



Race, Strategic Communications and Health Care Reform

An Addendum to

Making the Public Case for Improving Health Care in California

**A FrameWorks Research Report**

December 2003

One of the mainstays of American life in the post-civil rights era is that whites and nonwhites see the world in fundamentally different ways. Indeed, there is an overwhelming research literature in the social sciences that reports stark, profound, and persistent racial differences in belief systems. It is with some surprise, then, that our research reveals that perspectives on California's health care situation are remarkably consistent across racial groups. It is the dominance of the consumer frame, we believe, that trumps traditional racial divisions in the debate about health care.

There are at least two reasons for this. The first is that the consumer frame evokes zero-sum calculations about health care provision. As the FrameWorks Message Memo indicates, when people are asked about benefits for particular populations, they quickly raise issues about fairness and equity. The second is that the consumer frame leads people to make individual, not group assessments; that is, because health care is perceived to be a relationship between an individual and their provider, racial group status becomes less meaningful. In short, there are countervailing forces when it comes to the issue of health care that mute common racial distinctions in public opinion.

The purpose of this brief report is to summarize the FrameWorks research findings as they relate to racial differences in attitudes about health care in California. It is intended as an addendum to the FrameWorks Message Memo "*Making the Public Case for Improving Health Care in California.*" As such, we have identified several sections of the focus group research that highlight the homogeneity of attitudes across racial groups in California. In particular, we look at the three focus groups that were divided by race: African American citizens in Riverside, Latino citizens in Riverside, and Asian American citizens in Fresno.

We should, of course, make a couple of caveats. First, our interpretation is based on a thorough but preliminary round of qualitative research. In this vein, focus groups are utilized as an analytic heuristic; that is, they help us uncover interesting propositions for more rigorous testing. Second, we rely on only three same-race focus groups, which is not a large sample by any stretch of the imagination. It is important to say, however, that minority group members in the mixed-race groups expressed views quite similar to those of their peers in the same-race groups. Nonetheless, the prevailing pattern across a wide range of issues provides us quiet confidence in these results.

We begin this addendum by looking at general attitudes about the state of health care in California. We then turn our attention to a number of "reframes" designed to alter the direction of public discourse. We end with a brief discussion of what we think we have learned as a result of a more refined examination of race.

## The Current Context

***The health care system is broken.*** Californians are concerned about a wide array of health problems facing the state. When they consider health care, the first associations that come to mind are almost exclusively negative: rising costs in premiums, co-pays, prescriptions and employer costs; a system that requires authorizations and bureaucracy; the complexity of health plans; lack of affordable health care or affordable insurance which leaves many without care; and a shortage of facilities, among others.

*“A lot of times you can't get in when you want to,” an African American woman from Riverside complained. “You have to wait a whole month.”*

***Government is incapable of solving this problem.*** The strongly held perception of government inefficiency suggests to focus group participants that any government intervention would likely make existing health care problems worse. They have more faith in market-based solutions than in government.

As people look to the state government, they see a cash-strapped legislature that is incapable of managing wisely and efficiently. The state budget requires significant cuts in programs.

*“I heard everything is going to be cut,” a Latina from Riverside explained. “It's going down,” added a Latino from Riverside. “They are cutting everything.”*

*“They've already closed many hospitals and clinics,” an African American woman from Riverside stated. Another added, “We have no control over it.”*

*An Asian American man from Fresno spoke positively of a measure to create small business co-ops: “You want to provide health coverage and if you can collaborate with other small business owners and get the best rates that would be wonderful.” Government mandates, however, are an intrusion into the market.*

***Providing care for the uninsured is a charitable contract.*** Californians are willing to give help to those they deem worthy – defined as those who are working and trying to get ahead. However, they believe that the health system is overburdened providing to the undeserving poor – defined primarily as illegal immigrants or those who refuse to work.

Most people recognize that the uninsured are working at low-paying or part-time jobs, or working for small businesses that do not provide insurance. This is a situation that focus group participants want to address.

*“People that open up their own business,” a Latino from Riverside explained, “they want to hire people. They need to make it easier for that employer to get insurance for their employees because that is where most of the people get their insurance. It makes it harder for that individual [if they have] to make his payments.”*

Despite the fact that most people say the uninsured are working, many quickly shift their mindset to an image of the “undeserving poor.”

*“It's generation after generation that knows how to work the system, and they don't work,” a Latina from Riverside argued*

*“I'm sorry but I've been working and you're getting a state subsidy and I'm the one that is paying for you to do that,” an Asian American woman from Fresno argued. “My standard of living is going down slowly, slowly, slowly because of having to increase these costs...I end up paying for it and I feel kind of cheated because wait a minute. I contribute to society. I do these things. I'm doing something and giving back and yet I'm not getting anything in return for it.”*

***We end up paying anyway.*** Focus group participants can readily see financial connections with the poor and uninsured, such as increased taxes to pay for uncovered care, or increased taxes to provide health care coverage to the poor. Few come to this conversation with an understanding that coverage for all Californians, with everyone paying at least something for care, could result in lower premiums.

The following conversation among Asian Americans in Fresno, for example, demonstrates how easily they slipped into the prevailing language about undeserving, greedy poor:

*It's going to cost me money, so I might not do it because it is government sponsored somewhere. Taxes are going to go up somewhere to pay for something on this because once you have something that is government involved. . .*

*It goes down hill.*

*Why do I want to pay for someone else? I bettered myself and got where I am with what skills I have. I'm selfish.*

*It's difficult because there is a growing population of haves and have-nots.*

*It's going to get worse.*

*And it is. It's splitting like this and the haves are going, “hey, I worked my butt off for this. I want to keep hold of it.” And the have-nots are like . . .*

*We want a piece of that pie. Yeah. I want what you have so give me.”*

Minority focus group participants also recognize that they pay for the uninsured through their tax dollars

*“I can tell you for a fact it doesn't matter if you're legal, illegal, American born, foreign born, whatever, if you show up at the hospital pregnant in labor, they're going to deliver that baby,” an African American woman from Riverside remarked. “And if you don't have the money to pay for it, California and the federal government is going to absorb the cost.”*

## Changing the Conversation: Message and Messenger

The major challenge for reform advocates is finding an effective means to redirect the debate about health care in California. As the FrameWorks Message memo describes, we tested several preliminary “reframes” to gauge reactions to a range of values associated with health reform. Below we summarize the reaction of minority group members to the various messages and messengers. In the main, these findings continue to support the more general claim -- a general lack of racial divisions in attitudes about communicating health care reform.

**Small Business Assistance:** Like Californians across the focus groups, participants in the three ethnic focus groups responded positively to this message and messenger. Latino (and African American) respondents noted that small business owners care about their employees’ well-being.

*“People that open up their own business,” a Latino from Riverside explained, “they want to hire people. They need to make it easier for that employer to get insurance for their employees because that is where most of the people get their insurance. It makes it harder for that individual [if they have] to make his payments.”*

*“He is part of the working force,” suggested a Riverside Latino. “He is out there just like we are. He’s got people underneath him that he’s got to look after.”*

Asian Americans agreed with this assessment, but rejected the landscaper as the example, stating that landscapers (specifically mentioning Mexican landscapers) do not operate fairly. Some mentioned that Mexican landscapers displaced Chinese landscapers, which may contribute to their rejection of this messenger.

**Mechanism – Financial Interdependence:** Californians across the groups rejected this message, in large part because they found the message confusing, and it reinforced that they are already paying for others’ health care. African American (and Latino) participants were particularly likely to raise concerns about the poor who could not afford to pay anything toward a “fair share.”

*“What is fair share, what he is talking about, if only somebody will pay their fair share?” an African American woman from Riverside asked. Another responded, “See, that’s what I’m concerned about. What about the unemployed that can’t afford it?”*

Though they expressed concerns about the poor, Latinos also worried about those who would abuse the system.

*“You either have the ones that are working that can’t afford to pay that \$200 emergency bill and they wait and wait until the last minute until the appendix is erupting or whatever,” a Latina from Riverside remarked, “or you have those that it was free. They are there for a headache or a whatever instead of buying the bottle of Excedrin. You go from one extreme to the other.” “Somebody has to pay for all that,” a Latino from Riverside added.*

Asian Americans rejected the statement completely because they did not trust a union representative as a spokesperson.

*“As soon as [I see] union, my walls go up,” an Asian American woman in Fresno stated.*

Unlike most other Californians in the groups, Latinos expressed a great deal of trust in a union representative as messenger. If quantitative research confirms Latinos’ positive perception of unions as a credible voice on health reform, then advocates may want to use union representatives to target this audience.

### **Mechanism – Health Interdependence**

This was a very effective message for participants across the focus groups, including each of the three ethnic groups. Generally, focus group participants see this as a strong prevention message from a credible authority, though it needs to avoid inadvertently characterizing the poor as diseased.

*“I design mechanical systems, so you have a system of preventive maintenance that extends the life and the quality and performance of the equipment,” a Latino from Riverside described.*

*There are sicknesses out there that you don't know where they came from,” a Latino from Riverside noted. “We know as a native here we had the booster shot. You had to have the TB test and all this. Most of these people now never had that. They come over here and guess what? They are carrying out this disease and so no, it's true.”*

The conversation in each of the three ethnic groups took a slightly different course. Participants in the Latino group discussed the importance of prevention, while African Americans extensively discussed the value of clinics.

The CDC as a messenger on this topic particularly influenced African American (and Asian) respondents.

*“It has a lot of validity because of where it came from, the CDC,” an African American woman from Riverside remarked.*

### **Transition for the Poor**

Across the groups, the policy was well received, but the focus on one individual causes participants to become distracted from seeing the policy solution. Like Californians across the groups, participants in the Latino and Asian American groups were very sympathetic to this individual’s plight and they wanted to help those who are trying hard to succeed.

For example, note the following conversation among Latinos in Riverside:

*I'll tell you being a mother and having kids; she probably can't even sleep at night knowing her kids are not covered.*

*That's a great idea because how sad. Here she is getting a raise and then . . .*

*She is trying.*

*. . .and then she is getting penalized for it. That's terrible. And she is working. She is providing for her family. She is paying her dues.*

However, people quickly resort to their stereotyped image of a welfare recipient. “This is third generation here, you know,” warned a Latina from Riverside. “Something is wrong with this picture.” “Put the hammer down on those people,” remarked a Latino.

Asian Americans, however, were particularly concerned about what would happen when a two-year extension of services expired.

*I just have a big problem with the two year issue,” complained an Asian American man from Fresno. “Where do you end up after two years?” “Back in the same boat,” added another.*

## **Conclusion**

There are several other places in the focus group data that we might point to that persistently confirm our central finding – attitudes about health care reform are remarkably stable across racial groups. We encourage readers to consult the Public Knowledge focus group report for more detail.

What is important here, we maintain, is that the dominance of the consumer frame effectively relegates group identity to the back burner. It does so because, in the area of health care, individuals can exempt themselves from the negative consequences of being a group member. Consider the following example, a Latino, Asian, or African-American can purchase the best health care available if they can afford it; they may not, however, be able to purchase a house in a desirable neighbor because of discriminatory lending or real estate practices. As a result, one’s group identity becomes particularly salient when the costs of membership are born in equal amounts by all individual group members. While there are some structural impediments in health care (and indeed, several that deserve close scrutiny) there is little discriminatory practice in the purchasing of health care coverage. So, a state employee, a person who works for a big company or just a wealthy individual has access to top-shelf health coverage, regardless of racial identity. In any event, the point is that the kind of racial distinctions one generally sees in public attitudes is less noteworthy when the issue is health care.

***About FrameWorks Institute:*** The FrameWorks Institute is an independent nonprofit organization founded in 1999 to advance science-based communications research and practice. The Institute conducts original, multi-method research to identify the communications strategies that will advance public understanding of social problems and improve public support for remedial policies. The Institute's work also includes teaching the nonprofit sector how to apply these science-based communications strategies in their work for social change. The Institute publishes its research and recommendations, as well as toolkits and other products for the nonprofit sector at [www.frameworksinstitute.org](http://www.frameworksinstitute.org).

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