

**Influencing Policy Decisions:
Impact of Legislator Attitudes and Demographics on Public Relations Practice**

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Abstract

This study sought to identify strategies to improve public relations efforts to influence policy by discovering U.S. legislators' attitudes toward healthcare policy and the impact of legislator characteristics on such attitudes. Analysis of results from an Internet/mail survey indicated statistically significant differences among respondents' attitudes based on gender, ethnicity, and political party affiliation (ANOVA). Such differences, however, did not skew in expected directions based on popular wisdom and previous studies.

While Hispanic, Native American and mixed-ethnicity legislators were more likely than non-Hispanic white legislators to agree that healthcare issues such as access and affordability should be state priorities, not left to the private sector, female legislators were more likely than their male counterparts to downplay the importance of such issues and to indicate they should not be the state's responsibility. Democratic Party legislators were more likely than Republican legislators both to see healthcare as an important priority and to relegate it to the private sector. These attitudes and differences may be used to inform public relations practice with regard to influencing legislators' policymaking decisions, although future research should focus on the impact of intersectionality of gender, ethnicity, and party affiliation in mitigating effects of legislator characteristics on issue attitudes.

Keywords: audience targeting, excellence theory, healthcare policy, legislator attitudes, legislator demographics, public relations strategy

Introduction: Legislators' Attitudes and Characteristics Key to Public Relations Targeting Strategies

Healthcare in America emerged as one of U.S. President Barack Obama's most pressing issues almost as soon as he took office in 2009. Systemic problems had persisted and grown, including an estimated 45 millions Americans without any insurance and another 25 millions underinsured; 18,000 unnecessary medically-related deaths each year; high medical costs and increasing insurance premiums; and mortality and morbidity rates that outstrip all other developed nations (Rowland, 2011). To address these issues and jump start healthcare policy reform, President Obama initiated wide-reaching public debate, seeking to educate citizens and legislators alike (Rowland). Efforts culminated in passage by the U.S. Congress in March, 2010, of so-called Obamacare, "the most sweeping piece of federal legislation since Medicare" (Rowland, p. 693).

But Obamacare left much of its implementation up to state legislatures, and results across the nation have been mixed in terms of policy initiatives. As a result, public information officers (PIOs) representing government and non-profit institutions with interests in policy outcomes and public relations practitioners (PRPs) representing corporate and other private organizations with similar interests have been forced to focus on state legislators and to grapple with their policy debates.

U.S. state legislators constitute important stakeholders for policy issues. However, developing positive relationships with legislators may be especially problematic for PIOs/PRPs. Legislators share complex relationships with PIOs/PRPs and media (Dyer & Nayman, 1977; Fico, 1984; Fogarty & Wolak, 2009; J.M. White, M. Willis, & R.A. Stohr, *Legislators' Reliance on Mass Media as Information Sources*, unpublished manuscript). Recent research suggests that PIOs/PRPs might more effectively build relationships with legislators by focusing on strategic communication models grounded in situational and excellence theories rather than on traditional media relations tactics (Calamai, 2008; Gandy, 1982; Grunig, 2006; Park & Rhee, 2010). Such strategies suggest using fewer media-centric communications tactics and more personal contact, including interacting face-to-face and through social media (Macnamara, 2010; White & Wingenbach, in press; White, Willis & Stohr).

PIOs'/PRPs' strategies and tactics for influencing public policy decisions are impacted by understanding policymakers' attitudes and characteristics. This study extends previous investigations into legislators' attitudes, which concerned general policy information and did not focus on attitudes toward healthcare policy. Given relevance of target audiences' attitudes to successfully transferring healthcare policy information to decision makers and absence of this focus in the literature, this study exclusively covers attitudes of NM legislators influencing healthcare policy decisions. Results of the current investigation suggest directions for PIOs'/PRPs to build effective relationships with policymakers and better influence decisions about state healthcare law.

Material and methods: Surveying New Mexico State Legislators

Research questions and hypotheses

This study extends investigations of state legislators' attitudes toward aspects of particular policy issues, most over 20 years old, none focusing on NM (Kral, 2003; Riffe, 1988, 1990). Given aging data and NM's unique history, demographics and economics, study of its legislators, correlated with attitudes toward crucial policy issues of the current period, seems timely.

The study sought to answer the following research questions:

- RQ1: What are the attitudes of New Mexico legislators with regard to priorities of healthcare policy issues in the state?
- RQ2: What are the attitudes of New Mexico legislators with regard to New Mexico citizens' access to healthcare?
- RQ3: What are the attitudes of New Mexico legislators with regard to affordability of healthcare in New Mexico?
- RQ4: What relationships exist between NM legislators' demographic/employment characteristics and attitudes toward healthcare policy priorities, healthcare access, and healthcare affordability?

Exploration of these research questions led to evaluating more specific hypotheses:

- H1: Legislators will differ with regard to attitudes about healthcare policy priorities based on their gender.
- H2: Legislators will differ with regard to attitudes about healthcare policy priorities based on their ethnicity.
- H3: Legislators will differ with regard to attitudes about healthcare policy priorities based on their political party affiliations.
- H4: Legislators will differ with regard to attitudes about New Mexico citizens' access to healthcare based on their gender.
- H5: Legislators will differ with regard to attitudes about New Mexico citizens' access to healthcare based on their ethnicity.
- H6: Legislators will differ with regard to attitudes about New Mexico citizens' access to healthcare based on their political party affiliation.
- H7: Legislators will differ with regard to attitudes about healthcare affordability in New Mexico based on their gender.
- H8: Legislators will differ with regard to attitudes about healthcare affordability in New Mexico based on their ethnicity.
- H9: Legislators will differ with regard to attitudes about healthcare affordability in New Mexico based on their political party affiliation.

Study design, population of interest, and sample

This study combined an Internet survey with a follow-up mail survey (Dillman's five-iteration method, 2000). The survey instrument included several author-designed scales measuring legislator attitudes toward healthcare issue priorities; better access to healthcare; and better healthcare affordability. Additionally, the survey instrument included author-designed scales measuring legislator mass media use, as well as scales replicating studies in

other states (Kral, 2003; Riffe, 1988, 1990); these results have been reported elsewhere (J.M. White, M. Willis, & R.A. Stohr, Legislators' Reliance on Mass Media as Information Sources, unpublished manuscript).

Because the NM legislature has 112 members (70, House of Representatives; 42, Senate), a census of legislators in the last session was conducted. A census limits generalizability to other NM legislative sessions and to other state legislatures, but produces a comprehensive picture of legislator characteristics, healthcare-policy information sourcing, media use and attitudes toward media and toward healthcare policy itself.

Data collection/analysis and response rate

Because of limited response to the Internet survey after five contacts, legislators not completing online surveys were mailed a copy. Legislators still not responding were telephoned and asked to complete the survey online. Despite multiple methods used to boost response rates, 41 percent (46/112) of legislators responded (27, House, 38.6 percent; 19, Senate, 45.2 percent), exceeding mean response rates expected for recent online surveys (Grava-Gubins & Scott, 2008; Sheehan, 2001).

All survey data were combined for statistical analysis in SPSS. Identifiers were removed before analysis.

Theoretical Underpinnings and Previous Inquiries into PR Influence on Public Policy

PIOs'/PRPs' strategies and tactics targeting publics about specific issues are grounded in theoretical constructs including situational and excellence theories of public relations, as well as agenda setting, framing and priming. Legislators' source choices informing healthcare policy decisions, on the other hand, are explained by theoretical constructs including adaptive structuration, and their preferences for information delivery, while they may vary based on policy type, privilege constituents and colleagues rather than mass media. In addition, lawmakers have indicated their wish to receive research reports through face-to-face channels.

Legislators' prioritization of issues and voting decisions are influenced by their attitudes toward policy concerns. Political party affiliation, gender and ethnicity/race intersect to influence policy decisions, as well.

Theories impacting PIOs'/PRPs' roles in influencing target publics

Situational theory posits that PIOs'/PRPs' communication with relevant publics relies on those publics' actively or passively progressing through the three stages of problem recognition, constraint identification, and involvement (Grunig, 1997; Werder, 2006). Empirical studies validate that the three stages, combined with audience demographics, can predict communication levels (Hamilton, 1992). Goal-driven – or precision -- public relations (PR) can influence individual audience members' problem recognition and involvement (Okigbo & Nelson, 2003; Werder). Since issues comprise different stakeholders, successful situational relationship management targets messages to specific groups, using sources and delivery media -- as well as fantasy themes -- they prefer (Kim, Shen & Morgan, 2011; Smith, 2007; Vasquez, 1993; Webster, Phalan & Lichty, 2006).

Excellence theory conceptualizes effective organizations as those which solve their own and stakeholders' problems and satisfies mutual goals. Such organizations incorporate integrated strategic management functions to perform environmental scans and identify publics; they also communicate symmetrically to craft and sustain high-quality long-lasting relationships (Grunig, 2006, 2008; Kim & Grunig, 2011). Precision PR is a dynamic, inclusive, culturally relevant, and technologically innovative practice (Grunig & Grunig, 2010; Kim & Grunig; Sha, 2006; Okigbo & Nelson, 2003).

Called overly idealistic or accused of neglecting PR's feminization and postmodern society's diversity, excellence theory has come under fire from critics (Aldoory & Toth, 2002; Hotlzhansen, 2000; Mackey, 2000; Toth, 2001). However, evidence from realistic settings, as well as rhetorical and feminist PR approaches, suggest diverse groups protect and enhance their interests best through symmetrical practice, ensuring benefits to organizations and stakeholders (Heath, 2000; L. Grunig et al., 2000; Mackey, 2006). Thus, excellence theory remains a valid lens for analyzing PIO/PRP practice.

In attempts to influence target audiences, PIOs/PRPs also subscribe to the mass communication theories of *agenda-setting* (McCombs & Shaw, 1976; McQuail, 1994; Rogers & Dearing, 2000), *priming* (Scheufele & Tewksbury, 2007) and *framing* (DeFleur & Ball-Rokeach, 1989; McQuail) and the standards for information *sourcing* these theories dictate. Similar cognitive processes are activated through agenda setting, framing and priming (Weaver, 2007), with framing incorporating issue attributes important in second-level agenda setting into macrolevel societal values. These three theoretical constructs seek to impart issue “salience”, conveying to audiences an issue’s importance while making its concepts both accessible and applicable to them (Althaus & Kim, 2006).

Political communication scholars, however, have noted the need to extend theoretical bases beyond agenda-setting, framing and priming (Holbert & Geidner, 2009). They suggest including theories from interpersonal communication (uncertainty management, attitude-behavior disconnects; persuasion (Moyer-Guse’, 2008); information communication technology; media effects (including reinforcing spirals, Slater, 2007); and strategic communication (Grunig & Grunig, 2010; Wittke, 2008).

PIO/PRP management of relationships with key publics

According to excellence theory, the goal of successful PR is to “build and then enhance on-going or long-term relations with an organization’s key constituencies” (Hon & Grunig, 1999, p.2; Brunig & Ledingham, 2000; Mackey, 2006). Characteristics of the best such relationships include control mutuality, trust, satisfaction, commitment, exchange vs. communality, mutual benefit and symmetry (Hon & Grunig). Excellence theory’s relationship approaches (Hirasuna & Hansen, 2009; Park & Rhee, 2010; Taliferro, 2010) combine relationship maintenance with strategic management (McDonald & Hebbani, 2011). Such an approach to relationship management can generate added value, especially for non-profits, by building social capital for organizations, stakeholders, and society (Strauss, 2010).

Key to such successful relationship management is the appropriate segmentation of key publics, then crafting specialized messages and choosing appropriate delivery media -- whether mass, interactive, or interpersonal -- for the resulting target audiences (Brownson et al, 2011; Smith, 2007; Webster, Phalan & Lichty, 2006). Past PR practice has placed heavy emphasis on information delivery to target publics through intervening mass media; in this

model, PIOs/PRPs have concentrated on providing various forms of information subsidies – news releases; news conferences; mail, email or in-person pitches; provision of expert sources – to journalists to secure earned media coverage (Bauer & Bucchi, 2007; Calamai, 2008; Gandy, 1982; Waters, Tindall, & Morton, 2010).

Recent research, however, suggests shifting to strategic communication models based on situational and excellence theories to more effectively transmit messages (Brownson et al., 2010; Grunig, 2006; Park & Rhee, 2010). Many scholars recommend that PIOs and PRPs switch to less media-centric communication tactics, substituting interactive social media and personal contact for traditional information subsidies (Macnamara, 2010; White & Wingenbach, in press; J. M. White, M. Willis and R.A. Stohr, Legislators' Reliance on Mass Media as Information Sources, unpublished manuscript).

Such interpersonal/interactive delivery may make it easier and more appropriate for PIOs/PRPs to craft messages using two-sided approaches, “provid[ing] information about both positive and negative attributes of a product or service, *with the negative information included* voluntarily” (Pratt, 2004, p. 16). Such even-handed messages have been shown to be especially effective for advocacy content directed to audiences holding negative attitudes toward an issue and thus maybe particularly applicable to PIO/PRP-legislator encounters (Pratt).

Besides delivery media selection, other barriers exist to successful relationship management and transmission of information to target audiences, including disparities in perceptions of issue salience and resulting agenda setting between PIOs/PRPs and journalists; disagreements on such professional values as issue newsworthiness; differences in organizational missions, structures and processes; and disparities in individual educational backgrounds and role perceptions (Avery & Kim, 2009; Avery, Lariscy & Sohn, 2009; Lariscy, Avery & Sohn, 2010; Len-Rios, Hinnant, Park, Cameron, Frisby, & Lee, 2009; Lowery, 2007; Reich, 2009; Sallot & Johnson, 2006a, 2006b; Shapiro, 2007; Shin & Cameron, 2005; Veil & Ojeda, 2010; White & Wingenbach, in press). Such disparities have produced disconnects between journalists and PIOs/PRPs, with negative impacts on building bridges between the two and on the resulting abilities of PIOs/PRPs to transfer information between institutional experts and relevant publics through journalists as intermediaries.

Legislators' information delivery preferences

Legislators' opinion-formation and information sourcing are determined more by constituents, expert colleagues, and fellow committee members than by media (Kral, 2003; Riffe, 1988, 1990; J.M. White, M. Willis, & R.A. Stohr, Legislators' Reliance on Mass Media as Information Sources, unpublished manuscript), perhaps because legislators question media accuracy and objectivity (Kral). While PIOs/PRPs provide information subsidies to media in an attempt to set public agendas (Hays & Glick, 1997) and frames, legislators set agenda and frame issues for each other and for themselves, publics and media itself (Fico, 1984; Kral). Legislators seek and receive information from many sources (Bybee & Comadena, 1984; Sabatier & Whiteman, 1985; J.M. White, M. Willis, & R.A. Stohr, Legislators' Reliance on Mass Media as Information Sources, unpublished manuscript), with media perhaps least important (Riffe, 1988, 1990; White, Willis & Stohr; Yanovitzky, 2002). Legislators' ranking media low as preferred information sources suggests gaps in perceptions/efforts among PIOs, PRPs and journalists (Kral; Park, Len-Rios, Hinnant, 2010; Riffe; White, Willis & Stohr), lessening the effectiveness of journalists', PIOs' and PRPs' efforts to influence legislators' information-sourcing behaviors.

PIOs' and PRPs' attempts to influence both journalists and legislators are hampered by PR's reputation (Holba, 2006), reflecting a supposed duality of communicative action between journalists, motivated by objectivity and professional ethics, and PRPs, serving corporate agenda at odds with the good of the commons (Habermas, 1989; Salter, 2005; White, in press; White & Wingenbach, in press). Adaptive structuration within professional organizational cultures reinforces this false dicotomy (Giddens, 1984; White).

This construction ignores the information-transfer role of a third professional group, PIOs, who are neither PRPs nor journalists but communication professionals within government agencies and educational research institutions disseminating health/science information to facilitate decision-making within the public sphere (White, in press; J.M. White, M. Willis, & R.A. Stohr, Legislators' Reliance on Mass Media as Information Sources, unpublished manuscript). Despite evidence to the contrary, journalists and legislators see information from PIOs as possessing an advocacy bias and may avoid using such information for stories or policy decision-making (Salter, 2005). Such prejudice hampers efforts of PIOs/PRPs to

engage excellence-based practice comprising symmetry, idealistic and critical approaches, and managerial thrust (Grunic & White, 1992; White; White & Wingenbach, in press).

For PIOs/PRPs representing scholarly non-profits and think tanks, it is important to note that many legislators prefer receiving copies of research reports or personal contact from researchers, as opposed to reading media reports about such investigations (McHale, 2006; Rude, 2004; J. M. White, M. Willis and R.A. Stohr, Legislators' Reliance on Mass Media as Information Sources, unpublished manuscript). Subject matter of legislation also helps determine legislators' preferred methods of receiving information (Kirst, 2000; Sorian & Baugh, 2002; White, Willis & Stohr), and PIO/PRP information campaigns designed according to communication principles proven effective are more likely to successfully change target audiences' minds (Noar, 2006).

Members of organizations create definitions and roles to guide and restrict their actions (Giddens, 1984). Based beliefs developed through *adaptive structuration* within legislatures, legislators source information ways sanctioned by colleagues and perceive media efforts accordingly. Legislators' adaptive structuration processes produce unique environments, affecting their perceptions, beliefs and behaviors; such processes and their results are necessarily different from those of journalists, PIOs and PRPs (Lariscy, Avery & Sohn, 2010).

Impact of legislators' attitudes on policy decisions

The *theories of reasoned action (TRA)* and *planned behavior (TRB)* link beliefs/attitudes to rational action (Ajzen & Fishbein, 1980, 2000). TRA posits human beings as rational actors, led by societal norms and individual beliefs and attitudes to behavioral intentions, manifested in actual behaviors. TPB adds the concept of perceived behavioral control to TRA: Individuals “expend more effort to perform a behavior when [perceptions] of behavioral control [are] high” (Glanz, Lewis & Rimer, 1997, page 91).

Legislators may be presumed to be rational actors and, as professionals, to be influenced by group norms shaped through adaptive structuration (Ryfe, 2003; Van den Steen, 2010; Wang, 2009; White & Wingenbach, in press; Wines & Hamilton, 2009). Thus, it may reasonably be concluded that legislators' attitudes toward issues influence their voting behaviors (Kioussis &

McCombs, 2004; Lin, 2009; J.M. White, M. Willis, & R.A. Stohr, Legislators' Reliance on Mass Media as Information Sources, unpublished manuscript). In fact, numerous studies confirm the influence of attitudes on legislative behaviors, including, among others, the impact of attitudes toward media on selection of information sources (Cohen, Tsifti, & Shaefer, 2006; White, Willis & Stohr); of political opinions on policy goals (Nelson, 2004); and of ideal types (e.g., the “normal family”) on policymaking (Gring-Pemble, 2001).

Implications of legislator characteristics in determining policy attitudes

New Mexico ranks fifth in size, but 36th in population, and the state boasts minority-minority status (i.e., whites are outnumbered by other ethnic/racial groups). Its legislature ranks low in studies of professionalism, according to mathematical formulae including legislators' salary and benefits (New Mexico volunteer legislators receive no salary), time demands of legislative terms (60-90 days), and staff and resources (no staff) (Squire, 1992, 2007) and, perhaps as a result, ranks high in correlation between newspapers' and legislators' agenda (Tan & Weaver, 2009). Unique characteristics of the state of New Mexico, its legislature and its legislators may contribute to resistance to implement healthcare reform in the state. For example, New Mexico remains one of just three states to reject the establishment of health insurance exchanges (The Commonwealth Fund, 2011).

Regardless of attitudes or characteristics of individual legislators, research suggests that passage of healthcare reform legislation depends on shifting windows created by institutional, political and social dynamics and “the new set of imperatives generated by market change and the so-called managed care revolution” (Conrad & Millay, 2001, p. 169). Such dynamics may include the conceptualization of building a health competent society in which individual responsibility and systemic changes coalesce to “help [individuals] make appropriate health decisions by building healthy, participatory communities and effective health care delivery systems, supported by enlightened health policy” (Ratzen, 2009, p.99).

Political party affiliation continues to exert major influence in determining legislators' policy priorities and predicting voting patterns (Roberts & Smith, 2003; Wright & Schaffner, 2002). Parties tend to be sincere in their articulation of distinctive ideologies, and this sincerity impacts individuals' voting patterns, with legislators casting votes paralleling their party's positions (Barrilleaux, Holbrook & Langer, 2002). Other scholars, however, have found that

party affiliation affects legislators' policy decisions no more than one-half the time (Burstein & Linton, 2002).

Legislator gender influences policy priorities and voting behaviors, with female legislators often focusing on issues of particular interest to women (family concerns, access to healthcare) (Poggione, 2004; Schwindt-Bayer, 2006; Taylor-Robinson & Heath, 2003). Other studies, however, have found that legislators' presentation of professional self does not vary by gender (Niven & Zilber, 2001) and that all legislators zealously represent the interests of their constituencies (Swers, 2001). Ethnic/racial identification exerts a similar influence on legislative priorities and voting (Pruehs, 2006). It is perhaps most correct to view individual legislators' policy positions and voting behavior as the complex result of intersectionality of party affiliation, gender, and ethnicity (Bratton, 2002; Cammisal & Reingold, 2004; Fraga, Lopez, Martinez-Ebers, & Ramirez, 2006; Simien, 2007)

Results and Discussion: NM Legislators Attitudes and Attributes – Implications for PR Practice and Research

Findings: Attitudes toward priority of healthcare issues

Respondents indicated levels of agreement (Likert-type scale) with seven statements about relative priority of healthcare issues (statements were crafted after analysis of current issues in news reports about healthcare policy debates in Congress and state legislatures) (**RQ1**). Based on their responses, New Mexico legislators assigned different priorities to different aspects of healthcare, but the majority agreed that addressing health disparities and healthcare issues themselves should be left to the private sector. Over 40 percent of the respondents agreed that healthcare issues are NM state government's most important issue in the coming decade, and more than 50 percent agreed that the state needs to provide better access to healthcare for all citizens. However, only 8 to 12 percentage points separate those who agree from those who disagree that improving healthcare access and affordability and eliminating health disparities are the most important issues facing state government in the coming decade. Thus, no clear mandate exists among legislators for making healthcare a state priority. Table 1 summarizes legislators' responses.

Table 1. Legislators’ attitudes toward priority of health care issues.

| Statement | Strongly agree | Agree | Don't know | Disagree | Strongly disagree |
|---|----------------|-------|------------|----------|-------------------|
| 1. Healthcare issues are the most important problem facing New Mexico state government in the coming decade. | 16.7% | 26.2% | 2.4% | 35.7% | 2.4%* |
| 2. New Mexico needs to provide better access to healthcare for all its citizens. | 28.6% | 31.0% | 9.5% | 16.7% | 14.3% |
| 3. Improving access to healthcare is the most important healthcare issue facing New Mexico state government in the coming decade. | 12.2% | 26.8% | 9.8% | 29.3% | 4.9% |
| 4. Healthcare affordability is the most important healthcare issue facing New Mexico state government in the coming decade. | 22.0% | 24.4% | 4.9% | 24.4% | 7.9% |
| 5. Healthcare disparities among ethnic and socioeconomic groups are the most important healthcare issues facing New Mexico state government in the coming decade. | 12.2% | 22.0% | 9.8% | 31.7% | 4.9% |
| 6. Healthcare should be left to the private sector. | 31.7% | 14.6% | 7.3% | 14.6% | 14.6% |
| 7. Healthcare disparities among ethnic and socioeconomic groups are not the responsibility of state government but should be left to the private sector. | 29.3% | 22.0% | 9.8% | 17.1% | 4.9% |

**Percentages do not total 100% due to missing data.*

Findings: Attitudes toward access to healthcare

Respondents indicated levels of agreement (Likert-type scale) with five statements about access to healthcare (statements were crafted after analysis of current issues in news reports about healthcare policy debates in Congress and state legislatures and customized to reflect New Mexico’s status as a mostly rural state with a shortage of healthcare providers) (RQ2). However, more than 50 percent of respondents agreed that providing better access to

healthcare should be left to the private sector. The majority hold this opinion, despite high levels of agreement that healthcare access in the state could be improved by recruiting health providers from other U.S. states (64.3%) and by expanding medical education within NM (58.5%).

Although more respondents agreed than disagreed that healthcare access could be improved by recruiting healthcare providers from other nations (36.6% vs. 14.6%) and by providing greater funding for in-state medical education (41.4% vs. 34.2%), nearly 25 percent said they didn't know whether these actions would improve healthcare access. Finally, despite their opinions on the first four statements, more than 50 percent of legislators agreed that providing better access to healthcare should be left to the private sector. Table 2 summarizes legislators' responses.

Table 2. Legislators' attitudes toward access to healthcare.

| Statement* | Strongly agree | Agree | Don't know | Disagree | Strongly disagree |
|---|----------------|-------|------------|----------|-------------------|
| 1. Better access to healthcare in New Mexico means expanding medical education in the state. | 26.8% | 31.7% | 9.8% | 7.3% | 24.4% |
| 2. Better access to healthcare in New Mexico means recruiting more physicians, nurses and allied health personnel from other states to relocate to New Mexico. | 33.3% | 31.0% | 2.4% | 7.1% | 2.4% |
| 3. Better access to healthcare in New Mexico means recruiting more physicians, nurses and allied health personnel from other nations to relocate to New Mexico. | 17.1% | 19.5% | 24.4% | 12.2% | 2.4% |
| 4. Better access to healthcare in New Mexico means providing greater financial support for medical education in the state. | 14.6% | 26.8% | 24.4% | 9.8% | 24.4% |
| 5. Better access to healthcare in New Mexico is not a state government responsibility but should be left to the private sector. | 29.3% | 22.0% | 9.8% | 7.3% | 7.3% |

*Percentages do not total 100% due to missing data

Findings: Attitudes toward improving healthcare affordability

Respondents indicated levels of agreement (Likert-type scale) with four statements about healthcare affordability (statements were crafted after analysis of current issues in news reports about healthcare policy debates in Congress and state legislatures) (**RQ3**). More than

50 percent of respondents agreed that solving issues of healthcare affordability in NM should be left to the private sector.

Respondents were almost evenly split on controversial solutions for addressing affordability, such as expanding publicly-funded programs and instituting a statewide single-payer insurance plan and more disagreed than agreed that employer-sponsored health plans are the best way to address affordability. The latter result is surprising given that the majority saw affordability as a private sector issue. Again, however, the clearest mandate on affordability that emerges is that solving this issue should not be a responsibility of state government. Table 3 summarizes legislators' responses.

Table 3. Legislators' attitudes toward improving healthcare affordability.

| Statement* | Strongly agree | Agree | Don't know | Disagree | Strongly disagree |
|--|----------------|-------|------------|----------|-------------------|
| 1. Healthcare affordability for New Mexicans is best addressed by expanding public aid programs. | 11.9% | 26.2% | 4.8% | 38.1% | 2.4% |
| 2. Healthcare affordability for New Mexicans is best addressed by requiring employers to supply health insurance for employees. | 7.1% | 23.8% | 9.5% | 33.3% | 9.5% |
| 3. Healthcare affordability for New Mexicans is best addressed by instituting a statewide single payer healthcare insurance program. | 26.2% | 14.3% | 4.8% | 11.9% | 28.6% |
| 4. Healthcare affordability for New Mexicans is not a state government responsibility but should be left to the private sector. | 28.6% | 23.8% | 2.4% | 16.7% | 14.3% |

**Percentages do not total 100% due to missing data.*

Findings: Demographic data

Respondents were divided between Democrats (45 percent) and Republicans (35 percent), with 19 percent declining to indicate party affiliation, and ranged between 2 and 25 years legislative service, with mean service tenure of 11 years. All respondents were older than 31 years, with the majority (57 percent) clustering between 51 and 70 years old. Three respondents (7 percent) were more than 71 years old. Table 4 presents selected demographic characteristics.

Table 4. Responding legislators’ selected demographic characteristics.

| DEMOGRAPHIC VARIABLE | RESPONSE LEVELS | PERCENTAGES OF RESPONDENTS |
|-------------------------|------------------------------|----------------------------|
| Political orientation | Liberal | 25% |
| | Conservative | 30% |
| | Depends on issue | 22% |
| | Libertarian | 2% |
| | Moderate | 2% |
| | Progressive | 2% |
| | Declined to specify | 17% |
| Legislative tenure | First legislative session | 13% |
| | Second or subsequent session | 87% |
| Gender | Male | 61% |
| | Female | 20% |
| | Declined to specify | 19% |
| Ethnicity | White/not Hispanic | 48% |
| | Hispanic/Latino | 20% |
| | Native American | 4% |
| | Multiracial | 2% |
| | Declined to specify | 26% |
| Highest education level | High school diploma | 15% |
| | Bachelor’s degree | 33% |
| | Masters’ degree | 24% |
| | JD degree | 7% |
| | Declined to specify | 31% |

Findings: Relationships between selected respondent demographics and priority of healthcare issues; access to healthcare; and improving healthcare affordability -- One-way analysis of variance.

Statistically significant differences between respondents’ attitudes toward healthcare policy priority, access and affordability existed along demographic lines (**RQ4**). With regard to attitudes toward **health policy priorities in NM**, responses to all statements were statistically significantly different with respect to ethnicity, except for the statement about affordability being the most important healthcare issue for state government (**H2**). Respondents of Hispanic, Native American and mixed ethnicity were more likely than non-Hispanic white respondents to (a) agree that healthcare issues are state’s most important problem, NM needs to provide better healthcare access for all citizens, and improving access to healthcare is NM’s most important healthcare issue and (b) to disagree that healthcare should be left to the private sector and that healthcare disparities are not state government’s responsibility. Thus, for this limited dataset, the null for H2 may be rejected.

Responses to all statements about **healthcare policy priorities in NM** were statistically significantly different with respect to gender (**H1**) and political party affiliation (**H3**). Male respondents were (a) more likely than female respondents to agree that healthcare issues are state’s most important problem, NM needs to provide better healthcare access for all citizens, and improving access to healthcare, affordability and access are NM’s most important healthcare issues; (b) less likely to agree that healthcare should be left to the private sector; and (c) equally likely to agree that healthcare disparities are not state government’s responsibility. Respondents affiliated with the Democratic party were (a) more likely than Republican respondents to agree that that healthcare issues are state’s most important problem, NM needs to provide better healthcare access for all citizens, improving access to healthcare, affordability and access are NM’s most important healthcare issues, and healthcare disparities are not state government’s responsibility but (b) less likely than Republican respondents to agree that healthcare should be left to the private sector. Thus, for this limited dataset, the nulls for H1 and H3 may be rejected. Certain policy positions of men vs. women legislators and Democrats vs. Republicans were contradictory, especially agreement that healthcare issues are not the state’s responsibility juxtaposed with disagreement that healthcare should be left to the private sector. More research is needed to explore whether legislators perhaps favor a third source of healthcare responsibility, for example, charitable/non-profit organizations or individuals. Table 5 presents results of one-way ANOVA for these relationships.

Table 5. One-way ANOVA: Legislators’ attitudes toward priority of health care issues and ethnicity, gender and political party affiliation.

| Statement | Ethnicity | | | Gender | | | Political party | | |
|--|-----------|-------|---------|--------|-------|---------|-----------------|-------|---------|
| | df | F | p | Df | F | p | df | F | p |
| 1. Healthcare issues are the most important problem facing New Mexico state government in the coming decade. | 4 | 2.917 | .034*** | 2 | 5.045 | .011** | 2 | 4.470 | .018*** |
| 2. New Mexico needs to provide better access to healthcare for all its citizens. | 4 | 3.762 | .012** | 2 | 6.344 | .004* | 2 | 6.402 | .004* |
| 3. Improving access to healthcare is the most important healthcare issue facing New Mexico state government in | 4 | 2.881 | .036*** | 2 | 4.741 | .015*** | 2 | 4.268 | .021*** |

| Statement | Ethnicity | | | Gender | | | Political party | | |
|---|-----------|-------|----------|--------|-------|----------|-----------------|-------|----------|
| | df | F | <i>p</i> | Df | F | <i>p</i> | df | F | <i>p</i> |
| the coming decade. | | | | | | | | | |
| 4. Healthcare affordability is the most important healthcare issue facing New Mexico state government in the coming decade. | 4 | 2.078 | .061 | 2 | 4.702 | .015*** | 2 | 4.251 | .022*** |
| 5. Healthcare disparities among ethnic and socioeconomic groups are the most important healthcare issues facing New Mexico state government in the coming decade. | 4 | 3.758 | .012** | 2 | 3.938 | .028*** | 2 | 3.643 | .036*** |
| 6. Healthcare should be left to the private sector. | 4 | 4.805 | .003* | 2 | 4.140 | .024*** | 2 | 5.431 | .008** |
| 7. Healthcare disparities among ethnic and socioeconomic groups are not the responsibility of state government but should be left to the private sector. | 4 | 4.817 | .003* | 2 | 4.163 | .023*** | 2 | 5.312 | .009** |

* $p \leq .00$, ** $p \leq .01$, *** $p \leq .05$

With regard to attitudes toward **healthcare access in NM**, responses to all statements were statistically significantly different with regard to gender (**H4**), ethnicity (**H5**), and political party affiliation (**H6**). Female respondents were (a) more likely than male respondents to agree that better healthcare access means expanding medical education in NM and recruiting medical personnel from other states and other nations and is not the state's responsibility and (b) more likely than male respondents to disagree that better access to healthcare means providing more financial support for medical education in NM. Respondents of Hispanic, Native American and mixed ethnicity were more likely than non-Hispanic white respondents to agree with all statements about healthcare access in the state.

Respondents affiliated with the Democratic party were (a) more likely than Republican respondents to agree that better healthcare access means expanding medical education in NM, providing more financial support for NM medical education, recruiting medical personnel

from other states and other nations, and (b) more likely than Republic respondents to disagree that providing better healthcare access is not the state’s responsibility. Thus, for this limited dataset, nulls for H4, H5, and H6 may be rejected. Table 6 presents results of one-way ANOVA for these relationships.

Table 6. One-way ANOVA: Legislators’ attitudes toward healthcare access and ethnicity, gender and political party affiliation.

| Statement | Ethnicity | | | Gender | | | Political party | | |
|---|-----------|-------|---------|--------|-------|-------|-----------------|-------|-------|
| | df | F | p | df | F | p | df | F | p |
| 1. Better access to healthcare in New Mexico means expanding medical education in the state. | 4 | 2.762 | .042*** | 2 | 7.102 | .002* | 2 | 7.041 | .003* |
| 2. Better access to healthcare in New Mexico means recruiting more physicians, nurses and allied health personnel from other states to relocate to New Mexico. | 4 | 2.751 | .042*** | 2 | 7.421 | .002* | 2 | 6.982 | .003* |
| 3. Better access to healthcare in New Mexico means recruiting more physicians, nurses and allied health personnel from other nations to relocate to New Mexico. | 4 | 2.708 | .045*** | 2 | 6.979 | .003* | 2 | 6.916 | .003* |
| 4. Better access to healthcare in New Mexico means providing greater financial support for medical education in the state. | 4 | 2.792 | .041*** | 2 | 7.065 | .002* | 2 | 7.037 | .003* |
| 5. Better access to healthcare in New Mexico is not a state government responsibility but should be left to the private sector. | 4 | 2.762 | .042*** | 2 | 7.028 | .003* | 2 | 7.041 | .003* |

*p=.00, **p≤.01, ***p≤.05

With regard to attitudes toward improving **healthcare affordability in NM**, responses to all statements were statistically significantly different with regard to gender (**H7**), ethnicity (**H8**), and political party affiliation (**H9**). Female respondents were (a) less likely than male respondents to agree that healthcare affordability for New Mexicans is best addressed by expanding public aid programs, requiring employers to supply health insurance, or instituting a statewide single payer insurance program but (b) tied with male respondents in agreeing that health affordability is not a state government function but should be left to the private sector. Certain policy positions of men vs. women legislators and Democrats vs. Republicans were contradictory, especially agreement that healthcare issues are not the state’s responsibility juxtaposed with disagreement that employers’ supplying medical insurance is

not a desirable solution to affordability problems. More research is needed to explore whether legislators perhaps favor a third source of healthcare responsibility, for example, charitable/non-profit organizations or individuals.

Respondents of Hispanic, Native American and mixed ethnicity were (a) more likely than non-Hispanic white respondents to agree that healthcare affordability for New Mexicans is best addressed by expanding public aid programs, requiring employers to supply health insurance, or instituting a statewide single payer insurance program and (b) less likely to agree that health affordability is not a state government function but should be left to the private sector. Respondents affiliated with the Democratic party compared to Republican respondents followed the same attitude patterns exhibited by respondents of Hispanic, Native American and mixed ethnicity. Thus, for this limited dataset, the nulls for H7, H8 and H9 may be rejected. Table 7 presents results of one-way ANOVA for these relationships.

Table 7. One-way ANOVA: Legislators’ attitudes toward improving healthcare affordability and education, ethnicity, gender and political party affiliation.

| Statement | Education | | | Ethnicity | | | Gender | | | Political party | | |
|---|-----------|-------|---------|-----------|-------|---------|--------|-------|---------|-----------------|-------|---------|
| | df | F | p | df | F | p | df | F | p | df | F | p |
| Healthcare affordability for New Mexicans is best addressed by expanding public aid programs. | 4 | 1.951 | .122 | 4 | 2.600 | .052*** | 2 | 4.420 | .019*** | 2 | 4.509 | .017*** |
| Healthcare affordability for New Mexicans is best addressed by requiring employers to supply health insurance for employees. | 4 | 1.986 | .117 | 4 | 2.616 | .051*** | 2 | 4.444 | .018*** | 2 | 4.528 | .017*** |
| Healthcare affordability for New Mexicans is best addressed by instituting a statewide single payer healthcare insurance program. | 4 | 2.900 | .035*** | 4 | 3.827 | .011** | 2 | 6.239 | .004* | 2 | 6.459 | .004* |
| Healthcare affordability | 4 | 2.879 | .036*** | 4 | 3.679 | .013** | 2 | 6.267 | .004* | 2 | 6.257 | .004* |

| Statement | Education | | | Ethnicity | | | Gender | | | Political party | | |
|---|-----------|---|---|-----------|---|---|--------|---|---|-----------------|---|---|
| | df | F | p | df | F | p | df | F | p | df | F | p |
| for New Mexicans is not a state government responsibility but should be left to the private sector. | | | | | | | | | | | | |

*p=.00, **p≤.01, ***p≤.05

These results support those of some other researchers who found that policy positions are influenced by legislators’ racial/ethnic identifications (Pruehs, 2006); that women legislators may have different issue priorities than male legislators (Poggione, 2004; Schwindt-Bayer, 2006; Taylor-Robinson & Heath, 2003); and that political party affiliations impact the issue attitudes of individual legislators (Barrilleaux, Holbrook, & Langer, 2002). Similarly, however, although results of this study point to differences between legislators depending on their gender, ethnic identity and party affiliation, the study did not address the impact of intersectionality of these three attributes, suggested by other researchers to be a stronger influence than any single attribute (Cammissal & Reingold, 2004; Simien, 2007).

Implications for PIOs/PRPs and for further research

Findings of this study underscore the necessity for PIOs/PRPs seeking to influence legislators to understand (a) target audiences’ initial attitudes toward issues underlying policy decisions and (b) the influence of audience demographics on those attitudes.

Both situational and excellence theories stress relationship building and maintenance through symmetrical communication strategies and tactics (Kim & Grunig, 2011). Studies of legislators’ information-delivery preferences suggest that in order to build strong relationships with such target audiences, PIOs/PRPs should rely less on mass media news subsidies and more on personal contacts and interactive delivery of dynamic messages designed to affect policy decisions (Sha, 2006).

PIOs/PRPs who apply situational theory can more effectively customize message strategies and tactics to fit legislators’ demographic characteristics and message and delivery preferences, as well as identify and amplify real-time audience stages relevant to individual legislators (Werder, 2006). PIOs/PRPs who use excellence theory as a guide for interactions

with legislators may stress mutually beneficial symmetrical models, including more personal contact and veering away from reliance on news subsidies for journalists (J. M. White, M. Willis and R.A. Stohr, Legislators' Reliance on Mass Media as Information Sources, unpublished manuscript).

This study encourages PIOs/PRPs who wish to influence legislators to adopt excellence theory's relationship approach (Hirasuna & Hansen, 2009; Park & Rhee, 2010). Using excellence theory offers PIOs/PRPs opportunities to build organizational social capital (Strauss, 2010) by addressing relationship problems (e.g., failure of legislators to access research done locally on state-specific problems, J. M. White, M. Willis and R.A. Stohr, Legislators' Reliance on Mass Media as Information Sources, unpublished manuscript). Applying best practices suggested by situational and excellence theories also will help PIOs/PRPs customize agenda-setting, framing and priming – as well as other relevant theoretical constructs derived from various communication subfields (Holbert & Geidner, 2009)-- operational in their information subsidies and audience contacts to maximize efforts to influence legislators' decision-making (Noar, 2006).

Taking into account legislators' information-delivery preferences and moving toward more personal and interactive channels would allow PIOs/PRPs opportunities to develop deeper and stronger relationships with this target group. Research suggests that providing communication that voluntarily emphasizes the negative, as well as the positive, sides of PIO/PRP client interests could build legislators' trust, overcome negative attitudes initially held by a legislator toward an issue (Pratt, 2004) and counter legislators' possible negative perceptions of PIOs/PRPs (Habermas, 1989; Salter, 2005; White, in press).

Understanding legislators' attitudes toward particular issues could help PIOs/PRPs more effectively target message strategies and tactics designed to produce policymaking decisions favorable to their clients' positions on those issues (Ajzen & Fishbein, 2000). Similarly, understanding the relationship between legislators' gender, ethnicity, political party affiliation and, perhaps, education can contribute to PIOs'/PRPs' crafting effectively targeted messages and employing appropriate information delivery strategies (Poggione, 2004; Schwandt-Bayer, 2006; Taylor-Robinson & Heath, 2003).

Further research is needed to discover roots of NM legislators' attitudes toward health policy priorities, access to healthcare, and improving healthcare affordability. In an effort to define and elaborate the influence of gender, ethnicity, and political party affiliation on such attitudes, in-depth interviews should be conducted with respondents more representative of the NM legislature's demographic make-up, as respondents to this survey included an over-representation of white, male legislators. Additionally, efforts should be made to discover the impact of intersectionality of demographic characteristics on issue attitudes (Bratton, 2002: Frage, Lopez, Martinez-Ebers, & Ramirez, 2006).

Data should be collected from PIOs/PRPs to discover attitudes toward practice driven by situational, excellence, and agenda-setting theories, exploring openness to strategies and tactics suggested by these theories, including embracing interactive and interpersonal methods of delivering messages. Finally, research should be undertaken to discover what, if any, differences exist between legislators' attitudes toward healthcare policy as compared to other types of legislative policymaking.

Limitations

Generalization from this study is limited to the legislative body – NM Senate and House of Representatives – from which respondents were drawn. Additionally, generalization from respondents to the entire NM legislature is necessarily limited by the small number of responses and the lack of randomness in sampling (i.e., a census of all members of the body was attempted), as well as the fact that only attitudes toward healthcare policies were sought. Conduct of comparable studies in other state legislative bodies is recommended to extend this research, comprising, as well, additional investigation into issues other than healthcare policy.

Conclusions: Caveats and Opportunities for PR Practitioners

The study author believes these results offer caveats and opportunities for PIOs and PRPs seeking to influence state legislators. Even given its limitations, this research provides important direction for PIOs/PRPs seeking to improve their effectiveness in influencing targeted policymakers. Combining message strategies and delivery tactics driven by situational and excellence theory with knowledge of legislator attitudes toward policy issues, as influenced by individual demographics and their possible intersectionality, practitioners

could alter impacts on legislators' policymaking decisions, as well as counter negative opinions toward PR.

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