



Making the Public Case for Improving Health Care in California

A FrameWorks Research Report

Prepared for the Frameworks Institute

by

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This memo reports on the findings from the FrameWorks Institute’s recent research on how Californians view the health care system in general, as well their reactions to specific reforms and arguments that health policy advocates have advanced in an effort to preserve existing coverage and expand access to quality, affordable coverage. This work was supported by grants from The California Wellness Foundation and The California Endowment. It is also informed by earlier work conducted in New Hampshire with funding from the Endowment for Health.

The goal of this work is not to supplant or substitute popular messages for needed remedies and proven policies but rather to translate those policies that health policy experts believe will improve Californians’ health into language and concepts the public can grasp. Its ultimate destination is the wide array of groups and individuals who wish to elevate the importance of health care system reforms with community stakeholders, voters and policymakers. To that end, this memo attempts to describe the translation process necessary to engage the public in solutions by identifying specific practices that research suggests would advance public understanding as well as those that are likely to impede it.

This Message Memo reports on the findings from an integrated series of research projects commissioned by the FrameWorks Institute, based on the perspective of strategic frame analysis. Additionally, this Memo extends this descriptive research by providing another level of more speculative analysis to inform the work of policy advocates. Finally, this Memo synthesizes these findings and makes specific recommendations for incorporating these findings into a coherent communications strategy to engage Californians in health care reform. It is organized as follows:

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In attachments to this Memo, you will also find application materials (talking points, sample op/ed, sample interview).

This memo is not intended to take the place of the research reports, which inform it; indeed, FrameWorks strongly recommends that health policy advocates avail themselves of these reports and challenge their own creativity to applying this learning.

FrameWorks wishes to thank Meg Bostrom of Public Knowledge and Axel Aubrun and Joseph Grady of Cultural Logic for the rich body of work that informs this Memo, and

Franklin D. Gilliam, Jr., for his collaboration in the interpretation of the findings. While this Memo draws extensively from the work of other researchers, the following conclusions are solely those of the FrameWorks Institute.

Background and Goals

Beginning in November 2002, the FrameWorks Institute initiated a series of integrated research projects designed to determine how Californians think about health care and the problems facing the health care system. The goal of this communications research was to help health policy analysts and advocates make the public case first for preserving existing health coverage programs and, second, for expanding California residents' access to affordable health insurance and comprehensive health care services.

Specifically, FrameWorks was asked to identify a message strategy for enlisting public support in the efforts to resist funding and eligibility cuts to existing programs, and to encourage expansion of existing programs, specifying those frames of communications that have the best potential for inviting California voters into a robust public debate on this issue, overcoming stereotypes, cynicism and passivity. Given California's diversity, the FrameWorks research design paid special attention to Black, Latino and Asian populations.

This study was informed by Frameworks' earlier and ongoing investigation funded by the Endowment for Health (NH) into the way that New Hampshire voters might be engaged in an effort to expand health coverage to all residents, including a national meta-analysis of existing opinion on health insurance and related issues, cognitive interviews, a national content analysis of media coverage, and focus groups.

In order to adapt, test and extend this foundational research to the situation in California, the FrameWorks institute reviewed and codified existing proposals for improving health care both in the state and nationwide, covering issues of access, cost and quality. Input was invited and received from California policy experts and complemented by FrameWorks consultants familiar with public health policies. The full list of proposed reforms was distilled and considerably compressed in order to allow FrameWorks researchers to focus on a series of proximate policies that could be used to judge the ability of various communications options to educate the public about effective health reform proposals.

The Approach

To this challenge, the FrameWorks Institute brought a group of communications scholars and practitioners with a unique perspective on communicating social issues. That perspective – strategic frame analysis – is based on a decade of research in the social and cognitive sciences that demonstrates that people use mental shortcuts to make sense of

the world. These mental shortcuts rely on “frames,” or a small set of internalized concepts and values that allow us to accord meaning to unfolding events and new information. These frames can be triggered by language choices, different messengers or images, and these communications elements, therefore, have a profound influence on decision outcomes.

Traditionally, news media is the main source of Americans’ information about public affairs. The way the news is “framed” on many issues sets up habits of thought and expectations that, over time, are so powerful that they serve to configure new information to conform to this dominant frame. When community leaders, service organizations and advocacy groups communicate to their members and potential adherents, they have options to repeat or break these dominant frames of discourse. Understanding which frames serve to advance which policy options with which groups becomes central to any movement’s strategy. The literature of social movements suggests that the prudent choice of frames, and the ability to effectively contest the opposition’s frames, lie at the heart of successful policy advocacy. A more extensive description of strategic frame analysis is available at www.frameworksinstitute.org.

While strategic frame analysis brings new methods to bear on social issues, this perspective only confirms something that advocates have known for years: communications is among our most powerful strategic tools. Through communications we inspire people to join our efforts, convince policymakers, foundations and other leaders to prioritize our issues, and urge the media to accord it public attention. Every choice of word, metaphor, visual, or statistic conveys meaning, affecting the way these critical audiences will think about our issues, what images will come to mind and what solutions will be judged appropriate to the problem. Communications defines the problem, sets the parameters of the debate, and determines who will be heard, and who will be marginalized. Choices in the way we frame the problems that oceans face and the solutions that would address these problems must be made carefully and consistently in order to create the powerful communications necessary to ensure that the public will engage in this issue.

When communications is effective, research demonstrates that people can look beyond the dominant frame to consider different perspectives on an issue. When communications is ineffective and no dominant frame prevails, people tend to rely on “default” frames – less vivid and powerful frames that are, nevertheless, deemed relevant to the discussion and allow people to assign meaning to new information. Understanding this process makes it all the more important that environmental advocates understand the likely “default” frames that ordinary people will use in processing new information about the state of the oceans, and that these same advocates are prepared to tell their story using frames that automatically link problems to solutions to policies.

Working from this perspective, the FrameWorks research was designed to explore the following questions:

- How does the public think about health care and the larger context of the health care system? What, if anything, is broken? And what would fix the problem?
- Are there dominant frames that appear almost automatic?
- Are there default frames that are routinely relied upon to make sense of unfamiliar situations or policies?
- How do these frames affect policy preferences?
- How are these frames reinforced; what frames are available to people from media and the public debate?
- How can the problems affecting health care in California be reframed to evoke a different way of thinking, one that makes appropriate policy choices salient and sensible?

Research Methods

To answer these questions, the FrameWorks research team completed a series of three related studies:

- a meta-analysis of existing public opinion about health care among Californians, based on an exhaustive review of more than 50 reports, presentations, press releases and surveys from existing, publicly available opinion research. The goal of this research [conducted for FrameWorks by Public Knowledge] was to identify common trends in past research and enduring beliefs about health care among state residents.
- cognitive elicitations, consisting of recorded one-on-one interviews conducted in April 2003 by professional linguists and anthropologists with a diverse group of fifteen average citizens and ten individuals in positions of influence in various parts of the state, including Los Angeles, San Francisco, Oakland, and Sacramento, and interviewed in their homes or workplaces, or in public places. The goal of this research [conducted by FrameWorks by Cultural Logic] was to explore the shape of public reasoning about health care, resulting in a systematic mapping of the frames Californians rely upon to make sense of health-related information.
- a series of 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: (1) Riverside, May 8, 2003, Latino only; (2) Riverside, May 8, 2003, African American only; (3) Riverside, May 8, 2003, mixed group; (4) Fresno, May 10, 2003, Asian American only; (5) Fresno, May 10, 2003, Mixed group; (6 and 7) San Jose/Sunnyvale, May 27, 2003, 2 mixed groups; and (8 and 9) Los Angeles, May 28, 2003, 2 mixed groups. Moderators were chosen to mirror

the composition of the groups. Mixed groups were led by several different moderators – a Latino moderator, an Asian-American moderator and a white moderator. The goal of this research [conducted for FrameWorks by Public Knowledge] was to validate and extend the frames identified in the earlier work, to explore their expression in common parlance and in-group dynamics, and to identify which frames and messengers advance appropriate policy alternatives.

It is on the basis of this body of work that FrameWorks researchers have developed the following analysis and related recommendations for improving public communications on health care in California. While we review key findings from the reports described above, we strongly encourage readers to review the full body of research that informs this Memo, available from the sponsoring organizations, and to refer to the FrameWorks website (www.frameworksinstitute.org) for further background on framing theory and practice.

Research Findings: Situation Analysis

There are ten summary points that emerge from the research findings. These are largely descriptive of the situation that health care reform advocates must consider as they enter the public debate.

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

Health care issues have far greater importance and intensity in California than we perceived in New Hampshire. Californians also have a bigger picture of health care than our informants elsewhere; they are more aware of the problem and see it as widespread, not localized. They are not as limited in their definition of the problem – seeing it not only as a cost issue, for example – but define the problem more broadly and perceive it as a system in crisis. Accustomed to seeing problems at a statewide level, they know health care is an urgent problem for California.

Importantly, this research finding should not be translated literally into messaging. Rather, it is a part of the context that advantages engagement in California. “Crisis” should not be perceived as a message to Californians but rather as a pre-condition in Californians’ thinking.

2. This perception of crisis has both advantages and disadvantages for reform advocates. These are sketched below:

ADVANTAGES	DISADVANTAGES
Top of mind	Everything in California is in crisis
Want it fixed	May de-prioritize health behind schools, economy, energy

Political more than personal	Too big to fix (overwhelming)
Know big reform is necessary	No incremental change is big enough
Shared nature of problem overcomes cleavages in society	Any solution that doesn't address their problem won't be sufficiently comprehensive to constitute a fix
Believe government AND business have a role to play in fixing the system	Government can't do it
Likely to endorse incremental changes IF attached to bigger plan	Politically impossible, political football

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

This undercuts their support for reforms because they cannot connect solutions to problems in a meaningful way that allows them to visualize the systemic impact of reforms. Without such a model, immediately available to them, they default to the "pictures in their heads," as Walter Lippmann described the vivid ways of thinking that people have learned over time to make sense of their world.

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

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

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

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

In evaluating many of the policy proposals, people defaulted to this consumer model by making the first question to be addressed: what will it do to my health care plan? It is clear from the research that people fear they will lose ground if reforms are implemented; they are wary of anything that might take their current coverage away.

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

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

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

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

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

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

There are several reasons why this is so. First, as is evidenced in the following conversation, the zero sum mentality overcomes solidarity with the uninsured. At the same time, stereotypes about illegal immigrants are highly available to African Americans, Asians and Latinos, just as they are to others. In the following Latino group, respondents initially reacted positively to the policy proposal, and did not critique the fact that only one group was being addressed. But, as the conversation wore on, it quickly evolved to a discussion about legal versus illegal immigrants:

Latino: 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. 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.

Latino: I won't go on those fields to go pick strawberries.

Latino: Hey, I've been working since I was 13 years old. I worked hard. I worked with my back in construction. My dad taught me the trade when I was very young. But I paid into all this also, but now like Chuck was mentioning I don't

mind paying taxes and helping people that are trying to come over, but doing it the right way.

Latina: Yeah, because you get some women – I know of a couple right now that came over on I don't know what truck, to have their babies.

Latino: At our costs.

Latino: And they are citizens now so they are entitled to all the benefits.

Latina: That's where the abuse comes. Human nature is abuse as long as we'll allow it.

Latino: If you give a hand, they'll take the arm.

Latina: Yeah. We're going to abuse our coffee break if the supervisor is not going to say anything. I'm going to take a half hour. Human nature is to take abuse one way or the other, as long as you allow it.

Another response, evident in the following discussion among African Americans, is a strategic consideration. The conversation begins with a concern that one ethnic group will be singled out. Implicitly, there is a suspicion that other groups will get preference – a zero-sum conclusion. The discussion quickly evolves, however, into a strong conviction that when an issue becomes about race, it becomes divisive and makes it even harder to advance a solution. Witness the following discussion:

AA woman: It's just not Mexican-Americans that have a language barrier.

AA man: But due to the close proximity of California to the Mexican border, it is very obvious as to why there is 28 percent of this particular group of people without healthcare because they didn't bring any with them. [laughter]

AA woman: When you talk about race, sometimes that seems to throw things off [talkover]. When you are talking about everybody's health in general, then you are covering anybody and it won't start [inaudible] because anything that starts racial, it seems like it goes out the window.

Moderator: Okay. I understand what you're saying. You're right. We all acknowledge that it is a factor. What I hear them saying is that they like this bill but they don't want to use this argument as a reason because they don't want to make it divisive. They want the bill to be focused on the whole as opposed to the ethnic communities.

AA woman: Right.

AA woman: If you give the numbers for one, you have to give the numbers for everybody.

[NB: When they are talking about numbers, they are referring to % of a racial group without insurance.]

Moderator: You are uneasy with this thing talking about race.

AA woman: That's what takes a lot of these things out of the running.

In sum, there is little evidence of any efficacy among any group for casting health care reform as a discussion about race and ethnicity nor about any one group exclusively affected by problems in the system.

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

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

By contrast, when focus group participants considered *situations* in which many people find themselves – the very reasons that people are uninsured – they are more willing to support solutions. Again, the consumer frame, with its highly personalized focus, obscures the contextual cues that would allow Californians to understand the conditions that create health care disparities. This requires a strategic remedy.

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

Because people believe that government is less effective than business in solving problems, any reform agenda will need to showcase the role of the market. Because they believe that small business is one of the arenas hardest hit by health care dysfunctionality, those reforms that feature small business in the package are highly favored. And, finally, because there is widespread fear of “socialized medicine,” on one hand, and general government incompetence on the other, the role of government must be framed to answer questions of efficacy, accountability and impact on the consumer.

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

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

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

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

Research Findings: Recommendations for Reframing

Based on these descriptive findings, and those aspects of the research that specifically tested hypothetical alternatives or “reframes,” we offer the following recommendations for improving communications to Californians about health care in the state. We offer these recommendations within the context of an admittedly finite body of research, which is largely qualitative in nature. In the ideal world, as we have demonstrated on other issues, these recommendations would be validated and refined in subsequent analysis, using a wider variety of methods. Nevertheless, the recommendations presented below are consistent in many respects with the findings from our work on this issue in New Hampshire, and are also consistent with framing theory. We offer the following seven frame components as important ways to improve the chances that health care reform in California will attract the broadest possible constituency and the most persuasive and reliable proponents:

- Step by Step. Frame health care reform as a stepped plan of incremental changes that add up to a broader blueprint. Without the blueprint, people are not likely to support incremental change. With only a blueprint, people are likely to think change is too big and that they will lose ground. They have to see both levels at the same time in order to overcome their numerous questions about who will benefit at whose expense with what promise of resolution. The step by step approach counters the idea that the problem is too big to tackle, and also inoculates against perceptions that the solutions proposed are “drops in the bucket.” This framing also gets over the zero-sum problem by creating sequence, not competition.
- Situations, not Groups. In defining the problem that reform must solve, describe situations in which many people are likely to find themselves: first job, divorced, downsized, self-employed, small business, part-time job, early retirement, etc. These are the places the system is broken. Do not exceptionalize or appeal to group identity. Avoid any frame that pits “them vs. us.” Substitute the idea that we are all in the system.

- Market-based. Solutions need to be seen as sound business, not socialized medicine. Solutions that incorporate small business reforms help make this point by demonstrating that reforms will address certain types of workplaces where the system does not reach, with bankrupting businesses.
- Messengers matter. Doctors, especially ER docs, and CDC spokespersons are all credible messengers on health care reforms. Californians want to know that people who understand medicine believe that the solutions being proposed will not hurt them. Small business owners were also effective – presumably as “unlikely allies.” Politicians and affected parties (victims of the system, such as uninsured people themselves) were discounted or evoked suspicion.
- Government as referee. The role for government has to be explicit. That role should be as problem-solver and regulator. It should set the rules that the system has to live by. It should not be seen as the day-to-day health care manager. To the extent possible, government’s continued role in keeping the system sound should be spelled out, to establish long-term accountability (see below).
- Mechanism needed. Every effort should be made to describe health care as a system that connects citizens and as advantaged by full participation. For example, compare the health care system to the public highway system or public utility system that have to go everywhere or they don’t work. Models that translate cost sharing and risk pools into vivid language and metaphors are what is needed. Avoid reinforcing the consumer model, which only reifies people’s fear and concern for their individual well-being. Effective mechanisms must shift the conversation from “me or them” to “us and it.”
- Values frames are effective. For liberals, the rights frame is highly effective; however, it can easily be trumped by an appeal to the consumer model, which is also highly salient to them. So the rights frame *reinforced by a systems mechanism that underscores shared fate* is a strong approach for this group. Across groups, the “responsible manager” frame proves appealing. In this frame, the system is portrayed as broken and practical problem-solving is needed. Government is called upon to respond to thoughtful interests in the society. Other sectors – business, labor, philanthropy – can play a role in making this appeal for sound management. Government is tasked with taking the appropriate steps to fix the system, bringing expertise and involved parties to the table, setting out a plan, and phasing in the needed repairs. California “can-do” and ingenuity are parts of this solutions-oriented frame.

Prevention can be framed in this way, emphasizing both improved physical and fiscal health; this message allows advocates to equate the health of California with its citizens’ health and to make getting in front of the problem a responsible action, both personally and politically. These frames can take advantage of the crisis perception by an appeal to get ahead of the problem, i.e., we’ve let energy

and education get out of control, let's not let our health care system go the same way.

While seemingly simple, these recommendations add up to a substantial change in the way advocates have been framing health care reform in California. By applying their own expertise and creativity to these principles, the FrameWorks researchers believe health care reform can emerge even more forcefully on the public agenda as an issue the public wants responsibly and effectively addressed.

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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