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### Authors

Tilley, L  
Yarger, J  
Brindis, CD

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# Young Adults Changing Insurance Status: Gaps in Health Insurance Literacy

Lana Tilley<sup>1</sup> · Jennifer Yarger<sup>1</sup> · Claire D. Brindis<sup>1</sup>

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## Introduction

Half of adults in the United States experience at least one change in insurance eligibility within a year, with 24% changing eligibility twice in a year [1]. Changes or disruptions in insurance coverage—“churning”—often occur due to transitions in employment, income, college status, or family structure [2–4]. As many of these life transitions are associated with young adulthood, young adults are at greater risk of interruptions in health insurance coverage than other age groups [5, 6]. Research conducted before the enactment of the Affordable Care Act (ACA) found that young adults experienced more turnover in nongroup health insurance coverage than older adults; only 21% of adults ages 19–35 maintained continuous nongroup coverage from 2008 to 2011 [7]. Although health care reform expanded health insurance coverage for young adults [8, 9], 39% of adults ages 19–29 reported a gap in their coverage in 2011 [6]. Churning among young adults has the potential to undermine the stability of individual health insurance markets and lead to increases in premiums. Insurers must be able to attract and retain younger, healthier enrollees in order to offset the costs associated with older, sicker enrollees.

At the individual level, periods of coverage disruption can affect a young adult’s health care access. Churning can result in fewer doctors’ office visits for preventive care than continuous coverage [10]. Adults and children who switched coverage were found to be more likely to delay care or

medication use because of cost or insurance issues and to report lower perceived quality of care than those who did not switch [3, 11–13]. For young adults, these disruptions take place during a critical time in establishing habits and care connections for lifelong health. Though generally a healthy period, young adulthood can involve the onset or peak of reproductive health, behavioral health, and substance abuse problems [5, 14]. Young adults with health insurance have reported greater access to routine health checkups than those without [15]. Insurance coverage affects access to reproductive health services, including access to contraceptive services and cervical cancer screenings [16–19]. Similarly, having health insurance coverage is positively associated with use of behavioral health services and medication, and is negatively associated with an unmet need for behavioral health treatment [20–22].

Research increasingly highlights the importance of health insurance literacy for building strong care connections and maintaining health [23]. The ability to obtain, process and understand health insurance information affects insurance plan choices, use of in-network providers, understanding of rights as a user, and perceived costs of care [24, 25]. These skills are necessary for reading health care notices, understanding insurance cost-sharing designs, and communicating with health care providers [26]. Recent research among young adults found barriers to reproductive health care resulting from confusion and dependence on parental policy-holders [16]. One study showed young adults demonstrating poor health insurance literacy when asked to define common health insurance terms, with 48% incorrectly defining deductible and 78% incorrectly defining coinsurance [27]. Another study found young adults have limited abilities understanding, evaluating and communicating health-related information [28].

Resources aimed at improving health insurance literacy must consider the varied contextual environments of young adults’ lives, such as moving between institutions (e.g., school or jobs) and losing or gaining personal resources that

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✉ Lana Tilley  
Lana.Tilley@gmail.com  
Jennifer Yarger  
Jennifer.Yarger@ucsf.edu  
Claire D. Brindis  
Claire.Brindis@ucsf.edu

<sup>1</sup> Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco, 3333 California St., Suite 265, San Francisco, CA 94118-1944, USA

help them navigate health care (e.g., parents or co-workers) [26, 29]. Materials supporting health insurance decisions can help users choose plans that align with their preferences, and individual preferences for engaging with health information are influenced by levels of health literacy, numeracy skills, and education status [30–33]. The U.S. Department of Health and Human Services identified certain populations, including racial and ethnic groups other than White, non-native English speakers, people with less than a high school degree, and people with incomes at or below the poverty level, as more likely to experience limited health literacy, including understanding health insurance [34].

This study examined gaps in health insurance literacy that can impede young adults' access to timely care when changing insurance and assessed types of resources that can smooth young adults' coverage transitions. This study focused on young adults in California because the state has the largest population of adults ages 18–34 and the largest minority population, as well as tremendous socioeconomic diversity [35]. California was an early leader in expanding Medicaid coverage and has supported policies for health care access, including extending Medicaid coverage to those eligible for Deferred Action for Childhood Arrivals (DACA) [36]. California's uninsured rate dropped to a historic low, from 17.3% in 2013 to 7.4% in 2016 [37, 38]. Yet California ranked in the top 5th percentile for states with the highest rate of churning [4], making it an ideal learning laboratory to gain insights about this issue. Researchers solicited observations from experts in health insurance coverage and access to care among young adults in California. The study contributes to our understanding of the resources and strategies needed to mitigate the impact of churning on young adults' health and well-being.

## Methods

### Procedures

Given the lack of existing research on young adults and churning, this study drew from interviews with experts with broad perspectives on the experiences of young adults changing health insurance status.

To develop an interview guide, two researchers conducted a literature review on the effects of health insurance churning on young adults' access to primary care, reproductive health, and behavioral health services. The interview guide included questions in several areas: why young adults ages 19–34 change or lose insurance; who is most vulnerable to churning; how churning affects young adults' continuity of care; and what factors make it easier for young adults to access care during a period of churning. Key informants were asked for their perspectives on strategies such as encouraging multiple

market plan coverage, encouraging similarities in benefits and provider networks, and policies to support continuity of care. They were also asked about the strategy of providing young adults with navigation assistance during transitions in health coverage, what resources already exist for navigation, and what additional resources are needed. Interviews were conducted by phone, lasted 30–45 min, and were audio recorded after obtaining verbal consent. One researcher conducted the interview while another took notes.

### Participants

Researchers identified potential key informants through an in-depth literature review and network of subject matter experts, then used snowball sampling to select additional experts. Researchers sought out professionals who focus on health insurance coverage or access to health care, including reproductive and behavioral health services, in California or at the national level. Key informants were invited from academic institutions, government departments, health insurance companies, and health care advocacy organizations. Up to four attempts were made to schedule interviews. Those who declined either did not feel they were qualified, were not available, or did not respond. Of 25 individuals who were invited, 19 key informants completed the interview, including academic researchers (n=4), a county health department administrator, a California State Legislative staff member, health insurance administrators (n=2), health care advocates (n=7), behavioral health advocates (n=2), and sexual and reproductive health advocates (n=2). Two interviews had multiple key informants, resulting in 16 interviews.

### Data Analysis

Data were reviewed independently by two researchers using a thematic analysis methodology in the analytic platform Dedoose. Each transcript was coded independently to capture key themes that emerged. After comparing analyses and identifying prominent themes, the researchers further reviewed the findings related to the theme “navigation” to identify the range of responses; the relative importance of sub-themes; and divergent/convergent responses within each. This study received approval from the Institutional Review Board (IRB) at the University of California, San Francisco.

## Results

### Gaps in Young Adults' Health Insurance Literacy

#### Basic Knowledge of Health Insurance

Key informants reported that many young adults lack basic knowledge and understanding of health insurance. Young adults tend to be new to independently managing their health insurance, and have had fewer opportunities to learn about it. One health advocate remarked, "I think for a lot of people who are young and don't think about choosing health plans or making life decisions like that, they really need to be educated and helped walk through that process." Many experts assessed that young adults have trouble understanding how health insurance works and the meaning of common health insurance plan terminology, such as *cost-sharing*, *premium*, *deductible*, and *in-network provider*.

#### Understanding the Differences in Features Across Health Plans

When switching health plans or programs, key informants indicated that young adults often do not understand how their covered benefits and cost-sharing may change. In particular, young adults who move from California's Medicaid program (Medi-Cal) to the state health insurance exchange (Covered California) are unprepared for changes to their benefits and the higher costs of both maintaining and using their plan. One health advocate explained, "The biggest change for people is if you're going from Medi-Cal to Covered California and you have not had to pay a premium. You haven't had to pay when you go to the doctor. That can be a real sea change if all of a sudden you had to send a check to the health plan every month and when you go to the doctor." Poor understanding of how covered benefits and cost-sharing differ across health plans can perpetuate churning, because choosing plans that are too expensive or restrictive may cause young adults to drop or change their health plans. A reproductive health advocate reported that young women have been disappointed to find that a new plan does not cover their preferred contraceptive method. As a result, "They wanted to ditch their coverage, because all they really wanted was their birth control."

Similarly, young adults may fail to access health services because they are not aware of the full scope of benefits covered under their new health plan. Behavioral health services are particularly underutilized, because they are integrated into insurance plans in complex manners. One

behavioral health advocate stated, "The challenges are really just getting people to understand what their coverage is and how to use it, which is a huge challenge in behavioral health because people don't even know that they have behavioral health coverage."

#### Understanding the Differences in Provider Networks Across Health Plans

A concern among the key informants was that young adults fail to understand how provider networks vary across health plans. After enrolling in a new health plan, many young adults are surprised to learn that they must choose a new provider from the health plan's network, and find the process for selecting a provider confusing. The challenges of choosing a new provider can be exacerbated by lengthy, outdated provider directories. One health advocate, who had previously worked to enroll college students in health insurance, described the packet of materials that newly enrolled Medi-Cal members receive with instructions for selecting a provider: "It has options for hundreds of providers. And these were students who never had health insurance before, except for with their parents, and they are not familiar with picking a provider, so like anybody, you put that to the side and you don't take care of it." After enrolling in a new health plan, young adults are often unaware of which health care providers accept their insurance, which creates a barrier to maintaining provider continuity and accessing services.

Key informants presumed that young adults are unaware of existing policies to protect their access to care when churning. For example, continuity of care policies in California and other states allow patients who must change health plans in the middle of treatment for certain health conditions to continue seeing their health provider. However, as a California Legislative staff member noted, "I'm guessing a lot of people don't know their rights. I haven't heard a lot of complaints." Several health advocates and researchers believed that insurance companies should provide more guidance to their members about continuity of care and other protections.

#### Understanding How to Maintain Health Insurance

After young adults obtain or change insurance coverage, key informants observed that many do not understand what is required to keep their coverage, especially for young adults transitioning between Medi-Cal and Covered California. A California Legislative staff member explained, "The rules are so different in Medi-Cal versus Covered California, and the responsibilities and obligations of the enrollee are different, and the transition is often rocky." Each time young adults change health insurance plans, they must learn whether and how to pay premiums and how to participate

in an annual renewal process for their new plan. Specifically, many young adults are unaware of deadlines and fail to respond to mailed renewal notices, thus placing themselves at risk for losing their health coverage.

For young adults going through life transitions, they must report income, household, and other changes that may affect their eligibility and take the necessary steps to maintain consistent health care coverage. Young adults may be unaware of these requirements until they seek services and learn that their eligibility has changed. One health advocate explained, “That’s especially problematic with some of our college-aged clients who come to us and have part-time employment and don’t really know what they qualify for... finding that they’re not eligible for Medi-Cal anymore and not knowing what to do to get coverage.” When asked about Special Enrollment Periods (SEP), which are designed to help people re-enroll in coverage outside of open enrollment periods, key informants noted that young adults may not enroll during an SEP because they lack knowledge of the SEP eligibility and enrollment requirements.

### **Understanding How to Access Services with Their Insurance**

Key informants felt that young adults require assistance to build familiarity with how to use their insurance to access services, particularly after changing their health plan. One expert explained that young adults often need parental support to access a health care provider: “I think there’s a steep learning curve in understanding how to navigate, how to make an appointment and get the care you need. As adults get older, they have more and more experience with that, but young adults, even if they’ve had health insurance in the past, their parents may have been helping them navigate that.”

Another concern among the key informants was that difficult experiences for young adults trying to access services can cause confusion, frustration, and disengagement toward health care, ultimately limiting opportunities to build health system fluency. One researcher framed this within the larger goal of the health care system, “To the extent that there are long-term goals around improving the quality of health care, I don’t see how you do it, if people are constantly in a battle of changing plans.”

### **Resources to Support Young Adults Who Are Undergoing Churning**

#### **Resources Focused on Improving Health Insurance Literacy**

Young adults in California who are experiencing churning have likely encountered resources focused on enrollment, but they lack sufficient resources to support health insurance literacy. Key informants suggested that most resources

provided by health insurance companies assume users understand the language in their materials and have the skills to connect with providers. A county health administrator described a need to expand the scope of the insurance-related support that is currently offered: “Once people actually have coverage, there is this health insurance literacy piece that’s sort of missing to help people navigate what they do when they change plans, and how that will impact their existing provider and what they need to do.” There was agreement among key informants that a shifting focus toward navigation and health literacy is needed to help individuals maintain their coverage, re-enroll after losing coverage, and effectively use their health insurance to access care. They emphasized that health insurance literacy is important for creating a “culture of coverage” among young adults in which they understand the value of having health insurance.

Enrollment workers are naturally engaged in supporting health insurance literacy, though experts pointed out that it is typically not the focus of their work and they often lack sufficient time to educate newly enrolled individuals about health plan use. A county health administrator explained, “So much time is spent enrolling people in coverage and following up on applications, and I think it’s not having that extra time to do the health literacy and trying to figure out where a person can call to get help with that. We are starting to have conversations about how to build that in to the support.” Several key informants thought young adults are unlikely to use insurance brokers as health literacy resources. Some felt supporting health insurance literacy could be achieved through additional training for enrollment workers, while others felt that developing and widely distributing online health insurance literacy tools would better address the needs of such a large, geographically diverse population.

After successful statewide efforts to reduce the number of uninsured Californians, key informants indicated that improving health insurance literacy, particularly among young adults, has become a higher priority for the enrollment community. One health advocate predicted, “We’re somewhat shifting our focus to really educating young people on health insurance work and access to care, particularly preventive care, helps people. Especially people who maybe never had health insurance in their entire life, to understand how to use it, now that they have it. That’s our next big frontier on the health insurance side.”

#### **Resources in Young Adults’ Preferred Forms of Communication**

To support churning young adults, interviews pointed to a need for more resources that align with how young adults prefer to communicate. Compared to older age groups, young adults are more likely to communicate and seek

information using web-based technology. One health advocate summarized this observation:

We have this dichotomy in some ways between where our young adults are in terms of use of technology, and where we are in terms of building a retention system that matches nicely with their use of technology. While my mother's generation is quick to pick up a phone and have a phone conversation about something that's bothering them about their coverage, young adults in California aren't likely to pick up a phone and do that.

While Medi-Cal and Covered California have enhanced their online resources, many experts believed that these programs should improve how they engage young adults online.

Most health plans send print materials through the mail, however, interviews highlighted that this is a form of communication that young adults use relatively infrequently. One health advocate used an example from Medi-Cal, that provides initial tools for enrollment online and then follows up by mail, to describe what is problematic for young adults: "Medi-Cal would always send things in the mail, and so nowadays, a lot of kids don't even look in the mail, or they don't have access to mail, as they are renting a room or staying with a friend. So that was an issue because Medi-Cal didn't have any kind of online streamlined process." Furthermore, because different health insurance plans or coverage programs use differing methods for communicating with users, several key informants identified this as a source of confusion for churning young adults.

### Resources That Are Easy to Read

Interviews emphasized a need for health insurance resources that are easier for young adults to comprehend, emphasizing how dense, multi-page notices using indirect and impersonal language can intimidate and overwhelm young adults. Several key informants noted that materials that Medi-Cal, Covered California, or individual health plans produce can be challenging for consumers to understand and "not very consumer friendly." Additionally, there are extra challenges for young adults who change health plans more than once in a short period and must navigate new coverage instructions each time. According to some key informants, failure to respond to mailed notices or confusing language contributed to lost insurance for young adults.

### Resources That Are Comprehensive

For young adults who are churning, resources that provide information about multiple health insurance programs or plans are not easily located. Key informants explained that navigation materials are usually focused on one particular health insurance program or plan. For young adults who

are churning between Medi-Cal and Covered California, it would be helpful to have more resources that explain the similarities and differences between the two programs, along with how to transition between coverage under the two programs. Similarly, the enrollment community tends to be divided into distinct roles, so young adults would have a difficult time finding one person to answer all their insurance-related questions. One health advocate described, "I think unfortunately, we tend to be siloed. There are Medi-Cal eligibility workers who are good at understanding the eligibility rules, and then people who are more focused on the plan side."

### Resources Available Through Institutions Young Adults Utilize

Young adults are less likely to plan ahead for health insurance needs, indicated some key informants, so institutions they connect with are important points of health literacy intervention. One health advocate described how young adulthood is the ideal time to build navigation skills through institutions like high schools and colleges in order to prepare for life changes and churning:

That is the perfect time when we should be doing targeted outreach about how you pick a plan, how you minimize disruption in care. That would be a perfect time to have really well-designed, consumer-friendly materials... not only to help them know how to pick a plan so that they're insured, but also to include information about what to look for to keep their doctors if that's an issue for them.

At the time of the study, key informants felt that colleges and institutions provided limited outreach about health insurance literacy, primarily constrained by funding and staff expertise. Similarly, community-based organizations had experienced reductions in funding for insurance outreach, enrollment and education. Interviews indicated that employers support the enrollment process for their employees, but are less likely to help with health insurance literacy.

Often young adults do not seek information about health insurance until they are sick or have an injury and need to access services. In turn, frontline staff at health clinics often provide counseling to help patients understand their coverage or connect them with coverage options. As far as funding or a reimbursement structure to cover that time, one reproductive health advocate noted that "some health centers and health care providers are able to commit resources to supporting their patients to navigate transitions in coverage or enrollment," but this is not always the case. Federally Qualified Health Centers (FQHCs) are more likely to have resources dedicated to enrollment and supporting health insurance literacy than private sector providers. Behavioral

health providers are especially motivated to help patients maintain their coverage or navigate coverage transitions in order to prevent disruptions in patients' medication, provider trust, and overall health stability.

### Resources Focused on Young Adults with Greatest Health Insurance Literacy Needs

Key informants agreed that understanding and using health insurance can be complicated and time consuming, and all young adults who are churning need support. They are often undergoing a change and therefore "have a lot on their minds." The same life events that lead to churning—becoming a parent, moving, entering or leaving school, job loss—can make it more difficult to apprehend the intricacies needed to maintain, use, or smoothly change insurance.

At the same time, some young adults are better equipped to transition coverage without disruptions in their care than others. One health advocate explained the easiest scenario for a young adult who is churning:

The ideal situation would be somebody who has good English language skills and comprehension, reading comprehension, so they can understand the notices and they can navigate the system. People who have the facility to navigate complex systems. Secondly, if they've got a navigator or helper who knows this process, who understands both Medi-Cal and other coverage and can help them through, that's always a huge help.

Young adults who are managing sudden health problems, have a limited ability to speak or read English, whose parents lack experience with the health care system, or who lack familial support with their health care are likely less equipped to navigate coverage transitions. Young adults from low-income or immigrant families, as well as foster youth, may also benefit from tailored resources for navigating the health care system during times of churning. In addition, health literacy skill-building may be especially valuable for young adults newly covered by private insurance who have spent much of their lives insured by Medi-Cal or were previously uninsured.

## Discussion

Key informants universally reported that young adults struggle to understand and navigate our health system, especially when churning between health insurance plans. Key themes were that many young adults lack knowledge about insurance concepts, understanding of the rights and responsibilities of users, and familiarity with using the health care system. Health insurance resources focus on enrollment

over navigation, are in unfavorable formats for many young adults, and are separated by health plan or program. Resources should be provided through institutions connected to young adults and reach those with high health insurance literacy needs.

Some churning is inevitable in our current health insurance system in which eligibility is tied to life circumstances. These interviews revealed how gaps in health insurance literacy may amplify the adverse results of churning on young adults' access to care and health outcomes. People in this demographic require a broad range of skills to actively participate in the health system, ranging from choosing a plan with appropriate benefits and cost-sharing to establishing relationships with new providers to fulfilling obligations to maintain their coverage.

Although California has been a leader in insurance outreach and enrollment, there remains a need for efforts to support young adults' health insurance literacy before, during, and after insurance transitions. Institutions engaged in serving young adults, such as colleges and universities, community-based organizations, and health care providers, are well-positioned for this work. Previous studies have offered promising ideas for building health literacy education through these institutions, such as: incorporating health literacy into patient care plans [39], improving resources for frontline enrollment workers [40], and building health literacy into online and in-school health education efforts [27, 28]. Research is needed to understand the quality and effectiveness of existing health insurance literacy outreach, including the extent to which resources reach young adults who are most likely to experience adverse effects of churning.

At the time of this study, maintaining continuous access to health care through changes in insurance eligibility was a central goal of the Affordable Care Act (ACA). For example, continuity of care policies and those allowing individuals to re-enroll during a special enrollment periods create structural supports for continuous care. Our findings underscored how these policies will only be effective if users are aware of their rights and responsibilities and stay informed through providers and other stakeholders with whom they interact, including their families, peers, educators, and employers.

Difficult economic decisions in young adults' lives and the affordability of insurance options must be considered alongside health insurance literacy resources. Health-related bills and debt have traditionally been major expenses for young adults [6], and health literacy resources should address how understanding insurance concepts and options can help young adults budget for health care costs and choose a plan that is best for them.

Direct input from young adults themselves is needed to assess their health insurance literacy knowledge and skills and better understand the effect of churning on their

health. Key informants shared their insights as researchers, providers and advocates, but many recognized a gap in their level of knowledge from young adults directly. Only one study has recently explored how a sample of tech-savvy, highly literate college students understand health insurance concepts [27]; similar research among under-resourced young adults, such as young adults from low-income or immigrant families, is needed [8]. Furthermore, research identifying preferred resources and tools, as well as how to increase motivation to build health insurance literacy would be valuable for designing targeted interventions and resources to best serve young adults' needs. Resources designed to mutually address health insurance churning and reproductive health or behavioral health management may be well-positioned to meet the interests and practices of young adults.

This study has two main limitations. First, interviews were focused on key informants' perspectives about young adults located in California only, thus our findings may not be generalizable to young adults in other states. However, statewide efforts to enroll young Californians in health insurance have been prevalent, presenting opportunities to explore the unique experience for young adults whose statuses change. Second, key informants for this study were purposely selected for their broad expertise on young adults, insurance coverage, and access to services, not for their specific expertise in the topic of health insurance literacy. Key informants included men and women of all ages, and many, but not all, worked directly with young adults in health care provision and enrollment. However, the lens provided by these individuals who are engaged in providing care, conducting research, and advocating for young adults helps illuminate the connections between health insurance literacy and health access. Furthermore, the consistency in the shared perceptions across experts lends credibility to the study findings.

While the health policy landscape in the U.S. continues to shift, it is likely that churning and health insurance literacy among young adults will become even greater concerns. Interviews for this study were conducted before the 2016 U.S. election and the subsequent changes to the ACA proposed by the new Republican administration. It is premature to ascertain what additional challenges may emerge, particularly with anticipated reductions or eliminations of expanded Medicaid coverage, reduced support for enrollment efforts, and restricted funding and capacity of community-based organizations for "navigator" positions providing health insurance literacy education [41, 42]. Whatever the outcome of ongoing debates, recruiting and retaining young adults will remain a priority in order to balance out insurance risk pools. In turn, there will continue to be a need to support young adults, particularly those most marginalized, who are likely to be caught up in uncertainty about how eligibility

requirements, benefits, cost-sharing, and other features of health insurance plans are changing.

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## Compliance with Ethical Standards

**Conflict of interest** The authors declare that they have no conflict of interest.

## References

1. Sommers, B., & Rosenbaum, S. (2011). Issues in health reform: How changes in eligibility may move millions back and forth between Medicaid and insurance exchanges. *Health Affairs, 30*(2), 228–236.
2. Flores, M. J., & Lucia, L. (2015). *Maximizing health insurance enrollment through Covered California during work and life transitions*. Berkeley, CA: UC Berkeley Center for Labor Research and Education.
3. Collins, S. R., Robertson, R., Garber, T., & Doty, M. M. (2012). Gaps in health insurance: Why so many Americans experience breaks in coverage and how the Affordable Care Act will help: findings from the Commonwealth Fund Health Insurance Tracking Survey of U.S. Adults, 2011. Issue Brief (Commonwealth Fund), 9, pp. 1–22.
4. Sommers, B. D., Graves, J. A., Swartz, K., & Rosenbaum, S. (2014). Medicaid and marketplace eligibility changes will occur often in all states; policy options can ease impact. *Health Affairs, 33*(4), 700–707. <https://doi.org/10.1377/hlthaff.2013.1023>.
5. Bonnie, R., Stroud, C., & Breiner, H. (2014). *IOM and NRC (Institute of Medicine and National Research Council) Investing in the health and well-being of young adults*. Washington, DC: The National Academies Press.
6. Collins, S. R., Robertson, R., Garber, T., & Doty, M. M. (2012). Young, uninsured, and in debt: why young adults lack health insurance and how the Affordable Care Act is helping. Issue Brief (Commonwealth Fund).
7. Sommers, B. D. (2014). Insurance cancellations in context: Stability of coverage in the nongroup market prior to health reform. *Health Affairs, 33*(5), 887–894.
8. Brindis, C. D., & Irwin, C. E., Jr. (2015). Insuring young adults in the United States through the Affordable Care Act. *Journal of Adolescent Health, 57*(2), 131–132. <https://doi.org/10.1016/j.jadohealth.2015.05.008>.
9. Carlson, D. L., Lennox Kail, B., Lynch, J.L., & Dreher, M. (2014). The Affordable Care Act, dependent health insurance coverage, and young adults' health. *Sociological Inquiry, 84*(2), 191–209.
10. Sudano, J. J., Jr., & Baker, D. W. (2003). Intermittent lack of health insurance coverage and use of preventive services. *American Journal of Public Health, 93*(1), 130–137.
11. Lavarreda, S. A., Gatchell, M., Ponce, N., Brown, E. R., & Chia, Y. J. (2008). Switching health insurance and its effects on access to physician services. *Medical Care, 46*(10), 1055–1063.

12. Sommers, B. D., Gourevitch, R., Maylone, B., Blendon, R. J., & Epstein, A. M. (2016). Insurance churning rates for low-income adults under health reform: Lower than expected but still harmful for many. *Health Affairs*, *35*(10), 1816–1824.
13. Federico, S. G., Steiner, J. F., Beaty, B., Crane, L., & Kempe, A. (2007). Disruptions in insurance coverage: patterns and relationship to health care access, unmet need, and utilization before enrollment in the State Children's Health Insurance Program. *Pediatrics*, *120*(4), e1009–e1016.
14. Park, M. J., Scott, J. T., Adams, S. H., Brindis, C. D., & Irwin, C. E. (2014). Adolescent and young adult health in the United States in the past decade: Little improvement and young adults remain worse off than adolescents. *Journal of Adolescent Health*, *55*(1), 3–16.
15. Luquis, R. R., & Kensinger, W. S. (2017). Perceptions of health care and access to preventive services among young adults. *Journal of Community Health*, *42*(6), 1204–1212. <https://doi.org/10.1007/s10900-017-0371-2>.
16. Bessett, D., Prager, J., Havard, J., Murphy, D. J., Agénor, M., & Foster, A. M. (2015). Barriers to contraceptive access after health care reform: Experiences of young adults in Massachusetts. *Women's Health Issues*, *25*(2), 91–96.
17. Rivera Drew, J. A., & Short, S. E. (2010). Disability and Pap smear receipt among US women, 2000 and 2005. *Perspectives on Sexual and Reproductive Health*, *42*(4), 258–266.
18. Hall, K. S., Moreau, C., & Trussell, J. (2012). Determinants of and disparities in reproductive health service use among adolescent and young adult women in the United States, 2002–2008. *American Journal of Public Health*, *102*(2), 359–367.
19. Martinez, G., Chandra, A., Febo-Vazquez, I., & Mosher, W. (2013). Use of family planning and related medical services among women aged 15–44 in the United States: National Survey of Family Growth, 2006–2010. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.
20. Walker, E. R., Cummings, J. R., Hockenberry, J. M., & Druss, B. G. (2015). Insurance status, use of mental health services, and unmet need for mental health care in the United States. *Psychiatric Services*, *66*(6), 578–584.
21. Olfson, M., Mojtabai, R., Sampson, N. A., Hwang, I., Druss, B., Wang, P. S., ... Kessler, R. C. (2009). Dropout from outpatient mental health care in the United States. *Psychiatric Services*, *60*(7), 898–907.
22. Font, S. A., & Maguire-Jack, K. (2016). Pathways from childhood abuse and other adversities to adult health risks: The role of adult socioeconomic conditions. *Child Abuse and Neglect*, *51*, 390–399.
23. Levitt, L. (2015). Why health insurance literacy matters. *JAMA*, *313*(6), 555–556.
24. Hoerl, M., Wuppermann, A., Barcellos, S. H., Bauhoff, S., Winter, J. K., & Carman, K. G. (2017). Knowledge as a predictor of insurance coverage under the Affordable Care Act. *Medical Care*, *55*(4), 428–435.
25. Giovannelli, J., & Curran, E. (2016). Factors affecting health insurance enrollment through the state marketplaces: Observations on the ACA's third open enrollment period. *Issue Brief (Commonwealth Fund)*, *19*, 1–12.
26. Peerson, A., & Saunders, M. (2009). Health literacy revisited: what do we mean and why does it matter? *Health Promotion International*, *24*(3), 285–296.
27. Wong, C. A., Asch, D. A., Vinoya, C. M., Ford, C. A., Baker, T., Town, R., & Merchant, R. M. (2015). Seeing health insurance and HealthCare.gov through the eyes of young adults. *Journal of Adolescent Health*, *57*(2), 137–143.
28. Sansom-Daly, U. M., Lin, M., Robertson, E. G., Wakefield, C. E., McGill, B. C., Girgis, A., & Cohn, R. J. (2016). Health literacy in adolescents and young adults: An updated review. *Journal of Adolescent and Young Adult Oncology*, *5*(2), 106–118.
29. Nielsen-Bohlman, L. T., Panzer, A. M., Hamlin, B., & Kindig, D. A. (2004). Institute of Medicine. Health literacy: A prescription to end confusion. Committee on Health Literacy, Board on Neuroscience and Behavioral Health.
30. Politi, M. C., Kaphingst, K. A., Liu, J., Perkins, H., Furtado, K., Kreuter, M. W., ... McBride, T. (2016). A randomized trial examining three strategies for supporting health insurance decisions among the uninsured. *Medical Decision Making*, *36*(7), 911–922.
31. Feinberg, I., Frijters, J., Johnson-Lawrence, V., Greenberg, D., Nightingale, E., & Moodie, C. (2016). Examining associations between health information seeking behavior and adult education status in the US: An analysis of the 2012 PIAAC Data. *PLoS ONE*, *11*(2), e0148751.
32. Houston, A. J., Furtado, K., Kaphingst, K. A., Kebodeaux, C., McBride, T., Cusanno, B., & Politi, M. C. (2016). Stakeholders' perceptions of ways to support decisions about health insurance marketplace enrollment: A qualitative study. *BMC Health Services Research*, *16*(1), 634.
33. Barnes, A. J., Hanoch, Y., & Rice, T. (2015). Determinants of coverage decisions in health insurance marketplaces: consumers' decision-making abilities and the amount of information in their choice environment. *Health Services Research*, *50*(1), 58–80.
34. Baur, C. (2010). The national action plan to improve health literacy. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion.
35. State of California, Department of Finance. (2013). 2011 American Community Survey 1-year report: California. Sacramento, California.
36. Kominski, G. F., Nonzee, N. J., & Sorensen, A. (2017). The Affordable Care Act's impacts on access to insurance and health care for low-income populations. *Annual Review of Public Health*, *38*, 489–505.
37. Martinez, M. E., & Cohen, R. A. (2013). Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–June 2013. National Center for Health Statistics. National Center for Health Statistics, Centers for Disease Control and Prevention.
38. Zammitti, E. P., Cohen, R. A., & Martinez, M. E. (2016). Health insurance coverage: early release of estimates from the National Health Interview Survey, January–June 2016. National Center for Health Statistics, Centers for Disease Control and Prevention.
39. Meng, Y. Y., Cabezas, L. M., Roby, D. H., Pourat, N., & Kominski, G. F. (2012). *Successful strategies for increasing enrollment in California's low income health program (LIHP)*. Los Angeles: UCLA Center for Health Policy Research.
40. Raymond-Flesch, M., Lucia, L., Jacobs, K., & Brindis, C. D. (2015). *Lessons from the Medi-Cal expansion frontlines: supporting county eligibility workers and certified enrollment*. Berkeley: UC Berkeley Center for Labor Research and Education.
41. Fiedler, M., Aaron, H. J., Adler, L., & Ginsburg, P. B. (2017). Moving in the wrong direction—health care under the AHCA. *New England Journal of Medicine*, *376*, 2405–2407.
42. Callaghan, T. H., & Jacobs, L. R. (2017). The future of health care reform: What is driving enrollment? *Journal of Health Politics, Policy and Law*, *42*(2), 215–246.