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REPORT

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Competitive Grant-Making: Lessons for Funders to Help Local Governments Increase Health Coverage

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EXECUTIVE SUMMARY

To capitalize on the new health insurance options available to low-income children and families through the Affordable Care Act and increased attention on coverage issues, the Atlantic Philanthropies granted $3.25 million to the National League of Cities (NLC) to conduct the Cities Expanding Health Access for Children and Families (CEHACF) project. The goal of the three-year project was to engage cities on children's coverage issues through a three-stage, competitive grant-making process.

Atlantic contracted with Mathematica Policy Research to understand the advantages and disadvantages of this strategy to achieve foundations' grant-making objectives. To this end, we examined competitive grant-making literature, interviewed project stakeholders, and reviewed key project documents. As the third-stage implementation grants were just awarded in the summer of 2014, it is too early to assess the project's effectiveness in increasing enrollment of children into public coverage in the eight cities that were awarded campaign implementation grants. However, some lessons have already emerged regarding the benefits and drawbacks of the competitive grant-making strategy used to award these grants, and how philanthropic funders can best support municipal governments that wish to play a more active role in expanding health coverage.

Below, we discuss the key findings included in this report as they relate to the research questions of interest:

What are the benefits and drawbacks of grant-making strategies that follow a three-stage model of support and competition?

- The competitive nature of the design motivated cities to work to their full potential; the use of a cohort helped establish cross-city relationships to share ideas, challenges, and lessons learned; and the longer time line required cities to make lasting commitments that may enhance sustainability.
- At the same time, this design produced an inherent tension between the competitive nature of the grant and the desire for applicants to share ideas. Although some team members reported being reluctant to share their best ideas with competitors during the early grant phases, this reluctance dissipated over time. Two primary factors helped ease this tension: first, teams got together often enough to develop personal relationships with other city teams, and second, NLC assured the applicant teams that third-stage applications would be judged on how well their proposal fit the unique needs of their city, rather than the uniqueness of the approach.
- The diverse cohort of cities that participated in the project proposed a variety of approaches to outreach and enrollment campaigns, but this diversity meant that the lessons learned were less transferable across cities.
- Although one goal of the project was to use competition to uncover and develop innovative strategies for finding and enrolling the uninsured, innovation was a minor factor in assessing grant applications, and the strategies that implementation teams employed are typical of those commonly used by other groups that conduct health insurance outreach and enrollment assistance.

- Teams that did not receive full implementation funding would have benefited from continued technical assistance to capitalize on the momentum they developed when writing their business plans.
- Even when using an intermediary organization to operationalize a project, funders should provide guidance and oversight to ensure sound management of the grant award process.

How can municipal governments become effective agents for increasing coverage take-up, and what factors contribute to success?

- Funders can aid cities in their efforts to help uninsured citizens gain health care coverage by ensuring cities are connected to and educated about best practices in the field, including the importance of direct, one-on-one enrollment assistance.
- Funders who wish to support local governments in stepping up health coverage outreach and enrollment efforts would do well to help grantees identify essential partners, such as schools, health clinics, and other community-based organizations. Although personal connections can help forge these relationships initially, it is important to institutionalize outreach and enrollment assistance strategies and processes to sustain these investments despite staff turnover.

Cities will end their formal engagement with the CEHACF project in December 2015. In 2016, we will provide final results on the number of children and adults that these cities have helped to apply and enroll in health coverage programs, and examine which strategies are associated with greater success. The findings will provide further lessons on how funders can best support cities in playing leadership roles to ensure that all children have health insurance.

INTRODUCTION

The passage of the Affordable Care Act (ACA) presented new opportunities to help children and their families obtain health insurance by expanding Medicaid eligibility and making subsidies available for the purchase of health coverage. When the ACA was passed in 2010, an estimated 7.3 million children under the age of 18 were without health insurance (U.S. Census Bureau 2010); however, 4.4 million of these children were eligible for low-cost public insurance coverage through Medicaid or the Children's Health Insurance Program (CHIP) (Kenney et al 2012). Viewing the ACA as a potential opportunity to enroll eligible uninsured children, the Atlantic Philanthropies set a goal of achieving health coverage for all children through adoption of state policies that protect and expand children's coverage, as well as system change in communities across the country to support outreach and assistance with public insurance enrollment and renewal procedures.

To this end, the Atlantic Philanthropies granted $3.25 million to the National League of Cities' (NLC) Institute for Youth, Education, and Families (YEF) to launch a three-year project to engage cities on children's coverage issues. Begun in January 2013, the Cities Expanding Health Access for Children and Families (CEHACF) project aims to help municipal leaders and their local partners to (1) learn more about the development and implementation of effective health insurance outreach and enrollment strategies through Leadership Academy conferences, (2) develop business plans to implement outreach campaigns, and (3) implement those business plans. Designed to capitalize on both the responsibility cities have for protecting the health and well-being of their residents and the platform municipal leaders have to engage residents, the project's overarching goal is to empower municipal leaders in competitively selected cities to partner with key stakeholders to find uninsured children and families (and, potentially, adults newly eligible for coverage in many states) and enroll them into Medicaid and the Children's Health Insurance Program (CHIP).

Atlantic commissioned Mathematica Policy Research to evaluate the CEHACF project and to explore two key research questions:

1. What are the benefits and drawbacks of grant-making strategies that follow a three-stage model of support and competition?

2. How can municipal governments become effective agents for increasing coverage take-up, and what factors contribute to success?

This report examines the rationale for the multistage, competitive grant-making strategy used in this program and how early design decisions affected its implementation. Because the third stage of the grant program, implementation of enrollment campaigns, began only recently, data to inform the second question are preliminary. We plan to fully explore that question at the end of the evaluation (June 2016). The findings from this report are intended to help Atlantic and other funders interested in implementing a similar grant strategy understand its advantages and disadvantages, and provide funders with guidelines for supporting municipal governments to play a leadership role in expanding health care coverage to their citizens.

The main data sources for this report are semistructured interviews with key project stakeholders. We also reviewed key project documents and conducted a review of the

competitive grant-making literature (see "Competitive Grant-Making: A Review of the Literature" by Orfield, Lipson, and Hoag [2015] for a complete discussion of the findings). We used the themes that emerged from in the literature review to develop interview protocols for various respondents to obtain comprehensive insights about the program's operations, successes, and challenges. We conducted interviews in December 2014 and January 2015 with staff members at Atlantic Philanthropies (2 respondents), NLC (4 respondents), and city participants from each of the three phases of the program (29 respondents).[1]

A. Early design and strategy decisions

Length of project and number of cities. CEHACF was designed to ensure that cities' efforts to create coverage outreach and enrollment assistance strategies through multi-stakeholder partnerships could be sustained in the long term. Resources available from the $3.25 million grant from Atlantic dictated the number of cities selected. At the beginning of the project, NLC set a range for the desired number of cities per grant phase, based on (1) a reasonable number of cities to have at a Leadership Academy meeting (no more than 20 cities, to promote sharing but remain manageable), (2) the number of staff they would have available to provide hands-on technical assistance during the planning phase (8 to 10 cities), and (3) the amount of funding available for the final implementation grants (6 cities). These figures were amended upward throughout the project after NLC found the caliber of the applications was high.[2]

Brokered grant administration model. Atlantic chose to grant pass-through funds to NLC to administer the CEHACF program. NLC had administered similar programs in the past, but never of this scope and size. Moreover, NLC staff had no expertise in Medicaid, CHIP, or other health insurance coverage issues. As one NLC staffer said, "*We had a lot of transferable knowledge and skills around benefit outreach more generically, but we did not have expertise in Medicaid and CHIP. And those are complicated programs…there are regulatory issues around eligibility and enrollment, [and there are] administrative questions that are complicated.*" To overcome these challenges, CEHACF used a brokered access model design, in which NLC staff used their contacts, as well as those suggested by Atlantic, to provide expertise in these complicated benefit programs, as well as on outreach and enrollment strategies, marketing campaigns, and messaging, among other topics. NLC staff also educated themselves to the extent possible, although to some degree NLC staff were learning about Medicaid and CHIP outreach and enrollment as the initiative was unfolding.

Multistaged design. One of the key differences between NLC's previous benefits outreach projects and the CEHACF project was the inclusion of a planning period between the learning and implementation phases. In previous projects, cities competed against each other twice: first, to participate in the peer learning opportunities, and second, to receive implementation grant funding. The CEHACF project included three rounds of competition, with an added planning phase in which cities received $30,000 of "seed money" to develop a business plan with NLC and peer support. The literature cites this additional planning phase as a way to give grantees

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[1] Appendix Table A.1 lists key informants for this report. Copies of the interview guides used are available from the authors upon request.

[2] Appendix Table A.2 lists cities that participated in various phases of the program.

room to think creatively, develop partnerships, and address areas of concern upfront. NLC staff recognized that this program would require cities *"…to do a lot of foundational work in terms of engaging partners and putting the key pieces in place before they actually did the outreach and enrollment"* and believed this interim planning period would improve the quality of proposals (Orfield, Lipson, and Hoag 2015). After sufficient time to develop an implementation plan, the cities with the most promising plans would receive implementation funding, and the cities with less promising plans could (perhaps with refinement) gain financing from another source.

Technical assistance. Throughout all phases, NLC offered teams a variety of supports to educate team members and build capacity to undertake health benefits outreach work. Table 1 lists supports that were offered to cities during each phase.

Table 1. CEHACF program activities, by phase

Activities	Phase 1: Leadership Academies (July and September 2013)	Phase 2: Planning Grants (November 2013– May 2014)	Phase 3: Implementation Grants (June 2014– December 2016)
In-person meetings, including expert speakers on outreach and enrollment	✓	✓	✓
One-on-one technical assistance calls and additional ad hoc phone and email support		✓	✓
All-city calls/webinars		✓	✓
Connections to outside experts and resources		✓	✓
LinkedIn project page	✓	✓	✓

Source: Mathematica analysis of interviews and project documents, January 2015.

Competition. The decision by Atlantic and NLC to administer the program as a series of competitive grants was driven by considerations closely aligned with reasons cited in the literature. First, staff viewed the competitive model as a way to motivate and "push" cities to bring their best ideas to the project and to ensure the foundation's limited resources were directed at the most capable organizations with the most promising ideas (Orfield, Lipson, and Hoag 2015). As one NLC staff member noted, *"The competitive model is kind of fantastic, because it really encourages all of the cities to be their best…When there is an incentive at the end of something, such as to win another grant, people step up their game…People rise to the occasion and [want] to be better than the rest."* The high level of pre-implementation screening, in which NLC worked very closely with cities throughout the planning phase, was designed to weed out grants that might become ineffective or problematic. Rather than awarding large grants at the beginning of a three-year project based on a single application, they worked with cities over the course of nearly a year—the time period of the first two phases—to develop business plans. Working closely with the cities allowed NLC to identify which cities were the most committed and best able to use the technical assistance to implement their plans.

Second, unlike a model in which potential grantees would be invited to participate, the competitive application process was also viewed as a way to uncover new and innovative approaches (Orfield, Lipson, and Hoag 2015). Offering the initial application to all of NLC's member cities (and even to some cities outside of its membership) helped encourage a diverse pool of cities to participate. NLC hoped this approach would reveal novel methods to tackling the issue. As mentioned by one NLC staff member, *"The competitive process brings cities out of the woodwork...As much as we like to think that we have a handle on what's going on in the areas that we're working, it's a very big country and impossible with the...thousands of municipalities across the country...There's just no way for staff here, me included, to have anything close to a complete sense of what's going on out there. So the competitive process always brings in lots of new things, new ideas, new cities, new stories."* Although the goal was to uncover and develop innovative strategies for finding and enrolling the uninsured, innovation was one of many factors in assessing the quality of the applications. For example, during the application review stage, cities were given up to 5 extra credit points (out of 100) on their Leadership Academy application and up to one extra credit point (out of 100) on their Business Plan for use of innovative ideas; other than the availability of extra credit, little was done to try to tease out unique or special ideas.

Third, competitive grants can also be used to jump-start work in a new area, an advantage on which the planning phase was designed to capitalize (Orfield, Lipson, and Hoag 2015). By providing cities with the resources, support, and time to conduct a sound planning process, staff at both NLC and Atlantic hoped that cities would be able to make significant upfront and organizational investments that they wouldn't have been able to make otherwise, which would benefit even those not funded during the implementation phase. One staff member said, *"...in guiding the 12 cities through the planning phase, for those that we didn't select, [we] wanted them to be able to take that proposal and present it somewhere else."*

Finally, the benefits of a competitive selection process in terms of public scrutiny, were clear to Atlantic and NLC, echoing a theme in the literature (Orfield, Lipson, and Hoag 2015). As one NLC staff member described, *"Just in terms of organizational culture, it creates a structure that has more transparency and more legitimacy than a process where we just picked our favorite six places, or the places where we were friendliest with the mayor's staff...It's very helpful in terms of the credibility of [YEF] to have a process and be able to describe a selection process that's merit-based."*

Although not specifically identified as an advantage to the competitive process in the literature, NLC staff also saw the first stage (Leadership Academy) as a way to test cities' interest and commitment to the project. On prior projects, NLC had offered Leadership Academies as the last project activity, to tease out lessons learned throughout the technical assistance project. In CEHACF, the Leadership Academies happened first and NLC staff anticipated that the application for and attendance at the Leadership Academy would be a good way to help NLC identify which cities were most engaged in the work, as well as to initiate peer-to-peer relationships and to spark cross-city dialogue. Although all parties involved described the application required for the initial Leadership Academy as straightforward, it was a small but important hurdle that cities needed to clear before receiving support or assistance. Similarly, the planning grant application was not seen as particularly arduous, but, with $30,000 on the line, it required cities to commit to some time to planning how they would spend the money.

Potential drawbacks of the competitive model. One of the criticisms of competitive grant-making is that the approach can lead potential grantees to invest significant amounts of time and energy in developing a proposal that ultimately may not receive funding (Orfield, Lipson, and Hoag 2015). NLC tried to mitigate this concern by offering the project's second phase, funding for business plan development, with a threshold for entry that did not require a significant investment of resources for cities (for example, a short planning grant application). Cities were then offered funding to offset the costs of preparing a detailed proposal and budget for implementation grants. Although 11 of the 23 cities were not awarded any funding for their planning activities, the cities deemed most likely to succeed were granted funds to conduct a thoughtful planning process. Not all of those cities received implementation grants, but they benefited from the planning grant and technical assistance and, in theory, came away from the experience with a business plan that could be used to solicit grant funding elsewhere.

One of the goals for the Leadership Academy and planning grant phases was that cities would learn from experts and NLC, as well as their peers, about good ideas or challenges to implementing outreach and enrollment strategies. However, the competitive strategy was viewed as a challenge to this goal; because the teams would be competing for further funding, NLC staff said, *"We were worried that they wouldn't want to share too much…Because they wouldn't want to give away their [best] nuggets …what makes their programs work."* NLC tried to mitigate this concern by scheduling the Leadership Academy at the beginning of the process, to give city representatives an opportunity to meet and build trust with each other and with NLC staff face-to-face. Although teams do not explicitly compete during the implementation phase, there continues to be an element of competition, because teams track the same outcomes and want to demonstrate strong performance.

B. Recruitment and competitive selection

Recruitment. NLC initially recruited cities to participate in the CEHACF program through its traditional channels, which included several announcements in NLC's weekly e-mail newsletters (sent to the 19,000 cities, villages, and towns included in its membership as well as other subscribers), a presentation about the project at its annual Congressional City Conference, and an advertisement for the opportunity on its website. Because initial interest in the program was low, NLC also conducted more targeted, active recruitment that involved contacting national partners and other stakeholders to help further advertise the opportunity, as well as targeting cities where NLC staff had existing relationships. Atlantic wanted preference given to cities in the seven states where it had funded groups to advocate for health reform through its KidsWell campaign, resulting in direct appeals to cities in these states.[3]

NLC staff reported surprise at the low level of interest from cities for the initial project phase, involving participation in Leadership Academies, given the number of applications they have received for similar programs. NLC staff hypothesized that several factors may have contributed to the lower-than-expected interest. First, city governments are often overstretched

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[3] California, Florida, Maryland, Mississippi, New Mexico, New York, and Texas are KidsWell states; groups in these states are using KidsWell funding to advocate for implementation of the ACA in ways that benefit children and families. In the initial grant phase (Leadership Academies), there was participation from cities from all of these states except New Mexico and New York. Cities in Florida, Mississippi, and Texas received CEHACF implementation grants.

and operating on limited resources. Because most cities do not have a history of health insurance outreach and enrollment, the concept of engaging families to apply for Medicaid and CHIP coverage may have been so foreign that cities didn't see it as within the realm of possibility. Second, although the application came during 2013, an off year for national elections, local elections could have limited the amount of time and political capital municipal leaders had to devote to new initiatives. In addition, candidates may have been uncertain about investing in a program that, if they weren't elected, another mayor would then be required to take on. Finally, given the negative publicity about the ACA, there were potential political consequences that candidates may have wanted to avoid during an election season. Although Atlantic staff suggested recruiting counties, because in many jurisdictions counties have a greater role in administering health benefits and may have been a more natural fit for the project, NLC did not actively recruit county governments for the program, because NLC focuses exclusively on cities.

Motivation to apply. Of the 23 cities that participated in the Leadership Academies, 10 reported conducting some (although often very minimal) previous outreach and/or enrollment work at the city level on their application for the program, and 13 reported that this type of work was brand-new for their city. City staff reported that the reasons they applied to the program included the following:

- the mayor or another elected official made participation a priority (eight teams)

- city staff believed they had the right relationships and partners already in place to be successful (six teams)

- the city had many low-income uninsured children and would benefit from the opportunity (five teams)

- it felt like a natural next step due to existing work (five teams)[4]

For example, one city representative that saw the clear need in their city said *"I was in the trenches of working with the children and families in our community, and I was seeing firsthand the financial and demographic changes that were occurring in our city...And with the collapse of the...manufacturing industry in our state...we were starting to see firsthand families moving in with grandparents. Families combining households. And losing their homes and the financial stress that they were under. Our community, whether it be our residents or our administration, had never had to even think about [health insurance coverage,] because our residents, they worked, they made a good living."*

Applications. In most competitive grant-making processes, philanthropic funders determine the priorities for a particular program and the criteria by which grant applications will be evaluated, and then develop an application to solicit relevant information from potential grantees (Orfield, Lipson, and Hoag 2015). NLC developed the CEHACF applications based on their previous programs' applications for Leadership Academies and technical assistance work, with input from Atlantic. For each phase, teams were required to submit separate applications: (1) a short application describing their desire to participate in the Leadership Academy and their goals

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[4] Analysis based on cities' responses to open-ended questions. Cities could give more than one reason, and if they did, each response was counted.

for participation, (2) a longer planning grant application outlining how they would use $30,000 in funding to develop a business plan and establish the necessary partnerships to implement it, and (3) a comprehensive business plan for implementing and monitoring a multipronged outreach and enrollment campaign. Cities that participated in phase 1 were eligible to apply for phase 2 funding, and those that participated in phase 2 were eligible to apply for phase 3 funding.

Applications were then screened by a committee of experts (in this case, a team of people both internal and external to NLC) and reviewed against pre-existing criteria or metrics. Typical grant review criteria include strong organizational and financial management, past performance in the area of interest, capacity for performance measurement, and the degree to which the funder's and potential grantee's goals align (Orfield, Lipson, and Hoag 2015). NLC developed a similar set of selection criteria for each application phase, focused on evaluating the strength of the teams' ideas, their capacity to implement their proposed efforts, and their potential sustainability.

One of the key selection criteria at all phases of the program was the support of local leaders, because NLC believed from the outset that strong municipal leadership would be needed to ensure success of the project. *"Our belief is that [city leaders' engagement] is a major component of success for a range of different programs—local programs—to improve the lives of kids and families."* To avoid the potential for groups external to the city government to apply for funds without strong commitment by city leaders, NLC asked applicants to demonstrate local leadership's commitment to the project during all application phases (for example, by submitting a letter from the mayor confirming his or her support of the project).

Selection. To maximize cross-team learning, NLC staff reported that they usually try to assemble diverse cohorts for these types of projects, which include teams with higher capacity but potentially lower need, as well as teams with lower capacity but a significant level of need. Although NLC did not have many options in terms of developing the right "mix" of teams, because nearly all teams that applied in the initial stage were selected to participate in the Leadership Academy, staff members reported that they achieved a good level of diversity in size, previous outreach and enrollment efforts, and need. As one NLC staff member stated, *"It's a diverse group where you have some cities that are smaller, fewer resources, high need, and could really benefit from the technical assistance. And then some cities where they've already been doing some of this work, they have a lot of important pieces in place, they have strong capacity and resources to be able to pull this off, and then can kind of help teach some of the smaller cities that maybe don't have as much experience."* Staff in four cities appreciated the level of diversity included in the three phases, primarily along the dimension of city size and political leanings, because it gave different kinds of communities the chance to think through problems together and to hear about different types of experiences. Two other cities said the diversity hindered cross-city sharing, because ideas and strategies were often not transferable.

During the planning phase, which competitive grant-making models use to "narrow the crowded playing field" (Orfield, Lipson, and Hoag 2015), NLC had to make harder choices. As one NLC staffer said, *"I remember it being challenging to evaluate these proposals, because it was a proposal describing a planning period of how they were going to make another proposal."* Among the 23 teams that participated in the Leadership Academy, NLC funded 12 teams whose applications rose to the top because they had the *"…'right' partners at the table, and had more of*

an idea sketched out than others, which made the decision process a little bit easier. I think a decisive factor [for some applicants] also is the level of city involvement and city leadership to the project."

To select implementation grant cities, NLC again developed objective criteria against which to judge the applicants, including the choice and commitment from community partners, involvement and commitment from city government leaders, demonstration of high need in terms of uninsured children, and their actual campaign strategy, including their plans for sustainability and funding. Because there were more than six cities with very strong business plans, NLC staff worked with the cities to modify their budgets to award seven cities with the strongest business plans between $180,000 and $260,000 to implement their campaigns, and an eighth city $40,000 to implement a particularly innovative piece of its campaign.[5]

C. Strategy assessment

CEHACF's experience illustrates the advantages and disadvantages of a three-staged, competitive grant-making strategy and offers lessons to funders on how to support municipal governments in playing a leadership role in conducting health benefits outreach.

1. Benefits and drawbacks of grant-making strategies that follow a three-stage model of support and competition

In addition to finding the most promising ideas to receive grant funds, certain aspects of the program design clearly benefited cities, such as inspiring them to work to their full potential, facilitating cross-city communication to share challenges and lessons, and enhancing the potential for sustainability.

- **Rising to the top.** Designing CEHACF as a three-staged model in which cities competed against one another for multiple rounds of funding gave city leaders the resources—including time, financial, and an externally facilitated support structure—to plan their campaigns. The cities with the most engaged partnerships, innovative ideas, and commitment to the project rose to the top of the cohort and received substantial funding to implement their ideas. A project in which cities were not in competition with one another may not have motivated cities as much, or it may have funded cities that were less invested and therefore less likely to be successful. Because NLC worked with the cities over such a long time period and offered them significant technical assistance, they were able to engage teams from the beginning on important topics such as building the right partnerships, clearly defining the target population, and planning for long-term sustainability. This framework provides a strong foundation for the cities that received implementation grants to be successful.

- **Creating trust.** One of the risks of competitive grant-making in which applicants in the first or second round are asked to share their ideas with each other is the inclination to hold back information. Some applicants may be worried that their ideas are flawed, which could

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[5] The campaign submitted by the eighth city was rated as weaker than the others, although the city got high points for creativity and civic involvement. As a result, NLC decided to award them a smaller grant, as well as all other resources available in the implementation phase (one-on-one technical assistance, participation in the cross-site meetings, etc.)

jeopardize funding; others might think they have such good ideas that they are reluctant to share them, lest a competitor "steal" them. The CEHACF program brought the teams together early and often, forging good relationships and helping to minimize the reluctance to share. Also, the diversity of city contexts and the fact that a great idea in one city may be challenging to implement in another location appear to have supported the sharing of ideas.

- **Implementing sustainable campaigns.** One reason that NLC organized the project as a competitive grant over a long time period was the hope that cities awarded implementation grants would, over time, institutionalize this work either within the city or by partners so that it would be sustained when the grants ended. Although the cities have been engaged with NLC on the project for 18 months (beginning with the Leadership Academies in mid-2013), the implementation grants will last nearly another year. Given this timing, most of the cities have not identified how they will sustain this work and where the resources to support it will come from, although all are thinking about sustainability at this point in time. Three of the implementation cities have already identified and applied for other resources to support this work, and two of those three cities have already received additional grant funds for the project (the third is still waiting to hear whether they will be awarded other grant funds for which they have applied).

Other aspects of the multistaged competition had both positive and negative attributes, such as the diversity of the group and non-implementation grant cities' ability to sustain their work.

- **Diversity can help or hamper efforts.** The literature describes the diversity of applicants and ideas that emerge as a result of competitive grant-making as major benefits of the process, because they help foundations uncover unique approaches to tackling problems (Orfield, Lipson, and Hoag 2015). The initial cohort of cities that applied to participate in the Leadership Academies was quite diverse in terms of size, geography, political leadership, and whether they had conducted previous outreach and enrollment activities. However, in this project, diversity proved to be both an advantage and a disadvantage. On the positive side, the teams proposed a variety of approaches to outreach and enrollment campaigns, which targeted different places likely to have larger concentrations of uninsured children. For example, one team is providing direct enrollment assistance through a community health center, one is conducting outreach at a centralized day care in their city, and another team targets children engaged with the juvenile justice system.

  The drawback to a diverse group of applicants is that it makes it hard for participants to learn from one another. Because the work they were undertaking and their local political environments were so different, there were fewer transferable lessons across the teams. But this problem can be minimized by organizing peer-to-peer discussions based on common characteristics. For example, rather than hosting the initial Leadership Academies based solely on geography, they could have been organized by city size, or by level of previous experience with outreach and enrollment. Similarly, as teams moved further along in the process, NLC could have replaced all-city calls with separate calls for teams that had common problems or approaches—for example, those struggling with data collection or using schools as a primary partner.

- **Stimulating action**. The multiphased nature of the competition was meant to reward the best applicants, and it was also hoped that providing support and technical assistance

through the Leadership Academies and planning phases would spark action in teams that did not receive phase 2 or 3 funding. But teams that did not receive additional rounds of funding did not receive any further support. This may have been a missed opportunity to increase the impact of this project, particularly for teams that received planning grants. Only one planning grant team that we spoke with reported having plans to revise and strengthen its business plan to apply for funding from other sources. Staff from two of the four cities that received planning but not implementation grants said they have lost momentum to implement their plans. These teams would have benefited from continued technical assistance to capitalize on the momentum they had developed by the end of the planning phase.

2. Helping municipal governments be effective agents for increasing coverage

Because cities often bear the financial consequences of uninsured populations, municipal governments play an important role in helping uninsured citizens learn about and apply for coverage. Not all city governments embrace this role, but for those that wish to do so, early lessons from CEHACF indicate how municipal governments can become effective agents of change. Foundation funds have the greatest potential for success by helping city governments maximize resources at all levels—expert knowledge of best practices, community partners, and institutional changes.

- **Build on best practices.** One of Atlantic's original goals was to use competition to uncover innovative strategies for finding and enrolling the uninsured. However, the technical assistance nature of the project and the fact that innovation was one of several grant selection criteria meant that this was not a strong focus. Although it is too early in the implementation phase to conclude which outreach and enrollment strategies are most effective, early results suggest that cities that build on evidence-based practices and adapt them to their local circumstances are most likely to find and enroll the uninsured. For example, direct, one-on-one enrollment assistance is associated with increased enrollment rates (Flores et al. 2005; Miller 2012; Chung et al. 2010; Enroll America 2014). Indeed, so far, the city with the most enrollment success in the first six months has invested more than half of its grant into direct assistance. The other cities include direct assistance as a campaign component, but it is less prominent: in five of the other six cities that received implementation grants, the amount budgeted for direct enrollment assistance varied from less than 5 percent to 18 percent of their proposed budgets.[6] Five of the cities planned to incorporate more enrollment assistance into the effort through partner donations of "in-kind" staff time; but four have noted difficulties getting these components off the ground.

  Funders can drive the adoption of best practices through the funding model and the intermediary organizations chosen, and can provide ongoing support to the selected organization. NLC, an organization that was well known and well regarded by city governments, managed the CEHACF project by giving the project immediate credibility and a connection to cities. But because NLC lacked experience in conducting health benefits outreach, it was unable to provide the support and technical assistance grantees needed specifically on Medicaid and CHIP outreach and enrollment strategies and policies.

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[6] We do not have the details for how the city awarded a smaller grant planned to allocate it, so we did not include them in this analysis.

Although a goal of competitive grant-making can be to test out new or different ideas, these cities were inexperienced and would have benefited from learning about effective strategies for finding and enrolling the uninsured. When looking for the right entities to manage grant programs, if one organization lacks either credibility with intended grantees or subject matter expertise, funders might consider awarding grants to multiple entities that can combine their knowledge, skills, and resources. Funders also can support their selected intermediary agency by sharing their connections and knowledge gained through prior grant-making efforts to ensure cities benefit from the funder's experience and receive the highest-quality technical assistance.

- **Help grantees identify the right partners.** Outreach and enrollment campaigns are not solo endeavors, and from the beginning, NLC stressed to cities the importance of developing strong partnerships to pursue this work. Funders who wish to support local governments in stepping up health coverage outreach and enrollment efforts should take into account some of the early lessons from cities participating in the CEHACF project. First, cities need to identify the right partners and find the best ways to engage them. For example, schools appear to be obvious partners to access children and families, but school bureaucracies can be challenging, and parents may not be as interested in discussing health topics in schools as they are in health-based settings. Early evidence from the cities that have enrolled the most children suggest that hospitals, clinics, community health centers, and even school-based health clinics appear to be more productive partners for cities in conducting this type of work. Second, the agency within city government that directs the program may be important. The city experiencing the greatest success in enrollment to date is housing the program in the city's health department, where it has access to uninsured residents. In other cities, locating the project within the mayor's office may be important if the effort requires cross-agency coordination and commitment.

- **Focus on institutionalizing system change.** To increase the potential for sustainability, it is important to root new systems and procedures for conducting outreach and enrollment assistance at the start of the project. This approach can help reduce the fallout from staff turnover, which requires re-establishing relationships among partners time and time again. *"We're always dealing with turnover in staff. And so, even in a short period of time, say six months, you can work with one group of folks and then all of a sudden, half of them are gone. And so those are issues that I think community-based organizations…are dealing with constantly. We've been having internal discussions about how we (and I mean our little team) needs to do a better job of deepening relationships with our own partners."* For example, three of the cities are now using their existing 211 or 311 call systems as a single point of access to Medicaid and CHIP outreach and enrollment assistance. Such system changes not only incorporate outreach and enrollment assistance into the existing city infrastructure but institutionalize the strategy in a way that doesn't require additional resources.

In sum, this project has shown that cities are willing and able to be leaders in health benefits outreach. But the recipe for success is still unfolding. Cities will end their formal engagement through the CEHACF project in December 2015. In 2016, we will provide final results on the number of children and adults that these cities have helped apply to and enroll in health coverage programs, and examine which strategies are associated with greater success. The findings will

provide further lessons on how funders can best support cities in playing leadership roles to ensure that all children have health insurance.

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APPENDIX A.1

KEY INFORMANT LIST

Table A.1. Key Informant List

The Atlantic Philanthropies

Steve McConnell
Kimberley Chin

National League of Cities

Cliff Johnson
Heidi Goldberg
Dawn Schluckebier
Chuan Teng

Participant Teams	City	State
Molly Markert	Aurora	CO
Sue Williamson	Aurora	CO
Leigh Cobb	Baltimore	MD
Diem Do	Chula Vista	CA
Karen D. Rayzer	Dallas	TX
Fred Murry	Gainesville	FL
Monica Fulton	Garden City	MI
Valerie Arnold	Hattiesburg	MS
Maxine Coleman	Hattiesburg	MS
Clemelia Richardson	Houston	TX
Mary DeLuca	Jackson	MI
Cheryl Townsend	Jacksonville	FL
Dae Lynn Helm	Jacksonville	FL
Lisa Pell	Jacksonville	FL
Megan Denk	Jacksonville	FL
Brian Knudson	Las Vegas	NV
Leslie Rosenfeld	Miami Beach	FL
Brenda Weis	New Bedford	MA
Anthony Santiago	Newark	NJ
Barb Farho	Omaha	NE
Doris Lassiter	Omaha	NE
Patrick Dowd	Pittsburgh	PA
Betsy Cruz	Pittsburgh	PA
Carol Zechman	Portland	ME
Peter Asen	Providence	RI
Azade Perin	Providence	RI
Suzanne Donovan	Savannah	GA
Andrea Chiasson	Tucson	AZ
Agnes Speight	Wilson	NC

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APPENDIX A.2

PROGRAM PARTICIPANTS

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Table A.2. Cities participating in the grant, by phase

Cities	Phase 1: Leadership academies (N = 23)	Phase 2: Planning grants to develop business plans (N = 12)	Phase 3: Implement business plans (funding awarded) (N = 8)
Aurora, Colorado	√	√	
Baltimore, Maryland	√		
Chula Vista, California	√		
Columbia, Pennsylvania	√	√	
Dallas, Texas	√	√	√
Gainesville, Florida	√		
Garden City, Michigan	√	√	√
Groesbeck, Texas	√		
Hattiesburg, Mississippi	√	√	√
Houston, Texas	√	√	
Jackson, Michigan	√		
Jacksonville, Florida	√	√	√
Las Vegas, Nevada	√		
Miami Beach, Florida	√		
New Bedford, Massachusetts	√	√	√
Newark, New Jersey	√		
Omaha, Nebraska	√	√	
Pittsburgh, Pennsylvania	√	√	√
Portland, Maine	√		
Providence, Rhode Island	√	√	√
Savannah, Georgia	√	√	√
Tucson, Arizona	√		
Wilson, North Carolina	√		

Source: Mathematica analysis of project documents, January 2015.

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