



Californians Speak Out on Healthcare:  
An Analysis of Survey Research

**A FrameWorks Reserach Report**

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## Methodology

This analysis is based on the results of 1,217 telephone interviews with California adults, ages 18 years or older, conducted between September 13 and October 1, 2004. Additional interviews were conducted with certain populations. The 1,217 interviews include: 510 interviews with non-Hispanic white respondents, 267 interviews with Latino respondents, 206 interviews with African American respondents, and 152 interviews with Asian American respondents. Interviews were conducted in English and Spanish. The interviews were weighted to a base of 1,000 to adjust the racial oversamples to reflect the correct racial proportions in the state. The interviews were also weighted by gender and age to more accurately reflect the adult population of California.

The margin of error for the base sample, not counting racial oversamples, is no higher than +/-3.1%; for the half sample it is no higher than +/-4.4%. (Error decreases as response becomes more polarized.)

## Introduction

Californians are ready for a serious public conversation about healthcare reform. The urgency of concern and support for reform in California is stronger than we have seen in other states such as New Hampshire and Arizona. Californians see a number of problems affecting healthcare, including high costs, insurance company bureaucracy, and growing ranks of uninsured residents. Californians want to see a major effort to cover the uninsured, and believe they will personally benefit from such an effort, as will the state as a whole. While they place high priority on reforming healthcare and believe significant change is necessary, Californians are less likely to ascribe state responsibility to addressing healthcare than to problems such as improving public education or the state economy.

This survey investigated three elements of communications that past research suggested might help to build a case for policy change: a simplifying model to convey a systems perspective of healthcare; a values-based master frame; and a policy prime to lead to support for specific policy objectives.

Research by Cultural Logic found that one obstacle to building support for healthcare reform is the prevalence of a consumer-oriented perspective on healthcare. A systems level perspective, they theorize, will lead to greater support for reform. This survey confirms that a simplifying model to convey a systems perspective on healthcare leads to increased concern about the status of the health insurance system, and to increased dissatisfaction with the costs of healthcare and the state's efforts to address the uninsured.

The earlier qualitative phase of FrameWorks research recommended a mix of values-based frames to build the case for reform. This survey confirms many of those recommendations. A step-by-step, long-term plan is a compelling umbrella message for

reform. The health and cost benefits of prevention are also rated by survey participants as a highly convincing reason for reform. Finally, earlier research indicated that emphasizing the various *situations* that result in people becoming uninsured is a more effective strategy for engaging support than emphasizing the *people or groups of people* who are uninsured. This survey confirms that finding, and suggests that, in California, the situation faced by low-wage workers is a particularly important situation to incorporate into the story. Meanwhile, even in racially diverse California, appeals based on the experiences of racial groups are ineffective and move several groups toward opposition.

Transitioning from the broader values-based frames to specific policy objectives is an especially challenging task. While the long-term plan approach is a compelling umbrella message for advancing healthcare reform, it is far less effective in advancing specific policies, perhaps because respondents reject the proposition that any one policy could be the right first step for a long-term plan. Without more detail, respondents are left to reason about the broader plan on the basis of only that single policy. And while a class-based disparities message performs better in transitioning to specific policies, it is not sufficiently compelling to serve as the sole focus of communications.

In sum, advocates do not need to convince Californians that healthcare is in trouble. They already understand this. Instead, communications must lay a foundation that explains why government reform is the appropriate solution, and what specific form that solution might take. The message recommendations outlined in this analysis will help to lay that foundation.

## Current State of Opinion

While healthcare reform must currently compete with other high-profile issues for Californian's attention, state residents are nevertheless ready for a conversation about reform. They believe the healthcare system is in trouble and they are looking to the state for action. A successful plan to reform healthcare will need to address a range of problems that state residents see – cost, the high rate of uninsured, and insurance company bureaucracy, to name a few. They want a major effort to cover the uninsured, and believe that they, and the state, will benefit from such an effort.

## Issue Priorities

Californians see a number of problems they would like state legislators to address. They are primarily concerned with public education, followed by the state's economy and the healthcare system. In each case, state residents see fundamentally flawed systems and a role for state government in fixing the problems.

### *Education*

Californians are very concerned about the state's public education system. Of the top five issues, Californians give the highest priority to "improving education and the schools" (8.6 average rating on a 1-10 scale). They are looking to the state legislature to address this problem. Nearly three quarters (72%) say that the state legislature should have "a lot of responsibility" for addressing public education. Moreover, fully

71% say that education in California is in a state of crisis (20%) or has major problems (51%). In sum, education is a widely shared priority. It is the top ranked priority among every demographic group except among two groups that rate the state's economy as a slightly higher priority – older men and Republicans.

### *The Economy*

Californians are similarly concerned with the state's economy. It is ranked the second highest priority after education, with Californians giving the state's economy an average priority rating of 8.3 on a 10-point scale. They believe that the state legislature should

**Table 1: Public Priorities and State Responsibility**

*Please tell me what kind of priority you want to see the California state legislature give to each of the following issues. Rate each issue on a scale from one to ten. Thinking about the role of state government, tell me how much responsibility you believe state government should have for each of the following – a lot, some, a little or not much?*

	Average Priority on a 1-10 Scale	% Legislature Has "A lot" of Responsibility
Improving education and the sc	8.6	72
Strengthening the state econom	8.3	69
Reforming healthcare	8.0	58
Improving conditions for the pc	7.4	50
Lowering taxes	6.5	NA

have a role in strengthening the state's economy (69% "a lot of responsibility"). In addition, more than two-thirds (69%) say that the state's economy is in a state of crisis (15%) or that it has major problems (54%). While it is widely rated as a high priority, only older men and Republicans rate the state's economy as a higher priority for the state legislature than improving education.

### *Healthcare*

Californians have a similarly bleak assessment of the state's healthcare system. Nearly three-quarters (71%) say healthcare is either in a state of crisis (20%) or it has major problems (51%). It is ranked as the third-highest priority, with Californians giving healthcare reform an average priority rating of 8.0 on a 10-point scale.

The priority of healthcare reform differs among demographic groups:

- Some of the most dramatic differences in response are along racial lines, with African-American respondents (9.1 average priority rating on a 10-point scale), Latino respondents (8.4), and immigrants (8.3) rating healthcare reform far higher than white respondents (7.8) or Asian American respondents (7.7).
- Democrats place high priority on healthcare reform (8.5), while Republicans give it a lower rating (7.1).
- Women tend to give high-priority to healthcare reform (8.3), particularly women without a college education (8.6). Men tend to give a lower level of priority to this issue (7.7), particularly younger men (7.6), and college-educated men (7.5).
- There are some regional differences as well. Those who live in LA County (8.3) and the San Francisco region (8.1) rate healthcare as a higher priority than those who live in Southern California outside LA County (7.8) or those who live in the Northern region (7.6).
- Healthcare reform also rates particularly high among those who may be facing struggles with healthcare, including: those with no more than a high school education (8.5), those with at least one uninsured person in the house (8.3), and those with Medicaid or another government healthcare program (8.5).

Importantly, survey respondents' priority for healthcare reform may be tied to their views of government responsibility for addressing this issue. A majority (58%) says that the state legislature has a lot of responsibility for reforming healthcare, but this represents a lower level of responsibility than that attributed to education or the economy. Perceived responsibility for addressing this issue is a critical divide between some demographic groups. Not surprisingly, Democrats are far more likely to attribute responsibility to the state (68% say the state has "a lot of responsibility") than Republicans (only 40% say "a lot of responsibility"). Similarly, union households attribute more responsibility to the state (69%) than nonunion households (55%). African American respondents overwhelmingly place responsibility on state government (78% "a lot of responsibility") while other racial groups give similar lower ratings for state responsibility (55% among white respondents, 59% among Latino respondents, and 57% among Asian American respondents).

Even so, fully 63% say that all levels of government should share responsibility for reforming healthcare, while 18% look to the federal government, 10% the state government and 6% local government. A majority of every demographic group believes all levels of government should share responsibility, except college-educated men and those with a post graduate education (44% and 47% respectively say “all three,” 32% and 34% respectively say “federal government”).

## The Healthcare System and Need for Reform

**Californians are poised to reform healthcare. They believe significant changes are needed across a range of problems in this industry, including cost, access for the uninsured, and addressing insurance company bureaucracy. Californians want a major effort to address the uninsured, and many believe that they will benefit personally from such an effort, as will the state as a whole.**

Californians overwhelmingly believe that significant changes are needed in the state’s healthcare system. Nearly one third (30%) believe the healthcare system is so broken it needs to be rebuilt, while 50% say that fundamental changes are needed. Only 18% believe that the healthcare system works well and that only minor changes are necessary.

Californians would like to address a range of problems in healthcare, but they are primarily worried about cost. Among five aspects of healthcare, survey respondents place the highest priority on cost issues, i.e., “holding down the cost of healthcare” (8.1 average rating on a 10-point scale) and “making sure treatment is not limited because of cost” (8.1). Cost is closely followed by “reducing insurance company bureaucracy and inconvenience” (7.9). Rounding out the list of priorities is “providing coverage for people without health insurance” and “addressing medical errors” (7.7 each).

**Table 2: Healthcare Priorities**

*Please tell me what kind of priority you want to see the California state legislature give to each of the following healthcare issues.*

*Which one of those would you most like the California state legislature to address?*

	Average 1-10 Scale	Top Priority
Holding down the cost of healthcare	8.1	23%
Making sure treatment is not limited because of cost	8.1	19%
Reducing insurance company bureaucracy and inconvenience	7.9	17%
Providing coverage for people without health insurance	7.7	29%
Addressing medical errors	7.7	6%

### Cost

Three-quarters are dissatisfied with the cost of healthcare in general (78% “dissatisfied,” 49% “very dissatisfied”) and two-thirds are dissatisfied with the state’s efforts to ensure that the needs of patients come before the economic interests of the health industry (64%

“dissatisfied,” 33% “very dissatisfied”). Furthermore, in rating a series of healthcare priorities for the state legislature, Californians give the highest ratings to “holding down the cost of healthcare” and “making sure treatment is not limited because of cost” (each receiving a rating of 8.1 on a 10-point scale). When asked to choose just one of five areas of reform for the state legislature to address, 42% choose one of the two cost-related categories (holding down the cost of healthcare (23%) and making sure treatment is not limited because of cost (19%)).

### *The Uninsured*

However, Californians are also highly concerned about the uninsured and people’s inability to get the care they need. As noted in Table 2, 29% say that providing coverage for people without health insurance should be the top priority for the state legislature. In addition, two-thirds are dissatisfied with the state’s efforts to reduce the number of uninsured (67% “dissatisfied,” 35% “very dissatisfied”). Californians want to address this problem. Two-thirds (65%) believe the state should make a major effort to provide health insurance for the uninsured. Even when told that this could require an increase in taxes, a majority (54%) continues to believe that the state should make a major effort, while 28% would prefer a limited effort, and 14% believe things should be left as they are. Those who are most tax sensitive, who become more likely to say “keep things as they are now” when warned that taxes could increase, include: Republicans (+12 points in “keep things as they are”), those who live in the Northern region (+11 points), dual income families (+11 points), and those who purchase their own insurance directly (+11 points).

Many Californians believe they would benefit personally from a major effort to cover the uninsured. A significant percentage of California survey respondents (42%) believe they would be better off if the state made a major effort to provide insurance for most uninsured. Importantly, even more (65%) believe the state as a whole would be better off with a major effort to cover the uninsured. This is a different dynamic than FrameWorks’ researchers have seen in other states, where very few members of the public believe they would benefit personally, while majorities believe the state would be better off by covering the uninsured. This unique dynamic in California allows advocates to appeal to the greater good while knowing that the appeal strikes a responsive chord in many at a personal level.

Survey respondents express high levels of concern, even though they have little factual knowledge about the number of Californians without healthcare. Nearly half (46%) say they do not know how many people in California are uninsured, and an additional 24% place the figure at 2 million or less. Only 10% come close to the real figure of 6 ½ million uninsured.

### *Bureaucracy*

Finally, as advocates consider specific proposals to reform healthcare, they need to keep in mind the public’s concern for a variety of aspects of the healthcare system. As already

noted, survey respondents in California want to address the cost of healthcare, and the high number of uninsured state residents. In addition, there is significant dissatisfaction with the bureaucracy of the health insurance system. Sixty percent are dissatisfied (28% “very dissatisfied”) with people’s ability to secure approval for the healthcare they need. In addition, among a series of priorities, 17% would make addressing insurance company bureaucracy the top priority for reform.

### Policy Priority

There are a number of specific policy objectives that Californians would like to see enacted. Topping the list is expanding “state-funded health insurance coverage to all uninsured children” (8.0 average priority rating on a 10-point scale) and expanding “existing public health insurance programs to allow people to purchase coverage from the government at a rate adjusted for their income level” (7.9). The public assigns its lowest priority to increasing “minorities’ use of existing health services by reaching out to underserved ethnic groups with appropriate languages and culturally sensitive communications” (6.7).

Certain groups consistently place a higher priority on healthcare policies, including communities of color, immigrants, Democrats, less educated respondents, women, younger respondents, and those without private insurance. Other audiences consistently place lower priority on these policies, including white respondents, Republicans, older respondents, men, those with more education, and those who have private insurance. (Table 4)

**Table 3: Policy Priority**

Average Priority Rating on a 10-Point Scale	
Expand state-funded health insurance coverage to all uninsured children	8.0
Expand existing public health insurance programs to allow people to purchase coverage from the government at a rate adjusted for their income level	7.9
Provide dental screenings for children in public schools	7.8
Expand the existing statewide network of community health clinics which provide free, or low cost care	7.7
Create medical school scholarships to increase the number of health professionals such as doctors, dentists, and nurses	7.5
Electronically enroll every child whose mother gave birth under MediCal in the state’s insurance program, so that every newborn leaves the hospital with an insurance card and access to health care.	7.4
Develop a statewide task force of California citizens to review all available options and recommend a plan for improving the state’s health system	7.4
Require employers to provide health insurance to their workers	7.3
Increase minorities’ use of existing health services by reaching out to underserved ethnic groups with appropriate languages and culturally sensitive communications	6.7

**Table 4: Healthcare Policy Priority by Demographic Group**

Average Policy Priority Ratings on a 10-Point Scale			
Rate Policies Higher:		Rate Policies Lower:	
African-American	8.	White residents	6.

	7		7
Latino	8.		
	5		
Medicaid recipients	8.	Purchase own insurance	6.
	4		3
Immigrants	8.		
	3		
Democrats	8.	Republicans	6.
	2		0
High school educated or less	8.		
	2		
At least one person uninsured	8.	Insured household	7.
	1		1
Younger women	8.	Older men	6.
	0		6
Women without a college education	8.	College-educated men	6.
	0		5
Younger residents under 30	7.	Older residents over 50	7.
	9		1
Women	7.	Men	7.
	7		0
San Francisco region	7.	Northern region	6.
	7		7
Union households	7.	Nonunion households	7.
	7		3
LA County	7.	Southern California outside LA	7.
	6		1

## Changing the Conversation

Effective communications rely upon the choreography of a variety of framing elements. This survey investigated three specific elements designed to advance the public conversation on healthcare reform: 1) a simplifying model of the health system; 2) values-based frames; and 3) primes for a specific policy agenda.

*Frame Element: Using a Simplifying Model<sup>1</sup> to Convey a Systems Perspective*

**A simplifying model to convey a systems perspective of healthcare can create beneficial public perceptions of this issue. It leads to increased concern about the status of the health insurance system, and to increased dissatisfaction with the costs of healthcare and the state's efforts to address the uninsured.**

<sup>1</sup> Cultural Logic explains that “people typically rely on analogies in order to learn complex, abstract concepts. These concrete analogies are simplifying models - they help people organize information into a clear picture in their heads, including facts and ideas that they have been exposed to, but never been able to put together in a coherent way.” For more on simplifying models, see the FrameWorks Institute e-zine, Issue No. 19, “Opening Up the Black Box: A Case Study in Simplifying Models” by Axel Aubrun and Joe Grady for Cultural Logic, with Susan Bales of the FrameWorks Institute, available at [www.frameworksinstitute.org](http://www.frameworksinstitute.org).

Research by Cultural Logic suggests that one obstacle to building support for healthcare reform is the prevalence of a consumer-oriented perspective on healthcare. A systems level perspective, they theorize, will lead to greater support for reform. To test this theory, one-half of survey respondents heard the following simplifying model, and all respondents were then asked the same set of indicator questions about concern for the insurance system and satisfaction with different areas of healthcare:

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

Patterns of response to the indicator questions following this statement suggest that a systems perspective can help to develop public perceptions that more effectively set up an environment for reform. Without exposure to the systems perspective, most Californians already report high levels of concern about the status of the state’s health insurance system (61% “concerned,” 23% “extremely concerned”). After exposure to the above description, Californians were significantly more likely to report being extremely concerned about the status of the healthcare system (+6 percentage points). (Table 5)

	No Simplifying Model	Simplifying Model	Shift
Extremely concerned	23	29	+6
Very concerned	38	38	-
Somewhat concerned	29	22	-7
Not very concerned	9	10	+1

The Simplifying Model increases concern among audiences that are generally less supportive of healthcare reform, such as men (+8 points in “extremely concerned”) and older men (+15), as well as audiences that are about average in their support for healthcare reform, such as men without a college education (+10). It is also effective among traditionally progressive audiences that strongly support healthcare reform, such

as Democrats (+9), union households (+10), and Latinos (+12). Those who work in healthcare are influenced by the simplifying model (+12), as are those who receive government healthcare: Medicare recipients (+13) and Medicaid recipients (+10). Those who live in LA County are also influenced by this approach (+10). Importantly, the model does not create a statistically significant decline among any subgroup in the percent reporting that they are “extremely concerned.”

In addition, after being exposed to a simplifying model that promotes a systems perspective, Californians become more dissatisfied with the cost of healthcare and with the state’s efforts to reduce the number of uninsured. The percentage saying they are “very dissatisfied” with the cost of healthcare increases by six percentage points. Overall, dissatisfaction with the state’s efforts to reduce the number of uninsured increases by four points, and the percentage reporting that they are “very dissatisfied” increases by 10 points. (Table 6)

**Table 6: Effect of the Simplifying Model**

*For each of the following, please tell me if you are generally satisfied or dissatisfied with what you see happening with that issue in California.*

	% Very Satisfied		% Very Dissatisfied	
	No Simplifying Model	Simplifying Model	No Simplifying Model	Simplifying Model
The cost of healthcare in general	4	5	46	52
The state’s efforts to reduce the number of people who are without insurance coverage	6	5	30	40
The state’s efforts to make sure the needs of patients come before the economic interests of the health industry	6	8	31	35
The ability of people in California to get approval for the healthcare services they need	7	8	26	31
The time doctors spend with patients	18	17	21	23
The experience and qualifications of doctors and other health professionals in California	31	33	8	9

The Simplifying Model is one way to establish systems thinking. Other, more literal approaches were included in the survey and they also fared well. For example, a systems approach builds additional support for a hypothetical policy to require large- and medium-sized employers to provide health insurance to their employees or pay into a fund for the state to provide insurance. When this proposal is described with a systems perspective, survey respondents support the measure by 63% to 33%. Comparatively, when the proposal is described in individual consumer terms, the proposal is supported by a smaller 57% to 34% margin. (Table 7)

A systems perspective can sway swing audiences. When presented with two perspectives of an employer mandate proposal, support among Democrats and Republicans remain unchanged no matter which message they hear. Independents, however, are more persuaded by the systems approach (+5 points in strong support). In addition, some audiences that are less supportive of healthcare reform increase their support for an employer mandate when exposed to the systems perspective: Asian Americans (+9), men (+5), particularly college-educated men (+8). The largest increase in strong support for an employer mandate proposal occurs among those who work in healthcare (+14 points in strong support). Only older women are significantly more persuaded by the individual consumer perspective (+11 in strong support). Since older women are already strong supporters of healthcare reform and a range of audiences respond to the systems approach, there appears to be no downside to advancing a systems perspective of healthcare.

**Table 7: Reaction to Employer Mandate Messages**

<p>Half Sample Heard: Supporters say that most companies insure their employees. But a few renegade companies are cutting insurance and if they are allowed to drop their responsibilities, others will be forced to follow suit in order to stay competitive. That would destabilize the entire system in a benefits race to the bottom. Requiring large- and medium-sized employers to provide their employees with health insurance is a preventive action that will stabilize the employer-based system, by setting up a level playing field so that no one can profit unfairly by shifting costs onto taxpayers.</p>	<p>Half Sample Heard: Supporters say that every day more and more Californians are losing their health insurance and any one of us could be next. Requiring large- and medium-size employers to provide health insurance to their employees would extend health-care coverage to up to 1 million Californians who do not currently have health insurance, and it would provide security to the millions more who get coverage through their employer now, but are afraid of rising healthcare costs or losing their coverage all together.</p>
<p>All Heard: Opponents say that requiring employers to provide health insurance or pay into a state fund to provide insurance is basically a \$5.3 billion tax on employers and a \$1.7 billion tax on employees, who would be forced to pay their share of healthcare costs, even if they can't afford it. California would become one of only two states with employer-mandated healthcare coverage, giving businesses even more reason to move to another state. Families who have private health insurance now could lose that coverage and be forced into the state-run program.</p>	
<p>Having heard these statements, do you support or oppose requiring large and medium-size employers to provide health insurance to their employees?</p>	
<p>63% Support 33% Oppose</p>	<p>57% Support 34% Oppose</p>

*Frame Element: Using Values to Build Issue Support*

**This survey confirms the recommendations of the earlier qualitative phase of research which emphasized the importance of communicating such key message elements as: a long-term plan, a systems perspective, prevention, and the situations that lead to being uninsured.**

Survey respondents rated a number of messages based on “how convincing a reason it is for you to support policymakers taking major steps to address healthcare in California.” A systems perspective and a step-by-step, long-term plan approach tied as the most convincing messages among twelve messages tested in the survey. Two prevention messages and a message about the situation faced by uninsured workers above the poverty line are also highly convincing, according to survey respondents. (Table 8)

**Table 8: Values-based Messages**  
Average Convincing Rating on a 10 Point Scale

	Average	% Rating
For healthcare to run smoothly, we should find ways for everyone to participate, because a person without insurance ends up costing more in emergency visits, and in the costs of delaying care. Healthcare reform needs to find a way for everyone to participate in the health insurance system, which will make healthcare more efficient for us all.	7.9	40
There is no one fix that will address all the problems in the health insurance system. What is important is that we put a long-term plan in place and begin to take the necessary steps toward improving healthcare.	7.9	39
Quality health insurance that includes check-ups, immunizations, well baby care, pre-natal 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, health-care reform will pay for itself and result in healthier communities.	7.8	38
Since the numbers of uninsured people are growing, communities are seeing increases in preventable diseases. When people are without healthcare, they delay going to the doctor and do not get the preventive care they should. Healthcare reform should expand health-care coverage and fully fund community clinics to help our communities be healthier.	7.7	42
There are tens of thousands of people 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. Reforming healthcare would allow working families living on the edge to afford health insurance and to become a bit more financially secure.	7.7	37
Every person should have a basic human right to healthcare. It is just not fair that in our society some people have no access to a regular source of healthcare.	7.5	41
There are lots of situations that result in people being uninsured – small		

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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 parents' coverage but cannot afford their own, early retirement, divorce, etc. We need healthcare reform that means people in any of these situations no longer have to worry about health insurance.	7.5	35
Most small business owners want to do what is best for their employees, but high costs have made it nearly impossible to provide healthcare. Those small businesses that do provide insurance, risk being priced out of business by competitors who do not provide insurance. We need to level the playing field for all companies, while providing better healthcare for employees.	7.3	31
Healthcare is too important to leave to chance. All citizens in the state should have a say in making the system work better. California should set up a citizen task force made up of people from all walks of life – philanthropists, doctors, business leaders, and ordinary citizens – to review all the options and make recommendations for a long-term plan.	7.3	31
Most immigrants work hard and contribute to the state's economy. But a few employers try to take advantage of them and avoid providing healthcare. That's not fair and we should take steps to make sure immigrants have an equal opportunity to get health coverage.	7.1	36
While there have been significant advances in public health and healthcare, the health status of communities of color continues to fall behind that of the population at large. California should move immediately to provide targeted programs to improve the health of these populations and communities, by making this a top priority in healthcare reform.	6.8	29
Most immigrants work hard and contribute to the state's economy. But they are also more likely to be without health insurance. The health coverage system will work better for us all if everyone participates in it, so we should find ways to bring immigrants into the health coverage system.	6.7	28

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The top three messages are generally the top-ranked messages across demographic groups, however there are some notable exceptions.

Messages concerning disparities in healthcare in communities of color and immigrant communities are rated the least convincing messages by survey respondents overall. One of these messages, concerning employers taking advantage of immigrants which is “not fair and we should take steps to make sure immigrants have an equal opportunity to get health coverage” is ranked higher by Latino and Asian American respondents, and immigrants. This suggests that a message concerning fairness and equal opportunity has a role to play in communicating with such highly targeted audiences as immigrants and communities of color.

The class situation message -- which states that “there are tens of thousands of people whose employers do not provide health insurance, who earn too much to get public health insurance” -- performs better among those who are vulnerable on this issue, such as those

who are uninsured or who have at least one member of the household who is uninsured. It is also rated highly among: residents of LA County, women, younger women, dual-income families, those with kids under 18 years old, and those with a high school education or less. This suggests that, when advocates discuss the situations that lead to being without insurance, examples based on low-wage workers whose employers do not provide insurance may be particularly powerful in California.

The community prevention message -- which warns that “Since the numbers of uninsured people are growing, communities are seeing increases in preventable diseases” -- performs particularly well in the San Francisco and Northern regions. It is rated highly by both Democrats and Independents. Immigrants, Latinos, Asian Americans, the uninsured and Medicaid recipients are also drawn to this message.

Finally, a message concerning “a basic human right to healthcare” receives average ratings overall, but tends to be ranked more highly among African-Americans and men, particularly younger men and men without a college education.

*Frame Element: Priming Policies*

**While the step-by-step, long-term plan approach is a compelling umbrella message for advancing healthcare reform, advocates need to be cautious in applying it to narrow policy objectives. It is unable to lift support for specific policies, perhaps because respondents reject the idea that any one policy could be the right first step for a long-term plan. A racial disparities message is an ineffective approach that results in lower policy priority ratings. A class disparities message is compelling to respondents, though it is unable to lift policy priority on its own. This indicates that it is one component of a broader message, but that class disparities cannot be the sole focus of communications.**

The survey included an experiment to determine the ability of different frames to lift support for specific policy objectives. Three primes were tested: a step-by-step plan, class disparities, and racial disparities. The primes were tested by randomly assigning survey respondents to a control group or one of three experimental versions designed to cue up a particular mindset. Survey respondents then rated a number of specific policy objectives, many of which included language to reinforce the intended mindset. For example, the following policy was adapted to reinforce each frame:

- The Control Group heard: Create medical school scholarships to increase the number of health professionals such as doctors, dentists, and nurses
- The Step-by-Step Group heard: Plan for the state's future health needs by creating medical school scholarships to increase the number of health professionals such as doctors, dentists, and nurses
- The Class Disparities Group heard: Create medical school scholarships to increase the number of health professionals such as doctors, dentists, and nurses who work in low-income communities
- The Racial Disparities Group heard: Create medical school scholarships for minorities to increase the number of minority health professionals such as doctors, dentists, and nurses

By comparing the pattern of response across each prime, it is possible to determine the impact of each on policy support.

Racial Disparities

To cause people to view healthcare reform through the lens of racial disparities, survey participants were asked to rate a statement based on how convincing a reason it is “for you to support policymakers taking major steps to address healthcare in California.” Only 27% give the following statement the highest rating of “10” on a 10-point scale: “While there have been significant advances in public health and healthcare, the health status of minority communities continues to fall behind that of the population at large. Many minorities are without insurance. One out of three Latinos and one out of five African Americans and Asian Americans are without insurance in California. With no regular source of healthcare, minorities are far more likely to suffer from chronic health

conditions like asthma, diabetes, or heart disease. We have work to do to address these disparities. California should move immediately to provide targeted programs to improve the health of minorities by making this a top priority in healthcare reform.” (6.7 average rating on a 10-point scale) This low priority rating is consistent with the low rating survey respondents give to the messages concerning race, as reported in the prior section on values frames.

Not only does this message receive a low rating from survey respondents, it also causes the priority ratings for three policies to drop. Average policy priority remains constant among African American and Latino respondents, but it drops substantially among white respondents. It also drops among Republicans, those who live in Southern California outside LA County, and those who are without insurance.

### Step-by-Step Plan

To cause people to view healthcare reform as best addressed through a long-term, step-by-step plan, survey participants were asked to rate a statement, based on how convincing a reason it is “for you to support policymakers taking major steps to address healthcare in California.” Unlike the ratings for the step-by-step plan message included in the values-based frames, this specific language is not rated highly by survey participants. Only 13% give the highest rating of “10” on a 10-point scale to the statement: “There is no one fix that will address all the problems in healthcare, so we need a step-by-step plan. The cost of healthcare and the high number of uninsured are related. When situations like divorce, pre-existing conditions, or employers who do not provide coverage, cause people to drop out of the health insurance system, the costs of healthcare are borne by those who remain. We need step-by-step reform that fixes these gaps and strengthens the system overall.” (6.3 average rating on a 10-point scale) This low rating is inconsistent with the high ratings given to the step-by-step and systems perspective messages tested at other points in the survey.

In addition, this prime results in lower priority ratings for specific policy objectives. Low ratings occur among respondents overall as well as among disparate subgroups, such as Democrats and Republicans, the insured and the uninsured. Since a step-by-step approach rates among the most convincing messages when used as a broad values frame (as noted in the earlier section), its utility may be as an umbrella message rather than a message associated with one specific policy. The focus on one particular policy may be too narrow for this frame, causing people to reject the notion that the specific policy objective is the right *first* step, even if they agree that there are many reforms that are necessary.

### Class Disparities

To cause people to view healthcare reform through the lens of class disparities, survey participants were first asked to rate a statement based on how convincing a reason it is “for you to support policymakers taking major steps to address health care in California.” Nearly one-third (32%) give the highest rating of “10” on a 10-point scale to the

statement: “While there have been significant advances in public health and healthcare, the health status of low-income communities continues to fall behind that of the population at large. Many low-income people are without insurance. In fact, two-thirds of those without insurance are working, but their employers do not provide insurance or they do not earn enough to pay for it on their own. With no regular source of healthcare, low-income people are far more likely to suffer from chronic health conditions like asthma, diabetes, or heart disease. We have work to do to address these disparities. California should move immediately to provide targeted programs to improve the health of low-income communities by making this a top priority in health care reform.” (7.3 average rating on a 10-point scale). This high rating is consistent with ratings survey respondents give to a message about situations facing low-wage workers whose employers do not provide insurance.

This message approach is rated highly by respondents at different points in the survey. However this prime alone is unable to lift support for specific policies above the level of support for the control condition. It performs better than the other two experimental conditions, since it does not lead to the lower levels of support seen in the racial disparities and step-by-step approaches, but it does not advance policy on its own. This suggests that the class disparities approach is one component of a broader message strategy, but it cannot be the sole focus of communications.

<b>Table 9: Policy Framing Experiments</b>				
Average Priority Rating on a 10-Point Scale				
	Contr ol	Ste p	Clas s	Rac e
Control: Expand state-funded health insurance coverage to all uninsured children	8.0			
Steps: Begin to make the necessary improvements to healthcare by starting with expanding state-funded health insurance coverage to all uninsured children		7.5		
Class: Expand state-funded health insurance coverage to all uninsured low-income children			7.9	
Race: Expand state-funded health insurance coverage to all uninsured children regardless of immigration status				6.9
All: Expand existing public health insurance programs to allow people to purchase coverage from the government at a rate adjusted for their income level	7.9	7.7	7.8	8.1
All: Provide dental screenings for children in public schools	7.8	7.3	7.8	7.7
Control: Expand the existing statewide network of community health clinics which provide free, or low cost care	7.7			
Steps: Start to address unmet health needs by expanding the existing statewide network of community health clinics which provide free, or low cost-care		7.3		
Class: Expand the existing statewide network of community health clinics which provide free, or low-cost care in low-			7.8	
				7.5

income communities Race: Expand the existing statewide network of community health clinics which provide free, or low-cost care in minority communities				
Control: Create medical school scholarships to increase the number of health professionals such as doctors, dentists, and nurses	7.5			
Steps: Plan for the state's future health needs by creating medical school scholarships to increase the number of health professionals such as doctors, dentists, and nurses		7.2		
Class: Create medical school scholarships to increase the number of health professionals such as doctors, dentists, and nurses who work in low-income communities			7.6	
Race: Create medical school scholarships for minorities to increase the number of minority health professionals such as doctors, dentists, and nurses				7.0
All: Electronically enroll every child whose mother gave birth under MediCal in the state's insurance program, so that every newborn leaves the hospital with an insurance card and access to healthcare.	7.4	6.9	7.1	7.5
Control: Develop a statewide task force of California citizens to review all available options and recommend a plan for improving the state's health system	7.4			
Steps: Develop a statewide task force of California citizens to review all available options and recommend a step-by-step plan for improving the state's health system		7.0		
Class: Develop a statewide task force of California citizens to review all available options and recommend a plan for improving the state's health system for low-income residents			7.2	
Race: Develop a statewide task force of California citizens to review all available options and recommend a plan for improving the state's health system for minority residents				6.9
Control: Require employers to provide health insurance to their workers	7.3			
Steps: Stabilize our employer-based system of funding health insurance by requiring employers to provide health insurance to their workers		6.8		
Class: Require employers to provide health insurance to their workers, which will help to address the disparities in health and wellness because low-wage workers are the most likely to be without health insurance			7.1	
Race: Require employers to provide health insurance to their workers which will help to address the disparities in health and wellness, because African American, Asian and Latino workers are the most likely to be without health insurance				7.1
All: Increase minorities' use of existing health services by				

reaching out to underserved ethnic groups with appropriate languages and culturally sensitive communications	6.7	6.2	6.7	6.7
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## Conclusions

- **Californians are ready for a conversation about reforming healthcare.** In fact, this survey shows a higher level of concern and urgency in California than in similar surveys we have conducted in Arizona and New Hampshire.
- **Californians tend to view healthcare reform through the narrow lens of cost.** Survey respondents believe significant changes are needed to address a number of problems in healthcare, but they are primarily motivated to address cost. If the public's understanding of healthcare cost is allowed to splinter between distinct cost concerns such as premiums and increased taxes to pay for the uninsured, the constituency for reform will be reduced. Instead, Californians need to understand the cost relationships throughout the system.
- **This survey confirms many of the assertions that arose from previous research conducted by the FrameWorks Institute research team to explore ways to elevate and advance the public conversation on healthcare in California.**  
Specifically:
  - **A systems perspective can create a unified understanding of a range of reforms.** A systems perspective leads to attitudes that prime the pump for reform, such as increased levels of concern about the status of the healthcare system, and increased dissatisfaction with cost and with the state's efforts to address the uninsured. It even increases concern and dissatisfaction among some hard-to-engage constituencies.
  - **Advocates should convey reform efforts as being part of a step-by-step, long-term plan that will address a range of aspects of the health system.** However, the long-term plan message should not be used to advance specific, narrow policies, as it may undermine public support by underestimating the desire for significant change. In light of these findings, it seems logical to this researcher that the step-by-step message would work better with a bundled policy battery, rather than a series of discrete policies. This remains, however, a question for future research.
  - **The health and cost benefits of prevention also help build the case for reform.** This approach has wide appeal across a range of demographic groups, and provides further substantiation of the systems perspective.
  - **Situations are more effective than stories about individuals or racial groups.** Californians are particularly compelled by a class-based situation message, which elevates tales that explain the situations in which workers find that their employers do not provide insurance, yet they do not earn enough to

buy it on their own. The plight of specific racial groups is not compelling, and moves some groups toward opposition.

***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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