

The Health Equity Landscape

4 Key Insights from USofCare's Listening Work Executive Summary



What does an equitable health care system look like? A system that treats people well — like people. It removes obstacles that prevent people from attaining and maintaining the resources needed for them to be as healthy as possible. Obstacles such as racism, discrimination and bias but also other drivers of health such as poor education, low wages, poor air quality, housing, and low or no access to quality affordable health care.

When these obstacles are removed and we have a system that provides quality health care with respect for **everyone**, costs go down. People can then redirect those resources elsewhere for a better quality of life, where they don't have to live in fear of the next health crisis sending them into bankruptcy or another major life disruption. People can create more economic growth and stability, put food on their table, send their kids to school, take vacations, secure quality housing — and the like. But this can't happen if people who are historically marginalized by the health care and other systems are not treated and respected as people first.

Working to dismantle these and many other inequities, including discrimination in the health care system, is key to USofCare's identity and mission. As an organization, we are dedicated to creating a health care system that works for everyone regardless of their health status, ability, social need, race, ethnicity, sexual orientation, gender, income, or ZIP code. Furthermore, we believe that to build toward this more equitable health care system, we must first learn how people understand and experience inequities in the health care system.

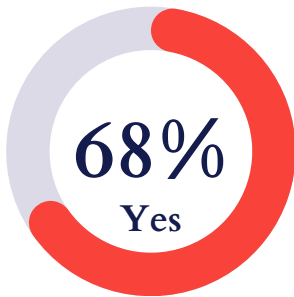
The following report provides a deep dive into some of the data USofCare has gathered over the last two years through a variety of methods with thousands of adults living across the United States. USofCare's research cuts across the sorts of challenges that people face with the health care system, and the solutions people want to prioritize to solve them. For the purposes of this report, we examined the data specific to inequities which came up in our community conversations, focus groups, or public opinion polling.

Specific research questions and first-person stories both helped us train our focus on the following areas: understanding peoples' awareness of inequities in the health care system, who experiences them the most, the lived experiences with bias and discrimination, how people understand the term "health equity," and the desires people have for health equity to be elevated for a better health care system.



1 There is broad agreement that some people face inequities in the health care system — but less agreement about who does.

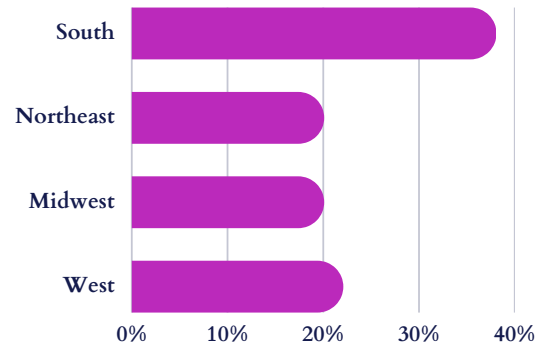
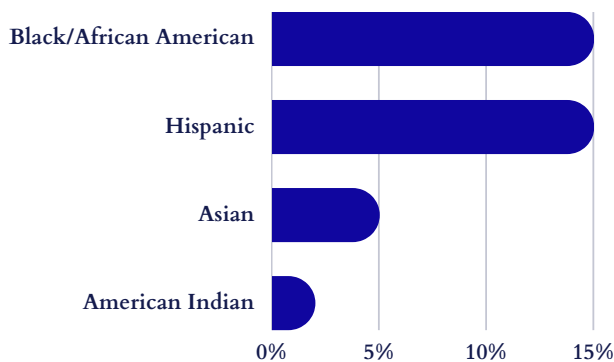
Throughout our research, there was widespread recognition that not everyone has the same opportunities to receive the health care they need. The first time we asked a question related to health inequities was in our 2020 national survey. People across the U.S. responded about their awareness of people facing inequities in the health care system. A majority of respondents stated that they do recognize that some people face inequities when seeking health care.



“Q: From what you know, do some people face inequities when seeking health care? For the purposes of this question inequities means people not having the same opportunities to get the health care they need.”

-USofCare National Poll November 2020 N=1000

Who said yes...



44%
Lower Income

27%
Living with a disability

★★★★★ **The bottom line:** There is a widespread understanding that health care in the US is not currently equitable for all people. It, coupled with a call for fairness, must be elevated as a priority in the health care system.

2 Racism, bias, and discrimination in the health care system are felt by a noteworthy percentage of the population. However, many have a hard time recognizing it in their personal experiences.

While people consistently identified fairness and inclusivity as the ideals driving their goals for health care, our research also showed that their experiences with health care departed drastically from those ideals. Throughout our research, many people acknowledged instances of unfair treatment — both among themselves and others around them.

In our 2020 national survey, nearly a quarter of respondents reported feeling personally discriminated against when seeking health care. Income, age, and race were the most commonly cited reasons for this unfair treatment.

Approximately **1 in 4 respondents** reported feeling personally discriminated against on the basis of income, age, race, ethnicity, mental illness or physical disability.

“Have you ever personally felt discriminated against when seeking health care?”

-USofCare National Poll November 2020 N=1000

Recognition of unfair treatment and racism in health care was especially prominent among Black focus group participants, who cited longstanding awareness of, and personal experiences with, racism and discrimination:

“They told my friend, ‘You're going to have diabetes just because you're Black.’ And they just started her on [diabetes drugs].”

- BLACK FOCUS GROUP PARTICIPANT, RURAL SC

Top three reasons people felt discriminated against:

39% **27%**
Income Age

25%
Race/Ethnicity



The bottom line: These results align with findings that people are aware of inequities in the system — and that racism, bias, and discrimination are the key drivers of these inequities — whether some people have experienced it directly or indirectly. There is, however, a fine line between how people identify low quality of care and how they describe discrimination and bias in their own health care.

3 Some people don't understand what the term "health equity" means. But they do understand the concept as a desired outcome for themselves or for others.

In a number of our focus groups and conversations, we asked people about how they understand the term "health equity" or if they'd ever heard of it. Despite focus group participants giving accounts of their experiences with the health care system that pointed directly to health inequities, most participants had never heard of the term, while a few had varying understandings.

"Like priority of who needs care the most"

-WHITE LOW-INCOME FOCUS GROUP PARTICIPANT, WA

"I think of it [health equity] as building like, in terms of a home, it's building capital. So in terms of health equity, I guess, building, you know, more valuing yourself, that's the way I would look at it. Something towards preserving your longevity, you know, taking care of yourself"

- BLACK MALE FOCUS GROUP PARTICIPANT, IA

After a brief explanation of what health equity is — everyone being provided with a fair opportunity to get the health care they need to be as healthy as possible — and the difference between equity and equality, one participant had this response:

"This is the area where the resources are truly needed. But you don't get them right now and we can blame it on a whole lot of things, but it is not equitable. It will never be equitable because we're so busy fighting for equality."

- BLACK FEMALE FOCUS GROUP PARTICIPANT, RURAL SC

The bottom line: People are not united in their understanding of health equity, but this is not an indication of their desire for it to be a reality. The term is not as important for people as their ability to experience it as they move through the health care system.

4 There is a general desire for everyone to have the health care they need, but some different ideas about what that actually looks like.

In recognition of inequities in the health care system, we found consistent evidence that people are strongly driven by the ideals of equality, doing what is right, and leaving nobody behind. In particular, the belief that people should receive health care regardless of their social status or background was a widely supported value across our research.

We asked 100+ ReMesh participants, “If you could change one or two things to make the health care system better, what would you change or improve?”

Participants used phrases like these to describe the changes they need the most:

- “more affordable for everyone”
- “less confusing and more accessible to everyone”
- “make sure that everyone has access”

Support for these statements from other ReMesh participants ranged from 75-79%, showing widespread awareness that those aspects of the health care system are not currently available or working for everyone.

Q: “If we make improvements to our health care system, how important is it to make sure that everyone has the opportunity to get the health care that they need?”

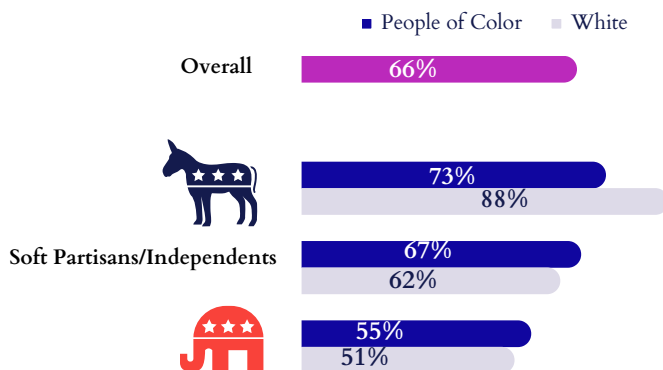
ReMesh 2021 N = 110



Q. How much do you agree or disagree with this statement:

“Everyone deserves to have access to quality affordable health care regardless of health status, social need, race/ethnicity, residential location, or income.”

USofCare National Poll 2021 N=1500



During our 2021 poll, agreement with similar sentiments crossed party lines. When presented with the statement: “Everyone deserves to have access to quality affordable health care regardless of health status, social need, race/ethnicity, residential location, or income.” That statement garnered the support of 92%, with two-thirds strongly agreeing. While intensity was mainly driven by White firm Democrats, a majority of firm Republicans also with this statement.

★ ★ ★ ★ ★ **The bottom line:** Most people desire for everyone to have the health care that they need — to a point. However some want to preserve the exclusivity of being able to have access to better care, either because they are citizens or that they can afford to pay for that better care.

Conclusion

Over the last two years, our research has allowed us to pinpoint how people want to make their health care better. They want a health care system that is affordable, dependable, gives them the personalized experience they need, and is easy to navigate — but also one that treats every person like a human being and with respect despite their social status, need, ability, age, race/ethnicity, gender, sexual orientation, or income.

Our data — and many others' — show that people are not experiencing this kind of health care system today. As we build toward the solutions to people need, it is critical to understand the inequities they experience, inequities which prevent the health care system from operating at its full potential.

The findings captured in this report highlight the need for the field to understand the policies and regulations that have created and exacerbated health inequities. These findings also contribute to the swelling conversation about what needs to change to address inequities within the U.S. health care system.

By understanding the system's inequities, we can identify the policies that must be changed in order to shrink them. We have to know and avoid the system's longstanding missteps that keep quality, affordable, equitable health care out of reach for millions of people across the U.S.

By putting the needs of people at the forefront of our work, can we ensure that the health care policies we create and advocate for are equitable and actually work for people.

What is the goal of all of this?

- This work is critical. Driving down inequities in health and health care benefits society as a whole.
- To increase awareness of inequities and generate accountability for more fairness, respect, and better treatment — which yields better quality of care and health outcomes.
- To identify and champion policies that solve the challenges people face. And to create a more equitable, accessible, and affordable health care system that is centered on people's needs.