



## FRAMEWORKS MESSAGE BRIEF: Making the Public Case for Health Care Reform

### Project Overview

From 2002-2004, FrameWorks Institute undertook research in three states – Arizona, California, and New Hampshire – to understand how the public viewed the health care system in general, and their reactions to specific reforms and arguments to preserve existing coverage and expand access to quality, affordable coverage. We also determined which reframes that were most effective in changing the conversation and improving support for policies that meet these goals. It is especially timely to revisit this research and consider its recommendations for advocates against the backdrop of the current public discussion about health care reform on a national level.

This memo incorporates findings from three separate, state-specific Message Memos issued in 2004, as well as an extensive set of research reports. The original research reports are available on FrameWorks' website at [www.frameworksinstitute.org/hc](http://www.frameworksinstitute.org/hc)

As with all its research endeavors, FrameWorks applied multi-method, multi-disciplinary empirical research to discern how residents in Arizona, California and New Hampshire thought about health care and the problems facing the health care system. The goal of this qualitative and quantitative communications research was to help health policy analysts and advocates make the public case first for preserving existing health coverage programs and, second, for expanding access to affordable health insurance and comprehensive health care services.

This understanding requires a base of research that probes beneath visible public opinion to determine why people think the way they do. This research must help communicators choose wisely between competing options on the basis of empirical evidence. Working from this perspective, the FrameWorks research was initially designed to explore the following questions:

- How does the public think about health care and the larger context of the health care system? What, if anything, is broken? And what would fix the problem?
- Are there dominant cultural models that appear almost automatic?
- Is there default thinking that is routinely relied upon to make sense of unfamiliar situations or policies?
- How does this influence policy preferences?

- How are these frames reinforced; what frames are available to people from media and the public debate?
- How can the problems of the health care system and uninsured populations be reframed to evoke a different way of thinking, one that makes appropriate policy choices salient and sensible?

## 2. Research Methods

These questions were answered through the following research:

### Arizona:

- 6 focus groups in Arizona with engaged citizens (news-attentive, registered to vote) in Prescott and Phoenix. (Findings published as *On the Path to Reform: An Analysis of Qualitative Research Exploring Public Perceptions of Health Care in Arizona*, November 2003).
- A statewide phone survey of voting age adults' attitudes to health care, the health care system and health care reform.

### California:

- An updated meta-analysis of existing public opinion about health care among Californians (published as *Californians on Health Care: A Meta Analysis of Public Opinion*, April 2003).
- 25 in-depth interviews conducted with ordinary citizens and individuals in positions of influence (published as *Human Right, Consumer Right and Mechanism: How Californians Think About Health Coverage*, June 2003).
- 9 focus groups conducted with engaged citizens in California (published as *Urgent Care: An Analysis of Qualitative Research Regarding Health Care in California*, June 2003).
- Experimental research resulting in the identification, validation and refinement of a simplifying model (or explanatory metaphor) capable of explaining the health care system to ordinary Americans (published as *Helping the Public Reason about Health Coverage: Findings from TalkBack Testing of Simplifying Models*, August 2004).
- A statewide survey of 1211 Californians to further test the recommendations resulting from the California research (published as *Californians Speak Out on Health Care*, November 2004).

### New Hampshire:

- A comprehensive review of existing public opinion research on attitudes toward healthcare, both nationally and within New Hampshire (published as *Patients Before Profits: Reforming the American Health Care System, A Meta-Analysis of Public Opinion*, November 2002).
- 26 in-depth interviews conducted with citizens as well as individuals in positions of influence published as *Health Insurance and the Consumer Stance: Findings from the Cognitive Elicitations in New Hampshire*, April 2003).
- 4 focus groups with engaged citizens (published as *Getting Covered: An Analysis of Qualitative Research Regarding Health Care in New Hampshire*, April 2003).

- A content analysis of print media coverage nationally and in the selected state newspapers addressing health care and the uninsured (published as *A Content Analysis of Media Coverage of Health Care and the Uninsured 2002*, October 2003).
- A statewide survey of 1002 New Hampshire residents to further test the recommendations resulting from the qualitative work (published as *New Hampshire Speaks Out on Health Care*, November 2004).

## Situation Analysis

There are five salient summary points that emerged from the research findings. It is important to remember that, while the political climate has shifted considerably since 2004, bringing health care to the top of the nation's political agenda, cultural models—or people's long and deeply-held ideas about how the world works, including health care—are remarkably stable across time and geography.

- 1. The cultural model most available to people in all three states was a Consumer model in which health care is considered a commodity to be purchased by consumers. This commodity is understood in terms of the relationship between the insured and his or her health plan, rather than seeing health care as a system in which all American's fates are inextricably linked.**

This Consumer model is deeply rooted in people's thinking; the fact that health care has become a product to be bought and sold has come to seem completely natural to most people. This model has comprehensive explanatory power, as it provides a coherent conceptual frame for most perceived aspects of the health care system. Product, choice, vendor, cost, access are all neatly accounted for. It also means that even if people are angry at insurance companies – just as they can be angry at gas-station owners, landlords and other businesspeople for overcharging or providing poor service – they are not necessarily able to envision solutions or responsible action they themselves can take.

When operating in this model, health care is considered a private good, leaving no role for the uninsured who are, by definition, non-consumers, and invisible within this model. Not everyone has access to a given consumer good, for a variety of reasons, prominently including individual choice and responsibility – if you really want to buy something, you do what it takes (saving, working hard) to buy it. And by the logic of the Consumer Stance, if you don't have a particular good, it's either because it wasn't a priority for you or it was a luxury beyond your means and needs.

In evaluating many of the policy proposals, people defaulted to this Consumer model by immediately asking, "What will it do to *my* health care plan?" They expressed a feeling of powerlessness and anxiety regarding one's future wellbeing, both financial and medical. When people are only aware of one small piece of the overall insurance picture – more specifically, their passive, consumer role – it is natural to have the unsettling sense that anything could happen, and that events are beyond their control. It is clear from the research that people

feared they would lose ground if reforms were implemented; they were wary of anything that might take their current coverage away.

**2. Cost was the main concern, and affordability drove the energy on this topic far more than access or quality.**

For citizens/voters across the three states, health care was largely considered to be “about” cost. The first words used by focus group participants to describe health care related to cost: expensive, money, uncontrollable, etc. Left to their own devices, they defaulted to a health care conversation that was almost entirely focused on cost. People also worried that their own access to health insurance would be constrained by escalating costs and thus, the entire solution to access problems was making the product (health care) more affordable.

Importantly, even access was redefined by people as an issue of cost. The Consumer model frames “passing along the costs” as the main impact of the uninsured on the larger community. This has two different implications, one negative and one potentially positive. As consumers, we are used to the idea that companies charge us more to make up for various kinds of losses, from shoplifting to rising supply costs. Since most people do tend to assume that the uninsured still manage to receive care, they easily understand them as people who are receiving free services and therefore driving up the costs for everyone. The downside is that while there is some logic and truth to this view, it easily casts the uninsured in a negative light as “freeloaders.”

**3. People do not understand how the health care system works, doubt that government can effectively intervene, and need help seeing everyone as part of the solution.**

Without a deeper understanding of the causes that are driving the system’s deterioration, people cannot connect the various proposed solutions to the problem. And without an understanding of their participation in a broader risk pool in which full participation is advantageous, they cannot understand why covering the uninsured would lead to better health overall, and a better overall health care system. At the same time, people long for true reform and wish someone would advocate for the best interests of the public.

People do not trust government to play this role. While they want government intervention to protect them from runaway costs and greedy insurers, focus group participants also worried that government will make things worse. (This thinking is shaped by a set of dominant cultural models about government, more fully explained in FrameWorks’ body of research about how Americans think about government, available at [www.frameworksinstitute.org/government.html](http://www.frameworksinstitute.org/government.html).)

Health care advocates and public officials should not underestimate the yearning for responsible, effective management of the health care system. If communications is structured so that people can connect a broader array of problems associated with the system to specific solutions, the support for a wide array of reforms is potentially very significant. This reframing involves shifting people’s perception from that of individual care to public health and from triage to prevention and getting in front of the problem.

#### **4. The cultural model of Health Care as a Right has limited appeal and is trumped by the Consumer model.**

To frame the health care debate, advocates often refer to health care as a Right. More specifically, rights-based language is used as an appeal to those who have insurance to help those who don't or who have been left out of the system, namely "the uninsured." The problem with this approach is that such appeals to altruism create an "us vs. them" mindset, where people who lack insurance become the other, and the importance of health care reform for society as a whole is minimized. At this point, it is easy to decide that the "other" is not deserving of assistance. Within the Rights model, people are most likely to opt for the same kind of safety net policies that currently characterize the system. As the original research notes, "Altruism only takes you so far...it does not necessarily lead to a sense of responsibility for others or to a deeper understanding of the systemic causes of the problem."

For some Californians, primarily liberals, health care was seen as a right, not merely a commodity. Further advancing this thinking is an effective strategy for winning the support of this group. It should be noted, however, that the Rights model was less commonly expressed in interviews with New Hampshire and Arizona voters than it was in California.

#### **5. Reform appeals that address access through a narrow focus on covering the uninsured are problematic.**

As is evident from the above points, covering the uninsured is not perceived by most people as the major problem confronting the health care system, although it is often the issue highlighted by advocates. Moreover, people's innate desire to "do the right thing" on this issue is easily trumped by the reasoning that comes with the Consumer model in which lack of coverage is explained by bad choices made by people or lack of discipline and responsibility in saving to afford health care.

It is clear from FrameWorks' research that many Americans, regardless of their insurance status, fear they will lose ground if reforms are implemented; they are wary of anything that might take their current coverage away. While they are sympathetic to the plight of the uninsured, focus group participants also expressed resentment, due to their belief that poor people can get free health care, while they have to work hard to pay for health care. Reasoning in the Rights model they want the system to be fair and have a hard time seeing why one group should be singled out over another. Reasoning with a Consumer model, they worry that these so-called improvements will have negative consequences on their own coverage, that they will lose ground.

By contrast, when focus group participants considered *situations* in which many people find themselves without insurance – such as loss of a job, working part time, experiencing a divorce, graduating from college – they are more willing to support solutions. Again, the Consumer model, with its highly personalized focus, obscures the contextual cues that would allow people to understand the conditions that create health care disparities.

## Translating the Challenges into Successful Practice: Essential Elements for Reframing Health Care Reform

Given the established patterns of reasoning associated with this issue, how can health care reform advocates invent a smart communications strategy for moving the issue forward?

FrameWorks recommends six considerations for communicating about health care reform.

### 1. Focus on the health care system.

Any set of proposed solutions requires an introduction that establishes the health care system as the focus, and redefines the problem as systemic – fixing the system so it works better. Without this priming, people will automatically default to the Consumer model. This introduction should avoid acronyms and technical language. It should explain how the system works by relying on the simplifying models given below. And it should make explicit the fact that the system works best when everyone is part of it.

In fact, some advocates find it useful to explain that a comprehensive health care system has never been built in this country, and that pieces of a system have largely been cobbled together at different junctures in our nation's history. The current push for reform is then cast as an effort to get a full system in place that is current with our 21st century society and economy, and can be sustained into the future.

### 2. Begin with value of Responsible Management.

Despite people's relative familiarity with the issue of health care, they will default to the Consumer model with all its problematic policy conclusions. It is imperative that health care advocates first give citizens a values lens through which to evaluate the proposed reforms. This will anchor the public and policymakers in "what's at stake?"

Across the research, the value of Responsible Management proved effective. The research demonstrated that this value appeals to the citizen problem-solver that resides within the American psyche, that is, the ability to take charge of and solve even the most difficult problems. Using the Value of Responsible Management, advocates can describe the health care system as broken, and that American-style practical problem solving from all sectors of society is needed to fix it. Government is called upon to respond to the larger interests of society, by taking the appropriate steps to fix the system, bringing expertise and involved parties to the table, setting out a plan, and phasing in the needed repairs. Other sectors – business and labor, can play a role in making this appeal for sound management. Advocates should also stress the role that philanthropy and civic organizations can play as catalysts for change – bringing disparate factions together and convening thoughtful leaders to develop consensus and get ahead of the problem before it gets worse.

An example of an execution of Responsible Management is as follows:

*Health care reform in this state requires solutions that get everyone to participate in the health insurance system, which will make health care more efficient and affordable for us all. Instead of letting this crisis overwhelm us, we should get it under control, by devising a plan and setting priorities. Dealing with this challenge now, rather than letting it get worse, is the responsible thing to do. We can solve this problem – one manageable step at a time.*

Prevention can also be framed in this way, with an emphasis on getting in front of the problem as responsible action, both personally and politically.

*It is a lot smarter to prevent a problem than to wait until it is a crisis. Right now our healthcare system puts too much reliance on costly emergency room care. We need to support low-cost or free community clinics to catch problems early, provide dental screenings in schools, and create a low-cost, basic healthcare plan that is available to everybody in the state.*

### **3. Include a simplifying model of Health Care Infrastructure and Missing Pillars to fill gaps in the public's understanding.**

Research has shown that when people understand a problem in concrete terms, they can more readily understand solutions. The two Simplifying Models that were most effective when tested in New Hampshire, Arizona and California are Health Care Infrastructure and Missing Pillars. The Health Coverage Infrastructure simplifying model helps people understand health care as a system, rather than as a set of individual interactions between consumers and their doctor or health insurer. This is the wording of the Health Coverage Infrastructure simplifying model as it was tested:

#### **Health Coverage Infrastructure**

*In the last 50 years the United States has built a series of modern networks that are essential to our economy and our quality of life – our power grid, phone systems, water systems, interstate highways, and the Internet. But with health coverage we're stuck in the 1940s, because we never built a modern Health Coverage Infrastructure. Instead, we still have job-based insurance, which has become an increasingly hit-or-miss, inefficient and unreliable approach. We have the equivalent of scattered wells, individual generators, and county roads but no Health Coverage Infrastructure we can rely on, no system for making sure that people have health coverage.*

The Missing Pillars simplifying model helps people further understand the importance of expanding access and coverage to everyone as a systems problem, rather than an issue of individual choice. FrameWorks also tested a supporting Simplifying Model called Missing Pillars. Its purpose is to describe how the health care system functions, through risk sharing across large numbers of people.

However, as noted in the original research report, "Note that, if not handled carefully, this model can tend to sound like a condemnation of the uninsured – this problem can be avoided in a discussion that establishes that the system is to blame, that the individuals in question are not deliberately choosing not to have coverage. Note too, that this model is not intended to

act as the central simplifying model. By itself it does not necessarily lead people past the notion that health coverage [for everyone] is simply too expensive.”<sup>i</sup>

Here is a version of the Missing Pillars simplifying model:

### **Missing Pillars**

*In our communities, as in our health care system, we are all pillars that hold up the structure. When people cannot participate, the burden of holding up the structure falls on fewer and fewer of us. By shutting people out, we become weaker, not stronger. This is what has happened in our health care system, where people who are dropped from the system can no longer contribute to the overall structure. We need to get them back in the system, not shut them out.*

In constructing a message, advocates and experts should begin with the Value of Responsible Management, followed by the two Simplifying Models to help move the conversation toward practical problem solving and system-wide reform. Once the Value and the Model are introduced, the public will then be ready to listen to your particular policy solution or set of solutions. Without such an introduction, ordinary citizens are likely to tune out, for lack of understanding, or because they think the problem is intractable, threatening, or beyond their capacity to take responsibility. This is only reinforced by how the issue is typically portrayed in media and in partisan rhetoric.

## **4. Talk About A Step-by-Step Plan**

Define the end product as a step-by-step plan for fixing the health care system. Don't focus solely on access. Make sure the plan is understood to include reforms that would address problems of cost and quality as well as access. Define the process as steps toward a blueprint that will include a number of other important repairs to the system. For example:

*We can solve this problem – one manageable step at a time. Our nation needs to achieve fundamental reform in a health care system that has deep potholes all along the road of life: from first job to retirement. But we need not bite off more than we can chew if we try to fix the system by taking meaningful steps to expand coverage and promote fundamental improvements.*

## **5. Don't emphasize sympathy appeals or individual case stories**

According to research, highly compelling stories of individuals in bad circumstances only remind people of their previously conceived notions, and encourage them to think about individual, as opposed to systemic, solutions. The goal is to move people to conclude, as one focus group participant did, that “it's been eye opening to see the situation more as not just for myself, personally and my family, but ...as a whole.” Be careful not to slip into explanations that reinforce the Consumer model or emphasize individual choice or personal responsibility.

## 6. Redefine “the uninsured” to focus on situations instead of individuals.

Explain the situations in which people lack insurance and try to do so in the most common way: divorced, downsized, first job, early retirement, etc. Also, industries or job categories that lack access can be used to explain structural deficits in the health care system. For example:

*Right now there are a lot of situations that result in people being without insurance coverage. If someone gets laid off, works for a small business, or takes a part-time job or early retirement, they are very likely to end up in situations where health care is unavailable.*

## Conclusion

In sum, effective reframing involves shifting people’s perception from that of individual care to public health and from triage to getting in front of the problem. Health advocates would be wise to review and revise their tactics, using all elements of the frame (see <http://www.frameworksinstitute.org/sfa.html> for more information and resources on Strategic Frame Analysis) – message, messenger, model, values, solutions, and social math – to promote a vivid new frame to engage people in resolving this important social problem. More of the same, with its focus on crisis and disparities, is unlikely to garner additional support, and may even serve to harm the cause.

While seemingly simple, these recommendations add up to a substantial change in the way advocates have been framing health care reform. By applying their own expertise and creativity to these principles, the FrameWorks researchers believe health care reform advocates can emerge even more effectively in the public discussion.

Here is a Do's and Don'ts list for what to include and what to avoid in all communications about health care reform:

DO:

- Focus attention on the system and systemic change.
- Emphasize value of Responsible Management.
- Include the Simplifying Model of Health Coverage Infrastructure and/or Missing Pillars
- Reinforce belief that we are all in it together, that our communities, our state, our nation and our future will benefit from solutions.
- Present a blueprint for long-term change and articulate a step-by-step plan toward enduring reform.
- Focus on situations that cause people to lose coverage, focusing on scenarios that all Americans can envision themselves in.
- Emphasize private/public sector partnerships toward solutions, and the importance of having all relevant players at the table.
- Pay attention to messengers. Get ordinary people into the equation, plus people such as physicians who are perceived as trustworthy and knowledgeable.

DON'T:

- Tell personal human-interest stories to explain the problems with the larger health care system. Remember that individual stories trigger thoughts about individual solutions.
- Talk about issues of cost, quality and access without first establishing what's at stake for our communities and our country.
- Assume the public has an understanding of how the health care system works. Because the public conversation is focused on the patient/doctor and patient/insurer relationships, citizens rarely have an opportunity to pull back to consider a broader, more ecological, perspective.

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**About FrameWorks Institute:** The FrameWorks Institute is an independent nonprofit organization founded in 1999 to advance science-based communications research and practice. The Institute conducts original, multi-method research to identify the communications strategies that will advance public understanding of social problems and improve public support for remedial policies. The Institute's work also includes teaching the nonprofit sector how to apply these science-based communications strategies in their work for social change.

The Institute publishes its research and recommendations, as well as toolkits and other products for the nonprofit sector at [www.frameworksinstitute.org](http://www.frameworksinstitute.org).

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