



Centering People in our Pursuit for Health Equity



REVIEW OF 2021 LEARNINGS AND NEXT STEPS IN 2022

At [United States of Care](#), we have a vision of creating a better and more equitable health care system that is centered on peoples' needs. That's why [listening to people](#) is at the foundation of all our efforts – especially our health equity work. We believe that people-centered policy change is critical to achieving equity and reducing disparities in health care. In short, putting the **needs of people** at the forefront of our research and policy will help advance equitable policies that actually **work for people**.

USofCare is dedicated to closing the longstanding inequities in the health care system — inequities which hinder people's chances to live happy, productive, respected lives. As an example, individuals with low income and people of color – Black, Latino, American Indian/Alaska Native groups, in particular – encounter more difficulty finding care and have [higher uninsured rates](#)¹ than those with [higher incomes](#).² Their uninsured rates also exceed the rates of White, Asian, and Native Hawaiian and Pacific Islander populations. The convergence of the COVID-19 pandemic, the economic disruptions it has caused, and racial and societal tensions in our nation, highlight the growing need for action. USofCare will continue to use all tools available to pursue our mission to **create a health care system that works for everyone regardless of their health status, ability, social need, race, ethnicity, sexual orientation, income, or where they live**.

“ This is what we as a society should strive for. If we are all doing well it lifts the whole society up.

White Democrat female living in a big city

“ Everyone should have access to health care regardless of your status. It is humane thing to do.

White republican female living in a rural community

IN THIS REPORT: The following report highlights the cornerstone work USofCare completed in 2021 to understand, embed, promote, and advance health equity using our unique people-centered approach. We also preview the work we'll undertake in 2022, including deeper exploration into what health equity means to people such as which words people use when they talk about their desires for a more fair and just health care system.

¹ [KFF State Health Facts: Uninsured Rates for the Nonelderly by Race/Ethnicity \(CPS\) 2020](#)

² [KFF State Health Facts: Uninsured Rates for the Nonelderly by Federal Poverty Level \(FPL\) 2019](#)



Applying an Equity Lens to Our Work

One way that we ensure we stay true to our vision of creating a better and more equitable health care system is through the creation of our own **People-Centered Equity Lens tool** which supports us in continuously evaluating ways we embed equity in our work. This tool allows us to:

- ★ Strategically address barriers within the health care system at large and ensure accountability within our organization
- ★ Provide a means to evaluate policies, practices, programs and other efforts to advance equity
- ★ Guide our staff and stakeholders through a series of questions across five areas – which communities are most affected, which voices are included or missing from narratives, what barriers contribute to inequity, and how can we uniquely advance equitable solutions – to ensure equity implications are always considered in our organizational work



How We Listen to People

At USofCare, we think the best way to understand the barriers people experience with the health care system is by listening to people. We believe that those closest to the problems are closest to the solutions. What we learn from people through our listening work guides our efforts to advance change and build policy recommendations, so that we can ensure any legislative action reflects what people truly want and need.

→ LISTENING

Our [research methodologies](#)³ take care to follow a people-centered approach. Through our multi-prong listening efforts, we are able to reach a range of people throughout the country to understand their experiences of utilizing the health care system, particularly those that face the largest barriers. For example, in 2021 alone, we held four focus groups, fielded a national survey, and hosted a ReMesh session – a research technique that allowed us to gather both qualitative and quantitative perspectives as participants responded to a series of questions. Each of these methodologies was built off of findings from the previous engagement in order to keep the people's perspective at the forefront.

³ [Deep Listening and National Public Opinion Research](#). Washington, DC. United States of Care in partnership with ALG research, October 2021.

→ METHODS AND DATA

Equity principles are embedded in our research methods and survey designs. Gathering the right data is essential to understanding how and why different groups of people – in particular people of color, individuals and families with low-incomes, and people who live in [rural areas](#)⁴ face [greater barriers accessing and affording care](#)⁵ – and in some instances, face discrimination based on these factors.⁵ These factors result in even more disparate health outcomes.

Oftentimes, policymakers, public health experts, and health care practitioners that rely on data to make critical decisions, are unable to fully uncover the true extent of disparities and act on real-world evidence due to outdated and inaccurate aggregated data. Our health care and public health systems need more robust and complete demographic data collection, analysis, and program evaluation to solve this challenge. Understanding these health care gaps more completely will allow us to develop a path toward improving the health care system for all people.

In practice, USofCare takes care to oversample populations that experience the greatest inequities within the health care system. We also expand race and ethnicity categories in our data gathering methods, and disaggregate race and ethnicity data. These methods allow us to clearly identify gaps and make recommendations inclusive of those experiencing the greatest need.

→ LISTENING TO VIEWS AND NEEDS ON “EQUITY”

When USofCare was conducting our [2021 research](#), we wanted to explore people’s authentic views on health equity. Our research has shown that there is a general recognition that certain people are not afforded the same opportunities to get the health care that they need. Even those who have personally experienced inequities or generally support efforts to achieve an equitable health care system, everyday people do not have a clear consensus on what the formal term of “health equity” means. In fact, during our listening work, many people shared stories illustrating painful inequities they or their loved ones have faced. And yet, they didn’t identify the challenges as systemic inequities that academic and other researchers understand them to be.

→ PARTNERING

We partner with community-based organizations that work with people on the ground to develop a true understanding of people’s needs. Through those partnerships, we learn directly from communities underserved by the current system. Shortly after its founding, USofCare created [Voices of Real Life](#), a council of members across the country from diverse backgrounds and experiences within the health care system. Our members continually share with us their expertise and insights into their personal health care needs, and highlight the health care needs of their families and communities.

USofCare also brings together stakeholders to identify promising practices and models for innovation and care delivery centered on equity. Our diverse councils and partnerships include people, health care experts, entrepreneurs, and other leaders dedicated to building a better health care system.

⁴ Rural Health Information Hub, 2021. Healthcare Access in Rural Communities [online]. Rural Health Information Hub. Available at: <https://www.ruralhealthinfo.org/topics/healthcare-access>

⁵ Allen, Elizabeth M. PhD, MPH*; Call, Kathleen T. PhD; Beebe, Timothy J. PhD; McAlpine, Donna D. PhD; Johnson, Pamela Jo PhD. Barriers to Care and Health Care Utilization Among the Publicly Insured, Medical Care: March 2017 - Volume 55 - Issue 3 - p 207-214 doi: 10.1097/MLR.0000000000000644

United States of Care's Health Equity Work in Action

To complement our listening research and inform our work to advance change and build policy recommendations, USofCare researches and reviews various methods and strategies that state and federal policymakers, as well as health care systems, use to advance equity. Our research this past year has identified several promising approaches that could help establish a more equitable system of care throughout the United States. We hope these policies are broadly embraced by health system experts, practitioners, and policymakers – and we are actively sharing these recommendations.



IDENTIFYING GOALS FOR HEALTH CARE THAT MEET PEOPLE'S NEEDS

Through our 2021 listening research, we affirmed **FOUR MAIN GOALS** people have for the health care system:

- ★ People have the certainty that they can **afford their health care**.
- ★ People have the **security and freedom** that dependable health care coverage provides as life changes.
- ★ People can get the **personalized care** they need, when and how they need it.
- ★ People experience a health care system that's understandable and **easy to navigate**.

Our research—which included oversampling for populations that have historically been marginalized by the health care system—found that just about 90 percent of people across the country agreed that these are the right goals for our system, and substantial majorities said the goals would give them peace of mind, be an improvement, and are reasonable. These goals serve as a “north star” for our work, guiding us as we advance change and build policy recommendations. By aligning our work with these goals, we can ensure we are focusing our work on what people want.

ADVANCING EQUITY IN FEDERAL POLICY

Over the last year, USofCare has made [substantial recommendations to a range of federal policymakers](#) to fight the pandemic and build a better, more equitable health care system in its wake. These recommendations remain rooted in what we learn from people.

Encouragingly, there has been some recent progress toward our vision for a better health care system. We have seen progress within the federal government, in states through advocates and policymakers, and through work led by entrepreneurs, health care leaders, providers, hospitals, health systems, and health insurers. For example, [CMMI's strategy refresh white paper](#)⁶ released in fall of 2021, echoed many USofCare recommendations, including the importance of centering equity and people in the work toward a better, more inclusive system.

⁶ Released Oct. 20: CMS White Paper on CMS Innovation Center's Strategy: [Driving Health System Transformation - A Strategy for the CMS Innovation Center's Second Decade](#).

To help guide these conversations, USofCare released a set of [recommendations to the Center for Medicare & Medicaid Innovation \(CMMI\)](#) in April 2021 to create a better and more equitable health care system in the wake of the pandemic. **Our recommendations to CMMI included:**

- Infusing equity into all policies in an intentional and structured way.
- Incorporating regular focus group activities that are demographically representative of the larger population affected by a particular policy.
- Partnering with community-based organizations to facilitate focus groups and to ensure the needs of the population are met.
- Issuing Requests for Information (RFIs) to broadly solicit ideas from community groups, local not-for-profit organizations, and other entities deeply embedded in neighborhoods. These RFIs should seek feedback on methods, models, and strategies to ensure the equitable distribution of care to traditionally underserved populations.

USofCare provided further guidance to the federal government through our [July 2021 response](#) to the Office of Management and Budget's Request for Information regarding "Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government." **A few of our core recommendations included:**

- Putting forward models of care delivery and collecting data critical to developing more equitable policies that meet people's needs. Not only would this provide invaluable insight into what works and what does not, but it would also move our nation's systems towards ones that work for as many people as possible.
- Stratify data by race, ethnicity, language, age, sex, gender, sexuality, disability, nationality, and social determinants of health (SDOH) needs, etc. and the social intersectionality of these identities.
- Require direct data collection instead of proxy measures, particularly from community members, key stakeholders, and research partners.

MEETING PEOPLE WHERE THEY ARE: INCREASING COVID-19 VACCINE CONFIDENCE

From the first days that COVID-19 vaccines were publicly discussed, we recognized the urgent need to work toward the broadest possible uptake of the shots and to address whatever hesitancy would exist.

Early on, we narrowed our focus toward learning about the groups we saw as most-likely to hold substantial questions about the vaccines or be reticent to take them — particularly among people of color and Republicans. In order to build vaccine confidence, we recognized that the field needed to be united in its messaging, strategy, and knowledge.

USofCare recruited a collaborative group of top-tier public health and health policy researchers and created the venue for them to work together with unprecedented cooperation with aims of maximizing vaccine confidence, with a focus on the people who the system so often leaves behind.

Consortium members include researchers and communicators from Kaiser Family Foundation, the Ad Council, deBeaumont Foundation, Rockefeller Foundation, MadeToSave, federal liaisons from the U.S. Department of Health and Human



Services, and others. Each group brings an inherent equity focus to the table and unites to create new and non-duplicative research and messaging tools that can reach the vaccine-unsure where they are.

Throughout 2021, the Consortium learned that the most equitable vaccine distribution and uptake efforts should focus on getting factual and straightforward messages to the hesitant and making sure their questions get answered by people's most-trusted messengers — people's personal physicians.

Meeting people where they are, answering their questions, and providing peace of mind via trusted messengers — tangible results of the collaboration of Vaccine Researchers Consortium members — has helped dramatically increase vaccination rates among people of color and myriad other underserved groups, including people in rural areas and those with lower incomes.

Additionally, USofCare's products from the Consortium's findings have reached some of the most prominent and influential people in the country, including at the highest levels of media and government. We've used them in outreach to the press to help guide their reporting on vaccine inequities in ways that will be productive for increasing uptake, instead of reporters' writing framing hesitance negatively, which we learned is a roadblock for people who were not immediately eager to get a shot.

From the very start of our vaccine confidence work, our memos with messaging guidance were delivered to numerous White House officials, including as a briefing document for remarks that First Lady Jill Biden gave to a group of Black ministers about increasing vaccine confidence among their congregants.

ADVANCING EQUITY IN STATE POLICY

USofCare is also committed to working with state policymakers on equitable health care policy. In 2021, we joined a coalition in Colorado to support passage of [the Colorado Option](#). That landmark legislation to create a new insurance option contains specific requirements for health plans to be designed to reduce racial disparities and improve health equity. In particular, the law specifies that [networks must be “culturally responsive.”](#) That is, health plans must be informed by – and responsive to – the unique cultural needs of diverse Coloradans. As implementation of the Colorado Option moves forward in 2022, we continue to work with the state's Department of Insurance (DOI) in its efforts to develop culturally responsive network requirements. In addition, we are supporting DOI's work to identify and select appropriate health equity measures to include in carrier access plans as the state explores how best to measure the effectiveness of the Colorado Option in providing equitable access to affordable coverage. As states continue [exploring public options](#), it will be important to learn from Colorado's implementation and efforts to design policy in a way that responds to its community and focuses on advancing equity.

ADVOCATING FOR PEOPLE-CENTERED VIRTUAL CARE TO CLOSE ACCESS GAPS

USofCare's people-centered policy design approach is operationalized through our virtual care work as well. When COVID-19 struck, the country underwent a near-overnight change in how we obtain health care. The pandemic changed how we interact with our providers and greatly accelerated virtual care in various settings.

While the pandemic demonstrated the potential for enhanced access to virtual care as an equalizing force, barriers remain – including that some people lack resources to participate in a virtual care platform. Therefore, without deliberate effort and careful attention, a rapid move to virtual care could worsen health inequities rather than reduce them.

Through our research, we have explored how virtual care can be used to remove barriers to access, while also making health care more convenient for all people. Our research into the virtual care landscape is rooted in this key question: **“How can virtual care be used as a tool to reduce inequities and close gaps in access to care?”**

USofCare closely examined people’s experiences with virtual care and combined those learnings with leading research to create recommendations for policymakers and health systems. Our efforts are focused on those who have historically faced barriers to accessing care in traditional healthcare settings, including older adults, people in rural communities, people who use safety net providers and those seeking mental health and/or substance use disorder care and treatment.

Our recommendations, in sum, aim to promote better access for more people. **Each one addresses a need or barrier people have encountered while navigating virtual care:**

- ★ **Blend in-person and virtual care:** People should have the *flexibility to choose whether to receive in-person or virtual care*. We should ensure providers are not incentivized to steer patients to certain methods of care and to prioritize value over volume.
- ★ **Expand access opportunities:** Bring *broadband access and audio-only options* to all communities.
- ★ **Maximize care locations:** Remove *location-based reimbursement* restrictions.
- ★ **Enhance research:** Look at *successes and challenges among different populations* and locations. Consider equity implications of care models.

“ So I would love to be able to access my medical professionals virtually.
But I have unreliable internet access. I have to wait until I have reliable internet.

71 year old female living in a rural community



Next Steps in USofCare's Equity Work

We must continue to know people's true needs to effectively solve health care gaps. Hearing directly from people and understanding their perspectives and lived experiences is essential to our efforts to embed, promote and advance toward a more equitable health care system.

In 2022, USofCare will further explore what health equity means to people. We would like to learn which words people use to express their understanding or desire for health equity. Most importantly, we would like to hear directly from those who have faced inequities in their efforts to receive health care.

Right now, the COVID-19 pandemic and our nation's racial reckoning have shined a spotlight on structural inequities in health care and beyond. As USofCare embarks on our fourth full year, we endeavor to seize this moment to create a more equitable health care system. In all these efforts, USofCare will ensure that policy solutions focus on meeting people's needs.

To achieve these goals and broaden our reach, USofCare will continue our research and hone our unique approach to better understand everyone's health care needs by continuing to listen to people through community conversations, focus groups, message testing, and public opinion surveys. We will use these findings to identify solutions to meet people's needs, and in partnership with our vast networks, we will work with health care leaders and state and federal policymakers to enact change.



Join Us in Creating People-Centered Change

We cannot do this work alone, which is why USofCare will continue to listen to people and partner with individuals, communities, and organizations devoted to building an equitable health care system. We invite individuals and organizations to collaborate with us to achieve a future where **everyone** can access quality affordable health care regardless of their health status, ability, social need, race, ethnicity, sexual orientation, income, or where they live.

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