



Urgent Care:
An Analysis of Qualitative Research
Exploring Public Perceptions of Health Care in California

A FrameWorks Research Report

June 2003

Methodology

This phase of qualitative research was designed to explore perceptions of health care in California. In addition, participants were exposed to a series of 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 their own health care and 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?
- Who are effective messengers on these issues?

To explore answers to these questions, nine focus groups were conducted with engaged citizens in California, 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 and race/ethnicity as follows:

- Riverside (May 8, 2003)
 - Latino only
 - African American only
 - Mixed
- Fresno (May 10, 2003)
 - Asian American only
 - Mixed
- San Jose/Sunnyvale (May 27, 2003)
 - Mixed (2)
- Los Angeles (May 28, 2003)
 - Mixed (2)

Moderators were chosen to mirror the composition of the groups, i.e., an African-American moderator led the African-American group, a Latino moderator led the Latino group, and an Asian-American moderator led the Asian-American group. The mixed race groups were led by several different moderators – a Latino moderator, an Asian-American moderator and a white moderator.

Strategic Summary

Californians see a variety of urgent problems facing the state's health system: rapidly rising health care costs, limits that effectively deny care, lack of affordable care and affordable insurance, and a shortage of facilities, among others. In the context of these perceived problems, Californians are less concerned about the uninsured. In fact, a discussion about covering the uninsured quickly transforms the issue into a contentious debate over the degree to which illegal immigrants are putting stress on the state's health care system.

People perceive the problems to be so extensive that nothing short of comprehensive reform is likely to change the situation. At the same time, Californians are nervous about overhauling health care, since they believe government intervention will exacerbate the problems. A stepped approach, one that suggests a broad range of reforms but advances them incrementally, is likely to prove most persuasive. Such an approach would allow Californians to view specific reforms as steps in the right direction toward an ultimate solution to the full range of health care problems they have observed.

Several barriers to supporting health reform emerge from the focus group discussions. Advancing health reform will require sophisticated communications that avoids each of these traps:

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.

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.

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.

It doesn't affect me. On the face of it, taking care of the uninsured is not the problem people care about, because they do not see their fate in the health care system as tied to the fate of others in relevant ways. Understanding the broader scope of health care reform helps build support for inclusion.

As Cultural Logic suggests in their research summary, “Human Right, Consumer Right and Mechanism: How Californians Think About Health Coverage,” part of the solution to overcoming these barriers must lie in creating a mechanism for citizens to understand how their own health care is connected to that of others. This analysis offers further demonstration of the consequences of the existing consumer orientation. Rather than seeing an opportunity to bring the uninsured into the system to improve cost and care for all, Californians are frustrated by the perception that their tax dollars are going to support those who are not responsible enough to carry their own coverage.

Four of the eight frames tested in the groups have effective communications elements which, with additional refinement, can advance health policies:

- *A small business person* discussing the need for affordable insurance options is very effective because the solution is market-based and because a small business owner is an unexpected advocate who is perceived as ordinary, hard working, and concerned about employees.
- *Prevention* is an important message component to advance, because it explains why emergency care is not sufficient, and it provides the basis for a preventive cost argument. When delivered by an ER doctor, it is particularly effective, because this messenger is an authority with frontline experience in health care.
- A message about *health interdependence* allows people to see how their own health is connected to the health of others and can advance the idea of cost prevention. The CDC is a very authoritative messenger on the topic of communicable disease. Importantly, this message can easily position the poor and immigrants as diseased, so it needs careful crafting.
- Finally, the policy incorporated in the *transition for the poor* message is attractive to people who want to help those who are trying to help themselves. The messenger, however, is problematic. A poor single mother causes people to think of the stereotypical welfare recipient. This message would be more effective by emphasizing the situation (transitioning from dependence on government aid), rather than the individual.

The remaining messages were less effective in persuading people to support health care reform. The *financial interdependence* mechanism, as written, was confusing and highlighted cost consequences in problematic ways. The *disparities* message is divisive and triggers anti-immigrant sentiments. The *crisis* approach is overdone and sounds political, particularly when delivered by an advocacy organization. Finally, the *California innovation* message appears to have little substance, particularly when delivered by an elected official.

Finally, communications needs to be about the *situations* that result in lack of coverage, rather than the *individuals* who are uninsured. When focus group participants center their attention on individuals without insurance, such as the illustrative single mother and waitress discussed in these groups, they tend to think of the stereotypical welfare recipient and they oppose giving their hard-earned tax dollars to the poor. Similarly, when people consider groups of people that are uninsured, such as the discussion of Latinos in the

disparities message, they revert to anti-immigrant sentiments. However, when focus group participants consider *situations*, i.e., the reasons why people are uninsured, they are more willing to support policy solutions. For example, when reasoning in this frame, Californians support policies to assist small businesses in providing insurance to employees, because they believe that is where much of the problem lies and they think any person could be in this situation.

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.

Focus group participants cannot agree on just one problem facing health care; they see several urgent problems that need to be addressed. First, they are worried about rapidly rising health care costs. “I think it is becoming a bigger issue because it is far outstripping inflation or pay raises,” a San Jose man explained. “So benefits are going down and costs are going up.” “The cost of it is becoming horrible,” a San Jose man expressed. “For example, the union labor... hundreds of thousands of people in northern California get about a 5 percent raise each year for the next five years. Last year all of it went to their health care. This year all of it is going to their health care... I do not expect them to get a raise for five years because of the escalating cost of their health insurance and their benefits have been reduced dramatically.”

They offer a number of reasons for rising health care costs: lawsuits that cause increases in malpractice insurance; pharmaceutical companies that develop and advertise new, expensive prescription drugs; uninsured immigrants who use the health system without paying for it; and new, expensive medical technology, among others.

Californians are particularly frustrated with two aspects of health care that they see as directly related to their own well-being. First, they believe it is becoming increasingly difficult to access health care due to a shortage of health professionals and limits placed on care by insurance companies. “A lot of times you can’t get in when you want to,” an African American woman

First Associations with Health Care

Expensive.
Rip off.
HMOs suck.
Problem for the uninsured.
Problems with the insurer, the insurance company.
I call it damage care.
Needs to be changed.
Pay a lot, get little.
People making decisions for you who have no clue of the past history.
Lack of control.
Too complicated.
Waiting, waiting.
Low expertise.
I guess fighting for what you need.
Malpractice insurance.
Costly.
It’s a hassle.
Overly complicated.
Coverage like you worry about what’s covered.
Two hours waiting and 15 minutes to see you.
Bum’s rush; \$75.
There are so many different plans, different places.
Doctors aren’t taking patients anymore. It’s in a state of flux.
Accessibility.
Quality.
Shortage.
The lack of health care availability for so many people.
Wrong people making decisions on what is necessary.
Government involvement.
Small businesses can’t afford it.
Unfair.

from Riverside complained. “You have to wait a whole month.” “It's dangerous because sometimes you might put off getting that authorization because you know it is going to take too long,” a woman from LA stated, “so people wait too long. They make you wait too long. You can't just go to the doctor when you want to.”

Second, even when they are able to meet with a doctor, participants say they are not getting the care they should, due to shortened appointment times and insurance company pressure to limit care. “You might have an appointment,” a woman from LA stated, “and you go to see the doctor and you are waiting in the waiting room maybe 40 minutes and you get into the doctor's office and that is like 10 [minutes].” “The doctors are not in charge anymore,” remarked a Riverside man. “The doctor may want to go with the procedure but he has to discourage you. That's his first job, to discourage you and then maybe later if your condition gets worse they say, ‘okay, okay.’ It may be too late.” “I had a neck operation and if they had done it six months ahead of time, I wouldn't have a numb hand now,” a Fresno man complained. “They put off doing an MRI because it was expensive.”

While several are concerned about the uninsured, expanding insurance coverage is not focus group participants' top priority. Instead, people are much more likely to talk about the burden of uninsured immigrants on the health care system. “Tiberon Hospital in Monterey is in financial disaster because of so many of the field workers who have no insurance,” a San Jose man described. “The only place they can go is that hospital and it's eating up most of Monterey's budget right now.”

Though Californians recognize that people across the country are wrestling with health care concerns, it seems to them that all these issues are worse in California.

There is a sense that California's health care problems are worse than those experienced by other parts of the country. “We have more people out of work that just can't afford it,” a San Jose man observed. “They are either living on unemployment, or they are living on their savings, or they move back home, or families are moving out of California trying to find a cheaper place to live. California is just not conducive to low cost health insurance.” “This is a melting pot,” remarked a Fresno woman. “We have a lot of immigrants coming to California, and who is footing the bill for them?” “I just think it's more [of a problem] here because the state of Montana has one point something million people. The city of Los Angeles has three point something million people. That's just in the city of Los Angeles. I think it's just the fact that we have so many people here in California,” a woman from LA explained.

The diverse problems facing health care occur throughout the industry, Californians say, so reform needs to be comprehensive. At the same time, focus group participants are nervous about “overhauling” health care because they worry that the cure will be worse than the disease. A stepped approach that incorporates a broad range of reforms, but organizes and implements them gradually over time, is likely to prove most persuasive.

Focus group participants reacted to three sets of policy proposals (see Appendix). The first set was labeled “Fine Tuning Health Care” and consisted of reforms that operate within the existing structure of the health care industry – group purchasing options for small business, government insurance simplification, an HMO Patients’ Bill of Rights, etc. The second set was labeled “Overhauling Health Care” and consisted of reforms that change the basic structure of the industry – create a basic health care plan that is available to everyone with upgrades from the basic plan for those who choose to pay for them, require employers to provide insurance and offer refundable tax credits to offset insurance costs, create a statewide network of community health clinics, etc. The third set was labeled “Phasing-in Coverage” and consisted of reforms that would extend the coverage that is available to specific populations – seniors, children, low-income residents and immigrants. These classifications were developed to determine the size of the reforms most likely to win support among participants and to test whether these conceptual frames might serve as organizing principles for the disparate policies under discussion.

While focus group participants could find elements to support in each set of policies, the categorization of policies was ineffective. First, “overhauling” sounds too drastic. “If you overhaul the whole thing, you just confuse people and all of a sudden you have anarchy,” a man from LA warned. “You’re turning something around 360 degrees,” an Asian American man from Fresno stated, “and like everybody says, you’re not going to see that. It’s virtually impossible to see that. Fine tuning, phasing in, is I think the normal course of action. That’s just my opinion. I don’t think you can overhaul everything, but you do it step by step by step.”

Furthermore, most participants were highly critical of the policies being advanced in the “overhaul” description. While many want basic coverage for everyone, they are uncomfortable with the two-tiered nature of the approach described. “So socialized medicine, and then if you work, you have the right to private [insurance],” a Fresno woman asked. “Is that what you are saying?” “Just the last sentence where the people can upgrade their plan,” an African American man from Riverside stated. “I have a serious problem with that because I may be that minimum wage worker and that gentleman is making a three-digit figure. I need a heart; he can get a heart but I can’t. I’m going to die.” “Basic cable and Showtime,” a Riverside man quipped. “Right now, although everyone complains about what we have, everybody has access to nearly the same health [care],” a Fresno woman remarked. In addition, many are uncomfortable with employer mandates. “Require all employers,” an Asian American man from Fresno remarked, “wait a minute. You can’t tell me what I have to do because I don’t like that. This is America.” Finally, the state’s budget situation makes overhauling policies unaffordable. “Right now with the budget crunch,” a San Jose woman explained, “these kinds of centers are being squeezed out. So here again the money issue is raised.”

Similarly, while many focus group participants want some level of coverage for all people, “phasing-in” specific populations into the health care system was met with significant opposition. First, many believe there are already adequate services for the uninsured. “Any citizen of the United States can usually, if they are pregnant and they need prenatal, they can

get prenatal care if they don't have money," an African American woman from Riverside remarked. Second, the focus on individual populations cues stereotypes about those populations. For example, focus group participants assume poor people would abuse the system unless they had to pay for it. "It can't be too much of a handout," a Fresno woman warned. "There's got to be some ownership in the recipients of the health care where it is not too easy for them to get it. In other words, they need to work. They need to be involved in the cost." Furthermore, a policy recommendation for immigrants causes many to think about the burden of illegal immigrants on the health care system. "The word they left out in the immigrant thing is illegal," a man from LA noted.

Finally, many believe that fine tuning will not go far enough in addressing their concerns. "I think there are some notes that are way off and fine tuning is not going to help solve that," a Latino from Riverside observed. "I don't think this fine tuning is going to work," a woman from LA remarked. "It's going to require work. The problems are too big for fine tuning."

However, they are the most comfortable with the policy agenda described in "Fine Tuning" and see it as the most realistic approach. "I think these are the things that are possible," an African American man from Riverside suggested. "I don't think the other two are possible, so I will go with fine tuning." "It started from a foundation," a Latino from Riverside explained. "When you want to solve a problem, you start from the foundation and it will correct itself as you go."

Instead of "overhauling," "phasing-in," or "fine-tuning," there is another organizing frame that emerged from the groups, one that appears comfortable for people to articulate, and holds promise for helping Californians see the full scope of reforms, even if the policy solutions are addressed incrementally. This frame is a stepped approach, or "moving in the right direction." When participants reacted to a fictional piece of legislation that was not labeled, they described it as: "it's the right direction," "it's a start," "it's not an overnight problem here." This categorization allows people to support reform even if it does not immediately address all their concerns and allows policies for small improvements to move forward with the promise that more reform will happen over time. It sounds significant, without being drastic.

Opportunities and Barriers

Several themes consistently emerge as people debate reforming the health care system. An understanding of these themes can inform the development of effective communications by suggesting traps to avoid and areas of opportunity to harness.

Government is incapable of solving this problem. Californians want government intervention to protect them from runaway costs and greedy insurers. At the same time, they worry that government will make things worse. Therefore, they prefer market-based solutions.

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.”

The problem, according to focus group participants, is a state legislature that cannot plan ahead nor make responsible decisions. Note the following conversation between two men in San Jose:

Over a 40 percent increase in state spending in the last four years; 43,000 new jobs in the last four years. The state can’t do that and unlike you and I, I run a business. I have to balance my books at the end of each year. If I have a great year I don’t go out and spend it on something I’m going to have payments on the next year.

But the state does it.

No, it’s okay to spend it but it is not okay to spend it on something where I’m just making the payments for that year and then I have payments going forward to the next 10 years.

This view of government inefficiency and irresponsibility causes focus group participants to prefer solutions that reduce, not expand, government involvement. “Putting any money into government coffers, especially general funds, is dangerous because politicians take the money out,” a man from LA reasoned. “The [policy] where you get a tax incentive from the government is great, because that takes money away from the government.” When choosing between a government service and a consumer service, focus group participants prefer the consumer route. “I would rather have my employer pay me a few dollars more and I buy my own than have anything to do with my state government trying to run a program which they have proven year after year that they cannot run anything that is effective cost-wise,” a man from LA argued. “I think nobody is less efficient in providing services than the government,” a San Jose man remarked, “so if you can find any way for private business to provide this stuff, you are going to come out ahead.”

Californians are confident that a market-based solution is superior. “In our system in the United States we’ve proven that competition is the best control of everything that we have to keep costs down,” a man from LA insisted. “I think the basic thing that we have at the present time has been proven the best. We have the best health coverage in the world, I think. Not necessarily the cheapest but the best.” So solutions that are market-based, tend to be well received by focus group participants. 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. “The first thought that hit me was ‘requiring businesses to provide health care or pay a premium to the government,’” a San Jose woman stated. “How many businesses would get put out of business and throw people out of having health care at all?”

Inherent in these Californians' appreciation for the market system is their recognition that the actors involved are motivated by profits. The smartest people compete to become doctors because high salaries motivate them, they say, and measures to control costs will result in a lower quality of doctor. "Create a statewide health network that is going to be state sponsored or local sponsored so that means the doctors are going to be salaried," a San Jose man reasoned. "You are going to get two types of doctors. Ones that are incompetent and probably the few dedicated ones that are in it for health reasons and not the money. The majority of the doctors would be doing it for that, the salary... You've got to pay them \$200,000 or \$300,000 a year, then the cost to the state is going to be so high that there are going to be taxes on it. We can't afford it. We're back to where we started."

This assumed superiority of the market-based system emerges throughout conversations on reforming health care. Note the following conversation among San Jose citizens:

I mean which one is more bureaucratic, the state government or the insurance company?

Yeah.

I think insurance is probably more effective.

Yeah, one of them is responsible to stockholders.

Still, people look to government to intervene when the market is taking advantage. "You could always make it where you regulate," a San Jose man suggested, "a state regulation on it where the cost to an individual is set like a utility. You eliminate the negotiating aspect of it from a big company versus the individual. Everybody gets the same cost."

As people consider solutions, one of the first that comes to mind is socialized medicine, which invariably triggers a conversation comparing the Canadian and U.S. health systems. Californians tend to be open to the idea, though their view of government inefficiency causes them to worry about the unintended consequences of this much government control. "The only thing I see that is going to control cost is probably federalize everything like Canada," a Riverside man expressed. "I don't like that idea but I think that is one way of controlling cost." "My whole other side of the family is in Canada," a San Jose woman explained. "When my grandmother needed it, she had the best of health care...It was available to her and it was just expected that she got it. There was never any question." "But from what I hear everybody in Canada, if they need something, they are coming to the United States," a San Jose man warned. "Talk to any Canadian that has come to this country and the test is those people that get really sick in Canada," a man from LA noted, "they pay extra money to come to the U.S. to get treatment."

Providing care for the uninsured is a charitable contract. Californians are willing to give help to those they deem worthy – those whom they define as working and trying to get ahead. However, they believe that the health system is overburdened providing to the undeserving poor – defined as illegal immigrants or those who refuse to work. Focusing on situations rather than individuals helps to overcome this barrier.

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. “They don’t do nothing. They just go ‘free, free. Give me, give me, give me.’” “Free generally enables people to stay on welfare and get everything paid for that you and I work our butts off to enjoy,” a Riverside man expressed.

The working poor suffer, while the undeserving poor get health care for free, according to this mindset. “I think we have a tendency to think it’s the poor that are uninsured,” a San Jose man stated, “and I think that the poor are uninsured but if you really don’t have anything you go down to Valley Med and if you can’t pay your bill, it’s free. If you have a house and you are temporarily unemployed or just getting by, you are going to lose everything to pay your medical bills. Those are the people that yeah, they are all uninsured but the people who have some pockets to go after can lose everything they’ve worked for their whole life.”

People approach this as a charitable act to provide for the needy, not as a measure to strengthen the community at large. As a charitable act, the choice is between providing for their own family and providing for a person who may not be taking responsibility for their own situation. The result of debating these choices is a revised charitable contract, in which health care should be provided, but something is required in return. “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.” The following conversation among Asian Americans in Fresno demonstrates how easily people can link their tax dollars to the stereotype of the undeserving, greedy poor:

Who is Uninsured?

Low paying jobs and no benefits.
 Part-time workers.
 Self-employed people.
 A lot of people that are working can't afford to purchase insurance because it's a matter of do I feed my kids, or do I get insurance?
 There is a lot of large – Wal-Mart is a good one. You can work for them and not get coverage.
 The self-employed.
 A lot of companies, what they'll do is work you part-time and not being you are full time.
 Or work you as a contractor.
 The elderly.
 Those whose spouse has to retire early.
 Illegal aliens.
 Influx of illegal aliens that are going to be uninsured.
 Field workers are uninsured.
 Small companies, self employed, unemployed, students.
 Family-owned businesses.

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.

As Cultural Logic notes in their report, "Human Right, Consumer Right and Mechanism: How Californians Think About Health Coverage," this reaction is due in part to the public's understanding of health care as a consumer product available for purchase. A competing view is that health care is a human right in a moral society. These perspectives are explored at great length in their analysis, but these researchers briefly describe the consumer stance as "insurance is understood as an individual relationship between insured and provider, rather than a collective relationship which allows people to pool resources and spread risk." One example of these views is demonstrated in the following conversation among focus group participants in San Jose:

Should I get a Mercedes if I can only afford a Volkswagen? (consumer stance)

I'm saying it's like anything in life. Those people that have more money are able to purchase more things because of that money. (consumer stance)

But overall, there should be some kind of a common health care provided to every human being out there, be it working in the ivory towers or working at Home Depot. There should be somebody out there. You should be able to go some place and get decent coverage and not have to sit in a room for 12 hours at Valley Med, which that happens all the time. That's where you go, but they should be all around. You should be able to get that as a human being. (human right)

As long as the public continues to hold a consumer perspective of health care, providing care to the poor will always be seen as an act of charity, rather than as an act for the collective good. And this charitable consideration will quickly devolve into a conversation about who has "earned" the charitable care through their effort, and who has not.

In California, views of the poor are conflated with views of immigrants, particularly illegal immigrants. "That's what we're really talking about," a man from LA noted. "They are illegal. . . If they are legally here, they're in here with a green card and they are supposed to have employment. Therefore, they are not employed." Another added, "And whoever they are working for should be paying some kind of health care for them. The major reason our county and health care programs are in trouble at UCLA and all the ones you are talking

about shutting down is the total infusion of illegal immigrants who are using the system.” “In a way they are contributing to the economy of California,” a Fresno woman explained, “but the shift is asymmetric. They are contributing in one sense [in] agriculture but they are sucking away at health care.” If illegal immigrants are the problem, then the solution is “closing our borders maybe” (LA man).

To avoid these stereotypes, it is better to feature the situations that result in being uninsured, rather than featuring groups of people, such as immigrants or lower-income individuals. For example, people recognize that many small businesses do not provide insurance, so they are enthusiastic about providing assistance to small businesses to provide insurance to their employees. “Small businesses can’t afford insurance,” a Riverside man explained. “It’s astronomical, so they don’t insure their employees and their employees get sick. They end up in these free clinics.” “Working people should have insurance,” remarked a Latina from Riverside. “At least they are putting their effort. They are paying their taxes, and so they should be insured one way or the other.”

We end up paying anyway. Focus group participants can readily see financial connections with the poor, and their systems understanding of the finances of risk pools and tax distribution is fairly sophisticated. However, the most frequently elicited financial connections are negative, associated with tax dollars paid for the poor. The 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.

Cultural Logic recommends that part of the solution for building support for health reform lies in a mechanism that allows people to see the system of health care coverage in a more concrete way. They write: “Adding a Mechanism to the public conversation provides a way of reconciling these two cognitive stances [consumer stance and human right], by replacing the choice between the rights of the Uninsured and My rights as a consumer, with a focus on the system that we all depend on: It shifts the focus from ‘Me or Them’ to ‘Us/It.’” The focus group discussions were helpful in illustrating the gaps in public understanding on this point.

Many focus group participants understand the concept of a larger risk pool resulting in lower premiums. They quickly see why co-ops or other ways to pool small businesses would result in lower health care costs to business. “Don’t they get a better package because they have x amount of employees, so they can go in as a packaged deal?” a San Jose woman asked. “When you have x amount of employees, ‘what can you give us for this?’ Instead of going single.”

Focus group participants also recognize that they pay for the uninsured through their tax dollars. “If government gets involved, who is going to pay for it?” a San Jose man argued. “Our taxes will go up.” “Who is going to pay for this stuff?” another asked. “It’s too expensive. How are we going to knock those costs down? All this is going to do is increase your taxes, and I’m not sure it is going to give you any more than you have right now.” “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."

Some extend the tax dollar connection to rationalize preventive care. "It all comes down to the taxpayers," a Latina from Riverside explained. "You either pay now to provide insurance, or you pay when they are extremely ill. You are going to pay one way or the other." "We've gotten to the point in our society where we rush to the doctor because we have a little headache," a San Jose man expressed. "We have to learn to take care of ourselves and understand our own bodies and do things to keep ourselves healthier."

While many comment on the high cost of medical care, only a few understand the concept of cost shifting. "The doctor charges \$800 for a series of procedures but the negotiated rate is \$250 and I end up paying whatever percentage of that, my copay or whatever. So what's the rate?" a San Jose man asked. "I don't understand it. It seems to be very much inflated." "For the people who can pay, they may raise their fees dramatically trying to make up some of the shortfall," another San Jose man explained.

What is missing in the public's understanding of health care is the concept of the state as a risk pool, a connected system of health care. Very few come to this topic with a sophisticated sense of these connections; the following quotes are notable exceptions. "The more people that don't have insurance, the more we're going to have to pay," a woman from LA explained. "We pay for it anyway, so we need something to get those people that are not covered." "The biggest piece out of the puzzle," a Fresno man remarked, "there are people that don't have insurance that are still in the system."

It doesn't affect me. On the face of it, taking care of the uninsured is not the problem people care about, because they do not see their fate in the health care system as tied to the fate of others in relevant ways. Understanding the broader scope of health care reform helps build support for incremental steps.

Without a sense of connection, many health reforms are readily dismissed as not addressing the right problem, i.e., it doesn't affect me. "I don't see where this would help because based on my personal experiences this would really do absolutely nothing for me," a Fresno man remarked. "The fundamental problem that we talked up here was cost and none of these things address cost," another added.

In the long run, it may be more effective to develop and communicate comprehensive reform, while advancing incremental improvements. Respondents critique a policy, even a popular policy, when it stands alone. Alternatively, the same participants frequently support the same policy when it is included within a broader package of reforms so that people can understand it as just one step toward addressing a range of problems facing the system. For example, people like efforts to assist small businesses in providing health insurance. However, when presented alone, some question why this policy is being advanced. "Why small businesses again?" a Riverside woman complained. "That is almost discriminatory," another added. "I'm thinking 'what about the others?'"

Changing the Conversation

Message and Messenger

To evaluate the impact of various frames, it was necessary to hold policies constant and gauge reactions to the values associated with health reform. To this end, participants were given a description of fictional legislation and told that it is being considered by the state legislature. The description of the legislation was:

This bill would ensure that employees of small businesses are able to get health care coverage. First, it would make insurance more affordable for small businesses (fewer than 50 employees) by expanding group purchasing options for small employers, such as employer pools or co-ops. It would also require all employers with at least 25 employees to either provide health insurance to their full and part-time employees or pay a fee to the government to provide health insurance to those workers. Second, the bill would help move people out of poverty by establishing a transition period for families whose incomes are increasing above the income limits for government assistance, by allowing them to continue to receive state health insurance for up to two years. Finally, the bill would restore full funding to community health clinics, which provide free, or low cost care.

Focus group participants reviewed 8 messages in support of the fictional legislation, representing a range of framing approaches. Each message was delivered by a particular messenger to determine the messenger's influence. The 8 messengers tested were:

- Small business person
- Emergency Room Doctor
- Waitress and mother
- Health care advocate
- Health care advocate for minorities
- Local elected official (mayor)
- Union representative
- A spokesperson from the Center for Disease Control

The 8 frames were:

- Small Business Assistance
- Mechanism – Financial Interdependence
- Mechanism – Health Interdependence
- Transition for the Poor
- Quality Health Insurance
- Disparities
- Crisis
- CA as Leader and Innovator

In addition, focus group participants reviewed three messages and messengers opposing the legislation: a small business owner worrying about the financial burden on his business; an advocate for lower taxes concerned about the cost burden of immigrants on the health care system; and a health commissioner expressing concern about measures that could stifle innovation in health care.

In sum, four of the messages in support of health care reform have effective communications elements that, with additional refinement, can advance health policies:

- The small business assistance message delivered by a small business person was very effective in gaining support for health care reform. Focus group participants see small business owners as ordinary, hard working people who care about their employees and want to do what is best. The policy solution proposed in the message is also well liked, because it operates within the current consumer system and does not rely upon government intervention.
- The quality health insurance message helps people recognize the health and cost benefits of prevention. When delivered by an ER doctor, it is particularly effective, because this messenger is an authority with frontline experience in health care.
- The policy element of the transition for the poor message is attractive to people who want to help people who are trying to help themselves. The messenger, however, is problematic. A poor single mother, while generating sympathy, also causes people to think of the stereotypical welfare recipient. This message would be more effective if it featured the situation (transitioning from dependence on government aid) rather than the individual.
- Finally, the health interdependence message allows people to see how their own health is connected to the health of others and the CDC is a very authoritative messenger on the topic of communicable disease. However, it needs careful crafting, otherwise people quickly begin to view the poor and immigrants as diseased.

Four of the messages were less effective in persuading people to support health care reform. The financial interdependence mechanism, as written, was confusing and highlighted cost consequences in problematic ways. The disparities message is divisive and triggers anti-immigrant sentiments. The crisis approach seems overstated to people, even those who readily admit the state and system are in crisis, and prompts people to suspect political manipulation and partisanship, particularly when delivered by an advocacy organization. Finally, the California innovation message reminds people of the ways California has been a leader in the past, but as written it appears to have little substance, particularly when delivered by an elected official.

Small Business Assistance

Californians recognize that small businesses struggle to afford health insurance for their employees, and that many businesses choose not to offer insurance. They believe a small business owner makes this decision out of necessity, not out of a callous disregard for employees. In fact, Californians view small business owners as caring, ordinary people just like themselves. The solution suggested here, a co-op, is a popular solution since it works within the existing market system and does not rely on government intervention.

I want to do what is best for my employees, but high costs have made it nearly impossible to provide health care. Small businesses like mine could use some help in providing affordable insurance to employees, like a chance to co-op with other companies to get better rates. (Forrest Taylor, landscaper)

A small business owner is an effective spokesperson on this topic for a variety of reasons. First, people see small business owners as caring about their employees but also recognize that many small businesses are struggling to survive economically. “I think he has a sort of conscience and I think he cares about the people that work for him,” explained an LA man, “but he’s in an economic situation that doesn’t allow him to do what he’d like to do.” “Most of the employers want to help their employees,” a Latino from Riverside noted. “Their hands are tied as well.”

Furthermore, a small business owner is an unexpected advocate for health reform. People expect small business to oppose legislation out of fear of economic hardship to their companies. “I like that one,” a Fresno woman remarked. “I think your biggest hurdle is going to be against small businesses, against Republican small business owners that don’t want the government telling them they have to pay for anything. They want to do it because they want to do it, not because they’re being told to do it. You are definitely going to benefit by having an employer speak in that sense.”

Additionally, the public sees small business owners as average citizens, i.e., people like themselves. “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.” “He’s more real,” a Riverside man noted. “He’s not up there making the big bucks and he is right there in the pits with the rest of us.”

This approach is even compelling for business owners, who identify with the desire to do what is right for their employees. “I had a small business and I didn’t have medical insurance,” a San Jose man confessed. “I owned my own business for seven years...I can understand. Sure, it would be nice if there were a co-op that you could get that. I think any small business would like to provide a nice umbrella over everything. Everybody wants to feel like they’re doing everything for their employees that they can.”

Focus group participants see the co-op solution as operating within the existing consumer system. A woman from LA explained, “He said he would like to co-op, like small companies get together and say, ‘we’re going to take Blue Cross and Blue Shield.’ I think

that's good, so you can go five employees up to 50 if those small companies could co-op and then the insurance company gets enough premiums. I'm for that."

However, a landscaper may not be the best choice in California, since landscaping businesses appear to be associated with illegal immigrant workers. According to an LA man, "I say he's a landscaper; he hires illegal people to work for him probably." Another added, "and he pays them minimum wages or maybe a little bit more so that he doesn't have to pay anything for them."

Finally, a few caution that requirements on small businesses will result in higher costs to the customer. "Realize it is going to cost you \$4 for a hamburger instead of \$2," a San Jose man warned. "It's going to cost you an extra buck for a pizza. It's going to cost you an extra buck for each plant they put in the ground, if they have to pay for things they are not paying for today. Nothing is free. We all pay for it."

Mechanism – Financial Interdependence

This statement was intended to give people a way of thinking about health care that expresses how all people in the state are connected to each other financially. However, people have so little existing understanding of the state health system that they find this message confusing. Furthermore, it makes cost the primary issue, which simply reminds people of how much they already pay and how others are receiving health care without paying.

Everyone should have to pay into the system, but right now a lot of people aren't. A person without health insurance ends up costing the system more in emergency room visits and in the costs of delaying preventive care. Only if all employers and employees pay their fair share, can the system work as it should. This bill takes us a long way toward getting everyone insured, which helps us all. (Scott Michaels, local union representative)

Focus group participants are not accustomed to thinking about the health care system as a pool that is shared by everyone in the state, insured and uninsured alike. So they struggle to understand the mechanism described in the statement. A San Jose woman worried, "If we are all paying into the system, are we going into statewide health care that is the same?" Another asked, "Part time employees, so I employ some high school kid after school for 10 hours a week. I've got to pay his insurance?" Some, however, were able to explain it in a rudimentary way. "He says if everybody pays into it," a Latino from Riverside remarked. "I think it would be cheaper for everybody, if everybody pitches in."

Participants struggle with how to define "fair share." Some assume this means a graduated contribution. A Riverside man suggested, "They make \$8,000; somebody makes \$12,000 pays a little more; somebody making \$16,000 pays a little more." "What I'm saying is if you work at a company and some employees make \$40,000 a year and some make \$10,000 a year, the person that is making \$10,000 a year probably can't afford the same amount of his share for the premium as the guy making \$40,000 a year," a Riverside man complained.

Another problem that many participants raise is a concern for the poor who would be unable to pay anything into the system. “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?”

This approach reminds them that taxpayers and those with health insurance are already paying for the uninsured. They assume this measure will result in even higher costs for those who already pay. “If they go to the hospital, most of the people will pay,” a Fresno man explained, “but you’ve got all these street people out here. They get cut, shot, knifed, whatever. They go to the hospital. They can’t pay, but we’re paying it. That’s what I saw out of that is that those people who can’t or won’t for some reason – okay, I feel they need health care but right now we absorb it.” “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.

Finally, a union representative is not a compelling spokesperson, according to focus group participants. “As soon as [I see] union, my walls go up,” a Fresno woman stated. “The most inefficient organization in the world,” a San Jose man noted. “If anything could be worse than government it’s the unions.” A few could see a rationale for a union representative speaking out on this issue. “He obviously deals with the employees... trying to get them all insured is one of his responsibilities,” an LA woman said. “So I think him being for the bill would be because he is trying to help everybody who doesn’t have insurance to get insurance.”

Mechanism – Health Interdependence

This statement was also intended to help people see how they are connected to others in the state, but through health and community, rather than finances. Most see it as a compelling statement about prevention. However, it also subtly positions communicable disease as caused by immigrants and the poor. Despite this limitation in messaging, the CDC is a very credible authority on this topic.

Over the past few years we have watched community health centers slowly disappear in California. These centers have provided care to those who would not get care otherwise – preventive care such as immunizations for babies as well as urgent care such as medicine for the sick and injured. As these clinics have disappeared, and more people are without insurance, we are seeing an increase in preventable diseases. When clinics disappear, it makes our communities less healthy, which affects us all. This bill would restore full funding to health centers and help our communities be healthier. (Dennis Myers, Center for Disease Control, CDC)

People see the power of prevention in their own lives. “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. “It should be the same

thing with people.” “It was an accurate statement of cause and effect,” noted an LA man. “If you mistreat your health care system and you let people get sick, then more people are going to get sick.”

However, people quickly equate diseased people with immigrants and the poor. “If it is not going to affect you now, it is going to affect you in the long run because they are going to need care and we have to provide for them,” a Latina from Riverside described. “There is 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.” “When you make it that it is going to affect the middle class or the upper class because with the waitress that is not necessarily those groups. But when you start talking about communicable diseases and how it can affect [you] and you start looking at statistics, that makes it closer to home,” a San Jose woman stated.

At the same time, a few are not sure this reform is necessary. They point to easy access to immunizations as proof that people have access to preventive care. “I don’t necessarily find it believable,” a Fresno woman explained, “because I think what he is saying is that there is an increase in preventable diseases. Except every time I go to Target there is a big immunization mobile.” “You can’t enroll your children in the school unless they’ve had all their shots,” an LA man argued. “You just can’t do it. They are not allowed to go to school, so somebody has to take care of that down the line. Evidently, the kids are going to school so they must be getting shots somewhere.”

This recommendation also sounds expensive. “It comes down to the Almighty dollar,” expressed a San Jose man. “Who is going to pay for that clinic to stay open?” Another added, “While I sympathize with the situation that he outlined, I’ll say again that is not the only thing. We’ve seen decreases in services across the board.” “If you can’t afford to vaccinate your children,” an LA man cautioned, “you shouldn’t have them.”

A spokesperson from the CDC is a very authoritative messenger. “It has a lot of validity because of where it came from, the CDC,” an African American woman from Riverside remarked. An LA man noted, “It seems like they are very neutral in their position.” “A person from CDC is highly reputable,” stated a Fresno woman. “Way persuasive,” exclaimed an Asian woman from Fresno. “Somebody said if I got that as an email and was asked to forward that on to my Congressman, I would forward it on.”

Transition for the Poor

From a policy perspective, this message is generally successful. People like the policy because they want to provide assistance to those who are working hard to succeed. The spokesperson, however, is problematic. People feel

I’m working hard to lift my family out of poverty, but if I get a raise, then our state health insurance will be taken away, and my family will be in worse shape than before my raise. This bill would allow me to continue to receive health benefits for a year or two, while we save some money and become a bit more financially secure. It would allow us be free from worrying about health care costs. (Mary Nelson, waitress and mother of two)

sympathy for a single, working mother, but the focus on the poor quickly shifts to a discussion of the stereotypical welfare recipient. Once this happens, the policy energy dissipates. This message would be more successful if it was delivered as one element of set of policies to fill gaps in coverage, if the situation was the focus rather than the individual, and if a different messenger delivered the message.

Many focus group respondents feel sympathy for this hard-working parent. 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.

Participants like the recommended policy, because they want to give a hand up to those who are working hard to achieve. "There is a point in there that you're making enough money to live but you can't afford the health insurance," a Fresno man described. "If they don't change that," noted an LA woman, "the people that are below poverty and get all the free medical will never want to work and better themselves." "We would need to transition them where they start paying a small amount and go up to the full amount within two years," a San Jose woman explained. "It would be better than just giving them two more years, then in two years they are going to be in the same situation." "Get them into the habit of paying into the system," added a San Jose man.

However, a few do not understand the recommended solution, and think it means that the recipient would be expected to save up to pay premiums. "I don't think she is going to be able to save the money," an LA woman worried. In addition, some think two years is not enough time. "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.

Finally, as with so many of the other messages, some worry about the cost consequences. "All this is taking place in a state that is going so far in debt," a Riverside man argued. "Where in the hell is this money going to come from? I know where it is going to come from."

Quality Health Insurance

This message can reinforce the power of prevention as a wise fiscal policy. Advocates need to be careful, however, as it can easily be interpreted as being a message about individual responsibility for maintaining good health. An ER doctor is an experienced, trustworthy authority.

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, this bill will pay for itself and result in healthier communities. (Quentin Chan, Emergency Room Doctor)

An ER doctor is a compelling spokesperson on this issue, because he sees the consequences of not getting preventive care. “I think he knows what he is talking about because he sees it all the time,” stated a San Jose man. An Asian American woman from Fresno remarked, “He’s got the same authority as CDC.” “I give more respect to that just because it comes from an E.R. doctor rather than a politician,” suggested a LA woman. Added another, “This a man who is dealing with it, the realities of emergencies.”

People believe in prevention. “It pays for itself,” a woman from LA stated simply. “Anything preventive is preventing the cost, the burden, the hardship in the long run,” noted a Latina from Riverside. Prevention helps people to see the need for insurance beyond catastrophic care; however, it also causes a few people to stress individual responsibility for maintaining good health. “Taking responsibility for ourselves,” stated a San Jose woman. “Just one example is juvenile onset diabetes. It’s a runaway problem in this country.” “And it doesn’t need to be,” added another. “So responsibility that we as individuals need to have for ourselves and our children.”

Crisis

Neither the message nor the messenger was well received in this approach. The crisis tone sounds alarmist and the messenger seems political and self-interested.

Health care in California is in crisis. Costs are spiraling out of control, making it harder for people to afford health care or health coverage. Health clinics are closing, emergency rooms are being shut down, and hospitals are consolidating. The state budget for health care has shrunk, causing the most vulnerable in society, the poor, to be even more at risk. This bill will arrest the declining state of health care, and help make health care available and affordable for everyone. (Vance Wilson, Diversity Rx, which is a health care advocacy group)

The public is becoming immune to the crisis message. “But everything on the news is a crisis,” an Asian American woman from Fresno argued. “I mean when the media gets hold of it or a commercial gets hold of it, it’s a crisis and so you lose the effect of what a true crisis is.” “That is just such alarmist nonsense with no regard for anything else that is going on in the world now,” a San Jose man commented.

In addition, the message comes across as shallow and overly negative. “It sounds just like the commercial,” stated a Fresno man. “It doesn’t sound like something where they’re trying to have a public discourse about what is public policy.” “The terminology of it”

remarked an Asian American woman from Fresno. “The exact wording of that message sounds negative as opposed to the other ones that were more positive.” “To me it sounded like political rhetoric,” a man from LA observed.

Finally, the messenger is perceived as self-interested and politically manipulative. “The tone and then the fact that he’s in an advocacy group, diversity kind of thing,” said an Asian American woman from Fresno. “The first thing I think of is, ‘oh God, here goes the ACLU.’” “Who is he? Who does he represent?” asked a Fresno woman. “I distrust lobbyists because they are paid to support whatever,” added a Fresno man. “There is no personal experience there,” a woman from LA noted. “I think he’s got a motive somewhere. I don’t know that I can trust him.” An Asian American woman stated simply, “I don’t like him.”

Disparities

While some focus group participants found this message persuasive, many had strongly negative reactions to it. Framing health care reform as explicitly about ethnicity and race, results in a dialogue about illegal immigration and the poor. For many, this triggers an “us against them” mentality.

For those who are poor and minority, health care is a continuing struggle. Many minorities are without insurance, in fact, California’s Latino population is the most likely group to be without insurance – 28.3% are uninsured. Even with insurance, quality of health care can be compromised due to barriers in language or inability to find a doctor of the same ethnicity. Furthermore, with clinics and emergency rooms disappearing in many neighborhoods, the poor are finding it difficult to even find care in their communities. By requiring coverage for most California businesses, the disparities in insurance will begin to be addressed, but we still have work to do to close the gap in these other areas. (Ana Rivera, Mexican-American Health Care Alliance)

Californians do not want to view this as a problem for one ethnic group. “For her to just say that, is just taking a group of people and sticking them in their own little bubble,” a man from LA argued. “She is not thinking at a macro level. She’s thinking just about her people.” “What about the Asian community?” an Asian American woman from Fresno asked. “Well what about blacks who can’t afford insurance?” a woman from LA asked. “What about whites who can’t. What about Koreans? There is a bunch of Koreans coming over. What about them?” “Nobody can afford insurance,” asserted a woman from LA. “Instead of being grouped to just her group, it should be – I think that statement should have been more grouped to low income in general.”

This approach invites harsh, anti-immigrant sentiment. “Well, what kind of health care system does Mexico have?” a Riverside man sneered. “Excuse me for just being a white guy,” a San Jose man argued. “But when did finding a doctor that fit a certain ethnic or demographic background become an issue in selecting a physician?” Furthermore, many reject that there would be any language barrier, particularly for Latinos. “That language thing in California,” a San Jose woman explained, “that shouldn’t be a big issue because if you can’t find a doctor somewhere in California that speaks your language, you are not looking very hard because there’s a lot.”

Finally, people assume this approach would result in a large tax increase. “How is it going to be paid for?” a Riverside man asked. How much are they going to raise your taxes and my taxes? How much do we all have to pay for this?” “Once again it is making the same people pay the bill,” a Fresno woman suggested. “It sounds like the working people are paying the bill.” “I think that as a taxpayer I don’t mind paying for Americans that are, or even legal immigrants that are here, that did things right,” a Latino from Riverside explained. “They immigrate correctly. They didn’t enter illegally. I’m very against that. Legal immigration, great. Bring them over and start paying some tax revenues.”

CA as Leader and Innovator

Some Californians are attracted to the reminder that the state has been a leader and innovator in many ways. However, the political messenger undermines the message, making it sound like a typical political quote.

As the nation’s largest state, problems frequently emerge in California before they affect the rest of the nation. It is why we have had to be innovative – trying new approaches to solve problems. This bill represents a comprehensive, innovative approach to making health care affordable and accessible to every Californian.
(Louise Wear, Mayor)

Many focus group participants agree that the state has had to overcome many challenges in the past. “We do come across more problems than any other state, so that is true,” a Fresno woman remarked. Another added, “We all like the reputation that California has as leading the pack in a lot of areas.” “I mean California has always been a step above everybody,” remarked a man from LA.

A few, however, question that the proposed legislation represents an innovative approach. “I don’t see anything innovative,” a San Jose man complained. “I just see a continuation of what is going on right now – raise taxes without going through any cost cutting measures.”

Finally, focus group respondents have little admiration for elected officials, and question the validity of any statement made by a politician. “To me there is no substance in that statement,” a woman from LA stated. “It’s just a political statement. There is no backing for this. There is nothing in that statement as far as I’m concerned.”

Opponents

Three opposition arguments and opposition messengers were also tested in the groups. One of the three messages proved effective in undermining focus group participants' support for reform. A small business person warning of the financial impact of additional regulations on business is a very powerful statement for focus group participants.

Focus group participants are persuaded to oppose reform when they hear that it could have a negative financial impact on small business.

A few think this small business owner is being unreasonable. "The first thing that came to my mind was I don't want to say selfishness, but he's worried about himself versus a group," stated a Latino from Riverside.

The weak economy is already causing my business to suffer. If this bill passes, and my business is required to buy health insurance for all employees, I will be forced to lay some people off. This bill will make the state economy even worse. (Pat Owens, contractor)

Most, however, agree with him. "It's a good point," a Fresno man remarked. "You've got 30 employees and it is going to cost you \$14,000 a year to insure them." "His point is the flaw in the bill and that's the only part I don't like is that requirement," a woman from LA complained. "I think you offer incentives. You empower them...you offer these co-ops, but the requirement for business is what I don't like. I think that he is right." "That's the way it looks, that he has no choice in the matter," a woman from LA suggested. "And it may cost him his business," added another.

Focus group participants agree that illegal immigrants are a burden on the health care system, but they see this approach as crass and divisive. Rather than use immigrants to defeat health care reform, they would want a measure to address immigration directly.

Most focus group participants see some truth in this statement. In fact, many voice concerns about illegal immigration well before they are presented with this statement. "I believe what I read in the paper that something to the tune of \$25 billion a year in California is associated with health costs for illegal immigrants," a San Jose man stated. Another asked, "Why should a waitress with three or four kids have to pay into the system and have to pay taxes when the person out there acting as a landscaper without a license mowing people's lawns doesn't have to pay any taxes?"

The California health care system is being overburdened by caring for illegal immigrants, who have no insurance and no ability to pay for care. Those costs get passed to the rest of us in higher health insurance premiums and higher taxes. What we need is tighter control of immigration, not another costly piece of legislation. (Jack Brennan, Californians for Fair Taxes)

However, most also believe that immigrants work hard and contribute to society. They do not want to see anti-immigrant sentiment used to defeat health care reform. "It didn't sit well with me," a Riverside man remarked. "It's all these immigrants and all the low-income families are the ones that are doing the jobs that no one else wants to do. We're

taking advantage of it. We're enjoying their working hard, getting paid less and for us to say, 'well we don't give them health care' or 'we don't care about them,' it doesn't sit well with me." "[The spokesperson] has no credibility with me because all he is doing is using this issue to focus on what his real agenda is which is the immigration situation," a San Jose man argued. "That's just an inflaming statement and I would never listen to what that person had to say," a woman from LA complained.

A statement warning of government's negative influence on the world's best health care system is ineffective because many question that the U.S. system is the best. Furthermore, the link to innovation seems to have nothing to do with the proposed legislation.

Americans have the best health care in the world, because we allow science and business to innovate without too much interference from government. If we allow this bill to pass, big government will begin to have too much control, and we will sacrifice the quality health care we all enjoy. (Dr. Theodore Cannon, Health Care Commissioner)

Several question the assertion that the United States has the world's best health care. "I don't care who he is. I don't agree with him," a Riverside man asserted. "We don't have the best health care in the world," another added. "Do we have the best health care?" a San Jose man asked. "Probably not, because health care is defined on availability to all the people." "We do have a great health care system," a San Jose woman remarked. "We just have too many people who can't afford to be in it."

Furthermore, the complaint about government interference in innovation seems irrelevant. "I don't see where this bill said anything about government interference and development of new procedures or equipment," noted a San Jose man.

Finally, though people were enthusiastic about the ER doctor, this doctor and Health Care Commissioner did not persuade them. According to a woman from San Jose, he is ineffective "because he is talking more as a politician or his own personal political views than as a doctor."

Conclusions

- Californians see a number of urgent problems facing the state's health system. A focus on any one of them will seem too limited and ineffective in addressing the real problems. At the same time, massive change seems too complex to most people. A stepped approach, incorporating and orchestrating a broad range of incremental reforms, is likely to prove most persuasive.
- Californians are less concerned about the uninsured than other aspects of health care reform. When they think of the uninsured, they recognize that these are likely to be working people, but they also believe illegal immigrants constitute the uninsured and are putting stress on the state's health care system.
- Several barriers to supporting health reform exist:
 - ***Government is incapable of solving this problem.***
 - ***Providing care for the uninsured is a charitable contract.***
 - ***We end up paying anyway.***
 - ***It doesn't affect me.***
- Overcoming these barriers will require a new way of thinking about health care that helps people recognize that all Californians are linked through the system.
- Four of the eight frames tested in the groups have effective communications elements:
 - Small Business Assistance
 - Mechanism – Health Interdependence
 - Transition for the Poor
 - Quality Health Insurance
- Three messengers were powerful spokespeople:
 - Small business person
 - Emergency Room Doctor
 - A spokesperson from the Center for Disease Control
- Importantly, communications needs to be about *situations* rather than *individuals*. When focus group participants center their attention on individuals without insurance, they tend to think of the stereotypical welfare recipient. Similarly, when people consider groups of people that are uninsured, they revert to anti-immigrant sentiments. However, when focus group participants consider *situations*, i.e., the reasons why people are uninsured, they are more willing to support policy solutions.

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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