



Holistic, innovative, culturally-rooted healthcare

Idea 21	Universal healthcare access
Proposal 21c	Campaign for universal health care access / Wellness (Healthcare as a right rather than a privilege)
Description	A holistic program providing preventive care, primary care, emergency, behavioral, integrative/mind/body/spirit, specialist care, and pharmaceuticals over the life course. Available regardless of employment, income level, health status, ability to pay, geography, or living situation. Primary care focused on whole patient wellness and primary wellness (including social determinants of health).
How will the proposed action advance equitable health and well-being?	Universally-provided healthcare can provide coverage/access to services for all residents of the nation, regardless of employment, income level, health status, etc.
Is there work we can build on?	<p>Work that's been done on "Medicare for all" and other universal coverage proposals</p> <p>Complications and difficulties arising in 2020 from the connection of health care to employment during a time when employment is challenged BY a devastating public health concern (In other words: growing/urgent dissatisfaction with current approach)</p> <p>Existing efforts to increase access across geographies, cultures, etc., such as concerns regarding access to health care in rural areas. For example, it may be that a different healthcare model could make it increasingly feasible for healthcare providers to live/work/operate in sparsely populated areas, if they're not as dependent upon paying patients (i.e., customers).</p> <p>Models in other countries and in U.S. states</p>
Who would have to act? Who would be key partners?	<p>Government (primarily Congress)</p> <p>Local/state/federal policy makers</p> <p>Elected officials</p> <p>Regulatory agencies (HHS, CMS, etc.)</p> <p>Insurance Industry</p> <p>Professional healthcare organizations, including AMA, ANA, AHIP, AHA, PhRMA Integrated Health Consortium, etc.</p> <p>Public health agencies and public health organizations (e.g., APHA, NACCHO)</p> <p>Employers</p> <p>Community Clinics and FQHCs</p> <p>Integrated Care Networks</p>



	<p>Long term and acute care providers Professional schools (medical, nursing, etc. as well as healthcare professional training and education) Integrative care providers and networks and the wellness industry (health and wellness opportunities are not commonly or consistently covered by insurance) Patient advocacy organizations Change agents, influencers, artists, cultural producers. Those who are able to generate new narratives (<i>what is health? What is health care? Who should get it? how?</i>). Those who generate & help propagate new ideas regarding cultural norms/practices, those who share compelling visions of what's "normal"/"ideal"/possible, etc.</p>
<p>A few high-level action steps</p>	<ol style="list-style-type: none"> 1. Demonstration projects: Model an integrative health network to improve wellness (like New Hampshire) in regional programs to catalyze further work. <ol style="list-style-type: none"> a. This would require a landscape of what projects are in process/being developed to connect influence (for example, work underway in New Hampshire) b. Would need data from Vermont and Massachusetts to support initiatives for other states. 2. Draw a comparison to other countries to provide data to support the model. 3. Develop a public awareness campaign to inform the public of what universal access is and isn't/ <ol style="list-style-type: none"> a. Share narratives about how health care operates in other countries, to help Americans learn how things <i>can</i> work and what they <i>can</i> expect/demand <ol style="list-style-type: none"> i. Remember that many in the UK were opposed to the NHS when it began, and it's now an incredibly popular program. b. Amplify narratives from those who have experienced the devastation of employer-based insurance during the COVID19 pandemic. These are on-the-ground, grassroots indications of why a different model is critical. 4. Research all the measures that reflect overall wellness/health and make a proposal on new models of evaluating/quantifying health and wellness. 5. Consider how to lead the insurance industry out of its current space/role. Perhaps working groups or other forums to help answer questions such as: How do we forge new opportunities/trajectories that help care for those who are currently employed by that industry? How can we apply innovation and foresight to shifting the industry, as many



	<p>other industries have gone through significant shifts over time?</p> <p>Address existing and worsening provider shortages and revenue challenges. Universal coverage will require cost reductions (utilization will increase but we already lack the financial resources to pay for existing care, let alone more), but the necessity to reduce costs/capita runs counter to typical methods to increase labor supply (higher wages)</p>
Other comments or guidance	