

EDUCATION IS THE CRUCIAL NEXT STEP

Health reform is getting a bad rap. As of this writing, opinion polls put public support for the Patient Protection & Affordable Care Act at around 43 percent, with 45 percent saying they don't like or completely disapprove of the law. For those who supported the effort to expand health coverage, and still do, a lot of important education and messaging work lies ahead.



**JEFF
TIEMAN**

Rather than gaining momentum in terms of public perception, health reform continues to struggle against a tide of misinformation and some outright lies. The American public is also somewhat divided on the reform. Many opinion surveys reveal broad rejection of "health reform" as a concept, yet reveal similarly broad approval of the law's basic provisions, such as prohibiting insurance companies from rejecting applicants with a pre-existing condition, expanding Medicaid and closing the gap in Medicare prescription drug coverage (often referred to as the doughnut hole).

In January of this year, as the health reform debate was in full swing, 73 percent of Americans told the Kaiser Family Foundation that they support tax credits to help small employers offer coverage. Sixty-seven percent supported health insurance exchanges and 62 percent supported expanded Medicaid eligibility, all features of the final law.

That same month, however, support for health reform overall was much lower, with only 42 percent registering a positive opinion of the proposals being discussed at the time. Finding the law objectionable while supporting its provisions is perfect evidence that health reform has been unfairly and inaccurately framed by opponents.

Some corroborating examples of this comes from recent focus groups conducted by Washington, D.C.-based Lake Research Partners on behalf of the Herndon Alliance, a nonpartisan coalition of minority, faith, labor, advocacy, business, and health care provider organizations. For example, one woman said, "The bottom line is [reform] is a government takeover of health care, giving gov-

ernment bureaucrats the power to make medical decisions."

Several other focus group participants were not even aware the reform bill had passed and been signed into law, thinking it was still under consideration or had suffered a political and legislative death.

DISCONNECTS ABOUND

In another example of the disconnect between the law's benefits and the public's view of it comes from Missouri. In August Missouri voters overwhelmingly approved Proposition C, which rejects the individual mandate prescribed by the Affordable Care Act. The message to Washington, proponents of the measure said, was: We don't like health reform and we want out of it.

At the same time, however, Missourians did not hesitate to apply for funds made available by the new law to subsidize health coverage costs

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for early retirees. Under this reinsurance program, the federal government absorbs 80 percent of health costs for retirees with medical claims between \$15,000 and \$90,000.

"Loathing health reform but loving its benefits" was the headline of an editorial published in the *St. Louis Post-Dispatch* on Sept. 8.

As the editorial points out, seven states sued to block implementation of the Affordable Care Act but also applied for the funds it appropriates to help corporations pay for early retirement benefits.

“So here’s the real lesson from the Proposition C vote: Like residents of Illinois, Iowa and every other state, Missourians don’t want federal health care reform. We want just the parts that benefit us. Which, when you look closely at the reform law, is pretty much all of it,” the *Post-Dispatch* editorial concludes.

MYTHS AND MISUNDERSTANDINGS

Many falsehoods about effects of the reform law — from death panels to socialized medicine — were and continue to be partially responsible for the public’s lack of understanding and support.

Seniors have been an especially difficult group to persuade that health reform is positive — both for them and for the country overall. As a group, seniors tend to pay closer attention to the news, and are more interested in all matters medical than their counterparts in other age groups. As a result, seniors do know more about reform than others but also tend to express stronger reservations and concerns.

The false but oft-repeated notion that care will be rationed, or that government officials will make medical decisions, is one of seniors’ major concerns, along with fears of Medicare cuts and problems with availability of health care providers with so many new people in the system.

In reality, the Affordable Care Act will eventually expand coverage to 32 million people currently without it (including many of those seniors’ children and grandchildren); make medication more affordable for millions of seniors by closing the Medicare doughnut hole; provide 100 percent coverage of preventive services (not available currently) and extend the life of the Medicare trust fund. The law also includes grants and incentives to train new medical professionals and help prevent any shortage of providers.

According to Herndon’s research, telling seniors about these benefits can help change their perspective on reform. The best way to describe the law’s helpful features, to both seniors and other groups or individuals, is to use stories of how people like them have benefited from the change, Herndon’s research concluded.

“A compelling personal story helps tremen-

dously to make the health care reform law real, break down resistance, tap into anger about how things were under the old system, provide hope for how health care reform can make it better, and help voters retain knowledge of key provisions,” said a summary of the focus group research conducted this summer by Lake Research Partners.

The stories will include case studies of children with pre-existing conditions who got enrolled in coverage and received needed treatment, students able to stay on their parents’ health plans longer than was previously possible, seniors able to more easily afford their basic expenses, businesses able to provide coverage they couldn’t before and, ideally, lower costs and greater quality.

RESOURCES AND PERSISTENCE

Catholic health care is well positioned to find and help tell these stories. Over the coming months and years, as reform is implemented and its benefits easier to see, we will need to collect and distribute the evidence. If we can tell stories that speak to the success of the law, we can reach people more effectively and thereby help increase support for reform across all groups.

The law is not perfect, but it does make huge strides toward a more inclusive, more just, more effective system. CHA’s advocacy staff is busy preparing resources to help our members understand reform, communicate effectively about it and monitor enactment of the law to ensure it works for providers and patients alike.

It is CHA’s opinion that eventually, the Affordable Care Act will be viewed as favorably as Medicare was initially and still is today. Getting there, however, will take time and persistence. Catholic health care leaders are credible, important voices in the effort. Each time you correct misinformation or help a family member, colleague, or friend understand reform, you also keep the dialogue honest and mark progress toward creating the health care system we envision.

JEFF TIEMAN is senior director, health reform initiatives, Catholic Health Association, Washington, D.C. Write to him at jtieman@chausa.org.

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