



COST & COVERAGE
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LATINO AND NATIVE AMERICAN HEALTHCARE QUALITATIVE RESEARCH

About the Research

➤ Latino Diaries

- Total of 34 Latino registered voter respondents via Qualboard platform
- Online diary study conducted for seven days from Monday June 16th to Sunday June 22nd
- Average of ~4 to 6 questions every day
- Conducted in both English and Spanish according to segment breakout

➤ Native American Focus Groups

- Total of 16 Native American registered voter respondents via Zoom
- Online focus groups hosted on Tuesday June 24th and Thursday June 26th
- Conducted over two sessions of 120 minutes in English language
- Moderator guide mirrored to match main themes in Latino diary questionnaire

Research Segments

- Latino respondents recruited according to the following segments:
 1. Spanish-dominant immigrant 1st gen Latino registered voters
 2. Bilingual Latino registered voters ages 18 through 39
 3. Bilingual Latina women registered voters under 45 years
 4. Latino men registered voters who supported Trump in '24 (Excluding MAGA/Hard Reps)

- Native American respondents recruited according to the following segments:
 1. Native American registered voters residing in urban areas
 2. Native American registered voters residing in or near tribal lands/reservations

Key Findings

- 1. Respondents' concerns are driven by their personal experiences, which are most heavily influenced by the financial adversities that healthcare brings along.**
 - Latinos and Native Americans alike are driven to want healthcare reform primarily because of the financial strain healthcare reinforces on their already difficult financial situations.
 - Participants describe experiences like having to postpone medical treatment while they save up enough to pay for it, despite being insured. They regularly talk about how seeking medical care creates significant financial stress and hardship for their entire family.
- 2. Respondents know there are others out there that think just like them. Yet at the same time many feel a lack of agency, and no chance at any opportunity to create said changes.**
 - Across all segments, participants feel certain that many other people share their same beliefs that healthcare changes are necessary.
 - Many expressed feeling powerless when they compare themselves to other stakeholders who respondents believe have conflicting priorities - particularly private companies and elected officials, whose perceived greed is viewed by respondents as a top obstacle to effective reform.
- 3. Respondents overwhelmingly believe that healthcare industry prioritizes profits over people's health.**
 - Strong belief that our current healthcare system is driven by profit motives, at the expense of patient care. Respondents frequently comment how they believe healthcare companies, including insurers and pharmaceutical firms, are prioritizing financial gain over the well-being of individuals.

Key Findings Continued

4. Accessibility challenges vary amongst different communities.

- For Latino diary respondents, they picture an ideal healthcare system as being bilingual and culturally competent to ensure better communication and better health outcomes.
- Similarly, for our Native American focus group respondents, proximity to healthcare services posed a threat to accessing quality healthcare.

5. Fact and value statements: Respondents feel the most concern when learning the amount of medical debt in the US, as well as health insurance company and CEO salaries and profits.

- One of the most alarming facts for respondents is that 100 million Americans have medical debt, which underscores the hardships families in the US are facing in order to get the care they need without feeling financially burdened.
- In terms of values statements, Latino respondents best connected with statement B. *“When people can’t afford the healthcare they need, they should be able to get help.”* Native American focus group respondents most agreed with value statement D. *“Healthcare shouldn’t be a privilege. It’s a right.”*

LATINO QUALBOARD DIARIES

MONDAY JUNE 16TH TO SUNDAY JUNE 22ND, 2025

First Impressions: Latino Diary Days One through Three

Respondents' concerns are driven by their personal experiences, which are most heavily influenced by the financial adversities that healthcare brings along.

"When I think about the healthcare system in the U.S., the first thing that comes to my mind is how expensive it has become to do certain things and how complicated it has become. I feel trapped. Although I have insurance, it feels as if it is not enough. Bills and debt keep adding up. It is never known what is fully covered and what is not. Not knowing is truly frustrating because of the bills afterwards."

Female, Segment 2. Bilingual Latino reg voters ages 18-39

"We can pay for healthcare for years and never use it but one missed payment and we lose it or if we are at the hospital the insurance most times will only cover a percentage depending on the situation then we're forced to pay for the rest. To schedule a doctor appointment in our network is also impossible they take forever to respond"

Male, Segment 2. Bilingual Latino reg voters ages 18-39

"When I think about the current healthcare system in the U.S., a few things come to mind—high costs, unequal access, and a lot of complexity. Many people struggle to afford care, even with insurance, and there's a big gap in quality and availability depending on where you live or how much you earn. Personally, my family has had mixed experiences: we've been lucky to have insurance, but unexpected bills and long waits for specialists have made things stressful. It's hard to feel fully satisfied when basic care can be so expensive or confusing."

Female, Segment 1. Bilingual Latina women reg voters under 45

"Over the last three years, I've had several experiences with medical care, and to be honest, I've often felt frustrated with the cost, especially when I receive a bill or copayment that feels high for something routine. For example, I once had a simple dental cleaning and still had to pay \$145 out-of-pocket, even though I have full insurance coverage. It left me wondering—what exactly am I paying for every month if the basics still feel expensive?"

Female, Segment 1. Bilingual Latina women reg voters under 45₇

Imagine your Ideal Healthcare System: Latino Diary Days Four to Five

CURRENT SYSTEM:

“When I think about who is being hurt the most by the way our healthcare system works, I immediately think of low-income families, immigrants, and people who don’t speak English. These groups often face the biggest barriers, whether it’s understanding the system, affording the care, or even just feeling safe going to the doctor.

People without insurance or with very limited plans are especially vulnerable. They might delay care, skip medications, or avoid going to the doctor altogether because they’re scared of the cost. I’ve seen this happen, people waiting months to get a procedure because they had to wait to be re-enrolled in insurance, just to meet eligibility requirements. That can be dangerous, and no one should have to wait that long just to get the help they need.”

IDEAL HEALTHCARE:

“An ideal health system for us Latinos should be fairer and easier to acquire, that you pay according to what you earn, without those very high deductibles or such high bills, I have for example a hospital ticket and they charged me \$300 for Tylenol!! Ridiculous! that it is better to make accessible plans for the Latino community. Everyone should be able to go to the doctor without fear or stress about money.

Ideally, it should be managed by the government together with organizations that already work with the community, that understand our needs. That there are doctors who speak Spanish, clinics near where we live, and that treat us with respect, it would also be good if they taught us more how to take care of our health before we get sick. In short, something more human and designed for everyone, not just for those who have money.”

Q16. Do you think there are other people who feel the same as you? If so, why do you think there have not been any changes to address these issues already?

"It is too difficult to change something that has been in place for decades. I believe there are more people who feel the same way as I do, but there is no real change because it's either their way or not having health insurance at all."

*"Of course there are many people wishing for changes. The reason why there have been no changes is because **those who have the possibility of making the changes are the least interested in making them for their own economic interests.**"*

*"I think there are more people who think the same as me. Maybe they haven't said anything because **they haven't been given the opportunity to express themselves and give their opinion.**"*

*"Yes, of course, among us Hispanics who work very hard and fulfill our obligations in this country, and **I personally feel that our voice does not count.** It is very difficult to get help with the healthcare system, and once again we continue to need coverage even though it is difficult for us to pay for it."*

*"I think there are people who feel the same way I do but **don't have much power** to change things."*

*"I'm sure there are people that feel the way I feel but don't know how to address the topic or go about it.... **the people who want to make these changes or are fighting for them are minorities and people who don't have the money to be equipped or prepared with the right resources.**"*

"I don't think. I know for sure that most people feels the same way. Everybody is frustrated with the system. But unfortunately, we can voice our opinions, but they often falls on deaf ears. It is studies like this one that give us a chance to really be heard. I am hoping that this study can help do that.."

*"I do believe that there are many people who think and feel like me. **These changes have not been made perhaps because the people who want them do not have the political, social or economic power to be heard.** People who have a lot of money don't need changes; they have enough to cover their medical bills and buy medicine without a problem."*

*"Of course! There are many people affected but unfortunately, like me, **we cannot reach the ears of those who have the responsibility to make the change.** The decision has to come from people with a lot of power who surely benefit from the high costs."*

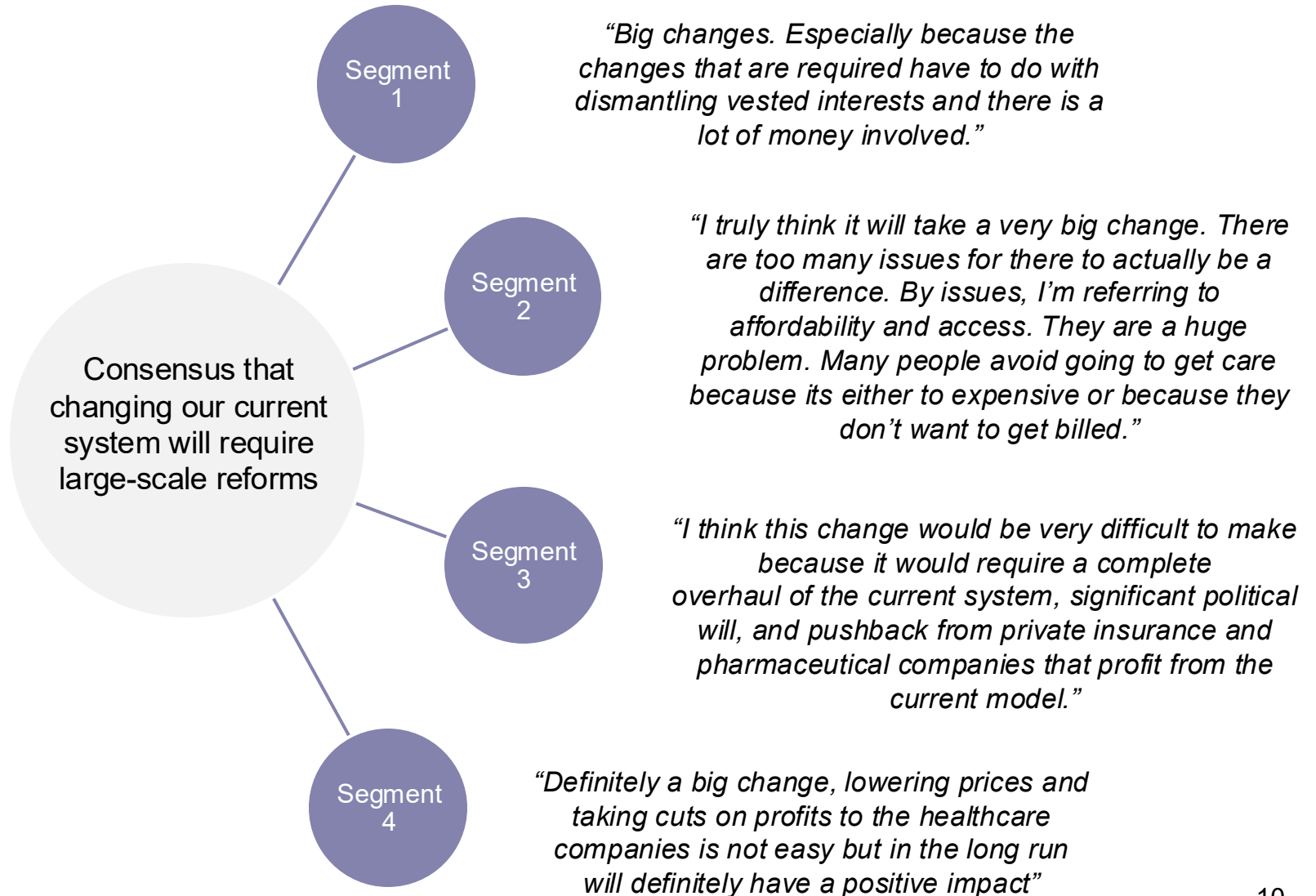
*"In my opinion, we will always come back to the same point: money. Pharmaceutical companies and health insurance companies earn billions of dollars. **It is not easy to compete and change the system when powerful people are against it** because they would lose a lot of money. Similarly, when changes of this magnitude are required, votes are needed, and they are not always successful, even if the changes are for the better."*

There is consensus among all segments of Latino participants that we need big changes to address status quo issues

Key takeaway here...

After being asked to imagine an ideal healthcare system then going back to think about our current state - the complexity of the current system, in addition to the thought of going against powerful interests makes participants feel that this will require a large effort.

Small changes or steps may be required to reach eventual large goal and that's ok. The idea that the issues with healthcare are all "interconnected" makes it feel as though there is one huge hurdle to get over



Profits Over People: Latino respondents see money and special interests as a major barrier to change

Days four and five are the moments where respondents began to reflect on the question of why changes have not happened, if there are any intentional or unintentional obstacles in the way, and who needs to be held accountable.

“Money, is the big obstacle to addressing all issues. Insurance companies, hospitals, and pharmaceutical companies are the big players and the ones who get all the profits. They don’t want to change anything, and I feel they will buy anyone, so things stay the same way.”



*“As individuals and voters, it is our responsibility to stay informed, vote for leaders who prioritize true health care reform, and speak out against corruption and profit-driven practices. Many times, **we feel that we have no power**, but collective pressure and awareness can bring about change. We must also hold elected officials accountable and call for transparency in how health-related decisions are made. Change starts with us, paying attention and demanding something better.”*

“When healthcare services, medications, and insurance premiums are expensive, these companies can see higher revenues, especially in a system where many patients have little choice but to pay.”



“We need leaders who are willing to put people over profits and really listen to the voices of families, especially in communities like mine. Because in the end, this change wouldn’t just help me, it would help all of us.”

Top Concerning Fact Statements: Latino Diary Days Six to Seven

A. 100 million Americans have medical debt.

- *"I currently am in medical debt and due to my condition, I don't seem to be able to completely pay it."*
- *"These hit close to home because I've seen how medical bills can financially crush families, including mine, and how lack of insurance can keep people from getting the care they need. It makes me feel like our healthcare system is broken and puts profits over people, especially for low-income communities and Latinos. Reading these statements is frustrating, but it also pushes me to want to speak out and support changes that can make healthcare more fair and accessible for everyone."*

B. CEOs of the six major health insurers each earn a yearly salary of over \$20 million on average. The average salary in the United States is \$63,795.

- *"This affects me directly not only because I am Latino but because I am also American, is not possible nor right that the income of the CEO and a lot more people are being earned from the needs of medical assistance of the Americans. This is what needs to change, a reform from the top to the bottom."*

E. Since 2010, the largest health insurance companies have raked in more than \$9 trillion in revenue.

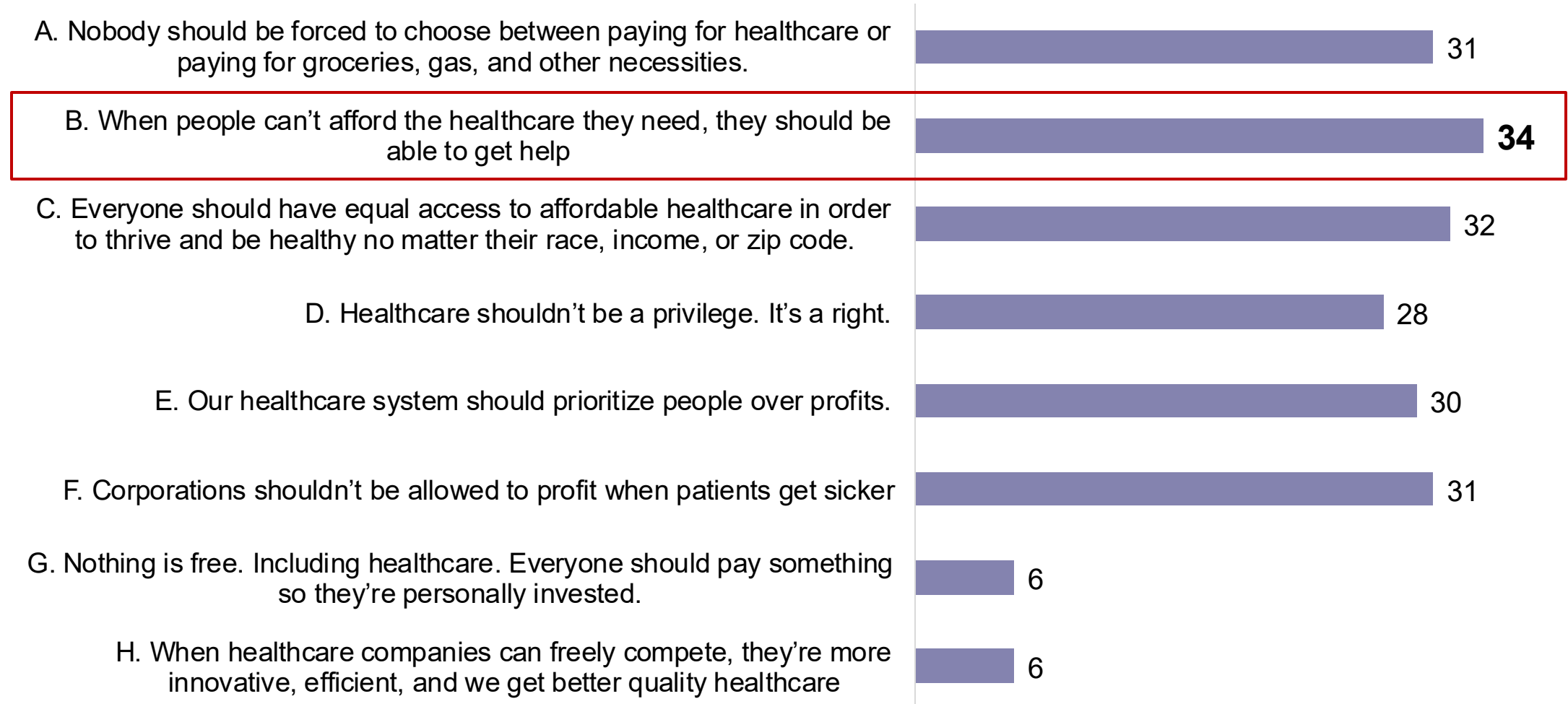
- *"Because it clearly establishes where the root of the problem lies."*
- *"It makes me feel sick to my stomach as I keep saying the insurance companies are for profit and not caring about how disproportionate this is. Instead of lowering the costs of the insurance premiums they rather give money to their investors and CEO's. This inspires me to take action and tell my senators to take action against this absurdity and not equivalent salaries."*

G. The United States is the only high-income country in the world that does not provide healthcare to all of its citizens.

- *"The statements make me feel annoyed, frustrated, powerless, and treated unfairly. We are a rich country, we all contribute to the system through taxes."*
- *"This statement concerns me because it reinforces the fact that the United States cares more about its companies making money than taking care of its people. I would want to get involved but unsure of how."*

Latino Qualboard Values Statement Results (“Strongly Agree”)

For each of the following statements, please select how strongly you agree or disagree with each one.



NATIVE AMERICAN FOCUS GROUPS

TUESDAY JUNE 24TH & THURSDAY JUNE 26TH, 2025



Sentiments were in general negative regarding healthcare

- Urban respondents indicated that healthcare is expensive and not everyone can afford it.
 - One participant (Kaili) mentioned that she has heard bills trying to get passed to get rid of Medicare and Medicaid. Another participant (Victoria) brought up that even when on Medicaid, some people don't take the insurance, and you have to pay for third party insurance to get coverage.
 - Another participant (Erik) mentioned how confusing navigating the system is. Even if covered with Indian Health Services, certain doctors in certain areas will take it so you may have to drive a long way to find someone who can see you.
- Participants brought up a number of issues, including lack of communication across specialists and doctors, which means that anytime you see a new specialist or seek a second opinion, you have to start from scratch.
 - People are getting rich from the healthcare system, that the cost of medicine is exorbitantly high, and people have to go to other countries (e.g., cross to Mexico) for cheaper drugs
- Participants mentioned the following features of an ideal healthcare system...
 - Transparency in cost and consistency in quality of care, proactive healthcare approaches that prevent chronic disease rather than treat it once its there, using healthcare as compensation for Native Americans, as a right and one of the major benefits extended to Natives, making it more accessible as well as not seeking a profit for healthcare and medicine, and making it more affordable

If you could choose one thing – it can be something huge or something small – that you would change TODAY about healthcare in the US, what would it be?

We asked respondents to indicate one change that would impact their own personal life, as well as one that would improve healthcare for everyone in the US altogether.

“The first thing would be access, because a lot of natives, you know. Indian communities don't have that access. We're rural. We're way out, you know, not close to the cities and stuff. So, we don't have that access, that easy access, that instant access to health care. So, I guess we'd have to take care of that first.”

Female, 48, Resides In Reservation or Tribal Land, Lean Dem

“If there was a way we could just have people be able to go to any facility and then have that facility charge whatever tribe they're affiliated with, that would solve a lot of problems because I know plenty of people here that we work with, they're like, I'm not driving 2 hours to go to the doctor. I'm just gonna take some aspirin, go to bed, and see what happens”

Male, 47, Residing Near/In Reservation or Tribal Land, Independent

“It's way over complicated. And it's just because of money. They bring middle people, and they're supposed to help. They bring in physicians to approve things. But if they approve too many things, and they get kicked off, and they have to bring somebody else to approve things because they don't want them to approve things. So, you know, they need to make it simpler just too many people blocking us for something that we all need.”

Male, 46, Residing In Urban Area, Lean Rep

“For me personally, I would say that regulating drug prices would be a good start. I mean they say you should take the generic...but making some drugs that could really help you out, I mean, you have some drugs cost \$1000 a dose, or \$500 for a monthly supply...More oversight on how drug prices work.”

Male, 47, Residing Near/In Reservation or Tribal Land, Independent

Native American respondents see healthcare as business-oriented, rather than health-oriented

Key takeaway

This overarching issue comes up repeatedly throughout the study, in both Latino and Native American completes. The idea that healthcare is messed up, and left that way intentionally, so long as it lines someone's pockets. That 'someone' wants to keep things running the same way, and respondents feel powerless compared to these profit-makers, leaving them motivated yet unsure of how to enact change.

- Native American respondents, much like our Latino diary respondents, feel frustration and a strong desire for change in the motives running the US's healthcare system
- These groups leaned heavy on the idea that healthcare should be a right, not a privilege and it really showed through their responses when picturing change, as well as overcoming current hurdles.

"I would think that would just be down to greed... All the top countries besides us have it so it doesn't make sense why we don't have it."

"I think you have unequal stakeholder power. So, all these different stakeholders are not equal. So, to try and change a system that's designed differently and there's not enough political clout"

Top Concerning Fact Statements: Native American Focus Groups

G. The United States is the only high-income country in the world that does not provide healthcare to all of its citizens.

- *Most popular with respondents living near or in tribal lands*
- *"It's borderline criminal, the fact that we don't, that's not a thing in America, its unconscionable, it doesn't. It's hard to believe that we're supposed to be the number one country yet we can't even do that. I think it has to come down to just greed can be the only thing that could be causing that."*
- *"If we fix those, everything else could be fixed, it's actually, you know, appalling and uncivilized and barbaric, that America is one of the richest countries in the world and that just the basic human right of healthcare is not given equally to everyone"*

E. Since 2010, the largest health insurance companies have raked in more than \$9 trillion in revenue

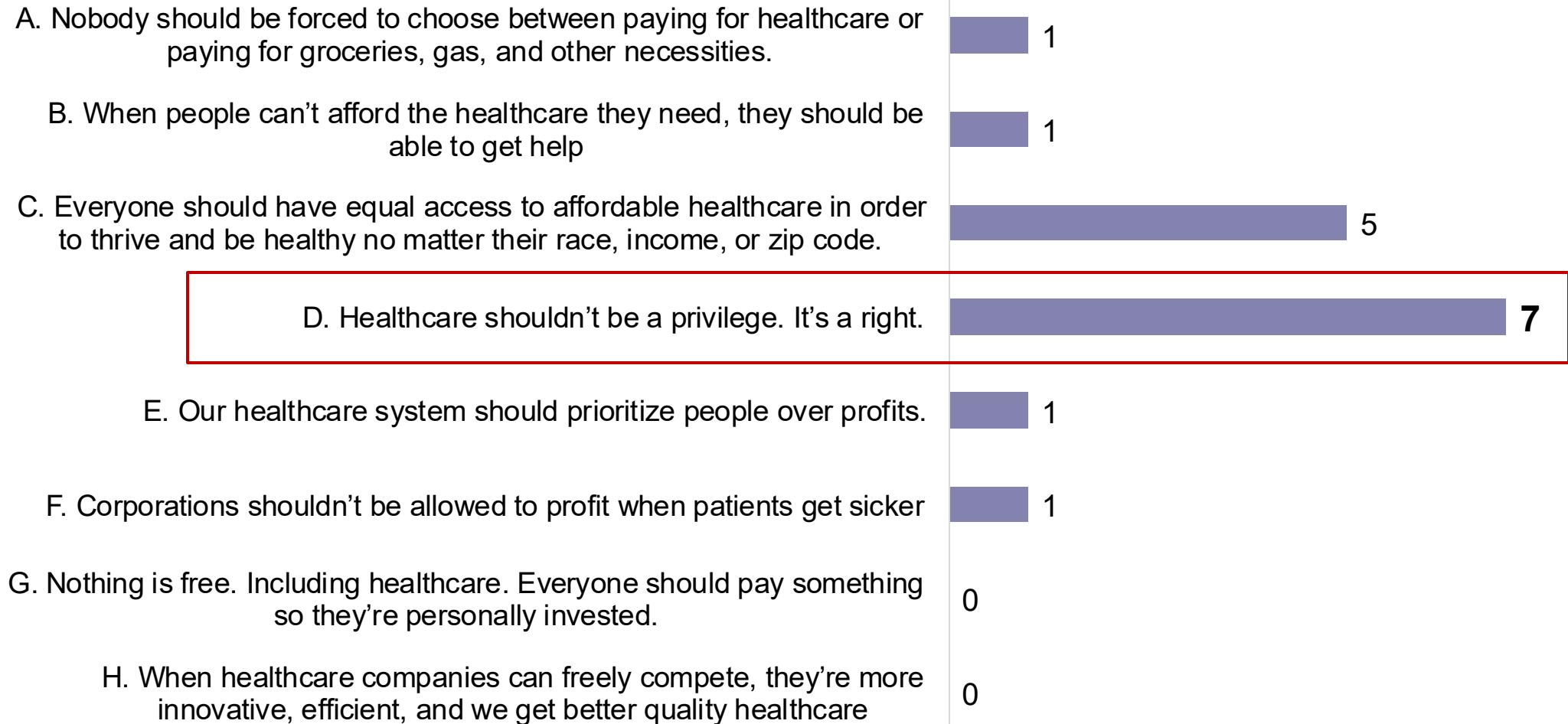
- *Most popular with urban respondents*
- *"That's just ridiculous, \$9 trillion in revenue...15 years its \$500 billion dollars a year that they make off of us for our pain."*
- *"If they're making \$9 trillion in profit over the past 15 years, its because they're denying claims and not providing the healthcare that we actually paid for so they are actually stealing our money"*

C. In the United States, insurance companies can deny patients care even if they have health insurance.

- *"We pay them to cover us when we're sick and they say no. And then they just make more money. That's the whole problem right there."*
- *"If you are making that much profit by denying medical claims, then I feel like the insurance company, their main focus is profit and not the patient and healthcare. You're putting a dollar value on your life."*
- *"The amount of manipulation and to me its blatant theft what happens in the healthcare system...it's a healthcare for profit, so everything that you do, it's a profitable business."*

Native American Focus Groups Values Statement Results (“Strongly Agree”)

For each of the following statements, please select how strongly you agree or disagree with each one.



Opportunities Moving Forward: Latino and Native American Findings

- Many participants expressed that they had never been given the chance to have their voices heard about healthcare issues before. Simply giving them a platform to share their thoughts created a fundamental shift from passive frustration to active engagement, with peak motivation occurring during fact and value statements.
- Participants' sense of powerlessness against more resourced stakeholders can be countered by emphasizing collective strength. When framed as "100 million Americans with medical debt" rather than individual struggles, the narrative shifts from personal hardship to collective potential for action. Leveraging collective power through these shared experiences proved to be key in mobilizing respondents.
- Two distinct types of disengagement emerged: those who feel unheard despite their advocacy efforts, and those who simply don't know how to voice their concerns through available channels like congressional outreach or advocacy organizations. This presents a clear opportunity to provide concrete pathways for engagement while emphasizing that broad consensus already exists on healthcare reform needs. As one participant noted regarding grassroots efforts, collective action becomes more feasible when people realize they're already aligned on core issues and just need coordination to create meaningful change.



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