

Dos and Don'ts: Talking About Health Care Reform

Health care ranked among the top three presidential campaign issues for American voters, and more than a dozen states have enacted or proposed plans for comprehensive health reform. While these are hopeful signs that the time is ripe for real change, to fully engage their communities in supporting progressive health reform, women's advocates must be strategic about **how** we talk about health care reform.

For women in particular, the state of the nation's health care system is a major concern. To build support for health care reform efforts among this voting group, it is important for advocates to be aware of what women believe and value when it comes to the health care system. In addition, we must understand how to talk with women about health care reform, including which words and concepts to emphasize, and which to avoid.

The following messaging comes from polling conducted by the Herndon Alliance in November 2007.

The Context:

- Health care is very important to voters, and the top issue after the war in Iraq and the economy.
- Rising costs are the top concern for voters, the majority of whom are insured.
- 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.
- The concept of "quality affordable health care" is more appealing than "universal coverage." It connects the needs of the uninsured and underinsured to those of the insured, who are worried about rising costs.
- 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 health care in moral terms—no American should be denied access to health care. Yet, just calling health care a "moral issue" does not motivate women to be more supportive of health reform.

The Concepts:

Health care reform concepts that resonate with women voters include:

- Health care should be affordable and secure, so that access is not compromised by life transitions such as widowhood, a change in job status, or divorce.
- Women want a choice of health care providers, as well as the ability to maintain a relationship with their current physician;
- Women see a role for government in regulating, rather than providing, health care;
- Small businesses should be protected so that reform efforts do not burden these employers;

- Part-time workers should have access to health insurance; and,
- Women are in favor of eliminating rules that allow health insurers to deny coverage for pre-existing medical conditions.

The Barriers, and How to Overcome Them

Despite their recognition of the many problems within the current health care system, women voters have major concerns about health care reform. Women’s advocates must be aware of these concerns; when crafting messages, keep these possible barriers in mind, and focus on messages that will overcome those barriers.

Barriers to Health Reform	Overcoming the Barriers
Cynicism about government & “red tape”	Incorporate an element of personal responsibility
Fear of higher costs, higher taxes	Include options & choices—make sure it’s employee choice, not just employer choice
Loss of quality	Use preventive care as a stepping stone
Undocumented immigrants and other ‘undeserving’ people	Emphasize security, peace of mind, and control
Perceived impact on small businesses	Focus on how reforms will help small business, or small business support for health reform
The ability of powerful interests to block action	Define a role for government as a watchdog and rule-maker

Health Care Reform: Words to Use and Words to Avoid:

The words we use have the ability to affect women who are on the fence about health care reform. Polling data shows that certain words and concepts should be avoided when composing messages about health care reform. Advocates can communicate more effectively by tailoring messages about reform to include words that are familiar to their audience, and that promote positive associations.

Health Care Reform: Words to Use	Health Care Reform: 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
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

For more detailed information on these health care reform polling results, see the related Powerpoint presentation slides in the “Talking About Health Reform” tab of the *Reform Matters Toolkit*.

For an online copy of The Herndon Alliance presentation, visit: <http://action.nwlc.org/site/DocServer/LakePresentation121207.pdf?docID=381>

Herndon Alliance

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

Presentation by Celinda Lake

December 12, 2007

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.
- 5 ✓ 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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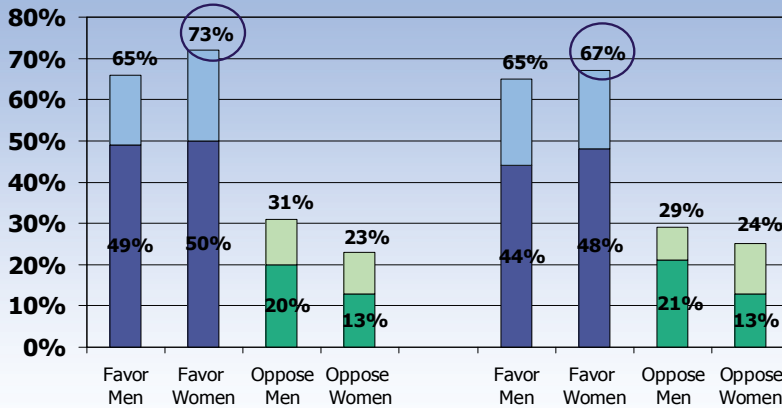


Key Survey Findings— Guaranteed Affordable Choice is Very Popular with Women

- ✓ 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.



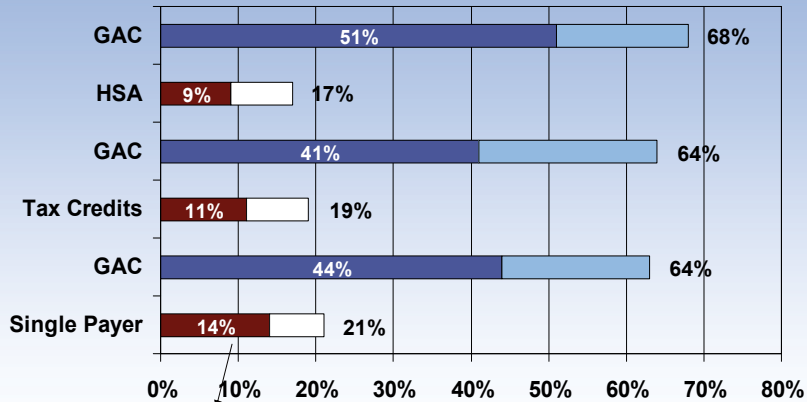
Do you favor or oppose providing access to affordable, quality health care for all Americans even if it means raising your taxes?

Do you favor or oppose providing access to affordable, quality health care for all Americans even if it means a major role for the federal government?

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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.

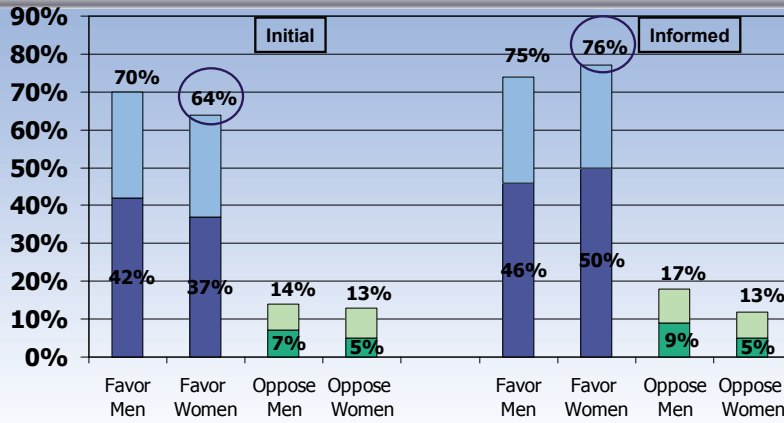
Single Payer language:

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.



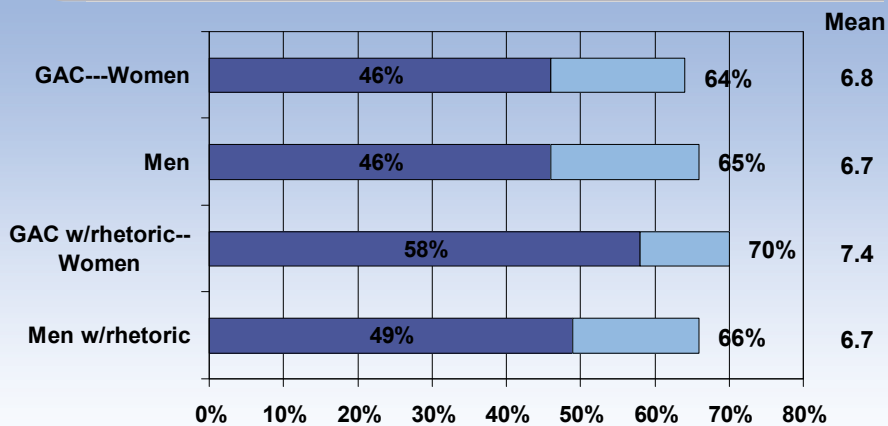
Now thinking about this plan by itself, would you favor or oppose a proposal to guarantee affordable health insurance coverage for every American with a choice of private or public plans that cover all necessary medical services, paid for by payroll taxes on employers and individuals on a sliding scale,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

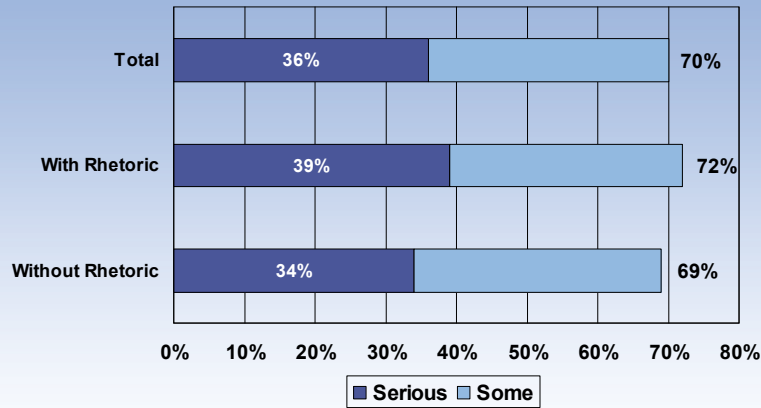
RATING OF FULL GAC—WITHOUT & WITH RHETORIC (mean, % rate 10)

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	+0.6 (+9%)	+1.2 (+17%)	-0.2 (-1%)	+0.4 (+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.



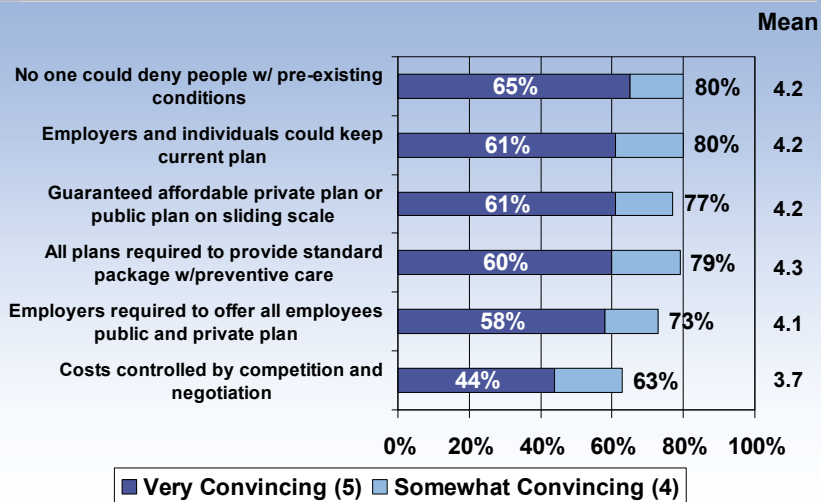
Now let me read you something that some people say about the guaranteed affordable health care plan we have been discussing:

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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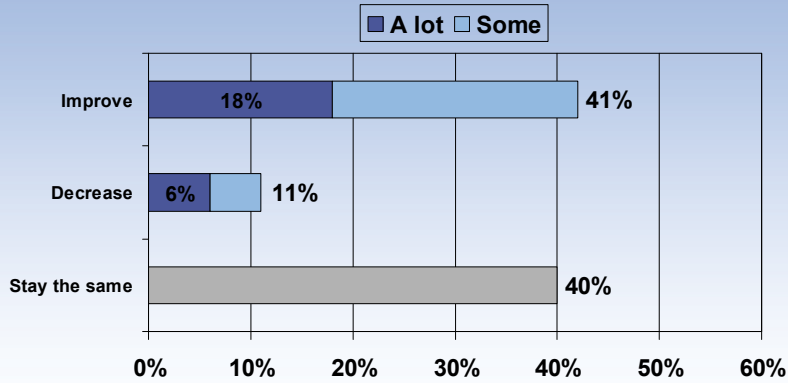
The most compelling aspect of GAC for women voters is that insurers would not be able to deny coverage to people with pre-existing conditions. It is also very important for women voters to hear that they could keep their current plan and that they would have a choice of a private or public plan offered 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.

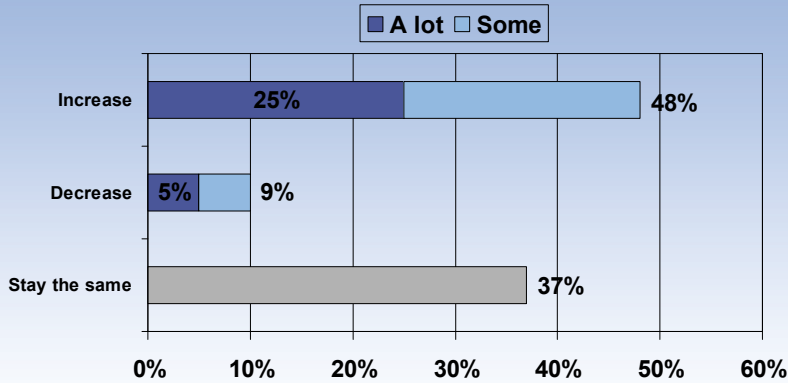


Under this plan, do you think the quality of your health care would improve, decrease, or stay the same?

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

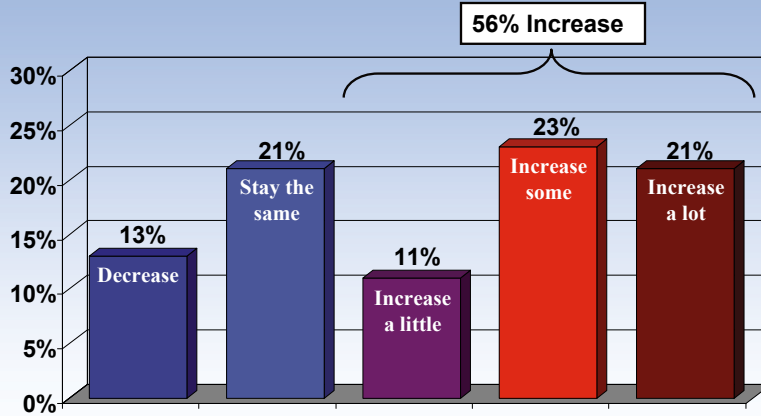


Under this plan, do you think your peace of mind about health care would increase, decrease, or stay the same?

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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.

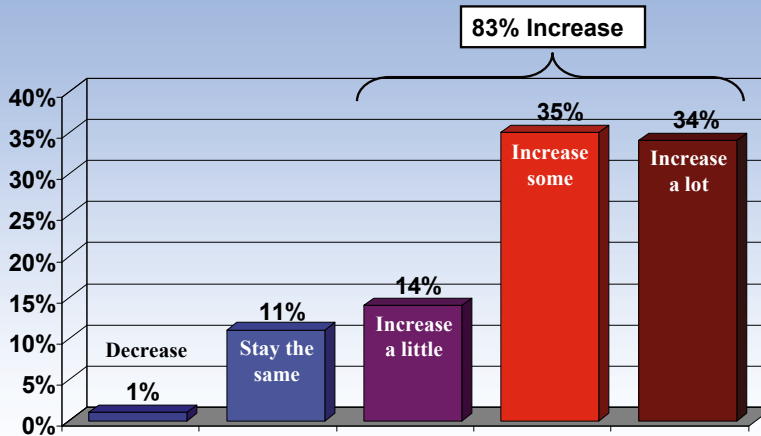


Under this plan, do you think your health care costs would go up, go down, or stay the same?

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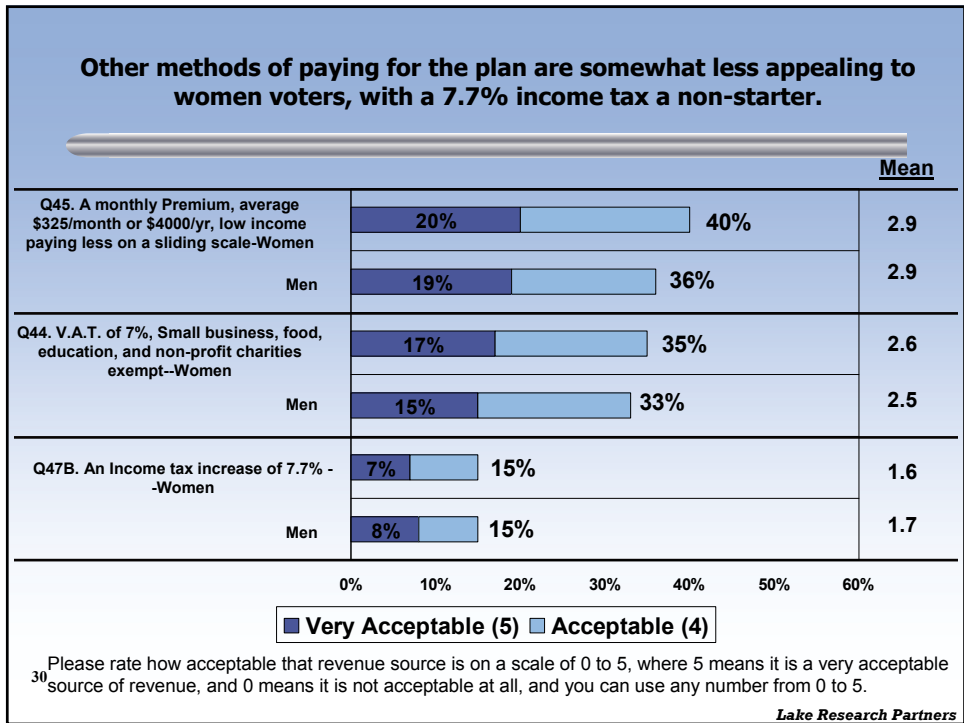
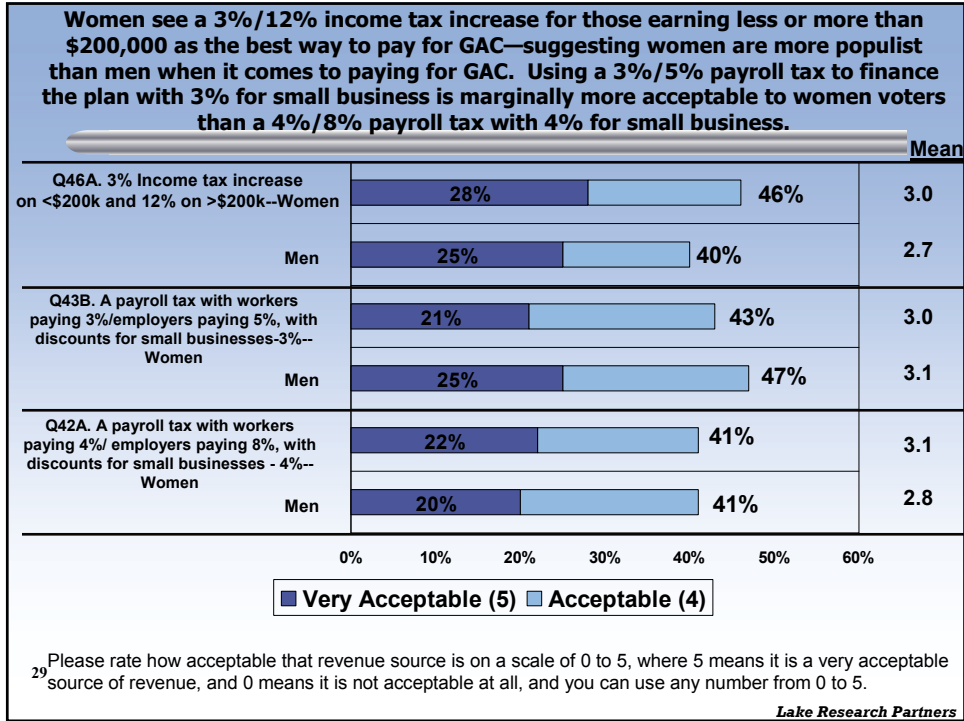
The vast majority of women voters also believe that their taxes will increase to some degree under GAC, and over one third believe they will increase a lot.



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

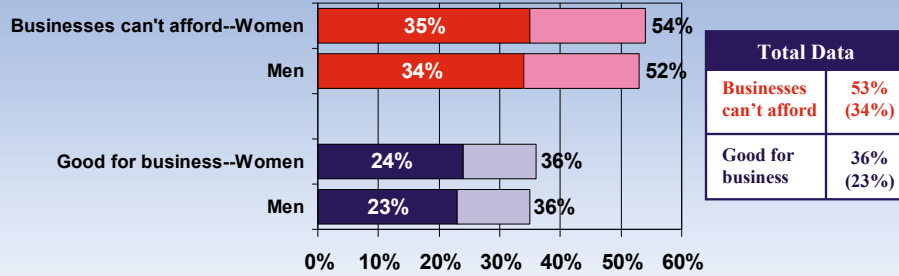
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A majority of both men and women voters find the small business attack on GAC similarly compelling.

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.

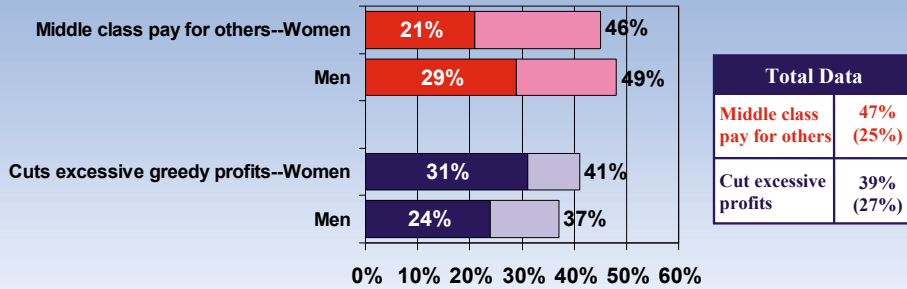
[Good for business] This proposal is a good deal for business. Those that already provide coverage to their employees will, on average, pay less than they do now. Small businesses will pay only half as much as large corporations, and will no longer be charged more because they have a smaller pool of 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



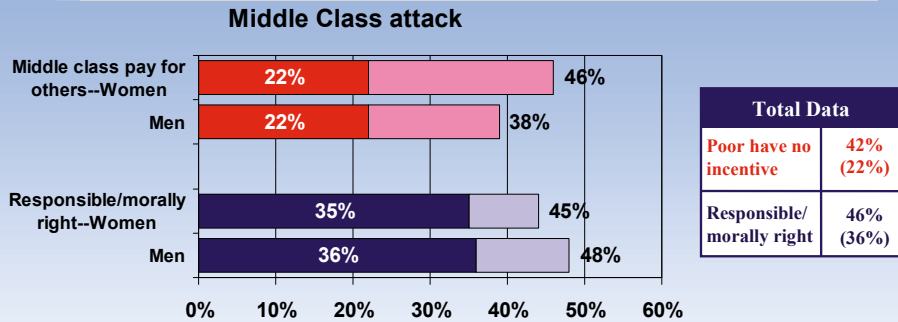
[Poor have no incentive] They call this a sliding scale, but immigrants and people on welfare will pay almost nothing and will have no incentive to take care of their health. This program will force middle class families who are already struggling with their health care costs to pay for health care for 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.



Total Data	
Poor have no incentive	42% (22%)
Responsible/morally right	46% (36%)

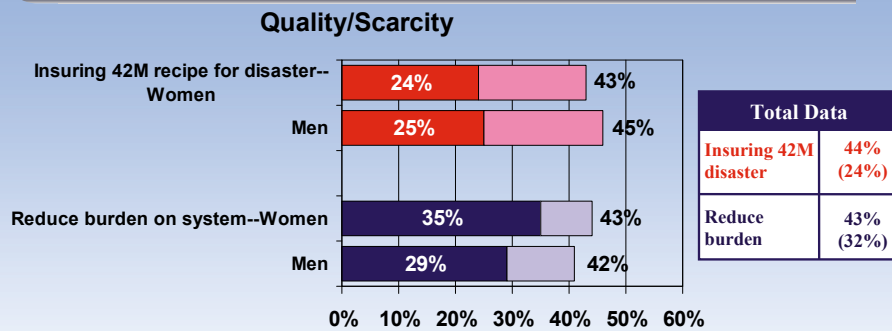
[Poor have no incentive] They call this a sliding scale, but immigrants and people on welfare will pay almost nothing and will have no incentive to take care of their health. This program will force middle class families who are already struggling with their health care costs to pay for health care for 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.

[Responsible/morally right] It's just wrong for people who work hard and pay taxes to go without affordable, quality health care. Under the current system, many hard-working middle class people are finding it increasingly difficult to afford health care they can count on for themselves and their families. This program is about doing what is morally right by making quality health care coverage affordable for hard-working people who want to be responsible but can't afford it today. It would give millions of hardworking families peace of mind.

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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.



Total Data	
Insuring 42M disaster	44% (24%)
Reduce burden	43% (32%)

[Insuring 42M recipe for disaster] We need to make health care more affordable, but trying to add 42 million uninsured people to the system all at once with a big new government program is a recipe for disaster. The new program will cost billions in taxes, hospitals and doctors will be even more overloaded than they are now, we'll have to wait weeks to get appointments, and quality of care is bound to suffer. This approach punishes families and businesses who are already working hard to pay for health care by adding billions in new taxes and overloading the system.

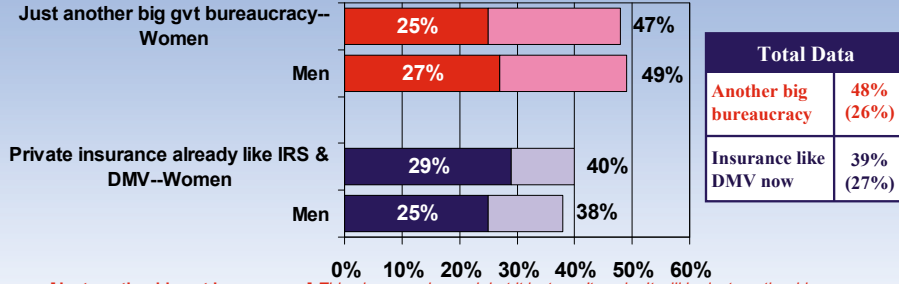
[Reduce burden on system] Doctors and hospitals are overloaded now because they have to fight with insurance companies for every charge, and emergency rooms are overflowing with uninsured people who need care. This proposal will reduce the burden on the health care system by simplifying and standardizing insurance coverage, and making it much easier for people to get the preventive care they need so they don't get sicker and need more expensive treatment. And those with good health coverage now will be able to keep their coverage and keep their doctor.

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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.*

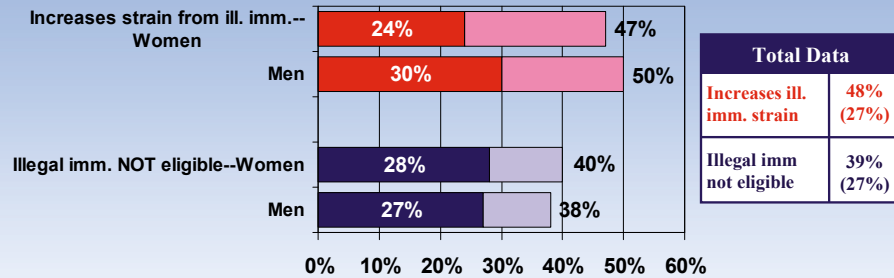
[Private insurance already like IRS & DMV] *Private insurance is already like the IRS and the DMV, with lots of red tape, limiting your choices, denying people coverage when they need it most and making profits of at least 25 percent off the top. This proposal forces insurance companies to compete on 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.*

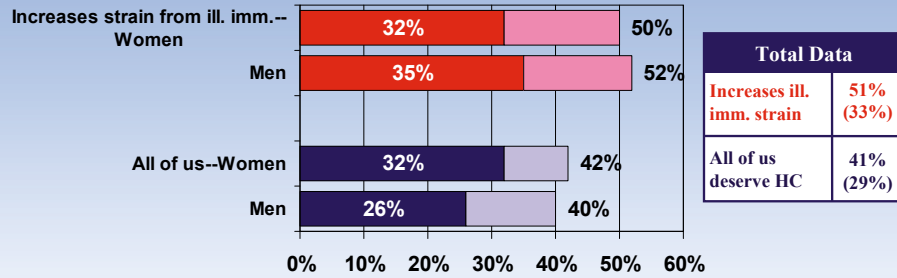
[Illegal imm. are NOT eligible] *Illegal immigrants are not eligible for health care under the Guaranteed Affordable Choice proposal. Under the current system, many hard-working Americans are finding it increasingly difficult to provide health care they can afford and count on for themselves and their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

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Lake Research Partners

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



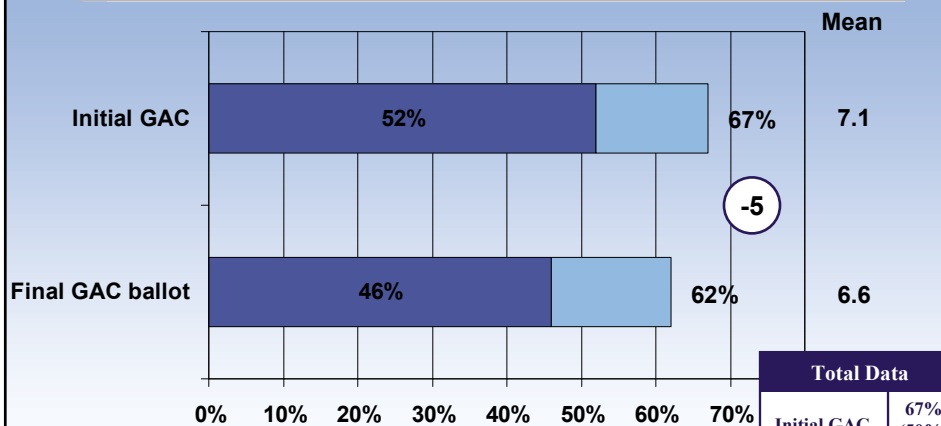
[Increases strain from illegal imm.] We are already having enough trouble finding ways to get health care coverage for people who are in this country legally, let alone for millions of illegal immigrants who broke the law to get here. By giving health care benefits to all workers, legal or illegal, this 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.

[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.

37

Lake Research Partners

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

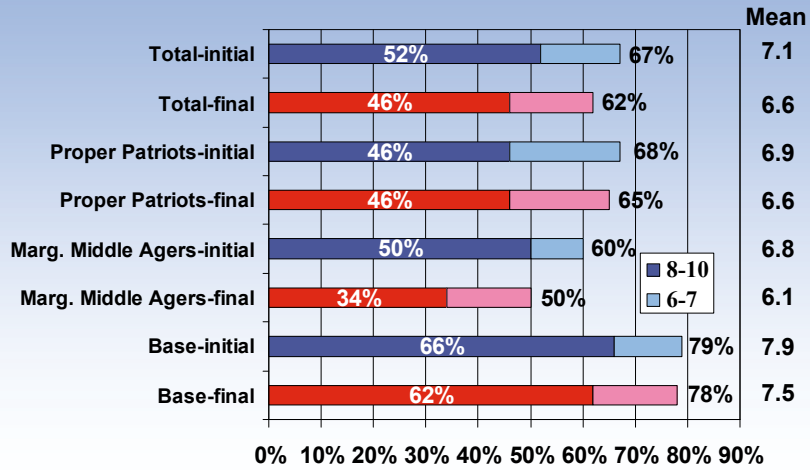


Rate how much you favor or oppose it on a scale of zero to ten, with ten meaning you very strongly favor the proposal, zero meaning you very strongly oppose it, and 5 meaning you are neutral.

38

Lake Research Partners

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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Lake Research Partners

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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Lake Research Partners

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

Lake Research Partners

Tips for Effectively Using the Media

Media can be an important tool and ally when it comes to advocacy work. Media around health care reform has the power to:

- Create an environment of political pressure;
- Convey general information, serving as a public education tool; and
- Counter popular misconceptions.

You can engage the media in health reform through letters to the editor, reaching out to reporters, issuing press releases, or by organizing press events. This will allow your story to reach a wider audience, as well as educate the broader public about health care reform.

The following section provides tips on how women's advocates can engage the media through messaging, pitching your story, media advisories and press releases, letters to the editor and opinion editorials (op-eds), media interviews, and additional resources.

MESSAGING:

When planning a media strategy, it's important to develop a clear and specific message. The message and its three components (**problem, solution, action**) should be featured in every article, interview, and conversation conducted during the course of the campaign.

As you develop your messages, keep in mind:

- Messages take time to create. Don't rush the process.
- The core message should also reflect your organization's central mission and goals.
- Messages should not change frequently. To have impact, they must be repeated over and over again.
- Less is more. Within a single campaign, don't have more than three messages. Multiple messages can confuse the audience and may not be heard.
- Keep it short. Messages should be conveyed in a sentence or two. If it takes a paragraph to get your message across, keep working.
- Make it understandable. Use plain language and avoid specialized vocabulary or acronyms.

A sample message could be: "Our current health care system fails to meet the basic needs of far too many women, and we must act now to get comprehensive, accessible, and affordable health care we all can count on. NWLC has joined a new national effort on health reform—and we hope you'll join, too."

PITCHING YOUR STORY:

Once you establish your message, reach out to reporters and writers at local newspapers to discuss health care reform and its importance to women and families.

Pitch Call

The purpose of a pitch call is to propose a specific story idea, an interview or coverage of an event.

- Begin with reporters you know.
- Make your calls in the morning.
 - Print media deadlines can be as early as 4 pm.
 - For television, pitch two days ahead when possible. Decisions to send crews are made the night before a story appears on air.
- Be succinct and persuasive—pitch your story in one or two minutes.
- Offer a “hook” to your story, such as a compelling human story, an event, a celebrity, or a controversy.
- Find ways to present national information or events with a local angle.
- Stories about real people are ideal. Have community members who have been affected by the current health system (they lost their insurance, they are in debt from a hospital bill, etc.) available and prepared to talk to the press about why health care reform is important to them.
- Follow up with written information, if needed.
- Use pitch calls to build relationships:
 - Get to know journalists who cover your field. Call them with response to breaking news and with good, quotable quotes.
 - Suggest interview “experts” or “real people.”
 - Suggest getting together to discuss additional story ideas.

MEDIA ADVISORIES & PRESS RELEASES:

Use media advisories to announce an event (including teleconferences or webinars), and use press releases to announce or respond to breaking news. Templates for media advisories and press releases are available in the “Talking About Health Reform” tab of the *Reform Matters Toolkit* and can also be obtained by contacting the National Women’s Law Center at reformmatters@nwlc.org.

Press Release

- A press release announces or reacts to breaking news and is written like a news story.
- If reporters need substantial time to prepare a story, send an embargoed release (indicate this by writing “Embargoed until [date]”) ahead of the release date.
- The subject line of your e-mail must grab the reporter—and never send attachments (reporters may be concerned about viruses).

Media Advisory

- A media advisory alerts reporters to an upcoming news event.
- Keep it short (one-page).
- Offer a compelling preview. Don’t reveal your news, but provide a reason for them to attend.

- E-mail reporters who cover the issue, editors, news directors, bureau chiefs, TV/radio producers, and daybooks. Remember to put the text in the body of the email, rather than as a link or an attachment.
- Follow up with a phone call (pitch call).

LETTERS TO THE EDITOR & OPINION EDITORIALS (OP-EDs):

Letters to the editor and op-eds provide outlets to present your organization's view and control the message about a particular issue.

Letter to the Editor—A Short Rebuttal to an Article or Commentary

Usually 150-200 words in length.

If you get a story about health care reform placed in the newspaper, or if a newspaper runs a story on health care reform, ask the families or individuals you work with to follow up with letters to the editor about why health care reform matters to them.

- Timing is everything. Coordinate your letter to refute, contribute to, or correct a recently published piece. Identify a story or editorial that needs a response and submit your letter as soon as possible—preferably the same day as publication.
- Be concise and to the point, and know your facts. Focus on making one key point in two or three paragraphs, and use just a couple key facts or statistics (or a brief story) to support your argument.
- Write in good times and in bad. If a publication positively covers your issue, write a letter praising or thanking for the coverage or support.

Opinion Editorials—A Column or Guest Essay

Typically 700 words in length (check the newspaper's web site for specific guidelines).

Opinion Editorials (Op-Eds) are short guest pieces printed in the editorial section of a newspaper, and are a key way to influence the debate.

When writing your op-ed:

- Present three steps: problem, solution, and action.
- Tailor the requested action to your target audience.
- Use short, simple sentences and avoid jargon.
- Personalize the op-ed with an anecdote or story.
- Link the op-ed to a current news story but keep the focus local.
- Provide insight and understanding: educate your reader without being preachy.

Try the following outline for your op-ed:

- 1st paragraph: Begin with a personal anecdote or human story.
- 2nd paragraph: Make your main point.
- Following paragraphs: Begin to elaborate 2 or 3 supporting points. Keep your paragraphs short, with one point per paragraph. Use facts, statistics, and studies. Avoid being overly legal or formal.
- Conclusion paragraph: Draw the piece together and link to your opening anecdote.

MEDIA INTERVIEWS:

Once you have successfully garnered media attention, you or your spokesperson will likely be asked to do telephone or in person interviews with reporters. You can prepare for the interview by knowing all sides of the issue and thinking in advance about what kinds of questions the reporter will ask. Keep track of which reporters you work with so that you can build relationships with them, pitch them further stories, and send them follow-up information and press releases.

Preparing for a Media Interview

- Remember the audience—readers, listeners, and viewers—not the reporter.
- What questions will the reporter likely ask?
- Have your message points and sound bites ready. Practice them before the interview.
- Know your opponents' viewpoints and have counterpoints ready.

The Interview

- Stick to your message.
- In the presence of the media, you are always “on.” Don’t say anything you wouldn’t want to see in print.
- Use concise, conversational, and catchy language. Don’t use jargon or acronyms.
- If you don’t know the answer, it’s okay to say you’ll get back to the reporter with additional information.
- Be yourself. Be friendly, calm, and use complete sentences.
- Don’t make things up and never lie.
- Give examples that involve real people.
- When asked a question you feel uncomfortable about, use “bridge phrases” or “flag words” to bring the answer to your main message. E.g.:
 - The best way to answer that is to look at the broader issue...
 - What’s really at issue here...
 - That’s a good question. But first let me go back to an earlier point...
- Keep in mind the three C’s: Concise, Conversational, and Catchy.

**For further reading, see:**

Fenton Communications, “Now Hear This: The Nine Laws of Successful Advocacy Communications,” www.fenton.org

Spin Project Tutorials, www.spinproject.org

ImPRESSive Media Tip Sheets, <http://familiesusa.org/resources/tools-for-advocates/tips/impressive.html>

Media Advisory Template

Use media advisories to announce an event (including teleconferences or webinars).

Your advisory should include the following

[Your organization's logo]

FOR IMMEDIATE RELEASE

Today's Date (prior to the event)

Contact:

Your Name, Phone Number, Email

News Advisory for Date, Time
ATTENTION GRABBING HEADLINE
Newsworthy subhead

Include a few sentences making the case for a reporter to attend the event. Convey why this is news and why they should turn up (the "WHY" of the event).

WHAT: The event's name and brief description of what the event entails.

WHO: Mention here who the key players will be. Highlight if you're expecting a local policy maker or celebrity. Provide titles of the people involved.

WHERE: Location of event, with directions if necessary.

WHEN: Date and Time

[Your organization's brief mission statement.]

[Your organization's web address or other contact information]

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Press Release Template

Use press releases to announce or respond to breaking news.

Your release should include the following:

[Your organization's logo]

FOR IMMEDIATE RELEASE

Today's Date (prior to the event)

Contact:

Your Name, Phone Number, Email

ATTENTION GRABBING HEADLINE

Subhead

(Your City)—The first paragraph is the “lede”—two or three sentences that convey the main news. It should be catchy and concise.

The second paragraph is everything important that could not be included in the first paragraph. Why is this news right now? Include any additional news hooks that the media will find interesting.

The third paragraph is a compelling quote from your executive director or spokesperson. Ideally, it will state your problem and include a solution or action.

In the next two paragraphs, you can do any of the following: provide a larger context or history to the issue; correct misinformation from the opposition; or, include stand-out facts and findings. These paragraphs will provide reporters with the information they need to write their story.

If space permits, you may follow up with an additional quote. This will be necessary if you're working in a partnership or coalition and need to include other voices.

Ideally a release is one page, but it may be two pages if you absolutely need the space to fully convey your issue.

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[Your organization's brief mission statement and contact information]

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SAMPLE OP-ED

In November, Women Will Vote With Health Care in Mind

By Judy Waxman, The National Women's Law Center
Posted on August 27, 2008, Printed on August 29, 2008
<http://www.alternet.org/story/96365/>

Women vote for health care, and with good reason.

Today, women across the country are being forced to make impossible choices in the name of health care; sacrificing life and limb so that they can get coverage for ... a broken limb, or prenatal care. They resign themselves to unhappy marriages in order to keep their husbands' health insurance, reports the *New York Times*. They step out of line at the pharmacy when they realize that they can't afford to pay the cost or even the co-pay on their prescriptions and fill up the tank. Indeed, in 2004, according to the Kaiser Women's Health Survey, one in five women did not fill a prescription because of the cost.

The nation's health care system is in crisis, and women are bearing the brunt of its failures. Throughout their lives, women have greater health care needs and responsibilities than men. Reproductive health needs require them to get regular check-ups, whether or not they have children, and women are more likely than men to suffer from a chronic condition or disability. Meanwhile, eight in ten mothers are primarily responsible for taking their child to doctors' appointments and organizing follow-up care.

In other words, health care is a woman's issue.

Yet 18 percent of all U.S. women are uninsured. Latina, African American, and Native American women are dramatically more likely than white women to be among these 17 million who lack coverage. And while women have greater health care needs than men, they also, on average, have lower incomes and are more likely than men to be *underinsured*: forced to spend more than 10 percent of their income on out-of-pocket health care costs. Women also face significant difficulties paying for their care, whether they have insurance or not. Nearly 40 percent of women report medical bill problems.

Women who do not have access to employer sponsored health insurance or are ineligible for public coverage like Medicaid or Medicare are left with no option other than to try to buy health insurance directly from insurers, known as the individual market. But women face unique challenges in this arena. They may be denied coverage based on a (so-called) pre-existing condition—such as ever having had a Caesarean section, as reported recently in the *New York Times*. When women are offered insurance, they are often forced to pay higher premiums than men, as it is legal in 40 states and the District of Columbia to consider gender when setting insurance premiums. Furthermore, the benefit package a woman receives may be woefully inadequate; even something as fundamental as maternity care is often excluded from the basic plans available in the individual market.

The upcoming elections are providing a platform for policy makers and candidates alike

to discuss their proposed solutions for the health care crisis. At the National Women's Law Center (NWLC), we have developed a list of questions to ask when looking at health reform proposals—whether at the state or federal levels—to determine whether the proposals help ensure that all women have access to health care that meets their needs, including:

1. ***Does the plan expand access to ensure that health coverage is available to all?*** Access should not depend on income, age, gender, family status, disability, immigration status, or employment status.
2. ***Does the plan provide care that is affordable?*** The cost of care (including premiums and out-of-pocket costs) should be affordable relative to income.
3. ***Does the plan ensure comprehensive health coverage?*** Covered services must include preventive care, treatment for chronic conditions, and the full range of reproductive health services.

Findings from a new poll by NWLC and Peter D. Hart Research Associates show that 84 percent of women say it is extremely or very important for Congress and the next administration to guarantee access to quality, affordable, comprehensive health care. As the debate over health care reform continues to take shape, it is critical that women's advocates ready themselves to be active and vocal participants in the fight.

A Note on Sources: Unless otherwise indicated, the data in this article come from the U.S. Census Bureau and these NWLC reports: *Women and Health Coverage: The Affordability Gap*; *Making the Grade on Women's Health: A National State-by-State Report Card, 2007*.

Judy Waxman is the vice president and director of health and reproductive rights at the National Women's Law Center.

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View this story online at: <http://www.alternet.org/story/96365/>

SAMPLE LETTER TO THE EDITOR

April 3, 2006

Editorial Page Editor
Readers' Alley
P.O. Box 4249
Helena, MT 59604

To the Editor:

We applaud Attorney General Mike McGrath for ruling that Montana law requires health insurance plans to cover prescription contraceptives if they cover other prescription drugs, and urge Blue Cross Blue Shield of Montana to implement the necessary change in its policies immediately. At the same time, we must challenge Blue Cross's blanket assertion that covering contraceptives adds to health insurance costs ("Blue Cross won't challenge AG's ruling on contraceptive coverage," March 30).

After the federal government added contraceptive benefits for its employees in 1998, the U.S. Office of Personnel Management found that adding the coverage did not increase premium costs. Moreover, a number of studies demonstrate -- as common sense suggests -- that it is far less expensive to prevent unwanted pregnancies than to cover all of their attendant costs. For example, the National Business Group on Health (NBGH), representing 160 national and multinational employers, estimated that failing to cover contraceptives could cost an employer 15-17% more than covering them.

All health insurance companies and employers should realize that contraceptive coverage is a win-win proposition: it guarantees that women receive the preventive health care they need, and can actually save money.

Sincerely,

Judith C. Appelbaum
Vice President and Legal Director
National Women's Law Center
11 Dupont Circle, Suite 800
Washington, DC 20036
202-588-5180

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SAMPLE PRESS RELEASE

For Immediate Release: Tuesday, July 8, 2008

Contact: Ranit Schmelzer or Adrienne Ammerman, 202-588-5180

EXPANDING CHOICES

NWLC Joins Nation-Wide Coalition for Health Care Reform

(Washington, DC) The National Women's Law Center is proud to announce today that it has joined the steering committee of an unprecedented national effort on health reform, Health Care for America Now.

Our current health care system fails to meet the basic needs of far too many women – and low-income women and women of color are especially at risk. Overall, 18 percent of women are uninsured. Almost a quarter of African American women lack health insurance. More than one-third of Latinas are uninsured.

For those who have health insurance, women are more likely than men to have health coverage which has too many gaps, including large co-pays, life-time limits, and the exclusion of needed services altogether – including some essential reproductive and other health services for women. Their health insurance also leaves them at great financial risk: 1 in 4 women says that she is unable to pay her medical bills. The high cost of care means women are more likely than men to delay or go without needed health care. Women who have to buy insurance directly from health insurers are often charged more than men.

"These facts are distressing, to say the least," said Marcia D. Greenberger, Co-President of the National Women's Law Center. "And yet they cannot possibly begin to convey the personal stories of the many women who are forced to make impossible choices: between buying their prescription drugs or putting food on their family's table, between staying with an abusive spouse or losing health insurance, between losing their home or losing their battle with cancer. No one should have to make such choices. And for those who thank their lucky stars that they have good coverage today, they live in fear that they will lose it tomorrow."

Health Care for America Now is working toward a bold new solution that gives women real choice and a guarantee of quality coverage they can afford: keeping their current private insurance plan, picking a new private insurance plan, or joining a public health insurance plan. As a member of Health Care for America Now's steering committee, the National Women's Law Center is bringing women's voices to this exciting national movement.

The National Women's Law Center also works towards this goal through our new health care reform initiative, Reform Matters: Making Real Progress for Women and Health Care. Reform Matters empowers women to be active and vocal advocates in the fight for progressive health care reform by providing them the tools to do so.

The project includes:

- Technical advice and informational assistance, including analysis of policy proposals, research and answers to specific questions, written testimony, and more.

- A monthly conference call series which provides an ongoing forum for women's advocates to discuss health care reform, share experiences and questions, and connect with national health policy experts.
- A forthcoming toolkit for advocates, outlining the basics of health care reform and exploring reform issues and their impact on women's access to health care.

Marcia Greenberger's full statement is available here. To learn more about NWLC's Reform Matters project visit www.nwlc.org/reformmatters. To schedule an interview with Marcia Greenberger, contact Adrienne Ammerman at 202-588-5180 or aammerman@nwlc.org.

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The National Women's Law Center is a non-profit organization that has been working since 1972 to advance and protect women's legal rights. The Center focuses on major policy areas of importance to women and their families including economic security, education, employment and health, with special attention given to the concerns of low-income women.

For more information on the Center, visit: www.nwlc.org.

SAMPLE PRESS RELEASE

For Immediate Release: Wednesday, May 14, 2008
Contact: Ranit Schmelzer, 202-588-5180

THE WRONG ANSWER TO WOMEN'S HEALTH CARE NEEDS Health Savings Accounts Flawed When it Comes to Care

(Washington, DC) Judy Waxman, Vice President for Health and Reproductive Rights at the National Women's Law Center (NWLC), will testify today at the House Ways and Means Subcommittee on Health hearing on Health Savings Accounts.

The hearing will take place at 10:30 a.m. today, Wednesday, May 14, 2008, in room 1100 the Longworth House Office Building.

"Comprehensive, affordable health care is vital to women's well-being. Yet far too many women face serious obstacles in receiving the health care they need," said Waxman. "In fact, 18 percent of women in the U.S. don't have health insurance, and one in four women says that she is unable to pay her medical bills."

"Health Savings Accounts are a short-sighted remedy that fail to address the real obstacles to health care for Americans, especially lower-income women," added Waxman.

Health Savings Accounts (HSAs) are tax-sheltered accounts for individuals enrolled in high-deductible health plans (HDHPs). An HSA is funded by an employer and/or employee, and employers may offer HSAs/HDHPs as the only coverage option for employees or as an alternative to more comprehensive health plans.

While proponents of HSAs state that they encourage saving for future health care expenses and allow consumers more control over health care choices, NWLC maintains that HSAs are the wrong solution for uninsured women and families.

Key reasons include:

- *High-deductible health plans require greater out-of-pocket spending, which will have the most impact on women.* Under a typical HDHP, the health plan does not begin to pay insurance claims until an individual's out-of-pocket spending reaches the deductible, which is at least \$1,100 for an individual or \$2,200 for a family, but is often much higher. Even after the deductible is met, enrollees can still face additional out-of-pocket costs through co-payments and co-insurance. Women are more likely to have lower incomes than men, and use health care services more throughout their lives—resulting in spending more out-of-pocket on health care than men. Thus, women HDHP enrollees will pay more for their health care.
- *HSAs impact women's health services, particularly maternity care.* A 2007 study showed that, under HDHPs, women could expect to pay out-of-pocket costs ranging from \$3,000 for an uncomplicated pregnancy to a high of \$21,194 for a complicated pregnancy.

- *HSA*s provide an incentive to spend less on cost-effective and preventive care. Women are more likely than men to avoid needed health care because of cost; participating in an HSA/HDHP could result in delayed or even skipped necessary care because they cannot afford to meet the high deductible.
- *Unhealthy and low-income Americans have the most to lose from HSAs*. People with disabilities and chronic conditions often experience higher medical costs and are more likely to spend amounts up to their deductible each year. Since women are more likely than men to suffer from a chronic condition, they're also more likely to lose out when it comes to possible savings under HSAs. And since women are disproportionately represented among America's low-income population, they are also less likely to benefit from any possible tax breaks or savings through HSAs.

In addition to being the wrong solution for uninsured women and families, HSAs are the wrong solution for America's health care crisis. HSAs do little to curb the rising costs of health care, reduce the number of uninsured Americans, or allow consumers to make informed choices about health care.

The National Women's Law Center is at the forefront of the fight for progressive health care reform that addresses barriers to women's health care access. *Reform Matters: Making Real Progress for Women and Health Care* is a new project aimed at encouraging women to be active and vocal advocates in the fight for progressive health care reform and provides them the tools to do so.

The project includes:

- A toolkit for advocates, outlining the basics of health care reform and exploring reform issues and their impact on women's access to health care.
- A monthly conference call series which provides an ongoing forum for women's advocates to discuss health care reform, share experiences and questions, and connect with national health policy experts.
- Technical advice and informational assistance, including analysis of policy proposals, research and answers to specific questions, written testimony, and more.

Judy Waxman's full testimony is available [here](#). To learn more about NWLC's Reform Matters project visit www.nwlc.org/reformmatters. To schedule an interview with Judy Waxman, contact Ranit Schmelzer at 202-588-5180 or rschmelzer@nwlc.org.

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The National Women's Law Center is a non-profit organization that has been working since 1972 to advance and protect women's legal rights. The Center focuses on major policy areas of importance to women and their families including economic security, education, employment and health, with special attention given to the concerns of low-income women. For more information on the Center, visit: www.nwlc.org.