



Perceptions of Health Care in California  
Summary Findings from the FrameWorks Research

**A FrameWorks Research Report**

Prepared for the FrameWorks Institute

by

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1. *Californians believe the health care system is in crisis.*

Health care issues have far greater importance and intensity in California than we perceived in New Hampshire. Californians in general have a bigger picture of health care than our informants elsewhere; they are more aware of the problem and see it as widespread, not localized. They are not as limited in their definition of the problem, seeing it not only as a cost issue, but as a system in crisis.

2. *This perception of crisis has both advantages and disadvantages for reform advocates.*

ADVANTAGES	DISADVANTAGES
Top of mind	Everything in California is in crisis
Want it fixed	May de-prioritize health behind schools, economy
Political more than personal	Too big to fix (overwhelming)
Know big reform is necessary	No incremental change is big enough
Shared nature of problem overcomes cleavages in society	Any solution that doesn't address their problem won't be sufficiently comprehensive to constitute a fix
Believe government AND business have a role to play in fixing the system	Government can't do it
Likely to endorse incremental changes IF attached to bigger plan	Politically impossible, political football

3. *People lack a simple model for conceptualizing the health care system as one in which people's fates are linked.*

This undercuts their support for reforms because they cannot connect solutions to problems in a meaningful way that allows them to visualize the systemic impact of reforms.

There are four observable models operative in Californians' thinking about health care: (1) the dominant model of a consumer good, (2) a right in which everyone is entitled to some level of care, (3) a disparities model in which the uninsured are perceived as burdens on the system, and (4) the far weaker notion of a shared system. Importantly, the disparities model is a kind of negative version of the systems model required to move people to systemic reform. Indeed, a good part of the challenge in framing health care reform for public support lies in moving this perception of linked fate from the pejorative to the positive.

4. *The operating model most available to most people is a consumer model in which health care is a commodity to be purchased by consumers, and the health care system is perceived as a private relationship between insured and provider.*

When operating in this model, health care is a private good and there is no role for the uninsured who are, by definition, non-consumers. Indeed, the uninsured is not the problem most Californians care about.

Importantly, the consumer model splits the constituency for reform between those who perceive the problem in different ways: quality, cost, or access.

The negative power of the consumer model is demonstrated by Californians' reactions to a "basics" package, which would guarantee everyone a minimal package of services but allow others to buy more extensive coverage. People fear they will lose ground if this reform were to be implemented; they are wary of anything that might take their current coverage away.

*5. Current reform appeals (e.g., cover the uninsured, expand to parents of CHIP children, etc.) cause Californians to default to a "them vs. us" zero-sum frame and quickly evoke rhetoric and images from welfare and immigration debates.*

For some Californians, primarily liberals, appeals to justice are effective. Health care is seen by these people as a right, not merely a commodity. Further advancing this thinking is an effective strategy for winning the support of this group. However, addressed to a larger audience, it is unlikely that the rights frame will advance health care reform beyond a less tattered safety net. Many Californians believe that adequate services for the poor already exist and that no one is really refused care. Because health care is most often connected to catastrophic situations, not prevention, few people question the quality or timeliness of such care.

*6. Californians reject every attempt at exceptionalization except those directed to children.*

Reasoning in the "rights frame," they want the system to be fair and have a hard time seeing why one group (parents of CHIP children or even early retirees, for example) should be singled out over another. Reasoning in the "consumer frame," they worry that these so-called improvements will have negative consequences on their own coverage, that they will lose ground.

*7. Black and Latino Californians also react negatively to the disparities message.*

Few if any Californians want the health care discussion to be "about" race. Indeed, when framed in this way, most groups are angered.

*8. People are much more likely to favor reforms when they are framed as addressing situations that any person believes s/he could experience than when they are addressed to group identities.*

For example, when a small business employer was described as wanting to cover his employees but unable to do so, this situation was universally deemed deserving of remedy. It was “a no brainer.” When that same small business employer was described as a landscaper, Californians inferred that his employees were illegal immigrants and the discussion defaulted to a disparities frame. Reasoning in this personalized frame, the individuals had to prove worthiness in order to qualify for remedy.

9. *Business needs an explicit role in health care reform.*

Because people believe that government is less effective than business in solving problems, any reform agenda will need to showcase the role of the market. Because they believe that small business is one of the arenas hardest hit by health care dysfunctionality, those reforms that feature small business in the package are highly favored.

10. *Health care reform messages need to be reframed in such a way that they demonstrate the advantages of getting everyone into the system.*

Californians believe the system is losing money now and that we would save money if the system were improved. They believe a better functioning system could be created.

The challenge of health care reform advocates lies in explaining Californians’ connections to each other in ways that are not negative. Currently, Californians perceive cost shifting and communicable diseases as top-of-mind negative realities of their shared fate. The framing challenge will lie in changing the conversation to recognize the advantages of cost sharing and of prevention by demonstrating how the state could improve health and be more cost-effective on a broad scale if everyone were brought into the system.

This reframing involves shifting people’s perception from that of individual care to public health and from triage to getting in front of the problem.

There are a number of elements of the reframe that emerge from our analysis. These are:

- Step by Step. Frame health care reform as a stepped plan of incremental changes that add up to a broader blueprint. Without the blueprint, people are not likely to support incremental change. With only a blueprint, people are likely to think change is too big and that they will lose ground. They have to see both at the same time.
- Situations, not Groups. In defining the problem that reform must solve, describe situations in which many people are likely to find themselves: first job, divorced, downsized, self-employed, small business, part-time job, early retirement, etc. These are the places the system is broken. Do not exceptionalize or appeal to group identity.
- Market-based. Solutions need to be seen as sound business, not socialized government. Solutions that incorporate small business reforms help make this

point by demonstrating that reforms will address certain types of workplaces where the system does not reach, not bankrupt businesses.

- Messengers matter. Doctors, especially ER docs, CDC spokespersons are all credible messengers on health care reforms. Small business owners were also effective. Politicians and victims were discounted or evoked suspicion.
- Government as referee. The role for government has to be explicit. That role should be as problem-solver and regulator. It should set the rules that the system has to live by. It should not be seen as the day-to-day health care manager.
- Mechanism needed. Every effort should be made to describe health care as a system that connects citizens and as advantaged by full participation. For example, compare the health care system to the public highway system or public utility system that have to go everywhere or they don't work. Models that translate cost sharing and risk pools into vivid language and metaphors are what is needed. Avoid reinforcing the consumer model, which only reifies people's fear and concern for their individual well-being. Effective mechanisms must shift the conversation from "me or them" to "us and it."
- Values frames effective. For liberals, the rights frame is highly effective; however, it can easily be trumped by an appeal to the consumer model, which is also highly salient to them. So the rights frame reinforced by a systems mechanism that underscores shared fate is the right approach for this group. Across groups, the responsible manager frame proves appealing. In this frame, the system is portrayed as broken and practical problem-solving is needed. Government is called upon to respond to thoughtful interests in the society. Other sectors – business, labor, philanthropy – can play a role in making this appeal for sound management. Government is tasked with taking the appropriate steps to fix the system, bringing expertise and involved parties to the table, setting out a plan, and phasing in the needed repairs. Californian "can-do" and ingenuity are parts of this solutions-oriented frame. Prevention can be framed in this way, emphasizing both improved physical and fiscal health; this message allows us to equate the health of California with its citizens' health and to make getting in front of the problem a responsible action, both personally and politically. These frames can take advantage of the crisis perception by an appeal to get ahead of the problem, i.e., we've let energy and education get out of control, let's not let our health care system go the same way.

***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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