

Herndon Alliance

What Women Want: How to Talk to Women Voters About Health Care

Presentation by Celinda Lake

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www.lakeresearch.com



The Process

- ✓ **Values Mapping**—The Herndon Alliance approach did more than simply identify strong health care messages, it also entailed identifying the beliefs and values of key groups of voters so that bridges can be built between core health care supporters and other constituencies.
- ✓ **Define Constituencies**—The goal is to build a new, values-driven, health justice majority. To do this, we must first identify a health care “Base”, and then identify “Constituencies of Opportunity” - those constituencies that hold some but not all of the key values, those who hold progressive values but not as strongly as our base, and those who may not hold the values of the health base but look in other ways much like our base.

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The Process – Continued

- ✓ **Workshops developing strategic initiatives**—Workshops consisting of health justice experts and leaders along with researchers from Lake Research Partners and American Environics generated creative new Strategic Initiatives designed to advance a new health care policy agenda that had the potential to bridge the values of base voters and Constituencies of Opportunity.
- ✓ **Focus group testing**—Extensive focus group testing among the Constituencies of Opportunity and health care base voters produced further refinements in the strategic initiatives to ensure they engaged voters on a values level and helped generate support for universal health care. The second round looked at development of Guaranteed Affordable Choice, and testing of attacks and responses.
- ✓ **Survey testing of the strategic initiatives and messages to defined constituencies**—The survey component of the research was designed to test support for initiatives, messages and frames - to experiment with language and test the impact of different health care frames including how well they stand up to opponents' attacks.

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The Context

- ✓ **Health care is clearly salient to female voters.** Rising costs and quality are the top concern for women, the vast majority of whom are insured.
- ✓ Voters are concerned it will cost more to insure the uninsured. Cost-shifting is not well-understood.
- ✓ Voters connect to health care as consumers. They feel they are getting less for more, and resent that insurance companies deny coverage to people who need it and to people with pre-existing conditions and hit consumers with increased deductibles and co-pays.
- ✓ Voters often support reform proposals in principle — but pull away from policy specifics fearing higher costs or lower quality *for them personally*. They don't want to lose what they have. Choice is key to reassure them.
- ✓ The concept of "quality affordable health care" is more appealing than "universal coverage." It bridges the uninsured and underinsured to the insured who are worried about rising costs.
- ✓ Voters strongly support Medicare but believe it has problems. Because of those problems, people are wary of using it as a model.

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Core beliefs

- ✓ **Health care is a core value for women**– linked to the pursuit of the American Dream, our country’s destiny, and each family’s well-being and future.
- ✓ Female voters talk about it in moral terms – no American should be denied access to health care.
- ✓ Yet, just calling this or that health care proposal a “moral issue” is insufficient to move women, or voters in general.
- ✓ Women voters are especially likely to see health care as a necessity. **They see a role for something beyond market forces to ensure affordable access.**
- ✓ Women believe everyone should have access to quality, affordable health care — but they don’t want to pay for those they perceive to be “undeserving”. Insuring illegal immigrants is a problem.
- ✓ Women voters want an “American” solution. They are skeptical of a “government run” program, but they see a clear role for government as a watchdog.

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Peace of Mind

People, especially women, want security and peace of mind for themselves and their families. They want affordable health care they can count on. They want affordable health care that mirrors life’s transitions: job changes, kids turning 18 or 21, part-time and full-time work, having a major disease, retiring before Medicare kicks in, etc.

And they want affordable health care that mirrors transitions in the economy – outsourcing, mergers, buyouts, reduced hours, profit cycles, etc.



*“I’m going to be in your situation very soon because, being divorced, I was under my husband’s insurance and that’s going to run out the first of the year. As an independent contractor, I’m going to have to find insurance.”
(Atlanta, marginalized middle ager, female)*

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Overcoming the Barriers

- ✓ Incorporate an element of personal responsibility
- ✓ Include options and choices in proposals – make sure it's employee choice, not just employer choice
- ✓ Use preventive care as a stepping stone
- ✓ Find a uniquely *American* solution, including choice
- ✓ Emphasize security and peace of mind and control, especially with women
- ✓ Focus on our support for small business
- ✓ Propose initiatives that reflect voter values about health care
- ✓ Define a role for government as watchdog and rule maker
- ✓ Animate anger, not fear

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Women Voters

- ✓ 85% of voters say everyone in their household is insured, and 95% of households have coverage for at least some family members. A third (33%) of women voters get their health insurance through their employer.
- ✓ **Women are the real health care issue voters, the keepers of quality, and the drivers of consumer decisions. Men look to women on the issue of health care. It is therefore essential to organize women and address their concerns.**
- ✓ **Small business owners are an important constituency on this issue.** A small business voice on our side is an important signal to persuadable voters. Women-owned businesses and businesses which rank health care for their employees as a top priority can be useful in mobilizing women voters.
- ✓ **Female Proper Patriots are a key swing constituency** (32% of women voters--focused on personal responsibility, everyday ethics and national pride).
- ✓ **Female Marginalized Middle Agers** constitute about 21% of women voters and are looking for help and status.
- ✓ **Female Health Care Base** voters constitute about 26% of women voters and are our core health care reform supporters.

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*SEIU/AHC polling by Lake Research Partners, November 2006.

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Guaranteed Affordable Choice: Focus Group Research

Guaranteed affordable health insurance coverage for every American with a choice of private or public plans that cover all necessary medical services, paid for by payroll taxes on employers and individuals on a sliding scale.

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Full 2007 Guaranteed Affordable Choice Focus Group Language

- Americans would be guaranteed to have a choice of health plans they can afford, either from a private insurer, or from a public plan offered at a sliding scale cost based on income.
- To maintain quality and allow fair cost comparisons, health insurance companies and the public plan would be required to provide at least a standard, comprehensive package of benefits including preventive care and all needed medical care.
- Employers would be required to offer a choice of the public plan and at least one private plan to all employees, including part-time employees.
- Employers and individuals could choose to keep their current health plans or one that offers more coverage beyond the standard plan, but all plans — private or public—would have to cover at least the standard package of benefits.
- The cost to employers would be 8% of payroll, with discounts for small businesses. Employees would pay 4% of their paycheck through a payroll deduction. This would pay for all of their health care, including their dependents, with no additional premiums and no deductibles.
- No private or public insurer could deny coverage or charge higher premiums to people with pre-existing conditions.
- Illegal immigrants would not be eligible for the plan.
- Costs would be controlled by competition between the plans, and by using a nationwide pool to negotiate lower prices within the public plan.

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Women focus group insights on Guaranteed Affordable Choice

- Generally speaking, women like the concept of Guaranteed Affordable Choice—and are generally less skeptical than men. They are upset about the greed of private insurance and pharmaceutical companies and they are ready for an alternative, even as they fear losing what they have.
- Women think the 4% payroll deduction and sliding scale to pay for the plan are fair and reasonable. They want employers to pay more than employees.
- Women are quite concerned about the impact on small business – discounts are important – and some are confused about coverage for multiple family members.
- Women voters tend to perceive a public plan as inferior and need reassurance that they will have a choice and won't be dumped into a public plan. Once they have that reassurance, they like the guarantee that they will always have health coverage, and knowing that all plans have to provide a comprehensive package of benefits.
- Security and peace of mind and control are very important, especially with women. Women want affordable health care they can count on and that mirrors life's transitions: job changes, part-time and full-time work, having a major disease, retiring before Medicare kicks in, etc.
- Women voters like the idea of having the public plan administered by a more independent agency rather than "the government."

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Guaranteed Affordable Choice Survey Research

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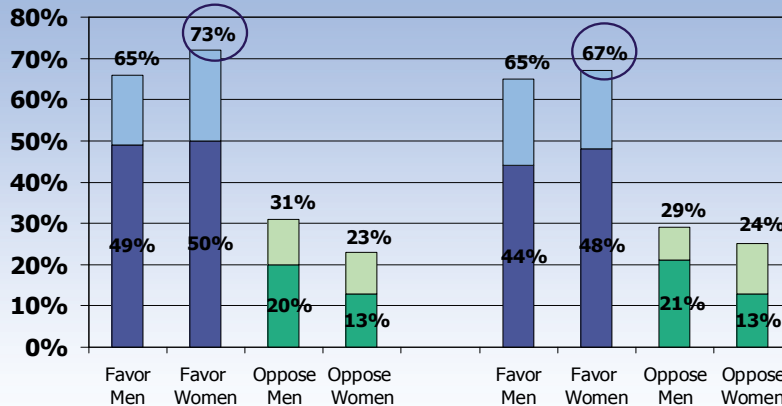


Key Survey Findings— Guaranteed Affordable Choice is Very Popular with Women

- ✓ By wider margins than men, women voters support providing affordable, quality health care for all Americans even if it means raising taxes or a major role for the federal government. In particular, women are less tax-sensitive than men.
 - ✓ A strong majority of women voters favor Guaranteed Affordable Choice (GAC), and prefer it to other health care reform alternatives tested like HSAs or a single payer plan.
 - ✓ That insurance companies could not deny coverage to people with pre-existing conditions is the strongest-testing component of the plan.
 - ✓ Women voters believe their taxes and costs will go up regardless of what is proposed, and 34% of female voters believe their taxes will increase *a lot*. However, they are less tax sensitive than men, and much more comfortable with a very progressive tax structure to pay for GAC.
 - ✓ In head-to-head debates on key aspects of GAC, including costs, bureaucracy, and insuring the “undeserving” like illegal immigrants, a plurality side with the opponents’ arguments over those defending GAC except on the quality/scarcity and bureaucracy debates, where voters are divided.
- 15 ✓ Despite this, women voters consistently and strongly support GAC—even after they 15 hear tough criticisms of the plan.

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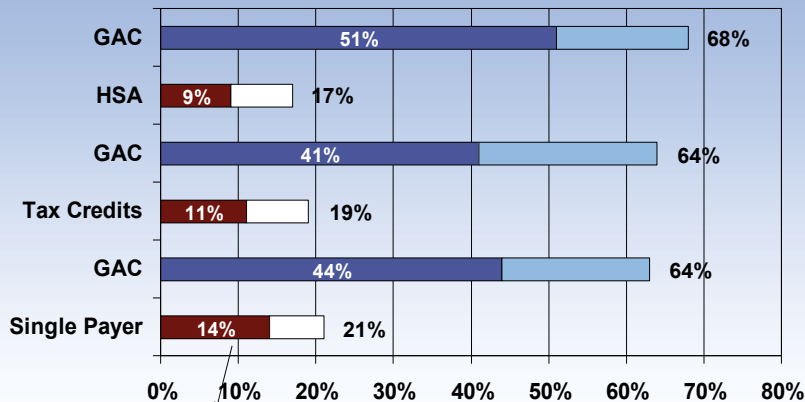
In principle, around two-thirds of all voters favor health care access for all Americans, even if it means higher taxes or a major government role. Women voters are even more supportive, and less tax sensitive in particular.



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When asked head-to-head, women voters prefer Guaranteed Affordable Choice over health savings accounts, tax credits, or a single payer plan by about three-to-one or more.



Even among the health care base, intense support for single-payer is far lower than for GAC.

■ Strongly ■ Not strongly

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Text of GAC, HSA, Tax Credits, and Single Payer Plan.

Guaranteed Affordable Choice language:

An approach that would guarantee affordable health insurance coverage for every American with a choice of private or public plans that cover all necessary medical services, paid for by employers and individuals on a sliding scale.

Health Savings Account language:

A Health Savings Account program that would provide tax-deductible savings accounts to all Americans if they purchase a private insurance plan with at least a thousand dollar deductible.

Tax Credits language:

An approach that would provide tax credits that will reimburse individuals and families for 25 to 50 percent of the cost of their private health insurance policies.

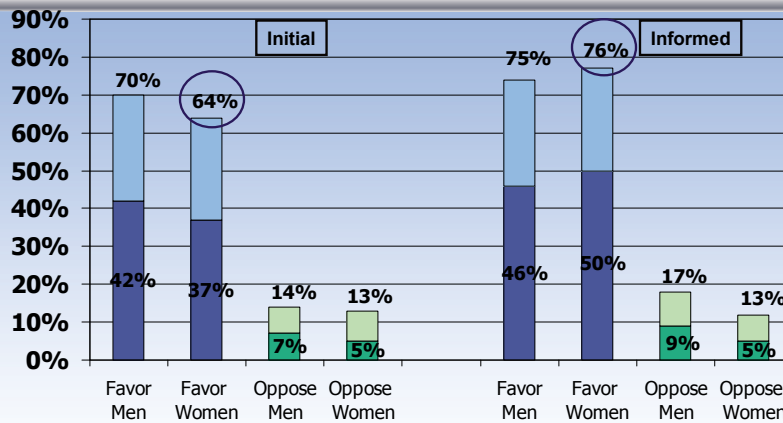
Single Payer language:

A single government-financed health insurance plan for all Americans financed by tax dollars that would pay private health care providers for a comprehensive set of medical services.

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Two-thirds of voters initially favor a short, general description of GAC, with support growing to three-fourths of the voters after they hear more details about the plan. Women voters become even more supportive than voters nationwide once they receive additional information.



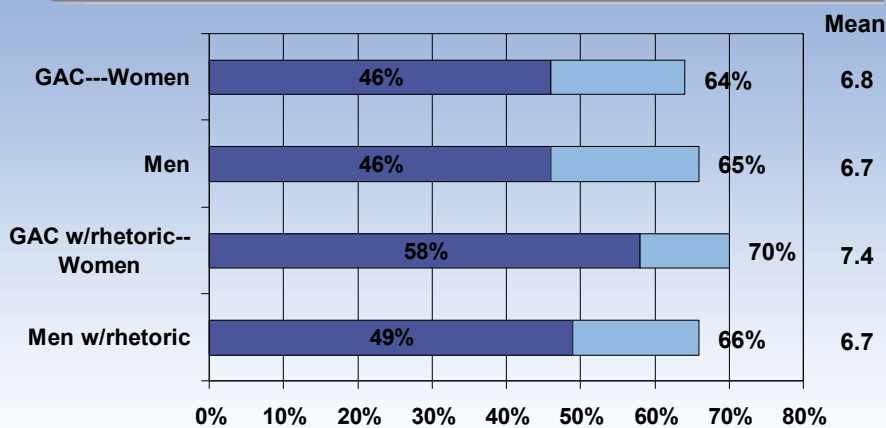
Now thinking about this plan by itself, would you favor or oppose a proposal to guarantee affordable health insurance coverage for every American with a choice of private or public plans that cover all necessary medical services, paid for by payroll taxes on employers and individuals on a sliding scale, or are you undecided?

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*Among no demographic group does a majority oppose GAC.

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Tapping into key health care values before reading a detailed description of GAC substantially increases the intensity of support among women voters (even more than with men), though the version without the initial rhetoric is also appealing.



Rate how much you favor or oppose it on a scale of zero to ten, with ten meaning you very strongly favor the proposal, zero meaning you very strongly oppose it, and 5 meaning you are neutral.

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The impact of rhetoric faded quickly over the course of survey, having little lasting impact.

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Description of Guaranteed Affordable Choice—Survey Language

Rhetoric heard in “Values” version:

America can do better. Greedy insurance and drug companies have too much control over our health care system and rising costs are hurting our families. Enough is enough. We need the government to act as a watchdog to protect consumers, get health care costs under control, and make sure everyone has access to quality affordable health care, including a choice of private or public plans and a wide choice of doctor. It’s wrong for people who work hard and play by the rules to go without affordable health care.

Description read to all voters:

- Americans would be guaranteed to have a choice of health plans they can afford, either from a private insurer, or from a public plan offered at a sliding scale cost based on income.
- To maintain quality and allow fair cost comparisons, health insurance companies and the public plan would be required to provide at least a standard, comprehensive package of benefits including preventive care and all needed medical care.
- Employers would be required to offer a choice of the public plan and at least one private plan to all employees, including part-time employees.
- Employers and individuals could choose to keep their current health plans or one that offers more coverage beyond the standard plan, but all plans — private or public—would have to cover at least the standard package of benefits.
- Costs would be controlled by competition between the plans, and by using a nationwide pool to negotiate lower prices within the public plan. The public plan would be paid for through a modest tax increase. Small businesses would pay a lower rate.
- No private or public insurer could deny coverage or charge higher premiums to people with pre-existing conditions.

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Among key constituencies of women, invoking key health care values has the greatest impact on support for GAC among Proper Patriots, but no real impact on Marginalized Middle Ageds.

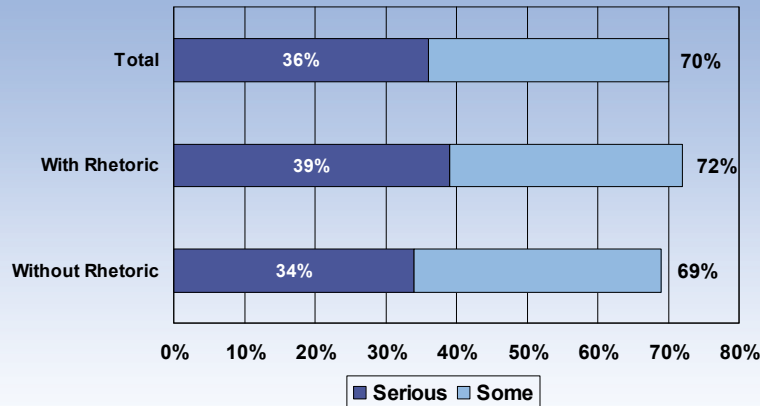
RATING OF FULL GAC—WITHOUT & WITH RHETORIC (mean, % rate 10)

Plan	Total	Proper Patriots	Marginalized Middle Ageds	Healthcare Base
GAC without rhetoric	6.8 (22%)	6.3 (13%)	6.8 (24%)	7.7 (32%)
GAC with rhetoric	7.4 (31%)	7.5 (30%)	6.6 (23%)	8.1 (44%)
Difference	+ .6 (+9%)	+1.2 (+17%)	-.2 (-1%)	+ .4 (+12%)

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An attack based on higher taxes and scarcity of health care creates significant doubts for over two-thirds of women voters. Having heard the earlier values rhetoric does not help much.



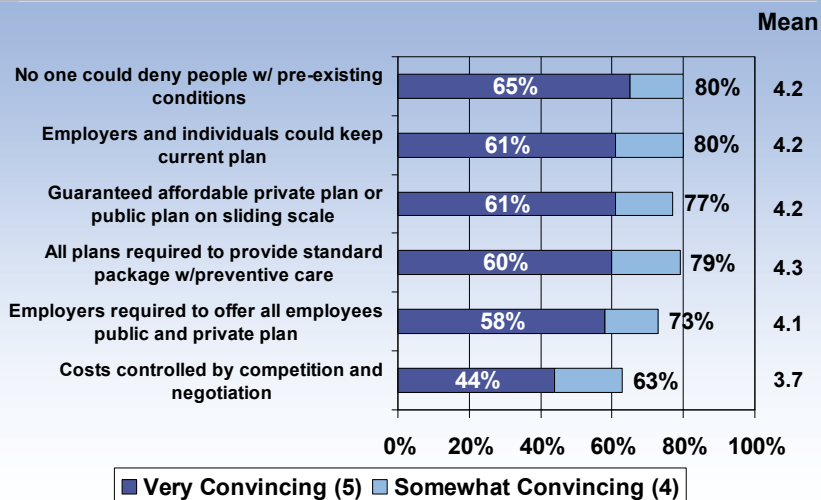
Now let me read you something that some people say about the guaranteed affordable health care plan we have been discussing:

This plan is big government health care that will mean a large tax increase on American middle class families and will lead to more red tape and a shortage of quality care for our families. Does this raise serious doubts, some doubts, minor doubts, or no real doubts in your own mind about the proposal? If you are not sure how you feel about it, please say so.

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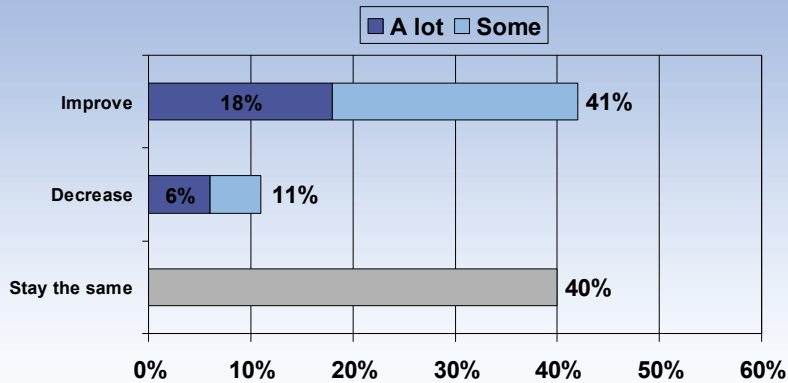
The most compelling aspect of GAC for women voters is that insurers would not be able to deny coverage to people with pre-existing conditions. It is also very important for women voters to hear that they could keep their current plan and that they would have a choice of a private or public plan offered on a sliding scale. Women find all reasons to support GAC slightly more convincing than do men.



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A slim plurality of women voters believe that under GAC the quality of health care would improve to some degree, while very few women voters believe that quality would decline.

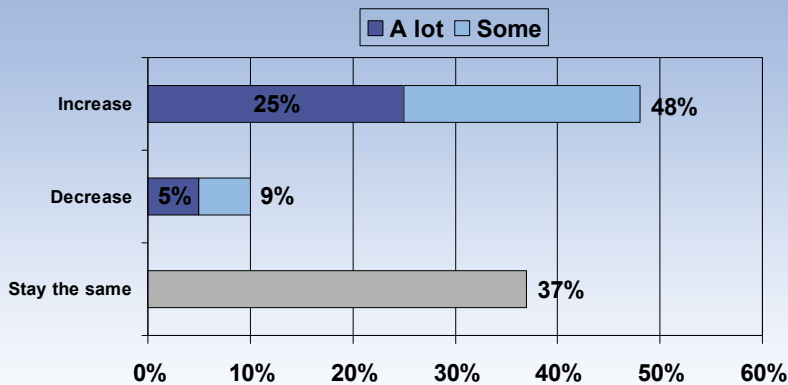


Under this plan, do you think the quality of your health care would improve, decrease, or stay the same?

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A plurality of women voters believe they will have greater peace of mind about health care under GAC.

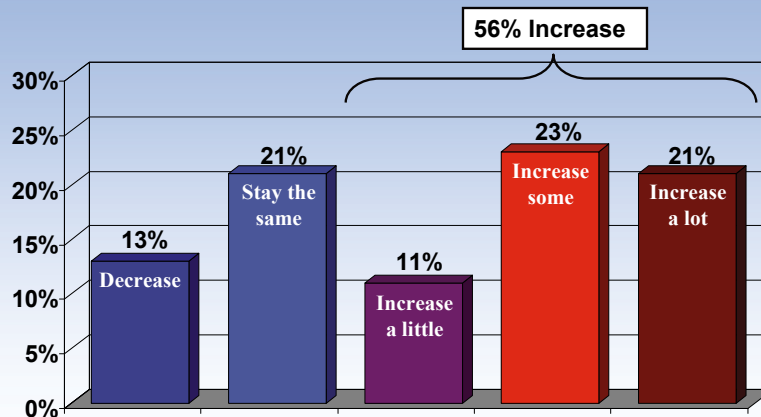


Under this plan, do you think your peace of mind about health care would increase, decrease, or stay the same?

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However, a solid majority of women voters believe that their costs will increase under GAC, with over 1 in 5 saying they will increase a lot.

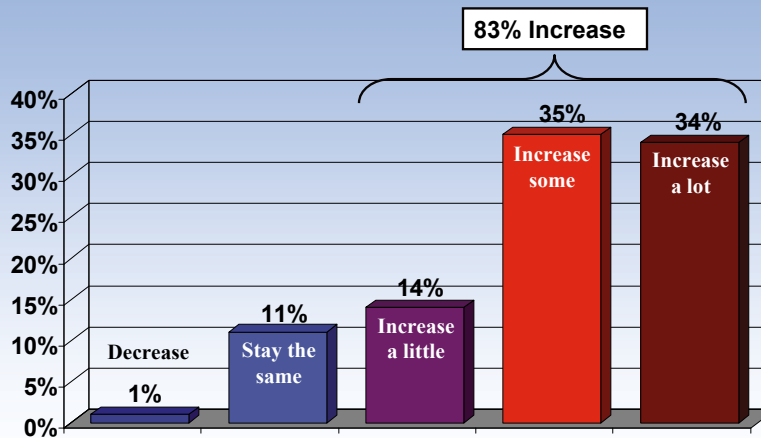


Under this plan, do you think your health care costs would go up, go down, or stay the same?

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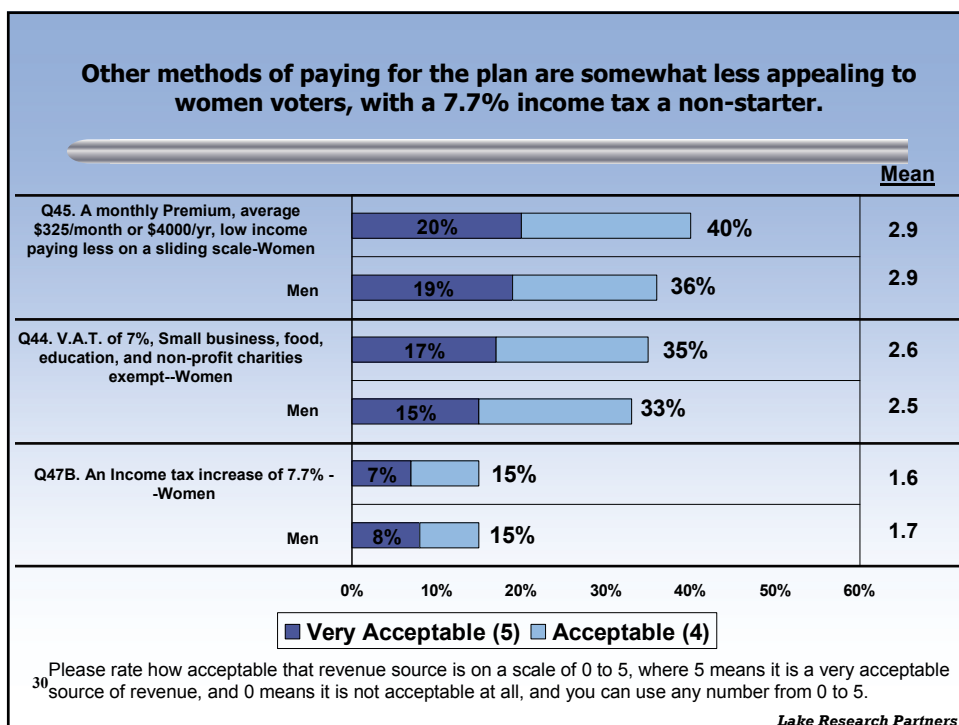
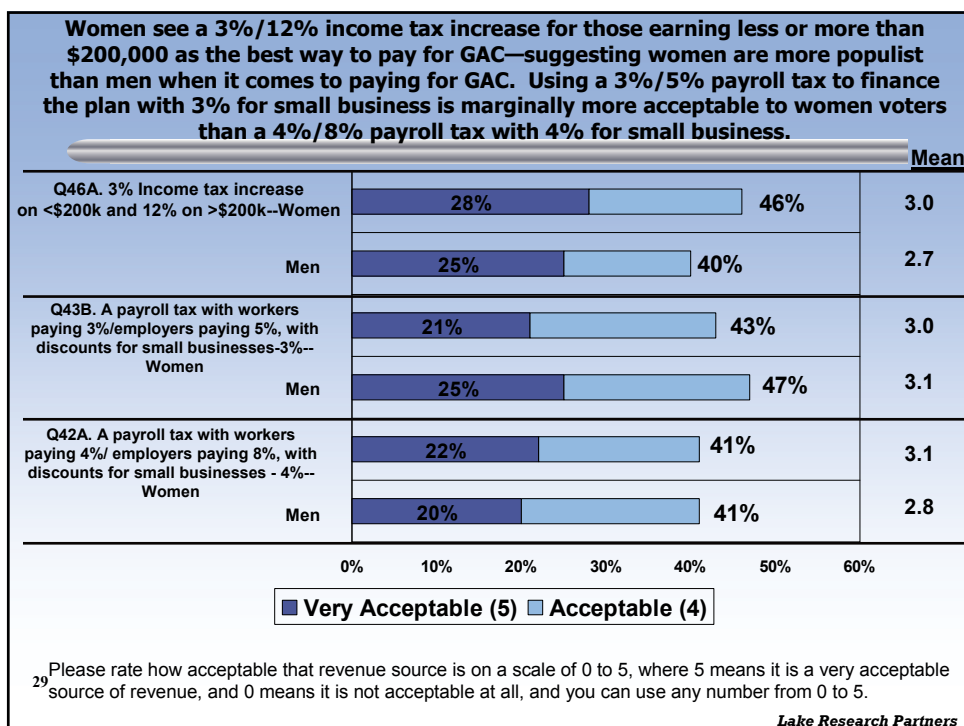
The vast majority of women voters also believe that their taxes will increase to some degree under GAC, and over one third believe they will increase a lot.



Under this plan, do you think your taxes would go up, go down, or stay the same?

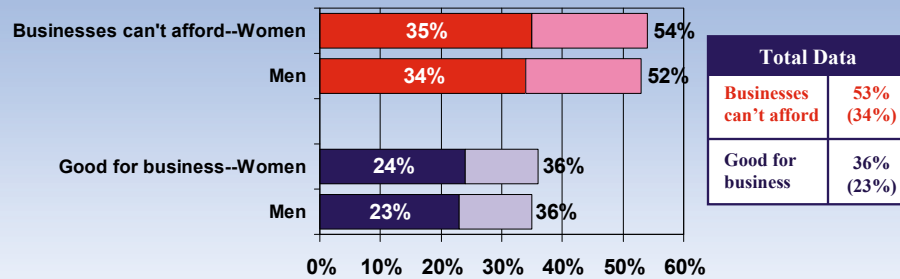
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A majority of both men and women voters find the small business attack on GAC similarly compelling.

Small Business attack



[Businesses can't afford] Many small businesses just can't afford a mandate to provide insurance to all of their workers. Thousands of small companies all across the country could go out of business as a result, costing millions of jobs. Health care is important, but so is protecting jobs, and supporting the small businesses that are the backbone of our economy.

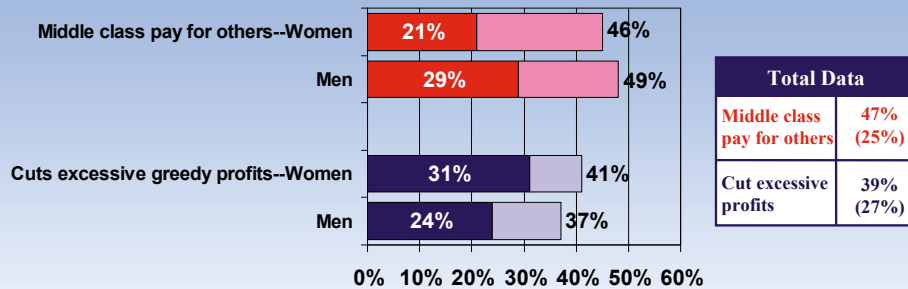
[Good for business] This proposal is a good deal for business. Those that already provide coverage to their employees will, on average, pay less than they do now. Small businesses will pay only half as much as large corporations, and will no longer be charged more because they have a smaller pool of workers, or because they have someone with a pre-existing condition. And they won't have to compete at a disadvantage with companies that don't spend anything on health care.

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Defending GAC from charges that the middle class will have to pay for the health care for the uninsured is more effective among women than among men.

Middle Class attack



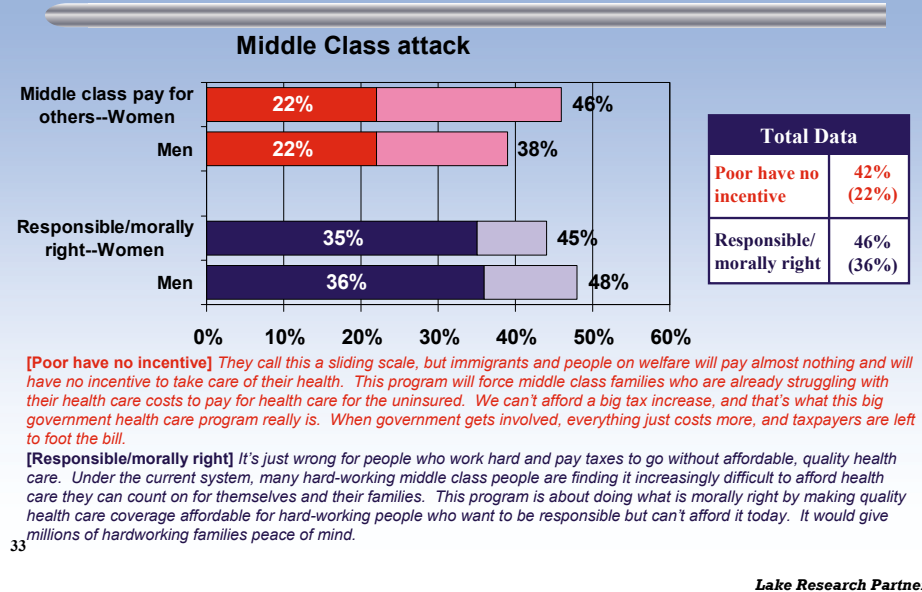
[Poor have no incentive] They call this a sliding scale, but immigrants and people on welfare will pay almost nothing and will have no incentive to take care of their health. This program will force middle class families who are already struggling with their health care costs to pay for health care for the uninsured. We can't afford a big tax increase, and that's what this big government health care program really is. When government gets involved, everything just costs more, and taxpayers are left to foot the bill.

[Cut excessive profits] Enough is enough. Insurance companies and drug companies are making record profits while spending billions on TV ads and even more on lawyers and bureaucrats to deny people coverage. We're paying more and more every year, but you can't count on coverage when you really need it. This reform will save an estimated 200 billion dollars over 10 years because it cuts excessive profits by insurance companies and reduces the paperwork at hospitals and doctor's offices. For less than we are paying now, we will all have quality, affordable health care that we can count on.

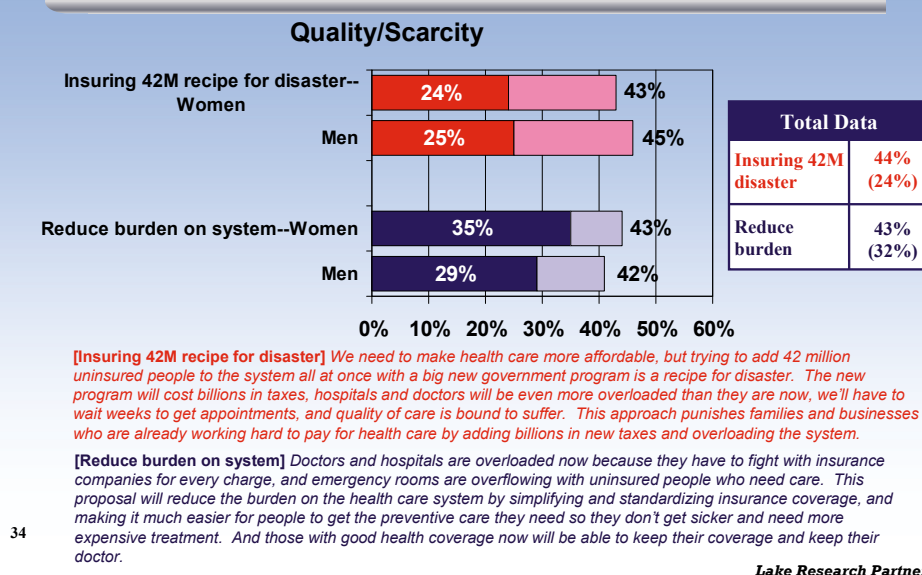
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However, defending GAC from the same attack by appealing to the morality of providing affordable health care to those who work hard and play by the rules works better among men than among women.

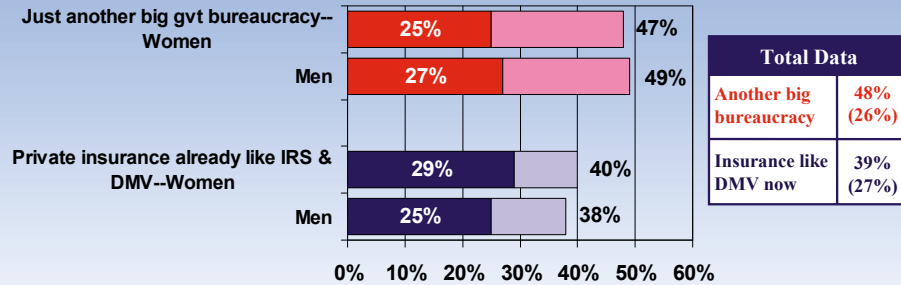


Countering charges of scarcity of health care by discussing the improvements to the system under GAC divides women voters roughly evenly between the two sides, but our argument has substantially greater intensity among women.



The big government/bureaucracy argument can be neutralized to some extent among women when the tables are turned by pointing out the waste and inefficiency of the current system—but this strategy is slightly less effective among men.

Big government/bureaucracy



[Just another big gvt bureaucracy] This plan sounds good, but it just won't work. It will be just another big government bureaucracy like the IRS and the DMV, operating inefficiently and costing taxpayers hundreds of billions of dollars. We will end up paying higher taxes and getting substandard health care with long waits to get treatment and lots of red tape and paperwork. They call this 'Guaranteed Choice' but this is just a big government program to bring socialized medicine to America.

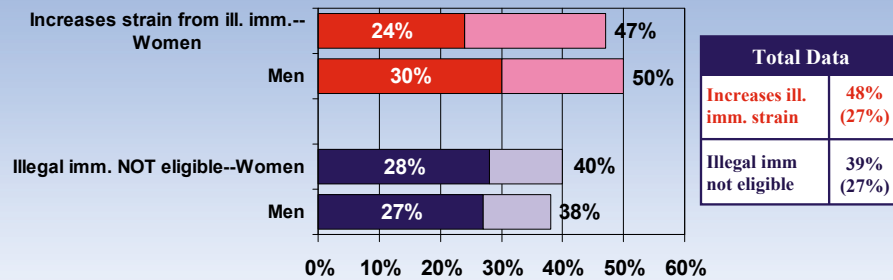
[Private insurance already like IRS & DMV] Private insurance is already like the IRS and the DMV, with lots of red tape, limiting your choices, denying people coverage when they need it most and making profits of at least 25 percent off the top. This proposal forces insurance companies to compete on a level playing field—providing a standard package of benefits with prices everyone can understand and afford, and accountability that forces them to deliver what they promise. Government is the watchdog, not the doctor.

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Simply arguing that illegal immigrants would not be covered under GAC is not particularly effective against immigration attacks even if that were the policy position of GAC advocates—which it is not.

Illegal Immigrants-not eligible



[Increases strain from illegal imm.] We are already having enough trouble finding ways to get health care coverage for people who are in this country legally, let alone for millions of illegal immigrants who broke the law to get here. By giving health care benefits to all workers, legal or illegal, this proposal would greatly increase the financial strain that illegal immigrants already place on our health care system, and American taxpayers just can't afford to pay for it.

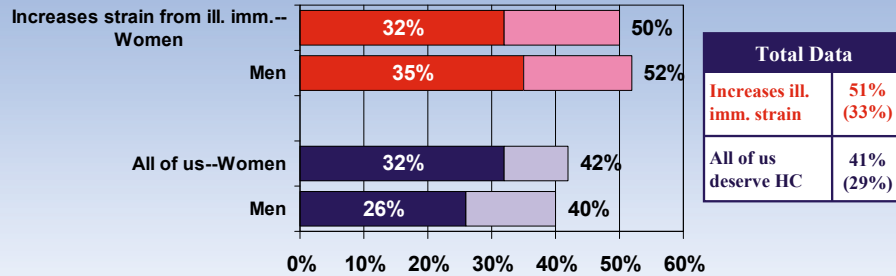
[Illegal imm. are NOT eligible] Illegal immigrants are not eligible for health care under the Guaranteed Affordable Choice proposal. Under the current system, many hard-working Americans are finding it increasingly difficult to provide health care they can afford and count on for themselves and their children. This proposal is about making quality health care coverage affordable for millions of hard-working Americans.

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A more pro-immigrant argument that all hardworking people who pay taxes deserve affordable, quality health care is more polarizing, but slightly more effective among women than men.

Illegal Immigrants-traditional



Total Data	
Increases ill. imm. strain	51% (33%)
All of us deserve HC	41% (29%)

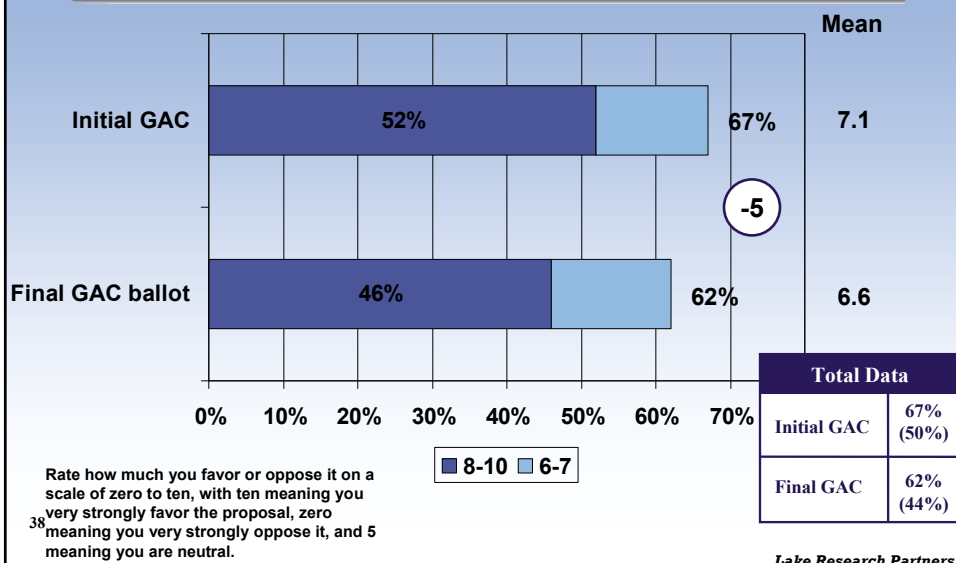
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[All of us] All of us -- immigrants and non-immigrants -- who are working hard and paying taxes deserve affordable, quality health care, but many hard-working people are finding it increasingly difficult to provide health care they can afford. This program is about doing what is morally right by making quality health care coverage affordable for millions of hard-working people who want to be responsible and who will help pay for this program. It is giving millions of hardworking families peace of mind.

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At the end of the survey—after hearing key opponents' attacks, support for GAC among women voters falls somewhat from initial levels.

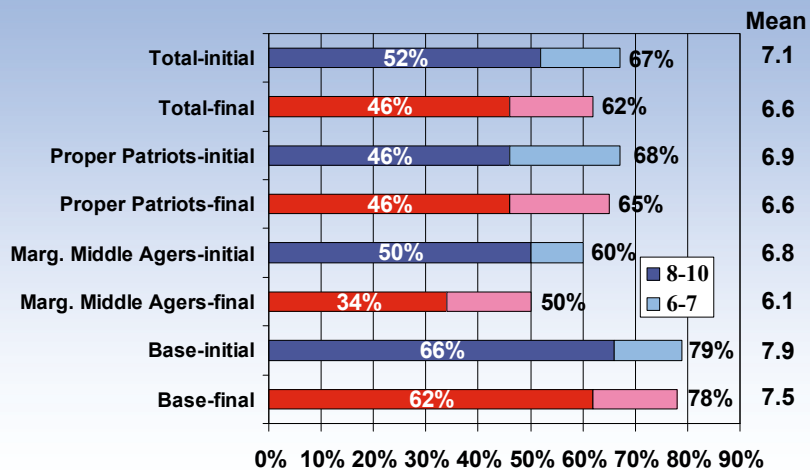


Total Data	
Initial GAC	67% (50%)
Final GAC	62% (44%)

Rate how much you favor or oppose it on a scale of zero to ten, with ten meaning you very strongly favor the proposal, zero meaning you very strongly oppose it, and 5 meaning you are neutral.

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In the final ballot on GAC, health care Base women voters maintain high levels of support while Marginalized-Middle Age women voters show steeper declines in support over the course of the survey.



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Words that Work

Words to Use	Words to Avoid
Quality affordable health care	Universal coverage
American health care	A system like Social Security; Canadian Style Health Care
A choice of public and private plans	Medicare for All
Sliding scale	Free
Prevention	Wellness
Smart investments; investing in the future	Inexpensive
Choice	Competition

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Words that Work

Words to Use	Words to Avoid
Rules	Regulations
Guaranteed	Required
Giving people control; peace of mind	Government health care for all
Standard package; affordable health plans	Basic health care
Government enforcement/watchdog	Government health care; public health care

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LRP conducted focus groups in 7/06 in partnership with AE on behalf of the Herndon Alliance

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