



The Health Equity Landscape From the People's Perspective: 4 Key Insights from USofCare's Listening Work

Health Equity Data Report
2020-2022



UNITED
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CARE

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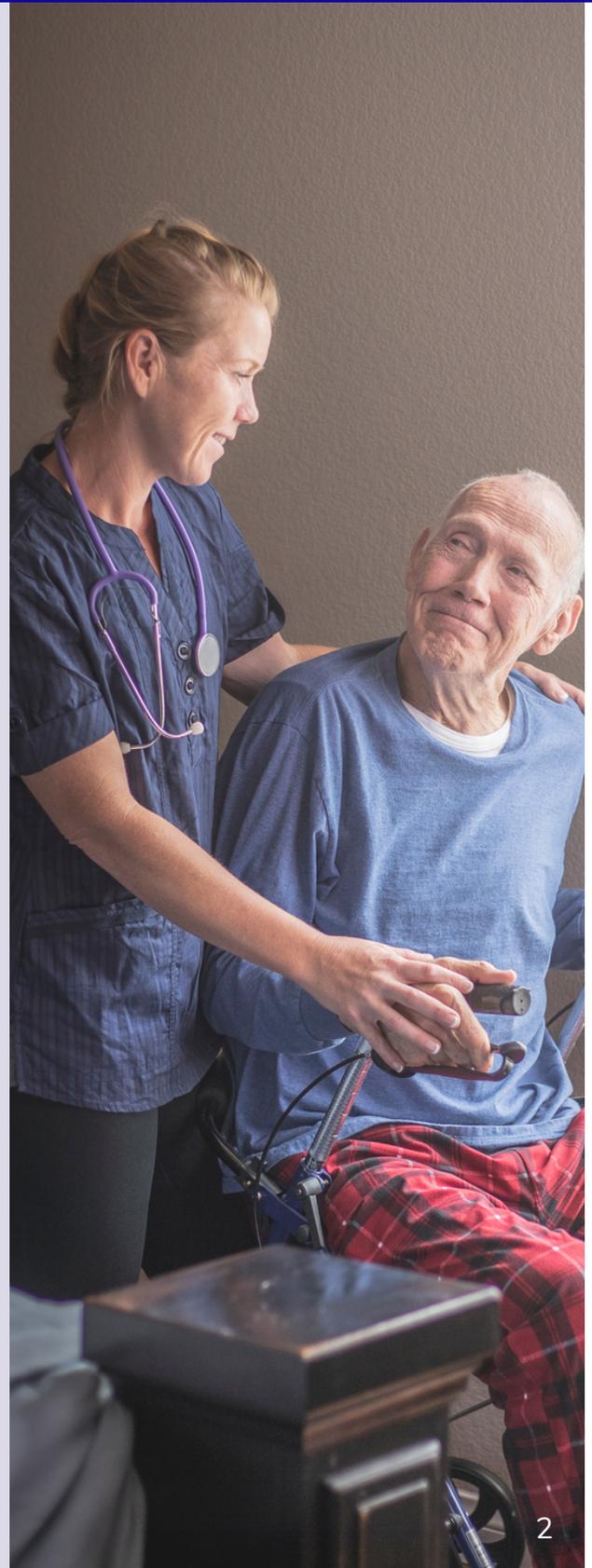
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Introduction

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. Details regarding the various methodologies that generated these data can be found at the end of this report.



Four major insights emerged from our listening data that centered on people's perspectives and experiences with inequities in the health care system. All of these insights, however, are not without important caveats which are included in the discussions below.

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

People overwhelmingly recognize that the current U.S. health care system is not equitable — meaning that not everyone can access the quality, affordable care they need due to their identity, background, income, social need, or where they live. However, while there is broad agreement about the existence of health care inequities, there is much less agreement and some stark variations about who faces them the most.

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.

Similar to other studies on this topic, the term "health equity" does not resonate with most people. Despite this, many are able to identify inequitable health care experiences that they or their loved ones have had, and express the deep desire for health equity to be true — but they do not use "health equity/inequity" as a common term to categorize this need.

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

There are a considerable number of people in our sample who were keenly aware of and make direct connections with their and others experiences with bias, racism, and discrimination within the health care system. However, one important observation is that despite the stories shared with us — stories that many would identify as unfair treatment, bias, or discrimination — some people are reluctant to call it as such.

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

The majority of people across all of our research and community conversations were supportive of everyone being able to access and afford quality health care despite their background, social status, need, ability, income, or where they live. However, there was some tension among some over whether health care should be a right that all people inherently deserve or a privilege that only some should have as a form of exclusivity from others.



Listening to People...

"[Health equity] means [getting] the same health care that the president or dignitaries are able to get. If I came in as a peasant from the streets, if I was in need of that surgery, it would be recommended for me also."

- BLACK MALE FOCUS GROUP PARTICIPANT, RURAL SC

"I think of [equity . . .] 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."

- BLACK MALE FOCUS GROUP PARTICIPANT, IA

"I mean, I'd say a person of color probably [. . .] not as much time has been spent with them in that appointment. [. . .] They've probably sat in the waiting room longer than the doctor has been in the room with them"

- WHITE FOCUS GROUP PARTICIPANT, RURAL SC



A word on health equity...

"[Health equity is like making a) priority of who needs care the most"

-WHITE LOW-INCOME FOCUS GROUP PARTICIPANT, WA

"Maybe 50 years ago, like [people with] blue hair or whatever. At this point. Now it seems all kind of inclusive. I haven't seen a lot of it, but that's kind of my thoughts."

- WHITE FEMALE FOCUS GROUP PARTICIPANT, RURAL GA

"[Health care workers] assume you're seeking drugs or something until they see there's an actual problem."

- WHITE, LOW-INCOME FOCUS GROUP PARTICIPANT, AL

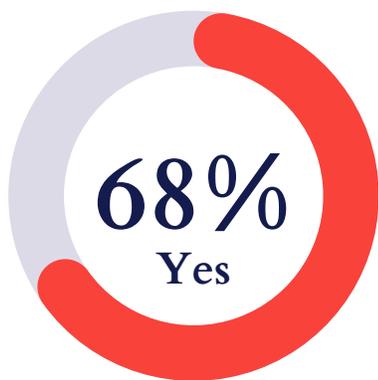
"I've been in good areas, where there were people that had good money. And still because of your [skin] color, they still didn't get [good care]."

- BLACK FOCUS GROUP PARTICIPANT, RURAL SC

The Deeper Dive

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

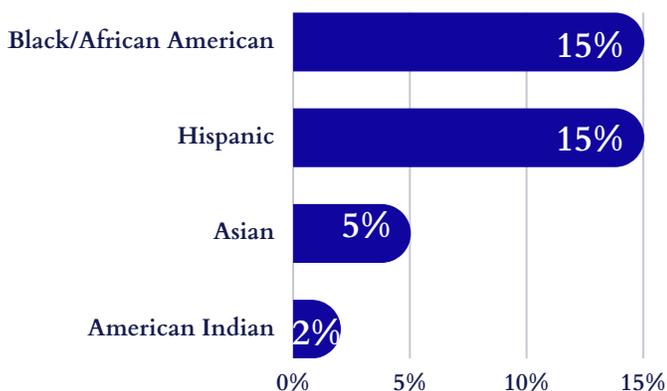
Throughout our research, there was widespread recognition that not everyone has the same opportunities to receive the health care they need. The first time we asked a question related to health inequities was in our 2020 national survey. People across the U.S. responded about their awareness of people 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 healthcare? For the purposes of this question inequities means people not having the same opportunities to get the healthcare they need.”

-USofCare National Poll November 2020 N=1000

Who said yes...



44%
Low Income

27%
Living with a disability

During our March 2022 community conversations in rural South Carolina, we heard that people directly see — and feel inequities in the health care system:



“You know, the better the insurance is, the better the equity is [. . .] You got so many specialists — you got a specialist for this, for that. My wife has excellent, better coverage than I have. When she goes to the hospital? Oh, there's no problem. She gets the red carpet. If you don't have it, you don't get the royal treatment.”

- BLACK MALE FOCUS GROUP PARTICIPANT, RURAL SC

“It seems as if [the health care system] is based on color, or socio-economic status. And then the fact that we're just in rural South Carolina, well, you can't keep a good physician.”

- BLACK FEMALE FOCUS GROUP PARTICIPANT, RURAL SC



During our focus groups in April 2022 with Black participants and rural White participants, the sentiments varied greatly. **When we asked participants if they think it is common for people to be treated differently based on their personal identity** we heard:

“Definitely.”

- BLACK MALE FOCUS GROUP PARTICIPANT, NY

“Women are treated very differently in health care. We cannot get the same treatment as men do. And I know this. I'm a prior health care worker. And women do not get the same level of health care as men.”

- WHITE FEMALE FOCUS GROUP PARTICIPANT, RURAL NJ

I don't think race has anything to do with it. Everybody gets the same [health care].”

- WHITE MALE FOCUS GROUP PARTICIPANT, RURAL AZ

“Yes. This is America.”

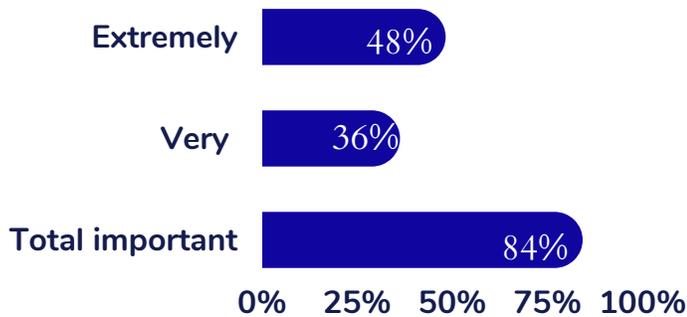
- BLACK MALE FOCUS GROUP PARTICIPANT, TX

Based on what we've learned from people about inequities in the health care system, we asked in our 2022 National Poll about HOW IMPORTANT it should be that fairness be a characteristic used to describe our health care system. An overwhelming majority of our sample said it was important (85% total, 48% extremely important) that we be able to describe our health care system as fair.

We also asked how well fairness CURRENTLY describes the health care system and over half of the sample reported that fairness **is not** a characteristic that currently describes the health care system.

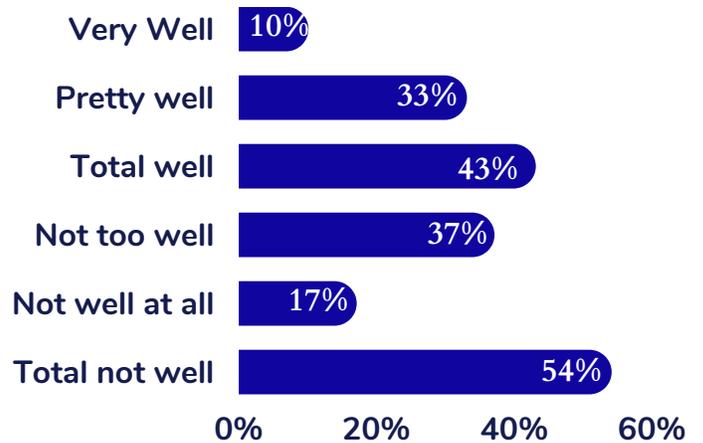
Q. Please indicate **how important** you think **fairness** should be for our health care system. Should it be extremely important for our health care system, very important, somewhat important, or not important at all?"

USofCare National Poll 2022 N = 1500



Q. "Please indicate if you think **fairness** describes the **current** health care system very well, pretty well, not too well, or not well at all."

USofCare National Poll 2022 N = 1500



"[T]hese have always been things that I've been aware of. I have family members that have, you know, been lost in the struggle. And also, it hasn't been fair for us for a long time. So I don't know when it has ever been fair. I didn't need the pandemic to point out the obvious."

- BLACK FEMALE FOCUS GROUP PARTICIPANT, IL

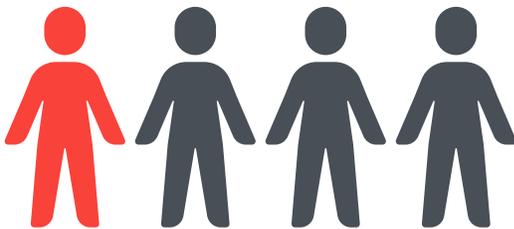
The bottom line: There is a widespread understanding that health care in the US is not currently equitable for all people. It, coupled with a call for fairness, must be elevated as a priority in the health care system.

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

Top three reasons people felt discriminated against:

39%

Income

27%

Age

25%

Race/Ethnicity

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 things [diabetes drugs].”

- BLACK FOCUS GROUP PARTICIPANT, RURAL SC

"I believe I received better care on at least one occasion when I was in the hospital. I have medical coverage and I speak English. The woman in the room next to me had no coverage and barely spoke English. The doctor was rude and dismissive towards her so I stepped in and translated for her and admonished the doctor for his behavior."

- HISPANIC FOCUS GROUP PARTICIPANT, TX

“I've transported people before and I've been in a room with them. And with both persons of my color and others. And the way that a physician has talked to them . . . yeah, it's been different.”

- WHITE FEMALE FOCUS GROUP PARTICIPANT, RURAL SC

In some of our focus groups, we heard stories from participants about their negative experiences with seeing a doctor or receiving treatment. We'd expect some people would identify this as discrimination and racism. However, we saw in focus groups that participants identified and associated this treatment first as low quality of care, rather than labeling it as discrimination.

Nearly three-quarters of ReMesh participants stated that they did not think everyone currently has access to quality affordable care, despite 92% of respondents indicating that everyone should. Similar to the focus groups, racism and prejudice were frequently cited as reasons that everyone does not currently have access to quality, affordable care.

We asked if the following goal is currently being achieved in our health care system: “Everyone deserves to have access to quality, affordable health care regardless of their health status, social need, ability, race, ethnicity, income, or where they live.” **Seventy percent of people said no.** We then followed up with the question about what they think stands in the way. Responses related to racism, income and prejudice rose to the top, while fewer than half agreed with the idea that the system is meeting the goal because emergency rooms are required to take all patients.

70% of people do not think that people are currently getting access to quality affordable health care regardless of their personal identity

Comment	% Agreement	Participant characteristic
"Race and Income"	65% Agreement	People of color, people living in rural areas uninsured
"Prejudice and prejudging people"	58% Agreement	People with public insurance
"Racism"	56% Agreement	People of color
"Our current system does allow everyone in the emergency room and has never turned anyone away because of their race, gender, religion etc. That is health care."	43% Agreement	People with public insurance

Furthermore, “high quality care” was defined by some of our participants as being treated with respect, compassion, dignity, and fairness.

Comment	% Agreement	Participant characteristic
<p>"High-quality health care means a comprehensive service. You should be able to be treated properly and fairly regardless of your religion, race and identity."</p>	 <p>70% Agreement</p>	<p>People of color, People w/private insurance</p>
<p>"It means to have access to top physicians and hospitals, be treated with respect and decency, and to receive compassionate care during treatment."</p>	 <p>69% Agreement</p>	<p>People of color, People w/private insurance</p>
<p>"It means that you're treated with the best care and treatment regardless of how much money you have."</p>	 <p>65% Agreement</p>	<p>People w/private insurance</p>

ReMesh 2021 N = 110

[E]lderly Black people [have to] accept [disrespect and poor treatment] from those doctors. When when I was coming up as a child, we couldn't see a regular doctor we had to see the horse doctor. [Because] the regular physician wouldn't see us we if they made an appointment. But that's the experience and [. . .] the way [we] were treated in this area.

- BLACK FEMALE FOCUS GROUP PARTICIPANT, RURAL SC



The bottom line: The implication of these results aligns with the 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.

Among the same sample of ReMesh participants, the overwhelming majority described it as “very important” to make sure that everyone has the opportunity to get the care they need.

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

81%
Very
important

18%
Somewhat
important

1%
Not important
at all

When further prompted for why they considered it important for everyone to have the opportunity to receive the care they need, participants used phrases like “no one left behind” and “the universal idea of equality.” Approximately three-quarters of all participants agreed with their statements.

Comment	% Agreement	Participant characteristic
"Everyone deserves a fair shot at health care"	 76% Agreement	People of color, Low-Income, Uninsured
"It means being equal and treated fairly."	 76% Agreement	Low-Income, People w/ public health insurance People living in rural areas
"It's what is right. Do the right thing. No one left behind. Equal for all."	 75% Agreement	People w/private health insurance
"The universal idea of equality would lead us to believe that this would be a basic need that needs to be met for all."	 74% Agreement	People of color People w/private health insurance

ReMesh 2021 N = 110

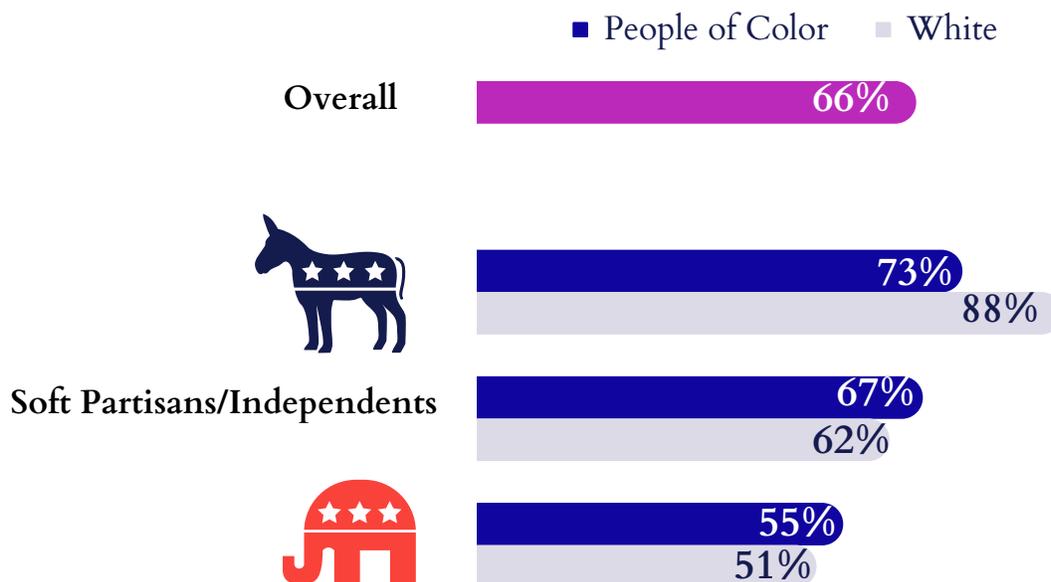




During our 2021 poll, agreement with these sentiments crossed party lines. When presented with the statement: “Everyone deserves to have access to quality affordable health care regardless of health status, social need, race/ethnicity, residential location, or income.” That statement garnered the support 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.

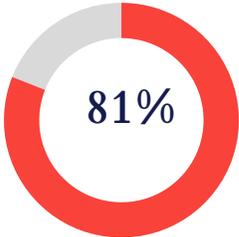
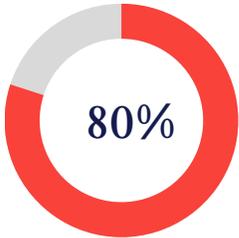
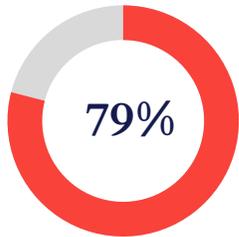
Q. How much do you agree or disagree with this statement:
 "Everyone deserves to have access to quality affordable health care regardless of health status, social need, race/ethnicity, residential location, or income."

USofCare National Poll 2021 N=1500



We find a similar desire from particular groups that largely face inequities within the health care system — people of color, those with lower incomes, rural residents, and those without health insurance.

“Q: What does the following statement mean to you: “Everyone deserves to have access to quality affordable health care regardless of their health status, social need, race, ethnicity, income, or where they live.”

Comment	% Agreement	Participant characteristic
"Everyone is equal, no matter what your social status is"	 <p>81%</p>	People with lower incomes People with public health insurance
"It means that health care is catered to literally everyone with no barriers"	 <p>80%</p>	People with public health insurance People living in rural areas
"It means that health care is catered to literally everyone with no barriers"	 <p>79%</p>	People of color People with lower incomes People without health insurance

ReMesh 2021 N = 110

We asked a number of focus group participants about their views on health equity, in particular, “when you hear the term health equity, what does that mean to you?” Some responses illustrated that some people are less concerned with equity and want the exclusivity and privilege of differentiating themselves from those that cannot have the best health care because they cannot afford to.



“Well, I don't believe that health care should be an equity thing either. You know, each person can afford certain levels of care; there should be a base level of care. But if you're able to afford, say, a better specialist or something, that shouldn't have to be exactly covered for everybody. ”

- WHITE MALE FOCUS GROUP PARTICIPANT, WI

Despite the broad awareness and desire for a more fair and equitable health care system for everyone, there was a different sentiment that emerged in our research when discussing health care as a privilege versus health care as a human right.

In our April 2021 focus groups, the idea of maintaining a system that provides higher quality care for people based on their income or health care needs was prominent. One participant supported a system that ensures basic care for everyone but allows wealthier individuals to access higher-quality care.

Other participants emphasized that **everybody deserves care**, suggesting that health care is a human right and should not be exclusive to those with more money.



“I think [health equity is . . .] about people in underserved communities that aren't getting healthcare. But there's also groups of people who don't get the health care maybe because they're apprehensive to get it. There's a stigma that they've been raised with or that their society around them has cultivated. [. . .] [And] not only could this be made available to you, but that you should have access and you deserve to have access to it.”

- WHITE MALE FOCUS GROUP PARTICIPANT, WA

The tension between health care as a privilege versus a human right also rose to the top in ReMesh, where several participants drew a clear separation between what they believe citizens and non-citizens should be able to access. One participant said that “all low-income citizens should be able to access free health care, but not non-citizens”. This response, contrasted with a focus group member’s response that different tiers of health care should be made available based on income, suggests that even among people who believe health care is a privilege, what entitles a person to care is not agreed upon.

Q: What do you like/dislike about this idea?:

“Create a new system for health insurance that protects everyone against financial disaster from medical expenses by providing coverage that is free to the poorest people and for those who can afford it, cost is determined based on your income.”

Comment	% Agreement	Participant characteristic
“What we have is broken for many. It needs to be available for all, but should require citizenship.”	 67% Agreement	People with private insurance People living in rural areas
“Every citizen should get it, but not every resident. citizens come first”	 56% Agreement	People with private insurance People living in rural areas

ReMesh 2021 N = 110

Q: Why is it important to make sure that everyone who needs health care has the opportunity to get the care that they need?

Comment	% Agreement	Participant characteristic
“Free for the poor, should require citizenship not just residency”	 77% Agreement	People with private insurance
“Every citizen deserves to be treated”	 77% Agreement	People with private insurance

ReMesh 2021 N = 110

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 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?

- 1. This work is critical. Driving down inequities in health and health care benefits society as a whole.**
- 2. To increase awareness of inequities and generate accountability for more fairness, respect, and better treatment — which yields better quality of care and health outcomes.**
- 3. 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.**

The Research Approach

USofCare and Impact Research (formally ALG) have spent the last two years collecting quantitative and qualitative data through a series of public opinion polls, focus groups, and online listening sessions throughout the country.

2020 National Poll

Our first national survey — administered online by ALG Research from November 12-18, 2020 — allowed us to drill down on a shared vision of health care and Americans' views of inequities, fairness, and discrimination within the health care system. 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

Based on common themes and topics that emerged from the 2020 survey, we convened four online focus groups from April 28-29, 2021. These focus groups, conducted via Zoom, allowed us to understand the nuances of people's understanding of and experiences with health care inequities.

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). Due to the qualitative nature of these results, they should not be taken to apply to the population as a whole.

2021 National Poll

Following our findings from the 2020 survey and 2021 focus groups, we began exploring some of the solutions to our health care challenges through our second national survey, fielded by ALG Research 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

Based on questions that grew out of the focus group and national survey data, we fielded an hour-long online ReMesh session in September 2021. ReMesh is an AI-powered platform that allows participants to respond to a series of questions and interact with each other's responses in live time. Participants were asked about their objectives and goals for the health care system and solutions that could put us on the path to achieving them. They were also able to indicate agreement with others' responses, providing the opportunity to gather both qualitative and quantitative data at scale.

This ReMesh session 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)

South Carolina Listening Tour

In March of 2022, we embarked on a listening tour across rural South Carolina to understand the rural health care landscape in the South. We worked closely with community partners and coalitions to identify communities to talk with about their experiences with the health care system, including but not limited to virtual care, caregiving, health inequities, bias and discrimination, social determinants of health, and mental health. Areas covered included Calhoun, Vance, and Bamberg counties and included 26 total participants across three focus groups. Due to the qualitative nature of these results, they should not be taken to apply to the population as a whole.

2022 National Message Testing Poll

Impact Research conducted a nationwide online survey consisting of N=1000 registered voters across all 50 states. The overall results were weighted to reflect the composition of registered voters across the country. Interviews for the survey were conducted March 1-6, 2022.

2022 Focus Groups

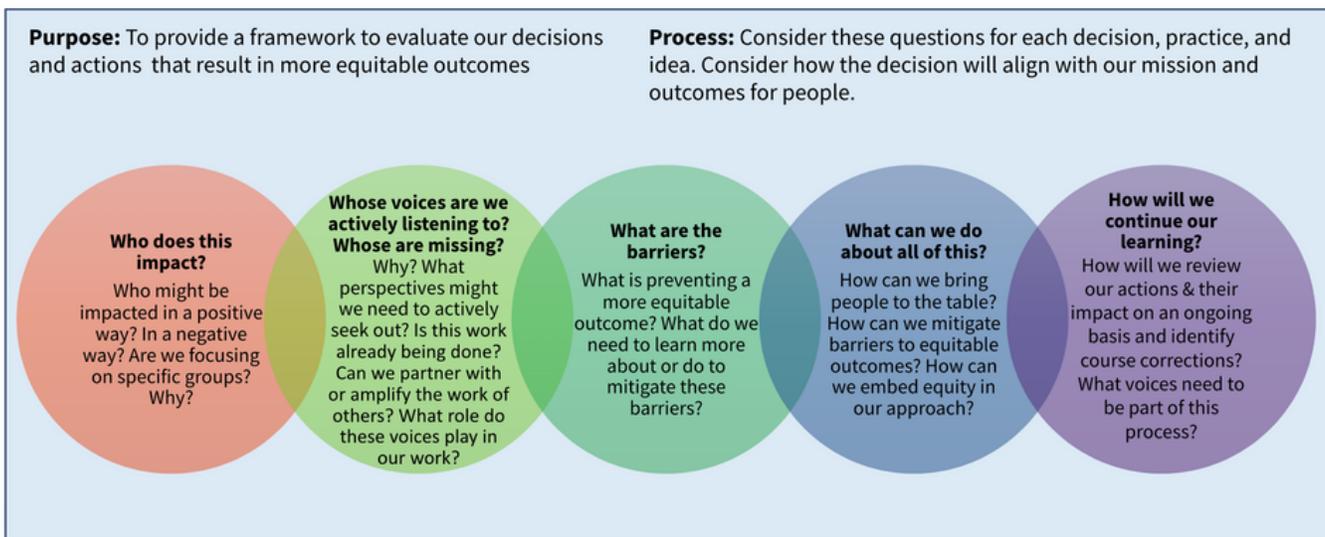
Impact Research conducted two online focus groups on April 28th, 2022. It included groups of Black and rural white participants. Groups included a mix of age, gender, education, partisanship and Census region. Due to the qualitative nature of these results, they should not be taken to apply to the population as a whole.

Appendix I

USofCare's People-Centered Equity Lens

As part of holding ourselves accountable to our role in creating an equitable health care system, we must recognize and address systemic and institutionalized racism and bias within health care, while also striving to be equitable in our own organizational processes. We aim to address inequities that are disproportionately impacting Black, Indigenous, and people of color populations, low-income, LGBTQ+ communities, people with disabilities, and a number of other marginalized and intersecting identities, in order to ensure the benefit of society as a whole.

In an effort to do this, we as an organization consider five important questions that help evaluate our decisions and actions, toward more equitable outcomes:



Decisions and activities we will filter through our equity lens:

- Programmatic work: policy, external affairs, public engagement
- Operations processes
- Development activities
- Recruiting & hiring practices
- Vendor selection
- Partnership efforts
- Event planning