

Understanding underlying drivers, barriers and needs of the uninsured in Connecticut.

A two-part research study to assess the uninsured and recently insured populations across the state.

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Objectives

Objectives

The objectives of this research were to gain a better understanding of who the uninsured in Connecticut are, and the drivers and barriers that lead them to go without health insurance.

More specifically, this work profiled the uninsured by established socioeconomic and demographic segments like race, gender, geography, ethnicity, and income to better understand Connecticut's uninsured population. The profile was followed by focus groups with recently insured residents and in-depth interviews with those who are currently uninsured to understand their motivations and challenges.

Ultimately, these findings have been compiled and analyzed to find meaningful ways for Access Health CT to continue fulfilling its mission to:

“Increase the number of insured residents, improve healthcare quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and provider that give them the best value.”

Executive Summary

Executive Summary

Access Health CT is Connecticut’s official health insurance marketplace, established to increase the number of insured residents, improve healthcare quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan that gives them the best value. Increasing the insured rate in Connecticut is core to Access Health CT’s mission. The organization endeavors to drive the uninsured rate down through data-driven strategies. To ensure these strategies are using the most recent and relevant information, Access Health CT engaged Mintz + Hoke to lead the study of the uninsured within Connecticut, and provide recommendations from the findings.

Looking at the data

Since the approval of the Affordable Care Act, the state of Connecticut has achieved significant reductions in the uninsured rate, reaching an eight-year low in 2016 of 4.9%. Over the last three years, the rate has fluctuated, and as of 2018, the uninsured rate now stands at 5.3%, compared to the national uninsured rate of 8.9%.

Working from the U.S. Census Bureau American Community Survey (ACS) data, the following segments were identified as being the highest indexing. The associated year-over-year estimates indicating what percent of the identified population are uninsured provide an indication of magnitude.

	2016 Uninsured	2017 Uninsured	2018 Uninsured
Age Groups			
26–34	9.7%	10.9%	10.7%
35–44	8.4%	9.7%	10.1%
Race/Ethnicity			
Black or African American alone	5.9%	7.4%	6.8%
Hispanic or Latino (of any race)	12.3%	13.6%	13.1%
Nativity			
Foreign born	20.4%	18.9%	N/A
Household Income			
Under \$25,000	10.7%	9.6%	N/A
\$25,000 to \$49,999	12.2%	10.9%	N/A
Employment Status			
Unemployed	21.5%	19.2%	N/A
Residence 1 Year Ago			
Abroad	25.6%	23.9%	N/A
Education Level			
High school graduate (includes equivalency)	10.6%	9.3%	N/A
Less than high school graduate	17.2%	16.3%	N/A

*Data listed as N/A as 5-year ACS data had not been released at the time of report publication.

Recently insured

In order to understand how best to connect with Connecticut's uninsured population, conversations were conducted with those recently insured to learn more about the potential drivers that led them to securing coverage. These conversations provided the opportunity to detect similarities—or a lack thereof—between the two populations.

The recently insured is a population that views itself as responsible individuals with a personal and societal obligation to have insurance. Having had prior experience or knowledge with insurance, but losing it due to a life change or event, this population is acutely aware of the security and protection that comes from being able to receive care when in need. For the recently insured, the decision to once again become insured was driven by a change in life, not by a change of mind.

Given this dynamic, Access Health CT's physical and "top-of-mind" presence when these life changes occur, provides a significant opportunity to help those in transition maintain the security and protection health insurance offers.

Uninsured

To gain a better understanding of what prevents the uninsured population from securing coverage, Access Health CT set out to identify the different characteristics and perspectives within Connecticut's uninsured population, to discover drivers, barriers, and needs.

While the catalysts that moved the recently insured toward acquiring health insurance were rooted in cultural background, expected use, and/or prior history of being insured, the same could not be stated for the uninsured population. Those that were uninsured evaluated the benefits of being insured on a different scale than those who were insured or had been insured in the past. The reasons recently insured participants stated for being insured did not motivate the uninsured population, because they were evaluating the benefits of insurance from different experiences, realities, and life perspectives.

Among the state's uninsured population, barriers including insufficient wages, unaffordable healthcare coverage, and overall access to relevant resources are some of the paramount forces that prohibit a percentage of Connecticut's population from securing health insurance.

The cross section of participants in this study shared the reality that deductibles and emergencies aside, monthly healthcare expenses—like copays and coinsurance—are financial risks in and of themselves.

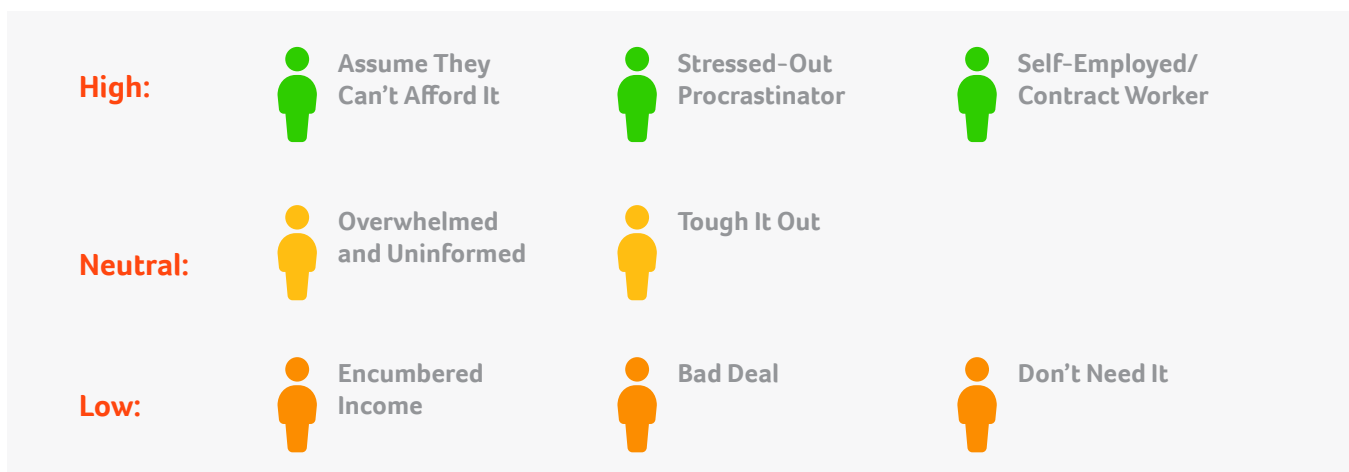
An additional barrier to becoming insured was the overwhelming notion that when participants come into contact with non-marketplace-based insurance companies or brokerages, they felt like they were being marketed and sold to at every step in the decision process, which resulted in an immediate, negative emotional reaction.

The research found that extenuating circumstances and varied backgrounds among the uninsured led to nine overarching reasons why the uninsured are not currently becoming insured.

1. Assume coverage will not be affordable.
2. Premium costs appear to be too high because third-party insurance sellers present plan options that do not offer premium assistance.
3. Can't make an additional monthly cost work in their financial reality.
4. Have a plan for self-care and believe health insurance is a bad deal.
5. Health insurance is seen as a nice-to-have (want), not a must-have (need).
6. Cultural or social norms do not include having health insurance.
7. Believe health coverage is not needed.
8. Had/have difficulty in getting information, getting insured, and/or staying insured.
9. Ineligible for assistance and priced out of the market.

The above reasons demonstrate there is no one solution for reaching these audiences in the same place, at the same time.

The information gleaned from the study organized the uninsured population into eight segments that range from high to low in potentiality of being converted to securing health insurance.



Recommendations

Access Health CT can best reach the uninsured population by connecting with individuals at the time and place in which they need insurance most. Additionally, Access Health CT can continue to work on minimizing barriers to information that disproportionately affect the uninsured, as well as offering payment support and flexibility. By providing assistance and guiding those who are unwillingly left behind, Access Health CT can explain affordable healthcare options to the uninsured through its role as a trusted advisor.

Methodology

Methodology

A qualitative, two-part study was conducted to determine if commonalities existed between recently insured individuals and those currently uninsured, especially with regard to taking action.

In-person interviews were conducted to collect rational, emotional, and self-expressive feedback from participants. The recruit quotas by demographic group were outlined to match the incidence of racial and ethnic groups, income groups, genders, and age groups in the studied population to the incidence of these groups in the uninsured population in Connecticut, according to 2017 ACS data.

The first part consisted of four focus groups with the recently insured. Participants were recruited via email sent to customers of Access Health CT who were insured within the last twelve months. Each focus group contained five recently insured participants and the conversations were guided by a moderator to determine what triggers, if any, resulted in the transition from uninsured to insured. Two sessions were recruited and held in central Connecticut, and two sessions were recruited and held in southwestern Connecticut. With the information gleaned from these focus groups, messages were generated as a way to stimulate future discussions with uninsured participants.

The second part of the study consisted of 24 individual, in-depth interviews with currently uninsured Connecticut residents to better understand their drivers, barriers, and needs. Each session began with a discussion of the participants' history with health insurance to understand more about what their experience had been. From there, participants shared their perceptions of the health insurance industry, their reasons for not having coverage, and where and how they would find information if they wanted to secure coverage. Participants were then provided stimulus to evoke a reaction and to help assess effectiveness of messaging.

Recently Insured Research Participant Demographics

The following represents the demographics of focus group participants.

Age		Race/Ethnicity		Gender	
19–25	0	African American	4	Male	7
26–34	5	White	14	Female	13
35–44	3	Hispanic/Latino	2		
45–64	12	Other	0		

Work in past 12 months		Income	
Less than full-time	11	Less than \$5,000	1
Full-time	8	Between \$5k and \$15k	5
Did not work	1	Between \$15k and \$25k	5
		Between \$25k and \$35k	5
		Between \$35k and \$50k	1
		Over \$50k	3

Uninsured Research Participant Demographics

The following represents the demographics of interview participants.

Age		Race/Ethnicity		Gender		Education	
19–25	4	African American	8	Male	15	Less than HS grad	4
26–34	4	White	5	Female	9	HS grad	8
35–44	12	Hispanic/Latino	10			Some college	8
45–64	4	Other	1			College graduate	4

Work in past 12 months		Income	
Less than full-time	12	Less than \$5,000	0
Full-time	9	Between \$5k and \$15k	8
Did not work	3	Between \$15k and \$25k	3
		Between \$25k and \$35k	8
		Between \$35k and \$50k	3
		Over \$50k	2

**U.S. Census Bureau
American Community Survey (ACS)
Profile of the uninsured in Connecticut**

A profile of the uninsured in Connecticut

This report provides a review of the U.S. Census Bureau's American Community Survey (ACS) data to determine those demographic groups that have the highest propensity to include uninsured residents within Connecticut.

ACS was selected for its ability to provide annually updated, state-specific information on the size and characteristics of uninsured residents in Connecticut. The ACS uninsured rate is a measure of the percentage of participants who indicated they were uninsured at the time of their interview. The Census Bureau conducts the survey throughout the year and averages the results when reporting annually. This measurement establishes a standard benchmark for Access Health CT to utilize in future years.

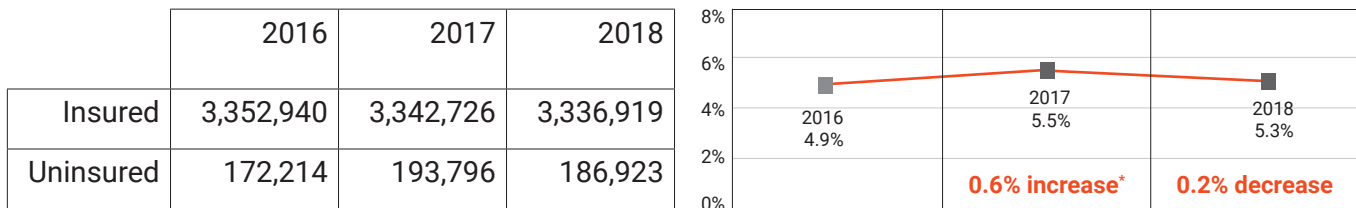
The ACS defines someone as an uninsured resident if they are not covered by any of the following:

- Insurance through a current or former employer or union (of this person or another family member).
- Insurance purchased directly from an insurance company by this person or another family member.
- Medicare, for people 65 and older, or people with certain disabilities.
- Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability.
- TRICARE or other military healthcare.
- Veteran's Affairs (including those who have ever used or enrolled in VA healthcare).
- Indian Health Service.
- Any other type of health insurance or health coverage plan specified by the participant.

One-year ACS data for overall rate, age, and race of the uninsured residents was used to facilitate the quickest possible identification of changing trends within the state. All other characteristics that were measured utilized the five-year ACS data to take advantage of larger sample sizes, which would improve estimate accuracy.

Connecticut Uninsured vs. Insured¹

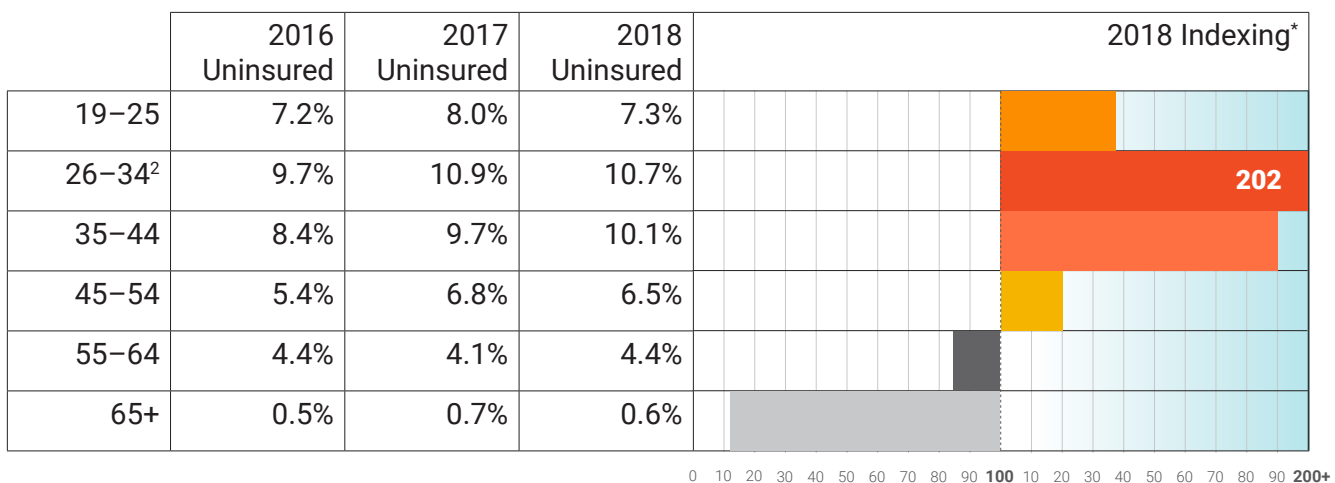
With the advent of the Affordable Care Act, Connecticut experienced significant reductions in the uninsured rate—reaching an eight-year low in 2016 of 4.9%. From 2016 to 2018, the rate fluctuated slightly, increasing to 5.5% in 2017, before declining to 5.3% in 2018.



*Note: Statistically different from zero at 90% confidence level.

Uninsured by Age¹

Based on the one-year ACS data, there are three age segments that offer the greatest opportunity for Access Health CT. The area with the most significant room for growth is the 26–34 year-old range, which constitutes the largest population of uninsured. The 26–34 year-old range indexes high, with adults in this age bracket twice as likely to be uninsured compared to all other segments. The next two segments that index highest are the 35–44 year-old age range and the 19–25 year-old age range. Of note with regard to the 19–25 age range is that these individuals should be eligible for insurance through a parent or guardian’s plan/policy. This may indicate that the parent or guardian themselves is not covered, or the uninsured young adults are not taking advantage of this coverage option for another reason.



¹ Source: Census ACS 1-year estimates.

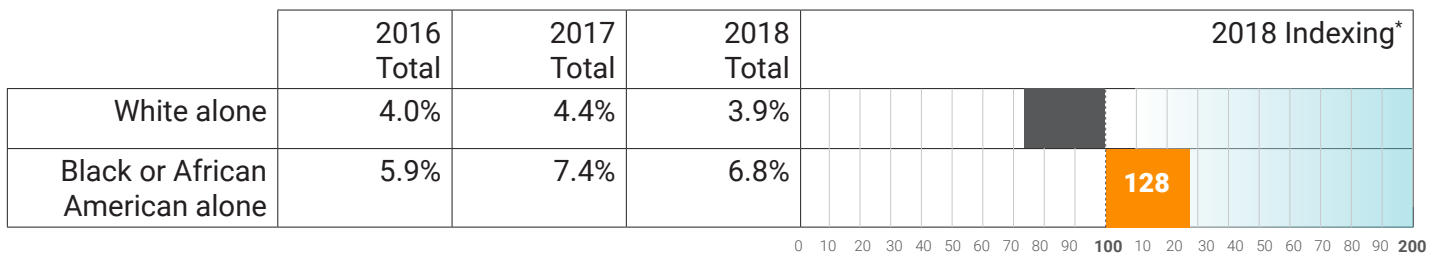
² This age was recorded as 25–34 in 2016.

*The index compares the incidence of the uninsured to the incidence of the total state population for a given segment.

Uninsured by Race, Ethnicity, and Nativity¹

Areas that offered some of the widest discrepancies across segments were based on racial and ethnic demographics.

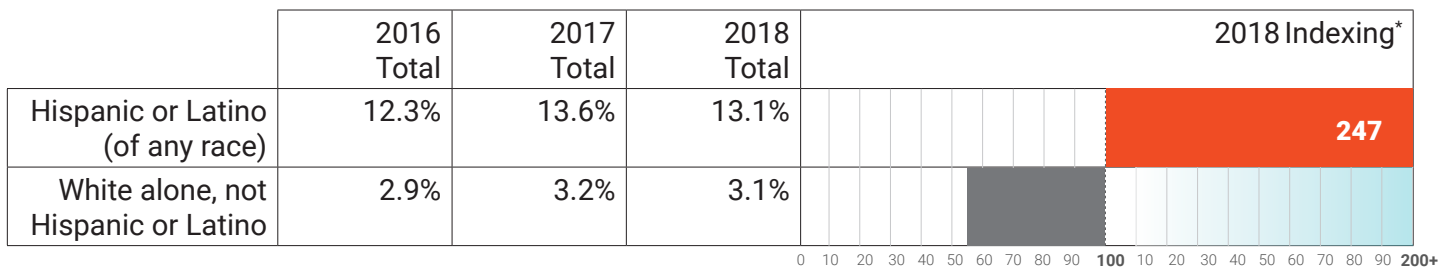
For example, while only 6.8% of uninsured individuals identified as Black or African American alone, this group is roughly one-and-one-third times more likely to be uninsured compared to the total population. Indexing for White alone, however, showed that this population was actually far less likely to be uninsured compared to the rest of the population. In fact, the index fell from 2016 and 2017 levels (81 and 82, respectively) to 73 in 2018.



¹Source: Census ACS 1-year estimates.

*The index compares the incidence of the uninsured to the incidence of the total state population for a given segment.

Comparing individuals who identified as White alone, not Hispanic or Latino, to the population who identified as Hispanic or Latino, the index, again, provides important insights. Both groups saw an increase in the number of uninsured residents, with the index for Hispanic or Latino populations being nearly two-and-one-half times more likely to be uninsured.

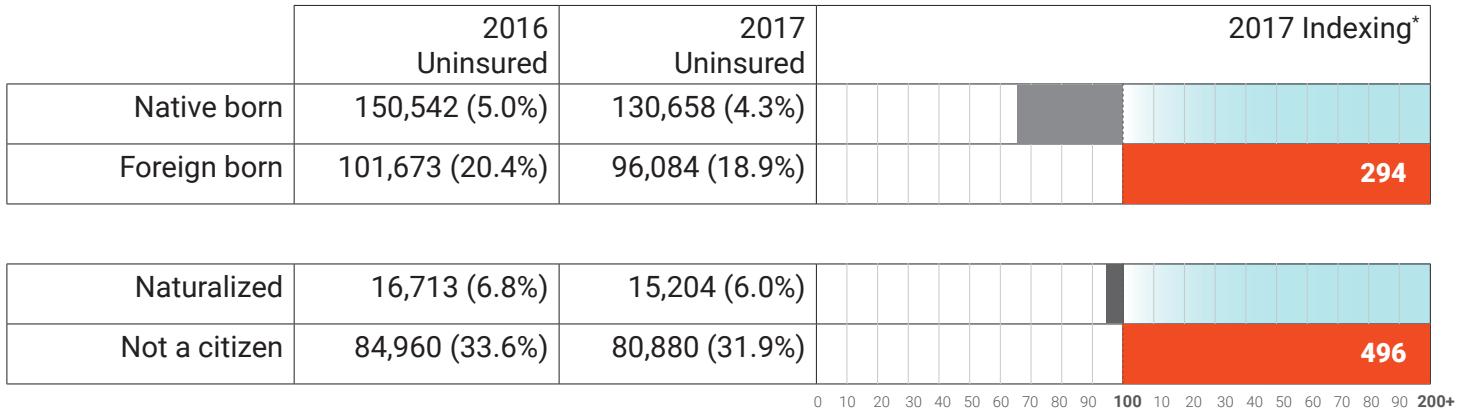


¹Source: Census ACS 1-year estimates.

*The index compares the incidence of the uninsured to the incidence of the total state population for a given segment.

Uninsured by Race, Ethnicity, and Nativity (continued)¹

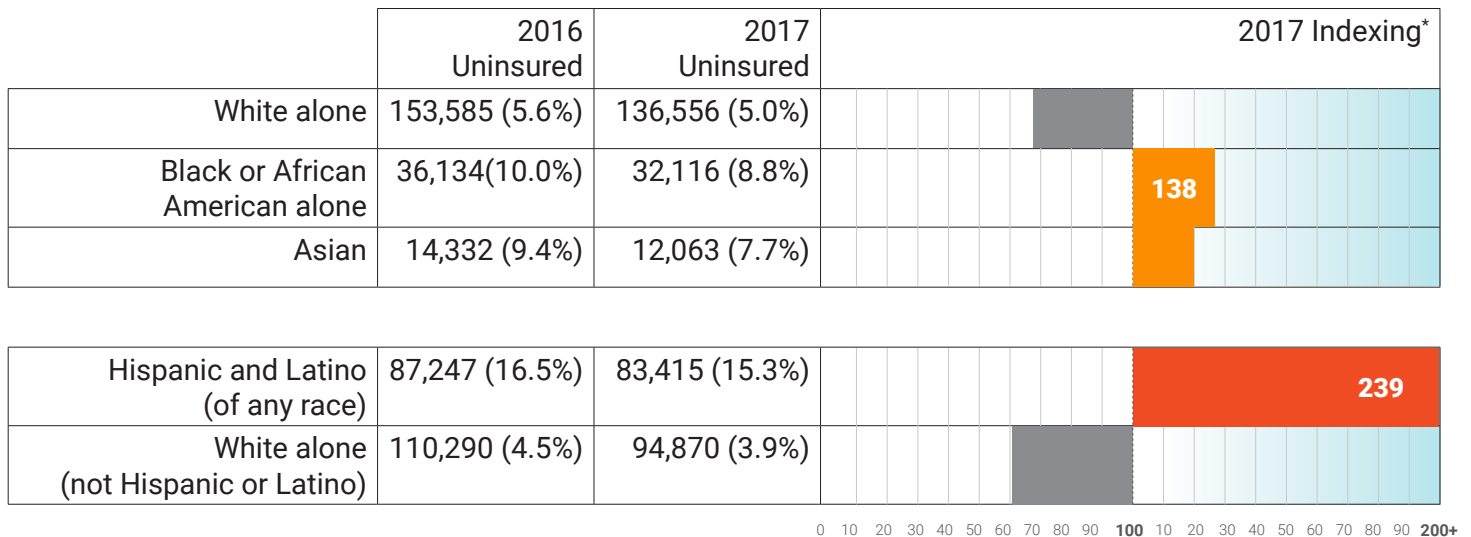
With regard to nativity, the five-year ACS data also showed significant opportunities within the foreign-born population based on the index and percentage of the uninsured in that population (294 and 18.9%, respectively). It's important to point out, however, that foreign-born was not the highest indexing population; non-citizens were shown to be nearly five times more likely to be uninsured as compared to the rest of the population, but are unable to secure coverage because of their status.



¹Source: Census ACS 5-year estimates.

*The index compares the incidence of the uninsured to the incidence of the total state population for a given segment.

Looking at the five-year ACS data for these same segments, in addition to the segment of individuals who identified as Asian alone, persons of color continue to have the highest index and highest percentage of uninsured.



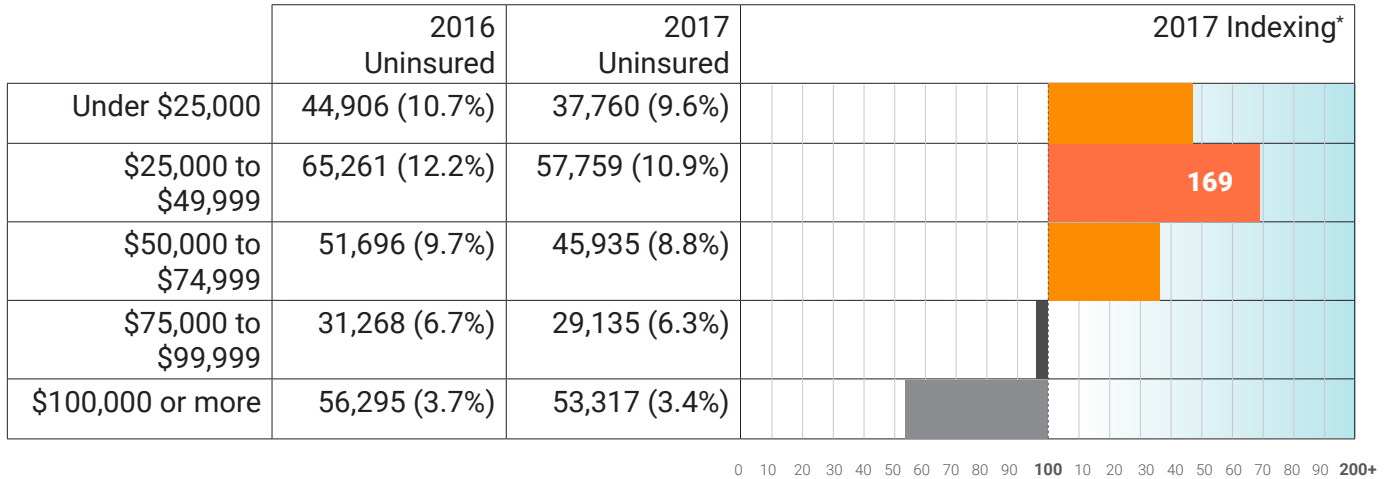
Due to high coefficients of variation, the following two populations have been omitted: American Indian and Alaskan Native alone and Native Hawaiian and Other Pacific Islander alone.

¹Source: Census ACS 5-year estimates.

*The index compares the incidence of the uninsured to the incidence of the total state population for a given segment.

Uninsured by Household Income¹

Household income was also found to be a factor when it comes to the likelihood of being uninsured. The five-year ACS data revealed that households with annual incomes of \$25,000–\$49,999 were one-and-two-thirds times more likely to be uninsured compared to the rest of the population. Households with annual incomes under \$25,000 also indexed high.



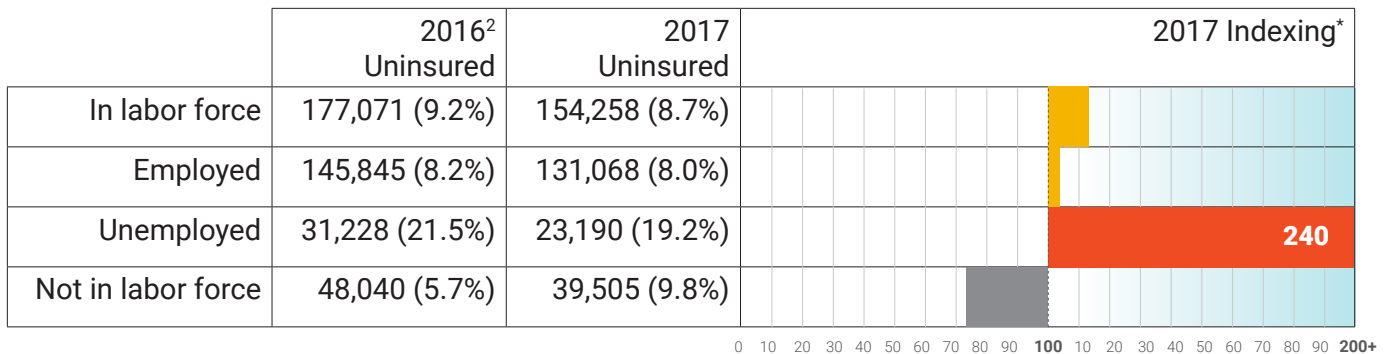
¹Source: Census ACS 5-year estimates.

*The index compares the incidence of the uninsured to the incidence of the total state population for a given segment.

However, it is important to note that some of these income levels are within the eligibility threshold for Medicaid expansion through the ACA and are eligible for HUSKY D. The high index could indicate that this portion of the population needs additional information and assistance around the programs available to them and, if applicable, their families.

Uninsured by Employment¹

The nature of a person's work (whether it be full-time or part-time, employed by a private company, or self-employed) also appears to be a revealing indicator of an individual's likelihood of being an uninsured resident. According to the five-year ACS data, those individuals who are self-employed at their own non-incorporated business (14.1% of the uninsured population) and who have worked less than full-time over the last 12 months (37.6% of the uninsured population) have the highest index rate when compared to the rest of the population. When considered together, these findings could indicate that individuals who are self-employed, including contract, freelance workers, or sole-proprietorships, should be key areas of focus for Access Health CT.



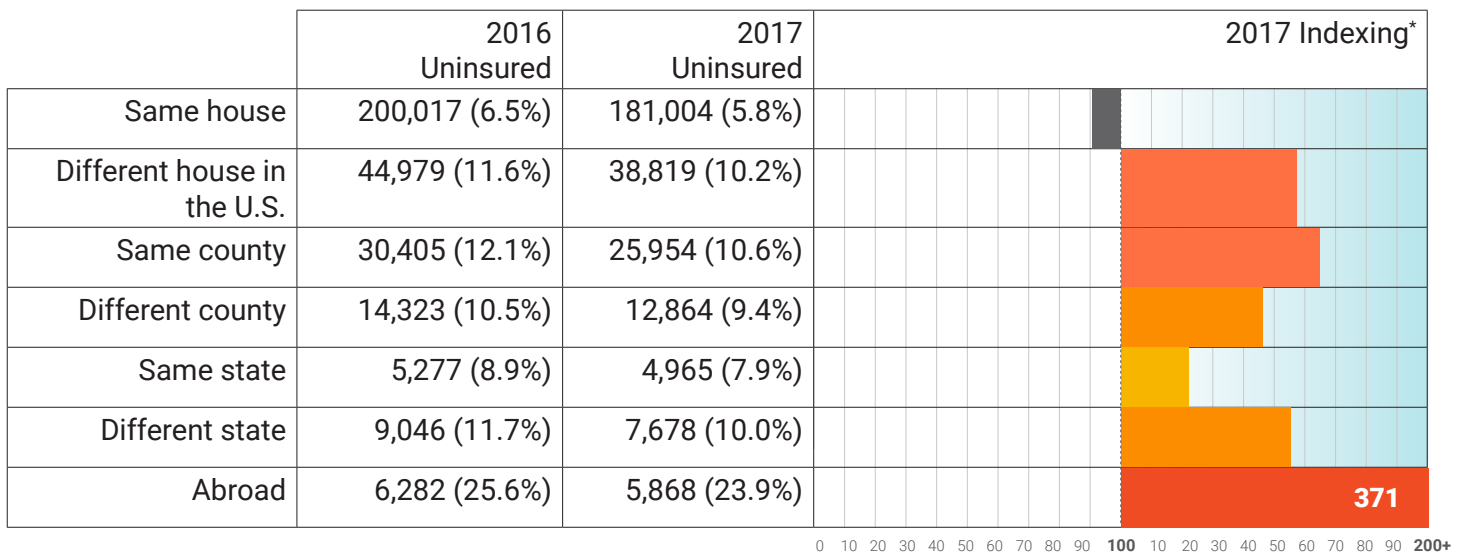
¹Source: Census ACS 5-year estimates.

²The workforce was recorded as 18 years and over in 2016.

*The index compares the incidence of the uninsured to the incidence of the total state population for a given segment.

Uninsured by Residence 1 Year Ago¹

Another interesting finding from the five-year ACS data was the relationship between the uninsured and housing. All of the demographics with an index of 115 or higher are groups who have moved within the last 12 months. This includes moves within the state, to or from another state, and even to or from another country. This transient nature may indicate a lack of stability in employment and income, which are reflected in the other findings.

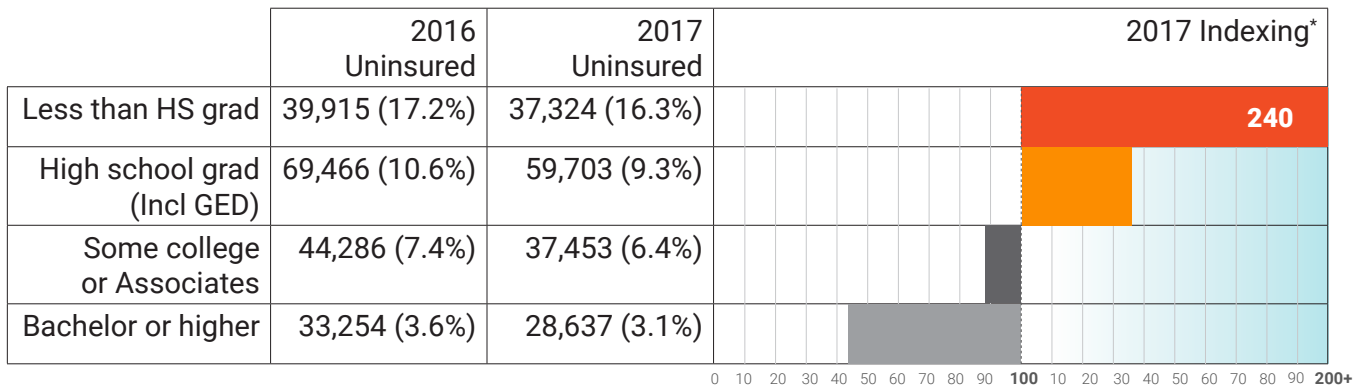


¹Source: Census ACS 5-year estimates.

*The index compares the incidence of the uninsured to the incidence of the total state population for a given segment.

Uninsured by Education¹

Education levels also served as beneficial indicators of the uninsured. The five-year ACS data showed that individuals who did not graduate from high school are nearly two-and-one-half times more likely to be uninsured compared to the rest of the population. Those who have achieved their high school diploma or equivalent are a little more than one-and-one-third times more likely to be uninsured. Together, these two groups make up 59.5% of the total uninsured population and should be considered a target demographic for Access Health CT.



¹Source: Census ACS 5-year estimates.

*The index compares the incidence of the uninsured to the incidence of the total state population for a given segment.

Research Findings—Part 1

Applied learnings from speaking with the recently insured

Applied learnings from speaking with the recently insured

Recently insured participants viewed themselves as responsible individuals with a social obligation to have health insurance. Having had prior experience with or knowledge of insurance, but losing coverage due to a life change or event, this population is acutely aware of the security and protection that comes from being able to receive care when needed.

The goal in speaking with the recently insured was to better understand their motivating factors and journey to health insurance to see if that information provided any insight into converting the uninsured population into the insured population.

Findings include information that participants shared in the focus group sessions, followed by an outline of third-party observations and opportunities for Access Health CT to improve its communication and engagement with the uninsured population.

Findings

The recently insured spoke of being motivated by viewing themselves as responsible individuals who: did not want to risk financial ruin as a result of unaffordable bills; who wanted to get the care they needed when they needed it; and who understood that security and protection were the rewards that came with having insurance.

When first shopping, some participants were unaware of how little insurance through Access Health CT might actually cost, as well as the fact that the cost could be significantly less expensive than COBRA (the only other option they thought was available to them). They shared frustration with trying to navigate and make decisions related to healthcare. The notion of having to pay a premium (and still having to pay for care) felt like a “bad deal.” The recently insured felt like they were paying for something, but having little to show for it.

However, newly enrolled members ultimately secured coverage through Access Health CT, largely because it was lower in cost than expected. Having coverage offered participants a financial safety net that allowed them to get care that they could not afford on their own due to a pre-existing condition. Overall, Access Health CT was viewed as a sustainable option (especially when compared to COBRA) that could provide coverage until another employment opportunity with benefits became available.

Observations

The decision to become insured was driven by a change in life, not by a change of mind.

Overall, the recently insured participants viewed themselves as accountable individuals (people who should have insurance) wary of not being able to get care when they need it. With financial security and protection as the ultimate rewards for having health insurance, the recently insured population realized they couldn't afford to go without it.

The long-held belief that health insurance is important to have did not determine participants' eventual decision to secure coverage. Loss of employment, divorce, or becoming ineligible for HUSKY due to an increase in their income were catalysts to losing coverage in the past. These shifts in life situations resulted in stressful periods where participants were working to cover expenses with reduced and/or unpredictable income for an indeterminate length of time.

For those who lost or changed jobs, the cost of COBRA was a shock and led many to think they might have to go without insurance, which was unthinkable and went against their underlying belief system and self-image.

Most were unaware of how little health insurance could cost through Access Health CT, and in some cases, they considered temporarily avoiding the complexities of re-integrating insurance back into their lives.

The recently insured recognized the low cost of their premiums through Access Health CT and the benefits of keeping doctors and medication in place without interruption, as well as having the financial security net of coverage should a need arise. By having coverage in place, they were able to cover the risks that being uninsured created, allowing them to fulfill their perceived role as a responsible adult, contributing to the overall health of their community and setting an example for their families.

Opportunity

Two opportunities were derived from these conversations. First, communicating the affordability of coverage through Access Health CT allowed this population to see that they have a viable option for health insurance. Being present at the places where individuals experiencing life changes frequent (e.g. unemployment offices, divorce attorneys, and hospital/ER) will allow for a connection with Access Health CT at the time in which these individuals need coverage.

Second, these conversations provided a basis of understanding to create stimulus and start a dialogue with the uninsured participants in the second part of the research.

Research Findings—Part 2
Discussions with the uninsured

Discussions with the uninsured: The nine reasons preventing the uninsured from becoming insured

Guided discussions in one-on-one interviews allowed for conversations with uninsured participants about their experience with healthcare, their attitudes toward health insurance, and their reactions to stimulus messaging created as a result of the first part of this research.

Participants self-identified as being uninsured and came to the discussion with a range of familial and life situations including:

Life Changes

- Divorced, dropped from spouse's plan.
- Lost or changed jobs.
- Transitioning between jobs.
- New job, waiting for coverage to go into effect.
- Moved into the state, lost coverage, but had in previous location.
- Left job—offered COBRA, did not take.

Eligibility

- Had HUSKY, but lost it when income increased.
- Deferred Action for Childhood Arrivals (DACA) unable to secure coverage through HUSKY—planned to buy student health insurance upon enrolling.
- Ineligible or no longer qualified for HUSKY.
- Lost coverage for administrative reasons: non-payment, moved across state lines.

Financial

- Canceled for non-payment by insurance company.
- Offered at work and didn't take (or dropped) because it was too expensive and/or the deductible was too high.

Lifestyle or Cultural

- Never had coverage.

The discussions revealed nine reasons preventing the uninsured from becoming insured. Outlined on the following pages, these reasons were not “barriers,” but rather facts to be considered when engaging this audience, and provide specific challenges to be addressed by Access Health CT to support the uninsured in becoming insured.

Reason 1. Assume coverage will not be affordable.

Findings

The uninsured were unaware that subsidies exist to supplement the overall cost of health insurance. As a result, they were unaware of their eligibility for government assistance, or the possibility that either they or their children could qualify for HUSKY. Though Access Health CT provides access to premium assistance or eligibility determinations for Medicaid, this is not general knowledge among the uninsured population.

Observations

Most participants believed that securing health insurance was out of reach. Those who did not have health insurance avoided looking into it entirely if they thought they couldn't afford it. If they were not in a position to afford it, they were also without the time needed to think about how their perceived cost could be lower.

When presented with the amount of financial help available, many participants were surprised by the low monthly cost. To them, this was "just and fair" and opened their minds to looking into what actually was available to them.

Opportunity

A focused message on the idea that health insurance priced through Access Health CT, on a sliding scale according to income, would be effective.

Access Health CT's anonymous shopping allows users to determine eligibility and healthcare options with minimal personal information needed. Performing an analysis of the customer journey will assess users' recognition of how quickly and easily they can evaluate options. This may include the need to focus on a simpler landing webpage that fulfills on marketing campaigns and gets them engaged in the upcoming journey. Access Health CT can then retarget based on the visitation to the webpage to ensure they ultimately convert and enroll.

The most effective ideas and phrases presented in the messages were:

- Plan is priced based on household income.
- Federal government pays part of the monthly cost.
- Costs much less than you think.
- Quality plan.

Reason 2. Premium costs appear to be too high because third-party insurance sellers present plan options that do not offer premium assistance.

Findings

When participants shopped for coverage, they:

- Conducted internet searches that led them to people “selling” them coverage (e.g. aggressive tele-brokers).
- Asked people who they deem experts, such as the person doing their taxes or selling them auto insurance.
- Went directly to a carrier or third-party website.

None of these paths got them to what they felt was quality coverage at a price they can afford.

Observations

The uninsured were very suspicious of the motivations behind the healthcare system as a whole: doctors; hospitals; drug companies; insurance companies; and insurance agents. They viewed all of these entities by their bottom line—to make money from them. Above all else, they wanted information, guidance, and help paying the monthly costs and the overall costs of care, no strings attached.

Without knowing more than the name, participants felt that Access Health CT was an organization that gave people in Connecticut access to healthcare. The name also indicated a connection to state government, which gave participants confidence that Access Health CT was not just an organization trying to sell them insurance.

While they distrusted giving the government personal information, there was a basic element of confidence that Access Health CT was an organization not motivated by profit; an anomaly amongst the companies that participants researched in the past.

Opportunity

Access Health CT’s name is a valuable asset, serving as both a door-opener and lever for those seeking coverage from a reputable source, one that has their true, long-term health in mind. As the only place where people can get access to help from the federal government with premium assistance and cost sharing, a clear message of intent and purpose will distinguish Access Health CT from those offering “cheap” plans and “scams.”

Messaging Considerations:

- Do not appear to sell. Avoid words that can be seen as misleading.
- Be careful not to make people feel they are less fortunate.
- Be empathetic, be understanding, but not disingenuous.
- Give customers a graceful out; not having insurance is a temporary condition, not a reflection on their intelligence, judgment, or character.
- Help people understand the terms used in health insurance and how to find a plan that works for their health needs.
- Avoid scare tactics—they cause distrust and raise immediate psychological barriers to receiving the rest of the message.
- The right balance of state government association helps to allay skepticism and suspicion.

Reason 3. Can't make an additional monthly cost work in their financial reality.

Findings

The uninsured population had little income remaining after paying required monthly expenses, and wanted to avoid adding additional recurring bills. The realities were that, for some, take-home pay was reduced by child support payments, irregular and unpredictable incomes (commission sales, seasonal work, contract work), and monthly bills for competing necessities.

Observations

Many of the uninsured viewed the risk of not having health insurance; they wanted to have insurance, but they had other more pressing and immediate needs and risks to address.

For those with adjusted gross income based on child support payments or other deductions attached to their pay, they did not have enough money left after each paycheck to pay for health insurance. Because the premium tax credits are calculated on their gross income, participants did not receive enough of a credit on their premiums to afford adding health insurance to their list of existing monthly bills.

Opportunity

Access Health CT has a unique position wherein a personalized, high-engagement approach can be offered to hard-to-reach demographics, by connecting with them at the right place and right time.

By stating the benefits of protection from what could be catastrophic medical and financial consequences—without creating a psychological block—Access Health CT is able to build trust and rapport with its potential customers.

For those with inconsistent income that represent a self-employed/commission/seasonal work prospect, Access Health CT could consider implementing flexible payment programs to align payments with the irregular cash flow. This may be a stretch initiative; however it is worth exploring.

Any other opportunities to address this sentiment will require additional analysis and changes at the policy level.

Reason 4. Have a plan for self-care and believe health insurance is a bad deal.

Findings

Some believed that taking care of themselves and spending money on eating well and working out was the best way to manage potential health risks—their version of a “health plan” that seemed to be working. Participants believed that if they were healthy, they wouldn’t need to go to the doctor or hospital and incur expenses that wouldn’t be covered by health insurance. Others believed that pay-as-you-go costs them less than paying for an insurance plan that requires them to continuously pay deductibles and copays. Even those who paid the penalty believed it was better to pay one time than to pay a premium every month.

Observations

Many uninsured did not realize the magnitude of financial and health risks they were exposing themselves to by not having health insurance. Furthermore, they were inclined to take a defensive stance when questioned on their lack of coverage, insisting that they had an alternative plan in place that was working for them.

A large portion of the insured population believed that those who do not have health insurance were irresponsible, or making excuses to avoid securing coverage. However, the vast majority of the uninsured were simply unaware of what health insurance provided, simply could not afford it, or considered other needs in their life as a higher priority.

Opportunity

People view health insurance differently than other forms of insurance. Motor vehicle insurance is something you are required to have, or you can’t drive. Driving connects you to things you need, like work, and ultimately money. Paying motor vehicle insurance has a tangible, immediate benefit. For many uninsured, health insurance does not possess the same type of benefit. Even with a health coverage mandate in place, many did not feel the need to be covered.

Access Health CT can play a role in helping the uninsured population see the importance of having health insurance. By educating this segment on the benefits they would receive without any additional payment outside of their premium—just by having coverage—they may begin to see the value of paying monthly for coverage.

By sharing relevant information on benefits including preventative care, essential health benefits, negotiated rates for care, and better access to doctors and hospitals, the uninsured may begin to feel like there is a system in place designed for them, not in opposition to them.

Reason 5. Health insurance is seen as a nice-to-have (want), not a must-have (need).

Findings

The uninsured had a list of must-haves that they pay for every month. They felt that as long as they were healthy, health insurance was an “extra” they could do without. They could—and did—cope without health insurance, which reinforced the reality that health coverage could be delayed until further notice.

Observations

To the uninsured, there were more pressing needs in their lives than health insurance, and therefore it was hard to both get and retain their attention when talking about health coverage. It was easy for the uninsured not to obtain health insurance because they placed it low on their benefit ladder after factoring in all other monthly and annual expenses.

Because having extra money in a month was rare, the uninsured preferred to do something for themselves like spending time with loved ones, children, or some other “fun” activity. Adding another bill to their monthly expenses was a concept that simply was not considered by those that wished to spend leftover money on things that provide positive, instant gratification.

Opportunity

Those who introduce the cost of health insurance into their monthly expenditures should be met with tangible benefits, as opposed to feeling penalized through recurring bills. Throughout the customer journey, individuals and families alike should be positively reinforced with value-added aspects of health coverage.

Additional activations and member benefits that promote healthy living (such as gym memberships, discounts for purchasing healthy foods, access to well-being services, etc.) for those who choose to be insured provides a message that their purchase is more than just a policy for sick care, but a path toward a healthier life.

Reason 6. Cultural or social norms do not include having health insurance.

Findings

There was no cultural pressure to have health insurance. Unlike motor vehicle or renter's insurance, health insurance did not have the same, "people like me have this, therefore I should as well," effect. Because they had people in their lives that did not have insurance, avoided going to the doctor, paid off medical bills, went to Community Healthcare Centers, or relied on over-the-counter remedies, the immediate social pressure to have health insurance did not exist.

Observations

The most striking difference between many of those who were recently insured and the uninsured, was that the uninsured lived in a culture or environment where having health insurance was not a commonality for the people they loved, lived amongst, and trusted. Inviting the uninsured to lead change in their communities as a first-mover—much like first-generation graduates—was not enough of a motivator to compel action. They did not see enough benefit, or immediate value, to having health insurance to go out and start that discussion.

The uninsured saw people with health insurance as fortunate, where they saw themselves as struggling. They associated health insurance with something that came with steady and secure corporate or government jobs.

Opportunity

In order to generate change, Access Health CT should work to conduct a shift in culture. By continuing to engage with community leaders, state-run organizations, and influencers who represent the communities in which the uninsured live, the importance of health insurance will transition from a topic on the periphery to a front and center action item.

Reason 7. Believe health coverage is not needed.

Findings

Health insurance was something *others* needed—children, older people, those with disabilities. In the minds of these uninsured participants, health coverage provided a protection or cushion for risks they believed they did not have at that point in their lives.

- They didn't get sick.
- They didn't go to the doctor or hospital.
- They thought of health insurance as a protection plan for those that live risky lives, a lifestyle that did not apply to them.

Observations

Those that did not have health insurance for extended periods of time did not feel compelled to re-evaluate because they believed nothing had changed in their lives or health that warranted revisiting the conversation. Catalysts like having children and getting married were deemed as some of the only reasons to have coverage.

However, for those who lived in communities where family and faith play a central role in people's health and well-being, the concept that others relied on them, combined with their susceptibility to illness or unexpected accidents, struck an emotional chord.

Opportunity

The approach to leading uninsured adults to seek out coverage should be delivered in a message similar to the airline industry's in-flight oxygen tutorial: you must first put on your own mask in order to help those around you.

Uninsured parents who have secured coverage for their kids present a very real opportunity for Access Health CT. Since the idea that others are relying on you struck a responsive chord, there is an opportunity to communicate with these uninsured parents to demonstrate to them the benefits and importance of being covered themselves.

In addition, Access Health CT's integrated eligibility engine contains accessible data for the parents of children on HUSKY. Parents have the ability to enroll their children in HUSKY, and this creates an opportunity for Access Health CT to target and deliver this message of self-help in order to help those you love.

Reason 8. Had/have difficulty in getting information, getting insured, and/or staying insured.

Findings

Uninsured participants were frustrated with the processes to find and enroll in health insurance. They encountered roadblocks along the way, and did not want to take the time—or did not have the resources—to navigate through the process of figuring out what plans would work for them and getting insurance without assistance. There were certain steps in the process that were challenging and they did not understand why certain information was needed or how to successfully provide that information to insurance companies (e.g. income verification and household information).

Observations

Health insurance is an exceedingly complex industry to understand and navigate. Varying levels of literacy, limited experience with insurance, complex verification requirements, and time constraints make it challenging for individuals to conduct research and self-shop.

Uninsured residents would benefit from a step-by-step process that guides a novice user through the process with clearly indicated decision points intended to help them successfully enroll.

Opportunity

Access Health CT has the ability to retain existing audiences who seek to become insured by capitalizing on receptive moments. Through building robust partnerships with the resources and physical/digital places that the uninsured utilize for help and advice, Access Health CT could successfully position itself in locations to benefit identified demographics where they live and work. Doctor's offices, 211, housing authorities, faith-based organizations, food banks, community centers, and schools are leading locations that attract individuals who are uninsured, who want to know more about the process, or have started the process themselves and given up.

There is an opportunity to better educate potentially uninsured residents at the point of transition away from HUSKY to ensure a positive experience and retain customers in a Qualified Health Plan. The reintroduction of Navigators can help identify the best opportunities for partnerships and disseminate tool kits/program materials. In addition, continuing to optimize the Access Health CT call center and website experiences will support an increase in positive experiences.

Reason 9. Ineligible for assistance and priced out of the market.

Findings

Some participants found that when they applied for coverage through Access Health CT, they were ineligible for HUSKY or premium tax credits, even though their income was within eligibility limits. For example, undocumented immigrants are not eligible for healthcare coverage, and lawfully present immigrants are often required to have resided within the country for a minimum of five years to be eligible for Medicaid coverage.

In one case, a participant paid their tax penalty for not having healthcare coverage and their child had to buy insurance, without a subsidy, through their college to meet the institution's requirement that all students have healthcare coverage.

Observations

There are uninsured residents who are interested in Access Health CT's offerings, and clearly see the value and importance of health insurance. However, these individuals are either paying for healthcare expenses out-of-pocket, paying a subjectively high amount for health insurance coverage, or not paying for the healthcare they receive.

Policy change may be the only solution that could help this group become eligible for assistance through Access Health CT.

Opportunity

There is limited opportunity without modification of existing policy and/or creation of new policy to address this segment.

In summary, when you put together all nine reasons, it is clear that those that were uninsured evaluated the benefits of health insurance on a different scale than those that were recently insured. The reasons participants stated for being insured did not motivate the uninsured participants, because they were evaluating the benefits of health insurance from different experiences and life perspectives.

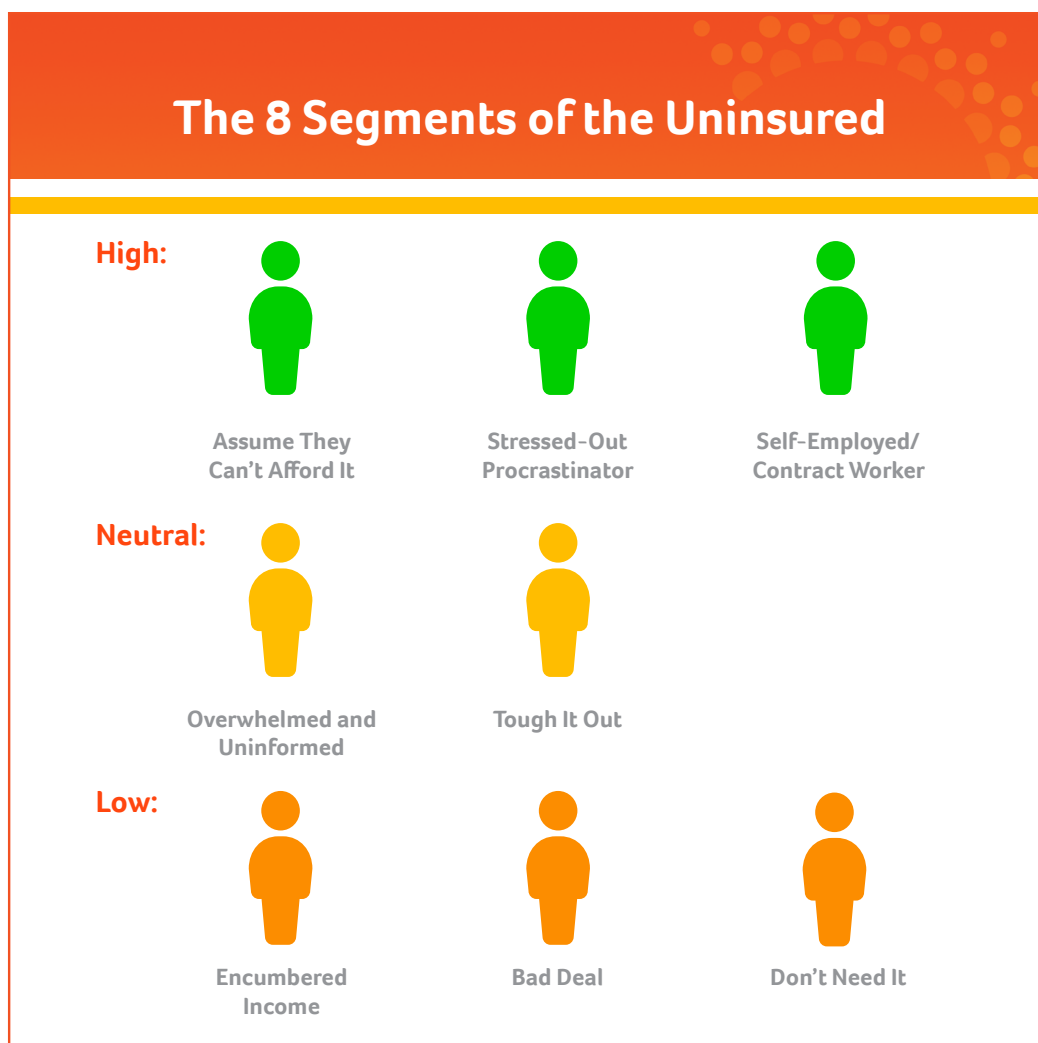
Discussions with the uninsured: The eight segments of the uninsured population

Psychographic characteristics and perspectives of the uninsured population

With health insurance, and in particular for Access Health CT, there is a passing parade of potential customers based on people's current needs. Access Health CT's message becomes relevant for different people at different times in their lives. At any one point in time, people are moving in and out of jobs, relationships and the state. The message becomes more or less relevant to uninsured residents as their circumstances change. For the message to break through socioeconomic barriers, it must connect with people at a time when it will be relevant to them.

The research organized the drivers, barriers, and needs of the uninsured participants into eight segments that outline the probability of an uninsured individual to secure health insurance.

Within these eight segments, three present higher potential, and two are fairly neutral. The remaining three segments have a low potential to convert, and without a life-changing event, will likely not be convinced health insurance is an option for them.



Assume They Can't Afford It

Potential: High



Reaching uninsured residents who assume they cannot afford the costs of health insurance is rooted in the message that help is available to greatly reduce monthly premiums, and that there are people dedicated to helping those interested navigate the journey. While taking care of oneself and one's loved ones is not always an easy outcome to achieve, Access Health CT can serve as an empathetic outlet to guide people through the intricacies of obtaining and maintaining health insurance.

Characteristics and mindsets of this segment:

- Quality healthcare is out of reach for people like them: people who are working but not making a lot of money and struggling to pay existing monthly expenses.
- Health insurance is for people with good, steady corporate or government jobs.
- Federal help to reduce monthly premium costs does not exist. When they see the actual amount of financial assistance for which they are eligible, they are surprised.
- They have very little to no experience or knowledge of health insurance, especially making choices about deductibles, copays, coinsurance, etc.

Access Health CT has the potential to convert this segment by showing them the reality of their costs, based on the premium tax credits, cost sharing reduction, or eligibility for HUSKY coverage.

Stressed-Out Procrastinator

Potential: High



Reaching this segment is all about timing. The annual open enrollment period is a good time to engage this segment, as well as at the time of their qualifying event. Building connections and partnerships with entities that engage with this segment during the life changes that lead them to need insurance will be a crucial step in ensuring this segment finds its way to Access Health CT.

Characteristics and mindsets of this segment:

- They have lost their coverage and have not yet addressed it.
- They are in a chaotic period of their life and health insurance is not a priority.
- When they decide to get health insurance, they find it difficult to secure coverage or to find someone that can help guide them. They do not get to Access Health CT and subsequently, do not have access to quality plans or the federal subsidy.

Access Health CT should promote messages highlighting the fact that there is unbiased, trustworthy assistance available to help find quality coverage, and financial assistance to help pay for that coverage. Additionally, it just takes a few minutes to see available options.

Self-Employed/Contract Worker

Potential: High



With this segment, it is not so much the cost as it is the cash flow and obligation. In some cases, they have had health insurance in the past, so some in this segment may already understand the need and prioritize their expenditures accordingly.

Characteristics and mindsets of this segment:

- Includes uninsured people who did not receive a regular paycheck or steady, predictable annual income.
- In some cases, this segment had higher incomes, but still unpredictable cash flow.
- Due to inconsistent income, some in this segment avoided taking on high recurring monthly bills.
- Some did not have health insurance through an employer but may have in the past. This included people who worked on commissions, self-employed contractors, and artists/freelancers.
- Some indicated spending when they had money coming in and cutting back when they did not. Housing, food, transportation, and business expenses were necessities.

Access Health CT should appeal to this segment's entrepreneurial spirit. In the case of those that are self-employed, find ways to help them consider health insurance as a business expense, as opposed to a personal expense. There are plans designed for people in their situation and in most cases, the advanced premium tax credit could benefit them with low-cost plans.

Overwhelmed + Uninformed

Potential: Neutral



This segment has financial worries that extend beyond introducing health insurance premiums into their weekly, monthly, and annual budget. Considering this, they may be eligible for HUSKY without even knowing that it's a viable option for them. Finding ways to identify those that may be qualified for HUSKY is an opportunity to provide this segment with quick and relevant information.

Characteristics and mindsets of this segment:

- Many individuals in this segment live on a day-to-day budget with the potential for financial disaster; any small setback could be a catastrophe.
- Some had/have real, immediate, and urgent threats to their financial solvency. They can't and won't consider something that will add a monthly expense.
- They have to find solutions for real risks and do not want to spend time, effort, or energy on theoretical risks.

Access Health CT should focus on providing emotional, financial and knowledgeable support for this segment to find financial assistance for premiums, and finding a plan that works for their budget and life.

Tough it Out

Potential: Neutral



People in this segment are convinced they have a viable plan to manage their health. However, Access Health CT may be able to intercept them at the right time, during a trigger or life event, and reach them in an empathetic way (e.g. emergency room, maternity ward, town or city hall for marriage licenses, etc.)

Characteristics and mindsets of this segment:

- They will go without insurance and without receiving treatment for medical conditions until their circumstances change.
- This segment feels they will get another job that will offer insurance or will get a raise, enabling them to afford insurance.
- Some people in this segment try to reduce their risks—or cope—by taking good care of themselves, not going to the doctor and supplementing any/all ailments with over-the-counter remedies.

Access Health CT could shift mindsets of people in this segment by demonstrating that health insurance premiums are lower than originally perceived. Emotional hooks that show empathy and offer help in getting a plan that meets their current healthcare needs and circumstances would be crucial.

Encumbered Income

Potential: Low



People in this segment are one of the most challenging to successfully engage, as their income has not kept pace with other financial obligations in their life.

Characteristics and mindsets of this segment:

- Includes people with higher incomes but not enough in their take-home pay to pay for a health insurance premium.
- Some qualified for financial assistance but it was not enough to bring the monthly premium into a range they could afford.
- Many had incomes that were encumbered by child support, student debt, or other recurring bills that reduce available income to less than the adjusted gross income used to calculate premium assistance.
- For some paying child support, health insurance is not a necessity because their children are covered by the other parent's health insurance coverage or through HUSKY.

Access Health CT should engage this segment of people with empathy and information that demonstrates the existence of health insurance options designed specifically for their reality.

Bad Deal

Potential: Low



Due to the underlying lack of acceptance of the overall principles of insurance, this segment of people is a hard-to-move population with life events serving as the motivating force needed to have them consider coverage.

Characteristics and mindsets of this segment:

- Health insurance is a bad deal, especially when looking at monthly costs.
- They will do better paying as they go, compared to paying an insurance premium and then continuing to pay for healthcare.
- They perceived a tax penalty as a smaller tax refund, as opposed to paying a monthly premium.

Educating this segment about the risk is perceived as a scare tactic sales pitch. Pointing out that they are “leaving money on the table” by not taking the federal subsidy is not an effective approach.

Don't Need It

Potential: Low



Much like the encumbered income and bad deal segments, this segment of people is hard to bring to a consensus on needing health insurance until they have a life event that forces them to face the realities of living without coverage.

Characteristics and mindsets of this segment:

- Tend to be younger people; they haven't been to the doctor much in their lives and they feel healthy.
- Believe healthcare is a bottom of the totem pole need.
- Traditionally referred to as “Invincibles.” They are not opposed to health insurance as much as they feel they don't need it and won't use it.
- They are unafraid of, or perhaps refuse to see, the financial or medical consequences of not being insured.
- Some recognize that as they get older, or if women become pregnant, health insurance may become unavoidable.

Being responsible for significant others, and children who depend on them, may resonate with some in this group. Identifying the risks associated with not having coverage does not compute as a driving force.

Recommendations

Through in-depth research and interviews across uninsured audiences, the following recommendations outline potential drivers to help the uninsured seek out coverage, language to evoke positive responses, and ways to communicate financial aid through federal assistance without directly “selling” ideas to consumers.

Recommendation 1: Focus on Populations with a High Propensity of Being Uninsured

The ACS data points to a few key demographics that index high among the uninsured population and point out areas of focus for Access Health CT. These demographics include:

Age Groups	Race/Ethnicity	Nativity	Household Income
<ul style="list-style-type: none">• 26–34• 35–44	<ul style="list-style-type: none">• Black or African American alone• Hispanic or Latino (of any race)	<ul style="list-style-type: none">• Foreign born	<ul style="list-style-type: none">• Under \$25,000• \$25,000–\$49,999
Employment Status	Residence 1 year ago	Education Level	
<ul style="list-style-type: none">• Unemployed	<ul style="list-style-type: none">• Abroad	<ul style="list-style-type: none">• High school diploma or less than high school diploma	

Recommendation 2: Being at The Trigger Point

The uninsured population is highly nuanced with varying degrees of need. While Access Health CT can't predict all the events that trigger the need for health insurance, partnerships with organizations should be built in order to connect with individuals at the time and place in which customers need health insurance most.

These partnerships could include the emergency and labor and delivery departments at hospitals, faith-based organizations, or all state agencies where social determinants of care are managed, including housing authorities, the Department of Labor, and the Department of Public Health.

Recommendation 3: Presentation of Cost Can Be a Driver and Motivator

Without a need or trigger, there are two potential drivers to converting the uninsured into insured.

1. Many uninsured residents do not explore health insurance based on preconceived notions about the cost of insurance. However, when presented with actual premiums, customers can be surprised by the low cost. Access Health CT should present the uninsured prospect with the cost as quickly as possible in order to keep the conversation moving.
2. Many uninsured residents were interested in hearing that health insurance through Access Health CT was based on a sliding income scale. This felt fair and equitable to many participants. Access Health CT has an opportunity to weave this message into its communications to demonstrate that insurance is for everyone.

Recommendation 4: Additional Payment Support and Flexibility Would Demonstrate Commitment

There is a very large population of workers who have unpredictable incomes, including: small businesses (self-employed), straight commission earners (like real estate agents), contract workers, and seasonal contractors. This presents a barrier to obtaining health insurance because customers are unable to commit to another monthly expense. Access Health CT could consider flexible payment programs to help overcome this barrier.

Recommendation 5: Define and Communicate “Why” Access Health CT is Committed to Reducing the Uninsured Rate

It's very easy to confuse Access Health CT with other organizations selling health insurance because these organizations are aggressively pursuing identical audiences with the type of approach that causes them to prematurely reject the idea of health insurance. A clearly defined purpose for the organization will differentiate Access Health CT, by communicating “why” they should care or pay attention to Access Health CT, further working to diminish any trust issues. There is an opportunity for Access Health CT to simplify the message even further than it is today. The less “marketing-like” the approach, the more this audience will embrace what the organization has to say.

Recommendation 6: Managing Confusion with Human Interaction

The structure, buying experience, and language of health insurance is a challenge for most to understand, particularly the uninsured. When customers come to Access Health CT, it presents a teachable moment and Access Health CT must do a better job than anyone else at guiding them through the process. Access Health CT needs to consider a high-touch model and ensure customer service teams are trained and well-resourced to support this audience's need and desire for hand-holding throughout the process.

Recommendation 7: Guide Those Unwillingly Left Behind

In the current environment, there will be individuals who want health coverage, but are unable to procure health insurance. Once someone realizes that off-exchange options are unattainable, Access Health CT has an opportunity to guide them to options on the exchange. Access Health CT should assess which options exist within Connecticut and consider guiding individuals in need to available community or low-cost healthcare options for those without insurance.

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