Uninsured in Texas

Project Insights

January 2023
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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

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

This Report’s Focus
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.

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-citizen Hispanic: Undocumented Non-elderly Adult</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Non-citizen Hispanic: Temp. Documented Non-elderly Adult</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Non-citizen Hispanic: LPR Non-elderly Adult</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Citizen Hispanic Non-elderly Adult</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Blue-collar White Non-elderly Adult</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Children in &lt;200% FPL Households (under age 18)</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>

*Representative but not exhaustive

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**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
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.

**Medical Care Experiences**

- Uninsured Texans mostly go to the emergency room for major emergencies but prefer a clinic / health center for minor emergencies.
- Most respondents have not sought medical care outside of the US.

**Challenges and Barriers**

- 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.
- Well over half of uninsured adults postponed care due to financial concerns in the last year.

**Enrollment Experience**

- Only 8% of respondents are concerned about the complexity of the enrollment process, while 12% believe they do not qualify to enroll.
- The most preferred channel to enroll in health insurance is through an informative website, followed by in-person support.
- The most important factors of importance when enrolling for health insurance are tied to cost and coverage inclusions.

**Affordable Care Act Experience**

- Most people have heard of the ACA (74%), but just 10% of currently-uninsured Texans report having ever been covered by it.
- Uncertainty of eligibility is high, with 70% of respondents noting they are unsure of current eligibility.
- An informative website is the most preferred method to receive information.

**Medicaid Experience**

- 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.
- The most preferred channel of educating uninsured Texans on Medicaid offerings is online through a website.

**CHIP & Dependent Experience**

- 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.
- The primary sources for information about CHIP is doctors’ offices and websites, followed by social sources – referrals from friends / family and social media.
Takeaway

On the whole, medical care is being postponed, for both children and adults, because of financial constraints.

Less than half of the uninsured population received care 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. Hospital ERs and clinics are the two primary options for this group.

Key Insights

• 54% of uninsured individuals postponed seeking medical care when they felt they needed it.
• 44% of respondents had postponed care for their children.
• 34% of the uninsured postponed mental health support for themselves and 37% postponed it for their child.

• 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.
• Comparatively, 69% of their dependents received medical care in the last two years. Clinics/health centers are the most common place to receive care for dependents.

• Over half of the population did not receive medical care in the last 24 months.
• If the uninsured could receive care, their preferred methods would be:
  • Clinic/health center for preventative care
  • Hospital ER or clinic for minor emergencies and
  • Hospital ER for major emergencies
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.

<table>
<thead>
<tr>
<th>Perception of Program Eligibility</th>
<th>Preferred Enrollment Methodology</th>
<th>Important Factors when Choosing a Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>
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.

**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**
- **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**
- **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.

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

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).
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...

Note: Names have been removed to protect anonymity.
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.

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.

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.

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.

*Profiles are not exhaustive of all types of people in the uninsured population.
Profiles are meant to serve as a base for further analysis of the population’s behaviors and needs.
Note: Click on the profile’s icon to view a video clip.
UNDERSTANDING THE POPULATION

Profiles of the Uninsured

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

**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.

*Profiles are not exhaustive of all types of people in the uninsured population. Profiles are meant to serve as a base for further analysis of the population’s behaviors and needs.*
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.

### Key Behaviors

**Indifference**

- Prioritize non-healthcare needs and costs
- Depend on parent’s knowledge/care
- Are unaware of health issues and impact
- Push healthcare topic to the future
- Leverage over-the-counter medications
- Use online platforms for care (e.g., WebMD)

**Gratitude and Resourcefulness**

- Prioritize out of pocket healthcare vs insurance due to costs
- Seek out cheaper medical care resources
- Prioritize children and or dependent care
- Maximize the use of home remedies
- Make calculated cost-care decisions

**Unappreciative**

- Demand free healthcare
- Rely on multi-generational knowledge of government programs
- Leverage the emergency room for most care
- Do not pay medical bills
- Do not seek alternative resources
- Unsatisfied with any non-free medical care solutions

### UNDERSTANDING THE POPULATION

#### Spectrum of Behavior

<table>
<thead>
<tr>
<th>The Young Invincibles</th>
<th>Scrappy Tradeoff-Makers</th>
<th>Assumed Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prioritize non-healthcare needs and costs</td>
<td>• Simply Can’t Afford It</td>
<td>• Demand free healthcare</td>
</tr>
<tr>
<td>• Depend on parent’s knowledge/care</td>
<td>• Vicissitudes of Life</td>
<td>• Rely on multi-generational knowledge of government programs</td>
</tr>
<tr>
<td>• Are unaware of health issues and impact</td>
<td>• Mothers &amp; Caregivers</td>
<td>• Leverage the emergency room for most care</td>
</tr>
<tr>
<td>• Push healthcare topic to the future</td>
<td>• Undocumented and Wary</td>
<td>• Do not pay medical bills</td>
</tr>
<tr>
<td>• Leverage over-the-counter medications</td>
<td>• Anxious Avoiders</td>
<td>• Do not seek alternative resources</td>
</tr>
<tr>
<td>• Use online platforms for care (e.g., WebMD)</td>
<td></td>
<td>• Unsatisfied with any non-free medical care solutions</td>
</tr>
</tbody>
</table>
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

**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.

<table>
<thead>
<tr>
<th>How important is medical care?</th>
<th>How important is it to have health insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Important</td>
<td>Very Important</td>
</tr>
<tr>
<td>Not at all Important</td>
<td>Not at all Important</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical care is important, insurance is not</td>
<td></td>
</tr>
<tr>
<td>Assumed Care</td>
<td>Undocumented and Wary</td>
</tr>
<tr>
<td>The Anxious Avoiders</td>
<td>Simply Can’t Afford It</td>
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<tr>
<td>Scrappy Tradeoff Makers</td>
<td>Vicissitudes of Life</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Neither medical care nor insurance are important</td>
<td></td>
</tr>
<tr>
<td>Young Invincibles</td>
<td>Twins</td>
</tr>
</tbody>
</table>

Both medical care and insurance are important:

Insurance is important, medical care is not:

- Mothers and Caregivers
- The Anxious Avoiders
- Scrappy Tradeoff Makers
- Assumed Care
Participators 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.

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.

<table>
<thead>
<tr>
<th>Alternatives Before Medical Care Is Critical</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institutions</strong></td>
</tr>
<tr>
<td>• County Health Systems</td>
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<tr>
<td>• Nonprofits (ex: LifePath)</td>
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<tr>
<td>• Faith-based Programs (ex: Samaritan Ministry)</td>
</tr>
<tr>
<td>• Dental schools</td>
</tr>
<tr>
<td>• Dental free-day clinics</td>
</tr>
<tr>
<td><strong>Online Options</strong></td>
</tr>
<tr>
<td>• Google</td>
</tr>
<tr>
<td>• Reddit</td>
</tr>
<tr>
<td>• WebMD</td>
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<tr>
<td>• Healthcare Apps</td>
</tr>
<tr>
<td>• 211</td>
</tr>
<tr>
<td>• GoodRx</td>
</tr>
<tr>
<td>• Telemedicine / dial-a-nurse</td>
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<tr>
<td><strong>Medication</strong></td>
</tr>
<tr>
<td>• Rationing pills and inhalers</td>
</tr>
<tr>
<td>• Borrowing from friends and family</td>
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<tr>
<td>• Using over the counter options like Tylenol</td>
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<tr>
<td>• Going to clinical trials to get antibiotics</td>
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<table>
<thead>
<tr>
<th>When Medical Care Is Critical</th>
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</thead>
<tbody>
<tr>
<td><strong>If Waiting is an Option</strong></td>
</tr>
<tr>
<td>• Free or low-cost clinics</td>
</tr>
<tr>
<td>• Mexico and El Salvador</td>
</tr>
<tr>
<td><strong>If Waiting is Not an Option, then ER</strong></td>
</tr>
<tr>
<td>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.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>DIY</th>
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<tbody>
<tr>
<td>• Apple and cranberry juice</td>
</tr>
<tr>
<td>• Diet and exercise</td>
</tr>
<tr>
<td>• Vitamins</td>
</tr>
<tr>
<td>• Butterfly bandages</td>
</tr>
<tr>
<td>• Duct tape and superglue</td>
</tr>
<tr>
<td>• Staple gun</td>
</tr>
<tr>
<td>• Vicks Vapor Rub</td>
</tr>
<tr>
<td>• Hydrogen Peroxide</td>
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<table>
<thead>
<tr>
<th>International</th>
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<tbody>
<tr>
<td>• Mexican (and other “home country”) medications</td>
</tr>
<tr>
<td>• Mexico for healthcare</td>
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<tr>
<td>• Mexico for dental care</td>
</tr>
<tr>
<td>• Mexican and Salvadoran markets</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Friends in healthcare</td>
</tr>
<tr>
<td>• Saving funds for an emergency</td>
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<tr>
<td>• Self medication, most notably marijuana</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Dealing with Bills</th>
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</thead>
<tbody>
<tr>
<td><strong>Not Paying</strong></td>
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<tr>
<td>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.”</td>
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<table>
<thead>
<tr>
<th>Managing Payment</th>
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</thead>
<tbody>
<tr>
<td>Others pay a manageable amount ($10-$35) per meaningful bill every month to avoid credit issues.</td>
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</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>Spotlight</th>
<th>Business Model</th>
<th>Service Offering</th>
<th>Insurance Interplay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Galileo</strong></td>
<td><strong>Membership-based mobile app with monthly, yearly, or single visit payment options.</strong></td>
<td><strong>Users pay an online consultation fee and for the cost of their medication.</strong></td>
<td><strong>Without insurance, users still get access to low-cost medications. With insurance, the medication is likely free or the cost of the co-pay.</strong></td>
</tr>
<tr>
<td><strong>Nurx</strong></td>
<td><strong>Membership-based mobile app with monthly, yearly, or single visit payment options.</strong></td>
<td><strong>Users submit an online questionnaire to request prescriptions or self-testing kits. Case is then reviewed by medical providers.</strong></td>
<td><strong>Insurance is not needed to use the app.</strong></td>
</tr>
<tr>
<td><strong>GoodRx</strong></td>
<td><strong>Platform is free for its users.</strong></td>
<td><strong>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.</strong></td>
<td><strong>The site may find a lower price than your insurance copay, so individuals may decide whether to use insurance or pay out of pocket.</strong></td>
</tr>
<tr>
<td><strong>K Health</strong></td>
<td><strong>Membership-based mobile app with monthly payment option or a one-time visit fee.</strong></td>
<td><strong>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.</strong></td>
<td><strong>Membership cost is not covered by insurance, and users are responsible for any costs outside of the app.</strong></td>
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</table>

**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.”
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**

**Acute**
- Single Event

“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.”

- Participant on 9/26/22, 11:00 am

**Chronic**
- Repeated

“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…”

“He left the house for a few months, and he came right back, and it began. It kept going until I was seventeen.”

- Participant on 10/4/22, 5:30 pm

**Complex**
- Varied Events

“I have five beautiful grandchildren, two of them recently tried to take their own lives.”

“I am adopted. The people who had adopted me, I was abused a lot by them. He sexually assaulted me on several occasions.”

“I have PTSD, I watched my first partner put a gun to her head, and I couldn’t stop her.”

- Participant on 10/4/22, 9:00 am

**Situation**

**Effects**

1. **Hardships in obtaining or maintaining a job** due to caretaker role or prior flags on record.
2. **Dire need for specialized care** that they are not able to afford.
3. **Continuous cycle of disillusionment and distrust** in the healthcare system created to protect and help the people who need it.
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.

“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…”
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.

Mental health problems are often related to traumatic experiences which often go untreated. Almost all participants who described an ongoing mental health challenge were not actively receiving treatment for it.

“Until you get a job you can’t afford [healthcare]. It’s an endless cycle.”

“[I have] depression from losing a job and losing everything.”

“Until you get a job you can’t afford [healthcare]. It’s an endless cycle.”

“[I have] depression from losing a job and losing everything.”

Case Study: Social Anxiety

Approximately ~140 people (more than half the number that ultimately showed) who had in the past few hours confirmed their participation in the focus groups did not show up. Through focus group discussions, many attendees revealed that they considered not showing up due to social anxiety. One person described sitting in his car while gathering up the courage to come inside.

Mental health problems worsen
mental health problems make it harder to earn and manage money

Financial difficulties worsen
mental health problems make it harder to earn and manage money

Financial difficulty
unable to maintain steady employment or financial stability

Mental health problems
experience of mental health problems, often manifesting as depression and social anxiety

Mental health problems worsen
finances are a major source of stress and anxiety and basic needs (e.g., food, heating) often go unmet

Anything beyond very basic needs becomes viewed as unattainable and ‘luxury’ (i.e., healthcare, dental care, vision care, nutrition, etc.)

Source: Mental health and financial difficulty diagram adapted from Money and Mental Health Policy Institute.
Identifying the Challenges
IDENTIFYING THE CHALLENGES

Overall Sentiment

There is a clear feeling that insurance is expensive, however there is also an underlying distrust of the medical industry, due to the perceived greed of insurance companies and the confusing nature of the process.

What We Heard Again and Again

"Expensive...unaffordable. It's just for the elite."

"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 went to the site a few times but to me it's a confusing step."

"Having so many names is so confusing."

"I wish that the ACA that we had was actually affordable for people who have little to no income."

"Now we have to worry about the bills."

Expensive

Unattainable

Needed

Credit score

Complicated

Bills

Mental Health

Vicks

Fraud

Credit score

Helpful

Debt

Vitamins

Scared

Vitamins

Scared

Scared

Out of control

Depression

Exploitative

Bombardment

Avoid

Doctor

Mysterious

Depression

Anxiety

Clinic

Needed

Needed

Needs to be cheaper
**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.

**Program Reputations**
- **Never Heard Of It:** Participants are confused by the various names for healthcare programs or have a complete lack of knowledge about their existence.
- **Unaffordable:** If they are aware of the programs (particularly ACA), they have a reputation of being "unaffordable" or not viable options amongst family and friends.

**Eligibility**
- **Confused about Requirements:** 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.
- **Applied and Denied:** Participants describe going through the process, submitting the necessary documentation, and still being deemed ineligible, despite their dire financial situations.

**Enrolling**
- **Information Overload:** Once on the Healthcare.gov website, people are overwhelmed by the language, links, long documents, and spam texts.
- **Coverage Confusion:** 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.

**Paying**
- **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 and giving up.
- **Benefits Do Not Justify Costs:** 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.

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

<table>
<thead>
<tr>
<th>Program Reputations</th>
<th>Eligibility</th>
<th>Enrolling</th>
<th>Paying</th>
<th>Illustrative Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Sentiment</strong></td>
<td></td>
<td></td>
<td></td>
<td>“Expensive...unaffordable. It’s just for the elite.”</td>
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<td></td>
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<td>[On why she hasn’t tried to apply to ACA] “I’ve had friends who’ve done it and I’m like ‘why are you paying so much??’”</td>
</tr>
</tbody>
</table>

| **HealthCare.gov** | | | | “If I can’t be covered, at least they can be. I’m grateful that we qualify for Medicaid and that all my babies can be covered.” |
| | | | | “It’s not terrible. But...if it’s outside your normal check-up [e.g., Pap smear] then you have to cover your costs 100%...” |

| **Medicaid.gov** | | | | “Expensive...unaffordable. It’s just for the elite.” |
| | | | | [On why she hasn’t tried to apply to ACA] “I’ve had friends who’ve done it and I’m like ‘why are you paying so much??’” |

| **HEALTHY TEXAS WOMEN** | | | | “It’s not terrible. But...if it’s outside your normal check-up [e.g., Pap smear] then you have to cover your costs 100%...” |
| | | | | “It’s not terrible. But...if it’s outside your normal check-up [e.g., Pap smear] then you have to cover your costs 100%...” |
## 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.

<table>
<thead>
<tr>
<th>Program Reputations</th>
<th>Eligibility</th>
<th>Enrolling</th>
<th>Paying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undocumented and Unsure</td>
<td>Confused about Requirements</td>
<td>Household Income</td>
<td>Applied and Denied</td>
</tr>
</tbody>
</table>

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.

“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.”

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

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

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.
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.
## 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.

<table>
<thead>
<tr>
<th>Program Reputations</th>
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<th>Paying</th>
</tr>
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</table>

### 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.

“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.”

### 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.

“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

Using Insurance

1. Feel sad
2. Determine eligibility
   - Investment of time
3. Find a Plan
   - Pay premium
4. Find & visit a doctor
   - Pay copay/deductible
5. Get Prescription
   - Pay for prescription

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

Self Medicating

1. Feel sad
2. Buy marijuana
Ideal 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!