



# Remaining Uninsured Research Analysis

*Qualitative Research*

October 2014

# BUSINESS SITUATION



After a successful first year of enrollment, Access Health CT seeks to understand, more precisely target and message to the remaining uninsured in the state (estimated to be 4% of the total population).

## Approach Overview:



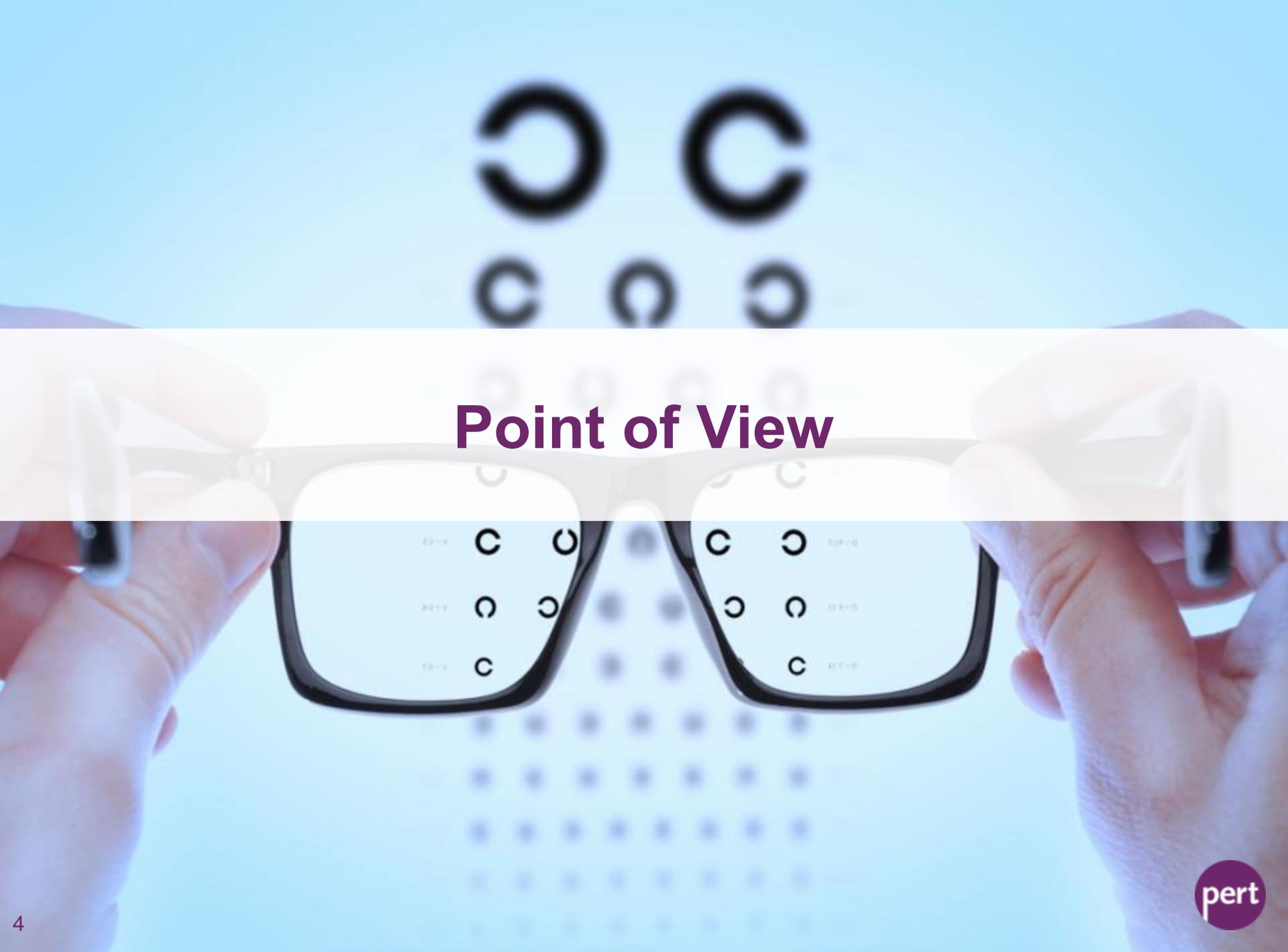
Industry and method expert moderators conducted 19 In-Person In-Depth Interviews of 45-minutes each on 9/23/14 and 9/24/14 in the Greater Hartford County area. Incentives and transportation provided.



- Hartford County residents
- Ages 26-64
- Do not currently have insurance
- Includes 3 African Americans and 4 Hispanics
- Mix of genders, marital status, presence of children in HH, income, education and employment status

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# Point of View

# Point of View



The remaining uninsured are **not as educated about insurance basics as Access Health CT stakeholders may think**. It can be hard to appreciate how little people know about what internal stakeholders take for granted as the basics. For example:

- Many participants believe that the only (or at least the best) way to obtain insurance is through full time employment, and they trust employers to choose the best plans.
- “Coverage” and “insurance” are same thing to the uninsured.



There is a fundamental lack of knowledge which manifests itself in three unique, yet common, personas to whom Access Health CT **must market/communicate**:

1. **The American Dreamers:** The easiest to convert with education about Access Health CT’s purpose and offerings.
2. **The Procrastinators:** Next easiest to convert with ease-of-use functions (e.g. hand-holding) and emotional marketing.
3. **The Invincibles:** A more difficult (likely Year 2) target. These uninsured need deeper seeded emotional and behavioral changes centered on personalization.

## Point of View (cont.)



**The remaining uninsured need a guide to help them understand the confusing and daunting health insurance market.**

- **Some differences by generation** that span the personas. So, messages are the same, but may require different approaches:
  - The biggest difference being that Millennials tend to want someone who understands their unique situation to navigate the process for them, whereas older uninsureds are more like to want to feel in control.
- Important to focus messaging on personas, not on the **very limited ethnic differences** of acculturated African Americans or Hispanics.



**Touchpoints are effectively getting the Access Health CT name out there. Continue to leverage all communication channels. Now education is critical to inform the uninsured as to what the organization does and to dispel myths/assumptions.**

- Get the word out about assistor programs/1-on-1 support, and generate positive, fact-based word-of-mouth through key partnerships (healthcare workers, community centers, accountants/tax preparers).



**When the tax penalty hits, Access Health CT needs to be prepared to convert the remaining uninsured's strong reactions into positive touchpoints for education and enrollment.** Currently, most would only consider looking into insurance options if the penalty reaches the amount of money it would take for them to purchase health insurance.



# Life Priorities

## Detailed Findings

# Thoughts on Current Health Situation



When thinking about their health, uninsureds feel...

## LUCKY

*"I've been pretty lucky, pretty healthy. For the most part, I don't have a lot of problems, just aside from little things."*

*"No health insurance. Luckily – knock on wood – I'm healthy, but you never know."*



When thinking about their health, uninsureds feel...

## NERVOUS

*"When I'm not feeling well and decide just to take some aspirin instead of getting looked at, should I be going to get looked at? I mean, I'm getting nervous – a little bit nervous – because I know these are things I'm supposed to be doing, but I'm not."*

*"Not having it at all is anxiety attacks at night. I wake up with my heart palpitating. I'm nervous, but it's also that I'm really hopeful about a couple of jobs that I've got interviews and stuff like that. I'm hoping it will bring me a job with benefits and this will all end."*



When thinking about their health, uninsureds feel...

## POSITIVE

*"As far as my health is concerned, I'm making better decisions."*

*"I just think I do well enough in terms of eating right and exercising and stuff like that to not have to constantly fixate on it or think about it"*

# The uninsured's number one life priority is their family.

Health and health insurance do not emerge as top priorities for the remaining uninsured.

## 1 Family

*"My family has always been a priority. I'm single. I don't have kids. My brother and both my sisters do, so I see what it is to raise kids and stuff. My family is a priority as well."*

*"Taking care of my family is a priority and making sure everyone is where they're supposed to be and everyone's happy and healthy."*

## 2 Kids

*"Priorities first of all right now is to see my children become successful. I want to get them situated first."*

*"My personal health on a scale of 1-10, maybe a 6. I'm more concerned about my children."*

## 3 Work/Career

*"As of right now, it's finding a job, making sure I'm stable."*

*"I would just say probably trying to find something full time eventually for work."*

## 4 Education

*"My education is my number one priority. I can't let anything get in the way of that because I want to graduate and be successful and have my own family."*

# Health insurance is an after thought for most uninsureds.

However, when prompted, health insurance comes up at the bottom of most uninsureds' priority lists.

**1** Family

**2** Kids

**3** Work/Career

**4** Education



## Health Insurance

Uninsureds know that their health should be a top priority, but do not place it top of mind. Many uninsureds feel that they do not need health insurance because they are “pretty healthy” and have no major health problems.

*“That’s on the back burner, and it really shouldn’t be; it should be at the forefront of it, and I really shouldn’t take it for granted that I’m going to have good health forever.”*

*Right now, it’s just not a priority as it should be.”*

*“It’s important, but like I said, until something might not be good or see some repercussions of choices, it’s not a top priority, I guess.”*

*“I guess, because I started to say initially that I’m not a sick person, so I don’t frequent the doctor. If I had to, I could go to the walk-in and pay for it out of pocket.”*

*That’s how I rationalize that in my mind.”*



# What It's Like To Be Uninsured

## Detailed Findings

# Being uninsured is a highly stressful situation.

It is highly stressful, scary, risky and similarly negatively emotional when people think about it (all too many would “rather not think about it”). They are stressed about “what could happen,” but at the same time they are “rolling the dice” in hopes that something will soon work out in their favor.



# The uninsured take preventive care into their own hands.

The remaining uninsured are quick to list all the tactics they are using as “preventive healthcare” as a way to signal they are doing *something* and to ease some of their anxiety.

Many feel this is simply the best they can do when they are unable to afford insurance.

But some are overly confident in their ability to control their own health to the extent that they do not feel they even need insurance.



## EXERCISE

Holding a gym membership (whether utilized or not), working out, being active in general, sports



## EATING WELL

“I eat my vegetables,” taking vitamins and generally trying to eat healthier



## HEALTHY CHOICES

Cutting back on junk food, avoiding fast food, losing weight



## AVOIDANCE

Not going to the doctor as often (people in the sessions with active growths, rashes and colds going unchecked)

# Uninsured individuals know the extensive drawbacks and choose to live with them.

It is easy for the uninsured to give a long list of drawbacks to being uninsured, but much more difficult for them to brainstorm any benefits to being uninsured beyond cost. Financial assistance without seeming like welfare will be critical.



## Benefits of Being Uninsured

- **Costs less:** Not paying for anything you do not need
- **Choices:** Can go to the doctor of your choice instead of a plan limiting you to a network – do not have to find new doctors
- **Freedom:** Independent, not following the pack
- **Time/effort:** Avoid having to think about the complex topic; get to spend your limited time on other priorities instead



## Drawbacks of Being Uninsured

- **Emotional drain:** Stress, anxiety, worry
- **Sleeplessness:** Not consuming your thoughts
- **Financial:** No guarantee will not need healthcare with a large price tag. Not protected financially – could bankrupt self/ parents/ the entire family
- **Health:** Not going to the doctor as often for preventive, for catching issues earlier on, or for get issues treated before they become more serious
- **Stigma:** “If you don’t have insurance, people automatically assume you’re poor”
- **Future:** If get diagnosed with something, will be difficult and expensive to get insurance later
- **Immature:** Not feeling responsible/adult, doubting yourself
- **Dangerous:** Tempting fate

# Uninsured Profiles

## Detailed Findings



# Profiles of the uninsured directly inform marketing and other strategy elements.

- Meet your audience/future customers for both short and longer term campaigning.
- Common to them all is a fundamental lack of knowledge about anything related to insurance.
- These attitudinal and behavioral profiles hold true qualitatively across ages (26-64) and races (Caucasian, African American, Hispanic) across Hartford County.

## YEAR 1 TARGETS



**THE  
AMERICAN  
DREAMER**



**THE  
PROCRASTINATOR**

## YEAR 2+ TARGETS



**THE  
INVINCIBLES**



**THE  
LOST PEOPLE\***

# Uninsured Profile: The American Dreamer

The easiest profile/segment to reach with baseline education – these may be the low hanging fruit for Access Health CT to tackle this year.

*“I work very hard every day, and I can’t afford to have it, but there are those that don’t work... who could be working, but yet, they get these benefits covered at no cost to them... unfair.”*



## ATTITUDE

My insurance situation is temporary, and I’m actively working towards obtaining employment and thus insurance. I want insurance. I appreciate its value. I just need a full-time job so that I have any access.

## What This Means to You

Communicate that it often takes longer than ideal to land that dream job, but there are insurance options outside of a full-time job. Access Health CT is the responsible thing to do, at least for now. Having quality, reliable insurance is one less thing to worry about while they focus on finding a job.

*“That’s pretty much where my mind goes to every day when I wake up - how I can find a job today... because to me, health insurance comes from a job.”*

## IDENTITY

I see myself as an average American who will eventually be able to achieve what they work towards – it’s the American dream – that’s how life works.

— A campaign of “I did it and Access Health CT helped” would go a long way for people who want to feel empowered.

## ACCESS HEALTH CT

Access Health CT? That sounds like the State has its own plan, similar to HUSKY. I think State plans are lower quality. I work too hard to have to compromise.

Make it clear that a selection of name brand plans are available, not State plans; this realization instilled immediate interest.

## ASSISTANCE

Financial assistance? I don’t need welfare or handouts. I’d rather make sacrifices to pay for myself, and I resent those who get something for nothing.

Talk about making things easier, but avoid implying that they “need” assistance – which is a fine line for the campaign.



# Emotional Profile: Pride of An American Dreamer



American Dreamers are dissatisfied with their current position in life – including their uninsured status. They can relate to messaging that conveys empowerment and pride in hard work that leads to accomplishment.

*"I feel like sometimes I'm moving at a slow pace, and you would like to be further than where you are. To be a rice picker, you have to be very meticulous, and it's really time-consuming. I feel like, right now, my life is not where I would like it to be, but I'm taking those meticulous steps to get there."*

# Uninsured Profile: The Procrastinators

Even though their conversion involves actual behavioral change, the Procrastinators segment can still be a viable year 1 target. Focus messaging around ease of use and emotional relevancy.

*"It doesn't really impact my daily life at all. I don't think about it all the time. I just go about my daily life.. have a big headache... found alternative herbal medicines that work."*



## ATTITUDE

My insurance situation is temporary. Insurance is a good thing to have, but I've decided that I don't need to pursue it yet. I'm not in a hurry. I have other financial priorities right now. It will just work itself out eventually.

### What This Means to You

Make the focus about them. Message that they are their own best investment, and it's never a good time to not have themselves insured.

## IDENTITY

I'm a normal person who is just trying to enjoy their life. Who likes to spend time thinking about insurance? Not me. So I just don't think about it much.

Campaigns need to feature highly relatable people enjoying life in order to appeal. Avoid aspirational figures.

## ACCESS HEALTH CT

I may have heard of them, but I'm not really sure what they are, and I don't want to spend my time researching it.

Communicate that Access Health CT makes the process easier by consolidating multiple options on one site. Caution sounding too "easy" as opposed to "easier" given low threshold for overwhelm.

## ASSISTANCE

I'd like to have someone else just take care of my insurance for me. I'd be interested in hearing more about financial assistance.

They aren't motivated to do it for themselves. Community forums, storefronts, parents' advice and other ways to guide this group through the process and to help them find funding are needed.

*"I guess I just either am lazy or don't know how to put the pieces together to get what would be the best for me... it's not currently urgent, so I just put it in the back of my mind. Wait for a job."*



# Emotional Profile: Fun/Carefree Procrastinators



Procrastinators do not feel motivated by health insurance or similar topics – they dislike thinking about it. They avoid worry and seek to be carefree, wanting to enjoy life.

*“I guess I’m just relaxed about getting health insurance. I’m not worried about this.”*

# Uninsured Profile: The Invincibles

An important Year 2 target. A difficult group to convert based on deeper-seeded emotions, self-image, and ingrained behavior that will be challenging to change.

*"I don't care; it's not a big deal; I'm not going to get sick; I'll just keep doing what I'm doing. I'll take vitamins and eat right and be active."*

## ATTITUDE

I don't really need insurance at this point in my life. Insurance is for those who are elderly (65+) or who otherwise have health issues. It's not for me.

### What This Means to You

Messaging has to make it about them. Testimonials are not compelling/good enough because they already know that there are always exceptions to the rule.

## IDENTITY

I'm healthy and not aware of anything serious genetically that I need to worry about now. I'm in control of my own health by being active and/or working out and eating healthy.

Continue the empowerment theme, but personalization is vital also. May not need as much insurance as others, but they do have a real need that can be tailored to.

## ACCESS HEALTH CT

That's nice for other people. It's not something I need to know about yet.

Make Access Health CT as approachable/relate-able as possible for the average (neither needy nor elite) person.

## ASSISTANCE

If I were to get health insurance in the future, I would be interested in assistance options.

Assistance is for tailoring/personalizing coverage aspects and funding options for them.

*"I'm a standup person, and if I need to pay for something, I pay for it... If you feel there's an imminent (health) threat, you definitely have to protect it... but I could pick up the phone and get insurance in a short amount of time if I ever needed it."*



# Emotional Profile: Confident Invincibles



Invincibles are overly confident in their ability to control their own health to the point of believing they do not need health insurance. This self image translates to a strong need for personalized, customized coverage options.

*“Obviously somebody who’s strong. That’s one thing I’ve become a lot more of since starting my boot camp 16 months ago. Just obviously someone who’s determined and who’s working hard. Exercise or fitness are important.”*

# Across each profile, age plays a small role in health insurance decisions.

- Millennials desire health insurance decisions to be **personalized and custom to their own unique situation**.
- Have “never had to worry about this before” and **need direction/ assistance** on even the very basics of health insurance.
- Many Millennials are more **comfortable with online** tools as well as more tailored guidance.

*“I had [insurance] from my parents up until I was 26, and I had no idea. They just paid for everything.”*



- Older uninsureds want **choices and control, but not anything overwhelming**.
- **Tend to be more educated about specifics** of health insurance, but they still need assistance to understand which options are best as they age.
- Are tech savvy but **may trust and prefer in-person or over the phone**.

*“Again, I just haven’t done it, haven’t done the research yet. I don’t know what’s out there, and I’m not sure really how to begin the process, quite honestly.”*



Continue to focus messaging on the emotionally-driven behaviors of the uninsured (insecurity, indecision, decision-fatigue), while keeping in mind age differences in regards to their preferred purchase path and channel (online vs. one-on-one.)

# For acculturated Americans, race and ethnicity played a minor role, if one at all, in attitudes and perceptions regarding health insurance.

- Respondents were more similar across generational bands than across racial/ethnic lines. Examples that were cited by uninsureds have more implication for healthcare services than for health insurance purchasing behaviors.

*“You feel like you’re in that stigma that surrounds African-Americans that want something for nothing. They want everything handed to them. When you don’t have insurance, you feel, let’s say, a grade below or a little bit below the totem pole, so to speak.”*

*“How about a Middle Eastern person going into a hospital...Say that’s my parent. ‘Gosh, I hope this hospital understands my culture...Do they understand our religion? Do they understand our diet? Do they understand how, historically, my Middle Eastern culture handles healthcare?’”*

- Additional research would need to be conducted with non-acculturated and/or first generation U.S. citizens. This group will be extremely difficult to reach because they fear discussing such topics could have implications for their citizenship, employment, or other areas of their lives.



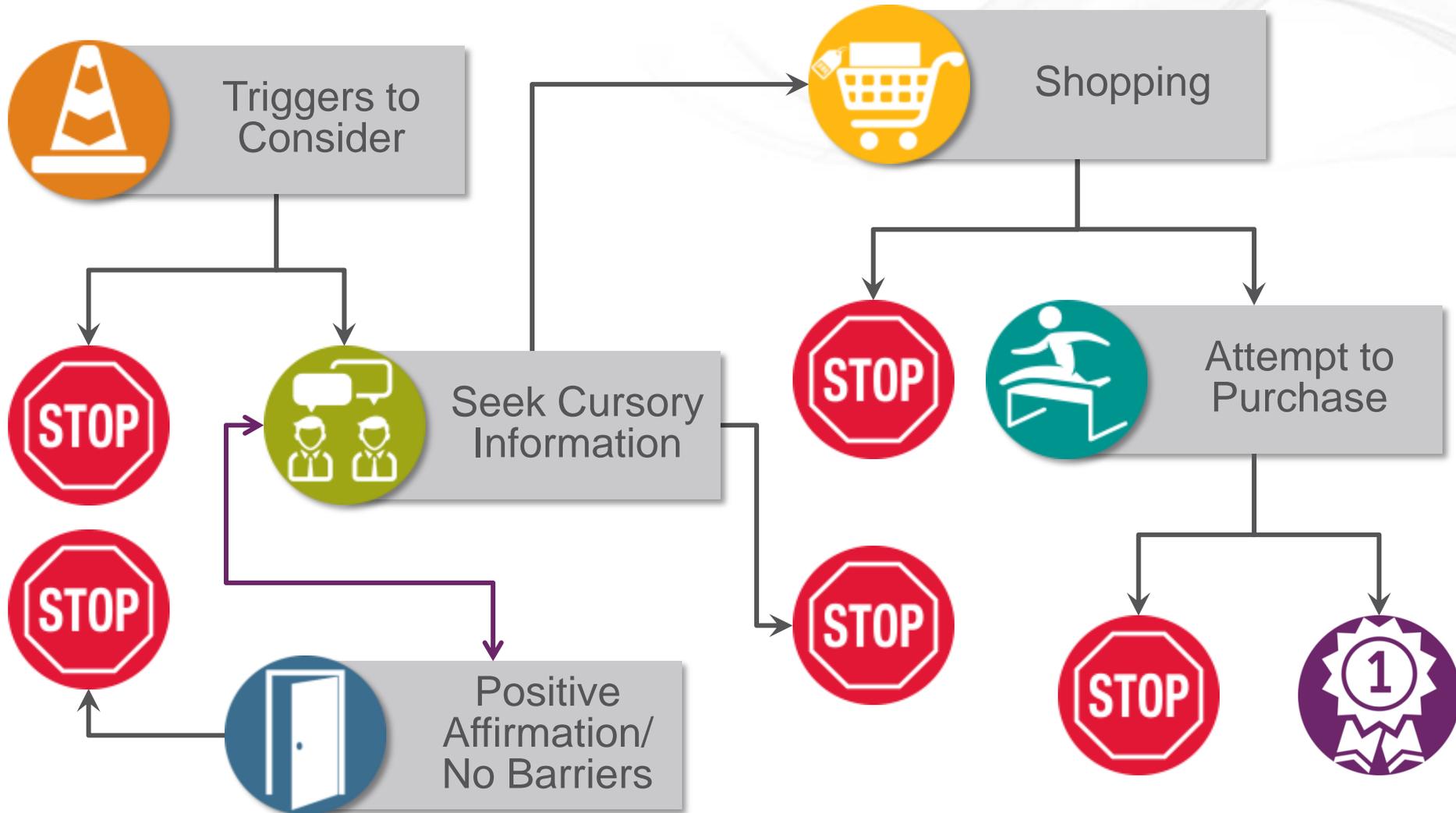
Continue to focus on overall messaging of the emotional behaviors of the uninsured instead of messaging specifically towards race/ ethnicity.



# The Insurance Process

## Detailed Findings

# Mapping The Complicated Health Insurance Process





# Triggers to Considering Health Insurance

Several events trigger consideration for health insurance. Targeting uninsured individuals at these times are crucial for moving forward to purchase insurance.

Witness to life-changing event.

*"As soon as he told me [he got hurt], obviously, my first instinct was to go to the hospital. I wasn't thinking money. But then the reality sets in when you get the bills, and you're like, 'This is what's going to happen every single time.'"*

Loss of a job with insurance.

*"I just lost my job, and that's an adjustment to go from making money to now – and I can't."*

Pressure from family/friends.

*"I went through this with my mom and my husband both – both of them passed – but I know how much of a burden it can be, and I've never been one to ask people to make great sacrifices for my benefit."*

Overall changes due to Affordable Care Act.

*"If the laws are now stating that you have to have healthcare for yourself or you'll be penalized, I'm a little more willing to do it."*



# Seeking Cursory Information

After their trigger, uninsureds then seek very basic information about where to look for affordable insurance through people/ sources they trust.



## FAMILY

Family knows the uninsured's unique health situation and can advise on what medical needs they may have based on history.

*"I call my mom for everything. She's the first person I call to get anything."*



## FRIENDS WITH "EXPERIENCE"

Friends who are in fields impacted by ACA are seen as a valid source of information (even when peripherally involved, like a medical office assistant) because they are perceived as being more aware of what the changes are.

*"Does more research on stuff like that, being a nurse... can come back to me with ideas as far as what route to take more in the know."*



## WORD OF MOUTH

People talk. Many uninsureds find out about reliable insurance options through word of mouth from coworkers or friends.

*"I think sometimes word of mouth is better because you're dealing with somebody you know and trust...and they're not going to steer you wrong."*



## ONLINE

Google searches are common for general keywords such as "Obamacare" or "affordable health insurance."

*"I probably would first turn to the Internet, just Obamacare in general."*



Purchase all paid search terms to limit confusion over fake websites.



## Positive Reinforcement/ No Barriers

After their initial search, the uninsured need positive reinforcement to continue with the process. These individuals are nervous about the process to begin with, so the slightest hint of complication will serve as justification to discontinue to process and cease their search. If, however, they do not encounter barriers, they move forward with the process.

### WHAT UNINSUREDS NEED:

- ✓ Non-threatening language or images.
- ✓ A trusted person to sit down with them and explain the process and the details.
- ✓ Simplified websites where multiple options are easily searchable and sortable.

*“Well, you really don’t want to be stressing about this. It’s stressful enough not having the insurance. You really don’t want to add that much more to the process. You want it to be not too difficult, not too complicated, and you want it to be like a Chinese menu. You want to be able to pick this, this and this. You want it to just be what you want it to be.”*

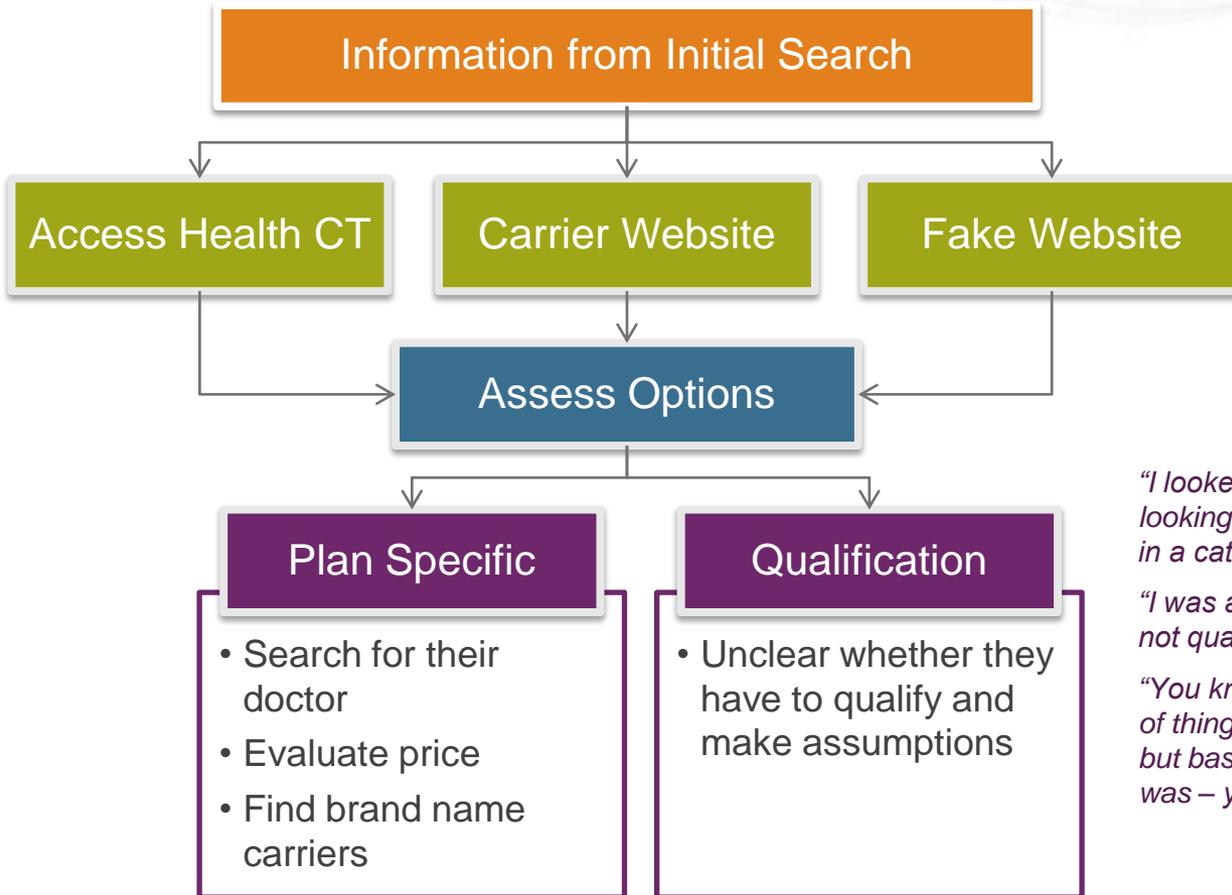
*“Access Health was horrible. The reason I say that is because the website itself. Horrible. You try to get in there and you couldn’t log in, or it was – it just did not work out at all. From there, I waited until it was too late. There was the extension, and I procrastinated and procrastinated and procrastinated.”*

*“That’s where I fall off. We don’t get to that part. She just asks me if I have it and never really sits down with me.”*



# Shopping

After uninsureds have found no real barriers to their initial search for a health plan, they continue on into the shopping phase.



Make Access Health CT's website easily searchable for plan-specific options.  
Educate uninsureds about qualifications.

*"I looked up that website, and then when I was looking at the Obamacare stuff, they kind of put you in a category of what you could afford."*

*"I was already set to get it, but I found out that I did not qualify."*

*"You know, I didn't go too far, and there were a couple of things that said I possibly might qualify for subsidies, but based on the income, I was pretty sure – again, I was – yeah, I think I probably could have gone farther."*



# Attempt to Purchase

At this stage, the remaining uninsured fall within two categories:



## Those who do not complete the form.

These uninsureds attempt to fill out the form, however, they stop because they do not have the answers or information needed to continue (or they wind up on a “fake” site).

They get “stuck” and do not seek out additional help.

*“They needed the verification, like your rent and your job and your car. They need verification, so [you] have to stop and print out. They have a cover letter to print out and send in with, but in that time, I ended up getting another job, so my wages changed, and that means that it’s different.”*



## Those who complete the form but are in limbo.

These uninsureds attempt to submit the form, however, they are unsure of their status because they claim to have heard nothing back or are being shuffled between Access Health CT and DSS.

*“My gripe or frustration there was that I’ve already called them, already taken that step [filling out the application], and they’ve already told me I need to seek help through you. The...the state is telling me again, that I need to call [Husky].”*



Consider further research evaluating whether a pop-up chat assistant will help with unknown questions.

In-person assistance may provide the push uninsureds need to complete.

# Tax Penalties

## Detailed Findings



# The uninsured have limited (if any) awareness of the tax penalty.

To some, the penalty will be an utter surprise and shock. Among the remaining, few can state accurately what the penalty is this year or what it will be in the future. The most informed have only a vague idea that it is a percentage of your income.

*"I'm scared. I haven't researched it. I don't want to know. God, I hope not over \$100."*



*"A percentage of your income basically and relatively small... don't know."*

*"No, I didn't know that...  
Crap! Who's fining us?"*

*"I know it's some percentage of what you make, but I think there's a max or something like that."*

*"You can get penalized \$1,500. I believe that's what it is on taxes if you don't have health insurance."*

# Prepare for the penalty being an unwelcome surprise for many come tax time.



Since the penalty will be unexpected for so many when it finally hits, Access Health CT needs to **be prepared for a new wave of needs/inquiries** from upset individuals at that time.

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More people will be instigated to **seek information for the first time**, even if the penalty is not high enough yet to cause them to purchase.

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This is a critical tipping point for trained operators/consultants to **encourage** people to sign-up for next year, **educate** them on their options and **dispel myths**.

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Also important to ensure Google and websites are **optimized for searching** and **for finding contact information** for the multitudes who will “Google it” for information when the penalty hits.

# When informed, the uninsured exhibit strong reactions to the penalty.

Access Health CT needs a plan for addressing people's anxiety and angry reactions, which include issues such as:

*"Came out of nowhere."*

*"We've got to do something now!  
Who is fining us?"*

*"Let's charge them for not having the insurance that they can't afford in the first place.  
Tell me how that makes sense. Gets me mad."*

*"It used to be a free country, but  
it's not too free anymore."*

*"You shouldn't be forced to do something  
1) you can't afford and 2) you don't feel you  
need. I don't think our country was brought  
up on that premonition."*

*"I don't know if there's some monetary kickback for getting people signed up for this or  
what the real deal is, but I think it's a scam... all of a sudden... Obamacare."*

# Tax Preparers/Accountants will be on the front lines when the penalty hits.

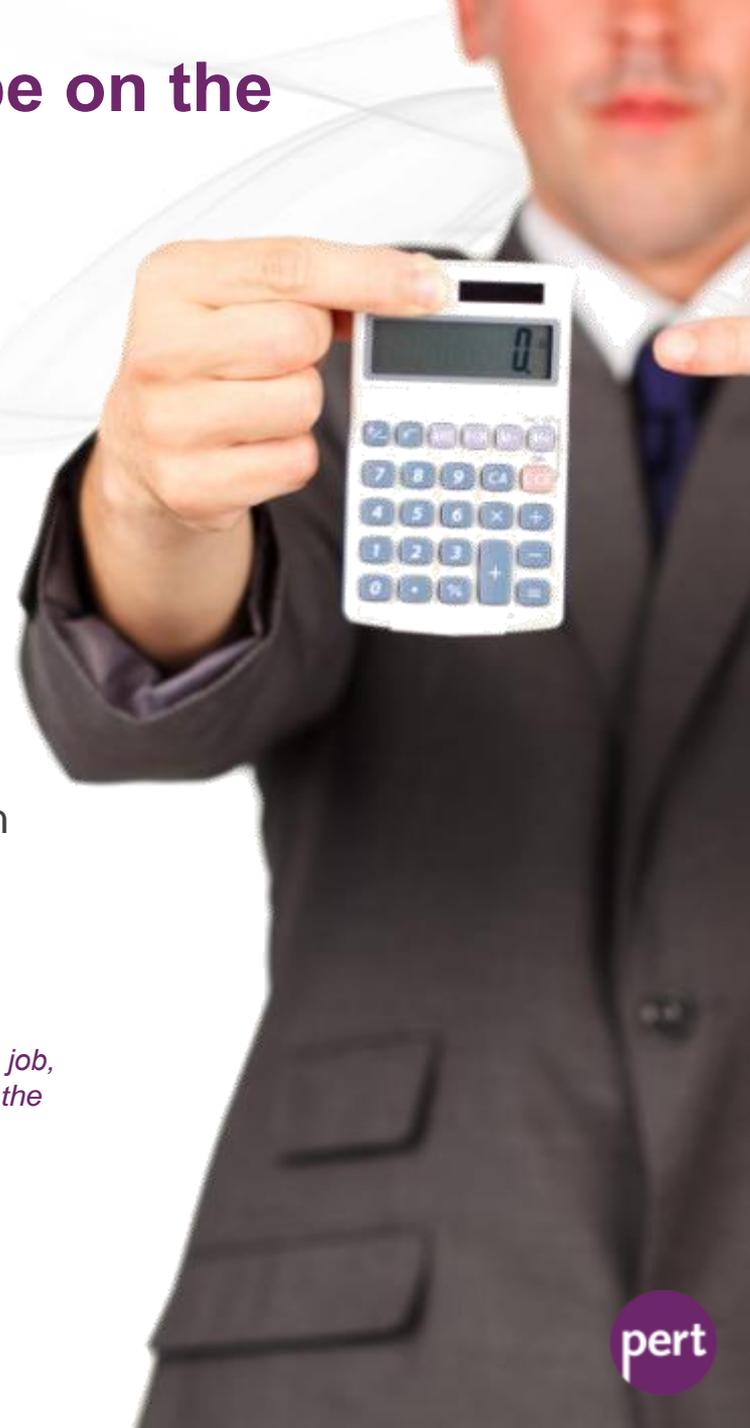
**Accountants (e.g. financial advisors and tax preparers) are an important audience for awareness and education surrounding penalties and savings to pay for healthcare/insurance.**

Upper-middle aged and older uninsured with established relationships with financial advisors are more likely to have heard of the penalties.

Tax preparers will likely be the first lines of communication for others, though.

*“Yeah, when I did my taxes, they told me about that, that there would be a penalty. I’m not sure what it would be, but yeah, they told me about that. At the time, I had a job, so I was like, ‘No big deal.’ I feel like it’s probably going to be a lot – somewhere in the hundreds of dollars range.”*

*“I have an accountant friend I am going to ask for help this tax season.”*



# Access Health CT is cushioned from full force of those strong reactions and associated blame.

The uninsured will not necessarily blame Access Health CT for the penalty, but they **will primarily blame “Obamacare”**.



Leverage your perceived distant affiliation with the government as an advantage, **positioning Access Health CT as a positive conduit** for resolving what the Federal government is requiring.



*“I’ll be frustrated, angry, wanting to write the government a letter – the bill and policy makers... when they decide to let the IRS penalize you, they can be crazy with interest fees and all sorts of things. If that’s compounded into the equation... that’s downright horrible.”*

# Ultimately, the penalty must outweigh the cost of insurance in order to inspire action among the uninsured.

***“1% of Nothing Is Nothing!”***

***“I remember thinking I could afford it, so I took the risk.”***

- The 1% (or even 2%) figure sounds low. Some believe they may even owe nothing.
- People do not readily translate the percentage into the dollar figure they will owe.
- Very few recognize that the penalty will come due all at once as opposed to insurance premiums that could be paid monthly.

***“We’d rather pay the penalty because, in the long run, it’s cheaper than paying into health insurance.”***

- Many would only consider looking into insurance options if the tax penalty gets close to the amount of money it would take for them to purchase health insurance. They would “have to do the math,” but do not know what variables to include.
  - No set figure exists in people’s minds when it comes to the penalty, but as the penalty amount approaches what they think their cost of insurance (e.g. \$3,000) plus expected out-of-pocket medical expenses for the year may be, then a tipping point is reached.
- Several uninsured mentioned using their “rainy day fund” to pay the currently low penalty.

# Myth vs Fact

## Understanding of Access Health CT Detailed Findings

START

# “Obamacare” suffers from negative association with the federal government and welfare programs.

1

“Obamacare” has a negative public image of being “welfare” from the federal government.

- ACA is seldom referred to by its real name; instead uninsureds use the moniker, “Obamacare.”
- Uninsureds also believe it is a government welfare program to only help the poor.

*“I don’t want to go with Obamacare because I don’t really believe in the... principles and all the jazz that’s going around with it, so I’m opting not to go there. If it’s my best decision or not, it’s just what it is.”*

2

These uninsureds don’t need welfare; therefore they don’t need “Obamacare.”

- Uninsureds view themselves as the exception: even though they are low income or unemployed, they do not need any assistance from the federal government.

*“Obamacare came in, but that didn’t really – you know, that helped a certain demographic. There are other demographics that are in that picture that it didn’t really do much for, didn’t change the affordability of it because of financial situations people are in.”*

# The remaining uninsured assume Access Health CT is a state run health program like HuskyHealth.

- To uninsureds, “Obamacare” is to the federal government what HuskyHealth is to the state of Connecticut. So, when uninsureds are asked to describe Access Health CT, they are under the impression that it is a variation of HuskyHealth, not a state-run insurance marketplace.
- The negative stigmas associated with HuskyHealth carry over to uninsured’s assumptions of Access Health CT and include:
  - Welfare insurance for low income and unemployed individuals.
  - Has strict qualification requirements.
  - Offers minimal insurance with subpar quality of care.
  - The provider is the state of Connecticut, not a name brand carrier.

*“Husky is the only one I’m familiar with, so maybe it’s taking over Husky. I don’t know. I was just wondering if it’s maybe something in addition to Husky maybe with different requirements, different criteria you have to meet. I don’t know.”*

*“The poor...rely on...a Husky plan type of insurance, which is very minimal and not very good...It sends you to doctors that are really not up to par with what they should be.”*



Access Health CT needs to distinguish itself from HuskyHealth by educating uninsureds on the differences.

# However, when Access Health CT is explained in detail, uninsureds are significantly more interested.

- Uninsureds are completely surprised upon hearing that Access Health CT is an online marketplace offering plans from name brand insurance carriers as opposed to one or two state run options that are similar to HuskyHealth.
- The remaining uninsured would be considerably more interested in looking into Access Health CT if they knew how the marketplace actually worked.

*"I was very surprised because I wasn't sure what to expect, but when I saw what Access Health was offering...these companies, I was very impressed, very impressed. Even if they did have these reputable companies, I was expecting for them not to have good plans."*

*"Well, the fact that it is a way of researching different companies – kind of like where there's a website for travel where you can compare different ones across the board."*

*"Now, I'm watching the clock, when can I go home and look it up? I mean, I'm certainly interested in looking into it. Again, now that I know what it is, I'm certainly intrigued."*



# Access Health CT has a comprehensive and effective set of communications touchpoints.

- However the remaining uninsured do not recall much about the messaging conveyed through these channels beyond basic name recognition.
- Be sure to focus the upcoming campaign across a variety of channels, with very targeted, concise and memorable messaging:

*"I see it on Facebook, how ads pop up – it just pops up."*

Internet



*"I've heard a ton on the TV ads and stuff like that, which is why I got onto it in the first place."*

Television



*"I know the postcards come in the mail, and I just chuck them because I didn't need it at the time."*

Mail



*"I see it on the bus."*

Bus



*"I've heard it on Pandora radio."*

Radio



*"I keep getting emails and stuff from them, and I don't know what it is, so I don't read it."*

Email



# Knowledge as to Access Health CT's purpose is severely lacking among the remaining uninsured.

- In order to gain more acceptance, Access Health CT needs to educate uninsured on:

1

That Access Health CT offers insurance plans from **brand-name carriers**

2

That **decision-making tools** are available to facilitate ease of use and confidence

3

That plans can be **customized to their unique needs**

4

That **financial assistance – not welfare –** is available across a wide array of qualifications

5

That **plans can be purchased directly** through Access Health CT



# Appendix



# Additional Emotional Expressions



## Healthcare

*"This for maintaining your health and staying active."*

*"This looks like exercise. That's very important. The landscape business, I got a lot of it. Now that I'm not really working so much, a little less of it."*

*I don't work out, but I try to run at least five miles every day. I've been doing that since I was probably 13 years old. Yes, I'm active for my kids and I participate in their sports. I'm always on the move."*

## Healthcare

*"This one is just freeing your mind of burdens of life, just carefree. That, I believe, is huge in health."*

*"Hammock – because I know part of health, sleep is very important. I've actually been working on that, trying to sleep better."*

*"Instantly, my current thought process is with the hammock just because while I've gone into it, I'm lax about it."*

*"Relaxation and rest as huge priorities."*

## Insurance

*"This looks relaxing, which is something I'd like to do. I mean, knowing that I'm okay and healthy puts in my mind a paradise of stress-free living."*



# Additional Emotional Expressions

## Insurance

*"The chaos of the freeway in terms of finding a plan you can afford that works for you that covers what you need."*

*"The roads are options, don't really know where it is, what's going on, what would be the best choice, way to get there."*

*"It's many different roads and highways and byways; the insurance industry is kind of crazy right now. I know people in the insurance industry who have worked there for 20yrs... dumbfounded by it."*

*"A crossroads and all kinds of things."*

*"Probably a lot of options out there; none of them are particularly appealing, not having an income... I do have to explore all kinds of options, so I don't know what direction I'm going to go yet, but I know I'm going to have to go in a direction."*

## Healthcare

*"Commotion and a lot going on. In my head, it's a lot of stress. That looks stressful and makes me think about health and getting my life back together, I guess, and making sure I'm okay."*

## Insurance

*"Out in the cold. I'm by myself. There's no way – I get a bill from going to the hospital to the emergency room, it's my responsibility."*

*"The guy's fishing; he's looking for something. Fishing for health insurance, which I need to have, just have my line out there, hoping that something will grab on."*

## Healthcare

*"This is staying active, doing things you like, which is fishing, and I just told you that's one of my big hobbies. This one is priority."*



# Additional Emotional Expressions



## Insurance

*"It's seating. When you're sitting down, life can tend to be stagnant. Health insurance-wise, I tend to be stagnant where I am."*

*"Well, I'm not miserable because I don't have health insurance, but this is just the absence of the health insurance."*

*"I'm uninsured... empty seats, nothing."*

*"Because I don't have any, and it's kind of empty. That's just where I'm at. I'm not in that seat; nobody is in that seat."*

*"My current health insurance position – empty and nonexistent."*

*"Empty right now, empty. It's really empty right now."*

## Healthcare

*"I guess he's working for a living, but outdoors – I like to do stuff outside to keep healthy. I prefer to run/walk outdoors, be outside, anything."*

*"We're kind of dependent on people, so we have to get our food and welfare from others, so it's important to know where your security comes from, something like that."*

# Additional Emotional Expressions



## Healthcare

*"Yeah, it looks like not even a parent but maybe a grandparent and the baby, just showing the generations and hoping the grandparents are around long enough to see their grandchildren grow up, that kind of thing."*

## Insurance

*"I think I've seen something like that in the past with that type of lighting or maybe a retirement plan, and then I think they always try to go with that angle of wealth or healthiness or wellness."*



## Healthcare

*"I think this one – I'm happy about my health; I really am. I've have pretty good health. I mean, I do exercise, so this is just routine."*

*"Track... exercise... they're smiling and they're happy and they look like they're enjoying themselves."*



**Thank you!**

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