



Deep Listening and National Public Opinion Research

Overarching Approach to Research

In 2019, United States of Care launched a deep listening effort to better understand the shared and differing needs and experiences of people utilizing the U.S. health care system. This research serves as the foundation for our work. It follows our belief that people should be at the center of our health care system and ensures that our priorities are guided by what people want and need.

Over the course of more than two years, this comprehensive research effort included a mix of open listening with individuals and groups as well as large-scale surveys. Each piece of research built upon our current knowledge and deepened our understanding directly from people.

The research has informed four core goals for the health care system that people across the country want to prioritize. The research has also helped identify a series of targeted, commonsense solutions that put our country on a path to achieving our goals. Learn more about the [United Solutions for Care](#).

Key finding: People agree on goals for improving the health care system

Utilizing early open listening, followed by rigorous public opinion research, the following four goals for a health care system that meets people's needs were identified and tested. 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.

USofCare's four goals are:

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

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If they actually went by all of that, then people wouldn't have to worry about everything so much. They wouldn't have to worry about getting their medications and be able to see the right doctors and getting the care they actually need.

Focus group participant

Top Desires for our Health Care System

Our research also looked into the top desires that people have for the health care system.

Those that rose to the top are:

- ★ **Addressing costs.** Throughout our research, concerns about the cost of health care have remained front and center. Affordability is the core critique of the system across demographics, and cost has driven many people to skip seeking routine care. Even those who are more financially secure struggle with knowing what their care will end up costing.
- ★ **Improving the system.** There is broad support for achieving targeted improvements to the health care system that address affordability, dependability, personalization, and navigation.
- ★ **Targeted fixes.** Regardless of demographic, we have found that most participants in our research prefer targeted fixes over large, dramatic changes to the system. Participants talk about a system that offers such fragile peace of mind that they are left grateful for the most basic levels of care and are mostly resistant to large-scale changes that might put that at risk. Instead, they believe that targeted fixes to big problems may have a better success rate, on a faster timeline.
- ★ **Ensuring all people have access to quality affordable health care.** People recognize that not everyone is afforded the same opportunities for care and want to see action toward a more equitable system. Many people also recognize that too many people lack resources like healthy foods and transportation to doctors' appointments to be healthy.
- ★ **Preserving the high quality and choices people value in the current system.** There's a lot that people want to change, but not at the expense of quality or choices. For some this means being able to keep your insurance if you like it. For others it means being able to pick the doctor you want to see. Even those who are more critical about their experiences, generally appreciate the quality care they receive and their ability to make their own health care choices.

Important context:

- ★ **The low bar of "satisfied."** We found that being satisfied is not an indication that insurance is a generally positively viewed industry or that their insurance situation is flawless. Instead, they recognize that simply by having insurance that covers most of their needs, they are more fortunate than others who do not. The concept of being "satisfied" is relative. The alternative of not having insurance is enough to keep those with it grateful for what they have.
- ★ **Perception of having "better than average" care.** Health care is in many ways seen as a case of "haves" and "have-nots" – those who have access to health care are thankful for it, and well aware of the struggles that those without coverage endure. Understanding that your health care experiences might be better than average (or just average) does not mean you think the system is working.
- ★ **A prominent sense of fear and support for solutions that address health events we can't plan for.** As we neared completion of our second year of research, we found a common thread across several solutions that were consistently prioritized by people across the country. Solutions that keep people from going into debt, help them receive long-term care if needed, and ensure that they will be covered for a serious health event all received consistent high marks, likely the result of the enduring fear that exists of having an unexpected health event that causes extreme financial hardship.

Open listening through one on one and small group conversations



Additional Important Findings Across our Research



Community Conversations and In Depth Interviews (2019-2021)

Through more than 60 hours of conversations (both before and after the start of the pandemic), we spoke directly to people about their experiences with **the health care system in a personalized and comfortable setting**. We learned:

- There was widespread concern about the ability to protect and provide for ourselves and our families.
- There was (and still is) a **hunger for accurate information and recommendations** on staying safe during the pandemic.
- People were worried about work and the financial and medical impact for ourselves and our families.
- There was a recognition of the needs of vulnerable people in our communities.
- There was a desire to see a health care system that is **adequately resourced and supports front line workers**.

United States of Care researchers conducted the conversations which took place between Fall 2019 and Summer 2021 and analyzed the findings. There were 62 participants across 14 states and Washington, D.C. (California, Colorado, Connecticut, Georgia, Illinois, Minnesota, Missouri, New Jersey, New York, Ohio, Pennsylvania, Texas, Washington D.C., Washington state, and Wisconsin).

Social Listening (2019)

This effort sought to understand how people talked about their health care experiences online by analyzing social media posts related to health care. We found that:

- People feel that the system is **broken, confusing, complex**, and does not have people as its central focus.
- People feel that their needs are not being met and they do not know how to fix them.
- The cost of care is a real and sometimes devastating concern—and **people's concern is with their own health care costs**, rather than the cost of the system itself.
- People are turning to social media to beg their friends and family for **help covering their medical bills**.
- Politically motivated language can create apathy and frustration, and those who engage in health care policy conversations online do so from emotionally charged, entrenched partisan corners. There is a lack of productive dialogue.
- **Distrust and anxiety** in the system could be more widespread than we realize.

Impact Social conducted the social listening research that examined social media posts over four months (June-September 2019) from 7,181 individuals (21,496 original posts) across four states (Connecticut, Georgia, Minnesota, and New Mexico), Washington D.C., Washington state, and Wisconsin).

COVID-19 National Survey (May 2020)

This survey was specific to **understanding the values and feelings surrounding the COVID-19 pandemic** to help policymakers respond. Our survey found:

- There were a **mix of emotions** related to the pandemic, and those emotions were overwhelmingly negative (anxiety, uncertainty, and frustration).
- A significant number of people were putting concerns about their loved ones ahead of themselves and were **deeply concerned** about those in their community and on the front lines.
- People were also finding hope in the midst of crisis—in religion, their families, and stories of people helping others.

Brandata conducted the national survey from May 1-3, 2020 with a sample size of 2,156 respondents, including oversamples for African American women, Republican-identified men and women, and Republican-identified high school-educated white men. It carries a confidence interval of 90%, with a margin of error between 2-4%. Participants were from 45 states (Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming).

QualBoards (August 2020)

This unique tool, a combination of an online focus group and discussion forum, allowed us to **gain a deeper understanding of the broader health care needs and desired improvements to the system**. We discovered:

- The high cost and complicated nature of health care has required respondents to be intimately engaged with their care.
- Respondents desired lower costs and more personal, quality care.
- Cost was the most prominent concern throughout the discussion, though some respondents volunteered to pay more if coverage was dependable.
- **Quality of care is essential**, and respondents were leery of any changes or policies that could harm quality.
- Politically motivated language can create apathy and frustration, and those who engage in health care policy conversations online do so from **emotionally charged, entrenched partisan corners**. There is a lack of productive dialogue.
- Distrust and anxiety in the system could be more widespread than we realize.

ALG Research conducted a three-day online focus group from August 18-20, 2020. It included 22 participants who were a mix of voters by gender, socio-economic status, geographic region, and ideology. Participants were from 14 states (California, Connecticut, Florida, Georgia, Illinois, Indiana, Michigan, Missouri, Nebraska, Nevada, North Carolina, Ohio, South Carolina, and Tennessee).

National Survey (November 2020)

This survey allowed us to drill down on a shared vision of health care and peoples' views of the system.

- People want action on health care now, with **84 percent agreeing that we must build a better, more equitable health care system** in the wake of the pandemic.
- People have largely coalesced around a shared vision for the future of health care. Eighty-three percent agreed with a vision of care in which “all people can access high-quality health care in a way that meets their unique needs at a price they can afford. In this improved, easy-to-navigate system, people will have the security of **knowing they can depend on their health care coverage** throughout life's changes, and get the care they need, when and how they need it.”

ALG Research conducted the online survey of registered voters from November 12-18, 2020. It included 1,000 total respondents nationwide and has a confidence interval of +/- 3.1% at the 95% level of confidence. Results were weighted to reflect the composition of registered voters across the country. The survey included respondents across 48 states and the District of Columbia (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming).

Focus Groups (April 2021)

These focus groups, conducted via Zoom, allowed us to dig deeper on important topics that emerged from our first year of research and understand the **nuances of peoples' experiences** with the system. The focus groups uncovered that:

- Cost was the primary concern among participants.
- There is a desire for targeted fixes to the system over large, dramatic changes.
- Respondents want to preserve choice in the health care system and speak highly of innovation and quality of care in the U.S.
- When respondents say they are “satisfied” with the system, they really mean **they feel fortunate to have coverage that meets their needs at all**. Perception of having “better than average” care was rooted in an understanding of how poorly the system works in general.

ALG Research conducted four online focus groups from April 28-29, 2021. The groups were done among four audiences: Black, low-income, people with insurance they are satisfied with, and Republicans. Participants in all groups included a mix of age, gender, education and geographic region. Participants were from 13 states and Washington, D.C. (Alabama, Arizona, Connecticut, Florida, Georgia, Iowa, Illinois, New York, North Carolina, Michigan, Pennsylvania, Washington D.C., Washington state, and Wisconsin).

National Survey (July–August 2021)

This quantitative survey allowed us to begin to explore some of the solutions to our health care challenges.

- Broad support for solutions that address affordability, dependability, navigation, and personalization.
- When asked to pick the most personally impactful solutions, voters chose **solutions that will address high costs in the system**.
- Among the affordability policies tested, **setting coverage standards** and **reducing prescription drug prices** were by far the most popular.
- Prescription transparency received strong support, both overall and across political parties.
- Making it easier to **access long-term care where patients live** was the only solution to get net support above +80 across party lines.

ALG Research conducted the online survey of registered voters from July 27–August 2, 2021. It included 1,500 total respondents nationwide, which included an oversample of 500 interviews among people of color, voters with lower incomes, and voters living in rural communities. The survey has a confidence interval of +/- 2.5% at the 95% confidence level. Results were weighted to reflect the composition of registered voters across the country. The survey included respondents from all 50 states and the District of Columbia.

ReMesh Session (September 2021)

ReMesh provided the opportunity to gather both qualitative and quantitative findings as participants responded to a series of questions about USofCare’s objectives and goals for the health care system and the solutions that could put us on the path to achieving them. We found:

- Participants had shared agreement that the ideal health care system means **affordable coverage** and **seeing the providers you want to see**.
- Therefore, unsurprisingly, the most sought-after changes to improve the health care system were unanimously **better coverage for lower cost**.
- As we probed on what “affordability” means in health care, the consensus opinion was merely “staying out of debt”.
- The goals that USofCare has identified elicit entirely positive responses, with most believing they are “manageable” changes, that they help everyone, and make life easier.

ALG Research conducted the hour-long online ReMesh Session on September 1, 2021. It included 110 participants across 33 states (Alabama, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, West Virginia).