The Realities Behind The Polls
by Drew E. Altman

I believe quite strongly, as does Daniel Yankelovich, that we have to do a better job of informing and engaging the public on big policy issues like health care reform, welfare reform, and the budget debate. The Henry J. Kaiser Family Foundation, of which I am president, has directed a major share of its work to this challenge. However, I do not necessarily think that the outcome of the reform debate would have been changed with better public deliberation, because the obstacles to public support are more basic than information and communication. I believe that even if we moved smoothly and sequentially through Yankelovich’s seven steps to public judgment, it would be a long time until the public arrived at that all-important “step eight,” the stage when people are ready to say: “I want Congress to change my medical care, and I’m ready to pay more in taxes.” Here I make several points to build on the foundation Yankelovich has laid.

Underlying trends. There are broad underlying trends that no amount of deliberation or better communication is likely to quickly change. The most important trend in the surveys over the past several years is a decline in concern about social issues and social welfare, and a rise in concern about economic issues and, most especially, in distrust and frustration with government.

The health care reform debate both contributed to and was victimized by these broad underlying trends. It was the most visible example people took with them to the polls of failed government and of a government in Washington they viewed as just not able to get its act together. Against this backdrop, the Clinton plan—and virtually any comprehensive reform plan—was easy prey for being painted as a big-government program. Also, what made health care a first-tier issue in recent years was the transformation of health care from a social to an economic issue. In the past year, health care was redefined once more as a social problem. What Harris Wofford accomplished in Pennsylvania—making health care a focal point for people’s economic insecurities—was lost.

Bedrock realities. There is a bedrock reality when it comes to the public and health care reform: People want reform, as long as they don’t have to change their own medical arrangements and don’t have to pay more in taxes to get it. The Clinton plan proposed not just to solve defined problems—for example, insurance reform or even the bigger problem of the millions of Americans without health insurance—but also to change the way in which most Americans get their health care and insurance. It also implied a redistribution of income, from the insured to the uninsured, although every effort was made to hide it through cross-subsidies built into health alliances. Sad though it may be, if we are honest about it, the Clinton plan exceeded the public mandate and made it easy for opponents to scare people that the cure would be worse than the disease.

Yankelovich’s paper raises a real question that we need to confront: Was the public disconnected? Would better communication and information have changed things? Or did the public “get it,” at least in essence, and just not like what they saw?
Administration failures. There is nothing wrong with exceeding the public mandate and pushing the public to do things that may be right but that require some sacrifices. In a different time, we called this “leadership.” But, having pushed beyond the mandate, the Clinton administration had to get everything else right—the politics, the public relations, and the timing. That did not happen. However, this was not purely a failure in Washington, because the same thing happened in most states. It is hard to imagine having a broader public debate on health care reform than what occurred in Vermont or Oregon, but Vermont’s plan was killed in the state senate, and in Oregon, even though the architect of the plan is now governor, the employer mandate needed to move to broader coverage is apparently dead.

My own view is that it might have been possible to sell a major reform plan if the plan had been different, and if the politics and the timing had been handled differently as well. What is clear is that by the time it became apparent that the Clinton plan wouldn’t fly, too much time had elapsed; it was too close to the election, and too late to fashion a compromise on something else in the face of intensifying partisan politics.

A digression: welfare reform. I predict that we may see a sequel in 1995 on another issue that everybody thought would be a slam dunk—welfare reform. We could misread where the public is on welfare reform and exceed the real public mandate. In a recent Kaiser survey we found, surprisingly, that views on welfare reform are more complex—and perhaps less mean-spirited—than we expected. There are two faces to public opinion on welfare reform: anger about welfare (a desire to be tough, support for time limits), but also a strong feeling that poor people should not be left out on the street and that low-income families should not be left to suffer undue economic hardship. We saw these dueling sentiments—toughness and compassion—play out on every specific policy. On balance, fewer than 10 percent of Americans were for ending welfare, regardless of the consequences.

So there is a danger for welfare reformers that if their policies appear to be too mean-spirited, they will squander the tremendous public support they have right now on broad principles and ideas. Like the health care reform debate, the welfare reform debate will get much more complicated when it moves from a discussion of the problem and broad ideas to a discussion of the costs and consequences of actual policies. In the face of contradictory public objectives and underlying beliefs, whatever program is enacted likely will be more moderate than some of the ideas being discussed today.

Interest groups. I do not think that the interest groups defeated health reform. I’ve been quoted as saying: “The problem in health reform was not Harry and Louise—they were us.” The interest groups did play a significant role, had a better fix on where the public was, and took better advantage of it than the advocates of reform. But most importantly, I think we saw a development of historic importance in this debate.

That development is that business and insurance and other “monied interests” now have the view that they can do more than operate behind the scenes: They can actually shift public opinion on big issues or at least make sure that the political agenda does not go against them. They can do this by using the tools of political campaigns for private purposes on a scale we have never seen before—polls, focus groups, grass-roots organizing, and especially negative media ads. I expect that we will now see this as a regular feature of the policy process on big national issues. While it is not entirely new, the scale of it is new, and it is a development that is worthy of close scrutiny.

The conservative side seems to have an advantage, as others in this volume point out. Surveys show that conservatives are more politically active than liberals and independents, which gives these interest groups a base to mobilize. If you talk to members of Congress about the health care reform debate, they will tell you that they heard constantly in their districts from anti-reform groups but almost never from advocates of reform. Perhaps we were seeing the classic case described by political scientists of concentrated costs for interest groups and diffuse benefits for the public. The concen-
trated costs mobilize opposition; the diffuse (and debatable) benefits fail to mobilize sup-
port. The former Speaker of the House in
Vermont has captured the point perfectly:
"Eighty-five percent of Vermonters have
health insurance or don’t care about it. If the
public can’t be engaged, a citizen legislature
without the public education capacity to
counter Harry and Louise is doomed."

Use of polls. We must get smarter about
how we read polls. However, the problem is
not polling—an otherwise entirely respect-
able and important enterprise—but rather
politicians and others who give polling a bad
name by paying too much attention to it and
using it for their own narrow purposes.

One notable example of this happened in
1994. A poll was presented on a particular
day that indicated the distinct unpopularity
of anything called the Clinton plan. The
very next day, the entire Democratic leader-
ship stood up together and recited in unison:
“This is not the Clinton plan.” It was prob-
ably not a wrong strategic judgment, but it
was also a powerful reminder of the influ-
ence that polling has on elected officials.

Polls are most useful in uncovering peo-
ple’s underlying values and beliefs. They are
less useful in identifying reliably where the
public stands on specific policy options, be-
cause personal policy preferences tend to
change with events, with media coverage,
and, most especially, with the popularity of
the public officials putting various policies
forward. Unfortunately, polls are also useful
for showing elected officials how to market
their ideas, rather than genuinely engaging
the public in an effort to convince the public
of the rightness of their views.

The coming year. Where is the public
going to be on health care reform in 1995?
For starters, whether or not a reform debate
resurfaces, health care reform will not be the
big policy issue on the agenda. The big issue
will be the budget and entitlement debate,
which brings with it the potential for his-
toric changes in our largest public programs
in health and a huge challenge to inform and
engage the public. A recent Kaiser poll
showed that most Americans picked foreign
aid and welfare as taking the largest share of
the budget. As long as people think that we
can salvage the federal budget and reduce
the federal deficit simply by cutting pro-
grams for foreigners and cutting payments to
welfare recipients, they will never under-
stand arguments made by elected officials
that tougher choices need to be made. More
importantly, they will get angrier at elected
officials who they believe are proposing dis-
tasteful choices when the public believes
that there is an easier way out.

If the health care reform debate resur-
faces, the polls show that the public, while
no longer supportive of comprehensive re-
form, would still strongly support a more
modest Republican or conservative Demo-
cratic plan as long as it does not greatly
expand government control of the health
care system. The public’s most popular idea
for an incremental plan is the “Kids First”
idea—covering uninsured children.

The mandate for health care reform is not
as strong as it was, and it is unlikely that
elected officials would be punished if no
reform emerges in 1995. On the other hand,
there is an opportunity for Republicans in
particular to move forward with a plan that
more closely parallels their own ideology
and views. This can only happen, of course,
if there is enough money left in Medicare
and Medicaid after the budget entitlement
fight to help finance a modest, say $10 bil-
ion, Kids First insurance expansion without
new taxes. Will leaders in Congress choose
to put a health proposal forward? Will the
money be there? These are two very big
questions, and the answers remain to be
seen.

In summary, in an ideal world there
might be an opportunity for better delibera-
tion and real public judgment. In the world
we are stuck with, it is very hard to plan for
“seven steps to public judgment.” Efforts to
influence public opinion are concentrated
around elections and big decisions in Con-
gress, and windows of opportunity come
rarely. If they are missed, they are missed.
We face a huge public education challenge
in health and in our democracy generally,
but we should not kid ourselves that on
health care reform, better communication
and information would have necessarily pro-
duced a different public judgment.