# 2022
# HEALTH EQUITY
## SUMMIT

### SUMMARY REPORT

Independence

# Contents

# 1. Executive Summary

In September 2022, Independence Blue Cross (Independence) hosted its first-ever Health Equity Summit. Its purpose was to engage Independence members in conversations about health equity and the institutional and structural barriers that impede optimal health.

Members shared their priorities around community health and their experiences with health care services and resources in their communities, to help inform Independence's Health Equity Strategy. They also heard from Independence and community leaders about the inspiring work that is currently happening in Philadelphia to address health equity and structural discrimination.

Presentations included:

- *"Ending the Legacy of Racism in Medicine,"* Dorothy E. Roberts, JD, founding director of the University of Pennsylvania Program on Race, Science, and Society
- *"Designing for Trust and Love,"* Bon Ku, MD, director of the Health Design Lab at Thomas Jefferson University
- *"Deeply Rooted: Dismantling Structural Racism Through the Power of Community,"* Eugenia C. South, MD, faculty director for the Urban Health Lab at the Perelman School of Medicine, University of Pennsylvania
- *"Redesigning Medical School Admissions,"* Kathleen Reeves, MD, professor of Pediatrics and director of the Center of Urban Bioethics at Temple University School of Medicine
- *"Designing Health Equity: How Design Thinking Helps Us Build Healthier Communities,"* Morgan Hutchinson, MD, director of education for the Health Design Lab at Thomas Jefferson University
- *"Community Engagement and Mobilization through PDPH,"* Gail Carter-Hamilton, MSN, RN, CSN, chief of racial equity at the Philadelphia Department of Public Health

When participants were asked what "health equity" means to them, their responses included common themes involving access, inclusive care, opportunity, adaptation/tailoring, outcomes, personal impact, transformation, and agency.

## Member Feedback Sessions Summary

We held member feedback sessions covering a variety of topics. Facilitation and guides were developed by the Independence Innovation Team.

In "*Prioritizing Community Health Concerns: Identifying What Matters Most,*" participants noted an urgent need for access to affordable physical and behavioral health care in a timely manner. Expanding behavioral health care access to address mental health, and community violence (particularly gun violence), both emerged as strong themes, as did the relationships between violence and mental health and the opioid crisis and mental health.

In "*What's Working in Health? Identifying Great Health Management Programs and Services*," participants noted that great programs and services provide clear communication regarding health care, work with the community to address larger needs, and are easy to use. Members shared examples of supports that were a "one-stop shop" for coordinating their complex medical needs or that helped motivate them to be more active to improve their quality of life.

In "*Mapping Community Hubs and Connectors*," the most often-cited health care hubs and connectors were direct patient care and clinical services, community-based organizations, digital and educational resources, acquaintances with health-facing jobs or experience, fitness centers and opportunities, community gathering spaces, and members' health plans. However, many participants reportedly had trouble accessing care close by. They also noted difficulty in getting appointments and understanding their benefits.

In "*Improving Health Care Interactions*," we heard that members are looking for care partners, and they want providers to be empathic and non-judgmental. Respect, time and personal attention, empathy, and clear communication underpinned participants' stories about positive health care experiences. Bad interactions often involved providers or systems that were unavailable, had poor communication skills (e.g., were condescending or belittling), did not listen to patients, lacked empathy, and rushed them through care experiences. Bias and dismissiveness resulted in inadequate care and incomplete understanding, which sometimes left patients with lasting health consequences.

In "*What Box to Check? Understanding Preferences for Sharing Your Demographic Information*," participants' main misgivings about their data being used by an insurance company centered on privacy concerns, transparency issues, and potential data misuse. Some specific concerns included racial profiling, selling data, denial of care, and unintended consequences. Participants reported they hadn't previously considered the possible advantages of sharing data, but were interested in its potentially being used to improve health care outcomes, increase culturally competent care, and create a more cohesive and coordinated care experience.

"We need to expand our ideas about what it means to care about people's health. It's not just treating individual patients in the clinic.

— Dr. Bon Ku
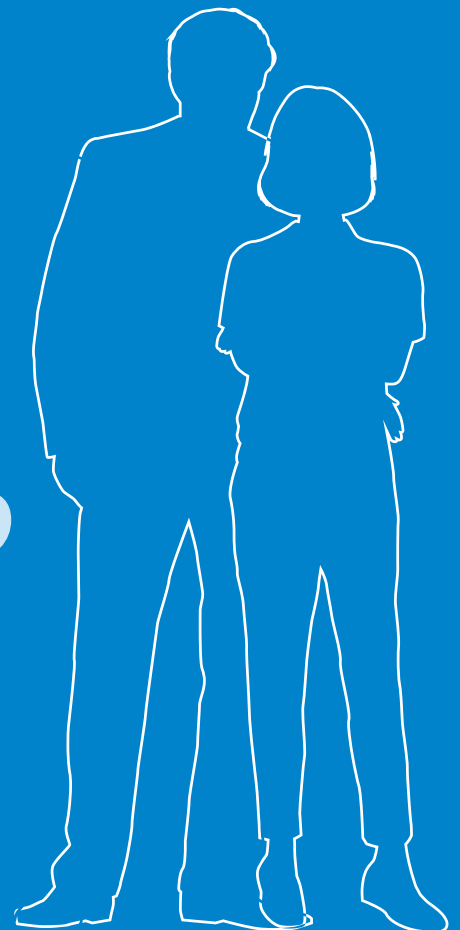
# 2. Health Equity Summit Event Summary

The Independence Health Equity Summit was held in two sessions: In person at the Franklin Institute in Philadelphia, PA on September 12, 2022, and virtually on September 28, 2022. Approximately 300 members and associates attended both sessions. The in-person event was opened by Gregory Deavens, president and chief executive officer of Independence Health Group.

In his opening remarks he highlighted Independence's strategic focus on promoting equitable whole-person health and achieving improved outcomes in care through collaborations with community-based organizations, academic and private partnerships, government organizations, and care redesign.



*Gregory Deavens, President and CEO of Independence Health Group*

Dr. Seun Ross, Independence's executive director of health equity, discussed the work Independence is doing through our Health Equity Strategy and the role our members play in shaping that strategy. Both stressed Independence's commitment to health equity and dismantling structural racism in the health care system.

The primary focus of the event was soliciting participants' feedback to help guide Independence's Health Equity Strategy for 2023. Attendees were asked to share their experiences with health care services and resources in their communities. Participants had the opportunity to choose among various feedback sessions to discuss topics, share ideas, and provide recommendations. Topics included:

- Prioritizing community health concerns: Identifying what matters most
- What's working in health? Identifying great health management programs and services
- Mapping community hubs and connectors
- Improving health care interactions
- What box to check? Understanding preferences for sharing your demographic information (virtual only)

The audience also heard from Philadelphia health care leaders Dorothy E. Roberts, JD, Bon Ku, MD, Eugenia C. South, MD, Kathleen Reeves, MD, Morgan Hutchinson, MD, and Gail Carter-Hamilton, MSN, RN, CSN. The presentations grounded the event in the primary themes of identifying the structural causes of health inequities and using a community-centered approach to design solutions. The first two speakers framed these issues within the context of the tension between structural violence and empathy in health care. Dr. Roberts set the stage with an insightful lecture on the history and impact of structural racism on health. Dr. Ku explained the methodology of collaborative design thinking as a tool for achieving empathy in medicine. The four remaining speakers then provided real-life examples of how they are implementing structural and institutional changes to address health equity in partnership with the local communities.

Attendees also participated in insurance insights and education sessions to discuss useful information for members such as "*Understanding digital tools and engagement*" and "*Independence's data ecosystem.*"

During each of the summit sessions, attendees were provided an opportunity to enjoy a wellness break facilitated by vendors On the Goga and Nalaverse, enabling them to briefly decompress, relax, and recharge as they took part in an emotional and thought-provoking agenda.

The event concluded with closing remarks from Victor Caraballo, MD, Independence's vice president of quality management and chief safety officer, who summarized the main themes we heard from participants throughout the day and explained how Independence will continue to engage with the community as essential partners in the Independence Health Equity Strategy.



*Participants engaged with Bon Ku, MD as he signed free copies of his book*

> There always needs to be the question of 'why,' and if you can continue to ask why, you have not gotten to what equity actually is for that individual or those groups. We can't do surface-level work... [we need to ask] the people, 'What is it that's hindering your health?' Because what we think may be hindering their health may not be.
>
> — Gail Carter-Hamilton, MSN, RN, CSN

*(L to R) Bon Ku, Eugenia C. South, Gail Carter-Hamilton, Seun Ross, Dorothy E. Roberts, Kathleen Reeves*

# 3. Expert Speaker Presentations

The Summit brought together scholars and health care leaders working with local communities to lay out the challenges of achieving health equity, including historical and ongoing institutional racism, and the methods that have been successful in changing structural determinants of health such as physical environment, medical education, and clinical care delivery. In discussing how they brought structural interventions to life in Philadelphia, speakers illustrated human-centered design principles and authentic community partnerships as methods of transforming systems.

## Overview of Presentations and Key Takeaways

### Ending the Legacy of Racism in Medicine

**Dorothy E. Roberts, JD,** founding director of the University of Pennsylvania Program on Race, Science, and Society

Professor Roberts highlighted race as a social construct and not a biological characteristic. She discussed how medical education has taught false information about race and has been unsuccessful in addressing racist policies and practices within its institutions. She also spotlighted how reliance on race as an objective biological variable has diverted attention and resources needed to make meaningful progress to address the impacts that racism has on people's health.



*Dorothy Roberts, JD*

### Designing for Trust and Love

**Bon Ku, MD,** director of the Health Design Lab at Thomas Jefferson University

Dr. Ku illuminated the positive impact that human-centered design can have on health outcomes and the overall health experience. He shared the importance of conversation in health care and building trust with patients. He also emphasized the value of engaging patients with empathy, promoting inclusivity and love in care, and using collaborative design thinking to address health care challenges.



*Bon Ku, MD*

## Deeply Rooted: Dismantling Structural Racism Through the Power of Community

**Eugenia C. South, MD,** faculty director for the Urban Health Lab at the Perelman School of Medicine, University of Pennsylvania

Dr. South focused on the practical application of the concepts that Drs. Roberts and Ku had framed for the audience. She described her efforts to leverage resources to disrupt the status quo and create lasting and meaningful change for our communities. She discussed her research on the power of nature and infrastructure changes to address health, well-being, and safety. The findings inform her current project, "Deeply Rooted," which harnesses the healing power of nature and proven structural interventions to address the consequences of segregation and disinvestment.



*Eugenia South, MD*

In creating an intervention aimed at dismantling structural racism and investing in communities, she highlighted the importance of co-creation, shared decision-making, and sharing of resources with local community partners.

## Redesigning Medical School Admissions

**Kathleen Reeves, MD,** professor of pediatrics and director of the Center of Urban Bioethics at Temple University School of Medicine

Dr. Reeves was joined by North Philadelphia community members Naida Montes, Amelia Price, and Kathy Barnes to discuss a pathway to transform the future of medicine through institutional change. The panel shared the process that the Lewis Katz School of Medicine at Temple University utilized to include community members on the admission panel for incoming medical school students in 2022 for the first time.[1]



*Kathleen Reeves, MD, and guest Kathy Barnes*

Ms. Montes, Ms. Price, and Ms. Barnes shared the importance of identifying future physicians who would understand the community and practice with empathy. Dr. Reeves emphasized that meaningful community partnership means sharing power with the community.

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1 Lyde R, et al. (2022) Changing the interview day: Assessing the impact of incorporating local community members into the medical school admissions interview process. *Academic Medicine.* 97:11S, p S135, doi: 10.1097/ACM.0000000000004860

## Designing Health Equity: How Design Thinking Helps Us Build Healthier Communities

**Morgan Hutchinson, MD,** director of education for the Health Design Lab at Thomas Jefferson University

Dr. Hutchinson's presentation considered the question: "What if health care was designed to meet the needs of the patient?" She was joined by Chef Cristina Martinez, a local advocate for food access and workers' and immigrants' rights, to discuss their partnership to deliver human-centered services to Philadelphia's most vulnerable communities during a pandemic. Through listening and creativity, they were able to address the community's barriers and delivered over 30,000 COVID-19 vaccinations and tests to underserved neighbors, including 80 percent non-white and 40 percent non-English-speaking residents.[2] Like the other panel members, Dr. Hutchinson provided an authentic example of what community engagement and collaboration looks like to transform the experience of medical care.



*Morgan Hutchinson, MD*



*Chef Cristina Martinez and her interpreter, Mariana Espinosa, RN*

## Community Engagement and Mobilization Through PDPH

**Gail Carter-Hamilton, MSN, RN, CSN,** chief of racial equity at the Philadelphia Department of Public Health

Gail Carter-Hamilton highlighted the differences between community engagement and community activation, and the importance of using both to create health equity. She underscored the value of shared frameworks to unify community engagement practices and center equity.



*Gail Carter-Hamilton, MSN, RN, CSN*

2 Varotsis, E, et al. (2022) COVID-19 Vaccine Equity: Codesigning Public Health Interventions with Community Partners. *Population Health Management*, 26:6, doi: 10.1089/pop.2022.0103

# 4. Member Feedback Sessions

The primary purpose of the Health Equity Summit was to engage our members in conversations about what matters most to them, their concerns, and their ideas for making the health system work better for everyone. Four sessions were held at the in-person Summit and a fifth was added for the virtual Summit only. Feedback sessions were facilitated by the Independence Innovation team and supported by co-facilitators and scribes from the Independence health equity steering committee, health equity staff, and volunteers from Independence's Associate Resource Groups.

## WHAT MATTERS MOST?

> "Navigating a complex health journey — different providers, different technology, different communication; ONE HUMAN."

# Prioritizing Community Health Concerns: Identifying What Matters Most

*Session prompt: To inform the new Independence Health Equity Department strategy, we want to understand what health concerns community members see as most pressing to Philadelphia's various communities. What health concerns are YOU most worried about for you and your community's health and wellness?*

**What we heard**

Members want to focus on a broad array of concerns ranging from upstream factors to downstream health outcomes. The common thread was a focus on the community as a whole. Participants are looking for options that will allow for mutual sustained health and wellness support for themselves, their loved ones, and between communities across the greater Philadelphia area.

- Repeated themes noted throughout data collection are a strong desire for **better quality community health options** that will support **sustainable solutions** and **illness prevention** such as **strengthened environmental health practices** in neighborhoods and a **reduction in community violence.**

- In all sessions and modalities, participants noted an urgent need for access to **affordable** physical and behavioral health care in a **timely** manner.

- Mental/behavioral health was a strong and consistent theme across events and listening sessions. Mental health and community violence, in particular gun violence, both emerged as strong themes, as did **the relationship between violence and mental health and the opioid crisis and mental health.**

- Participants are also looking for **targeted and prescriptive measures** to be taken within their health care experiences such as controlling **quality of care** in the provider setting or expanding **behavioral health care access** and resources.

- Participants feel strongly that these issues must be addressed on a community-wide level with special care taken to **ensure equitable access and outcomes** between communities and among members.

## Community Health Priorities — Main Themes:

**Access to care: Having access to affordable, diverse, timely care, always**
Provider availability, affordable care, diverse workforce access

**Mental health: A stigma-free environment with more focus on mental health and the resources to address mental health**
Resource availability and cost, quality care, affordable care

**Community first: Addressing factors in the community that impact the well-being of community members**
Violence reduction and safety promotion, neighborhoods and environment, food, housing

**Looking upstream: Investing in disease prevention to protect wellness now**
Disease-specific interventions, health education and literacy, caregiver support

## What's Working in Health? Identifying Great Health Management Programs and Services

*Session prompt: To better understand who Independence might partner with to help your community stay well and healthy, we need to identify which organizations, apps, training programs, benefits, etc. you trust and rely on to maintain and manage health.*

### What we heard

The top resources that participants use to stay healthy were:

- Apps, care providers, organizations in their communities, and specific programming

Two main themes emerged regarding how these things work for participants:

- **Connects folks to care** — Members liked how programs and services were a one-stop shop for coordinating their complex medical needs.
- **Helps folks stay physically fit** — Members liked how programs helped motivate them to be more active to improve their quality of life.

When asked why they like the things they use to stay healthy, the most-cited responses were:

- Enhances health care communication, works with community to address larger needs, and is easy to use
- Many members needed clear, concise information to understand specific personal and community needs. Health insurance can already be complicated, so making it streamlined is a major positive for members.

Participants tend to rely most on apps that help them stay physically fit and those that connect them to care:

- Apple, Strava, Nike Run Club, the Fabulous App, My Fitness Pal
- Provider EHR portals
- Zocdoc

Other ways they stay healthy are:

- Care providers (see *Mapping Community Hubs and Connectors*)
- Community-Based Organizations (see *Mapping Community Hubs and Connectors*)
- Gym/Fitness location
- Specific programming (nutritional counseling, wellness programs, food access programs, vaccine access programs)

## WHAT MATTERS MOST?

" Equal representation of providers, resources to connect people of color to other people of color who are health care providers. More health care providers with racial/cultural backgrounds like the communities they serve. "

## Mapping Community Hubs and Connectors

*Session prompt: To better understand who Independence might partner with to help your community connect to care, we need to identify which community organizations, local entities, and places are helpful for connecting communities to care and why they work well.*

**What we heard**

**Many participants have trouble accessing care.** There might not be any providers in their area, and they do not know of any local community hubs, leading them to have to travel to get care, which is not always convenient. Insurance (co-pays, out of pocket, referrals) was reported as an area that was confusing for people. Others had trouble getting appointments with their PCP, which led them to use minute clinics and urgent care centers.

A few participants shared that they will not receive care in their neighborhood. **They felt they would get better care and experience fewer stereotypes if they went outside of their neighborhood.**

Some participants reported a desire to see doctors and staff that looked like them.

We also found that many participants who have a health care background acted as the hub for their community. They would suggest doctors and clinics along with educating people within their neighborhood on what was included in their insurance and what verbiage to use when speaking to the health plans.

### How are health connections made?

The most often-cited sources of health care hubs and connectors were:

- Direct patient care and clinical services, i.e., urgent care/minute clinic/hospital and primary care services
- Community Based Organizations (CBOs) (general, religious, cultural)
- Digital and educational resources (social media, apps, news sites, etc.)
- Other connectors mentioned fell under the following categories:
  - Individuals with health-facing jobs or experience
  - Fitness centers and opportunities
  - Community gathering spaces
  - Insurance

| What makes a resource helpful | |
|---|---|
| Established health care providers | That they are known, local, and convenient<br>Free/subsidized care and resources<br>Presence at community events, partners with the community<br>In the community and know what the needed resources are |
| Community organizations | Non-profit, community values<br>Cultural and linguistic competency<br>Trusted people in the neighborhoods spreading valuable information and resources and connecting people to them<br>Authentic relationships — connectors know people in the community and are a part of it |
| Condition-focused organizations | Expertise, personal connections, local input, local outreach, focused approaches, member/participant input, ease of access, programs that meet members' interests, requests |
| Internet | Easy search |
| People | Trust, respect, familiarity, consistency |

## Improving Health Care Interactions

*Session prompt: To inform the new Independence Health Equity Department strategy, we want to understand how your health care interactions can be improved AND what good health care interactions look like for you.*

**What we heard**

Summit participants discussed positive experiences with health care systems or providers, where providers went above and beyond, access and processes were easy and convenient, and they felt acknowledged and heard. Interactions were defined broadly and participants talked about encounters with PCPs, specialists, procedures, the ER, clinics, behavioral health providers, their insurer, telehealth, patient portals, and more.

Respect, personal attention, empathy, and clear communication underpinned participants' stories about positive health care experiences.

> We have to understand that the way people interact when they come into health care settings is informed by what is happening to them outside that has nothing to do with their health care experience. All of these systems are connected.
>
> — Dr. Gina South
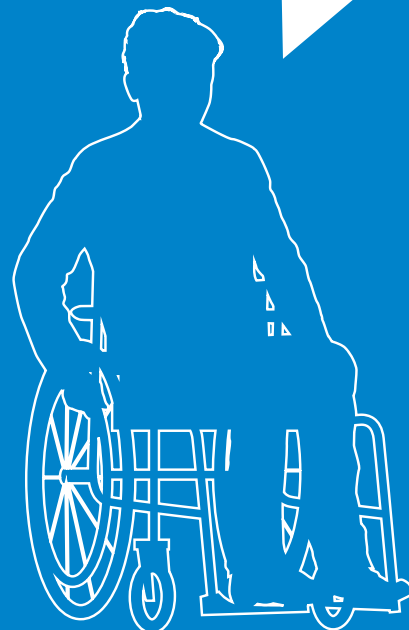
## Primary Themes in Improving Health Care Interactions

### Time and Attention

- "The rep took the time to call the CPAP supplies place with me to understand the cost associated with insurance."

- "We were able to have a conversation and simply time to reflect, process, and ask questions."

- "Honestly, the preoccupation with charting notes, etc., during the visit is a bit off-putting."

### Feeling Heard and Being Treated as an Individual

- "The provider helped me identify culturally connected ways to increase my fiber intake and improve my diet. She also provided great lifestyle feedback and walked me through lab results."

- "The positive experience made me feel heard and valued AND LESS SCARED."

- "You know they are not listening, they are just making assumptions about what you are about to say."

### Empathy

- "Lisa allowed me to be 'human,' I was able to be angry and frustrated without judgment. She let me go through my experience with real empathy and compassion."

### Respect

- "Valued my input, as I am an expert in my care."

- "I felt like no one heard or respected my pain and suffering."

- "Because of my medical conditions, I wonder, will I be assigned a physician working tonight who will trust me to give [me] meds needed?"

### Positive Impressions of Telehealth/Mobile Health

- "I put the questions (in the member portal). She read them, wrote responses, handed them written to me to review before we started my appointment. Then, she asked if I wanted to discuss them any further."

# What Box to Check? Understanding Preferences for Sharing Demographic Information

*Session prompt: To better understand how to improve your member experience including access to and quality of care, we want your input to guide the development of these solutions.*

**We asked:**

## What are your greatest concerns about your data being used by payers?

(i.e., by health insurance companies such as Independence)

- Misgivings about privacy, transparency, and potential data misuse.
- Not trusting large organizations with data, or worrying that human error might lead to a misuse of data.
- Racial profiling, selling data, unintended consequences, and denial of care.
- Remaining informed about how data are being used ongoingly.
- Collecting data, but not using it, erodes trust.

## How do you wish your health data was being used?

What kinds of solutions do you wish we could create from health data (information about conditions, treatments, drugs, screenings, diagnoses, demographics)?

- Participants reported they hadn't previously considered positive outcomes and benefits of sharing data, but had only focused on their concerns about data sharing.
- When prompted, participants wished that data would be used correctly to improve health care outcomes, increase culturally competent care, and create a more cohesive and coordinated care experience.
- They expressed hope that data could be used to give them options to find care from providers "who understand where I'm coming from," and options for culturally competent care taking cultural beliefs and practices into account.
- They also were interested in data being used for targeted screenings, care, and resources, care coordination, and innovative models.

# 5. What Does Health Equity Mean to You?

Developing shared meaning is essential to moving forward on effective communication to address health justice. We asked Summit registrants to tell us what health equity means to them. The question was optional, and we received 312 interpretations.

Many focused their responses on health care access or access to social determinants of health. Some focused on diversity and inclusion; others focused on transforming systems and justice.

As the word cloud below illustrates, there was also variation in how health equity might apply to individuals, communities, systems, or the respondents personally.



Eight primary themes emerged: Access, inclusive care, opportunity, adaptation/tailoring, outcomes, personal impact, transformation, and agency.

Seven secondary themes added specificity, clarification, or support to primary themes: Quality care, fairness/justice, social determinants of health (SDOH) and systems, non-discrimination, affordable care, prevention/wellness, and rights.

The sentiments expressed within these primary and secondary themes are illustrated below by a selection of participant quotes.[3]

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3 Some have been abridged or edited to correct typos, but their sentiment has not been changed.

> " Access to health care without price gouging from providers and pharmaceutical companies. Being heard and genuinely cared for. Being able to go into a hospital, clinic, or office, and be treated with dignity and respect. Being heard and empathized with versus being dismissed. "

## Access

### Individuals' and communities' ability to access the resources and providers they need to get care, maintain, and attain health

*"Affordable, reliable, easily accessible/available health care...[regardless of] age, income, employment status, etc."*

*"Everybody, regardless of title and social standing or ethnic background, is entitled to fair and equal health care."*

*"No matter where we live or who we are, our health care should be the same quality."*

*"That every person has the support necessary to thrive in the healthiest way possible regardless of where they live, work, or pray."*

## Inclusive care

### The expectation that health care delivery be culturally competent, linguistically appropriate, delivered respectfully, and that the health care workforce should be diverse and representative of the population

*"Doctors that listen to all my concerns and recognize that I know my body and what's going on with it."*

*"Allowing all members dignity, privacy, and options to all available forms of care."*

*"Fair and equal treatment in all aspects from front desk interactions to the provider's approach to care."*

*"Equal access to preventative and diagnostic care. This includes comprehensive health education and a holistic view of patients. We must consider housing, food insecurity, climate change, social unrest, and the myriad of other factors that affect an individual's health and well-being. Health equity demands cultural competency and humility on the part of providers."*

## Opportunity

### The concept that all people should have opportunities for health

*"That everyone has the access and opportunity to live a healthy lifestyle despite the adversity they may face."*

*"Opportunities for personal and community health and well-being which are just and fair."*

*"Health opportunity for all regardless of employment status, age, gender, origin, affiliation, or disability."*

*"The opportunity for all to live their very best life based on decisions shared by them and their care professionals; not being disadvantaged by any social determinants of position or circumstance."*

## Adaptation/tailoring

### Pertaining to the concept that everyone gets health care and/or services tailored to what they need rather than the same services as everyone else

*"That every patient gets appropriate health care based on their individual needs. Health care is not one size fits all."*

*"A society where everyone gets what they need individually to thrive and live a healthy life."*

*"Meeting individuals where they are to make the most of their lives; removing educational, financial, physical, and mental barriers to health."*

## WHAT DOES HEALTH EQUITY MEAN TO YOU?

> Health equity is more than making sure each person or group has the same opportunities and resources — that's equality. Equity takes into account individual situations and makes accommodations in resources and opportunities to bring about optimal health outcomes for all.

## Outcomes

### Health outcomes

*"The attainment of the highest level of health for all people."*

*"Untapped populations having access to quality treatment choices and achieving improvement in overall wellness."*

*"Being able to maintain my health without concern about my gender/age/ethnicity, etc."*

## Personal impact

### Importance or impact of health equity or a personal health circumstance

*"Getting healthy and staying healthy is very important to me and my family."*

*"It is sad that not everyone can get the health care they need or is not exposed to all of the options to help them live healthier. I know a few people who have stayed home, even when in great pain, because it is too expensive to go to the doctor or hospital (with or without insurance)."*

## Transformation

### The concept that the current health care and social services system has major systemic issues that must be changed in order to meet people's needs

*"To improve the quality of life for Philadelphians through incorporating community feedback into plans, trainings, and exercises to ensure equitable accessibility to health care services."*

*"People being able to access the best health care for their needs without all the barriers that currently exist. It also means more transparency in what will be out of pocket costs up front."*

*"Removing obstacles to health, such as poverty, discrimination, and their consequences, including lack of access to good jobs with fair pay, quality education, and housing, safe environments, and health care."*

*"Resourcing those who've been historically under-resourced. Enabling all children, families, and communities to get what they need to achieve their optimal health."*

## Agency

### Participating or investing in your own health/care, or the concept that you get out what you put in.

*"Keeping myself healthy. Keeping my community healthy. Keeping my family healthy."*

*"Including everyone when it comes to making decisions about health care."*

*"An individual that is invested in maintaining balance with their physical and emotional wellness. A health system that provides fair treatment, resources, education, and lifestyle interventions and meets individuals where they are."*

# Independence [logo]

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