



# **A LEXICON FOR CHILDREN'S HEALTH:** Making Children a Priority in Health Reform

October, 2009

1110 Vermont Avenue, NW  
Suite 900  
Washington, DC 20005



**FIRST FOCUS**

*MAKING CHILDREN & FAMILIES THE PRIORITY*

# A LEXICON FOR CHILDREN'S HEALTH:

## Making Children a Priority in Health Reform

### TABLE OF CONTENTS

<b>Introduction</b>	<b>2</b>
---------------------	----------

<b>Topline Summary</b>	<b>3</b>
------------------------	----------

<b>Effective Messages to Protect Children in Health Reform</b>	<b>5</b>
--	----------

The Persuasive Argument: Use Longer Messages to Win them Over

The Pushback: Opposition Messages that Undermine Covering All Children

To Be Successful, Appeal to a Person's Values

Facts that Move Public Opinion

Dos and Don'ts

## INTRODUCTION

This document is the result of comprehensive public opinion research aimed at identifying the best language and arguments to use when communicating the needs of children in health reform. This project was commissioned by **First Focus**, a bipartisan children’s advocacy organization, through the generous support of the **Robert Wood Johnson Foundation**.

Our research included the following qualitative and quantitative components:

- (1) *Las Vegas, Nevada Focus Groups*. The two groups in Las Vegas, NV were held on June 4, 2009 and consisted of individuals identified as “grassroots leaders.” One focus group was made up of white women and the other was comprised of African American and Latino men and women.
- (2) *Augusta, Maine Focus Groups*. The two groups in Augusta, ME were held on June 8, 2009 and consisted of individuals identified as “grassroots leaders.” One group was comprised of white seniors and the other was solely made up of white men.
- (3) *Washington, DC Focus Groups*. Two groups in Washington, DC were held on June 11, 2009 and consisted of individuals identified as “opinion leaders.” One group was comprised of men and the other of women opinion leaders.
- (4) *Nationwide telephone survey*. Lake Research Partners designed and administered this telephone survey, which was conducted by professional interviewers. The survey reached a total of 1,000 registered voters nationwide. The survey was conducted July 26-29, 2009. Telephone numbers were drawn from a random digit dialing (RDD) sample. Data were weighted slightly by gender, region, race, age, and party identification to reflect the attributes of this universe. The margin of error for the survey is +/- 3.1%.

The focus groups and the national survey were conducted by **Lake Research Partners**. This process allowed us to conduct qualitative research into the words, phrases, and messages that are most effective at convincing Americans that children must be made a priority in the debate over reforming our nation’s health system. The quantitative research allowed us to test these words, phrases, and messages with a national audience. Together, we have identified best messages and language to use with politicians and the general public in this effort.

## TOPLINE SUMMARY

### BASES OF SUPPORT

- Voters say it is personally important to ensure that all children in America have health care coverage. Supporters with the most intensity are voters without health care coverage, voters on Medicaid, and African American voters, especially African American women and younger African Americans. In addition, those with a personal interest in covering all children are largely Democrats, especially Democratic women, younger women, mothers, voters ages 40 to 49, Northeastern women, unmarried women, younger Western voters, college-educated women, and divorced voters.
- Voters strongly support the notion of ensuring that all children have health care coverage. However, voters are sensitive to tax increases. Overall, there is a 20 point drop in support when increasing taxes is introduced. Women are particularly sensitive to tax increases, with a 31 point drop.

### THE CONTEXT

- Voters do not want to see children worse off as a result of health care reform. In fact, two-thirds of voters favor an effort to maintain existing levels of coverage. Additionally, voters prove most supportive of ensuring health care reform provides all children with access to benefits that meet their developmental needs and enrolling children who are eligible for coverage.
- In the context of health reform, controlling costs tends to be a top priority for voters. When thinking about the goals of reform, voters prioritize controlling costs. Additionally, if reform is incremental, voters say Congress should first address controlling costs.
- When controlling costs is juxtaposed against covering all children, covering children proves competitive to cost, but does not beat it. However, voters do believe that covering children is one way to control costs in the long-run

## THE CHOICES

- Voters are reluctant to eliminate or phase out the Children’s Health Insurance Program (CHIP) unless children will receive comparable coverage. Without any information on legislative health proposals, voters oppose eliminating CHIP. Opposition increases when voters learn that insurance for children may be more costly and provide fewer benefits. Voters are slightly more supportive of the elimination of CHIP if they are assured that benefits will be comparable to current levels, but intensity is low.
- The electorate is willing to punish a candidate for an unfavorable position on children’s health care – be it reducing the level of coverage or eliminating/phasing out CHIP.

## MESSAGES

- Voters find messages about preventative costs to be persuasive.
- Framing children’s health care relative to the economy is convincing when statistics about parents delaying medical care and relying on emergency care are included.
  - Generic statements about the current economy and children who are uninsured are less convincing with voters.
- Equally persuasive are messages that emphasize the unique health issues faced by children. Explaining that children cannot be treated as “little adults” is an effective way to convey this point.
  - However, a similar message around “one size fits all” health care reform is one of the least convincing.
- A message of “protecting public health insurance for working families” works slightly better than messages about our “moral obligation” to invest in health care for all children.
  - However, both enjoy a large advantage over opposition messages that emphasize limiting the role of government and federal spending.

## EFFECTIVE MESSAGES TO PROTECT CHILDREN IN HEALTH REFORM

## THE PERSUASIVE ARGUMENT: LONGER MESSAGES THAT WIN VOTERS OVER

Use the following messages to effectively convey your point in speeches, OpEds, Letters to the Editor, action alerts, letters to Members of Congress, and anywhere else where a longer argument will prove persuasive.

### 1. Talk about preventative costs.

Voters find messages about preventative costs to be persuasive – in particular, that the costs of prevention are less than the costs of illnesses. Talking about “covering kids from head to toe” does not increase or decrease the effectiveness of the statement.

- ➔ Preventative cost messages are compelling across gender and across party lines, though Independents and Democrats respond with greater intensity than Republicans.
- ➔ It is also effective among voters who say that the first priority for Congress should be controlling costs if health care reform has to be incremental.

#### Language that works:

We all win when children get the care they need. When an asthmatic child can get regular treatment, she is less likely to need emergency room care for an attack. That helps to keep her in school and her parents at work, and it helps taxpayers avoid the high cost of emergency care. The health and care of infants and children have a direct impact on future health care costs. The costs of prevention are far lower than the costs of illnesses.

- ➔ Even voters who say Congress should prioritize controlling costs if reform has to be incremental find a preventative costs message influential.

## STATEMENTS THAT MAKE THE CASE:

The most effective statements around children’s health care emphasize that every child deserves quality health care and that every child has a right to quality care.

- ✓ Every child deserves quality health care coverage
- ✓ Every child has the right to quality health care coverage

Other top-tier statements include:

- ✓ Children are not little adults and they have their own unique health care needs
- ✓ Children have their own unique health care needs that must be specifically addressed
- ✓ All children should be provided comprehensive, age-appropriate health insurance
- ✓ We have a moral obligation to ensure all children get the health care they need
- ✓ We have a responsibility to ensure all children get the health care they need

In a second tier, though still highly effective, are messages that emphasize health care for children as a long-term investment

- ✓ Investments in health care now reap benefits that will last a lifetime
- ✓ Providing more children with health care coverage will create overall cost savings in the health care system

Other second-tier statements stress universal coverage that meets children’s health needs:

- ✓ All children should be provided health insurance that covers them from head to toe
- ✓ A national health insurance program should cover all children (or, A national health insurance program should cover all children, including legal immigrant children)

*A message of “Pay Now or Pay Later” is convincing to voters, with just under half of voters saying this message is very convincing. It works across party and gender.*

### **Language that works:**

As a country we should be doing everything to ensure that we have the healthiest children in the world. All American children need access to comprehensive services so that they get the best health care coverage regardless of whether they get it through Medicaid, CHIP or a private health insurance provider. Preventative health care efforts now will save money in the long run and help make sure our kids grow up to be healthy adults.

## **2. Talk about the economy, stupid!**

Framing children’s health care relative to the economy is especially successful when statistics are introduced to provide context. For example, messages with information about low-income parents delaying medical care and frequent reliance on emergency care are particularly helpful.

- ➔ These facts make the economy about health and cost consequence, which is more compelling than straightforward messages about economy and access.
- ➔ It works with men and women, Democrats, Republicans, and Independents
- ➔ A more generic statement about the current economy and children who are uninsured is less compelling to voters.

### **Language that works:**

There are still many children whose parents cannot afford health insurance, and this has only been made worse during the current economy. In a recent survey, one in ten parents – and one in five low income parents – reported having delayed taking their children for a routine medical check-up, to the dentist, or delayed taking a child to a medical specialist for a specific treatment because of the recession. Uninsured low income children are also four times as likely to rely on an emergency department or have no regular source of care.

### **MESSAGING TIPS:**

- ✓ Voters who say that ensuring all children have health care is less important to them personally respond strongly to statements about children having unique health care needs.
- ✓ The majority of voters who solidly oppose ensuring all children have health care coverage also strongly agree that children are not little adults and have unique health care needs.

### 3. Emphasize that children have unique health care needs.

Messaging around the “unique health care needs” of children resonates with the electorate.

- ➔ Women and men prove similar in their belief that “children are not little adults” and have their own unique health care needs.

#### Language that works:

Children face unique health issues and can't be treated as “little adults” in the health care community. All children should have the comprehensive benefits and child-focused coverage standards available through Medicaid. Both public and private insurance options should promote the coverage features that matter most for children: access to primary and specialty care, high quality care, dependable care that can be counted on, and fair payments that let families actually use the coverage they have.

### 4. Stress working families.

Voters respond strongly to an argument about how working families – who are already struggling with basic expenses – cannot afford the high costs of health care.

#### Language that works:

Too many working families cannot afford health insurance for their children. Even when both parents work, the high costs of health care are often too much for families struggling to pay for other basic expenses, like food and rent. Protecting public health insurance for children is critical to helping working families and keeping children healthy.

#### MESSAGING TIPS:

- ✓ **Remind individuals that children need access to comprehensive health care services:**

All children today need access to comprehensive health care services. Together, Medicaid and CHIP have helped millions of children get this care. We still have a ways to go and should be working to maintain this forward momentum in covering children and providing them with all the services they need.

- ✓ **Connect children's health care to success in school and life:**

Investing in children's health care puts our nation's young people on the path to success in school and later in life.

- ✓ **Point out the facts:**

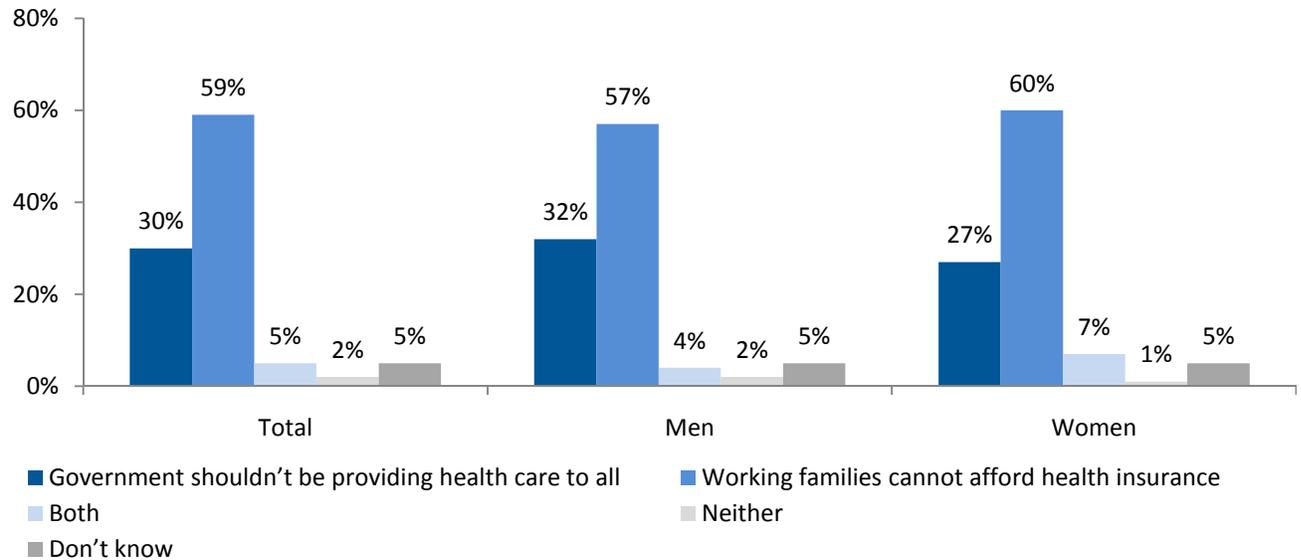
Studies have shown that children's health status when beginning school predicted third grade achievement scores: children in poor general health had significantly lower achievement scores than children in good general health. The earlier we can close the achievement gap among students, the more successful and healthy the next generation will be in the future.

- ✓ **When talking about health reform, the voters understand that we must ensure children are not left worse off:**

All children should have comprehensive benefits and child-focused coverage. We have come very far for children over the past quarter century, helping cover millions of American children. Health reform now offers an opportunity to finish the job for our kids, but the first challenge is to ensure that children are not worse off under a reform plan than they are today. For children, health reform must follow one simple principle: Fix what's broken and build on what works.

- ✓ **Avoid the “one size does not fit all” analogy, as voters and focus group participants found this message less powerful and less effective.**

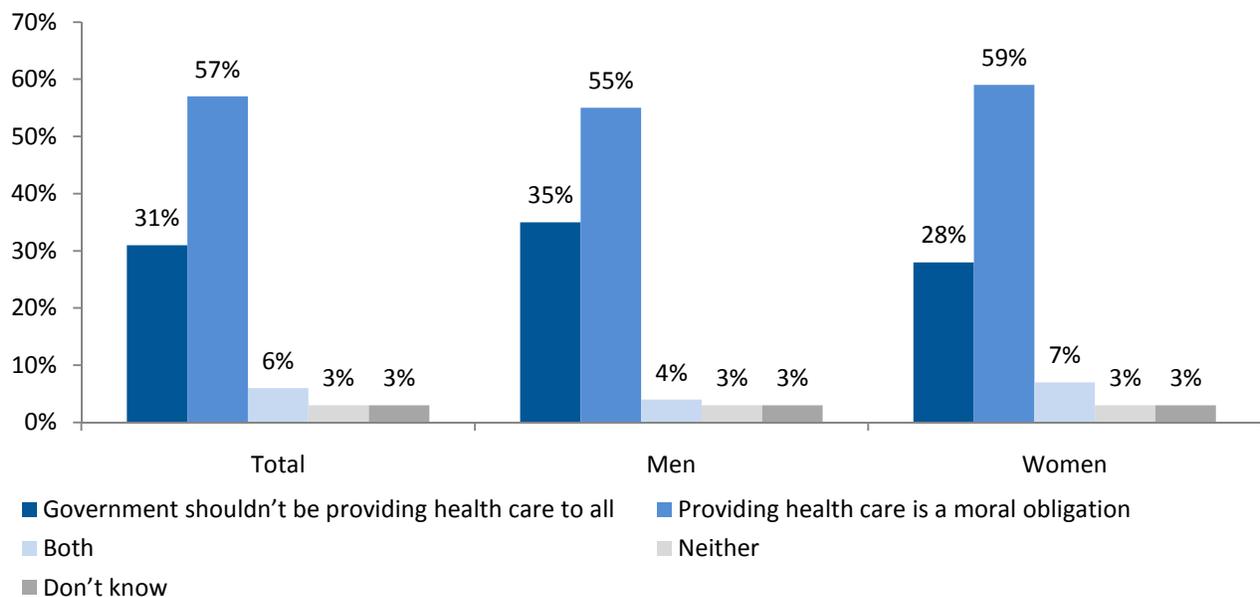
Men are more likely than women to agree that the government should not be in the business of providing health care to everyone. However the majority of male voters still favor protecting health insurance for children as a way to help working families and keep children healthy.



## 5. A "Moral Obligation."

Language about our moral obligation to provide children health insurance is similarly compelling against the argument that universal health care is beyond the role of government.

- ➔ However, the "working families" message works slightly better.
- ➔ Again, men prove more responsive than women to the argument about limiting the role of government, but voters still agree that providing health care for children being a moral obligation by a significant margin.



**A NOTE ON:****ADDRESSING COVERAGE FOR LEGAL IMMIGRANT CHILDREN**

**Background:** The recently enacted Children’s Health Insurance Program Reauthorization Act (CHIPRA) ended the five-year waiting period for legal immigrant children and pregnant women. However, various health reform proposals may reverse this policy, meaning that this vulnerable population may briefly have health coverage only to lose it again.

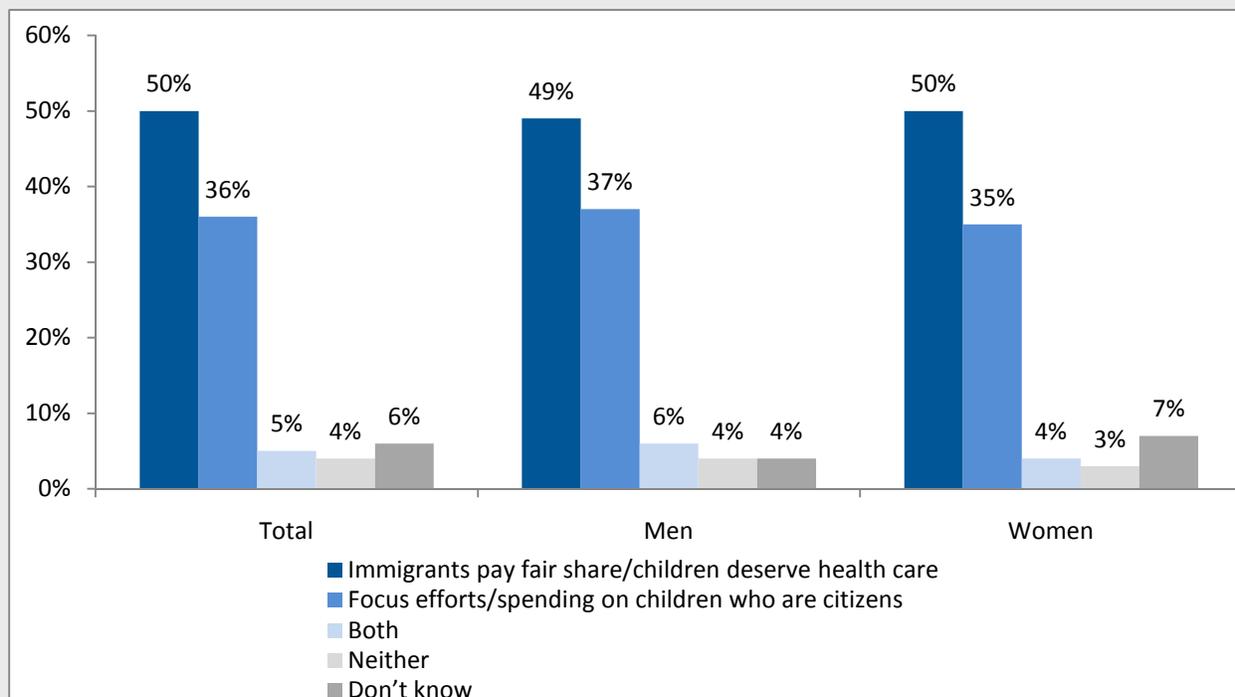
This is a particularly sensitive issue with the American electorate. Voters, in particular certain subgroups of men, express concern about how ensuring coverage for all children could lead to more undocumented immigrants in the United States.

However, when the statement in favor of covering all children includes language about immigrants paying their fair share for health care, voters overall support offering immigrant children the same affordable health care as other children.

**Language that works:**

America has always been a nation where children can get health care regardless of where their parents were born. As long as immigrants pay their fair share for health care, their children deserve the same affordable health care as other children. All children deserve an opportunity to become healthy, productive citizens.

About half of voters, including men, say that as long as immigrants pay their fair share for health care, their children deserve the same affordable care as other children.



## THE PUSHBACK:

### OPPOSITION MESSAGES THAT UNDERMINE COVERING ALL CHILDREN

In focus groups, opposition messaging around parental responsibility and limiting the role of government had traction with voters.

#### THE PUSHBACK:

#### Parental Responsibility

We already have programs – like CHIP – to provide health care to children. If children are not covered today, it is the responsibility of parents not the government. We should not be relying on the government to replace parents or to take over responsibility from parents. Instead, the goal should be to restore choice and responsibility to parents and help unite families' coverage under one private plan, not spread their coverage throughout a hodgepodge that increases dependency on the government.

“What concerns me is that the children are covered, but yet they are not enrolled. And obviously, six year olds are not going to enroll themselves. The parents have to enroll them and why aren't their parents enrolling them?”

– White senior male, Augusta, ME

“I mean if they are aware that it exists and they choose not to do that or anything about it, that's their responsibility and not the government.”

– White female, Las Vegas, NV

“I think there is a dual sense of responsibility. Unfortunately, I think that part of the problem is that it is being left up to parents, and a lot of times, for a lot of different reasons, parents...don't always make the wisest and best decisions. So we don't necessarily want somebody to step in and say you must, but you know I would at least want you know some guideposts there...”

– Male opinion leader, Washington,

Focus group participants expect parents to assume responsibility for their children's health care. However, some participants say there is also some role for the government.

#### THE PUSHBACK:

#### Government Expansion

Health care reform efforts are part of a broader plan to expand government-run health care. Current health care proposals also directly undermine the historic accomplishments of the 1990s welfare reform, which was designed to get Americans off of dependence on government run programs. Indeed, expanding the private health insurance pool and spreading risk over a larger population would help to stabilize health insurance premiums and slow the growth in health care costs. Additionally, we don't want government running the health care system.

## TO BE SUCCESSFUL, APPEAL TO A PERSON'S VALUES.

Health insurance for children is seen as both a moral obligation and a way to help working families. And, as long as immigrants pay their fair share, the electorate supports covering all children, including legal immigrant children.

### Language that works:

Providing health insurance for children is a moral obligation. As a society, we should be working to ensure that all children in this country have the health care they need to both grow and learn. This generation of children can be the smartest, healthiest, and strongest generation yet, but, to get there, we must invest in health care for all children.

## FACTS THAT MOVE PUBLIC OPINION

Voters respond to statistics about children who rely on emergency departments or who have no regular source of care.

*Facts about the high costs associated with emergency care are also effective.*

*"Uninsured low income children are four times as likely to rely on an emergency department or have no regular source of care."*

Mental health statistics prove especially compelling.

*"Despite the prevalence of mental disorders in the nation's children, 79 percent of children aged 6 to 17 with mental disorders do not receive mental health care."*

### MOST EFFECTIVE VALUES:

#### ✓ Children as the Next Generation

*"We have an obligation to the next generation"*

*"This generation of children can be the smartest, healthiest, and strongest generation yet, but to get there we must invest in health care for all children."*

Many think of "future" and "the next generation" as the same value.

#### ✓ Moral Obligation

Voters see caring for the innocent and vulnerable as an obligation.

*"Society has a moral obligation to take care of its children."*

*"Children can't speak for themselves. As a society, it's a moral obligation to take care of them."*

*"We have a moral obligation to ensure all children get the health care they need."*

### OTHER VALUES THAT WORK:

#### ✓ Responsibility

#### ✓ Families

#### ✓ Cost Savings

**\*\* As values, "Do No Harm" and "Priorities" are less effective.**

## DOs AND DON'Ts

### Do

- ✓ Do talk about health insurance for all children as a responsibility.
- ✓ Do underscore that children **deserve** health insurance.
- ✓ Do talk about comprehensive, age-appropriate health insurance that covers children from head to toe.
- ✓ Do talk about how children need regular doctor visits and early prevention and screening covered as a part of their health insurance to meet their developmental needs.
- ✓ Do talk about the possibility that children may actually be worse off under health care reform.
- ✓ Do remind the public about the importance of ensuring that all children are provided coverage as part of health care reform.
- ✓ Do remind the public that children have unique health care needs and are not little adults.
- ✓ Do emphasize how providing children health insurance helps working families, especially in a tough economic climate.
- ✓ Do use facts and numbers when connecting children's health insurance to the economy, especially around delaying care or using the emergency room.
- ✓ Do emphasize that the costs of prevention are far less than the costs of illnesses and that investing in children's health care is one way to control costs in the long-run.
- ✓ Do discuss providing children with health insurance now as investments that reap benefits that will last a lifetime.
- ✓ Do integrate legal immigrant children into the health care discussion by talking about immigrants who pay their fair share.

### Don't

- ✗ Do not talk about health insurance for children as "creating overall cost savings in the health care system."
- ✗ Do not advocate a message of "do no harm" to children's coverage in health reform. Arguing that "children must not be left worse off under health reform" is more effective with the American public.
- ✗ Do not frame children's health care relative to questions about parental responsibility and the role of government to provide a safety net – rather talk about society, as a whole, having a responsibility.
- ✗ Do not entangle coverage of legal immigrant children into the debate about immigration.
- ✗ Do not talk about health insurance for all children, including legal immigrants, as a "right," or a "moral obligation." Instead, talk about legal immigrant families who "pay their fair share."
- ✗ Do not use the phrase "one size does not fit all."
- ✗ Do not talk about the future being better for children, since voters currently do not buy into this mindset.

## DEFINITIONS OF RESPONDENT SUB-GROUPS

### GENDER/AGE

- **Men <50**  
Male respondents under 50.
- **Women <50**  
Female respondents under 50.
- **Men 50+**  
Male respondents 50 or older.
- **Women 50+**  
Female respondents 50 or older.

### EDUCATION

- **EDUCATION H.S./Less**  
Respondents who have a high school degree or less education.
- **Post H.S.**  
Respondents who have additional education beyond high school but no college education.
- **Non-college grad**  
All respondents who have not graduated from college.
- **College graduate +**  
Respondents who have graduated from college or who have postgraduate degrees.
- **4-year college grad**  
Respondents who have graduated from college.
- **Post-graduate**  
Respondents who have post-graduate degrees.

### REGION

- **New England**  
Respondents who live in Maine, New Hampshire, Vermont, Massachusetts, Rhode Island or Connecticut.
- **Mid Atlantic**  
Respondents who live in New York, New Jersey or Pennsylvania.
- **East South Central**  
Respondents who live in Tennessee, Alabama, Mississippi, or Kentucky. West South Central:  
Respondents who live in Arkansas, Louisiana, Oklahoma, or Texas.
- **South Atlantic**  
Respondents who live in Delaware, Maryland, District of Columbia, West Virginia, North Carolina, South Carolina, Georgia, Virginia or Florida.

- **East North Central**  
Respondents who live in Michigan, Illinois, Indiana, Wisconsin, or Ohio.
- **West North Central**  
Respondents who live in Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, or Kansas.
- **Mountain**  
Respondents who live in Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah or Nevada.
- **Pacific**  
Respondents who live in California, Oregon, Washington, Alaska or Hawaii.
- **Northeast**  
Respondents who live in states that are in the New England or Mid Atlantic regions.
- **Midwest**  
Respondents who live in states that are in the East or West North Central regions.
- **South**  
Respondents who live in states that are in the South Atlantic, East South Central or West South Central regions.
- **West**  
Respondents who live in states that are in the Mountain or Pacific region.

Funding from the **Robert Wood Johnson Foundation** made this project possible.



# FIRST FOCUS

*MAKING CHILDREN & FAMILIES THE PRIORITY*

---

First Focus is a bipartisan advocacy organization that is committed to making children and families a priority in federal policy and budget decisions. Children's health, education, family economics, child welfare, and child safety are the core issue areas around which First Focus is working to promote bipartisan policy solutions.

**1110 Vermont Avenue NW | Suite 900 | Washington, DC 20005**

**[www.firstfocus.net](http://www.firstfocus.net)**