Health Insurance Literacy: A Multi-State Call to Action
Welcome and Purpose of Webinar

November 8, 2012

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A new and unique opportunity to address health literacy of youths and adults across the nation. The higher the level of health literacy, the greater the likelihood of positive health outcomes.

Research and theory-based Initiative has three components:
1) Public Issues Education
2) Preventive Health Care
3) Health Insurance Literacy

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## Health Insurance Coverage of the Total Population, states (2010-2011), U.S.

### Health Insurance Status by FPL
- Nonelderly up to 139% FPL
- Nonelderly up to 200% FPL
- Poor Children
- Low Income Children
- Children under 139% FPL
- Children 139-250% FPL
- Children 251-399% FPL
- Children 400% FPL and above
- Poor Adults
- Low Income Adults
- Adults under 139% FPL
- Adults 139-250% FPL
- Adults 251-399% FPL
- Adults 400% FPL and above

### Health Insurance Status by Gender
- Nonelderly Women
- Nonelderly Adult Women

### Data View:
- Region Name
- % of US Total

### Note:
You can also click on a column header to rank by that column. Click again to reverse the order.

<table>
<thead>
<tr>
<th></th>
<th>Employer</th>
<th>Individual</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Other Public</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>United States</strong></td>
<td>49%</td>
<td>5%</td>
<td>16%</td>
<td>13%</td>
<td>1%</td>
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<tr>
<td>Alabama</td>
<td>49%</td>
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<tr>
<td>Alaska</td>
<td>52%</td>
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<td>Arizona</td>
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<td>Arkansas</td>
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<td>California</td>
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<td>6%</td>
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<tr>
<td>Colorado</td>
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<td>13%</td>
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<td>Connecticut</td>
<td>59%</td>
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<td>Delaware</td>
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<td>District of Columbia</td>
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<tr>
<td>Florida</td>
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<td>Georgia</td>
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<td>20%</td>
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<td>Hawaii</td>
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<td>4%</td>
<td>14%</td>
<td>14%</td>
<td>3%</td>
<td>8%</td>
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</tbody>
</table>
Consumers Don’t Understand Health Insurance

• They struggle with the basic concept of insurance

• They REALLY struggle with cost-sharing terms

• They dread shopping for coverage

Consumers Union
Empowerment Theory

Perceived
Confidence
Competence
Control

to make decisions and take action.

Bandura, 1986; Jensen, 2002; Chiles and Zorn, 1995.
The Theory of Planned Behavior

- Attitude
- Subjective norms
- Perceived Behavioral Control
- Behavioral Intention
- Behavior

1 Precontemplative
Pupil sees no problem but others disapprove

6 Relapse
Return to previous behaviour

5 Maintenance
Actively maintaining change

4 Active Change
Putting the decision into practice

2 Contemplative
Weighing up the pros and cons of changing

3 Determinism
To carry on as before or to change

Enter
Exit
Stages of Change Applied to Risk Management

Box 1
STAGES OF CHANGE

An individual...

- is unaware of problem.
- becomes aware of problem.
- is concerned that behavior places him or her at risk.
- acquires knowledge about the problem.
- is motivated to act through perceived risks and benefits.
- is ready for action through skills acquired to enact change.
- tries new behavior.
- assesses the efficacy of changing behavior and, if successful
- sustains behavior change.
Prochaska’s Stages of Change: Processes & Activities that Can Be Promoted at Each Stage of Change

Pre-contemplation
- Consciousness Raising: Public education using mass media, small groups.
- Dramatic Relief: Taking action to decrease anxiety and other negative emotions through role playing, grieving, testimonies, simulations, and other group activities.
- Environmental Reevaluation: Learning how one’s actions affect one’s self/other through guided discussions with family members, testimonies, story telling.
- Self-Reevaluation - re-evaluation of self-image through group activities:
  - values clarification exercises
  - contact and discussions w/role models
  - guided imagery (where people imagine themselves in the new situation [e.g., committed to abstinence])

Contemplation
- Self- and Social Liberation: Belief that one can change and commit to change, and creating social conditions for change by:
  - self-reflection
  - drawing attention to those who have made commitments
  - organizing events for public commitments

Preparation
- Using and fostering social support and caring relationships through peer groups
- Contingency management: Reinforcing positive steps towards desired behaviors (e.g., commitments), giving group praise and recognition
- Counter-conditioning: Learning to substitute healthy behaviors for problem behaviors (e.g., group activities, outlets).

Action
- Continue positive reinforcement & social support through:
  - continuity of support groups
  - institutionalization (e.g., through local organizations) of rewards and recognition for keeping commitments.
- Stimulus Control: Removing triggers for unhealthy behaviors, Role-playing to substitute prompts for healthy behaviors.
- Maintain self-efficacy: Maintain confidence to resist temptations through regular discussions, accountability system.

Use of Mass Media, Motivational Interviewing techniques, and Other Methods

Skill Building, Social Support through Small Groups, and Other Methods
Circuit of Culture that Creates Health Meanings

Sources

Messages/Representations: Campaigns, video, news, web

Production of Messages: Media, health care, medicine, government

Channels

Reception: Audience factors--Dominant, oppositional, negotiated meaning

Campaign Effects

| Task 1: Establish Multi-state Leadership Team and task forces | Michelle and Bonnie |  |  |  |  |  |
| Task 2: Seek support for the Initiative | Michelle | Michelle | Michelle | Michelle |  |
| Task 3: Organize and Conduct monthly meetings | Michelle, Bonnie Co-chairs of Task Forces | Michelle, Bonnie Co-chairs of Task Forces | Michelle, Bonnie Co-chairs of Task Forces | Michelle, Bonnie Co-chairs of Task Forces | Agree in November on dates for monthly meetings of the Leadership Team; Task Forces set meeting dates and due dates for work of the teams. |
| Task 4: Determine reference site for posting outputs of task forces and leadership team | Michelle, Bonnie |  |  |  |  |
| Task 5: Create proposal for and conduct workshop at Priester | Michelle and Bonnie in conjunction with Task Forces and interested others |  |  |  | Workshop needs to meet needs of those who may attend. The framework, decision tool, methods and evaluation plans to be shared |
## Research and Theoretical Framework

<table>
<thead>
<tr>
<th>Task</th>
<th>Oct &amp; Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task 1: Create the framework, rationale and theoretical base for the Initiative</td>
<td>Michelle, Bonnie</td>
<td></td>
<td></td>
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<td>Test November 8;</td>
</tr>
<tr>
<td>Task 2: Create and disseminate a video explaining the framework</td>
<td>Michelle &amp; Bonnie</td>
<td></td>
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<td>Set date for creating the video and for distribution.</td>
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</tbody>
</table>

## Content and Output

<p>| Task 1: Review existing decision tools and information on health insurance literacy and education | Content and Output Task Force Maryland Team | | | | MD team is almost finished with this review and has created a rubric to judge existing curricula and educational tools |
| Task 2: Create a decision tool for health insurance education and teaching | Content and Output Task Force Maryland Team | Review draft—all members of the initiative | Testing of the tool—February-May | First tool will be built on a decision-tree architecture. Other tools can be created during test period |</p>
<table>
<thead>
<tr>
<th>Tasks</th>
<th>Oct &amp; Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task 1: Critique rubric for assessing materials created by Maryland Team</td>
<td>Evaluation and Assessment Task Force</td>
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<tr>
<td>Task 2: Create Evaluation Plan for formative, process and summative evaluation including a time and task table for all tasks</td>
<td>Evaluation and Assessment Task Force</td>
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<td>Base the plan on the theoretical foundation to be provided by November 8</td>
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<tr>
<td>Task 3: Distribute plan for review and comment resulting in an accepted plan for collecting and analyzing data for decision-making</td>
<td>Evaluation and Assessment Task Force</td>
<td></td>
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<td>All need to be functioning against the plan following directions provided by the Task Force by end of January</td>
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<tr>
<td>Task 4: Create tools for data collection and analysis</td>
<td>Evaluation and Assessment Task Force</td>
<td>Evaluation and Assessment Task Force</td>
<td>Evaluation and Assessment Task Force</td>
<td></td>
<td>Pretest tools if possible, have ready by first scheduled testing session</td>
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<tr>
<td>*Tasks</td>
<td>Oct &amp; Nov</td>
<td>Dec</td>
<td>Jan</td>
<td>Feb</td>
<td>Comments</td>
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<tr>
<td>Task 1: Inventory potential methods of delivery, and research showing</td>
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<td>Delivery</td>
<td></td>
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<td>effectiveness of methods with audiences</td>
<td></td>
<td>Methods Task</td>
<td></td>
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<td>Task 2: Create an analysis chart showing pros &amp; cons and feasibility</td>
<td></td>
<td>Delivery</td>
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<td>of methods</td>
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<td>Methods Task</td>
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<tr>
<td>Task 3: Distribute analysis for review and critique resulting in a</td>
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<td>Delivery</td>
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<tr>
<td>priority list of methods for initial testing</td>
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<td>Methods Task</td>
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<tr>
<td>Task 4: Work with Content and Output Task Force to create a test of</td>
<td></td>
<td>Delivery</td>
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<tr>
<td>the decision tool using the prioritized methods</td>
<td></td>
<td>Methods Task</td>
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<td>Will need to coordinate with Evaluation Task Force</td>
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<tr>
<td>Task 1: Identify volunteers for testing the decision tool and method of delivery</td>
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<tr>
<td>Content and Output Task Force</td>
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<td>Volunteers schedule dates/times for tests between late February and end of April</td>
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<td>Must be done in time for first testing session.</td>
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</table>

| Task 2: Conduct training for volunteers in use of decision tool, methods of delivery and evaluation data collection |
| Delivery Methods Task Force |
| Content and Output Evaluation & Assessment & Delivery Methods Task Forces |
| Volunteers |

| Task 3: Contest test of tool and methods. |
| Volunteers |

| Task 4: Collect and analyze data |
| Volunteers, Evaluation & Assessment Task Force |
| Data collection |

| Task 4: Create recommendations for modification of tool and delivery methods |
| This will be done in the summer of 2012 |
Color Us In!
Survey of Commitment
Bonnie Braun, PhD
Faculty Scholar
Horowitz Center for Health Literacy

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and Extension Family Policy Specialist
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