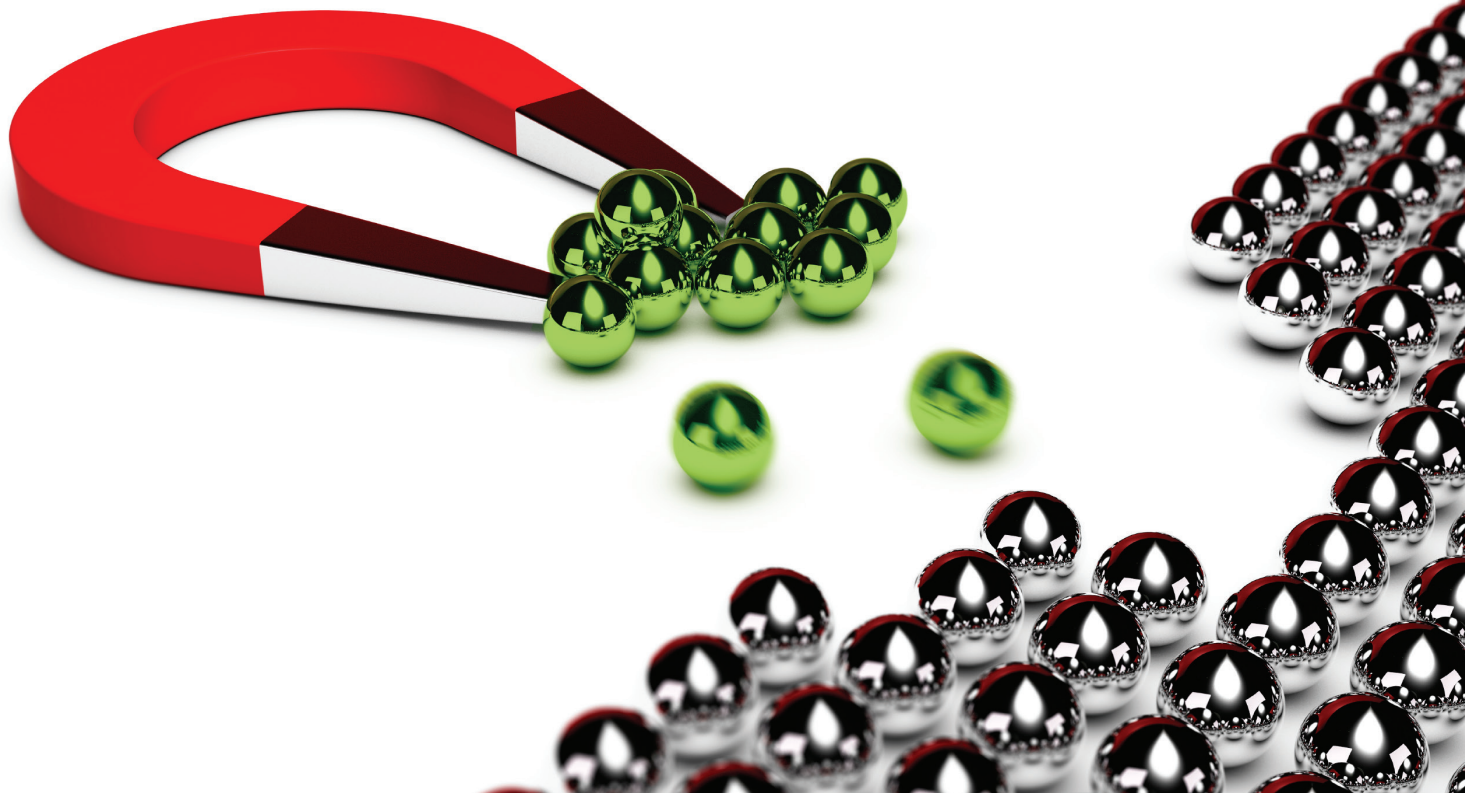




Young adults and health insurance:
Not invincible—but perhaps convincible
Findings from the Deloitte 2014 Survey
of Young Adults and Health Insurance

Before they will choose coverage under the ACA,
young adults seek information, affordability, and value.



Background: This report presents key findings from the Deloitte Center for Health Solutions 2014 Survey of Young Adults and Health Insurance, an online survey of 500 randomly selected young adults, age 19-34, conducted in early April 2014. Respondents were those who were uninsured as of September 30, 2013, and had either remained uninsured or become insured through various avenues. The survey examined respondents' awareness of insurance-related provisions in the ACA and their attitudes and behaviors with respect to health insurance, including decision-making, trusted sources of information, influencers, and future preferences.

Refer to the appendix for information about the survey methodology. An infographic of key findings is available at www.deloitte.com/us/youngadultenrollment

Executive summary

A longstanding challenge for the health insurance industry has been convincing young adults—a mostly healthy but the least wealthy group—to buy health insurance, which many value but others believe is neither affordable nor worth the cost.^{1,2} Of the eight million Americans who signed up for insurance through the new health insurance marketplaces under the Affordable Care Act (ACA), 28 percent or 2.2 million were age 18-34. Of these, half waited until the last month of the first open enrollment period, March 2014, to sign up.³

In early April, Deloitte¹ surveyed young adults—both those who did and did not sign up for coverage—regarding their views about health insurance. Survey results reveal that these young adults are a divided group. A majority of the young adults who decided to forgo health insurance say they did so for two reasons: they believe that they cannot afford insurance and they do not see its value. In contrast, those who forged ahead and obtained insurance say they did so because they value the protection it provides (e.g., to avoid having to pay medical bills or to gain peace of mind). Half of those who became insured report they did so to avoid the ACA fine or penalty for not having insurance. Highly aware of costs and somewhat indifferent to brand and the finer details of health insurance, such as access to broad provider networks, what matters most to young adults is overall cost and perceived value for money.

When faced with the complexities of choosing coverage, survey respondents appear to lack a basic understanding of some important features of the ACA intended to make

19- to 34-year-olds: young and invincible?

Characterized by the media as “young invincibles,” young adults (age 19-34*) form a distinct group within which many consider themselves healthy and immune to health problems. According to popular belief, good health, a high risk tolerance, and an optimistic outlook are leading factors in their decision to forgo health insurance. Young adults are a key target for insurers because they can help balance spending on older enrollees and stabilize risk pools in the health insurance marketplace.

*While there is no generally accepted age range that defines this group, the federal government uses 18-34 years; Deloitte used 19-34 years.

insurance more affordable. Survey findings show that they know about the individual mandate for health insurance and the fine or penalty for not purchasing coverage, and that the new marketplaces are an option for gaining insurance. However, many missed one of the most salient affordability messages: Subsidies are available from the federal government to help those with lower incomes purchase health insurance.

To enroll and retain young adults, policy makers and the insurance industry must first understand them. When it comes to health insurance, young adults' preferences are clear: They generally want coverage, they want it to provide value, they need it to be affordable, and they require information through relevant channels to navigate their options.

Of the eight million Americans who signed up for insurance through the new health insurance marketplaces under the ACA, 2.2 million were young adults. Of these, half waited until the last month to sign up.

¹ As used in this document, “Deloitte” means Deloitte LLP and its subsidiaries. Please see www.deloitte.com/us/about for a detailed description of the legal structure of Deloitte LLP and its subsidiaries. Certain services may not be available to attest clients under the rules and regulations of public accounting.

Key findings: Create value

Cost versus protection and peace of mind

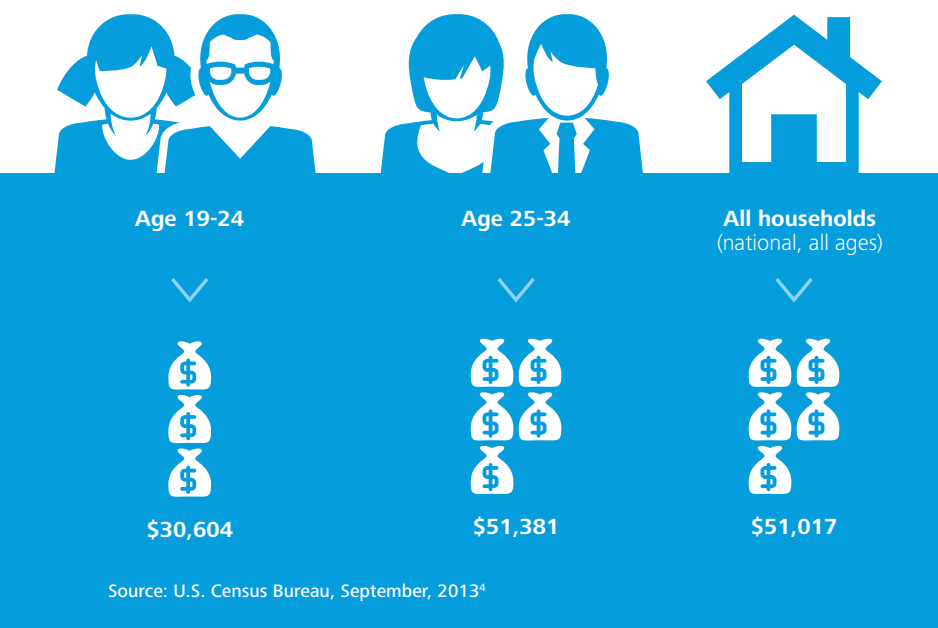
Entering the first open enrollment period for the new health insurance marketplaces, a big question was “Will they come?” Many did, including more than two million young adults who signed up for health insurance. However, for a sizeable number of young adults, health insurance is simply not affordable. And, for many others, it doesn’t offer enough value for the money.

On the whole, this group is cost-sensitive. Many who enrolled via an exchange report they received a tax subsidy and a substantial number qualified for Medicaid, highlighting how low incomes are for some members of this group. Of those who chose to forgo insurance, few say they did so based on either preference or a high degree of risk-tolerance – a stereotype often applied to “young invincibles.” Rather, price, affordability, perception of cost versus expected benefit, and website technical issues were key barriers to uptake. Those who remain uninsured were three times more likely than those who obtained coverage to abandon enrolling in an exchange due to technical difficulties. Young adults who decided to forge ahead and purchase health insurance say protection from financial risk, peace of mind, and avoidance of paying the ACA penalty were top motivators.

While highly aware of ACA provisions that have been widely promoted—the individual mandate, health insurance marketplaces, and the penalty—young adults were far less likely to be aware of provisions intended to increase access and affordability, such as subsidies and Medicaid expansion in some states.

Policy levers—the carrots and sticks of a subsidized individual mandate and a penalty for not having insurance—intended to expand coverage had some impact. The subsidies were important in supporting insurance uptake—half (50 percent) of respondents who became insured and 62 percent of the younger respondents (age 19-24) who became insured say subsidies were “very” or “somewhat” important in their decision to become insured. Yet, close to half of all respondents report that they didn’t know about subsidies to help pay for health insurance.

National median income (2012 dollars)



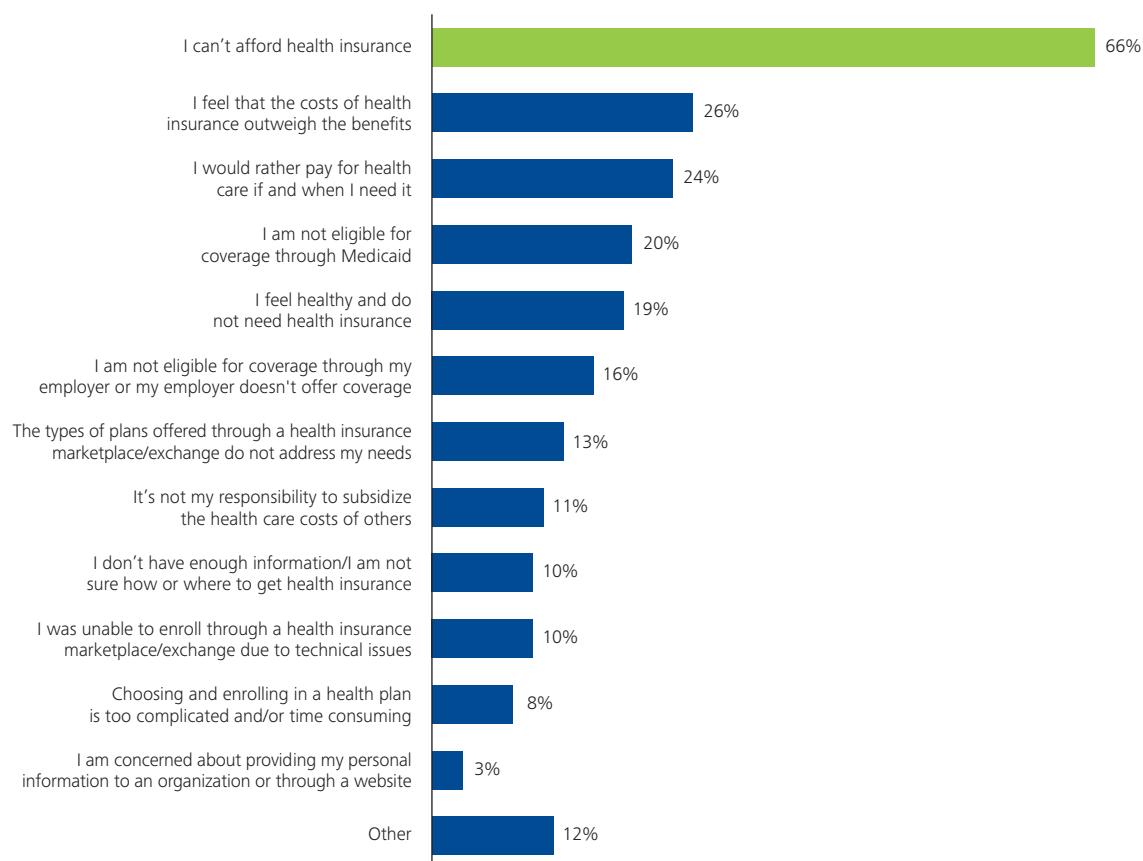
Out of sight and out of reach: many young adults remain uninsured

Young adults who remain uninsured say they find health insurance unaffordable; additionally, many do not see its worth. Forty-six percent say they did not get coverage because they do not see the value of having health insurance, whether due to costs outweighing benefits, inadequate plan choices, or feeling healthy and not needing coverage (not shown). Others say they do not have the money to purchase health insurance (66 percent cite cost concerns).

Some are interested in shopping on the marketplaces for coverage—however, just over half (54 percent) of young adults who remain uninsured never visited HealthCare.gov or one of the state exchange websites (not shown).

Reasons for remaining uninsured

Why don't you have health insurance? Please select all that apply.



Showing those who are uninsured
Data are weighted

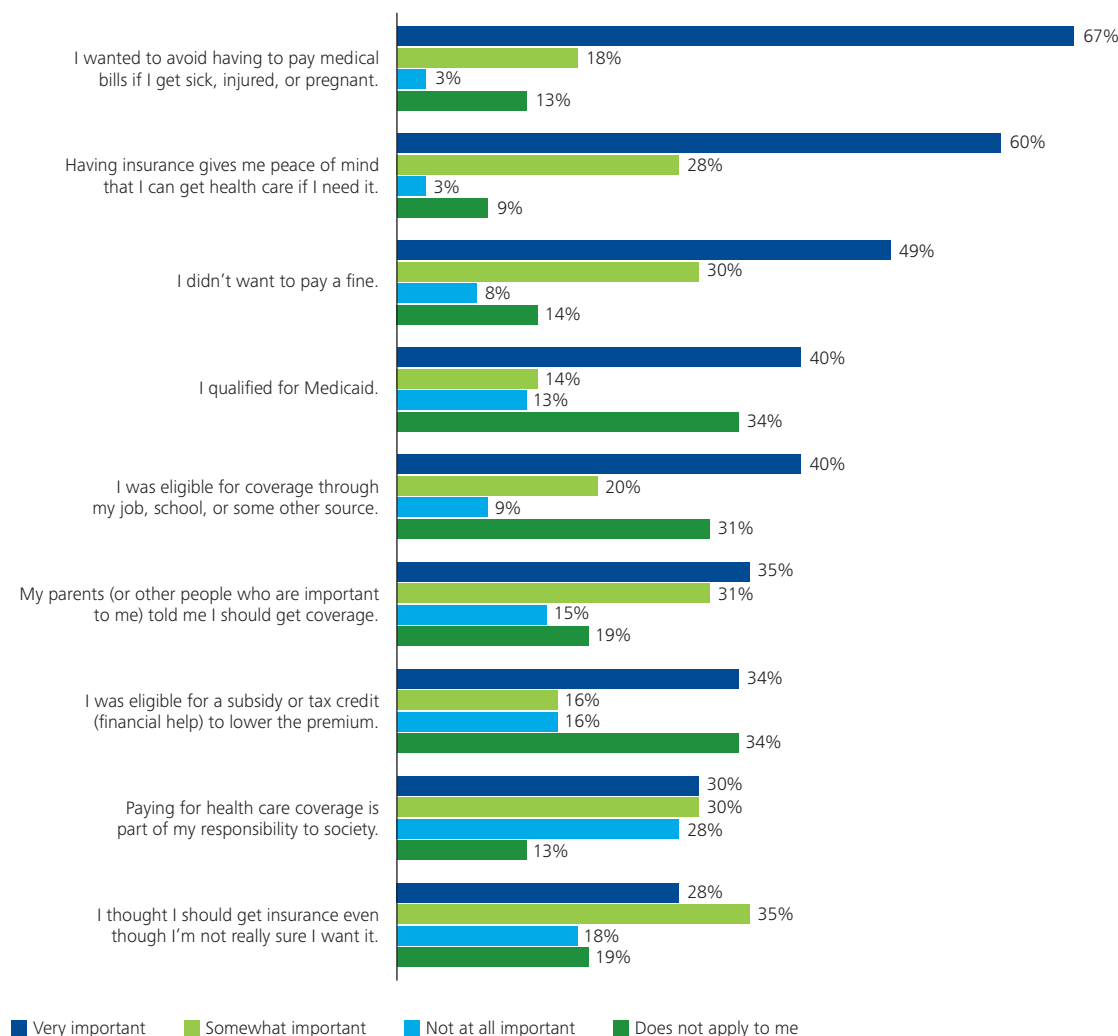
Source: Deloitte Center for Health Solutions 2014 Survey of Young Adults and Health Insurance

Young adults who obtained insurance sought protection and peace of mind

Young adults who obtained insurance know they are not invincible: Those who purchased it say they did so because they want to avoid paying medical bills if they get sick, pregnant, or injured (67 percent). They also enrolled because it gives them peace of mind that they can get care if they need it (60 percent). Half (49 percent) who became insured say they did so to avoid the ACA fine or penalty for not having insurance.

Reasons for becoming insured

How important were each of the following factors in your decision to get health insurance?



Showing those currently insured
Data are weighted

Source: Deloitte Center for Health Solutions 2014 Survey of Young Adults and Health Insurance

Information, navigation, and procrastination: the purchase experience

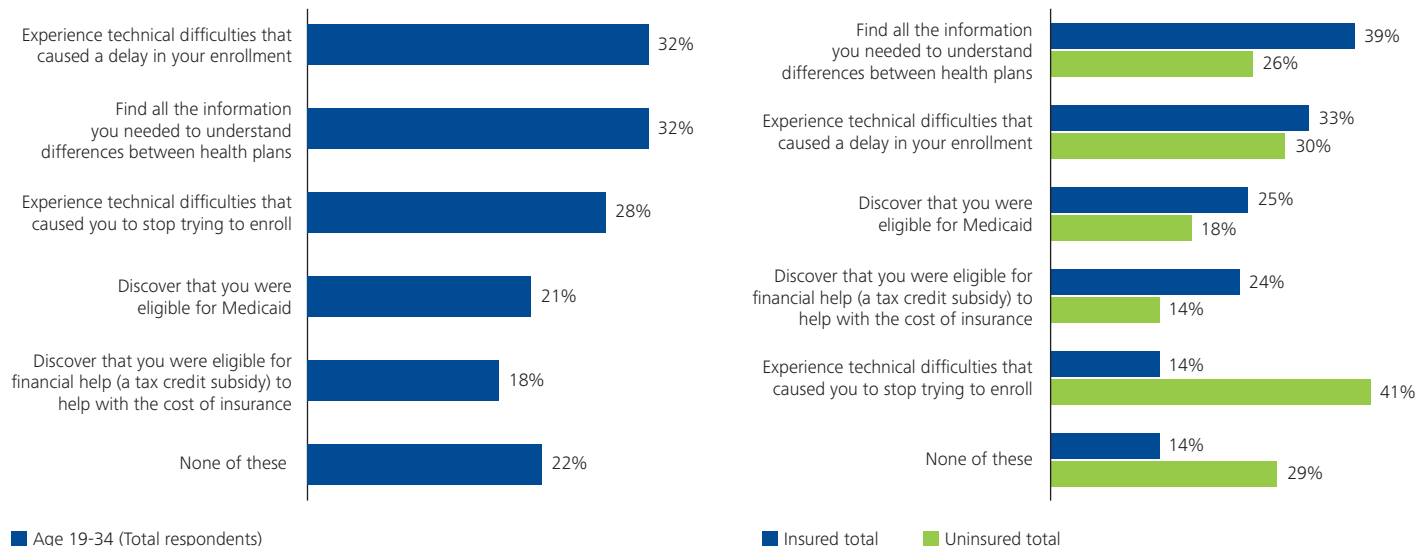
Overall, slightly more than half (55 percent) of all respondents say they had visited either HealthCare.gov or a state exchange website; the older age group (age 25-34) (60 percent) did so more than the younger group (age 19-24) (46 percent) (all not shown). Of those who became insured after October 1, 2013, 69 percent say they had visited the federal or a state exchange website (not shown). Of those who remain uninsured, 54 percent report they did not visit HealthCare.gov or a state exchange website at all (not shown).

Many younger people delayed signing up on an exchange until the last minute. Overall, close to one in three (29 percent) health insurance marketplace enrollees say they waited until the last month of open enrollment to sign-up. The younger respondents (age 19-24 years) were even more likely to wait; nearly half (45 percent) say they postponed enrolling until the “very” last minute (not shown).

Respondents report encountering a number of problems when enrolling for coverage, from lack of information to technical issues. One in three (32 percent) who visited the marketplace websites say they found all the information they needed to make their selection. More than one-fourth (28 percent) who visited the exchange websites say they abandoned attempting to enroll after experiencing technical difficulties. Navigators assisted two in five who enrolled via health marketplaces (not shown).

The marketplace experience

When you visited the health insurance exchange website, did you ...?



Showing those who visited exchange(s) websites and responded “yes”
Data are weighted

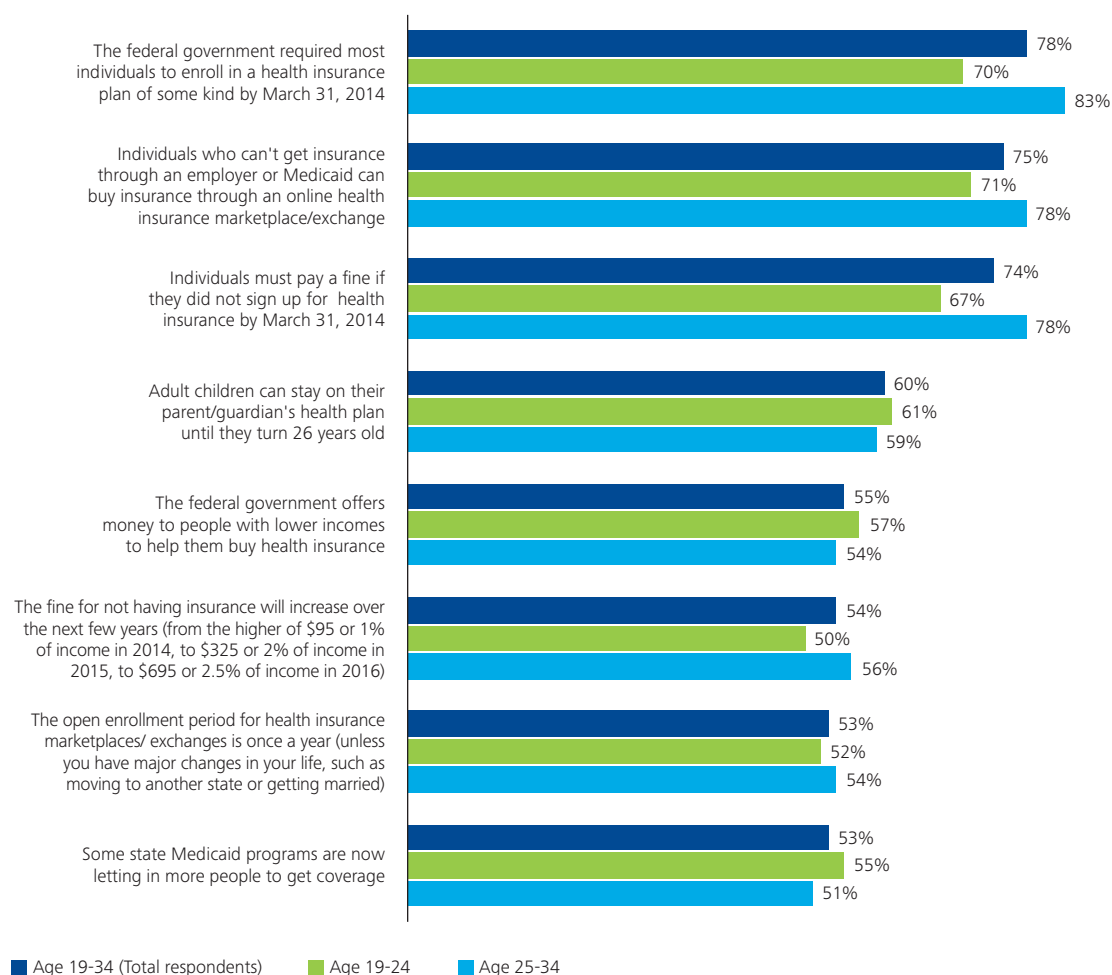
Source: Deloitte Center for Health Solutions 2014 Survey of Young Adults and Health Insurance

Lack of affordability awareness

Most young adults say they were familiar with key aspects of insurance coverage under the ACA — specifically, the existence of the individual mandate and of penalties. However, they were less likely to be familiar with elements intended to increase access to insurance, such as the availability of subsidies to help buy insurance, Medicaid expansion in some states for low-income people, and being able to remain on parental plans until the age of 26. Nearly half (47 percent) say they did not know that the open enrollment season occurs annually.

Awareness of ACA insurance provisions

Before taking this survey today, were you aware that...?



Showing those who responded "yes"

Data are weighted

Source: Deloitte Center for Health Solutions 2014 Survey of Young Adults and Health Insurance

Shift the lens

Resonate with consumers

Despite being branded by the media as “young invincibles,” young adults may not be so invincible, after all. This group is not invulnerable to chronic conditions, lifestyle-related health factors, and catastrophic occurrences. Young males, in particular, are more likely to engage in risky behaviors than older age groups.⁵ Young adults’ participation in buying insurance is important for the health care industry for three reasons: it stabilizes the risk pool and helps bolster the success of health insurance marketplaces; and it provides enrollees with financial protection when they get sick.

The main challenge with young adults is convincing them that the new insurance options can be affordable and offer value versus going without insurance. Deloitte found that, like their elders, young adults turn to traditional sources when learning about insurance. Friends, family, and health care providers are young adults’ most trusted information sources. Although many respondents say they used the Internet to search for information about insurance options, almost as many obtained information through a personal contact.

Consumer outreach group, Enroll America, and advocacy group, Young Invincibles, have found that families, friends, and peer-to-peer information sharing are essential for this group to learn about coverage (see page 12). Enroll America suggests that multiple touch points increase the likelihood of enrollment, with a mix of personalized messages delivered in-person, by telephone, and through online communications having the most impact.⁶ Recent research indicates that consumers of all ages lack understanding of the fundamental concepts of health insurance. Even consumers with insurance have a poor understanding, with just 14 percent being able to explain the four key concepts of deductibles, copays, co-insurance, and out-of-pocket maximums.⁷ Other research has found

that with employer-sponsored insurance, individuals facing health plan choices initially tend to “go with the crowd,” learning from others who have more information and experience.⁸ Baicker et al (2012) posit that more people may take up insurance if having it was the norm rather than the exception. Their research suggests that strategies which reinforce positive social attitudes about having health insurance may encourage people to “join the team” and sign up for coverage.⁹

As a demographic group, young adults clearly fall into what has been characterized as “digital omnivores”—U.S. consumers who have high ownership levels of laptops, smart phones, and tablets, and who seamlessly move across devices and platforms, signaling a shift in the way consumers use technology to communicate, work, and play.¹⁰ While technology—mobile, in particular—at this point in time was not an influential information channel about health insurance for this group, young adults’ high connectivity suggests that opportunity exists to develop more effective and trusted education and communication tools using this medium.

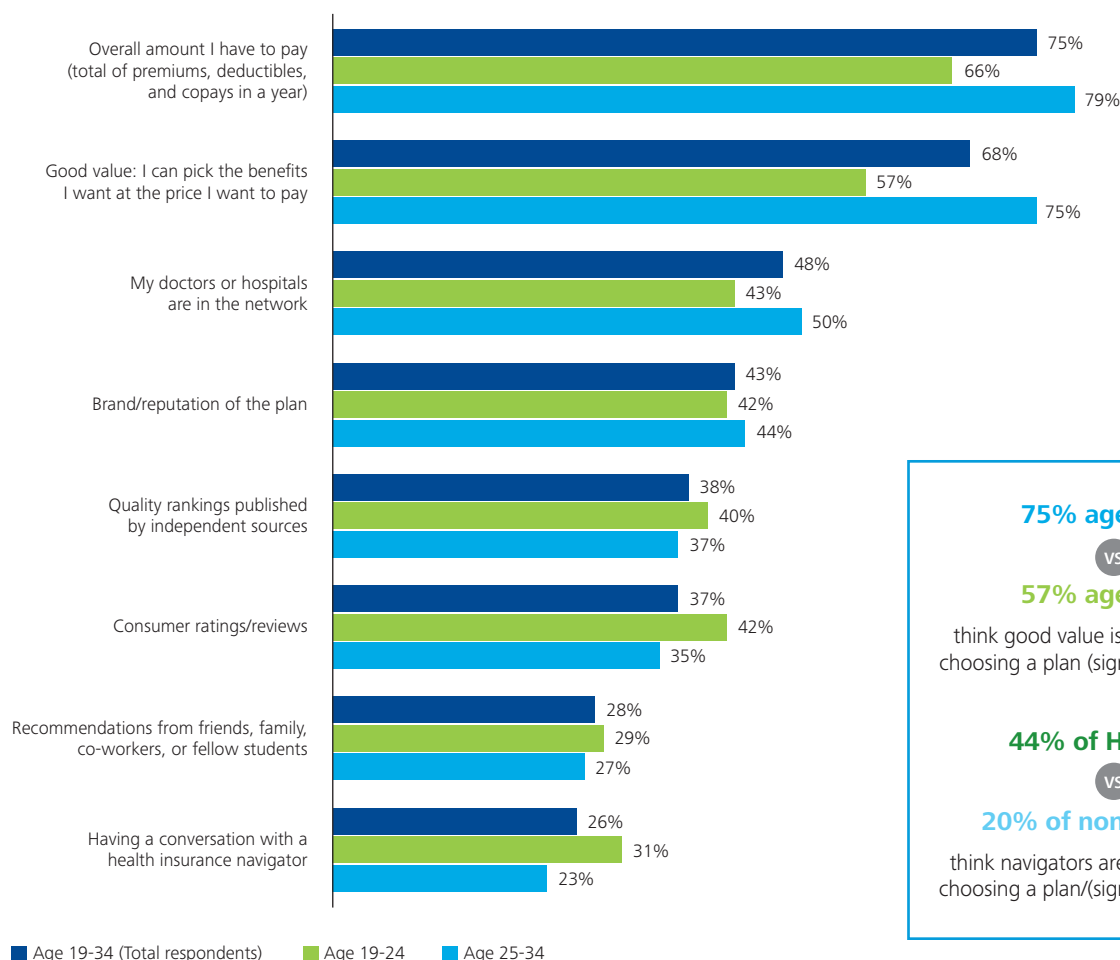


**What young adults want:
the right products at the
right price**

Young adults care about overall cost and good value when choosing a health insurance plan. Provider networks (48 percent) and brand (43 percent) matter less to this population than overall costs (75 percent) and good value (68 percent). Having the right benefits at the right price is very important, in particular, for the older respondents (age 25-34) (75 percent) compared with the younger age group (57 percent).

Priorities in plan features

If you have the opportunity to select a health plan, how important would the following be in deciding which plan to choose?



Percentage responding "very important"
Showing those not opposed to health insurance
Data are weighted

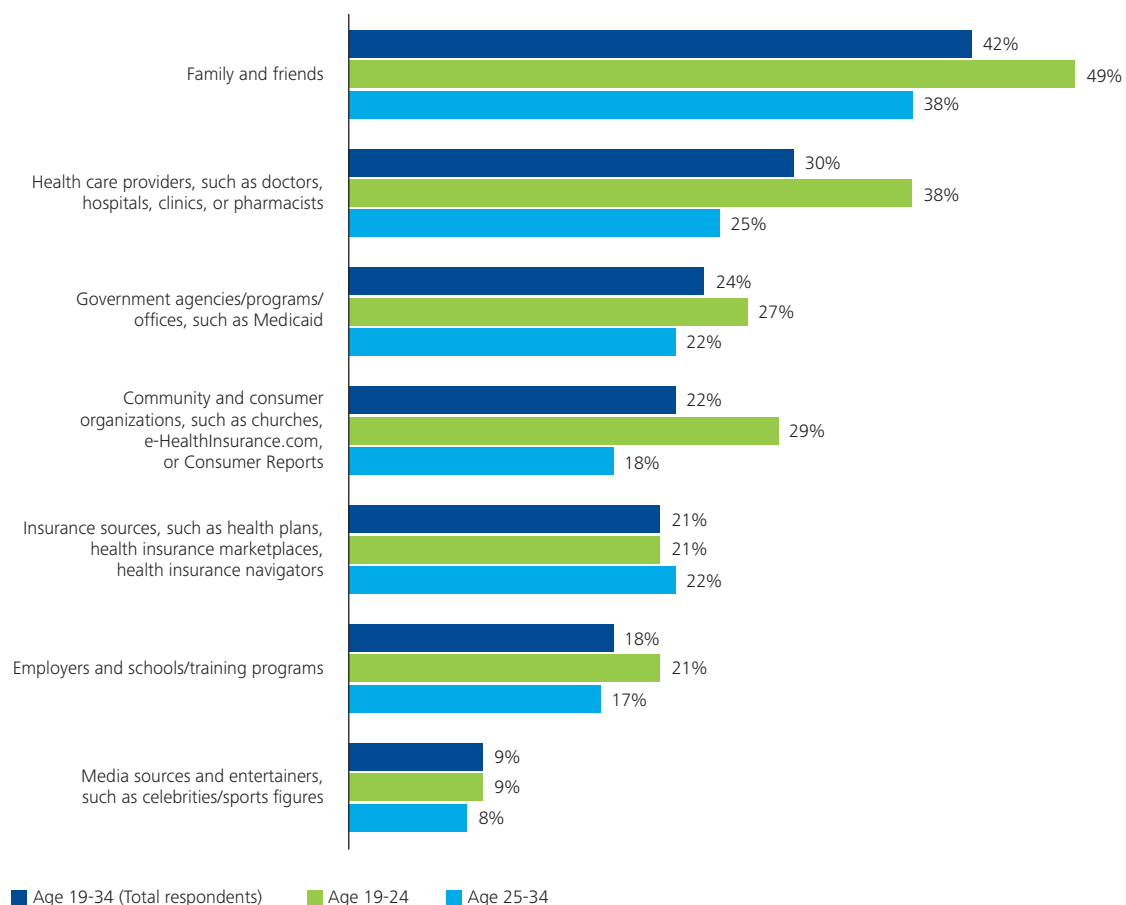
Source: Deloitte Center for Health Solutions 2014 Survey of Young Adults and Health Insurance

Personal contacts are trusted and persuasive

While there is no dominant source or channel for information to guide health insurance decisions, traditional sources are more trusted. Friends, family, and health care providers are the most trusted sources of reliable information among those not opposed to having health insurance. Celebrities may have helped raise awareness of the topic, but respondents do not report that they shaped purchasing decisions.

Trusted sources of information and purchasing decisions

To what extent would you trust the following sources to provide reliable information that can help you make decisions about buying or changing your health insurance?



Percentage responding "complete trust"
Showing those not opposed to health insurance
Data are weighted

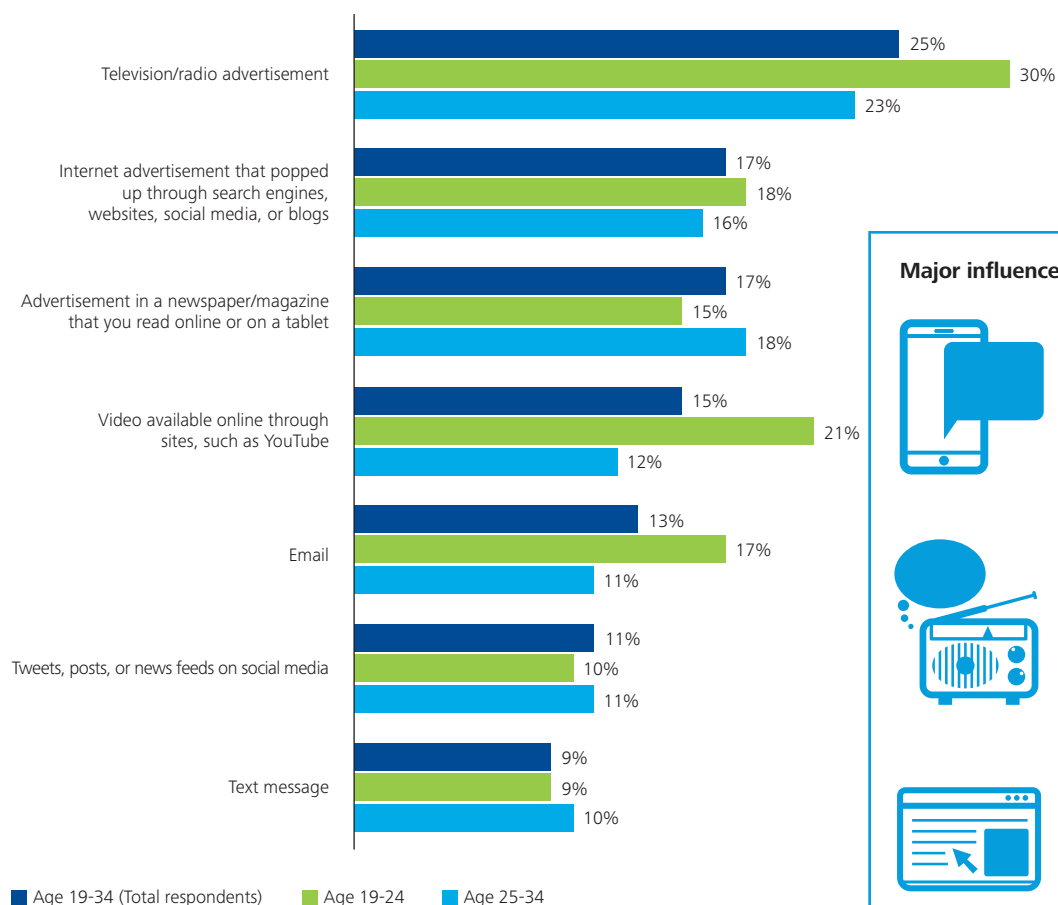
Source: Deloitte Center for Health Solutions 2014 Survey of Young Adults and Health Insurance

**“Digital omnivores”
day-to-day, but
traditional channels
work for health
insurance**

Despite being the “always connected” generation,¹¹ young adults interested in health insurance have no single communication channel that influences their decision-making. Age and gender preferences are apparent: Television and radio appeal to males (34 percent) and Hispanics (41 percent), as do Internet ads (22 percent). Few channels appeal to females – the highest ranked is television/radio advertisements (18 percent). The younger age group (age 19-24) preferred television/radio and video websites.

Influential communication channels

When thinking about choosing a health plan, how much influence would each of these digital sources have on your decision? (Please assume that the source told you something about a plan that you liked.)



Major influencers when choosing a plan



Pop-up internet ad

25% of males vs. 10% of females (significant @ $p < 0.05$)



TV/radio ad

34% of males vs. 18% of females (significant @ $p < 0.05$) and 41% of Hispanics vs. 21% of non-Hispanics (significant @ $p < 0.05$)



Online newspaper/magazine ad

25% of males vs. 10% of females (significant @ $p < 0.05$)

Percentage responding “major influence”
Showing those not opposed to health insurance
Data are weighted

Source: Deloitte Center for Health Solutions 2014 Survey of Young Adults and Health Insurance

Takeaways from the Young Invincibles organization

Young Invincibles is a national organization committed to mobilizing and expanding opportunities for young Americans between 18 and 34 years of age on issues such as higher education, health care, and jobs.

Jen Mishory, executive director of Young Invincibles, shared with Deloitte her organization's experiences and insights from targeting enrollment of young adults in health insurance exchanges.

According to Mishory, "young people want coverage, and want coverage that they can afford." Overall, for the young adult population, the leading reasons for not enrolling in health insurance are the cost and the lack of information about subsidies. Information about financial help is key: "Cost is going to be the first question you're going to hear from a young adult—they want to know what risk they're taking on," said Mishory. With low earnings and little disposable income, many struggle to pay bills, let alone unanticipated medical expenses. For many, health insurance and dealing with the health care system are new experiences. Young adults need to know how to make insurance work for them. They need to be educated about health insurance concepts such as copays, how to find a primary care doctor, and how free preventive care works. Also, they need to know of other options, including special enrollment after qualifying life events such as marriage, births, moving, new jobs, and graduations.



www.younginvincibles.org

Lessons learned

- Employ a comprehensive communication strategy—both offline and online. Also, a long time horizon is necessary—young adult consumers need to hear information more than once and from different sources.
- Find young people where they are, such as college campuses, malls, and movie theaters, and make sure outreach is well thought-out, clear, and concise.
- Friends and family (e.g., mothers, teachers, girlfriends, older siblings) and health care providers are the most trusted sources of information, so engage with them. Peer-to-peer outreach is also important.
- Public figures and broad communication campaigns are helpful to achieve general awareness. But partner with those in the community who are working and interacting directly with young people. For example, target individuals or groups that young people turn to as trusted sources for help—community groups, teachers, campus organizations—and use "train the trainer" approaches.
- Use online outreach, such as social media and crowdsourcing campaigns via social media channels, to enable a single message to be mass-shared.
- Make information accessible; mobile-friendly versions of websites are important, as mobile technology is widely used as a primary source of Internet access.

Stakeholder considerations

Creating awareness and engaging young adults are priorities when trying to convince more of them that the expected benefits of obtaining health care coverage outweigh the cost of premiums. Federal and state governments could do more to publicize the availability of subsidies that reduce premiums. They also could work with health plans to offer less expensive products. Both steps may help increase awareness and perception among this price-sensitive group that coverage can be affordable.

Because young adults are highly mobile, technology will play a major role in forging relationships with this “always-connected” generation. Despite Deloitte’s findings that technology-based channels were not overly favored sources of trusted information, the importance of disseminating information and education via mobile devices, social media, gamification, and data analytics is expected to grow. In addition, creative partnerships and innovative marketing will be vital to reach young adults.

Create the value

Product design and appeal

Young adults are looking for products that are affordable and meet their needs. Affordability is critical to both lowering the barriers to adoption and increasing young adults’ understanding of the value of good health. Innovative plan designs, benefits, and network considerations may be necessary to make insurance products more attractive to this group.

Value, enhanced awareness, and user-friendly systems

The notion of health insurance is attractive to many in this group, but the insurance system and enrollment channels are confusing, difficult to navigate, and impeded by young adults’ concerns about affordability. Educating consumers about ways to access insurance products and resources that address affordability concerns is essential to attracting more enrollees. Specifically, stakeholders should spread the word about subsidies before the next open enrollment period, and bundle the subsidy information with a compelling value message.

Personalized products and entry-level strategies

Young adults want the right products at the right prices. Weighing the benefits of insurance versus affordability is challenging; they may be more willing than older consumers to make trade-offs, such as narrow networks, for a lower price. In addition, younger consumers might be more interested in coverage options that are more simple and affordable.

Resolution of barriers to get the word out

Traditional messages resonate with this group, with many valuing protection and peace of mind, and avoiding the ACA penalty. Online technical difficulties led to over one-fourth of young adults who visited a marketplace website to abandon enrollment; a strategy to reconnect with this group and shift how insurance exchanges are perceived will be necessary once technical issues are resolved.

Shift the lens

Multi-channel communication

Stakeholders need to determine how to generate continued awareness among young adults about the availability of various health insurance subsidies. The marketing tactics used during the first open enrollment period got young adults’ attention, but many missed the key message that help is available in the form of subsidies. Targeted, multichannel communication methods and messages are the most likely ways that insurers can reach this diverse group of consumers and make them aware of plan options that offer value.

Cultural and community experiences

Health insurers seeking to address young adults’ preferences for personalized attention, cost-savings, and culturally relevant messaging across numerous channels should use trusted, community-based information resources. Focus messages on raising general awareness and resolving consumers’ concerns about cost and affordability. Target the delivery of clear and easily understood information, make sure the enrollment process is user-friendly, and provide in-person advice and support.



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Appendix

Methodology and sample characteristics

Deloitte conducted an online survey of 500 randomly selected young adults age 19-34, between April 9, 2014 and April 23, 2014. Respondents were those who were uninsured as of September 30, 2013, and either remained uninsured or had subsequently become insured through various avenues. The questionnaire probed awareness of insurance-related provisions of the Affordable Care Act, and attitudes and behaviors with respect to health insurance, including decision-making, trusted sources of information, influencers and future preferences. Systematic controls were used for demographic characteristics and data were weighted.

Survey sample

A web-based survey of 500 randomly selected young adults, age 19-34; with systematic controls for age, gender, race and ethnicity, health insurance status, household income, and geographic location.

- To be eligible for participation, respondents met the following criteria:
 - Resides in the U.S.; age 19-34; uninsured as of September 30, 2013
 - Knows current health insurance status
 - Knows current health insurance source if currently insured
 - Does not work for the federal government
- Quotas were used to ensure a sufficient number of respondents in key insurance subgroups for analytical purposes:
 - Continuously uninsured: 253
 - Newly insured: 247
 - Health insurance exchange: 111
 - Medicaid: 50
 - Other insurance: 86

Timing

The survey was fielded between April 9, 2014 and April 23, 2014, and took an average of 11 minutes to complete.

Questionnaire

The questionnaire consisted of five primary items and approximately 15 sub-categories, depending upon insurance status. The questionnaire probed opinions with respect to awareness of insurance-related provisions of the Affordable Care Act, and attitudes and behaviors with respect to health insurance, including decision-making, trusted sources of information, influencers, and future preferences.

Sample weighting

Data were weighted to be representative of non-institutionalized U.S. adults age 19-34. Weighting was applied to correct for bias from using quotas for the insurance groups and for differences between an online panel and the general population.

Endnotes

1. Peter J Cunningham, and Amelia M Bond. If the Price Is Right, Most Uninsured—Even Young Invincibles—Likely to Consider New Health Insurance Marketplaces. Center for Studying Health System Change, 2013 September. [cited May, 2014]; Available from: <http://www.hschange.org/CONTENT/1379/>
2. Kaiser Family Foundation. Kaiser Health Tracking Poll: June. 2013 [cited May, 2014]; Available from: <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-june-2013/>
3. Department of Health and Human Services. Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period. Washington D.C. 2014 May 1,. [cited May, 2014]; Available from: http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014apr_enrollment.pdf.
4. Carmen DeNavas-Walt, Bernadette D Proctor, and Jessica C. Smith. Income, Poverty, and Health Insurance Coverage in the United States: 2012. Washington D.C. U.S. Census Bureau, 2013 September. [cited May 2014]; Available from: <http://www.census.gov/prod/2013pubs/p60-245.pdf>.
5. Department of Health and Human Services. Vulnerable Youth and the Transition to Adulthood. 2009 July. [cited May, 2014]; Available from: <http://aspe.hhs.gov/hsp/09/vulnerableyouth/6/index.pdf>.
6. Sophie Stern. Deputy Director of Best Practices Institute at Enroll America, personal communication, May 2014.
7. George Lowenstein, *et al.* "Consumers' Misunderstanding of Health Insurance." *Journal of Health Economics* 32, no. 5 (September 2013): 850-62.
8. Alan T Sorensen. "Social Learning and Health Plan Choice." *RAND Journal of Economics* 37, no. 4 (Winter 2006): 929-45.
9. Katherine Baicker, William J Congdon, and Sendhil Mullainathan. "Health Insurance Coverage and Take-Up: Lessons from Behavioral Economics." *The Millbank Quarterly* 90, no. 1 (2012): 107-34.
10. Media & Telecommunications Deloitte Technology. Digital Democracy Survey. 2013 [cited May, 2014]; Available from: http://www.deloitte.com/view/en_US/us/Industries/media-entertainment/digital-democracy/index.htm?id=us:el:fu:ddstmt:trends:awa:tmt:032514.
11. Pew Research Center. Millennials. A Portrait of Generation Next. Confident, Connected. Open to Change. 2010 February. [cited May, 2014]; Available from: <http://www.pewsocialtrends.org/files/2010/10/millennials-confident-connected-open-to-change.pdf>

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