



CASE STUDY

Engaging Faith Ambassadors in Maryland's Outreach and Enrollment Efforts

Awareness: As part of Maryland Citizens' Health Initiative's efforts to engage consumers in outreach and education about the Affordable Care Act, staff developed a presentation in collaboration with Baltimore-area faith leaders to reach out to congregants. MCHI's 'Faith Ambassadors' program was born, with multiple presentations scheduled at various churches each week.

Interest: As part of the presentations, MCHI staff made an additional call to action; those congregants interested in telling their own stories about their healthcare and insurance experiences should apply to serve as Faith Ambassadors. Those trained would continue to build their knowledge about the ACA and communicate the benefits to friends, family, and peers.

Participation: MCHI began the Faith Ambassadors program by training more than 15 original ambassadors, encouraging them to use their own experiences to convey the importance of health coverage to others. Faith Ambassadors began their efforts by speaking with their own congregations.

Commitment: While the number of those trained as Faith Ambassadors kept growing, and reached outside of the immediate Baltimore region, we continued to see the commitment of the team with weekly presentations scheduled around the county. MCHI had to develop a waiting list for congregations interested in having a Faith Ambassador come discuss the ACA and opportunities for enrollment.

Leadership: Because of how well-versed they became in the ACA, two of the original Faith Ambassadors were hired by the Maryland Marketplace to serve as official Navigators. While continuing to share their stories, these two Ambassadors now enroll consumers directly into coverage and provide feedback about the consumer experience back to the Marketplace.

In general, the Faith Ambassadors program has been successful in developing a pyramid of engagement by:

- 1. Demonstrating commitment to investing and empowering Baltimore Black faith community & new leaders in ACA efforts who can work within their own communities ;*
- 2. Identifying community leaders to help other community members overcome distrust in systems that have previously systemically denied them care and coverage;*
- 3. Strategically investing in developing the "right messaging" to target community members and regions with high enrollment needs; and*
- 4. Elevating the voices of marginalized communities within state policy.*