

Connecticut Health Insurance Exchange Consumer Brand Communications Planning and Message Development

Qualitative Phase I Consumer Research Report
Draft 1 – July 27, 2012

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OBJECTIVES

1. Understand Attitudes, Perceptions and Beliefs.

- Understand the full range of attitudes, beliefs and perceptions that will impact the success of the Connecticut Health Insurance Exchange (CT HIX) program and the success of the communications in creating awareness, understanding and desired actions.

2. Develop Messaging Strategy and Guide Communications.

- Uncover the perceptions and underlying beliefs that will inform the development of communications and messaging strategies.
- Understand how the target audience reacts to elements of messages.

3. Develop Audience Segmentation.

- Identify the attitudes, beliefs and behaviors that will inform the creation of a useful segmentation plan.

4. Identify Benchmarks.

- Develop and articulate a battery of attitude and belief statements that can be used in a quantitative benchmark, and later measure changes in the target audience's awareness, knowledge, perceptions of and beliefs about the CT HIX.

Important Note

The focus of this study is communications. The ultimate goal is to introduce CT HIX and to get consumers to open a dialogue with CT HIX. Some of the findings will present the mindsets that will influence how messages are received. Other findings will focus on effective ways to present information and propositions. Inevitably, some of the findings will touch on areas that are beyond the scope of the study, such as various plan options. Those will be presented, but it is important to note that this study should not be considered a means for recommending plan design.

Objective 1. Attitudes, Perceptions and Beliefs

Most consumers:

Believe there is a fundamental unfairness.

- Health care coverage “system” is seen as unfair.
- People do not have health care coverage due to their current employment *circumstances*.
- Circumstances beyond their control had put them in a risk position (a bill they couldn’t afford). Those with families or health conditions are in a high anxiety, sleepless-night situation.

Feel they deserve health care coverage.

- See themselves as “workers” who have paid taxes and premiums so are “owed” coverage, or protection from financial or health disaster. They are not in their minds looking for a handout, only what they deserve.
- See themselves as part of the hard-hit middle class, the ones who never “get a break.”

Don’t know cost of insurance.

- If they had health care through an employer, they do not know how much it cost them, or how much employers contributed.
- No idea how much health insurance costs when buying as an individual.
- Exceptions: (1) COBRA, which was prohibitively expensive, and (2) people who have pre-existing conditions.

The ACA political debate: Most are oblivious, a few are passionately engaged.

(The study was conducted while the Supreme Court decision was pending and then announced).

- For most, health care and health care coverage were not on their radar. They were disinterested and unengaged.
- Some knew about the “mandate” and were opposed to it, seeing it as unfair and illogical. Those who were actively engaged were also vehemently opposed to the Affordable Care Act overall. Their opposition is passionate and supported by arguments they see, and can articulate, as reasoned and logical.

Objective 1. Attitudes, Perceptions and Beliefs (continued)

A slate with one line of writing on it.

- Most knew nothing about the Affordable Care Act and what it would mean to them, other than the mandate and penalties for not having coverage.
- Even people with a pre-existing condition did not know you could not be denied coverage based on their medical condition.
- There was no awareness or knowledge of how the Affordable Care Act will work, what it will do for the uninsured, or how it will be delivered.
- Who is eligible, how it benefits them, and the existence or mechanism of an health insurance exchange are unknowns.

Objective 2. Develop Messaging Strategy to Guide Communications

Uncover the perceptions and underlying beliefs that will inform the development of communications and messaging strategies. Understand how the target audience reacts to elements of messages.

Communication of features

Cost

- Health insurance coverage costs are not known, so when a cost is presented, it doesn't convey difference or value.

The Exchange

- The Exchange is not just a new product, it's an unknown product category.
- Easily comprehend how competition could keep prices down. Also understand the advantage of choice.
- Do not readily understand the Exchange's role in reducing the amount they pay.

Coverage

- Presenting a list of what is covered tends to get consumers confused.

Eligibility

- The target audience for the CT HIX has trouble recognizing that this is a program for them – not just for “the poor.”
- There have never been programs for people in their income, or asset, range.

How the cost of health care coverage is reduced.

- There are many possible areas of confusion: the word Exchange itself, the government's role and how that contribution is delivered, and the amount of assistance for different income levels.

Objective 2. Develop Messaging Strategy and Guide Communications (continued)

Communication of features

State of Connecticut's role.

- Want the State to play a monitoring role to assure quality, and ensure true competition. They do not want the State to run the Exchange or provide the customer service.

Relationship to current state programs.

- Important to not create any sense that any part of the Exchange is connected to existing state welfare program.

Difference from current health care coverage options.

- Must be seen as something *new*: Now there is something available to these groups of consumers who have not been able to get quality health care (providers and hospitals), choice of plan (health insurance company and plan options), and costs that take into consideration people's ability to pay.

Objective 2. Develop Messaging Strategy and Guide Communications (continued)

Guidance for message development

Engaging the target audience.

- Pre-disposed to believe health care programs and insurance plans are not going to benefit them.
- Self image as the beleaguered middle class creates a barrier to communication about a program designed for them.

New – the reason to pay attention.

- The communications cue that will capture their attention is change.
- Have heard, and have become skeptical of, messages that claim better quality and lower prices.

New product.

- The CT HIX brings features to the marketplace that many have never experienced and some features that have not existed before.
- The more the communications assumes a new product introduction tone, the more effective it will be in capturing the attention of the target audience.

Don't let the audience get distracted. Focus on the Exchange, not the law.

- The ACA is a lightning rod for political and philosophical debate that clouds the message.
- Since awareness of the ACA is very low, there's no value in making an overt connection.
- What will bring the target audience to the CT HIX is their self interest: what the CT HIX can do for them.

Objective 2. Develop Messaging Strategy and Guide Communications (continued)

Guidance for message development

Triggers for functional benefits.

- **Quality health care** – The “preventive care and access to top-rated doctors, health centers and hospitals” creates an impression of high quality of care.
- **Quality plans** – Statements that name well-known carriers create the impression quality plans.
- **Choice** – Statements that there will be plans that “fit every budget” and “fit you and your families needs” combined with the listing of insurance carriers leads to perceptions that there will be a large range of good choices.
- **Affordability – (the idea, not the word)** - Statements that “We’re making sure you can afford it” and “The state may help you reduce costs and help you pay for your coverage” make people feel they may be able get coverage for a price that realistically fits current means and situation.

Triggers for emotional benefits.

- **Affirming** – The statement “You deserve great care” creates an impression that the CT HIX mission is to get people the care to which they are entitled.
- **Fairness** – There are phrases that prompt a sense of fairness that is missing for them in the health care coverage marketplace. They create a sense that the CT HIX is, “Leveling the playing field.” Most important in these cues is the elimination of pre-existing conditions affecting availability of coverage or cost.
- **Control** – Choice leads to the emotional benefit of control.

Objective 2. Develop Messaging Strategy and Guide Communications (continued)

Guidance for message development

Language

- **Affordable** – A good idea , but an ineffective word. The word is so subjective that it raises skepticism rather than conveying a benefit.
- **Insurance-speak** – Most of the uninsured have a good idea of what deductibles are. Coinsurance and copays are, in their minds, costs they pay even though they are paying premiums every month. When presenting options to this audience these terms will need to be carefully explained.
- **Conditional words** – Words such as may, could, just about, a chance, and helping throw up red flags. The target audience tends to react negatively to anything that is not concrete.
- **Government-speak** – Words like assistance, aide and subsidies can lead people to believe that the CT HIX is a welfare program.

Visuals

- The visuals used in this study did not add to understanding of the concepts or create meaningful symbols or methods of communication. In many cases, they became distractions as people tried to interpret them or focused on a detail that took them off-track.

Objective 3. Develop Audience Segmentation – Five Segments

Identify the attitudes, beliefs and behaviors that will inform the creation of a useful segmentation plan.

People who are receptive

Three of the five segments are *receptive* to what the Affordable Care Act brings to them and the concept of the CT HIX. They want health care coverage; feel that due to circumstances they have fallen through the cracks; feel their current situation is unfair, they deserve better and are anxious about going without coverage.

Segment 1. People likely to be grateful

- Tend to be older, have health issues, and value preventive care.
- Many have had coverage through an employer.
- Many have seen high cost of buying individual coverage.

Segment 2. People feeling overwhelmed

- Living close to the edge, very little room in their “budgets.”
- No additional expense or bill is affordable.
- Fear a monthly commitment.
- Being uninsured is a risk they live with, with different levels of anxiety.

Segment 3. People appearing skeptical

- Want health care but are skeptical.
- Some think what CT HIX offers is too good to be true.
- Others doubt that it will be good coverage.
- Tend to not have a realistic frame of reference for how health care insurance works, what it covers, or what it costs.

Objective 3. Develop Audience Segmentation – Five Segments (continued)

People who are resistant

Two of the five segments are resistant to the Affordable Care Act and the concept of the CT HIX. They don't want health care coverage, and are not receptive to feature or benefit messages. However, their reasons for not wanting coverage are very different.

Segment 4. People expressing opposition

- Most are engaged in the political debate.
- Visceral opposition to ACA – “Obamacare.”
- Some see it as the first step to socialized medicine or universal health care.
- Others only know of, and oppose, the mandate. They assume the rest of the law is equally repugnant.

Segment 5. People who are unafraid

- Health care coverage is not on their radar.
- Some think they will do better on a pay-as-you-need-it basis.
- Unafraid of the consequences of not being covered, willing to accept the risk.
- Believe there is a safety net that “protects” them.

METHODOLOGY - PARTICIPANTS

Broad Range of Participants

- The uninsured are distributed across a range of income levels, race/ethnicities, genders and geographic areas. To make sure a good cross-section of the uninsured populations was included in the study, minimums were established in each category and tracked.

Income			
FPL	CT # Uninsured	% Eligible for Tax Credit	# In Study
Under 139%	159,299	NA	9
139% - 250%	95,400	44%	97
251% - 399%	55,400	56%	40
400%+	67,900	0%	3
Total	377,900	100%	149

Race/Ethnicity			
	CT # Uninsured	% of CT Uninsured	# In Study
White	207,100	55%	64
Black	44,900	12%	35
Hispanic	94,200	25%	45
Other	31,700	8%	3
Total	377,900	100%	149

Gender			
	CT # Uninsured	% of CT Uninsured	# In Study
Female	163,000	43%	72
Male	215,000	57%	77
Total	377,900	100%	149

Location			
	CT # Uninsured	% of CT Uninsured	# In Study
Fairfield	77,900	35%	46
New Haven	62,100	28%	31
Hartford	37,600	17%	50
Middlesex	4,800	2%	3
Litchfield	3,500	2%	2
New London	21,600	10%	7
Tolland	8,200	4%	1
Windham	9,900	4%	9
Total	225,600	100%	149

METHODOLOGY – RECRUITING AND SETTINGS

Recruiting Approaches and Research Settings

- To make sure that a good cross section of the uninsured population was included in the study, a variety of recruiting techniques and research settings were used.

Date	Recruiting	Location / Referral Organization	Format	#	Focus Area	Location
4/30	Mall Intercept	Enfield Square Mall	Individual Depth Interviews	8	Uninsured	Enfield
5/21	Health Center Intercept	Saint Francis Care	Individual Depth Interviews	2	Uninsured	Hartford
5/21	Community Intercept	Hartford Public Library	Individual Depth Interviews	2	Uninsured	Hartford
5/22	Community Intercept	Capital Community College	Individual Depth Interviews	4	Uninsured	Hartford
5/24	Health Center Intercept	United Community and Family Services	Focus Group	7	Consumer Board Members	Norwich
5/30	Mall Intercept	Connecticut Post Mall	Individual Depth Interviews	8	Uninsured	Milford
6/6	Pre-Recruit	Central Interviewing Facility	Focus Group	18	Session 1: Uninsured 1 in Household Session 2: Uninsured 2+ in Household	North Haven
6/7	Pre-Recruit	Central Interviewing Facility	Focus Group	17	Session 1: Uninsured Females Session 2: Uninsured Males	Stamford
6/7	Community Intercept	The Salvation Army	Individual Depth Interviews	4	Uninsured	Bridgeport
6/7	Health Center Intercept	Optimus Health Care	Individual Depth Interviews	8	Uninsured	Bridgeport

METHODOLOGY – RECRUITING AND SETTINGS

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Date	Recruiting	Location / Referral Organization	Format	#	Focus Area	Location
6/7	Community Intercept	Newhallville Community Resource Center	Individual Depth Interviews	6	Uninsured	New Haven
6/12	Pre-Recruit	Central Interviewing Facility	Focus Group	15	Session 1: Uninsured 45-64 year olds Session 2: Uninsured 25-44 year olds	Farmington
6/12	Community Intercept	Danbury Public Library	Individual Depth Interviews	4	Uninsured	Danbury
6/19	Community Intercept	Eastern Connecticut State University	Individual Depth Interviews	3	Uninsured	Willimantic
7/6	Pre-Recruit	Central Interviewing Facility	Focus Group	7	Uninsured Females	Hartford
7/9	Community Organization	Advocacy for Patients with Chronic Illness	Individual Depth Interviews	4	Individuals living with chronic illness	Hartford New Haven
7/9	Pre-Recruit	Central Interviewing Facility	Focus Group	5	Uninsured Males - 1 in Household	Hartford
7/9	Pre-Recruit	Central Interviewing Facility	Focus Group	8	Uninsured Mixed Group	Hartford
7/10	Health Center Intercept	Generations Family Health Center	Individual Depth Interviews	6	Medicaid	Willimantic
7/10	Pre-Recruit	Central Interviewing Facility	Focus Group	7	Uninsured Hispanic Dominant	North Haven
7/12	Pre-Recruit	Central Interviewing Facility	Focus Group	6	Uninsured Males - 1 in Household	Danbury

METHODOLOGY – INTERVIEW STRUCTURE AND TOPICS

Iterative Approach

- Building on the insight and understanding gained in each individual depth interviewing session or focus group, the interview approach and concepts were revised several times during the course of the study. The focus was always on the overall research goals, and modifications were made to increase the depth and clarity of our insights and understanding.
- Below and on the next page are short descriptions of changes in the interview structure and stimuli (concepts boards and feature descriptions) that were made as the study progressed.

Sessions	Interview Structure	Stimulus
Individual Depth Interviews Enfield – April 30 Focus Group Norwich – May 24	<ul style="list-style-type: none"> • Current health care mindset/experience • Concept exposure and reaction Concept Areas: Empowerment, Access, Guiding Star, Choice, More Affordable/Easier • Participant construction of concept to examine logical thought process and priorities • Anticipated sources of information 	8 Concept Boards Typical Cost Per Month Card
Individual Depth Interviews Milford – May 30	<ul style="list-style-type: none"> • Current health care mindset/experience • Concept exposure and reaction You need healthcare coverage; The health care rules have changed; Coverage you need at the price point you need it to be; Affordable and great plan; Affordable and easy • Participant construction of concept to examine logical thought process and priorities • Reason for not participating • Anticipated sources of information 	5 Revised Concept Boards Feature Descriptions Typical Cost Per Month Card

METHODOLOGY – INTERVIEW STRUCTURE AND TOPICS

Iterative Approach

- Changes in the interview structure and stimuli (concept boards and feature descriptions) that were made as the study progressed.

Sessions	Interview Structure	Stimulus
Focus Groups North Haven – June 6 Stamford – June 7	<ul style="list-style-type: none"> Current health care mindset/experience Concept exposure and reaction Concept Areas: Empowerment, Access, Guiding Star, Choice, More Affordable/Easier Obstacles to participation Participant construction of concept to examine logical thought process and priorities 	5 Revised Concept Boards Feature Sheet Actual Cost for Participants
Focus Groups Farmington – June 12	<ul style="list-style-type: none"> Current health care mindset/experience Concept exposure and reaction Concept Areas: You need health care coverage; The health care rules have changed; Affordable and great plans Participant construction of concept to examine logical thought process and priorities 	3 Revised Concept Boards Feature Descriptions Actual Cost for Participants
Individual Depth Interviews Hartford/New Haven – July 9 Willimantic – July 10 Focus Groups Danbury – July 12	<ul style="list-style-type: none"> Current health care mindset/experience Concept exposure and reaction Concept Areas: You need health care coverage; The health care rules have changed; Affordable and great plans Participant construction of concept to examine logical thought process and priorities 	3 Revised Concept Boards Revised Feature Descriptions

METHODOLOGY – INTERVIEW STRUCTURE AND TOPICS

Iterative Approach

- Changes in the interview structure and stimuli (concept boards and feature descriptions) that were made as the study progressed.

Sessions	Interview Structure	Stimulus
Initial Intercept Interviews Hartford – May 21 -22 African American and Hispanic Participants	<ul style="list-style-type: none"> Current health care mindset/experience Initial concept exposure and reaction Concept Areas: Empowerment, Access, Guiding Star, Choice, More Affordable/Easier Obstacles to participation Cultural insights to decision making Participant construction of concept to examine logical thought process and priorities 	5 English Concept Boards 5 Spanish Concept Boards
Intercept Interviews New Haven – June 8 Bridgeport – June 7 Danbury – June 12 Willimantic – June 19 African American and Hispanic Participants	<ul style="list-style-type: none"> Current health care mindset/experience Initial concept exposure and reaction Concept Areas: Empowerment, Access, Guiding Star, Choice, More Affordable/Easier Obstacles to participation Cultural insights to decision making Participant construction of concept to examine logical thought process and priorities 	5 Updated English Concept Boards 5 Updated Spanish Concept Boards

METHODOLOGY – INTERVIEW STRUCTURE AND TOPICS

Iterative Approach

- Changes in the interview structure and stimuli (concept boards and feature descriptions) that were made as the study progressed.

Sessions	Interview Structure	Stimulus
Focus Groups Female/Mixed Race Hartford – July 6	<ul style="list-style-type: none"> Current health care mindset/experience Concept exposure and reaction Concept Areas: You need health care coverage; The health care rules have changed; Affordable and great plans Participant construction of concept to examine logical thought process and priorities 	3 Revised Concept Boards Feature Descriptions Actual Cost for Participants
Focus Groups Female/Mixed Race Hartford – July 6	<ul style="list-style-type: none"> Current health care mindset/experience Concept exposure and reaction Concept Areas: You need health care coverage; The health care rules have changed; Affordable and great plans Participant construction of concept to examine logical thought process and priorities 	3 Revised Concept Boards Feature Descriptions Actual Cost for Participants
Focus Groups Mixed Race/Ethnicity Hartford – July 9	<ul style="list-style-type: none"> Current health care mindset/experience Concept exposure and reaction Concept Areas: You need health care coverage; The health care rules have changed; Affordable and great plans Participant construction of concept to examine logical thought process and priorities 	3 Revised Concept Boards Feature Descriptions Actual Cost for Participants
Focus Groups Mixed Race/Ethnicity Bridgeport – July 10	<ul style="list-style-type: none"> Current health care mindset/experience Concept exposure and reaction Concept Areas: You need health care coverage; The health care rules have changed; Affordable and great plans Participant construction of concept to examine logical thought process and priorities 	3 Revised Concept Boards Feature Descriptions Actual Cost for Participants

ORGANIZATIONS OF FINDINGS

Very different audiences joined by two common characteristics.

People without health insurance coverage, the primary target audience for the Connecticut Health Insurance Exchange, are not one heterogeneous audience, but rather a mosaic of several different audiences unified by two common characteristics: not having health care insurance and having a household income between 139% and 400% of the Federal Poverty Limit.

Nothing is true for everyone.

With increased understanding of the different audiences, it became apparent that when the subject is health care, attitudes, beliefs, knowledge, and reactions to facts and propositions, nothing is true for everyone.

Segments first, then common themes and messaging guidance.

To truly understand this complex marketplace, it is important to look at groups individually first, and then look at the overall generalizations that apply across most of the segments. So, before the overall findings are presented, the segments will be presented. Then the generalized overall findings will be presented. Finally, the insights and understanding that will guide messaging will be presented.

I. TARGET AUDIENCE SEGMENTS

Findings from this qualitative study suggest **five types of potential customers or market segments**.

Each segment is defined by a different constellation of attitudes and beliefs that define and differentiate them, and will influence their behavior. In this qualitative study we describe five segments that appear **differentiated by their attitudes and beliefs**.

In the upcoming quantitative study we will determine how large each segment is and create a demographic profile of each segment.

Three of the segments appear to be receptive to the ACA and the concept of the CT HIX. There are those who will likely be *grateful*, people *overwhelmed* by their circumstances, and people who appear particularly *skeptical*.

Two of the segments appear to be resistant to the ACA and the concept of the CT HIX. The two segments can be described as; People who appear opposed and those who are unafraid.

The segments are described in more detail in the next five slides.

Multicultural participants shared many common characteristics with the general market participants, which can serve as a basis for a consistent brand platform. However, there were also distinct cultural differences that will require culturally relevant transcreations and approaches.

THE TOTAL AUDIENCE

The **uninsured** in Connecticut with household Income between 139% and 400% of FPL



- Receptive and want health care coverage.
- Feel that, due to circumstances, they have “fallen through the cracks” and that is unfair.
- Anxiety about going bare.



- Resistant and don't want health care coverage.
- Their reasons for not wanting are very different.

FINDINGS – GROUP A – SEGMENTS



- Want health care coverage.
- Due to circumstances have fallen through the cracks.
- Feel their current situation is unfair, they deserve better.
- Anxiety about going bare.
- The majority of multicultural participants fell into this category.

People Likely to be Grateful

- Tend to be older, have health issues, and value preventive care.
- Many have had coverage through an employer.
- Many have seen high cost of buying individual coverage.

People Feeling Overwhelmed

- Living close to the edge, very little room in their “budgets.”
- No additional expense or bill is affordable.
- Fear a monthly commitment.
- Being uninsured is a risk they live with, with different levels of anxiety.

People Appearing Skeptical

- Want health care but are skeptical.
- Some think what CT HIX offers is too good to be true.
- Others doubt that it will not be good coverage.
- Tend to not have a realistic frame of reference for how health care insurance works, what it covers or what it costs.

People Likely to be Grateful

They tend to be a bit older, have health issues, and value preventive care. Currently, they are delaying care they need or paying off care they needed but could not “afford.” They have had coverage and now don’t, so there is no need to convince them of the value or wisdom of having coverage. They are the ones who dread a health crises while they are “bare.” They are proud, they believe they have been doing the right thing, paying for insurance and taxes, and therefore deserve a break, but they aren’t looking for a handout.

People Feeling Overwhelmed

They are living close to the edge, very little room in their “budgets.” Insistent and immediate expenses (housing, food, car, car insurance, cell phone, school) claim all of their income. No additional expense or bill is affordable. Unstable jobs, under-employment or running out of unemployment make them fear a monthly commitment. Being uninsured is a risk they live with...but it isn’t the only, or the biggest or most imminent risk in their lives. Some have gotten close to the edge through changes in their “circumstances,” and they fear another change could be around the corner. Others are fighting to stay close to the edge and not fall back into poverty and state aid.

People Appearing Skeptical

This segment cuts across all life stages, circumstances and experiences. They want health care but are skeptical about “promises” of what will be delivered. Two kinds of skepticism. One questions if it is “too good to be true” and wonders how it is being done. The other questions “how good is it really” and wants to see numbers and specifics. When they see those, they want more information. They are looking for the “trick,” quick to point out what is missing and what’s not a “good deal.” They tend to not have a realistic frame of reference for what health care insurance covers or what it costs.



- Don't want health care coverage, not receptive to feature or benefit messages.
- Reasons for not wanting coverage are very different.

People Expressing Opposition

- Most are engaged in the political debate.
- Visceral opposition to ACA and Obamacare.
- Some see it as first step to socialized medicine or universal health care.
- Others only know of and oppose the mandate.

People who are Unafraid

- Health care coverage is not on their radar.
- Some think they will do better on a pay-as-you-need-it basis.
- Unafraid of the consequences of not being covered.
- Believe there is a safety net that "protects" them.

People Expressing Opposition

They tend to be male, a little older, and upscale. They are passionately engaged in the political debate and opposed to “Obamacare.” They feel it won’t happen: the act will be repealed or struck down. See it as the first step to socialized medicine or universal health care. Some see need, even a personal need for health care coverage, but are adamant in their stance that this is not the right way to meet that need. They believe paying for health care is a personal responsibility, not a societal responsibility.

A subset of this segment, who tend to be younger males, is opposed only to the mandate. Not objecting on political, societal or constitutional basis: their issue is being forced to pay for something they aren’t buying. To them that makes absolutely no sense.

People who are Unafraid

This segment tends to be male. Health care coverage is not on their radar. The only time they go to the doctor is in an emergency. In their logic, they will probably pay more if they have insurance: premium, plus deductible, plus copay, plus coinsurance. They think they will do better on a pay-as-you-need-it basis. And, they definitely do not want to “pay” for anyone else. They don’t formally recognize it, but they reject the concepts of insurance and shared risk.

They are unafraid of, or don’t think of the consequences of, not being covered. They know that health care is expensive and that costs for illnesses and accidents can be enormous, but that knowledge doesn’t make them fearful, they don’t have sleepless night about being bare. It is just not anywhere near top of mind. Additionally, some believe, or have seen, that there is a safety net. Hospitals have to treat them, hospitals will find a way to reduce charges or get the state to pay, or they’ll just pay off a bill over time, a few dollars a month.

II. PRE-EXPOSURE MINDSETS

The messages that will be communicated in the introduction of the Connecticut Health Insurance Exchange will be **received and processed through the filter of current attitudes, knowledge, and beliefs.**

The next section looks at area of consumer mindsets. The first area of focus is **Health Care Coverage**, the second area of focus is the **Affordable Care Act**.

FINDINGS – ATTITUDES, KNOWLEDGE AND BELIEFS ABOUT HEALTHCARE COVERAGE

There is a fundamental unfairness.

The most common theme in people's attitudes and relating of their experiences was that the health care coverage "system" was unfair. The vast majority of the people interviewed in the study reported that they did not have health care coverage due to their current employment *circumstances* and that was unfair. There was some negative undercurrent and anger based on the perception that lower-income individuals and illegal immigrants are getting free health care when long-time tax and premium payers did not. Conversely, several minority participants indicated they felt fundamental unfairness in their access to quality health care coverage.

Circumstances beyond their control.

Many had lost jobs, some were self-employed, others were contract workers or worked for companies that offered "bad" plans (either too expensive or did not provide coverage they would ever get to use due to high deductibles). In their minds, circumstances beyond their control had put them in a risk position (a bill they couldn't afford). For others, especially those with families or health conditions that require medical attention, in a high anxiety, sleepless-night situation.

In their minds they are workers.

The self-image of most of the people we interviewed is that they are workers. They may be unemployed workers, self-employed workers, undercompensated workers, but all workers and most importantly tax payers. There was a widely held belief that they had paid taxes, and were therefore "owed" coverage, or at least protection from financial or health disaster.

Do not want a handout.

For some, this self perception as hard-working tax paying citizens makes it difficult for them to believe there is a program that is designed to benefit them. It also makes it difficult for some of them to accept the idea that there is financial assistance, which they see as a handout, available to them.

FINDINGS – ATTITUDES, KNOWLEDGE AND BELIEFS ABOUT HEALTH CARE COVERAGE

Caught “between.”

Many characterized their situation as being caught between those who get health care coverage care because they don't work and those who get health care coverage because they work for the right companies. Many see themselves as part of the hard-hit middle class, the ones who never “get a break.” In their minds: the wealthy don't pay taxes, while they pay taxes they can't afford to pay; the poor “get everything for free,” while they have to pay for everything.

State program.

In addition to not wanting a handout, there is a belief, especially among those who have been covered by Medicaid (either themselves or as a family member when they were children), that health care coverage provided by the state is characterized by minimal coverage, poor access and second-class treatment, medically and socially, when they go for care.

Cost of insurance.

Most of the uninsured who have had health care through an employer do not know, or do not recall, how much it cost them or the amount of the employer contribution.

Most people had no idea how much health insurance costs when buying as an individual, and most had never investigated health insurance plans or costs. There were two important exceptions to this. The first was people who had lost their jobs and had been offered COBRA which was often half of their unemployment benefit and therefore unaffordable. The second exception was people who have pre-existing conditions, ranging from cancer, to diabetes, to genetic disorders, and even high BMI. In some cases, they could only find health care coverage at costs that were far beyond their means through a high risk pool for people with pre-existing conditions.

FINDINGS – ATTITUDES, KNOWLEDGE AND BELIEFS ABOUT HEALTH CARE COVERAGE

Women and children first.

Some of the uninsured men reported that their children and their children's mothers were receiving coverage through existing state programs. This made them feel that they had done their duty, making sure that the most vulnerable were covered and that they were only leaving themselves uncovered and this was an acceptable risk.

A misunderstood language and constructs.

Many do not have an accurate understanding of the language of health care. In discussing concepts and plan features, it became apparent that terms such as network, access, copay, coinsurance catastrophic were often misunderstood. Deductibles are understood and are a sticking point. Some people feel that they are getting nothing for the money they pay when they have to pay for insurance (premiums) and then still have to pay for care. Copays and shared cost are easier for them to understand...if they know the insurance they paid for is paying on their behalf.

Not top of mind.

The second topic in every interview and every group was introduced by the open ended question, "What do you think about what's going on in health care and health care coverage?" Even though these sessions were held during the period when the Supreme Court decision (pending and actual) was in the news every day, the Affordable Care Act was far from top of mind for almost all of the participants. Only when the prompt was given "What have you been hearing and thinking about the Affordable Care Act or Obamacare?" did people offer comments...and those were overwhelmingly negative. The segment of the audience that is opposed to the Affordable Care Act either on a fundamental basis, or on the basis of the mandate, were the only ones who had any knowledge or articulated an opinion.

FINDINGS – ATTITUDES, KNOWLEDGE AND BELIEFS ABOUT THE AFFORDABLE CARE ACT

The unengaged.

The others, making up the great majority, were disinterested or neutral on the ACA. In one session, respondents were asked “Is it a good idea?” and more than half responded “no.” When probed, the reason for the “no” was “I don’t know enough about it.”

The vehemently opposed.

There is a segment that is vehemently opposed to the Affordable Care Act. Their opposition is passionate and is supported by an argument that has its own logic. Their opinions covered a wide range: from feeling that the current law and program was not the way to solve the problem; that it was moving the country toward socialism and universal health care; that it was extending the “welfare state;” that it was unconstitutional; that it was so complex, at thousand of pages, that “all kinds of things are hidden in there;” and finally that it would be repealed, so there’s no need to learn about it.

The mandate.

The other group that was opposed to what they called “Obamacare” were opposed to the mandate. To most of them, the issue was that they did not want to be told what they had to buy by the government. To a few, it was illogical to penalize people for not buying something they could not afford. Participants displayed a vehement opposition not only to the mandate regulation, but also to any related messages. Mention of the penalty often obstructed participants’ ability to focus on other elements of the message.

FINDINGS – ATTITUDES, KNOWLEDGE AND BELIEFS ABOUT THE AFFORDABLE CARE ACT

The features and benefits are unknown.

Virtually no one recruited from the public at large (focus groups, mall intercepts) knew anything about the Affordable Care Act and what it would mean to them, other than the mandate. Even people who did not have health insurance and had a chronic illness or pre-existing condition that led to them being denied coverage, did not know of the provision in the law that would guarantee them the right to buy a plan.

Who does it benefit?

Even though each group and each interview was told early in the session that they were included in the study because they: 1) did not currently have health care coverage and 2) were in the income range of people who would be eligible for health care coverage under the Affordable Care Act...they did not appear to fully grasp that they were the ones who would benefit from the Act. It is only speculation, but perhaps this lack of comprehension is fueled by a deeply held perception that state or government programs do not benefit the “middle class.”

How does it work?

This falls into the silence speaks louder than words category. There was no awareness or knowledge of how the Affordable Care Act will work, what it will do for the uninsured, or how it will be delivered.

One known and many unknowns.

As has been stated earlier, the only point of knowledge is that coverage will be mandatory, and there will be penalties for not having health care insurance. Who is eligible, how it benefits them, and the existence or mechanism of a health insurance exchange are unknowns.

III. THE CONNECTICUT HEALTH INSURANCE EXCHANGE AS PRODUCT – FEATURES AND BENEFITS

In the first set of interviews and focus groups the understanding of, and reaction to, the features and function of CT HIX was explored by presenting the features in the context of a concept.

An important turning point in the research occurred with the understanding, about midway through the study, that the effectiveness of communication of the Exchange was being affected by the issues surrounding the Affordable Care Act.

The goal of the communications is to bring people through the door of the CT HIX, not to “sell” or influence perceptions of the Affordable Care Act.

Therefore, in the second half of the study, the interview was restructured to explore the CT HIX as a new product. People were told that the CT HIX would come into existence in 2014 as a result of the ACA. Greater emphasis was put on consumers’ understanding of what the product is (features), what it does for them (benefits), and why they should try it (purchase intent).

Order of interest.

A list delineating the subject of the eight (8) features was presented and prioritized in each group session. The order in which people in the groups wanted to learn about the features of the CT HIX was:

1. How much it will cost for plans.
2. What the Health Insurance Exchange is.
3. What coverage will be offered in the plans.
4. Who will be eligible to participate.
5. How the government will help reduce the cost of health insurance coverage.
6. What the State of Connecticut's role is.
7. How it will be different from current state programs.
8. How it will be different from current health insurance options.

1. How much it will cost for plans.

The cost was initially presented as price limit per month based on the household size and income participants reported. In the second round of interviews, cost was presented in three components: monthly premium based on household size, percent of copays paid by the person and the plan for different percentage of FPL, and maximum out of pocket per year based on percent of FPL.

Although this was highest on the list of what participants wanted to know in the first round the presentation of the cost dampened interest in the plans. The initial number was higher than what most thought they could afford and more than they expected to pay.

The revised presentation that showed costs in three components made people feel that things were being done to reduce the cost of health care coverage.

- The *monthly premium* information was presented in a chart which showed monthly premium costs after subsidies at three income levels. On the lower ends (under 250% FPL), the perception was that these were lower premiums, often lower than they had paid or was being offered in employer plans.
- The *copay cost sharing* that resulted in reductions in copays added to their sense that things were being offered to make health care coverage feasible and that their income/situation was being taken into consideration.
- The *annual cap* made them feel that there was protection from a disastrous bill.

In a few interviews and groups, the presentation of specific costs and income levels led to questions that compromised the communication of benefits. The “questions,” most likely the result of too much information to process in a short amount of time, included: the fairness of flat rate vs. sliding scale; the fairness of requiring them to pay anything when other people who had contributed nothing paid nothing; requests for the exact amount they would have to pay; and what would happen if their income changed.

2. What the Health Insurance Exchange is.

The primary benefit of the exchange was seen to be making it possible for them to make the right decision for coverage and benefits. For some, the path to the right decision is having the ability to compare plans and costs. For others, it is having someone to talk to who will help them make the right decision.

One of the most attractive aspects of the Exchange is that the big insurance companies compete for their business. The feature evoked references to Lending Tree’s slogan “When banks compete you win.”

Having choice in levels of coverage and providers, and having the ability to compare, made participants feel that they had control. Many participants felt they could tailor a program to meet their needs and their budgets.

In the first round of presentations of the features, an important and differentiating aspect of the Exchange (access to tax credits) was missed. The statement was revised to bring the feature more to the forefront (“It provides access to the financial aid that will make the coverage more affordable for more people”), and it was still missed.

The marketplace benefits of the Exchange are easily communicated and enthusiastically grasped. The access to financial subsidy is not so easily communicated and grasped.

3. What coverage will be offered in the plans.

What is covered was the one of the things people wanted to know, right behind how much will it cost. The first part of the statement was a delineation of what will be included in the basic coverage. The second part of the statement was a sentence that indicated that there were plans that covered more than the basics.

Some respondents looked at the list and felt it was good solid basic plan. Others looked at the list critically, first to see what wasn't covered. They then wanted to know if they could pick from the list to eliminate what they wouldn't use, and thereby reduce cost. When details were presented many people wanted to "customize" the benefits specifically to their needs. Some respondents used the word "à la carte."

Once the fact that there are different plans was understood, participants wanted details on what those plans covered that the basic plan didn't cover. For some people, this raised suspicions that basic, affordable coverage would not be good.

There were two sticking points on coverage: dental and vision for adults. These were services that many people used even if they weren't sick. Those respondents who are skeptical about anything being good for the middle class saw this as evidence that the plans would not cover the services they are likely to purchase.

This may reflect a perception of health care coverage as an "account" they pay into that then pays their medical bills. To be clear, they are not thinking of an HSA but rather a pre-payment or installment plan. So when what they are likely to purchase is not paid for, they feel the plan is not a good value: they are not getting their "money's worth," that is, they are not getting out what they paid in.

4. Who will be eligible to participate.

The first presentation of the feature stated in the first sentence that “Individuals and families are eligible to purchase health insurance through the Exchange if they do not have access to affordable health coverage through an employer.”

The revised presentation was more specific. It stated “Individuals and families whose income is between \$14,000 and \$104,000, who currently don’t have or are overpaying for health care coverage, are eligible to purchase health insurance through the Exchange.” It then provided an exhaustive list, in everyday language of who would be eligible.

The unemployed, self employed, and multiple part-time job holders and those with pre-existing conditions insurance saw the statement as offering hope that everyone can get “respectable” coverage, no matter what their circumstances are and that they will not be “discriminated against.” This was seen as bringing fairness to a health care system that is unfair to “people like us.”

The revised statement enabled those eligible to understand that the CT HIX was where they could get affordable health care coverage. The group the CT HIX is designed to service does not expect a program that will benefit them.

Despite the income and conditions, questions still were asked if this was part of a welfare program.

5. How the government will help reduce the cost of health care coverage.

A little unexpectedly, this was not a high interest feature for participants in the study.

In the first presentation of the feature, it was presented as two examples which showed the premium for the plan, the premium tax credit and the actual contribution.

The response to this presentation of the feature was muted and focused on the amount paid per month, which was seen as good, but not a cause for great relief. The tax credit raised questions and concerns. Many of the people were concerned that at their current income level their taxes would be lower than the tax credit. There was also concern that they would have to wait until they filed their taxes to get the credit and that they would not be able to afford to pay the premium.

In the revised presentation the costs were presented in a chart that showed the cost per month, how much the government helped in dollar's per month, and how much the consumer gets "off" (the percent of the premium due to the government paying).

There was a much more positive reaction to the revised presentation. Now respondents felt that the government is helping quite a bit and the amount they are paying makes sense for their income level. The questions raised were about the mechanism of the payment by the government.

6. What the State of Connecticut's role is.

This was not a high interest feature for participants in the study.

The state's role was presented as overseeing the Exchange – establishing common rules for companies offering and pricing insurance in order to assure quality of the plans and competitive pricing.

This feature was seen as the right role for the state. It was seen as providing “checks and balances,” “oversight,” and “looking out for us” to keep companies in line, assuring quality, and keeping rates competitive. There were a few who thought it was more appropriate for the state to do that than the federal government because “they would have a better idea of what was going on.”

The other perceived benefit of the state as an overseer rather than a provider was that they would “deal with real companies, not state workers.”

7. How it will be different from current state programs.

This was a very low interest feature for participants in the study.

The description of the feature presented the plans as not being state health insurance plans, rather plans offered by major insurance companies. It told people that the plan was purchased from, and that the care would be provided by, the insurance carrier's network rather than a state network .

In the revised presentation, rather than what was seen as an awkward description of the network, it was restated that "coverage through the Exchange will be accepted by every doctor in the established provider networks of the insurance companies and cover care in all 33 hospitals in the state."

This was clearly different in their minds from current state plans, and the perceived benefit was better coverage and better care.

8. How it will be different from current health insurance options.

This feature yielded the lowest level of interest among participants in the study.

The description of the feature presented the Exchange as a trusted source of information and assistance that enables comparison of plans from private insurance companies. It also presents the Exchange as the only place to get federal tax credits to reduce premiums and get cost sharing subsidies to help pay copays and deductibles. It also stated that no one with pre-existing conditions will be turned away, be charged higher premiums, or have benefits reduced.

A few small revisions were made to the presentation of the feature and a sentence was added: “The premiums are based on what plan you chose and what you can realistically afford in your budget.”

Despite being the lowest in initial interest, this was the feature that led most consistently to a full array of perceived benefits. It was seen as providing the ability to: get insurance for the uninsured; shop for quality plans from private insurance companies; not worry about pre-existing conditions; allow people to be good insurance consumers; and comparison shop.

Some of this clarity was certainly due to the position effect: it was the last or second to last feature presented (based on participants initial ranking in interest). But some degree of its effectiveness is due to using the known (current health insurance options) as an unstated frame of reference. What will be available through the Exchange is different from what is available to the uninsured now: quality health care (providers and hospitals), choice of plan (health insurance company and plan options), and costs that take into consideration people’s ability to pay.

COMMUNICATIONS IMPLICATIONS – FEATURES AND BENEFITS

What it costs.

Although consumers want to know specific costs, when they are presented with a cost or cost range without points of comparison, it is not effective. Because awareness of what health insurance coverage costs was not known, when a cost is presented, it doesn't convey how much more affordable it is through CT HIX. The more effective approaches for presenting cost information, at the initial point in the communications dialogue, is as a percentage below market cost or as percent off actual cost. A discount.

What the Exchange is.

The Exchange is a new product in an unknown product category. The consumers in the target audience have never purchased health care insurance through an Exchange. Most have never purchased health care coverage through an agent or directly from an insurance company. Some have selected from options offered by an employer. The result is that they are very inexperienced health care coverage shoppers. Buying through an Exchange will be an entirely new experience for them.

When they learn what it is, they immediately see two benefits of the Exchange: a competitive effect that will keep prices down, and the ability to choose from different plans, coverage and price points.

Based on reaction to presentation of features, it will take considerable effort to get the target audiences to understand that buying through the Exchange is the way to get help in reducing the amount they pay.

What coverage will be.

Presenting a list of what is covered tends to get consumers confused. Presenting a detailed list leads to close scrutiny of the list and two unproductive reactions. One a desire to pick and choose, based on a belief that they only want to pay for what they will use. The other reaction is a focus on what is not covered, especially vision and dental. For some, broad terms like "hospitalization" raised questions about which hospitalization and procedures would be covered.

Specific coverage should only be presented when the consumer is in a buying choice dialogue.

COMMUNICATIONS IMPLICATIONS – FEATURES AND BENEFITS

Who will be eligible to participate.

The target audience for the CT HIX has trouble recognizing that this is a program for them. They have a strongly preconceived belief that state-sponsored health care programs are only for the poor and the elderly. There have never been programs for people in their income, or asset, range. The target audience is going to have to be told very directly and repeatedly that the CT HIX is for them.

How the government will help reduce the cost of health care coverage.

There are four issues. (1) what to call the help provided; (2) how to present the government contribution; (3) how the federal contribution is delivered; and (4) amount of assistance for different income levels.

- (1) All of the words used to express the contribution (aid, assistance, subsidy) evoke state welfare programs and that leads people to believe the program is not for them. Referring to the assistance as “ways to reduce cost” may be the most effective.
- (2) Presenting how much premiums will be was not effective, even at the lowest levels. Consumer are not equipped to know what is a good price. Present cost in terms of how much the government helped in dollars per month and how much the consumer gets “off.”
- (3) The delivery of the federal contribution by way of a tax credit is a detail that cause confusion and concern. Present the payment method detail when it can be explained by a service representative.
- (4) The amount of assistance for different income levels is a distraction. It is better to present a range of saving or contribution and invite the target audience to engage in a dialogue with the Exchange to find out what help they are eligible to receive.

What the State of Connecticut’s role is.

The desired role for the state’s role is exactly what the state will be doing. Potential participants want the state to play a monitoring role to assure quality, and ensure true competition. They see the association of the CT HIX with the state as positive, so long as the state is not running it or providing the customer service.

COMMUNICATIONS IMPLICATIONS – FEATURES AND BENEFITS

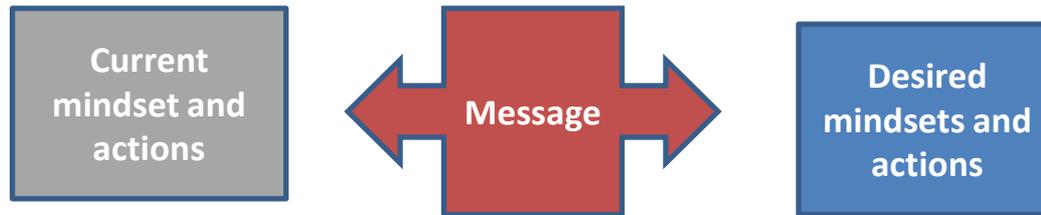
How it will be different from current state programs.

It will be important to not create any sense that any part of the Exchange is connected to state welfare program. State welfare plans are seen as “free” coverage, characterized, in the minds of the target audience, by poor coverage, poor access and second-class treatment.

How it will be different from current health insurance options.

Change is the important thing to be communicated. Now there is something available to these groups of consumers, the unemployed, the self employed, the part-time workers, the workers whose employer does not offer a good plan that is different from what is available to them now. Through the Exchange, they will be able to get quality health care (providers and hospitals), choice of plan (health insurance company and plan options), and costs that take into consideration people’s ability to pay.

IV. MESSAGING CONCEPT



The message is what is presented to the target audience that gets them to move from what they think now to what the marketer wants them to think. It is the idea, the story, the information or image that gets them to think, feel and act differently.

To explore messaging strategies, message boards are used to present a concept in a form that the consumer can react to. The form used in this study was advertising-like-objects (Adlobs). These are not ads, they are ad ideas. They are tools used to learn how the target audience reacts to and processes propositions, information, words and images. Adlobs were transcreated for cultural relevance for minority participants – including appropriate images and language.

The message concept is the idea, not an advertising execution. Advertising creative development will take the message to the next stage which is to present the message concept in ways that grabs the target audience's attention, engages them, persuades them, and gets them to take the desired action.

Concept Statements as Exploratory Tool.

To identify the most effective message, an iterative approach was used. The basic premises or propositions were identified and adlobs were created to present the premise in a way that consumers could react to it. Based on target audience reaction, the concepts were revised and fine-tuned several times in the course of the study.

First Iteration – Five (5) Concepts presented in five (5) Adlobs – Slide 39

Second Iteration – Five (5) Concepts, presented in nine (9) Adlobs – Slide 40

Third Iteration – Three (3) Concepts, presented in three (3) Adlobs – Slide 41

Fourth Iteration – Three (3) Concepts, presented in (4) Adlobs – Slide 42

Consumer Proposition Construction.

The final exercise in the focus groups, and many of the individual interviews, was to have participants create a statement that would “make someone like you most interested in the program.” The purpose of this exercise was to understand how the information is processed, and reveal the logical arguments and facts that have helped the target audience gain their understanding of the CT HIX and its offerings.

STIMULUS/HIGHLIGHTS – FIRST ITERATION – 5 CONCEPTS

Affordable/easier

Now the State of Connecticut is making healthcare insurance more affordable and easier to get. Financial assistance will be available for everyone who needs it.



Guiding Star

Soon you will have all the healthcare benefits you need without confusion or stress. Our specially trained professionals and helpful tools will guide you step by step through the entire process.



Empower

Thanks to a new way to get coverage, you can finally take charge of your health. Benefits include both preventative care to keep you well and treatment for illness, putting you in control.



Choice

When it comes to your health, now you can enjoy the power of choice. It starts by giving you affordable health coverage options so you can get a plan that fits your needs and budget.



Access

You may think you can't get good healthcare. But now you can. New and affordable health plans will let you take care of you and your family with top-quality doctors, health centers and hospitals.



The five concepts on the left are the first of four iterations of concept statements.

The first concept statements that were developed focused on features and benefits that would be delivered to individuals. Images were used to symbolically present aspects of the concepts.

All of the concepts presented benefits that were perceived as important but *Affordability* and *Access* were seen as the most important benefits. The others were seen as “nice to have” but not as fundamentally important.

The images did not add to the understanding of the concept. The symbolism was almost always missed and sometimes interpreted as a specific offering. For example, the picture of a person with glasses was seen as an indication that vision was included in the plan.

The question that every concept raised was, “How is this going to happen?” The next iteration of concepts addressed that question.

STIMULUS/HIGHLIGHTS – SECOND ITERATION – 5 CONCEPTS

You need health care coverage



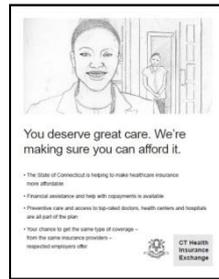
Coverage you need at a price point you need it to be



The healthcare rules have changed



Quality and affordable



Affordable and easy



The five concepts on the left are the second of four iterations of concept statements. These concepts were developed based on what was learned in the exploration of the first iteration.

The “How is this going to happen?” question was answered by presenting the Connecticut Health Insurance Exchange as the source of the message.

The concept most frequently selected as the most interesting and effective, in terms of making people want to learn more, was *Quality and affordable*. The key word in the statement was “deserve;” it made an emotional connection that reinforces a self image of having earned and being deserving of quality care.

The health care rules have changed concept got attention but did not address what was important to participants. Citing the changes in the law usually was meaningless, but it took a few off on a tangent about the ACA. For some, the card visual conveyed that they would be treated with more respect.

The most effective aspect of *The coverage you need at a price you need it to be* was the visual of the family. It was equally effective for singles and families.

Affordable and easy was seen as nice to know but no where near the importance of *Quality and affordable*.

You need health care coverage. This concept, aimed at young, single men, was not the most effective with them. It was seen as somewhat insulting, and there was strong negative reaction to the mention of a penalty.

STIMULUS/HIGHLIGHTS – FIRST ITERATION HISPANIC POPULATION – 5 CONCEPTS

You need healthcare coverage



Coverage you need at a price point you need it to be



The five concepts on the left are the first of three iterations of concept statements for the Hispanic population. These concepts were developed based on what was learned in the exploration of the first iteration of the general population concepts and transcoded for cultural competency.

A short-term, 8 multicultural participant test was conducted with qualified participants for an initial assessment.

The “How is this going to happen?” question was answered by presenting the Connecticut Health Insurance Exchange as the source of the message.

The health care rules have changed



Hispanics and African Americans had similar responses and reactions to the concepts. For both segments, the images of family and positive statements about this being “good news” were well received. Conversely, statements about fines and mandates were very negatively received. Many had experience with the state or state programs and found no credibility in words like “easy.”

The concept most frequently selected as the most interesting and effective, in terms of making people want to learn more, was *The health care rules have changed*. The key concept was that health care was finally within reach. The stethoscope visual was confusing, but the concept and bullet points were well received.

Affordable and easy



Quality and affordable



The *Quality and affordable* concept also got attention especially among men as it depicted a mother and daughter who would be their priority for health coverage. The affordability aspect was also very positive.

The most effective aspect of *The coverage you need at a price you need it to be* was the visual of the family. It was equally effective for singles and families.

Affordable and easy was seen as nice to know but no where near the importance of *Quality and affordable*.

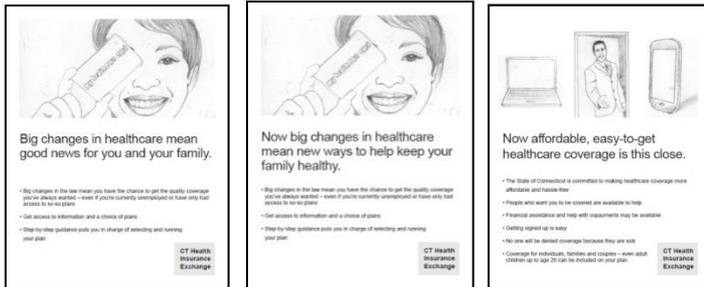
You need health care coverage. This concept, aimed at young, single men, was not the most effective with them. It was seen as somewhat insulting, and there was strong negative reaction to the mention of a penalty.

STIMULUS/HIGHLIGHTS – THIRD ITERATION – 4 CONCEPTS (3 with multiple versions)

You need health care coverage
(3 versions)



The health care rules have changed
(2 versions)



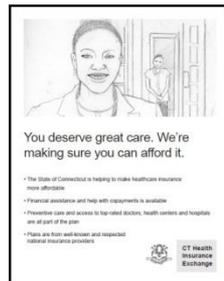
Affordable and easy



Coverage you need at the price point
you need it to be (2 versions)



Affordable and great plan



The concepts on the left are the third of four iterations of concept statements. These concepts were developed based on what was learned in the exploration of the first and second iterations.

You need health care coverage. Variations were explored to find a way to make this approach more effective. The reactions of the key target segment continued to be negative.

The health care rules have changed concept got attention; the emphasis on new made the concept slightly more effective. However, the concepts that focused on the basic premise of coverage and cost were far more effective.

The coverage you need at a price you need it to be. The shift in focus to price provided information made it more effective. There was also now an understanding that there would be choice and that led people to feel they would have more control.

Affordable and easy was seen as nice to know but nowhere near the importance of *Affordable and great plan*. The promise of a customer service expert who will help them get financial assistance and find a plan that meets family needs and budget circumstances was very appealing.

Affordable and great plan was the most effective. The visual of mother and daughter led some people to feel it was a program for women and children. Again, the key word in the statement was “deserve;” the second half of the statement conveys a sense of “doing the right thing.” The State of Connecticut seal conveys legitimacy.

STIMULUS/HIGHLIGHTS – SECOND ITERATION HISPANIC POPULATION – 5 CONCEPTS

You need health care coverage



Quality and affordable



The five concepts on the left are the second of three iterations of concept statements for the Hispanic population. These concepts were tested with an additional 12 Hispanic participants, and were updated following the initial 8 multicultural participant test. The stethoscope version of *The health care rules have changed* was eliminated and the state of Connecticut seal was added to the concepts *The health care rules have changed* and *Affordable and easy*.

The “How is this going to happen?” question was answered by presenting the Connecticut Health Insurance Exchange as the source of the message.

Hispanics had similar responses and reactions as in the initial test. Family and positive statements about this being “good news” were still the best received, and statements about fines and mandates were still very negatively received. Women were most receptive to the need for coverage and, while men mostly agreed with the need, most don’t seek it. The seal was positively received in that the state would oversee the program, but no one wanted the state to manage it.

The health care rules have changed



Affordable and easy



The concept most frequently selected as the most interesting and effective, in terms of making people want to learn more, was *The health care rules have changed*. The key concept was that health care was finally within reach. A “Big Change” in the system made an emotional connection that was interpreted as a leveling of the playing field for them to access quality care at an affordable price.

The *Quality and affordable* concept also got attention especially among men as it depicted a mother and daughter who would be their priority for health coverage. The affordability aspect was also very positive.

Coverage you need at a price point you need it to be



The most effective aspect of *The coverage you need at a price you need it to be* was the visual of the family. It was equally effective for singles and families.

Affordable and easy was seen as nice to know but no where near the importance of *Quality and affordable*.

You need health care coverage. This concept, aimed at young, single men, was not the most effective with them. It was seen as somewhat insulting, and there was strong negative reaction to the mention of a penalty. The word “catastrophic” was not understood and was confusing.

STIMULUS/HIGHLIGHTS – FOURTH ITERATION – 3 CONCEPTS (1 with two versions)

The health care rules have changed
(2 versions)



Thanks to big changes in healthcare, now you can have the coverage you've always wanted.

- Big changes in healthcare mean now you can have access to affordable, quality coverage that can protect you from financial ruin.
- Different levels of pricing – so fit just about every budget.
- Different levels of coverage to fit you and your family's needs.
- The State of Connecticut is making plans available from quality insurance carriers – Aetna, Cigna, Anthem Blue Cross/Blue Shield, ConnectCare and more – and may help you pay for your coverage.
- For more information, visit www.cco.org

CT Health Insurance Exchange



Thanks to big changes in healthcare, now everyone can have quality coverage.

- Big changes in healthcare mean now you can have access to affordable, quality coverage that can protect you from financial ruin.
- Different levels of pricing – so fit just about every budget.
- Different levels of coverage to fit you and your family's needs.
- The State of Connecticut is making plans available from quality insurance carriers – Aetna, Cigna, Anthem Blue Cross/Blue Shield, ConnectCare and more – and may help you pay for your coverage.
- For more information, visit www.cco.org

CT Health Insurance Exchange

The concepts on the left are the fourth of four iterations of concept statements. These concepts were developed based on what was learned in the exploration of the first, second and third iterations.

You need health care coverage. Based on the hypothesis that the younger, single men did not know the consequences of not having health insurance, the financial consequences were presented. This did not prove to be effective. The reaction was that it was a scare tactic, and they were not being told anything they did not know.

Affordable and great plan



You deserve great care. We're making sure you can afford it.

- The State of Connecticut is helping to make healthcare insurance more affordable.
- Financial assistance and help with copayments is available.
- Preferred care and access to top-rated doctors, health centers and hospitals are all part of the plan.
- Plans are from well-known and respected national insurance providers.
- For more information, visit www.cco.org

CT Health Insurance Exchange

The health care rules have changed concept communicated a program for a wide range of people, it also drew attention with a promise of news. However, it failed to directly and unambiguously communicate the key element that the “something that happened” has not made quality coverage a realistic possibility for families in their situation. The use of health insurance company named communicates quality coverage.

You need health care coverage



With health insurance, you get the care you need. Not a bill you can't afford.

- Accidents happen – and costs add up quickly.
- Health insurance coverage protects you from major costs.
- Major (disability) only plans are available.
- Without coverage you risk not getting the quality of care you need to get your life back on track.
- For more information, visit www.cco.org

CT Health Insurance Exchange

Affordable and great plan was again the most effective. Again, the visual of mother and daughter led some people to feel it was a program for women and children. Again, the key word in the statement was “deserve;” the second half of the statement conveys a sense of “action not talk.”

STIMULUS/HIGHLIGHTS – THIRD ITERATION – 3 CONCEPTS

You need to get health care



Affordable and easy



The concepts on the left are the third of three iterations of concept statements for Hispanic participants. These concepts were developed based on what was learned in the exploration of the first and second iterations. These concepts were tested during four focus group sessions with four groups: 1) Female-only, multicultural, 2) Spanish-language dominant 3) Unafraid, and 4) Mixed, multicultural.

Female-only, multicultural : Understood the importance of and valued health insurance; associating it with less stress, less fear and peace of mind. Economic consequences of not having insurance was very apparent. The group felt the Exchange would reduce bias in accessing quality care but were skeptical based on past/current experience with state programs. The family image of *Quality and Affordable* was best received but the text from *The Health Care Rules Have Changed* was preferred. Cost was a barrier, and they found the projected costs high.

The health care rules have changed



Spanish-Dominant: Expressed infrequent use of medical services even when they had some form of coverage and low trust of the system. Overall, the Exchange was viewed positively, but cost remained the main concern. Interestingly, participants assessed cost on a weekly basis rather than monthly and suggested that a weekly deduction would be preferable to a monthly deduction. They felt the Exchange would level the playing field but didn't think they'd have the same access due to the language barrier.

Quality and affordable



Unafraid: Respondents indicated that they do not access health care services unless there is a serious reason. Respondents also identified alternatives to traditional health services but did acknowledge that “accidents happen.” The only option they indicated they would consider is an “á la carte” option. They would prefer coverage for the women/children in their lives before themselves.

Mixed, multicultural: The theme of cost and affordability was consistent across mostly all respondents. Respondents conveyed a desire to have health insurance, but couldn't afford it. Despite tax credit, the program was still viewed as expensive. Although respondents thought the program could benefit them personally they often considered it “too good to be true.” They also voiced a sense of uncertainty regarding the logistics of the program.

FINDINGS – CONSTRUCTIONS

The participants were asked to create a statement that would “make someone like you most interested in the program.” They were able to use the features statements and the messaging concepts as source material.

The most frequently used themes and features were:

- *It is for you.* Many of the statements started out by telling the unemployed, self employed and people with pre-existing conditions who do not have health insurance that there is a program for you. This is a reflection of a theme brought up in earlier sections of the interviews and sessions where the target audience expressed their frustration that nothing is being done for them as a deserving part of the population in need. Multicultural participants felt positive that this was also for them, and the playing field was being leveled in their favor.
- *At last.* There is news value. Something new and different is being offered. This is a reflection of fact that this audience believes that the current health care coverage situation for people in their circumstances needs to change.
- *Choice.* This was the feature most frequently cited first. It was presented as choice of what was covered and choice from the top health care companies. There was some tendency to go overboard promising the ability to “customize” and “tailor “ plans to exact needs, “to pay for only what you need.”
- *Cost.* This was presented as lowering costs and fitting into budgets. Some used the term affordable, usually in context of “you can afford in your budget.” In the session in which a chart was presented that showed costs in terms of percent off the premium and percent the government pays, cost was presented in target audience constructions using those figures.
- *Quality health care/health care coverage.* This was an almost universally used feature. There does not appear to be a distinction between health care coverage and health care quality, they appear to be one and the same in the minds of the target audience. The “proof statement” used to communicate quality were: accepted by the top doctors ;accepted at all hospitals and health centers; top health plans from Aetna, Cigna, Blue Cross/Blue Shield, etc.

Conspicuous by its absence:

- The Connecticut Health Insurance Exchange was infrequently used as the reason for, or source of, the delivered features and benefits.

COMMUNICATIONS IMPLICATIONS – CONCEPT EXPLORATION

Engaging the target audience.

The target audience is predisposed to believe that health care programs and insurance plans are not going to benefit people in their circumstances. They have never seen a government program that helps them as designed. They believe they have seen programs for the poor and tax breaks for the wealthy, but nothing for them. Their self image as the beleaguered middle class creates a barrier to communication about a program that is designed for them. The target audience needs to know the CT HIX is talking to them and is of benefit to them.

New – the reason to pay attention.

The AIDA communications model postulates four stages in a linear hierarchy: attend, involve, decide, act. The target audience needs to have a reason to believe that if they “listen to (read, watch)” the communications being directed at them, they will get something of value. The communications cue that will capture their attention is change. As humans we are hard wired to attend to change. They have heard, and become skeptical of, messages that claim better quality and lower prices. It is therefore critical that they know there is a change that they need to know about.

New product.

The change is a completely new product: The Connecticut Health Insurance Exchange. It is a different way for individuals to get healthcare coverage. The CT HIX brings features to the marketplace that they have not experienced before when buying health care coverage (a competitive marketplace, comparative shopping, multiple plans and levels from multiple well known carriers) and that have not existed before (the ability to get help that can significantly reduce premiums, copays and coinsurance, no penalty for pre-existing medical conditions, unbiased expert assistance in finding the plan that fits their budgets and family needs). The more the communications assumes a new product introduction tone, the more effective it will be in capturing the attention of the target audience.

Don't let the audience get distracted. Focus on the Exchange, not the law.

The ACA is a lightning rod for political and philosophical debate that clouds the message. The change in laws may have been the impetus for the creation of the CT HIX, but that is not a fact that will bring people to the CT HIX. What will bring the target audience to the CT HIX is their self interest: What the CT HIX can do for them.

COMMUNICATIONS IMPLICATIONS – CONCEPT EXPLORATION

The features of CT HIX trigger functional and emotional benefits for the target audience, the features capture their interest and when actively considered have the ability to persuade them to take the desired action of opening a dialogue with the CT HIX.

Triggers for functional benefits.

- **Quality health care**

The phrase “preventive care and access to top-rated doctors, health centers and hospitals” creates an impression that they will get a high quality of care.

- **Quality plans**

Statements including, “plans available from quality insurance carriers: Aetna, Cigna, Anthem Blue Cross/Blue Shield, ConnectiCare, United Healthcare,” “Plans from well-known and respected national insurance providers”...all create the impression that they will get a quality health care plan.

- **Choice**

Statements that there will be plans that “fit every budget” and “fit you and your family’s needs,” combined with the listing of insurance carriers leads the target audience to believe that they will have a large range of good choices.

- **Affordability**

Statements that “We’re making sure you can afford it” and “The state may help you reduce costs and help you pay for your coverage” are very effective in getting the target audience to believe that they may be able to get health care coverage for a price that realistically fits their means in their current situation.

Triggers for emotional benefits.

- **Affirming**

The statement “You deserve great care” is affirming. It creates an impression that the CT HIX mission is to get people the care to which they are entitled. In many of their minds, quality health care and respectful treatment at point of delivery is a right that they have earned as premium payers and taxpayers.

- **Fairness**

Four cues prompt a sense of fairness that is missing for them in the health care coverage marketplace. One is the headline, “You deserve great care. We’re making sure you can afford it.” This statement leads to a belief that CT HIX is, as one person said, “Leveling the playing field.” The second is a statement that includes the list of major insurers participating. This leads to the belief that there will be competition that will assure them of fair pricing. The third cue that leads to a belief that there will be fairness is the role of the state of Connecticut as “watch dog.” The fourth is the statement that “no one will be denied coverage because they’re sick.” The elimination of pre-existing condition as a reason for higher rates or denials creates a sense of fair play that is missing from the current individual insurance marketplace.

- **Control**

The functional benefit of choice leads to the emotional benefit of control. Statements that there will be plans that “fit every budget” and “fit you and your family’s needs,” combined with the listing of insurance carriers leads the target audience to believe that they will have a large range of good choices, and hence control.

COMMUNICATIONS IMPLICATIONS – CONCEPT EXPLORATION

Language

The words have to be chosen very carefully because so many of the words typically used in health care coverage communications are not well understood, or create unfavorable impressions, with many of the uninsured.

- **Affordable** – A good idea, but an ineffective and subjective word. The word is so subjective that it raises skepticism rather than conveying a benefit. When the target audience looked at the possible monthly premiums, and thought about potential deductibles, their reactions is not “affordable.” For people in the lower end of the eligible income spectrum, things are so tight that no additional bill, especially a recurring monthly bill, can fit in their budget. If they do decide to purchase health care coverage through the Exchange, they are going to have to sacrifice something. Many people would resent the state or anyone indicating to them what is “affordable.”
- **Insurance-speak** – Most of the uninsured have a good idea of what deductibles are. Some who have had insurance know what copays are. In their minds, these are costs they pay even though they are paying a lot for insurance every month. Coinsurance is not a familiar term and it makes them suspect there is another payment they will have to make for health care even though they are paying for insurance. When presenting options to this audience, these terms will need to be carefully explained.
- **Conditional words** – Words such as may, could, just about, a chance, and helping throw up red flags. The uninsured, of limited financial means, react negatively to anything that is not concrete. They feel they should know what they are getting for what they are paying.
- **Government-speak** – Words like assistance, aid and subsidies can lead people to believe that the CT HIX is a welfare program. Even a simple word like “eligible” had negative connotations for some, making them feel that there would be a long, drawn out qualification process to get into the program.

COMMUNICATIONS IMPLICATIONS – CONCEPT EXPLORATION

Visuals

The visuals used in this study did not add to understanding of the concepts or create meaningful symbols or methods of communication. In many cases, they became distractions as people tried to interpret them or focused on a detail that took them off track.

The single man in the “You need health insurance” concepts was seen as having a shifty expression, his hoop earrings attracted attention and comment. The target audience segments that he was intended to represent did not identify with him or see the use of his picture as a signal that there was a message for them.

The young girl and her mother in the “Affordable and great plan” concept led some people to believe that this was a program for women and their dependent children, and extension of WIC.

The family illustration was the most effective. It conveyed a sense that the program would include families and individuals, and it did not result in confusion or misdirection.

V. THE MESSAGE PLATFORM

Now, everyone in Connecticut
can have the quality health care coverage they deserve
at a price made fair.

THE MESSAGE PLATFORM

