



FrameWorks' FAQs on Health Care Reform in Arizona

The following questions were identified by advocates as typical of those they are forced to answer in public forums and for media. In each example, we offer a typical answer and an analysis of its weaknesses. We then compose an answer based on the FrameWorks research and deconstruct its key elements.

1. Many people in our state simply can't afford health insurance. As a doctor, what advice would you give them for staying healthy?

False Start: For an individual with diabetes, with cancer, with emphysema, there simply is no substitute for regular medical attention.

Analysis: Places responsibility on the individual
Does not supplant the dominant consumer model (buy more!)
Restricts the conversation to people with certain kinds of medical problems, not the many situations that limit access
Can set up us vs. them thinking

Reframed: I would advise us all, as a state, to find practical ways of making access to health coverage and health care a given, as part of the basic structure of the society we all want to live in.

Analysis: Focuses responsibility on the state
Establishes an "us"
Makes solutions practical
Sounds the rights theme, without lapsing into rhetorical mode

2. Arizona is one of the healthiest states in the country. Aren't there problems that are more important for Arizona to focus on?

False Start: While most Arizonans are healthy and doing well, there are thousands who are not doing well at all. These people need our help, and they deserve our energy and attention.

Analysis: Restates the negative assertion, giving it credence (elephants problem)
Sets up us vs. them thinking
Defines appropriate response as charity

Reframed: The breakdown of reliable coverage is a problem that threatens everyone in the state of Arizona. We've seen in other states that this kind of breakdown has ripple effects, such as the clogging of the ER system, as uninsured individuals have to seek other channels for care. Fortunately, the problem is manageable, if we act now.

Analysis: Frames the health insurance access problem as a situation that concerns all Arizonans
Defines the problem as systems breakdown
Provides a vivid metaphor or model that helps people see their shared fate
Avoids the crisis frame and substitutes practical management

3. Most of the proposals for fixing the health insurance problem seem to boil down to socialized medicine – which everyone knows is incompatible with the quality and choice that Americans expect when it comes to health care. Isn't the current system actually better overall?

False Start: Of course, Arizonans, like all Americans, expect the best health care available – as well as freedom of choice regarding their providers. But we also need to consider the question of access – if people have no coverage, then quality and choice become irrelevant.

Analysis: Accepts the consumer stance by focusing on quality and choice
Reinforces the assumption that we have the best system in the world
Cues up strongly held values – freedom, choice – which work against systems thinking

Reframed: We're talking about a very basic problem that faces our state: the systems we have for providing health coverage to the people and families in our communities are breaking down. This is a fixable situation, and Arizonans are up to the job. We are used to pioneering solutions in our state, and people look to us to do so.

Analysis: Defines problem as systems breakdown
Defines problem as affecting many/most Arizonans
Establishes solutions, practical problem solving, efficacy and ingenuity as main values cues
Takes advantage of Arizonans sense of state as a pioneer, ahead of others

4. Some advocates say that health care is a fundamental human right. Do you agree with that?

False Start: If health isn't one of our most basic needs and most basic rights, then it would be hard to say what is. Too many people in the state of Arizona are being denied this basic right, and the situation is unfair and unacceptable.

Analysis: Takes the rhetorical bait and forces people to decide between altruism and self-interest
Strongly asserts the rights frame, which can turn people off
Cues up fairness as main value, without having displaced consumer thinking

Reframed: Whether or not it's a right, access to health care, like access to roads and electricity, is certainly part of any community's basic needs. And it's certainly not beyond our means or abilities to build the structures that are needed. What if Arizona's highways were in the same condition? Would we stand for that? We need to apply the same innovation and prevention to our health care system that we've been applying in other areas.

Analysis: Cleverly uses the assertion of rights as a prime without having to agree
Establishes systems thinking through familiar comparisons
Substitutes basic needs for rights, depoliticizing the discussion
Establishes the failure to address the problem as a failure of ingenuity, not a moral failure
Relates to state's particular strengths

5. The suffering of uninsured people is a terrible shame. What can concerned people do to help? Are there clinics that could use donations?

False Start: There are many ways that Arizonans can share their good fortune with those who lack means in this state. After all, there is a great deal of wealth in our state. First of all,...

Analysis: Establishes sympathy as the main value
Defines the solution to the health care problem as charity
Uses guilt as key motivator, likely to trigger a backlash
At best, likely will lead to a laundry list of solutions which are not integrated into a vivid picture of how the system works

Reframed: The people of Arizona have a history of innovation, tackling tough problems and figuring out a way out of them. What's needed now is an active effort to fix our broken health coverage system.

Analysis: Establishes innovation as the main value
Defines the solution to the problem as practical management
Defines the problem as a broken system

Challenges people's problem-solving abilities, not morals

6. What changes do you support in order to deal with the state's health insurance crisis?

False Start: The single most effective way of dealing with the access problem would be to implement a single-payer system, either on the federal or state level.

Analysis: Uses jargon unknown to average people
The access problem will default to cost for most
Single payer will default to socialized medicine for some
Few people believe the federal government can solve most problems
Holds out one (seemingly impossible) solution

Reframed: There are several different ways in which we can build a reliable system that makes sure that everyone has health coverage. One would be to...

Analysis: Defines the problem as systemic
Bundles access into the problem definition
Allows for multiple solutions
Could lead to a step-by-step plan discussion

7. We've done a pretty good job in our state of covering all kids. In your opinion, who should we target next?

False Start: There are thousands of uninsured seniors in Arizona. It will cost the state millions of dollars to treat them in emergency rooms.

Analysis: Buys into laundry list definition of step-by-step
Uses numbers in ways that sound ominous and overwhelming
Invokes zero-sum reasoning- Why this group and not others (e.g., poor people, immigrants, etc.).
Remains in the consumer frame; says nothing about systems

Reframed: It is important for all Arizonans to have quality health care. Over the next several years we can successfully implement a set-by-step plan that includes seniors, small business employees, early retirees as well as many other groups of Arizonans. After all, this is a great place to live, so the challenges we face aren't going to go away. We would be smart to take steps now to prevent the health care system from collapsing down the road.

Analysis: Establishes we are "all in this together"
Sets up the potential for bundling the concerns of several interest groups simultaneously

Connects with Arizonans' sense that the state will remain attractive to many newcomers

Focuses on a longer term plan played out in stages

Invokes prevention and responsible management

8. A new report says that health care costs of hospitalization are in trouble because of the uninsured. Do you agree with that?

False Start: The costs associated with unreimbursed care due to the increasing number of uninsured patients have risen dramatically over the past five years.

Analysis: Uses jargon unknown to average people
Blames care for the uninsured for rising health care costs
Sets up us v. them thinking
Implies the solution is to deny care to the uninsured

Reframed: There are a number of situations that lead to being uninsured, working for a small business or at a part-time job that doesn't offer insurance, for example. We need to find ways to close these gaps and have everyone share in the costs of the state's health coverage system. Otherwise, taxpayers and those with insurance end up carrying the full weight of the costs of health care.

Analysis: Defines the problem as systemic
Makes uninsured about situations, not people
Places responsibility on the state as a whole
Connects insured people to access problems

9. In years past, we heard a lot about the nursing shortage. Is this still a problem, or should we be addressing the uninsured as the bigger problem?

False Start: The nursing crisis in Arizona is still creating unacceptable risks for patients, and is an urgent problem that we can't afford to ignore. This does not mean, however, that we *can* afford to ignore the uninsured crisis. On this front, there are a number of steps we should be taking: ...

Analysis: Fails to tie various health-related issues together
Reinforces piecemeal thinking
Relies on the overused Crisis frame
Allows the nursing issue to overshadow the uninsured issue by putting so much emphasis on it first

Reframed: What you're asking is: what's the best way to create a system to ensure

that all Arizonans have access to quality care? Only by providing a sound infrastructure can we solve this problem.

Analysis: Takes advantage of the system perspective inherent in the question.
Bridges to the idea of providing better infrastructure
By redefining the question

10. In such an attractive state, where climate and geography attract lots of kinds of people, we are bound to have problems with new immigrant groups. How can we be fair in allocating our health care dollars and, at the same time, protect the limited resources we have?

False Start: Arizona's economy is built on the contributions of immigrants from all over the world, and any approaches to health care that discriminate against people coming here for a better life would be inconsistent with the best of our state's heritage.

Analysis: Distracts people from the health issue, by focusing instead on the immigrant issue, and asking people to pick sides
Introduces the rhetorically charged idea of discrimination
Accepts and reinforces the idea of a zero-sum competition for resources – as opposed to a vision of a better, stronger system for everyone in the State
Ignores strong ambivalence about immigrants, as though it can just be dismissed

Reframed: Arizona's unique geography and climate have always provided its greatest challenges and opportunities. That's not going to change. We need to get ahead of problems by anticipating them and putting necessary repairs in place. By investing in its health coverage infrastructure Arizona will be moving from the equivalent of country roads to a highway system – a necessary part of the state's development.

Analysis: Avoids the trap of pitting "us" vs. "them"
Introduces the "missing infrastructure" simplifying model, which moves people past the consumer-centered perspective
Invokes prevention and responsible management

11. What solutions would you propose for providing care to undocumented workers?

False Start: Regardless of immigration status, all people deserve the right to health care. These people work hard and should be treated fairly.

Analysis: Buys into the notion that the people in question are likely to be illegal immigrants (elephants problem)
While the rights frame has support among some liberals, it is likely to be a divisive frame for moderates and conservatives
Doesn't set the stage for a discussion of system reform

Reframed: Actually, the pressure on emergency rooms to treat uninsured workers is a symptom of an overall breakdown in the health care system. This has consequences for all Arizonans, as we all may have to use an emergency room at one time or another. With a long-term plan and careful planning we can create a modern health care system that benefits everyone.

Analysis: Gets in the notion of a broken system
Provides an opening for a solutions discussion
Does not deal with elephants, changes the terms of the debate
Shifts attention from undocumented worker to uninsured worker
Creates an opportunity to introduce the notion of interdependence

12. Why should immigrants who come here illegally get health care under our system?

False Start: Most immigrants who come to America are hard working, contribute to the state's economy, and simply want to provide a better life for their children. How could we stand by and not provide care?

Analysis: Takes the bait – immigrants are the problem
Relies upon positive imagery of immigrants
Sets up us v. them thinking
Implies that denial of care is the solution

Reframed: Right now everyone in the state gets some kind of health care. The problem is that we aren't being very smart about how our health care resources are used. Instead of waiting until an illness gets worse, or relying on costly emergency room care, we need to find ways to bring everyone in and get them contributing to the health coverage system.

Analysis: Defines the problem as systemic
Takes blame off immigrants
Promotes the concepts of prevention and efficiency

13. Why are health disparities a problem?

False Start: The current health disparities between different groups in our state are

unconscionable, and the gap between Whites and people of color is growing rather than shrinking.

Analysis: Reinforces zero-sum and focus on unfortunate “others” – rather than framing it as a single, statewide issue that concerns all of us.

Reframed: Health disparities are one of the symptoms of having a patchwork system in which more and more people are falling through the cracks. By investing in an adequate health coverage infrastructure – to move from the equivalent of county roads to a highway system – we could dramatically reduce the problem of disparities.

Analysis: Associates disparities with the current approach, which must be fixed. Then bridges to the simplifying model, which focuses attention on the system, not the victims.

**14. How can Arizona solve this problem if the federal government can't do it?
Is there really something the state can do about this problem?**

False Start: The federal government has tried and failed to reform health care. We have a crisis in this state, so we can't wait any longer for the federal government to take action.

Analysis: Reinforces that others have tried and failed (elephant problem)
Defines the problem as a crisis, which overwhelms
Positions the state as impatient; reckless

Reframed: We are a pioneer state. Arizona has a long history of innovation. Other states look to us. New ways to address problems frequently start here and then spread to the rest of the country. Responsibility dictates that we actively work to fix our health coverage system. We can't do it all at once, but we can take steps like...