

Exchange

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Media Influence and Insurance Decisions

University of Minnesota School of Public Health professor Sarah Gollust was doing postdoctoral training in health communication and public health as legislators haggled over the ACA in 2009-2010. Her dissertation and postdoctoral research focused on media influence on health policy, and so, as the bill was signed into law, she started to imagine a research project to examine the role of the media in the political dynamics surrounding the ACA. Ultimately, she secured grant funding in 2014 from The Robert Wood Johnson Foundation to study insurance changes and the competitive information ecology surrounding ACA implementation. With information disseminated in news and advertisements from insurers, government agencies, and policy opponents, local broadcast television became a treasure trove of data.

Gollust refers to her co-investigators on the RWJF grant as her “dream team”: “Pinar Karaca-Mandic, a health economist who could manage the economic questions and econometric methods; Colleen Barry, a health policy analyst with whom I’d worked on several productive grants related to media and obesity; Jeff Niederdeppe, a health communication expert with whom I’d worked on projects related to communication and obesity around soda taxes; and Erika Franklin Fowler, a political scientist and long-term collaborator who studies political communication, particularly advertising and local media.” Together with two other essential co-authors—project manager Laura Baum and research assistant Andrew Wilcock—their resulting research, published in the June 2018 issue of *Health Affairs*, comes to a simple conclusion: television advertising was related to individuals’ enrollment in new ACA marketplace plans.

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Specifically, examining the volumes of advertising aired county-by-county during the first year of ACA implementation, Gollust and her coauthors found that people living in counties with higher volumes of federal government-sponsored TV spots about the law were

About

Exchange, a publication from the Medical Industry Leadership Institute, features dialogue on medical industry research and application. The content is a summary of research from both academia and the medical industry, followed by commentary on the importance of the research and its application. Topics highlighted in the *Exchange* span all sectors of the medical industry and include commentary from leaders in the field, as well as researchers from the University of Minnesota and other academic institutions.

significantly more likely to report ACA marketplace plan shopping and enrollment, while residents of counties with higher volumes of political opposition advertising about the law were less likely to shop and enroll.

By putting data from the 2014 National Health Interview Survey together with media analysis sorting ACA-related content from more than 200 media markets into insurance ads, news coverage, and anti-ACA political ads, then controlling for factors ranging from internet access to the percentage of a county’s voters who supported Obama in 2012 and the percentage who were uninsured in 2013, the researchers were able to get granular with their data. One model even statistically considered whether there were non-linear diminishing returns to advertising in particularly media-saturated counties.

“It is tempting to extrapolate from this study to the 2018 enrollment period,” the authors conclude, “when 11.8 million Americans enrolled in HealthCare.gov plans despite the federal government’s cutting all television advertising and reducing other outreach.” Yet Gollust hastens to add, the political and policy climate is markedly different in the U.S. than it was in 2013-2014. “The Trump administration announced, in late 2017, that they were zero-ing out the budget for television advertisements marketing the HealthCare.gov plans—the very advertising we studied. Others have commented that, without the slashes, 2018 enrollment would have been even higher, though our specific study can’t answer that question.” For academics, Gollust believes this is an intriguing puzzle—in the first

enrollment period under Trump, enrollment was robust though advertising was cut. Was the surge a function of perceived threats to the healthcare law? Or did advertising from other sources—including the private sector and enrollment advocates—fill gaps?

Gollust, whose pre-PhD research at the National Institutes of Health examined direct-to-consumer marketing by genetic testing companies, is interested in many other facets of the relationship between media and health decisions. For instance, what is going on in decision-making by insurance companies hoping to attract the public to their plans without federal help in spreading the word? And, when we see that anti-ACA advertising had a strong

suppression effect on enrollment, even after controlling for local political climates, how will the current era of broad political polarization affect individuals' health decisions? "I've always been really interested in the relationship between ads, media, and public health priorities," she reflects. Putting all three into a politically charged, competitive, and polarized media landscape opens up new avenues of research and new questions about the future of American public health.

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Commentary

By Andrew Zinkel, MD, MBA, Associate Medical Director for Health Plan Quality, HealthPartners

As a practicing emergency physician and health insurance executive, I see how having—or not having—health insurance impacts the health of individuals and their communities. For those Americans faced with choosing an individual insurance plan, the complexity of the healthcare system is daunting, and we know that media and other third parties affect such decisions. But how? To get at that question, Sarah Gollust and colleagues “tested whether the volumes of three types of televised content... were associated with the shopping and enrollment behavior of US adults in the new health insurance marketplaces in 2014.”

Their conclusion was simple—and profound. Combining data from the 2014 National Health Interview Survey with media analysis sorting Affordable Care Act-related content, the researchers conclude that television advertising was associated with individuals' enrollment in new ACA marketplace plans and that anti-ACA political advertising negatively impacted individuals' marketplace enrollment in various geographic markets. At the highest levels of health plan marketing and strategy, providers and executives are debating this question; Gollust and her team's insights, in combination with data from health plans' large information databases, can be put into action immediately, helping insurers target specific populations with unique messaging and guiding their decisions on where not to advertise.

The researchers are quick to warn against extrapolating too much from their results. The administration, for instance, removed all federal funding for television advertising for healthcare.gov and its various plans in late 2017, thus cutting a major portion of the outreach studied in this piece—yet enrollment remained robust after this major change and, in this exchange, Gollust speculates on possible reasons.

Personally, I hypothesize that private sector advertising and enrollment advocates, even absent large advertising budgets, delivered a major impact supporting those robust enrollment levels. Minnesota is unique in that our state's lawmakers passed both premium rebates and reinsurance at various points. These actions generated positive news media attention and social conversations about the healthcare.gov marketplace on a broader scale. Additionally, some plans have begun to utilize non-traditional means of advertising through social media campaigns, offering a more personalized approach than mass advertising efforts might achieve. In Minnesota, such efforts are likely to have helped to supplement any gap in advertising that occurred in late 2017 and beyond.

Rapid and ongoing changes in insurance-related public policy, particularly in how those are reported by politically polarized media, have the potential to continue affecting individuals' health decisions and types of plans companies make available. The approval of multi-year association gap plans, the controversy around the ACA's health insurance tax on high-cost employer health plans (the “Cadillac tax”), and the blocking and later resumption of the ACA's risk adjustment payments to insurers provide just a few examples; it makes sense that consumers would have an abiding sense that healthcare is complicated and unreliable even as they remain sure that they need it. Gollust and colleagues' study is a crucial step toward a better understanding of the impacts that media has on individuals' enrollment decisions amid the media landscape surrounding a complex, important, and ever-changing industry. ■