

# Uninsured in Texas

Project Insights

January 2023



TEXAS **2036**

**Cicero**  
Implementing Data-Driven Strategy

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## EXECUTIVE SUMMARY

# Engagement Approach

**Research Objectives:** Understand who does not have health insurance in Texas, why they do not have it, and how Texas policy can best address their needs.



### Secondary Research

Collection, analysis, and synthesis of **existing research** and data on health insurance access



### Statewide Survey

Extensive statewide survey of **2,100 individuals** representing a comprehensive and diverse audience



### 70 Focus Groups

Virtual and in-person focus group discussions **across the state of Texas** speaking directly to the uninsured

**This Report's Focus**



### Enrollment Shadowing

Observational research 'shadowing' **Health Exchange applicants** during the **Open Enrollment** period



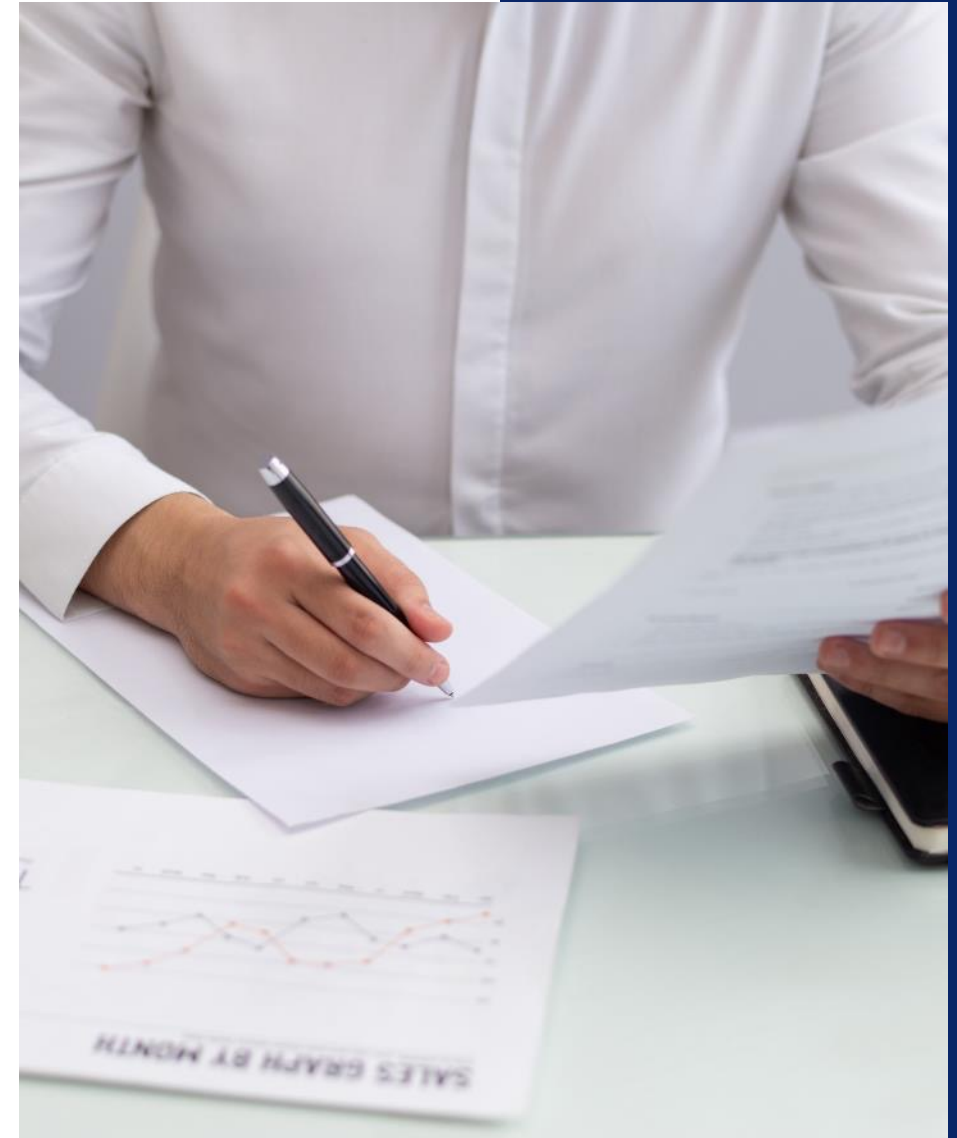
### Further Study

Additional research, surveys, and observation to glean deeper insights on particular topics



**EXECUTIVE SUMMARY**

# Secondary Research



## SECONDARY RESEARCH TAKEAWAYS

**18% (5.7MM) of Texans are uninsured (highest percentage in the US); this population can generally be characterized by six broad groups\* described below.**

### Non-citizen Hispanic: Undocumented Non-elderly Adult

Undocumented immigrants cannot receive ACA subsidies or Medicaid plans, they likely work in blue-collar or service jobs, and often cannot afford to purchase un-subsidized insurance plans.

### Non-citizen Hispanic: Temp. Documented Non-elderly Adult

These individuals are immigrants with temporary visas. They are eligible for subsidized ACA plans, but some do not use those benefits due a misunderstanding of public charge rules.

### Non-citizen Hispanic: LPR Non-elderly Adult

Most lawful permanent residents have all options available to them, just like citizens. While a portion of this group will likely qualify for a subsidized ACA plan, there are many who fall into the coverage gap and cannot qualify for either ACA or Medicaid.

### Citizen Hispanic Non-elderly Adult

These individuals qualify for a subsidized ACA plan, but many fall into the “coverage gap” and cannot afford private insurance. Although those in this group are citizens, they also may share migration concerns regarding non-citizen family/friends/neighbors.

### Blue-collar White Non-elderly Adult

White Texans make up nearly a quarter of the state's uninsured population. Many of these individuals qualify for a subsidized ACA plan, but many also fall into the coverage gap and cannot qualify for either ACA or Medicaid.

### Children in <200% FPL Households (under age 18)

12.8% of Texan children/teens are uninsured. Many of these children likely live in families that earn 200% FPL or less (and thus would qualify for CHIP); their families likely share immigration concerns mentioned above or their parents have awareness gaps in what programs are readily available to them.

## Other Research Takeaways

### What are the insurance/insurance-like options for uninsured/ underinsured populations in Texas?

- ACA Marketplace
- Medicaid (STAR – TX managed Medicaid program)
- CHIP (for age 18 and under)
- Farm Bureau Plans
- Health Sharing Ministries
- Short-Term Plans / Private Brokers

### How does someone learn about the health insurance options available to them, including subsidies offered?

- Healthcare.gov
- YourTexasBenefits.com
- Texas.gov Health Insurance Website
- Community Health Workers (“Promotores”)
- Insurance Brokers
- Church Programs

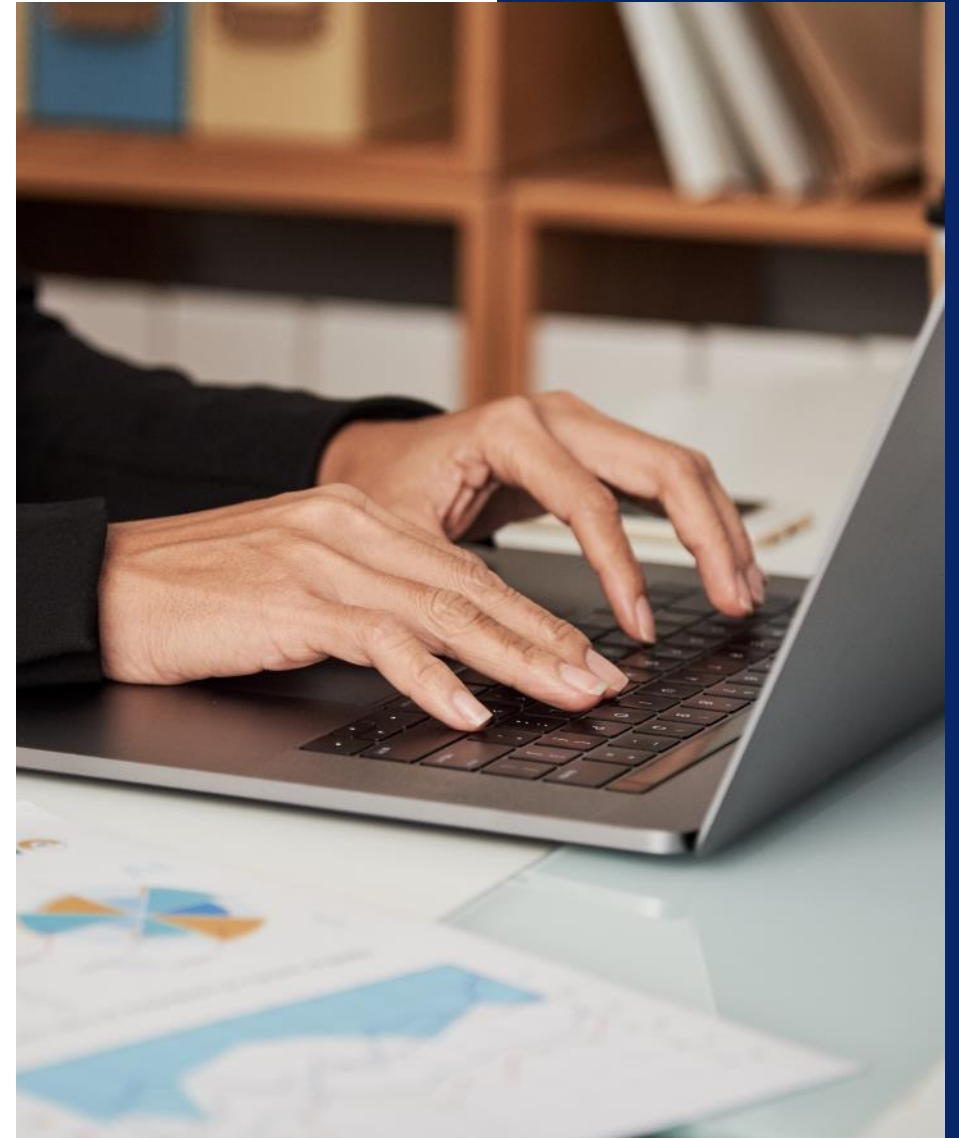
### Are urban or rural populations more likely to be uninsured?

- The highest volume of uninsured persons tends to be in the largest metro areas, such as DFW and Houston
- The highest percentage rates of uninsured persons tend to be in border counties (e.g., Hidalgo, Cameron, Webb)



**EXECUTIVE SUMMARY**

# Statewide Survey











## EXECUTIVE SUMMARY

# Key Report Findings

In an extensive statewide survey of close to 2,100 uninsured Texans, many key findings about the uninsured population were learned. Primarily, financial concerns and lack of certainty about eligibility are the main barriers to enrollment.

	<b>Medical Care Experiences</b>	<ul style="list-style-type: none"><li>• Uninsured Texans mostly go to the emergency room for major emergencies but prefer a clinic / health center for minor emergencies.</li><li>• Most respondents have not sought medical care outside of the US.</li></ul>
	<b>Challenges and Barriers</b>	<ul style="list-style-type: none"><li>• Just 7% of uninsured Texans reported not knowing how to get coverage as the top reason for being uninsured. Instead, 41% reported not having employment or not being offered insurance by their employer.</li><li>• Well over half of uninsured adults postponed care due to financial concerns in the last year.</li></ul>
	<b>Enrollment Experience</b>	<ul style="list-style-type: none"><li>• Only 8% of respondents are concerned about the complexity of the enrollment process, while 12% believe they do not qualify to enroll.</li><li>• The most preferred channel to enroll in health insurance is through an informative website, followed by in-person support.</li><li>• The most important factors of importance when enrolling for health insurance are tied to cost and coverage inclusions.</li></ul>
	<b>Affordable Care Act Experience</b>	<ul style="list-style-type: none"><li>• Most people have heard of the ACA (74%), but just 10% of currently-uninsured Texans report having ever been covered by it.</li><li>• Uncertainty of eligibility is high, with 70% of respondents noting they are unsure of current eligibility.</li><li>• An informative website is the most preferred method to receive information.</li></ul>
	<b>Medicaid Experience</b>	<ul style="list-style-type: none"><li>• Adults with children are twice as likely to have previously been covered by Medicaid as adults without children. Additionally, women are twice as likely as men to have been covered.</li><li>• The most preferred channel of educating uninsured Texans on Medicaid offerings is online through a website.</li></ul>
	<b>CHIP &amp; Dependent Experience</b>	<ul style="list-style-type: none"><li>• Dependents are more likely to have been covered by CHIP compared to Medicaid and ACA rates for uninsured adults, meaning CHIP coverage is either more easily accessible and/or coverage for children is prioritized.</li><li>• The primary sources for information about CHIP is doctors' offices and websites, followed by social sources – referrals from friends / family and social media.</li></ul>

EXECUTIVE SUMMARY

# Medical Care Experiences

The uninsured population is dealing with medical care by either postponing it or leveraging clinics and hospitals when necessary.

Overall Approach to Medical Care	Those that Have Received Care	Those that have Not Received Care
Takeaway		
On the whole, <b>medical care is being postponed</b> , for both children and adults, because <b>of financial constraints</b> .	<b>Less than half of the uninsured population received care</b> in the last two years, but 69% of their dependents have; thus, suggesting that when care is necessary, children are being prioritized.	There is a clear consensus about what providers would be leveraged if they could receive care. <b>Hospital ERs and clinics</b> are the two primary options for this group.

Key Insights		
<ul style="list-style-type: none"><li>• 54% of uninsured individuals <b>postponed seeking medical care</b> when they felt they needed it.</li><li>• 44% of respondents had postponed care for their children.</li><li>• 34% of the uninsured postponed <b>mental health support</b> for themselves and 37% postponed it for their child.</li></ul>	<ul style="list-style-type: none"><li>• 42% of the uninsured received medical care in the last two years. Emergency rooms, followed by clinics/health centers are the most common locations respondents have received care.</li><li>• Comparatively, 69% of their dependents received medical care in the last two years. <b>Clinics/health centers</b> are the most common place to receive care for dependents.</li></ul>	<ul style="list-style-type: none"><li>• <b>Over half</b> of the population <b>did not receive medical care</b> in the last 24 months.</li><li>• If the uninsured could receive care, their preferred methods would be:<ul style="list-style-type: none"><li>• <b>Clinic</b>/health center for <b>preventative care</b></li><li>• <b>Hospital</b> ER or clinic for <b>minor</b> emergencies and</li><li>• <b>Hospital</b> ER for major <b>emergencies</b></li></ul></li></ul>



## EXECUTIVE SUMMARY

# Challenges and Barriers

The primary challenges that the uninsured face when it comes to insurance are closely intertwined: employment and finances. Not being able to access insurance through work and having to prioritize other costs are their main concerns.



### **Uninsured Texans want health insurance; employment status is a perceived barrier.**

- 41% of uninsured Texans cite not having insurance through work as the reason for being uninsured.
- Employment barriers include currently being unemployed or having an employer that does not offer insurance benefits.



### **One of the most prevalent health care worries for the uninsured population is its price.**

- Worries about finances include stress about not being able to afford health care when it's needed (38%), worry about paying medical bills (31%), worry about affording basic medical care (27%), stress about paying for health insurance for the family (26%), and anxiety about medical prices increasing (25%).
- Additionally, of those with children under the age of 18, 72% report that their dependents are insured through Medicaid.



### **Many in the uninsured population are focused on meeting immediate basic needs, like paying rent, before they can focus on contingencies like insurance.**

- 52% of the uninsured say paying rent or mortgage was the most daunting financial difficulty for them in the last year.
- Debt-centric financial difficulties are the cause of the rest of their stress, including unpaid medical debt, credit card bills, and money collection agencies.

## EXECUTIVE SUMMARY

# Enrollment Experience

Once the uninsured get to the point of enrolling in a program, it is important for them to have support from either online tutorials or a person, and for them to completely understand what the costs associated with a plan will be.

### Perception of Program Eligibility

Before applications even begin, many uninsured have the perception that they do not qualify. A small portion (7%) are not sure how to apply, indicating the main barrier is education about eligibility requirements.

### Preferred Enrollment Methodology

Once in the process of enrolling, the preferred methodology by the uninsured would be online or in person. 50% would like to enroll on a website that has tutorials and educational videos. 22% would like to sit down with a health insurance expert who will help them complete the application.

### Important Factors when Choosing a Plan

The uninsured population are worried about their monthly bills, so the most important factor when choosing a plan is the monthly premium cost (49%). From there, 47% want to know what that monthly cost will get them (what coverage includes). Other important factors include the out-of-pocket costs, cost certainty, and co-pay and deductible amounts.

## EXECUTIVE SUMMARY

# Program-Specific Feedback

Overall, there is a lot of uncertainty associated with government health insurance programs. The uninsured either do not know much about the program, have not been enrolled in the past, or do not know if they are eligible for it.

HealthCare.gov

### Affordable Care Act

- **Awareness Channel:** Most have heard about ACA through the news, likely because of its association with President Obama.
- **Experience Review:** Prior ACA users had an overall positive experience. However, high costs, lack of access to care, and a clunky re-enrollment process are areas for improvement.
- **Garnering New Users:** Those that haven't enrolled in the ACA program before either want to apply but don't know the process, or just have no interest at all. Overall, many are unsure about their eligibility for the program.

Medicaid.gov  
Keeping America Healthy

### Medicaid

- **Awareness Channel:** Most have heard about Medicaid through their family/friends or medical providers.
- **Experience Review:** Those that have been enrolled in the past had a generally positive experience with Medicaid (for example, ability to get medications prescribed, availability of providers, types of doctors, types of medicines, etc.)
- **Garnering New Users:** Of those that have not previously enrolled, there is interest in applying but they do not understand the process. Or they applied but did not qualify.

 CHIP

### CHIP

- **Awareness Channel:** Most have heard about CHIP through medical providers or the website.
- **Experience Review:** Parents report a very positive experience with CHIP for children that have been enrolled in the past.
- **Garnering New Users:** If children are not enrolled, parents are interested in doing so but are not sure about the process. Overall, there is more interest in learning about CHIP than there is in Medicaid and the ACA.



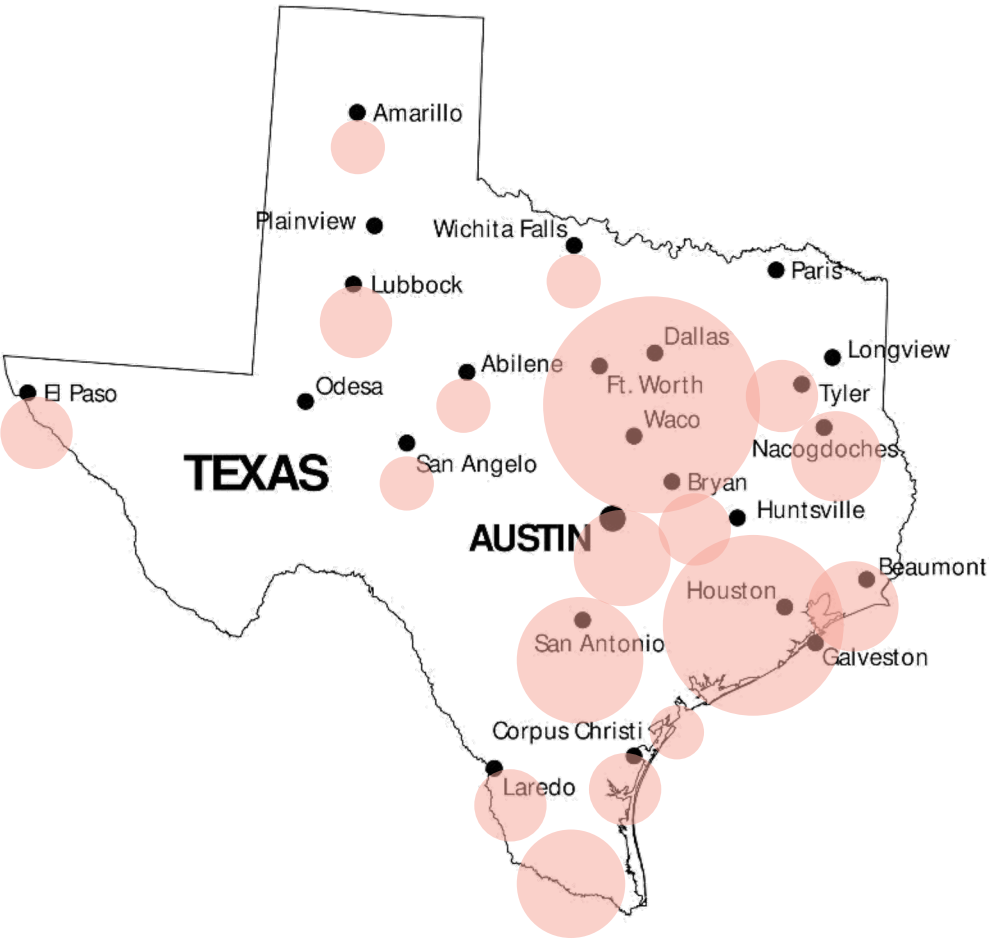
# Focus Groups



EXECUTIVE SUMMARY

# Focus Group Details

70 focus groups were completed with 220 uninsured Texans over four weeks. Participants represent a range of demographic profiles.



70 Total Discussion Groups



Members of the team **traveled around the state** conducting both in-person and virtual discussion groups. Virtual sessions, in particular, ensured improved representation of specific segments as well as increased privacy (which resulted in improved candor).

*Note: Bubble size reflects the relative count of participants residing in a given area.*

## EXECUTIVE SUMMARY

# Report Outline

To better understand the people and drivers comprising the uninsured Texan, the qualitative insights in this report are structured into three sections: I - Understanding the Population; II - Identifying the Challenges; and III - Proposing Solutions.



### Understanding the Population

By getting a picture of uninsured populations' **thoughts, behaviors, and needs** we can start to **understand more deeply** the reasons behind their:

- **Attitudes and sentiment** toward insurance
- Why they choose certain **channels** to receive **health care** coverage
- What their self-identified **needs** are and what the **impact** would be, if insurance was available to them



### Identifying the Challenges

It is important to next look at the **challenges** that are faced throughout the **care and coverage journeys** to understand what **external and internal barriers** exist. Steps in the process to assess include:

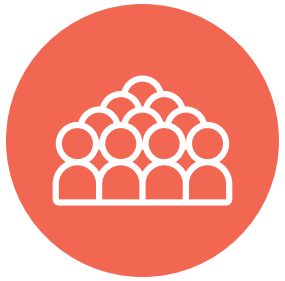
- **Experiences** with specific **programs**
- **Eligibility** for programs or low-cost plans
- **Enrollment** in a coverage plan
- **Payment** for both insurance and medical care



### Proposing Solutions

By mitigating the primary challenges faced by this population, **potential solutions can be proposed and evaluated**, across a few categories:

- Ideal **plan and coverage options**
- **Resources available** and the **sign-up process**
- **Payment** details and **expectations**
- All potential solutions will be evaluated across **impact, feasibility, and cost**



# Understanding the Population





## UNDERSTANDING THE POPULATION

# The Face of the Uninsured Texan

So many uninsured Texans have had real challenges in their lives that they are continuing to navigate; some may be due to choices made or just circumstances of life. Watch the following clips to meet some of the Texans we spoke to.

“ I am a single mother, with 3 dependents. My annual income is \$31,000 a year. I don't have any other sources of income...no child support...and I still do not qualify for health insurance.

“ My name is Jimmy Chaver. I am fifty-two years old. I am currently living in Belize but I'm from the San Antonio area. I graduated high school. I have no college. Mostly heavy industrial construction work. My wife and I have 5 kids from 27 to 20.

“ Before I got disabled and was able to get disability, I wasn't able to get help at all. I had to do without. I have seizures, I had a baseball sized ulcer...anything that required any kind of medication, I had to go to the emergency room to get because I didn't have insurance.

“ I've lived in Wolfforth for the last 35 years. I have 2 children, 5 grandchildren, 2 great grandchildren...My wife and I have worked in the restaurant industry all our lives. It's hard now. I've been on disability for several years off and on. I have a few chronic conditions.

“ Until you get a job, you can't afford it. When you don't have a job, there's depression. And there's like this endless cycle. Then you get a job and it's only \$15/hour so you gotta get a second job. And neither of them are offering health insurance...

“ It's different once you have children. My perspective on life changed...with myself, I don't really care. But now that I have children, you want to do everything to protect them. I want to put them in a bubble and not have anything affect them...

## UNDERSTANDING THE POPULATION

# Profiles of the Uninsured

Focus group participants fall into eight general profiles. Here we outline four of those personas.



### The Young Invincibles

The Young Invincibles are generally healthy, young, and have not run into any large health issues to date.

- They rely on over-the-counter medications and online platforms.
- Healthcare is not a current concern of theirs.
- Insurance and health care coverage are viewed as something that will be necessary in the future.
- Subgroup: The Great Pretenders - this group acts like the Young Invincibles, despite being an older and unhealthy population.

Why would I pay for something I don't use?

Sick is being deathly ill, can't breathe, can't walk...that doesn't happen often enough to me to think I need to pay a monthly fee for that.



### The Scrappy Value Hunters

The Scrappy Value Hunters tend to be relatively healthy and pragmatic on cost. They tirelessly seek cheaper medical care options.

- They apply home remedies, borrow excess medications from friends and family, super glue deep cuts, and leverage clinics.
- They make calculated decisions about out-of-pocket costs.
- They leverage "catastrophic insurance" because the ER can't turn them away.

You know who I went to when I busted my knee? I went to Google. I would have paid thousands of dollars for a doctor to tell me that same thing...

I changed my whole diet, so I didn't have to have the gallbladder removed...I was downing bottles of apple juice.



### The Simply Can't Afford It

Those who Simply Can't Afford It need and want health insurance, but it's just too expensive for them.

- They rely heavily on community clinics and other low-cost options.
- Mental and physical health challenges have obstructed them from employment opportunities.
- They have significant medical bills that won't be paid, but they know emergency rooms can't turn them away.

Until you get a job, you can't afford insurance. It's an endless cycle..

I struggle with depression and really bad anxiety. I've had to find other remedies or solutions that don't involve medication...



### Vicissitudes of Life

Vicissitudes of Life have had many tragic events impact their lives, both medical and non-medical.

- Often, paying for health insurance is not even a consideration as the focus is on survival and rebuilding.
- They recognize the need for insurance but need more specialized care to address theirs or their family members' conditions.
- There are mental, physical, and financial repercussions from the trauma that must be managed but are often going unaddressed.

I started work there (at UPS), but after he passed (her husband) I started with the sciatica. My house caught fire right before my husband passed away, and then he died three days before my birthday.

## UNDERSTANDING THE POPULATION

# Profiles of the Uninsured

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### Mothers & Caregivers

Mothers & Caregivers prioritize their children's health and insurance benefits over their own.

- Because childcare is the priority, availability for personal appointments, and other commitments like job searching, is limited.
- Children are exempt from the price sensitive trade-off analysis that mothers and caregivers apply to themselves. They will find a way to pay for the insurance or care their child needs.

” As Mexicans, we don't qualify for Medicaid, but I care about my children, not me.

” I'll figure out a way to make an extra \$100. Whatever I need to do, I'll figure it out to make sure my kids can go to the doctor.



### Undocumented & Wary

The Undocumented & Wary are interested in insurance but lack confidence about the process and eligibility.

- Lack of clarity is compounded by a fear of asking questions, given their citizenship status.
- They rely heavily on family and friends for advice and recommendations.
- For now, they prioritize their children's insurance and are satisfied if they have coverage.

” Upon country arrival, I didn't understand how to apply for insurance -- I had cancer and didn't know who to ask for information on programs.

” Since arrival...I've been evaluating my status and seeing what to apply to based on citizenship that does not bring risk.



### The Anxious Avoiders

The Anxious Avoiders live by the phrase “out of sight, out of mind.” They avoid care because they fear the issues that may be discovered if they were to visit a doctor.

- They worry that if they go to the doctor, they will learn of illnesses that they can't afford to address.
- Not having quality health care weighs on them. However, knowing of problems they can't afford to resolve would cause them even greater anxiety.

” You go to the doctor only for emergencies and if you're dying.

” If I've got something, I don't know that I want to know because then I'd have to worry about it, and I don't know if I want that or not.



### Assumed Care

The Assumed Care received Medicaid when they were a child and have the same expectations of care and costs as an adult.

- They are accustomed to healthcare being free.
- They are demanding of the medical profession and can appear ungrateful.
- The emergency room is leveraged for care, and they do not pay the subsequent bills.
- This group is heavily comprised of teen parents.

” One thing to best help people: strive for a universal cost per procedures. I feel like we get robbed.

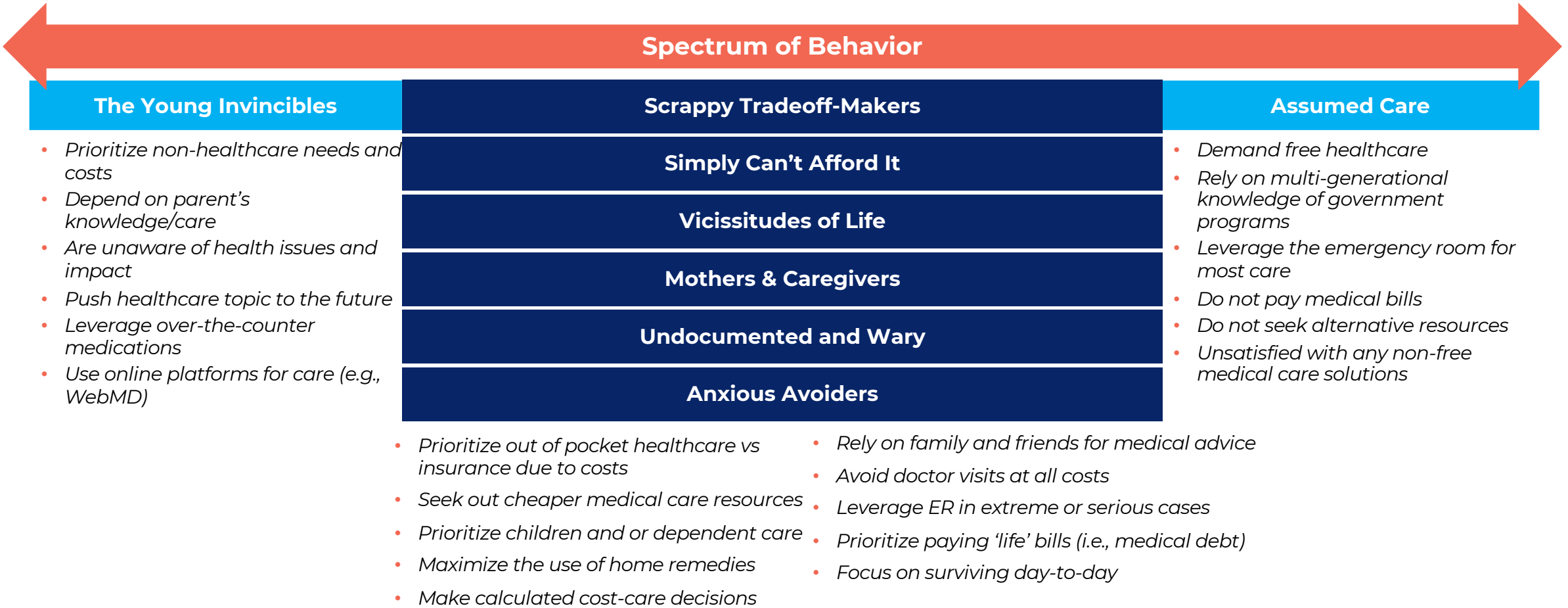
” Change in Texas legislation should include full accessibility to urgent care and for it to be free.

UNDERSTANDING THE POPULATION

Key Behaviors

Texas’ uninsured population is made up of many kinds of people with various backgrounds and life situations. However, most of them share a common perspective toward healthcare: gratitude for the care channels they have access to and resourcefulness in filling the gaps.

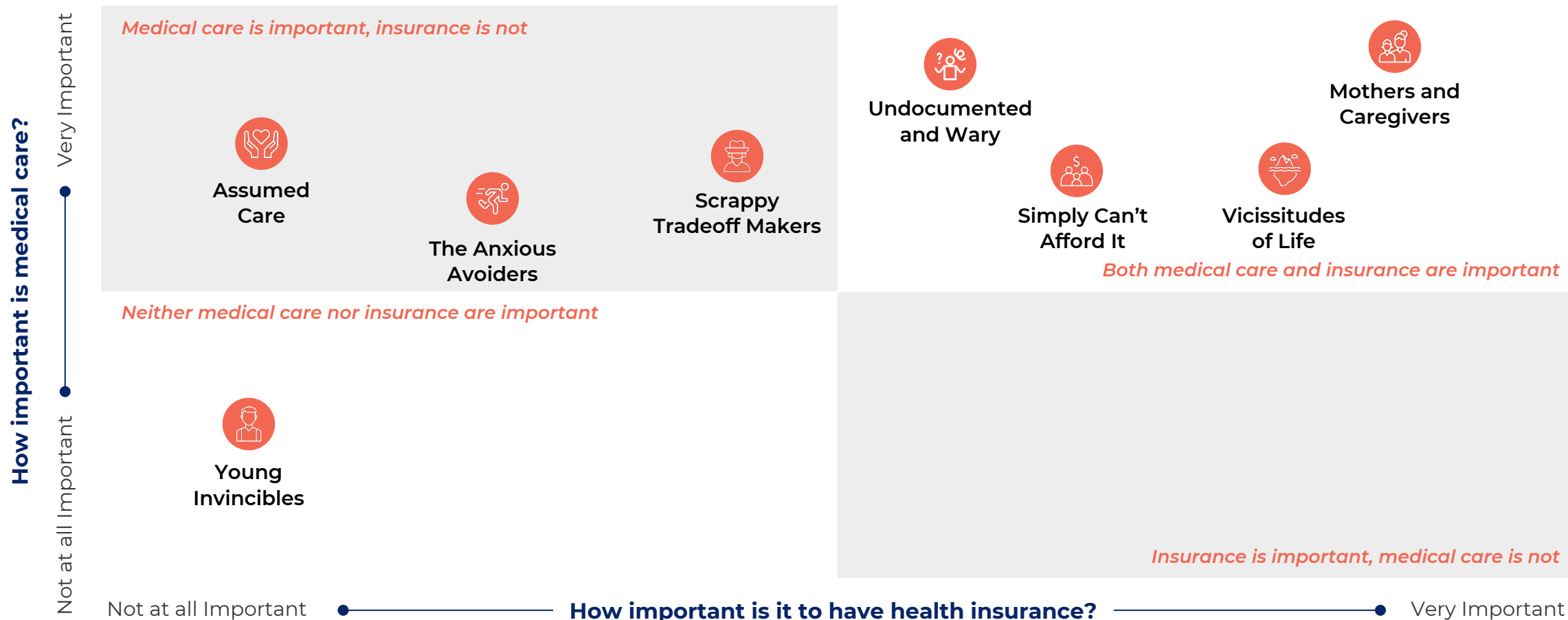
Indifference ----- Gratitude and Resourcefulness ----- Unappreciative



## UNDERSTANDING THE POPULATION

# Spectra of Key Behaviors

When considering how top of mind healthcare and insurance is, as well as each person's gratitude toward healthcare opportunities, we see that most of the uninsured population are concerned with their health and desire collaborative solutions to receiving insurance.



UNDERSTANDING THE POPULATION

# How the Uninsured are Navigating Healthcare

Participants find ways to receive and pay for medical care, outside of traditional health insurance options. They often mix and match among the care channels available to them, and then leverage the ER when they absolutely cannot avoid it.

Alternatives Before Medical Care Is Critical		
Institutions	Online Options	Medication
<ul style="list-style-type: none"><li>County Health Systems</li><li>Nonprofits (ex: LifePath)</li><li>Faith-based Programs (ex: Samaritan Ministry)</li><li>Dental schools</li><li>Dental free-day clinics</li></ul>	<ul style="list-style-type: none"><li>Google</li><li>Reddit</li><li>WebMD</li><li>Healthcare Apps</li><li>211</li><li>GoodRx</li><li>Telemedicine / dial-a-nurse</li></ul>	<ul style="list-style-type: none"><li>Rationing pills and inhalers</li><li>Borrowing from friends and family</li><li>Using over the counter options like Tylenol</li><li>Going to clinical trials to get antibiotics</li></ul>
DIY	International	Other
<ul style="list-style-type: none"><li>Apple and cranberry juice</li><li>Diet and exercise</li><li>Vitamins</li><li>Butterfly bandages</li><li>Duct tape and superglue</li><li>Staple gun</li><li>Vicks Vapor Rub</li><li>Hydrogen Peroxide</li></ul>	<ul style="list-style-type: none"><li>Mexican (and other "home country") medications</li><li>Mexico for healthcare</li><li>Mexico for dental care</li><li>Mexican and Salvadoran markets</li></ul>	<ul style="list-style-type: none"><li>Friends in healthcare</li><li>Saving funds for an emergency</li><li>Self medication, most notably marijuana</li></ul>

When Medical Care Is Critical

If Waiting is an Option

- Free or low-cost clinics
- Mexico and El Salvador

If Waiting is Not an Option, then ER

The ER/Hospital (including University hospitals) is the preferred care method in critical situations. For most, they use it if they are close to death. For some, there is more regular use.

Dealing with Bills

Not Paying

Quite a few simply do not attempt to pay medical bills. Some claim it never hits their credit report. Others share stories of how the debt continues to obstruct so many aspects of their life. In all situations, though, it doesn't matter – "what's the difference between being hit by a semi and an ordinary truck? You are dead either way."

Managing Payment

Others pay a manageable amount (\$10-\$35) per meaningful bill every month to avoid credit issues.

## UNDERSTANDING THE POPULATION

# Spotlight on Healthcare Apps

Various online options, particularly apps, are an important way that the uninsured population receives care. Galileo, Nurx, GoodRx, and K Health are four options that were highlighted by the uninsured.

### Spotlight

galileo

- **Business Model:** Membership-based mobile app with monthly, yearly, or single visit payment options.
- **Service Offering:** Gives its users access to a team of doctors 24/7. Doctors offer personalized care, write prescriptions, recommend specialists, etc.
- **Insurance Interplay:** Membership cost is not covered by insurance, and users are responsible for any costs outside of the app.

NURX.

- **Business Model:** Users pay an online consultation fee and for the cost of their medication.
- **Service Offering:** Users submit an online questionnaire to request prescriptions or self-testing kits. Case is then reviewed by medical providers.
- **Insurance Interplay:** Without insurance, users still get access to low-cost medications. With insurance, the medication is likely free or the cost of the copay.

  
GoodRx

- **Business Model:** Platform is free for its users.
- **Service Offering:** Platform (site and app) tracks current prescription prices and discounts to suggest the lowest cost pharmacy to buy medication at in the user's area.
- **Insurance Interplay:** The site may find a lower price than your insurance copay, so individuals may decide whether to use insurance or pay out of pocket.

 k health

- **Business Model:** Membership-based mobile app with monthly payment option or a one-time visit fee.
- **Service Offering:** Gives users access to board-certified doctors 24/7 in 48 states, visits for less than a copay, on-the-go prescriptions and refills, and a free AI-powered symptom checker in the user's pocket.
- **Insurance Interplay:** Insurance is not needed to use the app.

### Quotes

“I have an **app (Galileo)**...I pay \$250/year to **talk** to a **primary care physician** through **text message**...”

“[The **county clinic** has] an **app** that's very good – you can **message with your doctor**, refill prescriptions – it's definitely an upgrade.”

“Mostly the medication I take is relatively inexpensive – I use **GoodRx** and it affords me **savings** you wouldn't believe.”




“I got it through **an app that doesn't require insurance**...It was \$12 a month for the subscription and \$12 for the prescription.”



UNDERSTANDING THE POPULATION

# Vicissitudes Deep Dive

Severe trauma and misfortune has impacted so many of the participants’ lives, affecting their need for and access to care, and their view on the healthcare industry. Nevertheless, along with the extreme misfortune, we have also witnessed extreme resiliency from this group.

Category	<div> <b>Acute</b> Single Event</div>	<div> <b>Chronic</b> Repeated</div>	<div> <b>Complex</b> Varied Events</div>
Situation	<p><i>“My daughter suffered a traumatic event. There were no services were what she needed, and we ran into issues with Medicaid. The experience was so frustrating and led to more trauma for all of us.”</i></p> <p>- Participant on 9/26/22, 11:00 am</p>	<p><i>“When I was five years old, my mom had a boyfriend...he started sexually assaulting me. My mom did not believe me at the time...”</i></p> <p><i>“He left the house for a few months, and he came right back, and it began. It kept going until I was seventeen.”</i></p> <p>- Participant on 10/4/22, 5:30 pm</p>	<p><i>“I have five beautiful grandchildren, two of them recently tried to take their own lives.”</i></p> <p><i>“I am adopted. The people who had adopted me, I was abused a lot by them. He sexually assaulted me on several occasions.”</i></p> <p><i>“I have PTSD, I watched my first partner put a gun to her head, and I couldn’t stop her.”</i></p> <p>- Participant on 10/4/22, 9:00 am</p>
Effects	<div><div>1. <b>Hardships in obtaining or maintaining a job</b> due to caretaker role or prior flags on record.</div><div>2. <b>Dire need for specialized care</b> that they are not able to afford.</div><div>3. <b>Continuous cycle of disillusionment and distrust</b> in the healthcare system created to protect and help the people who need it.</div></div>		

## UNDERSTANDING THE POPULATION

# Mental Health

Mental health has been identified as one of the most important aspects of human health that is currently untreated – it may even be more important than physical health. **Mental health concerns are the root cause of many reasons people are not insured.**



” **Counseling** is a wonderful thing...**I would like to talk to someone professional** to get things off my chest, **but that’s money.**



” ...If you’re **not mentally stable**, you’re **literally nothing.**



” **I need more benefits for mental health** – getting a prescription is hard and the ones that you may need might not be covered.

”**Mental health** can cause **actual physical health** problems.”

”I did see a **therapist** when I was in **prison**. Due to **not** having **health insurance**, I’ve **never seen** one on the **streets.**”

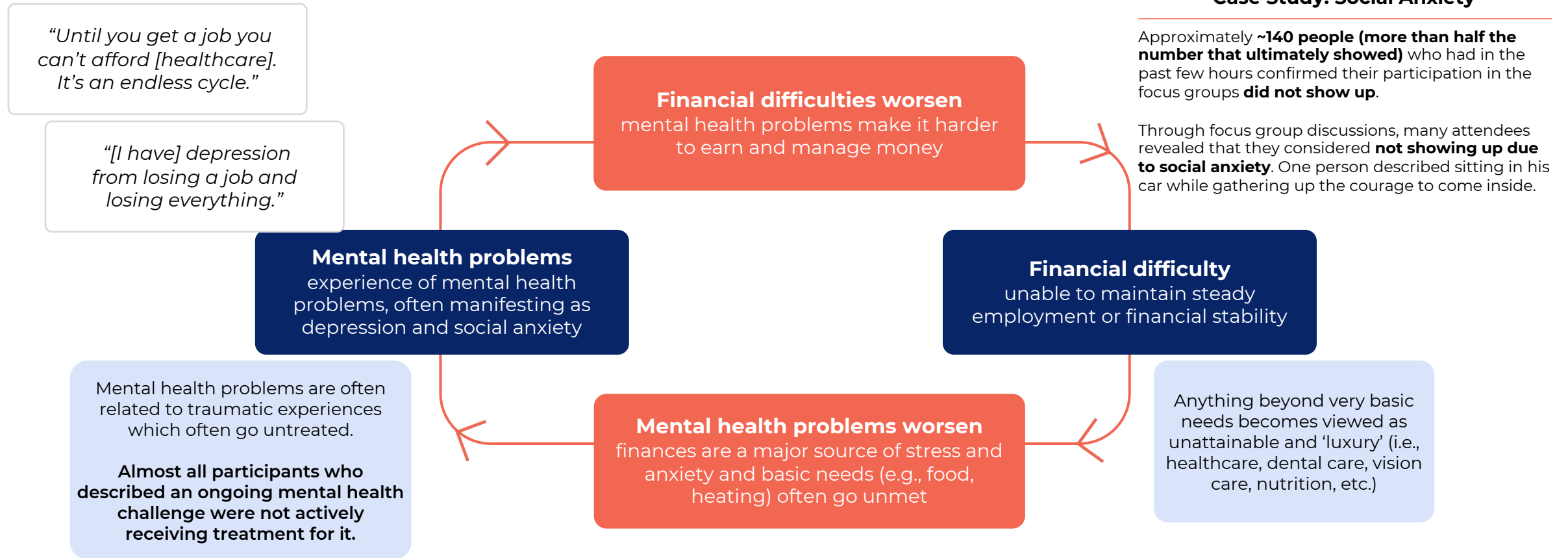
”That’s the **real epidemic – mental health** and not being able to get the **resources** you need.”

”As **mental health has gotten more serious**, I’ve realized it’s something I could get help with through **therapy** and **medication**. You don’t have to **white knuckle it...**”

## UNDERSTANDING THE POPULATION

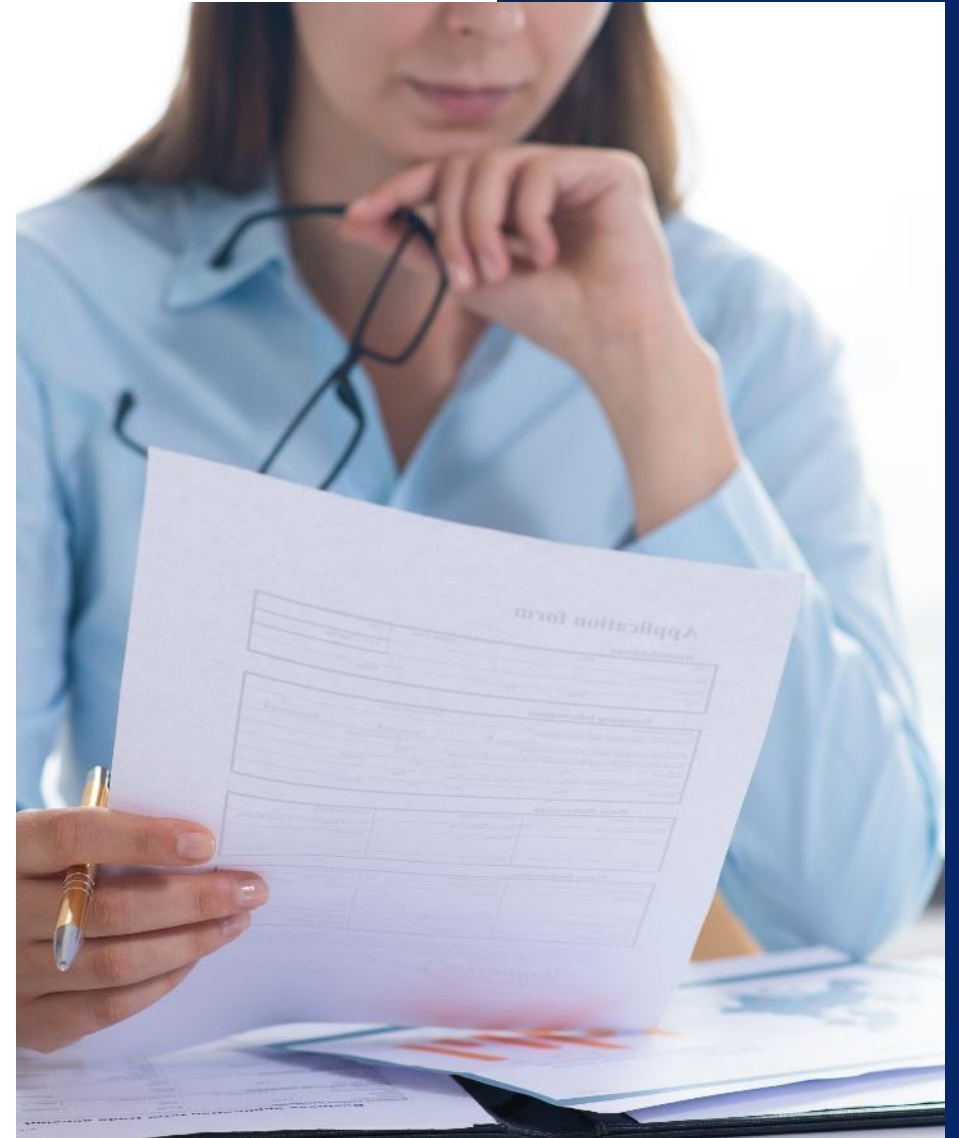
# Mental Health Deep Dive

There is a high prevalence of mental health problems among the uninsured, including an underlying general sense of anxiety, which is then exacerbated by financial difficulties, which in turn lead to worsened mental health problems.





# Identifying the Challenges



# Overall Sentiment

**What We Heard Again and Again**

A word cloud visualization of feedback about the ACA website. The words are arranged in a circular pattern, with larger words indicating higher frequency. The most prominent words are 'Expensive', 'Vicks', 'Mental Health', 'Bills', 'Stressful', 'Bombardment', 'Out of control', 'Scam', 'Depression', 'Exploitative', 'Anxiety', 'Needs to be cheaper', 'Clinic', 'Vitamins', 'Scared', 'Debt', 'Mysterious', 'Doctor', 'Avoid', 'Unattainable', 'Needed', 'Credit score', 'Complicated', 'Helpful', 'Marijuana', 'Fraud', and 'Overwhelming'. The words are color-coded: green for 'Expensive', 'Credit score', 'Bills', 'Needs to be cheaper', and 'Clinic'; blue for 'Vicks', 'Overwhelming', 'Mental Health', 'Exploitative', 'Stressful', 'Bombardment', 'Out of control', 'Scam', 'Depression', 'Anxiety', 'Fraud', 'Complicated', 'Helpful', 'Marijuana', 'Doctor', 'Avoid', 'Unattainable', 'Needed', and 'Overwhelming'; red for 'Mental Health', 'Stressful', 'Bombardment', 'Anxiety', 'Needs to be cheaper', 'Clinic', 'Vitamins', 'Scared', 'Debt', 'Mysterious', 'Doctor', 'Avoid', 'Unattainable', 'Needed', and 'Overwhelming'; and orange for 'Mental Health', 'Stressful', 'Bombardment', 'Anxiety', 'Needs to be cheaper', 'Clinic', 'Vitamins', 'Scared', 'Debt', 'Mysterious', 'Doctor', 'Avoid', 'Unattainable', 'Needed', and 'Overwhelming'.

**Feedback Quotes:**

- "If they made it a little bit more **transparent**, instead of having so much mystery behind it...it would be a lot less stressful."
- "I wish that the ACA that we had was actually **affordable** for people who have little to **no income**."
- "I went to the site a few times but to me it's a **confusing** step."
- "Expensive...unaffordable. It's just for the **elite**."
- "Having **so many names** is so confusing."
- "Now we have to **worry** about the bills."

IDENTIFYING THE CHALLENGES

# Barriers in the Process

The barriers to insurance enrollment can be grouped into four key steps in the process: what they have heard about insurance/specific programs, their perception or experience with eligibility, the enrollment process, and financial challenges.

Spotlight	Program Reputations	Eligibility	Enrolling	Paying
	<ul style="list-style-type: none"><li>• <b>Never Heard Of It:</b> Participants are confused by the various names for healthcare programs or have a complete lack of knowledge about their existence.</li><li>• <b>Unaffordable:</b> If they are aware of the programs (particularly ACA), they have a reputation of being “unaffordable” or not viable options amongst family and friends.</li></ul>	<ul style="list-style-type: none"><li>• <b>Confused about Requirements:</b> There is a lack of understanding about eligibility and what is needed to apply (i.e., what documents do I need to gather and submit?), especially for undocumented people.</li><li>• <b>Applied and Denied:</b> Participants describe going through the process, submitting the necessary documentation, and still being deemed ineligible, despite their dire financial situations.</li></ul>	<ul style="list-style-type: none"><li>• <b>Information Overload:</b> Once on the Healthcare.gov website, people are overwhelmed by the language, links, long documents, and spam texts.</li><li>• <b>Coverage Confusion:</b> There are too many plan options to choose from, and they don't have enough information to make an educated decision. They worry the plans might have a fine print that will come back to bite them.</li></ul>	<ul style="list-style-type: none"><li>• <b>Out of Budget:</b> If someone makes it to the point of approval, the plan that they are offered is still too expensive. They end up cancelling and giving up.</li><li>• <b>Benefits Do Not Justify Costs:</b> Participants feel that paying a monthly premium is just not worth the money; or they used to have insurance, didn't use it, and cancelled or intentionally didn't re-enroll.</li></ul>

Quotes	<p>“<b>Obamacare is expensive.</b> Even though they say it's affordable. Even if you're low income.”</p>	<p>“They tell me I am making too much... I'm like really, <b>I have 4 kids and it's still too much?</b>”</p>	<p>“It's so <b>confusing...what they cover, what they don't cover</b>, who to go to, who not to go to...”</p>	<p>“[When employed] I was <b>paying so much and barely used it.</b> That's another <b>reason</b> why I wasn't so gung-ho about looking for insurance right away.”</p>
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IDENTIFYING THE CHALLENGES

# Program Reputations and Experiences

Overall, there is a feeling that, no matter the program, health insurance is expensive and confusing. Across programs, there is a lack of awareness, challenges finding in-network care, and issues with affordability.

Program Reputations	Eligibility	Enrolling	Paying
Program	Takeaways		Illustrative Quotes
General Sentiment	<ul style="list-style-type: none"><li>• <b>Reputation:</b> Insurance is considered unattainable, expensive, and stressful.</li><li>• <b>Positives:</b> Having insurance would be helpful because it is a necessary part of life.</li><li>• <b>Pain Points:</b> The confusing and stressful nature of insurance is the biggest pain point. Understanding how to enroll (or what plan to choose) is a barrier from start to finish.</li></ul>		<i>“Expensive...unaffordable. It's just for the <b>elite</b>.”</i>
HealthCare.gov	<ul style="list-style-type: none"><li>• <b>Reputation:</b> There is an overall lack of awareness due to the many different names of this program. Many primarily know it as the “Affordable Care Act” or “Obamacare” and their perception is that it is not affordable at all.</li><li>• <b>Positives:</b> There were very few participants that were able to report a positive experience with this program.</li><li>• <b>Pain Points:</b> The primary pain point is the perceived misnomer. It is considered too expensive for many to use.</li></ul>		<i>[On why she hasn't tried to apply to ACA] “I've had <b>friends</b> who've done it and I'm like ‘why are you <b>paying so much??</b>’”</i>
Medicaid.gov Keeping America Healthy	<ul style="list-style-type: none"><li>• <b>Reputation:</b> Medicaid is good, but not great. The reputation is that it is difficult to be accepted as an adult and there is limited availability of doctors.</li><li>• <b>Positives:</b> The CHIP program has a very positive response. The care is good quality and there is no problem receiving it.</li><li>• <b>Pain Points:</b> The primary pain point is the enrollment process, specifically the amount of information that is required to apply and the buggy online platforms.</li></ul>		<i>“If I <b>can't be covered</b>, at least they can be. I'm grateful that we qualify for Medicaid and that all my <b>babies</b> can be <b>covered</b>.”</i>
HEALTHY TEXAS WOMEN	<ul style="list-style-type: none"><li>• <b>Reputation:</b> There is very limited awareness of this program.</li><li>• <b>Positives:</b> Those that have used it cite it as a good option to get standard check-ups.</li><li>• <b>Pain Points:</b> The pain points included limited clinic accessibility and a lack of care options for specialized needs (i.e., if it is outside of a “standard” check-up, it's likely not covered).</li></ul>		<i>“It's not terrible. But...if it's <b>outside your normal check-up</b> (e.g., Pap smear) then <b>you have to cover your costs 100%...</b>”</i>



## IDENTIFYING THE CHALLENGES

# Eligibility

Eligibility presents a few different barriers for the uninsured: lack of knowledge about what qualifies people for insurance programs, issues with the application process, and balancing how real-life situations impact eligibility.

### Program Reputations

### Eligibility

### Enrolling

### Paying



#### Undocumented and Unsure

Undocumented people are particularly unsure about their eligibility and that of their citizen family members.

They're concerned about asking too many questions or about limitations based on citizenship status.



#### Confused about Requirements

There is a lack of understanding about eligibility requirements and what is needed to apply (i.e., what documents do I need to gather and submit?).



#### Household Income

Participants are frustrated by having to submit household income on their applications. They feel this results in an inaccurate picture of their financial situations.



#### Applied and Denied

Participants describe going through the process, submitting the necessary documentation, and still being denied, despite their dire financial situations.



#### Precarious Situations

Single parents' eligibility sometimes requires awkward situations (e.g., having to put children's father on child support to receive Medicaid for oneself); or situations like homelessness disqualify them due to not having a permanent address.

“Since **arrival**, I've had no insurance. **I'm evaluating on status** and seeing what to apply to based on **citizenship** that does not bring **risk**.”

“In Laredo, I was told not to pursue government benefits or my son and I might be denied for immigration, so I didn't.”

“Me **applying as an individual**, I **should be accepted**. But because of **household** income...I'm not.”

“I am a **single mother, with 3 dependents**. My annual income is \$31k. I don't have any other sources of income...I still **do not qualify**.”

“On last year's **tax return**, I didn't put my self-employment since I was getting **unemployment** from COVID, I thought I might **get in trouble**.”

IDENTIFYING THE CHALLENGES

# Enrolling

Enrolling proves to be the most overwhelming part of the insurance process. The website, insurance vendors, contract language, and the sheer number of plans available are discouraging to those who feel they don't have enough knowledge on the industry to be successful.



**Scam Calls, Texts, and Voicemails**

If interest is indicated, they are bombarded by phone calls and text messages from providers trying to “get their business,” which instills distrust and unease in the system.

**Where to Start?**

Once they find their way to the Healthcare.gov website, they are overwhelmed by the amount of information required to apply. They are terrified of filling out something wrong and being denied.

**Jargon is Disheartening**

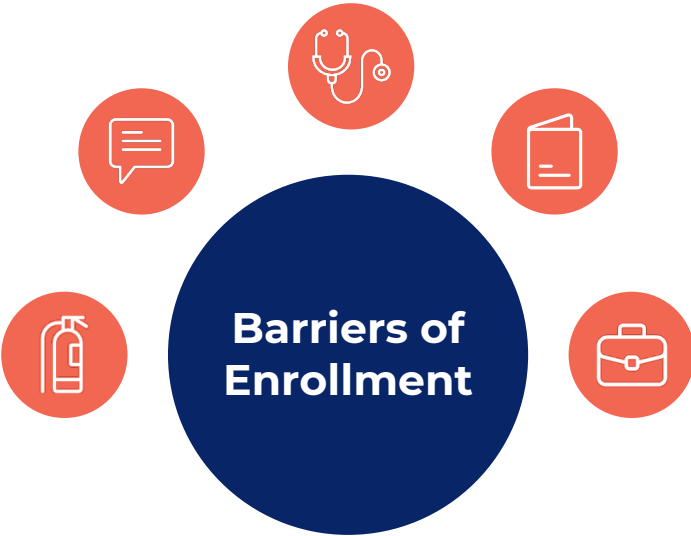
Medical and legal jargon is extremely exclusionary and confusing. Participants feel that they need to have a background in these fields in order to understand documents.

**Too Many Options**

There are too many plan options to choose from, and they don't have enough information to make an educated decision (what's included, what doctors can I go to, how much will I need to pay out of pocket?). They worry the plans might have some loophole or fine print that will come back to bite them.

**Employment and Insurance**

Employment status affects motivation and opportunity to sign up for insurance. Many participants would prefer to enroll through an employer, but roadblocks like disabilities, caregiving duties, and felony records result in a frustrating cycle of failure.




IDENTIFYING THE CHALLENGES

Paying


Uninsured people who finally make it to the end of the process often end up with a quote that is way too expensive for them. Or they have insurance for a bit, but ultimately feel that it’s not worth committing to a monthly premium.





**Completely Out of Budget**

If someone makes it to the point of approval, the plan that they are offered is still too expensive. They end up cancelling their coverage and just giving up.



**Benefits Do Not Justify Costs**

For those that maintained insurance for some time, many were dissatisfied with paying a premium and not taking advantage of it, had difficulty finding in-network doctors, or had difficulty getting specialized care covered. They feel the monthly premium is not worth it, so they cancel or intentionally don’t re-enroll.

“The first time I **tried** to do it, it was an **outrageous deductible** and what I already had going was a lot more reasonable to **take my chances** than it was to spend thousands on premiums and deductibles for **something I might not even use.**”

“I just **wish** this **Affordable Care Act** that we had **was actually affordable** for people who have little to no income...there is **no way** most people like us can afford to pay \$100-300. That’s **not realistic.**”

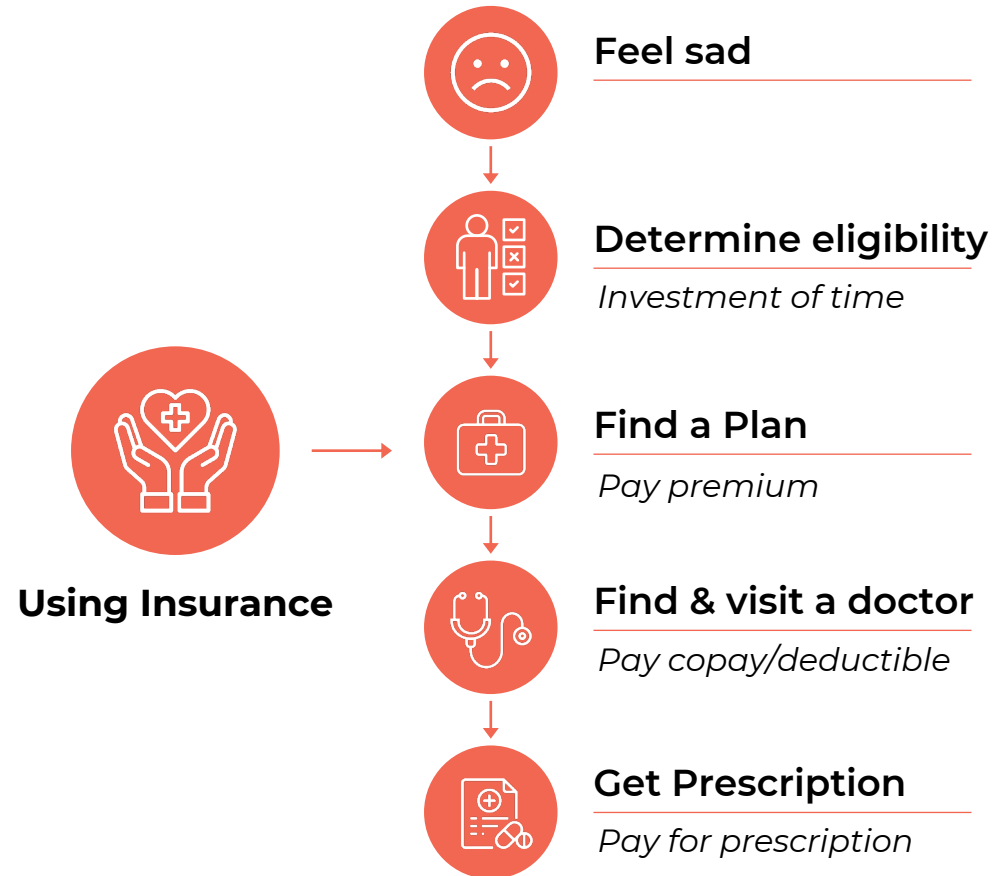
“I was forced to pay for insurance coverages to get my refund...if I don’t go to the doctor often, then I **don’t need it.** Why do I have to **pay** for something I’m **not using.**”

(On why she does not have insurance) “I am completely **in control** of who I can go to, what I pay for, how much...I negotiate my bills...I do everything. It takes **effort**, but in the long run **saves us hundreds and thousands of dollars.**”

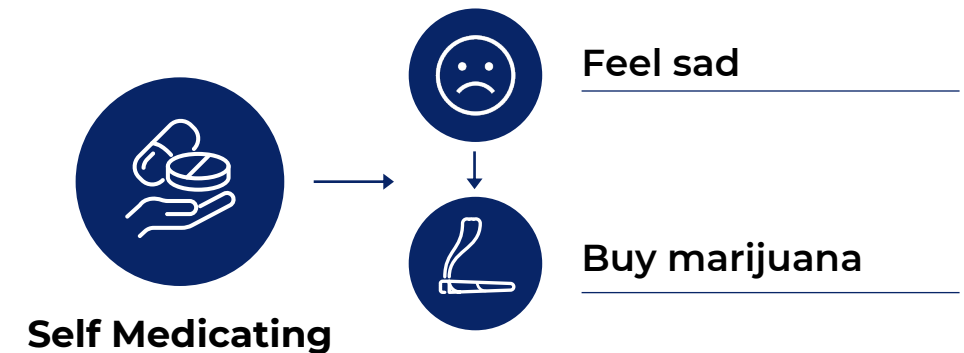
## IDENTIFYING THE CHALLENGES

# Direct vs. Indirect Pathways to Care

Uninsured people see insurance as a barrier/hoop to jump through/obstacle to actually receiving care

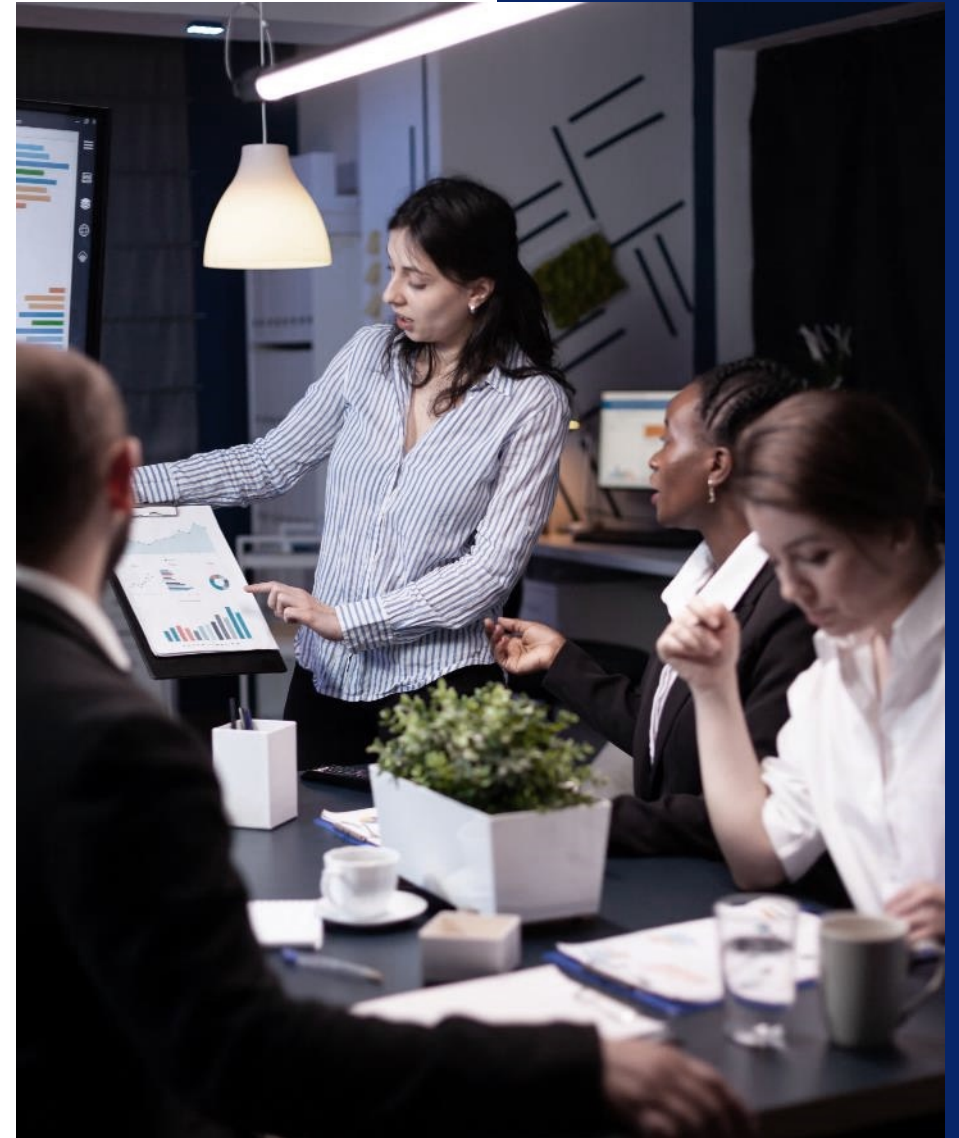


Uninsured people see insurance as a *barrier/hoop* to jump through/obstacle to actually receiving care





# Ideal Solutions



## SOLUTIONS

# List of Proposed Solutions

Proposed solutions most mentioned are categorized as quick wins, major initiatives, and potential considerations.

### ***Quick Wins (low cost, higher feasibility, higher impact)***

#### **Provide application support**

Provide healthcare insurance education prior to and during the enrollment process. Online and in-person support are both preferred methods.

#### **Compile resource of providers**

Compile one online resource of all provider information to simplify the research process and ensure enrollees have one document to refer to when choosing a plan that best meets their needs.

#### **Prevent bombardment**

Prevent the post-marketplace inquiry bombardment of calls and text messages from providers that deters the uninsured from continuing their research into insurance options.

### ***Major Initiatives (medium to high cost, higher feasibility, higher impact)***

#### **Streamline the Marketplace**

Streamline the information and language on the Marketplace to ensure the enrollee has a successful customer journey experience with minimal bombardment throughout the process.

#### **Increase the number of NPs**

Increase access to Nurse Practitioners (NPs) in county clinics to elevate the level of perceived medical care in county clinics and help draw in those who prefer to be seen by a nurse practitioner because of their relatability.

#### **Improve tele-health access**

Improve access to telemedicine and tele-mental health access to meet the need of those that require medical care, both physical and mental, but are unable to visit a physician in person. This could include the incorporation of medical apps.

### ***Potential Considerations (high cost, lower feasibility, higher impact)***

#### **Improve clinic efficiency**

Improve clinic efficiency to shift the perception that county clinics are not viable facilities to receive medical care due to the exorbitant wait times.

#### **Increase generic prescriptions**

Increase generic prescriptions to reduce the cost of medication for those that require prescriptions for severe and chronic conditions.

#### **Increase childcare access**

To provide much needed flexibility to single parents when medical care is needed for oneself, offer more access to childcare support.

#### **Increase cost transparency**

Ensure the costs for care are completely clear to begin creating trust between those that require medical treatment and those providing medical treatment.

# Thank You!

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