ANALYSIS OF HEALTH ISSUES

Campaign '96

DRAFT, FOR INTERNAL COMMENT ONLY

Table of Contents

3/6/96

I.

Overview and Methodology

The Health and Human Services Desk conducted a comprehensive analysis of health issues for campaign '96. Information about the future of health care in America was solicited in interviews and small group discussions with 126 key opinion leaders. Non-governmental interviewees also were asked about the political viability of certain health issues.

These interviews and focus groups reports do not constitute scientific survey instruments. Instead, they represent a sampling of opinions from national leaders and activists likely to assist with motivating voters and the media during the '96 campaign cycle.

White House position papers, interview data, small group information, and recent germane survey data were all consolidated into the following analysis and political strategy.[1]

[1]To protect the confidentiality of individual opinions, no attributions are noted in the subsequent report.

II.

Interviewees and Focus Groups: Democratic Opinion Leaders

ORGANIZATIONS:

- AFL-CIO
  - Gerry Shea, Assistant to the President for Government Affairs
- Service Employees International Union
  - Ken Grossinger, Political and Field Operations
- Families USA
  - Ron Pollack, Executive Director
- Citizen Action
  - Cathy Hurwit, Legislative Director
- National Health Policy Council
  - Liz Shannahan
- American Association of Retired Persons
  - Jim Butler, Director, AARP Vote
  - Bruce Koepple, AARP Vote
- Children's Health Fund
  - Irwin Redlener, President
- American Nurses Association
  - Chris DeVries, Political Director
  - Terry Gaffney, Director of Field Services
- American Academy of Family Physicians
  - Charles Huntington, Director, Washington Office
  - Rosie Sweeney, Vice President for Socioeconomics and Policy Analysis
- American Academy of Pediatricians
  - Jackie Noyes, Associate Executive Director, Director, Washington Office
  - Sam Flint, Associate Executive Director
  - Graham Newsom, Senior Assistant Director, Washington Office
  - Karen Hendricks, Assistant Director, Washington Office
  - Elaine Holland, Assistant Director, Washington Office
- American Medical Association
  - Jim Todd, Executive Vice President
  - Richard Deem, Director, Division of Federal Affairs
- Patient Access to Specialty Care Coalition
  - Randy Fenninger, Co-Chairperson
- American Hospital Association
  - Mark Seklecki, Director of Political Affairs
- Catholic Health Association
  - Jack Bresch, Government Liaison

- Association of American Medical Colleges
  - Jordan Cohen, President
- National Organization Responding to AIDS
  - David Harvey, AIDS Policy Center
  - Christine Lubinski, AIDS Action Council
  - Mike Shriver, National Association of People with AIDS
  - Jane Silver, American Foundation for AIDS Research
  - Winnie Stachelberg, Human Rights Campaign
- Principal Behavioral Health Care, Inc.
  - Kelley Phillips, Medical Director

FOCUS GROUP PARTICIPANTS:

- Dr. Ron Anderson, President and CEO, Parkland Memorial Hospital
- Dr. G. Lawrence Atkins, Senior Vice President, The Jefferson Group
- Dr. James Bray, Associate Professor, Baylor College of Medicine
- Mr. Jack Bresch, Lobbyist, Catholic Health Association
- Ms. Kathy Bryant, Associate Director, American College of Obstetricians and Gynecologists
- Dr. Anthony Clemendor, New York County Medical Society
- Mr. Jerome Connolly, Sr. Vice President, Health Policy & Practice, American Physical Therapy Association
- Dr. Devra Davis, Senior Fellow, World Resources Institute
- Dr. Chet Douglass, Professor, Western Massachusetts
- Mr. Mike Dukakis
- Dr. Steve Eckstat, Family Physician, Mercy West Clinic
- Dr. Robert Erard, MPA Public Information Chair, Psychological Institute of Michigan, PC/Michigan Psychological Association
- Ms. Karen Fennell, Senior Policy Analyst, American College of Nurse-Midwives
- Dr. Samuel Flint
- Ms. Pat Ford-Roegner, Regional Director, Department of HHS
- Dr. Howard (Chip) Freed, Director of Emergency Services, Nathan LiHaver Hospital
- Ms. Debbie Gitchell
- Dr. Stephen Gorin, Associate Professor, Plymouth State College
- Ms. Michelle Gottlieb, Program Analyst, World Resources Institute - Environment, Health & Development Program
- Dr. E. Rawson Griffin III, Premier Family Care PA
- Mr. Ken Grossinger, Legislative Field Coordinator, Service Employees International Union
- Dr. Neil Halfon, University of California - Los Angeles
- Ms. Sandy Harding, Government Relations Associate, National Association of Social Workers

- Dr. Mary Hayes, Pediatric Dentist
- Dr. Hugh Hill, III, President, Legal Medicine Center
- Dr. John Holloman, Jr., Medical Director, W.F. Ryan Health Center
- Dr. Shirley Hurd, Don, CADC/JFP
- Ms. Jackie Jenkins-Scott, President, Dimock Community Health Center
- Dr. Harry Jonas
- Mr. Jacob Jonas
- Dr. Bernard Kay, Chair, Department of Pediatrics, College of Osteo. Med. Michigan State University
- Ms. Kate Kellenberg, Senior Health Policy Advisor, National Association of Community Health Centers
- Dr. Lance Laurence, Clinical Psychologist, University of Tennessee-Knoxville
- Mr. Jon Lawniczak, Senior Health Policy Analyst, National Council of Senior Citizens
- Mr. Joseph Liu
- Dr. Irving Loh, Medical Director, Ventura Health Institute
- Mr. Rick Mauery, Commissioner (nominee), D.C. Health Advisory Committee
- Ms. Patricia McGill, Vice President Legislative Policy, West Virginia Hospital Association
- Dr. Sheila McGuire, Senior Epidemiologist, ISYS Group
- Dr. C. Arden Miller, Professor Maternal & Child Health, School of Public Health, University of North Carolina
- Dr. Cynthia Moniz, Associate Professor, Director, Social Work Program, Plymouth State College
- Ms. Shelley Moskowitz, Legislative Director, Neighbor to Neighbor
- Mr. Lou Nayman, Field Director, American Federation of Teachers
- Dr. Conchita Paz, Staff Physician, New Mexico Hispanic Medical Association
- Dr. Don Prine, Director of School Improvement and Labor Relations, Des Moines Public Schools
- Mr. Richard Rasmussen, Vice President, Association of Voluntary Hospitals of Florida, Inc.
- Dr. Irwin Redlener, Conference Director, National Health Policy Council
- Dr. Neil Redlener, Psychiatric Medical Director, North End Community Health Center
- Dr. Elena Rios, HHS OWH
- Dr. Sara Rosenbaum, George Washington University
- Dr. Arthur Rubin
- Dr. Linda Rudolph
- Dr. Patricia Salber, Emergency Physician, Kaiser Permanente

- Ms. Karen Scipio-Skinner, Legislative/Practice Specialist, DC Nurses Association
- Mr. Mark Seklecki, Director of Political Affairs, American Hospital Association
- Dr. Judith Shindul-Rothschild, Boston College, School of Nursing
- Dr. Aaron Shirley, Executive Director, Jackson-Hinds Comprehensive Health Center
- Mr. Eric Sokol, National Association for Home Care
- Mr. Alan Solomont, CEO, The ADS Group
- Mr. Fred Somers, Director, Government Relations, American Occupational Therapy Association
- Ms. Winnie Stachelberg, Senior Health Policy Advocate, Human Rights Campaign
- Dr. Patricia Starck, Professor and Dean, The University of Texas Health Science Center at Houston
- Dr. Jeffrey Taxman, Newport Professional, Ltd.
- Mr. Joseph Terrell, Political Affairs Associate, National Association of Social Workers
- Mr. Frederick Thacher, Chairman and CEO, Community Care Systems, Inc.
- Dr. Elizabeth Valdez, President and CEO, Concilio Latino De Salud, Inc.
- Mr. Bob Waters, Arent, Fox, Kintner, Plotkin & Kahn
- Ms. Toby Weismiller, Political Director, National Association of Social Workers
- Ms. Amanda Wellman, Political Action Specialist, American Nurses Association
- Dr. Sterling Williams, Professor and Vice Chairman for Academic Affairs, Department of Obstetrics and Gynecology, Columbia/Presbyterian Medical Center
- Mr. Sheik Bacchus, CEO, Isaac Coggs Health Connection, Inc.
- Dr. Robert Briskin, President and Founder, The Patient and Physician Partnership Program
- Dr. Jim French, Center for Plastic Surgery
- Mr. Richard Jackson, General Counsel & Corporate Secretary, Meharry Medical College
- Dr. Steve Jonas, Professor, State University of New York
- Dr. William Licamele, Child Adolescent Psychiatry Director, Georgetown University Medical Center
- Dr. Bernard Master, Founder and Chairman, Health Power HMO
- Dr. David Slosky, Cardiologist, SSRG
- Mr. Kenneth Viste, Jr., President, American Academy of Neurology

DRAFT, FOR INTERNAL COMMENT ONLY

III.

External Surveys

CBS (1/4/96): Clinton Holds Public Trust on Medicare

Kaiser (12/13/95): Measuring Views of For-Profit and Non-Profit Care

Chilton (11/20/95): Little Overall Difference in Plan Satisfaction

Newsweek (11/11/95): Public Opinion Split on GOP Budget Plan

Louis Harris (11/20/95: Should the Federal Government Lend a Helping Hand?

Louis Harris (11/13/95): Public Still Moving Toward Clinton on Medicare

Gallup (11/10/95): Almost 2/3 Favor Budget Veto

Hart and Teeter (11/1/95): Ten-Year Budget Favored Over GOP Plan

Louis Harris (11/1/95): Government Should Address Medicare and Health Care

Louis Harris (10/10/95): Seniors Prefer Clinton's Medicare Plan

Princeton (10/6/95): Medicare Debate More Popular Than O.J.

Chilton (10/2/95): Is Medicare a "Sacred Entitlement?"

Epic/MRA-Mitchell (9/24/95): Health Care Reform: It's the Public's Greatest Worry

Gallup (9/25/95): Medicare Reform: Elderly to Be Worse Off Under GOP Plan

AARP (9/26/95): Is There a GOP Mole on Staff?

LA Times (9/20/95): Public Prefers Democrats' View on Medicare

Yankelovich (9/15/95): Public Divided on Medicare Voucher Plan

Luntz (9/7/95): Medicaid Opinions: Ninety Percent Favor Government Role in Long Term Care

Market Facts (9/10/95): Medicaid Funding: "Don't Cut Medicaid Long Term Care"

Council for Affordable Health Insurance (9/8/95): Medicare Wrap-Up

Yankelovich (8/27/95): Is There a Medicare Crisis?

Princeton (8/24/95): 61% Oppose Medicare Cuts to Balance Budget

Hart and Teeter (8/3/95): Public Approves of Paying More for Fee-for-Service

Gallup (7/28/95): Most Expect Some or No Medicare Benefits

ABC/WP (7/19/95): Clinton's Still "The Choice" on Medicare

Louis Harris (6/29/95): Public Concerned About Medicare's Future

IV.

Issues Surveyed and Questions Asked

Opinions on the following health issue categories were solicited during interviews and group discussions:

1. Medicare
2. Medicaid
3. Insurance reform: pre-existing conditions, portability, and responsible managed care
4. Women's health
5. Children's health
6. Healthy communities
7. Paperwork reduction and administration simplification
8. Violence
9. AIDS/HIV and newly emerging infections
10. Environmental health: FDA, food and drinking water safety, and tobacco
11. Mental health and alcohol and drug abuse
12. Private sector health costs
13. Quality of health services
14. Effective rebuttals to attacks involving the 93 debate

Questions asked:

1. Identify strengths and weaknesses in each of the above issues.
2. Identify key campaign themes and messages.
3. Identify important campaign strategies.

V.

Messages and Political Analysis

The following summarizes proposed positions on the issues based upon opinion leaders' view of sound public policy and political strategies. Specific messages and sound bytes as well as strengths and weaknesses in the message are, at times, included.

Medicare

Polling and interview information suggests that the President's defense of Medicare remains one of the strongest health-related issues in his armamentarium. Although some could argue that the differences between the Republican and Democratic version of Medicare reform have narrowed, the public still views these differences as significant. More importantly, activists in touch with millions of potential campaign workers believe that the Medicare issue incites a passion that no other issues have yet been able to inspire in this campaign.

The Health Desk analysis reveals that, among consumers, the President's position on Medicare is felt to provide substantial protection from the devastating consequences of reduced benefits and increased premiums. Amongst provider groups and health workers, the President is recognized as the one defending a stable infrastructure for our health care system. Particularly strong support for the President comes from the American Nurses Association, AIDS activists, the academic health centers, and unionized health workers. Opposition that may occur amongst physicians and hospitals focuses primarily on the structure of PSNs, anti-trust, CLIA regulations, and the Medicare fraud and abuse dragnet. The objective of any Medicare campaign strategy should be to provide sound public policy while preserving the broadest support amongst consumers and providers. The Health Desk would recommend the following messages be emphasized in the Medicare debate:

- The Republican plan will cut necessary funding for Medicare by 44 billion. Forty four billion dollars is not pocket change.
- The Republican plan consistently asks the elderly to pay more.
- The Republican plan offers no Medicaid option to pick up Medicare co-pays and deductibles for the poor elderly.
- The Republican proposal for medical savings accounts will help the very rich and increase Medicare costs for the poor.
- The Republican plan fails to address waste in the system and eliminates

many consumer protections.

- The Republican plan fails to provide preventative services like colon cancer screening and adequate funding for immunizations.

- The President's plan preserves Medicare far into the future.

- The President's plan recognizes that America has the most advanced, efficient health professionals in the world.

- The President's plan recognizes the importance of provider-sponsored networks, a concept created by the President's staff during the health debate of 1993. The President recognizes that health professionals and their patients, not insurance companies, should be running the health care system.

- The President recognizes that fraud and abuse by some health system profiteers is costing patients and honest health professionals millions of dollars.

- The President's plan provides real choices for Americans and does not coerce the elderly into managed care.

- Although the Republicans have a laundry list of beneficiary "choices," they in fact erode traditional Medicare options, which offer the greatest flexibility to consumers. The President offers "real choice" and preserves the old Medicare with the new.

Quotables:

"Medicare is not any old entitlement. It is your grandparents' guaranteed health insurance and they deserve the best. A second rate Republican alternative to Medicare is definitely not what one would call the best."

"Preserving Medicare requires fiscal and social responsibility in equal measure. America can balance its budget. It need not balance it on the backs of elderly Americans."

"Cutting Medicare costs is important to the future. However, when a Medicare/Medicaid recipient shows up in the emergency room and this government doesn't pay the bill -- America hasn't really saved a thing. We have simply shifted the cost somewhere else. Draconian cuts in services and benefits may look good politically in the short run to some Republicans, but someone else will eventually have to pay for the care of the patient — the cost and the human suffering are still there."

Polling data:

- 50% of Americans trust the President to make decisions involving Medicare, while only 39% trust the GOP Congress to do so. (CBS, 1/4/96)
- 61% of Americans (and 68% of Americans over 65) agree with the President when he and the GOP Congress disagree about Medicare cuts and policies. (Louis Harris, 11/20/95)
- 83% of Americans oppose Medicare reform proposals that cut future costs to pay for a tax cut. (Louis Harris, 10/19/95)
- If Medicare reduces fees to providers, 61% of Americans believe that providers will refuse to accept Medicare patients, and 83% believe that providers will raise prices for non-Medicare patients to make up for lost income. (AARP, 9/26/95)
- 57% of Americans (56% of Americans over 65) believe that smaller cuts are adequate to keep Medicare going, while only 26% (17% over 65) do not believe so. (LA Times, 9/20/95)
- 51% of Americans (57% of Americans over 65) oppose optional medical savings accounts for Medicare, while 38% (21% over 65) favor them. (LA Times, 9/20/95)
- 64% of Americans oppose cutting Medicare growth to balance the budget. (Yankelovich, 8/27/95)

Medicaid

Interviews, small group reports, and polling information would suggest that Medicaid continues to be a very strong issue for the President. It is weakened only by the fact that most Americans still consider Medicaid a welfare program. Even among provider groups there is a poor understanding of the contribution Medicaid funds make to working Americans and their elderly parents. Although the philosophical and fiscal differences between the Republican and Democratic version of Medicaid are more substantial than are Medicare, the public perception of Medicaid as a welfare program weakens its effectiveness as a campaign issue.

With respect to traditional pro-Democratic consumer groups (such as Citizen Action, Families USA, National Council of Senior Citizens, and AFL-CIO), there is no question that strong support exists for the Medicaid program. Amongst business, non-unionized workers, and many providers there is a poor understanding of Medicaid's importance to middle class Americans. The leadership of provider and business groups (like the AMA, AHA, American Nurses Association, Academic Medical Centers, and Washington Business Group on Health), however, are likely to support a campaign to better explain Medicaid.

The campaign should initiate a nationwide educational effort based upon several high profile speeches by the President in support of Medicaid as an entitlement. The President's message, in highlighting the importance of Medicaid, should emphasize that state and local government will be burdened by additional expense, should appropriate Medicaid policy be subverted by the Republican Congress, and that such subversion would place nursing home residents and their families at great financial risk.

In addition, the Republicans have significant vulnerabilities amongst provider groups in that acute care benefits are not mandated, allowing states to distribute more funds into areas other than bedside care.

The following messages should be emphasized in the Medicaid debate:

- The Republican plan fails to adequately cover nursing home care for the elderly. Currently 70% of funds go to nursing home care.

- The Republican plan allows nursing homes to attach the assets of spouses and children of middle class elderly residents.

- The Republicans eliminate Medicaid as an entitlement and remove all benefit guarantees including those for acute medical care.

- The Republican cuts in the Medicaid program exceed the President's

recommendation by 26 billion dollars.

- Medicare co-pays and deductibles covered by Medicaid would be eliminated for the poor elderly.

- The safety net for parents whose children suffer catastrophic disability, such as head injuries, would be eliminated under the Republican plan. As the number of employment-based health plans decreases, and the number of Medicaid beneficiaries increases, the importance of this safety net is strong.

Quotables:

"Medicaid is the only health care safety net available for middle class Americans impoverished by catastrophic illness."

"Congress is right to question the big ticket items and right to ask the tough questions about beltway frivolity. But programs to protect our children's health and our grandparents' nursing home care are neither big ticket nor are they easily dispatched by anyone conscious of the painful consequences."

Polling data:

- 84% of Americans agree that the federal government should guarantee nursing home care for the elderly. (Louis Harris, 11/20/95)
- 79% of Americans agree that the federal government must protect the most vulnerable in society, especially the poor and the elderly, by guaranteeing minimal living standards and providing social benefits. (Louis Harris, 11/20/95)
- 90% of Americans want the government to play a role in funding long term care for at least the truly destitute. (Luntz, 9/7/95)
- 73% of Americans believe that it is inappropriate for the elderly to impoverish themselves to qualify for Medicaid. (Luntz, 9/7/95)
- 87% of Americans oppose reducing the quality of nursing home care if Congress cuts long term care funding for the elderly. (Luntz, 9/7/95)
- 57% of Americans oppose cutting the number of eligible people for government-financed long term care if Congress cuts long term care funding for the elderly, while only 32% favor it. (Luntz, 9/7/95)

Insurance Reform

Across the board, polling information between 1990 and 1996 suggests strong public support for private sector insurance reform. The debate of 1993 would suggest that is a strong campaign issue only if we avoid suggesting government programs or new government regulation as part of the initiative. There appears to be substantial public concern and strong activist motivation (as represented by AFL-CIO, Families USA, Citizen Action, Children's Health Fund, American Medical Association, American Hospital Association, American Academy of Family Physicians, and Patient Access to Specialty Care Coalition) in support of initiatives that do the following:

- Eliminate the pre-existing condition exclusion from insurance policies; provide support for the uninsured sick; oppose profiteering by insurers from the well-insured healthy.

- Guarantee insurance for those who move or change jobs.

- Make insurance premiums for self-employed individuals tax deductible as previously articulated by the White House.

- Consumer choice. There is strong support for encouraging employers to preserve broad choices of providers and plans for their employees. This requires no legislation, only a bully pulpit.

- Responsible managed care (new issue). There was significant concern amongst consumer and provider groups that managed care, if left to the devices of insurance company managers and passive investors, may be tempted to deny care in favor of profits. While defending managed care as a great cost containment vehicle, the Administration should consider policy initiatives which would place medical decision-making more firmly in the hands of patients and their providers. This is a strong political issue because of the sheer numbers of providers and consumers who would find the idea appealing. Opposition would come from the insurance industry and a smattering of big business benefit managers. Such initiatives require no funding, but bolster consumer rights to challenge (in concert with providers) denied services by for-profit HMO's.

  Although focusing on some of the problems with managed care worries a few Democratic opinion leaders in Washington, most of the groups with constituents outside of Washington feel that advocating "responsible managed care" coalesces the interests of millions of consumers and providers.

Obviously support for Kennedy-Kassebaum by the President in the State of the Union address was a sound strategy. Kennedy-Kassebaum (although falling short of universal

coverage) is supported by the broad base of voters. Kennedy-Kassebaum does the following:

- Requires insurers to issue insurance to groups — regardless of medical history.
- Limits ability of insurers to exclude people who have pre-existing conditions.
- Guarantees insurance for individuals who move or change job.
- Guarantees that insurance can be renewed in spite of serious illness.

Opposition to the Kennedy-Kassebaum bill comes primarily from insurers and some small businesses. An argument has been rendered that businesses might stop hiring people with illnesses and other disabilities as a means to reduce health insurance premiums. Fortunately, such activities are against the law and are unlikely to occur. In addition, many of the insurance company objectives are designed to highlight the minimal premium increases that might result from such legislation. The insurers fail to note that those costs, if not covered by the insurer, must be borne by other entities in the community anyway.

Policy initiatives in the area of insurance premium deductibility and responsible managed care, when added to the principles in Kennedy-Kassebaum, should round out the President's insurance reform proposals for the 96 campaign.

Quotables:

"Health insurance was created so that members of the healthy majority might tender the burden for their seriously ill neighbors. Today, health insurance many times does the opposite — excluding only those who are sick. This legislation deserves continued bi-partisan endorsement. It begins to right a wrong. It provides some hope that serious illness or job loss will not endanger one's health insurance coverage."

"Managed care is the work horse of health cost containment. If the passion for profit subverts the passion for healing, then managed care becomes a 'Trojan horse'."

"Those who profit from cutting medical services must also be accountable for medical quality. Those who are making the rules by which doctors and patients must live, should make sure that good care is always available, and not inappropriately withheld."

Women's Health

Although every Democratic activist indicates that women's health issues are very important, articulating those issues to a broad base of women will be different than in 1992.

Numerous women's health programs (research and non-research) have been funded by NIH and other HHS agencies. The sheer volume of work on women's health speaks to this Administration's commitment. Translating these programs into a cogent campaign theme is important to communicating the President's strengths in women's health.

President Clinton and his Administration strongly support women's health care programs for disease prevention, training, and delivery, research, and policy development. For the first time, HHS has placed women's health as a top priority, evidenced by the establishment of the Deputy Assistant Secretary for Health and the appointment of Dr. Susan Blumenthal to this position to direct the HHS Office on Women's Health. The Administration also established Offices of Women's Health at the CDC and FDA and Women's Health Coordinator positions at HRSA, AHCPR, and SAMHSA, which join the NIH Office of Research on Women's Health, and supported the hiring of five Regional Women's Health Coordinators in the HHS Regional Offices.

As important to women may be issues related to health that extend beyond themselves to the family.

Women's health issues that are appealing across the board to include:

- Domestic violence. Domestic violence continues to be a fundamental concern for millions of Americans. The Administration has addressed the issue effectively, and should continue to do so.

- Breast cancer prevention. The First Lady's initiatives in this regard have been very popular. Efforts to elevate awareness have been well-received. Women's organizations of all types have been motivated to become active in the fight against breast cancer. Cervical cancer screening, and uterine cancer are also issues for which the Administration can claim leadership.

- Medical quality. The Administration's efforts to monitor pap smears and other lab results plays particularly well with women. The idea that a laboratory would negligently overlook a cervical cancer is an issue that tends to motivate voters, particularly women.

- Women as the Nation's caretaker. This involves recognizing women's role in the health of children, husbands, and parents. Women have accepted the greatest

burden of responsibility for the health of the family, so initiatives which lessen that burden tend to resonate well with women. The Medicare debate, prostate cancer screening initiatives, Medicaid coverage for nursing home care, home nursing support, etc. all appeal to women voters.

- Reproductive health, birth control, prenatal care, and maternity issues. Support for preserving effective prenatal care via Medicaid or private insurers is encouraged by all interviewees as a given. The abortion debate, of course, continues to be a double-edged sword, at times providing a focus of vehement political conflict. There is no question that the President must continue his well-established support for the woman's right to choose. There is no question that groups who are strong in their support for that right are likely to vote for the President.

  It is important to remind pro-choice activists that the law is currently on their side and that support for the President is necessary to make sure that it continues to stay on their side.

- Healthy environment (data under research).

- Administration's support for women's health initiatives has been extensive. No other President has done so much. (Data under research.)

- Nutrition and food safety (data under research).

Quotables:

FORTHCOMING

Polling data:

FORTHCOMING

Children's Health

Children's health remains a popular issue for most if not all interviewees. The politics of opposing government expansion while supporting needed programs for children creates some message discord.

The question has been raised in many interviews about the viability of a "Children's First" universal health program. Requests have been made for the President to consider a nationwide school nurse/clinic program. Experts from government and academia have all stressed the importance of investing now in the health and education of children to prevent more costly problems down the road.

These ideas, according to most regional political activists interviewed, will have to wait until alternative, non-tax revenue sources become available. Such options as federally initiated, state managed programs, which are funded from state cigarette taxes or other levies, might create opportunities for 1997. For now, the most helpful and popular children's campaign themes among interviewees were:

- Stressing White House accomplishments (Anti-Tobacco and Teen Smoking campaign, Immunization initiative, Domestic Violence programs, Substance abuse initiatives, etc.)
- De-emphasizing big government. Keep children's initiatives as close to home as possible (at family or local government level).
- Preserving Medicaid, Head Start, WIC, SSI, School lunches ("Hungry Children Can't Learn")
- Focusing on Child Safety (Violence, the environment, the home)

The first three themes are well articulated in HHS and WH position papers. Child Safety needs further elucidation.

Making Society Safe for Children

Children's health expert Irwin Redlener, MD, suggested that the Administration should delineate a series of relevant, and accomplishable, objectives designed to make communities more secure for children. These initiatives should include many of the recommendations and programs already in active play by the Administration:

Environmental security for children

This strategy should be framed entirely as a concern for the environmental

ambience for children. Physicians for Social Responsibility, among other groups, has helped focus attention on the special impact of environmental adversities (in food, water, air) on
children.

Strengthening Support for Child Protection Programs

The public is, generally speaking, very concerned -- even outraged -- about the intractable, ever horrifying, existence of child abuse and neglect in our country. More than 3 million reports each year, 1200 deaths and regular exposes and public attention on particularly repulsive cases keep this issue on the front burner.

The President and other members of the Administration can speak out with passion and moral authority on this issue. The issues of **child support payments** and abandonment can be addressed in this context.

Eliminating Guns, Reducing Violence

Most Americans, perhaps irrespective of support for the NRA remain deeply troubled about violence and shootings which hurt children. A constant theme relating to removing guns from the environment of children would be relevant and in sync with the concerns of communities and families.

Anti-violence programs and safe-school efforts, community and state based, should be funded at higher levels and maximally publicized. The same is true for the issue of reducing the exposure of children to gratuitous violence and sexuality in the media and in the environment in general.

Action on Child Murder

Some interviewees felt that the Administration should encourage states to consider life imprisonment for adults who attempt to murder children, thereby stopping a disaster before it happens.

Quotables:

"As with the elderly, our social contract with children transcends the political moment -- a responsibility that cannot be absolved from government -- a responsibility that, if abandoned by government, would truly mean an end to the America envisioned by our forefathers."

Healthy Communities

When broadly defined, health concerns most often result from social and environmental problems, such as poverty, violence, substance abuse, teen pregnancy, and poor lifestyle habits. In fact, half of all premature deaths flow from external factors, such as tobacco (400,000 deaths/year), diet and activity patterns (300,000 deaths/year) and alcohol abuse (100,000 deaths/year). Healthy communities involve broad-based public-private partnerships to address the impact of these problems on physical and mental health.

The healthy communities movement recognizes no single means of addressing these problems. Instead, it encourages communities to tailor solutions to their own strengths and weaknesses, and most importantly, their own community values. In doing so, healthy communities conduct comprehensive self-examinations of their economic, health care, educational, environmental, transportational, cultural, recreational, informational, and governmental infrastructures -- everything affecting the ways in which individuals, families, and communities live, work, and recreate. They involve community leaders representing government; health care providers, consumers, and insurers; women and minorities; children and senior citizens; business and labor; public health and safety organizations; community organizations and neighborhood associations; and high-risk groups. And they strive to provide quality education, adequate housing, gainful employment, job skills training and retraining, efficient public transportation, recreational opportunities, healthy and clean environments, health promotion and preventive care, management of chronic illnesses, and other basic needs.

A related movement involves healthy companies, in which employers, employees and their dependents, insurers, health care professionals, and others form partnerships to promote health to reduce costs. Again, health is broadly defined to include many workplace issues.

As a campaign issue, the healthy communities movement embraces a number of themes:

- Citizen empowerment. Healthy communities encourage individuals, families, neighborhoods, municipalities, and regions to prioritize their own problems, and to formulate their own creative solutions. No big government!

- Broad definition of health. The healthy communities movement allows the campaign to focus on several campaign issues at once -- traditional health care, the economy, education, the environment, crime, healthy children, strong families, healthy workplaces, etc.

- Focus on preventive care. Because the healthy communities movement

recognizes that health promotion ultimately reduce health costs, the campaign can highlight the President's accomplishments in preventive care.

The Health and Human Services Desk encourages the campaign to salute these efforts. The President, by touting this unheralded community phenomenon, can lay claim to elevating this movement and thereby promote local responsibilities over federal programs. Healthy communities, in both large urban and small rural areas, and their community leaders, can be identified on many campaign stops throughout the United States (AK, AZ, CA, CT, CO, FL, GA, HI, ID, IL, IN, IA, KS, ME, MI, MN, NJ, NM, NC, OH, OK, PA, SC, TN, TX, VA, WA, WI). The campaign also can identify healthy companies for special recognition. Sources include National Civic League, Healthcare Forum, Washington Business Group on Health, and Greater Detroit Area Health Council, Inc., as well as members of the Administration.

Quotables:

"In spite of heroic efforts by well-meaning members of Congress on both sides, certain real problems seem so entrenched and unresolvable that apathetic discontent may start to replace political will."

"In the void, there sometimes surfaces a creative spirit, addressing issues unresolved by other means. Soaring health costs, drug addiction, and violence are, some feel, connected in a way that may be well-understood only at the community level. **The Healthy Communities movement is an example of creative politics -- activists dealing with these problems town by town, reducing the cost of health care, while redressing unnecessary suffering.** The Healthy Communities movement recognizes that violence, substance abuse, smoking, and poverty increase the financial burden for entire communities. These communities formerly lacked the information, the passion, and the will to do something about their situations."

Polling data:

What Creates Health? (DYG, Inc./Healthcare Forum, 1994)

Critical Determinants of a Healthy Community:

Low crime rate	73%
Good place to bring up children	73%
Low level of child abuse	72%
Not afraid to walk late at night	71%
Good schools	71%
Strong family life	70%
High environmental quality	65%

Good jobs and a healthy economy	64%
High-quality health care	61%
Affordable health care	60%
Good access to health care	60%
Excellent race relations	54%

Where Americans Place Their Confidence:

Citizens like you and your friends	52%
Federal government	16%

Paperwork Reduction and Administrative Simplification

There is no constituency group--provider, consumer, business, or labor--that opposes reducing paperwork and unnecessary regulation. Almost everyone opposes increased regulatory activity by government agencies and insurers. One interviewee suggested that Thomas Jefferson did not found the Democratic party by advocating for big government, and that somewhere along the line, we Democrats have given up the high ground to Republicans.

Consumers and providers feel that resistance to reducing paperwork many times comes from government (or insurers) whose budgets and influence increase with each new rule. When ask for ideas about decreasing paperwork, some regulators suggest that government be beefed up to investigate and prosecute waste. A great concept for the 70's which at times plays like oppressive governance in the 90's.

Most interviewees felt that when patients and providers talk about decreasing paperwork/bureaucracy, they are talking about reducing their own wasted time trying to conform to government/insurance company rules. The singular exception to bad feelings about such oversight would be rules designed to protect the quality of care or to prevent overt fraud.

Democratic opinion leaders generally agree that efforts to stop fraudulent health care billing practices or laws designed to protect the quality of care have received strong support from consumers. Although the Consumer Small Group encouraged the President to claim credit for protecting consumers, they suggested that extensive focus on government oversight might backfire.

The number one reason given by both providers and consumers for the failure of health reform in 1993 was the perception of too much government.

The number one reason given for administrative cost inflation within health care organizations was universally felt to be regulations created by government to micromanage or punish providers.

Health professionals have generally reacted positively to announcements by the administration about reducing time wasting requirements (i.e. Attestation statements, multiple claim forms, CLIA monitoring for high quality labs, etc.). Unfortunately, the Republicans are still viewed by most providers as more serious in their attempts to reduce intrusive and duplicative government rules.

Monitoring quality vs. reducing big government. The campaign strategy question is --can we have it both ways? The answer must be yes.

Messages and themes:

- The President and Vice-president have done more by executive order than any administration in history to reduce unnecessary regulations. Reductions in paperwork requirements by providers will help keep doctors and nurses at the bedside.

- The Department of Health and Human Services has intensified efforts to:

  - stop laboratory and pap smear errors
  - guarantee nursing home safety, and
  - stop unnecessary waste/fraud in provider billing;

  while reducing the HHS workforce by 3300 employees over the last year.

- The Department of Health and Human Services has implemented a uniform claims form policy to reduce confusing and duplicative claims processing.

- Interviewees felt that HHS should consider asking fiscal intermediaries (local offices in each state) to assist consumers with claims processing and coordination of benefits with secondary insurers.

Quotables:

"Reducing paperwork and government oversight does not mean health racketeers are off the hook. Health care fraud unfairly penalizes consumers and honest providers alike. Sometimes it seems that inconvenience is imposed on the many to protect against the abominations of the few. All the more reason to get the crooks off the street."

"We believe in government for the people, not unto the people. Creating regulations to address every contingency is neither rational, nor affordable. Regulatory overkill by government and insurers shifts the attention of nurses, hospitals, and doctors away from patient care. Health care paperwork adds to the burden of businesses and, at times, invades the sanctity of our homes."

"Government cannot watch every move you make, and so it should quit trying. Government can seek the best outcomes, and should, thereafter, reward those who create the healthiest communities."

AIDS/HIV and Newly Emerging Infections

The AIDS/HIV community recognizes the unprecedented efforts of President Clinton to advance its goals. Comprehensive lists of these accomplishments are readily available from various sources both inside and outside the Administration.

Although the AIDS/HIV community continues to seek further advocacy by the President on its behalf, it recognizes the fiscal restraints placed upon him. As such, it has recommended that the Administration "hold the line" and emphasize its record, particularly its accomplishments in prevention, care, housing, and civil rights. The budget battle is widely considered to be the most significant forum in which the President can demonstrate his continuing commitment to people with AIDS/HIV.

But many feel that AIDS/HIV is an important issue to all Americans and that the campaign should articulate and emphasize its broad-based importance.

As a campaign issue, AIDS/HIV, if presented carefully, can and will have broad support.

- Personalizing the issue for middle class families. Like Medicaid, AIDS/HIV is regarded as "someone else's issue" by many Americans. To generate public support for the Administration's continuing efforts for people with AIDS/HIV, it is significant that AIDS is the leading cause of death of all Americans ages 25-44, and increasingly is a concern for drug-free, heterosexual women, youth, and people of color. AIDS/HIV, of course, is no longer restricted to certain segments of the population, or certain regions of the country. AIDS/HIV increasingly is devastating middle class families everywhere. It is an epidemic that should violate the nation's sense of security everyday.

- Personalizing the issue for providers. The campaign also must solicit the support of health care professionals. In doing so, the President should recognize publicly the sacrifice of many health professionals who have contracted AIDS while in service to their patients.

- Medicaid and other programs. The AIDS/HIV community is very supportive of President Clinton's strong defense of Medicaid from excessive cuts. It encourages the President to defend people with AIDS in other areas of the budget, as well. Furthermore, people with AIDS are very interested in discussions of other issues in which they have a vested interest, such as insurance reform, healthy communities, public health, mental health and substance abuse, etc.

- Focus on prevention and other AIDS/HIV-issues. There is agreement among those in the consumer and provider communities that AIDS/HIV is best

addressed in a holistic manner, focusing on areas such as prevention, care, housing, and civil rights. Medical research, particularly of AIDS/HIV, is relatively well-funded. Activists suggest that other issues, such as mandatory testing and needle exchange programs, although important, should not be addressed by the campaign at this time.

- Demonstrable commitment to persons with AIDS/HIV. The AIDS/HIV community is very appreciative of any efforts by President Clinton to recognize their situation (e.g., continued response to the Dornan amendment to the Defense bill). Upcoming AIDS/HIV-related announcements by the Administration provide opportunities to continue to do so.

- Newly emerging infections. Newly emerging infections, such as Ebola and Haunta viruses, have captured the attention of the public. AIDS/HIV provides a segue into a discussion of these issues, given the lessons learned by the response to emergence and proliferation of the AIDS/HIV epidemic. Campaign health surrogates may include newly emerging infections in its discussions of public health and preventive medicine, and most significantly, in its defense of continued funding for medical research and support for CDC as the world's only defense against a viral holocaust. The campaign should emphasize that the government plays a vital and singular role in protecting the public from newly emerging infections.

Polling data:

- 61% of Americans support providing children with information about AIDS/HIV prevention.

- 72% of Americans support maintaining or increasing funding for AIDS/HIV care.

- 56% of Americans support separating AIDS/HIV issues from gay/lesbian issues.

(HRC/Lake/Tarrance, February 1995)

Other Key Issues

Analysis and themes on Violence, Environmental Health, Mental Health and Substance Abuse, Quality of Health Services, Private Sector Health Costs, and an effective rebuttals to attacks involving the 93 debate will follow 5/1/96.