



WHO CARES?

HEALTH CARE IN AMERICA

The Frontier Lab[^]

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How can we engage voters to support health care reforms that reflect deeply held American values?

BACKGROUND & OBJECTIVES

Separating “health insurance” from “health care” will strike at the foundation of the Left’s framing of “health care reform.” The Frontier Lab research deconstructed what is appealing about the Left’s framing, as well as which alternative framing options provide the greatest opportunity for more effective reform. It also examined the views and values of citizens who have “opted-out” of traditional health care coverage to model the events, messaging, and other stimuli that led them to engage alternative approaches. The research considered these questions:

1. What explains the support of “brand champions” for state-run health care, and how did they form their views?
2. What explains the support of brand champions for free-market health care, and how did they form their views?
3. Why do some citizens “opt-out” of conventional health care systems, and how did that process occur?

The research is based on 120 interviews to produce this preliminary analysis. The interviews used “values laddering” and behavioral event modeling (BEM) to determine new ways to create demand for free-market health care reforms over state-run approaches.

RESEARCH DESIGN

INTERVIEW METHODS

“Values” and “Behavioral Event Modeling” in-depth interviews conducted via telephone in March 2019

LENGTH

30 to 60 minute sessions

NUMBER

120

TOPIC

Health Care

RECRUITING CRITERIA

- Ages 18+
- Likely voters
- High-intensity strong champions of Health Care positions (pro; anti; opt-out); recent change of opinion
- 20 “Values Laddering” interviews with those who support state-involved healthcare
- 20 “Values Laddering” interviews with those who support free-market healthcare
- 20 “Values Laddering” interviews with those who support an “Opt-Out” solution
- 60 “Behavioral Event Modeling” interviews on how opinion changed, in both directions

120 INTERVIEWS

	Group 1 – State Involved	Group 2 – Free Market	Group 3 – Opt-Out
Gender			
Male	18	18	18
Female	22	22	22
Age			
18-24	4	0	0
25-34	10	4	18
35-44	6	12	6
45-54	8	10	8
55-70	12	14	8
Race			
Hispanic	6	6	8
African American	10	4	6
White	24	28	22
Native American	0	0	0
Asian / Pacific	0	2	2
Other	0	0	2

EXECUTIVE SUMMARY - WHO CARES?

Voters have adopted a reactive posture toward health care reforms, where their primary interest is protecting themselves and others from unpredictable and overwhelming costs, fear of corruption in the system, and providing healthcare to their families. They are demoralized and unenthusiastic about their choices, regardless of their opinions about government-provided health care.

The following five themes shape voters' perceptions of their health:

1. **Government cares about me** – Advocates of government-run health care answer the question, “Who cares?” with, “the government cares.”
2. **I care about myself and my family** -- Advocates of free-market health care say, “I care – but I have no control over my own choices.”
3. **We care about others** – Both sides wish to affirm to themselves and others that they care about their fellow Americans’ ability to obtain high quality and affordable health care.
4. **I don’t care** – Lack of positive feelings about choices and hopes for reform, and disinterest in outcomes other than protecting themselves keeps voters from being enthusiastic about even their preferred outcomes.
5. **System complexity** – A lack of understanding of how prices and costs change inhibits focus on the systemic problems, and reinforces a lack of focus on demanding change

EXECUTIVE SUMMARY - PEACE OF MIND

Set against the tensions of rising costs and lower quality, the driving values of both free-market and state-involved proponents overlapped when both groups say their health-care preference provides reassurance and "peace of mind":

- Peace of Mind that they can ***predict the costs*** of their care.
- A lack of Peace of Mind about ***government being in its proper place.***
- A desire to assure themselves that ***others will be taken care of.***
- Assurance that all ***innovation, access, cost, and quality will be available*** to them.
- Peace of Mind that the driving focus of the entire system is care, not profit.

Unfortunately, Peace of Mind has largely been ignored in health care messaging.

State-Run Champion Values: Pride, Peace of Mind, Human Rights, Predictability

Free-Market Champion Values: Peace of Mind, Protection, Confidence, Equality

Opt-Out Champion Values: Agency, Excitement, Community, Fulfillment

A distinct segment of voters, the “Opt-Outs,” relate to health care in a wholly different way. These participants in direct primary care (DCP) cost-sharing programs have opted-out of conventional insurance options.

While free-market and state-run champions told us what values they *hoped* they would satisfy in an ideal system, the Opt-Outs told us what they *concretely* felt – and the values we mapped mirror those of the two conventional segments of health insurance customers.

Determining why Opt-Outs have a strongly favorable experience, and the values that underscore their positive opinions, provides a focus for optimal framing for health care reform.

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INSIGHTS: THREE SEGMENTS

WHO CARES? DOES GOVERNMENT CARE?

State-Run champions are embarrassed about the comparatively “poor” quality of healthcare in America.

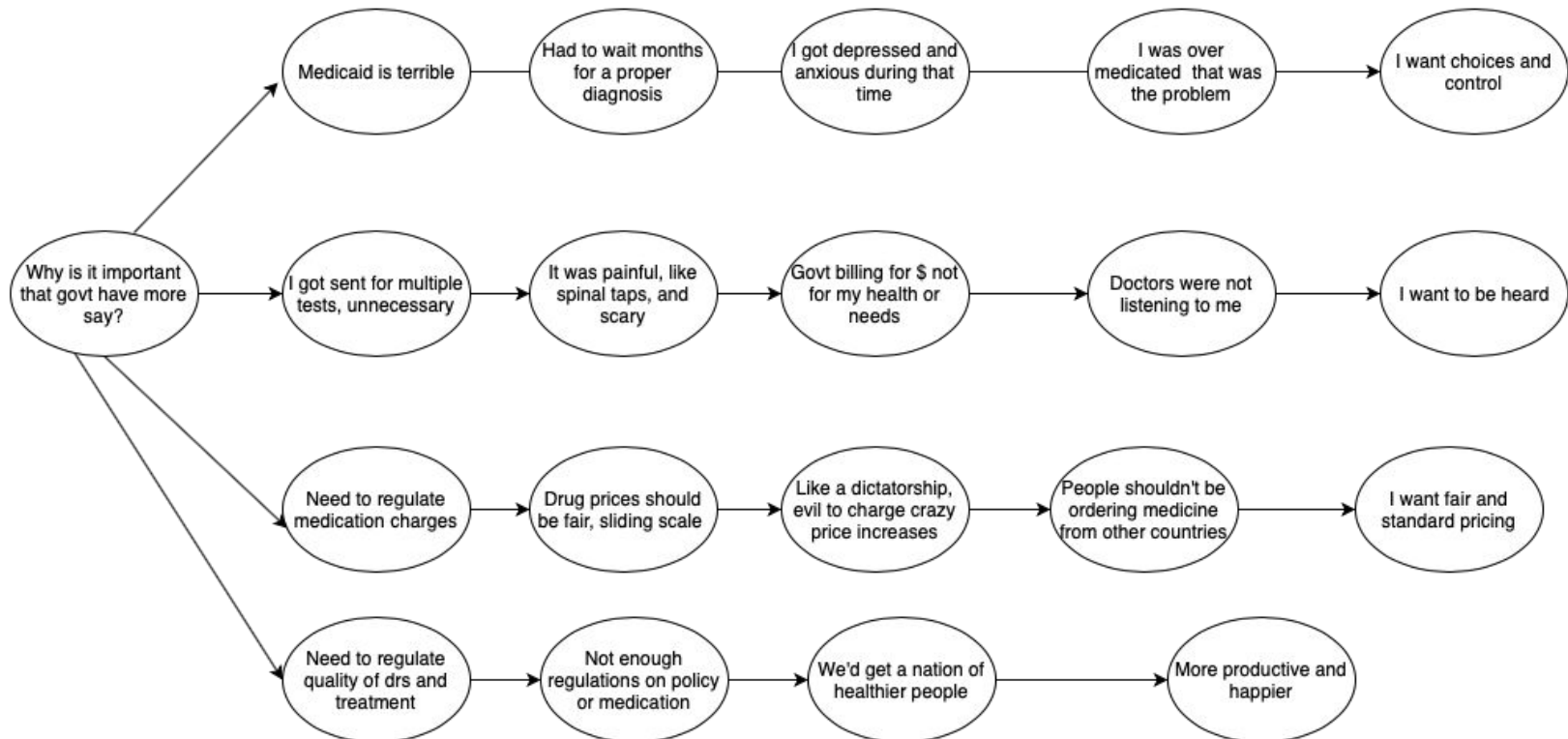
They hope that with greater government involvement we can produce an ethical system like Canada and other countries [value – Pride]

A healthcare system should reflect each citizen’s definition of human rights.

That definition means every citizen must have access to affordable care, and spending – funded through taxpayer dollars – should be allocated to this so that the political system matches its citizens’ values.

It is very important to ensure predictability about the costs of healthcare.

EXAMPLE INSIGHTS FROM “KATHERINE”:



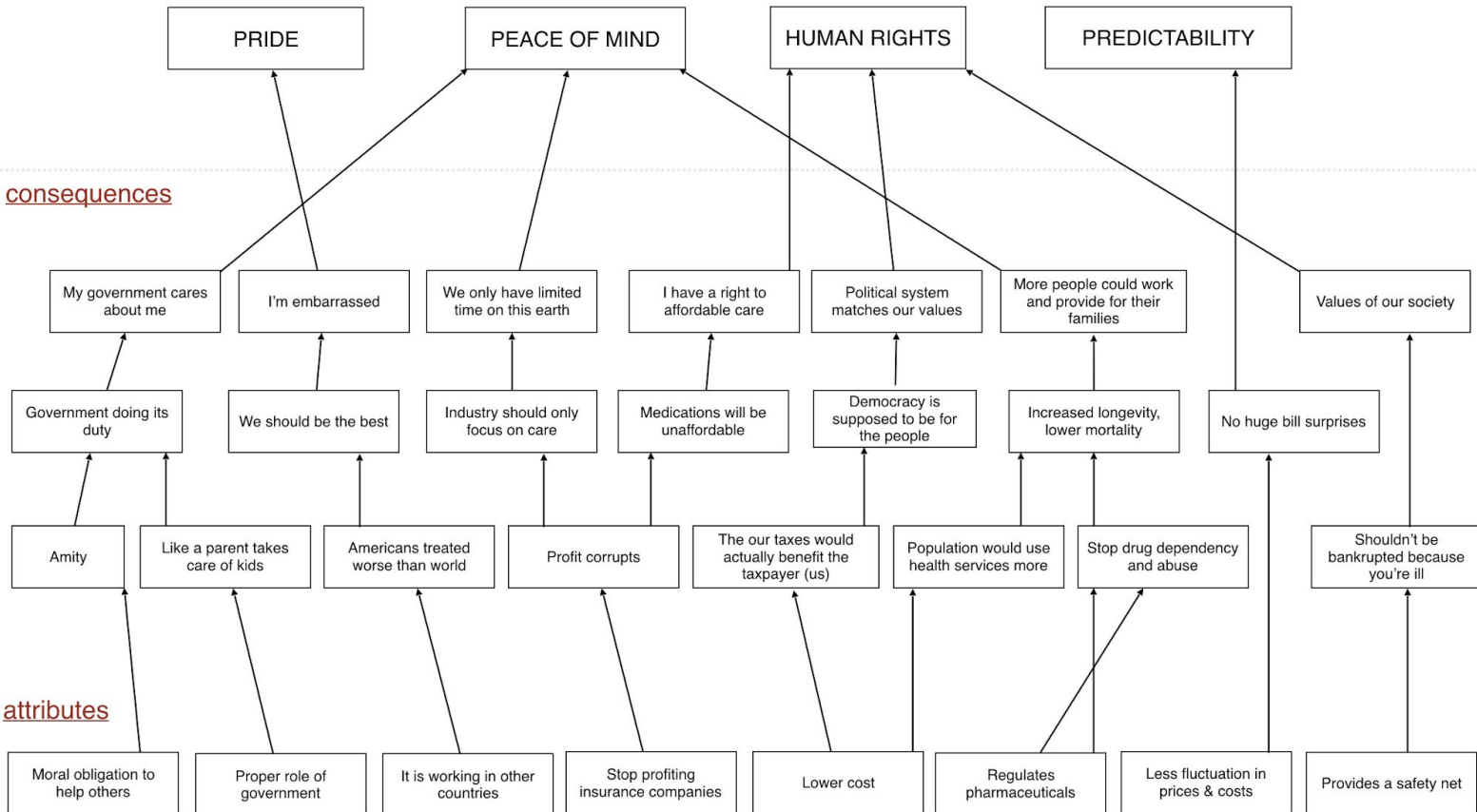
1. State-Involvement Health Care

"Why do you support state-involved health care?"

values

consequences

attributes



WHO CARES? AM I ABLE TO CARE?

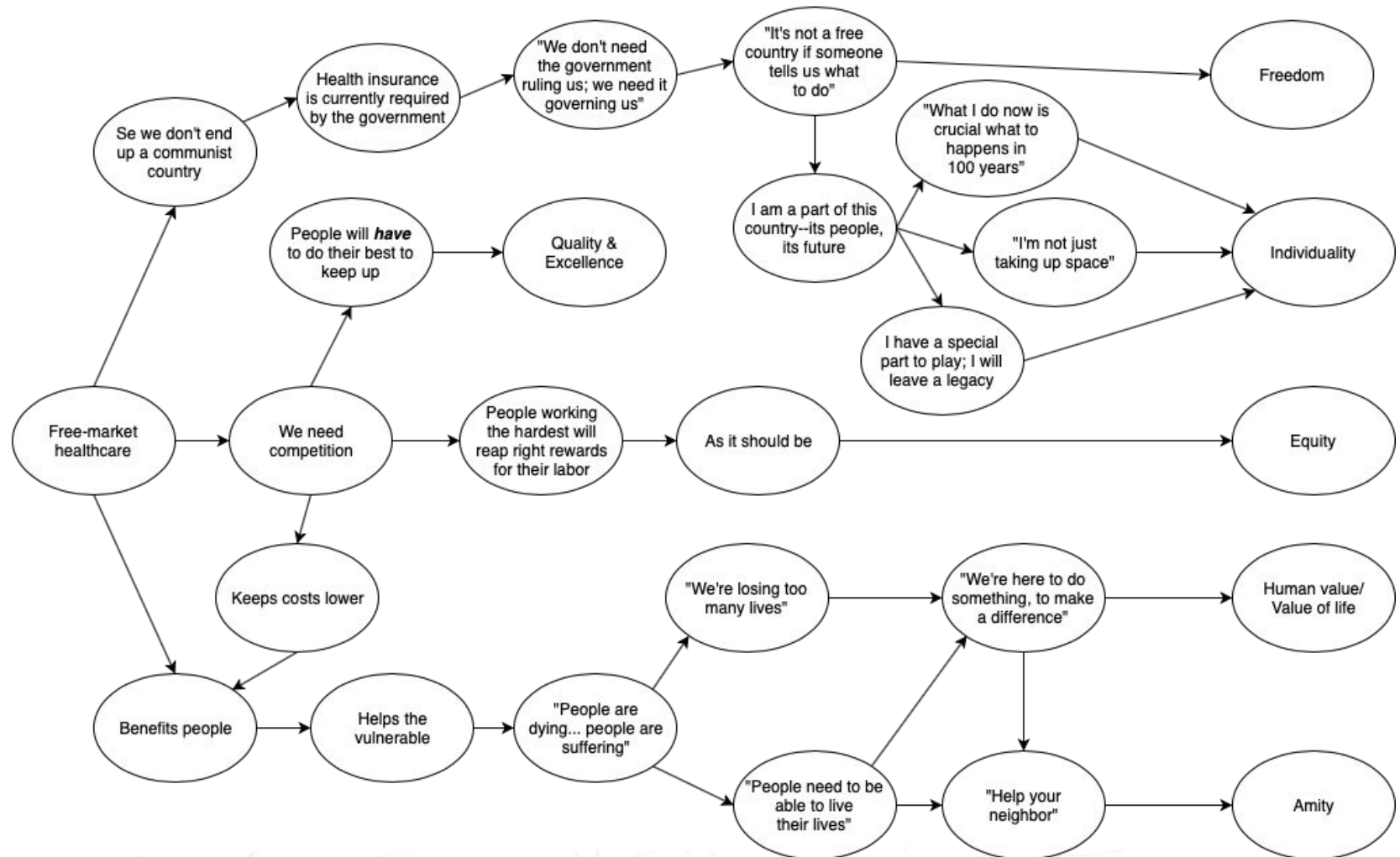
Free-Market champions would achieve Peace of Mind if they did not feel forced into an untenable situation, if they had greater personal choice, and if they had the information necessary to make informed choices about costs.

It is the *absence of government involvement* that contributes significantly to the value, Peace of Mind.

In contrast with the State-Run champions who felt government cares, Free-Market champions don't trust the government to make the healthcare system better, or to do the "right thing."

The Obamacare mandate and perceived cronyism with insurance companies has led to the sense that the country no longer operates with a set of core principles, which undermines confidence in the system.

EXAMPLE INSIGHTS FROM “PAUL”:

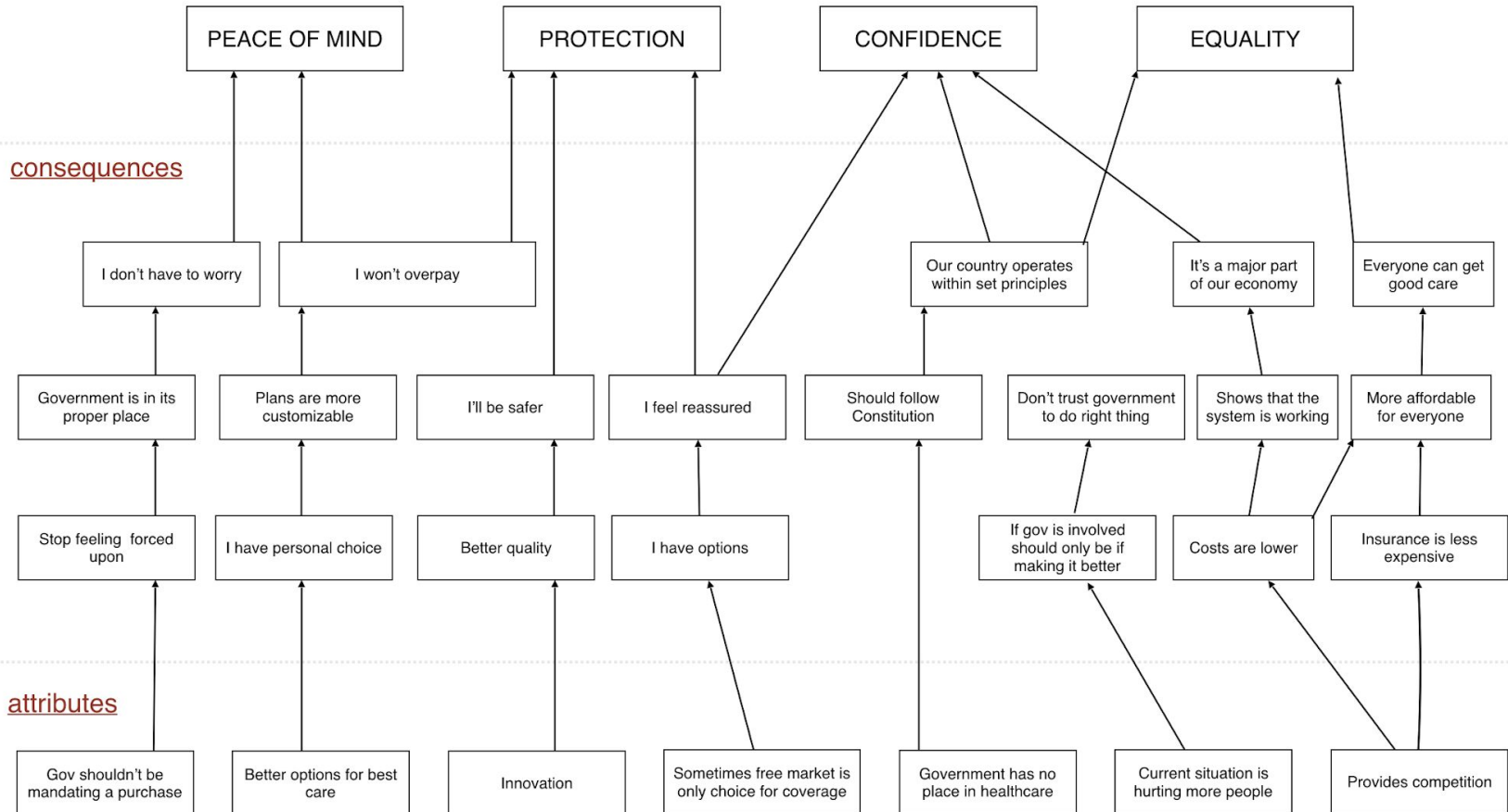


2. Free-Market Health Care

"Why do you support free market health care?"

values

consequences



WHO CARES? I CARE!

While predictability and cost also mattered to the Opt-Outs, they resolved those concerns and turned from a fear-based posture to one of hope.

Opt-Outs hold a sense of agency over their choices, their responsibility to family, and even their ability to assess the political landscape.

They are responsible ultimately to their values – their faith – in “living out” their values by aligning a choice about healthcare with a faithful approach.

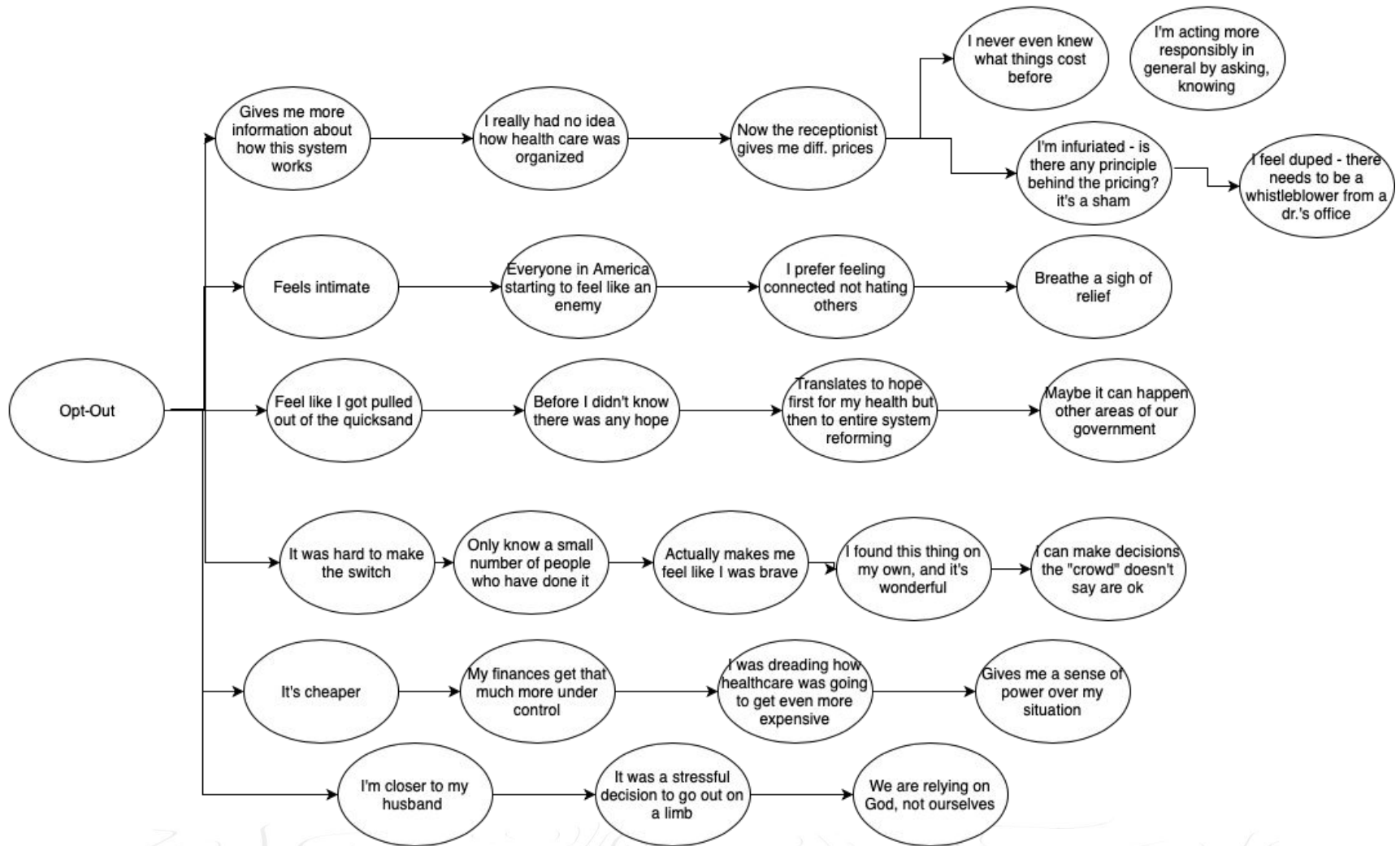
Opt-Outs described a sense of community they feel with others who make the same unconventional and faith-centered choice.

Also, the same clarity with which they felt they could better view the political landscape could be applied to other systems.

The Opt-Outs are *invigorated*—it is adventurous and illuminating to see the system “for what it is.”

This excitement helps them “regain ownership of self.”

EXAMPLE INSIGHTS FROM “ALEXA”:



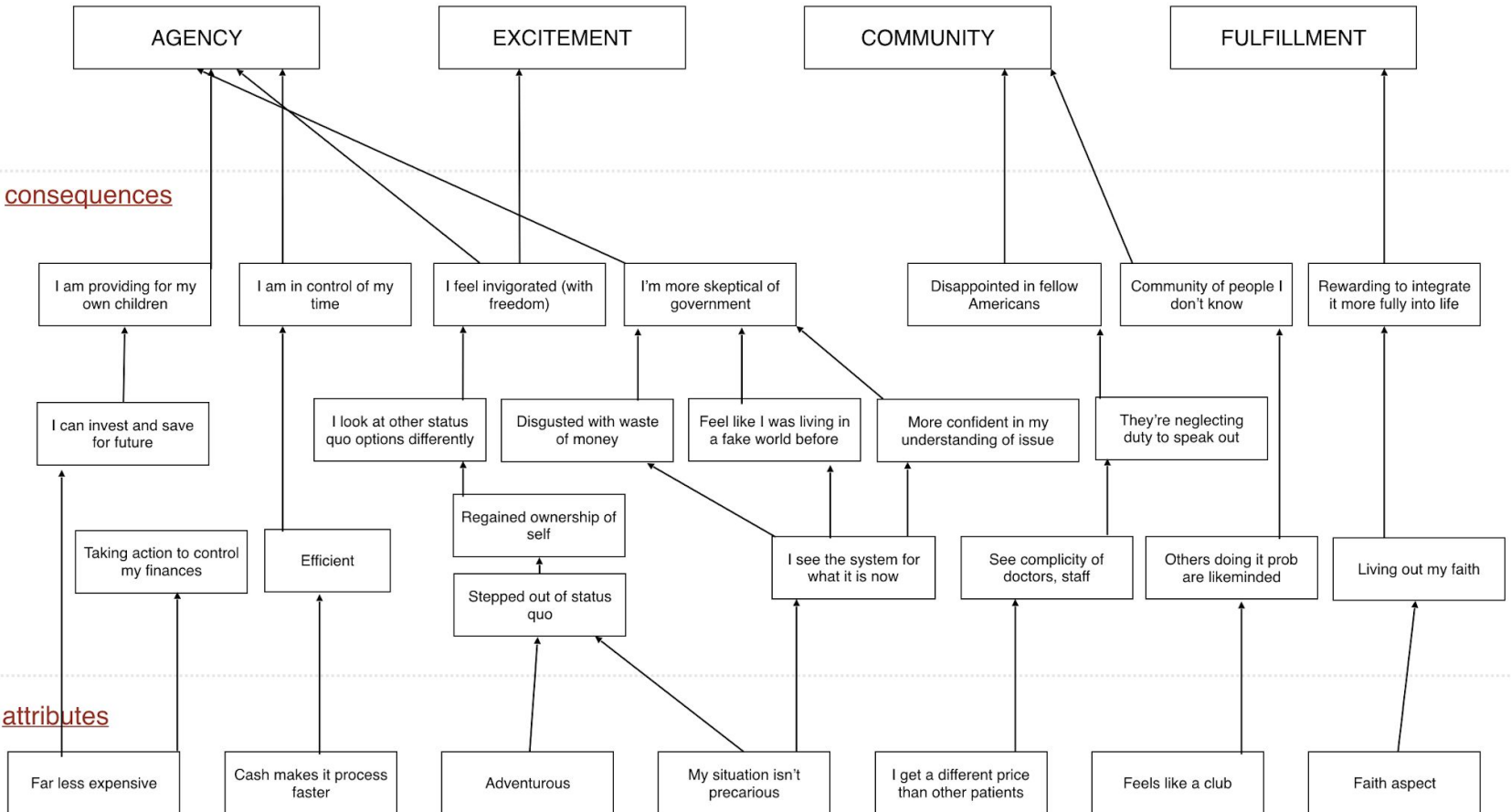
3. Opting-Out Health Care

"Why do you support Opting-Out of health care?"

values

consequences

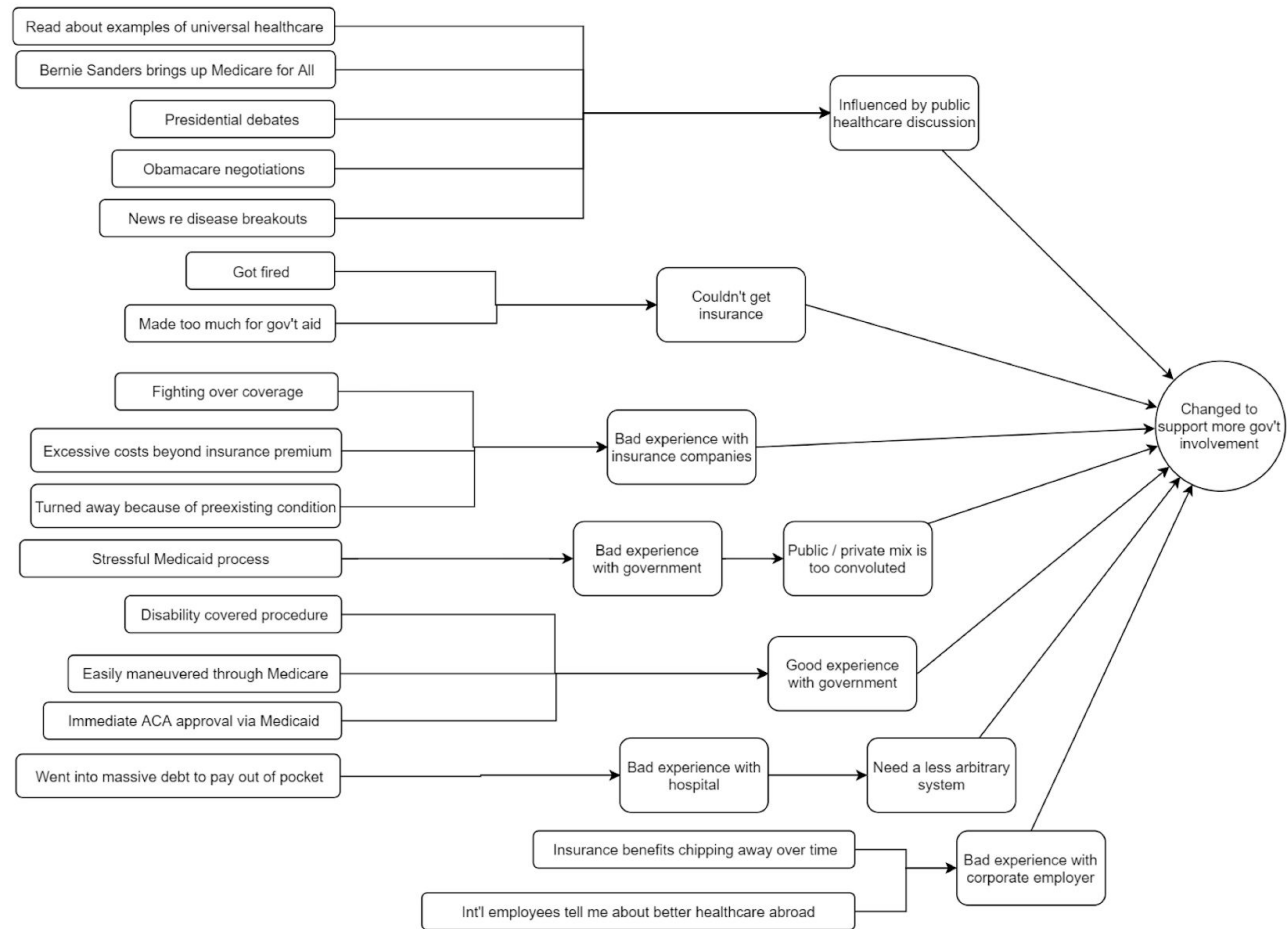
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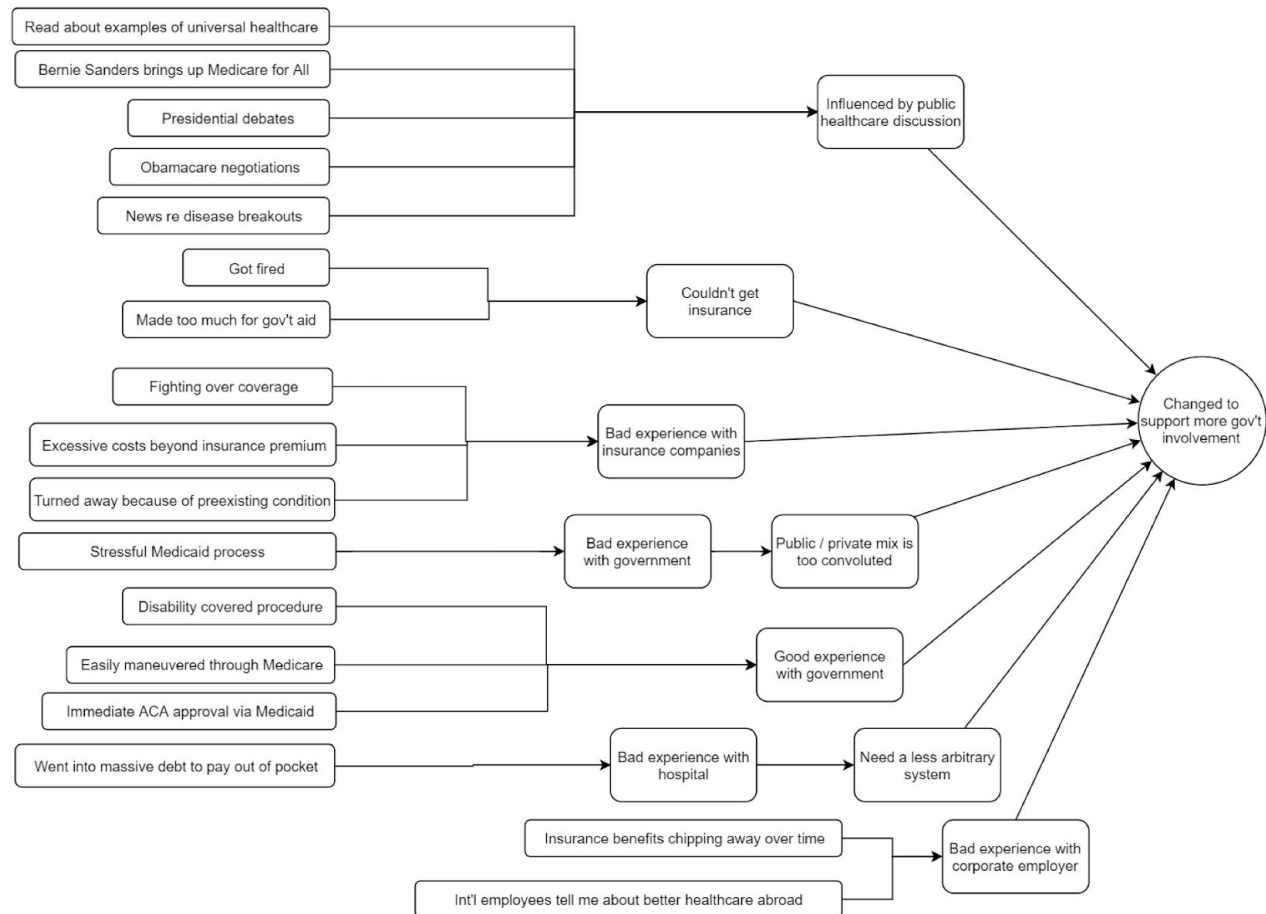
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STRATEGY

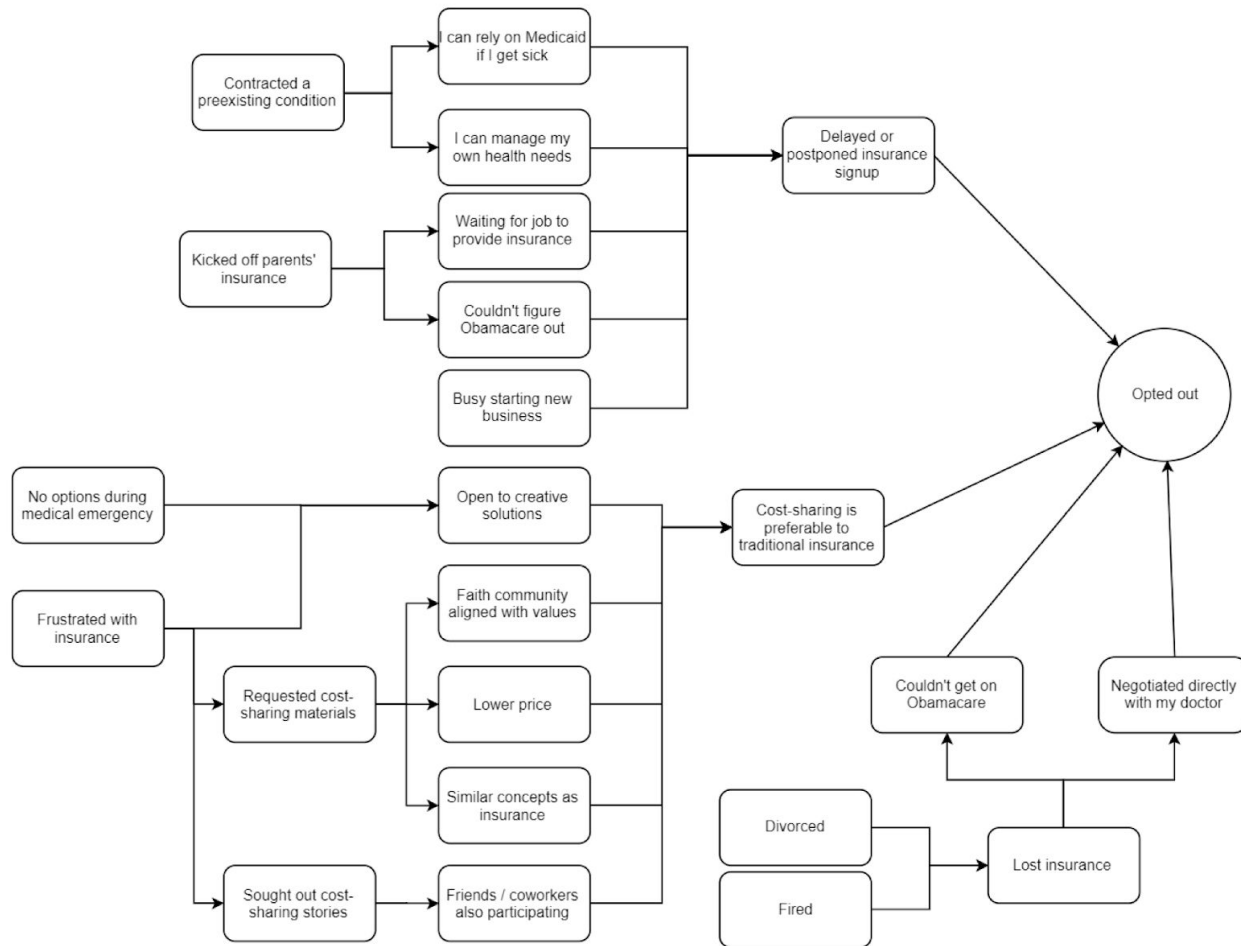
How: Modeling Interest in State-Involvement Healthcare



How: Modeling Interest in State-Involvement Healthcare



How: Modeling Interest in Opting Out



WHERE: THE SETTING & CONTEXT OF CHANGED OPINION ON HEALTH CARE

STATE-RUN CHAMPIONS

PUBLIC DISCUSSION

More than for other segments, a brief encounter with an authoritative source on television or in print was likely to change minds into believing that government-run health care is the ideal.

LOST ACCESS

The fallout after being rejected from obtaining insurance, whether by the private sector or the government, led some to reconsider whether the concept of insurance itself is broken.

TREATMENT DEBACLE

Enduring a negative personal experience with a hospital, insurance company, or even the government served as an impetus to seek a new, paternalistic (in the best way possible) system that might protect from this kind of harm.

GOVERNMENT SUCCESS

When some enjoyed a positive personal experience with a government-run arm of the healthcare system, the anecdote served to represent the potential for government to provide similar outcomes on a broad scale.

FREE MARKET CHAMPIONS

OBAMACARE FLOODGATES

Navigating the myriad changes to the healthcare system demanded from the Affordable Care Act turned many off—and in many ways—to the idea of government's role in healthcare.

FAMILY WORRIES

Older generations shared their experience with younger family members about the benefits of a healthcare system that tacks towards the free market.

EMPOWERMENT

Seeing oneself on a journey to claim responsibility in a world of complacency rather than leaving decisions to others convinced some that the free market would best foster and protect their individual drive

WHERE: THE SETTING & CONTEXT OF CHANGED OPINION ON HEALTH CARE

COMMUNITY

When others spoke about their participation in a PCP, it made the concept less distant and more real – and possible. They carefully followed the experience of others in their communities, and often contacted them for advice as they made the steps toward a decision.

PROCRASTINATION

When faced with the imposition of an environmental factor limiting their ability to procure insurance (but not removing it), some chose not to participate in the system and instead prioritized other aspects of their lives.

LOST ACCESS

Some who lost access to their existing insurance chose to opt out merely as the best of their worst options.

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OPPORTUNITIES

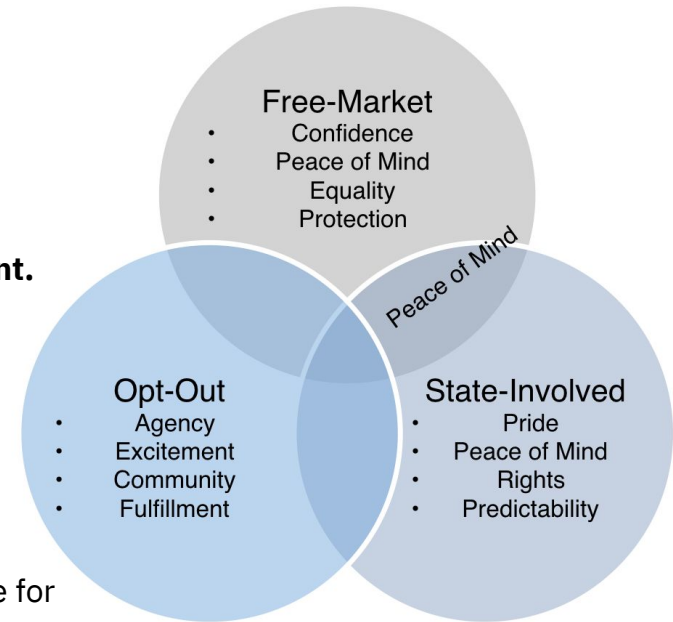
**How can we encourage voters to
evaluate their options on the basis of
"who cares *most* about my health?"**

To strengthen the attraction of free-market healthcare:

Opting Out of the DCP alternative provides a “product experience,” and reveals positive and energetic opportunities.

These values of the Opt-Outs provide a pathway for reform that is stronger and more positive than pathways provided by the other groups researched:

1. The need for **Peace of Mind** is eclipsed by the positive value of **Excitement**.
2. The need for **Confidence** and **Predictability** should be addressed and replaced by the positive value of **Agency** over choices and self.
3. The need for **Protection** is answered by **Community** of like-minded adventurers who replace the need to be approved by others (Pride).
4. The need for **Equality** and **Rights** is provided when PCP **Fulfills** the desire for integrating personal values (like Equality) into your life.



To weaken the attraction of state-run healthcare:

- Show the unpredictability of such a politically contentious system – that the insurance structures are likely to change and, as the system fails, the costs are also likely to be unpredictable.
- Use stories that show the American health care system is internationally respected will negate concerns about embarrassment.
- Show that greater discord between citizens has occurred under Obamacare.
- Focus on corruption in the new system.

DISCOURAGING THE SHIFT TO STATE-RUN HEALTH CARE

EVENTS

Public Discussion

- Encountering a success story of nationalized medicine from a candidate or on the news
- Reading about disease breakouts

Lost Access

- Losing insurance after getting laid off
- Making too much money to qualify for Medicaid
- Company cutting medical benefits

Treatment Debacle

- Fighting insurance companies over coverage or costs
- Navigating the stressful public/private hoops in Medicaid
- Getting into debt paying out-of-pocket for arbitrary costs

Government Success Stories

- Experiencing an efficient Medicare process
- Getting immediately approved for Obamacare
- Hearing from international employees about better healthcare

INTERVENTIONS

Intervention to discourage: Engage in storytelling our opt-out success stories -- closer to home, more vividly.

Intervention to discourage: Encourage round table discussions with employees and their HR managers to break the connection between what people perceive as our “free market” health care system and their lost access.

Intervention to discourage: Foster consumer empowerment with a portable handbook or app providing strategies and responses for patients caught up in regulatory red-tape fiascos.

Intervention to discourage: Provide messaging about how Obamacare has tightened hospital profit margins and is forcing hospitals increasingly to prioritize holders of commercial insurance over Medicaid and Medicare.

FREE MARKET: ENCOURAGING THE SHIFT TO LESS GOVERNMENT INVOLVEMENT

EVENTS

Obamacare Floodgates

- Dropped from existing insurance
- Trump dropped the ball on reform
- Complying with burdensome small business regulations and the mandate
- I witnessed unabashed political gamesmanship

Family Worries

- Older family members warned of nationalized health care pitfalls
- Witnessed immigrant family members return home for treatment

Empowerment

- I found the best insurance for me after shopping around
- I tried an alternative medical treatment and it worked

INTERVENTIONS

Intervention to encourage: Fight the complacency of those who haven't encountered a negative Obamacare experience; message that the status quo health care system doesn't merely perpetuate existing problems, but creates new ones along the way that may someday harm them personally.

Intervention to encourage: Recommend health care discussions at family holiday dinners where older generations can share stories of failed government intervention (especially for first-generation immigrant families arriving from socialist countries).

Intervention to encourage: For seniors and middle-aged populations, promote the theme of prevention in lieu of Medicare's over-medication / treating the symptoms philosophy; foster empowerment via "alternative" health trends, such as fasting, low-carb/hi-fat lifestyles, etc.

Connect with progressives who value natural remedies and alternative-medicine doctors; provide a list of natural procedures/treatments that fall outside the government system and thus would be ineligible for reimbursement.

OPTING OUT: ENCOURAGING MORE TO BUCK TRADITIONAL SOLUTIONS

EVENTS

Procrastination

- Getting kicked off parents' insurance
- Started a new business

Community

- A friend-in-faith shares a success story
- "About us" materials reveal a like-minded community
- Experienced an emergency without a traditional solution

Lost Access

- Couldn't find Obamacare plan after losing insurance
- Negotiated for care directly with my doctor after getting dropped

INTERVENTIONS

Intervention to encourage: Engage college seniors and recent graduates with quick and easy healthcare solutions that can be obtained outside the system, easing the feeling of dread and inevitability of having to get insurance.

Intervention to encourage: Distribute leaflets to churches and members of church groups and Bible studies extolling the faith-driven communities fostered in cost-sharing programs.

Intervention to encourage: Instill concept that going without insurance doesn't mean going without healthcare, with cost-comparison guides showing potential deep discounts for patients who pay cash upfront and forgo insurance.

NEXT STEPS

Phase 2 research will: (1) quantify how Republican, Independent, and Democratic opinions respond to messages, and; (2) identify target audiences within each market segment.

Each of the Opportunity Concepts will be refined after soliciting feedback from target audiences.

Final opportunity areas should be evaluated to ensure they meet the TPPF guardrails and research-identified principles.