



On the Path to Reform:
An Analysis of Qualitative Research
Exploring Public Perceptions of Health Care in Arizona

A FrameWorks Research Report

November 2003

Methodology

This phase of qualitative research was designed to explore perceptions of health care in Arizona. In addition, participants were exposed to a series of policy options and hypothetical re-frames for this issue. Specifically, the research was designed to explore answers to the following questions:

- When people think about health care, what associations first come to mind?
- How do people view the status of the state's health care?
- Is the system in need of a major overhaul or just fine-tuning?
- Of various problems in health care, which do people most want addressed?
- What are the barriers to people's support for health care reform in general as well as to specific reforms?
- What connections and associations do people make when confronted with various policy approaches?
- What frames advance appropriate policy alternatives?

To explore answers to these questions, six focus groups were conducted with engaged citizens in Arizona (i.e., people who say they: are registered to vote, read the newspaper frequently, are involved in community organizations, and have recently contacted a public official or spoken out on behalf of an issue.) The groups were divided by location, socioeconomic status, and race/ethnicity as follows:

- Phoenix (September 15-16, 2003)
 - Ethnic citizens
 - Blue collar (non-college educated, blue collar occupation for self and/or spouse)
 - White collar (college educated, white collar occupation for self and/or spouse)
 - Ethnic community leaders
- Prescott (September 16, 2003)
 - Blue collar (non-college educated, blue collar occupation for self and/or spouse)
 - White collar (college educated, white collar occupation for self and/or spouse)

Throughout this report, focus group participants are identified by their location, group label, and gender.

Strategic Summary

Arizonans are concerned about the direction of the state's health care system. Health care is too expensive, they assert, and costs continue to rise. People feel powerless against an insurance industry that seeks to charge as much as it can for the fewest services possible. Focus group participants in Arizona are conflicted about how much change is needed in the health care system. They believe the system is fundamentally flawed. However, they are nervous that government intervention will worsen the situation.

Arizonans express significant concern about the uninsured, but they also need reassurance that increasing costs will be addressed. Focus group participants do not readily see how expanding coverage will reduce the cost of health care. Instead, some see this as an expansion of a flawed industry. Few understand that the uninsured contribute to escalating insurance costs, even though they readily confess that everyone pays when an uninsured person needs health care.

This research clearly suggests that as advocates communicate with the public on this issue, the policy conversation cannot precede a conversation based on broader themes. As people consider each of the four proposed models, they are highly critical of the models and frequently misinterpret the intent of the policy. This is to be expected. As the Frameworks Institute instructs, to understand new information people need a frame, a lens, through which they can consider information. Otherwise, they will default to an existing way of understanding the issue. The utility of this exercise was to determine the immediate associations people have with each model and the perceptions that will undermine support for reform no matter which model is advanced. So focus group participants' misinterpretations are a critical component in understanding what communications has to overcome.

Certain perceptual barriers consistently emerge across the four models. Focus group participants:

- worry that government intervention will worsen the problems in health care.
- know that additional funding may be necessary, but hesitate to support additional taxes.
- are insistent that small business will be harmed by any kind of mandate, and if small business is harmed the state economy will be negatively affected as well.
- want the poor to demonstrate responsibility by contributing to the cost of their care, but do not want this cost to be burdensome.

These are among the barriers that a communications framework has to overcome. The research indicates that compelling communications will: create a perspective of the state's health care as one interdependent system in which everyone participates and avoid a consumer relationship to health insurance; emphasize the situations that lead to a lack of insurance while avoiding featuring individuals who are uninsured; and link the

preventive aspects of universal coverage to cost savings for the state, while avoiding prevention based upon individual behavior change. Most important, people understand that reforming health care is a difficult, long-term process. They do not believe that any one reform will address all the problems they see. If reform is characterized as a stepped process, with each proposal just one component of broader change, the public will be more willing to support each individual reform.

The Context

Focus group respondents cite a number of problems in Arizona's health care system: high costs, a large number of uninsured, inconvenience, shortages, and the lack of priority for health concerns such as mental health, oral health, and alternative medicine.

Health care costs are out of control.

Most focus group participants cite cost concerns as the most serious problem in health care. They are outraged by the high cost of insurance premiums. "It's too damn expensive to go to the doctor," a blue collar woman from Prescott complained. "What's important for me is the cost," a blue collar man from Phoenix asserted. "I don't make enough money as it is, and the way it works here in Arizona is your employer has to pay 50 percent of it. Well, my cost is \$500 after he pays 50 percent. I'd have to work two jobs just to pay for my insurance." "As soon as you add one more person to your coverage, it like triples," an ethnic woman from Phoenix complained.

In addition to the high cost of insurance premiums, focus group participants complain about the increasing cost of prescription medicine. "You can go down to Mexico and buy the same type of prescriptions at a fraction of the cost," an ethnic man from Phoenix informed. "You may pay \$150 a year. For the same amount you can go to Mexico in cash and buy what you need at about \$20 to \$30 total cost." "And it's cost effective to go to Mexico, because we needed medication and it was \$270 for two months. It took \$10 of gas, an hour of my time to get two months for half that cost," added an ethnic woman from Phoenix.

According to focus group respondents, the high cost of health care is due, in part, to Arizona's unique demographic situation (i.e., the high proportion of senior citizens, the state's fast population growth, and the state's ability to attract immigrants.) "The rate of increase is much higher here because the age ratio is older," an ethnic woman who is a community leader in Phoenix explained. "Our resources are drained by a lot of illegal aliens and immigrants," a white collar man from Prescott remarked, "because they get health care regardless, if they are willing to go and show up for it." "Our population is outgrowing what is available faster than anything else," remarked a blue collar woman from Phoenix.

Service quality is declining rapidly.

Focus group participants also express extreme frustration at the difficulty in getting the care they need. It is difficult to get an appointment with a doctor, doctors keep people waiting, and once in the doctor's company they only get the doctor's attention for a few minutes. "What genuinely pisses me off is that they over book every 15 minutes, 6 times

and his time is valuable,” a blue collar man from Phoenix complained. “My time means nothing.” “How about time?” a blue collar woman from Prescott asked. “What ever happened to your doctor spending time with you?”

They see hospitals closing and they read about a shortage of nurses, so focus group participants worry about their ability to get needed health care services. “We have nurses travel here from other states,” an ethnic woman from Phoenix said. “They pay them for living here, for traveling and for working here because...[there] is a great shortage.” “The closing of the hospitals,” stated a blue collar man from Phoenix. “If we have a major epidemic, they don't have enough beds; they don't have enough anything here in town to cover anything major that happens.”

Insurance companies are part of the problem.

Health insurance companies are also to blame for many of the problems in health care, according to focus group participants. Insurance companies, not medical practitioners, are in control of health care decisions. “I think insurance calls way too many of the shots,” a blue collar woman from Phoenix remarked. “The doctor should be calling the shots; the nurses should be calling the shots, not the insurance companies.” “Well, the insurance companies are the ones that make up the mind for all of us,” stated a blue collar woman from Phoenix.

Even those who have insurance worry about bankruptcy due to an unexpected health problem that insurance will not fully cover. “If you can get it, it doesn't cover anything unless you just have the best insurance plan in the whole world,” a white collar man from Prescott complained. “It will cover after \$5,000 or \$2,000 and then only like 70 or 80 percent of that, so no matter what happens, you're going to be broke when you're done, if you're sick.” “Just to have insurance you are paying an arm and a leg for something that doesn't pay,” stated a blue collar man from Phoenix. “They make all the decisions,” remarked an ethnic man who is a community leader in Phoenix. “I'm going to give you nothing for as much as I can, which is what they're trying to do.” “[HMOs are] coming into all kinds of scrutiny and accountability because they managed care to the point that people weren't getting care,” a white collar man from Prescott explained.

They feel at the mercy of insurance companies, and wish someone would advocate for the best interests of the public. “I also think they need a go between, between the doctors and the HMOs because right now the doctor kind of listens to the HMOs because they want to get paid,” an ethnic man who is a community leader in Phoenix stated. “They are only going to do what they are going to get paid for. HMOs aren't giving you what you need in order to get your health care, and you don't have anybody that is on your side that is mediating for you. So it's basically in their hands.”

High health insurance costs means that anyone can be uninsured.

Focus group participants believe that high insurance costs cause people to limit their insurance coverage or to go without insurance. An ethnic man from Phoenix suggested, “They wind up not getting it because it is too much money.” “Exactly, or you don't buy the dental or you don't buy the visual,” responded an ethnic woman from Phoenix. “It's a

vicious circle,” a blue collar woman from Phoenix explained. “We end up with more people on AHCCS and without insurance because they can't afford the insurance.”

They view the large percentage of Arizona residents without health insurance as a serious problem. “There are many people who are uninsured and don't have coverage and therefore adequate coverage is out of their reach,” a white collar man from Phoenix stated.

“Therefore, denying the type of health care that should be available based on our level of civilization and culture.” “It's probably the number one problem,” an ethnic woman who is a community leader in Phoenix asserted. “You can't afford to be without it but some of these -- I know people in my office are paying like \$600 and \$700 for family coverage and that is terrible.” “If you're not lucky enough to have health coverage through your spouse or through your employer, it's outrageous the price to try to self-insure,” an ethnic woman who is a community leader in Phoenix stated.

Focus group participants assert that a variety of different kinds of people in different life circumstances can be uninsured. “Many independent contractors,” a white collar man from Phoenix remarked. “Many blue collar people and many people that have pre-existing conditions or were laid off and were out of the system and did not exercise their health care or couldn't afford to. So I think it cuts a very broad swath through our society.” “A lot of single mothers,” a white collar man from Prescott stated. “A lot of people who are young, who are working part time two jobs because the employers will not give them 32 hours.” “This county probably has one of the higher cost of living and a lower average income,” a white collar man from Prescott explained. “It's full of people who are working close to minimum wage, two or three close to minimum wage jobs and, of course, they don't get insurance.”

We end up paying anyway.

While they are sympathetic with the plight of the uninsured, focus group participants also resent that poor people can get free health care, while they have to work hard to pay for health care. “We work to have private insurance and then people who get state Medicaid sometimes have better insurance coverage than we do and we work hard for our insurance,” an ethnic woman from Phoenix complained. “I'm not denying...but sometimes it feels like we're being punished because we work.”

Most focus group participants understand that they end up paying for the uninsured in some way -- through higher premiums, increased taxes for state insurance programs, etc. “If you go to an emergency room, they must treat you whether you can pay or not,” a white collar man from Prescott remarked. “And so it costs hospitals dollars that they pass on to everybody else. It's like uninsured motorists that you pay for in automobile insurance. You're paying for people who don't have insurance.” “We're a border state and the influx of immigrants coming in with kids with health issues,” an ethnic man who is a community leader in Phoenix noted. “So with the unemployment and the illegals coming in, you end up with less than half of the population covering the half that is not insured.” However, most do not automatically associate expanding insurance coverage with *reducing* the long-term cost of insurance. Instead, they view public insurance programs as yet another cost to the taxpayers of Arizona. One gap that exists in the public's thinking is an understanding of

how all people in the state are connected in a health system that benefits each of them when it is successful.

This isn't the problem I care about.

Since few focus group participants understand that all state residents are connected in one health care system, several suggest that the recommended policies are aimed at solving the wrong problem. They do not see how addressing the uninsured will address their concerns about cost or service quality.

“All of this addresses buying insurance, getting more people insured,” a white collar man from Prescott said in response to the recommended models. “Nothing says anything about value for services rendered. We can continue to pay more and more and more and tax and tax and tax and more people will be insured, and as he says costs will go up. What about the other side of the coin that says what's fair market value? Why does a transplant cost \$150,000?” “I still think the underlying problems aren't being addressed by this or the other proposals,” stated an ethnic woman who is a community leader in Phoenix, “because these proposals are kind of aimed at trying to work within the existing system to find a way to fund health care for folks that don't have it. But a lot of the reason why it is so unaffordable has to do with some bigger aspects of how some of these insurance companies are being run.” “To just say that we're just going to deal with health care insurance is sort of ignoring what the elephant is going to look like two or three years from now,” remarked a white collar woman from Prescott.

Government is incapable of solving this problem.

In every focus group, participants discussed the strengths and weaknesses of socialized medicine. “Pretty soon we're going to have to have social medicine,” an ethnic woman who is a community leader in Phoenix warned. “That is because insurance rates keep going up.” “I think the state is going to have to come in and regulate some of the costs for the hospitals and doctors,” an ethnic woman who is a community leader in Phoenix noted.

They are frustrated at the lack of national attention to this problem. “You are the most powerful country in this world just about, and they treat their citizens second hand when it comes to medical,” an ethnic man from Phoenix insisted. “You know what's really great?” a blue collar man from Phoenix asked. “They can find \$87 billion to go across but we can't feed our people here.”

While they want government intervention to protect them from runaway costs and greedy insurers, focus group participants also worry that government will make things worse. Prescott residents are particularly wary of government involvement in health care. “I don't trust the government to manage the money to do that,” a blue collar man from Prescott asserted. “There is too much corruption.” “It seems to me, my whole life, if you really want to screw something up, get the government involved,” stated a blue collar man from Prescott. So they find themselves caught between two choices -- insurance company greed or government inefficiency. “Well, insurance companies are in the business to make money,” stated a white collar man from Prescott. “They're not in the business to provide medical care...so if you shifted it to government, which isn't there to make money but

they've got a corner on inefficiency. Is that where we want to put the money? Do we want to put it in an inefficient system that is fraught with bureaucracy that probably will cause the administrative costs to skyrocket compared with an insurance model?" "You know we're already being taxed to death. More tax, forget it" an ethnic woman from Phoenix stressed. "We don't make enough salaries. Everything is 'oh, we're going to tax you. We're going to tax you.'"

Though they are concerned about government's role in health care, during the course of the conversation people became more receptive to a public dialogue to address this problem. At the beginning of the conversation, people felt more attention was being brought to the health care issue but that not much progress was being made. "It's more in a headline, front line type of thing where it has become the big issue now," a blue collar woman from Prescott stated. "It's being brought to the forefront of conversations. They're realizing this is an important thing that needs to change and get fixed." "But it's such a snarl, rat's nest of bureaucracy and just red tape and foolishness," a blue collar man from Prescott noted.

By the end of the conversation, several were enthusiastic at the prospect of this problem being taken seriously by public officials. "It sounds like they are actually trying to make an effort," a blue collar man from Phoenix remarked. "That's what stands out to me is that they're having groups like this and getting our opinions, and trying to make a difference and I think that's great." "I would say it's been eye opening to see the situation more as not just for myself, personally and my family, but moreover as a whole," a blue collar woman from Phoenix stated. "To learn other problems and situations, to take that into effect."

The Models

The Frameworks Institute instructs that people see policies through a broader frame, a values lens. When considering a policy explanation devoid of values, people will struggle with how to understand the policy and attach their own values interpretation to the policy even if that interpretation is incorrect. The Arizona focus group conversations about specific policy recommendations are a classic example of people's inability to interpret information without a broader frame to lend an appropriate definition. Focus group participants were asked to respond to four distinct models designed to expand insurance coverage: A centralized administration model; a public insurance model; an employer mandate; and a model based on vouchers or tax credits. These models were developed based on information provided by St. Luke's Health Initiatives and are responsive to models under discussion in that state. Focus group participants struggled to understand the models and frequently misinterpreted aspects of the models. Sometimes these misinterpretations created more support, and sometimes they undermined support for the models.

This section analyzes responses to each of the four models. Generally, participants express strong criticisms of each model. Advocates should not be disheartened by focus group participants' negative reaction to these models. This exercise was not designed to

determine which policy would be the most popular. Rather, the utility of this exercise is to determine the immediate associations people have with each model and the perceptions that will undermine support for reform no matter which model is advanced.

Since focus group participants have little existing knowledge of these models and few frameworks immediately available to them, an effort to advance any one of the models (or combination of models) will require significant advance work to create the dominant frames that will advance this discussion. Importantly, focus group participants were particularly enthusiastic that an effort is being made to address flaws in the health care system, and they do not expect that one proposal will address everything. A stepped approach, a long-term plan, with a genuine commitment to improving the health care system will be far more important to convey than the details of any one particular model.

Central Administration Model

Most focus group participants do not see the benefit of this approach as covering the uninsured. Instead, most believe the goal of the centralized administration is to oversee the health care industry and lead to reforms and reduce costs. They support this objective for the centralized administration. Other elements of the model create confusion. They do not understand the funding mechanism, they worry about the qualifications of the elected officials, and they express reservations about allowing so much government involvement.

Compared to the other models tested, focus group participants are less likely to view this recommendation as being about covering the uninsured. Instead, they see this approach as recommending oversight for the insurance industry. Several focus group participants support the idea of a governing body for the health care industry, because they assume the role for the elected body would be to oversee health care and work toward improvements in the system. They have several concerns, however.

First, they want to ensure that those who serve in the centralized administration understand health care. “Is there going to be a standard?” asked a blue collar woman from Prescott. “Is it going to be that you have to be in the medical profession?” “Publicly elected governing body, no,” stated a white collar man from Prescott. “It would be a popularity contest. I could run for the office and I don’t know diddly about whether you need surgery or not.”

Model – Centralized Administration

One recommendation is to provide health care services through a centralized administration with oversight by a publicly elected governing body. The governing body would establish and approve service levels and determine the per person cost of the benefits. Existing insurance companies and managed care organizations would be invited to administer or provide services similar to the current system with the oversight of the governing body.

All Arizona residents would receive comprehensive health care benefits including preventive care, long-term care, mental and oral health services and prescription medications. Under this approach, health care would be funded through a variety of sources -- existing federal funds for health programs like Medicaid would be allocated to pay for services provided to low income and indigent persons. Employers would no longer pay insurance premiums. Instead a new commercial sales tax based on gross revenue would fund health care for employees.

Other participants express concern about government having too much involvement in health care. “As far as the government coming in to do it,” stated an ethnic woman who is a community leader in Phoenix, “I don't think that's the solution. I think that would just create a bigger havoc. But an outside source that works between the insurance carrier and the provider, the doctors and the hospitals and so forth, that might be an alternative in order to get the rates down to where everybody could live with it.”

A few were concerned about how fundamental a change this might be. “What is going to happen to our previous coverage?” a blue collar man from Prescott asked. “Does it all get wiped out? Do we all start from ground zero and work so that you and I both have the same type of coverage, and even though maybe I paid a premium throughout my career and paid for maybe a higher level of coverage for my comfort and now I have to lose part of that.”

Similarly, some wondered whether this program would be so expansive that it would set Arizona apart, in ways that would hurt the state in the long term. “I think if you did it on just a statewide basis it could negatively impact businesses that want to be in Arizona and do business in Arizona,” an ethnic woman who is a community leader in Phoenix noted. “They're just saying all you have to do is be a resident,” a blue collar woman from Prescott complained. “That's not fair. Because you have all the aliens that are going to come in... Well yeah, so my husband who supports all of us is going to pay for all of *them* so our taxes can go up. No, that's not right.” “All Arizona residents. Does that include the snowbirds that come in?” a blue collar woman from Prescott asked.

“Similar to current system” conveys to some that this recommendation will not fix the problems. “If it is similar to the current system, why do we need a governing body that is just going to complicate things even more?” asked a blue collar man from Prescott.

Focus group participants are wary of any reference to increased taxes. In response to this model, several participants insist that a new tax would not be an acceptable solution. “Just the fact that they're going to tax something,” a blue collar man from Prescott complained. “We pay as much income tax or sales tax here in Arizona as they do in Washington State. On top of that, we have income tax. Washington State doesn't.”

Furthermore, some do not understand what kind of tax is being suggested. “What is a commercial sales tax based on gross revenue?” asked a white collar man from Prescott. This confusion leads to some misinterpretation. “The problem is they tax the little people,” an ethnic woman from Phoenix stressed. “They tax the working class and then the companies and the businesses go through loopholes and we get problems.” Others think the “sales tax” will force everybody to contribute to health care, which they see as a positive change. “I like the idea of the sales tax because now you've got the indigent people and your people from across the border, they're going to pay that tax,” a blue collar man from Phoenix explained. “And that's money that we don't see in the system.” “That sales tax deal, that gets everybody,” stated a blue collar man from Phoenix. “That's the first totally fair thing that has come across the table. Now it doesn't matter whether you are rich or poor or whether you buy dry cleaning or vegetables, you are paying in.” And still others, who interpret the recommendation as a tax on business, worry that the populations who do not

work in a for-profit business would be left uncovered. “It ignores about 30 percent of the work force who are self-employed,” noted a white collar man from Phoenix.

Public Insurance Model

Most focus group participants support the recommendation to allow people to buy into public insurance on a sliding scale. They see relatively few downsides to this approach. At the same time, focus group participants express several perceptions of the poor that can undermine support for this approach. They see the poor as irresponsible for not having insurance, and resent that the poor seem to get better health care than they do.

Unlike the previous model, focus group participants understand that the objective of this model is to reduce the numbers of the uninsured. “The way I'm reading this it would be to expand existing public insurance programs,” a white collar man from Prescott suggested. “So basically what we would be doing is making access available at a sliding fee for those who aren't eligible for that benefit now.”

Model – Public Insurance

One recommendation is to expand existing public insurance programs to allow anyone to buy in at a premium pro-rated to income/sliding fee scale. The public insurance program would contract with insurance carriers and managed care organizations for the actual provision of services with contract rates based on actuarial analysis. Participation in the program will be voluntary and anyone would be eligible to enroll regardless of health status or the availability of health insurance through another source. Premiums will be based on income with those above 100 percent of the federal poverty level paying an amount pro-rated to their income and established through a sliding fee scale. This approach would be funded through state revenues, federal Medicaid funds and participant premiums. In addition, employers who do not provide health insurance to their employees would pay a fee to help the state cover their employees' cost of care.

Generally, focus group participants support the recommendation to allow buy-in to public insurance on a sliding scale. It makes affordable insurance available, and promotes responsibility by requiring that participants pay at least something for their insurance. “I like the idea of premiums based on the income,” a blue collar woman from Prescott stated. “Because if you can figure that out...if it is based on income that means that everyone whether they are low income or high income makes it equal, I feel.”

At the same time, there are a variety of perceptions of the poor that undermine support for this approach. Some worry that the poorest do not have any money to pay toward insurance. “Somebody who is making \$25,000 and is single with a child or married and you know, maybe they only have to pay \$500 a year but that is \$500 that they don't have,” a blue collar woman from Phoenix stated. “The wealthier people could pay whatever they wanted and people who are very, very limited don't have the extra money to do that. So they just wouldn't have health care.”

In addition, focus group participants express resentment of both the poor and the rich. “If you are poverty stricken, you get good care,” a white collar man from Prescott noted. “If you're rich, you get good care. If you are somewhere in the middle, you pay a lot for good

care.” Focus group participants resent that those who are not responsible enough to pay for their insurance, get better insurance than they do. “I have a sister who is on AHCCS because of drug problems,” a white collar woman from Prescott confessed. “And she has better coverage than I do with the state with the insurance. I just think that's not right. I think we've gone overboard on the benefits.”

Others suggest that the uninsured are to blame for their own ill health. A blue collar woman from Prescott discussed the effect of poor health habits on health care costs: “We try to eat right. We don't smoke; we don't drink to excess. Yet we have how many people who smoke to excess that have -- that's a major part of health care and so is alcoholism.” A blue collar woman from Prescott responded, “They do all the things they shouldn't be doing and yet we're covering that.”

A few believe that this approach will only work if everyone participates, which means it needs to be mandatory. “You're going to have the people that even though the health care is affordable and it is offered by their employer,” a white collar woman from Phoenix suggested, “they are still going to choose not to accept that health insurance, which in essence the state makes it up no matter what.” “Somebody pays for it whether they're insured or not,” a white collar man from Phoenix remarked. Since most do not view state health care as one system, they look at this program in isolation and think it will attract the worst off, making the program designed to be a failure. “This is a deficit running proposal,” an ethnic man who is a community leader in Phoenix stated. “Who is going to participate? The people that can't afford to pay. So who is going to subsidize it? The state is... This is for those that can't afford it, or for the ones that have critical medical needs.”

Finally, several focus group participants express concern about the effect this recommendation would have on small business. “If the small businesses do decide to do this, they're going to have to lay some people off because of that cost,” an ethnic woman from Phoenix remarked. “It does sound good but how is anybody going to be able to start up a business if they're going to have to be paying that?” a blue collar woman from Prescott asked. “They're not affording the health care right now.” “If your employer has to pay more for everybody's insurance are they going to pay you less?” a blue collar woman from Prescott asked. “Is your income, is your pay rate going to be going down because your employer has to pay more for your insurance?”

Employer Mandate Model

Focus group participants understand that the objective of this model is to expand coverage to the uninsured. However, some believe it has all the flaws of the existing system plus some additional problems. Continuing a system based upon employer coverage, they believe, continues to leave the unemployed out of the system. Furthermore, they have significant reservations about the cost consequences to

Model – Employer Mandate

One recommendation is to retain the current employer-based insurance and health insurance delivery system, but require that all employers either provide comprehensive health care coverage or pay

business. They predict this approach will lead to small business bankruptcy, increased costs for services, and pressure to lower wages.

Most focus group participants understand that this proposal is designed to address the uninsured. “It sounds good, if it would give everybody insurance,” noted a blue collar woman from Phoenix. “I know people who don't have insurance and so then all the minor things that can be really a pain but they're not life threatening, they don't go to the doctor because they don't have any insurance. So this sounds -- if it meant that everybody would have insurance in some way, I'm for it.”

However, many focus group participants believe that this proposal sounds so similar to the existing system that they wonder how it will address their concerns. “What's the difference between this and what we have now?” asked an ethnic man who is a community leader in Phoenix. “That's the same as it is now,” a blue collar woman from Prescott complained. “The way you read it, it feels like it's going to be the same thing,” a blue collar man from Phoenix remarked. “It's all going to be [that] you have to go through all these steps.” Added another blue collar man from Phoenix, “I'm thinking the insurance companies need less control [rather] than more control.”

Others worry that a proposal based upon employer-provided coverage will leave out many people who do not currently have insurance. “This also doesn't cover like us, self-employed people. I mean people that are entrepreneurs,” a blue collar woman from Phoenix stated. “What about the person that is not working?” asked a white collar man from Phoenix. “What about the welfare? They have no employer to do this, and here is a person that needs the insurance probably more than someone that is working.” “It's companies, companies, employed, companies, companies giving back to the government,” remarked an ethnic man who is a community leader in Phoenix. “If you are unemployed, don't get sick.”

Focus group participants quickly become concerned about the cost consequences of this model. Like the other models, respondents raise concerns about a tax increase. “Tax revenue is the key word,” stated an ethnic woman from Phoenix. “They are going to raise our taxes. It's still going to come out of our pockets.”

Some are not sure what the government's role would be or how the government would use these tax dollars. “They're just saying you're giving money to the government,” an ethnic man who is a community leader in Phoenix complained. “Is the government regulating? Is the government buying you insurance? What is government doing? Why give them the money?” A few worry that the insurance companies are the real beneficiaries of this approach. “Yeah, and who is going to reap the benefits from all of that money being paid into private insurers?” a white collar man from Prescott asked. “Is it going to be the same ones that are there now that are making a fortune already?”

More so than the other models, focus group participants see this recommendation as leading to cost consequences beyond taxes. “You will pay for it one way or another,” warned an ethnic woman from Phoenix. Focus group participants are particularly concerned about the cost consequences to small business. “That's just got a hell of a rippling effect,” a

blue collar man from Phoenix expressed. “If you are right there teetering and trying to keep your company alive and all of a sudden let's say you've got five, six employees, that can put a hole in the boat and you can never recover from it.” “Small business is what is supposedly running America, [and they] aren't going to be existent anymore,” a blue collar woman from Prescott suggested. “You're telling small business they've either got to provide health care or they have to pay a fee to the government,” stated a blue collar man from Prescott. “Either way the small business or any business has got to pay, and that's just going to hurt small business which hurts people trying to find jobs, which hurts the economy.”

Voucher Model

Focus group participants are unclear about how the voucher model would work. However, most are fairly convinced that this model places more responsibility for the cost of health care onto individuals. Furthermore, they see a significant potential for abuse -- both by consumers and by businesses. They do not see what problem this model is supposed to solve and worry about how it would be funded.

Model -- Vouchers

One recommendation is to create tax credits or vouchers for individuals to use to secure health care services. The amount of the tax credit/voucher would be tied to the individual income and used to purchase coverage through existing insurance providers. Financing the tax credits/vouchers would come from federal budget revenues and those with incomes under 100 percent of the federal poverty level would be financed through a combination of state and federal revenues. The amount of the credit/voucher under the system would be large enough to cover between 50 percent and 75 percent

One of the biggest concerns with this approach is the potential for abuse – by consumers, but particularly by employers. “There is a lot of room for black marketing when I think of vouchers,” an ethnic woman from Phoenix stated. “A lot of companies may just not offer health insurance,” a white collar man from Phoenix worried. “They tell them ‘just go ahead and use this plan with the vouchers.’” “As far as I'm concerned there are far too many loopholes for corporations and big businesses like that that allow them to go on year after year without really contributing their fair share and putting the burden on people that maybe don't make very much money, or have a lot of tax shelters that could give them advantages,” an ethnic woman who is a community leader in Phoenix complained. “What about companies who purposely hire employees for less than full time so they can avoid paying benefits, and there are a lot of corporations out there that do that,” stated an ethnic woman who is a community leader in Phoenix.

Many focus groups participants do not understand how vouchers would work. “I don't know if I understand how tax credits/vouchers and that type of thing would work,” a blue collar woman from Phoenix expressed. “But also I think the propensity for abuse could be huge. People who had severe health problems, were born with them or developed them later might just fall through the cracks.” Others express concerns based on their understanding of how the level of contribution would be determined. “It goes by how much the person makes,” stated a blue collar woman from Phoenix. “Okay, say you don't make that much money at all and you've been diagnosed with a terminal disease or even a really bad disease

that is going to linger forever. How do you still afford it?” “I don't think it's reasonable because the federal government can't even get their own budget in gear,” a blue collar man from Phoenix argued. “How are they going to give vouchers for people when they don't have money?”

Furthermore, focus group participants see that more of the burden for the costs of health care would rest on individuals. “Anything that is not covered, you are responsible for,” stated an ethnic man from Phoenix. “I don't think between 50 and 75 percent of the premium,” an ethnic woman who is a community leader in Phoenix remarked, “if you're talking about an individual premium of \$600 or \$700 a month, that most people who are under 100 percent of the federal poverty level would even be able to come up with the additional 50 to 25 percent that would be required to make this work.” “What about the people that aren't working, the retirees like Joe and Jim and Tom?” a blue collar woman from Prescott asked. “You are retired. Your employer isn't going to pay for any of this, so you have to pay full price while I pay maybe 25 percent and my employer pays 75?” “I think when people have limited resources,” a white collar man from Prescott suggested, “even if they've got to pay a part of their insurance premium, that's the thing that gets cut from the family budget or individual budget.”

Importantly, several focus group participants complain that irresponsible people who are not working would benefit, while hardworking people would contribute disproportionately to the program. “We might as quit our job and go under the poverty level,” a blue collar man from Phoenix complained. “It is going to be abused,” a white collar woman from Phoenix remarked. “That's the big thing there. Someone that is making really good money and they're working their butt off, and then Joe over here is going to get a voucher while my husband is working his butt off.” “Not only am I paying everything else that the government is into,” a blue collar man from Prescott argued, “now I'm paying part of your insurance.”

Several focus group participants assert that this approach does not solve the problems they see in the health care system. “I'm totally against it,” an ethnic man who is a community leader in Phoenix stated. “Because I don't feel that the problem is the government. I think the problem is the medical setting, the pharmaceutical companies, the health insurances. They need to be brought into line based on the economic needs, not us again subsidizing them, and how much they can charge, how much they can make, how much to provide. I think it is putting it on the wrong side.” “If the state and the federal have to front monies when they are already in a deficit,” an ethnic woman who is a community leader in Phoenix noted, “all it is going to do is increase taxes for everybody. I don't see that as a solution at all.” An ethnic man who is a community leader in Phoenix replied, “I don't think throwing more money at it is fixing the problem because that's what this is doing. It's just throwing more money at it.”

Finally, focus group participants wonder how the government will finance this approach; federal budget revenues won't be enough. “If you're talking about financing from federal and state budgets, that money has got to either be raised by increased taxes or it's going to come from some place else,” cautioned a white collar man from Prescott. “It doesn't

magically appear.” “If it were less voluntary -- if you said with my income I have to put up 5 percent of it,” a white collar man from Prescott recommended. “I have to. Why not pay into Social Security? I have to do that. It becomes the tax on everybody and, of course, your portion because you made more might be 8 percent or something of that nature. That makes sense because then you've got a larger pool of money, and then you've got more people overall insured at some level.”

The Preferred Model

No one model emerges as the most-preferred among focus group participants. As noted, due to the lack of a cohesive existing frame for any of the policies, focus group participants find it difficult to rally support for any one of the models. Minorities in Phoenix tend to prefer the employer mandate model. Blue collar residents in Phoenix and ethnic leaders in Phoenix prefer the centralized administration model. White collar residents in Phoenix select the public insurance model as their favorite. Prescott residents are mixed – blue collar residents like the public insurance and voucher models; white collar residents divide their support among public insurance, centralized administration and vouchers.

Focus group participants who prefer the public insurance model feel it is the most realistic and easiest to implement. “They are already existing and it would be voluntary,” stated a white collar man from Prescott. “It takes the existing Medicare system and it allows different types of funding for it,” a white collar man from Phoenix explained.

Furthermore, focus group participants believe this approach rewards responsibility by requiring people to contribute to their premium, but makes the payment achievable by creating a sliding scale for payment. “I know a lot of people that would benefit,” stated a blue collar woman from Prescott. “I think the majority of the people that need insurance, I think that would be the best way and it's the most fair way for everybody. Nobody is paying into somebody else's that they are not going to get benefits from. You're paying your own straight and simple.” “And you're paying on a sliding scale,” replied a blue collar man from Prescott. “And you are paying rather than getting it for free,” added a blue collar woman from Prescott. “It makes you responsible for your premium.”

Those who like the centralized administration model believe the elected body will regulate the industry and take steps to reduce costs. “You get a good governing body that knows what they're doing, realizes what they have to do, take steps towards their goal but not realizing that it will be an overnight thing, they will reduce the cost,” an ethnic man who is a community leader in Phoenix explained. “It will increase benefits to everybody, increase education, increase benefits to people that are unemployed.” An ethnic man who is a community leader in Phoenix explained the role of a centralized body in addressing quality: “So right now I'm paying \$800 a month either through my company or for myself, COBRA or whatever it is, to get my health insurance. So I'm already being taxed. The only question

is, is my tax going straight to somebody who is giving me nothing, or is it going to something that is actually quality controlled to give me what I should get?"

Those who select vouchers believe this model has the least amount of government involvement. "It's simplistic and it has the least amount of government interaction," remarked a white collar man from Prescott. "To me that's the way it seemed. It seems like every time the government gets more involved with something, it gets more complicated." Furthermore, they like that the amount of the voucher is tied to income. "If your income is less than the poverty level, you pretty much don't have to pay anything," stated a blue collar woman from Prescott.

What is more important than any specific model is the perception that people are taking this problem seriously and are working toward a resolution. Focus group participants do not believe that the problems facing health care can be fully addressed with one solution. "So it's better to take the time and do it right the first time than keep screwing around and screwing with people's lives and letting people die," a blue collar man from Phoenix insisted. "It needs to be done right, and they need to take all of these proposals and they need to line item veto and put them together and solve their problems." "Look at a 10 - 15 year plan," a blue collar man from Phoenix replied.

The Frames

In addition to the policy models, focus group participants were asked to react to a series of frames. Each frame was presented as a reaction to one of the models. Excerpts of each of these 'framed' reactions are included in the text boxes that follow. Therefore, it is possible to analyze the opportunities and weaknesses in each frame, as well as the ability of the frame to provide a compelling lens for a particular model. In some instances, the frame is compelling but focus group participants' interpretation of the model creates a weak reaction to the frame.

Public Utility Frame

The Public Utility Frame suggests that health care should be available to everyone, like other public goods. Several focus group participants agree with this perspective. "This is part of the paradigm shift in taking health care and beginning to view it more as something that should be here for everyone," stated a white collar man from Phoenix. "I think it's tricky to do in a free market economy but I do agree," remarked an ethnic woman who is a community leader in Phoenix. "I don't think that health care should ever be a for-profit venture. I think it is just one of the basic human rights that citizens ought to be provided with."

Public Utility Frame

Just like electricity, water or public education, this approach to health care would ensure that all Arizona residents have access to health care. Health care should be treated like any other public utility, managed for the good of all residents and accessible to all residents.

However, some interpret this statement, when matched with the centralized administration model, as meaning that people would not be expected to pay for their health care. “We pay for our electricity and this is saying we don't have to pay for our health care,” argued a blue collar woman from Prescott. “So it's not the same and it's government again.” “I was going to say since when is electricity and water free?” a blue collar man from Prescott asked. “Public education, since when is all of that free? It isn't free.”

Some suggest that public utilities are a poor example because utilities are expensive and the cost of utilities is increasing. For these people, the comparison further reinforces that health care will continue to increase in cost. “The water bill keeps going up and up and up every year,” complained a blue collar woman from Prescott. “The electric bill keeps going up and up every year because they have the ability to raise my rate.” “Say you're a big user of electricity,” a blue collar man from Prescott explained. “Your bill is \$100 a month. You pay \$100 a month. Now if I use \$50 worth of electricity, I pay \$50 a month. Who is going to pay let's say medical care if you have a big operation, are you going to be paying a larger amount of your care, or am I going to be paying for your care?”

Furthermore, if the Public Utility Frame is meant as an example of efficiency or effectiveness, public education is a poor comparison. “They're going to use the public education as an example,” stated a blue collar man from Prescott. “[We're] 47th in the country. We've got the worst education there is here.” “It has become an atrocity,” a white collar woman from Prescott remarked. “Public education is way different because if you live on the south side or you live on the north side, you get a different education,” stated a white collar man from Phoenix.

This frame is most effective when it is reinforcing the public nature of the service – that it should be managed for the good of all. “I do think the government should regulate insurance companies and the costs that they are allowed to charge,” a blue collar woman from Prescott noted. “I think the interpretation here as I see it though is that if it were treated like a public utility and there was a board,” an ethnic woman who is a community leader in Phoenix explained, “perhaps the board would not be responsible for managing people's health care, but limiting the cost of health care procedures. For example, putting a cap on what health care costs could be.”

Fair Share Frame

The Fair Share Frame suggests that the state's health care system will be most efficient when everyone in the state has an opportunity to participate in the system. Some worry that the poor will not be able to afford to pay “their fair share.” “How are you going to make those that don't have a job, that are homeless, how are you going to make those that have four or five kids who have a part-time job, how are you

Fair Share Frame

For health care to run smoothly, everyone should have to contribute their share but right now a lot of people aren't. A person without health insurance ends up costing more in emergency room visits and the costs of delaying preventive care. This approach allows everyone in the state to participate so health care will be more efficient.

going to make them contribute?” a ethnic woman from Phoenix asked. “They can't.” “And what if you don't make enough to contribute your share?” asked a blue collar woman from Phoenix.

Others understand that this is suggesting a minimal payment by those at lower income levels. “I think regardless of your various income levels there should be a minimal amount and then a little bit more according to your ability to pay,” a white collar man from Phoenix stated. “I think that might make people be more health conscious too.” Similarly, having to contribute to one’s health care costs helps to prevent overuse and abuse, some believe. “What do you do in a case like this where everybody would go to the doctor any time because they're not paying out of their pocket?” a blue collar man from Prescott asked. “How about a hypochondriac? You know the person that is in to see the doctor every two minutes. Why, because it's free. That's like communism. It's free. Hey, why not?”

Focus group participants express belief in the power of prevention to improve health and contain costs. This element of the Fair Share Frame is compelling. However, the danger of the prevention message is that people personalize it – prevention depends upon an individual's behavior. When in this mindset, focus group participants worry that the program will be undermined by people who do not take care of their own health. “It's not going to change people's behavior,” an ethnic man who is a community leader in Phoenix insisted. “People are going to be who they are, whether they have insurance or whether they don't...especially men. We're stupid. We won't go.” To be effective, the prevention message has to link to coverage, not personal behavior. “Preventive care right now is not paid by most of our insurance companies,” a blue collar woman from Prescott explained. “Our insurance won't pay a mammogram. They won't pay a PAP smear unless you have cancer.”

Situation Frame

The objective of the Situation Frame is to make visible the situations that result in people being uninsured. Focus group participants can personally identify with the situations featured in the frame. “That's how my mom died,” shared a blue collar woman from Phoenix. “She had to keep working to cover insurance for us and that literally killed her.” “Quite a few people have a pre-existing problem like my son, for instance,” stated a white collar woman from Phoenix. “So if he goes off our insurance, he is screwed. And it is really scary.”

Situation Frame

There are lots of situations that result in people being uninsured. Small businesses that do not offer health insurance, insurance companies that reject coverage due to pre-existing conditions, young adults who are too old to be on their parent's coverage but cannot afford their own, early retirement, divorce, etc. This approach to health care needs means that insurance would now extend to people in any of these situations who had been cut off from the system.

This frame is effective in building support for covering the uninsured. “I truly believe everybody should be insured and that the overall cost to our health care is going to be positively impact if people have access to regular care,” an ethnic woman who is a community leader in Phoenix remarked. “Well, it sounds better when I read this,” stated a

blue collar woman from Prescott, “but I still don't want government to be involved in regulation.” “But it's a reason to support the others as well,” noted a white collar man from Prescott.

If people begin to think about the *individuals* who are without care, rather than the *situations* that result in a person being uninsured, they blame the uninsured for being irresponsible. “I was just raised that you have insurance and that is a priority,” explained a white collar woman from Phoenix. “If something happens and you get sick, you have to have it. The city people don't think like that. It's pay check to pay check, job to job and they are just living for that situation.” “I agree with you,” added a white collar man from Phoenix. “There is a general lack of taking responsibility for your own actions and this is a problem throughout society.”

Prevention Frame

The Prevention Frame attempts to make the case for universal insurance by suggesting that providing people with access to health care will prevent health problems and result in healthier people, healthier communities, and lower health care costs.

Prevention Frame

Quality health insurance that includes check up, immunizations, well baby care, prenatal care and other preventive care pays for itself in the long run by preventing problems before they happen or become serious. By expanding health insurance coverage this bill will pay for itself and result in healthier communities.

Focus group participants firmly believe that prevention can pay for itself over the long-term. “If you can prevent it, it's going to be cheaper than if you don't prevent it,” stated an ethnic woman from Phoenix. “It's astronomical.” “For every 16 cents that you spend in preventive medicine, you're going to have a savings of 84 cents in curative medicine,” explained a white collar man from Phoenix. “If we can change the focus to wellness from curative, then there is an enormous benefit to be seen...if we can get a wellness state of mind, in the long run everyone is healthier and the entire system benefits by far less problems.”

The danger of the prevention message is that it can inadvertently trigger individual responsibility for health. “You want to raise your kids to think okay, you need to eat right. You need to exercise. You need to take care of yourself,” explained a white collar woman from Phoenix. “I think it is going to take a long time to get every walk of life thinking that way.” “It's a good argument but I think that those who aren't used to going for the wellness and the preventive check ups, they're going to need some encouragement,” stated a white collar man from Prescott. To counteract this individualization of the prevention message, advocates need to reinforce the preventive aspect of *access to health care services*.

Furthermore, without an understanding of the cost consequences of a large number of uninsured people in the state, focus group participants think this frame has little to do with fixing the problems in health care. “It's a plan for the system that already works,” remarked a blue collar woman from Phoenix.

Working Uninsured Frame

As noted earlier, some focus group participants blame the poor for not being responsible enough to provide for their own care. Even though this frame identifies a particular situation that results in some being without insurance, since the situation emphasizes the working poor, focus group

participants' perceptions of the poor influence their reaction to this statement. If they interpret the policy as meaning that the working poor will pay for their own insurance, then focus group participants support the idea. "That argument has been at the forefront for a long time is that there is so many people who are not poor enough to get it free and not rich enough or have employers to be able to pay for it. And so if this is a public insurance that is affordable to those folks, plus they still have the availability to pay for it with pre-tax dollars as we all do anyhow," stated a white collar man from Prescott, "I'd say it's a good argument."

However, those focus group participants who interpret the policy to mean that the working poor would be given a financial break in paying for insurance resent the special treatment. "You are going to find so many people that are going to beat the system," complained a white collar woman from Phoenix. "Just because you are a single woman with three kids, well, then why did I get married? I could have easily had my kids and not got married and lived off the state." "So how come I have to pay more for insurance out of my hard working money to pay for hers when she is sitting getting rich off of doing something that the government doesn't know about," a blue collar woman from Prescott remarked. "If it is going to be voluntary," a white collar man from Prescott warned, "my grandchildren aren't going to be bothered with this at 18 or 20 years old. Hell no, they're riding a motorcycle not thinking about losing a leg or something like that."

Working Uninsured Frame

There are tens of thousands of Arizonans whose employers do not provide health insurance who earn too much to get public health insurance but not enough to afford insurance on their own. This bill would allow working families, living on the edge, to afford health insurance and to become a bit more financially secure.

Small Business Frame

The intent of the Small Business Frame is to counteract the frequent critique that business will be opposed to health care reform by suggesting that small businesses desire help in affording health care. However, this frame was unable to overcome the perceptions that people had already formed about the Employer Mandate Model presented just prior to this frame. Once people had determined that the Employer Mandate Model was anti-business,

this pro-business message could not overcome that perception. This is a further indication that advocates will need to do substantial advance messaging prior to recommending a

Small Business Frame

Most small business owners want to do what is best for their employees, but high costs have made it nearly impossible to provide health care. Those small businesses that do provide insurance risk being priced out of the business by competitors who do not provide insurance this bill will level the playing field for all companies while providing better health care for employees.

specific plan of action. Furthermore, this message will be more compelling when delivered by a small businessperson.

Focus group participants continue to believe that the recommended health care reform will hurt business. “That's what we talked about earlier,” stated a blue collar woman from Prescott. “If you've got to pay more, you're going to go out of business.” “It would also drive a lot of small businesses out of business,” warned a white collar man from Prescott. “That's what I was thinking,” added a white collar woman from Prescott. “We'll live in a society of Super Wal-Marts.”

Furthermore, focus group participants foresee other unintended consequences of health care reform based upon mandating employer coverage. Cost for services would increase, they assert. “But that would mean that all prices for services would go up because those that are not providing insurance right now would raise their prices too,” suggested a white collar man from Prescott. Alternatively, employers may reduce wages to make up what they are paying in additional health insurance costs. “When you get a job with the company, the health care benefits that they provide you, that is part of what they are paying you,” an ethnic man who is a community leader in Phoenix explained. “That's an incentive for an employee to take a position with that company. A company that doesn't provide you with health care benefits, you take that into consideration already. All this is doing is putting another factor in there for the companies to reduce your wages because they are justifying that by saying they are going to contribute to some government organization.”

Though most focus group participants want to continue to rely upon the existing employer-based approach for providing insurance, a few begin to question whether health care should be business' responsibility. That's not really what they are there for and that's not the role in society or in our country. “They are there to provide employment and actually they are there to make profits for themselves,” stated an ethnic man who is a community leader in Phoenix. “So how do we put them all of a sudden so tightly into our health care system that we're depending on, and we put them in a role that is really not fitting for them?”

Community Health Frame

As noted earlier, the prevention approach is very powerful. So powerful, in fact, that focus group participants reflected earlier conversations in their response to this frame. Some discuss the importance of encouraging people to see doctors instead of visiting emergency rooms. “How many people are in the emergency room because they don't have insurance and you have to wait?” asked a blue collar woman from Phoenix. Others reiterate the cost savings that would occur if more preventive measures were utilized. “The numbers prove that if you maintain health care, especially like he said with kids, you're not going to have the

Community Health Frame

Since the numbers of uninsured people are growing, communities are seeing increases in preventable diseases. When people are without health care they delay going to the doctor and do not get the preventive care they should. This affects us all and diseases spread in public spaces from malls to movie theaters. This approach would expand health care coverage and help our communities be healthier

phenomenal costs,” explained a blue collar man from Phoenix. “That you pay a little incrementally, it goes a long way, a long time. So the numbers definitely bear out that this is a good idea.” “Prevent, prevent, prevent,” a white collar man from Phoenix remarked.

After the earlier prevention conversation, some focus group participants are confused by this message’s association with community health. “What is the point of mentioning diseases spread in public places from malls to movie theaters?” asked an ethnic man who is a community leader in Phoenix. “[To] scare you,” replied an ethnic man who is a community leader in Phoenix. The community health approach seems unrealistic to some, because lack of insurance is not the only barrier to preventing the spread of infections. “You have the three week waiting list,” explained a blue collar woman from Prescott. “You have a cold or flu symptoms. You don’t know what it is. You call up your doctor. Well, we can’t see you for another three weeks...within those three weeks I’m going to go to the grocery store. I’m going to go to the movie theaters. I’m going to go to the mall.”

Consumer Power Frame

The Consumer Power Frame was used as a message in support of the Voucher Model. This is an ineffective frame for a variety of reasons. The Voucher Model places responsibility on people for the cost of their health care, and the Consumer Power Frame reinforces this sense of responsibility. People

do not want to have to worry about making health decisions based on cost, so they are uncomfortable with this much responsibility for health care costs. “You want to go into something where people don’t keep questioning you all the time,” an ethnic man from Phoenix insisted. “Well, what does this voucher do for me? Will I be able to afford this voucher? Will it cover anything that I need to be covered by? ... You go in and the doctor tells you, ‘Well, the voucher only covers this, this, this but you have this and the voucher doesn’t cover it.’”

Fundamentally, many focus group participants question whether or not the free market works in the health care industry. “I am a big believer in the free market,” a white collar man from Phoenix stated, “but I think there are times in which it doesn’t always work.” “In the medical industry the free market has absolutely nothing to do with the result of what they price or anything else,” a blue collar man from Prescott argued.

One aspect of the Voucher Model that is reinforced by the Consumer Power Frame is the aspect of personal choice. Since many are nervous that health care reform will take choice away, the emphasis on choice in this frame is reassuring. “I like the fact that it is allowing, you’re providing me with a voucher that allows me to choose whatever plan I want,” a blue collar woman from Prescott stated. “It’s allowing me to choose the plan that fits me, my individual needs,” added another.

<p>Consumer Power Frame</p> <p>This approach uses consumer power to ensure that people get the health insurance they need. Vouchers allow individuals to choose exactly the plan they want. The free market will result in insurers developing products to meet consumers’ expectations.</p>

Some focus group participants worry that this approach will harm lower income people, and the Consumer Power Frame exacerbates that concern. “The way I would interpret this is vouchers would make people choose the plan they could afford and they fall through the cracks,” a blue collar woman from Phoenix remarked. “But maybe somebody with more money would be able to get a better plan and so no, I don't like it.”

Finally, several do not understand why consumer decision making is relevant to the problems they see in health care. “Is there any data that shows why costs are going up?” asked a white collar man from Prescott. “I would speculate that prices aren't going up because people aren't aware or consumers. The prices are going up because of frivolous lawsuits, greedy pharmaceutical companies, and things along those lines. And if that is the case, and if there is data to support that, I don't see how vouchers are going to do [help] people.”

Responsibility Frame

Earlier in the focus group conversation, focus group participants indicated their concern that individuals do not take enough responsibility for the cost of their own health care. If people had to contribute something to their care, focus group participants asserted, then they would be more cautious about incurring health care costs. However, after reading the Voucher Model recommendation, focus group participants express serious reservations about requiring significant individual responsibility for health care costs.

Responsibility Frame

With this approach individuals will be responsible for their own health insurance costs. The result will be that people will begin to question what they are paying for and it will force the health system to get rid of wasteful spending which will result in lower health care costs overall.

Focus group participants feel powerless against the health insurance industry. “This is the best bunch of b.s. that will force the health care system to do anything,” a blue collar man from Phoenix exclaimed. “Ha! The only thing they're good at doing is raising their costs. We can't force them into anything. They have us by the throat.” “I think it takes the power away from the people,” an ethnic man who is a community leader in Phoenix insisted. “If you are buying your own health care, basically as a person you have no influence with the health care system.” “One way or another, if you get sick and you don't have insurance, you're paying for it,” stated a white collar man from Prescott. “And it's kind of difficult to say if you're sick what choice have I got? I've got to pay what the provider expects me to pay or I don't get treated. How would this make it better?”

It is unrealistic to expect the average person to argue with the health system over the accuracy of a bill, focus group participants assert. “Did you ever get a bill from the hospital?” a blue collar man from Prescott asked. “Try and question it. You don't have a clue what they're talking. They've got costs in there that you didn't even know existed.” “Most people aren't educated enough to even question a bill,” an ethnic man from Phoenix noted. An ethnic woman from Phoenix added, “I mean realistically, how are you going to fight the hospital?”

Some suggest that the reform is aimed in the wrong direction. “This says we still have the right to rag,” a blue collar man from Phoenix remarked. “We have the right to complain; that's about it.” Rather than individual responsibility for policing the accuracy of medical bills, the industry should be regulated for overcharging. “How are they regulating them in how they bill?” an ethnic woman from Phoenix asked. “How about regulating them and their itemized statement...then that will teach them not to overcharge us and start bringing the costs down because now we're getting involved. We've tried being responsible. It didn't get us anywhere.” “It's not about choosing what you need,” stated a blue collar man from Phoenix. “It's about affording what you really need.”

Conclusions

Before promoting any of the models or a combination of the models, advocates will need to do significant communications groundwork with the public to invigorate the frames that will help to advance reform. As stated earlier, the frames provide a lens through which people can understand the policies and help to build support for the policies. In the absence of the right frames, people view the policies in isolation and apply their own interpretation, which undermines support.

While Arizonans care about the uninsured, they do not understand why expanding insurance coverage will address the problems they see in the health care system. Instead, they see a flawed system becoming larger and more solidly entrenched. To embrace health care reform that will address the uninsured, the public needs a better understanding of state health care as a part of one interdependent system.

Certain perceptual barriers consistently emerge across the four models. Focus group participants:

- worry that government intervention will worsen the problems in health care.
- know that additional funding may be necessary, but hesitate to support additional taxes.
- are insistent that small business will be harmed by any kind of mandate, and if small business is harmed the state economy will be negatively affected as well.
- want the poor to demonstrate responsibility by contributing to the cost of their care, but do not want this cost to be burdensome.

While no one frame incorporated all of the elements that need to be communicated, several of the frames tested in the focus groups help to overcome these barriers:

- The Situation Frame reminds people that situations are to blame for a lack of insurance.
- The Prevention Frame makes a powerful case for long-term cost savings through universal insurance coverage

- The Fair Share Frame also helps people begin to understand that all Arizonans are in one system, particularly through its emphasis on the ability of prevention to cut costs.
- The Public Utility Frame advances the notion that everyone in the state is connected to health care in some way. To be effective, this frame needs to emphasize that the comparison is about managing health care for the good of all.

Other frames were less effective in advancing the conversation. However, further study is needed before dismissing these frames completely:

- The Working Uninsured Frame has been compelling in other states. In these focus groups, however, perceptions of the working uninsured are close to perceptions of the poor. Therefore, there is some significant resentment of providing additional assistance to the poor, when average citizens are already struggling to afford health care.
- The Small Business Frame is typically among the most compelling messages on this topic. In these focus groups, however, the small business frame was preceded by a conversation about the Employer Mandate Model. Focus group participants became convinced that this model was antibusiness, and the frame was unable to shift that opinion. In a real communications effort, the Small Business Frame would be delivered by a business person and would precede the conversation about a specific policy.
- The Community Health Frame was compelling, but largely due to its emphasis on prevention.
- The Consumer Power Frame was ineffective because people believe they have no power in this industry. Similarly, the Responsibility Frame was largely ineffective because people feel powerless against the health insurance industry, and they do not want any additional responsibility for health care costs.

Therefore, a compelling frame to build public support for addressing the uninsured would include the following elements:

- a perspective of the state as one health care system in which everyone participates
- an emphasis on the situations that lead to a lack of insurance
- a connection between the preventive aspects of universal coverage and the cost savings to the state as a whole
- a description of health care reform as a stepped approach, a long-term plan.

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.

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