



Original article

Seeing Health Insurance and HealthCare.gov Through the Eyes of Young Adults



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ABSTRACT

Purpose: We describe young adults' perspectives on health insurance and HealthCare.gov, including their attitudes toward health insurance, health insurance literacy, and benefit and plan preferences.

Methods: We observed young adults aged 19–30 years in Philadelphia from January to March 2014 as they shopped for health insurance on HealthCare.gov. Participants were then interviewed to elicit their perceived advantages and disadvantages of insurance and factors considered important for plan selection. A 1-month follow-up interview assessed participants' plan enrollment decisions and intended use of health insurance. Data were analyzed using qualitative methodology, and salience scores were calculated for free-listing responses.

Results: We enrolled 33 highly educated young adults; 27 completed the follow-up interview. The most salient advantages of health insurance for young adults were access to preventive or primary care (salience score .28) and peace of mind (.27). The most salient disadvantage was the financial strain of paying for health insurance (.72). Participants revealed poor health insurance literacy with 48% incorrectly defining deductible and 78% incorrectly defining coinsurance. The most salient factors reported to influence plan selection were deductible (.48) and premium (.45) amounts as well as preventive care (.21) coverage. The most common intended health insurance use was primary care. Eight participants enrolled in HealthCare.gov plans; six selected silver plans, and three qualified for tax credits.

IMPLICATIONS AND CONTRIBUTION

Young adults found the process of selecting a health insurance plan on the exchange HealthCare.gov website challenging. Young adults' perspective on health insurance can inform strategies to design plans and communication about these plans in a way that engages and meets the needs of young adult populations.

Conflicts of Interest: T.B. and R.T. are two of the cofounders of Picwell, Inc., a health information/technology company that leverages big data and predictive analytics to help consumers optimize health plan choice.

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Conclusions: Young adults' perspective on health insurance and enrollment via HealthCare.gov can inform strategies to design health insurance plans and communication about these plans in a way that engages and meets the needs of young adult populations.

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Young adults are important to the successful implementation of the Affordable Care Act (ACA). A central goal of the ACA is expansion of access to health insurance, and young adults—sometimes called “the young invincibles” within this context—are among the most significantly represented among the uninsured [1,2]. Moreover, in any insurance system that limits risk-based pricing, enrolling healthier individuals helps support the costs of those at higher risk.

Efforts to enroll young adults were widespread in the first open enrollment period of the health insurance marketplaces from October 2013 to April 2014 [3–5]. These enrollment campaigns resulted in millions of new young adults gaining insurance coverage. Of the more than 7 million people who selected a plan through the health insurance marketplaces in this period, around a quarter of adults were aged <34 years [6,7].

Before passage of the ACA, young adults had not been a nationally targeted population for health insurance coverage, and little is known about how they perceive and select health insurance. This information could help inform future marketplace open enrollment periods and efforts to increase coverage in this population. We sought to describe the young adult perspective on health insurance and HealthCare.gov, the Web-based platform for the federal health insurance exchange. We describe their attitudes toward health insurance, health insurance literacy, benefit and plan preferences, and planned use of insurance.

Methods

We conducted a prospective study observing and interviewing young adults as they navigated the HealthCare.gov website with the intent of enrolling in health insurance. The study protocol was approved by the institutional review board of the University of Pennsylvania.

Study population

Young adults meeting the following criteria were eligible: aged 19–30 years, living in Philadelphia county, interested in enrolling online on the Pennsylvania insurance marketplace, willing to create an account and complete eligibility determination on Healthcare.gov before the study session, and English-speaking. Participants were excluded if they had already enrolled in a marketplace health insurance plan.

A convenience sample was recruited via e-mail (January–March 2014) through a community partnership with Young Involved Philadelphia (www.yiphilly.org), which is a local civic engagement organization of young adults, most of whom are young professionals. Four recruitment e-mails were sent to their listserve of more than 5,000 young adults. Written consent was obtained from all participants.

Observation and interviews

The first portion of the study was an observation period, during which participants accessed the HealthCare.gov website

and were asked to think aloud as they focused on different elements of the insurance selection process for up to 30 minutes. By asking them to think aloud, we were able to capture in real time their thoughts and reactions. Participants could also access external online materials. The session was captured with simultaneous screen and voice recording commercially available software.

After the observation period, we conducted semistructured interviews with each participant to systematically inquire about issues that might not have been mentioned spontaneously during the observation period [8]. Questions addressed participants' attitudes toward health insurance (including the advantages and disadvantages of having insurance), their health insurance literacy, and their insurance plan and benefit preferences.

To assess their health insurance literacy, we asked participants to both self-rate their understanding and define a set of 12 health insurance terms. Participants self-rated their understanding using a five-point scale from “very bad” to “very good.” We then asked them to define the terms in their own words. Their definitions were categorized as correct or incorrect by two investigators (C.A.W., C.M.V.) using definitions on the HealthCare.gov glossary as the benchmark.

We asked participants to free list on their attitudes toward insurance including the following: (1) advantages and (2) disadvantages of obtaining health insurance as well as (3) the factors they considered important for health insurance plan selection. This free-listing semistructured interviewing technique determines salient factors that are mentioned frequently and spontaneously by members of a group within a domain's boundaries [9,10].

Follow-up interviews were conducted in late April–May 2014 when participants were contacted up to three times via phone or e-mail. Participants were asked about their health insurance enrollment decisions and decision satisfaction. Decision satisfaction was assessed using the nine-item Sainfort decision attitude scale, which has good reliability and construct validity in the context of health plan choice [11]. This scale measures agreement with a set of statements describing their decision attitudes (e.g., “My decision is sound,” [Appendix](#)). Participants were also asked how they plan to use their insurance or how they planned to obtain health care if remaining uninsured.

All interviews were recorded and transcribed. We collected information about demographic characteristics, self-reported health status, and health care utilization. Participants received a \$25 gift card, glossary of health insurance terms, and contact information for a federal navigator grantee organization (www.rhd.org) for additional assistance in the enrollment process.

Analysis

We analyzed interview and observation period transcripts by thematic content analysis using the NVivo 10 software package (QSR International, Melbourne, Australia) [12]. Two investigators (C.A.W., C.M.V.) independently examined the transcripts to identify and categorize themes until consensus was reached ($\kappa = .92$).

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