SCRIPT FOR SMDM 2021 UHC POSTER PRESENTATION

Hello! And thank you for attending my virtual e-poster.

Background and Objectives:

The U.S. does not support Universal Health Care (UHC). The literature in the field indicates that two of the main sources of this opposition in the U.S. is the belief that UHC is definitionally unfair due to the ‘free rider’ problem, where individuals who do not contribute to society are benefiting from UHC, while not contributing to the costs of UHC and one of the others is the perception that UHC is incomprehensible, due to the difficulty in specifying or explaining exactly what UHC is composed of.

We chose to directly test this by using a paradigm called an explicit Health Benefits Package (HBP):

An HBP is a way of structuring UHC as a comprehensive portfolio of services, designed and priced using actuarial estimates of supply and demand, the purpose of which is to constrain the health services available to the public, but in doing so, guaranteeing that at least certain services will be made available.

This directly addresses some of the concerns in the literature that UHC will be unfair or hard to understand, as HBP’s clearly outline what is available, and help ensure that all citizens have access to an equal baseline of care.

Methods:

For both of our studies, we used an exercise called “Choosing Healthplans All Together” (CHAT) to communicate UHC as an HBP. The CHAT simulation exercise has participants constructing their own HBP by allocating a limited set of resources to benefit types (e.g. dental) and choosing scope of coverage (basic-to-high); see Figure 1

For Study 1, we compared an uninformative control against an active intervention where participants made their own HBP and a passive intervention where participants evaluated a HBP that was provided for them.

For Study 2, we wanted more external validity, so we compared an intervention where participants made their own HBP against a control condition reflecting ‘standard’ exposure to UHC messaging; see Figure 3

Results:

As you can see in these first two graphs, in Study 1 we found that there was no difference between the passive and active intervention, but both interventions improved support for UHC compared to the uninformative control

In Study 2, we actually saw that there was a significant increase in support for UHC in our control condition, but not in our intervention condition!

There is a bit more to this though, as looking at our other two graphs, we saw an interesting moderating effect. Our intervention was impactful, and quite a bit more impactful than our control, but only for individuals with high objective numeracy. Note that in our other graph, we see no parallel effect of subjective numeracy.

In Study 2, we also measured our proposed mediating factors derived from the theory in the literature, comprehensibility and perceived equity. We found that support for UHC was mediated by equity, but not comprehensibility!

Discussion: Greater objective numeracy predicted increased support for UHC in the intervention, and perceptions of equity seem at least partially mediate the relationship between our intervention and support for UHC.

This indicates that there is a great need to create a method or technique to communicate the details and ‘fairness’ of a UHC for individuals without high objective numeracy. Furthermore, this suggests that determining how to improve perceptions of the ‘fairness’ of UHC is a fruitful road to improve support, and hopefully, implement UHC in the U.S.