



REPORT IN BRIEF

Understanding Americans' Perspectives and Attitudes to Achieve Health Equity

Established in 2015, The Root Cause Coalition is a nonprofit, member-driven organization comprised of more than 75 leading health systems, hospital associations, foundations, businesses, national and community nonprofits, health insurers, academic institutions, local governments and policy centers. The Coalition works to reverse and end the systemic root causes of health inequities for individuals and communities through cross-sector partnerships.

The Root Cause Coalition's three pillars - Advocacy, Education and Research – guide the work of the Coalition. National advocacy priorities focus on policies that address social determinants, lower healthcare costs and ultimately improve health outcomes. Through the Coalition's education focus area, there is a continued emphasis on information sharing and awareness raising on initiatives, programs and practices that address social determinants of individual and public health. And a growing research agenda has established The Root Cause Coalition as a national leader in facilitating and disseminating research on the social determinants of health.

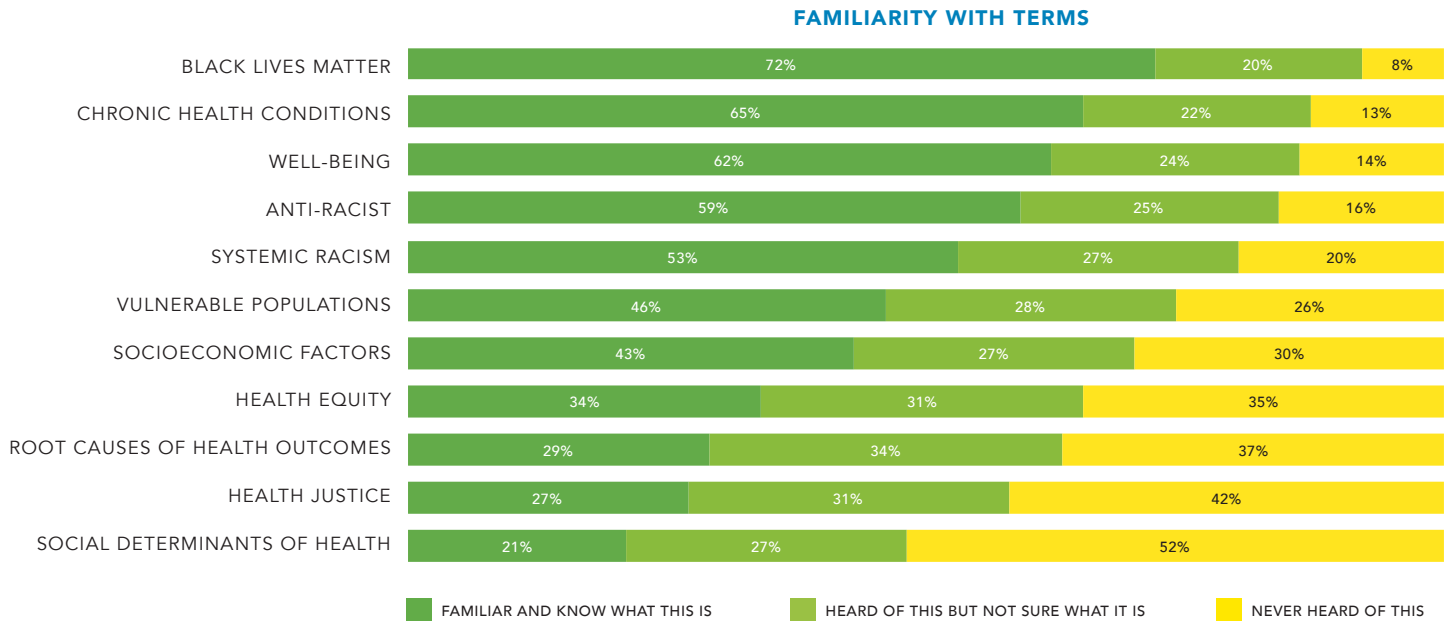
It is also through this research focus area that the Coalition seeks to understand public attitudes, perceptions and knowledge about Social Determinants of Health. The findings in this report underscore the need for significant and ongoing education and advocacy efforts to address issues related to health equity. Additionally, these insights raise awareness about Social Determinants of Health and help inform the public, policy makers and other stakeholders who endeavor to achieve health equity. Importantly, the outcomes from this research will continue guide the work of The Root Cause Coalition in the near- and long-term.

METHODOLOGY

This survey was conducted using the Dynata's online panel. The sample size was 1,200 U.S. participants, with an oversample of Hispanics/Latinos (n=194) and African Americans (n=223). Participants had to be 18 years of age and reside in the U.S. The sample was balanced according to the population for age, gender, geographic region, ethnicity and income. The questionnaire was fielded October 16-27, 2020 and participants took an average of seven minutes to complete the survey.

FINDINGS

Familiarity with the terms often used by Social Determinants of Health professionals are not well-known or understood. Roughly one in five consumers (21%) report being familiar with and/or know what Social Determinants of Health is; approximately one in three report this level of familiarity with the term “health equity.” A majority of Americans, however, are familiar with “Black Lives Matter” (72%) and “Chronic Health Conditions” (65%) as well as “Well-Being” (62%), “Anti-Racist” (59%) and “Systemic Racism” (53%).



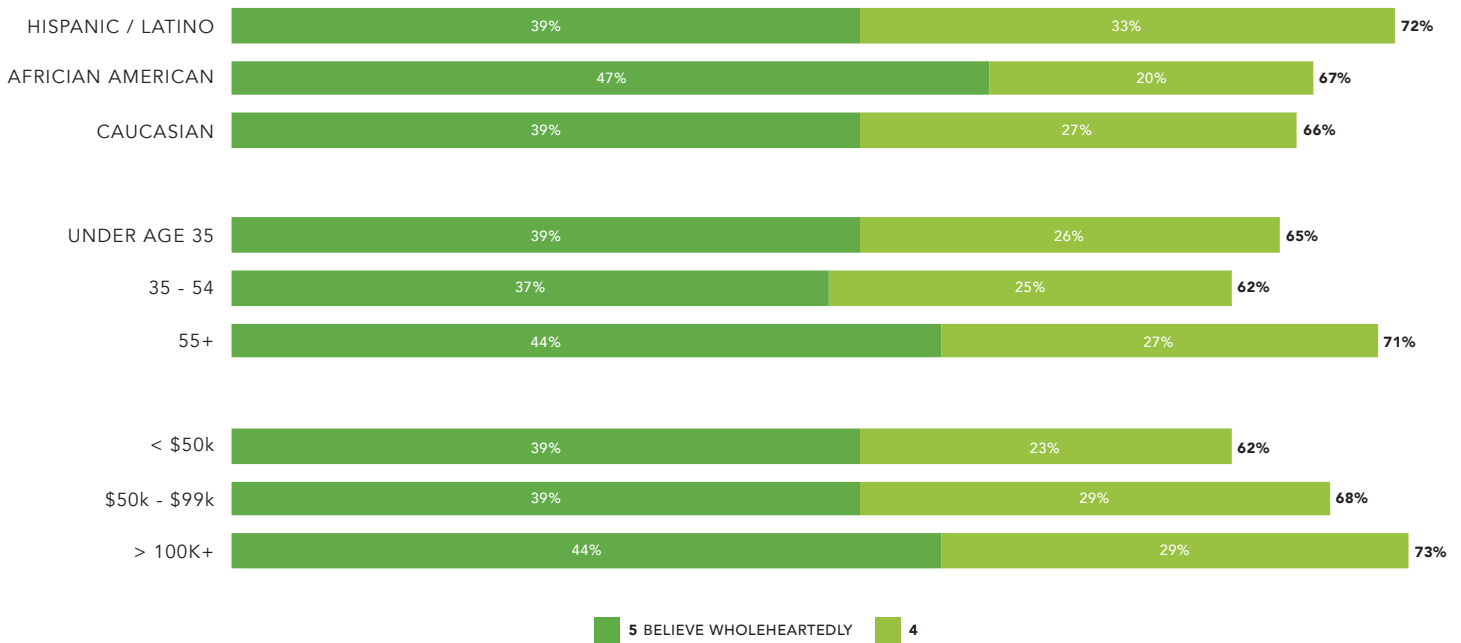
Caucasian respondents are less familiar with health equity and Social Determinants of Health than other ethnic segments. In addition, those who are younger in age and who have higher incomes, as well as those residing in large cities, are the most familiar with the health equity-related terms tested in the survey.

While consumers aren't all that familiar with these terms, they do report being affected by them.

Specifically, consumers believe that conditions in which people are born, live, learn, work, play, worship, and age have an impact on a person’s health, functioning and quality-of-life. In fact, very few (8%) do not believe these various conditions impact a person’s quality of life. This is especially true for older adults, those with higher incomes and individuals residing in large cities.

At the same time, a majority (59%) believe individuals should collectively be responsible for the health and well-being of the greater community. When looking at these findings with regards to where people live, a much greater percentage of those living in large cities are more inclined to wholeheartedly believe in both statements about the impact of Social Determinants of Health and individual responsibility towards the health of the greater community.

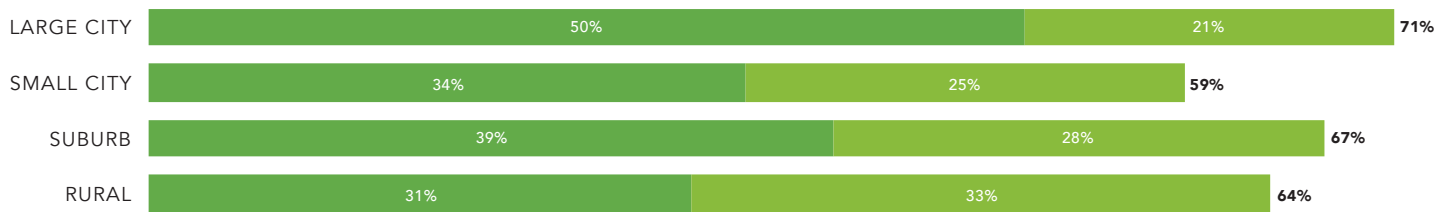
BELIEVE THAT CONDITIONS IN WHICH PEOPLE ARE BORN, LIVE, LEARN, WORK, PLAY, WORSHIP, AND AGE HAVE AN IMPACT ON A PERSON'S HEALTH, FUNCTIONING, AND QUALITY-OF-LIFE



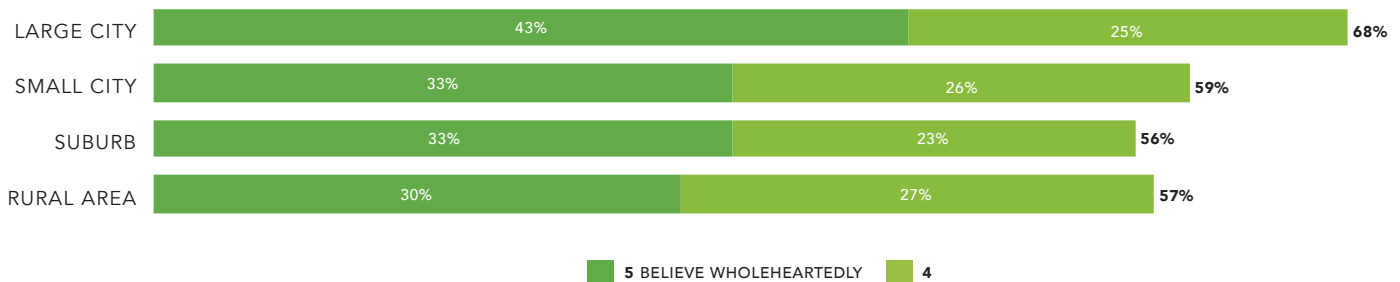
“We all live together and therefore, we should all get together to solve the problem. It is not an easy problem to solve, but we can do so.”

— SURVEY PARTICIPANT

BELIEVE THAT CONDITIONS IN WHICH PEOPLE ARE BORN, LIVE, LEARN, WORK, PLAY, WORSHIP, AND AGE HAVE AN IMPACT ON A PERSON'S HEALTH, FUNCTIONING, AND QUALITY-OF-LIFE.



BELIEVE THAT WE SHOULD EACH BE RESPONSIBLE FOR THE HEALTH AND WELL-BEING OF THE GREATER COMMUNITY



Following these questions in the survey, participants were presented with a definition of Social Determinants of Health, as outlined below.

Social Determinants of Health are conditions in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

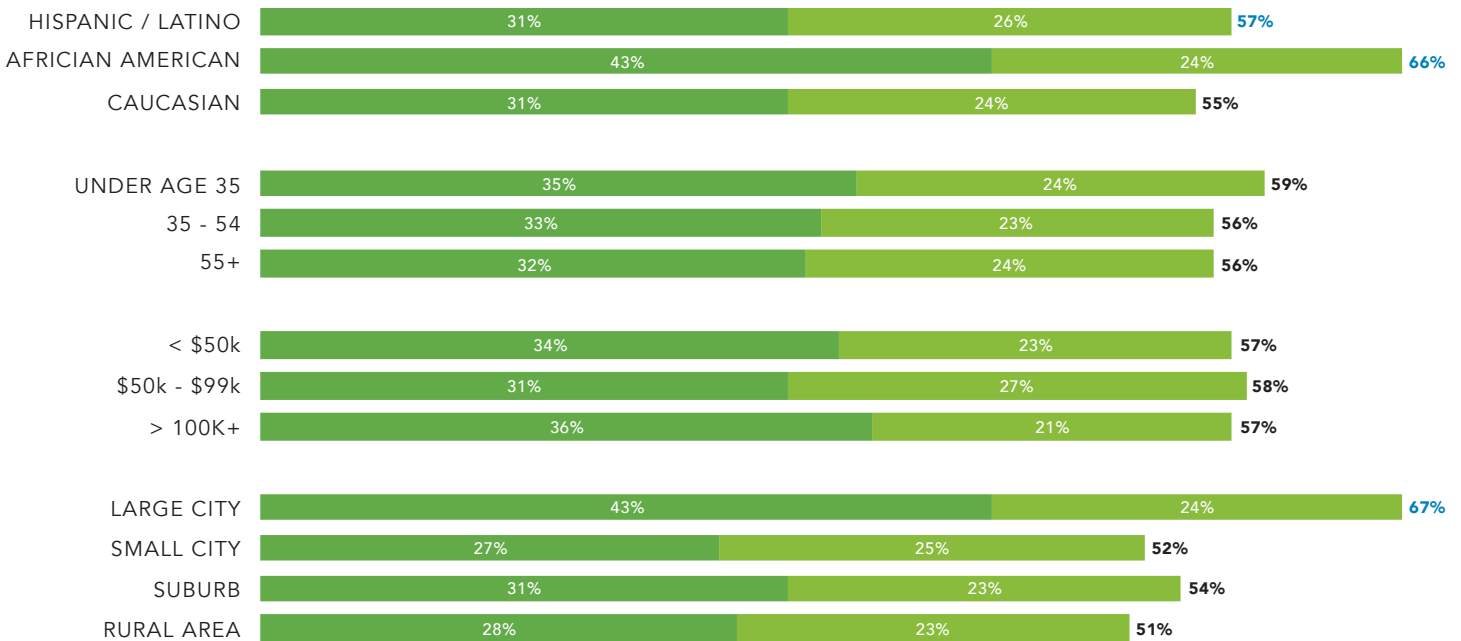
There are five, primary categories of social determinants of health:

1. *Economic Stability (e.g., having enough money to meet basic needs)*
2. *Health and Healthcare (e.g., knowledge about and ability to access doctors and other medical professionals as needed)*
3. *Education (e.g., having access to educational resources)*
4. *Neighborhood and Environment (e.g., access to safe housing and neighborhoods, access to healthy and affordable food, etc.)*
5. *Social and Community Context (e.g., having family and friends to rely upon for help, having strong ties with neighbors, a supportive community, etc.)*

A majority of consumers believe it is important to address the Social Determinants. As shown below, more African Americans compared to Hispanics and Whites believe the Social Determinants of Health should be addressed; the same holds true for those in large cities compared to those living in smaller cities, suburbs and rural areas.

For those who responded that it's not important to address Social Determinants of Health, more than one in four (27%) say it's because the issue doesn't impact them; note, however, that only 5% of African Americans report this.

IMPORTANCE THAT THE SOCIAL DETERMINANTS OF HEALTH BE ADDRESSED



■ 5 BELIEVE WHOLEHEARTEDLY ■ 4

% BY SEGMENT

| | Hispanic/ Latino | Caucasian | African American | Age <35 | Age 35-54 | Age 55+ | Income <\$50k | Income \$50k-\$99k | Income \$100k+ | Large City | Small City | Suburb | Rural Area |
|---|---------------------|-----------|---------------------|------------|--------------|------------|------------------|-----------------------|-------------------|---------------|---------------|--------|---------------|
| This issue does not directly impact me | 33 | 34 | 5 | 20 | 26 | 32 | 16 | 32 | 41 | 17 | 29 | 26 | 41 |
| I do not understand this issue well enough | 17 | 17 | 24 | 12 | 33 | 9 | 20 | 20 | 13 | 29 | 18 | 18 | 5 |
| I am more concerned about other social issues | 13 | 13 | 10 | 8 | 19 | 20 | 10 | 22 | 22 | 13 | 18 | 14 | 27 |
| I do not have time to worry about this issue | 17 | 17 | 24 | 20 | 14 | 13 | 22 | 10 | 9 | 17 | 21 | 14 | 5 |
| This issue is too depressing to think about | 17 | 17 | 24 | 32 | 5 | 2 | 12 | 10 | 3 | 17 | 11 | 4 | 9 |
| This issue is too big for me to consider | 4 | 4 | 14 | 12 | 5 | 11 | 12 | 2 | 13 | 13 | 7 | 12 | 0 |
| Other reasons | 13 | 13 | 14 | 8 | 7 | 29 | 20 | 12 | 19 | 8 | 11 | 22 | 23 |

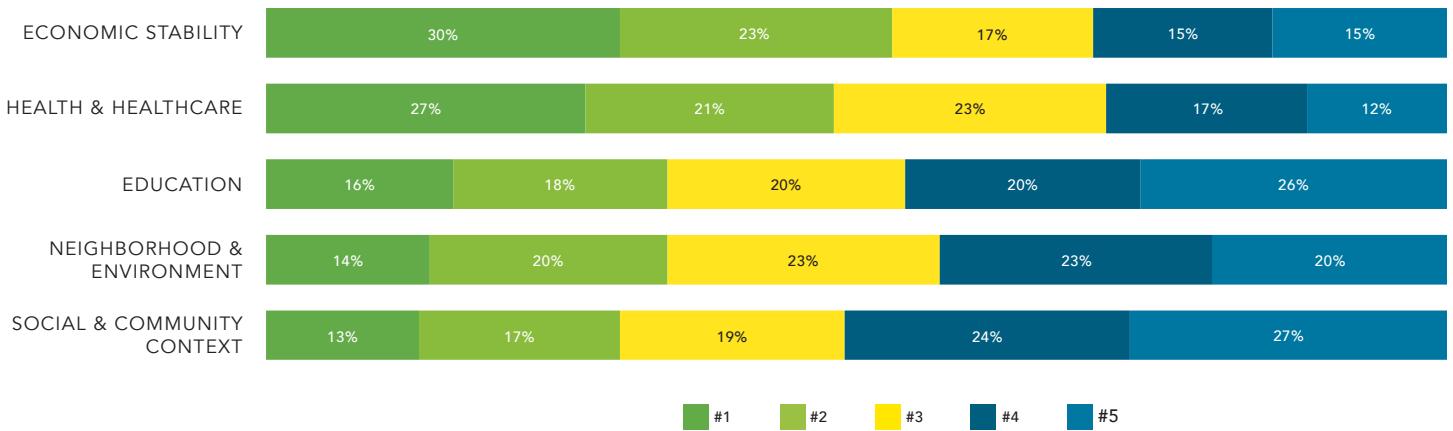
At the same time, Americans believe that “society as a whole” has been more impacted by Social Determinants of Health than themselves or family members. In fact, fewer than one in five say they have been negatively impacted yet over one in three report that society as a whole has been impacted. While these numbers are relatively low compared to other findings in this report, it remains troubling that individuals feel that one-third of the population is impacted by Social Determinants of Health – and that nearly 20% of the population feels personally impacted.

Questions related to COVID-19 mirror this trend. Americans believe that society as a whole is impacted more significantly than themselves, family, close friends, and neighbors (54% compared to 26-27%, respectively). A greater percentage of young adults report being personally impacted compared to older adults; the same is true for those living in large cities.

This mismatch – the perception that society has been impacted more than individuals – is meaningful in a couple of ways. First, the idea that Americans may answer a survey in a way they think they should – that it is the “correct” response to care about one’s community. Second, however, is the idea that consumers truly do care about the impact on society and third, an exploration as to why they may not feel as personally impacted. This is explained to some extent in the section that follows; while Social Determinants of Health as a broad term may not be seen as broadly impactful, when Americans are asked about the categories within it, individuals and families are more likely to see it as directly relevant. But because this trend is also reflected in Americans’ attitudes towards Covid-19, The Root Cause Coalition will explore further whether and how individuals act towards the greater benefit of society when it comes to achieving health equity.

Drilling down on the specifics sheds more light on the perceived importance of Social Determinants of Health categories. Nearly one-third of consumers report economic stability as the most important; health and healthcare is not far behind (27% report it as the most important). Lowest on the list was “social and community context” however as noted below this category rises close to the top when it comes to what impacts a family’s health. Not surprisingly, Americans believe people with low incomes are most at-risk from a lack of access to the Social Determinants of Health. However, when Americans consider which aspects of the Social Determinants of Health have negatively impacted themselves and their family, social and community context comes in right behind economic stability.

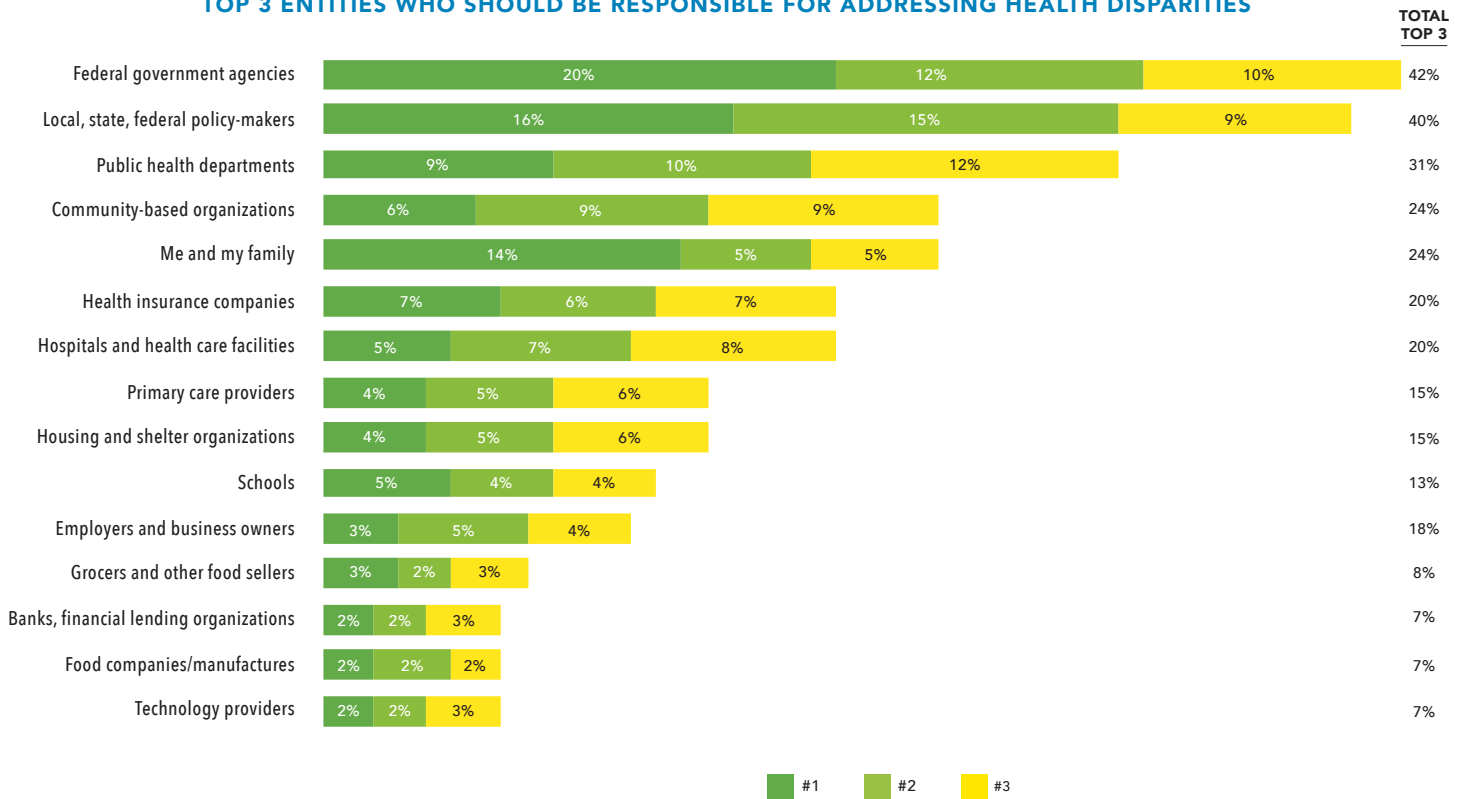
IMPORTANCE RANKING OF THE FIVE CATEGORIES OF SOCIAL DETERMINANTS OF HEALTH



What impacts a family’s health is not the same as what would improve a family’s health. While not having economic stability and social and community context are most negatively impactful to individuals and their families, more Americans are reporting that 1) healthcare services; 2) good quality, nourishing food and 3) affordable housing would improve a family’s health compared to other factors. Each of these items, too, are tied directly to economic security – perhaps the deepest root of Social Determinants of Health.

Responsibility to address Social Determinants of Health issues rests largely with the federal government, local, state and federal policy makers as well as – to a lesser extent - public health departments.

TOP 3 ENTITIES WHO SHOULD BE RESPONSIBLE FOR ADDRESSING HEALTH DISPARITIES



Additionally, nearly one in four individuals (24%) said that community-based organizations are responsible, the same percentage that report “me and my family.” Other entities cited as responsible include health insurance companies and hospitals and healthcare facilities, among others. These findings help make the case for The Root Cause Coalition’s cross-sector approach, particularly the connections between the coalition’s advocacy efforts, the health care sector and community-based organizations.

IMPLICATIONS

There are several implications and next steps as a result of this research.


First, it is clear that Americans care generally about the impact of Social Determinants of Health on society. However, it is when the categories within Social Determinants of Health are more closely explored that individuals feel most impacted. Economic security is believed to be central to overall health, as is access to health and healthcare. Financial stability may be considered the root of these root causes of Americans’ health and, as such, remains one of the key areas of focus for The Root Cause Coalition. And while these broad categories are deemed most important by Americans, the Coalition recognizes, and will continue to focus on, areas that individuals believe are needed most to improve health: healthcare services, good quality, nourishing food and affordable housing.


Second, the findings show the need to ensure that the language used to communicate across all constituents — including the general public — resonates and is clear in meaning. The Root Cause Coalition will use and disseminate these findings so that all of the Coalition’s communications are purposeful and research and information sharing with members will continue. The Root Cause Coalition will also explore further Americans’ understanding of the categories within Social Determinants of Health, health equity and the impact of the Coalition’s work on Americans’ most pressing issues. And as the Coalition furthers its goals around Social Determinants of Health education, these findings remain front and center.


Third, Americans as a group are not – and cannot – be combined into one category. As The Root Cause Coalition evaluated the data, and as other organizations use it to inform their work, it is critical to underscore that there are significant differences among racial demographics, age, income and where one resides. The findings in this report will be reviewed and used through that lens, especially the social determinant factors impacting each of these sub populations. Follow-up research, as well as The Root Cause Coalition materials, will also reflect these demographic nuances.


Fourth, it is critical to work together on these issues. This research underscores the need for an approach that covers multiple factors, as well as cross-sector collaboration. Americans believe it is the role of the federal government, as well as policy makers at all levels of government, to address Social Determinants of Health issues. However, other sectors such as community-based organizations and healthcare remain central to effective outcomes. Despite the global pandemic that eclipsed so much throughout 2020, The Root Cause Coalition maintains a robust advocacy agenda and continued outreach to policymakers. With a new Administration and the pandemic that has only magnified the health inequities in this country, the Coalition's Advocacy initiatives remain an area of priority, along with Education and Research.

In early 2020, the Coalition released its State of Health Equity Report that highlighted research of clinical providers' perception on how prepared they are to identify and address patients' social determinant needs, as well as a sampling work being done by dozens of The Root Cause Coalition members to address community needs to achieve health equity. Based on those two sections, the report also included an Eight Point Call-to-Action – to be achieved by 2025 – that addresses key policy and community initiatives that must be achieved to reverse and end the systemic root causes of health inequities. That Call-to-Action has led to the development of the Four Corners for 2021, priorities that also align with the research outcomes discussed above. Each of these priority areas include a focus on access to healthcare, cultural and demographic differences, economic security and systemic racism. Taken together with the findings in this report, the Four Corners provide The Root Cause Coalition and its members, and those dedicated to achieving health equity, a comprehensive approach to this work in the months ahead.

 **1 PROPOSED** Advocate for reforms that include metrics and new payment models in Medicare and Medicaid that address health inequity and ensure payment to care providers and non-clinical community-based organizations for demonstrated value related to addressing the social determinants of health.

 **2 PROPOSED** Advocate to ensure that cultural competency training is included in all medical and clinical educations programs nationwide, highlighting the role health care providers play in addressing these issues and how to effectively integrate that role into their current practice.

 **3 PROPOSED** Define a national target for healthcare expenditures (i.e., 15% of the GDP) and creation of a comprehensive strategy to meet it.

 **4 PROPOSED** Develop a comprehensive plan to address and end health disparities; specifically those born from systemic racism, as well as our nation's deficits in maternal and infant mortality and mental health services.

The Root Cause Coalition is committed to a continued exploration into Americans' attitudes and interpretations about health equity, Social Determinants of Health and other issues central to the coalition's work throughout 2021. These proof points not only reinforce the importance of The Root Cause Coalition's mission but also provide unique findings and data to advance critical policy reforms.



Contact Us

975 F Street NW, Suite 400A

Washington, DC 20004

202.266.2635

RootCauseCoalition.org



@RootCauseCo



@RootCauseCoalition



company/root-cause-coalition