



Focus Group Findings on Health Care Value

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Report for Altarum's Healthcare Value Hub



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Executive Summary

Lake Research Partners conducted focus groups in Philadelphia, PA on June 27th with African American women and white men, and in Richmond, VA on June 28th with white women and African American men. Participants were recruited to reflect a mix of educational attainment, partisanship, parental status, and age (between 25 and 65). The goal of these conversations was to explore people's attitudes and perceptions of health care value, and the components of value: quality, outcomes, and cost.

What Words Mean to People

When it comes to healthcare, participants care about quality, fairness, affordable cost, access, and options. They think of good quality as a function of how much time and attention they receive from their provider. They want to be able to engage in trusting relationships with doctors and other medical staff. They want to be listened to, to be heard. For some participants, accuracy, equality and cleanliness were aspects of quality. Quality also meant good outcomes, that after seeking care from a doctor or health care provider one's health improves.

Fairness was very important across groups. People are aware of and dismayed by systemic inequities and disparities regarding who has access to quality care. They talk about how money can buy quality which leaves those without resources with subpar care. Throughout the discussion, African American respondents brought up their feeling that there are structural barriers that make it harder for African Americans to access quality care at the same level as whites.

Cost is a key component of healthcare access, and people care about the affordability of care. If someone cannot afford care, they do not get care, making affordability a component of access in people's minds.

People want options and the ability to make choices to ensure they have access to quality care. They want to choose their doctors, and they want their doctors to be able to choose the right course of care for them and be free from potential constraints by insurance companies or pharmaceutical companies.

We explored perceptions toward terms that combined the concepts of cost and quality in the context of healthcare. Participants thought of each term through the lens of their personal experiences, and no clear concept emerged as dominant across groups.

"Value" has many different meanings to people. They do not conceive of value in the way policy makers do, as a relative relationship between treatments based on their cost and efficiency. There are elements of this idea that people do respond to however. Cost is a top of mind association with value in the context of a transaction, which is why it is not a helpful term to use. However, value also has a secondary meaning in terms of trust and having a good relationship with a health care provider or doctor.

Perceptions of the Health Care System

Distressingly, but not surprisingly, participants were not satisfied with the health system we have. Even if their health was good now, even if they had good health coverage now, they described themselves as "lucky" – and feared a change in those circumstances. They were acutely aware of others who weren't faring as well and wanted the system fixed so that the system is fair to all people.

People's dominant perception about healthcare, and the word they use to describe the health care system, is "expensive." The high cost of healthcare generated strong frustrations across groups. Many people feel as though they are overcharged. They think too often the focus in health care is on money instead of quality and outcomes and believe high costs limit access. They frequently brought up greed as a force within the system and

lamented that it is “too much of a business.” Participants believe that greedy business considerations spill into and affected political decision making.

They generally focus their initial blame for high prices on the government. They think of politicians who have better care than the average person, bring up efforts to repeal ACA, and think about politicians placating special interests ahead of the people in their frustrations about government when it comes to health care. But, after people get past their initial reactions, many blame industry – pharmaceutical companies, insurance companies, and hospitals – and the drive for profits as the chief driver of high prices.

Many people care about access. As mentioned, cost and access are highly related, and cost is often a determinant of access. But access is also a function of logistics; being able to make the time to get to an appointment and having the transportation to get there, having internet access to learn about health care options and make appointments, speaking English well enough to understand materials, being eligible for a plan at work or through a spouse.

The complexity of health care and the challenge of navigating information from insurance companies, health providers, doctors, and others frustrate nearly all participants. Many people cite the complexity of selecting the right insurance plan for their needs, comparing benefits across plans, and sorting through what treatments their plans cover as examples that cause frustration.

Views toward Solutions

Despite their concerns with politics and special interest influence in politics, they look toward legislation for solutions. People have mixed reactions to the word “regulation” in general but they favor state regulations in health care so long as they improve health outcomes. The care about regulations within the context of healthcare because they can ensure safety.

To many participants, making healthcare free emerges as a critical solution, or at least affordable by income level. They recognize the political barriers to this but see no other way to address the most broken part of the healthcare system. Faced with the complexity of the healthcare system, the simplicity of making it free for everyone has appeal.

When given examples of solutions that states have proposed or implemented, people question why these have happened in some states but not all. They assume that it has to do with politics interfering with adopting solutions across states. These differences raised concerns that politics and lobbyists stand in the way of enacting solutions in more areas. They don’t think it’s fair that states can differ from one another.

Their favorite solutions involve protecting consumers from surprise medical bills and making pharmaceutical companies justify their price increases. They viewed these solutions as putting people and patients first, ahead of financial considerations.

Participants identify two individual steps that can help mitigate healthcare concerns. First, people can focus on themselves, making healthier decisions, educating themselves, and taking care of themselves. Second, people can interact with others by educating others, talking to others, or influencing political change.

MAIN REPORT

What people care about in Health Care

People value quality, cost, access, options, and trust. They think of quality as care that leads to good outcomes. Cost and access are highly related. Cost for people means they can afford care, and therefore receive care. They believe that cost is a determinant of access.

People want options and choice and want to be able to engage in trusting relationships with doctors and health care providers where they believe they will get quality care.

- “The quality of service.” – African American woman, Philadelphia
- “The cost of the deductible.” – African American woman, Philadelphia
- “Accessibility.” – African American woman, Philadelphia
- “Options. Being able to select who I can go see as opposed to being limited.” – African American woman, Philadelphia
- “Trust. Trusting what the doctor is telling you and trusting the medication that you may or may not need.” – white man, Philadelphia
- “Full coverage.” – white man, Philadelphia
- “Cost-efficient. Like copays and what you are going to pay out of pocket. Again, I have really good insurance and so a lot of stuff is covered for me. I used to have Personal Choice and I got rid of it because I could get nicked and dimed. Every time I turned around they were sending me a bill for something.” – white man, Philadelphia
- “Having a result. You know having an action plan. Being listened to certainly is important, but also having something to walk away with.” – white woman, Richmond
- “Good service in a way. Kind of the same thing that they are listening and putting effort into finding a solution with you or for you or whatever the case may be, whether it is an injury or a psychological issue or whatever.” – white woman, Richmond
- “Competency. All doctors and all services are not created equal. They are not. And I think if you have a real challenging health condition, you of course want the best that you can get. And you have to really be savvy and a self-advocate to go after that.” – white woman, Richmond
- “Access and prevention.” – white woman, Richmond

We explored perceptions toward terms that combined the concepts of cost and quality in the context of healthcare. Participants thought of each term through the lens of their personal experiences.

Value: “Value” has many different meanings to people. They do not conceive of value in the way policy makers do, as a relative relationship between treatments based on their cost and efficiency. There are elements of this idea that people do respond to however. Cost is a top of mind association with value in the context of a transaction, which is why it is not a helpful term to use. However, value also has a secondary meaning in terms of trust and having a good relationship with a health care provider or doctor. Again, “time” comes up in association with value.

“But when I think of value, I think of you know sales and incentives and things like that.” – African American woman, Philadelphia

- “I said cost, I said affordability, and I said me as a person and as a patient. I personally value myself. I value my health, but I can’t speak for if the doctor values me. So, I can only speak for myself.” – African American woman, Philadelphia
- “Quality versus cost. Like I said, I have known my GP for 27 years and he knows me, and he knows my family and he knows his stuff and so he knows what he is doing. He actually spends time with us to understand our concerns and understand what is going on with us, whereas my chiropractor who I got via Medicaid I am in and out of his office in three minutes because I go in there and I sit down, and he adjusts me. He has no personality at all and that’s not a great quality. Like yeah, I am being treated, but just the relationship and being able to really know who I am dealing with.” – white man, Philadelphia
- “The cost of care and the time and effort and kind of like how I am going to be treated and like what is really going to work and how much effort I have to find to do it and then competency.” – white man, Philadelphia
- “Showing quality and service and what you get for what you pay. I have good doctors thank gosh. I can sit, and I can talk to her. I have been with the practice for more than 10 years. I had a previous doctor and she left and I went to another one. But if I have an issue, I can sit down, and I can talk to her. She will sit with me for 15 or 20 minutes, whereas my previous doctor that I went to all he wanted to do was push pills. He is like here take that. Or do that. He misdiagnosed things. And I like that personal relationship and being able to know what is going on with my care and everything.” – white man, Philadelphia
- “You know it’s all about quality of life to me. We are all going to die eventually, so at the end of the day, what’s the quality of your life as you get older. Now, when I was in my younger years, that was different. [Laughter.] now that I am getting a little older...” – African American man, Richmond
- “So, how accessible for example is a health provider so that if I get a cold or I get really sick, do I have to wait in a waiting line. So, it’s not always just about cost. It’s also time and the value of it. I know I am using the word to describe it, but it’s kind of like what do you get for it.” – African American man, Richmond
- “Having a relationship with the doctor or insurance company that takes my care seriously in exchange for a fair and reasonable sum of money.” – white woman, Richmond

Value relates to the quality of care through the idea of preventive care. People believe preventive care is important both as an efficient way to get quality with less money, but also as a smart approach to care that focuses more on positive outcomes.

- “And so, I feel like if there was like a continuum where they weren’t just treating you when you were sick, but actually concerned about getting to you before you get sick, like there is value in that. And the pessimist in me says that there is no money in that, and so of course they are not going to really focus on that. But I also know that small companies, like PT companies, they are about that. They are about serving the community and dealing with stuff before it gets to be a chronic illness.” – African American woman, Philadelphia
- “Uh huh. It is important to have a doctor that you trust, and that is a big value just that they are listening to you and they are not just whatever you know. My insurance won’t pay for CT scans for me anymore because I am ten years past my cancer, but my doctor likes me to have CT scans every five years because the cancer can come back.” – white woman, Richmond

Quality: People talk about quality in several dimensions. It implies positive outcomes from care, and good relationships with doctors and health care providers. Some think of quality as a function of accuracy and

precision. People also conceive of good quality as a function of how much time and attention they receive from their doctor or health care provider.

- “Well it’s just great doctors. He mentioned the experience. It is just what you said, Robert, that you just feel better.” – white man, Philadelphia
- “Quality I guess is pretty much the same as value. It’s the worth and what is covered under the plan that is the one that you can afford.” – white man, Philadelphia
- “It is about outcomes. If it is not improving your health, it doesn’t matter how much it costs.” – white man, Philadelphia
- “Quality means a high degree of competence.” – African American man, Richmond
- “It is of a high degree of caring.” – African American man, Richmond
- “Quality looks like to me sanitary, efficient and accurate. I don’t want to have to keep going back and be like we can’t figure out what it is, or we don’t know what it is.” – African American man, Richmond
- “I think quality is like it should be equal across the board. Just because I grew up in Hillside Court and go the doctor, I should get the same treatment if I grew up on Monument Avenue.” – African American man, Richmond

People vary on what is most important to them – quality, value, or cost. People default to value as a catchall for quality and cost, and a cost benefit analysis. However, they do not think of value the same way that advocates might (as the relative relationship between treatments based on their cost and efficiency).

- “I am saying ease. Like you want to be able to just go in and just have it work and not to worry about a bill or have to worry about is there and ulterior motive.” – white man, Philadelphia
- “I mean just what you are receiving for your money. I want to make sure that I am getting the quality service. Like they said, when I go to the doctor, I don’t want you to sit here and keep playing with me like a guinea pig and testing with me. I want you to treat me right. Give me my quality, yeah.” – African American man, Richmond
- “Well I think the value is because it’s a combination of all of those elements.” – white woman, Richmond

People who care about quality most talk about outcomes and getting good care.

- “If it is not effective, it doesn’t matter if it was inexpensive or expensive.” – African American woman, Philadelphia
- “I would have to say quality. You are paying a lot for it and at least you hope you are getting the best possible care.” – white man, Philadelphia
- “I just know there is no value in poor judgement. I mean you are not getting any service if you don’t have good service.” – white woman, Richmond

Time: A recurring theme that emerges throughout the conversation is judging quality in relation to time. How much time does one get to spend with doctors? People view investments in time as a proxy for sincerely caring about a patient. They use negative metaphors relate to time, like being on an assembly line, to describe bad care. This is an important dimension that can be helpful to activate in people’s thinking.

- “Overworked. I mean when you go to the doctor’s office now compared to the way it used to be, you are shoved in and shoved out. And I think for them what it must be like to have eight minutes per patient or whatever they have. It’s some ridiculous thing that you feel like you can only ask one question and how that must feel from their perspective.” – white woman, Richmond
- “...And I let her know I was unhappy with her treating me and I was going to leave the plan. So, to me, if you spend time with me and you are concerned... They got me an emergency appointment with the orthopedic doctor and the whole nine. That’s value to me.” – African American woman, Philadelphia
- “The same thing. The quality of care that you are getting. You are not in an assembly line where you are just you know one person after another and blood work, blood work you know.” – white woman, Richmond
- “I am not saying that I can’t know you, but you have to kind of learn a person. Like you can’t just see me the first time and say this is what you do. Maybe after the third time, you will be competent.” – African American woman, Philadelphia
- “From what you just said, I think you have to be your own advocate with the health system or otherwise they are just going to run you through and pass you around so that they can milk you for money sometimes. If you are not your own advocate and you don’t speak up for yourself, then... Sometimes you actually do know better what you need.” – white man, Philadelphia
- “I had to explain everything. When you are in there, they want to get, get, get. But you are still not really seeing, basically, you are spending most of the time with them sitting up there talking about what they can give you. What you could do is like do your job first and then... You know just don’t throw drugs.” – African American woman, Philadelphia

Cost: People who care about cost are very price sensitive...or in their words, cheap. Cost is also about basic access - being able to afford a minimum level of care. Costs that make care unaffordable serve as a barrier to access. Put another way, people say that without affordability there is no value.

- “Because I am cheap. [Laughter.] I am sorry. I am frugal. I am very attentive to my funds.” – African American woman, Philadelphia
- “If you can’t afford it, there is no value in that.” – white woman, Richmond
- Like what can I afford and what is the best that I am offered, so it’s always a constant balancing act.” – white woman, Richmond

People come up with some alternatives to the concept of value, but nothing emerges as a dominant phrase. True benefit, which resonated with African American women in Philadelphia, was rejected in Richmond as a marketing term. People also volunteer satisfaction and worth, or worthy.

- “True benefit.” – African American woman, Philadelphia
 - “It sounds like a marketing thing.” – white woman, Richmond
 - “It sounds fake.” – white woman, Richmond
- “I would say affordable, but...because value sounds like Walmart.” – African American man, Richmond
- “When I hear value, I am thinking what’s important to me and not necessarily the cost, which could be cost. So, I think value...” – African American man, Richmond
- “I mean I was just saying that word works because value covers whatever is important to anybody.” – African American man, Richmond
- “Maybe satisfaction would be a better word for me.” – white woman, Richmond

- “I think I would like superior health care.” – white woman, Richmond
- “Worth or worthy or worth it. [*Moderator: And why do you say those words? What does that signify to you?*] I said that because I know that health care is going to be costly to me. I know I am going to pay a lot of money for it. But I want to walk away knowing that it was worth what I paid for.” – African American man, Richmond

“Cost efficient” has too close an association to the business end of health care which has so many negative associations.

- “I like efficient. I don’t like cost associated with it.” – African American man, Richmond
- “That puts my mind somewhere else. It doesn’t correlate to health care to me when I think of cost efficient.” – African American man, Richmond

Several groups reject “bang for your buck” as sounding like it is from Walmart.

- “That sounds like Walmart.” – African American man, Richmond
- “It’s like shopping at Walmart.” – white woman, Richmond

Fairness: Many people also say that fairness is important. People think about equity and disparities. They talk about how money can buy quality which can leave those without resources to subpar care. Throughout the discussion on fairness, African American respondents brought up their feeling that there are structural barriers that make it harder for African Americans to access quality care at the same level as whites.

- “I think you know then problem, when talking about fairness in health care, is that the same groups of people seem to get the same poor treatment because they don’t have the money or the wherewithal to get better treatment and so what happens is that these...you know the inequality that perpetuated generation after generation of the same group of people – and it tends to be people of color.” – African American woman, Philadelphia
- “You know when you are talking about fairness, it is always our people that are treated unfair.” – African American woman, Philadelphia
- “So, it’s like you get tired of seeing the people at the bottom of the totem pole...I don’t want to use the wrong words but... [*Moderator: You can use whatever word you want. You can say it.*] Getting the shitty end of the stick.” – African American man, Richmond
- “I say for me fairness means equal treatment and access to available medication regardless of your ability to pay.” – African American man, Richmond
- “I feel like a lot of low income families are targeted in this kind of system.” – white woman, Richmond
- “You know whether they are working 3 jobs to get medicine for their kids...I think that it is not fair right now and I think that fairness should play a big factor. I am sure there’s a sliding scale in some aspects of some things, but I feel like you know targeting certain people that can’t afford things is unfair, and I think that fairness should be a big factor.” – white woman, Richmond

A small number of participants think of fairness differently. They believe that if you pay for it, you should get good care. They are not as worried about the quality of care if someone cannot afford to pay.

- “It is important. Because...for me...I am going to go back to what she said, and I am not sure if it was Roxanne or if Deon, but you get what you pay for. I mean if you are paying money, it is only fair if you get like the quality.” – African American woman, Philadelphia

Fairness in terms of health care can also mean equity. People want to correct structural biases and eliminate cost as a barrier to access and quality. Several also immediately think about prescription drugs and the ability of some CEO’s to increase the price of drugs without any justification. Most believe that our system of health care is not fair today, with real intensity among African Americans.

- “Completely unfair. For exactly all the things we have noted. There is a system that was created to keep the unhealthy, unhealthy for generations and those who have the money to not be as unhealthy...because we all die at some point. But it is designed to preserve their lives a little longer.” – African American woman, Philadelphia
- “I put the cost of treatment or medication versus the outcome.” – white man, Philadelphia
- “Like you can’t put a price on the quality of life. But when you are paying like \$700 for one pill, that’s when I think fairness comes into play as they are hiking these prices up because people are going to pay it because they don’t have any other choice.” – white man, Philadelphia
- “When it comes to health care, everybody should be treated equal. Nobody should be turned away. You shouldn’t be turned away. Again, like he was talking about the EpiPen for \$700. It is ridiculous to go from a couple of bucks to that.” – white man, Philadelphia
- “There is some guy I know who was in New York and he did something like raise some kind of drug price and he is in jail now.” – white man, Philadelphia
- “I really struggled with this I am not going to lie because there is a part of me that feels like my amazing doctor should be available to everybody, and then there is the other part of me that knows that that’s just not possible because that would reduce my quality of care. So, fairness...it’s like having...I think it is called cognitive dissonance. But for me, fairness means equal access to services needed regardless of factors such as income level or job, gender, or race.” – white woman, Richmond
- “I mean it is absolutely just like disproportioned like...basically, like I said, individuals who are well off and can afford health insurance or either not even health insurance, just the treatment of their illnesses, those are the ones that... [Moderator: So, is it mostly class or is it race or is it...what is it?] It is class.” – African American man, Richmond
- “So, spend some more time and examine what is going on with me. And as African American men, we have particular things or tendencies or things that happen to us that if people don’t pick up early can be very detrimental.” – African American man, Richmond

African Americans at several points talk about the system as not caring about their community.

- “Yeah, we can talk and talk until we turn blue, but we will never feel as though we will amount to anything.” – African American woman, Philadelphia
- “We are still nothing to them, and that’s what I really don’t like. Because we are people of color, we don’t make...to them in their eyes, we don’t make a difference.” – African American woman, Philadelphia

African Americans describe fair care as care that is free. They give examples from other countries that illustrate simple transactions: you seek care and get it.

- “It would look like Canada or France.” – African American woman, Philadelphia
- “Right, those are the countries where access in health care is free.” – African American woman, Philadelphia
- “You could go up to the pharmacy and just go up to the store and ask for your prescription and you get it.” – African American woman, Philadelphia

Perceptions of the Health Care System

People come to a conversation about health care with strong frustrations. Many people feel as though they are overcharged. They think too often the focus in health care is on money instead of quality and outcomes.

- “Frustrated. Well, financially, health care is so expensive and anything you do to get anything done, and although I in the last number of years have not had any issues, I have always tried to stay healthy, but it keeps me from wanting to go to the doctor maybe as often as I should go to the doctor because I don’t want to incur the cost of going to the doctor. The premiums are exceptionally expensive and the copays are not inexpensive and then what the insurance companies cover is so...it has gotten significantly worse over the last ten years. And I have switched from several different ones. As I have changed jobs, I have changed to different insurance companies and it just consistently seems to be getting worse and worse as to what the coverage is.” – White woman, Richmond
- “Uneasy. I have a grandfather who has had three strokes and I am watching my mother take care of him in the process, and of course, I am her child and so it is going to come a day where I have to take care of her. And she is obese and so that’s another joint issue or health issues and that nature, so you know without proper health care...because it is expensive to go to specialists and it is expensive to constantly get checkups and things of that nature. And it is also expensive to you know just maintain. So, it’s uneasy because it is going to be a day that eventually it is going to fall on me and things that could have been prevented or preventative health care or things that could have been caught early often get overlooked because they just don’t have the means to make that happen.” – African American man, Richmond
- “[Moderator: Why disappointed?] You know so it’s just crazy. Like he said, this is one of the...this is the wealthiest place on earth and [people] can’t afford insurance? But they can afford other things. They find things in the budget for other things. I ain’t going to say what that is, but they find things in the budget for that.” – African American man, Richmond
- “Overcharged. There is a term Affordable Health Care, but it seems like since I have been paying for my own health care nothing has really been affordable about it. And the price of the insurance goes up every year it seems and the prices of health care itself goes up all the time. Prices aren’t going down. They are going up.” – African American man, Richmond

One repeated dimension of people’s frustrations is the sense that health care is too much of a business. People use moral language to describe their frustrations, that there is a “lack of integrity,” or that health care is a “racket.”

- “It frustrates me because it shows a lack of integrity from the mental care or the health care industry. And it also shows that...people work all their life and at the time of retirement you really want to enjoy yourself and live life to the fullest, but if you have health issues that you can’t afford to address or deal with, it kind of makes your life not so happy.” – African American man, Richmond
- “I guess the closest word that I would share is frustrated. I feel like health insurance in a lot of ways is a racket. I think you spend a whole lot of money for it and you get very little from it. I think that they

- “Well, financially, health care is so expensive and anything you do to get anything done, and although I in the last number of years have not had any issues, I have always tried to stay healthy, but it keeps me from wanting to go to the doctor maybe as often as I should go to the doctor because I don’t want to incur the cost of going to the doctor. The premiums are exceptionally expensive, and the copays are not inexpensive and then what the insurance companies cover is so...it has gotten significantly worse over the last ten years. And I have switched from several different ones. As I have changed jobs, I have changed to different insurance companies and it just consistently seems to be getting worse and worse as to what the coverage is.” – white woman, Richmond
- “Well I am frustrated because I am retired, and the cost keeps spiraling up and it makes me nervous about having the funds to cover the cost of my medical care.” – white woman, Richmond

Several issues in addition to costs emerge that people care about when it comes to health care. Many people care about access, which can be tied to cost but also is a function of logistics – transportation, being eligible for a plan at work or through a spouse – and having enough knowledge to sort through the options available.

- “I think about the people who aren’t fortunate enough to have health care through their spouse or through their jobs and seniors and trying to navigate all these changes and getting this and getting this taken away and getting this. It’s just...I don’t feel a personal concern at this point, but that could be me.” – African American woman, Philadelphia
- “I don’t have a personal concern, but I think it’s not fair and not equitable that some people don’t have access to certain providers as a result for limited options for health care and things like that.” – African American woman, Philadelphia

Navigating the exchanges and increases changes in the system in general come up as an issue that generates concerns. People say the health care industry is very complex and difficult to navigate.

“I can sit in there for four hours and still not come out and be sure what the best plan would be for any individual person.” African American Woman, Philadelphia

- “And once a year, around enrollment time, we will have health fairs and we will have all of these different representatives come out, and even I have a hard time deciphering what’s the better plan for each individual person. And I can sit in there for four hours and still not come out and be sure what the best plan would be for any individual person.” – African American woman, Philadelphia
- “I agree with all of this, but I am also concerned about the complexity of the health care industrial complex. Well first of all what the President said – who knew health insurance was so expensive. My reaction was shh. Have you ever had to like deal with this? I am lucky because I know a number of people who are involved in health insurance and things like that and they talk a lot. And I know how to read an explanation of benefits. I know how to call an insurance company and say you didn’t cover this right. You know I know how to be proactive about dealing with getting claims handled. There is a whole lot of people out there that don’t have that kind of knowledge or ability.” – white man, Philadelphia
- “I do. I wholeheartedly agree. My mother was just diagnosed with Lupus. She had to retire early, a few years early. The copays and the referrals and the endless doctors even trying to come up with a diagnosis was also a process of having been hospitalized quite a few times over the course of two

months and trying to come up with something concrete of what it was.” – African American woman, Philadelphia

Choice and quality also come up as concerns, but they are less frequent than concerns around access, cost, and complexity.

- “Quality of care... They need to really start buckling down and start worrying about you know people that really need healthcare. You know there’s a lot of people that need. It is just ridiculous. I have good health insurance. I work for the city, so I’m covered. And I am lucky...I am probably the few fortunate that you know doesn’t have to pay a lot of out-of-pocket costs. You know there are a lot of people that can afford it, especially senior citizens. Isn’t going to be there when we get old.” – white man, Philadelphia
- “Well there is a lack of choice because there are only so many ways or insurance companies that you can do and so many plans.” – white woman, Richmond

When asked, people identify several barriers that prevent people from accessing health care. First, people think about systemic inequities based on race, socioeconomics, or sexual orientation. They say that when people cannot afford to pay, it impacts their credit which has other negative consequences.

- “Socioeconomics.” – African American woman, Philadelphia
- “Color.” – African American woman, Philadelphia
- “I have a few friends who are Registered Nurses in Hershey and they have seen cases where people are turned away because they are transgender or because they are gay. I have heard of cases of people being turned away because they weren’t documented immigrants.” – white man, Philadelphia
- “Because I think the ultimate of what happens is if we can’t afford to pay the bills, it goes to your credit. So, if we find another way to...because everyone knows that you can’t get a house and you can’t get cars when your credit is not to a certain standard. If we remove that piece from affecting to a degree, then people will be able to live better.” – African American man, Richmond

Another barrier people identify centers around the logistics of access. They talk about limited times available for appointments and technology as a barrier to setting appointment both in terms of not having computer or internet access, and the hassle of calling care providers. Transportation to appointments can also be a barrier.

- “Appointments. Appointment times.” – African American woman, Philadelphia
- “The whole technology barrier and even calling up on the phone is a hassle because you don’t get a person anymore. You have to go through prompts and press one for this and press this for that. It’s just a big hassle and it’s like...” – white man, Philadelphia
- “That’s also a big issue though. You can’t get to. If you don’t drive or you are disabled at some level, you know then getting to the doctor’s office may be an all-day affair.” – white man, Philadelphia
- “And because of location.” – African American man, Richmond
- “No access to a computer or Wi-Fi even can be an issue.” – white woman, Richmond
- “Even transportation.” – white woman, Richmond

People also see language barriers to access, as well as the need for education. English Language learners can struggle in trying to navigate the system, as can people who do not know much about health care.

- “Language.” – African American woman, Philadelphia
- “I would say even understanding the health care industry because a lot of people don’t even understand.” – African American man, Richmond
- “Just the ability to navigate the system.” – white woman, Richmond
- “Education and understanding.” – white woman, Richmond

Ways to Describe the Health Care System

People have mixed reactions to the phrase “people getting healthcare” but they tend to be positive. Most participants envision people interacting with doctors and receiving medical care. This is a positive association that highlights the aspects of health care that are important. However, people also recognize that if someone is getting healthcare it means something is wrong, and so this image can evoke sympathy.

- “Not everybody can get health care or can afford to get health care, and not a lot of jobs offer health care.” – African American woman, Philadelphia
- “People getting health care in terms of them going to a doctor or something like that or are you talking about that in terms of it’s hard to...it’s kind of a nuance thing and it’s hard to explain.” – white man, Philadelphia
- “I think of a doctor or nurse and going to the doctor.” – white woman, Richmond
- “Well I think when you say people getting health care that a lot of people think and part of me thinks that you know of like people getting health care like Medicare and welfare health care, which you know makes me think of that – people getting health care.” – white man, Philadelphia
- “Sympathetic. Well because I think it’s a difficult process. Any time that somebody is going to seek medical care, I mean it is not usually because of a good thing.” – white woman, Richmond
- “I am thankful that someone was able to get health care. There’s so many people that don’t have it at all.” – white woman, Richmond

People have generally negative reactions when asked what they think about “health providers, doctors, and insurance companies.” Some distinguish between stakeholders on the business side (providers and companies) and those on the care side (doctors). Referring to the business aspect of the health care system has a negative connotation. People think of pharmaceutical companies, greed, and incentives that prioritize profit over care.

- “I see kind of a big divide between people that are on the business side of it versus people who are on kind of the frontlines. Doctors and nurses, they are typically good people. The intent for them to act poorly comes from some of the pharmaceutical companies. Most people want to become a doctor for a reason, because they want to help people out. But it’s hard. You have poor doctors you know. There are bad doctors.” – white man, Philadelphia
- “Dishonest.” – African American woman, Philadelphia
- “The pharmaceutical business. Yes, it is a business. It’s all about the business. I believe that there is a cure out there for cancer, HIV, but I think as long as they can keep making money off of the pharmaceutical company, they won’t give us the cure.” – African American woman, Philadelphia
- “Crooks.” – white man, Philadelphia
- “I completely agree. Pharmaceutical companies kind of run the country sometimes. I believe there are payoffs and I believe they are told to push drugs. My uncle himself, he is 87 years old and he is on 18 or 19 pills.” – white man, Philadelphia

- “...if a person has insurance and they lose their insurance and they have an ongoing condition, they are not going to receive the same treatment that they were receiving when they were paying for the visits.” – African American man, Richmond
- “I feel like the pharmaceutical reps also give the doctors bonuses. I can’t tell you how many times I have been to a doctor’s office, especially in the last five years, where they are getting lunches. That pharmaceutical rep isn’t just wheeling in their big old black bag of drugs, but they are basically pandering the doctors to push this drug or that drug. So, the doctors and the office staff don’t have to have lunch that day. They are nice lunches.” – African American woman, Philadelphia

“Health regulations and laws” brings up concerns around transparency. People are generally OK with there being regulations in health care, but they want to know who is writing the rules. This is an area where there are strong concerns about the health care industry and its intentions with respect to regulations.

- “I just wish they were more transparent. I think that the language that they use is not language that the average citizen would understand, and so apparently you are voting on things or you are voting for people who have say on things, but you don’t quite understand how it affects you personally. And so, I think that it should be more transparent so that people are informed voters and that people are aware.” – African American woman, Philadelphia
- “I mean I am leaning towards positive because it’s good to have regulations and laws, especially something as large as the health care industry.” – white man, Philadelphia
- “It’s very hard to understand for some people on how it works.” – white man, Philadelphia
- “You know I think lobbyists are controlling it and there needs to be...” – white woman, Richmond
- “I feel like it is necessary.” – African American man, Richmond
- “But at the same time, it needs to be mandated and controlled.” – African American man, Richmond

Some participants think of health regulations in the context of insurance. They think of HIPAA, the amount of money they are responsible for with co-pays, and how a lack of insurance can prevent someone from getting care.

- “I am thinking HIPAA when I think of health regulations and laws.” – African American man, Richmond
- “I mean I have positive and negative thoughts. I mean, yeah, it’s good to have, but then the negativity comes in with how much you have to pay out-of-pocket and this and that.” – white man, Philadelphia
- “You know you don’t want a person to go to the hospital and they can’t afford the treatment. You know if you don’t have insurance or you don’t have the financial needs, you have to leave.” – African American man, Richmond

“Navigating Healthcare” produces useful imagery in terms of a conception of the health care system, but also generates feelings of frustration and anxiety. People have a hard time navigating the system. As one respondent quipped immediately, “good luck.”

- “A maze. That is frustrating, trying to navigate health care.” – African American woman, Philadelphia
- “As she said earlier, trying to unmask – as far as insurance – which one is the best ones for you. So, I do think the system needs to be more transparent as she said.” – African American woman, Philadelphia
- “Overburdensome.” – white man, Philadelphia
- “Frustrating and a struggle.” – white woman, Richmond

- “Doing research and trying to find the right doctor you know and what’s covered and what is not.” – white man, Philadelphia
- “Trying to get approved for other things. And I have come to find out that the insurance companies pretty much tell the doctor how they are going to treat you. The doctor doesn’t treat you the way... This is my experience in the last couple of years, and I have had two surgeries and I have gone to a million doctors and they are like oh, we can’t do that because the insurance company won’t approve that and so we have to wait. You have to go get an epidural and do physical therapy – and they know it is not going to work – before you get surgery.” – white man, Philadelphia
- “Just picking an insurance company. Picking the correct one.” – white man, Philadelphia
- “There are too many options, too many choices.” – white man, Philadelphia
- “To really use it efficiently, the health care system efficiently, it takes a lot of planning and a lot of knowledge.” – white man, Philadelphia

People describe health care costs in one of two ways. First, they describe them as a fixed position or trend, namely, that they are high and/or getting higher. They use words that evoke extremes:

- “Astronomical.” – African American woman, Philadelphia
- “Staggering.” – African American woman, Philadelphia
- “Skyrocketing.” – white man, Philadelphia
- “Astronomical.” – white man, Philadelphia
- “Too much.” – African American man, Richmond
- “Too high.” – white woman, Richmond
- “Out of control.” – white woman, Richmond
- “Not manageable.” – white woman, Richmond

Secondly, people describe health care costs with a value judgement, nearly universally negative.

- “Outrageous.” – African American woman, Philadelphia
- “Crazy.” – African American woman, Philadelphia
- “Shameful.” – white man, Philadelphia
- “Not fair.” – white man, Philadelphia
- “Bullshit.” – African American man, Richmond
- “Outrageous. They don’t make any sense. They charge you for pillows. You know \$10 for a Tylenol just doesn’t make sense.” – African American man, Richmond
- “Excessive.” – white woman, Richmond

When asked what lies behind high prices, several instinctively blame government first. Their blame of government stems from two frustrations with government; that politicians have better health care coverage than the average person, and that politicians want to repeal ACA which extended coverage to many people who did not have any. They also blame industry – pharmaceutical companies, insurance companies, and hospitals - and the drive for profits as a factor behind high prices.

- “The government.” – African American woman, Philadelphia
- “Congress.” – white man, Philadelphia
- “The government.” – African American man, Richmond x2

- "All I hear about is they will be cutting Medicaid, which would not be important for me right now. Now, I do have scoliosis and so I have a chiropractor, but my insurance will only cover adjustments and not actual therapy. And that therapy is insanely expensive. So, if Medicaid is cut even more, I probably will be losing my GP and I will lose my specialist and any prescriptions that I need I won't be able to afford because, again, being unemployed, you are making less than \$18/hour if not a little more and you can't really afford any of these treatments." - White man, Philadelphia
- "I always remember that one speech when President Barack Obama had an impromptu press conference and said to the American public basically that the people who don't want to give you free health care or the people who have free health care." – African American woman, Philadelphia
- "Well I think the government, they are making a lot of policies and decisions on health care for the citizens here and I think they should be getting the same health care that everyone else is getting." - White woman, Richmond
- "Insurance companies and the providers." – African American woman, Philadelphia
- "The hospitals." – white man, Philadelphia x2
- "I will say hospitals and the companies that make the drugs and stuff are responsible." – white man, Philadelphia
- "Malpractice insurance." – white man, Philadelphia
- "Pharma companies and insurance companies and the medical establishments. For a long time, the AMA was the main organization against things like Nurse Practitioners." – white man, Philadelphia
- "The pharmaceutical companies." – African American man, Richmond
- "Everyone except the patient." – African American man, Richmond
- "[Profits] That is number one. That's the corporate greed of them all." – African American woman, Philadelphia

Solutions

To make health care more affordable for people, participants have two central suggestions. First, to make it free through something like a Medicare for all program. Secondly, people talk about preventive care as a more affordable treatment that can avoid higher cost treatment when a situation develops and gets worse.

- "Medicare for all. And have it clear and straight to the point. Don't try to use them astronomical words that nobody understands. Make it short and simple and from grade school that this is what it does. That's it." – African American woman, Philadelphia
- "Reallocating or redistributing all federal funds and our tax dollars." – African American woman, Philadelphia
- "Maybe preventing. Preventive and that goes in hand with education." – African American woman, Philadelphia

For some participants, reasonable costs mean free health care.

- "Free." – white man, Philadelphia x2
- "Every legal citizen gets free health care." – white man, Philadelphia
- "Free basic care." – white man, Philadelphia

Some also suggest creating a sliding scale that provides care based on a percentage of one's income.

- “Provide sliding scale solutions other than...I know when I went to a sliding scale clinic it was privately-owned and just partially funded by the government, but like actually building their own Patient First basically on a sliding scale. You bring your tax information in and they see you based on that. And it is more realistic. Kind of like the VA except you do pay something for your care depending on what you make.” – white woman, Richmond

There is some pessimism as to whether America could institute free health care. People think that there are strongly held capitalist views that would hinder any attempt at free health care.

- “I mean not really. Not in a capitalist [country].” – African American woman, Philadelphia
- “If we all were afforded Medicare, yes.” – African American woman, Philadelphia
- “I don't see it ever happening.” – African American woman, Philadelphia
- “In theory, it would be great. The way things are going currently, I don't think it is going to be.” – African American woman, Philadelphia
- “I was going to say the Affordable Care Act had all kinds of issues. It wasn't perfect, but it was the most politically feasible law at the time. It was the best thing that they could put together that they could pass at the time. So, I despair that we will ever get anything better at the federal government level. We should, but I don't think we will.” – white man, Philadelphia
- “I think it's a great dream.” – white woman, Richmond
- “That's hard because what I think is fair may not be what you think is fair.” – white woman, Richmond
- “I think the profit. Insurance companies are trying to make profits and so that's why they are increasing, but they are not paying the physicians more. So, when you look at how much you actually pay and what they give. They give the physicians a really discounted amount.” – African American woman, Philadelphia
- “It gets all tied up in politics. I mean in a perfect world we would all have health care.” – white man, Philadelphia
- “It is possible. I just don't think that anyone is willing to take those steps yet. Everyone is so money hungry in this country.” – white woman, Richmond
- “There is. Like I am so torn in half. I really think health care should be free for everybody, but then the other half of me says not everybody deserves free health care. You know there is a large percentage that you know don't work hard, and then you've got the people that work hard that pay a higher amount than them.” – white man, Philadelphia

Critiques and solutions are also attached to bigger currents in our society – division and lack of caring about other people, fraud and greed, bad politics, and lobbyists are problems. Health care is a big issue and a big factor in our society, which reflects other factors of division.

- “Instead of having people counsel you when you get something, what's wrong with people counseling you so you don't get something. You have counselors out there and you've got therapists and you have everything when something happens.” – African American woman, Philadelphia
- “Americans are horrible people...because there is so much hatred in this country and so much me, me, me, me and we are not caring about our neighbors or our community. We are just caring about the

individual and we don't care about the bigger picture. Now, if we could change that, then we could actually then pull of that health care for the United States. But like I said, there are too many people who are like why should I be helping other people with health care when you know it's...it can't work in the United States. It's an unfortunate fact, but it can't work in the United States." – white man, Philadelphia

- "Well to me I think there is an awful lot of fraud with Medicare billing. In my heart, I just believe if you took care of all the fraud and if you did something with the system where people don't end up in an extremely expensive ER with a sore throat and a cold, which I think a lot of people go that route, I truly believe we could have a Medicare system for all where everybody has basic health care. I believe it would pay for itself if you took care of those things." – white woman, Richmond
- "I think if you get rid of the lobbyists. You know there is another issue. They are in the pockets of the drug companies, the doctors, Congress. I mean they need to cut all that out. If they cut all that out, it could be...it wouldn't matter." – white man, Philadelphia

We looked at some specific solutions. People like the idea of protecting consumers from surprises. They think that it can help reduce costs, or at least control costs.

i. Many states have passed laws protecting consumers from surprise medical bills – cases when they get a bill from a doctor or lab that does not take their insurance, that they could not have avoided.

- "I like the consumer protection part because you know there are surprise medical bills sometimes." – African American woman, Philadelphia
- "Yeah, sure. Because it is not fair that you weren't informed. Like he said, you get hurt and the hospital doesn't take your insurance? That's not fair that you are getting charged a ridiculous amount because of circumstances." – white man, Philadelphia
- "It can help. I mean I would circle this whole page. Because there is no one thing that is going to fix it. But this can help. This can help." – white man, Philadelphia
- "Last year, I had to go to one of those Care Centers for a foot injury and they did a scan and they gave me an ankle brace and the said here we are going to give it to you. He didn't tell me about the cost or anything. The next thing I know two weeks later I am getting a bill in the mail for \$250. It's like you didn't tell me it was going to cost me \$250 out of my pocket." – white man, Philadelphia
- "It controls costs, but it doesn't necessarily add value. Value is more like I could take this drug that costs me \$5 a pill or I could take this drug, which does exactly the same thing and has no side effects for 10 cents a pill. That's about value. And they do the same thing. With all things being equal, I shouldn't be taking that one. This is about transparency." – white man, Philadelphia

People are strongly in favor of getting rid of restrictions based on pre-existing conditions. They do not think that anyone should be denied care.

ii. Before the Affordable Care Act, people could be charged more or turned down for insurance all together if they'd been sick in the past. Now all people have a right to purchase health insurance regardless of medical history.

- “Now people have the right to purchase health insurance regardless of medical history. That was the reason for it I know. You know I think you should have the right. Everybody should have the right. I mean I don’t think one person should be charged more than somebody else.” – white man, Philadelphia
- “Nobody can be denied. I know that is in there. Even if you have a pre-existing condition, you cannot be denied, but it does not guarantee that you are going to be able to afford it.” – white man, Philadelphia
- “I keep wanting...this is what keeps on coming back. Because we are the richest people...you know the United States is rich. And if overseas countries have medical for all, then why can’t we have it here?” – African American woman, Philadelphia

People like the idea of regulating insurance companies to justify their increases. They see this type of regulation as providing accountability, which they think is important. This is a powerful idea to get costs down which is a major focus on people.

iii. Some states do not analyze proposed health insurance premium rate increases at all. But other states have regulators that require insurance companies to justify their increases.

- “Every state should have to.” – white man, Philadelphia
- “Accountability. Well I guess if they have to hire more people to be regulators, but then who pays them?” – white man, Philadelphia
- “If I had somebody behind me that could look at this and say okay, you have been treated unfairly and he is paying you already on a weekly basis...” –African-American man, Richmond
- “To me it does. Because, again, it is looking out for...it is trying to avoid the price gouging, which insurance companies do. So, in the end, it does boil down to the patient.” – African American woman, Philadelphia

Requiring pharmaceutical companies to justify price increases raises some questions as to what constitutes a fair justification. People assume companies will figure out how to circumvent this. People would strongly like to do something about prescription drug prices. There is little opposition to this. However, some express cynicism, and are not convinced it would happen.

iv. Some states require pharmaceutical corporations to justify very high price increases and have remedies if price gouging is found to occur.

- “And also, you are giving me an excuse for why you are doing it, and it’s either I accept it, or I don’t. So, you can justify anything. I can justify why I was late for work but is that really the truth. Mostly like not.” – African American woman, Philadelphia
- “Some states require... Well why? Why just some states? They all should.” – white man, Philadelphia
- “I don’t think it would really make it more affordable because they have reasons to justify it.” – white man, Philadelphia
- “No, because they will still increase the prices, so it’s not becoming more affordable.” – white man, Philadelphia
- “If they know somebody is watching what they are doing, they may not do that.” – white man, Philadelphia

People think that data sets can create accountability, identify and eliminate waste, and likely save money. As we have seen in other work, accountability is a strong concept.

v. All states know that their citizens spend a lot on health care: through taxes, lost wages, premiums, and copays but rarely do they have good data on how much people are paying and what the top cost drivers are. But some states have datasets and tools that allow them to figure out where wasted spending is occurring or where there are unjustifiable price increases, allowing them to address problems.

- “It makes it fair if there is accountability because a lot of times you can pull back the cloth and see who is behind the rags, but if you ain’t going to do nothing about it, it’s just like oh, okay.” –African American man, Richmond
- “Now people with pre-existing conditions cannot be charged more for health insurance.” –African American man, Richmond
- “I honestly like the whole thing. Most of these sounds like stuff that protects the consumer in some way – justifying price increases, datasets, protecting consumers from surprise medical bills. I think all of these have really great...they are all just really great ideas.” – white woman, Richmond
- “You know data. What are the cost drivers and what does the data say? I mean to get at the problem, you have to somehow identify it.” –African American man, Richmond
- “I like number five. I think number five is going to pull out questions that people don’t want to answer. When you start looking at the data and you start following the money, that’s when he would rather take accountability. When you were asking the last question, that’s what was going through my mind. When they say how can insurance be fixed or how can it be available to everyone, a lot of the times there is a misappropriation of funds going on and a lot of taxes. Here in Richmond, we just had a situation where we had two weeks left of school and they didn’t have any toiletries or any supplies for that. But they have a new GRTC line that goes who knows where. They put a lot of funding into new infrastructure that no one asked for to my knowledge.” –African American man, Richmond

People question why these solutions have happened in some states but not all. They assume that it has to do with politics interfering with adopting solutions across states. They do not see states naturally as a laboratory of ideas, so presenting a list of state policies raises concerns that politics and lobbyists stand in the way of enacting solutions in more areas. They don’t think it’s fair that states can differ from one another.

- “I am just guessing, but maybe it has something to do with like voting and the questions that are asked. Because it is saying that it is done in some states and it’s got to be a reason why it is not done in all. So, maybe it has something to do with the voting.” – African American woman, Philadelphia
- “Politics. You had a lot of things that would have solved a lot of these problems, but it was neutered because people don’t have power apparently.” – white man, Philadelphia
- “The right lobbyists got to the person.” – white woman, Richmond
- “There will still be disparities. Because like the financial picture is different from state to state. We have more poor people in Pennsylvania than you do in other places, so to kind of make this uniformed won’t necessarily help all. It will help some still, but not all.” – African American woman, Philadelphia
- “It depends on the [political] climate of the state.” – white man, Philadelphia
- “I think having a blanket for the entire country instead of going state by state would be nice.” – white woman, Richmond

- “People. I mean people have to fight for it. You know I mean there are people who complain about it, but you know things could be taking place if there was a movement or if there was energy behind it.” – white man, Philadelphia
- “Well we are in a system now where compromise is no longer an option, so I don’t feel like they are looking at everybody’s needs and then coming up with a system that best suits some sort of compromise. I feel like it’s an either/or system, and it’s just frustrating times. I don’t think the consumer’s best interest is in anybody’s thoughts anymore. I think their job is.” – white woman, Richmond

People do not have a clear sense of where solutions should come from. They think there needs to be more empathy and want policymakers to listen to suggestions from doctors and the concerns of constituent. Despite their concerns with politics and special interest influence in politics, they look toward legislation for solutions.

- “You have to be poor to understand the poor.” – African American woman, Philadelphia
- “I was going to say that maybe looking into the field of public health because it seems that those practitioners are a little more social justice focused than in the private... the private sector.” – African American woman, Philadelphia
- “Get rid of the politicians and elect people... The people are too stupid. They just keep putting everybody back in, the same people over and over again. Then you might actually have a chance.” – white man, Philadelphia
- “It has to come from legislation. That’s the only way you get accountability - if there is penalty.” – African-American man, Richmond
- “We should be asking the doctors, the ones that are dealing with the insurance companies, the ones that are providing the care. That makes sense to me that they should be orchestrating a lot of this change or a part of a lot of this change.” – white woman, Richmond
- “I think it’s lawmakers when it comes down to it. Putting prevention and some sort of things and having standards for others. I think there is kind of a sizzle between those two things right now and somebody has got to shine the middle ground and make it work.” – white woman, Richmond

They believe individual actions can be successful in two ways. First, people can focus on themselves, making healthier decisions, educating themselves, taking care of themselves. Second, people can interact with others by educating others, talking to others, or influencing political change.

- “We have to talk to each other.” – African American woman, Philadelphia
- “Run for local office.” – white man, Philadelphia
- “Be your own advocate for yourself, like live healthy and eat healthy and try to exercise. I mean that’s one thing you can do for your own health.” – white man, Philadelphia
- “Diet and mental health. I think just learn to ask questions too is a good way to start for an individual and asking why.” – white man, Philadelphia
- “Self-education.” – white man, Philadelphia
- “The only way we can be in control of that is we have to...actually, we have to vote on these smaller elections, and not just the President.” –African-American man, Richmond
- “Talk to your Congress.” – white woman, Richmond
- “Talk to your representatives.” – white woman, Richmond
- “And vote for the right people.” – white woman, Richmond
- “Vote in general.” – white woman, Richmond

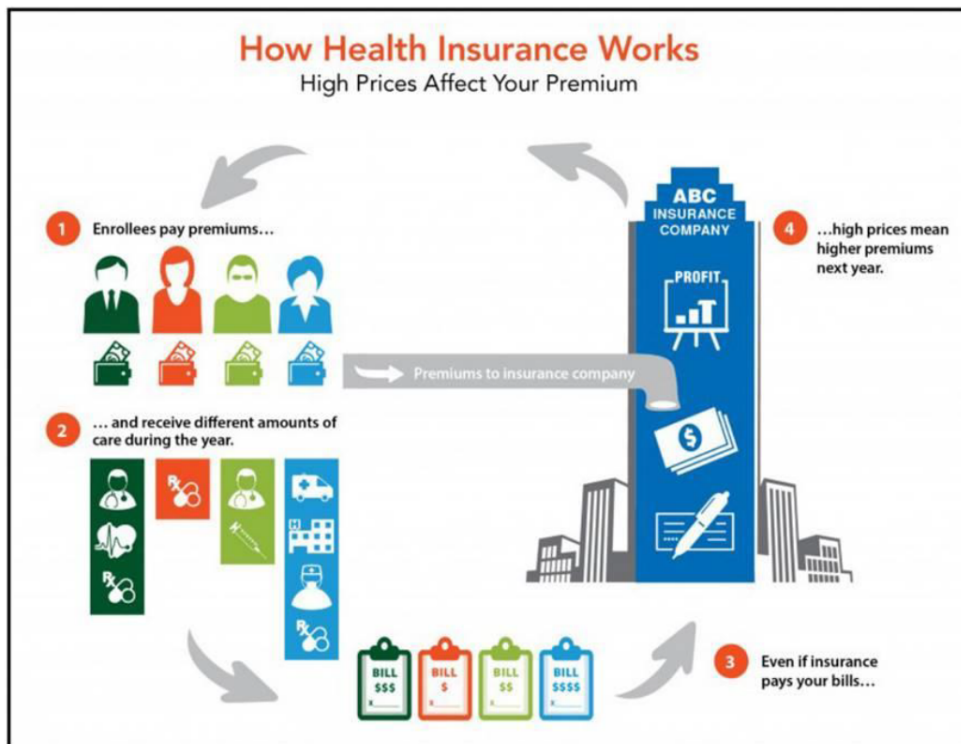
They see the role of state government as increase funding (or stopping funding cuts). They want to see less money in politics in terms on influence, which they think negatively impacts funding decisions in terms of the public interest. “They could stop cutting funding.” – African American woman, Philadelphia

- “Stop taking money from lobbyists.” – white man, Philadelphia
- “They could actually increase funding and more of those programs could come in that would address the children to hopefully adopt a healthier lifestyle because I think some of this is not prevented.” – African American woman, Philadelphia

People have mixed reactions to the word “regulation” in general but they favor state regulations in health care so long as they improve health outcomes. They think they are a necessary evil when asked:

Moderator: Okay. Now, earlier though when we talked about health regulations and laws, you were pretty negative towards that term. But we want health regulations?

- “We want good health regulations.” – white woman, Richmond
- “Unfortunately, you have to regulate greed.” – white woman, Richmond
- “Yeah, I think I just don’t like the word regulation.” – white woman, Richmond
- “I love the word regulation because I feel like there is some kind of line there. And I think of more like safety when I think of regulations.” – white woman, Richmond
- “And if you are talking about regulations, I want the regulations higher on the food that my kid is going to eat or the food that I am going to eat or pesticides.” – white woman, Richmond
- “Not in health care. Other things I do, like if you want to regulate food and that, then that’s fine, but when it comes to the premiums I am paying and the health care I am receiving, I don’t know that I like the word regulation then because I want choices.” – white woman, Richmond
- “She doesn’t want them to regulate her choice.” – white woman, Richmond
- “I prefer state regulations.” – white woman, Richmond



The infographic leads people to think of health care in a business frame. They picked up on the cycle, describing it as a revolving door of money. They see prices increase and think of health care as a business. While the infographic may help explain why prices increase, it does not offer people a sense of how things can change.

- “It’s just an endless cycle, which can’t be avoided.” – African American woman, Philadelphia
- “I put health care is a revolving door centered around my pocket.” – African American woman, Philadelphia
- “I said money is the beginning and end. It’s like it is money, money, money throughout.” – African American woman, Philadelphia
- “Prices rise, and people will fall.” – white man, Philadelphia
- “It’s a business. It’s all about money.” – white man, Philadelphia
- “Yeah, I was going to say that when I look at this it’s not about...I see dollar signs, I see money, and I didn’t see anything about...it’s like health insurance...the first thing that people associate with health care insurance is money more than care or feeling better.” – white man, Philadelphia
- “I don’t like it because everybody doesn’t have money.” – African American woman, Philadelphia
- “I understand the root of evil is money, but everybody doesn’t have money. This is why we are in the predicament that we are in.” – African American woman, Philadelphia

“I understand the root of evil is money, but everybody doesn’t have money. This is why we are in the predicament that we are in.” – African American woman, Philadelphia

Messages

Table 1. Message Ratings Across Groups					
-3 to +3 scale -3 strongly oppose this approach +3 strongly favor this approach	Philadelphia		Richmond		Average Rating
	African American Women	White Men	African American Men	White Women	
Increase the use of high value care	+2.5	+2.6	+2.4	+2.4	+2.5
Address unmet social needs	+0.4	+1.9	+2.0	+2.3	+1.7
Addressing unreasonable prices	-0.7	+2.8	+2.2	+2.2	+1.6
Reduce the use of low-value care	-1.5	+1.6	+2.0	+0.6	+0.7

Our top message discussed the increased use of high value care.

Increase the use of high value care: High value care includes getting vaccines and flu shots, pre-natal care, and proven scans such as foot exams/eye screening for diabetics. We should remove financial and other barriers that prevent people from getting these services, saving money in the long run.

Preventive care seemed to be one of the entry points to a conversation about value in the sense that policy makers think about it. Preventive care is seen as smart by treating conditions before they become large, complicated, dangerous, and expensive.

- “I gave it a plus three. Strongly in favor of the quality care. All these things I underlined are preventative and preventative care saves money in the long run because you catch things early.” – African-American man, Richmond
- “I feel like preventative care is very important. They get ahead of things before it becomes worse than it could be you know. You get these vaccines so that you don’t get Polio.” – white man, Philadelphia
- “Preventative is really, really good. Just keeping on top of people or letting people stay on top of themselves to find things before they become problems.” – white woman, Richmond
- “Because it is saving money in the long run and it sounds like it is trying to nip it in the bud, like you know take care of people.” – white man, Philadelphia
- “I do think preventative in the long run saves money.” – white woman, Richmond
- “It’s this idea of providing preventative services.” – African American woman, Philadelphia

But respondents did not know what we mean by “high value.” Instead they suggest equal or inclusive care.

- “I had a question mark next to that [high value].” – white man, Philadelphia
- “I would say it is good with the vaccines and flu shots. You know it is easier. But what does the high value mean? What does that mean?” – white man, Philadelphia

- “I just didn’t give it a plus three because I didn’t like the term “high value.” That’s the only thing I crossed out and put a question mark.” – African American woman, Philadelphia
- *What would be better to say?*
 - “Equal care.” – African American woman, Philadelphia
 - “Equal health care.” – African American woman, Philadelphia
 - “Health care for all.” – African American woman, Philadelphia
 - “Are we thinking high value, high cost?” – African American woman, Philadelphia
 - “I am thinking why can’t it just be equal value.” – African American woman, Philadelphia
 - “Why can’t everyone just get that.” – African American woman, Philadelphia
 - “It should be inclusive.” – African American woman, Philadelphia
 - “Quality.” – African American woman, Philadelphia

Our second-best message was addressing unmet social needs which included cost.

Address unmet social needs: Medically fragile patients need support after they go home from the hospital, so they recover completely and don’t need to be readmitted. Since a 3 day stay in the hospital can cost \$30,000, it often saves money and produces better outcomes to provide housing, food, transportation, and other types of services for these patients.

People like that this talked about getting people care in their homes. They felt that this could save money and provide a better quality of life for people getting care.

- “I like it because it does save money as far as...a lot of money was saved. I mean it don’t really say that they go home with a nurse, but I am assuming that’s what it meant.” – African American woman, Philadelphia
- “Yeah, I would much rather recover at home anyway.” – African American woman, Philadelphia
- “I believe that you need the support at home.” – African American woman, Philadelphia
- “Well what stood out to me was where they laid out that it cost \$30,000 to stay at the hospital and they are not actively like trying to hold these people there for longer. They are allowing them to save money instead of squeezing them for every last penny they have.” – white man, Philadelphia
- “The advocator. After you leave the hospital and they go home, you still would have access to services that will help you. I think it would help a person heal and recover better knowing that there is stuff they don’t have to worry about as far as housing and food and transportation.” – African-American man, Richmond

However, some question if patients would be kicked out of a hospital prematurely. They want to make sure there is proper oversight to ensure good outcomes and quality service.

- “Well a zero to me means that I am not all the way against it and I am not all the way for it. I don’t like the idea of kicking people out of the hospital when you get to that three-day mark. That’s how I interpreted it. But I do like the idea of patients receiving support afterwards. So, I am right in the middle.” – African American woman, Philadelphia
- “So, medically fragile, they have lung cancer because they are back at home and smoking again. You know you want to have some sort of oversight.” – white man, Philadelphia

- “Because I am a two as well. The reason why I didn’t go three is because we don’t know if the level of service is going to be the same from being at home versus the hospital.” – African American man, Richmond
- “I don’t care how if you stay at home or much you spent. I think the outcomes is the important thing in this situation and not that you are fragile. I crossed out that word too.” – white woman, Richmond

Tied for second place was addressing unreasonable prices.

Addressing unreasonable prices: Many hospitals, large doctor groups, drug manufacturers, and device manufacturers benefit from monopoly power which allows them to raise their prices to very high levels. This profit motive should not prevent people from accessing the health care they need – indeed, the U.S. is one of very few countries that allows this. When prices exceed certain reasonable thresholds, regulators need the authority to rein them in.

People like the positive application of regulations to put people’s health ahead of high prices that generate profits.

- “Because I like the idea of regulations being in place. Just the sentiment of it. I don’t know how it would play out.” – African American woman, Philadelphia
- “But I like the idea of somebody saying no, you cannot do this and then we will figure the rest out later.” – African American woman, Philadelphia

However, there are questions around administration. Who will determine what is reasonable? It is a gray area that generates some concerns about industry writing the rules for their benefit. In general, qualifiers and standards were confusing to people in both messages and problems. They were not sure how these should be heard.

- “I feel like the introductory statement was kind of good to say, but then like the latter sentence kind of leads me to more questions. That term or that phrase “certain reasonable thresholds,” who defines that? You know like reasonable for one person is not reasonable for all. So, I just feel like it’s a whole bunch of kind of just like words that really is not going to have any kind of outcome or effect in the long run.” – African American woman, Philadelphia
- “Just because you come in and control and dictate how much I can charge, that could determine whether or not I give you good quality service.” –African-American man, Richmond
- “Who is the one that is going to be reining them in because...” – African American woman, Philadelphia
- “I like the idea of laws and regulations, but I don’t know who is doing this. Are we talking states or are we talking feds or are we talking insurance? You know who is doing that regulating?” – white woman, Richmond
- “Yeah, I misunderstood too. I was like what the hell are they talking about. And then I got to the last sentence and I thought okay certain reasonable thresholds and so they are going to help you, the government is going to try to help you.” – white man, Philadelphia
- “Because I wasn’t sure what you meant by a regulator or whatever the authority is to rein them in. I mean that is a very vague statement. So, I actually didn’t like that statement.” – white woman, Richmond

People would determine reasonable prices based on income and one's ability to pay.

- “Income Based because people who make low income or moderate income or high income...people who make low income, they will get a low price and a discount, whereas people who make moderate income, you have to pay...the middle of the road people.” – African American woman, Philadelphia
- “There should also be incentives. Like I said before, if you are in a demographic where you are supposed to get diabetes and you don't, then you should...I forget what car insurance company...get bonuses.” – African American woman, Philadelphia
- “Yeah, just that my idea of what would be a regulation for reasonable thresholds would be the profit has to be a certain amount and you can't do anymore, like 10% or something, you know whatever the figure is.” – white man, Philadelphia
- “The percentage on what they can charge. They can charge a certain percentage over and that's it you know.” – white woman, Richmond

The messages about reducing the use of low value care didn't test very well, except with African American men.

Reduce the use of low-value care: Studies of medical records and insurance claims data find extensive examples of unneeded tests, scans, and other spending. This is spending that does not make us healthier. Regulators need the data and authority to identify this low-value care and incentivize or require doctors and hospitals to stop ordering the care.

People are mixed on the use of data. They see where there can be efficiency gains but worry about privacy. They think that their personal information can be too easily hacked and stolen.

- “I like the idea of data. I like the idea that somebody is looking and watching and listening. I don't know where the data is coming from, which might be your issue, but I do like that there was an attempt for a resolution. So that I underlined because I just like the idea that somebody is aware that something is going on.” – African American woman, Philadelphia
- “Well because I think there is a lot of fraud in the system and I think there are a lot of that, so I definitely agree. Plus two with that part. The second half is a little...I don't like insurance companies and non-physicians making physician decisions, health care decisions. They can make suggestions. They can say our prices are high for this and you are out of the norm or you are this or you are that and we are watching, blah, blah, blah, but ultimately, I think the doctors have to be in charge of health care. It could be a big panel of doctors that are the regulators.” – white woman, Richmond
- “To me, I feel like data is very subjective and certain people can report. You can make what you want of it, but I really feel like it doesn't really say much to me because you know I can only report certain numbers and then subsequently you don't have an issue and we are in compliance with this.” – African American woman, Philadelphia
- “To me, I don't like that. They already got our Social Security numbers and everything else on data, so now they are going to start stealing our medical records too.” – African American woman, Philadelphia
- “I completely agree now with what Thomas was saying. I didn't love the word incentivize and why do they have to have an incentive for doing what they are supposed to be doing?” – white man, Philadelphia

Methodology

Lake Research Partners conducted focus groups in Philadelphia, PA on June 27th with African American women and white men, and in Richmond, VA on June 28th with white women and African American men. Participants were recruited to reflect a mix of educational attainment, partisanship, parental status, and age (between 25 and 65).

Qualitative Statement of Limitations:

In opinion research, qualitative research seeks to develop insight and direction rather than quantitatively precise or absolute measures. Because of the limited number of respondents and the restrictions of recruiting, this research must be considered in a qualitative frame of reference.

The reader may find that some of the information seems inconsistent in character upon first reading this report. These inconsistencies should be considered as valid data from the participant's point of view. That is, the participant may be misinformed or simply wrong in his or her knowledge or judgment, and we should interpret this as useful information about their level of understanding.

This study cannot be considered reliable or valid in the statistical sense. This type of research is intended to provide knowledge, awareness, attitudes, and opinions about issues and concerns.

The following limitations are inherent in qualitative research and are stated here to remind the reader that the qualitative data presented here cannot be projected to any universe of individuals.

- Statement 1. Participants who respond to the invitation of a stranger to participate in this research show themselves to be risk takers and may be somewhat more assertive than non-participants.
- Statement 2. Some participants speak more often and more forcefully in focus group sessions than other participants, so their opinions tend to carry more weight in the findings.
- Statement 3. Participants "self-select" themselves.
- Statement 4. Participants were not selected randomly; as a result, each person in the pool of possible participants did not have an equal chance to be selected.