**Effective Outreach Tactics**

**Session Objectives**

* Equip participants to identify the most effective and efficient outreach tactics in their communities
* Empower participants to move people to action by practicing radical hospitality, having effective conversations, and collecting data for consumer follow-up

**Training Materials**

* Visual Aid (PowerPoint and projector)
* Targeting handout (1 per participant, in participant packet)
* 3 Steps to an Effective Conversation handout (1 per participant, in packet)
* Sample Sign-Up handout (1 per participant, in packet)
* Effective Outreach Timeline (optional)
* Flip chart, easel, markers, and tape
* Demonstration partner (prepped ahead of time), clipboard, and pen

**Room Setup**

Participants should sit at tables that accommodate 3-5 people. Because this module includes an interactive icebreaker and some group activities, space for participants to stand up and move around is ideal. If open space is limited in the training room, consider going outside or to a lobby area for the icebreaker.

**Topics Covered**

* Finding the Right People
* Asking People to Take Action toward Enrollment

**Facilitator Notes**

This is a 2-hour session. It is discussion and exercise-heavy. Directions for facilitating each discussion and exercise can be found under “Section Notes”, but please note that some cues do exist (in bracketed italics) within the Facilitator Scripts themselves. When appropriate, the facilitator should share examples and solicit stories from participants. It’s important, however, to understand the dynamic of the room; that is, if the group is a mix of metro and Greater MN assisters, ensure that stories and examples are being shared are from all areas of the state.

**WELCOME & AGENDA OVERVIEW**

**(3 minutes)**

**Section Notes**

*Introduce yourself and the agenda for the day. Share some information about who you are (e.g., where you live, what your favorite part of your job is, a fun fact, etc.). Next, preview the session agenda, the location of amenities, and encourage people to participate fully.*

**Facilitator Script**

* Hello everyone, and thank you for coming! Welcome to our session on Effective Outreach Tactics! My name is *[your name],* and I will be facilitating this session.
* In the next two hours, we will learn all about:
	+ Finding the Right People
	+ Asking People to Take Action Toward Enrollment
* There are a few things I’d like to point out about the space we are in:
	+ Bathrooms are located \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ If you’d like to grab some refreshments, they are located \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* I also want to encourage everyone to participate as much as they can today. There is a lot of wisdom in this room, so the more people participate, the more we all will learn!

**ICEBREAKER: “HUMAN KNOT”**

**(7 minutes)**

**Section Notes**

*During this exercise, participants will be asked to stand in a circle and hold hands with someone who isn’t next to them, creating a human knot. Participants will then be asked to untangle the knot without unclasping their hands at any point. The group should end up back in a circle. Some people may end up with their backs facing forward or with arms crossed; that is okay, as long as it is a circle. If you wind up with two circles or unable to untangle, don’t worry; just note that some problems result in multiple solutions, and some knots can’t come undone—they hold tight for a reason!*

*This exercise requires five or more people and may be difficult for some with physical challenges; be sensitive and modify. For example, if a person cannot stand or hold hands, have them sit or place a hand on another shoulder.*

**Facilitator Script**

* First I’d like everyone to stand in a circle.
* To get to know one another a bit, I’d like to go around the circle and have everyone share a bit about themselves: your name, organization, where you live, and (briefly!) what your favorite part of your job is. I’ll start!
	+ *[Demonstrate introducing yourself before having participants share.]*
* Thanks for sharing!
* When I say “go”, I’d like you to join hands with two other people in this circle. Neither of the people you join hands with can be directly next to you, and you cannot join both hands with the same person.
* Okay, GO!
* What we have here is our very own knot. We’re going to try and get out of this—but we cannot unclasp our hands at any point. We’ll need to work together and direct each other to get this done. Is everyone ready?
* Untangle! *[Participants should direct each other to untangle the knot until everyone is back in the circle.]*

**WHY OUTREACH?**

 **(5 minutes)**

**Section Notes**

*Discuss the purpose of MNsure outreach with participants by leading a discussion on some of the barriers that consumers face in becoming enrolled. (If participants have recently been through “Outreach as a MNsure Partner,” this information will be review; modify accordingly.) Let participants know that, while there are many different components to successful outreach, today’s session will be focused on two basic components: finding the right people and asking them to take action to enroll.*

**Facilitator Script**

* *[Discuss:]* Why do we need MNsure outreach? *[Try and tease out the following:]*
	+ People don’t know what MNsure is or how it can help them
	+ Many people need help enrolling, but they often don’t ask for it
	+ Most people need to be reminded to enroll
	+ Many people have barriers that prevent them from enrolling
		- Examples: live in remote locations; no Internet access or few computer skills; language barriers; disabilities; communities don’t support the ACA; assume they can’t afford health insurance; etc.
* We all have a big job in front of us; there is a lot at stake in this work and there are many barriers that get in the way of our consumers successfully getting health care coverage.
* There is a lot that goes into conducting successful outreach, but today we are going to focus on the two basic components: **finding the right people** and **asking them** to take action toward enrollment.

**FINDING THE RIGHT PEOPLE**

 **(10 minutes)**

**Section Notes**

*Discuss outreach that is currently being done by participants (again, if participants have recently been through “Outreach as a MNsure Partner” this will be review; modify accordingly). Discuss which outreach tactics have been successful and why (the power/potency of the outreach tactic will likely come up here); discuss explicitly what participants think makes an outreach activity successful. When prompted, record answers on flip chart paper. Get the group to come to a consensus that, although there are seemingly endless outreach opportunities, not all of these opportunities are equally effective or efficient, and resources are best spent on the most effective, most efficient activities.*

**Facilitator Script**

* First we are going to learn about some ways you can find people in your communities.
* I’d like you to think about the most success you’ve ever had engaging consumers around MNsure. What made it so successful?
	+ *[Record answers on flip chart paper. Answers will likely include the location, audience, and structure of the action; tease out why these are the things that made them successful.]*
	+ *[If participants have very recently been through “Outreach as a MNsure Partner,” consider skipping this section or referencing the group discussion on successful outreach tactics they had during that module instead.]*
* Outreach can take many different forms and it can happen anywhere and at any time.
	+ This does not mean, however, that *effective* outreach follows the same rules; not all outreach opportunities are *good* opportunities.
	+ We have all probably been a part of some outreach activities that didn’t go well!
	+ *[If participants have already been through session 1, “Outreach as a MNsure Partner”, reference that while the effect of an outreach tactic depends on its potency compared to your goal at hand, it can even go beyond that—to the specifics of your location, audience, set-up, etc.]*
* We have limited resources (time, money, staff, etc.) so we need to spend our resources on the good opportunities—the ones that will have the biggest effect.
* The process of using the information at our disposal to distinguish which outreach opportunities will yield the *best results using the fewest resources,* is what we call **targeting**.
* To target our outreach, we must first examine what our goals are:
	+ Our individual goals are the benchmarks we set for ourselves in order to implement our strategy. They are a crucial part of any successful outreach.
	+ If you are unclear on your individual goals, you should work with your organization to set goals that make sense for you.
	+ Without clarity around how exactly you will be measuring success, it is impossible to make decisions as to what tactics will most help you. Make sure you have a good way to measure and assess your results.
* Once you have determined your goals, you will need to examine what resources you have available (staff, time, money, etc.). Be realistic!
* Next, you must take inventory of which potential outreach activities could get you closest to your goals.
* Finally, you should examine how many of your resources will be taken up to complete the activities you think might help you achieve your goals.
* Following this process allows us all to be strategic and efficient, which allows us to provide help to the people who most need it.
* To help us walk through all of these steps, we use a targeting chart.

**EXERCISE: TARGETING YOUR OUTREACH**

 **(25 minutes)**

**Section Notes**

*Explain the “Targeting Your Outreach” handout, including the priority area in the upper right quadrant. Give participants a scenario in which you need help prioritizing your potential outreach activities (listed on the back of the “Targeting Your Outreach” handout). Instruct participants to get into groups of 3-4, and work together to place the potential activities where they believe they belong on the chart. Groups will have 10 minutes to work. Let them know when they have 5 minutes left, then 2 minutes left, then when it’s time to stop.*

*This section mostly discusses outreach opportunities in which a person would be approaching potential consumers in-person (tabling, etc.), as this is always the most effective tactic. It is likely that participants will share stories or ask questions about more passive outreach (newsletter marketing, social media posts, flyering, etc.); that is great! The same concepts would still apply—they should still ask themselves how likely it is that this tactic could actually reach a decent number of uninsured people and whether the effort and resources are worth the result.*

**Facilitator Script**

* I’d like to turn your attention to your handout titled “Targeting Your Outreach.”
* This chart is designed to help you think critically about how effective and efficient your potential outreach activities might be, and which ones you should spend your resources on conducting. You’ll see that the page is divided into four quadrants.
	+ **High/Low likelihood of being uninsured** – The Y axis dividing the four quadrants on this handout represents how likely it is that the people you come into contact with during your outreach activities are uninsured
	+ **High/Low number of people** – The X axis represents how many people you are likely to come into contact with during your outreach activities.
* If we are hoping to reach the highest number of uninsured people using the fewest resources, which quadrant do you think I want my outreach activities to fall into?
	+ *[Have 1-2 people guess where it should go and why before showing the circle on the PowerPoint.]*
	+ We want our work to be focused in the upper right quadrant: where we should see a high number of people who will likely need insurance. These are our “**priority activities**”.
	+ Our work can also spill over a bit into the other three quadrants (with the least amount of attention given to activities that fall into the lower left quadrant, where we would reach a low number of people who aren’t likely to be uninsured).
* Let’s put this into real terms. Let’s imagine that my organization has decided to make enrollment events a heavy focus in our outreach strategy. We have set a goal of finding a dozen people to attend an open house enrollment event taking place next week.
* There are lots of opportunities for me to reach people in the following week. I could *[have participants flip their handout over to read a list of potential activities]:*
	+ Table at a local food shelf
	+ Speak at an event for health advocates from across the state
	+ Table at a community fair being held in a middle class neighborhood
	+ Go store-to-store at a shopping center and meet part-time employees
	+ Advertise assister services in the local Chamber of Commerce newsletter
	+ Talk to my organization’s clients – while they are using other services -- about their coverage
	+ Table at a job fair being put on by the local technical college
	+ Talk to students in the same tech college’s student union during lunch
	+ Table at another local service organization’s event
	+ Talk to students in a 4-year university’s student union during lunch
	+ Go door-to-door canvassing a middle class neighborhood
	+ Go door-to-door canvassing in a new immigrant neighborhood
	+ Put up flyers in a community store in an extremely small, nearby town
* I don’t have time to do all of these activities, my organization has limited staff, and we don’t have a lot of money to work with.
* I really need to make sure that, whatever tactics I rely on, the work is efficient and effective, and it gets me to my goal of one dozen event attendees.
* I’d like you all to help me figure out which of these possible activities would best help me reach my goal.
* We’re going to do this with the people sitting at our tables.
* The goal here is to take each of the potential activities listed on your sheet, and place them where *your group thinks* they best fit on the targeting chart.
* You’ll want to think about what you know about each of these potential activities. Some things to discuss could be: *[Show prompt questions on the PowerPoint]:*
	+ How many people would likely be present?
	+ Is the activity in an area with many likely uninsured people?
	+ Is this a good opportunity to connect with people one-on-one
	+ Will you be able to talk to a lot of people relatively quickly
* Remember our specific goal here: to get 12 people to attend next week’s enrollment event!
* Discuss each potential activity briefly with your group, sharing what you all either know or can assume about each of them. Then come to a consensus on where each activity should be placed on your chart.

* Don’t stress about being 100% correct; just do your best.
* It may be helpful to narrow your discussion to one specific area of the state or a specific community—(like whether you are in Greater MN, the suburbs, or in the Twin Cities).
* I’m going to give you all 10 minutes to complete your charts and then we will come back together and talk about how it went. I’ll let you know when it’s almost time to wrap up.

**Debriefing the Exercise**

* *[Discuss:]*
* How did you feel about this exercise?
* Did anything surprise you?
* Was anything difficult about completing your chart?
* Each action will most likely be placed differently on each person’s chart; targeting is not “one size fits all”—it varies for each community, organization, and goal.
	+ For some of us, canvassing part-time employees at local stores would be a great way to meet potential consumers; for others, the stores are too spaced out for it to be an efficient use of our time.
		- Focusing on another activity with a greater concentration of people—like a job fair or community event—may yield better results.
	+ Where we spend our resources will also depend on our goals—how many people we are hoping to reach and in what amount of time. Targeting your work is helpful no matter what your goal, *so long as you’re clear on what the goal is*.
* This exercise also doesn’t mean that we *shouldn’t do* any of the activities that fall outside of the circle on our charts.
	+ You never know what activities might surprise you—sometimes we think something would be a waste of time, but it’s actually very helpful!
	+ There is no harm in doing less efficient activities *if you have leftover resources.*
	+ It’s also worth noting that things are not always so cut and dry; sometimes an activity is important to you or your organization, even though it falls outside of the “high priority” area on the chart.
		- When this happens, think about who actually *needs* to be present for the event—is this something you have to do, or can someone else step in?
		- When appropriate, consider asking a volunteer or a colleague with more bandwidth to go in your place (especially if your colleague works with services that are more applicable to the people they might meet).

**ASKING PEOPLE TO TAKE ACTION TOWARD ENROLLMENT**

 **(2 minutes)**

**Section Notes**

*Introduce the next component of effective outreach, which is asking people to take action to enroll, and list the three steps for how to do this effectively: practicing radical hospitality, engaging them in an effective conversation, and collecting data for follow-up.*

**Facilitator Script**

* Once you have found the right people in your outreach work, it’s time to engage them in a conversation with you.
* What are some ways that a person could take concrete action toward enrollment? *[Tease out some the following:]*
	+ Make an appointment with an assister
	+ Sign a pledge to enroll themselves online
	+ Commit to attending an educational or enrollment event
	+ Give their contact information for further discussion
* To get people to do these things—to take some kind of action toward enrollment— it’s helpful to follow a three-part “recipe”:
	+ Practice radical hospitality
	+ Engage them in an effective conversation
	+ Collect their information and follow up with them

**RADICAL HOSPITALITY**

 **(8 minutes)**

**Section Notes**

*Introduce the first step to successfully ask someone to take action toward enrollment, which is practicing radical hospitality. Discuss what radical hospitality is and ask them to share ideas for what it might look like. When prompted, record their answers on flip chart paper. Facilitate a discussion about when they have seen radical hospitality in the past, what impact it had on them, etc.*

**Key Concepts**

***Radical Hospitality*** *describes the natural but uncommon actions we take to make people feel invited and safe so they can learn more about the help we can provide for them*

**Facilitator Script**

* For many people, one of the hardest parts of conducting effective MNsure outreach is getting strangers to talk to you!
* The first thing we can do to combat this challenge is by employing what we call “radical hospitality”.
	+ *[Discuss:]* Can anyone tell me what radical hospitality is?
	+ **Radical hospitality** describes the natural but uncommon actions we take to make people feel invited and safe so they can learn more about the help we can provide for them.
	+ What are some examples of radical hospitality? How do you make someone feel welcome and safe? *[Record on new flip chart page, then tape to the wall. Some examples to get you started might be:]*
		- Smiles and friendly greetings
		- Bright displays with clear signage that is easy to understand
		- Games and free items for people to have fun with (stickers, buttons, etc.)
		- Initiating authentic conversation
		- No long waits without being addressed
* *[Discuss:]*
	+ Who has ever seen radical hospitality before?
	+ Has anyone ever been approached by someone who *wasn’t* using radical hospitality?
		- What was that like? What were they doing?
		- Did it make you want to talk to them?
	+ Why do you think radical hospitality is an important part of effective outreach?
		- It’s important because we know that most people think they have a million reasons *not* to stop and talk to us.
	+ By creating a fun and inviting space for people to step into, we not only increase the chances that more people will stop to talk to us; we also increase the likelihood that they will stay for a longer conversation.

**EFFECTIVE CONVERSATIONS**

 **(15 minutes)**

**Section Notes**

*Introduce the second step to successfully ask someone to take action toward enrolling, which is engaging them in effective conversations. Discuss the three components of an effective conversation, which are: making a connection, establishing urgency, and making the ask. Refer to the Effective Conversations handout when discussing these three steps.*

**Facilitator Script**

**The Nuts & Bolts of an Effective Conversation**

* Radical hospitality is only one piece of the puzzle. Once we start the conversation, we have to make it count!
* In your materials packet, you received a handout called “3 Steps to an Effective Conversation”.
* This handout walks you through the ingredients of any effective outreach conversation. They are:
	+ **Make a Connection** – This is the part of the conversation where you establish a rapport with the other person, and it should always be the first thing you do in an outreach conversation. This will help you gain insight into their perspective and what might motivate them to get covered. It also creates an atmosphere of dialogue, rather than a one-way “pitch” that is stiff and uncomfortable.
		- **Find out about them personally** – Do they have kids? Grandkids? Do they work? What has stopped them from getting insurance so far? Why? Let them talk—people love to share about themselves!
		- **Share about yourself** – To truly establish a connection and put the person at ease, you should share a bit about yourself. Is there anything you have in common with them? Be authentic; people are most credible when they are being themselves!
	+ **Establish the Urgency** – Identify what’s at stake for them if they don’t get covered and discuss this with them; come to a consensus that having health insurance is incredibly important to them and their family.
		- **Be empathetic** – Repeat back some of the challenges to enrolling that you’ve heard them name and show empathy for their situation.
		- **Adjust your tone** – It’s easy to carry a light and friendly tone through the entire conversation. This section of the conversation, however, should come with a more urgent tone**.** Don’t be melodramatic, butdon’t gloss over the reality of what’s at stake, either.
	+ **Make the Ask** – List how you can help them overcome some of their barriers to enrolling. Be specific, but not long-winded. Finally, ask them to take specific action toward enrollment.
		- **Know what you’re asking for** - By now you may have a sense of what they need to do in order to get closer to enrolling. Make sure you are asking them to do what’s right for them.
		- **Be clear and concise** –Whatever you are asking them to do, be clear and confident in what you’re asking, and don’t draw it out. Use strong, direct language (i.e., use “will you…” instead of “would you like to…”).
		- **Ask, then wait** – Rambling after you’ve already made your ask often leads to giving the other person an easy “out”. To avoid feeding them a reason to say “no,” practice being comfortable with silence; they will answer you eventually!

**DATA COLLECTION & FOLLOW-UP**

 **(15 minutes)**

**Section Notes**

*Introduce the third step to successfully ask someone to take action to enroll, which is collecting their information for follow-up. Though seemingly simple, this is an often overlooked aspect of outreach work, which can lead to very detrimental consequences. This section includes a discussion on what information it is important to collect, and why. When prompted, record participants’ answers on flip chart paper, then tape the paper to the wall.*

*Participants should come to a consensus that most currently uninsured people have likely had opportunities to enroll in the past, but for one reason or another have not. It is necessary to give these consumers 5 to 9 “touches,” on average, to get them to take action. When prompted, suggest participants take out their sample “sign-up sheet” for reference.*

**Key Concepts**

***Data Collection*** *is the practice of recording someone’s name, best contact information, and other pertinent information in order to follow up with them later.*

**Facilitator Script**

* For most, getting a “yes” or a “no” to our ask would be the end of the conversation. But things are not that simple!
* Most people are not ready to commit to taking action after their first brief conversation with you, which means before you end the conversation you need to take one more step to ensure you can follow up with them later: data collection!
* **Data collection** is the practice of recording someone’s name, best contact information, and other pertinent information in order to follow up with them later.
* Who here does regular data collection when they encounter a consumer during their outreach? *[Discuss:]*
	+ What are some of the things you record?
		- *[Try to tease out the following answers: name, contact info, language preference, assistance needs, preferred method of contact, best time to contact, where they heard of you, etc.]*
* Why do you think it’s important to collect this information? *[Have a few people offer up why their data matters.]*
* In Minnesota**, only 5% of people are uninsured**. That means that all of the “low hanging fruit”— people who are easy to persuade to enroll—have likely already enrolled.
	+ That means the people who still don’t have insurance often aren’t going to be so easy to convince: they are too busy, they really think they can’t afford insurance, they are too daunted by the process, they think they don’t need it that badly, etc.
* We know from experience that even if someone needs health insurance, and even if they have a good conversation with someone about enrolling, that is likely not enough to get them to complete the process.
	+ It takes **5-9 “touches”** (ads, conversations, reminders, etc.) before we can usually move someone to any kind of action.
* To ensure that the people we come into contact with actually complete the enrollment process, **we need to have a way to follow up with them**. If we don’t, there is a very good chance they will fall through the cracks.
* It’s absolutely critical that we make a habit of collecting people’s information.
	+ That’s true even if they give an initial “no” to our ask of providing them help!
	+ A “no” often means they **simply aren’t ready** to commit to taking action right now, but can be persuaded with further conversation.
* To give you an idea of what sort of data you should collect, you’ve all been given a sample “sign-up sheet”. *[Have participants reference the sheet in their packets.]*
	+ These can be used in lots of places—at events where you are tabling, at the front desk of your organization, at local coffee shops or food shelves, etc.
	+ The sign-up sheets are a great tool to keep on you at events or out in the community, and are also a handy tool to pass out to those “low priority” outreach activities—the ones that fall out of the priority targeting area we identified earlier.
		- Passing sign-up sheets out to places with lower traffic or fewer uninsured people, and establishing regular times to come collect the data, can be an easy way to keep people from falling through the cracks.
* There are a few best practices you can employ in order to ensure you are doing the most effective data collection:
	+ Put sign-up sheets on a clipboard so you can walk around and approach people directly—this is always more effective than being chained to your table.
	+ When ready to collect the data, place the clipboard directly in the hands of the consumer—they are much more likely to fill it out if they’re holding it!
	+ Start your outreach with a sample sign-up—use your own information (or a fake person’s) to demonstrate filling in all of the fields. People will copy what they see done on the sheet, so you don’t want your first sign-up to be with partial data!
	+ Of course, you should also always be careful when you are collecting anyone’s information. Always keep your data in a safe place, and consider adding a line on your sign-up sheet that says the consumer is consenting to having their information collected by your organization.
* The key to data collection, however, is that **it doesn’t work at all if we don’t use it**. We have to follow up!
* First, you’ll want to house this data in a **centralized, secure location**.
	+ What are some of the ways you all like to keep your consumer information? *[Tease out the following:]*
		- Excel spreadsheet
		- Google sheets
		- Consumer Relationship Management systems (NationBuilder, Salesforce)
	+ If you don’t already have a central location for your data, you should get one!
* Once you have entered your data, you will want to make **a simple phone call a day or two after you first speak**, to further discuss your contact’s options for enrollment.
	+ The follow-up call is often where you:
		- Set up enrollment appointments
		- Remind your contact to enroll themselves online
		- Answer questions they may have
		- Have a longer conversation about why health insurance is important
		- Make referrals to a more appropriate assister if necessary
	+ Calling is always the most impactful way we can get back in touch with someone. Why is that? *[Tease out the following:]*
		- Because it’s more direct and less easy to dodge
		- People often read an email, flag it, and then never return to it
		- We lose the personal touch when we rely on email
	+ That said, if you don’t reach them after one or two tries, send an email.
	+ Generally, we shouldn’t give up on trying to reach a consumer until we’ve attempted several times with various methods.
* Once you have followed up, it’s important to keep a record of your conversations. Updating a client’s data file will help you track your relationship with them.
	+ It helps you keep the details straight, which leads to a more seamless and often stronger relationship.
	+ It can help you keep track of whether you are meeting goals
	+ It also makes it easier to fully assess a client’s needs, and can help you decide over time if you are the best person to be assisting them.
		- Your caseload might become too full, or the client could have a need you aren’t equipped to address (like a complicated immigration status).
		- Tracking this information will make it easier to 1) assess which assister in your network would be best suited to help them, and 2) fully deliver all pertinent information to that assister in a quick and easy way.
		- If you have a strong relationship with another assister, you could even consider giving that person access to your database so he or she can track the contact history of the consumer—when the consumer was spoken to last, by whom, and what the results of the past conversations were.

**DEMONSTRATION & ROLE PLAY**

 **(20 minutes)**

**Section Notes**

*Demonstrate getting someone to take action toward enrollment; be sure to include a strong example of all three components, including practicing radical hospitality, having an effective conversation, and collecting data for follow-up. Be sure to plan and practice your demonstration with your partner ahead of time.*

*This section also includes a role-play, wherein participants will pair up and have 4 minutes each to practice getting people to take action toward enrollment.*

*Conduct debriefs of both the demonstration and participant role play.*

**Facilitator Script**

**Demonstrating an Effective Conversation**

* To give you an idea of what one of these conversations looks like, I’d like to demonstrate one! In this conversation, I’ll be playing the part of an assister and my partner will play the part of an uninsured person living in Willmar. Let’s imagine that I am meeting the person while tabling at a local community fair.
* *[Demonstrate an effective conversation, starting prior to when you engage the uninsured person—to showing what radical hospitality looks like—to the person giving you an answer to your ask. This demonstration should take no more than 4 minutes]*

**Debriefing the Demonstration**

* *[Discuss:]*
	+ What did you think of the demonstration?
	+ Did anything surprise you?
	+ Is there any part of this kind of conversation that makes you nervous?
	+ Is there anything you would have done differently?
* The most effective outreach conversations happen when we view them as the beginning of a new relationship; we are not here to sell anything to anyone.
* We will provide people with the best possible services if we have a deeper understanding of who they are and what they need.

**Participant Role Play**

* Now it’s your turn to practice getting someone to take action toward enrolling! First, you’ll need to pair up with someone sitting near you. *[Give people a few seconds to find a partner.]*
* We’re going to have eight minutes for this role play. In the first four minutes, one of you will play the part of an assister conducting outreach at a community fair—you have a table there. The other person should play the part of a community member who is passing by.
* The person playing the assister should practice all three steps of getting the person to take action: using radical hospitality, engaging them in an effective conversation, and collecting their data.
* When I tell you to, you and your partner should switch roles.
* When you’re playing the part of the community member, try not to give in too easily! Make it as real as possible! *[Begin role play. Let them know when it’s time to switch.]*

**Debriefing the Role Play**

* *[Discuss:]*
	+ How did that feel?
	+ Did you find any part of the conversation difficult?
	+ Did your partner do anything that you thought worked well?
* Having these kinds of conversations is not always easy, and doing it well takes practice!
* We know, though, that there are people out there who need our help. It’s our job to grab their attention and ensure that we are helping them along the road to getting covered!

**SESSION EVALUATION**

**(10 min)**

**Section Notes**

*This section will help the facilitator get a sense of how participants are feeling with the information they just received. Hand out three different colored post-it notes to participants (a few of each color per participant). On the wall, tape up a single flip chart page for each of the following topics (with the topics written in large letters):*

 *1) Finding the Right People (can also be called “targeting”)*

 *2) Radical Hospitality*

 *3) Effective Conversations*

 *4) Data Collection & Follow-Up*

*Assign each color of post-it a meaning. For example: Green: I feel well equipped/excited to do this; Yellow: I am a little nervous about doing this; Pink: I need more help with this.*

*Ask participants to put post-its on each section representing how they are feeling about their ability to implement this information on the ground. Once everyone has placed their post-its, point out anything that stands out (wildly varying colors on one topic; one topic with an overwhelming color on it; etc.) Ask if anyone wants to elaborate on the post-its they put up. If appropriate, make plans with participants to further discuss or work through areas in which they feel underprepared. Drawing on what has been expressed, the facilitator should then share a lesson related to the topic of effective outreach tactics.*

**Facilitator Script**

* We’re nearing the end of today’s session. Thank you so much for participating!
* I hope you feel better equipped to make strategic decisions about the kinds of outreach activities you do to meet your goals, and will feel empowered to have effective, authentic conversations with consumers about getting the help they need to enroll!
* *[Facilitate this process and carry out the full evaluation and lesson in the Section Notes above.]*
* To help me continue to make these trainings better, I’m going to ask you to fill out your training evaluation form; it shouldn’t take long!
* I’m excited to hear all about the great work you will do in the future!
* *[Adjourn.]*