

Medicaid Messaging



Decimating Medicaid has been top of the to-do list for key lawmakers like Speaker of the House Paul Ryan for years and the election of Donald Trump has provided a golden opportunity to finally make good on this pro-corporate, anti-family agenda. Medicaid, unlike Medicare and social security, is means-tested and thus applies only to certain people. This makes it more vulnerable to right-wing attacks. And it puts the onus on us to get the messaging right for a fight that is literally life or death for millions of people.

Toward this end, here we review common pitfalls in current Medicaid messaging and suggest ways to frame this based on existing research into related issues and best practices in perception and persuasion.

Current messaging pitfalls

1. Leading with problems

Right now, as in most progressive messaging, advocacy to sustain Medicaid follows a familiar pattern: problem, solution, action. In other words, we describe the problem first, either in technical terms or, less frequently, elaborating on the human harms.

The problem with problems is that people don't want more of them. Engaging people not directly impacted by Medicaid can't happen when our outreach kicks off with harms and deprivations. Instead, as we'll explore below, we must lead with the *shared values* that undergird Medicaid and our desire to sustain and expand it.

2. Focusing on process over outcomes

Currently, advocates are explaining plans underway as a process shift: “[HHS Secretary] plans to change the structure of Medicaid by converting it into a block grant.” Because most people don't know what a “block grant” is, let alone why it's bad, this doesn't seem troubling. In fact, it may even sound promising – like new money is on the table in some bulk amount.

It's only after describing this proposed move to block grants (the process) that advocates turn to what's troubling about it: “[moving to block grants] would likely eliminate the guarantee that everyone who's eligible and applies for its benefits

would receive them and probably give states sweeping new authority to restrict eligibility, cut benefits, and make it harder for people to enroll.”

And even here, we remain in *process over outcomes* messaging. Restricting eligibility, cutting benefits, complicating enrollment all lead to people not getting care, creating or prolonging illness. But instead of describing the all-too-common lived experiences of having an illness or watching a loved one suffer, we focus on the paperwork and procedures elements. Again, the concern in lived experience terms isn't eligibility and benefits; it's seeing a doctor, getting treatment, affording medicines, and so on.

Further, we tend to shield humans from view, calling them, for example, “beneficiaries,” “enrollees,” “eligible individuals” or “applicants.” These are labels our audiences don't apply to themselves or anyone they love.

And when we don't use technical terms to name people, we just avoid referencing humans all together: “states would either have to contribute much more of their own funding or, as is far more likely, use the greater flexibility the block grant would give them to make draconian **cuts to eligibility, benefits, and provider payments.**” The cuts will be to people, not things.

3. Shielding the culprits from view

As with the two missteps already named, our third issue is also commonplace in progressive advocacy. We tend, in this debate, to make the existing and impending problems seem to have no clear origin. Consider, for example, how the “block grant” not the lawmakers pushing them are made the agent here: “A Medicaid block grant would institute deep cuts to federal funding for state Medicaid programs and threaten benefits for tens of millions of low-income families, senior citizens, and people with disabilities.” Block grants don't create themselves. Lawmakers implement them and can choose to do otherwise.

Similarly, we find a tendency to talk about people “**losing** their Medicaid coverage.” People “lose” their keys and wallets. Politicians take or confiscate Medicaid.

Motives matter. It's no coincidence that massive giveaways to corporations and the wealthiest will be part of the same budget that includes taking medicine away from struggling Americans.

Better Messaging Options

With these common mistakes in mind, we turn to applying best known advice on messaging issues related to poverty and health – two core domains in the Medicaid fight.

1. Lead with shared values

Instead of starting off with the problem, it's critical to establish common ground by reminding audiences why we have and esteem Medicaid. Shared values that have proven effective in debates about financial hardship and about health, include (a) family – for American providing for sick family members has always been non-negotiable and Medicaid is a program that assists families in providing care for loved ones (b) the Golden Rule, or treating others the way we want to be treated (c) fairness or how illness touches us all and the desire to be well is universal (d) unity or coming together to support a desirable outcome for our nation.

In practice, leading off with one of these shared values would sound like the following:

[Family] - *You and I know, in America, family should come first. And whether it's for a newborn you swear already smiles, your elderly mom or your spouse nursing an injury, taking care of family in sickness and health isn't negotiable.*

[Health] - *No matter our differences, most of us want pretty similar things – to go through our lives in good health and to get quick, effective, compassionate care if we're ever sick or injured.*

[Humanity] - *Whether it's routine like strep throat or scary like cancer, illness reminds us that at our core, we're all human. Everyone wants proven treatments without fearing we'll go bankrupt to get them.*

[Fairness] - *We say America was founded on the idea that people are created equal. That's why access to the medicines we need to live healthier should be equally available to all; getting sick and needing care doesn't depend on what's in your wallet. No one should go into debt to get well.*

[Unity] - *Politicians may not get it but Americans stand largely united, we work hard for our families, look out for our friends, and want our neighbors to enjoy healthy and prosperous lives.*

2. Employ lived experience

Although Medicaid doesn't touch every American's life, getting sick, being injured or watching someone you love be unwell is a universal human experience. Where "coverage" and "block grants," "eligibility" and "benefits" language abstract away

from what's really at stake, messaging about how your body feels when unwell makes the issue visceral and critical.

Coverage is only as good as what it allows you to do – set a broken bone, prevent incurable diseases in your baby, get chemotherapy for cancer, stitch up a wound for proper healing. These are the terms and experiences that make this a *human* issue, not a policy debate.

3. Introduce the problem after the shared value

While leading with problems is ill advised, it is important to convey what's at stake if lawmakers decimate Medicaid. Introducing the problem after you've set out the shared value helps generate cognitive dissonance in your audiences. It makes the intended policy an abrogation of what we believe and how we desire to see ourselves.

In practice, introducing the problem as a source of cognitive dissonance after each value introduced before could take the following forms:

You and I know, in America, family should come first. And whether it's for a newborn you swear already smiles, your elderly mom or your spouse nursing an injury, taking care of family in sickness and health isn't negotiable. But corporate billionaires have taken over our government. They are using their power to rig the rules so they can take even more of the wealth we produce. With one hand they are helping themselves to massive revenue handouts. With the other hand they are taking medicine away from people struggling to make ends meet.

No matter our differences, most of us want pretty similar things – to go through our lives in good health and to get quick, effective, compassionate care if we're ever sick or injured. But today, Republicans want to block people struggling to make ends meet from the most cost effective, life saving medical care (insert # of Americans on Medicaid) count on to get and stay well.

Whether it's routine like strep throat or scary like cancer, illness reminds us that at our core, we're all human. Everyone wants proven treatments without fearing we'll go bankrupt to get them. But today, Republican lawmakers are threatening (insert estimated # of Americans who will get kicked off) with choosing between life saving health care or putting food on the table for family. Without Medicaid, people struggling to make ends meet can't take their babies for routine checkups, get treatment for serious diseases or get the pills they need to stay healthy and make it to work everyday.

We say America was founded on the idea that people are created equal. That's why access to the medicines we need to live healthier should be equally available to all; getting sick and needing care doesn't depend on what's in your wallet. No one should go into debt to get well. But today, the GOP wants to pick who gets to live long and in

good health and who will struggle to get care for themselves or their family. They see a life in California, a prosperous state that pledges to look after all of its residents, as worth more than one in Mississippi, where state lawmakers are eager to block people from the care that they need.

Politicians may not get it but Americans stand largely united, we work hard for our families, look out for our friends, and want our neighbors to enjoy healthy and prosperous lives. But today, a small group of lawmakers want to take away the preventative care, treatment and medicines of our fellow Americans. They are targeting our friends, family members and neighbors who have the absolute least right now – in order to award revenue giveaways to a handful of their biggest donors.

4. Name the culprits

Instead of offering up passive accounts of “losing” coverage or making the proposed policies the actors, it’s critical to name names. Wherever possible, describe *who* is behind the problems you catalogue. And, when this isn’t obvious, use verbs like *choose* or *decide*, *eliminate* or *confiscate* to characterize what lawmakers have done or seek to do.

5. End with a solution and desired action

After your shared value and problem, your message should end with your solution and, ideally, a concrete action you want your audiences to take. The solution, in this case, is to either maintain or expand Medicaid. The desired action depends, of course, on the campaign plan. For illustration, this could be calling a particular member of Congress, supporting some competing piece of legislation to expand Medicaid, attending an event, or something similar.

It’s best to have your solution and call to action harken back to the shared value that kicked off your message. You want to resolve for your audience the cognitive dissonance you introduced.

By keeping and expanding Medicaid, we will benefit from the proven most efficient health care system we’ve got. Then, we’ll live up to the promise of life, liberty, and pursuit of happiness for every American.

Life and health should not be for sale. We must make lifesaving care available for all Americans. Everybody deserves the best chance possible to live healthy lives. Life-saving medical care doesn’t work if people are forced off of Medicaid.

Nobody should have to choose between affording a lifesaving drug and putting food on the table for their family. We need to protect and expand Medicaid to put our life and health first.

Say...	Instead of...
Mothers, children, friends, neighbors, teenagers, etc.	Eligible individuals, recipients, enrollees, etc.
Politicians take, lawmakers confiscate	People lose [coverage, Medicaid, Obamacare]
Remove people from care, deny people care, force people into debt for care	Block grants
Care, treatment, prevention, medicine, getting and staying well	Coverage, access to coverage
Strep throat, cancer, broken arm, etc.	Medical/health conditions
Hurt Americans, hurt people	Hurt the economy
People struggling to make ends meet	Low-income, means tested, in poverty