



**Connecting Millions of Americans
with Health Coverage: Enrollment and
Messaging Work**

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America**



Your health. Your choice.

**Connecting Millions of Americans
with Health Coverage**

Enroll America will help deliver on the promise of affordable health care for millions of Americans

Our Mission

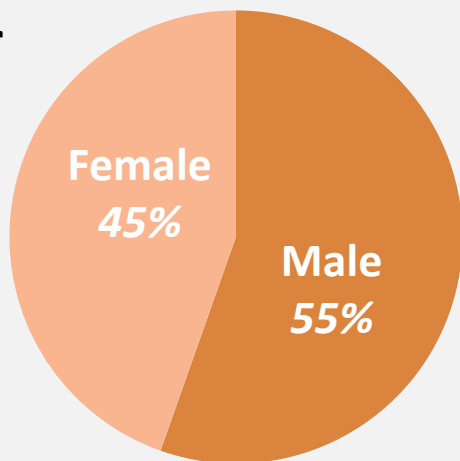
Maximize the number of uninsured Americans who enroll in health coverage made available by the Affordable Care Act



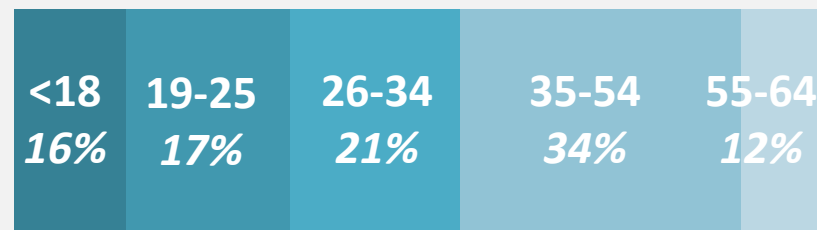
Enroll America will execute a national enrollment campaign using cutting-edge engagement strategies and will continue to build coalitions + share best practices

The uninsured are a diverse group

Gender



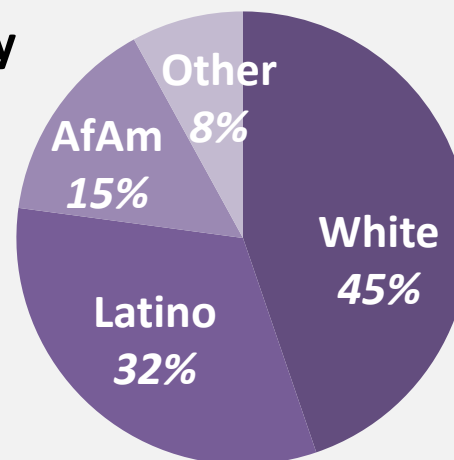
Age



Income (as % of Poverty Level)

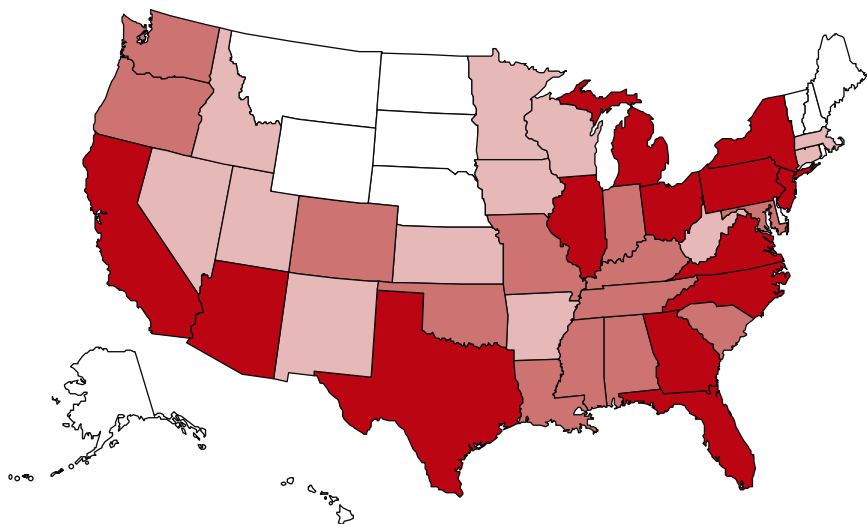


Ethnicity

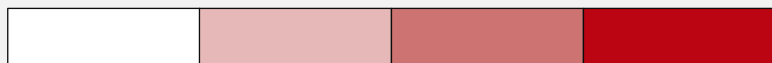


Two thirds of the uninsured live in 13 states

Uninsured by State



Number of Uninsured



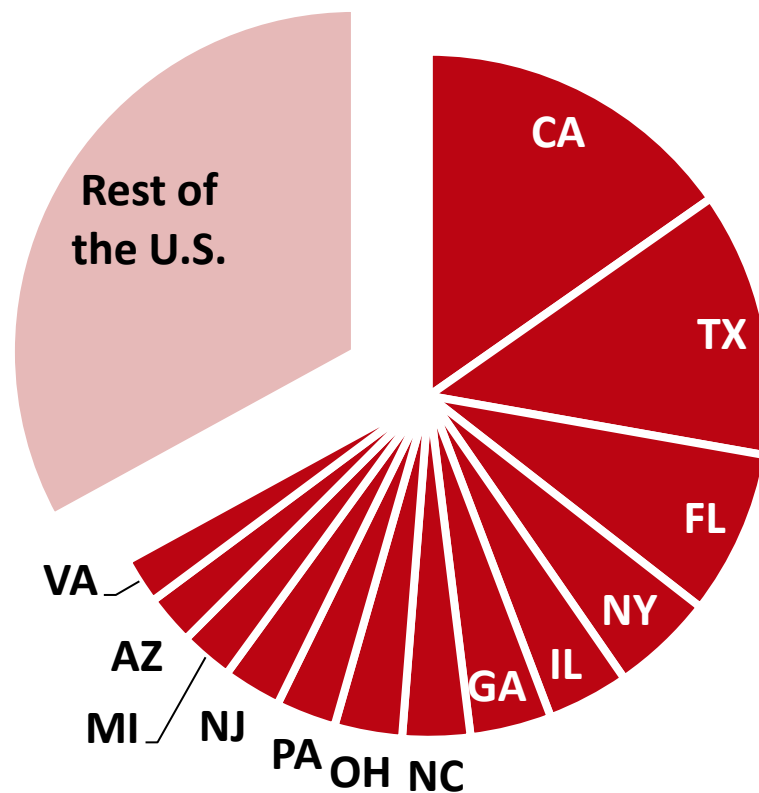
<230K

230K -
600K

600K -
1.1M

1.1M+

67% of uninsured live in 13 states



Source: Census Bureau, Current Population Survey, March 2011 and 2012

As a result, enrollment will be a challenge to overcome

Enrollment in optional public benefit programs is well below 100%

Program	% of Eligible Enrolled
Adult Medicaid	62%
Subsidized Medicare	33%
Medicare Rx benefit <i>(low-income subsidy)</i>	40%
Unemployment benefits	72-83%
Earned income tax credit	80-86%
SNAP (food stamps)	54-71%

Source: ASPE, March 2012

Limited public awareness of benefits of recent health reforms

78%

of the uninsured don't know about the new health insurance exchanges

83%

of people who could be eligible for the new Medicaid expansion don't know about it

Source: Enroll America, November 2012

Lack of awareness provides opportunity for education with effective messaging

First, some details about the research...

Collaborating with GMMB, Lake Research Partners conducted a national survey for Enroll America in September and October of 2012.

The sample consisted of n=1,814 adults ages 18-64 with incomes at or below 400% of the Federal Poverty Level (FPL).

The survey addressed the following topics:

- Who the healthcare “connector” is in households
- People’s experience searching for health insurance in the past
- Reactions to new health coverage options in 2014
- Testing key facts about coverage in 2014 and motivations to check out new options
- Reactions to the exchange portal
- Perceptions of affordability, including sample costs
- Testing ways to contextualize costs
- Kind of help they want when they enroll
- Best messengers and mediums for reaching audiences

More details

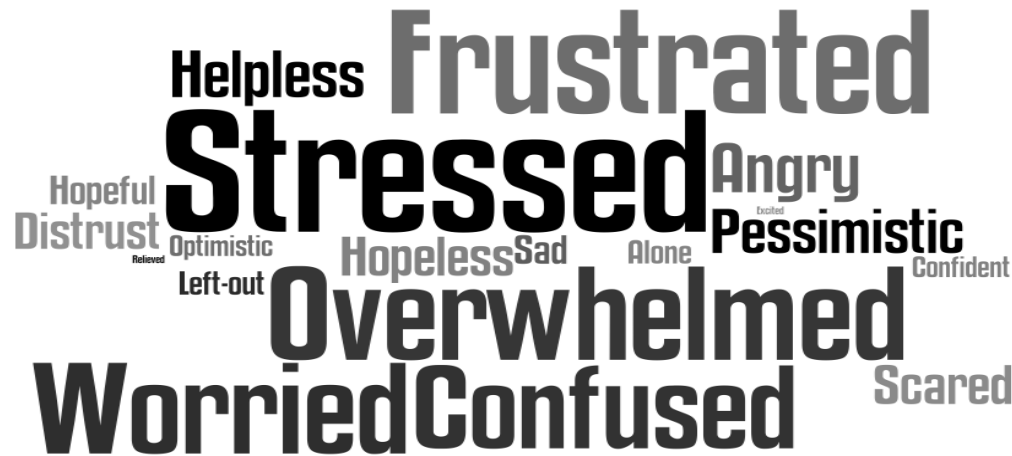


10 Focus Groups

- November 13-18 in Philadelphia, Columbus, San Antonio, and Miami
- Groups include Latinos (English- and Spanish-speaking), African Americans, young adults, parents (low and moderate income), childless adults (low and moderate income)
- Test branding and messages

For many, looking for health coverage is a negative experience.

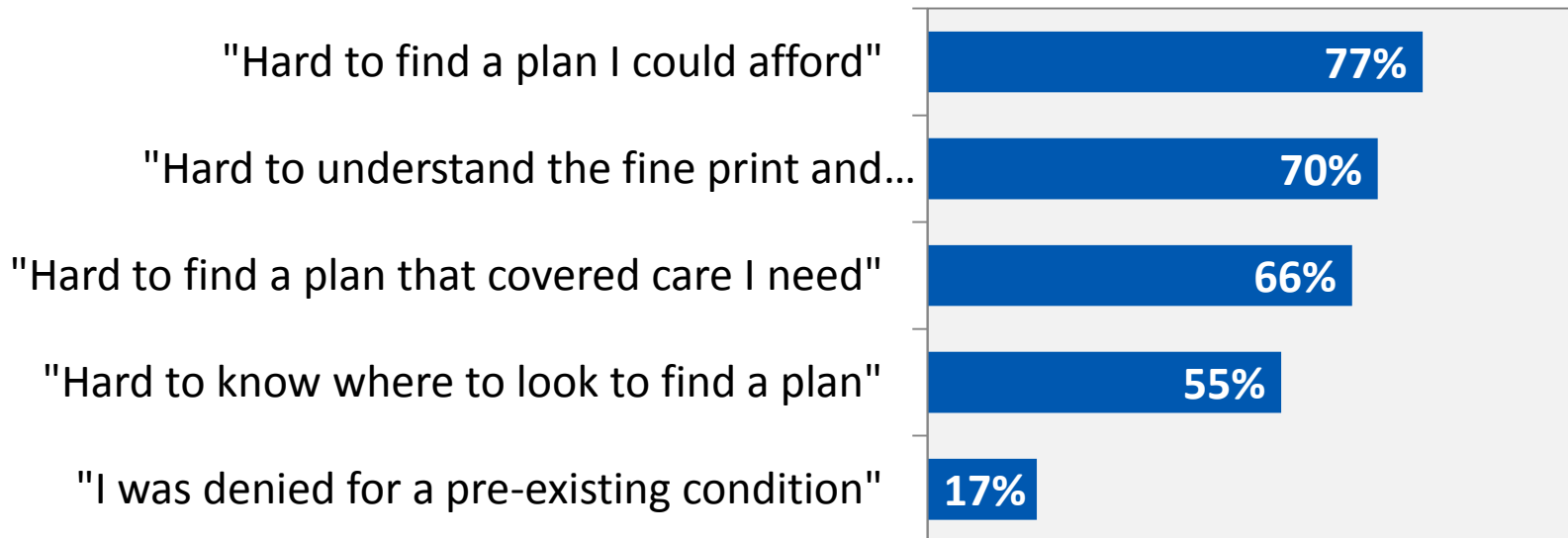
If you had to look for health insurance now, what feelings do you think you would have?



How they *want* to feel is confident, informed, secure, satisfied, and in control.

However, many have had negative experiences shopping for coverage in the past

44% have shopped for health insurance outside their job and majority of these individuals have had one or more difficulties



Source: Enroll America, November 2012

Initial reactions to new coverage options in 2014 are positive...

69% express interest in learning more about these options when they are presented with basic information about the new coverage (12 % are neutral and 16% are not interested).

As you may know, in 2014 there will be new health insurance options for you if you need insurance. Most people now have health insurance through their jobs, and that will not change. But if you do not have insurance or if you lose insurance, you will be able to find a quality health insurance plan that fits your budget.

...but there is skepticism.

38% do not think they would find a plan they could afford.

33% do not think they would find a plan that covers all the care they need.

Sample premium amounts may not seem affordable...

After being presented with a sample premium amount for an individual or family of four at around 250% of the FPL, only **29%** thought it was affordable (16% neutral and 53% “not affordable”).

...but it seems more affordable when they consider yearly savings.

When they read “with this help [you/your family] would save [\$xxxx] a year compared to what you would pay on your own right now,” **51%** say it sounds affordable.

Use Messages that Tap Into Security

Use messages that tap into health and financial security:

1. If you or a family member gets sick, you won't have to worry about big medical bills or going into bankruptcy.
2. The insurance plan you choose will be there to cover all of the care you need.
3. You will be able to find a plan that fits your budget.

A message that taps into all three of these security themes reaches 80% of the population and 76% of the uninsured population.

Neutralize skepticism about affordability by:

1. Saying financial help may be available (use "sliding scale" for lower incomes)
2. Specifying total savings an individual or family could incur in a year
3. Using a security-themed value message
4. Using a specific Medicaid income range and "free or low cost" in message among lower-income audiences

In Broad Messaging, Introduce Options with Top Facts

Introduce new options using top facts (never exclude #1 or #2):

1. All insurance plans will have to cover doctor visits, hospitalizations, maternity care, emergency room care, and prescriptions.
2. You might be able to get financial help to pay for a health insurance plan.
3. If you have a pre-existing condition, insurance plans cannot deny you coverage.
4. All insurance plans will have to show the costs and what is covered in simple language with no fine print.

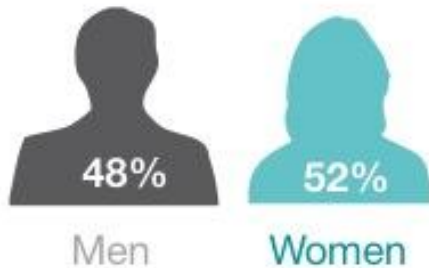
A message with all four facts reaches 89% of the population and 87% of the uninsured population. This means for 89% of the population, the most important fact they need to hear is one of these four.

In sum, here are our initial takeaways from the research so far...

- There will likely be a lot of initial interest in learning about coverage options in 2014 but also a good deal of skepticism (will coverage really be affordable?).
- We need to acknowledge that looking for health coverage is a negative experience for many. It will be key to present the exchanges as a different kind of experience.
- We need to lead by telling consumers what services are covered, that they will not be turned down because of pre-existing conditions, and that they could get financial help.
- Our messages need to tap into the theme of *financial security* when trying to drive consumers to exchanges – i.e., enrolling in coverage means not having to worry about big medical bills anymore; they will be able to find a plan that will fit their budget.
- Overcoming concerns about affordability will be a challenge. Always contextualize the costs presented on exchanges – i.e., present yearly savings from the tax credits as a way to show the value of the coverage.

Demographic Profile

18 to 64 at or below 400% FPL



18 to 29 years old	30%
30 to 39	21%
40 to 49	21%
50 to 64	28%

Federal Poverty Level



28%	42%	30%
< 139 FPL	139-250	251-400

84% Do not have a college degree

Uninsured 32%



Been Uninsured For:
 Less than 1 year (19%)
 1-2 years (14%)
 2+ years (67%)

Insured 68%



Type of Coverage
 Employer (58%)
 Medicaid (14%)
 Medicare (14%)
 Parent's plan (10%)
 Self-purchased (5%)



Uninsured, Unnecessary & Uninterested (11%)

Skeptical, Young (Mostly) Men



71% are uninsured - and most have been so for more than two years. A majority are men (67%). They are one of the youngest clusters (40% are ages 18 to 29) and among the most single (53%). They represent a mix of race, ethnicity and income, but lean less educated than others - 63% have a high school degree or less. They are the least connected to Medicaid. Politically, they are independent and 45% are Southerners. Most are in excellent or good health.

Most do not see health insurance as necessary - only 22% say it is. Close to half (44%) feels insurance is not even important or needed - a much bigger proportion than any other cluster.

Only 3% express strong interest in the new options. This segment is incredibly skeptical - only 3% to 4% lean toward thinking there will be a plan they can afford or one that will cover what they need.

They are moveable, however. About a third (37%) move in the positive direction - becoming slightly more interested in the options after hearing information. Half (52%) shift in the direction of believing they may be able to find an affordable plan.

Top Facts:

1. What is covered
2. Simple language, no fine print
3. Financial help

Top Motivators:

1. Financial security
2. Find a plan to fit budget
3. Mandate

First Place They'd Go for Info:

1. Google/search engine
2. Family member (Mom, then spouse)

Top Messengers:

1. Family member (Spouse or mom)
2. Friend
3. Doctor

Behaviors

- 29% have a smart phone
- 61% text
- 59% use the internet at least several times/week
- 51% use Facebook

Reluctant but Reachable (10%) Young, Diverse, Uninsured



64% are uninsured - but unlike others, many have tried to find insurance in the past 12 months. This cluster is among the least white (27%), with 46% Latinos and 23% African Americans.

They are the one of the youngest clusters (40% are ages 18 to 29) and earn among the lowest incomes - 50% are under 139% FPL. They are among the least educated (62% have a high school degree or less). A majority (55%) are parents of children under 18, and 36% say someone in their household is enrolled in Medicaid or CHIP. Politically, they are least Republican (5%). They are the cluster most likely to be living in the West (36%).

Top Facts:

1. What is covered
2. Financial help
3. Can't be denied for pre-existing conditions

Top Motivators:

1. Plan will be there for you
2. Financial security
3. Find a plan to fit budget

71% of this group sees health insurance as necessary.

They are among the most likely to express “soft” interest in new options.

While only one third (31%) is *extremely* interested in the new options, 98% express some level of interest. They also lean toward believing there might be a plan they could afford (87%) and that it would cover the care they need (79%).

Many move toward firmer positions after information. More than four in ten (42%) move toward a firmer belief that they could find a plan they could afford and one that will cover what they need (46%).

Top Messengers:

1. Doctor
2. Someone like me who has tried it
3. Someone from state health agency
4. Family member (Spouse, then mom)
5. Someone from Medicaid office

First Place They'd Go for Info:

1. Google/search engine
2. Health insurance company

Behaviors

- 41% have a smart phone
- 74% text
- 84% use the internet at least several times/wk
- 67% use Facebook

Desperate & Believing (8%): Poorest, Sickest, Least Educated

55% of this cluster is uninsured. They are the most Latino cluster (53%) and the least white (14%), with 23% African Americans. They are split on gender and include a mix of age - with most are under 50. They are low income (52% are under 139% FPL) and are the least educated (83% have a high school degree or less, and 47% do not have a high school education). They are also the sickest cluster - 43% say they are in fair or poor health.

They are the second most likely group to be connected to Medicaid or CHIP (52% say someone in their house is enrolled). One-third (34%) are receiving SNAP benefits.

75% sees health insurance as necessary.

This cluster expresses the strongest interest and least skepticism toward 2014 options. Attitudinally, this group is the most reachable - about 80% to 100% are *extremely* interested in new options, and *strongly* believe there will be an affordable plan that covers what they need. They do not need convincing, they just need education - they are the least aware of new options (12%).



Top Facts:

1. What is covered
2. Can't be denied for pre-existing conditions
3. Simple language, no fine print

Top Motivators:

1. Financial security
2. Find a plan to fit budget
3. Mandate

Top Messengers:

1. Someone from Medicaid office
2. Someone from fed or state gov't health agency
3. Doctor
4. Family member (Spouse)
5. Someone like you who tried it

First Place They'd Go for Info:

1. Health insurance company
2. Google/search engine
3. Local Medicaid office

Behaviors

- 36% have a smart phone
 - 62% text
- 73% use the internet at least several times/week
 - 56% use Facebook
- 66% have shopped at dollar store in past month

Connected Low-Income Women (9%): The Medicaid/CHIP Connection



39% are uninsured - with nearly a third (30%) in the expansion population.

Sixty-percent of this cluster is connected to Medicaid - 30% receive it themselves, and another 30% say someone in their home is enrolled in Medicaid or CHIP. They are the most likely to receive SNAP benefits (48%).

A majority of this cluster is women (75%). This is the lowest-income cluster - 77% are under 139% FPL. Slightly more than half (55%) has a child under age 18. This cluster has a fairly representative mix of race, ethnicity, and age.

This is among the sickest clusters - 44% have a chronic condition and 40% rate their health as fair or poor. One in five (22%) is disabled and not working. They are the most likely to have medical bills (40%). One in four (25%) lives in a rural area.

Top Facts:

1. What is covered
2. Can't be denied for pre-existing conditions
3. Financial help

Top Motivators:

1. Plan will be there for you
2. Financial security
3. Find a plan to fit budget

91% of this group sees health insurance as necessary.

About one-third expresses strong interest in the new options, but they need convincing about affordability and coverage. Fewer than 10% lean toward believing they could find an affordable plan (8%) or one that would cover what they need (6%). These numbers jump, however, to 38% and 48% after hearing information. Learning about financial help, sample Medicaid incomes with “free or low cost plan,” and what services are covered may help move this audience.

First Place They'd Go for Info:

1. Google/search engine
2. Local Medicaid office
3. Family member (Spouse, mom, sibling)
4. Health insurance company

Top Messengers:

1. Someone like you who tried it
2. Someone from Medicaid office
3. Someone from state gov't health agency
4. Doctor
5. Family member (Spouse and mom, then sister)

Behaviors

- 22% have a smart phone
- 64% text
- 74% use the internet at least several times/week
- 70% use Facebook
- 64% have shopped at a dollar store in past mo.
- 39% used ER in past 2 yrs

Insured but At-Risk (13%): Young, under 250% FPL

35% of this cluster is currently uninsured - 63% have coverage. However, those with coverage may be at risk for losing it. Of those with coverage, 20% have gone without it at some point in the past year. One in eight (12%) will eventually have to get off their parent's plan. One in six (17%) receives Medicaid. Eighteen percent have employer coverage, with 17% getting insurance at job earning less than 250% FPL.

This cluster is one of the youngest, with 42% ages 18 to 29. It is a representative mix of race, ethnicity, and gender. The vast majority (90%) are at or below 250% FPL. About half (49%) are married and 44% have a child under age 18 at home. There is some connection to Medicaid - 36% say they or a household member is enrolled in Medicaid or CHIP. One-third (31%) receives help from SNAP.

64% sees health insurance as necessary. Another 19% say it is very important.

Like the Uninsured, Unnecessary, & Uninterested, this cluster expresses weak interest and are very skeptical. Only 40% express some kind of interest in the new options, and 2% or fewer lean toward believing they would be able to find a plan they could afford and that would cover all the care they need. About one-third moves in the believable direction on affordability (36%) and adequate coverage (32%) after information.

Behaviors

- 27% have a smart phone
- 63% text
- 68% use the internet at least several times/week
- 62% use Facebook

First Place They'd Go for Info:

1. Google/search engine
2. Local Medicaid office
3. Doctor/health care provider
4. Family member (Spouse and mom)

Top Messengers:

1. Family member (Spouse and mom)
2. Doctor
3. Someone like me who has tried it

Top Facts:

1. What is covered
2. Can't be denied for pre-existing conditions
3. Financial help

Top Motivators:

1. Financial security
2. Plan will be there for you
3. Find a plan to fit budget

Fine Tuned Messages from the States

Peace of Mind

- The leading perceived benefit among several populations in several states

Prevention

- A key message for women

Protection from Financial Ruin or Injury

- Resonated most with men and young adults in some states

Access To Care

- Resonated with African Americans, Latinos, and Medicaid eligible

Low cost or free health insurance coverage

- Key message for low income, Medicaid eligible

Law and Associated Penalties

- The biggest motivator in Massachusetts

Questions?



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