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A Mission to Improve Health: Lessons From Missouri's Expanding Coverage Initiative

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Introduction

The Affordable Care Act (ACA), signed into law by President Barack Obama in March 2010, made historic and expansive changes to the U.S. health care system. Aiming to make health insurance more accessible and compelling with a mandate set to begin in 2014, the ACA had the potential to reduce the numbers of uninsured Americans as well as the financial and health costs associated with a lack of coverage.

While the ACA was designed as sweeping federal legislation, its actual implementation varied by state and differed from the original intent of the law. State governments were given leeway in how they applied the ACA, and there was resistance to it in some states. Thus, implementation resulted in a patchwork of related but different strategies, solutions, and regulations in each state (Sommer, 2013). Missouri was one of a number of states whose government actively stood in the way of the federal law's implementation (Jones & Singer, 2012). Notably, it was one of 17 states that originally opted out of Medicaid expansion under the ACA.[1] This meant that over 100,000 Missourians fell into a gap whereby they were not eligible for Medicaid, but also were not eligible to receive tax credits through the ACA to reduce their health insurance premiums (Norris, 2020).

To address gaps left by the state government, a constellation of actors on the ground — hospital

Key Points

- To support the implementation of the Affordable Care Act, in 2013 Missouri Foundation for Health launched the Expanding Coverage Initiative. The five-year effort sought to reduce Missouri's uninsured rate from 13% to less than 5% by developing a broad-based state coalition and employing a three-pronged approach of awareness building and outreach, enrollment assistance, and increasing health literacy.
- While the initiative did not achieve its rate-reduction goal, the rate of uninsured Missourians dropped to 9% during the ECI's time frame, a decrease on par with the national average despite the fact that at the time Missouri was one of 17 states that opted out of Medicaid expansion. Coalition members pointed to the value of collaboration, access to expertise, the locally tailored approach of the initiative, and the maintenance of a politically neutral stance in the effort to support implementation of a complex federal policy.
- Drawing upon findings from a retrospective evaluation, this article explores the initiative's lessons and legacy, and shares key insights for other funders looking to support efforts to advance health care coverage.

[1] The ACA included a provision that called for an expansion of Medicaid eligibility in order to cover more low-income Americans. However, a 2012 Supreme Court ruling essentially yielded this provision optional for states. As a result, some states did not opt into the expansion program. These states were left with a coverage gap of individuals whose incomes were too high for them to be eligible for Medicaid, but too low for them to receive federal tax credits under the ACA. As of August 2020, after the time frame of Missouri Foundation for Health's Expanding Coverage Initiative, Missourians approved a ballot initiative that expanded Medicaid. Twelve states remained without Medicaid expansion.

and primary care associations, the regional Center for Medicare & Medicaid Services (CMS), and federally funded insurance navigators — initiated ACA-related roles without coordination or support from the state. These entities also worked to counter the effects of state-level provisions aimed at weakening the impact of the ACA.

The Launch of the ECI

Against this backdrop, in 2013 Missouri Foundation for Health (MFH) launched its Expanding Coverage Initiative (ECI). Operating under assumptions about the perpetuity of the ACA, the ECI was designed as a five-year investment in building the capacity of and coordination among the range of actors implementing the ACA within the state. The Cover Missouri Coalition (CMC) was the convening body established to provide a lasting infrastructure that could support effective ACA implementation through the rollout and beyond. This article describes the initiative's strategy and desired outcomes, highlights findings from a retrospective evaluation, and identifies lessons for funders interested in coalition-building and advancing health care coverage.

The mission of MFH, which was founded in 2000, is to eliminate underlying causes of health inequities, transform systems, and enable individuals and communities to thrive. In 2012, the foundation was launching a new strategic plan focused on health issues on which it believed it could have the greatest impact, particularly for underresourced communities in Missouri. With the ECI, the foundation saw an opportunity to support ACA implementation in the state by coordinating and supporting on-the-ground efforts to ensure all Missourians could access health insurance, particularly in populations least likely to enroll.

The ECI focused on awareness building, enrollment assistance, and health insurance literacy. Activities within each of these areas were supported by the infrastructure of the CMC and its members, and were designed to ultimately reduce the proportion of uninsured Missourians to 5% in five years. (See Figure 1, page 86.)

The CMC Structure

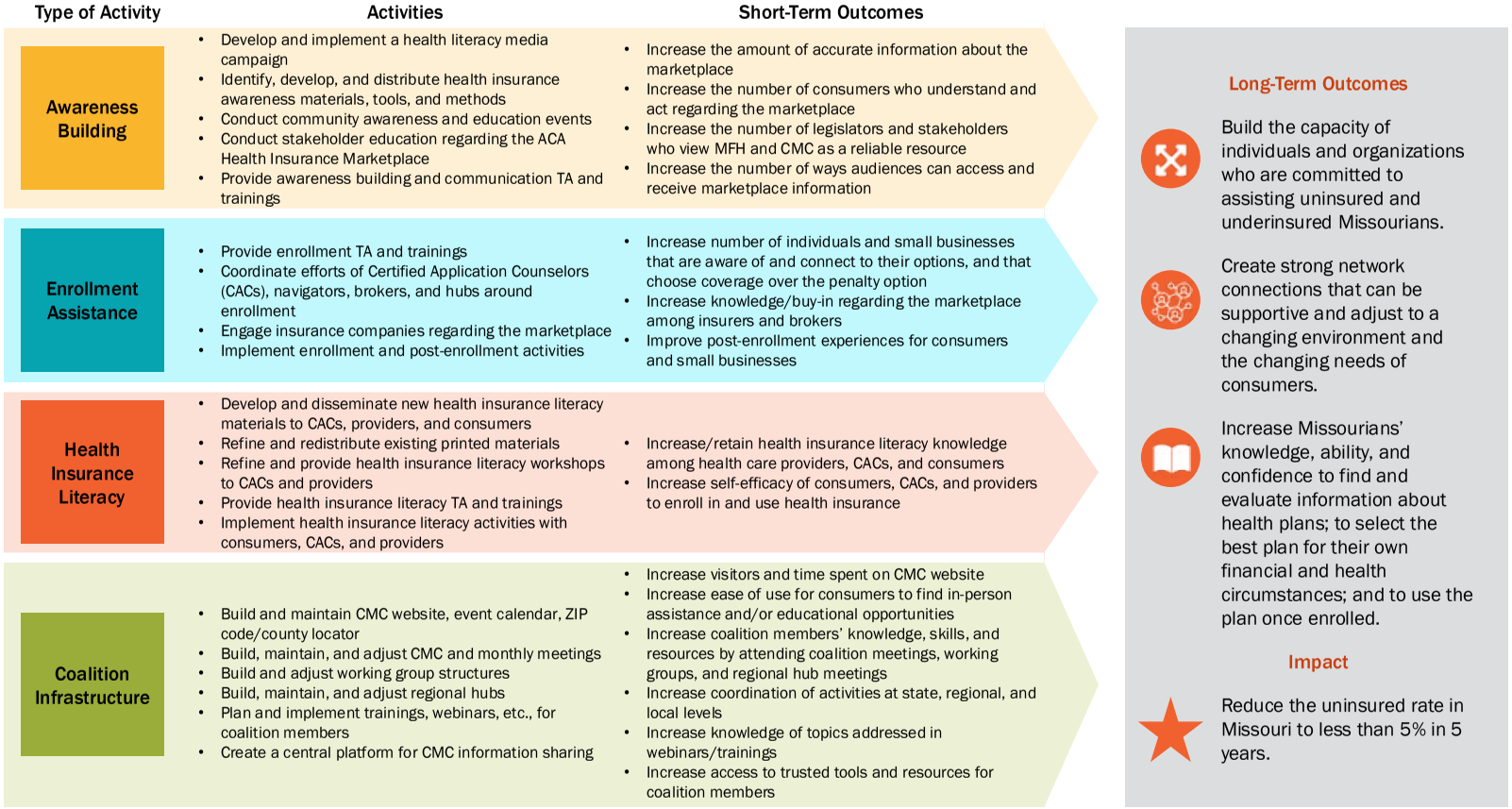
To carry out the initiative's aims, MFH sought to grow a broad base of stakeholders in the state, provide them with support, and create intentional opportunities for collective learning and action. By bringing together existing partners engaged in the ACA rollout and the organizations funded by the foundation to coordinate and enhance enrollment efforts, the CMC became the primary implementation body for the ECI. (See Figure 2, page 87.)

The foundation provided support to 28 grantee organizations throughout the state, that represented a broad range of missions and included health centers and community-based organizations. Throughout the initiative, these organizations built their capacity to conduct education and enrollment events in their communities, provided enrollment counseling sessions, and assisted community members with ACA Health Insurance Marketplace enrollment. MFH also invested in five organizations to serve as regional leaders, or hubs, for the CMC. These hubs focused on supporting local efforts through training and coordination for local grantees and partners, in addition to participating in and remaining connected to the broader, statewide work. (See Figure 3, page 88.)

Foundation-funded hub and grantee organizations were a critical part of the coalition, but made up a small percentage of CMC membership; at its peak the coalition had over 800 individual members. These unfunded coalition partners — including federally funded navigators, regional Centers for Medicare & Medicaid Services, health care brokers and agents, and insurance companies — had interest in and influence over health insurance enrollment in the state. (See Figure 4, page 88.) They brought their knowledge and resources to the coalition, and were also beneficiaries of the information and technical assistance (TA) the coalition provided to further its own or member organizations' enrollment efforts.

Within this structure, the CMC engaged in convenings both statewide and at the regional level to create multiple touchpoints that reinforced

FIGURE 1 The Expanding Coverage Initiative Logic Model



Source: Center for Public Health Systems Science, Washington University in St. Louis

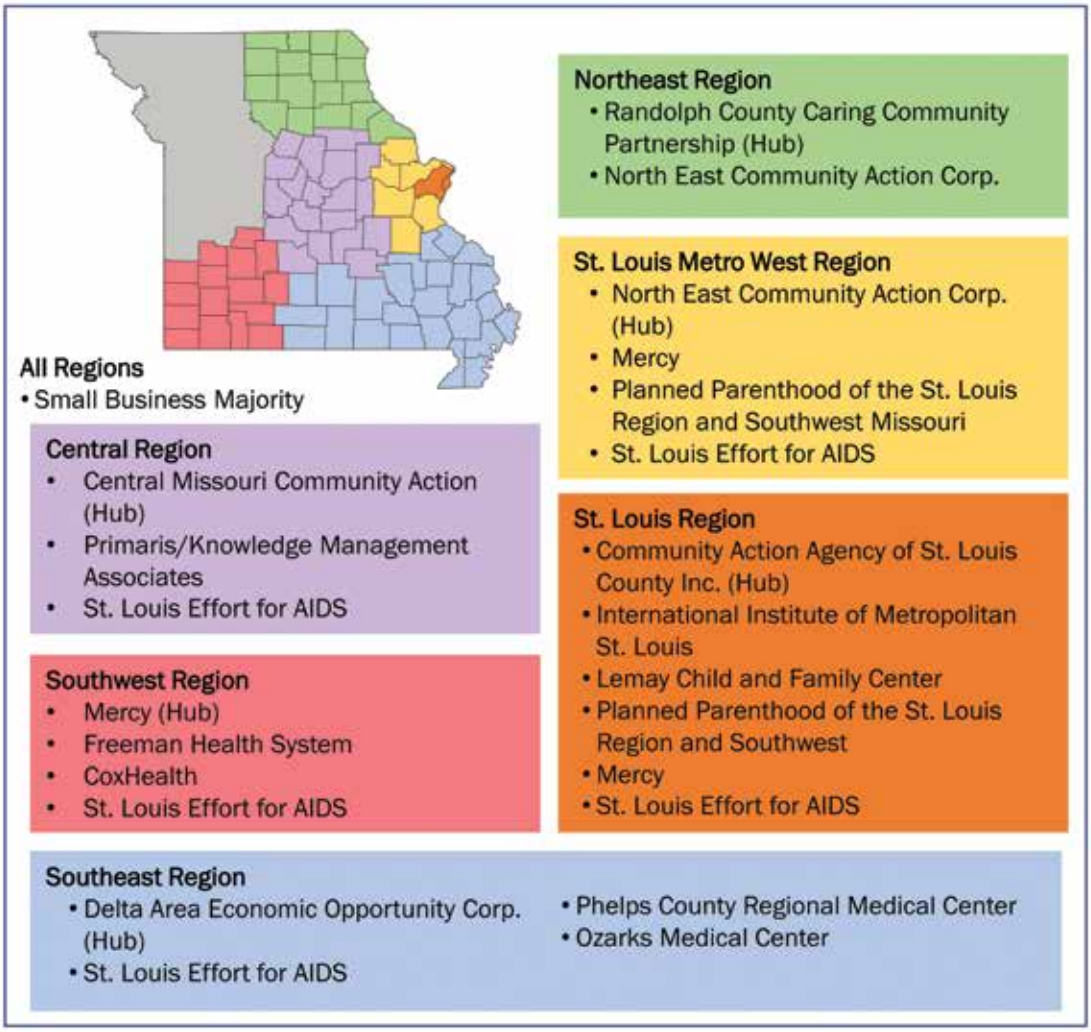
FIGURE 2 Cover Missouri Coalition Structure

Source: Center for Public Health Systems Science, Washington University in St. Louis

the coalition's common purpose. The regional hubs met regularly (mostly monthly) to focus on localized implementation issues, challenges, and collaboration opportunities. Coalition members stayed current on issues impacting ACA implementation in Missouri, and built their capacity through regular TA calls and participation in ongoing topical webinars. A facilitator contracted by MFH coordinated and convened quarterly statewide in-person meetings and virtual gatherings in the months between those held in person. These distinct and frequent connection points were built in to address the diversity and spread of the partners, the volume of emerging information, and how quickly the initiative ramped up.

MFH invested in an array of organizations — referred to as contracted partners — to provide support for the coalition. These partners brought specific expertise in facilitation and coordination, awareness raising and communications, health insurance literacy, technical policy support for grantees working in an ever-evolving legal climate, and evaluation. The contracted partners helped to facilitate meetings, translate complicated policy information, develop key messaging, design communication

FIGURE 3 Regional Hubs for the Cover Missouri Coalition



Source: Adapted from the Center for Public Health Systems Science, Washington University in St. Louis

FIGURE 4 Cover Missouri Coalition Participants

campaigns, navigate complex enrollment cases, provide legal aid and advice, lead trainings for coalition members across Missouri, and provide evaluation and data support. The foundation further supported the coalition through centralized tools and resources, among them a web-based "Find Local Help" tool and statewide call center that connected individuals to coalition members based on their enrollment needs and location.

Documenting the Legacy of the ECI

Throughout the ECI, an ongoing process evaluation conducted by a team at the Center for Public Health Systems Science at Washington University in St. Louis helped the foundation and the coalition partners review progress toward the initiative's outcomes and long-term goals. (See Table 1, page 90.) The evaluation captured the annual activities and progress of the 28 MFH grantees and regional hubs, including the number of outreach events and counseling sessions they conducted. The evaluation also tracked the CMC's activities through ongoing surveys of coalition members, measuring member capacity and the strength of the coalition network.

The evaluation showed the majority of coalition members reported gaining new knowledge and skills through their participation in coalition meetings, increasing their health literacy, building their capacity to enroll consumers in health insurance, and receiving valuable information from coalition events and communication. At the same time, the findings showed that the greatest gains in knowledge, skills, and awareness among coalition members may have occurred during their early months of participation, and plateaued after that point. These insights into the coalition's growing capacity helped identify future opportunities to strengthen its work.

The evaluation also captured annual marketplace enrollment data for Missouri. While the initiative was winding down in 2018, the enrollment data made clear that some of the ECI's long-term goals would not be achieved. Ultimately, the initiative did not achieve its goal of reducing the uninsured rate in Missouri to below 5%. The volatile political atmosphere surrounding the coalition's work added a range of complications and stumbling blocks to achieving the outcomes and impact set forth in the logic model. Most notably, the state's failure to expand Medicaid left too many Missourians in the coverage gap for the initiative to effectively reduce the uninsured rate to 5%.

As the foundation and its partners were taking stock of their work over the past five years, they began to consider the factors that made the coalition's work effective, the stumbling blocks, and how their work contributed to ACA implementation in the state. With these broad questions in mind, MFH sought to gain a deeper qualitative understanding of how the CMC was implemented over its five years in order to tell a fuller story of its work — information that could be useful to the coalition's future work and to similar efforts.

Evaluation: Methods, Purpose, and Findings

In 2019, MFH partnered with Engage R+D to conduct a retrospective, qualitative evaluation of the ECI. (See Table 1.) Engage R+D's methods included stakeholder interviews and secondary data analysis. The evaluation team conducted 27 semistructured qualitative interviews from March to May 2019 with ECI partners and beneficiaries to better understand their experiences and perspectives on the accomplishments, challenges, and outcomes of the ECI. These participants were:

- six foundation staff with close involvement and leadership positions with the ECI;
- 11 key contracted partners that supported the CMC and provided TA to grantees; and
- 10 members of the coalition, including MFH grantees and other partners.

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

TABLE 1 What Was Known About ECI, and Remaining Questions at Initiative's Conclusion

ECI Outcome	What Was Known... (from process evaluation)	Cross-Cutting Questions to Be Explored... (by retrospective evaluation)
Build individuals and organizations committed to assisting uninsured and underinsured Missourians	• CMC members increased their capacity to enroll consumers in the Missouri ACA Health Insurance Marketplace and/or Medicaid • Coalition members increased their community awareness and education activities	• How did the ECI unfold over its 5 years of implementation? • What were some of the main accomplishments and challenges of the initiative? • What impact did the ECI have on the uninsured and partners engaged by the foundation? • What overall evidence of effectiveness exists for the coalition building strategy? • What strategies were particularly effective? • What, if any, unexpected outcomes emerged during the course of the ECI implementation? • What evidence exists that the ECI contributed to declining uninsured rates in Missouri (as compared to other states)? • What could have been done differently to have made the initiative more effective? • What contextual factors related to the state and national health insurance environment influenced ECI implementation?
Create strong network connections that could be supportive and adjust to a changing environment and the changing needs of consumers	• CMC membership steadily grew • Coalition members developed productive partnerships • CMC communications and materials became a valuable source of information in a rapidly changing environment	
Increase Missourians' knowledge, ability, and confidence to find and evaluate information about health plans; select the best plan for their own financial and health circumstances; and use the plan once enrolled	• Coalition members reported that their knowledge of health insurance literacy increased • MFH's grantees demonstrated a high level of knowledge regarding comparing health insurance plans and reported high levels of confidence in communicating with consumers about health insurance terms • Coalition members experienced the greatest gains in knowledge within the first 6 months of their participation, then knowledge plateaued • There was no direct information from consumers about their gains in health literacy	
Reduce the uninsured rate in Missouri to less than 5% in 5 years	• An increasing number of Missourians enrolled in health insurance through the marketplace each year, although enrollment plateaued toward the initiative's conclusion • Enrollment in Missouri's Medicaid program declined as more restrictive Medicaid eligibility rules were rolled out • Missouri's uninsured rate dropped from 13% in 2013 to 9% in 2017; ultimately did not achieve goal of reducing rate to less than 5%	

Engage R+D also identified a subset of states similar to Missouri and conducted a qualitative, comparative analysis of their progress towards reducing uninsured rates. This analysis approach has been used by other researchers seeking to understand the drivers of health insurance enrollment across states. For example, a comparative case study of four nonexpansion states used a similar approach to understand the factors that impacted enrollment outcomes

in the federal ACA marketplace (Wishner, Spencer, & Wengle, 2014). The intent of the secondary data analysis was not to claim causality. However, the analysis did seek to explore the relationship between state characteristics and external factors, including the presence of a broad coalition such as the CMC, and changes to uninsured rates. Our analysis had two stages: 1) an examination of changes in uninsured rates across all states and the 17 states without Medicaid expansion; and 2) a qualitative comparison of the context in Missouri to that of five similar states.

First, to provide context for the state analysis, we used federal data to understand shifts in state uninsured rates from 2013 to 2017 across all states with information available. We calculated the total percentage change and statistical significance of the change ($p = .01$) in uninsured between 2013 and 2017.[2] We then compiled comparative data on demographics and Medicaid enrollment for each of the 17 states that opted not to expand Medicaid.

Second, we refined our list to include Missouri and five other states of similar population size, racial/ethnic diversity, region, and rurality.[3] We compiled qualitative information on each state's policy context, the role of local government and community-based organizations, and the presence or absence of statewide coalitions similar to those participating in the ECI. We conducted an analysis of gray literature and news media coverage related to states' ACA expansion, and conducted two key informant interviews in comparison states.

The evaluation team compiled findings from the interviews and state uninsured data analysis to tell a retrospective, qualitative story of the initiative's evolution, identify lessons for funders and other actors, and explore the role the coalition played in expanding health insurance enrollment in Missouri. Our findings fall into two categories: 1) coalition building, which has broad implications for funders across a range of issue areas; and 2) advancing health care coverage, which is geared toward funders seeking to implement similar strategies.

Areas of Inquiry for Retrospective Evaluation

- How the initiative unfolded over its five years
- Successes and challenges
- Effectiveness of coalition-building strategy
- What could have been done differently and unexpected outcomes
- Evidence of ECI's contribution to declines in uninsured rates in Missouri
- Contextual factors that influenced implementation

Coalition Building

Given the newness of the ACA at the launch of the initiative, foundation staff and early partners reflected that it often felt as though the team members were "building the tracks as they were moving along." This sentiment posed some challenges to the coalition in establishing its structure, process, and goals. It also required flexibility, trust, and cohesion among the CMC's many partners.

The coalition sought to balance regional flexibility with centralized support. The CMC's regional hub infrastructure tapped into community-based experience and peer learning, while the centralized role of MFH staff and contracted partners offered cross-cutting expertise and support. Coalition members and partners reflected that the CMC struck a useful balance, giving them a meaningful voice in strategy and implementation while also supporting that

[2] We included 45 of 50 states in this analysis. We excluded five states for which American Community Survey (ACS) one-year estimates from the U.S. Census were not available for one or both years of comparison.

[3] "Rurality" is the percentage of the population in each state living in rural areas, according to the U.S. Census.

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

– ECI partner

implementation with structure, common processes, and shared language.

For example, contracted partners and MFH staff provided communication tools and campaign materials. Through the flexible hub structure, regional partners could strategize together to ensure that communications campaigns aimed at increasing health insurance enrollment were focused on reaching those historically uninsured in each local context with messaging that would resonate with residents. Regional hub leaders and coalition members alike regularly elevated local needs and effective strategies to the contracted partners leading the coalition and to MFH.

Trust and Cohesion

Establishing trust and cohesion posed some barriers early on in the initiative. The foundation, contracted partners, and coalition members recognized that they would need to establish clear lines of communication and trust in order to work together effectively for the long haul. However, they described encountering some challenges in doing so at the start of the initiative. One CMC member commented on the amount of time it took to build trust given the newness of the work: "The whole initiative — the roles, the website, the plans — everything was new. It was new to everyone, and it really took most of that first year for people to start to feel confident." Another commented: "Cover Missouri really forced collaborations that wouldn't have happened otherwise. When they worked, they worked great. But not everybody was used to that."

Others expressed initial hesitation around sharing their products or information freely with others. In addition, the initiative's contracted partners reflected that in the initiative's first year their roles were not always clear cut. Some of their skills overlapped, but a clear line of communication had not yet been established for these external consultants. "During the first year we weren't operating as a seamless team," described one contracted partner. Another agreed: "It was a little rocky in the first year. There were so many contractors and figuring out unique roles was difficult in the beginning." Over time, as partners began to work together more closely and align around common goals, their thinking shifted, roles became more clear-cut, and the spirit of collaboration grew.

Shifts in Context

Unexpected changes in state Medicaid eligibility requirements posed a substantial challenge to the initiative achieving its goal. As a foundation staff member described it:

> We had set a goal of reducing the uninsured rate to less than 5% in five years. … It was an aggressive goal, but at the same time we thought [it was attainable] because at the time the initiative got going, Medicaid expansion was still a mandatory thing. Then, because of the Supreme Court ruling, it became optional for states. That, in the long run, impacted the success of the initiative.

A grantee discussed the frustration that some felt when balancing what they perceived to be the success of the coalition with the fact that attaining its ultimate goal seemed increasingly unlikely as the initiative progressed: "Everybody was just 100% committed to [our goal of] lowering the rate of uninsured to less than 5% in five years," the grantee reflected. "If we would have expanded Medicaid, we would have gotten there. That's what's so frustrating about it."

Convening as a Powerful Strategy

Through the retrospective interviews, members provided their reflections on the "value-add" of the CMC convening approach to the initiative's efforts to expand health insurance enrollment. There was agreement, for example, that participation in the statewide coalition and convenings helped individuals with diverse interests and perspectives see eye to eye in unexpected ways. Given the breadth of the coalition, members often had differing perspectives on the ACA, as well as different ideologies about and stakes in expanding health insurance coverage. The convenings and supportive infrastructure of the coalition allowed these members to begin to converge their perspectives and develop a common vision for insuring more Missourians. As one partner observed:

> Hospitals, health systems, and insurance companies participating in the marketplace — all kinds of organizations that were not originally comfortable with the ACA — came on board. … We saw enrollment assisters at hospitals, even in rural areas …; we saw those hospitals start hiring and training staff [to do] enrollment assistance, because they saw the real benefit of getting their uninsured patients covered.

In other cases, partners who traditionally may not have worked together due to ideological or competitive differences coalesced around reducing uninsured rates. Even when their motivation for doing so was different, partners reflected upon how the coalition and in-person connection points helped to unite them around this shared goal.

Ultimately, partners reported that the coalition created a collaborative spirit that helped to enhance their local work. One grantee said, "The reason individual organizations were as successful as they were was because we could lean on each other for support going through the open enrollment period. For me, that's key: collaboration and partnership."

In addition, members noted that coupling convenings with expert support helped the coalition to respond to shifts in context. The group of contracted partners that the foundation retained for the CMC offered a broad range of expertise and skills that were shared with grantees, regional hubs, and the full coalition via convenings and other activities. Although the majority of coalition members were not funded by MFH, they could still make use of the contracted partners' collective expertise. These expert partners had the ability to quickly respond and provide guidance to the full coalition when, for example, a key policy or rule change was enacted that would influence Missouri residents' eligibility for insurance coverage. In addition, the foundation hired a full-time initiative director to provide organization and coordination of this broad effort.

"Everybody was just 100% committed to [our goal of] lowering the rate of uninsured to less than 5% in five years. If we would've expanded Medicaid, we would've gotten there. That's what's so frustrating about it."

– ECI grantee

Advancing Health Care Coverage

Missouri's political environment, including mixed public opinion about the ACA and the state government's efforts to weaken its impact, posed major barriers to the coalition's work. In this context, CMC members sought to thoughtfully structure and deliver their messaging and maintained a neutral stance in order to appeal to residents with diverse perspectives.

Adaptive Approaches

The foundation has a tradition of political neutrality, which CMC participants and foundation staff noted worked well for this initiative. MFH took on an issue that could have been a political

"For us, it was a matter of removing the politics from it. Then you can get people to see that … some part of this is for them."

– ECI partner

hot potato — implementation of the ACA — and led its coalition partners in avoiding partisan perspectives by keeping the focus on the facts and implementation of the federal law. As a foundation staff member described it, "We've always worked hard to stick with just the facts and stay as apolitical as we can. That has really been valuable for people to trust us as a source."

According to contracted partners and coalition members, the approach worked in terms of maintaining the coalition's credibility. For example, a coalition member attributed the success of consumer education workshops in part to the nonpartisan stance:

> After doing 450 different workshops on the ACA in Missouri in the last six years, the fact that we had no complaints speaks to the professionalism of the Cover Missouri members as well as our approach of being strongly politically neutral.

Using adaptive and local approaches to meeting communities' needs can help to shift attitudes and behaviors. The initiative focused its messaging on the reality of people's lives and their fundamental need for health insurance. Regional partners worked to ensure that communications campaigns aimed at increasing health insurance enrollment were adapted to each local context in order for the message to reach and resonate with residents. This allowed the ECI to gain traction with a broad base of coalition members and Missouri residents in general.

One partner described their politically-neutral approach in this way: "for us, it was a matter of removing the politics from it. Then you can get people to see that … some part of this is for them." Another partner reflected upon the importance of the language used when reaching out to potential enrollees, noting that the term "Obamacare," while widely recognized, was politically charged. As a workaround to this, enrollment assisters doing community outreach reframed the policy for consumers: "We would correct and say, 'it's the Affordable Care Act' (sometimes people call it 'Obamacare') …. By focusing on the policy and what it does for consumers and the protection, their attitudes started to change a bit." At the same time, coalition members were strategic in their approach, recognizing that in some communities, attitudes toward the ACA were so hostile that doing any type of outreach, even with careful framing, would not be fruitful.

Engagement With Local Leadership

Engaging with trusted community leaders also helped coalition members navigate local context. The ECI's regional hub structure helped members to form local partnerships and take approaches to increasing awareness, enrollment, and health insurance literacy that were sensitive to community needs and contexts. The coalition's locally tailored approach supported involvement of nontraditional partners, such as religious leaders, who had credibility in certain communities.

One grantee, whose organization focused on directing uninsured individuals to enrollment agencies, described forging relationships with religious leaders: "We have a lot of personal contacts with, for example, pastors in the local churches. They are trusted leaders — if they say something, people will trust them. We often take our programs to them." Another partner commented on the value of consumers, particularly in rural parts of the state, hearing messages about obtaining coverage from a trusted local partner:

> If somebody local who I trust tells me, "Hey, this is important; you need to do it; you need to sign up for this insurance," rather than someone out of St. Louis or on the news, I'm going to trust that local person.

The Political Landscape

Contextual factors can reveal differences in how states experience health insurance expansion. Prior research has documented a variety of factors that may have impacted uninsured rates in states after the ACA's implementation, including the policy environment, public sentiment, and coordinated efforts to support increased enrollment (Wishner et al., 2014; Glied, Ma, & Verbofsky, 2016). Engage R+D's state comparison analysis similarly revealed how such factors correlated with shifts in uninsured rates. (See Figure 5, page 96.) While it is not possible to infer causality from our analysis (i.e., to attribute changes in uninsured rates to demographics or the political environment), we found the following factors helped to tell a nuanced story of how certain states experienced ACA implementation:

- *Medicaid eligibility rules.* Across the U.S., all states with available data saw statistically significant decreases in their uninsured rates from 2013 to 2017. However, the magnitude of the change was larger in most Medicaid expansion states than in nonexpansion states.[4] In addition, among the six states we selected for comparison, the two that saw a decrease in uninsured rates larger than Missouri's — Wisconsin and Tennessee — had unique circumstances that led to increases in Medicaid enrollment despite their choice to opt out of expansion. The three states with smaller declines in uninsured rates relative to Missouri's maintained restrictive rules around expansion.

- *Support for enrollment independent of state agencies.* The decline in South Carolina's uninsured rate — 31% — was the same as that of Missouri. While ACA implementation policies were highly restrictive in both states, they had similar coordinated efforts, with philanthropic support, to increase health insurance enrollment. The change in the uninsured rate in South Carolina and Missouri stayed at the median for nonexpansion states despite these restrictive environments.

- *Population size.* While Kansas and Nebraska are in the same CMS region as Missouri, their populations are less than half the size of Missouri's. Even in the absence of a coordinated initiative, the smaller populations may have simplified outreach and enrollment efforts in those states. Kansas and Nebraska reached the same uninsured rate, 9%, as Missouri in 2017, although that represented a smaller change from the 2013 rates.

Taken as a whole, this analysis points to the varied ways that demographics, Medicaid eligibility rules, and coalition-based efforts influence shifts in states' uninsured rates. They also suggest the strong role that state policies and regulations can play in access to health insurance coverage, regardless of the presence of coordinated efforts to support outreach and enrollment.

Lessons for Other Funders

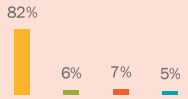
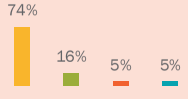
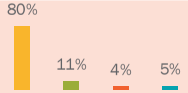
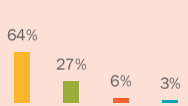
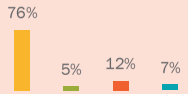
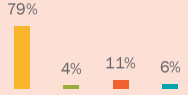
The lessons from the Expanding Coverage Initiative suggest several ways that foundations can effectively manage and evolve a multiyear policy effort through broad coalition building, crafting politically neutral messaging that resonates across diverse local contexts, and approaching evaluation in a complex and shifting environment. We believe the following three lessons, on the importance of messaging, convening, and retrospective evaluation, are particularly valuable to other funders interested in supporting similar efforts.

Messaging

Foundations seeking to promote particular messages through their social change efforts frequently engage with communications and public relations firms to help craft their delivery. However, for initiatives such as the ECI, which are focused on diverse contexts within a single state or region, one set of messages may not be sufficient. By coupling the support of a

[4] Missouri's uninsured rate in 2017 (9%) was on par with the national average. However, the average change in the uninsured rate across the U.S. during this period (40%) was higher than the change in Missouri (31%) and in most other expansion states.

FIGURE 5 Missouri in Context of 5 Other States That Opted Out of Medicaid Expansion

State	% Uninsured in 2017 (*decrease since 2013*)	Population Size	Racial/Ethnic Breakdown: White, Black, Hispanic, Other	CMS Region	Rurality	Medicaid Expansion Eligibility Rules in 2014	State-Level Support for ACA Implementation (policy context, coalition support)
 Wisconsin	5% (*decreased 44% since 2013*)	 5,643,000	 82% 6% 7% 5%	Division 3: East North Central	30%	No Medicaid expansion, but less restrictive than Missouri due to a Medicaid waiver, resulting in no coverage gap	• Governor appointed leadership at the Department of Health Services to support enrollment in the federal marketplace
 Tennessee	9% (*decreased 36% since 2013*)	 6,538,200	 74% 16% 5% 5%	Division 6: East South Central	33%	No Medicaid expansion, but an administrative error temporarily resulted in less restrictive rules around eligibility	• State implemented a gag order preventing navigators from discussing health insurance benefits or pricing • A strong statewide coalition of over 1,000 organizations received funding to support outreach and enrollment
 Missouri	9% (*decreased 31% since 2013*)	 5,921,300	 80% 11% 4% 5%	Division 4: West North Central	29%	No Medicaid expansion and voters passed Proposition E, which barred state agencies from promoting the ACA and created a chilling effect on local agency engagement	• Very limited state support created a gap • Missouri Foundation for Health launched the Expanding Coverage Initiative, a large-scale effort to increase health insurance enrollment
 South Carolina	11% (*decreased 31% since 2013*)	 4,864,600	 64% 27% 6% 3%	Division 5: South Atlantic	33%	No Medicaid expansion	• Governor emphasized that state agencies would "carry out no more than the letter of the law" with regard to implementation • Several organizations stepped up to support enrollment, including a coalition of health centers, local foundations, and federally qualified health centers
 Kansas	9% (*decreased 25% since 2013*)	 2,817,600	 76% 5% 12% 7%	Division 4: West North Central	26%	No Medicaid expansion, though the governor considered the "potential benefits and risks of expanding" the program	• State agencies did support federal implementation to the extent the law required • State outreach and education was largely uncoordinated but conducted by some organizations, insurance agencies, and foundations
 Nebraska	9% (*decreased 18% since 2013*)	 1,859,200	 79% 4% 11% 6%	Division 4: West North Central	26%	Medicaid expansion did not pass until 2018, implementation did not begin until 2020	• State government was opposed to Medicaid expansion and state-level ACA supports, and even with a voter-approved ballot measure to expand Medicaid, remained committed to delaying the timeline and establishing a work requirement

Note: Across all 17 states that opted out of Medicaid expansion, the median decline in the uninsured rate from 2013 to 2017 was 31%; the decrease ranged from 8% to 44%.
Sources: Centers for Medicare & Medicaid Services, healthinsurance.org, Kaiser Family Foundation, Kids Forward, Rockefeller Institute of Government, U.S. Census Bureau.

communications firm (to develop centralized yet flexible messaging) with input from local partners (about how to tailor messaging), the ECI was successful in delivering communications about health insurance enrollment that resonated with different local contexts within the state.

The communications firm, with message testing and feedback from local partners, tailored campaign materials for populations historically under-enrolled in insurance. These carefully crafted messages — paired with grantees' and partners' localized understanding of demographics, relationships, political views, and perceptions about the ACA — contributed to outreach approaches aligned with the attitudes and beliefs of residents in particular Missouri communities.

Messaging is a critical consideration for health-focused initiatives. Other organizations seeking to advance or implement statewide health policy could benefit from pairing investments in marketing and communications with input from local stakeholders to ensure that messaging resonates with and effectively reaches residents in different communities.

Convening

The ECI solidified its coalition of stakeholders through ongoing participation in statewide convenings. These convenings helped the initiative gain support in a range of localities, and brought partners to the table who had diverse knowledge and skills to support the initiative's goals. Foundations have long invested in convenings such as these as a way to drive social change by bringing together individuals and groups with diverse perspectives that are working toward common goals (Borgman, 2016). Further, the concept of adaptive strategy is becoming more common among foundations, and others have pointed to the particular value of taking a flexible approach to building coalitions (Easterling & McDuffee, 2019; Snow, Lynn, & Beer, 2015). Thus, the idea of coalitions and convenings as core to building and evolving in an adaptive way is not necessarily new.

The experience of the ECI, however, brings to light several lessons about how to structure coalitions and convenings to best achieve their goals. First, effective coalitions must strike a balance between having enough structure and access to shared resources that participants stay engaged and motivated around shared goals, while still having enough flexibility to adapt as internal and external conditions shift. Second, the ECI highlights how a prolonged investment in ongoing and intentional convening, particularly in geographies that lack investment in this type of approach, can be a powerful tool. However, it still may not be sufficient to overcome barriers related to the federal, state, or local policy context.

Third, by intentionally convening a broad group of stakeholders — and investing in the time required to build trust, establish relationships, and clarify roles — foundations can support more meaningful connections among grantees and partners, even those on seemingly opposite sides of the aisle. Convening can be a powerful strategy when applied intentionally, flexibly, and over the long term.

Retrospective Evaluation

Funders supporting adaptive initiatives such as the ECI can find it difficult to gauge impact (Britt & Coffman, 2012). Further, there is increasing recognition that rigorous impact evaluations of social change efforts can result in findings that are not practically useful and actionable, given the complexity within which such efforts take place (Gugerty & Karlan, 2018). Alternative strategies to evaluating social change efforts include developmental evaluation (Patton, 2010) — which focuses on collecting and analyzing real-time information to support innovation and adaptation — and implementation science, which focuses on understanding how well a program or intervention was implemented (Easterling & Metz, 2016).

Our evaluation adds to the growing knowledge about alternative ways to understand the progress of multiyear social change strategies. The retrospective evaluation helped to document the evolution of the initiative and the coalition's

work. It revealed strengths of the coalition — for example, its ability to build a strong, diverse base of over 800 members and develop politically neutral messaging — and how those strengths supported awareness building, health literacy, and enrollment efforts. It also revealed the challenges that a coalition can face when seeking to counter a state context that is highly restrictive to an initiative's goals. While some of these lessons were apparent as the initiative unfolded, others emerged when participants had the opportunity to reflect back on the entirety of their work. These lessons highlight strengths and gaps that may be useful to other funders supporting similar initiatives.

Conclusion and Looking Ahead

Upon overcoming early challenges around building trust and clarifying roles, the Expanding Coverage Initiative established a strong coalition that balanced centralized infrastructure and expertise with regional flexibility. Convenings, shared resources and support, and fact-driven communication, among other strategies, allowed coalition members the opportunity to bridge divergent perspectives and coalesce around shared goals. Members could then carry out those strategies within Missouri communities, tailoring their approaches to building awareness, expanding enrollment, and increasing health insurance literacy to each local context.

A comparative analysis of Missouri to similar states yielded insights about how state context can help to advance efforts such as the ECI, but also how the policy environment can be a strong facilitator or barrier to desired changes, regardless of the presence of a coalition. The initiative did not achieve its ultimate goal of reducing the state uninsured rate to below 5%, facing significant barriers related to Medicaid eligibility rules and the state policy context. However, it did build an infrastructure to support ACA implementation that has had lasting impact and relevance beyond the initiative.

In addition, at the time of this article, the coalition built through the ECI was pivoting in new and unexpected ways as the landscape shifted once again. The COVID-19 pandemic was posing a major threat to the health and well-being of Missourians and was also challenging the state's public health infrastructure and health care system. In August 2020, Missourians voted on a ballot initiative to expand Medicaid coverage, a decision which felt even more critical against the backdrop of COVID-19. Missouri Foundation for Health mobilized the Cover Missouri Coalition in a variety of ways, activating their network of members and providing them with resources and support to navigate the shifting health care landscape and address health inequities. The Medicaid expansion ballot initiative was ultimately successful, receiving approval from 53% of Missouri voters. The experience and relationships coalition participants gained from the Expanding Coverage Initiative have helped to bolster the coalition's efforts in this new era.

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