

Yes! to Medicaid Expansion in Missouri

Lessons from the Campaign That Won the Ballot Initiative



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Foreword

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In 2020, Missourians voted to join 37 other states in expanding health insurance access to hundreds of thousands of uninsured and underinsured citizens through the Medicaid program. The ballot initiative victory was the culmination of a story that involved the planning and hard work of numerous advocates, endorsers, and institutions.

Missouri Foundation for Health, long a proponent of improving health care quality and access, wanted to ensure this story was told. We commissioned this report, which is at once descriptive and analytical, for two reasons: to document the process that led to the victory, and to lift up learning that supports health advocates within Missouri and other states to become even more effective in their work.

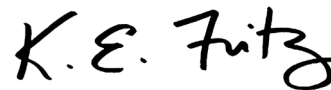
We would like to thank our partners at Innovation Network, a national leader in the evaluation of advocacy for health equity, for their hard work to bring this report to fruition. We hope you will agree it offers unique insight into how the movement for greater health equity can be advanced through the democratic process and collaboration amongst a diverse array of partners. We are proud to work with such a group of passionate and dedicated individuals and organizations.

While not covered in this report, we would be remiss not to mention that the effort to expand Medicaid in Missouri did not end with the successful passage of the ballot measure. In the wake of the state's decision not to move forward with expansion and the subsequent lawsuit (which remains ongoing as of this writing), the next chapter of the expansion story has yet to be written.

However, even with uncertainty currently clouding the future of Medicaid expansion in Missouri, there is much to reflect on as we acknowledge how far we've come. We look forward to discussing this report and using it as a stepping stone to inform future efforts to improve the health of Missourians.



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Executive Summary

The Path to Medicaid Expansion

On August 4, 2020, Missourians voted to expand Medicaid, achieving a victory that had eluded Missouri stakeholders since 2012. Ballot initiative activities spanned the course of more than two years:

Fall 2017 – March 2019: Several state and national actors interested in expanding Medicaid through the November 2020 ballot in Missouri coalesce to consider the viability of the initiative, raise funds, conduct research, and contemplate potential campaign plans.

March 2019: The Medicaid expansion ballot initiative is formalized with the founding of the Healthcare for Missouri committee leading the Yes on 2 campaign.

May 2019 – April 2020: The campaign formally submits a constitutional amendment to expand Medicaid and obtains the required signatures to put the measure on the November 2020 ballot, despite the suspension of all in-person campaign activities due to the COVID-19 pandemic.

May 2020 – June 2020: Governor Parson moves the date of the ballot initiative from November 2020 to August 2020. Americans for Prosperity-Missouri and United for Missouri, organizations opposing Medicaid expansion, file two separate lawsuits against Missouri Secretary of State Jay Ashcroft, arguing that the ballot initiative violates the Missouri Constitution. The court ultimately rules in favor of the secretary of state, allowing for the continuation of the initiative.

June 2020 – July 2020: The campaign conducts paid media, direct voter contact, and Get Out The Vote (GOTV) activities. Missouri Foundation for Health conducts public education activities (e.g., launching an education campaign, conducting research, facilitating seminars and sessions for community groups) in support of Medicaid expansion.

August 4, 2020: Medicaid is expanded in Missouri with a vote of 53.3%.

Three hundred and thirteen organizations, including businesses and business networks, labor, healthcare groups and organizations, faith-based organizations and churches, and a broad range of nonprofits endorsed Medicaid expansion and the Yes on 2 campaign. Missouri Foundation for Health and other groups that support Medicaid expansion but have lobbying restrictions conducted related public education and outreach efforts. Opposition activities consisted of paid media such as online ads, mailers, television, and radio. Elected officials also conducted public messaging in opposition to expansion.



The Yes on 2 campaign was led by diverse groups of partners who had experience working on Medicaid expansion in Missouri and other states including:



Grassroots organizations engaged in organizing and voter mobilization activities and collected signatures to get Medicaid expansion on the ballot. These organizations operated under the umbrella of Missouri Organizing and Voter Engagement Collaborative (MOVE).



Health Forward Foundation convened organizations and partners at the start of the initiative and provided funding to the campaign.



Hospitals, federally qualified health centers, and health care groups provided the largest share of funding to the campaign. They also conducted outreach, communications, and GOTV efforts.



The Fairness Project brought expertise from previous Medicaid expansion ballot initiatives and provided funding. They also temporarily staffed the initiative until permanent personnel were hired.



Campaign human resources, including hired staff, consultants, and vendors, supported campaign activities.

The campaign's formal governance structures included 1) the campaign's board (also called **finance committee**), responsible for funding, decision-making, and budgeting, 2) **direct governance** by staff with decision-making power and management responsibilities for the campaign, and 3) **working groups and committees** associated with the campaign's various work streams.

Successes and Reflections

Building a Broad and Diverse Coalition

The formation of a diverse and broad coalition showcased statewide support for the initiative and was identified as one mechanism through which the campaign succeeded in **de-politicizing Medicaid expansion**. The coalition included individuals and organizations that may have had opposing views on other issues but were united in their common goal of Medicaid expansion. As a result, **some groups had individual self-interests**, which at times were not consistent with the interests of other coalition members. While managing internal relationships required a lot of stamina, **strong relationships were ultimately built** between campaign actors who may not have worked together in the past, suggesting the potential for these groups to collaborate on other issues in the future.

Grassroots Organizations' Role

Actors within the campaign had different views about the extent to which grassroots organizations should be centered in the campaign. Some stakeholders indicated that equitable access to decision-making power in the campaign was achieved by allowing any group who was willing and able to provide a minimum required contribution, through funds or in-kind donations, to buy a seat on the finance committee. Other stakeholders remarked that a **contribution proportional to the organizations' budgets may have been less prohibitive** for smaller grassroots organizations. Some stakeholders believed that this campaign was noteworthy because **grassroots organizations participated with a role equal to those of other players**. Others reflected that **more intentional centering** of these organizations at the onset of and throughout the campaign **would have strengthened campaign inclusivity** by honoring the historical contribution these entities made in support of Medicaid expansion and helping inform the campaign's understanding of focus constituencies.

National Partners' Role

National actors and vendors brought prior experience in expanding Medicaid through ballot initiatives in other states. Their **contributions were deemed essential to the campaign's success**, given that several coalition members had never undertaken a similar initiative before. At the same time, some respondents felt that deeper investments by national actors **in learning about the local context of Missouri and deferring to existing in-state expertise** would have ensured that the initiative appropriately accounted for the unique needs of the state and leveraged Missouri's existing grassroots infrastructure.

In-State Funding Availability

The presence of **in-state funding** through local foundations, hospitals, and health care associations was identified as a prerequisite and a key factor of success for the Yes on 2 campaign. At the same time, the campaign grappled with the **tension of maintaining the agreed upon consensus-based decision-making structure as actors with the most significant investments sought decision-making influence** proportional to their contributions.

Decision-Making Processes, Selection, and Enactment

Actors experienced the selection and enactment of decision-making processes differently. Some respondents praised the choice of a consensus-based structure, which theoretically afforded the finance committee members with equal decision-making power. In practice, however, decision-making power varied, with level of investment or expertise being influencing factors. Respondents pointed out that **unstructured decision-making processes** coupled with the use of sub-groups for strategic and communication decision-making were successful in **ensuring flexibility** and nimbleness. At the same time, respondents indicated that clearer, **more inclusive processes** would have ensured **proper dissemination of information and feedback loops** across all players involved in the campaign.

Campaign Strategy

Campaign stakeholders had different views on what strategy the campaign should implement to win the vote. Some respondents applauded the campaign's choice of a strategy targeting persuadable voters and viewed outreach to as many people as possible through paid media as pragmatic and cost-effective. Conversely, other respondents believed that expansion might be impossible without high turnout from voters who have historically been disenfranchised. They strongly felt that the campaign would have benefitted from prioritizing direct voter contact, focusing on historically oppressed populations. Overall, respondents agreed that the use of **polling and data** to design campaign strategy and the investment of **time and energy in the early stages** to conduct signature collection were key factors of success.

Diversity and Equity

Some stakeholders remarked that, unlike other campaigns, **people from historically oppressed groups were represented in the campaign leadership** and that the campaign worked to intentionally **include different voices** in the broader coalition and among campaign spokespeople. Additionally, stakeholders felt that Black, Indigenous, and people of color (**BIPOC**) individuals and women **should have comprised a more sizable proportion** of decision-making and consultant roles, and that their experiences as part of the campaign would have benefited from a **more inclusive culture among the campaign's leadership**. They also remarked that the campaign had cultural competency gaps and would have benefitted from **centering equity in its strategy**.

Missouri Foundation for Health



Missouri Foundation
for Health

As part of its commitment to improving access to care and health insurance coverage for all Missourians, **Missouri Foundation for Health** supported Medicaid expansion through a series of **public outreach and educational efforts** in line with its lobbying restriction, including: research, publications, general operating support to advocacy organizations, presentations on the Missouri Medicaid system and the impacts of expansion, and a public education campaign “Makes Sense MO” that raised awareness of the value of Medicaid expansion for Missouri. **Different perceptions of the Foundation's work in the ecosystem emerged**. Some campaign actors appreciated the Foundation's participation, observing that this is the most involved that the Foundation has been in a political campaign. Others expressed frustration about the Foundation's lack of direct involvement and wished that the Foundation had a more active participation in the ballot initiative.

Conclusions

The initiative showed the **power of leveraging a broad, diverse coalition** to achieve an otherwise elusive, yet crucial, political win in the state. It also underscored the importance of **developing a shared understanding of the actors involved in the coalition, the power they hold, and the structures and values that underpin campaign decision-making**. As more opportunities emerge for new ballot and advocacy initiatives seeking to improve human rights and well-being, we hope that this information and analysis will strengthen the efforts of advocates in Missouri and across the country.

Introduction

On August 4, 2020, Missourians voted to expand Medicaid. As a result, eligibility for coverage through this system will be extended to approximately 247,500 additional low-income state residents. The effort to expand Medicaid was long in the making and brought together a multi-stakeholder coalition of contributors that culminated in a successful statewide ballot initiative.

Ballot initiatives are [increasingly used as an effective tool](#) to advance legislation in response to voters' wishes. Prior to Missouri's success, Medicaid expansion was achieved through the ballot in five other conservative-leaning states that had been unable to expand Medicaid through the legislative branch. More states are preparing to use the same tool in the future.

The Medicaid expansion effort in Missouri is a particularly useful case study for advocates pursuing change through ballot initiatives. Advocates in the state have a track record of advancing legislation through the ballot and this initiative received unprecedented depth and breadth of support by groups across the state, providing a crucial learning ground for future multi-stakeholder efforts within and outside of Missouri. Characteristics specific to Missouri, like state size and the presence of a pre-existing grassroots infrastructure, as well as of local funders who could carry the ballot campaign, made this initiative a valuable test case for states with similar attributes.

At the same time, several contextual factors made Missouri's campaign initiative unique and may limit its generalizability to other states. These factors, also explored in this report, include the COVID-19 pandemic, a decision by the governor to advance the vote by three months, and the specific political context of Missouri. In this detailed account, we tell the story of this initiative to highlight lessons the advocacy field can take forward in advancing health and health equity. In presenting the report, we acknowledge and honor all advocates and supporters who contributed to the passage of Medicaid expansion in Missouri and we thank all those who graciously shared information and documents for the creation of this report.

IN BRIEF:

The Missouri Context

Missouri's two largest metro areas hold about half of the state's population of [6.1 million](#), while the other half live in smaller cities, towns, and rural areas. Missouri's geographical configuration is a proxy for other [socio-demographic characteristics](#). While Black/non-Hispanics are the largest minority group overall (11.5% of the population), they comprise 17% of the urban population, in comparison to only 4% of the rural population. The relatively small Hispanic population (4%) is almost evenly distributed across urban and rural areas. Also, in recent history, metro area voters have favored progressive candidates and legislation, while rural areas have largely been conservative.

This makeup made Missouri a swing state from 1904 to 2004. However, in recent years, the state has shifted to the right. Similar to other Midwestern states, Republican control has [influenced a set of policies](#) that favor the representation of conservative voters.

Impacted by an economy that was already suffering as a result of deindustrialization and the rise of factory farms, the state has struggled to recover from the 2008 recession. Inequalities are stark and become even more pronounced along racial lines. In 2019, the [poverty rate](#) for white Missourians was half that of Black Missourians.

Missouri also faces significant challenges in regard to health, [ranking 41 of all 50 states](#) for health care access, quality, and public health. In the past decades, death rates among young and middle-aged whites have increased, especially in rural areas. Yet, the death rate among Black residents has [continued to remain higher in proportion](#). The rate of Missourians without health insurance has decreased in recent years, however not at the pace of other states that have expanded Medicaid. Lack of expansion has also likely [set the state behind](#) on other health and health care-related outcomes such as access to routine care, chronic disease management, and overall health, which have improved for the newly eligible in expansion states.

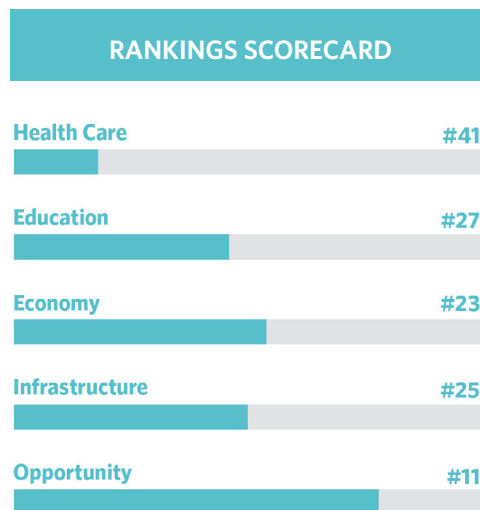


Figure 1: Missouri is ranked 41 of 50 states in health care

IN BRIEF:

History of Medicaid Expansion Efforts in Missouri

Since 2012, several attempts to expand Medicaid access under the ACA have been blocked by Missouri's legislature, which has consistently opposed implementation of the ACA. Between 2012 and 2014, despite efforts by the outgoing governor as well as business, health care, and advocacy organizations, no expansion legislation made it to the floor of either legislative chamber. In 2015, 2017, and 2018, bills were introduced by the Missouri General Assembly that would have expanded eligibility in accordance with ACA and allowed the state to receive Medicaid funds under a block grant. In all instances, [the bills did not advance](#) in the legislative sessions.

Along with attempts to pass Medicaid expansion through the legislature, there have also been various organization- and citizen-led efforts in support of expansion. Between 2012 and 2017, several diverse organizations that were individually advocating for expansion came together as the Missouri Medicaid Coalition. Member groups included grassroots organizations that used voter engagement tactics as well as other organizations such as grasstops and interest groups that engaged in traditional lobbying efforts.

On the business side, in 2014, over 100 local Chambers of Commerce, representing large and small communities in the state, came out in support of Medicaid expansion. At the state level, the Missouri Chamber of Commerce and Industry teamed up with the Missouri Hospital Association to campaign for Medicaid expansion, showing that hospitals in Missouri eliminated nearly 1,000 jobs over a six-month period, and hospitals in rural and urban communities may be forced to close as a result of [not expanding](#)

[Medicaid](#). The Chamber hired a former United States Republican senator and a former Missouri Governor to lobby for Medicaid expansion in the legislature, but state Republican senators blocked the expansion. The Missouri Primary Care Association's efforts encompassed both participation with the Coalition and financial support of the Chamber's efforts. The Primary Care Association also led a parallel coalition of health provider associations.

Nonpartisan education efforts in support of Medicaid Expansion were led by Missouri Foundation for Health, whose efforts included convening the Medicaid Transformation Workgroup, a table for advocates and provider groups to discuss Medicaid transformation and expansion, and polling research and communications efforts on expansion and its potential costs and gains for the state.

However, none of these efforts culminated in expansion. Having exhausted all other routes, stakeholders started exploring expanding Medicaid through a ballot initiative. In 2019, the Healthcare for Missouri Yes on 2 campaign picked up the ballot initiative effort, ultimately leading to the victory that had eluded Missouri stakeholders since 2012.



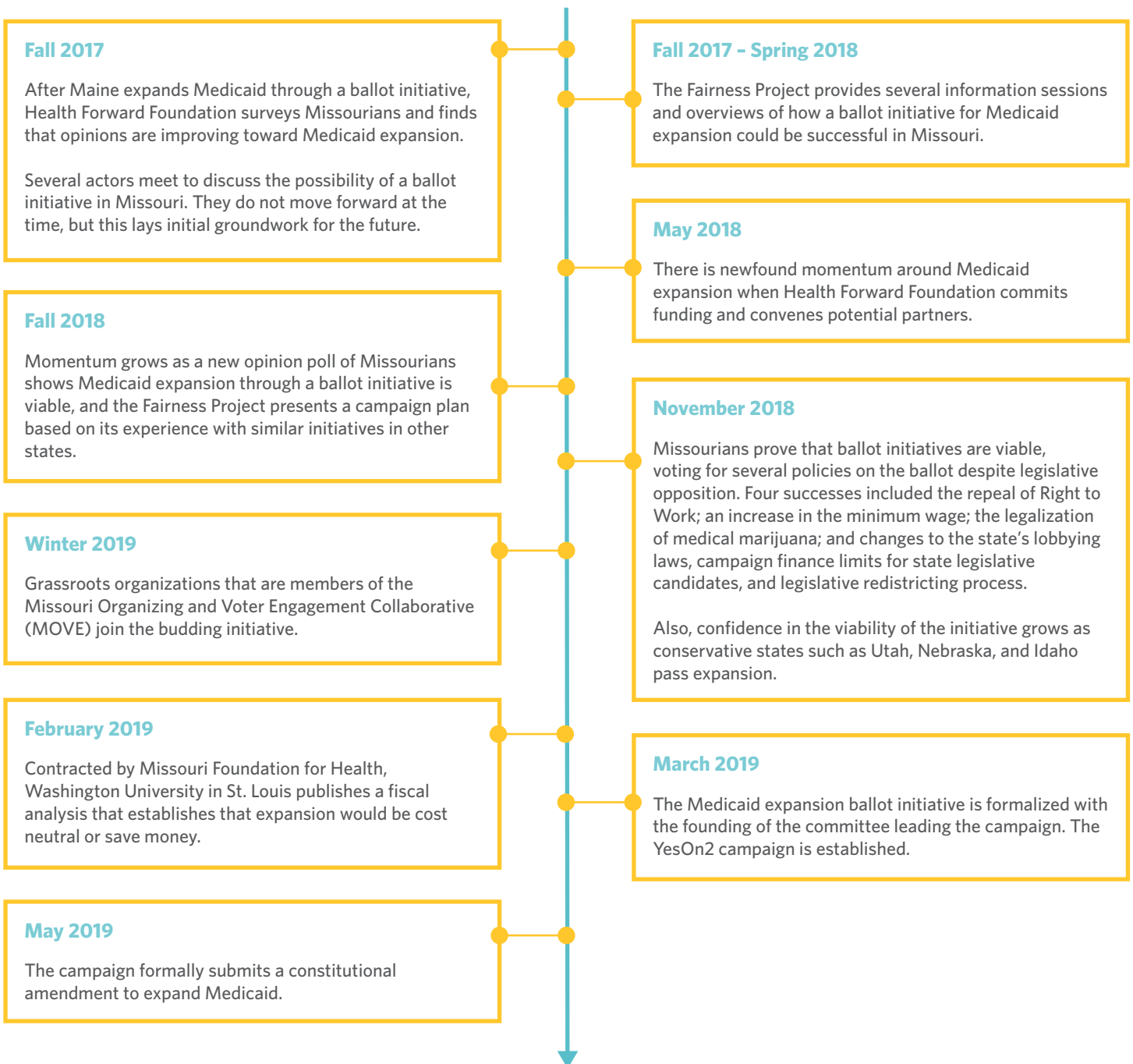
Figure 2: Missouri Medicaid Coalition logo

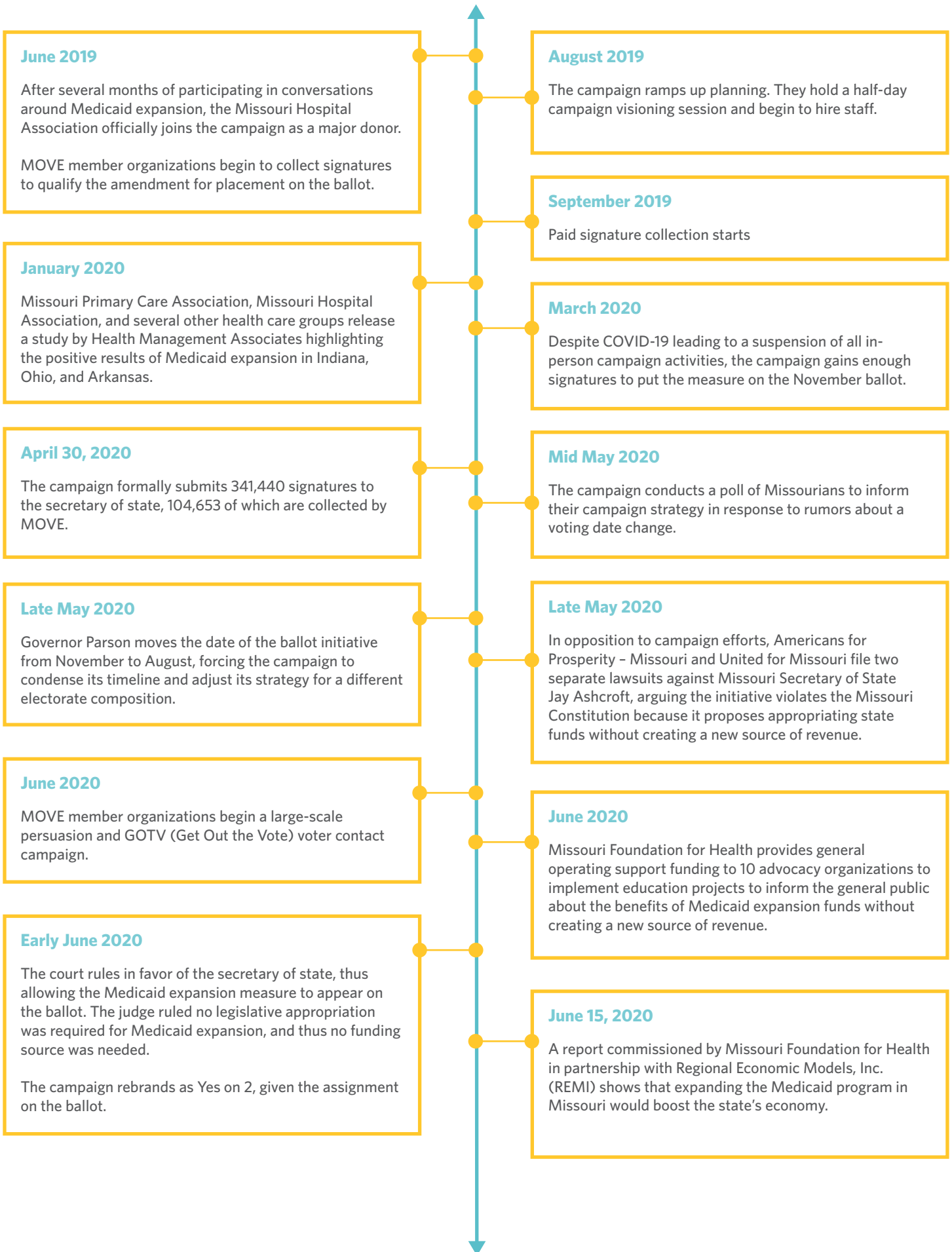
The Path to Medicaid Expansion

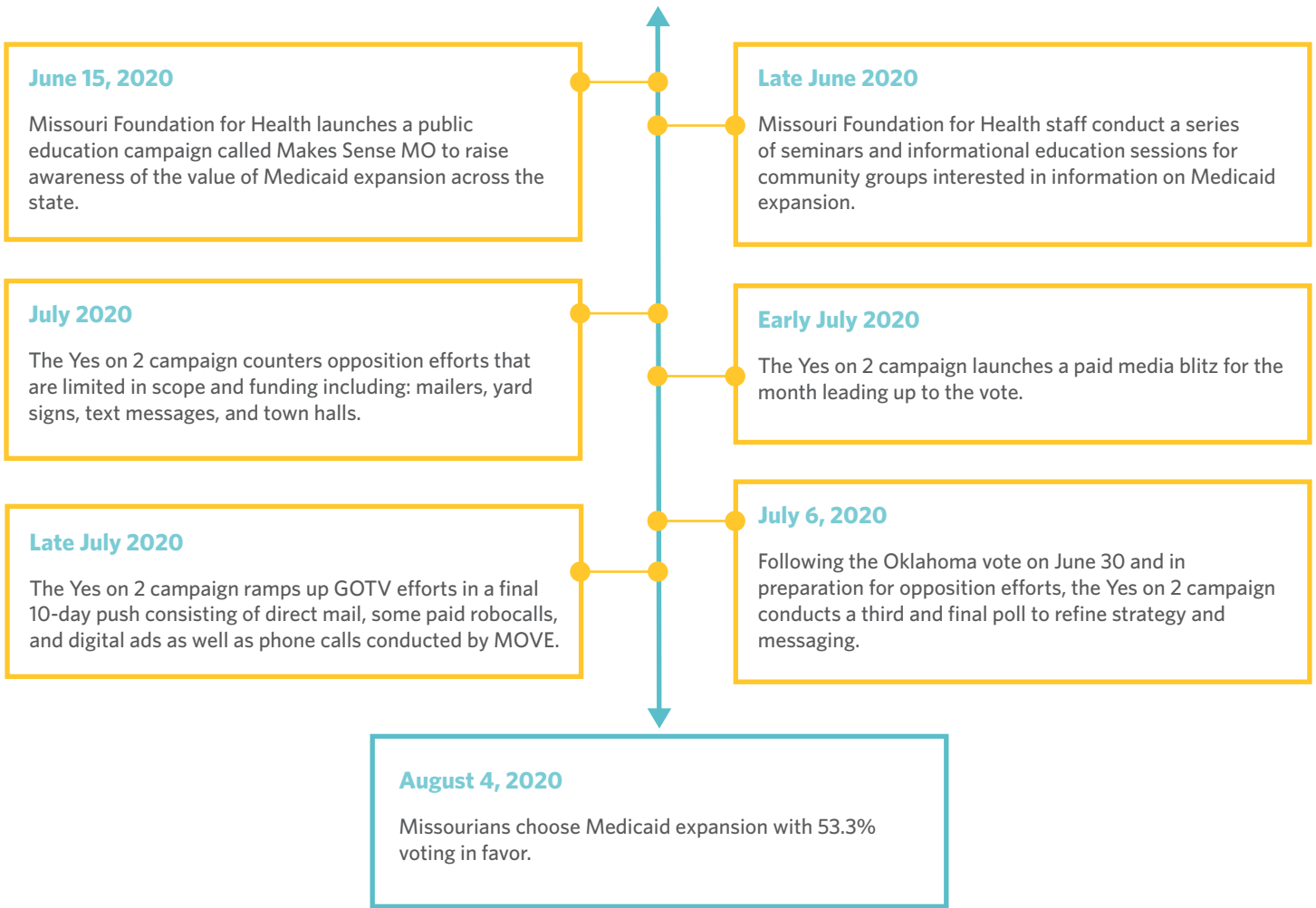
Despite the unprecedented circumstances of COVID-19 and a move by the governor to place the ballot initiative on the August primary election date, a broad coalition implemented a successful campaign that resulted in Missourians voting for Medicaid expansion. Below we capture the ballot initiative timeline, ecosystem of actors involved, campaign strategy, relevant and often challenging contextual factors, and the final voting outcomes of the ballot initiative. We also present the concurrent nonpartisan education efforts conducted by Missouri Foundation for Health.

Ballot Initiative Timeline

Activities spanned the course of more than two years. This timeline summarizes major milestones. For more information on the actors named in the timeline, please refer to the 'Ballot Initiative Ecosystem,' 'Yes on 2 Campaign Partners and Structure,' and 'Missouri Foundation for Health' sections.







Ballot Initiative Ecosystem

Hundreds of organizations became involved with the ballot initiative. While most of them endorsed Medicaid expansion and the Yes on 2 campaign, some helped lead the campaign and others actively opposed it. Some groups that supported Medicaid expansion were limited in their lobbying efforts but conducted related public education and outreach efforts. Opposition was limited and activities mainly consisted of paid media such as online ads, mailers, TV, and radio. Most efforts were targeted to the Springfield area and, more limitedly, to suburban St. Louis. Elected officials also conducted public messaging in opposition to expansion.

Supporting
Medicaid
Expansion

Yes on 2 Campaign



Campaign partners formed the Healthcare for Missouri committee, which steered the Yes on 2 ballot initiative campaign in favor of Medicaid expansion.

313 organizations endorsed the campaign and, at times, contributed to the campaign by participating in voters outreach, speaking engagements, and other communications efforts.

They represented diverse groups, including businesses and business networks, labor, health care groups and organizations, faith-based organizations and churches, and a broad range of nonprofits.

Public Education and Outreach



Missouri Foundation for Health supported Medicaid expansion through nonpartisan public education and outreach efforts.

Numerous organizations supported awareness, voter registration, and other nonpartisan efforts. They represented social services, legal aid societies, and universities.

Neutral

Opposition

Organizations and individuals worked to counter campaign efforts through a paid media campaign and public messaging. They represented:

- The **No on 2 in August** campaign
- The Missouri **Republican Party** and its donors
- Some **Missouri Republican Elected Representatives**, most notably some state legislators and the governor
- The Missouri chapters of the interest groups **Right to Life**, **Americans for Prosperity**, and **Club for Growth**
- The **Foundation for Government Accountability**

Opposing

Yes on 2 Campaign Partners and Structure

The Yes on 2 campaign in support of the amendment was led by diverse groups of partners that had experience working on Medicaid expansion in Missouri and other states.



Figure 3: Yes on 2 Campaign logo

Campaign Leading Partners



Grassroots organizations

Grassroots organizations engaged in organizing and voter engagement activities. They collected signatures to get the initiative on the ballot. They worked under the umbrella of MOVE, that leveraged and coordinated grassroots efforts including conversations with voters through calls, texts, and canvassing.

Missouri Organizing and Voter Engagement Collaborative (MOVE), Action St. Louis, Missouri Jobs with Justice, Metropolitan Congregations United for St. Louis, Missouri Faith Voices, Missouri Healthcare for All, MORE2, Missouri Rural Crisis Center, NARAL Pro Choice Missouri, Organization for Black Struggle, Planned Parenthood



Health foundation

This health foundation convened organizations and partners at the start of the initiative and provided funding to the campaign.

The Health Forward Foundation



Hospitals, federally qualified health centers, and health care groups

These organizations provided the biggest share of funding to the campaign. They also conducted outreach, communications, and GOTV efforts to promote the initiative and provided information to their employees and communities through briefings, TV, radio, billboards, and print ads.

The Missouri Primary Care Association, the Missouri Hospital Association and its members hospitals: BJC HealthCare, Saint Luke's Health Hospital System, CoxHealth, Mercy, St. Louis Integrated Health Network, and Washington University Hospital



National organization

These organizations were involved in previous Medicaid expansion ballot initiatives in other states and brought expertise and funding to the campaign. They also temporarily staffed the initiative until permanent personnel were hired.

The Fairness Project

The campaign also employed a variety of staff and external support:

Campaign Human Capital



Staff

Campaign manager, communications director, coalitions director, organizing director, and diversity, equity, and inclusion director

Formal legal roles: accountant, treasurer



External support

Consultants: general, coalition, data, legislative outreach, field, paid media







Vendors: pollsters, media development, signature collection

















Although there were various perspectives on how they were implemented (which we describe in this report), the campaign’s formal governance structures included:

- **Finance committee:** Served as the campaign’s board, responsible for funding, decision-making, and budgeting. To be part of the finance committee, entities had to contribute a designated level to the campaign or the equivalent amount of in-kind contributions, removing costs from the campaign’s budget.
- **Direct governance:** Campaign staff had decision-making power and management responsibilities for the campaign. Staff involved in direct governance were also involved in the finance committee.
- **Working groups and committees:** The campaign created several committees and groups associated with the campaign’s various work streams to leverage the finance committee’s expertise.

Yes on 2 Campaign Strategy

The Yes on 2 campaign developed its strategy during the Fall of 2019. The strategy was refined on an ongoing basis and course-corrected after major changes of circumstances, such as when the date of the vote changed and at the onset of the COVID-19 pandemic. This section describes elements of the campaign strategy, while key adaptations are described in the “Contextual Factors” section.

<p>Goals and Objectives</p> 	<p>The campaign’s main goal was to garner 53% of Yes votes through:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>1</p> <p>Maintaining support with likely voters whose support is currently soft.</p> </div> <div style="text-align: center;"> <p>2</p> <p>Growing support by persuading likely voters who are currently undecided or soft oppose.</p> </div> <div style="text-align: center;"> <p>3</p> <p>Expanding the electorate by turning out supporters who might not vote.</p> </div> </div>
<p>Focus Areas</p> 	<p>While these evolved considerably throughout the initiative, the campaign initially identified three focus areas:</p> <ul style="list-style-type: none">  Retain and increase high support among African Americans.  Retain and increase support among voters under 35 and white men under 50.  Inform older white voters over 50 that Medicaid expansion will not affect their Medicare benefits.
<p>Polling</p> 	<p>The campaign used polling to inform strategy throughout the course of the campaign:</p> <ul style="list-style-type: none"> ▪ The initial strategy was informed by synthesizing viability polling and likely turnout scenarios. ▪ The strategy was continuously revised as more polling was done and turnout projections were updated. ▪ After the vote date change to August, the campaign executed additional research to inform whether or not an August election was advantageous or detrimental to the campaign’s viability.

<p>Work Streams</p> 	<p>The campaign had four work streams:</p>			
	<p>Paid Media</p> <p>Ensured that messaging was delivered to target audiences on the campaign's terms through:</p> <div style="display: flex; flex-direction: column; align-items: center;">  <p>TV</p>  <p>Mail</p>  <p>Radio</p>  <p>Digital</p> </div>	<p>Communications</p> <p>Positioned campaign as a mainstream, non-partisan effort through:</p> <div style="display: flex; flex-direction: column; align-items: center;">  <p>Digital outreach</p>  <p>Earned media</p>  <p>Advertising on an ambulance</p> </div>	<p>Coalitions</p> <p>Coordinated outreach and cultivated relationships with:</p> <div style="display: flex; flex-direction: column; align-items: center;">  <p>Supportive organizations</p>  <p>Grasstops supporters</p> </div>	<p>Organizing</p> <p>Focused on engagement with the public through volunteers, conducted predominantly by MOVE through:</p> <div style="display: flex; flex-direction: column; align-items: center;">  <p>Signatures</p>  <p>Calls</p>  <p>Texts</p>  <p>Door knocking</p> </div>
<p>Most campaign resources were dedicated to paid media, with the bulk of the budget spent on TV.</p> <p>MOVE built a hybrid model for voter engagement, with volunteer-driven grassroots organizations coordinating and collaborating, leading up to GOTV efforts. They also ran the first centralized infrastructure in the state prior to the vote. The grassroots infrastructure enabled signature gathering, door knocking, phone banking, and texting, engaging in over 100,000 direct conversations with voters.</p>				
<p>Messaging Framework</p> 	<div style="display: flex; align-items: center;"> <div style="flex: 1;">  </div> <div style="flex: 2; padding-left: 20px;"> <p>The campaign's messaging framework combined information about the impact of health care for working Missourians who need it with the economic and rural health care benefits that result from bringing money home from Washington.</p> <p>The campaign focused on an economic message mixed with additional messages targeted to the audience.</p> <p>At times, the campaign used a type of messaging called race-class narrative, which sought to energize people from diverse race, ethnic, and class backgrounds to come together around expansion.</p> </div> </div>			

Contextual Influences on the Ballot Initiative

The Medicaid expansion ballot initiative was managed within a unique set of circumstances, most prominently: 1) The COVID-19 pandemic, 2) the vote date change from November to August, and 3) Missouri's political environment. Their positive and negative effects on the initiative are listed below.

COVID-19 Pandemic



- **Virtual tactics:** The COVID-19 pandemic presented tactical challenges for outreach to communities with limited access to the internet. By the same token, the pandemic presented an opportunity for organizations to build capacity for alternative tactics appropriate for their constituencies.
- **Volunteer organizing:** When in-person activities were made impossible due to the pandemic, the Yes on 2 campaign was unable to recruit volunteers for their organizing workstream. Organizing was predominantly conducted by MOVE member organizations through their already existing infrastructure for volunteer-driven direct voter contact.
- **Messaging:** On the one hand, the pandemic helped people realize the importance of health and access to health care, and the idea of Medicaid expansion resonated better with voters as they saw the fragility of health insurance access through employment. On the other hand, due to the partisanship that was created around the issue, the pandemic could only be leveraged as a message with progressive audiences.
- **Partners' finances:** Some Missouri health care groups involved in the campaign experienced financial duress at the peak of the pandemic and had to focus their capacity and funding on taking care of their patients and institutions.

Missouri Political Climate



- **Coalition:** Some Missouri state legislators who have historically opposed Medicaid expansion challenged coalition cohesion by threatening to penalize organizations considering joining or supporting the campaign by withdrawing their support for other issues that the organizations lobby on.
- **Framing:** The Missouri conservative narrative has often associated Medicaid expansion with "Obamacare" and increased abortion, which has deterred conservative voters from supporting it.
- **Voting regulations:** While the COVID-19 pandemic allowed for easier access to absentee and mail-in ballots, Missouri remained one of the states with the most restrictive regulations around those processes. For example, mail-in ballots had to be notarized for voters who did not belong to a category with increased risks for COVID-19 infections and complications.

Vote Date Change



- **Electorate:** The August ballot, without significant Republican primaries or the presidential election, presented the campaign with an electorate that was potentially more supportive of Medicaid expansion.
- **Ramp-up time:** The lack of in-person time and the vote date advancement reduced opportunities for working out structural issues, building trust, doing value setting, and strengthening relationships among campaign partners.
- **Strategy:** The combination of the COVID-19 pandemic with the vote date change forced the Yes on 2 campaign to simultaneously rush and course correct strategy decisions.

Missouri Foundation for Health






To fully understand the ballot initiative, it is also important to understand the non-lobbying efforts in support of Medicaid expansion that took place at the same time as the Yes on 2 campaign.

As part of its commitment to improving access to care and health insurance coverage for all Missourians, Missouri Foundation for Health (MFH) has been involved in the effort to expand Medicaid in the state since passage of the ACA. The Foundation was also involved in expansion efforts predating 2010.

Due to the Foundation’s articles of incorporation, which prohibit funding or directly engaging in lobbying, MFH supported expansion through a series of public outreach and educational efforts during the ballot initiative:







Figure 4: MFH logo

<p>Publications</p> 	<p>MFH produced or supported the creation of a variety of publications presenting the idea that expansion was feasible and that its advantages would outweigh the challenges:</p> <ul style="list-style-type: none"> • Cost-benefit analysis of expansion in partnership with Washington University in St. Louis. • Issue Brief on the positive effects and challenges of Medicaid expansion in expansion states. • Overview of the Missouri Medicaid system. • Report showing that Medicaid expansion in Missouri would boost the state’s economy, produced in partnership with Regional Economic Models, Inc. (REMI). • Blogs on the Foundation’s website related to Medicaid and its expansion.
<p>Funding</p> 	<p>MFH provided general operating support funding to 10 advocacy organizations (including several MOVE members) that were leaders in the work of Medicaid expansion to implement education projects to inform the public about the benefits of expansion.</p>
<p>Seminars</p> 	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Topics included: Medicaid eligibility, enrollment, covered services, delivery systems, financing, and expenditures.</p> </div> <div style="text-align: center;">  <p>Groups attending the presentations included nonprofit organizations, businesses, health systems, and universities.</p> </div> </div>

Public Education Campaign

MFH conducted the public education campaign “Makes Sense MO” to raise awareness of the value of Medicaid expansion across Missouri.

<p>Research</p> 	<p>Based on qualitative and quantitative research:</p> <ul style="list-style-type: none">▪ Partner survey and stakeholder interviews to assess amplification needs▪ Qualitative research: Five online focus groups
<p>Paid Media</p> 	<p>Approach: TV, radio, and digital</p> <p>Targets:</p> <ul style="list-style-type: none">▪ Undecided and persuadable voters statewide▪ Republican and Independent/ unaffiliated college-educated voters▪ Voters in counties with higher voter and ballot initiative turnout <p>Message Frame: <i>“Right now, in Missouri, parents in a family of four must earn \$5,550 or less per year to qualify for health insurance through Medicaid. A single adult does not qualify. More than 230,000 Missourians make too much to qualify for Medicaid—but not enough to afford health coverage on their own. Without health insurance, Missourians can’t get and stay healthy, go to work, and support their families. By expanding Missouri’s Medicaid program, MO HealthNet, an individual who makes up to \$18,000 per year would be eligible. Expanding the Medicaid program would also bring our taxpayer dollars back home and save state funding; keep rural hospitals open and create jobs. No matter how you look at it, expanding Medicaid in Missouri just makes sense.”</i></p> <p>Results: 22,232,354 impressions; 15,585,452 video views</p>
<p>Earned Media</p> 	<p>Approach: Pitching MFH experts and reports, opinion pieces, op-eds, and letters to the editor</p> <p>Targets:</p> <ul style="list-style-type: none">▪ Rural outlets▪ Minority outlets▪ Trade publications <p>Results: 14 articles; 2 op-eds, 3 letters to the editor</p>
<p>Partner Engagement</p> 	<p>The MFH campaign engaged partners in spreading the messages by providing a communications toolkit they could use to target their clients and constituencies. The toolkit consisted of social media posts, shareable videos, factsheets, message guides, FAQs, and newsletter language.</p> <p>Results: Total page views: 1,653; total users: 1,178; Total asset downloads: 724</p>

Voting Outcomes

Despite unprecedented circumstances, Missourians voted to expand Medicaid. Turnout was lower than expected. Still, more than 1.2 million Missourians voted in the August 2020 election, with a substantial majority supporting Medicaid Expansion.



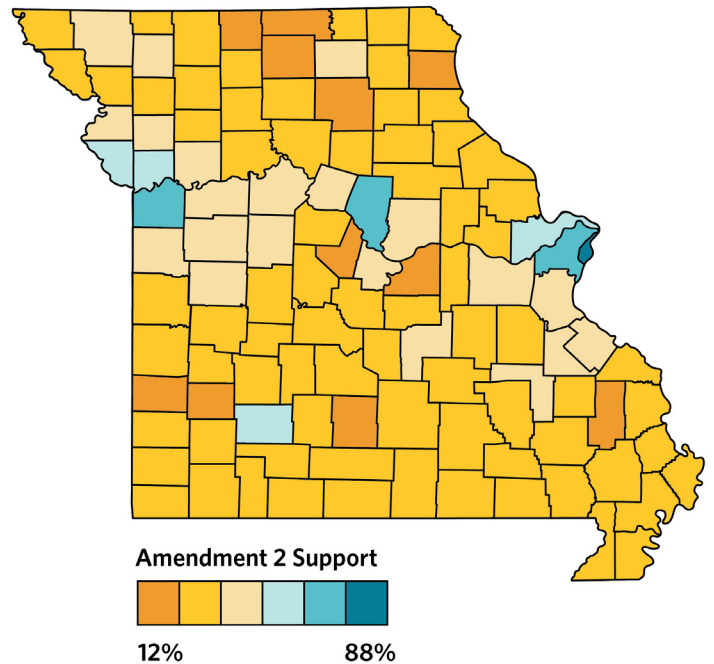
53.3% of Missourians voted in favor of Medicaid expansion, resulting in a six-point victory that exceeded the stated campaign goal.

Rural and Urban Voting Outcomes

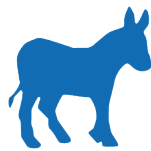
A total of 567,660 urban voters voted in favor of Medicaid expansion, compared to a total of 105,307 rural voters.

Of the rural counties with more than 20,000 registered voters, the ones with the largest support for expansion were St Francois (42.8%), Johnson (41.7%), and Phelps (38.8%).

The urban counties with the most support for expansion were St. Louis City (88.4%), Kansas City (87.7%), and St. Louis County (72.8%).

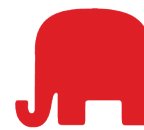


Voting Outcomes by Political Affiliation



535,676
Democratic ballots cast

Turnout trends for Democrats were 65% higher than the Democratic turnout from 2016 August primaries. Increases were most notable in urban, suburban, and counties with small cities.



680,310
Republican ballots cast

An estimated 20% of Republican voters supported Medicaid expansion (a minimum of over 137,291 voters).

Successes and Reflections

The push for Medicaid expansion in Missouri was made possible through the hard work of stakeholders who brought together a broad coalition and ran a successful campaign. In this section we present the aspects of the ballot initiative that campaign partners and endorsing organizations who were interviewed discussed most. Interviewees discussed both successes and reflected on challenges. We also present considerations offered by a subset of interviewees on MFH's contributions during the ballot initiative.

Building a Broad and Diverse Coalition

The formation of a diverse and broad coalition was one of the biggest successes of the Medicaid expansion ballot initiative.

As one respondent put it: "It's not a left-leaning movement or an industry-driven movement. It's very much all of those different players coming together." The coalition's diversity and breadth showcased statewide support for the initiative, ultimately gaining "more support than candidates do institutionally," and the backing of "atypical" organizations and groups who would not traditionally weigh in on similar initiatives, such as large civil society organizations. Particularly, endorsements by community groups with large constituencies, such as the AARP, the American Cancer Society, labor organizations, and faith communities were identified as a success factor in garnering widespread public support. Endorsement by the Catholic Church was crucial in countering opposition's arguments that Medicaid expansion would increase abortions.

The creation of a broad and diverse coalition entailed groups joining forces that at times faced each other from opposite sides of the aisle.

While groups came together under the common goal of Medicaid expansion, they had individual self-interests which at times were not consistent with those of other coalition members. For example, campaign staff and consultants, as well as national groups, were solely focused on winning Medicaid expansion, whereas grassroots groups' goals for the initiative also included shifting power in Missouri and continuing to build a multi-racial, state-wide movement. Finally, businesses and more conservative groups wanted to achieve Medicaid expansion without harming their relationships with lawmakers, with whom they work on other issues.

"Trying to keep everybody happy and on the same page and driving the train in the same direction ... with such a diverse group, it's never easy."

"A best practice implemented in Missouri was to de-politicize and create a diverse coalition both in terms of actors and funding. This gives permission to independent and conservative people to support the initiative. That's why the Chamber of Commerce and the hospitals as well as MOVE needed to be at the table."

Despite their differences, coalition diversity and breadth (particularly the presence of more conservative groups), was identified as one mechanism through **which the campaign succeeded in de-politicizing Medicaid expansion**, which has historically been perceived as a partisan issue in Missouri. Bipartisan support gave independent and conservative voters a strong reason to support the initiative, and the presence of Republican players may have deterred some opposition from speaking up against the issue.

Additionally, the positive effects of maintaining a diverse coalition may go beyond the ballot initiative. **Stronger relationships** have been built between campaign actors who may not have worked together in the past, which could **support collaboration in the future**. Particularly, several actors

in the campaign realized the unique abilities that grassroots organizations brought to the table, especially around signature collection. The strength of the coalition may also make it possible to influence the legislature during the implementation phase.

At the same time, **managing internal relationships required a lot of stamina** and necessitated roles for some within the coalition to bridge the divide between members who were not accustomed to working together. The ability to keep the coalition together and outwardly project a united front was identified as a key success factor to the initiative.

Grassroots Organizations' Role

Actors within the campaign had different views about the extent to which grassroots organizations should be centered in the campaign.

Some stakeholders identified the campaign's decision to allow a spot on the finance committee to any group who was willing and able to provide the required contribution as a success (as well as a pragmatic necessity). They also indicated that buy-in through in-kind efforts allowed grassroots organizations to get a seat at the decision-making table. At the same time, other stakeholders remarked that a **contribution proportional to the organizations' budgets** may have been **less prohibitive** for smaller grassroots organizations, thus making it accessible for these groups to individually join the campaign.

"We know that sometimes campaigns are run without the real lived experience of grassroots organizations that actually get the work done. And so, it was important for us to be represented in that space."

Similarly, some respondents pointed out that while grassroots organizations had been involved in previous Medicaid expansion advocacy efforts, this campaign was noteworthy as these organizations **participated with a role equal to those of other players** and their contributions were leveraged successfully for the initiative's success. At the same time, other respondents reflected that **more intentional centering would have strengthened campaign inclusivity** as well as an appropriate utilization of the grassroots organizations' unique expertise.

"But those are still 'pay to play spaces,' because it costs \$250,000 to even be in that space. For most grassroots organizations, that might have been your last year's budget. So, it's still a very elite space that is reserved for a few."

Earlier involvement of the grassroots organizations at the onset of the initiative would have **honored the historical contribution** these entities made in support of Medicaid expansion and other campaigns in the state, including their leadership of two winning ballot initiatives in 2018. Further, increased inclusion of the grassroots and other

local actors **at all stages of the campaign would have helped inform the campaign's understanding of targeted constituencies**, resulting in stronger strategic decision-making and communications.

National Partners' Role

National actors and vendors played a central role in steering the campaign, and their contributions were deemed essential to the campaign's success. These actors brought prior experience and expertise in conducting and winning Medicaid expansion ballot initiatives in other states. Their expertise informed matters such as drafting the ballot initiative language and developing messaging that would resonate across diverse groups, contributions that were considered especially important given that several partners in the coalition had never undertaken a similar initiative before.

At the same time, some respondents felt that "lessons from other states don't necessarily work in Missouri," and a deeper investment by national actors in **learning about the local context of Missouri** would have ensured that the initiative appropriately accounted for the state's nuances and the unique needs of state actors. Likewise, while at times out-of-state vendors and consultants filled expertise gaps, more intentionality in **deferring to existing in-state experience** would have helped to better value and leverage Missouri's grassroots infrastructure and their experiences with previous ballot initiatives and Medicaid expansion efforts.

"(It) would have helped to have better skills around knowing when to defer to expertise and when to value that local context more."

"That kind of technical advising and wisdom [from The Fairness Project], we can feel the strength of that undergirding the work in a way that [was different from] just putting a hodgepodge of leaders that had never done it before in Missouri."

Ultimately, due to their expertise, as well as the monetary and staffing resources they brought early on to the campaign, national groups were credited for being the catalyzing force that brought the ballot initiative into action, "**making the leap from an idea to election day.**"

In-State Funding Availability

Funding availability throughout the campaign was indicated as a key success factor for the initiative. The presence of in-state funding through local foundations, hospitals, and health care associations was identified as a **prerequisite for conducting a ballot initiative in Missouri**, a larger state than those that had previously expanded Medicaid through the ballot. It was also recognized as an essential factor to kickstart the initiative, as actors did not have to invest resources into “chasing the money.”

“You can’t just sell out to the highest bidder because it’s bigger than one group. But at the same time, you know, you have to keep the \$2 million donors happy as well.”

At the same time, **the campaign grappled with the tension of maintaining the agreed upon consensus-based decision-making structure as actors with the most significant investments sought decisional influence proportional to their contribution.** At times, navigating this dynamic stretched campaign timelines and created a divergence of opinions over the proposed choices.

Ultimately, the full funding meant that **the campaign could get its message out** appropriately and, in turn, it was identified as one of the reasons the ballot was won by over six points. Also, having money from prominent and diverse actors early on **showed the strength of the coalition** and may have intimidated potential opposition who, conversely, amassed minimal financial support.

“If the campaign had \$1 million or \$2 million, I don’t think it would have passed. So, having the resources is the number one reason why we were able to get that done.”

Decision-Making Processes, Selection, and Enactment

“Every campaign is a balance between what you make explicit and what is implied in how much you define a structure and decision-making process versus how much you leave at bay. So how you determine whether or not the final balance is good or bad depends greatly upon your position at the table. There were times where folks felt decisions were being made outside of them and didn’t feel like they had opportunities to weigh in on decisions. The campaign could have done better here.”

Actors experienced the selection and enactment of decision-making processes differently. Some respondents lauded the choice of a consensus-based structure, which theoretically afforded the finance committee members equal decision-making power. In practice, however, decision-making power varied, with level of investment or expertise being influencing factors.

Respondents pointed out that **unstructured decision-making processes** coupled with the use of sub-groups for strategic and communication decision-making were successful in **ensuring flexibility** and nimbleness to the campaign’s structures. At the same time, respondents indicated that clearer, **more inclusive processes** would have ensured **proper dissemination of information** and **feedback loops** across all players involved in the campaign. Further, inclusive processes would have increased **leverage of the collective wisdom** of the group and the experience of constituencies represented by the diverse actors in the campaign.

Campaign Strategy

Campaign stakeholders had different views on what strategy the campaign should implement to win the vote. Some respondents applauded the campaign’s choice of a strategy targeting high-propensity, persuadable voters, and reaching out to as many people as possible through paid media as pragmatic and cost-effective. They also pointed to the campaign’s messaging hinging on the economic benefits as a successful choice that encouraged most coalition members and voters to support expansion.

“A strategic choice was made by the campaign to take any vote they could, which led the campaign to success.”

Conversely, other respondents held that winning might be impossible without high turnout from voters who have historically been disenfranchised, and that the campaign would have benefitted from prioritizing electorate expansion through direct voter contact and the targeting of historically oppressed populations. They also pointed out that the choice to not leverage campaign resources to build the power of voters more impacted by Medicaid expansion originated from the needs of some institutional groups to not alter existing power structures in Missouri. Finally, they believed that increased use of storytelling, dedicated targeting of specific demographics, and better use of the race-class narrative in messaging would have had a longer-term impact on the narratives in the state.

“The campaign could have communicated about different demographics more or differently. The language was kept very broad to stay neutral, but there could have been more storytelling.”

Overall, respondents agreed that the use of **polling and data** to design campaign strategy was a success, though one respondent pointed out that it may have been too technocratic an approach. There was agreement that **investing time and energy in the early stages** in relationship building, coalition building, and most of all signature collection was crucial to the initiative’s success, especially given the onset of the COVID-19 pandemic in March of 2020.

Diversity and Equity

Those familiar with the initiative remarked that, unlike other campaigns, **people from historically oppressed groups were represented in the campaign leadership**, which had members from the LGBTQIA+ and Black communities. However, stakeholders felt that Black, Indigenous, and people of color (BIPOC) individuals and women should have comprised a **more sizable proportion** of decision-making and consultant roles, and that their experiences as part of the campaign would have benefitted from a more inclusive culture among the campaign’s leadership.

“[BIPOC staff] were beholden and accountable to a whole group of white people, and mostly men.”

Similarly, respondents pointed out that while **measures to diversify** (such as the hiring of the DEI director and the addition of a Black member to the finance committee) could have been **more intentional** and **further rooted in equity principles**, these efforts did provide opportunities for minority leaders to **create spaces for conversations and advocate for equity**.

The campaign also worked to diversify its outreach. Respondents pointed to the creation of a dedicated **director role for minority outreach**, and the intentional **inclusion of diverse voices** in the broader coalition and among campaign spokespeople as successful measures in this sense.

“The finance committee still gave big funders a say, but there was more representation for other organizations who should have been in the mix in the first place. This provided an opportunity for [BIPOC] leaders to vocalize potential equity concerns as the campaign went on.”

In contrast, respondents remarked that the **campaign would have benefitted from centering equity** in its strategy. In this sense, they pointed out that conducting an intentionally anti-racist campaign may have increased turnout among supportive voters and brought about longer-lasting change in the existing power structures of Missouri. They identified gaps in the campaign’s cultural competency, sharing 1) a significant **increase in the involvement of BIPOC expertise** in messaging creation would have avoided issues of inappropriate targeting to their constituencies; and 2) the creation of **polling and messaging for Hispanic communities** would have **ensured inclusion** of a group that, while a minority in the state, is prominent among Kansas City’s population.

Supporting Expansion Without Lobbying: Missouri Foundation for Health

Different perceptions of the Foundation's work in the ecosystem emerged. Some campaign actors appreciated MFH's participation, observing that this is the most involved that the Foundation has been in a political campaign. Others expressed frustration and wished that the Foundation had actively participated in the ballot initiative, though the Foundation is legally unable to do so.

Appreciation for specific forms of support also varied. Recipients of MFH's **unrestricted grants** considered their support essential to sustain their work in the campaign. At the same time, making the funds available sooner may have provided valuable leverage to grassroots organizations during the signature collection phase.

"In the many years I have been working with them, this is the most resolved they [MFH] have been in a specific policy issue, so they are growing and trying to figure out how to be good partners on these political issues."

MFH's **research showing that Medicaid expansion would be cost-effective** for the state helped address concerns among some of the conservatives in the coalition regarding the viability of the measure and supported the coalition members in successfully developing a unified message to communicate about Medicaid expansion.

"It was mind-boggling to me that there was no Spanish literature for a statewide campaign for Medicaid."

MFH's **education materials** were used by some grassroots organizations. Some campaign actors noted that having these materials available in Spanish could have facilitated the campaign's outreach to the Hispanic population.

Conclusions

The Medicaid expansion ballot initiative reinforced an emerging perception among advocates—that bringing decisions directly to voters via ballot initiative is an effective way to enact policies that are favored by most Missourians, despite inaction from the legislature.

The initiative showed the power of leveraging a broad, diverse coalition to achieve an otherwise elusive, yet crucial, political win in the state by bringing together varied and complementary skillsets and resources and creating extensive support for the measure. This ballot initiative case also underscored the importance of developing a shared understanding of the actors involved in the coalition, the power they hold, and the structures and values that underpin campaign decision-making to ensure that all constituencies, and especially those who are most impacted by the issue, have an authentic voice and leadership in campaign governance and strategy.

As more opportunities emerge for new ballot and other advocacy initiatives seeking to improve human rights and well-being, we hope that this information and analysis will strengthen the efforts of advocates in Missouri and across the country. To this end, we have translated the initiative’s lessons into questions that advocates may want to consider as they build their own campaigns.

Lessons	Questions
Building a broad and diverse coalition	<ul style="list-style-type: none"> What are the constituencies impacted? Who could represent them in the coalition? Among advocates, what relationships exist that can be leveraged? Which ones need to be built or strengthened?
Grassroots organizations’ role	<ul style="list-style-type: none"> What grassroots and institutional infrastructure exists for this issue area? What have been their historical contributions and historical barriers to having authentic, diverse leadership in advocacy initiatives? How can we ensure each actor has an authentic voice in the campaign, particularly considering barriers such as power dynamics that disproportionately affect groups such as grassroots organizations?
National partners’ role	<ul style="list-style-type: none"> What capacities are present locally? How can we best leverage what is available and strengthen what is missing? How can power be best shared between local and external advocates?
In-state funding availability	<ul style="list-style-type: none"> What resources are available locally that can be brought to the table? What shared values do we choose for our initiative? How will we hold ourselves accountable to them?
Decision-making processes	<ul style="list-style-type: none"> What are the campaign’s chosen decision-making and communication processes? What mechanisms will we use to address disagreements and challenges that may come up? What is the role of most impacted communities in decision-making? How are our processes and decision-making structures set up to ensure that power differentials among advocates are attended to?
Campaign strategy	<ul style="list-style-type: none"> What are advocates’ individual desired outcomes? How can they be aligned and where is alignment not possible? What are the ultimate initiative outcomes that everybody can agree on?
Diversity and equity	<ul style="list-style-type: none"> How does the initiative want to embed equity? What does this entail for each aspect of the initiative? How are the most impacted populations being included and centered in the advocacy initiative?
Supporting expansion without lobbying	<ul style="list-style-type: none"> How can partners with advocacy/lobbying limitations amplify resources to support both policy wins and power building? How can nonpartisan foundations support a campaign’s commitment to non-partisan efforts?

Appendix A: Methodology

Scope

Starting in June 2020, Innovation Network and Missouri Foundation for Health partnered to develop a report describing the Missouri Medicaid expansion ballot initiative. The aim was to create a detailed account and provide lessons learned from the initiative that could inform future efforts in the field of health policy, advocacy, and civic engagement work.

Framing Questions

To this end, Innovation Network created three framing questions:

- What did the ballot initiative look like? Who were the actors? How did they coordinate? What were the key strategies and activities and their timeline?
- What were the campaign's strengths, weaknesses, opportunities and threats? What lessons were learned about what it takes to implement a successful ballot initiative?
- What were the outcomes of the initiative?

Data Collection

To answer these questions, Innovation Network collected data from three data sources, detailed for each report section in Appendix C.

Interviews

Innovation Network conducted **31 interviews** with actors involved in the Healthcare for Missouri Yes on 2 campaign. Interviews were conducted in two rounds: 10 while the ballot initiative was ongoing, and the remainder after the August vote. Respondents included 20 members of the campaign: four staff, four consultants, four representatives of hospitals and health care groups, four representatives of national organizations, one foundation representative, two grassroots and base-building organizations' representatives, and one vendor. We also interviewed nine members of the broader coalition: five organizing and base-building organizations and four representing groups that are not community organizations. Two stakeholders were interviewed twice, both before and after the vote.

Interviewees were asked to describe and reflect on six key learning areas: ballot initiative actors, context, and outcomes (post-vote interviews only); and campaign structure, strategy, and equity considerations. These learning areas were identified based on a review of the literature as well as learning needs identified in partnership with the MFH team.

Internal documents

Innovation Network collected and analyzed actors' internal documents and data including: **Yes on 2 campaign documents and data** covering topics such as strategy and messaging, polling and data modelling results, and preliminary outcome analyses; MOVE's post-election data analyses, reports, and debriefs; and MFH documents such as educational campaign materials and exit polls.

Publicly available data and documents

Innovation Network reviewed public data and documents including media reports, campaign actors' websites, and political campaign and ballot initiative-specific literature and websites.

Analysis and Reporting

Analysis was done in two stages, both with input from MFH.

- **Preliminary analysis:** After the vote, Innovation Network conducted a preliminary analysis of the interview data collected thus far, identifying emerging themes for initiative actors and contextual factors, and campaign structure and strategy. Innovation Network staff prepared a memo of these findings and met with MFH staff to review and collaboratively make sense of the initial findings.
- **Final mixed-methods analysis:** After the second round of data collection, Innovation Network conducted a mixed methods analysis of all data sources.

The final report was reviewed by the MFH Medicaid Expansion team and stakeholders most central to the initiative who were interviewed for the project.

Appendix B: Reflections on Perspective

Innovation Network understands that data is not objective. Data collected may be influenced by research design, context, and most importantly, by the biases, motivations, and interests of the researchers and other stakeholders that exercise influence over the data project. With that in mind, we think it is important to be explicit about the makeup of the evaluation team. All data collection and analysis in this report are the work of a team of four evaluators and researchers at Innovation Network. The four team members of the evaluation team are all cis-gendered women, three are white and one is Asian. Three are foreign born. All team members are based in the DC metro area. We name our identities to be transparent that in large part, we are not representative of the groups involved in the ballot initiative and not directly impacted by its result. Further, while the team has many years of advocacy evaluation experience, we have limited experience of directly participating in campaign work. With these considerations in mind, we made every effort to collect and analyze our data responsibly and in a way that mitigates the biases we bring to this project. Please see appendix A for our complete methodology.

Appendix C: Complete List of Data Sources

Section	Data source
Introduction	Kliff, S. (2020, August 4th). How Progressives Flipped the Script on Medicaid Expansion . New York Times.
The Missouri Context	<p>Deaconess Foundation & USC Program for Environmental and Regional Equity. (2018, September). Changing States - Building Power On the Frontlines: Missouri. Deaconess Foundation.</p> <p>Hobson, J. (2017, October 26). Missouri's Political Path From Purple To Light Pink Here & Now. WBUR.</p> <p>Kaiser Family Foundation. (2020, October 23). Poverty Rate by Race/Ethnicity. KFF.</p> <p>Missouri Foundation for Health, Center on Society and Health, & University of Pittsburgh. (2018). Why Are Death Rates Rising Among Whites in Missouri?</p> <p>Missouri Population 2020 (Demographics, Maps, Graphs). World Population Review.</p> <p>Party control of Missouri state government. (n.d.). Ballotpedia. https://ballotpedia.org/Party_control_of_Missouri_state_government</p> <p>USA News. (n.d.). Overview of Missouri.</p> <p>Van Dyne, M., et al. (2015). Health in Rural Missouri. Office of Primary Care and Rural Health, Missouri Department of Health and Senior Services.</p> <p>Missouri Foundation for Health (2020, January). Medicaid Expansion in Missouri. Missouri Foundation for Health.</p>
History of Medicaid expansion efforts in Missouri	<p>Key informant interviews conducted for the report by Innovation Network.</p> <p>Griffin, M. (2014, April 18). Medicaid Expansion Stalled — But Not Dead — In Missouri Legislature. St. Louis Public Radio.</p> <p>Missouri Amendment 2, Medicaid Expansion Initiative (August 2020). (2020, August). Ballotpedia.</p> <p>Missouri Medicaid Expansion Initiative (2018). (2018). Ballotpedia.</p> <p>Norris, L. (2020, August 4). Missouri and the ACA's Medicaid expansion. Healthinsurance.Org.</p>
Ballot initiative timeline	<p>Key informant interviews conducted for the report by Innovation Network.</p> <p>Missouri Amendment 2, Medicaid Expansion Initiative (August 2020). (2020, August). Ballotpedia.</p> <p>Powers, M., Silow-Carrol, S., Meyer, J., (2020, January). Medicaid Expansion in Missouri - Economic Implications for Missouri and Interviews Reflecting Arkansas, Indiana, and Ohio Experiences. Health Management Associates</p>
Ballot initiative ecosystem	<p>Key informant interviews conducted for the report by Innovation Network.</p> <p>Missouri Amendment 2, Medicaid Expansion Initiative (August 2020). (2020, August). Ballotpedia.</p>

Section	Data source
Yes on 2 Campaign Partners and Structure	<p>Key informant interviews conducted for the report by Innovation Network.</p> <p>Healthcare for Missouri campaign documents [internal].</p> <p>Missouri Amendment 2, Medicaid Expansion Initiative (August 2020). (2020, August). Ballotpedia.</p>
Yes on 2 campaign Strategy	<p>Key informant interviews conducted for the report by Innovation Network.</p> <p>Healthcare for Missouri campaign documents [internal].</p> <p>MOVE August 2020 elections reports [internal].</p> <p>Demos (2018, May 21). The Race-Class Narrative Project.</p>
Contextual Influences on the Ballot Initiative	<p>Key informant interviews conducted for the report by Innovation Network.</p> <p>Hudspeth, M. (2020, September 13). Why did COVID-19 become partisan? CBS News.</p>
Missouri Foundation for Health	<p>Key informant interviews conducted for the report by Innovation Network.</p> <p>Missouri Foundation for Health Medicaid expansion team strategy documents [internal].</p> <p>Center for Health Economics and Policy: Institute for Public Health at Washington University (2019, February). Analysis of the Fiscal Impact of Medicaid Expansion in Missouri.</p> <p>Missouri Foundation for Health (2020, January). Missouri Medicaid Basics.</p> <p>Missouri Foundation for Health (2020, January). Medicaid Expansion in Missouri – Issue Brief.</p> <p>Missouri Foundation for Health (2020, June 15). Makes Sense MO.</p> <p>Evangelakis, P. et al (2020, June 15). Economic Impacts of Increased Federal Funding in Missouri Associated with an Expansion of Mo HealthNet – REMI Report.</p>
Voting outcomes	<p>Healthcare for Missouri campaign documents [internal].</p> <p>MOVE August 2020 elections reports [internal].</p> <p>Voting data analysis by Washington University in St. Louis [internal].</p>
Successes and Reflections	<p>Key informant interviews conducted for the report by Innovation Network.</p>