



October 14, 2026 | Web Event Transcript

KFF Midterms Data Presentation: What Do Voters Think About Health Care Now?

Web Event Host:

Hello. Thank you for joining our event today, focused on what voters think about healthcare in the lead up to the midterm elections. We'll now start the conversation with Dr. Mollyann Brodie, who holds a few titles at KFF, including Executive Vice President and Chief Operating Officer, Executive Director of Public Opinion and Survey Research, and Incoming President.

Mollyann Brodie:

Thank you. Good morning and good afternoon, depending on where you are in the country. Still morning here in California, you can hear it in my voice. Thank you for joining us today.

As you may have heard, there's this little thing called a midterm election. It's happening soon. In fact, it's happening in three weeks from today, three weeks from yesterday, and that's what we're here to talk about today. It's voters' views as they head into the polling booth, and what those views might suggest about the public's agenda as they look forward to 2027 and maybe even into 2028.

Now, I'm sure that many of you want me to tell you my own predictions of the election outcomes, and I am sorry to disappoint, but I'm really just not going to do that here, not going to happen. But I did want to bring this conversation to a start by talking about election outcomes.

It's important to just remind ourselves that election outcomes do matter. Policies, particularly in our area, health policies, that are pursued do differ depending on the parties that are in power and the parties that are in, who's controlling the White House. I think the policies of the last few years is a really good example of that.

When we think about election outcomes, at the core, they're really a function of two things. One, they're a function of who decides to turn out and vote in that particular election. So, voter enthusiasm, voter motivation, who's going to take the time to actually fill out the ballot and get it in under the rules?

The second function is a function of once the voters who decide to turn out, then the question is who do they vote for? What's their vote choice? So, there are lots of things besides issues that can affect voters' motivation and their ultimate vote choice.

But what I want to say is that we do know that issues can and do matter, and they can have an impact in a variety of ways. And so as we're going to talk about healthcare today, I think we should think about there are times when an issue can be motivating to a given individual or to a given subset of the population to make them disproportionately likely to turn out to vote.

This is particularly impactful during a midterm election when we know that voter turnout is historically lower than it is during presidential terms. One good example of this was during the special elections following the Dobbs decision.

We have evidence that the people who turned out to vote in those special elections when there was abortion was on a ballot initiative, those electorates looked different than they did in other elections, because that issue brought a different electorate out to vote. It motivated different people to come out than normally come out.

Issues can influence vote choice itself for a given individual voter. This happens when an issue is so salient to that voter that it becomes what we would call in polling a single issue voter.

Now, these are small shares of the electorate, but there are at times issues that a voter will say, "I am going to vote with a candidate who agrees with me on this issue no matter what their partisan identity is."

But where we most often see issues having at least some impact is in the stage that we're in right now, in the campaign stage and the stage we're going to move into, which is the post-election agenda stage. In both of those cases, the issues that are on the public's mind almost always need to be addressed by candidates on the campaign trail.

We see voters demanding it in town halls. We see voters telling reporters that they want to hear about these issues. We see voters telling pollsters that this is what they want to hear candidates talk about. And it changes the dynamic of the campaign because candidates have to address these issues.

And then as we look into 2027 or the post-election period, it's these issues that are on voters' minds that tend to become the public's agenda and the things that the public is watching for from its new Congress and its new administration.

So, that's what we're going to be talking about today. I am super excited to invite my longtime colleague and friend, Liz Hamel, KFF's Senior VP of Public Opinion and Survey Research to join me. Liz is going to run through a brief overview of what we have been learning about voters' views on healthcare throughout all of our recent polling.

And then once she's done, I'm going to join back for the conversation and that's when we'll have a chance to answer your questions. So, please go ahead and start submitting them throughout the presentation. So, Liz, take it away.

Liz Hamel:

All right. Thank you so much, Molly, and hello everyone. Before I get started, I just want to say a few things about the surveys that I'm going to draw on in this presentation. So, I'll mainly be presenting findings from our KFF health tracking polls, and these are nationally representative surveys that are conducted with probability-based samples of US adults.

The latest one that I'll share a lot of data from was in the field in late September, so it came out of the field just about three weeks ago. I'll also draw on results from our KFF Associated Press Partnership Survey of Rural Voters, and that used a voter list matched sample and was fielded in late August.

So, I like to give you the dates because all polls are a snapshot in time. And as Molly said, I'm not going to try and predict the election outcome, but I will try to give you a sense of how voters are thinking about health issues as election day approaches.

So, first, let's start with something I'm sure you've all heard before. Every poll and data source that we are seeing now really confirms that affordability or the cost of living is really the driving concern for voters in this election. And you see that reflected in this question.

So, we gave voters a list of issues and we asked them how important it is for candidates to talk about each one. And far and away at the top of that list is the cost of living. So, 9 in 10 voters say it's at least very important for candidates to talk about the cost of living, and 62% say it's extremely important.

But what you'll also see here is that healthcare costs are really not separate from, but they're a key part of voters' affordability concerns. So, on the second line here, you see 8 in 10 voters say it's at least very important for candidates to talk about healthcare costs, and nearly half say that it's extremely important.

These affordability concerns outrank other issues like the conflict in Iran, immigration, and abortion policy. In our poll of rural voters, we also found that those affordability concerns outranked other issues that are usually important to rural voters, like agriculture and farm policy and gun policy.

Oops, went a little too fast there. Okay. So, here's another illustration of the importance of healthcare and people's affordability concerns. So, when we ask people how worried they are about affording different necessities for their families, healthcare costs are at the top of that list.

So, this result is from September. Six in 10 people told us they were very or somewhat worried about affording healthcare, and a quarter said that they were very worried. You'll see here this is on par with the share that are worried about affording gas and other transportation costs, and it's higher than the shares who worry about affording food, utilities, and housing.

One thing that's been striking is that this general ranking of economic worries with healthcare at the top of the list has been consistent in our polling throughout 2026. And that's even been at times when we've seen spikes in gas prices, healthcare costs have consistently been at or above other concerns on the public's affordability worries.

Now, obviously when it comes to elections, there are plenty of areas where voters disagree with each other, especially by political party, and I will get into where we see those divisions, but I do want to start with some of what unites voters across partisanship.

The first is on the question that I just showed about healthcare cost worries. So, regardless of their partisan identity, our polls have found that majorities are worried about affording healthcare costs. And for Democrats, Independents, and Republicans, we found that healthcare costs rank as the number one or number two worry on that list.

Another question where we see agreement across partisan lines is about the functioning of our healthcare system writ large. So, in our September poll, we found that at least three-quarters of Democrats, Independents, and Republicans said either that the healthcare system needs major changes, or that there's so much wrong with it that it needs to be completely overhauled.

In fact, just 2% across partisans said that the healthcare system works well and does not need to change. But as will be made clear in the rest of the polling data, while there's agreement on the problems, partisans disagree strongly on the best way to address these challenges.

So, let's start with who voters trust most to address these challenges. Before getting into the current election cycle, I just want to do a little historical review of voter trust in previous presidential elections.

What you see on the left is that the Democratic presidential candidates have consistently had an advantage in voter trust to handle healthcare. And on the right, in most elections, the Republican candidate has had an advantage in voter trust to handle the economy, and that's particularly been true when President Trump has been on the ballot.

Now, these are presidential elections, but the pattern has been roughly the same in historical polling, looking at which political party voters trust to handle healthcare and the economy. What's interesting about the issue of healthcare costs is that it sits at the intersection of healthcare and the economy. So, it's not an area where we've traditionally seen a consistent advantage for one party or the other.

So, here's our latest poll on who voters trust on the cost of healthcare and other key issues. What you see here is that as of September, the Democratic Party has a large advantage over the Republican Party in voter trust to handle healthcare costs. So, that's 42% versus 22%.

What's also notable though is that if you look at the second line here, Democrats also have a 14 percentage point advantage over Republicans on voter trust to handle the cost of living. Now, ours is not the only recent poll to find this, and it is a shift from many previous election cycles where Republicans had the advantage on handling economic issues.

You see here Democrats also have an advantage with voters on abortion policy, 42% to 27%, and that's consistent with what we found in most post-Dobbs polling. Finally, if we go to the last line, you see that voters are more divided on who they trust to handle fraud in government programs. So, 31% say they favor the Republican Party and 29% choose the Democratic Party.

Now, fraud in government health programs is an issue that many Republicans have been focusing on in Washington and talking about on the campaign trail, and we'll get into some more data about how voters feel about that issue in a few minutes.

But before I move away from this slide, I just want to point out here also that a large share of voters say they don't trust either party on most of these issues. So, that's between about a quarter and 3 in 10 for voters overall. But if we look at Independent voters, those shares are even larger. And in fact, nearly half of Independent voters say they don't trust either party to handle the cost of healthcare and the cost of living.

Another thing I want to point out is that the Democratic Party's advantage on healthcare costs appears to have widened in our latest poll from where it was earlier this year. So, you see here that that gap in trust between the parties was hovering around 11 to 13 percentage points from January through April. It now stands at 20 percentage points, that advantage for the Democrats in our September poll.

It's not exactly clear what's driving this trend, but a couple of things may be behind it. It could reflect that Democratic candidates have been focusing on healthcare costs in their advertising as the midterm season kicked into full gear after Labor Day. It may also reflect voters' growing dissatisfaction with the party in power as their frustration with the cost of healthcare continues to grow. More likely, it's a combination of both of those things along with other factors.

So, continuing with the areas where voters don't necessarily agree, we find some important differences in what Democrats and Republicans say they want to hear candidates talking about in this midterm. So, both Democratic voters and Independent voters rank the cost of living in healthcare costs at the very top of the list of things they want midterm candidates to discuss.

But as you'll see on the right, a larger share of Republican voters say they want to hear candidates talk about fraud in government programs. In fact, that issue ranks number one for Republicans among the issues that we asked about.

Cost of living is second on the list for Republican voters at 47%, and Republicans are also more likely to prioritize hearing from candidates about immigration than either Democrats or Independent.

Now, to a certain extent, these partisan differences in what voters say they want to hear about from candidates are a reflection of the issues we see many candidates on both sides emphasizing on the campaign trail. Where we have seen Republican candidates talking about addressing fraud in programs like Medicare and Medicaid, that's clear from this data that that's an issue that's resonating with voters in their base.

We also did some more in-depth polling on the issue of fraud earlier this year. One thing that we found is that despite apparent interest from Republican voters in hearing from candidates about how they plan to address fraud, few voters, including few Republican voters, believe that reducing fraud in government programs would actually do a lot to bring down their own healthcare costs.

So, you see here just 18% of voters overall, slightly higher, 22% among Republican voters, say that reducing fraud in government health programs would lead to major reductions in their own healthcare costs.

Okay. So, with all of this frustration about the high cost of healthcare, agreement on the need to reform the system, we have seen the idea of Medicare for All gaining steam in some circles, particularly among progressive Democratic candidates in some high profile Senate races. This idea of a national single-payer plan, which is sometimes labeled Medicare for All, sometimes given other names, it has a long history.

Most recently, it featured prominently on the national stage during Bernie Sanders' unsuccessful bids for the Democratic presidential nomination in 2016 and 2020. Back in 2017 to 2020, KFF and others were polling pretty consistently on this idea, and at that time, we found majorities supported the general idea of Medicare for all. That level of support was usually around 55% on an initial question about the idea.

We had a gap in our polling on this topic since 2020, but we asked about it again in September, and now we find that 66% say they favor the idea of a national health plan, 34% oppose, and that's higher than the levels of support that we had measured previously.

However, before you take too much away from this trend, it really only gets at the public's initial reaction to the idea, and I just want to show you a little bit more of the picture of what's underneath that.

So, here's what support for Medicare for All looks like by partisanship, and you'll see it's an idea that remains deeply divided on partisan lines. So, about 8 in 10 Democrats say they strongly or somewhat favor Medicare for All, and as do 7 in 10 Independents.

But while Republican support has inched up somewhat since 2020, we still find that a large majority of Republicans oppose Medicare for All, including about half of Republicans who strongly oppose the idea.

So, while there is partisan agreement on the need to reform the system, we're far from having agreement that this is the best way to do it. Even more importantly than partisan divisions, really that initial question measuring support for Medicare for All only tells you so much.

So, proposals for a single-payer plan have taken many forms over the years. To the extent that voters are reacting to the term Medicare for All in the current debate, some may be thinking about it as a complete overhaul of the US healthcare system. Others may be thinking of it as a simple expansion of the existing Medicare program to cover everyone.

We haven't really yet had a serious national debate over the details of such a plan. Based on past debates, we can actually test some of the arguments that supporters and opponents are likely to make just to illustrate how these might shift public opinion.

So, for example, you can see here the share who favor Medicare for All, it increases to about three-quarters when people hear things like it would guarantee health insurance as a right for all Americans, or that it would eliminate insurance premiums and reduce out-of-pocket costs for most people.

On the other hand, if you look at the bottom of the chart, support really plummets when people hear the common arguments that such a system could lead to delays in people getting some medical tests and treatments, that it would lead to increased taxes, or that it could threaten the current Medicare program.

Now, to be clear, I'm not saying that a Medicare for All plan would necessarily do any of these things, but we do know that these and other arguments are likely to be made by opponents if we were to have a national debate on any plan. So, I would consider all of this a big asterisk to that 66% level of support.

Okay. Finally, Molly mentioned this at the beginning. In most US elections, but in midterm elections especially, who wins or loses is largely determined by who turns out to vote. Our polling along with several other recent polls find that at least at this point, Democrats have an advantage in voter enthusiasm to turn out in November.

So, the first question here is from our September tracking poll. We found that about 6 in 10 Democratic registered voters say they feel more motivated to vote this year than in previous elections, and that compares to about 4 in 10 Independents and Republicans.

From our rural voters poll, we found a similar dynamic. So, 81% of Democratic voters said they were absolutely certain to vote in November, and that share was slightly smaller, 74% among Republicans. But in rural areas, we saw that this somewhat lower enthusiasm among Republicans appears to be driven, at least in part, by dissatisfaction with President Trump's performance on the economy.

So, if you look at the last two lines here, rural Republicans who disapprove of Trump on the economy are 20 percentage points less likely to say they'll certainly vote compared to Republicans who approve. So, back to my initial point, this election is mostly about affordability. And with that, I will end the presentation and turn it back over to Molly and look forward to the discussion.

Mollyann Brodie:

Hi. Wow, that was terrific, Liz. Thank you. Short trip through a lot of data. Let's just start where you started, which is obviously people are feeling priced out of their lives right now, but this is not our first rodeo.

You and I have been through, I'm not going to say the number, many election cycles before. We've watched this, we've been watching the role of healthcare and healthcare costs in many, many elections.

So, take a step back and tell me why you think this is different than previous election cycles, and why you think voter frustration on healthcare affordability is really resonating so much at this particular point in time?

Liz Hamel:

Yeah. I think there's a couple of things that make this cycle different. That worries question that I showed at the beginning, in previous years, we saw that healthcare was among the mix of things that people were worried about affording, but this year we've really seen it so consistently at the top of the list. I think there's a couple of things behind that.

One is just how much people have been continually squeezed over years. Even people who get their health insurance through an employer, they've seen their premiums go up, their deductibles go up. We did a poll in January, we found that a fifth of people said their healthcare costs had increased faster than the cost of things like utilities and food. And this is when there has been a lot of focus on those increased food costs.

I think for families who are trying to balance their budgets, healthcare can be a really unpredictable cost. So, people may feel like they have a handle on figuring out how they're going to handle their daily expenses, but they're just one large healthcare bill away from really not being able to make ends meet.

I think when we see these other cost of living concerns increase, it really just increases that anxiety over the unpredictability of healthcare costs.

Mollyann Brodie:

One of the other things that I think about that has been happening over the course of this year is there's been an awful lot of media attention and coverage of some of the big healthcare policy changes.

So, for example, the expiration of the enhanced premium tax credits. Actually, we have a question about that. That affected many millions of people, but not everybody, but everybody heard about it.

What do we know about how things like some of the policy debates that have been going on over the year, that have been talking about rising costs for certain populations or certain populations potentially losing coverage or having trouble paying their bills? Do we think that that's having any impact in this particular cycle?

Liz Hamel:

Yeah. I think when we see something like the expiration of the ACA tax credits, as you said, that affected a really small share of the population, but it did get a lot of news coverage. Remember we had a government shutdown at least partially over that.

While I don't think now this far removed from that voters are making that policy calculation, I do think that that all of that news about how some people's premiums were doubling, some people were going to have to drop their coverage. There was a lot of stories about people's lives that were affected.

I think that just contributes to this general anxiety about healthcare costs and dissatisfaction with the status quo that voters are taking with them to the voting booth.

Mollyann Brodie:

Yeah. One thing I would add is that as we think about this election and then leading into '27, I think it's almost a given bet that affordability and prices are going to stay front and center on the public's mind as we go into 2027.

And so when Congress does come back to work, whatever the makeup of that Congress is, they're going to be facing this public that wants to know what's going to happen on this. At the same time, people right now, millions of people are going through open enrollment through Medicare program. The ACA marketplaces open enrollment starts right before the election. Employer open enrollment happens to come around the fall as well.

And as we enter January, some of the provisions from the One Big Beautiful Bill, particularly related to the Medicaid, people on Medicaid and their providers, especially the work requirements, will start being implemented.

So, what do we know about how the public is thinking about some of these other policy changes that are coming down the pike? Do you think that's going to further impact their views of affordability? Or how do you think that might play as we start opening up into 2027?

Liz Hamel:

Yeah. I think certainly the open enrollment point is very important because to the extent that people are going through open enrollment, if they see their costs going up, that's going to be another reminder.

I think something like the Medicaid provisions of the Reconciliation Bill are pretty obscure for most people, especially the work requirements that are not going to take effect in most states until the new year.

Immediately after the passage of that bill, we did see that more people viewed it unfavorably than favorably, but views were really split on partisan lines. Even the idea of work requirements in Medicaid is something that on its surface, much of the public supports.

But again, similar to Medicare for All, there are arguments that can be made. Most people don't understand that the majority of people on Medicaid are already working. When you tell people that this might actually cause eligible people to lose coverage because of paperwork challenges, that decreases support.

But I don't think that voters are so keyed in to those nuances of the policies as we approach the election. Even something, for example, from our poll of rural voters, we found that there was increasing concern about lack of provider availability in rural areas. An increasing share saying their area didn't have enough hospitals.

But most rural voters had heard little to nothing about the Rural Health Transformation Fund. And so I think some of these policy details are not necessarily on the mind of voters who are busy trying to figure out how they're going to feed their families.

Mollyann Brodie:

I think that's exactly right. We do forget those of us who are following these issues closely where every turn and every study and every news report about it, but at the end of the day, people are only hearing a little bit.

That's again, why in some of these cases we have to be careful about people's reactions to top line public opinion questions, and make sure we're digging deeper and understanding how much they understand about that, how reactions might change with arguments and those kinds of things.

I think one of our goals of webinars like this and of conversations like this overall, is that we help our audience be better consumers of polling data and know what to think about and what to look at when you see results. And understanding whether it's a top level question or whether it's actually providing information, what information, what are the calling things actually comes out and matters.

I don't think there's a topic in the world where that caution is more important than when we start talking about big policy changes like Medicare for All. There's already a bunch of questions that have already come in about it. So, I think we should pivot and let's just start that piece.

As you know, we have been pulling on this for 30 some years. We have a long history of watching these debates emerge, take a lot of public attention, fade away or morph into other more incremental approaches.

I will say there was a question about the cyclic popularity of Medicare for All, how come these come up? I just want to make a point that I often make when I give talks on this. There was an amazing political scientist, well, at least he had one amazing theory because it's the thing I remember most from grad school. And it's Anthony Downs and it was his issue attention cycle.

It's this idea that at the beginning of any public debate on a big topic, like something like changing the healthcare system, what you start with is all these frustrations that Liz has outlined, and that anger and the madness, it goes into this place of the public demanding that you do something, do anything.

You start seeing poll results that show that, that say, anything I ask about how to fix the healthcare system, I'm getting large majorities that say they want it. They're really excited about it. Yes, do something.

And then what generally happens over time is as the public debate ensues and the various trade-offs or arguments from opponents and proponents start breaking through, I always say we have a status quo for a reason. It's easiest to stay in the status quo, because it is so easy to scare people away from big changes or anything that they think where the unknown is worse than the known.

So, with that as a little bit of my thought about why we often go through these cyclic nations and what you see at the end of the issue attention cycle, I should finish that theory up, is that you get to a period where it's like do anything, do something, but don't do that. And then do anything, do something, but don't do that. And now there's nothing, oh, no, don't touch anything. Let's just stay with the status quo.

So, that's what we see often in big public debates. It's not just in healthcare, it's in anything that would really impact most Americans and in ways that they're unsure of. It's just hard to keep their support throughout that whole debate, even if their underlying frustrations are so clear and everybody agrees on the goal.

We've always had agreement on the goal of making sure that everybody can have access to healthcare. That's an easy thing to get a general agreement about. As you said before, it's how do we get there?

So, what do you think people need to be watchful of as this... I think as we go into 2027, Medicare for All is clearly going to be, or Medicare, I don't know, national plan, a single-payer plan. I don't know what labels we're ultimately going to land on. But that's clearly going to be part of the conversation going forward in one way or another. What do you think our audience should be watchful for as that conversation emerges?

Liz Hamel:

Yeah. I did want to point out something I didn't mention when I showed the data on how arguments move opinion on Medicare for All. And that is an argument that we included in our polling in 2020 when we said, "What if you heard it would eliminate private health insurance companies?" And in 2020, that caused support for Medicare for All to drop below a majority.

We asked it again this year and it diminished support somewhat, but we still had 52% who said they would support Medicare for All if it got rid of private insurance. That does suggest to me that this appetite for getting rid of private insurance, or at least reducing its role in the health system, may have increased since 2020.

I do think that that is consistent with what we've seen as an increasing anti-corporate, anti-big business narrative. It's something that we see fueling support for the MAHA movement. It's something that we see when it comes to regulating the price of prescription drugs.

We have majorities of Americans across partisanship saying they want to see increased regulation of prescription drug prices, of food additives, of all kinds of things. We have majorities telling us they don't trust these big companies to act in the public's best interest.

And so I do think that that is a shift where previously, that was maybe more of a talking point on the Democratic side. And I think we now see more Republicans, at least among the voters, expressing vocal frustration with the influence of big business on all kinds of aspects of health.

Mollyann Brodie:

Yeah. I think that's a really good point. I think some of the other soft spots that you have to watch for as the debate becomes more real is the devil is in the details. So, at the moment, we're talking about slogans and slogans are great on campaign trails, but when a policy proposal actually comes to being, then the details really matter.

And they matter in terms of how the public will react to it and they matter in terms of who will be winners and losers, and they'll matter in terms of what the trade-offs are. I think that, as I said before, those details and being a good consumer of polling data means that you have to really look at the details of the question wording, like what actual words were used?

We know from all of our previous polling, if you use the word Medicare, generally support for anything goes up. If you use the word government in there anywhere, support goes down. If you talk about taking on big insurance, that would change something. If you're talking on changing, having the government in charge of your own healthcare, that changes things.

And then even something as simple as whether or not you offer people the chance to say they just don't know. So, we had an interesting example yesterday where one of our colleagues at a different polling organization, I think it was Ipsos, released a poll on Medicare for All. And they got a similar dynamic in terms of many more people supported the idea of Medicare for All than opposed it.

But they had a very different absolute number than we did. I think we were at 66, they have about 43 and they have 43 because they offered a don't know category. And if you offer that, then a bunch of people will take it.

And so I think all of us, and if you're here listening, you clearly have some interest in polls and polling, and certainly around an election time we get a lot of people start paying a lot of attention to public opinion data. But it is also incumbent upon us all to be good users of that data and to really think about and interpret it in a way that is really thinking about what it really says about the public.

So, devils are in the detail. There's a do something, do anything response right now. We're not talking about a particular program or a particular proposal at the moment. So, there's a long way to go on this conversation. The only thing I'm willing to predict is that we're going to keep talking about it. So, that I'm confident about.

Liz, you did just talk a little bit about the MAHA component. In elections we think about specific groups maybe mattering, maybe mattering on the margin, mattering in particular states. We talk about, as I said before, groups that might be disproportionately motivated to come out to vote. What do we know about the MAHA movement and MAHA voters with respect to healthcare in this election?

Liz Hamel:

Yeah. What we found in our polling is that the idea of MAHA is pretty broadly popular. So, usually we find about 4 in 10 adults or 4 in 10 voters say that they support the MAHA movement. But that has a really large overlap with the group that says they support the MAGA movement. It's about 8 in 10 overlap there.

And so what that tells me is that it's not as strong, at least among the public at large. Now, I think there are, as you talked about, some single issue voters. There are groups for whom issues that are core to the MAHA movement are their number one thing they're voting on. But I think that 4 in 10 that says they support MAHA, it's a little bit more of an alignment with MAGA.

But a couple of things, I think there are some misconceptions about what MAHA means. I think a lot of people think that MAHA means anti-vaccine. And actually among the public, we find that most people who identify with MAHA, they think that childhood vaccination is important.

Now, views of COVID vaccines are much more politicized, but in terms of childhood vaccinations, MMR views of things like that, we don't find that the vast majority of MAHA identifying voters are anti-vax.

The thing that we find is the biggest motivator for people who support MAHA is this idea of getting rid of corporate influence in terms of big agriculture, big food, big pharma. And that's where we see more unifying views among people who identify as MAHA.

But a really important thing that we found in one of our polls this cycle is that even voters who consider themselves MAHA supporters, when you give them a list of healthcare issues, lowering the cost of healthcare is their number one issue.

And so when we think about what's motivating people, even though these things resonate with a lot of people, a lot of people agree our food should be cleaner, we should focus more on chronic diseases. But when it comes to what they really want to see their government focus on and what they're paying attention to when they're voting, it's the cost of healthcare above all those other things.

Mollyann Brodie:

Yeah. That is a great transition back to some of the questions that we've been getting from all of you. So, thank you. Keep sending those in. I'm trying to work them in. Hopefully you've noticed some of your wording in the things I'm saying.

But let's get back to this affordability issue, and I want to talk about it from two sides. One, what do we know about the war in Iran in terms of how has that then impacted voters' affordability concerns and prices? We certainly saw the concern about gas, as you mentioned, it's gone up and down.

And then the second thing is, and we haven't talked about it much, but from all of our years of polling, we know that prescription drugs is another component of people's real healthcare cost concerns. That has been an area that the administration and President Trump has taken a great interest in.

So, what do we know about what voters are thinking about in terms of prescription drug costs? Do they give the administration great marks on it and that's a problem said and done? Great, you've taken care of that. Or are they still looking and still worried about that? So, why don't we tackle both of those at the same time?

Liz Hamel:

Yeah. So, starting with the question about the impact of the war in Iran on people's affordability concerns. One is certainly we've seen in our polling throughout this year that that concern about the cost of gas has actually risen up the list.

So, earlier this year, worries about affording gas were more towards the bottom of the worry list, and now they're on par with worries about affording healthcare. And just a little bit more qualitatively, when we did that Rural Voters Project in partnership with the Associated Press, a lot of the reporting, the folks that they talked to were making that explicit connection.

Particularly in rural areas, people have to use more fuel. They drive longer distances. They maybe work in agriculture. The cost of diesel was a big concern. We heard a lot of people in those interviews making that connection between the war and the cost of diesel and how that was affecting their bottom line. So, I think qualitatively, we definitely hear that connection being made.

And then the second part of your question was about the cost of prescription drugs. While we see Democrats having an advantage overall on the cost of healthcare, the cost of prescription drugs is a relative strength for President Trump and for Republicans with voters.

We see a higher share of voters approve of President Trump's actions on prescription drug costs than on healthcare costs overall. And it's something the president has talked a lot about. He's put his name on a website that is giving discounts on drugs for some people.

And so we see that reflected in the data with it being a relative strong point. However, we don't see most voters connecting that deeply to their own costs. So, few voters overall believe that the Trump administration's policies are going to do a lot to lower their own prescription drug costs. Again, Republican voters give more credit there than Democratic voters do.

Mollyann Brodie:

Great. We had a question that was back to our turnout and who's more motivated to vote right now? Part of my introduction on that topic, we know right now that the Democratic enthusiasm gap is beating the Republican gap, and we showed it in your last slide as well.

The question is, is where I started, to what extent is healthcare part of that? And to what extent is healthcare affordability part of that? Is this a time when healthcare concerns are going to help motivate more people to turn out to vote than would've? Motivate a different part of the electorate to turn out than would've? What do we know about motivation this midterm cycle versus other ones? And to what extent do we think healthcare is part of that storyline?

Liz Hamel:

Yeah. It's a great question and a little bit hard to quantify. I think we often see polls where it's like, "Well, is it healthcare or is it the economy?" And the answer is yes. It is both. Like I mentioned earlier, I think for people, what happens is when the cost of everything goes up, that anxiety about affording healthcare goes up.

So, I think the question of what percentage of that advantage is attributable to healthcare is really hard to answer. I will say, I think what we're seeing in the data is not so much that Democrats are more motivated because of healthcare costs, but that Republicans are less motivated because of their frustrations with the economy writ large, and to an extent healthcare costs.

We saw this again in the interviews in the rural voters poll. A lot of people said, "Yeah. I voted for Trump and I am a Republican. I support Trump, but I'm just not seeing what I want to see right now. The cost of diesel is going up."

So, I think it's less a case of that issue really leading to higher motivation on the Democratic side as it is dissatisfaction with economic conditions suppressing enthusiasm on the Republican side.

Mollyann Brodie:

That's really helpful, I think. And then I think just lastly, this is a question that came in from the audience, and I think it's a good one and it's hard. But as we're thinking about watching opinion polls going forward, particularly on something like Medicare for All, or reform proposals, or even any consumer directed healthcare proposals, price transparencies.

One of the things that we've said is that the initial reactions to policies could often be positive. And then the devils are in the details and that's one, depending on the trade-offs and what the real implications of policy are, that's when you can see support and opposition fall off.

And so the question is, should we care about what the public thinks in these initial questions? I know what my answer is, but I'm going to give you a chance to start. How do we think about those? What do we think about just general gistite support for apple pie and hot dogs-

Liz Hamel:

I think that that trend in that question about Medicare for All, regardless, I think it tells us a lot about where the country is right now. I think this is always the case when you interpret any single poll question, you should never draw too much from a single question.

But when you can look across multiple polls done by different organizations, when you can look at polls like ours that test the limits of support for certain things, it doesn't tell you a lot about the political reality of what's going to happen when lobbying gets on this and advertising.

But I do think it tells you a lot about the mood of the country and where voters are. And so of course the pollster is going to tell you to keep paying attention. But I would say the lesson is always never take too much away from a single poll or a single question.

It's one of the reason that KFF tries to repeat questions over time, see what's changed and add some more detail. If we ask it a different way, what do we find? And hopefully our audience is engaged enough and curious enough to go below the surface of those type of initial support questions.

Mollyann Brodie:

Yeah. That's exactly right. The only thing that I would add to that is that I think the importance here is it's not that the public is always right and that politicians or leaders should follow what the public says, but I feel like you need to know where your audience is. You need to know, as you said, the mood, the reactions, what is appealing to people.

And then these things come down to leadership and to the ability to be able to explain to an audience about why something that has a trade-off that maybe isn't 100% great for you is still the right thing to do. And so I think that I, like you, read public opinion data as part of any analysis, particularly as a leader of any organization or as a policy leader, as a political leader, of really understanding your audience and understanding what the context is and the environment in that you're operating in.

I think people are foolish if they don't pay at least a reasonable amount of attention to public opinion and to what the public says. I think that the public right now more than anything in this trust conversation has been feeling like people aren't listening to them, and that their voices aren't having a say in that. I think that's what's underpinning a whole bunch of what we're seeing in all the data of the declining trust in America.

I think voters, publics, segments of the public, they want to be heard and they want to know that their voices are being heard. I do believe that these big questions, just even in terms of your ultimate goal, recognizing that we all do share goals, recognizing that we all do share the same problems, and maybe what we're just disagreeing about is how to solve that. I think that is just crucial for all of our work, all of your work out there, all of our work. I think that's maybe a good place to end.

What I will say though is that this isn't the last time you can hear from us on these topics. KFF will be doing a variety of election-related projects. We are participating in the voter poll by SSRS, which is a joint consortium of major news broadcast networks and the Associated Press.

And in that project, we'll be making sure that we're asking voters what did motivate their turnout and what did motivate their vote choice. We'll have some of the answers maybe to some of the questions that were posed today.

We're also participating in the NORC's Civic Health & Elections Project. And in that case, we're participating to specifically understand voters' attitudes in the four states that have abortion-related ballot initiatives. The results from both of these projects will be out in the days and weeks following the election, so we'll hope we'll look out for that.

And then after the election dust settles, we have been talking a lot about 2027 and what portends for leading into 2028. And we will be focusing our early January polling on what voters think and what the public thinks and what do they really want from Congress, the new Congress, and the administration as we go forward with these conversations.

So, I hope you'll turn in to KFF across all of our channels and look for another webinar like that so Liz and I can talk with you about our favorite topic, which is what people think, because I love and believe it's so important to amplify their voices in these debates. So, with that, thank you for being here.

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