Use medium and large events for education and to set appointments—they are not suitable for the actual enrollment process, which takes time and concentration.
- Locate enrollment assistors and navigators at locations that can incorporate both appointments and walk in clients.

● Plan for the Future

The Collaborative will continue to drive ACA open enrollment operations in our market, at least for the next few years. Between enrollment periods, members

of the Collaborative plan to create services to help new consumers understand their new insurance policies and health care opportunities. Members of the Collaborative will also advocate with the Texas state government to expand Medicaid to close the coverage gap. HDHHS and all members of the Collaborative look forward to the ACA becoming a regular and accepted part of the health care landscape.

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