

# P R E P A R I N G F O R 2 0 1 4

Findings from Research with Lower-Income Adults in Three States

Conducted by Lake Research Partners  
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**State Health Reform Assistance Network**  
Charting the Road to Coverage



Robert Wood Johnson Foundation

# CONTENTS

**Intro & Methods**

**Takeaways**

**Insights from Focus Groups**

**Medicaid Survey Findings**

**Exchange Survey Findings**

**Outreach Recommendations**

# INTRO & METHODS

# BACKGROUND

**The Robert Wood Johnson Foundation** sponsored research with lower-income residents in three states – Alabama, Maryland, and Michigan – to identify messages to encourage enrollment in Medicaid in 2014 when the eligibility limits will be raised to cover people at or below 138% of the Federal Poverty Level (FPL).

This research also explored issues related to states' exchanges, including attitudes about enrolling and choosing health insurance online.

**Lake Research Partners** conducted this research. **GMMB** developed the messages and descriptions that were tested.

Support for this project was provided by a contract with the Robert Wood Johnson Foundation's **State Health Reform Assistance Network** program.

This report shares findings from qualitative and quantitative research conducted in **Alabama, Maryland,** and **Michigan.**

# QUALITATIVE RESEARCH

The **first phase of this project** involved qualitative research in Alabama, Maryland, and Michigan. All of the qualitative research was conducted with adults at or below 138% of the FPL who are between the ages of 18 and 64 years old.

This qualitative research began in Alabama with **6 formative “mini-ethnographies,”** which are in-depth interviews involving a mix of one-on-one interview and observational research techniques. These were conducted in participants’ homes on November 16, 2012 and November 17, 2012.

A total of **10 focus groups** were conducted. The groups included 8-10 participants each and included a mix of people in terms of gender, race/ethnicity, and education levels. Most participants were currently or recently uninsured. The groups were segmented according to whether they had any experience with Medicaid (either by being enrolled themselves or by having a child enrolled).

**Focus group details** for the three states are presented on the following page.

# FOCUS GROUP DETAILS



## Alabama

- Date: December 7, 2011
- Location: Birmingham, AL
- Segment 1: Mostly parents with Medicaid experience (1 group)
- Segment 2: Mostly childless adults without experience (1 group)



## Maryland

- Date: January 25-26, 2012
- Location: Towson, MD
- Segment 1: Mostly parents with Medicaid experience (2 groups)
- Segment 2: Mostly childless adults without experience (2 groups)



## Michigan

- Date: January 18-19, 2012
- Location: Grand Rapids, MI and Detroit, MI
- Segment 1: Mostly parents with Medicaid experience (2 groups)
- Segment 2: Mostly childless adults without experience (2 groups)

# SURVEY RESEARCH

The second phase of research involved **statewide surveys** in Alabama, Maryland, and Michigan. The surveys were conducted separately in each state.

The surveys were conducted by telephone with adult residents between the **ages of 18 and 64** who are **at or below 138% of the FPL**.

Interviews were conducted with respondents using **landline phones** and **cell phones**.

The survey results presented in this report are based on **weighted data**. The state-specific weights were constructed based on the demographic profile of the 18-64 year old population at or below 138% of the FPL in each state.

**Survey details** for the three states are presented on the following page.

# SURVEY DETAILS



## Alabama

- Sample size: n=803 (n=599 landline; n=204 cell phone)
- Fielding dates: February 2, 2012 to February 15, 2012
- Survey length: 14 minutes on average
- Margin of error on total results: 3.5%



## Maryland

- Sample size: n=817 (n=615 landline; n=202 cell phone)
- Fielding dates: March 9, 2012 to March 19, 2012
- Survey length: 16 minutes on average
- Margin of error on total results: 3.4%



## Michigan

- Sample size: n=807 (n=605 landline; n=202 cell phone)
- Fielding dates: March 20, 2012 to March 29, 2012
- Survey length: 16 minutes on average
- Margin of error on total results: 3.5%

More details about the survey methodology can be found at: <http://www.rwif.org/goto/PreparingFor2014>.

# TAKEAWAYS

# GENERAL TAKEAWAYS

- This population values having insurance and would want it if they were uninsured.
- Valuing and wanting insurance may not always translate into getting in the door.
- Insurance is viewed as a serious matter. Enrollment experiences should reflect the heft and importance with which most view the issue.
- Most people's reasons for wanting insurance relate to being able to stay healthy and protecting oneself from medical bills when the unexpected happens.
- The "staying healthy" frame resonates more with women; the "medical bills" frame resonates more with men.
- Health care settings (e.g., doctors' offices, clinics, emergency rooms, etc.) are likely good settings for enrollment as well as for education and outreach around Medicaid and the Exchange more generally.
- When they learn about the individual mandate, most say it would motivate them to get insurance.

# MEDICAID TAKEAWAYS

- Medicaid is viewed as a good program.
- There is high interest in enrolling in Medicaid.
- Much of this population doubts they would ever be eligible for Medicaid; we need to engage in public education about expansion including using new income range for eligibility in promotion.
- Many also worry that people with Medicaid are not treated well.
- “Low-cost or free” is the best way to describe health insurance through Medicaid.
- When describing Medicaid, feature coverage for check-ups, hospitalizations, and prescriptions. These are the most valued services.

# EXCHANGE TAKEAWAYS

- The Exchange is appealing to this population. They think it is a good idea and are interested in using it.
- It is important to use straightforward language that highlights the Exchange's function: it is a tool to help them find insurance that is right for them and their family.
- Favorite aspects of the Exchange include the ability to search for and compare plans, knowing that they can call customer service for assistance, and the fact that they can find low-cost or free plans on it.
- There is a digital divide. Many will face major barriers to using or accessing the Exchange on their own.
- Everyone – including the internet savvy – wants help using the Exchange. Most prefer getting help over the phone or in person.
- They like the idea of using the Exchange from the convenience of home with the option to call customer service. In-person enrollment at government offices is also popular – especially among the less internet savvy. They do not like the idea of enrolling in retail settings.

# INSIGHTS FROM FOCUS GROUPS

# GENERAL VIEWS

- The Medicaid-eligible participants in the focus groups seem to lead busy, stressful lives.
- Many are facing financial pressures and a number have debt stemming from ER visits and other medical expenses.
- Participants indicate that they really value health insurance and they want it.
- They view health insurance as an important and serious matter – and expect information related to getting coverage to reflect this perspective.
- Reactions to the individual mandate are mixed. Most say it is a motivating reason to get insurance, but many express strong opposition to the idea of being forced to buy health insurance.

# VIEWS ON MEDICAID

- Even those without any direct experience with Medicaid feel familiar with the program through people they know or things they hear.
- Participants seem to value Medicaid and think it is a good program.
- Some also say they think there may be some stigma associated with the program. Importantly, however, this impression seems driven by perceptions and projections rather than first-hand experience or their own evaluations of the program.
- Nearly all participants say they would want to enroll in Medicaid in 2014 if they did not have other coverage.

# DESCRIBING MEDICAID

- “Low-cost or free” works better than phrases like “affordable” or “free” when it comes to describing coverage through Medicaid.
- Participants say “affordable” is too relative, and there was a general sense that “free,” by itself, implied poor quality.
- When it comes to health services Medicaid covers, participants see hospitalizations, check-ups, and prescriptions as the most important.
- Many think rebranding could help signal change in 2014 and overcome stigma. Others worry that it could be confusing to some people, especially to people currently enrolled.
- There is general consensus that Medicaid should not change its name just for the sake of changing the name. The name should only change if real changes are occurring.

# MEDICAID IN 2014

- Participants like the idea of Medicaid expansion in 2014. They like knowing that they too could get health coverage if they were uninsured.
- Some worry about possible side effects of expansion like longer waits for appointments, current beneficiaries getting squeezed out, and, in Michigan, effects on state debt.
- When describing expansion, phrases like “income limits will be raised” are confusing to some. Some are not sure whether this means that more or fewer people will be eligible.

# VIEWS ON THE EXCHANGE

- The idea of the Exchange is new to them. None had heard about it previously.
- Participants think the Exchange is a good idea. They get it and they like it. It is important to note, however, that they find the term “Exchange” to be confusing.
- For most, learning about the Exchange does not trigger immediate associations with health care reform.
- Most think they would be able to use the Exchange without difficulty, but many express concern that other people in their communities may have difficulty.
- They do not express much concern about the security of information on the Exchange. They say that security icons would assure them that it is secure.
- If they are going to enroll in Medicaid through the Exchange, they want to know it is “official” and sponsored by the state.

# ENROLLMENT PREFERENCES

- Participants find the idea of using the Exchange and enrolling from home to be very appealing. They like the convenience and privacy this allows.
- Almost all participants think they would need help using the Exchange at some point in the process – especially when it comes to using it to apply for Medicaid.
- Most say they would like to get help over the phone or in-person. Some people – mainly younger people – also really like the idea of getting help via online chat.
- The most popular places participants say they would like to go to for enrollment help include Medicaid offices, doctors' offices, and libraries.
- People do not like the idea of enrolling at a kiosk in a grocery or retail store. They say these settings are not appropriate for enrolling in insurance and they express concern about privacy.

# DESCRIBING THE EXCHANGE

- People like hearing that there will be a hotline they can call to get help using the Exchange. They also like knowing they can get in-person help.
- They like knowing there will be options, including “low-cost or free” plans.
- They like language that reflects the seriousness with which they view insurance. They do not like language that makes the Exchange (or finding insurance more generally) sound like “shopping.”
- Participants say that analogies to “search and compare” sites for things like travel do not seem appropriate and are not necessary to convey the concept.
- They are drawn to Exchange names that convey its function as a tool for getting insurance. Words like “connect,” “connection,” and “link” seem to work well.

# MEDICAID SURVEY FINDINGS

# POSITIVE IMPRESSIONS

From what you know of Medicaid, would you say it is a very good, somewhat good, somewhat bad, or very bad program?

Percent Saying "Very Good" or "Somewhat Good"

81%



78%



81%



# MEDICAID DESCRIPTION

As you may know, Medicaid is a health insurance program for lower-income [state] residents.

The program offers **low-cost or free** health insurance and covers **check-ups, hospitalizations, prescription** drugs, and other health care services.

In 2014, the income limits are being raised, and **many more people will qualify** for Medicaid.

# INTEREST IN ENROLLING

Let's imagine that for some reason you do not have health insurance in 2014 and that you could qualify for Medicaid. How interested would you be in enrolling in Medicaid?

Percent Giving 7-10 Interest Rating  
1=not interested at all, 10=extremely interested

75%



78%



81%



# MOTIVATIONS TO HAVE COVERAGE

## Mean Agreement on 1-10 Scale

1=not at all, 10=completely



	Alabama	Mississippi	Michigan
Accidents can happen to anybody. It's important to have insurance so that you are covered when the unexpected happens.	9.3	9.3	9.3
Medical bills can add up fast. It's important to have insurance to protect you and your family from large medical bills if you ever got sick or had to go to the hospital.	9.3	9.2	9.3
Having regular medical check-ups and follow-ups is a central part of staying healthy. It's important to have insurance so that you can get check ups to catch and treat things like diabetes and high blood pressure.	9.2	9.2	9.1
Your family depends on you. It's important to have insurance so that you can stay healthy, get medical care when you need it, and continue to be there for your family.	9.2	9.1	9.1
It's important to have health insurance so that you can have a regular doctor who knows you and your medical history.	9.2	9.1	9.1

# TWO UNDERLYING MOTIVATIONS

Data analysis and insights from focus groups suggest that there are two primary motivational concepts: staying healthy and protection from bills.



# BARRIERS TO ENROLLING

## Mean Agreement on 1-10 Scale

1=not at all, 10=completely



	Alabama	Louisiana	Michigan
You worry that people who have Medicaid are not treated well.	5.0	5.0	5.0
You don't think you would qualify for Medicaid – even if they raise the income limits and more people qualify.	5.5	4.7	4.6
You would not sign up for Medicaid in the hopes of getting a job with insurance soon.	4.7	4.6	4.4
You would not want to go to a government office to apply for Medicaid.	4.7	4.4	4.3
You think it is too complicated to apply for Medicaid.	4.5	4.6	4.2
You would not want to get help from a government program like Medicaid.	4.5	3.8	3.8

# MEDICAID CLUSTERS

At least a third of the 2014 Medicaid-eligible population in all three states is very eager to enroll in Medicaid and is not likely to need much convincing to get in the door. We call this cluster the **“Experienced & Enthusiastic.”**

Each state also has at least another third that seems more resistant to enrolling in Medicaid and will likely need the most strategic outreach. We call this cluster the **“Cost-Conscious.”**

In both Alabama and Michigan, cluster analysis revealed additional groups of people who express fairly high interest in enrolling in Medicaid, but who also show some signs of hesitation. In Alabama, these people make up the **“Rural Reluctants”** cluster. In Michigan, these people make up the **“Barrier-Bound”** cluster.

# EXPERIENCED & ENTHUSIASTIC

 38%  47%  33%

- Nearly everyone in this group has experience with Medicaid or children's health insurance programs.
- This group tends to be dominated by women in all three states, and urbanites in Alabama and Maryland tend to concentrate in this group.
- Their primary motivations for having insurance relate to staying healthy, but they are also motivated by concerns about bills.
- People in this group have very positive impressions of Medicaid, do not have many attitudinal barriers to enrolling, and are very interested in enrolling.
- The Experienced & Enthusiastic need the least strategic outreach. They just need to be informed that they will be eligible in 2014.

# COST-CONSCIOUS



- This group has very little experience with Medicaid or children’s programs.
- In all three states, men tend to concentrate in this group, and suburbanites in Alabama and Maryland are most likely to be in this group.
- This group seems less enthusiastic about the importance of insurance in general, but they are most motivated by concerns about medical bills and accidents.
- This group tends to have lukewarm or negative impressions of Medicaid. Many are also unsure of what to think about the program – they do not know enough.
- They express the least interest in enrolling if they were uninsured compared to other groups. They also do not think they would be eligible and many express concern about the way people on Medicaid are treated.
- The Cost-Conscious need the most strategic outreach to both highlight the importance of insurance and to overcome barriers to enrolling in Medicaid.

# BARRIER-BOUND



- In many ways, this group looks like the Experienced & Enthusiastic – nearly everyone in this group has experience with Medicaid or Michigan’s children health insurance program, and this group is dominated by women.
- Likewise, their primary motivations for having insurance relate to staying healthy, but they are also motivated by concerns about bills.
- This group differs from the Experienced & Enthusiastic in their attitudes toward Medicaid. They have “somewhat” positive impressions of the program and are less enthusiastic about enrolling.
- They also have higher attitudinal barriers to enrolling, particularly around concerns about the way people on Medicaid are treated and doubts that they would qualify.
- While less enthusiastic, the Barrier-Bound are still inclined to enroll – but they need strategic outreach to address their treatment concerns and eligibility doubts.

# RURAL RELUCTANTS

 24%

- The majority of this group has experience with Medicaid or Alabama's children's health insurance program and more than two-thirds live in rural areas.
- Their primary motivations for having insurance relate to staying healthy, but they are also motivated by concerns about bills.
- People in this group have pretty positive impressions of Medicaid and they express pretty high interest in enrolling if they were uninsured.
- Relatively high attitudinal barriers could stand in the way of enrollment. This group is skeptical that they would qualify for Medicaid and they also express concern about the way people on Medicaid are treated.
- While less enthusiastic, the Rural Reluctants are still inclined to enroll – but they need strategic outreach that drives home the message about eligibility and addresses their concerns about treatment.

# EXCHANGE SURVEY FINDINGS

# EXCHANGE DESCRIPTION

“Individuals, families and small businesses who need quality, affordable health coverage will be able to get it through a new online marketplace called [Exchange name].

On [Exchange name], you can shop for health insurance and find a plan that fits your budget. You may even **qualify for a low-cost or free plan**. [State or Exchange name] will offer an **easy-to-use website** where you can **search and compare plans**, a **hotline you can call to talk with someone** about your options and places where you can sign up in your community.

You’ll be able to find health insurance for you and your family, without the hassle.”

# INTEREST IN USING EXCHANGE

If you were uninsured in 2014, how interested would you be in using this website to find a health insurance plan?

Percent Giving 7-10 Interest Rating  
1=not interested at all, 10=extremely interested

77%



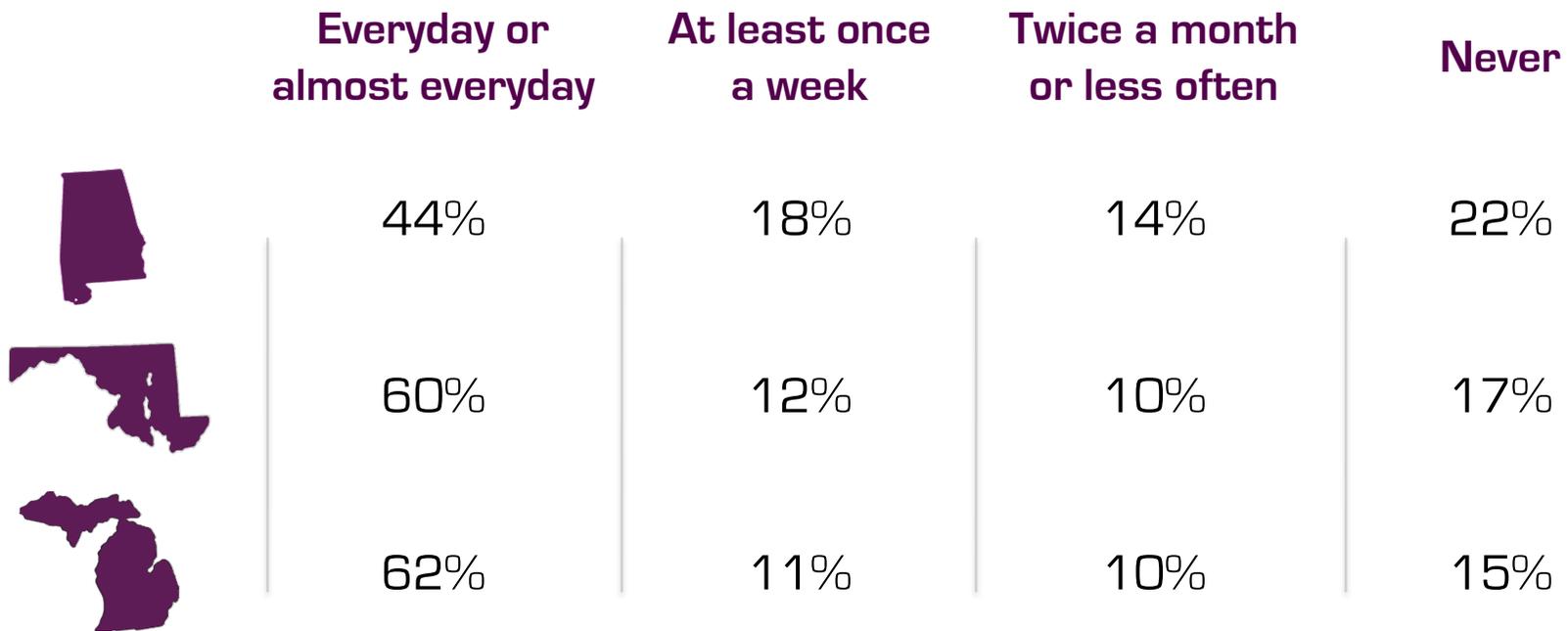
77%



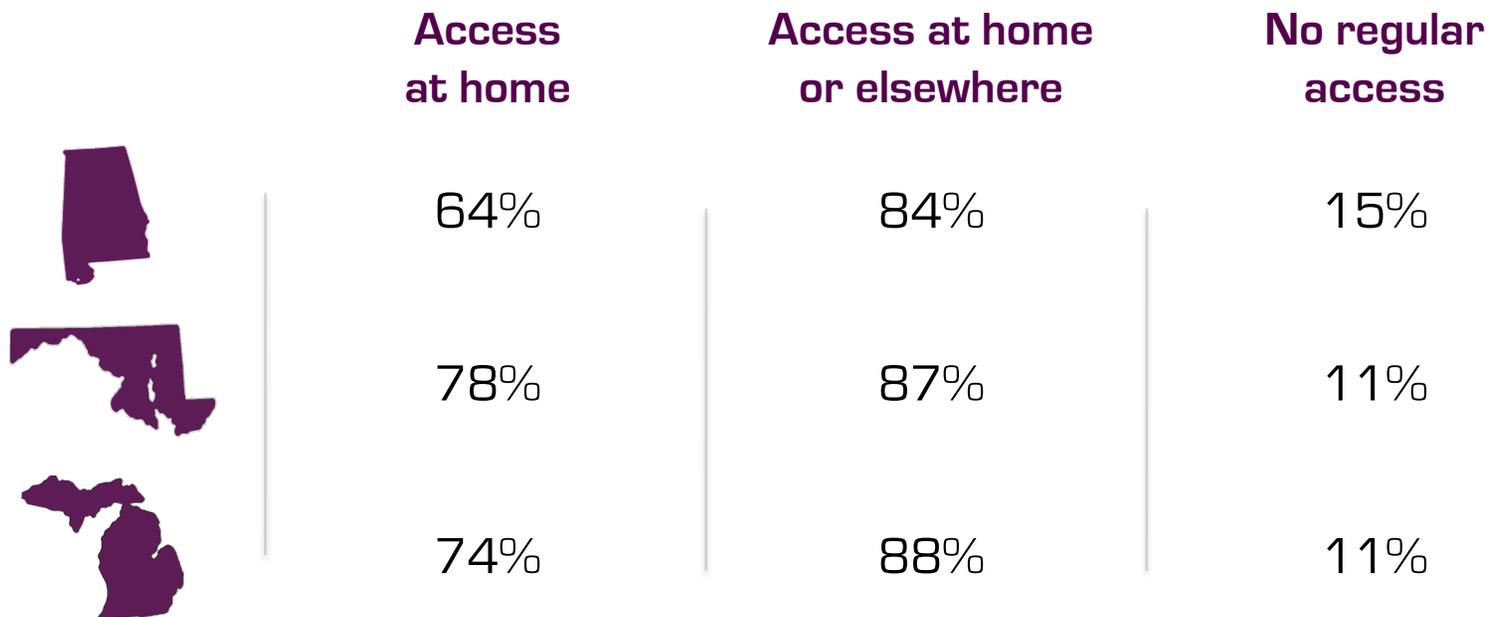
72%



# INTERNET USE



# INTERNET ACCESS



# ABILITY TO ENROLL ONLINE

Let's say you decided to use this website to enroll in health insurance. How confident would you feel in your ability to complete the enrollment process online?

Percent Saying "Very Confident" or "Somewhat Confident"

79%



79%



80%



# SECURITY OF INFORMATION

This website will be a secure site, and none of your information would be shared with outside companies. Knowing this, how confident would you be that your personal information was secure?

Percent Saying "Very Confident" or "Somewhat Confident"

78%



77%



79%



# HELP USING EXCHANGE

If you wanted to get help from someone who is trained to help you enroll in health insurance online, would you want to get help from this person ... ?

In person 45%  
By phone 45%  
Online 19%



In person 45%  
By phone 43%  
Online 26%



In person 47%  
By phone 45%  
Online 28%

# ENROLLMENT EXPERIENCES

**Percent Giving 7-10 Interest Ratings**  
 1=not interested at all, 10=extremely interested



Using a computer at your home or elsewhere to enroll online, knowing that you could call customer service for help if you need it.	72%	73%	70%
Going to a [government office] where someone from Medicaid would help you enroll online.	70%	58%	57%
Working with an insurance agent who would help you enroll online.	66%	59%	52%
Going to your library and working with someone who is trained to help you enroll online.	56%	49%	43%
Using a computer station in a retail or grocery store to enroll online.	23%	23%	16%

# ELIGIBILITY CALCULATOR

This website might have a simple online calculator that would help you see if you are eligible for low-cost or free health insurance before going through the application process. How interested would you be in something like this?

Percent Saying “Very Interested” or “Somewhat Interested”

86%



83%



85%



# MANDATE AS MOTIVATOR

In 2014, most [state] residents will be required by law to have some form of health insurance and some may be subject to fines if they don't have it. How motivating would this be as a reason to have insurance?

Percent Saying "Very Motivating" or "Somewhat Motivating"

75%



75%



69%



# EXCHANGE CLUSTERS

Cluster analysis reveals a **digital divide** within the 2014-Medicaid-eligible population in all three states.

The majority of this population will likely be able to access and use the Exchange without much difficulty. We call this cluster the **“Connected & Confident.”**

Others in this population, however, will likely encounter problems when it comes to accessing and using the Exchange. We call this cluster the **“Internet-Impaired.”**

# CONNECTED & CONFIDENT

 63%  75%  70%

- Nearly everyone in this group uses the internet everyday or at least once a week. Likewise, nearly all have computers and internet connections in their homes.
- Compared to the Internet-Impaired, this group is younger and has more education.
- This group has high levels of confidence in their ability to complete the enrollment process online and in the security of their personal information on the Exchange.
- The Connected & Confident express the highest levels of interest in using the Exchange to find health insurance in 2014 if they were uninsured.
- They express the most interest in enrolling by using a computer at home or elsewhere.
- Most would prefer to get help by phone or in person, but some also would want help over the internet.

# INTERNET-IMPAIRED



- The majority of the Internet-Impaired never uses the internet. Few have an internet connection in their homes, and a majority does not have regular access anywhere.
- Compared to the Connected & Confident, this group is older and has less education. In Alabama, people from rural areas are most likely to be in this group.
- This group has lower levels of confidence in their ability to complete the enrollment process online and in the security of their personal information on the Exchange.
- While interested, the Internet-Impaired express the lower levels of interest in using the Exchange to find health insurance in 2014 if they were uninsured.
- They express the most interest in enrolling by going to a government office.
- This group would prefer to get help by phone or in person; online help is not an attractive option for them.

# OUTREACH RECOMMENDATIONS

# MEDICAID FRAME OF MIND

Medicaid is a valued, wanted program in these states.

As states plan communication strategies and develop messaging, it is important to keep in mind that the vast majority of the people who will be eligible in 2014 view Medicaid as a **good program** and would be **interested in enrolling** if they were uninsured.

The biggest need is to **get the word out** and let this audience know that they will be eligible. Let them know that **the rules have changed** and they could qualify for Medicaid – even if they have not qualified in the past.

# RECOMMENDED MESSAGE FRAME

Accidents can happen to anyone. And medical bills can add up fast.

Now, more people than ever are eligible for high-quality, low-cost or free health insurance through Medicaid. For example, individuals making up to \$15,000 a year, or a family of four making up to \$31,000 a year could qualify.

Medicaid covers doctor visits, hospitalizations, prescriptions and more.

To learn more, call [phone number] or go to [website].

# ADDRESSING ELIGIBILITY DOUBTS

Consider ways to tailor messaging to **address people's doubts** that they would not qualify for Medicaid.

**Potential message elements** include the following:

- “You could qualify if you’re an individual making up to \$15,000 a year, or a family of four making up to \$31,000.”
- “The rules have changed—more people are eligible than ever.”
- “To quickly find out whether you might be eligible for Medicaid, use the ‘eligibility calculator’ at [website].”
- “Single adults are now eligible for Medicaid.”
- “Moms can now stay on Medicaid past the first year of their baby’s life.”

# INTRODUCING THE EXCHANGE

It is important to use **straightforward language** when describing the Exchange.

Convey the basic point that it is **a tool to help people find insurance** that is right for them and their families.

## **Highlight the following aspects:**

- Ability to search for and compare plans
- Availability of help by phone and in person
- Inclusion of low-cost or free plans
- Convenience of signing up online at home or elsewhere
- Variety of ways to sign up, including by going to X, Y, or Z, where trained professionals can help

# RECOMMENDED EXCHANGE DESCRIPTION

Individuals, families and small businesses who need quality, affordable health coverage will be able to get it through a new online marketplace called [Exchange name].

On [Exchange name], you can shop for health insurance and find a plan that fits your budget. You may even qualify for a low-cost or free plan. [State or Exchange name] will offer an easy-to-use website where you can search and compare plans, a hotline you can call to talk with someone about your options and places where you can sign up in your community.

You'll be able to find health insurance for you and your family, without the hassle.

The **State Health Reform Assistance Network**, a program of the Robert Wood Johnson Foundation, provides in-depth technical support to states to maximize coverage gains as they implement key provisions of the Affordable Care Act. The program is managed by the Woodrow Wilson School of Public and International Affairs at Princeton University. For more information, visit [www.statenetwork.org](http://www.statenetwork.org).

The **Robert Wood Johnson Foundation** focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to health and health care, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, measureable and timely change. For nearly 40 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime. For more information, visit [www.rwjf.org](http://www.rwjf.org).

**GMMB** is a full-service, strategic communications agency with a distinct team of seasoned communications experts who specialize in how best to communicate with consumers, stakeholders and influencers about all aspects of health care reform implementation. Established in 1983, we have earned a reputation for creating highly effective communications and marketing campaigns and providing top-level public relations counsel and support to nonprofit organizations, foundations, major associations, corporations and federal and state government agencies.

**Lake Research Partners** is a public opinion research firm specializing in health care issues with offices in Washington, DC, New York, NY, and Berkeley, CA.

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THE FULL REPORT AND SURVEY METHODS REPORT  
CAN BE FOUND AT :  
[HTTP://WWW.RWJF.ORG/GOTO/PREPARINGFOR2014](http://www.rwjf.org/goto/preparingfor2014)