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Best Practices for Health Insurance Marketplace Outreach and Enrollment in Rural Areas

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The Affordable Care Act provided coverage through the Health Insurance Marketplace to nearly seven million people during the first open enrollment period.¹ Yet, research suggests that the enrollment rates for eligible individuals living in rural areas was less than enrollment rates for those living in urban areas.² That may be due, in part, to specific challenges in rural communities, including lack of internet access, low population density, travel barriers to obtaining help, or strong political opposition to “Obamacare.”^{3,4}

Among rural communities, there was considerable variation in the enrollment rate. The North Carolina Rural Health Research Program conducted key informant interviews of navigators, health centers, Certified Application Counselors (CACs), and other partner organizations in nine rural counties with high enrollment rates in seven states to try to identify best practices for marketing, outreach and education, in-reach (identifying eligible current clients), and enrollment in rural communities. This fact sheet highlights some of the best practices identified through these interviews:

Build coalitions at the state, regional, and local level to reach people in rural communities.

State, regional, and local coalitions can help enrollment assisters and other partners communicate information, learn about “work arounds” to common problems, and share best practices, including those unique to rural communities. In addition, local coalitions can pool resources to ensure that education, outreach, and enrollment events are covered, and can work together to cover more sparsely populated rural areas. Partner agencies that are not navigator or CAC organizations can also help educate their clients about the ACA and refer people to in-person assister organizations.

While paid media are helpful, include no/low-cost marketing options such as unpaid media and brochures. Paid media in local newspapers or on radio stations can help spread the word about education and enrollment events, but there are other low-cost options that can be equally successful. Being a guest on a local radio show is a low-cost way to educate the public about the ACA and where people can go for help with the enrollment process. The media may also be willing to announce upcoming enrollment events in their local coverage. Community groups can distribute brochures on the ACA throughout the community. For example, brochures that include basic information on the ACA and where people can go for help can be placed in beauty parlors, barber shops, laundry mats, faith-based organizations, nonprofit agencies, health care institutions, businesses, grocery stores, and community colleges—wherever people congregate.

In-reach activities should include the entire agency staff. All agency staff—including front-office staff and others who work directly with the public—should be educated about the ACA so they can identify clients and refer them to in-house CACs or navigators.

Involve other community agencies with education and outreach. Because rural areas typically do not have the same number of paid navigators or CACs as more urban areas, it is important to partner with other community agencies to help educate the public about the ACA and enrollment assistance. The leadership *and* staff of other organizations should be educated about the ACA and where they can send their clients for more help. Consumers are more likely to follow through with enrollment appointments if they hear about the ACA from respected sources, including staff from other agencies with whom they have a trusting relationship. Libraries, health departments, community action agencies, community colleges, jobs centers, medical centers, cooperative extension agencies, food banks, mental health centers, school districts, Chambers of Commerce, social services, faith based organizations, farm bureaus, and family planning

organizations can all be important community partners. Senior Centers may be an overlooked resource in many rural communities. While the seniors themselves are unlikely to be eligible, they can be effective messengers to others in the community who might need help. In addition, seniors are often considered respected leaders in many rural communities.

Promote “word-of-mouth” recommendations from satisfied consumers to help with marketing and outreach.

Word-of-mouth recommendations from trusted sources are critical to successful outreach in rural communities. Some of the most effective messengers for Marketplace outreach and enrollment are individuals who have already enrolled in health insurance coverage through the Marketplace. Encourage newly enrolled consumers to talk to their family and friends about the benefits of the ACA and having health insurance coverage. Consider providing information cards to successfully enrolled consumers—one for them in case they have follow-up questions and additional cards for them to share with individuals in their community who may need help enrolling.

Offer enrollment events in locations throughout the community that are convenient to rural populations. Stand-alone enrollment events are often less successful than piggy-backing ACA outreach, education, and enrollment events onto other community events. Local sporting events (including high school football games) and community festivals should be considered as possible education and enrollment sites. Libraries, churches, social service agencies, and health care organizations can also be effective.

Agents and brokers can help reach rural people in more isolated communities. Because of limited resources, navigators and CACs often concentrate the education and outreach events in the more populated rural communities. This can create problems for some people in isolated rural areas who have difficulty traveling to enrollment events. Many people in rural communities already have relationships with agents/brokers for other insurance products (life, farm, or homeowners). Some of these agents or brokers may also be able to help rural residents understand and enroll into health insurance coverage—thus expanding the reach of in person assisters.

References

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