

Running head: INCREASING HEALTH INSURANCE LITERACY

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PUBH 607: MPH Public Health Internship Level III

**Increasing Health Insurance Literacy in Insured, Uninsured and Under-insured
Maryland Residents: A Public Health Service Learning Project with Community
Clinic, Inc.**

Monday, December 7, 2015

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Increasing Health Insurance Literacy in Insured, Uninsured and Underinsured
Maryland Residents: A Public Health Service Learning Project with Community Clinic, Inc.

Abstract

The purpose of my practice experience project was assisting Community Clinic, Inc. (CCI) staff in increasing health insurance literacy skills in insured, uninsured and underinsured patients who are newly enrolled in private health insurance plans so they may maximize the benefits they receive from their plans.

As part of my practice experience, I sought to assist CCI staff and other volunteers in carrying out a health insurance literacy project primarily through three methods including (1) developing clinic educational materials relating to health insurance literacy; (2) producing videos relating to the theme of health insurance literacy which would be played in CCI clinic waiting rooms; and (3) developing workshop curriculum, and holding a pilot workshop to introduce patients to basic private health insurance concepts and helping them to maximize the benefits they receive from their plans.

The objective of my practice experience was to create a set of educational tools relating to health insurance literacy for display in CCI clinic waiting rooms over the internship period. I also developed promotional content to raise awareness of National Childhood Obesity Awareness Month in September 2014.

I met the objective of my practice experience by developing a set of four clinic educational materials associated with health insurance literacy including (1) pre- and post-insurance information workshop evaluation and knowledge surveys; (2) a health insurance deductible worksheet; (3) a health insurance word scramble game; and (4) a health insurance BINGO game.

I also created three different sets of promotional materials to support National Childhood Obesity Awareness Month in September 2014 including (1) PSA content for airing in 10-, 30- and 60-second radio and/or video spots, (2) a set of social media engagement content for posting on CCI's Twitter and Facebook account pages, and (3) a set of three awareness posters to be displayed in clinic waiting rooms.

The outcome regarding which materials were implemented at the clinic, and the frequency of their use could not be established. Consequently, a proposed process and outcome evaluation scenario of the health literacy educational materials is outlined on page 17.

Introduction

Health literacy is generally defined as the ability to obtain, understand and use health information to make appropriate health decisions (U.S. Department of Health & Human Service's Office of Disease Prevention and Health Promotion, 2008).

Areas commonly associated with health literacy include (1) patient-physician communication; (2) drug labeling medical instructions and medical compliance; (3) health information publications and other resources (4) informed consent processes; (5) responding to medical and insurance forms; (6) giving patient history; (7) public health training; and (8) assessments for allied professional programs, such as social work and speech-language pathology, among others (National Institutes of Health, 2014).

Inadequate health literacy is increasingly becoming recognized as a crisis in America and supportive research on this issue has been gaining momentum over the last 10 years (Gazmararian, Curran, Parker, Bernhardt, & DeBuono, 2005).

According to the National Center for Education Statistics (2006), only 12% of adults have proficient health literacy, leaving the remaining 88% lacking the necessary skills needed

to manage their health and prevent disease. The NCES also reports about 14% of adults were more likely to report their health as poor (42%) and are more likely to lack health insurance (28%) than adults with proficient health literacy. A 2006 U.S. Department of Education study that found 36 percent of adults could understand hospital discharge instructions written only at a fifth-grade level or lower. Another 52 percent of adults had intermediate skills (Boodman, 2011).

According to 2013 poll results released by the American Institute of CPAs, many Americans don't understand basic health insurance terms, such as premium, deductible, and copay. Additionally, more than half of those polled could not correctly define at least one of the common financial terms related to health insurance included within the survey (Evans, 2013).

A 1993 National Adult Literacy Survey (NALS) found that poverty-stricken persons, racial/ethnic minorities, recent immigrants and older adults, who share the greatest burden of health disparities, have the lowest literacy skills, leading to further evidence of the crisis at hand with inadequate health literacy (Gazmararian, et al., 2005).

The consequences for poverty-stricken individuals can be severe, particularly for Maryland residents. A 2012 Maryland Budget & Tax Policy Institute report noted that more than one in 10 or 546,000 Marylanders lived below the federal poverty level, defined as \$23,021 for a family of four in 2011 (Maryland Budget & Tax Policy Institute, 2012).

When alternative poverty threshold estimates are included, the number of Marylanders facing poverty increases. The National Academy of Science's Supplemental Poverty Measure estimated 784,000 Marylanders faced poverty in 2011. When individuals living below 150 percent of the poverty level were included, the number increased to 932,155 Marylanders;

when including those living below 200 percent of the poverty level, the number rose to 1,239,847 Marylanders (Maryland Budget & Tax Policy Institute, 2012).

Given that research has shown that low health literacy negatively affects low-income persons and other groups who share the greatest burden of health disparities, it is important to develop methods to enhance the health literacy skills of Marylanders as well as all U.S. residents.

Critical steps are being taken in the form of federal policy initiatives to help address low health literacy and its co-existing issues such as increased health care costs and higher numbers of medical errors.

The 2010 Affordable Care Act (ACA) contains several provisions to clearly communicate health information to patients, promote prevention, become patient-centered and create medical or health homes, assure equity and cultural competencies, and deliver high-quality care. In October 2010, President Obama signed the Plain Writing Act, which aims to boost the efforts of federal agencies to use plain language in their materials (National Network of Libraries of Medicine, no date [n.d.]).

Additional methods are being developed through private companies, such as the Bethesda, Maryland-based Health Literacy Innovations, which develops software that analyzes health information texts for complexity and suggests ways to simplify them.

Other methods are being developed by hospitals and clinics such as videos or handouts with a large number of pictures to replace pages of dense patient instructions and personalized hospital discharge booklets instead of standard patient instructions (Boodman, 2011).

Community Clinic, Inc. Background

About CCI

Community Clinic, Inc. (CCI), based in Silver Spring, Maryland, is a nonprofit, community-based health care agency serving medically under-served residents of Montgomery and Prince Georges counties. CCI is a patient-centered medical home for a significant number of community residents (Community Clinic, Inc. [CCI], 2012).

The agency primarily offers quality primary care and Women Infants and Children (WIC) nutrition education and food supplements to vulnerable, medically under-served and uninsured adults and children in seven area locations mostly located in Montgomery County. CCI offers other major health services including oral health care in its Gaithersburg location, family planning, and behavioral health (CCI, 2012).

In its primary care program, CCI serves more than 17,000 children and adults who are financially disadvantaged, homeless, disabled, receiving state medical assistance coverage or are uninsured. The state of Maryland WIC nutrition education and food supplement program has enrolled more than 30,000 pregnant and breast-feeding women and children under age five. Over half of pregnant women in Montgomery County receive WIC services (CCI, 2012).

History

Community Clinic began serving community residents in 1969 when a team of volunteer health professionals working with the City of Rockville's Roving Youth Leader Program began providing health care to teens and young adults. In 1972, CCI incorporated as a nonprofit agency and operated in a historic home in Rockville to serve community needs (CCI, 2012).

The agency expanded significantly during the 1980s as it established clinics in Silver Spring and Gaithersburg. During the 1990s, a rapidly growing population of uninsured and Medicaid patients led to the creation of health centers in Takoma Park and Germantown (CCI, 2012).

In 1996, the state of Maryland awarded the Montgomery County contract for the Special Supplemental Women, Infants and Children (WIC) nutrition Program to CCI, with an enrollment of 7,600 participants. On May 9, 2009, Community Clinic established a new family planning program in Greenbelt, co-located with a WIC services site (CCI, 2012).

In 2010, the WIC program further expanded to include on-site CCI employees working with new and nursing mothers before their maternity discharge from local hospitals. In October of the same year, CCI opened its first dental health program in Gaithersburg, with funding from the Healthcare Initiative Foundation, Kaiser Permanente, and the Federal American Recovery and Reinvestment Act (ARRA) (CCI, 2012).

Today Community Clinic, Inc. serves more than 45,000 Maryland residents in need of medical and health-related care. All CCI services are available equally to all patients, regardless of their ability to pay. WIC services are free to participants. CCI is a federally qualified health center (FQHC), accredited by The Joint Commission (JC) (CCI, 2012).

Staff

CCI employs a diverse, well-trained staff of over 260 people at seven locations and an administrative office. Staff members speak 22 languages and a great number are multilingual. Employees fulfill a variety of professional health roles including licensed board certified medical providers, and primary care support staff including physicians, nurse practitioners, physician assistants, nurses, behavioral health therapists, a certified diabetes educator, patient

referral coordinators and medical assistants. Dental services staff includes dentists, a hygienist, and dental assistants (CCI, 2012).

The WIC program is staffed by registered dietitians, nutrition counselors, nutrition assistants, and an international board certified lactation consultant and support staff (CCI, 2012).

Volunteer physicians and other volunteer staff, including AmeriCorps service members contribute service hours as needs and space allow. Lastly, executive and department staff provides essential leadership and management (CCI, 2012).

Problem Solving Process

Research has shown that low health literacy negatively affects low-income persons and other groups who share the greatest burden of health disparities. Studies have linked poor health literacy to higher rates of hospital readmission, expensive and unnecessary complications, and even death. A 2007 study estimated the problem cost the U.S. economy as much as \$238 billion annually (Boodman, 2011).

Given the reality that low health literacy negatively affects vulnerable populations, it is critical to develop methods to enhance the health literacy skills of clinic patients across the country.

Before the inception of my internship with CCI in May 2014, there was no concrete mechanism in place for providing literacy education on basic private insurance concepts to help CCI clinic patients make informed decisions of selecting health insurance plans that best fit their needs.

With the establishment of a proposed pilot health insurance literacy education initiative within CCI's Silver Spring, MD-based site clinic, an opportunity could be leveraged to educate

patients on basic private insurance concepts and empower them to make the best use of their new health insurance plans.

SWOT Analysis

The following SWOT analysis was proposed to assist CCI staff in developing the health insurance literacy initiative for clinic patients:

Strengths

- Concerned staff and clinic leaders motivated to work collaboratively to increase health insurance literacy among clinic patients
- Clinic staff members interested in brainstorming strategies for implementing a comprehensive health insurance literacy initiative for clinic patients
- Clinic team dedicated to developing health insurance materials to educate patients on basic private insurance concepts and empower them to make the best use of their new health insurance plans

Weaknesses

- Lack of available health insurance literacy educational materials in clinic to help increase health insurance literacy among clinic patients

Opportunities

- Opportunity for clinic team and project intern to develop health insurance materials to educate patients on basic private insurance concepts and empower them to make the best use of their new health insurance plans
- Opportunity for clinic team to distribute health insurance education program materials to patients in clinic waiting room area

- Opportunity for clinic staff to collect metric and/or aggregate data or feedback regarding if any health insurance literacy materials were used by patients and/or how often

Threats

- Lack of implementation of a health insurance literacy education initiative in CCI clinics could lead to increased inadequate health insurance literacy among clinic patients

Description of Proposed Strategy

The CCI Health Insurance Literacy Initiative was a proposed effort to help increase health insurance literacy among CCI clinic patients. It aimed to promote health insurance knowledge through delivering quality health insurance educational materials to patients in clinic waiting rooms at the Silver Spring, MD-based clinic site.

The goal of the CCI Health Insurance Literacy Initiative was to increase health insurance literacy among CCI clinic patients. The two process objectives of the program include (1) program intern develops four clinic educational materials designed to educate patients on basic private insurance concepts, and empower them to make best use of their new health insurance plans, and (2) CCI staff distributes health insurance literacy tools to patients, and conducts planned activities such as BINGO games and health information workshops.

The outcome objective to be achieved as a result of the program outputs was five clinic patients will increase their knowledge of health insurance terms and concepts by 5% by the pilot initiative's conclusion at the Silver Spring, MD-based clinic site.

The project period ran from Tuesday, May 27, 2014 to Thursday, October 16, 2014. It was piloted at a CCI site based in Silver Spring, MD, and operated in tandem with CCI open clinic hours. The Silver Spring, MD-based site provides medical services Monday to Saturday:

8:00 am to 4:30 pm, and the clinic is open every other Saturday. The target population of the initiative was CCI clinic patients with below 9th grade-level skills for reading and understanding written health materials.

The initiative included two full-time health insurance navigators and one project intern as dedicated program staff. For the duration of the project, the staff and project intern conducted weekly one-hour formal in-person/phone meetings and connected via phone/email as needed to discuss program concerns and general progress, implementation issues and develop best practices.

The four health insurance literacy materials that I developed during the project included (1) pre- and post-health insurance information workshop evaluation and knowledge surveys; (2) a private health insurance deductible worksheet; (3) a health insurance terms word scramble game; and (4) a health insurance BINGO game.

The first tool I developed during the project period was pre- and post-insurance information workshop evaluation and knowledge surveys. The purpose of the surveys was to obtain feedback from CCI patients on the quality and effectiveness of insurance information workshops that are intended to teach them about basic private health insurance concepts, and ascertain whether their knowledge of health insurance terms increased, decreased or stayed the same upon attending the workshop.

The surveys could be distributed by staff before and after each workshop, and were optional for patients to complete (see Appendices 1 and 2 on pages 28 and 31, respectively). Staff could provide incentives such as a gift card or WIC item to reward patients who completed surveys through raffles. The raffle tickets are included on the last page of each survey for patients to

complete and return, and the raffles could be conducted after a certain amount of samples have been collected following each insurance information workshop.

I developed a second educational tool in the form of a private health insurance deductible worksheet titled “*What is a Health Insurance Deductible?*” It was intended to teach CCI clinic patients about the concept of private health insurance deductibles and would be available for them to complete in CCI clinic waiting rooms. It contained a set of 8 math-related questions based on the scenario of having a \$1,000 health insurance deductible and required using basic arithmetic to answer each question (see Appendix 3 on page 34).

The next tool I generated was designed to be a more fun and interactive way to help patients learn about common health insurance terms. I created a health insurance terms word scramble game intended to help increase clinic patients’ knowledge of basic health insurance terms and concepts (see Appendix 4 on page 37). It contained 8 scrambled common health insurance terms such as “premium” and “copay,” and challenged patients to unscramble each term. Answers were provided on the opposite page to help patients with solving difficult word jumbles.

The last tool I created for the health literacy initiative included a health insurance BINGO game (see Appendix 5 on page 39). It was designed to be an interactive game to help patients build their vocabulary with common health insurance terms, and was intended to be used in settings with multiple patients, such as during CCI health fairs or patient education workshops.

The game would be played with a caller announcing randomly drawn health insurance terms or clues involving common health insurance terms which players match against health insurance terms that have been pre-printed on 5×5 cards.

The BINGO cards contained 25 squares arranged in five vertical columns and five side to side rows. Each space in the grid contains a common health insurance term. The center space of the 5x5 card is marked "BINGO" and is considered automatically filled. The game is concluded when the first person achieves a specified pattern of drawn health insurance terms, and the winner is required to call out the word "BINGO," in order to alert the other players and caller of a possible win.

Flesch-Kincaid Reading Level Scores of Health Insurance Literacy Materials

A large-scale national assessment of the average reading level among Americans was performed by the National Center for Education Statistics in 2003. The assessment revealed that the typical American reads between a 7th and 8th grade level.

The U.S. Department of Health and Human Services (USDHHS) determined that material is considered "easy to read" only if written below a 6th-grade level. Reading materials between the 7th and 9th grade levels is viewed as "average difficulty" and material above the 9th-grade level is regarded as "difficult" (Walsh and Volsko, 2008).

I developed the four health insurance literacy materials so they were written at below 9th-grade Flesch-Kincaid reading levels. The educational materials ranged between 4th and 8th grade Flesch-Kincaid reading levels, based on Microsoft Office Word grammar checker readability statistics.

Specifically, the pre- and post-insurance information workshop evaluation and knowledge surveys both generated 4.7 Flesch-Kincaid reading level scores; the health insurance deductible worksheet/math game generated a 7.2 Flesch-Kincaid reading level score; the health insurance word scramble game generated an 8.7 Flesch-Kincaid reading level score; and the health insurance BINGO game generated a 7.6 Flesch-Kincaid reading level score (see Table 1).

Table 1. Flesch-Kincaid Reading Level Scores of Health Insurance Literacy Initiative Materials

Health Insurance Literacy Initiative Materials	Flesch-Kincaid Reading Level Scores
Pre-insurance information workshop evaluation	4.7
Post-insurance information workshop evaluation	4.7
<i>“What is a Health Insurance Deductible?”</i> Worksheet	7.2
Health Insurance Word Scramble Game	8.7
Health Insurance BINGO Game	7.6

In order to make the materials plainer and easier to read, I aimed to supplement the text with visual images that aligned with the appropriate context. For example, when I developed the *“What is a Health Insurance Deductible?”* health insurance deductible worksheet/math game, I used medically-related clip art images (e.g., doctors, nurses, broken arm in a cast) to illustrate the medical scenarios in which health insurance deductibles (i.e., the amount you owe for covered health care services before your health insurance plan begins to pay) would be required.

I used 12-point Times New Roman font throughout all materials to make them easier to read for patients, and avoided using text enhancements such as all capital letters, italics and fancy script to keep the written communications simple and straightforward. I tried other techniques for enhancing plain language in the written materials including using shorter sentences and common, everyday words.

Theoretical Framework

The best approaches to improving health literacy are based on theory. Pleasant, et al. (2005, p. 4) suggested that health literacy as a viable theory of behavior change proposes that in order to successfully change health behaviors, people and their health professionals need to work

together to help each other find, understand, evaluate, communicate, and then use information as the basis for making an informed decision.

Given that health researchers and practitioners are beginning to accept that health literacy is a theory of health behavior change, rather than it simply being a patient's inability to read health information, the Transtheoretical Model of Behavior Change was used as a theoretical framework to help guide and inform the progress of this initiative.

A fundamental assumption of this theory is that individuals' motivation and readiness to change a behavior is based upon 5 stages of change, and behavior change is a process and not a single event. The initiative aims to appeal to each patient's stage of change for increasing their knowledge of basic health insurance terms and concepts.

The five stages of behavioral change include (1) Pre-contemplation, where patients don't want to make any changes, and may be pessimistic about their ability to increase their knowledge of health insurance terms and vocabulary; (2) Contemplation, where patients weigh the pros and cons of the effort involved in increasing their knowledge of health insurance terms and vocabulary; they can remain in this stage indefinitely without taking any action; (3) Preparation, where patients have decided to make an effort to increase their knowledge of health insurance terms and vocabulary within the next 30 days; (4) Action, where patients are in the active process of increasing their health insurance terms and vocabulary for at least one month; and (5) Maintenance, where patients take an active role in learning more about health insurance terms and concepts for greater than one month, until they eventually repeat this same behavior every year at annual enrollment.

On the following page is a logic model that outlines the theoretical framework for the proposed pilot CCI Health Insurance Literacy initiative (see Table 2).

Table 2. Community Clinic, Inc. (CCI) Health Insurance Literacy Initiative Logic Model

Situation	Inputs	Outputs		Outcomes – Impact	
		Activities	Participation	Short- and Medium-term	Long-term
<p>-Low health literacy negatively affects low-income persons and other vulnerable groups who share the greatest burden of health disparities</p> <p>-No concrete mechanism in place for providing literacy education on basic private insurance concepts to help CCI clinic patients make informed decisions of selecting health insurance plans that best fit their needs</p>	<p>-Full-time program staff and intern</p> <p>-Timeframe</p> <p>-Program materials</p> <p>-Equipment and technology to capture and assess program data</p>	<p>- Intern creates four assigned health insurance literacy tools</p> <p>-CCI staff distributes health insurance literacy tools to patients, and conducts planned activities such as BINGO games and health information workshops</p> <p>- External vendor captures and assesses short- and intermediate-term impacts of initiative</p>	<p>-Obtain 20 clinic patients from Silver Spring, MD-based site to participate in the CCI Health Insurance Literacy Initiative</p>	<p>-5 clinic patients will increase their knowledge of health insurance terms and concepts by 5% by pilot initiative's conclusion</p>	<p>-Implementation of CCI Health Insurance Literacy Initiative at six additional CCI clinic site locations by end of 2017</p> <p>-50 total clinic patients from six additional CCI site locations will increase their knowledge of health insurance terms and concepts by 5% by end of 2018</p>

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CCI Process and Outcome Evaluation

The CCI Health Insurance Literacy Initiative could be evaluated using a process evaluation of the process objectives, and an outcome evaluation of the outcome objective. The process evaluation could focus on the delivery of four health insurance literacy tools and initiative activities, and the outcome evaluation could assess the initiative's effectiveness on the clinic patients.

The primary effect to be measured is increasing health insurance literacy among CCI clinic patients. The primary variable linked to the primary effect to be assessed includes increasing knowledge of health insurance terms and concepts among clinic patients by 5%, based on their pre- and post-health insurance information workshop knowledge survey results.

Two measurements could be taken; the initial measurement would be captured via a pre- health insurance information workshop evaluation and knowledge survey; the second measurement could be captured via a post-health insurance information workshop evaluation and knowledge survey, in order to determine if the clinic patients increased their knowledge of health insurance terms and concepts as a result of the initiative.

Since the CCI Health Insurance Literacy Initiative is a service-oriented initiative, the evaluation could include an assessment of the initiative's activities. This portion of the evaluation could include a description of the initiative's implementation and the strategies used to meet the following benchmarks:

- (1) Intern developing four (4) health insurance literacy initiative educational materials
- (2) Recruiting twenty (20) CCI clinic patients to participate in the CCI Health Insurance Literacy Initiative
- (3) Conducting a health insurance information workshop for twenty (20) patients

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- (4) Collecting health insurance information workshop\and pre-knowledge surveys from twenty (20) patients
- (5) Collecting health insurance information workshop and post-knowledge surveys from twenty (20) patients
- (6) Collecting private health insurance deductible worksheets from twenty (20) patients
- (7) Collecting health insurance terms word scramble games from twenty (20) patients
- (8) Conducting a health insurance BINGO game with ten (10) patients
- (9) Collecting health insurance BINGO game cards from ten (10) patients

The process evaluations could be conducted using data collection techniques and data sources. The health insurance information workshop could be confirmed via client sign-in sheets, and completed workshop pre- and post-knowledge surveys. Distribution of health insurance literacy materials such as private health insurance deductible worksheets and health insurance terms word scramble games could be confirmed via the collection of completed forms from patients.

The health insurance BINGO game could be confirmed via completed BINGO game cards collected from participants. Patient recruitment activities for the health information workshop and health insurance BINGO game could be confirmed via promotional program flyers that staff distribute across the Silver Spring, MD-based site. The process evaluations could be conducted by the external program evaluator on a periodic basis.

The outcome evaluation portion could be measured by whether clinic patients increased their knowledge of health insurance terms and concepts by 5%, based on their pre- and post-health insurance information workshop knowledge survey results.

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The knowledge measurement could be captured via pre- and post-health insurance information workshop knowledge surveys given to patients before and after each health insurance information workshop. The pre- and post-knowledge survey data contain binary variables (e.g., variables that can only take only two possible values) that are represented by true or false questions.

In order to determine if patients increased their knowledge of health insurance terms as a result of the initiative, a paired participant's t-test could be ran, in which data could be entered as matched pairs of pre- and post-knowledge scores for each participant. The results of the t-test could determine if the difference between the pre- and post-knowledge data is significant. Results with significance levels less than .05 could be sought.

The process and outcome evaluation data could be assessed by the external program evaluator with assistance from project staff as appropriate to verify accuracy of reporting, minimize bias, and prevent errors.

Following the evaluation of process and outcome data, program staff could share full initiative results and customer satisfaction outcomes with local media and across social media outlets for informing key decision makers of the program's value.

Accomplishments, Challenges and Barriers

From the outset of my internship, I learned that one of the main responsibilities would be helping to develop a health insurance literacy campaign for CCI patients in light of the 2010 passage of the Affordable Care Act (ACA).

Specifically, the intern would be expected to help increase health insurance literacy among CCI patients who are newly enrolled in private health insurance plans so that they can maximize the benefits they receive from their plans. The objective for increasing health

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insurance knowledge would be executed through developing a health insurance literacy campaign for clinic patients by select CCI staff members and the intern.

I was initially concerned about my ability in completing this portion of the project as I had limited knowledge of some health insurance terminology and the expanded coverage options due to the enactment of the ACA. However, I ultimately felt confident in my abilities to meet the objectives of the project.

During the inception of the internship in early June 2014, I met with Rebecca Wener, one of the CCI clinic health navigators who provided more details about the opportunity, including the expectations of the program administrators and the ways in which I could prepare for what the position entailed.

My initial concerns about my limited knowledge of health insurance terms and concepts were allayed after Rebecca gave a variety of web-based resources to enhance my knowledge of health insurance terms and coverage under the ACA. I immediately began familiarizing myself with the resources.

I began meeting weekly with Rebecca who eventually outlined several assignments for me to complete prior to the end of July 2014. The assignments varied in length and complexity but each was challenging and seemed doable.

My work included developing interactive patient waiting room materials, such as a health insurance terms word scramble game and health insurance deductible worksheet, which would be designed to help increase clinic patients' knowledge of basic health insurance terms and concepts. I was also tasked with developing pre- and post-insurance information workshop evaluation survey tools to test the clinic patients' level of knowledge on various health insurance terms and concepts.

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One of the challenges that I faced early on in my internship experience was establishing a consistent work schedule that would allow sufficient time for completing my assignments while also meeting the demands of my full-time position as a Promotional Regulatory Affairs Associate at MedImmune, Inc.

I remedied this issue by developing a project management tracker to monitor my timelines for completing each task. I also used Google Calendar, a time-management web application, to manage my daily schedule and dedicate a set number of hours each day to completing each task.

Lessons Learned

Another challenge was made manifest after Rebecca expressed that the content I initially developed did not meet one of the most important standards of meeting the needs of our community, which is using the simplest terms within our educational materials. I soon realized that the materials I worked on were not reader-friendly and immediately sought to revamp them to include plainer language.

During my revision efforts, I was reminded of an important section from an article assigned during the Level I Internship class. Stevens (2003, p. 32-33) suggested that in order to meet the needs of a community and effectively reach your target audience, educators must learn to relate to the social life of the people they intend to teach, i.e., speak their language, “use the simplest English,” and demonstrate a social commitment to the education process.

In early August 2014, I drafted promotional content to raise awareness of National Childhood Obesity Awareness Month in September 2014 among CCI clinic patients. I aimed to keep the language within the materials I drafted plainer and more reader-friendly in order to increase their comprehensibility.

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Upon completion of my last assignment, site preceptor Jose Luis Diaz informed me that no further health insurance literacy educational materials would be needed for the upcoming fall. My subsequent communications with Jose Luis became substantially less frequent by early September 2014. Thereafter, I continued to check in on a quarterly basis with Jose Luis to obtain aggregate data on whether the tools I created were ever used by clinic patients; unfortunately, my queries remain unanswered.

Implications for Healthy People 2020 Objectives/Priorities

Healthy People 2020 is a national health promotion and disease prevention initiative that aims to improve the health of all Americans through the application of science-based, 10-year national objectives.

The CCI Health Insurance Literacy Initiative's goal of increasing health insurance literacy among clinic patients aligns with the Healthy People 2020 aim of using health communication strategies and health information technology (IT) to improve population health outcomes and health care quality, and to achieve health equity.

The CCI project aimed to use effective health communication processes that increase health literacy skills, which is a practice endorsed by Healthy People 2020 for counteracting health literacy disparities among patients (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2015).

Implications for Public Health Practice

The statistics regarding the implications of low health literacy show considerable challenges. It is estimated that approximately one of every three American adults needs help with health literacy and that over 89 million Americans have limited health literacy skills (Gazmararian, et al., 2005; American Medical Association, n.d.).

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Given these estimates, it is imperative for the public health community to develop methods to help society become more public health–literate and ultimately allow individuals, families and communities make better informed decisions about their health.

Conclusion/Recommendations

My ultimate goal in accomplishing this public health service learning experience was to contribute my health promotion skills in helping to address an urgent public health issue that negatively impacts vulnerable populations.

At-risk populations such as poverty-stricken persons, racial/ethnic minorities, recent immigrants and older adults share the greatest burden of health disparities as well as the highest risk for low health literacy.

Low health literacy is an issue that impacts all individuals across all cultures and SES levels, as well as on a larger scale in communities and society. Closing the low health literacy gap is an important step in reducing health disparities. Additionally, enhancing health literacy among all populations can benefit everyone and lead to healthier people and communities.

Throughout my entire five-month service learning experience, I tried to maintain a constant focus and commitment to meeting the needs of our community, whether it was through learning useful ways for simplifying the language of our educational materials or re-learning Spanish in order to effectively develop health education materials for the patient population primarily served by CCI, which is Spanish-speaking individuals.

Through fulfilling this meaningful public health service learning experience, I believe I walked away better informed and equipped to help patients become more public health–literate and knowledgeable about their health benefits.

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Participant ID _____

Date _____

Appendix 1: CCI Health Insurance Information PRE-Workshop Survey

CCI would like your thoughts about health insurance terms and our health insurance information workshops. This will help to make our workshops better. Your answers will NOT be shared with anyone.

After you have finished the survey, please leave it with the workshop coordinator.

CCI will hold a prize raffle for those who finish this survey. If you would like to enter our raffle, please fill out the raffle entry on last page and hand in with your completed survey to the workshop coordinator. You will be notified if you won on X DATE.

Thank you for your time and good luck!

Health Insurance Information True or False Questions:

Below are 10 True or False questions that ask about your knowledge of health insurance information.

Please look at each question and circle either “True” of “False” as your response.

- | | | |
|---|------|-------|
| 1. Dental coverage benefits help to pay for dental visit costs | TRUE | FALSE |
| 2. Medicaid is a public health insurance option for poorer people | TRUE | FALSE |
| 3. Medicare is a government program of medical care mainly for people 65 and older, and certain people with disabilities | TRUE | FALSE |
| 4. An appeal is a process for when you ask your health insurer to review a medical decision | TRUE | FALSE |
| 5. Preventive services are medical services and tests that keep you healthy before you may become sick | TRUE | FALSE |
| 6. A specialist is a type of doctor who focuses on treating a certain body part type | TRUE | FALSE |
| 7. A copay is a flat amount of money that you pay for a covered health care service, usually when you receive the service | TRUE | FALSE |
| 8. Vision coverage benefits help to pay for eye doctor visit costs | TRUE | FALSE |
| 9. A premium is an amount of money that you pay each month to stay enrolled in your health insurance plan | TRUE | FALSE |
| 10. Health Navigators help you to understand and apply for new health care options | TRUE | FALSE |

Please see next page.

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Health Insurance Information Workshop Survey:

Below are 8 questions about your thoughts of today's Health Information Workshop.
Please check the best answer.

1. Is this your first visit to CCI?
☐ Yes
☐ No
☐ I don't know
2. What is your gender:
☐ Female
☐ Male
☐ Other
3. What is your age:
☐ Under 18
☐ 18-30
☐ 31-40
☐ 41-50
☐ 51-60
☐ Over 60
4. Do you have health insurance:
☐ Yes
☐ No
☐ I don't know
5. Did you apply for health insurance through the Maryland Health Connection?
☐ Yes
☐ No
☐ I don't know
6. If you answered "Yes" in question 5, were you helped by a CCI Health Navigator?
☐ Yes
☐ No
☐ I don't know
7. What type of health insurance do you have:
☐ Private
☐ From my job
☐ Medicare
☐ Medicaid
☐ Military
☐ Other/not sure
8. Is there is any way we can help to make our health insurance workshops or other health health services better?
(please write out your answer)

The survey ends here. The OPTIONAL raffle entry is listed on the next page.



ENTER TO WIN!



Name: _____

Phone: _____

Participant ID _____

Date _____

Appendix 2:
CCI Health Insurance Information POST-Workshop Survey



CCI would like your thoughts about health insurance terms and our health insurance information workshops. This will help to make our workshops better. Your answers will NOT be shared with anyone.

After you have finished the survey, please leave it with the workshop coordinator.

CCI will hold a prize raffle for those who finish this survey. If you would like to enter our raffle, please fill out the raffle entry on last page and hand in with your completed survey to the workshop coordinator. You will be notified if you won on X DATE.

Thank you for your time and good luck!

Health Insurance Information True or False Questions:

Below are 10 True or False questions that ask about your knowledge of health insurance information.

Please look at each question and circle either “True” of “False” as your response.

- | | | |
|---|------|-------|
| 1. Dental coverage benefits help to pay for dental visit costs | TRUE | FALSE |
| 2. Medicaid is a public health insurance option for poorer people | TRUE | FALSE |
| 3. Medicare is a government program of medical care mainly for people 65 and older, and certain people with disabilities | TRUE | FALSE |
| 4. An appeal is a process for when you ask your health insurer to review a medical decision | TRUE | FALSE |
| 5. Preventive services are medical services and tests that keep you healthy before you may become sick | TRUE | FALSE |
| 6. A specialist is a type of doctor who focuses on treating a certain body part type | TRUE | FALSE |
| 7. A copay is a flat amount of money that you pay for a covered health care service, usually when you receive the service | TRUE | FALSE |
| 8. Vision coverage benefits help to pay for eye doctor visit costs | TRUE | FALSE |
| 9. A premium is an amount of money that you pay each month to stay enrolled in your health insurance plan | TRUE | FALSE |
| 10. Health Navigators help you to understand and apply for new health care options | TRUE | FALSE |

Please see next page.

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Health Insurance Information Workshop Survey:

Below are 8 questions about your thoughts of today's Health Information Workshop.
Please check the best answer.

1. Is this your first visit to CCI?
☐ Yes
☐ No
☐ I don't know
2. What is your gender:
☐ Female
☐ Male
☐ Other
3. What is your age:
☐ Under 18
☐ 18-30
☐ 31-40
☐ 41-50
☐ 51-60
☐ Over 60
4. Do you have health insurance:
☐ Yes
☐ No
☐ I don't know
5. Did you apply for health insurance through the Maryland Health Connection?
☐ Yes
☐ No
☐ I don't know
6. If you answered "Yes" in question 5, were you helped by a CCI Health Navigator?
☐ Yes
☐ No
☐ I don't know
7. What type of health insurance do you have:
☐ Private
☐ From my job
☐ Medicare
☐ Medicaid
☐ Military
☐ Other/not sure
8. Is there is any way we can help to make our health insurance workshops or other health health services better?
(please write out your answer)

The survey ends here. The OPTIONAL raffle entry is listed on the next page.



ENTER TO WIN!



Name: _____

Phone: _____



Appendix 3: What is a Health Insurance Deductible?

In January of each year, your health insurance plan sets a new annual deductible. Sometimes it's the same amount as the year before; sometimes it goes up. In most health plans, once you've paid your annual deductible, you're done until next year. Next January, you'll start the process all over again.

Let's look at a few examples of annual health insurance deductibles listed below. Please read each question and circle the best answer.

Let's say your health insurance requires a **\$1000 annual deductible** in the New Year.

1. In January, you get bronchitis and see your doctor. Your bill is \$100 and you pay \$100. How much have you paid toward your deductible?

- a. \$200
- b. \$100
- c. \$500
- d. \$300



After paying \$100, you now have **\$900 remaining** before your annual deductible is met.

2. In March, you step on a rusty nail and need to get a tetanus vaccine shot. Your bill is \$50 and you pay \$50. How much have you paid toward your deductible?

- a. \$50
- b. \$0
- c. \$10
- d. \$25



After paying \$50, you now have **\$850 remaining** before your annual deductible is met.

3. In April, you hurt your wrist and see your doctor. Your bill is \$200 and you pay \$200. How much have you paid toward your deductible?

- a. \$100
- b. \$250
- c. \$200
- d. \$500



After paying \$200, you now have **\$650 remaining** before your annual deductible is met.

4. In May, you get an annual dental exam. Your bill is \$150 and you pay \$150. How much have you paid toward your deductible?

- a. \$250
- b. \$100
- c. \$350
- d. \$150



After paying \$150, you now have **\$500 remaining** before your annual deductible is met.

Please see next page.

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5. In July, you get an annual eye exam. Your bill is \$50 and you pay \$50. How much have you paid toward your deductible?

- a. \$50
- b. \$70
- c. \$25
- d. \$90



After paying \$50, you now have **\$450 remaining** before your annual deductible is met.

6. In August, you get a prescription for a migraine headache. Your bill is \$50 and you pay \$50. How much have you paid toward your deductible?

- a. \$30
- b. \$10
- c. \$40
- d. \$50



After paying \$50, you now have **\$400 remaining** before your annual deductible is met.

7. In September, you get food poisoning and see an emergency room doctor. Your bill is \$400 and you pay \$400. How much have you paid toward your deductible?

- a. \$500
- b. \$750
- c. \$400
- d. \$250



After paying \$400, you now have **\$0 remaining** before your annual deductible is met. Congratulations - you have now met your entire \$1000 annual deductible!

8. In October, you break your arm. Your bill is \$2500 for the emergency room, doctor, x-ray and cast. Who will pay the \$2500 bill?

- a. Me
- b. My insurance company



Since you already met your entire \$1000 annual deductible, you do not owe anything except for your co-payment and coinsurance.

Your health insurance will now pay the entire cost of your health care services (such as emergency services or hospitalizations) except for your co-payment and coinsurance, until the end of the year.

Congratulations - you have now reached the end of this worksheet on health insurance deductibles!



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Below is the answer key to all worksheet questions:

- 1.) B
- 2.) A
- 3.) C
- 4.) D
- 5.) A
- 6.) D
- 7.) C
- 8.) B



Appendix 4: Health Insurance Terms Word Scramble

Instructions: Please unscramble the words below.

1. LATNED

This type of health insurance benefit helps pay for the cost of visits to a dentist for basic or preventive services, such as teeth cleanings.

2. INOSIV

This type of health insurance benefit helps pay for the cost of visits to an eye doctor for basic care services, such as eye exams.

3. IUMRPEM

The amount of money that you pay each month to stay enrolled in your health insurance plan.

4. LEBEDUDTIC

The amount of money that you may need to pay before your health insurance plan begins to pay for health care services (e.g., dental, vision, emergency services).

5. CAA

The health care law that was signed by President Obama in March 2010.

6. ACYPO

A flat or fixed amount of money that you pay for a covered health care service, usually at the time when you receive the service.

7. EDMIRECA

A government program of medical care mainly for people 65 and older, and certain younger people with disabilities.

8. EALPAP

The process for when you ask your health insurer to review a medical decision.

Please see word scramble answers on back page.

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1. DENTAL
2. VISION
3. PREMIUM
4. DEDUCTIBLE
5. ACA
6. COPAY
7. MEDICARE
8. APPEAL

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Appendix 5: Health Insurance BINGO Game



Health Insurance BINGO Instructions:

1. These BINGO cards are about common health insurance terms.
2. Give one card to each player.
3. Call off words randomly, for example by using the below call list. You can either just say a word, such as "deductible", or you can make up a more involved clue involving deductibles. See suggested clues for certain call words below.
4. When a word is called, each player should find it and mark it.
5. The first player(s) to clear five words in any direction (horizontal, vertical, or diagonal) wins a small prize.

Health Insurance BINGO Call List:

1. Clue: The health care law that was signed by President Obama in March 2010 (Answer: Affordable Care Act)
2. Clue: An acronym or shortened name for an insurance program that provides free or cheap health coverage to children and pregnant women from low-income families. (Answer: CHIP)
3. Clue: A type of doctor who focuses on a specific type of condition or part of the body (Answer: Specialist)
4. Clue: A type of care for an illness, injury or condition that is serious enough so that someone would need medical services but would not need to go to a hospital emergency room (Answer: Urgent care)
5. Clue: The health care services that you get in a hospital emergency room (Answer: Emergency room services)
6. Clue: Drugs and medications that require a prescription by law. (Answer: Prescription drugs)
7. Clue: The amount of money that you pay each month to stay enrolled in your health insurance plan (Answer: Premium)
8. Clue: The amount of money that you may need to pay before your health insurance plan begins to pay for health care services (Answer: Deductible)
9. Clue: A flat or fixed amount of money that you pay for a covered health care service, usually at the time when you receive the service (Answer: Copay)

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10. Clue: Care in a hospital that usually doesn't require someone to stay overnight (Answer: Hospital outpatient care)
11. Clue: A current or past illness or disability. Before the Affordable Care Act or Obamacare become a law, having this type of health condition could cause a person to be denied or charged more for their health care coverage. After 2014, this can no longer happen. (Answer: Pre-existing condition)
12. Clue: A government program of medical care mainly for people 65 and older, and certain younger people with disabilities (Answer: Medicare)
13. Clue: A public health insurance option for low-income people (Answer: Medicaid)
14. Clue: A change in your life that can make you eligible to enroll in a health insurance plan. Examples of life changes include moving to a new state, changes in your income, getting married, divorced or having a baby. (Answer: Qualifying life event)
15. Clue: Your health insurer may ask for this type of permission for certain health services before you can receive them, except in an emergency (Answer: Preauthorization)
16. Clue: The benefits that help pay for the costs of visits to an eye doctor/ophthalmologist (Answer: Vision coverage)
17. Clue: The benefits that help pay for the costs of visits to a dentist (Answer: Dental coverage)
18. Clue: Health care services that your health insurance plan doesn't pay for (Answer: Excluded services)
19. Clue: A way to help you pay for your health care. It is a contract between you and your health insurer that requires your insurer to pay some or all of your health care costs in exchange for premium payments (Answer: Health insurance)
20. Clue: Health care workers who provide support and guidance to help patients understand and apply for new options for health care coverage (Answer: Navigators)
21. Clue: The process for when you ask your health insurer to review a medical decision (Answer: Appeal)
22. Clue: A doctor, nurse or physician assistant, as allowed under state law, who helps a patient get different health care services (Answer: Primary care provider)
23. Clue: The time period when anyone can sign up for health care coverage through the Health Insurance Marketplace (Answer: Open enrollment period)

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24. Clue: The medical services and tests that keep you healthy before you may become sick. These include regular check-ups, tests, and immunizations. (Answer: Preventive services)

Affordable Care Act	Preauthorization	Appeal	Preventive services	Specialist
Emergency room services	Vision coverage	Deductible	Copay	Navigators
Prescription drugs	Primary care provider	BINGO	Open enrollment period	Urgent care
Premium	Qualifying life event	Hospital outpatient care	Dental coverage	Health insurance
CHIP	Medicaid	Pre-existing condition	Excluded services	Medicare

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Prescription drugs	Preventive services	Emergency room services	Health insurance	Vision coverage
Premium	Dental coverage	CHIP	Medicare	Pre-existing condition
Urgent care	Medicaid	BINGO	Hospital outpatient care	Excluded services
Open enrollment period	Preauthorization	Affordable Care Act	Deductible	Copay
Navigators	Primary care provider	Appeal	Qualifying life event	Specialist

Prescription drugs	Navigators	Preventive services	Medicaid	CHIP
Premium	Excluded services	Hospital outpatient care	Primary care provider	Pre-existing condition
Urgent care	Preauthorization	BINGO	Appeal	Open enrollment period
Emergency room services	Deductible	Copay	Vision coverage	Health insurance
Specialist	Medicare	Qualifying life event	Dental coverage	Affordable Care Act

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Specialist	Medicaid	Hospital outpatient care	Primary care provider	Prescription drugs
Dental coverage	Medicare	Emergency room services	Vision coverage	Premium
Affordable Care Act	Preauthorization	BINGO	Pre-existing condition	CHIP
Preventive services	Deductible	Copay	Appeal	Urgent care
Excluded services	Open enrollment period	Navigators	Qualifying life event	Health insurance

Pre-existing condition	Preventive services	Medicare	Hospital outpatient care	Prescription drugs
Excluded services	Primary care provider	Affordable Care Act	Navigators	Premium
Medicaid	Health insurance	BINGO	Open enrollment period	Qualifying life event
Deductible	Copay	CHIP	Vision coverage	Dental coverage
Specialist	Appeal	Emergency room services	Preauthorization	Urgent care

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Deductible	Copay	Medicare	Preventive services	Prescription drugs
Primary care provider	Health insurance	Vision coverage	Preauthorization	Premium
CHIP	Open enrollment period	BINGO	Hospital outpatient care	Affordable Care Act
Medicaid	Appeal	Navigators	Pre-existing condition	Qualifying life event
Urgent care	Dental coverage	Excluded services	Emergency room services	Specialist