



Health Care Reform Challenges

Insights from Focus Groups with Diverse Voters in Four States

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Background.

Betty & Smith and PerryUndem conducted eight focus groups with different kinds of voters to learn about their feelings toward health care costs and health reform.

This research is sponsored by the Robert Wood Johnson Foundation.

The goal is to better understand the barriers voters face to engaging in and actively supporting various policy ideas that could reduce consumer costs and improve the health system.

Methods.

The focus groups were held in December 2023 and early January 2024.

A total of 56 voters participated in the study.

Two groups were held with voters in each of these four states: MD, NJ, NM, and TX. (i.e., two groups with MD voters, two groups with NJ voters, etc.). These states represent different experiences with and openness to health reform ideas.

Within each state, one group was held with more progressive voters and another group was held with more conflicted (moderate and conservative-leaning) voters.

Five of the focus groups included a racial and ethnic mix of voters. Two groups were held just with Hispanic/Latino voters (in TX in Spanish and in NM in English), and one group was held with Black voters (in MD).

Snapshot.

1. These voters don't trust the positive economic indicators they hear about. Life is still not affordable for many.
2. Health care costs don't come up immediately anymore. There are other pain points now – housing and food, in particular. The exception are those with chronic health conditions or large medical debt – health care affordability is still top of mind for them.
3. They agree health care is not affordable and they blame insurance companies, pharmaceutical companies, and politicians for that. Increasingly, they are seeing system failure – they don't feel patients are at the center of the system anymore.
4. Greed came into clear focus in this study. Greed is what is behind high health care prices. Greed is the problem that needs to be fixed.
5. They cope by avoiding the health care system. They put off care regularly. They are responding to high costs by not engaging the system. It is how they show their disapproval.
6. If health care were made more affordable, most say they would get preventive care. It would unleash a pent-up demand for health care services. Others say they would spend the extra money meeting basic needs or on things like family vacations.
7. Those promoting health care policy solutions do not help themselves by calling them confusing names. Voters did not know what a “Public Option” is or what “Affordability Standards” mean or what a “Prescription Drug Affordability Board” could be. Other policy ideas are just as confusing.
8. Voters want simpler, clearer names for policy solutions. And they want descriptions of policies to speak directly to how the idea will reduce their costs.
9. A message that centers “greed” as the problem in health care is by far the most powerful we tested. Here it is:

“Healthcare costs are high because the healthcare industry sets the prices high. These prices are set by the executives at health insurance companies, big pharma drug companies, and private equity firms that own our local hospitals and clinics. They're putting profits over patients – it's time we demand they put the care back in healthcare.”
10. These voters are torn on whether health care reform is possible in the current political environment. Some feel a crisis needs to happen to get politicians to act. Others feel voter unity around specific policy ideas designed to lower costs could lead to action. Of note, most say they will consider health care in their 2024 vote.

Main Insights.

These voters don't feel the economy is improving.

While the wealthy may be doing fine, most believe average Americans like them are still struggling with high costs.

They say politicians don't get it – they don't understand what it is like for working families and don't really care. Politicians have lost touch in their view.

They also believe high prices are here to stay – and won't go down again.

Health care costs no longer come up immediately when voters talk about their top concerns.

Health care has fallen in the list of voter priorities. This is a change from the past.

Now it is food prices and housing that come up first.

A big struggle is the cumulative rise in costs – their incomes are not going up while everything else is.

The exception is those with chronic illness or medical debt. They still raise health care costs as a top concern first.

They know firsthand that health care costs – more than just about any other costs – can ruin you financially or make it hard to treat a serious illness.

**Where everyone agrees:
health care is just not
affordable for the average
person.**

Some with good health insurance or Medicaid say health care costs aren't so bad. But everyone else agrees health care is too expensive.

They criticize prescription drug costs and see them as a symbol of the out-of-whack health care pricing. But copays, ER bills, and deductibles also come up.

Most feel health care costs are also rising and will just keep going up.

Many feel like they are paying more for fewer or poorer quality services, and that it is going in the wrong direction.

We asked voters to imagine that health care was affordable...

Imagine health care was more affordable for you.
What would change for you?

- a. Being able to spend your money on other necessities like rent and groceries
- b. Being able to spend money on other priorities like family vacations
- c. Getting care you've been delaying or avoiding because of costs
- d. Staying on top of preventive care to stay healthy
- e. Fixing our broken healthcare system for future generations
- f. The healthcare system working for patients instead of against patients
- g. Being able to provide for your family and know you can afford the care they may need
- h. Something else

The most frequently chosen answer is “d” – staying on top of preventive health care. This is exactly the kind of care that voters are skipping right now due to high costs.

Then “a” and “b” are next – voters would be able to spend more money on meeting basic needs and on things like family vacations. These are the things voters are struggling with now or doing without.

And some select “f” – they would feel the health care system was actually working for patients rather than against them.

**Greed is the problem
with the health system –
they are clear on this.**

Insurance companies, pharmaceutical companies, venture capital companies, and politicians get the most blame for high health care costs.

But, the more participants talk, the more they blame every part of the health care system. It's a system failure rather than just one or two bad actors.

They feel government is the only institution capable of fixing the system, but they don't really believe policymakers have the will to do so.

Politicians are in league with big pharma and big insurance companies in their minds.

Their view is the patient is not at the center of the system – it is not about the patient anymore. Again, they are clear on this.

They respond by avoiding the system. It's deliberate. It's intentional.

They are focusing more than ever on managing their own health – through food, wellness strategies, etc. Using the system is only a last resort.

They will consider health care in their 2024 vote – but don't really believe things will change.

Most voters don't want to give up hope on health care reform. Costs are simply too high and something needs to be done.

For this reason, the majority say they will consider candidates' positions on health care issues in 2024.

But they don't think the government or politicians will do anything. "The corporations are in charge!"

There is also a larger feeling of impotence among voters that undercuts this issue. "As a voter, it feels hopeless."

Some think misinformation is a problem – e.g., candidates not being truthful with their positions and that's why things aren't happening when they get into office.

Ultimately, they feel it will take voters coming together to change things. There are no proxies – only voters can do this, and they are unsure if this can happen.

Policy Solutions.

Voters don't see any progress on health care reform or reducing costs. It reinforces their perception that politicians don't care.

Most can't think of any health reforms other than or since the Affordable Care Act, which some have mixed feelings about.

Recent policies – like caps on insulin prices and Medicare negotiating drug prices – are not known to most of these voters. “We need to be educated.” “How are we supposed to support these ideas if we don't know about them?”

There is no campaign educating the public about progress on health care reform or efforts to control prices – so they don't see it.

Instead, they see the health care system going in the wrong direction – becoming more expensive, more controlled by big corporations, and less focused on patients.

Some do talk about innovations outside of the traditional medical system – more people focusing on diet and nutrition, more CBO based efforts, more community farming, canning and preserving, etc.

We tested some current policy solutions with voters.

- ✓ Public Option
- ✓ Affordability Standards
- ✓ Prescription Drug Affordability Board
- ✓ Medicaid Forward (only in New Mexico)

Overall, we learned voters are unfamiliar with these ideas, don't understand or find the names misleading, and have lots of questions once we define them.

The names of these policies themselves often start voters leaning against them even before understanding them (i.e., does “public” means this is a government plan?).

There is potential for voter support for each of these ideas, but it will take better naming and descriptions – particularly showing how these policies will lower people's costs.

We are not talking about solutions in the most compelling way with voters!

“Public Option”

Most initially thought the name sounded like government health care (a negative for many), but a few felt it meant they would have more “options” in health plans (which was positive). Ultimately, their feelings were mixed on this idea. While they liked having more affordable health care options, this did not seem like a particularly new idea, and some confused it with Medicaid. The name “public option” seemed to lead them to the Medicaid comparison. There was also an impression this would be lower quality health care (“public” again) while others did not see how this would benefit them or reduce their costs.

Definition they read:

A “public option” would create a government-administered, comprehensive, and affordable health plan that anyone can choose to buy into. Private health plans would continue to exist, but people could choose between a government plan or an existing private health plan.

Doesn't sound new.

I like having more choices.

Isn't that Medicaid? Or the ACA?

This scares me – I am trying to get the government out of my life.

Sounds lower quality – but probably lower cost too.

What is a better name for this?

Basic Health Plan / Basic Health Insurance Option

STATE NAME Health Plan

Consumer Choice Health Plan

This tells me it's for me... from my state.

“Affordability Standards”

One voter said, “this sounds like a cap on things” and another said, “someone is monitoring prices.” The word “standards” was not popular with voters – it seemed too weak, too passive. In the end, after discussion, many still do not understand how this would work, distrust of policymakers setting fair prices undercut support, and many questioned if it would truly reduce costs. While many supported the idea of caps on prices, it was unclear if this idea would do that or could be implemented.

Definition they read:

This policy creates a clearly defined baseline for what affordable health insurance means. It is determined state-by-state and factors in household income, premiums, deductible and other out-of-pocket costs people pay.

This idea will enable policymakers to determine if health insurance offered in the state is actually affordable or not, which could lead to new policies that could reduce insurance costs.

Unclear how this will work or reduce costs.

I like they are considering people’s income.

I don’t trust policymakers and don’t think they have our best interests at heart.

I think we are turning over all our rights to these policymakers.

We don’t understand the loopholes that policymaker are going to use.

What is a better name for this?

Affordable Healthcare Baseline

Affordable Care Measure

Affordable Care Cost Limit

This is best... to the point... most accurate... “measure” is better than “standards,” you can actually “measure” things.

“Prescription Drug Affordability Board”

Definition they read:

This policy creates a team of state-appointed healthcare experts and other stakeholders who come together to address the rising costs of prescription drugs. They have the authority to review prices and, depending on the state, to set upper limits or caps on what drug companies can charge patients in the state, negotiate directly with drug companies, promote transparency, and make sure patients are able to afford the drugs they are prescribed.

“Sounds like a board setting prices for drugs.” Another said, “I think of a boardroom.” The word “board” is distracting and potentially negative because voters (particularly those of color) don’t have experience sitting on boards – and so assumed patients would be missing. Yet this idea has potential support – they want something done about drug prices.

I don’t see the benefit to everyone. Will it be a price limit on ALL medications?

Who are “other stakeholders”?

In theory parts are good... but too much left to the unknown. Who is making these negotiations with the health care company?

Who is at the head of this table?

I think we need this kind of board, but skeptical that it will be done correctly.

But why haven’t they done this already?

What is a better name for this?

Prescription Drug Cost Review

Prescription Drug Pricing Authority

Prescription Drug Cost Control Board

This is a more neutral name... it fits better... it explains what the board is... sounds like what it is – being in control of costs. “Board” still a negative for some.

“Medicaid Forward” (only tested in NM)

Definition they read:

This is a proposal that would mean all people under age 65 could get health coverage through Medicaid (those 65 and older can get Medicare). Premiums and out-of-pocket costs would be on a sliding scale, and no family's combined out-of-pockets would be over 5% of their combined income. Any large employers whose workers enroll in the program would have to contribute to it



“Just sounds like Medicaid” said one voter. The name did not really suggest this was a new policy or idea, and that takes away potential support. In the end, voters’ views on Medicaid influenced how they reacted to the name and policy – some liked it (“sliding scale” and the 5% cap were popular) and others did not, worried about how it would be funded and about abuse.

Sounds like Medicaid now.

How is it going to be funded?

I like the 5% cap.

Seems like they are weaning you off Medicaid.

Another government program that always gets messed up.

In theory looks good, but doesn't really work.

I guess it is the same as a national health plan or Medicare for All.

What is a better name for this?

New Mexico Health Plan

New Mexico Basic Health Plan

NM Sliding Scale Health Plan



This will get people's attention... seems like it is for more people, not just people who get Medicaid.

**Voters have a clear idea
of the role of government
they want in health care.**

They want the government to offer stronger oversight, monitoring, curbing bad actors, perhaps capping high costs.

But government-run or sponsored health insurance is seen as lower quality and not for everyone.

There is also a wariness of expansions of government-run programs – funding questions come up.

But government as a watchdog and a price monitor is appealing. They want a counter-balance to the unchecked greed of big health care.

Messages.

**We asked voters why
health care reform
matters...**

“Too many people are making decisions based on costs right now.”

“I feel like something has to give.”

“It’s too expensive across the board.”

“We need to be more educated.”

“You need the right leader.”

“It will take all of us coming together.”

“We can’t let the system be driven by money.”

“We are an aging population.”

“We can’t escape the need for it... it just needs to be made more affordable.”

We tested a variety of messages – but one about greed stood out as more powerful than others.

GREED/PRICES

Healthcare costs are high because the healthcare industry sets the prices high. These prices are set by the executives at health insurance companies, big pharma drug companies, and private equity firms that own our local hospitals and clinics. They're putting profits over patients – it's time we demand they put the care back in healthcare.



Why it works...

This message is uncomplicated and goes right to where votes are currently.

It names the “villains.”

It pinpoints the real problem they see with health care – that it is driven by greed.

It calls out that profits are more important than patients in this system. They strongly agree with this.

Results of message testing – top messages:*

	# of Votes as Best Reason to Support Health Reform
GREED/PRICES: Healthcare costs are high because the healthcare industry sets the prices high. These prices are set by the executives at health insurance companies, big pharma drug companies, and private equity firms that own our local hospitals and clinics. They're putting profits over patients – it's time we demand they put the care back in healthcare.	11 Round 2 19 Round 1
PEACE OF MIND: Too many of us are living day to day – gambling that we'll get sick or injured leaving us in a pile of medical bills or worse. It's like we're one big medical event away from financial disaster. No one should live with this kind of fear and insecurity. Having affordable health care for everyone gives us all the peace of mind knowing that if something happens, we're protected from financial ruin.	7 Round 2 10 Round 1
INFLATION: The cost of living in the US is spinning out of control. Groceries, gas and rent are higher than ever. Month after month, inflation is taking its toll. But nothing has the power to bankrupt American families overnight like an accident or injury and the bill that comes with it.	7 Only tested in Round 2
HEALTHCARE FREEDOM: We all deserve the freedoms we were promised in this country – life, liberty, and the pursuit of happiness. At the core of a happy, free life is a healthy one. Health care is a right - everyone, no matter no matter their race, ethnicity, or class – deserves quality, affordable health care.	6 Round 2 5 Round 1

* We had two rounds of four focus groups. We added new messages – and dropped a few messages that did not test well – in Round 2.

Less successful messages on health reform.

	<i># of Votes as Best Reason to Support Health Reform</i>
COST TOO MUCH/STIFLES OPPORTUNITY: In a country with the best healthcare in the world, millions of people in the US live sicker and die younger because they can't afford the care they need. It just costs too much at every turn – hospital bills, co-pays at the doctor's office, prescription drugs, insurance premiums and deductibles. When people don't get the care they need, it does more than affect their health. It blocks opportunity for individuals and families and stifles the economy.	12 Only tested in Round 1
HEALTHCARE INFLATION: At a time when gas and grocery bills are sky high, the biggest thing that breaks a family budget is the cost of healthcare. And healthcare costs seem to keep skyrocketing. We need to stop this trajectory and give Americans the best chance at a good, healthy life, without forcing them into debt or worse.	4 Round 2 7 Round 1
VALUES: Without our health, we have nothing. No matter who we are or how much money we have, every American has a right to affordable, high-quality healthcare. But as costs for even basic healthcare services and common prescription drugs continue to rise, more and more of us are unable to get the care we need to be healthy and well. America's healthcare system has lost its humanity – and keeps putting profits over people.	7 Only tested in Round 1
HUMANITY: Healthcare is run as a business that puts profits before patients. Industry CEOs are raising prices and leaving us without any good, affordable options. The government needs to protect us from these predatory practices – and defend American families.	3 Round 2 7 Round 1
UNITY: It seems nearly everyone in the US has trouble affording the healthcare they need. For people without health insurance, even basic care can be too expensive. But even those with “good” insurance, premiums and deductibles make care healthcare out of reach. If we're all paying too much, we must stand together and demand change.	7 Only tested in Round 1

In the final few focus groups, we tested two messages designed to push voters past their cynicism and engage in efforts to reform the system.

GOOD HEALTH COSTS LESS

We've had our current system for so long, it can be hard to imagine a system where everyone can afford to get the preventive healthcare they need. If we pass policies that make this possible, the system will be less burdened by the high costs that often result from emergency care and late-stage diagnoses of illnesses and conditions that could have been caught and treated earlier for less.

CONSUMER COMPETITION

We should be choosing policies that work for the American public. Health care is run as a business, so it's time we use our power as consumers to vote for policies and candidates that encourage more competition in the system, so that insurance company CEOs and Big Pharma executives respond to public demand.

It was unclear that either message was successful. Many voters remained discouraged that the system can really be fixed.

Many like the idea of consumer power in the second message but just don't believe politicians will put their (patients') interests over money/greed.

The second message also gets voters thinking about what they can do to manage their own health outside of the health system. That is where they feel they have the most power right now.

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