

## **Reaching Uninsured Children**

### **Understanding Unenrolled CHP+ Eligible Families**

prepared for the CHP+ Advisory Team by texture | media  
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# Introduction

## Overview

From October 2002 to June 2003, Colorado's Child Health Plan Plus (CHP+) Advisory Team\* partnered with texture | media, an integrated research, design and marketing communications firm, to better understand families of eligible yet unenrolled children.

Facing plateaued enrollments, the CHP+ Advisory Team sought to understand hard to access segments of the eligible population in order to determine better ways of reaching them. The ultimate goal – to raise the health status of uninsured children in Colorado.

The Advisory Team and texture | media collaboratively developed an integrated project plan involving three methods. Methods included secondary research, primary research and creating messages. The focus of the project was to add narrative depth to available secondary research, thus providing insight into these hard to reach segments.

This document describes the approach and methods used on the project. It presents findings from the research, and outlines implications and recommendations for the CHP+ program.

***"The focus of the project was to add narrative depth to secondary research..."***

\* Child Health Plan Plus is a low-cost health insurance program for uninsured Colorado children ages 18 and under whose family's income bracket exceeds Medicaid qualifications but cannot afford private health insurance. The CHP+ Advisory Team represents the public, private and community organizations that support and administer the program.

## Executive Summary

In the spring of 2003, texture | media engaged with the CHP+ Advisory team to implement a qualitative, contextual research approach to understanding the experiences of eligible yet currently unenrolled children and their families. The research process included four sequential methods each geared toward providing more insight to the experiences and perceptions of eligible but unenrolled populations. The project sought to produce recommendations to improve the reach and impact of CHP+ marketing and communications efforts.

## The CHP+ Experience Model

Based on both secondary research and the findings of our field research in this study, the team developed a descriptive framework for understanding the experience of learning about and enrolling in CHP+. The CHP+ experience model (see diagram below) describes key stages or turning points in the overall process: Awareness, Belief, Learning, Access, and Use.



*A descriptive framework for mapping the CHP+ experience*

### Awareness

- » Having a general awareness of health insurance options (CHP+) and where to find further information.

### Belief

A key transition between *Awareness* and *Learning* is adopting the Belief that health insurance is a priority in protecting both health and finances for one's self and/or family.

### Learning

- » Learning about what insurance provides, how it works, if one is eligible and how to apply.

### Access

A key transition between *Learning* and *Use* is accessing CHP+ by completing the enrollment process. Access describes both logistical concerns of knowing where and how to get an application and financial access, or being affordable.

### Use

- » Making use of the coverage for both routine check-ups and unexpected health care needs, adopting the coverage as part of one's health care and maintenance strategy.

As a descriptive framework, the model identifies key user needs for information and support in each stage of the process:

In the **Awareness** phase, participants need messages that communicate to their immediate needs and concerns through appropriate channels.

For example, participants involved in a session to create and prioritize messages were most interested in knowing age groups covered first, and about “minimal cost and complete coverage” second.

In order to adopt the **Belief** that Health Insurance coverage is an important part of their health care and maintenance strategies, potential enrollees need to understand the financial benefits as well as the health benefits.

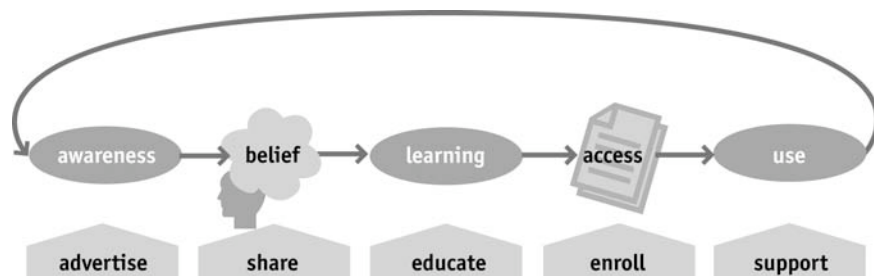
In the **Learning** phase, potential enrollees need to understand what is required in the application process, how the eligibility requirements apply to them, and specifics of the coverage.

During **Access**, potential enrollees need to feel empowered to ask questions about aspects of the process or details they don’t understand, and need guidance in completing the application process.

Once enrolled, participants in CHP+ need support for any questions that might arise in the **Use** of their coverage, accessing care providers, etc., to provide a positive experience.

## Implications: Reaching Unenrolled, Eligible Families

The experience model also forms the basis of a prescriptive framework for mapping how CHP+ can support people’s needs throughout the experience of learning about and enrolling in CHP+ coverage:



*A prescriptive guide to supporting the CHP+ experience*

- » **Advertising** CHP+ to build *Awareness*
- » **Sharing** stories and information with potential enrollees to build their belief that health insurance is important
- » **Educating** potential enrollees to *Learn* how to apply, how CHP+ works, and how to use it
- » Guiding and supporting participants through the **Enrollment** process to make sure they have *Access* to information and resources

- » **Supporting** participants in the *Use* of CHP+ to encourage renewal and word-of-mouth ambassadorship

## Key Themes

Other patterns emerged from the research that also had significant impact on participants' health care and maintenance strategies and their perceptions of health insurance:

- » **A Conflict between Health and Money**  
Health insurance is a financial matter as much as it is a health matter  
All the participants we spoke to had limited resources and when faced with a choice, budgeted for immediate, tangible day-to-day living expenses over health insurance. They tended to address health care needs as they arose and became unavoidable, such as severe illness or injuries.
- » **A Struggle between Belief and Control**  
All participants had strategies for caring for and maintaining health that were based on more traditional notions about health care. For example, many participants cited things such as religion and cleanliness as some of the most important factors in maintaining their health. Their strategies, however often did not include wellness care or accessing the health care system, except as a last resort. Because they have limited resources and access to health care options, they learn to form strategies around the things in their lifestyle choices and environment that they can control.
- » **An Issue around Community and Trust**  
People rely on and trust their personal support networks and are more likely to be mistrustful of organizations outside of these networks. Participants all described extended communities of support that they trusted and relied on for support and advice, including health care issues. These extended communities of support typically included family, friends, co-workers, and faith-based and community organizations such as churches and schools. In addition, they tended to have low expectations or be mistrustful of large bureaucratic or government organizations.

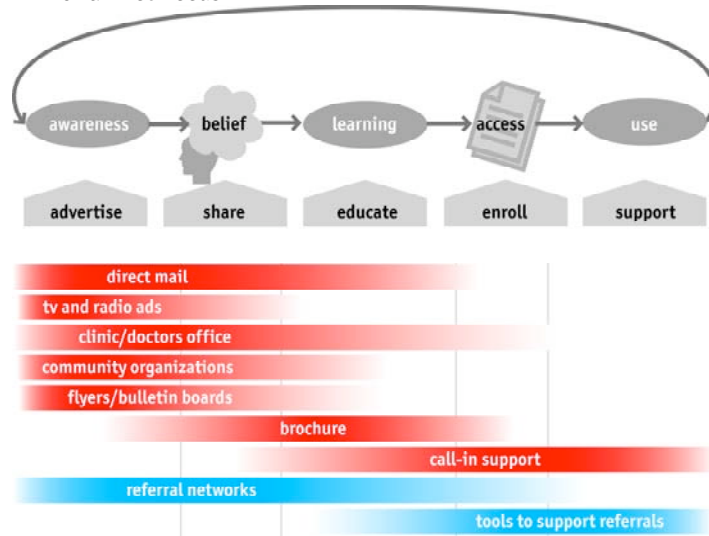
Participants did vary significantly in one key area of the research: how closely their behaviors aligned with their basic beliefs about being healthy.

- » **Saying vs. Doing**  
Although all participants believe it is important to be in good health, they varied widely on how closely their behavior aligned with their beliefs  
While some participants had strong beliefs about how to care for and maintain their health and behaved accordingly, others clearly had habits and routines that did not support the beliefs that they described. This finding forms the basis for grouping participants according to their attitudes and behaviors (or behavioral segmentation) and begins to address key barriers for each group to enrolling in CHP+.

## Implications

Based on the different goals for supporting participants throughout the entire experience with CHP+, this framework becomes

- » a tool to holistically organize existing tools and resources to best support potential enrollees in the most effective way
- » a generative tool to develop new programs and resources to address barriers or unmet needs



*Current and potential tools and resources for communicating CHP+. Red areas indicate existing or past tools and resources. Blue indicates potential tools and resources.*

At the highest level, and to take advantage of the findings from the research, CHP+ should build an understanding of the experience model across the organization and align business objectives with the user experience. Based on CHP+ goals of developing more powerful ways of addressing hard-to-reach segments while making the most efficient use of limited resources, we have prioritized recommendations into three initiatives:

- » Immediate actions to better support the process
  - » Leverage non-traditional channels: connect to personal support networks
  - » Develop communications that target each step in the experience model
  - » Support Access and Use of CHP+ as well as Awareness
- » Next steps to build and support referral networks
  - » Create marketing tools and resources for current enrollees to act as ambassadors
  - » Develop incentives to motivate participation and support peer referral
  - » Develop and tracking mechanisms to identify best peer resources
- » Long term development of processes for feedback and participation from enrollees that ultimately become a continuous source of ways to better support the experience and build referral networks

- » Broaden channels for customer feedback loops to include eligible but unenrolled
- » Develop methods for monitoring and measuring success based on identified behavioral groups

The ultimate vision for CHP+, as a result of effectively implementing the three initiatives would be:

- » Increased enrollment, specifically with identified hard-to-reach populations, without an equivalent increase in expended resources
- » Participant ambassadors forming referral networks as the most effective channel for enrolling new participants
- » Effective support throughout the CHP+ Access and Use experience that guides participants through the experience and turns barriers into opportunities, current enrollees into ambassadors.



*“...experience design draws on methods from cultural anthropology and social science to also understand what people do, think and feel.”*

## Approach

texture | media specializes in a unique approach called experience design. Experience design fuses research and design, effectively bringing together those who are trained to understand peoples’ everyday experiences on the one hand (researchers), and those skilled in creating communications, products and services for them on the other (designers).

As a complement to traditional market research which focuses primarily on what people say, experience design and research draws on methods from cultural anthropology and social science to also understand what people *do, think and feel*. This type of research includes qualitative, contextual and observational methods such as video ethnography.

Experience design also suggests that inviting audiences to participate in the creation and design of communications, products and services through *participatory design research* spurs innovation and develops more appropriate, compelling results for connecting with a client’s constituents.

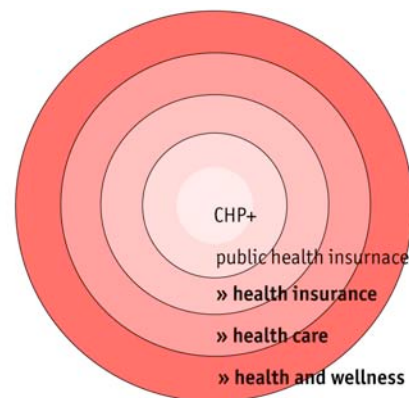
## Research Framework

Using the principles of experience design, the team developed the following conceptual research approach. At the most fundamental level, this project attempts to understand the intersection and interplay between families and health. These two elements can be thought of as containing two concentric circles of increasing specificity:

### Family



### Health



One goal of this project was to understand **specific aspects of the family** in relationship to the more **general aspects of health**. This approach informs how to adjust or message supporting health through a specific organization to a more general audience (community at large).

A number of research methods were brought together to gain insight into CHP+ eligible yet unenrolled families. The following section describes each method and supporting techniques used.

- » Synthesis of secondary research to date
- » Ethnographic Research
  - self-documentation (journaling)
  - home visits
  - gatherings for group discussions
- » Creating and Prioritizing Messages

*“Effective marketing should be based on deeper understanding of how people in these [hard to reach] segments make decisions about children’s health insurance.”*

Synthesis Report, page 1

## Methods

### Synthesis of Existing Research

With a wide range of qualitative and quantitative research having been commissioned since the start of the CHP+ program, the first part of the project was a review and synthesis of this information. Done in conjunction with a quantitative research partner, HealthCare Research, Inc. , the synthesis document (*Past, Present and Future: A Review of Literature About SCHIP and CHP+ Enrollment* by James R. Heichelbech, Ph.D.) set the foundation for understanding broad trends and market segmentation. Findings from the report regarding eligible, but unenrolled families, helped not only define who we sought to understand, but what aspects of their lives and experiences to focus on in our research.

Key specific findings that were validated by our research and have significant implications for future CHP+ marketing efforts:

#### Priorities around health care and maintenance

- » Parents of children not currently insured rated general practices such as providing healthy food and a safe and loving home environment as a higher priority than preventative care and health insurance coverage

#### Awareness and Understanding of CHP+

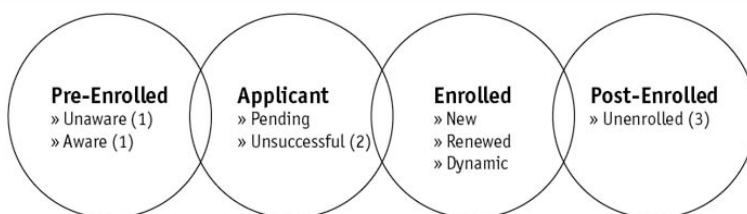
- » Only 52% of those eligible were aware of CHP+
- » A number of families either do not understand the benefits of the CHP+ program or do not consider the program valuable

#### Access

- » 50 % said they did not know where to get information or to enroll their children

Finally, the study highlighted the need to support the breadth of quantitative data with a deeper understanding of the experiences and behaviors of people in hard-to-reach segments.

### Segment Selection



Given CHP+’s start in rural Colorado and the language and cultural barriers in the Spanish-speaking population, the project team identified “Urban Hispanics” as a group to focus on. The other group that emerged as particularly hard to reach were those who were either unaware but eligible for the program, or who did not

generally think of their families as needing “social services.” Including people recently laid off, families who rank childrens’ health insurance low in priority, or families at the upper income eligibility limits, this group was termed “Perceived Not Applicable”.



*Urban Hispanics – a key group to better understand.*

With the goal of better understanding these two segments, “Urban Hispanics” and “Perceived Not Applicable” the team designed recruitment selection criteria. Key criteria included:

- » families without child health insurance
- » income within CHP+ eligible guidelines
- » living in the Denver metro area
- » families with a range of children aging from newborns to teens
- » primary health care decision makers (we ended up with all mothers)
- » primary household language of Spanish for the “Urban Hispanic” segment, and English for the “Perceived Not Applicable” segment
- » participation from Hispanic teens
- » pregnant women

Recruiting these hard-to-reach groups required going into the field and employing the skills of bilingual recruiters. Radar Communications has particular skill in recruiting difficult to reach populations, and became a partner for recruitment and bilingual/translation services.

## **Ethnographic Research Techniques:**

### **Self-documentation**

The first ethnographic research technique was self-documentation, or workbook journaling. Journaling enabled participants to document their experiences in structured and unstructured ways. The workbook exercise began with the first activity asking participants to answer questions geared toward understanding the participant’s context and their perceptions towards key issues around health care and maintenance. An example of one of the activities in the journaling workbook was asking the participant to take instant pictures of everyone in their household, having them rate each member’s level of health on a scale of 1-10, and explain the rating. Appendix A describes the workbook protocol in detail.

*“Journaling enabled participants to document their experiences in structured and unstructured ways.”*



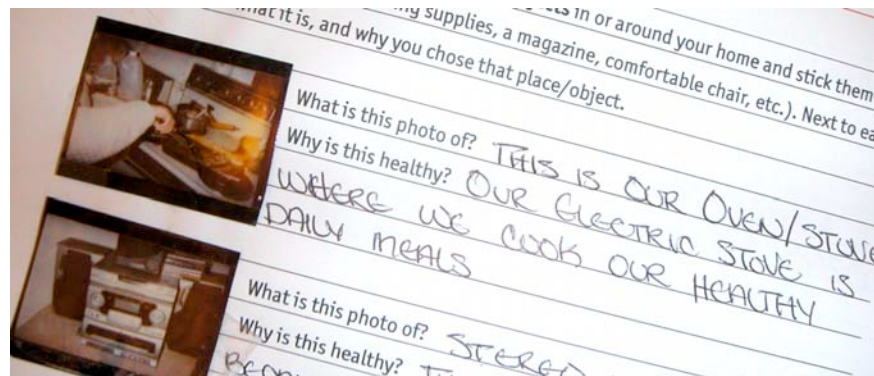
*"My dad has the most influence on my health because he isn't very healthy but he encourages me to stay healthy"*

– Oscar

*"My definition of health is not being sick and taking good care of yourself. Yes, I think I am healthy. I eat right, have good personal hygiene, and dress for the weather"*

– Jessica

The second activity asked participants to take photos of their family and environment and describe whether they were healthy or unhealthy, and why.



*Workbook describing healthy places/objects in the home.*

In the third activity, participants were given sticky-back photos and markers to create collages communicating how they view health giving them an opportunity to be creative, and use words and images in an unstructured way.





detailed look the experiences, choices, and barriers of key families. (View Appendix B for the home visit protocol.)

During home visits, participants were invited to review and elaborate on key aspects of the workbooks they had completed, including giving the researchers a tour of the healthy and unhealthy places and objects in their homes that they may have photographed or described.



*“...cereal can be healthy, but my favorite cereal is Fruit Loops, so ... (laughter)”*  
–Shantal

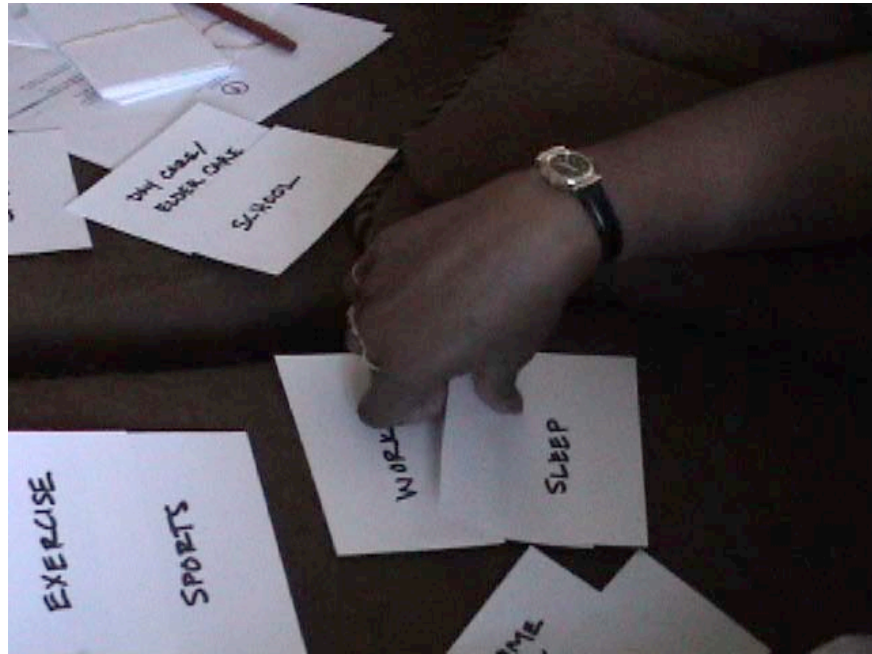


*Siobahn's kitchen with vitamins and cleaning products on the counter*

This exercise provided a prime opportunity to observe and further investigate how closely their behaviors aligned with what they reported in their workbooks. We talked more about health insurance to understand their:

- » level of awareness of insurance in general and health insurance specifically
- » understanding of how insurance works
- » past experiences with health insurance
- » attitudes and perceptions about health insurance

Next, participants were asked to sort cards in order to understand their priorities for health care activities and household income. They were asked to sort a number of items or activities according to how important they were to maintaining health, and then were asked to sort them in order of importance for spending money on from month to month. This exercise revealed key insights about trade-offs and choices participants made regarding health care and finances.



*Shantal sorts categories of health related activities.*

Finally, participants were asked to describe what they would imagine to be a more ideal health care coverage program in terms of cost, payment structure, access to services and providers, and routine vs. critical care coverage, in order to understand what is valuable to them in supporting health care on their terms.



*Robert describes the asbestos he believes is in the ceiling of his family's home.*



## Ethnographic Research Technique:

### Gatherings

With the insight gained from earlier techniques, texture | media then proceeded with three gatherings, or group discussions (Urban-Hispanic moms, Perceived Not Applicable moms, and Urban-Hispanic teens). The goal of these meetings was to address basic hypotheses formed from the workbooks and home visits around participant's attitudes towards health insurance. These gatherings differ from traditional focus groups by fostering group dialogue rather than responses to a concept or message. The participants engaged in conversation and brainstorming with their peers around how to evolve awareness and the overall experience of a program like CHP+. (Refer to Appendix C for the discussion group agenda.)

In the discussion groups, a level of comfort and trust was set by a round of introductions and establishing ground rules for the conversation. Participants were asked to discuss their health care and maintenance strategies across three categories:

- » basic day-to-day living
- » staying healthy and addressing minor illness or injury
- » managing serious illness or injury

The conversation then addressed:

- » the role of health insurance in maintaining health
- » the role of health insurance in protecting finances
- » messages and channels for communicating to their peers about CHP+

Finally, participants were asked to form groups, and allocate a hypothetical budget for communication of CHP+ across specific channels, with the goal of prioritizing which channels they thought would be most effective in reaching their audience.



*A group of moms discusses health and health insurance issues.*

*Insight is not enough.*

## **Creating and Prioritizing Messages**

The final method, Creating and Prioritizing Messages was planned to address hypothesized communications approaches based on the initial findings from the three previous research methods. In a group setting, participants shared ideas about how best to reach their peer group by engaging in the process of identifying and prioritizing content for CHP+ communications relevant to their needs. In addition, participants shared their thoughts about the possibility of participating in a referral program. The communications prototyping allowed the team to investigate not only what would be appropriate guidelines and incentives, but also what tools and resources participants would find valuable in communicating about the program to their peers.

## Key Findings and Implications

### Understanding Unenrolled CHP+ Eligible Families

The research sample was chosen based on a goal of understanding hard-to-reach segments of those potentially eligible children for CHP+ coverage. A detailed explanation of the process for the sample definition is reviewed in the Approach section of this document.

In analyzing the research, at the highest level we looked for patterns that had relevance to the problem of understanding how to better communicate CHP+ to hard-to-reach audiences. The research uncovered key themes that were consistent across cultural, linguistic and geographic differences, although they may vary in degree. These key themes, described below, had significant impact regarding awareness of health insurance options, whether or not they felt the need to have health insurance, and were independent of our initial recruiting segmentation.

### Key Finding: A Conflict between Health and Money

We found that for the participants we interviewed, health insurance as much about financial decisions as it is about health. In fact, most of the people we talked to shared the following circumstances and behaviors:

- » Were under significant financial stress
- » Were deliberately and carefully managing limited resources and making difficult decisions
- » Understood and cared about long term good health but are only able to manage health care in the short term

*“I never would have thought that I would be in this situation because I went to school, I got my education . . . but here I am, three kids later, and I’m not working. My husband’s insurance – if we get that insurance, we can’t afford to buy food. ”*  
– Gloria

All the participants we interacted with had limited resources and when faced with a choice, budgeted for immediate, tangible day-to-day living expenses over health insurance. They tended to address health care as the need arose, seeking health care services only when unavoidable, such as in the case of serious illness or injuries that could not be treated at home. Some participants described mounting bills and debts from unpaid co-pays and fees for past doctor and clinic visits.

In many cases participants described investigating private insurance but choosing to go without for either themselves or their children because the cost was prohibitive. The investment was too high for benefits that were not perceived to meet an immediate need for day-to-day survival. Yet when hypothetical scenarios are posed about more critical health care needs, most participants readily recognized the dire financial implications. One woman even sighted the 2002

movie “John Q”, featuring Denzel Washington as a father who takes an emergency room hostage because his insurance won’t cover a life saving heart transplant for his son.

Several participants described the feeling of being “caught in between” those that can afford insurance or have it provided through their jobs, and those that need Medicaid, believing there are no options for “low-income, working families.” Some seemed that they were beginning to feel marginalized and had disengaged from trying to find a solution.

For some, not having insurance was an uncomfortable, temporary choice, while others felt they had little choice and hoped for the best. Families in relative good health that did not have any direct experience with serious illness or injury were even more likely to risk being uninsured and compensate with other, more traditional healthcare and maintenance strategies, such as leading a balanced physical and spiritual lifestyle.

A related finding, women tended not only to be the family health care decision makers, but were also responsible in most cases for managing the budget and paying the bills, even if they were not earning any income.

### **Implications for CHP+**

#### **How can CHP+ communicate its financial benefits as well as its health benefits?**

CHP+ messages need to communicate as part of the value proposition that it:

- » is applicable to low income, working families,
- » provides a choice for what seems like a “forgotten” group,
- » is important for both safeguarding both health and finances
- » recognizes that most family health care decision makers are women.

In addition, participants that did not have any direct experience with serious illness or injury but demonstrated an understanding of the potential impact to their finances often learned from stories about other people’s experiences. Stories about what could happen can be effective in building an understanding of the importance of health insurance to both health and finances for those that do not have direct experience to draw from.

### **Key Finding: A Struggle between Belief and Control**

We found that most participants still had traditional notions and expectations about health care that drive their behavior.

- » These behaviors typically include general strategies such as providing healthy food and a safe and loving home environment, and don’t include check-ups or accessing the health care system
- » These behaviors are a way of controlling what they can to maintain and care for their health with limited resources

In general, participants had strategies around caring for and maintaining health that were based more on traditional notions about health care than contemporary ideas like the importance of wellness care and preventative medicine. As defined in the secondary research, activities that are part of maintaining a healthy and loving home environment were not only prioritized over formal health insurance, but were often perceived to negate the need for health insurance. These activities tended to be things that participants felt they had control over in a world where there were many things they could not control, such as job stability or the cost of health care services.

Examples of traditional ideas and expectations we heard in the research include:

- » “If I don’t feel sick, I must be healthy”
- » “Doctors are for solving problems, not partners in my health care”
- » “As long as I take good care of myself I will be okay”
- » “Health insurance and good health services are for people with money”

### **Implications for CHP+**

#### **How can CHP+ become part of people’s health care strategies?**

Traditional notions about health care can contradict reality and provide rationalization for not pursuing important preventative care and health insurance coverage. For CHP+ to help potential enrollees get past the barrier of their traditional notions about health care and believe that insurance and preventative care are important, communications that inform audiences about CHP+ also need

to consider effectively debunking myths, challenging assumptions and presenting compelling facts and best practices around caring for and maintaining health.

### **Key Finding: An Issue around Community and Trust**

People rely on and trust their personal support networks and are more likely to be mistrustful of organizations outside of their networks. In almost every case, social groups, including immediate and extended family, close friends, co-workers and faith-based or other community organizations were consistently mentioned as very influential in people's lives and their perceived ability to maintain a healthy, well balanced family environment. Participants all described personal trusted networks that they relied on for support and advice, including health care and insurance issues. People's personal support networks have unique strengths in that

- » people are in regular contact with them
- » they would likely be the first place one would look for health care-related support
- » they are the most trusted resource for information, particularly where there may be real or perceived language or ethnicity barriers

Conversely, large public institutions such as government organizations and the health care system at large were seen as bureaucratic and untrustworthy, rarely having people's best interests in mind. Participants were skeptics by experience, often describing negative situations from their past that formed their expectations.

### **Implications for CHP+**

#### **How can CHP+ leverage the power of people's personal networks?**

Trust is a key barrier for hard-to-reach populations. Although personal support networks have great influence, they are typically not accessible through traditional marketing channels and efforts. To leverage the value of people's extended support networks, CHP+ should consider an ambassador or referral program with existing enrollees to promote CHP+ through word-of-mouth in their social groups and community organizations. This recommendation in part forms the basis for Creating and Prioritizing Messages, which involves creating sample materials based on our findings to support a more grassroots referral program. This approach would be similar to the process established with the Satellite Eligibility program, only would involve current enrollees connecting directly with their peers.

In addition, there is an opportunity for CHP+ to better communicate their core mission and differentiate themselves from other organizations with negative associations.

### **Key Finding: Saying vs. Doing**

Although all participants believe it is important to be in good health, they varied widely on how well their behavior matched their beliefs. While some participants had strong beliefs about how to care for and maintain their health and behaved accordingly, others clearly had habits and routines that did not support the beliefs that they described. This finding forms the basis for grouping participants

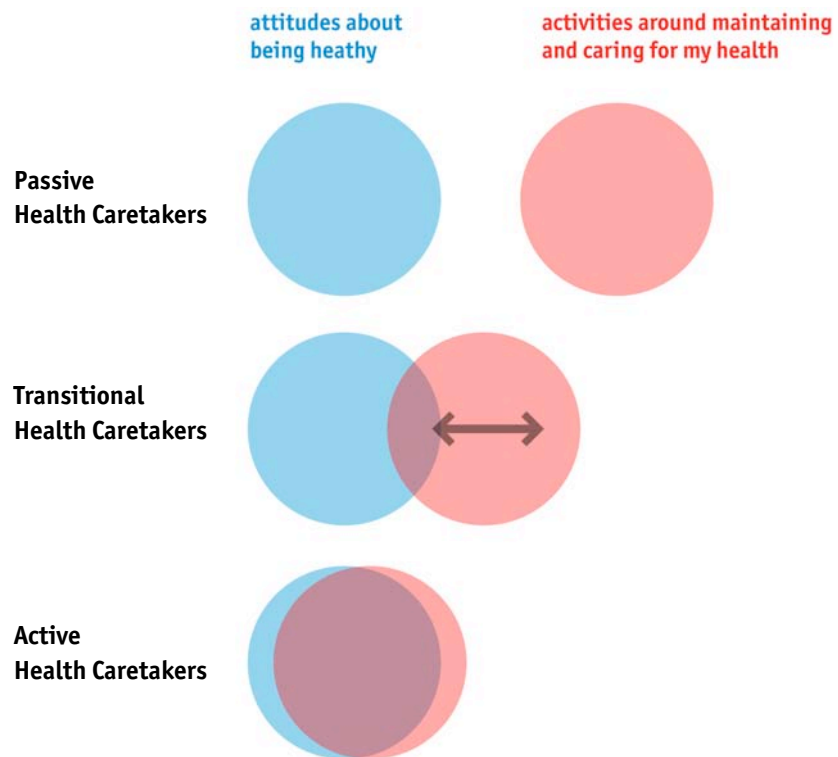
according to their attitudes and behaviors (or behavioral segmentation) rather than traditional market segmentation based on demographics. Behavioral segmentation provides more actionable insight to reaching potential enrollees because it is based on what they actually think and do from day to day with regard to health and money decisions. Distinguishing each group according to how closely their attitudes and behaviors align also helps identify key barriers for each group to enrolling in CHP+, as well as key trigger points that are catalysts to seeking out and applying for health insurance.

## **Behavioral Segmentation**

Participants' attitudes towards health care, maintenance, and insurance are based on many things, including previous family experiences with the healthcare system, experiences with sickness or injury, the culture and environment they grew up in, their economic standing, etc. Although all participants voiced an interest in achieving and maintaining good health, they had widely varying ideas about how to maintain their health from day to day. While all participants could describe general culturally accepted practices for good health such as eating right, exercising, and getting enough sleep, they varied widely on how well they followed those practices in their day-to-day lives. It is where these ideals about health and the day-to-day activities either converge or diverge that the three identifiable groups, or behavioral segments, emerge.

Attitudes drive sets of activities around staying healthy and caring for sickness or injury. For example, an attitude that being healthy means a balance between mind, body, and spirit may stress attending church regularly as much as eating well and getting rest. It is these sets of activities driven by attitudes that comprise people's health care and maintenance strategies, including how they think about health insurance. How well their sets of day-to-day activities around health care align with their attitudes and ideals about health, or the difference between what participants believe and say about how to stay healthy, and what they actually do, defines them as an Passive, Transitional, or Active Health Care Taker.

*Three groups emerged from the research based on how closely aligned participants were in their attitudes, beliefs and behaviors around health.*





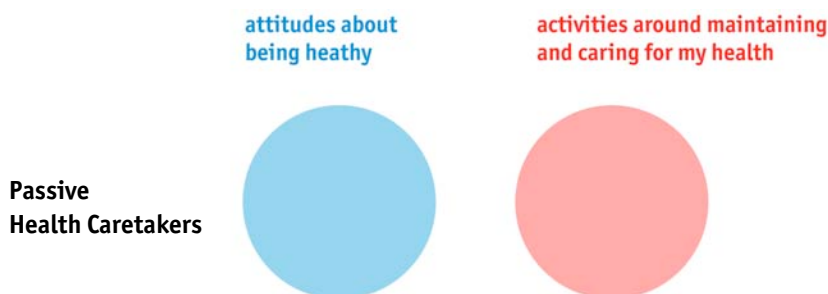
## Passive Health Caretakers

Passive Health Caretakers are typically not actively managing and improving their own or their family's health. Although they have general beliefs and attitudes that health is important and at least a baseline understanding of what is healthy or unhealthy, they

- » make trade-offs and rationalize their less than healthy behavior
- » are the least aware of options available to them for meeting healthcare goals and may see the barriers to healthier lifestyles as insurmountable, or the risks as not very tangible
- » are least likely to have access to resources for finding out about health insurance options
- » are most likely to pay attention to health care and insurance options when approached during health care visits, at the point of need

### Implications for CHP+

Passive Health Caretakers are a particular challenge because they face barriers that are not only financial and situational, but behavioral as well. Their rationalization and trade-offs in their day-to-day health care activities may translate to a higher willingness to take risks with their health and therefore not feel the need for health insurance.

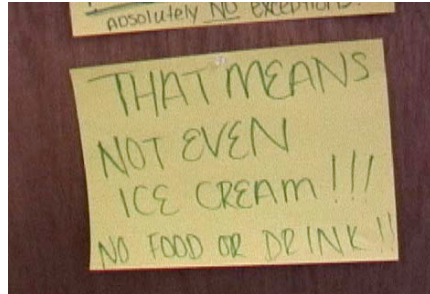


### A Passive Health Caretaker's Case: Pam's Story

For example, Pam, 40, is pregnant, was recently diagnosed with gestational diabetes and is unable to work. She is divorced, and had to move herself and her two teenage daughters in with her parents. Although she has a general awareness of what is healthy, she has a serious sweet tooth and often drinks soda and eats cookies and candy. Her parents are active and very healthy in their eating habits while Pam rebels by sneaking and hiding soda and sweets. Even though her parents, sisters, and daughters constantly remind her of the serious consequences, she sees eating sweets and drinking soda as her right as an adult and a deserved treat that helps her cope with her situation. Pam knows she should exercise and admits to feeling better when she does, but prefers to watch a movie or watch her daughters play sports.

When she had to stop working, Pam lost her insurance coverage. Her ex-husband is supposed to provide insurance for the children, but he let their coverage expire. Pam went to a low-cost women's clinic when she found out she was pregnant, but

does not remember whether she applied to CHP+ then or after seeing a TV commercial. She actually had her daughters enrolled in CHP+ and took them to the doctor and dentist for routine check-ups, but was recently turned away at her doctor's office and told that the program had "gone bankrupt."



*Pam's daughters posted signs to warn her not to sneak sweets into their room to eat.*

*"I'm forty years old, I should be allowed to drink a Pepsi if I want to."*  
— Pam



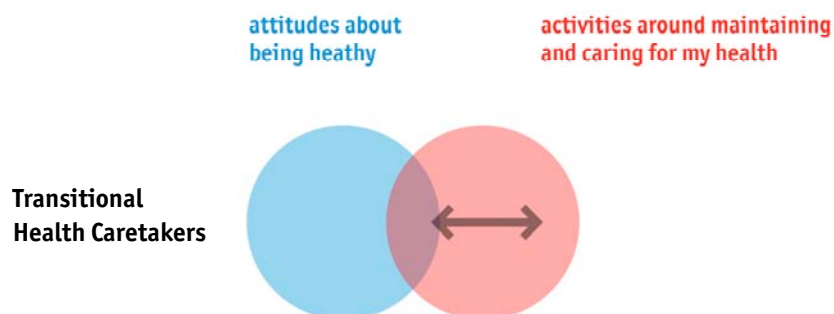
## Transitional Health Caretakers

Transitioning Health Caretakers are shifting their attitudes and activities around healthcare. Their change may be triggered by an illness, injury, or change in family status, such as marriage or parenthood.

Health Caretakers transitioning towards a more Active state are:

- » learning new ways to better care for their own or their family's health
- » most open to learning about and understanding how their day-to-day actions affect their health
- » may be experiencing new health care needs that drive the transition in their activities and may be thinking about health insurance for the first time.

Not all Transitional Health Caretakers are improving their health care attitudes and behaviors. In some cases, Health Caretakers are transitioning towards more Passive tendencies as a result of frustration or resignation that they cannot control their finances or health.

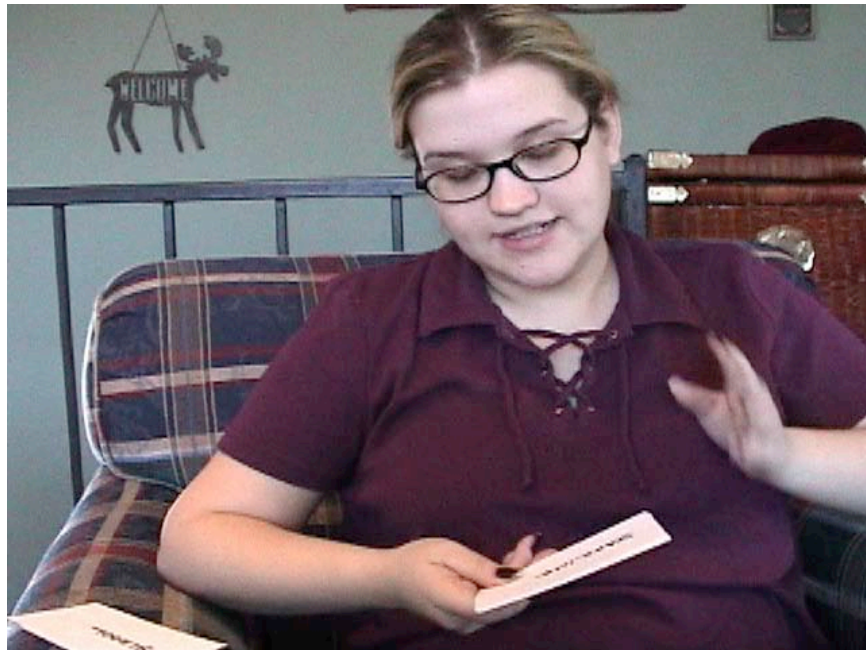


### **A Transitional Health Caretaker Case: Siobahn's Story**

For example, Siobahn (pronounced *Shevon*), 19, is single and lives at home with her parents and two older brothers. She is pregnant and is going through a process of changing many of her health-related habits. She is trying to eat healthier foods, cutting back on and planning to quit smoking, and even changing the friends she hangs out with because they aren't very healthy. Only her parents have health insurance because she and her brothers are over 18 and are no longer covered on her parent's policy. She went to low cost women's clinic to get a pregnancy test, and when she found out she was pregnant, she applied for Medicaid/CHP+ with the help of the staff there. Before she became pregnant she had never even thought about insurance and had no idea where to begin looking.

*"Smoking is something I'm trying to stay away from as much as possible now, but it makes it a little difficult because the woman I spend a lot of my time with right now, she smokes . . ."*

— Siobahn



*Siobahn during the card sort: smoking fell into the category of "Things I try to stay away from"*

## Active Health Caretakers

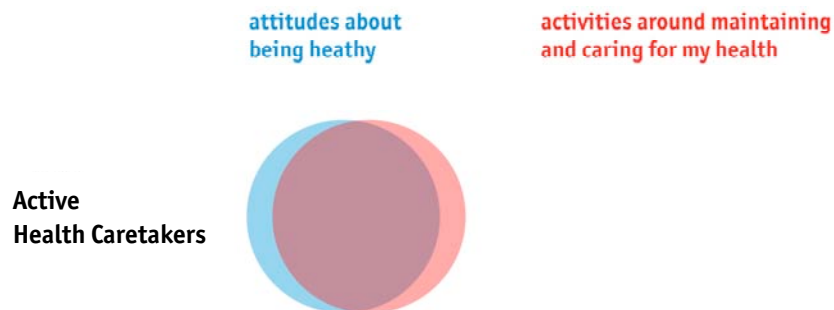
Active Health Caretakers are active on a daily basis in managing and improving their own or their family's health. They

- » have clear objectives about how they eat, exercise, and manage their environments and emotional well being
- » follow preventative care such as regular check-ups

Active Health Caretakers would be most likely to try to adopt an activity that they believe to be important to caring for and maintaining good health, including an affordable insurance option.

Active health caretakers typically have an understanding of the function and importance of health insurance and reluctantly choose to go without. This is primarily due to financial barriers that may be temporary, such as the loss of a job, or longer term, such as needing to be home with young children. They may feel that they are "caught in between" and not eligible for Medicaid, but not able to afford private health insurance in their current circumstances.

Active health caretakers that are eligible for CHP+ would be most likely to apply for coverage if aware of the program and services. Other barriers that might prevent them from awareness or interest include cultural or language barriers, and potentially the stigma of being seen as receiving "social services."



### **An Active Health Caretaker Case: Cheryl's Story**

For example, Cheryl, in her 40's, has three children at home and when they ask for snacks after school, she gives them a choice. They can have something like a cookie or potato chips, but only if they balance them out with vegetables or fruit. She keeps the family active by going for walks with their dogs, or going to the local recreation center, and is active in their church and school. Religion is important in her household and she makes sure her children are regularly involved in constructive activities during the weekends and after school. She even secretly limits her husband's caffeine by substituting decaffeinated coffee. She has had several back surgeries from a car accident injury and has an internal pump that delivers medicine directly to her back to control her pain. She can no longer work as a nurse, but does provide in-home care for her elderly grandmother. Her husband works as a carpenter for a small local business. She and her husband are covered on her husband's insurance policy through work, but it was too expensive to add her three children. Her monthly medication costs would not be affordable without insurance. She pays for yearly check-ups and any other necessary doctor visits for the children out of pocket.



*"I think health means being able to pull together and maintain some sort of good balance between mind, body and spirit. Something that is ultimately beneficial and supportive to the well being of yourself and your family. Balance is not an easy thing to find, considering all life's pressures today. It's something that you have to work on daily when your resources are limited."*

*- Cheryl*

## The CHP+ Experience Model

Based on both secondary research and the findings of our field research in this study, the team developed a model that defines the experience of learning about and applying for a program like CHP+. Although each individual's experience may evolve differently, these steps represent a logical sequence of the understanding and activities needed to move from a conscious, uninsured state to choosing to enroll in a program like CHP+. This model assumes beginning with a state of desired good health, and a lack of current health insurance coverage.



### Awareness

- » Having a general awareness of health insurance options (CHP+) and where to find further information.

### Belief

- » A key link between *Awareness* and *Learning* is adopting the Belief that health insurance is a priority in protecting both health and finances for one's self and/or family.

### Learning

- » Learning about what insurance provides, how it works, if I am eligible and how to apply.

### Access

- » A key link between *Learning* and *Use* is accessing CHP+ by completing the enrollment process. Access describes both logistical and financial access.

### Use

- » Making use of the coverage for both routine check-ups and unexpected health care needs, adopting the coverage as part of one's health care and maintenance strategy.

This model is useful in looking at the experiences of participants across the three behavioral segments and understanding

- » where in the process there are barriers that prevent people from moving to the next step in the process
- » where in the process are the best opportunities for reaching people and how to best support potential enrollees through each stage in the process



## Barriers

We can look at how the process model applies to our three case studies from the behavioral segments, Pam, Siobahn, and Cheryl, to see where they experience barriers in the process and where there are opportunities for improving communication and support for potential enrollees of CHP+.

### Pam's Experience

With Pam, although she was more active in taking care of her children's health than her own, she was still relatively passive in addressing their need for health insurance coverage. Her ex-husband was legally responsible for providing health insurance for the children, but had failed to do so, discovered by Pam when the doctor's office informed her that their coverage had expired.

Pam's story shows barriers throughout her experience. Her first barrier was **Awareness**. Although she generally believed insurance was important, in the past she either had health insurance through her job or it was provided for her children through her ex-husband. She only learned of CHP+ and Medicaid at the suggestion of the clinic she visited when she became pregnant, and admittedly had no idea where she would have looked to find information about health insurance options. In addition, she did not learn much about the program, and could not remember how she had actually applied, just that the "cards showed up in the mail." Her second barrier was **Access**, and again, she was guided through the process by a trusted resource, a healthcare provider at her clinic.

Finally, Pam even faced barriers in the **Use** of CHP+ when her coverage was not accepted through her family physician. She and her children had gone to the same doctor for years, one that she trusted and liked, and she would likely choose to see her own doctor less often rather than have to find a new doctor to use the coverage. Believing that CHP+ let her down, she is likely to relate negative feedback to her peers about the program.

Like Pam, Passive Health Caretakers are likely to experience the most barriers to pursuing, enrolling in, and using CHP+. They face not only the concrete barriers of awareness and access, but also attitudinal barriers, either from a lack of initiative, or a lack of understanding of the importance of health insurance. As we have seen with the Passive group, believing something is important or good for you is often not enough to initiate action. Reaching people in this group requires support and information at each step in the experience to guide and transition them through the process.





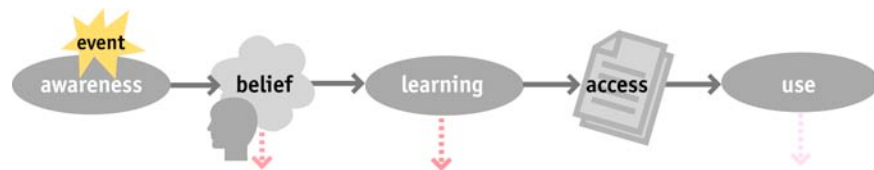
### Siobahn's Experience

Siobahn, like Pam, quickly transitioned from pre-**Awareness** to **Access** due to an unplanned pregnancy. She is 19 years old, and no longer covered by her parent's health insurance. She had been living on her own and working, but moved back in with her parents since becoming pregnant. Although Siobahn was comfortably unaware of health insurance options and had limited ideas about where to look for information about insurance before learning she was pregnant, her new situation triggered an increasing awareness of and responsibility for both her own and her unborn child's health and well being.

Siobahn was also guided through the application process as soon as she learned she was pregnant, but took on the responsibility of learning about and using the new coverage once she was covered. She has since been consulting some of her peers in similar circumstances to build her community of support and resources. Her barriers primarily were Awareness and Access and she was in the process transitioning her level of Belief, Access, and knowledge (Learning).

Like Siobahn, Transitional Health Caretakers typically have either a direct or indirect experience that triggers a change in their behavior and awareness around health. It could be a pregnancy, or simply another change in family status or health, such as marriage, fatherhood, or a relative who is sick or injured.

Transitional Health Caretakers are seeking out information and options to improve their own and their family's health. They are most receptive to and most likely to follow up on advertisements they see as applicable to their situation.



### Cheryl's Experience

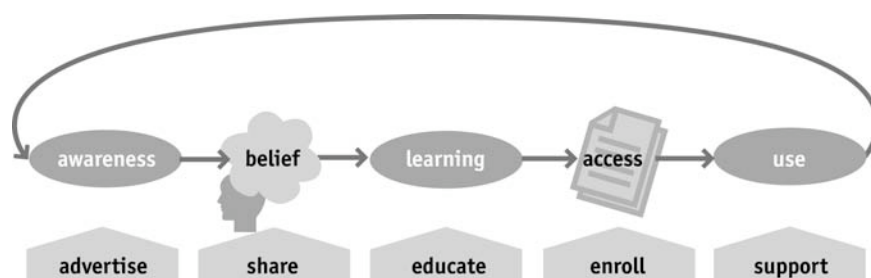
Cheryl lives with three of her four children and her husband, her children's stepfather. Her three children under the age of 19 are not currently insured because the cost of adding them to her husband's insurance through work would be exorbitant. She is active in trying to maintain a healthy environment and lifestyle for her family with limited resources. She would welcome a program like CHP+ but believes she is not eligible. She spoke to someone on the phone, was told she did not qualify and didn't feel empowered to ask for help in the application process. In reality, she has a number of different expenses that could likely be deducted to bring her adjusted income into the eligibility range, but was not supported through the access process by CHP+.

Cheryl has worked as a health care professional and through her own experiences has a clear understanding of both how insurance works and why it is important to protect her family's health and finances, but feels like they have "fallen through the cracks" when it comes to eligibility for low cost options. Her barrier is primarily with Access but could have been avoided. Other participants in the Active segment had similar experiences, which only served to build their mistrust in organizations and their belief that there are no alternatives available to them.



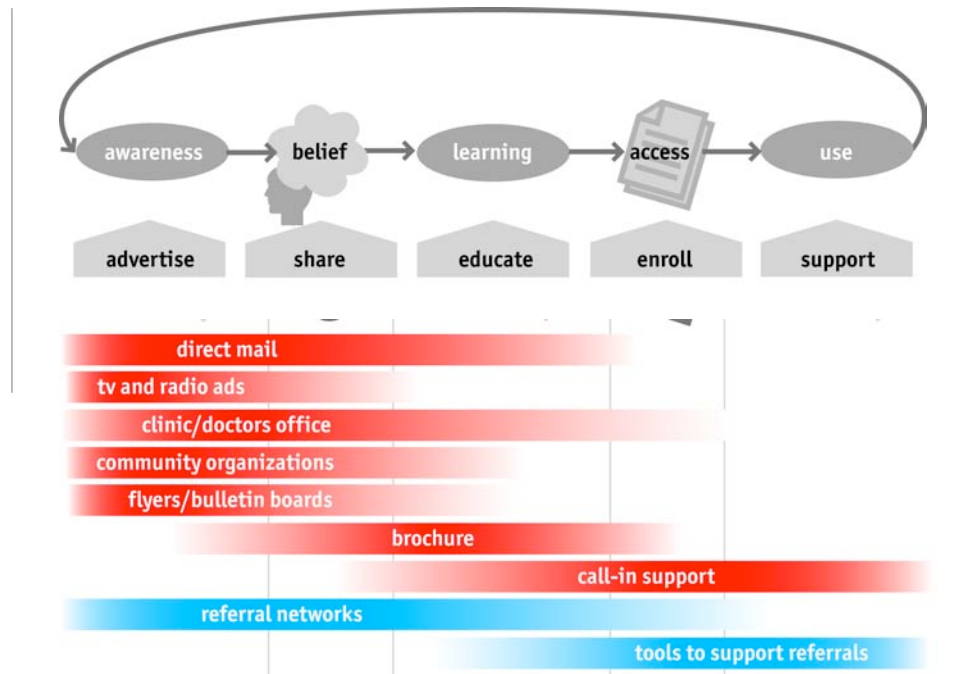
## Implications: Reaching Unenrolled, CHP+ Eligible Families

Thus far, we have presented a descriptive experience model, or a model that explains current and past experiences we have observed or been told about. But the model can also be prescriptive, acting as a framework for how CHP+ as an organization can inform and support people's needs in each phase of the experience, based on this new understanding.



- » **Advertising** CHP+ to build *Awareness*
- » **Sharing** stories and information in an appropriate and supportive way to build *Belief* and *Trust*
- » **Educating** potential enrollees to *Learn* how to apply, how CHP+ works, and how to use it.
- » Guiding and supporting participants through the **Enrollment** process to make sure they have *Access* to information and resources.
- » **Supporting** participants in the *Use* of CHP+ to encourage renewal and word of mouth referrals

With the goal of supporting participants throughout the entire experience with CHP+, the support framework becomes a tool to organize channels of interacting with potential enrollees according to particular needs at each stage of the experience.



## Key Meaningful Messages and Channels

Our general findings about the experiences of uninsured families outline key aspects of messaging for CHP+. In order to value health insurance coverage as a higher priority, family health care decision makers need to understand or recognize that:

- » Injury or illness can impact anyone regardless of how healthy their lifestyle or environment may be.
- » The absence of sickness is not the same as good health.
- » Preventative care is as important as habits and environment in keeping families healthy and happy.
- » Health care costs for an unexpected injury or illness could be financially devastating without insurance coverage.
- » There is a health insurance option and a support system to guide them in the process.

In addition to describing their own extended support networks, participants identified other effective channels for reaching uninsured families as well as issues and challenges for those particular channels, including:

### Clinics and hospitals

Clinics and hospitals were mentioned most often, and at least two participants described applying for Medicaid or CHP+ at the suggestion of a health care provider during a clinic visit. Clinics and hospitals reach people when they are at the point of needing health care services when the recognition that we are all vulnerable to health concerns and costs is most salient.

- » Consider opportunities to build on CHP+'s presence in clinics and hospitals with the identified key messages.
- » Consider opportunities to inform uninsured families about CHP+ at similar places where they might look for low cost health advice or services, such as events like the 9 News Health Fair.

### **Community Bulletin Boards**

Community Bulletin Boards in public places such as grocery stores, Laundromats, and bus stations were also mentioned most often. These were described as "places everyone goes" and as highly visible in the community during day-to-day routines. The challenge with these venues, often crowded with messages and flyers vying for attention, is how to position information about CHP+ as fresh, compelling, credible, and relevant to the target audience.

- » Consider presenting the key messages identified earlier in this section with accessible imagery in a clear, simple manner to most effectively reach the target audience.

### **Television and Radio**

Although seen as potentially expensive, Television and Radio were also seen as having a wide reach and as applicable to everyone. A key challenge for this medium was to establish CHP+ as a credible organization and service, as some participants pointed out that there have been commercial programs for insurance advertised on television that don't seem trustworthy. Credibility may be an even more key issue for CHP+ based on media reports that might have been misinterpreted.

- » Consider spokespersons that have credibility or recognition among target audiences, and lend trustworthiness to the program in television and radio advertisements.

### **Direct Mail**

Direct Mail was mentioned and at least a few participants had described receiving information through the mail that they had followed up on. A key challenge seemed to be whether or not the recipient was already aware of a need for health insurance when receiving the information, which primarily determined whether or not they chose to follow up.

- » Consider disseminating the key messages identified earlier that build awareness of the need for health insurance with direct mail campaigns, as well as coordinating campaigns to follow up or support messaging in other channels.

### **Daily Newspaper, Parent Magazines, and the Internet**

Daily Newspaper, Parent Magazines, and the Internet were also described as potentially valuable channels. These channels may only be accessible to lower income families where they can be accessed for free, such as libraries or community centers.

- » Consider targeting free publications as opposed to subscription or costly commercial publications, and consider placing CHP+ specific information near where free community publications are distributed.

## Prioritizing Next Steps

Taking advantage of the findings at the highest level, CHP+ should consider:

- » a systematic approach to improving their marketing communications that supports and connects more effectively with their key audiences rather than a targeted campaign
- » beginning by building an understanding of the experience model across the CHP+ organization

Understanding the experience model forms the foundation for aligning business objectives with the desired user experience. Based on CHP+ goals of developing more powerful ways to address hard-to-reach segments without significantly increasing their resources, we recommend three initiatives:

### **Initiative One: Support the CHP+ process: Awareness, Belief, Learning, Access and Use**

- » Leverage non-traditional channels to build awareness.
- » Develop communications that target each phase in the process.
- » Improve support of access and use.

### **Initiative Two: Build and support CHP+ referral networks**

- » Create tools and resources for “ambassadors.”
- » Develop incentives and tracking mechanisms for a formal referral program.

### **Initiative Three: Processes for feedback and participation from enrollees**

- » Build mechanisms for feedback into current processes that ultimately foster a continuous source of methods for improving the experience and expanding referral networks.
- » Develop methods for tracking enrollment statistics to measure effectiveness of marketing efforts.

### **A Future Vision for CHP+**

The ultimate vision for CHP+, as a result of effectively implementing the three initiatives would be:

- » Increased enrollment, specifically with identified hard to reach populations, without equivalent increase in resources expended.
- » Participant ambassadors forming referral networks as the most effective channel for enrolling new participants.
- » Effective support throughout the CHP+ enrollment and use experience that guides participants through the experience and turns barriers into opportunities.

## Appendix A: Journal/Workbook Protocol

### Section 1: Survey

The workbook began by asking a number of questions. These were designed to both give context on the participant, and to understand perceptions to key issues (such as insurance), before health-related activities might skew later input.

### Section 2: Photos

Using an instant, sticker-style Polaroid I-Zone film, participants were asked to take pictures of everyone in their household, and have them rate their health status. This provided context into the health environment of the family. Then, the participant was asked to photograph healthy and unhealthy places/objects in or around their home. Again, this helped the team to understand perceptions to health in general, and the health context surrounding these families.

### Section 3: Collage

This activity involved the creation of a collage, using both provided imagery and words and participant-selected materials. The goal was to have an unstructured activity for participants to visualize the relationship between the healthy and unhealthy things in their family's lives. For the collage activity, we brainstormed a set of 30 words and 100 images that were printed on removable sticker-sheets. We reviewed over 18,000 images to ensure the selection represented an appropriate range of visuals (positive/negative, abstract/concrete) for the collage.

### Section 4: What If...

Given that health insurance is largely aimed at protecting family resources and health in the event of serious health needs, we asked participants to explain how they would deal with three health scenarios a child of theirs might face. These ranged in severity from a toothache to a car accident, giving the team insight into crisis verses maintenance situations.

### Section 5: Final Thoughts

Wrapping up the workbook, we asked each participant to list out the five most important people, places, and things in the protection and maintenance of the health of their children. Having spent some time working on the health-focused activities in the workbook, participants were able to indicate the most important assets to their children's health – giving us direction in how to better reach and connect with these hard-to-reach populations.

## Appendix B: Home Visit Protocol

### Section 1: Workbook Review and Home Tour

Section 1 focused on an in-depth understanding of key responses from the workbook to better understand health care decision making and responsibility. These questions were determined ahead of time for each participant based on their specific workbook. In addition, reviewing responses about what is healthy or unhealthy from the photo and collaging workbook activities provided an opening to suggest brief tours of the home focusing on spaces that are related to maintaining and caring for health. Tours and related discussions provided insight into any discrepancies between what was self-reported and actual practice, as well as identified key artifacts and activities for health care and maintenance.

### Section 2: Awareness and Decision Making

The goals for the second area of discussion were to understand awareness of and decision making around health insurance in the context of other decisions made for the family/household. Questions were geared toward understanding:

- » how participants understand the concept of insurance in general
- » whether they feel it is important to have health insurance
- » their awareness of health insurance options and costs
- » what their sources are for their existing knowledge or understanding of health insurance and health insurance options
- » household and family financial decision making

Two card sorting activities were used to build a deeper understanding of family spending priorities and health care strategies. The first activity involved cards with categories of household spending, such as utilities, rent or mortgage, groceries, etc, and presented an opportunity for participants to discuss the priority of household expenses both in terms of dispersion of income, and in maintaining and caring for family health. The second card sorting activity involved participants creating cards for actions and activities around health care that they then prioritized according to what has the most impact in maintaining and safeguarding their family's health. In addition, participants were prompted to describe activities in terms of ease or difficulty to uncover perceived barriers to maintaining and safeguarding family health.

### Section 3: Scenarios

Section three built on the "What If" section from the workbooks where participants discussed in greater detail what potential strategies might be used for dealing with hypothetical crisis and maintenance health care concerns. In addition, the facilitator led a discussion asking participants to imagine what an ideal or accessible health insurance plan might look like for them in terms of cost, coverage and other services. Finally, participants were encouraged to imagine how the insurance they have described might impact their strategies for addressing healthcare concerns.



## Appendix C: Gatherings Agenda

### Introductions

First name  
Describe family  
Favorite music group or TV show  
What are your plans for the summer?

### Ground Rules

One person talking at a time  
Respect other opinions and privacy

### Health Care and Maintenance Strategies

To stay healthy, I...  
When I'm sick or injured, I...

Role of health insurance in health  
Role of health insurance in finances

### 3 Categories

Things I do to survive: pay rent; buy food, transportation, etc.  
Things I do when I am sick or injured: go to doctor, get medicine, and stay home  
Things I do when I am REALLY sick or injured: emergencies

### Messages

How would you communicate about CHP+ or people who need it most?  
What would you say about why it is important?

### Barriers

### Channels

Where and by what means would you promote CHP+ and why? (schools, churches, TV, Internet, etc.)

### Budget Exercise

1 or 2 groups: divide budget among the different channels and explain your decision

### Wrap-up





