

FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

 **westhealth**



BLEEDING AMERICANS DRY
MESSAGING THE HIGH COST
OF CORPORATE HEALTH CARE

Why We Did This Guide

Did you know that hospital prices increased 60 percent more than our paychecks over the last 25 years?^{1,2}

In poll after poll, year after year, in America, the rising cost of health care is the number one issue on the minds of voters. When we consider the outrageous price of care and massive medical bills, two familiar villains come to mind: pharmaceutical companies and insurance companies.

But the most significant drivers behind rising health care costs in America have largely escaped public scrutiny and blame: big health care corporations and hospitals.

Hospital care represents the largest share of national health spending – 33 percent – with an estimated \$1.3 trillion³ in spending in 2021.

Decades ago, small local hospitals were pillars of their communities and relied on charitable donations and public fundraising to stay afloat. In recent years, however, large health care companies have bought and bundled up these local hospitals, creating medical monopolies that take over entire communities and regions, and then raise the price of care.

This corporate takeover of our health care system has led to a rise in costs and a drop in quality of care, especially for the more than 176 million Americans who get health insurance through their jobs or buy directly from health plans. And the economic impact doesn't stop there.

Hospital prices are going up; premiums are going up; but wages are staying the same. When big health care corporations take over their competition, they are able to set their own prices, and can even choose to charge people more based not on their age or health status, but on their health insurance plan.

BIG HEALTH CARE COMPANIES, HOSPITALS AND MEDICAL MONOPOLIES ARE THE MOST SIGNIFICANT DRIVERS BEHIND RISING HEALTH CARE COSTS IN AMERICA

ABOUT

\$1.3 TRILLION

is spent every year on hospital care – the largest share of national health spending.

From 1996 – 2015,
hospital prices increased

60%

more than our paychecks during the same period.

Big Health Care Corporations Are Bleeding Americans Dry

- The number of hospital-acquired physician practices grew from 35,700 in 2012 to more than 80,000 in 2018. When hospitals buy up doctor's offices it leads to an **average price increase of 14 percent for the same service.**⁴
- Hospitals without competitors within a 15-mile radius have **prices that are 12 percent higher** than hospitals with four or more competitors in the vicinity.⁵
- In some states, employers and private plans **pay nearly 350 percent of what Medicare pays** for hospital inpatient and outpatient services.⁶
- Meanwhile, consumers are paying more and more out-of-pocket – from 2006 to 2016, **out-of-pocket costs for consumers rose 53.5 percent cumulatively.**⁷
- Premium contributions and deductibles now account for **more than 11 percent of US median income in 2020**, up from 9 percent in 2010.⁸

As shown in this message guide, voters overwhelmingly agree that big health care corporations and hospitals shouldn't be able to charge whatever they want, just because they can get away with it. We have made progress to improve coverage and affordability with health care reform, and Congress has worked to end surprise medical bills and proposed reforms to take on Big Pharma, but now is the time to tackle the next frontier in health care affordability by stopping these medical monopolies and the corporate takeover of health care.

This guide is a data-driven tool for advocates, policymakers and everyone working to advance health reform in our country. We must build narratives that can appeal to the largest possible segment of the American population and withstand negative attacks from our well-heeled opponents and their army of lobbyists. It is our hope that, together we can use our collective power to continue to create meaningful change for everyday people and build a strong coalition of consumers who support a bold policy agenda to rein in hospital pricing abuses and make health care more affordable for all.

Among the key findings from our research, voters are familiar with rising health care costs and the excesses of insurance and drug companies, but are largely unfamiliar with the unfair pricing practices by health care providers and corporations. When we explain the issue using evocative examples and speaking in the plain language used around the kitchen table, voters overwhelmingly favor our message.

Our work in this message guide seeks to identify narratives and message frames that will generate outrage among consumers about hospital pricing practices, and move the needle in support of reforms to address pricing abuses. There is no doubt that our opponents have strong, convincing narratives, but the messaging contained in this guide can beat it.

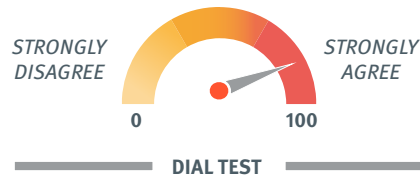
Who We Are

Families USA, a leading national voice for health care consumers, is dedicated to the achievement of high-quality, affordable health care and improved health for all. We advance our mission through public policy analysis, advocacy and collaboration with partners to promote a patient- and community-centered health system. Families USA has been working at the national, state and community levels for over 40 years.

West Health is a family of nonprofit and nonpartisan organizations including the Gary and Mary West Foundation and Gary and Mary West Health Institute in San Diego, as well as the Gary and Mary West Health Policy Center in Washington, D.C. West Health is dedicated to lowering health care costs to enable seniors to successfully age in place with access to high-quality, affordable health and support services that preserve and protect their dignity, quality of life and independence.

Drew Westen, Ph.D., is a professor in the departments of psychology and psychiatry at Emory University. He is the Founder of Westen Strategies, LLC, a strategic messaging firm, which develops and tests messages on a wide range of issues, including health equity, health reform, unconscious bias and income inequality. He is the author of three books and over 150 scholarly articles.

Methodology



From April 5 - 6, 2022, we completed a national online dial test survey with 1,027 registered voters. We selected our sample to reflect the demographics of the national voting population, including an estimated 50 percent of voters who describe themselves in the middle of the partisan spectrum. These voters may identify with one of the major parties but are not among the 50 percent who call themselves strong Republicans or strong Democrats.

For the online dial testing, participants heard a series of roughly minute-long messages and were instructed to move their cursor or “turn their dial” up when they agreed with what the narrator was saying, or move it down when they disagreed with the narrator. The narratives we tested went head to head against the strongest possible opposition message, based in part on industry language and designed to be very strong and difficult for our test messages to beat.

Through testing of the narratives, ratings of briefer statements and experiments, in which we varied words or examples in statements that were otherwise identical, we were able to identify which words, phrases and examples moved people, and which ones lost them. We were also able to identify a set of core values and beliefs that voters found compelling. Additionally, we identified a series of shorter “sound bites” with the kind of language that makes messages “stick” in people’s minds.

Dial Testing Identified



How to Use This Guide

STEAL THESE MESSAGES!

They are for you to use in ways that work best for you.

Our goal is to support efforts by advocates, policymakers and everyone looking to lower the cost of care in this country.

From our research, we know that there are many paths to educate voters and generate outrage on the rise of medical monopolies and hospital pricing abuses. This guide can help you, whether you need short sound bites for when you have only a few words to get your message across in a TV interview or on social media or longer talking points or narratives for when you have more time or space such as an email blast. Throughout this guide, we have highlighted the top narratives and statements that resonated best with voters, but we have also provided the complete list of messages that soundly beat the opposition message in the appendix, so you can choose the narrative that best fits with your policy goals.

If we all use this messaging, we can speak from the same playbook, and help build momentum for common-sense solutions that benefit consumers and promote health care affordability.



Good News and Bad News

BAD NEWS: OUR OPPONENTS

Let's talk about the bad news first. Our opponents on this issue are big health care corporations and hospitals with a full war chest of money and lobbyists. We are still in the midst of a global pandemic that has put health care workers and hospitals front and center for more than two years, and we have been inundated with news of hospitals that are constantly running out of supplies and doctors and nurses who are working around the clock every day to save millions of lives.

There is an abundance of public goodwill for doctors' and nurses' dedication through the pandemic, and as we begin working to rein in pricing abuses committed by the big corporations that own the hospitals, that represents a tremendous uphill battle. People are not naturally antagonistic toward their doctor or health care providers, and they want the hospital to be there for them if, and when, they need it.

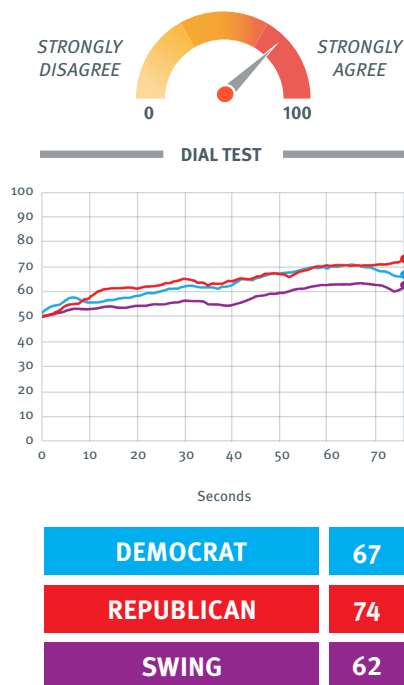
We began our message testing with our opponents' argument, and we made their message as strong as possible so that it would be difficult to beat:



The health care industry is perfectly positioned to take advantage of new technologies as they emerge, and the last thing we need are government regulations to slow the pace of progress and to get in the way of better patient care. As health care and hospital systems become larger and more efficient, they're eliminating waste, driving down costs, and making better use of the time of medical professionals, so doctors have time to talk with you when you need them, and other professionals can take care of routine problems or tests that don't require a medical degree. As opposed to the old days, in which doctors hung out a shingle wherever they happened to rent office space, large hospital systems have many advantages, such as one-stop shopping, where you can see your doctor on one floor, see a specialist on another, and get a blood test or MRI on still another. Having medical practices in hospital buildings can save you time driving from one office to another and allow you to get to the ER or hospital, which is often right across the street, if your doctor identifies a problem that requires more immediate, intensive, or emergency care. Like other industries, health care flourishes where there's a free market, and we should resist continued efforts to expand the grip of government where it doesn't belong.

What We Learned

**FIGURE 1. OPPOSITION MESSAGE
DIAL TEST RESULTS**



As you can see in Figure 1, the opposition’s message is extremely effective, describing multiple ways large health care systems can be effective and efficient, while avoiding the ways they can be exploitative, which are not obvious to the average consumer.

When hearing this message, both Democrats and Republicans were impressed from the start, convinced that large health care systems can take advantage of advances in technology and a more efficient division of labor among doctors and other health care professionals.

Democrats and Republicans only diverged at the end, when opponents appear blatantly anti-government regulations, and Independents were somewhat favorable to this but less convinced than Republicans, and joined Democrats in skepticism that unregulated markets work in health care.

GOOD NEWS: WE CAN BEAT THEM

After seeing how well the opposition message scored with voters, and knowing how many resources these big health care corporations have at their disposal, it's understandable if you're feeling anxious or disheartened. But here's the good news:

Our messaging can beat it.

Every message frame we tested scored better than the opposition. In several cases, voters preferred our message by a 2:1 margin. Given that the voters in our experiment heard such a strong opposition message first, this is even more good news for our messaging. That means if we talk about this issue the right way, we can win, and win big.

This guide will explain how we do that, with tools to keep in mind and language to use and reuse to describe the problem of health care monopolies and rising health care costs, and how we can fix it.

Tools to Keep in Mind

First, we need to describe the issues in emotionally evocative ways, using familiar metaphors, striking examples, and shared values like fairness and common sense. We can also link unfair hospital pricing practices to the unfair practices with which voters are already familiar, like gouging by insurance and drug companies.

Second, we saw voters respond strongly to populist messages about corporate malfeasance by large health care corporations, as long as we avoid indicting their doctors, employers or small businesses.

Finally, the surest way to lose the public is to use unfamiliar language, long lists of facts and numbers distant from their experience, or acronyms. We need to speak in normal, everyday language, and share compelling stories that people will remember and pass on to others.

Language to Use and Reuse

We need person-centered, not profit-centered, care, focused on what's best for us, not for big corporations.

We should know upfront the cost of a procedure and how much of that cost we will be expected to pay.

Medical monopolies should not be able to set their own prices.

Facilities should not be able to raise prices by shifting locations of procedures.

The cause of the problem is big health care corporations, whether insurance companies, drug companies, or the rise of medical monopolies.

Cost should not get in the way of care.

Hospitals and ERs should not be allowed to engage in pricegouging.

Prices should not vary dramatically for the same test or procedure.

No one should be allowed to play Monopoly with our health.

Consumers should have access to data on what a procedure should cost, costs at nearby facilities, and quality or outcomes if costs differ.

Everyone should have high-quality, affordable care, regardless of color.

Use the Language of the Kitchen Table and Offer Solutions That Are Comprehensible and Readily Pictured

Research shows that when we are talking to persuadable voters and policymakers about health care policies, we lose them when we jump into wonky talk too quickly or just spit facts and figures at them. In reality, no matter the topic, our values and beliefs drive our responses on everything we encounter. Specific words or phrases – or even the order that words follow one another – light up our neural networks, those parts of our brains that house our associations, our memories, our emotions.

When we hear information, our brains immediately respond and place it in a context we can understand, not as stand-alone information, but in association with our experiences. It happens in a nanosecond and determines whether people are open to or reject information.

Dr. Westen, who conducted this message testing, has identified three principles of effective messaging, grounded in psychology, neuroscience, and his own and others' research on political persuasion:

THREE PRINCIPLES OF EFFECTIVE MESSAGING



**ACTIVATE
THE RIGHT
NEURAL
NETWORKS**



**TELL
COHERENT,
MEMORABLE
STORIES**



**SPEAK TO
VALUES
AND
EMOTIONS**

1

ACTIVATE THE RIGHT NEURAL NETWORKS



Effective messages activate associations that make the message more emotionally impactful and deactivate associations that can unintentionally undermine it. None of our messages began by criticizing the family doctor or by speaking in wonky policy terms, because it would immediately alienate or lose our audience. Instead, we start with statements that connect to shared values of fairness or common sense, or we lead in with a relatable metaphor to help voters follow along. Then, when we raise concerns about the big health care corporations that are ripping people off, voters are more receptive to what we are saying and can relate to it better.

Start Here

Use statements that connect to people's shared values of fairness or common sense.

OR

Lead in with a relatable metaphor to help people follow along.

Then

Raise concerns about the big health care corporations that are ripping people off.



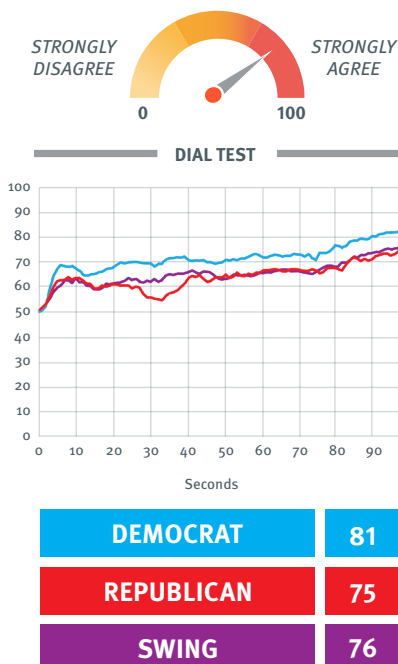
Successful Narrative 1

THREE CHOICES

All Americans should have access to high-quality health care at a price we can afford. The question is how to get there. One way is to rely entirely on the market. But we tried that for 100 years, and it left 50 million of us uninsured, millions more branded with “pre-existing conditions” that prevented us from getting care at all, and millions of people going bankrupt because they got cancer or their child needed insulin. Another approach is to rely primarily on government, like England and Canada, where if you need to go to the ER, the first question they ask is, “How can we help?” not “Do you have insurance?” Many people in the U.S. favor that approach, but others worry that bureaucracy and low standards of care will set in as market incentives disappear. That’s why most Americans, including business owners, prefer a mixed model, where government sets high minimum standards of care and negotiates maximum costs for medical procedures for all of us, the way it already does for our seniors through Medicare and for prescription drugs for our veterans, leaving us with the freedom to choose among private insurance or plans like Medicare or Medicaid. But the one approach no one wants, other than health care CEOs, is the one we’re increasingly getting: health care monopolies buying up hospitals and our doctors’ practices, making medical care impersonal and driving up costs by driving out competition. It’s time we fix our health care system so that it provides the best quality care, the lowest cost and the most choices for all Americans, and stop letting insurance companies, drug companies and big health care corporations pick what’s most profitable for them.

What We Learned

FIGURE 2. THREE CHOICES
NARRATIVE DIAL TEST RESULTS



The first sentence set the stage and was highly impactful, as the dials demonstrate. Clearly, we have activated the right neural networks immediately. **This message beat the opposition by a larger margin than any other, particularly with Independents, who preferred it to the opposition message by almost 3:1.** This is the most comprehensive of the narratives, offering solutions to what people are experiencing by bringing out the impact of provider abuse on health care costs to voters toward the end, by which point they were receptive to it.

This is simultaneously a health care cost and a comprehensive health care reform message. The momentary dips in the dials among Republicans occurred during descriptions of plans they do not support, until they realized the speaker was not endorsing those proposals.



Successful Narrative 2

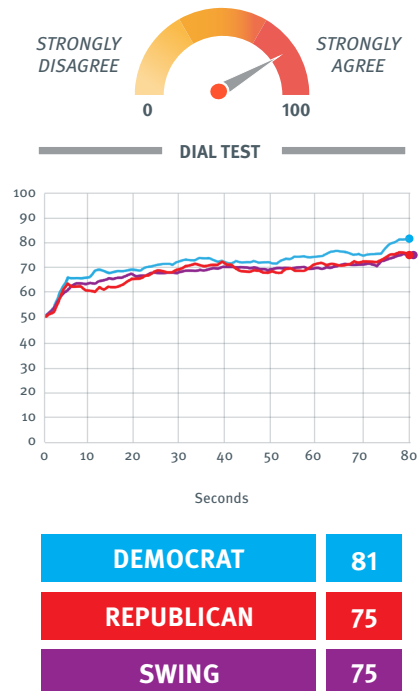
BAD MEDICINE

When you're sick, you should be thinking about getting well, not about how you're going to pay for it. But in the last 50 years, while the average person's paycheck has tripled, the cost of healthcare has increased by 10 times that much. So it's no surprise that nearly half of all Americans report not seeking help when they need it because they just can't afford it. We've all seen how prescription drug prices and health insurance premiums and deductibles have gone through the roof. But just as big a problem is the skyrocketing cost of healthcare itself, which has only gotten worse as hospitals merge into big healthcare corporations that can set their own prices, leading to huge bills we can't pay and huge variations in cost that have nothing to do with quality. In one city alone, Dallas, a common procedure, a knee replacement, can range from about \$15,000 to \$60,000, and as a patient, it's virtually impossible to get reliable information on what a procedure ought to cost, what it's going to cost you, and which facilities have the best outcomes. We have laws requiring medical centers to post their pricing, but most hospitals just don't comply. It's time we had person-centered, not profit-centered healthcare. Anything short of that is just bad medicine.

What We Learned

Here, we again start the narrative with a strong and highly impactful value statement. We have activated the right neural network for our audience and they follow along well and agree with the rest of the message. The first and last lines of this message are also strong stand-alone messages as “talking points,” which all voters strong endorsed. Notice, again, that this message is showing no daylight among Dems, GOPs, and Independents, with all ending between 75-81. The only revision that would strengthen this message is to move more quickly from the main point to the variation in cost of the example, the knee replacement. The information that starts the sentence is interesting but does not move the narrative along and thus does not move the dials, despite its relevance. In general, a shorter message that stays on point is a stronger message.

FIGURE 3. BAD MEDICINE NARRATIVE DIAL TEST RESULTS



2

TELL COHERENT, MEMORABLE STORIES



Policy Storytelling Elements



Through his years of dial testing, Dr. Westen fine-tuned policy storytelling to the above three elements.

On the following pages are three different ways of telling the story that tested extremely well among all voters, and beat the opposition by margins of at least 20 points. As you will see, each of these narratives uses powerful, visual metaphors or highly evocative stories that light up the dials.



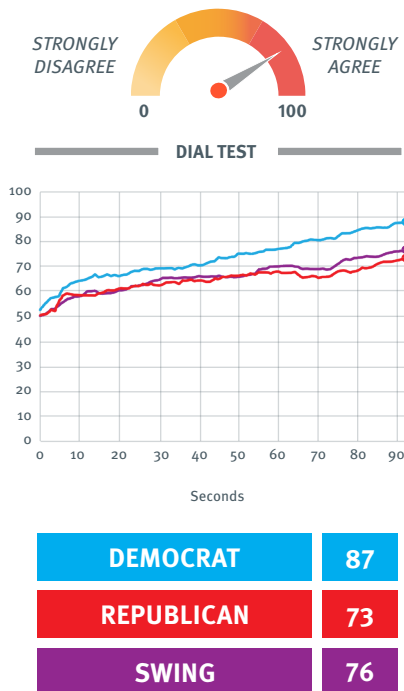
Successful Narrative 3

CAR DEALERS

None of us would ever buy a car from one dealership without checking out the cost at another. But that’s the situation we’re all in when it comes to health care, where our bills look more like something from the cable company or Ticketmaster, with all kinds of fees we don’t recognize. One patient had outpatient surgery for a torn ligament. He had good insurance, but because he hadn’t met his deductible yet, he had to pay over \$1,500 upfront, which seemed steep, but he had no choice. But that turned out to be just the surgeon’s fee. Days later, he got another \$1,500 bill for the “surgical center” two floors up from his doctor’s office. Then another \$1,500 for the anesthesiologist. But that’s just one example of the way large health care systems are turning into used-car salesmen. Twenty years ago, the cost of a hospital procedure wasn’t much different if you had private insurance or Medicare. But today, hospitals charge two or three times as much if you have private insurance than Medicare, because our seniors have someone looking out for them, our government, which uses its negotiating power to keep quality up and costs down. If hospitals can treat Medicare patients at one price, they should be able to treat younger, healthier people for less, not more. It’s time we held health care corporations to at least as high standards as car dealers, by requiring them to negotiate fair prices and to list all the expenses on the window long before you drive off the operating table.

What We Learned

FIGURE 4. CAR DEALERS NARRATIVE DIAL TEST RESULTS



This message was a homerun from the start, on every metric. Of note, fully half of all voters rated it 80-100 at the end of the message, and it beat the opposition message by a margin of 53:28 among Independents, with similar numbers across the entire sample. Its success stemmed from a metaphor everyone could understand, causing the dials to shoot up from the start, producing ratings from 73-87 across party lines. The only divergence occurred when the messages explicitly mentioned the federal government. Even that led, however, to a surprisingly transitory decrease among GOPs.



Successful Narrative 4

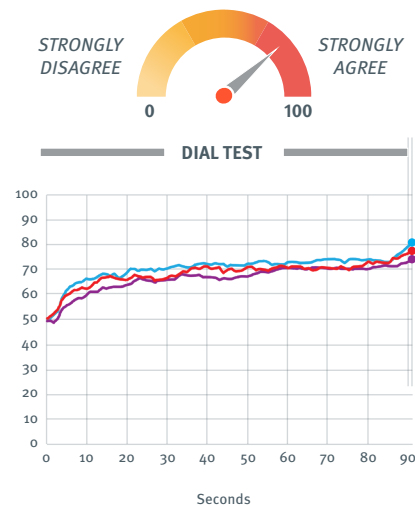
BROKEN

The scariest thing about going to the hospital shouldn't be the bill. Most of us don't spend much time in hospitals over the course of our lives, yet hospital care represents the largest share of our country's spending on health – well over a trillion dollars a year. That's not just because they do more expensive procedures, like surgeries. It's because one night at a hospital costs over \$11,000. That's more than a hundred nights at the average Hilton next door – where the food and the bathrobes are a lot nicer. Big hospital systems have become big businesses, at a big cost to all of us. A 72-year-old grandmother in Ohio saw her doctor once a year for a \$30 steroid injection when the arthritis in her fingers got unbearable. Last year, she noticed that her doctor's office had moved up a floor but didn't think much about it – until she got the bill, which included a \$1,262 fee for "operating room services." Because her doctor's office changed floors, it was now a "hospital-based setting" rather than an "office-based setting." Same shot, same doctor. Hospitals should be places we go when something's broken, not places we go and come out broke.

What We Learned

Another homerun message, with no daylight among partisans at any point, which is striking, as messages on most issues show a dial-test pattern that resembles a horizontal trident, with Republicans and Democrats diverging widely and Independents in the middle. Voters identified strongly with the opening sentence, which led to a strong response to the trillion-dollar figure. The message also includes an emotionally compelling story of the 72-year-old woman who was over-charged by her provider. Over 50 percent rated the message 80-100, which is very rare, and it substantially outperformed the opposition message.

FIGURE 5. BROKEN NARRATIVE DIAL TEST RESULTS



DEMOCRAT	81
REPUBLICAN	77
SWING	74



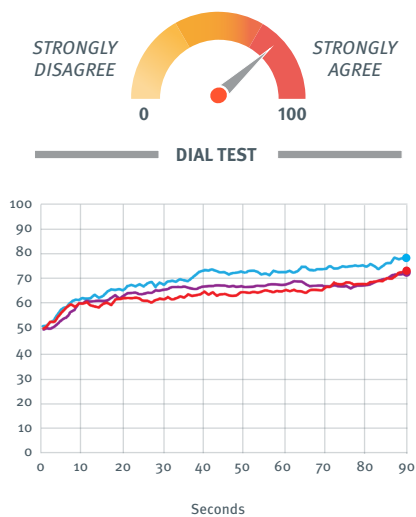
Successful Narrative 5

MONOPOLY

Health care should be an art and a science, not an industry. Yet over the last decade, big corporations have been merging hospitals and converting what once was a personal relationship between you and your doctor into an impersonal bureaucracy. Wherever monopolies arise, prices soar, and it's no different in health care, where these big corporations have been buying up and moving doctors' offices into expensive medical buildings, where they can charge several times as much for the same thing. By taking over half the hospitals in a city, they can set prices so high that insurance companies then deny large parts of those bills, leaving hard-working Americans with tens of billions a year in medical debts they can never pay off. Just last week, a young man in Georgia needed surgery for a hernia that was wrapped around his intestines, putting him in excruciating pain and endangering his life. But no one told him, when he checked into the ER, that he would be checking out with a \$40,000 bill – twice his annual income. Now even Wall Street speculators have gotten in on the action, as firms whose only purpose is to buy and sell companies to make a quick profit for their rich investors buy our hospitals and then shut down units that aren't making them enough money, like maternity wards in rural hospitals, or they shut down rural hospitals entirely. Our health isn't a game, and no one should be allowed to play Monopoly with it.

What We Learned

**FIGURE 6. MONOPOLY NARRATIVE
DIAL TEST RESULTS**



This is another message that beat the opposition message by 2:1, producing the highest margin across partisan groups of any message. The first and last lines are effective stand-alone lines. This message effectively explains how monopolization of health care is producing bad outcomes in a way that is also emotionally evocative. It's a good example of a narrative in which the beginning and end provide "bookends" that reinforce both the metaphor and the underlying value and interests of voters, while providing substantial information as well as a "story within a story" (the young man in the ER) that advances the broader narrative.

3

SPEAK TO VALUES AND EMOTIONS



As we saw in our top narratives, voters reacted the strongest when our message told evocative, emotional stories, or used statements that speak to voters' values of fairness and common sense. We can use this information to break our message up into sound bites that are effective when we need to make our point quickly, or in 280 characters or less.



SOUND BITES

We should use these sound bites on social media, or in TV interviews as much as possible to drive our message home and win voters over on this issue. Each of these brief statements beat the opposition's brief statements by between 40 and 50 points, across party lines.

- **No one should get hit with medical costs they weren't told about upfront.**
- **When you're sick, you should be thinking about getting well, not how you're going to pay for it.**
- **Whether we're Black or white, female or male, urban or rural, we need a health care system that provides high-quality care at a cost we can afford.**
- **The scariest thing about going to the hospital shouldn't be the bill.**
- **If an MRI costs \$500 in one medical facility, it shouldn't cost \$2,500 in another.**
- **As patients, we should have the right to know what a procedure costs at different hospitals or health care facilities, whether it's an X-ray, an MRI or surgery.**
- **You shouldn't need to be wealthy to keep your family healthy.**
- **No American should ever again have to choose between going to the doctor and putting food on the table for their family.**
- **A medical procedure like a surgery should come with one bill, not one bill after another.**
- **Hospitals should be places we go when something's broken, not places we go and come out broke.**



TALKING POINTS

All of the talking points below soundly beat an opposition message. They are short enough for media interviews and would work well in speeches and articles as well as in communications with policymakers. These messages polled sky-high with Democrats and persuadable voters, outperforming the opposition's points by double-digit margins.

Given that voters are largely unfamiliar with this issue and health care monopolies as a driving factor behind the high cost of their health care, it's helpful to have talking points that both explain the problem to voters, and to identify policy solutions around which we can begin to build momentum.

MESSAGING FOR CARE THAT BENEFITS CONSUMERS, NOT BIG HEALTH CARE CORPORATIONS OR MEDICAL MONOPOLIES

- **Our health care system should be designed to produce the highest-quality care for the lowest possible cost, not the highest possible profits for big corporations.**
- **As big health care companies buy up hospitals and private practices, we need to make sure they don't drive up costs to ordinary Americans the way insurance companies and pharmaceutical companies have.**
- **Big health care corporations and hospitals shouldn't be able to charge whatever they want, just because they can get away with it.**
- **We shouldn't be caught in the crossfire between big health care corporations and hospitals charging whatever they want and insurance companies denying whatever they don't want to cover.**
- **American families should not be struggling to pay skyrocketing health care costs so health care corporations and CEOs can bring in skyrocketing profits, salaries and bonuses.**
- **The prices health care systems charge for medical tests and procedures should reflect their cost and necessity, not whatever they can get away with charging for them.**
- **I want my doctor to prioritize my health, not see as many patients as they can in one day.**



TALKING POINTS

MESSAGING FOR QUALITY, AFFORDABLE HEALTH CARE

- We need to end price gouging by health care systems and hospitals, so our only concern after a hospitalization is getting better, not figuring out how to pay for it.
- It's time we fixed our health care system, so that providers and insurance companies had incentives for quality rather than quantity of care.
- We can't afford to have shortages of primary care doctors, pediatricians and gerontologists to work with our seniors because health care corporations and doctors can make more money from expensive specialties.
- We should hold companies that provide health care to at least as high standards as those that sell cars, by requiring them to list all the expenses up front on the window, so consumers can shop for the best quality care at the best price.
- Health care providers should have to tell us the whole cost up front for a procedure, and our insurance companies should have to tell us what percent we're going to have to pay.
- The same medical test or procedure should cost roughly the same thing no matter where you get it, and if it doesn't, we ought to know where it's more expensive and why.
- Hospitals, health care providers and insurance companies shouldn't be able to hide costs in the fine print.

Our Messaging in Action

In addition to testing narratives and talking points that would perform best with voters, we also ran experiments to determine which words or phrases are most resonant with voters, and which ones are neutral or counterproductive. For example, does it matter whether we say “health care systems” or “health care corporations”? Turns out, it does.

As messengers, we know that every word counts when you’re talking to a persuadable voter. Here are some helpful tips for which words to use, and which ones to avoid.

INSTEAD OF THIS

Health care conglomerates, health care systems, health care organizations

SAY THAT

Big health care corporations, large healthcare corporations, medical monopolies, health care monopolies

INSTEAD OF THIS

Mergers and acquisitions, M&As

SAY THAT

Health care monopolies merging our hospitals and buying up our doctors’ offices; big health care companies merging our...

INSTEAD OF THIS

The procedure costs \$15,733

SAY THAT

The procedure costs over \$15,000

INSTEAD OF THIS

Health equity

SAY THAT

Whether we’re Black or white, male or female, urban or rural, we all...

Whether we’re white or Black, Hispanic or Asian, we all...

Whether we’re Black, white or brown, we all...

Regardless of our color, gender or where we live

Regardless of our age, gender or color

Regardless of how humble our home or the color of our skin

WHEN OPPONENTS SAY THIS

“The health care industry is perfectly poised to take advantage of new technologies, and the last thing we need are government regulations slowing the progress and getting in the way of your care.”

SAY THAT

“We need to fix our health care system so that it provides high-quality care at a price ordinary people can afford.”

WHEN OPPONENTS SAY THIS

“As health care and hospital systems become larger and more efficient, they’re eliminating waste, driving down costs, and making better use of time so doctors can talk with you and other professionals can take care of routine problems or tests.”

SAY THAT

“If an MRI costs \$500 in one medical facility, it shouldn’t cost \$2,500 in another.”

OR

“One night at a hospital costs over \$11,000. That’s more than a hundred nights at the average Hilton next door – where the food and the bathrobes are a lot nicer.”



WHEN OPPONENTS SAY THIS

“As opposed to the old days, in which doctors hung out a shingle wherever they happened to rent office space, large hospital systems have many advantages so you can get taken care of all in one place.”

SAY THAT

“Hospitals, health care providers and insurance companies shouldn’t be able to hide costs in the fine print.”

OR

“A young man in Georgia needed surgery for a hernia that was wrapped around his intestines, putting him in excruciating pain and endangering his life. But no one told him, when he checked into the ER, that he would be checking out with a \$40,000 bill – twice his annual income.”

WHEN OPPONENTS SAY THIS

“Health care is just like any other industry, flourishing when there’s a free market, and we should resist efforts to expand the grip of government where it doesn’t belong.”

SAY THAT

“As patients, we should have the right to know what a procedure costs at different hospitals or health care facilities, whether it’s an X-ray, an MRI, or surgery.”

OR

“Wherever monopolies emerge, high prices follow, because without competition, they can charge whatever they can get away with.”



People love their doctors, and are not naturally antagonistic toward hospitals, so we need to thread this needle carefully.

What We Learned

Even without prior knowledge on this issue, voters are primed to be responsive to our messages. We need to use their language, and connect it to issues of corporate malfeasance and out-of-control costs that they already understand. Americans have felt the spiraling cost of health care for decades, but do not always directly see the impact of the exponential increase in market consolidation or anti-competitive behavior of the past 20 years. People love their doctors, and are not naturally antagonistic toward hospitals, so we need to thread this needle carefully.



What's Next?

Voters are rightly concerned about the high cost of health care and have been for a long time. We have an opportunity now to inform the public about price gouging and other abusive pricing practices by big health care corporations and medical monopolies that drive up the cost of health care and hurt consumers. If we avoid getting bogged down in the details, skip wonky terminology and instead use the language spoken at the kitchen table, voters will follow our narrative and react strongly and positively to our message. We can emphasize the shared values of fairness and common sense and then advocate for common-sense solutions that will rein in big health care corporations. We know we have a tough opponent, but now is the time to put this messaging to work. Together we can generate outrage among health care consumers, build momentum for solutions that work and move closer to being a nation where the best health and health care is available to all.

Appendix



*Other Successful Narratives
& Message Test Results by
Demographic Subgroup*



Successful Narrative 6

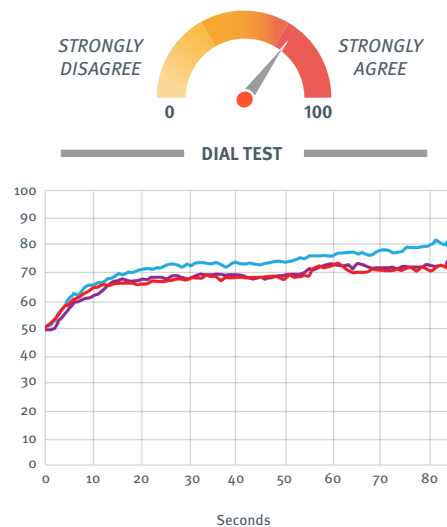
NONPARTISAN

Health care shouldn't be a partisan issue. Cancer, heart disease, and diabetes don't care how you vote. Nearly half of all Americans didn't get medical care they needed last year because they couldn't afford it. Skyrocketing costs are making medical care unaffordable to workers, families, and employers alike. Most small business owners, who work closely with their employees and know their kids' names, would love to offer them health care but can often barely afford it for their own families. We all have an interest in keeping quality up and costs down. But that's not how the health care market has ever worked, and it's gotten worse, as big health care companies have merged hospitals and bought up medical practices, allowing them to set their own prices for X-Rays or MRIs, or to quadruple the cost of quadruple-bypass surgery, because they have virtually no competition. It's time for common sense solutions, from preventing price-gouging and bills that come out of nowhere with tougher legislation and stricter enforcement of the laws we already have, including those we've used to limit the excesses or break up monopolies in other industries if they can't reform themselves; to the federal government doing what it already does for seniors who rely on Medicare for their health, negotiating maximum prices for medical tests and procedures. Common sense doesn't come in red or blue. It's as red, white, and blue as any value that defines us as Americans

What We Learned

This message shows, once again, how messages on provider abuse and corporate care transcend party lines. The first line speaks directly to this being a nonpartisan issue, and voters respond strongly. It shows none of the momentary downticks expected along the way for one of the three groups, likely because the “nonpartisan frame” provides the values scaffolding for voters who might otherwise be vary of any government involvement. This is also a strong narrative in explaining how monopolization is affecting us all. Essential to doing that is explaining the precise causal links in a way that makes people not only understand them but feel them, given that the changing structure of health care provision, and how it affects us, is not obvious.

FIGURE 7. NONPARTISAN NARRATIVE DIAL TEST RESULTS



DEMOCRAT	80
REPUBLICAN	72
SWING	73



Successful Narrative 7

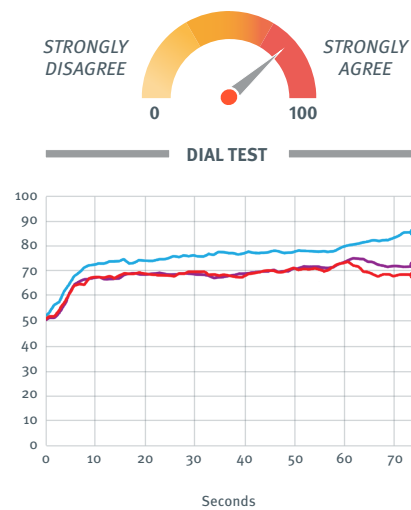
AT&T

Our healthcare system should be designed to produce the highest-quality care for the lowest possible cost, not the highest possible profits for big healthcare corporations. Wherever monopolies emerge, high prices follow, because without competition, they can charge whatever they can get away with. For nearly a century, AT&T was the only phone company because it owned all the telephone wires. That’s why we broke up its monopoly and now have multiple providers, who have to compete for our business. Healthcare corporations have become the AT&Ts of the 21st century, merging hospitals into bigger and bigger healthcare systems and buying up medical practices, which used to belong to our doctors. We all pay for it, with medical bills from hospitals, ERs, and even surgeries that don’t require hospitalization for thousands or tens of thousands of dollars, which we can’t possibly pay, leaving Americans with billions of dollars every year in medical debt. It’s time we returned to patient-based, not profit-based, medicine, starting with negotiating medical costs, the way we already do for our seniors who rely on Medicare, using the leverage and strength of [the biggest union in America, the United States government / our government, working for us for a change], which represents over 330 million paying customers, so we can all afford to be healthy.

What We Learned

Although this message did not perform as well as the top five, fully half of all voters rated it 80-100, which is an extraordinary percentage. The primary reason it dropped was the end, where it introduced the theme of unions, which was deliberate, as they are just beginning to be rebranded after decades of decline. The strongest way around, aside from shifting some clauses in the revision so that they prime the right networks is to use the message as revised for general audiences but to offer a second version that removes that clause [bracketed in the revision] when speaking with Republican lawmakers and voters. As revised, it is as likely to be one of our strongest messages, and it is particularly strong on monopolization and what can be done about it.

FIGURE 8. AT&T NARRATIVE DIAL TEST RESULTS



DEMOCRAT	86
REPUBLICAN	69
SWING	72



Successful Narrative 8

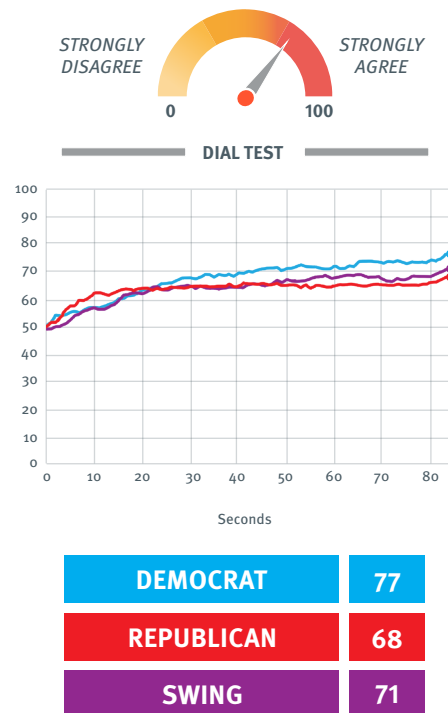
SUPERPOWER

For over a century, America has been the world’s superpower in medicine, winning more Nobel Prizes and generating more scientific advances than the rest of the world combined. We should all share the benefits of those advances at a cost we can afford. But that’s not how it is now. As a country, we spend twice as much of our total economic productivity on healthcare as other countries, and most families are spending 10-20 percent of our budgets. Yet on virtually every measure of health, from how long we live, which is years shorter than people in countries like England, Germany, and Canada, to the health and safety of mothers and their newborn babies – we’re paying more and getting less. In part, that’s because health insurance companies charge a fortune and can deny coverage. But in part it’s because big healthcare corporations can charge what they want, like \$600 for an ER visit, after an eight-hour wait, because your child happened to spike a high fever after hours, when your pediatrician would have done the same thing with a 15-minute wait and a \$30 copay; or drawing 14 vials of blood from a 92-year-old woman to test everything imaginable for a common problem of aging, slipping and falling. As the world’s superpower, we know how to protect our national security. Now it’s time we protect our physical and financial security.

What We Learned

This was a slightly weaker message as tested, which still beat the opposition by over 2:1, but drew less enthusiasm from both Democrats and Republicans. Its ratings were brought down, particularly with Republicans, by the criticism of America’s healthcare outcomes: Republicans were excited by our successes but flatlined after hearing about our failures (although their dials did not drop, which typically happens with descriptions of where America places in the world when it is not positive) because of strong initial focus on American exceptionalism. The revised message is brief and to the point, replacing the statement about how poorly we stand relative to other countries with a statement about how the costs affect average Americans, which is more relatable.

FIGURE 9. SUPERPOWER NARRATIVE DIAL TEST RESULTS





Successful Narrative 9

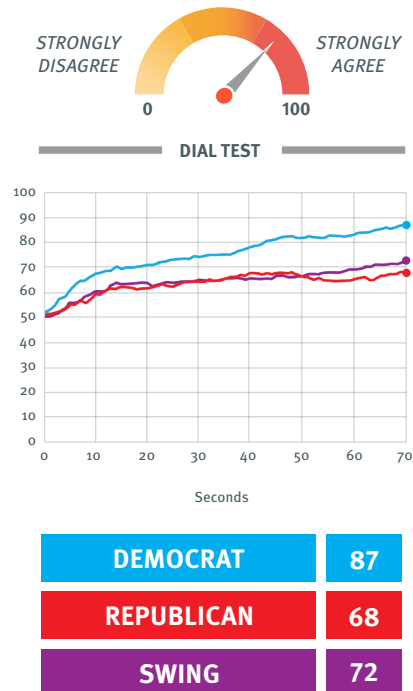
CROSSFIRE

Ordinary Americans shouldn't be caught in the crossfire between a handful of big corporations that have bought up most of our hospitals and medical practices and can charge whatever they can get, and a handful of big insurance companies, which can refuse to pay whatever they can get out of. If you ask the CEOs who run hospital systems why the cost of healthcare has doubled in the last decade, they'll point their fingers at insurance companies for skyrocketing premiums, deductibles, and copays. Ask the CEOs of insurance companies, and they'll point their fingers at big hospital systems and drug companies for price gouging. Maybe we should give them all the finger and demand that our government, which represents over 330 million of us, use that economic leverage to negotiate reasonable medical costs and insurance rates. Medicare already negotiates the cost of medical procedures for seniors, the VA negotiates drug prices for veterans, and every other wealthy industrial country negotiates all medical costs for all its citizens. Ordinary Americans shouldn't be caught in the crossfire between big corporations earning big profits, paying big bonuses to their CEOs. It's time we called some of the shots.

What We Learned

This message began as strongly as any of our messages, with a clear and evocative statement of the problem: Medical costs are skyrocketing with minimal competition and no regulation, and insurance reimbursements are quixotic at best. This was the highest testing message for Democrats, with its strongly populist theme, but among the lowest for Republicans and Independents, for two reasons, as the dials suggest. First, after the initial statement of the problem, it never got specific and visceral about the costs to ordinary Americans. Second, the final statement did not leave doubters feeling inspired or energized. The revised version (above) is likely to appeal across the political spectrum.

FIGURE 10. CROSSFIRE NARRATIVE DIAL TEST RESULTS



**Table 1. Message Test Results,
Demographic Subgroup by Age, Gender and Education**

■ Opposition Message ■ Successful Narratives

	18 - 29	30 - 44	45 - 64	65 or older	Female	Male	Noncollege	College
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
Opposition	67.7	70.6	61.9	63.4	63.9	66.4	66.3	63.5
Car Dealers	73.7	75.5	73.8	74.1	77.1	71.2	74	74.7
Broken	77.8	77.6	73.3	70.6	74.4	73.5	74.5	73.3
Three Choices	76.4	76.5	70.7	74.8	74.7	72.7	76.8	69.9
Bad Medicine	75	75.4	71.7	73.7	73.1	73.9	75	71.5
Nonpartisan	71.6	74.8	71.7	74.6	72.7	73.9	74.7	71.3
ATT	70.5	76.9	72.1	70.6	76.9	68.4	74	71.9
Monopoly	72.4	73.4	70.2	75.8	71.4	74.1	74.1	70.8
Crossfire	71.3	75.6	70	71.6	75.8	67.9	71.7	72.5
Superpower	68.5	72.6	70.3	71.6	69	73.4	71.6	70.3

Note: Most differences are surprisingly small and not statistically meaningful. Positive news: seniors on Medicare do not worry that proposed policy solutions will hurt them.

Table 2. Message Test Results,
Demographic Subgroup by Race and Geographic Area

■ Opposition Message ■ Successful Narratives

	White	African American	Hispanic	Northeast	Midwest	South	Mountains	Pacific
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
Opposition	63.6	70.8	68	65.6	66	66.2	59.1	62.7
Car Dealers	73.4	78.9	74.6	75.8	75.5	73.2	69.9	74.6
Broken	72.1	78.5	79.2	77.2	70.2	74.3	68	77.1
Three Choices	72.3	79	78.6	74.6	71.7	74.6	68.2	76.6
Bad Medicine	73.6	72.5	75.5	73.6	73	73.2	69	77.3
Nonpartisan	72.8	75.7	76.5	74.2	76.9	71.9	75.7	69
ATT	72.1	73.1	76.2	74.9	75.5	69.7	68.9	74.9
Monopoly	72	76.1	75.3	74.4	71.6	72.3	76.9	70.6
Crossfire	71	74.2	77.7	73.6	73.9	69.2	67.4	75.6
Superpower	70.5	70.6	76.7	74.4	69	71.8	71.1	67.7

Note: Most differences are surprisingly small and not statistically meaningful. Positive news: seniors on Medicare do not worry that proposed policy solutions will hurt them.

Table 3. Message Test Results,
Demographic Subgroup by Health Care Type and Political Party

■ Opposition Message ■ Successful Narratives

	Employer-based	Private	ACA	Medicare	Medicaid	None	GOP	Democrat	Independent
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
Opposition	65.4	69.9	67.2	64.4	67.1	57.6	69.8	65	61.3
Car Dealers	72.9	71	84.8	75.3	76	66.2	68.3	83	74.4
Broken	73.4	74.8	78.4	72.8	77.4	76.1	72.2	76.9	74
Three Choices	70.8	72.3	77.7	75.5	76.8	75	71.6	77.9	73.8
Bad Medicine	72.1	72.3	74.6	74.1	75.6	73	70.3	78.4	73.5
Nonpartisan	73.2	73	74.5	73.6	76.9	65.8	70.1	77.1	73.2
ATT	73	72.3	84.2	71.6	74.5	60	67	81.1	73
Monopoly	71.5	73.4	71.5	75.2	76.7	63.3	68	76.7	72.7
Crossfire	72.4	68.7	79.9	71.6	74.8	56.3	65.4	83.3	72.1
Superpower	71.6	74.1	73.8	70.9	71	64.7	68	74.2	71.1

Note: Most differences are surprisingly small and not statistically meaningful. Positive news: seniors on Medicare do not worry that proposed policy solutions will hurt them.

Endnotes

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