Understanding People's Needs to Build a Better, More Equitable Health Care System

SUMMARY KEYWORDS

people, findings, pandemic, care, health care, question, health care system, healthcare system, next slide, healthcare, experiences, hear, system, molly, united states, research, policy, venice, shared, important

01:00 - NATALIE DAVIS

Good afternoon,everybody and welcome to today's webinar. I'm Natalie Davis, co-founder and Managing Director of United States of care. And it's my pleasure to welcome you to this webinar understanding people's needs to build a better, more equitable health care system at the United States of care, as you will hear, we are obsessed with center and health care around people's needs. And so with that, we'd like to start today's webinar with a short video.

01:35 - #ICareUSofCare video (various speakers)

It's a matter of life and death, not just for me, but a lot of people in America that
don't have it. Without the health care, we can't live.
Health care is also tied to not just life longevity, but your financial and social standing in the world like that.

Affordable, accessible and quality health care, to me, means equitable. Health care is a basic human right and I and everyone else, no matter of our socioeconomic status, or a racial background should have access to care that is safe and patient centered. Healthcare should not devastate our income. Money should never stop anyone from going to the doctor. But it does. Quality health care is not just a one it's a necessity.

02:28

It is a necessity.The necessity arise out of people needing to be whole, people needing to be healthy people needing to be healed, people needing to live

02:43

Hi, I'm Sam and healthcare is important to me. Because life should be about wonderful, fun experiences and friends and family, and not about stress or worrying about when you can get the care that you need or the care that your loved one needs. And so it shouldn't ever have to be worried for anybody.

03:01

My name is Donnie. And I care about healthcare because as the father of two, I value the peace of mind of knowing that they will be cared for, God forbid, if anything should happen to them and routinely.

03:18

Hi, my name is Sophie and I care about health care because everyone has the right to feel good.

03:22

I just say that, and necessity a necessary need for every American to be able to have health care.

03:30

Hi, my name is Amina. I think healthcare is important because healthcare is a human right. And I think everyone should have access to quality, affordable health care no matter who you are, or where you come from or where you live.

03:44

Hello, my name is Fran Silverman. And I believe in health care, because I feel each individual is entitled to dignity as a human being. And unless we go out there and make sure that it's affordable at all levels. We won't have people who can't afford it, getting the health care that they do deserve. So I do hope changes are made.

04:17 - NATALIE DAVIS

Thank you and I hope you enjoyed that video and helps remind us all about the role we have in improving our health care system. Next slide please. I'm joined today by Molly Murphy of ALG research and Dr. Venice Haynes, Director of United States of care. Molly today will review findings from a national poll and online qual boards United States of care commission to verify a year's worth of listening work that United States of Care has conducted and Venice will present on what we will do with these findings and 2021 and how we will continue to listen to people's needs. Before turning it over to Molly. I will tell you a little bit about United States of care and our approach to our work. Throughout this event, if you have questions, please send them in the question q&a function, and we'll make sure to address those at the end of the session. Founded just a few years ago, United States of Care is a nonpartisan nonprofit organization with a mission to ensure that everyone has access to quality, affordable health care, regardless of health status, social need or income. And our goal in the contribution towards a broader mission is intentionally twofold. First to expand access in the near term, because we know people can't wait for the perfect solution that may be years down the road. The ripest opportunities for these near term approach are often at the state level, where we can help advance policies that help people now and build the evidence and momentum for broader change down the line.

And second, to pave the path towards durable people centered federal policy that achieves our mission. We know that working to ensure access to quality, affordable health care across the country will require required federal action. In order to make these policies durable, we need to build the political will and shift the national conversation. And we do all of our work in partnerships with policymakers, advocates, leaders, entrepreneurs and everyday people. At United States of Care, we value diversity of background ideology and experience. We were founded by President Obama's latest CMS administrator, last US administrator Andy Slavitt, and have an esteemed Board of bipartisan group of leaders from government health care, and business. And we are advised by more than 100 members of our founders council, entrepreneur Council, our voices of real life who bring a diverse array of perspectives to our work, and you can learn more about those on our website. In order to expand access to health care, we know we have to build a better, more equitable healthcare system in the wake of this pandemic. To do so elected officials and leaders at all levels of government have hard work ahead of them. And although the 2020 election results have shown we remain a divided nation, it underscores the central pillar to why we formed this organization to find common ground and shared values and to partner with leaders who want to drive meaningful change. And to that end, this means to us listening to people identifying durable policies and enacting change in states that ultimately inform federal change. And as I said core to why we started the United States with care was to center all of this change around the needs of people to show where common ground and common sense reform is possible. This work started over a year ago when we launched a new approach to uniquely and deeply understand people's needs to inform policy. You'll hear about these findings and recommendations to policymakers throughout today's event. I want to take a moment to talk about the newest addition to our team who is leading this work, Dr. Venice Haynes. We're so pleased she's joined our United States of Care team, she has close to 15 years of public health experience. And will lead the United States of Care's research and community engagement activities. You'll hear more from her later in this webinar. And I hope that all of you have a chance to reach out and get to know her and be a part of the amazing work she's doing. When we launched this work, we had to be grounded in the real experiences of people across the country. And we knew to do that we needed to form what we call the voices of real life. To understand the experiences and perspectives of people living ordinary and extraordinary lives across this country. And under Venice's leadership, we are excited to continue to refine and engage people through our voices of real life in the years to come.

08:38

Our approach to understanding people's needs utilizes a variety of research methods, we begin by authentically listening to people through ethnographic research. We utilize quantitative and qualitative commission research to really quantify and deepen these listenings that we've heard through conversations. Over the past year and a half, we've undertaken a variety of research efforts. As I said, we've commissioned online focus groups, social listening scans, a national survey, we've hosted ethnographic conversations, engaged stakeholders and external advisors like the voices of real life, and conducted regular analysis of public opinion. Prior to the pandemic, we had over 40 hours of conversations with people. These discussions took place at a kitchen table in San Diego, red hot and blue restaurant Dallas, on the sidewalks of Philly, and with people in Missouri, Minnesota, Florida, Washington and more. And when the pandemic hit in March, we shifted not only our whole organizations immediate focus, but also our approach to engaging people. We reflected these needs and our leaders responding to the pandemic. We found that the covid 19 pandemic reach has reshaped

Americans' views of the system, underscoring that people want a reliable system that supports essential workers, cares for everyone, provides reliable information on how to stay safe and healthy. And over this year our findings taught us a great deal about Americans' needs and wants from them. Healthcare System. We've learned that anxiety, confusion and hyper politicized nature of our national conversation prevents people from getting the health care they need. We learned that many people's engagement with the health care system is tainted by negative experiences, concerns about cost and undependable coverage. People are thankful for the health care access they have, but are constantly worried it will disappear, something happens. Often people spoke about hacks to get the health care access and care they need. And overall, which was always been striking to me in every conversation, there's actually no what sense of a shared experience and healthcare, everyone feels like they're going at this alone, as they encounter any issues from picking the right plan to accessing their care affording, affording something is always reflected as a personal failure to manage this complex system rather than a systematic issue. So we certainly have a lot of work ahead of us. Overall, throughout our research, we've identified that people want to make sure several key improvements have occurred to our health care system. These include passing policies to reduce the cost, make coverage, dependable, and share that system, the system is accessible and easy to navigate. And as we increase personalized care while remain while maintaining quality, we've woven these findings and recommendations to policymakers. For instance, we published a guide for public officials on how to prioritize solutions based on the needs of people. We engage candidates and voters on how to engage in the healthcare topic during the election. And we continue to integrate our findings into policy recommendations at the federal and state level, including our latest memo to the Biden Harris transition team and newly elected officials across the country. You can find all of these on our website. And today, we're very excited to put out into the world our annual report of our listening findings and our public opinion data that we commissioned from a ALG. And so with that, I'm going to hand it over to Molly, to talk through those findings. Again, if you have any questions, please use the q&a function. And we'll respond to those during the q&a session at the end of our webinar.

12:19 - MOLLY MURPHY

Great, thank you so much, Natalie. Hi, everyone. My name is Molly Murphy. I'm a partner with ALG research. And you can go ahead to the next slide. As Natalie said, I'm going to be talking about some research findings. And we endeavored in a two part research project with us of care. The first phase, in the bottom tile there on this slide was the online focus group, known as a qual board. It's a three day online discussion. I'll talk about the composition of that group first. But it was very important to us to build on the listening research that Natalie and her team had done. So extensively. We wanted to listen, we did not want to prescribe, we did not want to feed people, a bunch of policy solutions. The goal was to hear how they talk about their health experiences, how they interact or do not interact with the healthcare system, and where they identified flaws and problems in the system. From that, we then moved into a national survey of 1000 interviews of registered voters. And we just did that in November. So this is very recent data that I'll be showing you and you can go to the next slide. So the overall composition of the survey was reflected of, you know, the National electorate, registered voters specifically. But we did want to make sure that we had a sizable number of interviews, to look at various, you know, different demographic groups within that and so 16% of our sample were younger voters defined as those under the age of 30, 36%, were part of the bipoc community and specifically 14% were Black or African American. 44% of the respondents in this survey, fall in the income category

of under $50,000, household income. 23% and 26% are high school educated or less, or a part of the disabled community. And we wanted to understand those distinct experiences as they are critical target groups for us of care and the work that the organization is doing. So as we go through these findings, you'll see we will pull out some of the findings among these different communities. On the next slide that was also the area of focus in the qualitative research. It was 22 total participants. Many of these categories overlap of course, you can be a younger person, and also a low income person. You can be a member of the bipoc community and also have a disability, but we wanted to make sure sure that each participant fell into at least one of those categories. And there were, of course, several individuals participating, who fell into several different categories. So it was also a mix of gender, socio economic status, geographic region and political ideology. Throughout this, I'll be focusing on some of those findings and some of the quotes that we got straight from that research. If you go to the next slide, we'll dive into the findings. And first off is the appetite for change. So right here, a quote from one of the participants in the poll boards, I want total complete health care coverage for every American. I never felt this way before. I've just come to this conclusion by watching what is going on with all my friends and family. If you go to the next slide, recall that we did the qualitative in August, so several months into the Coronavirus. You know, we then in our November poll asked, Do you agree or disagree, we must build a better, more equitable health care system in the wake of the covid 19 pandemic. Natalie opened her comments by saying, you know, the election taught us that we are a very divided nation, absolutely the case. We know that, you know, by sort of looking around, but there are certain things where we are not divided. And on this, it is building that better, more equitable healthcare system, almost universal agreement. 84% overall, are saying they agree with that. And over half say they strongly agree. This is not, you know, half hearted agreement that you know, sort of feels good in the bipoc and black communities agreement is even higher, including intensity, 69, and 75%. But there is no group in this entire electorate that disagrees with that statement, or even as divided. And you can go to the next slide.

16:43
Similarly, we then asked about importance, you can agree we need to make a change, but also kind of rank it as a low priority. It's not, you know, you don't have to say, because you want something, it's at the top of your list. So we also wanted to gauge sort of the urgency of making changes right now, as a result of the covid 19 pandemic, is it more or less important that we make changes to our current healthcare system, and people believe that it is more important. 83% say it's important, and 50% say that it is much more important now that we do this, we are facing an opportunity it is you know, it is rare that we have had a time in our country that you know, the last decade where health care hasn't been a top tier issue for people. But we are at a unique moment where there is urgency for people to address the problems and the issues in our healthcare system to make it better. And again, this is true across the demographic spectrum, you can go to the next slide. So where are we starting from? We know people want to see changes, we know we face an urgent moment because of the pandemic. But what is the starting point that we find ourselves in? And if you go to the next slide. Now, the first thing we find is that from a sort of, you know, comparative standpoint, the strong majority of people, nearly two thirds of you know the population say that they believe that the care they receive is better than average, only 17% believe that things are worse than average. And this is true across the board. Now, the difference, the gap, it certainly exists. If you are white by 50 points, you believe that the care you receive is better than average. If you are black, it is 42 points, Hispanic 33 points. Younger and less educated, you're

less inclined by lesser margin to believe the care you receive is better than average, but still by substantial double digits two to one, if not better, people believe what they are getting is better than average. Now, why is this important? Why am I sharing this with you? One, and we heard this echoed in our research, is there are a lot of very scary stories that exist out there. People hear about either personally in their communities or on the news, people losing health care people going bankrupt over health care. So if that is not happening to them, it feels like they have it a little bit better than most. If you go to the next slide. We also asked a split question. So half of the 1000 interviews got one version of this question. The other half got the other half of the question. And we asked them to rate on a one to 10 scale different aspects of our healthcare system, care that is high quality choice in providers where you get care care, that is dependable care that is personalized choice, straightforward and easy to understand and cost and equitable. So what this slide tells us there are a lot of bars here and I will boil it down. First off, we just have to just rate all of those things for how it's going in the US. How does the country do on all of these different metrics? The other half were asked how is this working for you? How do you feel like things are going with quality of care choice cost, you know, easy to understand. The findings are twofold here. First off, people tend to rate care that is high quality and choice and dependable, as better than the rate cost, we are doing a better job as a country in providing quality care and choice and care and dependable care. Cost is a little bit more in the middle. But second, if you imagine this as a one to 10, question, and 50, you know, five is straight in the middle. So sort of a middle of the road job on everything is sort of over five. On the average, people are not saying that we are facing a big gaping, massive sort of bleeding problem on any of these metrics, I will talk more about sort of the targeted fixes that we need to be focused on because that doesn't mean people are hesitant to criticize aspects of the system.

20:40

The other finding on this slide is that people rate their own experiences as better than great the country as a whole. So really echoing that previous finding that they say the care I'm receiving is better than average, they also in a blind exercise, half we're getting one question have forgotten the other, the averages worked out to be that people think their own care is better than the care that is offered in the country, their own choice is better than the choices offered sort of nationally. And so people do think that you know, care, choice, personalized care, all of the strengths of this system. And what they have is better than the kind of nation is offering as a whole. If you go to the next slide. We then asked this question, and I think that the previous two slides sort of explained why the results to this question are what they are. We gave people three options: would you prefer to transform our current healthcare system through large scale changes, that's the blue bar. The green bar is to improve the current healthcare system through incremental changes prioritizing based problems, and red is to keep the current healthcare system as it is. Virtually no one wants to keep the current healthcare system as the overwhelming majority want to see some changes. The question is how extensive, how widespread, are the changes that people want to see. And the majority of people say, let's prioritize the biggest problems, let's make incremental changes, rather than transforming the entire system. Now, people would rather transform the system, then leave it as it is by two to one 24%, saying let's make large scale changes. Only 13 say, hey, let's just keep it as it is. But I think we want to be mindful when we look at this data in totality, people want to see change, they believe there is an urgency to this. But change doesn't mean completely rebuilding the system. It means identifying the problem areas while

making sure we preserve what works well. And you can go to the next slide. So then, as far as the outcomes go, and you can go to the next slide. So one thing we see here is we did a heat map exercise, we asked people to click on the things that stand out and make them feel positively. And this is about that, you know sort of core mission, the sort of premise of the shared outcome that we want to see in the healthcare system. And there's a lot of support for this specifically, high quality health care, meeting people's unique needs, affordability, and easy to navigate. And if you go to the next slide, you'll see that there's incredible support for this, it's not that people just are pulling out one or two things that they really like about this. The other thing they're telling us is that there is an incredible amount of support for it 83% really matching the support that we see for the urgency of making these changes. This is a mission in healthcare. And certainly it is value laden more than policy Laden, but the shared goals of what our healthcare system should look like when it comes to meeting the needs and unique needs of people. Affordability, quality, and being easy to navigate are overwhelmingly well received, regardless of you know, of the sort of demographic identity that people bring to this, and you can go to the next slide. So let's break down some of the specific elements of what I just went through, we sort of look at that core vision that has a lot in it. So if you want to go to the next slide, this is the certainty that they can afford their health care. I mentioned this before, people are, you know, feel like the care they receive is better than average, they rate our system or their own experience in the system decently well compared, but it does not mean that they do not have critiques or flaws within the system. Now the question we asked here is what is the first word or phrase that comes to mind when you think of the healthcare system? The question we asked is not as not what is the biggest problem but just what comes to mind? So what defines our system for people in this survey is cost. That is the number one descriptor money, expensive, insurance. You know, unaffordable, people offered profit. I mean, things are very much driven by cost when they think of our healthcare system. Now, there are also positive things that come through here: quality, you know, choice, you know, decisive, people do feel like there are positive things here, but they also think that it's complex and that it can be very frustrating that easy to navigate piece really underpins the system as a whole. So people are wanting to see changes, that just doesn't mean rebuild at all, you can go to the next slide. So we also then wanted to look at a list of different changes that encompass many different aspects of the system. And we asked them, What are the one or two most important things that our current healthcare system needs to improve?

25:21

It is very clear here cost is the biggest sort of focus in our system to fix it. 51% are saying it is one of the one or two most important things: costs that are affordable, it is twice as important as the next top priority, which is quality care. But I also want to point out that it is not just that 50% are saying that the fourth one down, you'll notice costs that are clear and transparent so you know what your medical care will cost. It is not just that costs are high, it is that costs are unpredictable. And that creates a lot of anxiety. And concerning the health care system, if you add that up, we are at two thirds of the electorate who say one of the biggest things we need to address in our system is cost. Now quality is important, equitable is important plans that are straightforward. These are all important things to focus on. But if we are having a dialogue about making fixes in our system cost has to be a part of that. And if you go to the next slide, we also then want to talk about some of the other pieces that are very important, which is dependability, the security and freedom that dependable health care coverage provides as life changes. And if you want to go to the next one here, one thing that was very clear to us again, is that while there is satisfaction with the care people receive, there is not a lack of anxiety about

what could happen in the future. So 37% of people again, this was a split exercise, said that they were concerned, either very or somewhat concerned that they might lose health insurance coverage. 46% are concerned that friends or family members, neighbors are concerned that they will lose their health coverage. These feelings are more acutely held among younger people, and among non white population. So the bipoc community, more concerned about losing their care black community, more concerned about losing their care, and then those who are in the disabled community, more concerned about losing their care. So while there's high concern overall, I mean, more than one in three Americans are saying they're concerned they will lose their health coverage. There are communities that are feeling this much more acutely, you can go to the next slide. So then the personalized care. And you can go to the next one here. This was also a finding that came out of the listening research, that people really felt like it was important to receive personalized care which meant a relationship with their doctor, that their unique needs were met, and that there was a relationship with their providers that was built around trust. This is from the qualitative. This was something that was not initially part of one of the sort of core tenants of the outcomes. But very quickly through listening became that we have people highlight this statement, the things that they liked, the most and unique needs really emerged. And if you go to the next slide,

28:09

I want to note kind of what this means because personalized care, it can be a vague term, when it comes to health care, there are so many different ways people seek and need care in the healthcare system. So after we did the qualitative, we want it to kind of define this and understand when people hear this term, what do they think is most important, and it was very clearly that relationship with the primary care doctor, and that that primary care doctor was hands on in the care they receive, even with specialists. So 21% said, the most important thing for them was that their primary care doctor works with any specialists or other providers to coordinate care related, but they're able to see the same primary care provider every time they have an appointment. The next piece is you know that they are able to get that appointment when they need it and that they don't feel like they're sort of moved throughout the system or deprioritized. But it was very clear. And you can go to the next slide. Here in the qualitative that it was this relationship with a personalized care and not only spoke to this in her opening comments about the fact that people have to work hard and feel somewhat alone in the healthcare system. We absolutely heard that in the qualitative, and it manifested itself in this idea of personalized care. People felt like they worked hard to find the doctor that they had. They, you know, went through a health care system and didn't always have a doctor that they liked, and that without that they didn't feel they could sort of trust the system to work for them. So it was written You know, this one quote here on the far left, my doctor has helped me and does a lot to make sure I get better. She's one of a few doctors who I would trust with my health concerns. In the middle it took me switching to a primary care doctor a few times before I found my current doctor, I trust his judgment on that he always asks a few questions before making a decision. Without that people are you know, sort of do not want to lose that and so I think that it is as important when we think about solutions, that we are mindful of what works well and what people want to keep in our system. Because I think oftentimes that doesn't appear on that list of ranked concerns, a personalized care isn't the top concern. But that's because people often feel like they found that and so while it may not be something they want to change, it is something that they really don't want taken away. So you can go to the next slide. Oh, and that's sorry,

that is the end. So I will turn it back over happy to take questions, I believe at the end. But that is the end of the research findings that we've had.

Thank you, Molly, for highlighting these very important findings, to set us up for the upcoming year. And thank you, Natalie, for the warm welcome and introduction to the United States of Care team. I am really excited to be with you guys today and like to switch gears a little bit to talk about what we have in the works for 2021. Slide.

So our message to the incoming Biden administration, Congress and state and policymakers is that while the American people are generally satisfied with their health care, they're still experiencing major anxieties, including affordability as a pressing concern. It's also becoming increasingly clear that the public from every walk of life and political party wants to see an improved, more equitable health care system built in the wake of the covid-19 pandemic. So policymakers should therefore use this unique opportunity to make the improvements that ensure everyone has access to quality, affordable care, regardless of health status, social needs, or income. Moreover, United States of Care recommends that policymakers one prioritize the Affordable Health Care then health care and finding solutions that bring down costs, that does not sacrifice quality. Two, highlight the urgent need to make coverage more dependable, especially in light of the pandemic, and make it clear that people are generally satisfied with their existing health care, but need to focus on improvements instead of a radical overhaul. So as Natalie mentioned at the top of the webinar, the National Poll has been the culmination of a year and a half's worth of work figuring out what has and has not worked for people regarding their health care. Based on what we've been hearing and the results of this recent poll, here are some things we're working on for 2021 to actually affect change and center the conversation on people's needs when it comes to improving the health care system. Listening to people is central to how we approach our work to make sure that people's needs remain at the forefront and are incorporated into identifying policies and policy change. One immediate example is understanding people's healthcare needs during the pandemic for informed state and federal level response. So Molly shared with you data points that support the shared vision people have for a better more equitable healthcare system in the wake of COVID-19. Essentially, what people want or would like to have is high quality care that meets their unique needs at a price they can afford. It's easy to navigate and dependable throughout the life course. As a result, the findings from our national poll in combination with the past 18 months of listening work, United States of Care has adopted these as kind of our guiding light North Star, which will essentially drive areas and topics that we will focus on in the coming year. So in collaboration with our policy team, which I'm super excited to be working with, we will be working to identify innovative solutions in each of these four areas. With a goal to ground our work and understanding the shared and diverse needs of people. We will be looking to identify where the pain points are related to people's own healthcare. And with the healthcare system more broadly. Going a little deeper, we will be looking at where the similarities and differences are across demographic groups. What the specific issues are related to cost and where the challenges are related to accessing care. We're also looking at how people obtain coverage that they can rely on while getting the care that meets their unique needs. As part of our ongoing effort to create a more equitable health care system, where we'll be looking at where any inequities lie across our findings and highlighting these in our recommendations. Finally,

moving our findings across the continuum will be taking our solutions to stakeholders, elected officials and policymakers to pass and implement these solutions. Some immediate policy areas we've prioritized for 2021 include the covid 19, pandemic response, affordability options, and expanding coverage, equitable access to virtual care and mental health and well being. So the United States of care looks to 2021 very excited about our plans for people centered research. As we continue to learn, we look forward to sharing our findings, working with policymakers to create a health care system that is stronger and more equitable than ever before.

35:48

So as a nonprofit organization, the work that we shared with you today is not only made possible through the donations is really only made possible through the donations that we receive from individuals, foundations and businesses. So if you would like to join our community of donors, you can make a gift directly at our website at UnitedStatesofcare.org/giving. And please follow us on Twitter, and some of the other social media channels at us of care. And with that, I would like to thank everyone for joining us this afternoon. Special thank you again to all of our speakers. And I'm now going to turn it over to Natalie to kick off the question and answer portion of today.

36:33 - NATALIE DAVIS

Great, thank you both Venice. And Molly. We're happy to take questions that are coming in through the q&a chat box. So please, continue to put your questions. And Molly, there's an interesting in Venice, you may have something to add here. There's an interesting comment that's coming through the QA of people who actually are heavy healthcare users and are kinds of you know, accessing health care often, do recognize that there are systemic failures, and that perhaps isn't a personal failure to not be able to navigate the system. And the kind of comment is, I wonder if this person wonders if there was a way to bring people together to feel less isolated, facilitate sharing of best practices, until more systemic changes needed might help people feel less alone. I wonder if either of you two, that's more of a comment. But is there anything that you'd like to share from your background and data about that came in?

37:34 - MOLLY MURPHY

Happy to start I suppose, because I think I can come at it. From what I've heard that sort of echoes this. In outside research, I've done, you know, for more than a decade, various public opinion research about different aspects of the healthcare system. And I think that observation is quite astute. People do feel alone in their day to day, you pull people together in a focus group setting, and everyone has their story about the surprise medical bill they got when they had when they had to get stitches, when they had a baby. And they thought everything was covered things that are, you know, largely routine, not the sort of catastrophic accident that people build in that, of course, you could never anticipate bills, but the things where you think that you're covered, and then you get the surprise bill, everyone goes around the table. And there is this sense of community that builds a sense of righteous outrage, as well and sort of amplifies that call for change. And so I think that observation, you know, I view this as a researcher as both very astute to the system, and also it creates a larger call for action, because I think then people realize, okay, it's not just me, it's not just my plan. It's not just this, this is a problem in the system. And boy, we really do need to find some solution. So I think it is helpful both in probably pulling people to that solution and to sort of build a call for solutions, because I think sometimes people do get

lulled into thinking, well, it's better for me than someone else. Or Gosh, I saw the bill, it was $30,000. And I only paid $2,000. I'm lucky, you know when in fact, the fact that they received $1500 in unexpected billing is a problem unto itself. So I'll let Venice go from there from her public health background from my research background.

39:19 - VENICE HAYNES

I totally agree. Yeah, absolutely. And I think that's why the community conversations and listening work that we do in the United States of Care is central to how we go about developing solutions. And I really look forward to having many more of those conversations where people can come together and have that shared sense of community. like wow, you know, that happened to you too, or I got that surprise go, oh, yours was only $2,000 I guess I shouldn't complain. Mine was $30,000. And, you know, as people start to hear that more, you know, it creates a community of practice and building solutions and hearing Across the country, is going to be very tantamount to what we uncover over the next year.

40:07 - NATALIE DAVIS

Yeah, great. There is a question here about research that is done on people's trust in the code vaccine. The United States of Care hasn't done research specifically on the vaccine itself. In both May and November of 2020, we commissioned research to really understand shared desires that people had, in regards to the pandemic response, I'm going to read out what we heard as the shared needs. And you can see how vaccines fit into that. People across demographics want a reliable health care system that's fully resourced and supports essential workers, very relevant to vaccines. A health care system that is for everyone, including people who are struggling before the pandemic hits, accurate information and clear recommendations on how to stay safe and healthy and for their ability to provide for ourselves and our loved ones, especially as we're worried about the financial impact of the pandemic. So you can see the vaccine continues to follow any bedframe of what people are really looking for from elected officials. I will say that the Kaiser Family Foundation just yesterday, the day before, is publishing a COVID-19 vaccine monitor and it's looking at the public opinion and where people stand in terms of the desire to take the vaccines and where some of the concerns lies. So if you want to see more Kaiser Family foundation.org is a great kff.org is a great resource.

41:38 - NATALIE DAVIS

Molly, there's been a lot of questions in the chat about or in the QA about different demographics and subpopulations and different findings. I know we're all at the United States of Care and are still digging into a lot. One question that's come in as about people that don't have insurance or uninsured? Do you have anything to kind of comment about findings from that group
or what you're hoping to learn more about?

42:03 - MOLLY MURPHY

Sure, I'll say a couple things, I saw those questions pop in the chat. And I should have mentioned that sort of proactively and going through the deck 8% of this electorate has no insurance. So 92% are insured in some way, either through an employer through self insurance or some form of government insurance or Medicare. Well, you know, either through need based government insurance or you know, Medicare, things like that. We looked as this data was coming in, because again, it was very important to us that this is a representative sample. And for registered voters as opposed to the general

population, this is about right, and comports with the sort of registered voter available data for the country. Now, what did we learn about that population? They are certainly less likely to say that the care they receive is better than most. By two points, they say they receive worse care. On average, I was struck, frankly, that it wasn't worse. But you know, if you do not have any form of health insurance, about 35% said that the care they receive is better than average, and 37%, say worse than average. And then the rest of us say it's about average. But the other piece that we found in this survey that I think puts a larger context in this is not just about those who have no form of insurance, but those who are still struggling to pay for medical care, what we found is a much larger share of people in this survey said that just within the last year, they have gone without medical treatment due to cost. So that includes people who have some form of insurance or making decisions not to seek the care they need, because they can't afford it. That number gets even higher, if you ask them about their adult lives, you know, have you ever in your adult life gone without medical care, and then it's 34%. So there is certainly, you know, barriers to the health care system, even for those with insurance. Those without insurance obviously have worse things to say about the system as a whole. But how do we and I saw this other question in chat and sort of related to this is kind of how do you find balance between the fact that there are a lot of people out there with no insurance or who are facing sort of dire health care needs? Right now with the fact that many people are just asking for incremental change? And I think that's a really good question. I think the way I sort of balanced this as a researcher in looking at the actual massive problems in the system and the needs to fix them with people's perceptions of them, is that just you know, people do not want to feel like the the ground they are standing on is any shakier, then it already feels and people do sort of have concerns about their ability to afford things moving forward. It doesn't mean that the changes from a policy standpoint can't have a large impact. But people don't want to feel like they are going to be sort of tossed around in a system that is kind of fundamentally being rebuilt. And I think that that just creates a lot of fear. So I don't think from a policy standpoint, we should take from this research, that we shouldn't strive for big impact changes. But I think from a public facing standpoint, when we address and define the system, we need to be aware of the fact that there are things that work well, there are things that people prize and value, in part because they've had to work hard for it. And we don't want to give them a sense that any changes are going to take that away.

45:34 - NATALIE DAVIS
Great. I was going to kind of bring up, Molly, the part about incremental change. And I think that's a really important point that you just brought up, it doesn't mean no change, it doesn't mean impactful change, but it means making sure people feel like it's gonna continue to be stable for them as we make improvements and find opportunities. Molly, is there an information base that you can share? And you may as well, I know we're still digging into a lot of the data about geography, rural versus urban, interesting findings that stand out to you.

46:06 - MOLLY MURPHY
The biggest gap, I would say, is between those who are more educated, which correlates to income, I mean, there really is a sense of higher satisfaction, better access to things, higher choices for those who have the means to do it. And so it does, there is certainly a story in the data of those who sort of have and those who have not, even though I would say across the board, in terms of the numbers,

those who, you know, are less educated, those who have lower income, still generally feel satisfied with what they have. But the satisfaction level is highest for those with the highest level of education attainment, the highest, you know, highest income levels. From a geographic standpoint, we actually did not see a massive difference between rural, suburban, urban and rural, despite the fact that in terms of health care access, there are disparities and inequities that exist there, you know, perceptions were not dramatically different.

47:10 - NATALIE DAVIS

Great. We had one question come in about, as our research, targeted specific policy, ideas and changes that we can make that is really where, as our team is continuing our policy teams continuing to work on near term policy work that we're doing that is the work of Venice, and our, our policy team is going to be diving into in the first quarter and second quarter is taking these findings, thinking about and building out and addressing different policy change options, and bringing those again in front of people and seeing if we can find, consensus or things that people feel they really feel like will make a difference in their day to day life.

47:51 - VENICE HAYNES

Yeah, I just wanted to jump in on a quick note on our kind of research design perspective, I see a comment in the chat about that. And the unique opportunity, we have to work directly with policy makers, but taking it all the way a step back, and really honing in on the mixed method approach, as we talked a lot about today with the national poll. But the qualitative piece is, as we said, you know, throughout the presentation today very central to what we're doing. So taking these mixed methods, you know, design, working with our policy team, as an iterative approach to how we both uncover potential solutions that will, you know, advance and meet the needs of people. And continue to refine and find existing policies that might need to be tweaked, to make sure that people are getting the coverage and access that they need. So we do have a couple of different things that we're working with on the research side or research design approach to get at some of these bigger questions.

49:02 - NATALIE DAVIS

All right, this one's going to be an exciting Wednesday afternoon. Brain exercise medicine, Molly, given that none of us I don't think are about immediate physical experiences and healthcare. But a really interesting question is if we think about design perspective, as you hear these results, are there things that come to mind for you and how somebody would want to, you know, feel their immediate physical experience in healthcare and Venice. Also, I know you've been thinking a lot about virtual care and how, especially during this pandemic, is that how that feels to people what it means to have access to virtual care. So I wonder if there's any interesting findings, you are seeing things you're thinking about for physical experience, but also this virtual experience?

49:50 - VENICE HAYNES

Yeah, so we are knee-deep in looking into virtual care experiences across a variety of populations, older adults, Rural dwelling folks, the disability community, and definitely not limited to those, but those are some that we're digging into. And we're really trying to hone in on, you know, the quality of virtual versus physical appointments and where the challenges are recognizing that everybody's challenges

and concerns might be different. We really want to press in to find out, you know, is there a consensus somewhere where people are having issues with technology, for example, or is technology meeting their needs for the type of effect physical exam that they need to have, you know, virtually, are there some visits that are non negotiables, like, you know, I absolutely have to go into a doctor, or, actually, I found that it was better, you know, in a virtual care space, and we were able to navigate it better. So we really have our ear to the ground on that initiative right now, and hearing what people's experiences are and how they are figuring out this new virtual care space. And what's actually surprisingly working for them better than actually physically going in for an appointment, which is really interesting to find out. So we hope to come back soon, it's top of the year with what we're hearing from people on that and making some recommendations on how to make it better.

51:27 - NATALIE DAVIS
Molly, anything you'd add there,

51:28 - MOLLY MURPHY
I would echo that I think we certainly heard in the research, interest and intrigue from those who had never used virtual care pre pandemic. And, you know, I think that a lot of people in the survey reported that, you know, during the pandemic, that is something they've utilized. So I think that that is where, you know, crisis has been met with opportunity to find different and new ways that I think would have, without the pandemic taken many more years to kind of build an incremental comfort level with that. And I think that people are adjusting to doing a lot more things virtually now. And so healthcare is part of that. And so I think the question is, one, how do you find any concerns people have, once they've tried it? Do they feel? Does it feel less secure? Do they feel more rushed? Do they feel, you know, like, they're not getting the same level of care, and making sure we're addressing those needs head on, but also building up the elements that people are looking for, which is that greater personalized care time with the doctor, and all of that. And so I think that that is going to be an interesting, I put it not in challenge, but opportunity for 2021. And moving forward, because it certainly is a new way and a way of the future to help give care to people who would otherwise struggle to get it. But making sure that we're not then creating more haves and have nots that people don't feel like it is lesser care. And so I think that I think it's a really interesting one and a lot of opportunity.

52:59 - NATALIE DAVIS
Yeah, that's that's definitely right at the United States of care, our building blocks of health reform, led by Jen Deyoung, one of the main questions she has on those spaces, can we make sure that virtual care, you know, lives up to the hype, but also improves access to provide to populations that didn't have, you know, high access before? And like you said, not making sure it's going to people that already had the way to get to the doctor or see the providers they needed. I think there's one or two more questions. This one I know you both are thinking a lot about, but I don't want to have it kind of an unanswered, there an astounding 23% of people reported personally facing discrimination and seeking health care. This question is, can we unpack that a little bit? I know, this is a place where we're going to dig in a lot more because it is nuanced data, but we'd love to hear you have you guys, you know, respond to that a little bit?

53:59 - MOLLY MURPHY

Sure. I'll just speak to the data and unpack the data a little bit and Venice can sort of speak to kind of what the larger listening is and hearing more about that. So yes, 23% overall in the survey so that they have experienced, personally experienced discrimination when seeking health care. We asked a follow up question of the folks who said yes to that. And we gave, you know, a fairly long list about a dozen different potential reasons also gave them the opportunity if it was something else to share what that other reason might have been, and of that 23% so it's a subset 39% of them said that it was based on income. That was the main reason they experienced discrimination after that it was sort of tied between age and race. And you know, after that was gender, so the reasons were more demographic, then they were, I guess, an income demographic, then, you know, health condition that was much lower people were less likely have experienced discrimination based on physical disability, chronic illness, mental illness, weight, you know, things like that. And so it was really more about kind of who they were or their background socio-economically. Now for the bipoc community, the main reason was race. But it was closely tied with income. So 41% of individuals from the bipoc community said the reason they were discriminated against was race based, followed by 37%, who said income. So, you know, I mean, certainly that's definitely unpacking from the data standpoint of who said that and what it was based on. But as far as the listening and whatnot goes, Venice takes that.

55:40 - VENICE HAYNES
Yeah, this is just the beginning of a lot of work that we're looking into, in regards to inequities and where they are, as we're talking to people, we are looking for unique areas to press into exactly what those experiences are, as it relates to how people experience the healthcare system themselves. And really taking that back and integrating it with these poll findings, as well as the academic literature and all of the work that's previously happened in this space and kind of synthesizing it to find out, you know, where are we missing? Where do we kind of need to press in a little bit more, and examine why people are experiencing them geographically? Are there differences? Are there age differences? Are there other variables that we are not considering or thinking about or have considered and just need to elevate a little bit more, but most importantly, making that very much a high part of the recommendations on the policy side and having that conversation, you know, up front, and here's the data support, and here's what people are saying. So that's a very, very important initiative that we have at the forefront for 2021. Thanks for the question.

56:51 - NATALIE DAVIS
All right. With that, I want to thank everyone for coming today. This webinar was recorded and will be available for you to watch over and over again. We will also be posting to our website. More we have a glossy with these results, and we'll continue to put out more information. We're always looking for partners in research and in policy and in big thinking and creative thinking. So please, we'd love to hear from you and have a great rest of the week and Happy New Year.