

Contact: dwesten@westenstrategies.com

Messaging Healthcare Reform In the Shadow of the Pandemic







Research conducted for Families USA



Drew Westen, Ph.D. September 2020





- To identify words, phrases and concepts to use and avoid
- To assess messages on healthcare in the broader contexts of the pandemic, health equity, and the underlying causes of health and illness (social determinants of health)

Note: All messages tested on 0-100 scale, indicating the extent to which voters found the message compelling



The challenge **Speaking of Health** How to talk with the public about healthcare reform After so many were soured by the process and failures to fix problems over the last 10 years When many Americans disapprove of "Obamacare," often not realizing that they rely on it When nearly two-thirds of Americans report satisfaction with their own care and coverage

- We need to inform the media of unintended bias in their language (notably the use of "Obamacare," which voters rate as negatively as "socialized medicine," although they like its key provisions)
- How to talk about healthcare reform in the context of the recent loss of Justice Ruth Bader Ginsburg



What we found

- Support for comprehensive healthcare reform is strong when we present voters with emotionally evocative messages
- We tested 15 messages, all but two of which voters rated > 20 points higher on average than the opposition message (M=47.5)
 - Although six messages were clearly the strongest, two others will likely be in that top tier post-revision
 - Implication: Different stakeholders can draw on different messages that fit their voice and vision, all of which pursue the same policy objectives
- Dozens of brief statements received mean ratings of 75-85, providing effective talking points; language and taglines for opeds, speeches, and PSAs; and messaging for specific policies



The take-home message

- Voters strongly dislike a "repeal and replace" message
- They are ambivalent about "fixing" what they see as a half-failed program, but not about fixing it or what it got right
 - Voters disidentify with the term "Obamacare," which the right invented to brand it negatively, and we should avoid; historians will remember which President deserves the credit for it
 - We do not refer to Medicare and Medicaid as "Johnsoncare," and neither would have been successful if we had
- Voters want to see comprehensive reform and a problem-solving approach.
 - Evocative messages that describe what's wrong and needs to be done, without naming the ACA, are most effective
 - Voters like the idea of a new healthcare law that accomplishes those goals, with a new name, such as "The National Health Security Act"



The take-home message

- The most effective messages are comprehensive
- If they draw on lessons of the pandemic, it is just one component of a broader message offering broader solutions to problems they see as "pre-existing conditions" to COVID-19
- We should talk openly about the pandemic, health equity, and other issues the public supports if we describe them sensibly (notably, comprehensive family planning and healthcare for immigrants):
 - The pandemic has shaped voters' views of what must change, and messages can leverage recent events to strengthen support for reform
 - Although messages focusing on health equity and the socioeconomic context of health and illness tend not to fare as well as healthcare messages, their appeal is substantially stronger than in the past, particularly when integrated with healthcare reform
 - With effective messaging, voters across the political spectrum support inclusion of comprehensive family planning, including abortion, as well as coverage for documented and undocumented immigrants, in the next phase of reform, as they did in 2008



What to Call the Next Healthcare Act?

Renaming Healthcare Reform

	Mean
The National Health Security Act	65.9
The Health Security Act	65.3
Healthcare for All Americans	63.5
Universal Health Care	61.0
The Affordable Care Act	60.1
Medicare for All	53.6
The A.C.A.	44.1
Obamacare	39.6
Socialized Medicine	37.8



Rated on a 0-100 scale. Margin of error: <u>+</u>3.2.

Theory of change

Starting with the brain

Principle 1: Know what networks you're activating

Principle 2: Speak to voters' values and emotions

Principle 3: Tell coherent, memorable stories



A persuadable voter's network of associations



Methods

- Landscape analysis
 - What we already knew
 - Polling vs. dial-testing
- Online dial-test survey of 1680 registered voters
 - National sample of registered voters weighted to reflect the voting population
 - Conducted August 20, 2020 to August 27, 2020
- Tested all messages against strong opposition messages, based on the language of leading conservative politicians and pundits
 - Narratives
 - Brief statements or "talking points"
 - Potential names for the next act









Sample

Demographics

Partisanship	Strong Republican	Strong Democrat	Swing		
	23%	26%	51%		
GENDER	Female	Male			
	53%	0%			
Age	18 - 29	30 - 44	45 - 64	65 or older	
	13%	27%	33%	27%	
Ethnicity	White	African American	Hispanic	Other	
	72%	12%	10%	6%	
Education	HS or Less	Tech/2yr	Undergrad	Post Grad	
	18%	13%	33%	20%	
Region	Northeast	Midwest	South	Mountains	Pacific
	21%	19%	38%	7%	14%
Residence	City > 1 million	Smaller city	Suburb	Small town or rural	
	21%	16%	38%	23%	

How did our messages fare?

Speaking of Health

	Mean Rating	Percent preferring progressive	Percent preferring opposition	Margin
Opposition	47.5	-	-	-
Same Quality Care	75.9	67	23	+44
Two-Thirds Happy	74.2	65	26	+39
Family Doctor	75	60	28	+32
Honest Nonpartisan	72.7	64	26	+38
National Security	71.1	62	27	+35
Lessons Pandemic	71.4	60	30	+30



Margin refers to the % of voters who rated the progressive message higher than the opposition message.

How did our messages fare?

	Mean Rating	Percent preferring progressive	Percent preferring opposition	Margin
Comprehensive Care	71	59	30	+29
Honest Government	70	59	32	+27
Step Up	69.1	61	27	+34
Finish the Job	69.8	58	32	+26
Coronavirus Blueprint	69.6	57	32	+25
Tough Decisions	67	57	35	+22
Gave Them the Chance	65.8	57	35	+22
Medicare for All	64.9	61	31	+30





Contact: dwesten@westenstrategies.com

Messaging Healthcare Reform *In the Shadow of the Pandemic*







Research conducted for Families USA



Drew Westen, Ph.D. September 2020

