



## **Talking about Health Insurance: An Overview of Messaging Research on Consumers and Enrolling in Health Insurance Coverage**

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Over the past few years, well before the passage of the Affordable Care Act, health care advocacy groups have worked to shape the public conversation about health, health care, health insurance, and public health. One of the most powerful tools has been message testing and focus group research to figure out what motivates and matters to consumers when it comes to their health. Over the last year and a half, there has been a sharp uptick in messaging research being done with consumers, especially as it relates to their attitudes toward enrolling in health insurance. National and state organizations have conducted focus groups and polls to determine what messages and communications strategies will resonate with consumers during the outreach and enrollment process.

This memo is designed to provide an overview of that research and an analysis of common themes and best practices for advocates to use in the months ahead. The primary audience for this messaging is consumers who will purchase a plan in the Marketplace or are eligible to enroll in Medicaid. The goal is to give advocates actionable information that cuts across a number of states, regions, and topics when it comes to talking about enrolling in health insurance.

### **Overview**

Overall, the research shows that consumers are curious about the new coverage options provided by the ACA, anxious about costs, and eager for information in simple, straightforward language.

Other key takeaways include:

- Consumers are looking for a transformation of the way they look for, evaluate, and purchase insurance plans.
- They are hoping to be less anxious about purchasing health insurance.
- They want to know that they are making the right choice when they choose a plan.

The message testing and opinion research reinforces what we are beginning to hear on the ground: the tone and the content of the conversation about the ACA are changing, and the result is a desire for more information about how the law will affect peoples' lives. However, this eagerness for information about the ACA does not erase negative perceptions of the health insurance industry nor does it imply high levels of consumer confidence in their ability to purchase health insurance.

### **Scope of Research**

To provide a through overview of the available message testing and opinion research, we cast a broad net to include messaging research conducted on behalf of national organizations, state

groups, and state governments. The majority of the research comes from states with State-based Marketplaces but there were a few involving Federally-facilitated and Partnership Marketplaces. We also looked at several pieces of research specifically about Medicaid.

- Total studies: 23
- National studies: 7
- State-specific studies: 16
- Specific to Medicaid: 3

## Key Messages

From a review of the relevant focus groups and message testing, certain key messages emerge. These key messages fall into three main categories: cost, value and choice. Within these three categories there are overlapping language and themes, but it is important for messaging used with consumers to encompass these three categories in order to provide consumers with the full picture of their options – and what those options mean. The key messages presented below tested well with focus groups participants in either national or state research.

### Cost

In this context, cost refers to both the cost of purchasing a plan and the availability of premium tax credits. Consumers, especially those who are uninsured, consistently mention cost as a worry when it comes to purchasing health insurance (Mitchell, Bailey, Boileau 14). Research from Enroll America found that it is important to reassure consumers up front that there will be affordable options, because “Financial security, plan security, and hearing about affordability emerge as the most important drivers for looking into new options for coverage” (Perry, Udem “National Study” 15). Tackling consumer concerns about cost early and often will be critical to successful messaging about enrollment.

In addition to emphasizing affordability, it will be important to communicate that premium tax credits will be available to a larger segment of the population. Research by Consumers Union showed that many consumers assume that premium tax credits will only be available to low-income individuals and families (Quincy, Kleimann, Kingsley 40). When they were told otherwise, “This fact alone mitigated some of the hostility that some participants expressed toward health care reform” (Quincy, Kleimann, Kingsley 40). Therefore, key messages on cost must clearly state the income eligibility for premium tax credits and take a simple, straightforward approach to communicating about what financial help will be available.

#### *Key Messages on Cost*

1. There will be new, affordable insurance options available for people without insurance (Perry, Udem “National Study” 38).
2. Financial help is available so you can find a plan that fits your budget (Perry, Udem “National Study” 38).
3. Many middle- and low-income [STATE]ians will receive help paying their health insurance premiums. If you’re an individual making up to [NUMBER] or a family four making up to [NUMBER], you will likely qualify for financial assistance (“Cover Oregon” 16).

4. Out-of-pocket health care costs for individuals and families will be capped, protecting consumers from runaway costs and making it easier to plan for health care expenditures (Spitfire messaging 1).

### **Value**

For many people who are uninsured, especially those with pre-existing or untreated health conditions, the value of gaining health insurance is clear. However, there are other audiences who many need more information about how health insurance is changing and improving under the ACA. There are also millions of Americans who are underinsured or have health insurance plans that do not provide the services they or their families need. That will change under the ACA, and it will be important to communicate the increased value and consumers protections that will come with purchasing a new plan. Research from Consumers Union found that many focus group participants assumed that Marketplaces would have few plans, high deductibles, and limited services (Quincy, Kleimann, Kingsley 40). Key messages around value should push back against those assumptions.

#### *Key Messages on Value*

1. All insurance plans will have to cover doctor visits, hospitalizations, maternity care, emergency room care, and prescriptions (Perry, Udem “National Study” 38).
2. Because all plans offered on [Marketplace Name] include a standard package of services, you can be confident that the plan you choose will there when you need it (“Cover Oregon” 16).
3. Insurance companies will no longer be able to deny you or your family coverage because of a pre-existing condition (Perry, Udem “Communicating to Women” 13).

### **Choice**

Throughout the messaging research, consumers expressed frustration and dissatisfaction with how they currently choose their health insurance plans. Opinions of health insurance companies are low, and even choosing a plan through employer causes stress and discomfort. Therefore, it will be important to reassure consumers that the Marketplaces will offer a simple, easier, way to choose a health insurance plan. Key messages should emphasize the side-by-side comparison of plans and the use of clear language to describe benefits and costs.

#### *Key Messages on Choice*

1. Choosing a health plan will be easier than ever before – [STATE] will have a website where you can compare your options (Spitfire messaging 1).
2. [Marketplace Name] will offer easy-to-understand, apples-to-apples comparisons of benefits and prices so you can make the best choice (“Cover Oregon” 16).
3. All insurance plans will have to show the costs and what is covered in simple language with no fine print (Perry, Udem “National Study” 38).
4. If you need help understanding your options, you will be able to call a designated phone number, or receive in-person assistance from people in your community (Perry, Udem “National Study” 23) (Mitchell, Bailey, Boileau 23).

These key messages are not meant to be comprehensive, but offer a core foundation of any message platform that stakeholders might use in outreach, enrollment and public education materials or events. Over and over throughout the research, consumers make it clear that they

are looking for a simple, straightforward presentation of their coverage options combined with assurances that the plan they choose will meet their health and budget needs.

### Messaging about Medicaid

In addition to providing new and improved options for private coverage; the ACA increases the number of people who are eligible for Medicaid. Medicaid-eligible consumers will enter through the Marketplace, but will take different steps once they have been screened based on their income. These different steps will vary depending on their state. Medicaid-eligible consumers and Marketplace consumers are largely looking for similar things in the Marketplace, so some of the best practices outlined in the Key Messages do apply. However, here are three messages (one for each category) that you might want to consider as well:

#### *Overarching message:*

Medicaid is a health insurance program for lower-income [STATE] residents. Now, thanks to the Affordable Care Act, you can quickly find out whether you might be eligible for Medicaid by using the “eligibility calculator” at [Marketplace NAME]’s website (Slosar, 50).

#### *Key Message on Cost:*

There is little to no cost to sign up for Medicaid, and most services require minimal payment.

#### *Key Message on Value:*

Because of the ACA, Medicaid must provide a standard package of services, including doctor visits, hospitalizations, prescriptions and more (Slosar, 16).

#### *Key Message on Choice:*

There are many places you can go to find out more about Medicaid and take steps to enroll. Visit [Marketplace NAME]’s website, your local Medicaid office, or call [NUMBER] toll-free. You will also be able to learn more about your options through in-person assistance in your community (Perry, Udem “National Study” 23).

When thinking about messaging to consumers who might be eligible for Medicaid, here are some additional things to think about or add to the Key Messages:

- Consistently, focus group research with consumers who are either eligible or will be eligible for Medicaid shows that the overall value of insurance is peace of mind, whether it’s from health problems or big medical bills (Slosar, 10).
- Research shows that Medicaid is seen as a positive thing, with 4 in 5 of low-income adults in three states (AL, MD, MI) said Medicaid was a “very good” or “somewhat good” program (Slosar, 22).
- Using the phrase “low-cost or free” was more accessible for Medicaid eligible consumers rather than “affordable” (Slosar, 14). Affordable was considered vague.
- Many consumers have doubts about whether or not they will be eligible for Medicaid. This is likely due to state-by-state variation in Medicaid eligibility. Unfortunately this will continue to be an issue given Medicaid expansion and the states, but it is important to reassure consumers that the eligibility rules have changes under the ACA.

Finally, messaging to people who are eligible for Medicaid will be complicated by ongoing fights in some states to get permission from their governors and state legislatures to expand their state's program. There is not yet any messaging research on how to talk about this gap in coverage, but it is an expected area of development over the next year.

### **Vocabulary: Words to Use and Avoid**

As ACA implementation unfolds, the vocabulary advocates and policymakers use to talk about the law and its provisions changes. Dense and wonky language is perfectly acceptable for a coalition meeting or a meeting with a Marketplace official, but the law is about to get a much more public airing, with many Americans beginning to tune in for the first time. As such, it is important to examine the words that work with consumers and those that don't, and even might be damaging. The recommendations below were found repeatedly in messaging testing and opinion research, across multiple states and groups of consumers.

#### **Use: Marketplace**

#### **Don't Use: Exchange**

What to call the "entity from which consumers will purchase insurance" has been one of the more enduring issues throughout implementation of the ACA. However, one thing is clear: consumers strongly dislike the word "Exchange" (Mitchell, Bailey, Boileau 24). There is virtually no support for using the term "Exchange" and the overwhelming consensus from the message testing is that it should no longer be used. "Exchange" is confusing for consumers and lacks real meaning or applicability to their lives. "Marketplace" is better, though still an imperfect term (Flores-Brennan 16). However, when Marketplace is paired with images (grocery store, open-air market, shopping) the connection grows stronger for consumers. The best course of action for advocates and their partners is to switch to using Marketplace, except in those states where the state is running its own Marketplace and has chosen a name for it, i.e. Covered California.

#### **Use: Financial help/assistance**

#### **Maybe use: Tax credit**

#### **Don't use: Subsidy**

The research is more divided on what to call the money set aside for consumers (at certain income-levels) to help them purchase insurance through the Exchange. However, some agreement can be found. "Financial help" or "financial assistance" is, according to consumers, the option that is most clear and the plainest language (Perry, Udem "National Study" 19). That's why it appears throughout the key messages. "Tax credit" has been used by a number of stakeholders, including the administration, but it is confusing. Consumers don't know when they will receive the credit and aren't yet sure what the ACA means for their taxes, so the combining of the two makes things murky (Perry 4). Finally, "subsidy" has bad connotations (Stahl). Many consumers, especially those in more conservative states, associate "subsidy" with government help or "a handout". It's best to steer clear of those potential pitfalls and rely on the plainer language options.

#### **Use: Right Fit (Choosing a plan)**

Using "right fit" or "best fit" with consumers is closely connected to the key messages about choice (Mitchell, Bailey, Boileau 23). Research shows that consumers feel reassured about their ability to compare plans and the purchasing process in general when using this type of

language. Other variations include “plan that works for your budget and your family” or “the plan that fits for you”. Consumers respond well to the idea that they will be able to weigh their options and not be forced into a decision. For many consumers, price has always dictated their choice of insurance plan. In the Marketplaces, they are hoping that that will change.

**Use: Affordable****Sometimes Use: Free or low-cost**

The use of “affordable” or “free or low-cost” depends on the audience. As referenced in the section on Medicaid messaging, “free or low-cost” tests well with consumers who are low-income and likely eligible for Medicaid (Slosar, 14). However, “affordable” is much safer with any other group of consumer. Tweaking this will be dependent on your audience and whether or not you know enough about their coverage status to make the change.

**Messengers**

As much as the messages matter, it is critical to think about who will be delivering those messages. With each public education activity or outreach and enrollment campaign effort, it will be necessary to consider the best messenger for the job. Messengers will also vary by audience, meaning that the best messenger for a young man (aka a “young invincible”) is not necessarily the best messenger for a middle-aged woman. However, in looking across all 23 pieces of research, some patterns do emerge.

Preferred messengers for learning about health insurance or enrollment:

- Doctors
- Family members, spouses
- Someone who has used the Marketplace or been enrolled in Medicaid previously
- State workers/representatives
- Church/School officials

Each messenger can take the core enrollment messages about cost, value and choice and add their own perspective. A doctor can talk about the importance of comprehensive, timely care, while a family member can emphasize how insurance provides security from huge medical bills. Whether it’s at a public education event, in an op-ed, or on your organization’s website, it’s critical to think about both the messages and the messenger.

**Conclusion**

For many consumers, the Marketplaces will represent a fundamental change – either in how they purchase insurance or in that some consumers will have health insurance for the first time in their lives. While moving forward with this new phase of ACA implementation, open enrollment, it will be even more important to keep these facts in mind. The good news is that there is ample message testing and opinion research to provide insights and guide our conversations with consumers. We hope that this memo adds to the available tools and best practices and is useful to consumer health advocates and their partners.



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