

Topline Findings from the California Coverage Campaign Initial Focus Group Research

California Health Benefit Exchange
Board Meeting
June 12, 2012



Ogilvy Public Relations

NORC
at the UNIVERSITY of CHICAGO

Study Background and Purpose

- Focus group research conducted to support development of a marketing plan
- Study Objectives:
 - Understand how “likely” enrollees view health insurance, their needs and concerns related to insurance, as well as the Affordable Care Act and the Exchange/marketplace
 - Identify the most compelling advantages of enrollment
 - Test initial Exchange/marketplace positioning.
 - Explore campaign messaging approaches

- Held April 22-23, 2012, in Fresno and LA
- 36 participants with various income levels at or above 138% FPL
- All uninsured and between the ages of 18-44 with no reported chronic diseases
- Were receptive to using the marketplace

	Fresno	Los Angeles
English	Male (n=9)	Female (n=10)
Spanish	Female (n=9)	Male (n=8)

Key Findings

- Most had been insured at some point, but were currently uninsured due to various reasons:
 - Unemployment
 - Lack of affordable options (either through an employer or the individual market)
 - Aging out of parental plans
- “Culture of Coping” – sources of care included:
 - Free/Sliding Scale clinics
 - ER
 - Self Treatment/Home remedies

Experience being Uninsured (cont.)

- Cost was the biggest barrier to obtaining coverage
- Lack of coverage was considered a major problem that was of great concern
 - Worry over the unexpected
 - Family history of illness/disease
 - Not being able to work/provide for family in the event of illness/injury

“If I win the lottery, I will put myself in the best hospital to get checked out. I have a daughter. I want to live to see my grandkids. I just want to be able to get the normal checkups.”

–LA Participant

Experience Shopping for Insurance

- Some experience shopping for insurance through an employer or by using a broker, insurance company website, or going to a local social service office
- Shopping online was preferred method, however:
 - Concerns expressed over online security
 - Would only go through a “credible” website

Marketplace Awareness and Attitudes

- Understanding of the marketplace varied:
 - “It’s universal health care coverage. It’s privatized – not socialized like in Europe.”
 - “You’re going to be forced to buy health insurance. If you show up at the hospital without it, you’re going to be doing something against the law.”
 - “It will mean cheaper options. It won’t be totally mandated.”
 - “It will be mandatory that everyone has coverage.”
 - “Employers will be required to provide insurance to their employees or face a fine.”

Marketplace Awareness and Attitudes (cont.)

- Strong support for the changes BUT considerable skepticism that high quality/affordable plans would actually be available
- Concern over who was deciding what “affordable” was, and whether this would be in line with what they could pay
- Despite concerns, participants were excited to hear about the marketplace and were looking forward to learning more

Marketplace Benefits and Barriers

- **Benefits:**

- Getting more informed about health insurance basics
- Being able to compare plans and have a choice
- Convenience of having the information in one place
- The competitiveness the marketplace would encourage
- Information on public plan options

- **Barriers:**

- Computer security and privacy
- Not being able to talk to someone if questions arise
- Not buying the right plan; finding loop-holes after purchase
- Not being able to pay with cash online

Suggestions for a User-Friendly Exchange

- Chat feature; having an operator/technical assistance person available
- Language that is easy to understand; spelling out the fine-print
- User reviews or star rating system
- Official seal or logo to legitimize the website

“You should have all of the information you need to equip you to make the right decision.”
-LA Participant

Benefits/Barriers to Buying Insurance

- **Benefits:**
 - Financial peace of mind
 - Access to preventive services
 - Access to care when you need it
 - (The more ethereal “wellbeing” benefit was rarely mentioned)
- **Barriers:**
 - Cost was the biggest concern
 - \$25-\$50 per month for individuals/\$100-\$150 per family was considered affordable

- Three positioning statements were provided to participants that focused on different themes:
 - Paragraph A: Straightforwardness and ease of use
 - Paragraph B: Collective responsibility
 - Paragraph C: The marketplace as a health advocate

- Language that was “on-target”
 - “a place for one-stop shopping”
 - “straightforward and easy to use”
 - “a place to go to understand what options you qualify for, how the plans compare and to enroll in the right plan for you”
 - “the opportunity to access care”
 - References to “those who previously could not afford insurance” benefiting from the marketplace
 - References to “self, family and community” as beneficiaries of insurance

- Language that was problematic:
 - “trustworthy, reliable source of information”
 - Lack of trust in state government; trust would need to be earned
 - “the health of our families and our communities is a joint responsibility”
 - What will the marketplace offer me personally?
 - “competitive, trustworthy and affordable health care plans”
 - Bordered on hype for some
 - “quality health insurance accessible and affordable to all”
 - Good qualities, but will the marketplace be able to deliver?
 - References to small business owners and the idea of the marketplace as an advocate was confusing to some

“Marketplace” as a descriptor

- “Marketplace” seemed to clearly convey how the health benefit exchange would work BUT
 - Carried a commercial and profit seeking connotation that some felt to be incompatible with the goal of “better health for all.”
- Other suggestions:
 - “Health Solutions”
 - “Wellness Plan”
 - “Health Management Plan.”

Message Platforms/Arguments for Buying Insurance

- Five message platforms were tested, each focusing on a different theme:
 - Argument 1: Economic security
 - Argument 2: Prevention
 - Argument 3: My responsibility
 - Argument 4: Access
 - Argument 5: Health and well-being

Message Platforms/Arguments for Buying Insurance (cont.)

- Ones emphasizing financial security and peace of mind, access to care when it was needed, and prevention tested very well.
- Prevention argument tested as well, even among men.
- Platforms emphasizing responsibility and more general wellbeing did not test well, at least in the forms they were presented in this initial research.

- Endorsed methods included:
 - Television (Unavision for Spanish speakers)
 - Radio
 - Printed newspapers
- Other suggestions:
 - Schools
 - PTA meetings
 - Doctor's offices
 - Free clinics
 - Pharmacies
 - Churches
 - Lion's Clubs/Rotary Clubs
 - Red Cross
 - Mailed flyers or brochures

- Participants' thoughts on effective messengers:
 - Media figures (television commentators/ reporters)
 - Mixed views on using public officials
 - LA participants suggested Mayor Villaraigosa
 - Doctors, school officials, and church representatives
 - California Department of Public Health; public programs (e.g., MediCal, Healthy Families)
 - “Word of mouth” advertising would be the most persuasive

- Upcoming focus groups this month
- Focus group composition:
 - People who are receptive to purchasing coverage
 - Chinese and Vietnamese language groups
 - Split by gender
 - Location: Sacramento and Bay Area

Thank You!



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