Cover Our Families
Community Organizing & Advocacy Toolkit
We all deserve health insurance and the medical care it provides. Expanded Medicaid eligibility remains a critical component of the Affordable Care Act’s plan for ensuring coverage and access to care for low-income people, women – especially women of color – and LGBTQ (lesbian, gay, bisexual, transgender, queer) people of color.

The ACA was drafted with the expectation that all 50 states would expand Medicaid to cover people earning less than 138% of the federal poverty level. However, since the Supreme Court made Medicaid expansion optional, conservative political opposition in 19 states has prevented Medicaid from being expanded to those who need it most. This has resulted in a “coverage gap” leaving 3 million people with no path to health care.

A Community Approach

Raising Women’s Voices for the Health Care We Need (RWV) is a collaborative initiative of the MergerWatch Project of Community Catalyst, the National Women’s Health Network (NWHN), and the Black Women’s Health Imperative (BWHI). RWV is an independent voice within the health reform movement for the reproductive health needs of all women, and particularly for those who are low-income, women of color, immigrant women, young women, and members of the LGBTQ community.

Some of the states that have not expanded Medicaid, such as Mississippi, Texas, & Georgia, have very narrow eligibility requirements that leave many women uninsured, particularly non-pregnant women and LGBTQ people. These are the very people for whom Raising Women’s Voices advocates. People of color, especially uninsured African-American women, have been disproportionately affected, as more than 55 percent of all African-Americans reside in the states that have not yet expanded Medicaid eligibility.
This Toolkit contains four sections of ideas, guidelines, templates, samples, and other practical tools to raise your voice for the health care we need.

In the **MESSAGING** section, you will find fact sheets that can be used as talking points for discussion and used in letters, and as templates to use as handouts at events. Templates can be used as is after inserting your specific organization’s information.

In the **EVENTS** section you will find planning checklists, facilitator guidelines and workshop activities; save-the-date card and flyer templates; and other tools that will help you to work through the toolkit content in practice.

In the **MEDIA** section, you will find ideas and tips to help you build an effective strategy to communicate your message. These include sample Letters to the Editor, news releases, and op/ed articles.

In the **RESOURCES** section, you will find data and information on the states that have not expanded Medicaid, including helpful resources by state. This section also includes general sources on Medicaid expansion and the coverage gap used in the production of this toolkit.

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**Raising Women’s Voices**

Raising Women’s Voices for the Health Care We Need (RWV) is a national initiative dedicated to providing health care to all. RWV has a network of 31 Regional Coordinators (RCs) serving as the on-the-ground RWV presence in 28 states. These coordinators are women’s health, reproductive justice, LGBTQ health, low-income health or social justice-focused non-profits. Most are independent non-profits or coalitions.

To educate and build public support for Medicaid expansion, RWV supports its Regional Coordinators through technical assistance, messaging advice, state-specific materials, templates and sample op/eds and letters to the Editor, as well as one-on-one support to develop and implement strategies.

The role of the RWV Regional Coordinators is critical to providing access to services at the community level as RWV seeks to shift the national paradigm. RWV Regional Coordinators are reaching out to their communities every day and know the issues inside and out. To buttress those efforts, we have designed this Toolkit to provide a variety of resources to help them make the case at the local level.
Fact Sheets & Talking Points

Fact Sheets provide an easy way to communicate the basic points of this effort. They can be used when composing a Letter to the Editor, or when writing a press release, or as handouts when hosting a community event.

The three fact sheets are designed for printing on two sides and are organized to provide an easy progression through the steps toward actions that community members can take to help this effort:

What is the coverage gap?
- Who falls into the coverage gap?

Expanding coverage helps everyone
- What are the impacts of the gap?

The benefits of expanding Medicaid
- What are the economic benefits?

Throughout this Toolkit there are templates and samples you can tailor to your specific audience. Templates can be used as is after inserting your specific organization’s information. The samples are to help demonstrate how the messages can be applied.

Use these fact sheets as sources of information and as talking points as you write about covering the uninsured, and as handouts at your events. Insert your logo and organization information in the text box at the bottom in the Word version included on the Toolkit flash drive.

- Write a letter to the editor of your local newspaper.
- Write an online blog.
- Share your story to help make the case.
- Attend events, town meetings, and other group gatherings and make your voice heard.
- Write Facebook &/or Twitter messages to cover the uninsured.
A goal of the Affordable Care Act (ACA) was to reduce the number of uninsured and to ensure coverage and access to care for low-income people, women—including women of color—and LGBTQ people of color. It did this by doing two things:

**Creating a Health Insurance Marketplace**
- Where uninsured low-income people could qualify for financial aid to help them buy private insurance, and…

**Providing federal money to states**
- To expand their Medicaid programs so that more low-income people could qualify and get health care.

In 2012, the U.S. Supreme Court made Medicaid Expansion optional and some states chose to reject the federal funding to expand Medicaid.

This decision created a “coverage gap” in states that have not expanded Medicaid, leaving millions of people who:
- earn too much money to qualify for traditional Medicaid
- but not enough money to qualify for financial help to buy health insurance.

There are nearly 3 million individuals living in the states that are not expanding Medicaid who would be newly insured this year had their states opted into the Medicaid expansion provisions of the ACA.
Who Falls Into the Coverage Gap?

Nearly 3 million people fall into this gap including:

- **Low-income families.**
- **People who work at jobs that do not offer benefits particularly part-time jobs.**
- **Lesbian, gay, transgender, and queer (LGBTQ) people.**
- **Low-wage workers** including: women of color and heads of households; people living with HIV; and childless adults who earn too little.
- **Unemployed** who are often people of color, LGBTQ, those recently out of incarceration, and/or in between jobs trying to make it through life’s challenges.

Why Close the Coverage Gap?

- **Millions of low-income women** do not have access to continuous health coverage. Expanding Medicaid would provide health coverage to low-income women whether they are pregnant or not, resulting in better outcomes for mothers and babies.
- **People of color** face longstanding and persistent disparities in accessing health coverage. Medicaid expansion makes many uninsured adults of color newly eligible for the program.
- **More women and their families** would get early care for preventable conditions keeping them healthy and reducing health care costs.
- **More working parents, veterans and students** would be covered.
- **Families** would worry less about how to pay medical bills.
- **States could provide health care for all of its residents** using federal money at no cost to the states.
The gaps in our health insurance system affect people of all ages, races and ethnicities, and income levels; however, those with the lowest incomes face the greatest risk of being uninsured. People without insurance coverage have worse access to care than people who are insured.

One in ten uninsured people (3 million) fall into the coverage gap due to their state’s decision not to expand Medicaid, and 15% of the uninsured (4.9 million) are undocumented immigrants who are ineligible for ACA coverage under federal law. Nationally, 44% of uninsured adults in the coverage gap are White non-Hispanics, 30% are Hispanic, and 22% are Black.

Because people of color are more likely than Whites to lack insurance coverage and are families with low incomes, they are disproportionately represented among people in the coverage gap. This puts people of color at risk of persistent health inequities. Even after insurance levels the playing field, other factors remain, including deep-seated historical inequities and pervasive cultural barriers.

Blacks and Hispanics are also more likely to lack the usual source of care – a primary care physician, for example – and go without care because of cost. This has been shown to be an important link to primary and preventive care services and better health outcomes, according to the Commonwealth Fund.

People of color make up 56% of those in the “Coverage Gap”

- 44% white
- 30% hispanic
- 22% black
- 4% other
What are the Impacts of the Gap?

The decisions about Medicaid expansion have a large impact on eligibility for coverage among uninsured Blacks. In expansion states, 70% of uninsured Blacks are eligible for coverage.

- In contrast, in non-expansion states only 15% of uninsured Blacks are eligible for Medicaid while 32% fall into the coverage gap.

Nearly half of uninsured Hispanics are eligible for assistance in expansion states compared to 33% in non-expansion states.

- This difference is not as large as those observed for uninsured Blacks and Whites since significantly larger shares remain ineligible due to immigration status.

Women account for more than half (53%) of adults in the coverage gap, even though women are more likely than men to qualify for Medicaid in states not expanding their programs. This pattern occurs because women make up the majority of poor uninsured adults in states not expanding their programs.

- Over 2 million women between the ages of 19 and 44 who do not have insurance could gain health coverage if all states expanded their Medicaid programs.

Expanding coverage means that children in some of the nation’s poorest families will have insured parents and are more likely to end up insured and have access to care. It would cover low-income parents and children because:

- Covering parents means that more eligible children will enroll.
- Covering parents means that children are more likely to stay enrolled.
- Covering parents makes it more likely that children receive needed care like preventive care and other health care services.
- Parents’ health can affect children’s health and well-being.

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals can experience worse health outcomes as they often face challenges and barriers to accessing needed health services.

- Expanding coverage would provide access to health insurance coverage for LGBTQ persons, and includes specific protections related to sexual orientation and gender identity.

Expanding coverage would mean more veterans, students, and people living with HIV would get the care they need.
Expanding Medicaid access – and therefore healthcare coverage – will significantly enhance the quality of life and welfare of all people, regardless of income.

**Improves Health**

- Good health and access to healthcare are fundamental needs for all human beings. Health insurance improves the overall health of working families by providing for early diagnosis and intervention.

- A recent study shows that those who gained access to Medicaid reported better health.
  - They were also more likely to have a regular source of care and have access to preventive health services, which produces better health outcomes and helps prevent against expensive, emergency care.

**Strengthens Financial Security for Hardworking Families**

- Expanding coverage in one state for uninsured adults resulted in a 40% reduction in the probability that people borrow money or skip other bills to cover medical expenses and a 25% reduction in the probability that they have unpaid medical bills sent to a collection agency.

**Creates Jobs and Stimulates the State Economy**

- New federal Medicaid dollars will travel throughout the local economy – from healthcare providers to their employees, to local businesses. Those who gain access to coverage have also been shown to substantially increase their spending on consumer goods – by an average of $800 per year.

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**Cover the Uninsured**

**The Benefits of Expanding Medicaid**

This is where you put information about your organization, including your address, phone, email, and website. There should be enough room to include a short mission statement or other information you think important.
What are the Economic Benefits?

Secure access to affordable healthcare for all contributes to a robust state and local economy.

- **All people will have the security of affordable healthcare:** Heads of households need to know that their kids will thrive and that their parents will have access to care when needed.

- **Generates jobs, income, and state tax revenues:** State Medicaid spending – strengthened by federal matching dollars – insures a flow of new money that leads to more spending. This creates new demand for services and products.

- **A healthier, more productive workforce attracts business development:** Healthy people are more reliable employees; businesses prefer to locate in areas where the workforce pool has ready access to affordable health care. Healthy employees get paid and spend more.

- **Saves the state money:** States already cover the cost of care when people cannot pay, Medicaid expansion will save states and localities between $42 and $85 billion on such care just from 2014-2019.

- **Reduces the economic burden on hospitals and clinics:** Medical facilities are relieved of much of the costs of emergency care provided to the uninsured. Medicaid helps keep hospitals open in underserved communities.

- **Keeps federal tax dollars in the state:** Local residents’ federal tax dollars help fund Medicaid expansion, even if their state doesn’t participate. Enacting the expansion will allow states to keep these federal dollars in their state.

If the states that haven’t expanded Medicaid HAD, they would have created 183,000 jobs this year.

YourWebsiteAddress.com
Town Hall Meetings & Community House/Office Party

This section of the Toolkit provides guidance on the issues to consider when planning and designing community engagement events. It focuses on events tailored to Medicaid expansion while considering the level of participation to be achieved, the range of stakeholders affected, and the organizing timeframe.

Community engagement works best when it is an ongoing cumulative process enabling relationships and trust to build and strengthen over time. Individual engagement events should be planned and designed with this in mind and contribute to the overall goals of the process.

Included is comprehensive planning guidance for:

- Organizing a Town Hall Meeting, and
- Facilitating a Community House/Office Party.

Sample flyers, news releases, and save-the-date cards are included. Using the Fact Sheets will be integral to the content of your meetings.
Organize a Town Hall Meeting

As you plan a Town Meeting, stay on top of the various tasks by considering the items in the checklist below – each of these steps will help you keep the focus of the Town Hall Meeting. At the end of this section are templates for an event flyer, press release, and pledge card/handout.

### Preparation

- Planning committee members play an important role in ensuring that the meeting runs smoothly. Organize 6-8 dedicated people who will be able to attend all planning meetings. Invite local community members to be part of this planning team. Include a hospital community outreach person, especially hospitals that reach underserved populations.
  - Hold a working meeting every two weeks to plan, coordinate, delegate responsibility and execute tasks.
  - Do not discuss strategy or policy at these meetings.
- Decide whether a report, summary, or other product will come out of the meeting.
- Determine if videotaping or audiotaping will be done and how these methods will be used to extend the reach of the event.
- Plan a post-Town Meeting reception to keep the conversation going.
  - Decide on snacks and light refreshments.
- Plan a follow-up meeting to discuss lessons learned and results.

### Planning

- Designate one person to take calls from people who want to testify at the Town Hall Meeting. It is best if this person is also on the planning committee.
- Select a date, time, and duration for the Town Hall Meeting.
  - Set a goal of how many community members you would like to turn out for your event.
  - Identify a list of invitees (community leaders, elected officials, representatives of nonprofit organizations, businesses, health organizations, hospital administrators, and other State and local government agencies).
- Reserve a rent-free hall with seating for the desired number of people. Keep in mind your location will determine the type of audience you will attract.
- Reserve an area for media members
- Determine how to handle any necessary post-meeting cleanup.
**At Eight Weeks: Determine the Agenda**

- Choose a specific theme for your Town Hall Meeting, such as “Cover Our Families”.
- Identify and invite VIPs and people to serve on the panel.
  - Determine the amount of time for each speaker’s presentation.
  - Brief the speakers and sponsors to make sure they know the schedule, the goals for the meeting, and how long they may speak.
- Choose a moderator – a popular TV or radio personality is excellent for this – someone who is well-known, respected, and local. The moderator will explain the purpose of the meeting; identify sponsors; introduce VIPs, speakers, and panel members; and serve as timekeeper.
- Print at least 1,000 small event cards. These should have the title, location, purpose of the event, and contact person’s phone number. The cards not only serve to advertise the event, they are great for people to distribute at work to those who may want to speak at the meeting. *(See sample on page 19.)*
- Start collecting stories from people in the community facing the impacts of falling into the gap.
- Prepare a sample pitch letter and letter of invitation.
  - Invite public officials you want to educate about the problems caused by the coverage gap in your state.
- Send out a “Save the Date” for the Town Hall meeting and reach out to community members to participate.

**At Six Weeks: Targeting Your Audience**

- Identify who will handle media, perhaps one of the local organizations.
- Plan and implement an outreach strategy to connect with community members and leaders important to your event. Make sure to work with your partners in reaching out to their constituencies.
- Plan and implement a marketing strategy to reach your targeted audience including traditional media, flyers and posters, mailers and cards, as well as social media.
- Create a list of appropriate local media people – print, radio, TV – with contact information.
- 1st media contact - send a media advisory to all of the television, radio and newspapers in your area. This should include who, what, when, where and why of your event.
  - Make follow-up calls to ensure that the event is on their calendars and that they will attend. These personal calls are usually critical to getting a journalist to attend.
- Prepare a media advisory on the event that includes information on the topic, the speakers, and an invitation to participate.
- Craft a Facebook Event announcement as well as a Twitter mention.
- Compile lists of names, addresses and phone numbers of all the policy makers printed up for each committee member. Divide up the names of the policy makers amongst your core group.
  - Call each public official to be sure that they received the invitations.
**At Four Weeks: Create Materials**

- Create a poster/flyer that includes details on the Town Hall Meeting. Print flyers and begin posting them in places where uninsured families and others will see them. (See sample.)
- Provide content to the moderator and prepare talking points for panel members.
- Prepare a program handout, including an agenda, for the Town Hall Meeting.
- Decide if there are other relevant materials that could be made available as handouts to participants, such as Fact Sheets.
- Continue to collect stories. You should limit testimony to five minutes maximum. Require written testimony from everyone in advance. Assign someone to work with community members on crafting their message. Offer to speak on their behalf by incorporating their story into other messages if they are not comfortable speaking publicly.
- Arrange for sound equipment. Reserve at least one microphone for public officials, one for the master of ceremonies, and one for those testifying.
  - Arrange for someone to videotape and audiotape the event.
  - Obtain signed releases if a photo, audiotape, videotape, or report is used.

**At Two Weeks: Promotion**

- 2nd Media contact - send the press release and follow it up with a phone call to each member of the media on your list. This serves two purposes: Getting the message out and free advertising.
  - The press release should include the names of the public officials who have confirmed that they will attend. It is also effective to include little sound bites of the stories they will be hearing.
- Call any public officials to invite them again personally.
- Finalize your agenda so that it includes the names of the VIPs and sponsors and is included in your program.
  - Decide whether questions to or from the panel members will be allowed.

**At One Week: Details & Logistics**

- Review and use the Raising Women’s Voices fact sheets and flyers as Talking Points for the meeting.
- Call those who have agreed to speak at the meeting and tell their stories to remind them of the time, place, date, etc. Remind them of the time limit of five minutes for their testimony. If they haven’t already done so, get them to submit their testimony in writing.
- Have registration sheets for attendees, speakers, and media.
- 3rd media contact to determine interest and remind them of the event.
NIGHT OF THE EVENT

☐ Arrive two hours ahead of time to prepare the room and receive attendees.
☐ Check audio equipment.
☐ Set-up video camera and conduct test run.
  ☐ Enlist three people to sign-in attendees, greet media, and welcome speakers.
  ☐ Set-up signage welcoming attendees
  ☐ Set-up table with educational literature and invite co-sponsoring organizations to display their materials.

☐ Start event on time
  ☐ Reserve at least one hour at the end of the meeting for questions and comments from the audience.

☐ Host reception with lite food and drinks immediately following event to encourage continued informal discussion in lobby or common area
☐ Let people know you are part of an ever-growing powerful grass roots movement to expand coverage to all.

AFTER THE TOWN MEETING

☐ Debrief the town hall meeting with partners, co-sponsors, and volunteers either by setting the debrief time ahead (ie, at 2 weeks mark) or after the event. Invite feedback from special guests & moderator(s) via an online survey or post Town Hall debrief call.

☐ Send a Thank You letter to all speakers, sponsors, hosts, and planning committee members.

☐ Send a “Glad You Came” email using your new database list of who attended as follow-up.

☐ Follow-up with any media that attended.
☐ Write a story about the event – using photos and/or video – and include it in your newsletter and/or on your website.
Everyone deserves health insurance and the medical care it provides. The Affordable Care Act was designed to provide health coverage for all people in all 50 States. However, 19 States have not expanded Medicaid. This has resulted in a "coverage gap" leaving nearly 3 million Americans with no path to health care.

Hear why XXX,000 in (STATE) have fallen into this gap!

More than half of the people in this gap are working. Their income is too high for traditional Medicaid levels, but too low to afford plans being offered in the new marketplace. They are low-wage workers, veterans, and working parents. This is unjust – everyone deserves coverage.

Come and add your voice to the conversation!

(Your Organization) is the regional coordinator of Raising Women’s Voices (RWV) for the Health Care We Need, a national organization devoted to providing health care to all.

yourwebsitehere.org
SAVE-THE-DATE CARD TEMPLATE

FRONT 4” X 5.5”

(City) Community Conversation

Expanding Coverage Helps Everyone

Monday, November 23, 2016
6 pm – 9 pm

Hosted by (Your Organization)
Community Center (Location)
54 Main Street, (City), ST (00000)

BACK

YOUR LOGO

Name of Your Organization
For More Information Call: (Your phone number)

(Information on your organization goes here.)

(Your Organization)
is Regional Coordinator for Raising Women’s Voices
for the Health Care We Need (RWV),
a national initiative devoted to providing health care to all.
Preparing to Organize & Coordinate a House Party

This is a how-to guide that includes a timeline and checklists for everything you’ll need to organize a house party for the Cover Our Families effort. Ideally, coordinating a house party should take two to three weeks.

Three Weeks Before the Event:

1) Train facilitators and hosts using the facilitator’s guide.
   - Allocate at least 1-1.5 hours to do a run through training of the facilitator guide.
   - At the end of the training, each potential facilitator and host should have signed an agreement form to be a host or facilitator. See samples on pages 37 and 38. Collect these and have them on hand.

2) If you’re planning to organize several house parties in the long-term, create a simple Excel spreadsheet to record preferences for when and where to host and/or facilitate the house party. See a sample template located on the enclosed USB drive.
   - Record each name, whether they signed up to be a facilitator, host, or both.
   - Record each person’s general availability, if applicable.
   - Record location of where they’d like to facilitate or host.
   - In the notes section, write down the specific dates that they’re hosting/facilitating and record food preferences.
   - For hosts, also write in the notes section, who will facilitate for their party.

Two Weeks Before the Event:

3) Match available hosts and facilitators.
   - Find facilitators and hosts who have the same availability and location. Pick one of the overlapping dates and call each person to confirm that they can do a house party on that date. Begin with the host to establish an exact date and time.
4) Once you’ve matched hosts and facilitators, send out an email telling hosts and facilitators they’ve been matched. Use this template:

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Hello (Host), (Facilitator), and (Facilitator),

You’ve been matched to put on a community house party on (date) at (time) at (location).

The host for this house party is…(host name), (host email).

The facilitators are… (facilitator name), (facilitator email) and (facilitator name), (facilitator email).

The next step is for you to talk logistics of the house party and to pick up your community house party toolkit. Please email one another to coordinate further. Also let me know who would like to pick up the kit and when would be most convenient.

Let me know if you have any questions or concerns.

(Your name and email)
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One Week Before the Event:

5) Confirm the details a week before the event date.

- Get the guest count, and encourage the host to invite friends and family to a potluck dinner.

- Make sure someone is going to come by the office to pick up the house party kit. The kit should include the following items:
  - A flipchart with at least six pages pre-written (see facilitator guide).
  - Four different colored markers.
  - Four pads of sticky notes corresponding to the 4 four colors of the markers.
  - One letter-writing kit with note cards, pens, and a sample letter.
  - Sign-up sheets, and flyers of volunteer opportunities, upcoming events.
  - One large clipboard.
  - Several small clipboards for people to write on.
  - Food for potluck.
Two Days Before the Event:

6) Follow up with hosts and facilitators a few days before the party to make sure everything is ready.
   - Ask for final RSVP count.
   - Ask if they need any additional information or tools.
   - Encourage attendees to bring food, ask friends to make a potluck dish, etc. If food is being purchased and brought to the party, verify who is taking care of this.

Day of the Event:

7) On the day of the house party:
   - Review the facilitator guide.
   - Make sure you have copies of sign-up sheets, evaluation forms (optional), handouts, and anything else that you decide to include.
   - Remember to have fun!

After the Event:

8) The day after the party, contact the host and facilitator to debrief. It’s best if it can be done over the phone or in-person.
   - Some questions to ask:
     - How many attended? How did participants receive the information?
     - What was the crowd like? Were participants familiar with our issues completely new to them?
     - Any major topics or areas that they or the guests had difficulty with?
     - How many wrote letters? What other actions did participants take?
     - Is there anything about the house party design that needs to be improved?
     - When can they drop the house party kit/remaining materials off at [name of organization]? They should not mail the letters; just bring them with the rest of the kit.
Creating an invitation for a Medicaid Expansion Community House Party

When the time comes to invite guests to the party, it may be necessary to send a formal invitation or create an event page on another platform. Give guests at least two weeks to RSVP. While the invitations to your house party will vary depending on who you’d like to invite and what platform you’re using, there are some key pieces of information that you should include.

1. **Clearly state the party objective** and a description of what the participants will gain from attending.
   
   **Example:** I’m hosting a Community House party! At this party we will discuss the challenges our communities face accessing health care coverage in [state], with help from a trained facilitator. We’re also going to discuss how we can take action, influence policy change, and educate others about our concerns.
   
   Attend this party, and you’ll hopefully leave knowing a bit more about the challenges our communities face and how we can effectively enact change!

2. **List the date, time, and location clearly.**
   
   The party will run about two hours; make sure to mention this.

3. **Include a content note.** Emphasize that some of the topics of discussion might be sensitive or personal, and possibly triggering, so attendees should come in with an open mind.
   
   **Example:** We’re going to talk about everything at this party, including some topics that are personal, like discrimination and struggling to make ends meet. Attend this party with open ears and an open heart! We’re going to make this party as safe a space as possible for folks (including you!) to share their stories.

4. **List follow-up dates & RSVP contact.** Sometimes it helps to give invitees a specific date to RSVP.
   
   **Example:** Please RSVP to [name] at [xyz@abc.org] or [phone] by November 6th!

5. **Mention accessibility issues.** Include any barriers that may make it difficult or impossible for guests to attend. Some points of accessibility to mention may include:
   a. Public transit availability and/or parking accessibility.
   b. Stairs or other physical barriers to accessing the house party space, exit, or bathroom.
   c. Types of food that will be available.
   d. Pets.
   
   **Example:** We live on the 2nd floor, but we have a lift. Vegan and gluten-free foods will be provided!
Medicaid Expansion
House Party Refresher

This one-sheet contains some quick reminders about facilitation and Medicaid expansion. We hope this is a helpful refresher to look at the day before or a few hours prior to your house party.

Facilitation – Keep a safe space, ask a lot of questions, and relax!

- Keep a safe space by understanding what helps participants feel comfortable, and by addressing harmful comments when they arise.
  - Ask what “house rules” would help them feel comfortable.
  - Mindfully discuss behaviors that break the house rules with the group.
  - Ask that a participant speak with you after the party if a comment seems particularly harmful.

- Ask probing questions to get people talking! Here are some sample questions:
  - How do you feel about …..?
  - What experiences have we had with….?
  - How does this relate to the theme of…?

- Relax! Remember that the party probably won’t go perfectly! Your activities might go over time, a participant might say something that offends another participant, someone might forget to put on music…and that’s okay! This party is all about learning from one another and having a conversation.

Medicaid Expansion – The point of the party is to acknowledge the challenges that women and families face in accessing health care coverage in non-expansion states and activate them to get engaged in policy change.

- Walk through explanations slowly to make sure everyone processes it!
  - It may be helpful to use fact sheets or additional handouts. Use plain language, and avoid jargon and acronyms.

- Empower others to support Medicaid expansion!
  - Recruit participants for additional events and programming that will keep them engaged on the issue.
  - Discuss opportunities to meet with influential people about the issue and any upcoming actions that people can get involved in!
Community House/Office Party Facilitator Guide

Goals:
- Understand what is the coverage gap.
- Who’s most affected / impacted.
- Why we need to expand Medicaid & the benefits of expanding.
- Take action towards expansion.

Welcome & Introductions: 10-15 minutes

Thank you for taking the time to join us here today to talk about how people access health care coverage in [state]. We hope that through this event you will learn more about the challenges and barriers that people might face while trying to get covered.

Before we start, we want to share information about (organization). (Keep it brief so most of the time is used for introductions).

Let’s start off by introducing each other. Please share:
- Name.
- Pronouns (may not be needed for your specific community).
- Light fun question: [favorite season, ice cream flavor, etc., or skip if short on time].
- What brings you here? What compelled you to come?
Setting up a Brave Space: 10-15 minutes

Setting up a brave space is important as we will be discussing sensitive subjects that many times people may only share among family and close friends. In order to be brave, you have to be willing to touch topics you may not be an expert in, trust the room, and be willing to be uncomfortable.

Our goal is to create the safest environment possible that allows for various voices to be heard, while keeping in mind that there isn’t a perfect space and hard topics may come up.

In order to help create this brave and safe space among the group, it is best to set ground rules. Here are some to get us started:

Facilitator note – here are some ground rules to get you started (best if you have these pre-written out), and leave space at the bottom to add more with input from the group:

- **Step up/step back** (or move up/move back). If you don’t usually talk a lot, challenge yourself to speak more; if you tend to speak more, challenge yourself to speak less.
- **One person, one mic.**
- **Speak from your own experience; it’s okay to generalize.**
- **People don’t have to “out” themselves.** There may be people in the room that might be affected by the issues we bring up today. Remember it’s okay to generalize.
- **Build on one-another’s comments.** Work towards shared understanding.
- **Be non-judgmental.** We can disagree with someone else’s point of view without putting that person down.
- **Give and receive feedback with grace.** Sometimes we say the wrong thing and it lands badly with someone else. If someone offends you with their comments, point it out with grace and understanding, help them see why what they said was harmful. If someone corrects you, accept the feedback and try to learn from their response. We are all in this together.

Now that we’ve set up our guidelines for being with each other, let’s make sure we’re on the same page. We will be covering a lot of information, but hopefully by the time we leave this space, you all will:

- Understand the coverage gap.
- Know who is most affected / impacted.
- Understand why we need to expand Medicaid & the benefits of expanding.
- Take action towards expansion!
**Icebreaker – Guess the Number: 5 minutes**

*Facilitator note* – Before you start, prepare a visual representation of the number of people that fall into the gap (a jar of jellybeans, beans, beads, or something that looks significant).

Each jellybean (or item in the jar) represents 1,000 people currently **uninsured** in (state). (Use corresponding number per “Helpful Numbers” in the Resource section on toolkit page 49.)

- Start by having each participant guess how many (items) are in the jar.
- Keep a tally of each participant’s name and guess.
- Share the total with everyone and explain that this is how many people in your state don’t have insurance.
- *Optional:* Small prize for the person who comes the closest without going over.

Ask the group – Why would so many people be uninsured?

- Share a few examples if none are provided – too expensive, not provided by employers, undocumented, don’t think they need it, … (add in others you know of).

**Explanation of Medicaid Expansion: 20 minutes**

*Explanation – 15 minutes*

By a show of hands, how many of you have heard of the ACA / Affordable Care Act / ‘Obamacare’?

[Have a graphic illustration of the gap that will help with the visual illustration while talking.]

Let’s start with some facts:

- The ACA helps people afford private insurance by giving them financial help to pay for their premiums.

- Part of the ACA included expanding Medicaid because it’s a good program that already exists in every state. But sadly, the Supreme Court said that the federal government couldn’t force states to expand Medicaid and left it up to the states (and their Governor) to make that decision.

- The federal government is covering 100% of the cost – for now. Starting in 2017, the federal government’s share of the cost will go down a little bit, but the state will still get 90% of the cost of expanding Medicaid.

- So far, 31 states have taken federal money and expanded Medicaid. Yay – a big win for people in those states! But our state is one of the 19 that still haven’t expanded.
• This is how we’re left with a gap – people who earn too little to get financial help, but too much to qualify for Medicaid.

• It’s not too late! [State] has an opportunity to address this – but the catch is that there is limited time to get the best deal on funding!
  - If participants ask, want more information, or there is time:
    - 100% is available from 2014-2016.
    - Starting in 2017, it will phase down gradually, and by 2020, it will be at 90% and stay there.

• You might be asking, “So what, what’s in it for me?” This will be beneficial for all of us because:
  - More jobs will be created.
  - More people will be insured.
  - Hospitals will have more funding and better use of their funding (less “wasteful” spending in emergency rooms, and increased efficiency).
  - Healthier and more productive population!

There’s one last important piece that is important to share. The people who fall in the gap – that make too little to qualify for financial help & “too much” for traditional Medicaid – they are low-wage workers we interact with on a daily basis. Some of us may know them because they are in our families, our friends, our co-workers.

Flesh out industries and who holds those jobs on the flip chart. See Resources Section of the Toolkit for specifics and resources that can provide further details.

• Parents who earn too much/too little.
• Veterans.
• Women of color.
• Childless adults who earn too little.
• Fast food workers.
• Construction workers.
• Hair stylists.

Stop there and see if there are any questions from participants (5 minutes).
How Do You Qualify? Game: 30 minutes

The objective of this game is to use demographic information to determine how people can qualify for health care coverage.

Overview - 5 minutes

Now that we know what the coverage/Medicaid gap is, let’s find out who is impacted. This is a simplistic version of the types of coverage available to people. Based on the criteria that you have in your scenario, you’ll have to put them into the category of coverage that you think corresponds.

Facilitator overview of activity - Participants will pull scenario stickies (post-it notes, popsicle sticks, etc.) to indicate the different characteristics for the person in their scenario. Participants will read their scenario and should place it on the coverage gap illustration in the category of coverage they feel they are eligible for. Some will inevitably fall in the uninsured gap.

Playing the game - 15 minutes

- Have participants “apply for coverage” for the person in their scenario per the instructions above.
- After everyone has “applied for coverage”, go over each scenario as a group and decide if they are in the right category.

Debriefing game - 10 minutes

After each person attempts to “qualify” for coverage, debrief the exercise with the group. Here are some questions to prompt participants:

1. Many of these are personal family decisions, things beyond one’s control, temporary circumstances, and they all impact the way we access health care. In some cases, if one variable changes, your access could change dramatically. Does this seem fair?
2. How did it feel to be in the gap?
3. How would one navigate staying well/being healthy without access to insurance coverage?

As resources are shared, write on easel sheet (it can be used for resource building & sharing).
Anti-Problem Card Game: 15 minutes

The objective of this game is to help participants break down the “problem” of covering uninsured people through expanding Medicaid, and help address those “problems” with existing solutions, including new ones they suggest. In this process, we hope that participants will leave understanding why we need to expand Medicaid & the benefits of covering the uninsured.

Overview – 2 minutes

Facilitator overview of activity – Hand out index cards with “anti”-problem talking points and “solutions” (should be prepared ahead of house/office party). Depending on turnout, make sure you have enough index cards for everyone (1/person) and make sure each “anti-problem” has its “solution” card!

Participants will read the content in their card and practice/memorize it in their head. They will then mingle with each other until they find appropriate “solutions” to their “problems”. Folks will face rejection along the way, but really this is what happens when we’re trying to convince policymakers about the need to cover the uninsured. Encourage folks to come up with new solutions as they face challenges!

See “Talking Points for Anti-Problem Card Game” at the end of the facilitator guide to see the sets of index cards (16 cards total).

Note: This inevitably starts to turn into a practice session for educating others about the benefits of expanding Medicaid. It’s up to you if you want to share this with folks ahead of time (sometimes this seems intimidating for some).

Optional: Have blank index cards so participants can come up with their own obstacles/challenges to covering the uninsured &/or their own solutions!

Playing the game - 10 minutes

• Pass out the index cards to participants randomly (make sure each “anti” index card has it’s “solution” index card).

• Give participants one minute to read over the statements on the card to themselves, practice/memorize in their head (silently, for now).

• Have folks walk around, sharing their “anti-problems” and solutions.
  • Note: Rejection is part of the process of the game, but as they get rejections remind folks to keep trying, not to give up, and encourage other participants to help each other out.
Debriefing game - 3 minutes

After each person has had an opportunity to share their “anti” talking point and have found a solution, debrief the exercise with the group. Here are some questions to prompt participants:

1. Who was able to find their problem/solution match?
2. How did it feel to get rejected? Was that defeating or did you keep going? Why or why not?
3. Did you come up with other solutions (or anti’s) to why &/or how we should cover the uninsured?

Feel free to share with participants that they have successfully learned and acted a mini role-playing session. Now they know how to educate an “anti” person on why they should support covering the uninsured in your state!

Take Action NOW! – 20 minutes

Now that we’ve learned about what is the coverage gap, who falls in this gap, and why we need to cover people who are still uninsured, let’s talk about what you can do to support efforts to cover the uninsured (or local campaign name/tag line).

Facilitator Note: Make sure you have identified at least one ask prior to starting the house/office party. Give participants the option of doing at least one of these activities, but do more if they are hyped up!

• Local coalition push (insert whatever local efforts you’re trying to advance).
• Showing up to event, etc. (insert local upcoming event, meeting, etc.).
• Facebook &/or Twitter messages while everyone is still in the room (see sample social media messages in toolkit).
• Share your story (can be done using local efforts, i.e. “story banking campaign”, etc.).
  • If no local effort to collect stories, here is an idea: snap a picture with a sign that says, “(Name of state) needs to cover the uninsured because... (participant fills in their reason)” [hopefully something they learned today]. Feel free to come up with your own language for the sign.
• Host a house party! Invite participants to host a house/office party similar to this one. Pass around a sign-up sheet, get contact information and remember to follow up while the interest is high!

Answer any lingering questions folks have about any content/information provided.
Closing – 10 minutes

Thank you so much for taking time out of your day to join us today! We absorbed lots of information, some technical information, new information for lots of you, and we really hope you are able to leave with new knowledge about why covering uninsured people in [state] is so critical.

Again, we would love your help in hosting additional house parties like this one! If you are interested in being a host similar to [host name] or are interested in learning some basics around facilitation like [facilitator(s) name(s)], we would love to support you in that process! Please sign up and provide us with your contact information.

Facilitator note: Remember to follow up (hopefully within a week) while the interest is high!

Optional: Finally, we have a few quick questions that will help us evaluate today’s house party. Please answer them honestly because your feedback will help us improve these events in the future (pass out evaluation located on page 33).

We have additional resources for you to take home (review materials/resources you have brought, here are some suggestions):

- Resources: How to enroll, where to get coverage (Federally Qualified Health Center’s, sliding scale clinics, etc.)
- Stay connected with (organization): Flyer/brochure with information on your organization.
- Upcoming events: Flyers for any upcoming events or partner events.

Thank your host, facilitator, organizer, partners, and others involved in house party!
Community House/Office Party Evaluation

Please fill out this evaluation completely and honestly to help us improve this event!

1. How did you hear about the house party?

_______________________________________________________________________

2. Would you attend other events at (organization)?

_______________________________________________________________________

3. Do you feel as though your opinions were respected throughout the event?

_______________________________________________________________________

4. How would you describe the event to your family or friends in one sentence?

_______________________________________________________________________

5. Did you find the event helpful? If yes, what made it helpful? If no, what could improve?

_______________________________________________________________________

6. Please check all of the following that apply. You may check as few options or as many as you wish. Is there anything that you will do specifically as a result of the training?

☐ Tell a friend or family member about the information I learned tonight
☐ Increase your involvement with (organization) by volunteering
☐ Enroll in an ACA marketplace plan
☐ Call or write to educate your elected official
☐ Participate in advocacy
☐ Host a community house party
☐ Register to vote
☐ Do more research about the ACA and Medicaid expansion
☐ Volunteer with another health advocacy organization
☐ Find out more about how I qualify
☐ Attend other trainings at (organization)
☐ Join the newsletter/listserv
☐ Recruit others to volunteer at (organization)
☐ Vote in next election

☐ Other ________________________________
Scenarios for “How Do You Qualify?” Game

Use these scenarios by either writing/copying/pasting them on stickie notes, popsicle sticks, or you could simply cut into strips and ask participants to name the people in their scenarios and place the name in the appropriate location on the coverage gap graphic. The idea is that they place the scenario under the coverage that seems to be appropriate for them.

**Current Medicaid**

1. Pregnant with your first child, earning $22K annually.
2. Single mother of a 3-year-old and 7-year-old, earning $6.5K annually.
4. Two parents of one 11-year-old child, earning $6K together annually.
5. Single mother of 3-year-old triplets, earning $7.5K annually.
6. Childless couple, one with a physical disability, earning $4.5K.

**Expanded Medicaid**

2. 62-year-old grandmother raising her 2 grandchildren, earning $8K annually.
3. Two parents of a 14-year-old and 16-year-old, earning $8K together annually.
5. Blind woman, single and childless, earning $4.5K annually.

**Marketplace Subsidies**

1. Two parents of a 2-year-old, earning $20K together annually.
4. Woman with custody of her 5-year-old niece, and one 11-year-old child, earning $22K annually.
5. Childless couple earning $20K together annually.
Use these talking points on index cards either by cutting/pasting onto index cards or handwriting the content onto them. For either method (or your own), remember to prep this before the house party.

1. **Our state can’t afford it / It’s too expensive.**
   - Covering the uninsured is already paid for! Through 2016, funds have already been set aside from our tax dollars (after 2016, it goes down to 90%). But we’re losing that money to other states every day the Governor doesn’t accept the funds that are available and cover the uninsured.
   - *(If possible, leave some blank space so participants can write in their own answers.)*

2. **Can’t trust the federal government to hold up its end of the deal.**
   - *(State) can opt out at anytime – especially if the federal government doesn’t keep its promise.*
   - Other states such as *(pick a neighbor state that has expanded Medicaid)* has covered the uninsured and so far there hasn’t been any problems with the federal government not providing the funds.
   - *(If possible, leave some blank space so participants can write in their own answers.)*

3. **This will hurt small businesses; the increased costs will cause small businesses to close down.**
   - Covering the uninsured will create more jobs and stimulate the economy. The added money will go to health care providers, clinics, hospitals, pharmacies, help support jobs – and more jobs means more people spending their incomes.
   - *(If possible, leave some blank space so participants can write in their own answers.)*
4. **This is just another tactic of “big government”**.
   - Actually, we have a lot of flexibility in how we can create a [state] specific plan that will work for everyone living here. Other states have done it and have successfully been able to provide more care for their uninsured.
   - *(If possible, leave some blank space so participants can write in their own answers.)*

5. **There’s not enough doctors to help people with chronic illnesses.**
   - Yes, we do need more doctors, but covering the uninsured means hospitals will remain open. A lot of hospitals have been closing down in (state)/across the country/neighbor (state) [depending on your scenario]. Not expanding is making things worse and leaving people with less access to health care.
   - Medicaid reimbursement rates are another hurdle that many states need to face that will help increase the number of providers who will accept it. But another solution that many states have used is expanding the scope of practice of nurse practitioners to address the additional need.
   - *(If possible, leave some blank space so participants can write in their own answers.)*

6. **“These” people don’t deserve it, they are already leeching our system, taking advantage of it, and we are having to pay their bills.**
   - Almost 60% of the people who would benefit are working – their employers don’t provide health insurance because they are either part-time workers, or employers can’t afford it.
   - People that fall in the gap work in retail, fast food, and construction. It’s your hairstylist, yard person, or mechanic.
   - *(If possible, leave some blank space so participants can write in their own answers.)*
Facilitator Agreement: Community House Party Edition

As a Community House Party Facilitator, I agree to the following expectations:

● Facilitate an average of _____ Community House Parties per month between ___________ and ___________ as scheduled by (organization).

● Guide conversation about barriers to health care access along with a co-facilitator using tools and resources provided by (organization).

● Establish and maintain a safe space for open dialogue and encourage participants to take action.

● Represent (organization) positively by being respectful of others and by providing accurate information about (organization) to the best of my ability.

My best availability is (i.e., weekday evenings, Saturday afternoons, Tuesdays from 6-9pm, etc.):

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

I’d like to facilitate in (city, county, neighborhood):

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Your Name (please print): _____________________________________________

Signature: ___________________________________________________________

Date: __________________________
Host Agreement: Community House Party Edition

As a Community House Party Host, I agree to the following expectations:

- Provide a comfortable space for Community House Parties to take place.
- Invite my friends and family members that I believe are interested in learning about barriers to health care access and are likely to take action.
- Provide some light refreshments (optional) with supplemental refreshments provided by (organization).
- Represent (organization) positively by being respectful of others and by providing accurate information about (organization) to the best of my ability.

My best availability is (i.e., weekday evenings, Saturday afternoons, Tuesdays from 6-9pm, etc.):

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Your Name (please print): ____________________________________________
Signature: ___________________________________________________________
Date: ________________
MEDIA
Working With the Media

Using media opportunities to amplify advocacy messages is an excellent way to reach decision makers and the public. Advocates can insert themselves into the public conversation through letters to the editor and opinion pieces in the local media. Here are some suggestions:

**Letters to the Editor**

Letters to the Editor offer the opportunity to raise Medicaid expansion issues in response to articles that appear in the local press. Many newspapers reserve additional space on their websites for letters.

Letters to the Editor offer advocates the chance to draw the public’s attention to the needs of those caught in the gap. To be published, letters need a connection to something reported in the paper or to something happening locally.

- For example, extensive newspaper coverage about the state budget that does not include mention of health care coverage programs offers the chance to write about the need for state funding for providing health coverage to all people in the State.

- Stories about people caught in the coverage gap open the door to letters about the need for a full range of health programming.

A lot of people read their local newspapers; many elected officials read the major newspapers across the state. This may be your chance to share your opinions with them right in their own home in a nonthreatening, thoughtful way.

Personalized letters have the best chance of being published and also have the greatest impact. The message in your letter is more meaningful to the reader when he can see how the issue affects you, your district, and/or your state.

- For instance, you can include state and local data from the state chart in the Resources section to reinforce your point, talk about your own experiences with those caught in the gap, or mention an ongoing discussion in your state that is relevant.

The most successful Letters to the Editor are clear, concise, and focus on making one point. Examples of letters provide a template, or sample on which to model your own message; we urge you to change the letter/s to make it your own.
LETTER TO THE EDITOR - TEMPLATE I

(Your Organization Letterhead)

Letter to the Editor
Publication Title
Publication Address
City, State Zip

Dear Editor:

There are (XX,000) people living in (STATE) without health insurance. These families have low incomes – ($XX,000) a year for an individual and ($XX,000) or less for a family of four. They are hard working people – parents, veterans, women of color and heads of households, people living with HIV, childless adults and/or (your constituency).

(STATE) has an opportunity to help uninsured, low-income people in (STATE) buy private health insurance. Our state plan would be funded by money that was set aside by the Affordable Care Act. Through this plan, (STATE) would be able to offer affordable health coverage to (XX,000) working families who do not get insurance through their jobs and cannot afford it on their own.

More women and their families would get early care for preventable conditions keeping them healthy and reducing health care costs. More working parents and students would be covered. Families would worry less about how to pay medical bills.

By not expanding Medicaid coverage, we will continue to keep access to health care away from those in our state that need it the most. It is the right thing to do.

Sincerely,

Name
Title
Company
Address
Phone number
e-mail address
Letter to the Editor

There are (XX,000) people living in (STATE) without health insurance. These families have low incomes – ($XX,000) a year for an individual and ($XX,000) or less for a family of four. They are hard working people – parents, veterans, women of color and heads of households, people living with HIV, childless adults and/or (your constituency).

(STATE) has an opportunity to use federal dollars to help uninsured, low-income people in (STATE) between the ages 19 and 64 buy private health insurance. The state plan would be funded by money that was set aside by the Affordable Care Act. Through this plan, (STATE) would be able to offer affordable health coverage to (XX,000) working families who do not get insurance through their jobs and cannot afford it on their own.

This will help (STATE) bringing ($XXX million) in economic benefits to (STATE) including (XX,000) new jobs, and by reducing the number of uninsured using hospital emergency rooms. The state plan would be paid for with 100% federal dollars through 2016, with the federal government paying at least 90% of the costs going forward.

By not expanding Medicaid coverage, we will lose those federal dollars and the inequities of our system will continue to keep access to health care away from those that need it the most. It is the right thing to do – for our state and for our people.

Sincerely,

Name
Title
Company
Address
Phone number
e-mail address
News Stories

Some helpful hints to create news stories in your local media:

- Identify the medical/health reporters for the daily and weekly newspapers in your community.
- Identify the general-interest radio talk shows in the state (name of host and the show’s producer).
- Facilitate an invitation to the medical reporter from your paper to visit Cover Our Families programs and events in your community. The chance to talk with families about experiences in the coverage gap can help reporters write a compelling story.
- Most news reporters welcome story ideas. Short positive stories in the local press help generate support for those caught in the coverage gap. You could plan to send story ideas directly to health and family reporters and talk-show hosts.

NEWS RELEASE

FOR IMMEDIATE RELEASE

Women’s Health Organizations Urge State to Expand Medicaid

(NAME OF CITY, DATE): Women’s Health Organizations – including [YOUR ORGANIZATION’S NAME HERE] – are urging the governor and state lawmakers to accept the federal government’s funding to expand the Medicaid program to help more low-income people.

“Low-income working families have fallen into a “coverage gap” in those States that have not expanded Medicaid. We see tremendous need for greater health care coverage in our community and expanding Medicaid would ease the burden on our state and save money,” said [PERSON QUOTED].

There are [XXX,000] people living in [STATE] without health insurance. These families have low incomes – ($XX,000) a year for an individual and ($XX,000) or less for a family of four. They are hard working people – parents, veterans, women of color and heads of households, people living with HIV, and childless adults.

[STATE] has an opportunity to use federal dollars to help uninsured, low-income people in [STATE] using money that was set aside by the Affordable Care Act. Through this plan, [STATE] would be able to offer affordable health coverage to [XXX,000] working families who do not get insurance through their jobs and cannot afford it on their own.

Closing the coverage gap means more people would get early care for preventable conditions and more working parents, veterans and students would be covered. The burden of medical debts on individuals and health care providers would be lessened or eliminated. And [STATE] would benefit economically by using available federal tax dollars to support [STATE] services and creating jobs.

For more information, contact us at [YOUR CONTACT INFORMATION].

###

(ADD A PARAGRAPH ABOUT THE WORK OF YOUR ORGANIZATION)
Commentary / Op-ed Pieces

Commentary / op-ed pieces are an opportunity to raise awareness. Most people know little about Medicaid expansion-related issues, so it is important to include some of the basics and avoid jargon in your commentary. Two samples are included.

Some basic guidelines:

1. Own your expertise: Know what you are an expert in and why – but don’t limit yourself. Consider the metaphors that your experience and knowledge suggest.

2. Stay current: Follow the news – both general and specific to Medicaid expansion and the coverage gap. Particularly follow the health news.

3. The perfect is the enemy of the good: In other words: write fast. You may have only a few hours to get your piece in before the moment is gone. But also...

4. Cultivate a flexible mind: Remember that a good idea may have more than one news hook, indeed if the idea is important enough, it can have many. So keep an eye out for surprising connections and new news hooks – the opportunity may come around again.

5. Use plain language: Jargon serves a purpose, but it is rarely useful in public debate, and can obfuscate – sorry, I mean cloud – your argument. Speak to your reader in plain talk.

6. Respect your reader: Never underestimate your reader’s intelligence, or overestimate her level of information. Recognize that your average reader is not an expert in your topic, and that it is your job to capture her attention – and make the argument compel. (The OP-Ed Project)
Health Care Coverage is a Human Right

Bylye Avery, Guest Opinion Published 12:02 a.m. CDT October 6, 2015

Dora can’t afford private health insurance. She is a 28-year-old, white, female who lives in Georgia and works two part-time jobs, neither of which offer health insurance benefits.

She has kidney disease, which has elevated her blood pressure and is affecting her thyroid. She has been to the emergency department several times and now owes her local safety net hospital more than $7,000.

She needs medical care to manage her disease, but doctors will no longer see her because she can’t pay them directly for their services. Dora had a stroke and requires long-term rehabilitation. Her family is trying to figure out how to pay for it.

Sarah is a 47-year-old breast cancer survivor who has relocated to Boston from Daytona Beach, Fla. While looking for a job, she applied for Mass Health, the Massachusetts Medicaid program, and within three weeks received insurance benefits making it possible for her to have her “well woman” visit and follow-up mammogram on schedule. A chest pain that developed in Florida turned out to be a blocked artery. Sarah had a stent placed and avoided any further complications. Once she was employed, she purchased health insurance coverage through her employer.

Why are these outcomes different? One had access to health care coverage by living in a state that expanded Medicaid.

Health care coverage is a human right and a moral imperative. We have a shared responsibility for each other’s access to health care. We are all humans and will need medical attention and care many times in our lives. We must take care of our families when they are sick, regardless of their ability to pay or where they live.

Often people suffer with preventable diseases because they cannot afford to pay for health care and as a result end up in emergency rooms receiving the most expensive services available, which adds to health care costs for all of us. Our fragmented health care system discriminates against sick people due to their inability to pay, or geographic location. This is unjust.

The Affordable Care Act was designed to provide health care to all. While the ACA has provided health care for millions, we still have millions who have no insurance coverage simply because they live in one of 19 states that have chosen not to expand Medicaid income eligibility guidelines.

These states — where racial discrimination, poverty and poor health dominate the lives of so many — have rejected Medicaid expansion because of political ideology, even though federal funds would cover 100 percent of expansion costs for three years, and 90 percent of costs into the future.

The cost of not expanding Medicaid is astronomical, affecting human lives, productivity, driving up health care costs, causing hospital closings and negatively impacting local economies. The fact is, a woman with no insurance coverage is twice as likely to die following her breast cancer diagnosis compared to a woman with Medicaid. Health insurance saves lives.

As presidential hopefuls crisscross Iowa, I call upon you to ask them: How do they plan to provide health care to the millions of people suffering in states that refuse to expand coverage? It’s not acceptable for them to reply “Repeal Obamacare.” Demand a concrete plan that will ensure coverage for all our citizens. On Feb. 1, hold each candidate’s feet to the fire on this issue.

Iowans are positioned to lead the nation by championing access to health care as a human right and a moral imperative. How can we claim to have the best health care system in the world? Health care that is unavailable means no health care at all. That is unacceptable.
It isn’t difficult to find a disgruntled consumer in today’s health care marketplace. Yet the prospect of changes to the U.S. health care delivery system through “ObamaCare” seems to frighten people more than the mediocrity they are already experiencing in their own health care.

Regardless of how one feels about the politics of health reform, there are good reasons to be optimistic about the changes now taking place as a result of the law. More people will have access to insurance coverage through the establishment of a health insurance exchange where people can purchase private coverage. Another option is the expansion of Medicaid, the public insurance program. Some might argue that widening the safety net is counterintuitive to our state’s efforts to tighten its purse strings, but I believe it is a proven solution that will bring costs down while keeping people healthier and out of expensive emergency room care. States that have expanded Medicaid coverage to more families not only have lowered mortality rates, but helped reduce individual medical debt by keeping people covered as they moved from job to job.

Keeping people covered and insured makes even more sense in tough economic times. A majority of the uninsured are employed or have a family member who is employed. Expanding public insurance gives more people more options in prevention and treatment and avoid illness. Beyond insurance coverage, people need a place to go for care. That is where Community Health Centers come in. Health centers are not new—they have been around for nearly 50 years. The U.S. health care system now saves $24 billion a year because of health centers, which offer care as good as any you will find in a private physician’s office.

If you haven’t been to a health center before, imagine a health care home that focuses on the patient, not just the sickness or disease. Imagine that the average person will no longer have to travel to different locations for a blood test, x-ray, or to fill a prescription. Imagine a doctor’s office where the care is coordinated by a physician-led team of health care professionals tailored to the individual patient’s needs. Also, imagine a more efficient system where doctors, lab technicians, pharmacists and specialists talk to each other, reducing the chance for duplication and error. Imagine even a “new normal” in medicine in which providers address the many factors that can affect overall health, such as nutrition, stress, unemployment, lack of exercise, and lifestyle. Under health reform there will be more health centers where people can get care—and this change is happening now.

Change may be scary, but when it comes to health care, change can’t come soon enough. The old system managed disease but cost us more; the new system will prevent disease, cost less, and exclude no one. That is a prescription for sound fiscal health that we cannot ignore.
Maximize Social Media

This Toolkit provides you with resources you need to make your strongest case to your community, your partners and your elected officials on this important issue. Social media is a useful means to get your message out and to help move the conversation forward.

Share on social media why you support Medicaid expansion. Use the State chart in the Resources section to insert numbers from your state where appropriate. Whatever your message, include the hashtag #CoverOurFamilies.

Sample Facebook Messages & Tweets

The Supreme Court ruled that states’ participation in the expansion of Medicaid was optional. This impacts low-income people – women, people of color, veterans, and LGBTQ. States that are not expanding have left a coverage gap of 3 million uninsured people.

If adopted by all states, the expansion of Medicaid coverage would cover as many as 21.3 million people by 2022.

19 states haven’t expanded Medicaid. If they had, they would have created 183,000 jobs next year.

We imagine a world where everyone has affordable health care coverage. We aim to empower people across the US to advocate for expanded coverage in all 50 States so that low-wage workers, veterans, and working families can live healthy lives.

We imagine a world where everyone has affordable health care coverage in all 50 States.

Nearly 70% of people in this country support making Medicaid available to more people in their states.
Sample Facebook Messages & Tweets, continued

**Medicaid expansion** matters to everyone. Think about health insurance and what it means to you. Now imagine your family without it. Anyone of us, or someone we love, could find ourselves in the gap with neighbors and friends and the people who serve us everyday.

Think about health insurance and what it means to you.
Now imagine your family without it
#CoverOurFamilies

**Hardworking families** in (STATE NAME) need the security of quality health care coverage to get care when they need it, without facing huge medical bills or going into bankruptcy. If you or someone in your family lost their job and insurance, Medicaid expansion would provide affordable coverage while you got back on your feet.

**Nearly 3 million non-elderly people** living in the 19 states that have refused expansion fall into the gap.

Nearly 80 percent of the uninsured live in the South: more than 20 percent in Texas alone, 16 percent in Florida, 8 percent in Georgia, and 7 percent in North Carolina.

People of color make up 56% of those in the coverage gap.
#CoverOurFamilies

**Millions of low-income people**, disproportionately minorities living in the South, will remain uninsured, and that will “lead to increased racial, ethnic and geographic disparities in coverage and access to care,” according to new studies from the Kaiser Family Foundation.

The coverage gap will widen racial and ethnic disparities in coverage and access to care.
#CoverOurFamilies

**Nationwide, 31 million children** receive health insurance through Medicaid. In states that have not expanded Medicaid, children in some of the nation’s poorest families may have uninsured parents that fall into the coverage gap and thus would be uninsured themselves or go without needed care.

Children in some of the nation’s poorest families have uninsured parents that fall into the coverage gap.
#CoverOurFamilies
## Helpful Numbers

### STATES NOT EXPANDING WHERE RWV HAS REGIONAL COORDINATORS

<table>
<thead>
<tr>
<th>State</th>
<th>Total Number Uninsured</th>
<th>Number in Coverage Gap</th>
<th>People of Color</th>
<th>Adults without Dependent Children</th>
<th>Female</th>
<th>In a Working Family</th>
<th>Federal funding loss w/o expansion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia</td>
<td>1,524,000</td>
<td>305,000</td>
<td>74%</td>
<td>72%</td>
<td>51%</td>
<td>57%</td>
<td>$8.2 billion</td>
</tr>
<tr>
<td>Mississippi</td>
<td>359,000</td>
<td>108,000</td>
<td>52%</td>
<td>77%</td>
<td>54%</td>
<td>58%</td>
<td>$426 million</td>
</tr>
<tr>
<td>Maine</td>
<td>121,000</td>
<td>24,000</td>
<td>NA</td>
<td>100%</td>
<td>58%</td>
<td>88%</td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td>4,425,000</td>
<td>766,000</td>
<td>67%</td>
<td>66%</td>
<td>55%</td>
<td>69%</td>
<td>$9,217 million</td>
</tr>
<tr>
<td>Tennessee</td>
<td>605,000</td>
<td>118,000</td>
<td>NA</td>
<td>98%</td>
<td>47%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>*Wisconsin</td>
<td>410,000</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
</tbody>
</table>

### STATES NOT EXPANDING WHERE RWV HAS NO REGIONAL COORDINATORS

<table>
<thead>
<tr>
<th>State</th>
<th>Total Number Uninsured</th>
<th>Number in Coverage Gap</th>
<th>People of Color</th>
<th>Adults without Dependent Children</th>
<th>Female</th>
<th>In a Working Family</th>
<th>Federal funding loss w/o expansion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>513,000</td>
<td>139,000</td>
<td>46%</td>
<td>60%</td>
<td>47%</td>
<td>64%</td>
<td>$943 million</td>
</tr>
<tr>
<td>Florida</td>
<td>2,788,000</td>
<td>567,000</td>
<td>57%</td>
<td>82%</td>
<td>50%</td>
<td>54%</td>
<td>$5,038 million</td>
</tr>
<tr>
<td>North Carolina</td>
<td>1,138,000</td>
<td>244,000</td>
<td>48%</td>
<td>82%</td>
<td>53%</td>
<td>66%</td>
<td>$2,591 million</td>
</tr>
<tr>
<td>South Carolina</td>
<td>604,000</td>
<td>123,000</td>
<td>41%</td>
<td>90%</td>
<td>60%</td>
<td>51%</td>
<td>$807 million</td>
</tr>
<tr>
<td>Virginia</td>
<td>804,000</td>
<td>131,000</td>
<td>52%</td>
<td>82%</td>
<td>62%</td>
<td>65%</td>
<td>$2,839 million</td>
</tr>
</tbody>
</table>

**SOURCE:**

*Wisconsin covers adults up to 100% Federal Poverty Level in Medicaid under a Medicaid waiver. As a result, there is no one in the coverage gap in Wisconsin.

**NOTE:**
State data not available for LGBTQ.
State Specific Resources

Georgia

- The Economic Impact of Medicaid Expansion in Georgia, William S. Custer, Ph.D. Institute of Health Administration, J. Mack Robinson College of Business, Georgia State University, February 2013 [http://gov.georgia.gov](http://gov.georgia.gov)
- Georgians for a Healthy Future, [http://healthyfuturega.org](http://healthyfuturega.org)
- Georgia Budget and Policy Institute, [http://gbpi.org](http://gbpi.org)

Mississippi

- Preparing for the Mississippi Health Benefit Exchange: Final Report, Mississippi Insurance Department, September 2011 [http://www.mid.state.ms.us/pages/health_care_reform.aspx](http://www.mid.state.ms.us/pages/health_care_reform.aspx)

Louisiana

- Expand LA Medicaid, [http://www.expandlamedicaid.org](http://www.expandlamedicaid.org)
- Medicaid Expansion in Louisiana: Health Insurance for Working Individuals and Families, Families USA Issue Brief, February 2015, [http://www.familiesusa.org](http://www.familiesusa.org)
- “Louisiana’s economy will benefit from Expanding Medicaid, Families USA and Louisiana Consumer Healthcare Coalition (2013) [http://familiesusa.org](http://familiesusa.org)

Maine

- Information on Maine’s basic Medicaid program for adults from MaineCare Benefits Manual, [http://www.state.me.us/sos/cec/rcn/apa/10/ch101.htm](http://www.state.me.us/sos/cec/rcn/apa/10/ch101.htm)
- Background on Maine Medicaid Expansion, [http://www.aahivm.org/meexpansion](http://www.aahivm.org/meexpansion)
Maine, continued


Texas

- Texas Well and Healthy, http://texaswellandhealthy.org
- Texas Health and Human Services Commission, Texas Medicaid and CHIP, http://www.hhsc.state.tx.us

Tennessee

- Tennessee Needs the Medicaid Expansion, Tennessee Justice Center, July 2011 https://www.tnjustice.org

Wisconsin

Alabama

- Medicaid expansion could mean $1 billion gain for Alabama, David Becker, Ph.D., University of Alabama at Birmingham School of Public Health, December 2012, [http://www.uab.edu](http://www.uab.edu)

Florida

- Florida Health Choices: [http://www.myfloridachoice.org](http://www.myfloridachoice.org)

North Carolina

- Medicaid Expansion under the Affordable Care Act, North Carolina Justice Center, [http://www.ncjustice.org/?q=medicaidexpansion](http://www.ncjustice.org/?q=medicaidexpansion)

South Carolina

- Medicaid Expansion, South Carolina Medical Association, [https://www.scmedical.org](https://www.scmedical.org)

Virginia

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About Raising Women’s Voices

Raising Women’s Voices is a national initiative working to make sure women’s voices are heard and our concerns are addressed as the Affordable Care Act (ACA) is implemented. Raising Women’s Voices (RWV) was co-founded in 2007 as a collaboration of the MergerWatch Project of Community Catalyst, the National Women’s Health Network and the Black Women’s Health Imperative. Visit our website at www.RaisingWomensVoices.net.