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Advancing Methodology: From Mapping to Mobile Messaging Campaign

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This article describes the progression of the Health Insurance Literacy (HIL) Action Team's efforts from the initial charge by the Extension Committee on Organization and Policy (ECOP) of identifying priorities for Cooperative Extension health programming to developing and testing a national mobile messaging campaign designed to change health insurance knowledge, confidence, and behaviors of millennials. It highlights relevant empirical literature, summarizes the results of a national pulse online survey administered to Extension professionals and how they were applied to this project, reviews the Design Thinking and concept mapping process, and describes the development and testing of mobile messages. Anticipated outcomes of the mobile messaging campaign are discussed. Sources of data are the national pulse online survey along with insights gleaned from Extension professionals who participated in workshops, an eXtension Design-a-thon, and responses to a survey of millennials about experiences using health insurance, social media, and texting. This effort contributes to advancing Extension's capacity to deliver programming related to health insurance education in innovative and effective ways.

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Introduction

Understanding how health insurance works continues to be a major challenge for most Americans. Many have a poor understanding of what they purchase because documents describing benefits can be confusing, benefit structures are complex, and consumers lack the knowledge and skills to sort out the implications of selecting one policy over another (American Institutes for Research, 2013; Stern, 2015). Each year, insurers continue to offer new plan options, thus adding to consumers' challenges.

Cooperative Extension (Extension) is well positioned to assist consumers with these challenges because of its long history of helping individuals and families obtain the knowledge and services they need to manage in complex situations (U.S. Department of Agriculture, National Institute of Food and Agriculture, n.d.). This article describes the process of identifying an educational strategy that could support specific aspects of Extension educators' efforts to teach about health insurance. The strategy identified was a national mobile messaging campaign designed to change health insurance knowledge, confidence, and behaviors of millennials.

In this article, we will discuss the existing environment and then highlight relevant empirical findings related to health insurance literacy. Next, we will describe existing efforts within Extension to educate consumers about the choice and use of health insurance plans along with the process of refining the teaching strategy that was identified. That process included a Design Thinking and concept mapping process (Dubberly, 2016) and a survey. The survey, targeting millennials, was designed to obtain information on their experiences using health insurance and how they use social media. Finally, we will discuss considerations related to the development and testing of mobile messages as well as anticipated outcomes of the mobile messaging project.

Understanding the Existing Environment

Health Insurance Literacy

The Federal Affordable Care Act (ACA) requires families to enroll in and carry qualified health insurance year-round (U.S. Department of Health and Human Services, n.d.). Research continues to show that, while many consumers have greater access to health care services, this increased choice has led to greater responsibility and an increased need for information about choosing and using health insurance (American Institutes for Research, 2013; Tennyson, 2011). Many Americans do not understand their health insurance options or how to use their insurance.

Close to 50% of consumers report lacking confidence in selecting a plan (Brown et al., 2017a). In general, consumers do not understand basic health insurance terms such as premium, deductible, copayment, and provider network. They are not able to calculate simple costs related to out-of-pocket expenses, deductibles, and co-payments (American Institutes for Research, 2013; Norton, Hamel, & Brodie, 2014).

In their investigation of predictors of consumers' health insurance knowledge, Osmane and Faulcon Bowen (2017) surveyed literature related to financial services and health insurance from 1981 through 2016. Sociodemographic characteristics, health status, use of insurance, and the structure of health insurance plans were identified as factors affecting an individual's health insurance literacy.

Health insurance literacy refers to consumers' knowledge, ability, and confidence to find, use, and evaluate information in health insurance plans; choose the plan that best meets their and their family's needs based on their financial situation and health status; and use the health insurance plan once purchased (Quincy, 2012). Through education prior to the policy enrollment decision, consumers purchasing coverage may reduce costs and increase satisfaction with their health insurance policy.

As described in Brown et al. (2017a), health insurance education prepares consumers to choose the best medical, vision, dental, and pharmaceutical policies for their needs. Through health insurance education, consumers can learn how to use their insurance plans, increase skills needed to estimate and plan for out-of-pocket costs, gain confidence, and ultimately help reduce their health care costs.

Health Insurance Literacy Efforts within Cooperative Extension

In 2014, a task force of Extension leaders released a report entitled, Cooperative Extension's National Framework for Health and Wellness (Braun et al., 2014). The report identified six priority areas to address through Extension programming into the next century. The ultimate goal is to move the Cooperative Extension System towards being a leader in health research and education in much the same way its research and education impacted agriculture in the last century. Health insurance literacy was one of those priority areas. The other priority areas were health policy issues education; health literacy; integrated nutrition, health, environment, and agricultural systems; chronic disease prevention and management; and positive youth development.

For each of the six priority areas, an Action Team was appointed, the membership of which was made up of research and Extension faculty, field educators, and Extension directors and/or administrators with research and/or programmatic expertise. Responsibilities of the Action

Teams were to select and invite additional external partners, identify and develop systematic programs and curriculum, engage colleagues in professional development, and initiate system-wide program impact evaluation. Brown et al. (2017b) summarized the process more fully.

Extension educator assessment survey. Brown et al. (2017b) also described an effort by the ECOP Health Insurance Literacy (HIL) Action Team to assess the health insurance education and other outreach efforts within the Cooperative Extension System. This effort included an online survey of Extension educators throughout the country. Those surveyed included county, regional, and statewide educators/agents, as well as state level faculty and staff. The survey sought to identify who was teaching about health insurance, reasons that health insurance was not an educational topic taught, and methods educators were willing to explore to teach about health insurance.

The HIL Action Team developed the survey. The survey had two phases. Phase 1 targeted state program leaders or the appropriate designee for impact data from states on current health insurance literacy efforts. Phase 2 targeted field educators in charge of program delivery to provide feedback on existing programming and challenges to successful program implementation. Program leaders and educators from Agriculture, Community Resiliency, and Family and Consumer Sciences were sampled. These disciplines were targeted based on the preliminary analysis that they were the most likely to teach about health insurance topics. Phase 1 occurred during August 2015 and Phase 2 during September 2015.

In Phase 1, 9 states responded and reported activities and outputs that included web-based articles, attendance at health fairs and professional development for Extension Educators. In Phase 2, 170 Extension educators from 19 states (38%) participated. The respondents to the survey included nutrition (33%), finance (21%), health (21%), and agricultural (3%) educators.

A majority of the educators worked with adult low-income audiences: 64% worked with young adults (ages 18 to 34), and 67% worked with seniors (65 and over). Approximately 37% (n = 59) of the educators indicated they taught about health insurance topics in some form. Of these, the finance educators were most likely (71%) to teach health insurance topics, with nutrition educators being least likely (21%). Among those who taught about health insurance, 59% reported getting information and teaching resources from Extension sources such as specialists and eXtension, state insurance agencies, and the federal government (Brown et al., 2017b).

A barrier cited by 50% of those teaching health insurance topics was lack of comfort and confidence with their own level of knowledge about health insurance. Time limitations were also noted as a barrier by 16% of those teaching health insurance topics.

Two-thirds of survey respondents reported that they do not teach health insurance topics. The four most commonly cited reasons they did not were lack of confidence in their knowledge about the subject (27%), belief that other organizations do this better than theirs (14%), exclusion of health insurance topics as an educational topic in their organization (12%), and the inability to keep up with changes (10%).

Those not currently teaching health insurance topics were also asked about educational methods they would be willing to explore in relation to teaching about health insurance. Frequently cited responses included posting information or links to Facebook pages (18%), doing short (20-30 minute) programs (18%), providing short articles to local broadcast or print media (18%), linking to health insurance information from web pages (18%), and including short articles in newsletters (14%).

An important finding of the survey was that, in response to the question asking about preferred educational methods, nearly all of the respondents (93%) not currently teaching health insurance topics were willing to explore teaching about health insurance using indirect or distance teaching methods. This finding led the HIL Action Team to explore the use of technology as a teaching strategy for Extension professionals who are educating consumers about choosing and using health insurance.

Refining the Teaching Strategy

Health insurance education can make a difference for consumers and providers (Brown et al., 2017a). For consumers, it supports their decision making process in choosing the best plans for their needs. Education can also help build their knowledge of the features of their insurance plans, such as essential benefits and preventative screening, and help them to understand the financial benefit of using network discounts and avoiding the use of out-of-network providers. Finally, increasing consumers' abilities to estimate and plan for out-of-pocket expenses can lessen the stress on household budgets over time, leading to an increase in overall well-being. Insurance providers may also see a benefit by enrolling better-informed consumers who experience greater satisfaction with their health insurance plans than less knowledgeable consumers.

Project Development through the eXtension Community Issue Corps Design-a-thon

eXtension was established by the U.S. Cooperative Extension System to increase Extension's "effectiveness in addressing issues of importance to the nation" (eXtension, n.d.a) by providing opportunities for Extension professionals to collaborate, co-learn and co-create. One way this mission is accomplished is through communities of practice, whose members are specialists and educators working in and having an interest in the topic area related to each specific community

of practice (CoP). The Financial Security for All (FSA) CoP was one of eight eXtension pioneer Communities of Practice. Since 2005, the FSA CoP has pursued the eXtension mission by affording members opportunities for connection, innovation, creative collaboration, and impact (Kiss & O’Neill, 2016).

In 2016, eXtension launched the first Community Issue Corps targeting Communities of Practice and Learning Networks (Griffin, 2016). The goal of the Community Issue Corps was to select and support projects targeting local, area, state, or national audiences with the potential to make a visible and measurable impact at the local level. The signature activity of the Community Issue Corps was a three-day design event, called the Design-a-thon, that was structured to support project teams in the refinement of their projects.

Several HIL Action Team members are also members of the eXtension Financial Security for All Community of Practice (eXtension, n.d.b). When approached by Action Team members with the idea of a Community Issue Corps project focused on health insurance education, Community of Practice leaders were supportive of the team’s application. The Health Insurance Literacy Action Team’s application was ultimately one of eight projects selected (“Community Issue Corps 2016-17,” n.d.).

Through insights gained from the Brown et al. (2017b) study, the Action Team sought to develop additional ways to support family health and financial wellbeing at the local level. During a June 2016 webinar hosted by the Financial Security for All community (Brown et al., 2016), the HIL Action Team members asked participants if they thought text messaging was a good way to share information about health insurance, and if so, what type of information would be useful to present. In general, the response from these individuals was positive. Webinar participants also identified some considerations that should be kept in mind and shared several ideas on content that contributed to the team’s thinking about the potential challenges involved when using mobile delivery methods. For example, considerations related to maintaining and enhancing the connection to local Extension professionals and suggestions for content included information about health insurance options.

The HIL Action Team’s proposed solution, and also the Team’s Community Issue Corps project, was to test text messaging as a way to share appropriate and timely information about choosing and using health insurance with local Extension audiences. Katras (2016) described the four stages of the Design-a-thon process in which three members of the HIL Action Team participated during the 2016 three-day eXtension Design-a-thon event.

- Stage one, “Design Thinking and Concept Mapping,” challenged the HIL Action Team to create a visual representation of the texting project in the form of a concept map (Dubberly, 2016). In order to do this, Team members worked together to

explore possibilities, question concepts, and identify new and existing relationships among concepts. The goal of concept mapping is to create a system describing the issue resulting in a diagram and a shared understanding among team members. The process of developing a concept map provides a deeper understanding of the issue by thinking through the complex web of interactions and revealing new and innovative steps to provide overall clarity to the project intent and potential impact.

- Stage two, “Peer Feedback,” gave Team members an opportunity to present their concept map to peer reviewers through an iterative process of explanation and revision of the concept map. This resulted in increasing clarity of concepts included and simplicity in how they were mapped.
- Stage three, “Key Informants,” introduced Team members to twelve individuals with expertise in fields such as instructional design, social media marketing, evaluation, and funding. These key informants provided a sounding board for ideas and assisted the team in refining and strengthening the concept map.
- Stage four, “Project Pitch,” was the chance to share the final concept map with other Teams, peer reviewers, and key informants. It was an opportunity to practice a “pitch” that could be used when seeking support, funding, and resources to carry out the project.

Participation in the Design-a-thon helped to improve the development of the mobile messaging project by being able to gather knowledge and innovative ideas from a team of key informants and opportunities for peer reviews. It challenged the team to think through in a visual way the process as it had initially been planned and forced the team to consider and identify responses to tough questions about design, evaluation, and outcomes.

Survey of Millennials’ Experiences with Health Insurance and Use of Social Media

According to DMR Business Statistics (Smith, 2017), millennials, individuals born between 1981 and 1997, represented 27% of the nation’s population and 25% of its workforce in 2016. The Nielsen Company (2014) found that millennials are the most diverse generation in U.S. history, with 19% being Hispanic, 14% African-American, and 5% Asian. The Nielsen study also found that 23% had a bachelor’s degree or higher, and that younger (ages 18-27) millennials had a median income of \$25,000, while older (ages 28-36) millennials’ incomes averaged \$48,000. Twenty-one percent of millennials were married.

In examining millennials’ experiences with health insurance, The Nielsen Company (2014) found that 34% of younger millennials and 27% of older millennials had no health insurance, and

because of their lack of insurance, young millennials were twice as likely than average to visit free health and urgent care clinics and older millennials almost 1.5 times more likely than average. The report found that one-third of young millennials were benefiting from the ACA changes that allowed them to remain on their parents' health insurance until age 26. Millennials in the study were also more likely than previous generations to believe that the reforms implemented by the ACA would have a positive impact on improving their health.

Relevant to the HIL Action Team's project, according to Smith (2017), in 2017, millennials also spent an average of 19 hours on their smartphones each week, with 83% of them reporting that a majority of that time was used to text.

Two features of the HIL Action Team's project development process were the goals of advancing methodology and increasing Extension's capacity to deliver health insurance programming to millennials. To do that, prior to field testing and piloting of the mobile messaging project, an online survey of millennials was developed to help better understand millennials' experience with health insurance, as well as their use of social media.

The online millennial survey was developed and conducted by the HIL Action Team to seek further information from the target age group, those born between 1982 and 1997 and currently aged 20 to 35 years old, about their experiences using health insurance and how they use social media. The survey was conducted online using the Qualtrics® online survey service.

The instrument included questions to help gain an understanding of health insurance related issues, social media platforms, and text messaging formats that are of interest and convenient for the target age group. For additional information about the survey, contact the lead author.

Employing this preprogram millennial assessment survey process provided insights into the potential effectiveness of using technology for efforts with this targeted audience. It also served as a way to assess areas for content improvement and confirm that the platform chosen for the mobile messaging project was relevant and useful to the target age group.

Using the online sample feature available through Qualtrics®, data were collected during the first week of December 2017. In addition to the age criteria, other data collection parameters requested from Qualtrics for the survey sample included a 50:50 gender split, 20% married, and 20% with children. Due to oversampling, the contracted sample size of 400 observations was exceeded by 21 cases. In all, there were 415 respondents with usable responses to the majority of survey questions. Because the focus of this article is the process followed to create the mobile messaging project, discussion of survey results is limited to descriptive findings.

Table 1 summarizes the survey respondents' demographic characteristics, omitting the missing cases on a variable-by-variable basis.

Table 1. Demographics of Millennial Survey Respondents

Variable	% of Respondents
Gender (N = 414)	
Male	49%
Female	50%
Race (N = 413)	
White, non-Hispanic	67%
White, Hispanic	8%
Black/African American	12%
Hispanic/Latino	5%
Asian American	4%
Native American/Pacific Islander	2%
Other	2%
Highest Level of Education (N = 413)	
Some high school	4%
High school diploma or GED	25%
Some college	35%
Associate's degree	12%
Bachelor's degree	20%
Master's degree or higher	4%
Annual Household Income (N = 414)	
\$24,999 or less	25%
\$25,000 to \$34,999	19%
\$35,000 to \$49,999	20%
\$50,000 to \$74,999	17%
\$75,000 to \$99,999	8%
\$100,000 or more	7%
Prefer not to answer	5%
Marital Status (N = 371)	
Never married	56%
Co-habituating	9%
Married	30%
Divorced, separated, or widowed	5%
Number of Children in the Household (N = 397)	
None	60%
One	16%
Two	12%
Three	8%
Four or more	4%

Note: Percentages may not total 100% due to rounding.

The mean age of those who responded was just under 27 years old. As shown in Table 1, the gender of those who responded was almost evenly split between males and females. While the predominant race of the respondents was White, one quarter of the respondents identified as being from other races.

Nearly half of the millennial respondents (47%) had attained some college or an Associate's degree, while 20% of them had earned a Bachelor's degree. Annual household income varied, with a quarter of the respondents having incomes of \$24,999 or less and another quarter having incomes between \$50,000 and \$99,999. More than half of the respondents (56%) had never married, while 30% were currently married. In terms of children, 60% of the respondents lived in households with no children. For the most part, the characteristics of those who responded to the demographic survey items mirror those of the millennial age cohort as previously described by The Nielson Company (2014) and Smith (2017).

Experiences using health insurance. When asked which word best described their health, 71% of the millennial respondents chose "good" or "very good." Another 18% chose "excellent." Fewer than 2% chose "poor."

Four out of five respondents indicated they had health insurance at the time of the survey. Of those with health insurance, 23% did not know what kind of health insurance plan they had, 12% indicated they had a Marketplace health plan, 27% of respondents were covered by a Health Maintenance Organization (HMO), and 29% were covered by a Preferred Provider Organization (PPO).

The majority of millennial respondents (53%) received information on their health insurance from their employer, while 24% received information from the state, and 14% received information from the Marketplace. When asked how confident they were that they understand health insurance, the mean response was 6 on a scale ranging from 0 to 10, from low confidence to high confidence.

A series of questions collected information about how respondents chose their health insurance plans, their use of specialists and emergency rooms, and their understanding of insurance terms and plan provisions. Analysis of the full dataset is still in process and will be reported when that analysis is completed.

Use of social media and texting. In an effort to further understand the mobile communication methods that are already part of these millennial consumers' daily habits, the survey asked about the respondents' uses of social media and texting.

Table 2 shows the millennial respondents' reported frequencies of checking selected forms of social media. The social media platform checked most frequently by respondents was Facebook.

Two-thirds of respondents checked Facebook more than once per day, and another 11% checked it once per day. The social media platform least used by respondents was Twitter, with 51% not checking it at all. Almost one-third of the respondents did not use Instagram or Snapchat.

Table 2. Frequency of Checking Social Media by Millennial Survey Respondents (N = 415)

Social Media Type	Frequency of Checking (% of Respondents)					
	More Than Once Per Day	Once Per Day	A Few Times a Week	Weekly	Less Than Weekly	Not At All
Facebook	67%	11%	6%	3%	5%	7%
Twitter	17%	8%	9%	4%	11%	51%
Instagram	38%	11%	9%	5%	7%	30%
Snapchat	40%	8%	7%	5%	5%	34%

Table 3 summarizes the respondents' daily receipt of text messages from various sources.

Table 3. Daily Text Messages Received by Millennial Survey Respondents (N = 415)

Source of Text Messages	Approximate Number of Text Messages Received Per Day (% of Respondents)					
	0 – 10	11 – 20	21 – 30	31 – 40	41 – 50	50+
Received From:						
Closest friends	41%	23%	12%	9%	4%	11%
Other friends	68%	16%	9%	4%	2%	1%
Family members	52%	23%	14%	5%	3%	4%
News/media outlets	84%	5%	4%	3%	2%	1%
Advertisers	84%	5%	5%	3%	2%	1%
People with whom you do business (landlord, work associates)	76%	11%	6%	3%	2%	1%

The majority of respondents reported receiving the most text messages per day from their closest friends and family members. Slightly more than 10% of them reported receiving 50 or more texts per day from their closest friends. Very few received texts daily from news/media outlets, advertisers, or people with whom they did business, such as landlords or work associates.

Development and Testing of Mobile Messages

Based on insights gained from planning activities and information from surveys conducted by the HIL Action Team, a mobile messaging pilot project was developed to increase millennials' health insurance literacy through a steady flow of quick, easy-to-understand "content bites" that would be delivered frequently through mobile methods already part of their daily habits, such as texting, Snapchat, and/or Facebook.

The mobile messaging project pilot will start in the Spring of 2018 and run approximately six to nine months. The goals of the pilot campaign are to (1) increase knowledge and confidence of participants when choosing and using essential health insurance benefits and (2) increase participants' motivation to take advantage of essential health benefits. Findings from the pilot will be used to refine the messages before opening the platform to more audiences.

Implications for Practice for Cooperative Extension

Cooperative Extension is well suited to be a leader in health insurance education using innovative approaches. With a presence in every county in the United States, Extension is unparalleled in the depth and breadth of its reach across the country. Extension already has trusted relationships and provides unbiased information to populations likely to benefit from increasing their health insurance knowledge and confidence.

However, the project survey results revealed that not all Extension educators feel comfortable or confident in teaching health insurance topics. A mobile messaging campaign would provide an opportunity for capacity building from multistate groups, such as this Health Insurance Literacy Action Team, which has the content expertise to develop appropriate educational materials.

While not a surprise, results from the survey of millennials suggest that health insurance is only moderately understood. Almost one quarter of the millennial respondents with health insurance (23%) did not know what kind of insurance plan they had. Survey results also showed that over half of the respondents received health insurance information from their employers. This affords an opportunity for Extension to partner with employers to fill this important educational gap.

Extension professionals indicated that their preferred delivery methods for health insurance education were through indirect or distance education approaches. This supports the development of innovative methodologies such as mobile delivery or online methods. Mobile delivery is also well-aligned with the way millennials use social media and mobile messaging platforms.

However, to have the greatest impact, the challenge for Extension will be to develop effective messaging and become a trusted source for health insurance education for millennial audiences.

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