



Research Results on Framing Health Care Reform
in California: An Overview

A FrameWorks Research Report

Prepared for the Frameworks Institute

by

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“We define first, and then see.” -- Walter Lippmann

The last decade of research from the cognitive and social sciences has greatly expanded scholars' appreciation for Lippmann's original observation. It has, moreover, yielded new research practices and practical applications that are rapidly changing the way that sophisticated communicators engage the public.

The focus of this scholarship has been on: (1) **agenda setting**, or how media influence which issues people think are important for government to address, and (2) **framing**, or how media influence how people think about and interpret ideas and issues, particularly how they think about solutions to problems.

Put simply, this is what research suggests about how people process information:

- People are not blank slates, but have stored their prior knowledge as a reservoir of existing frames or concepts
- People use mental shortcuts to make sense of the world; we are “cognitive misers”
- Incoming information provides cues that connect to the existing pictures in our heads
- People get most of their cognitive repertoire about public affairs from the news media which creates a framework of expectation, or dominant frame
- Over time, we develop habits of thought and expectation that configure incoming information to conform to this frame

Thus, when communications is inadequate, people default to the existing “pictures in their heads.” When communications is effective, people can see an issue from a different perspective. This is known as “reframing” the issue.

This approach to communications alters significantly the way we approach research. Instead of asking **what** people think about a particular issue, framing theory would dictate that we ask instead **how** people are thinking about a particular issue in order to arrive at any given policy preference. Relatedly, the communications solution to wrong thinking is not to give people more information to process through their bad frame, but rather to change the lens they use to identify the problem. This approach dictates a different set of research questions than those used to drive more traditional research:

- 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 and uninsured populations in California be reframed to evoke a different way of thinking, one that makes appropriate policy choices salient and sensible?

The Research

To answer these questions in California, the following research was conducted:

- 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 (see “Californians on Health Care: A Meta-Analysis of Public Opinion,” Meg Bostrom, Public Knowledge for the FrameWorks Institute, April 2003, on FrameWorks’ *Talking Health Care in California* CD-Rom).
- 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 (see “Human Right, Consumer Right and Mechanism: How Californians Think About Health Coverage,” Axel Aubrun and Joe Grady, Cultural Logic for the FrameWorks Institute, June 2003 on FrameWorks’ *Talking Health Care in California* CD-Rom).
- 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 (see “Urgent Care: An Analysis of Qualitative Research Explaining Public Perceptions of Health Care in California,” Meg Bostrom, Public Knowledge for the FrameWorks Institute, June 2003 on FrameWorks’ *Talking Health Care in California* CD-Rom).

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.

- Experimental research resulting in identification, validation and refinement of a Simplifying Model capable of explaining the health care system to ordinary Americans (published as “Helping the Public Reason about Health Coverage: Findings from TalkBack Testing of Simplifying Models,” Cultural Logic for the FrameWorks Institute, August 2004 to be included in version 2 of FrameWorks’ *Talking Health Care in California* CD-Rom).
- A statewide survey of 1211 Californians conducted by phone September 13 – October 1, 2004 to further test the recommendations emanating from the California research (to be published as *Californians Speak Out on Health Care*, Public Knowledge/FrameWorks Institute, November 2004).

The California research is complemented by parallel research in two other states – Arizona and New Hampshire:

- A preliminary review of existing public opinion research on attitudes to health care, both nationally and within New Hampshire (published as *Patients Before Profits: Reforming the American health Care System, A Meta-Analysis of Public Opinion*, Public Knowledge/FrameWorks Institute, November 2002)
- 26 in-depth interviews conducted with ordinary citizens (16) and individuals in positions of influence (10) in various parts of the state (published as *Health Insurance and the Consumer Stance: Findings from the Cognitive Elicitations in New Hampshire*, Cultural Logic/FrameWorks Institute, April 2003)
- 4 focus groups with engaged citizens (separated by gender) in Lebanon and Londonderry (published as *Getting Covered: An Analysis of Qualitative Research Regarding Health Care in New Hampshire*, Public Knowledge/FrameWorks Institute, April 2003)
- a content analysis of print media coverage nationally and in the selected state newspapers addressing health care and the uninsured over five months in 2002 (published as *A Content Analysis of Media Coverage of health Care and the Uninsured 2002*, FrameWorks Institute, October 2003)
- A statewide survey of 1002 New Hampshireites conducted by phone September 19 – 25 to further test the recommendations emanating from the qualitative work (to be published as *New Hampshire Speaks Out on Health Care*, Public Knowledge/FrameWorks Institute, November 2004)

- 6 focus groups in Arizona with engaged citizens in Prescott and Phoenix. Four groups were divided by education and occupation between blue and white collar constituencies. In addition, two groups in Phoenix were devoted to a mixed group of ethnic citizens and another of ethnic community leaders, defined as holding leadership positions in voluntary and civic groups. All groups were conducted September 15 – 16, 2003.
- A statewide survey of 800 Arizonans conducted by phone November 12- December 4, 2003 to test priorities and preferences for health care reform in that state (unpublished summary memo).

The Analysis

“...the Consumer Stance largely preempts a moral perspective on the problem of the uninsured. From the perspective of a consumer, the fact that some people do not have health insurance loses much of its moral force. Not everyone has access to a given consumer good, for a variety of reasons, prominently including Individual Choice and Responsibility – if you really want to buy something, you do what it takes (saving, working hard) to buy it. And by the logic of the Consumer Stance, if you don’t have a particular good, it’s either because it wasn’t a priority for you or it was a luxury beyond your means and needs.” *Cultural Logic, Findings from the Elicitations*

- Californians place a high priority on reforming health care – it is one of the top three priorities, ranking just behind improving education and strengthening the economy.
- More than those in other states, Californians believe the problem has reached crisis proportions. Most want to see fundamental changes, but not a complete rebuilding of the system, and not minor changes.
- When people understand the problem as systemic, their concern is significantly heightened.
- While Californians are primarily motivated by a desire to address the cost of health care, they strongly support a major effort to cover the uninsured.
- They look to all levels of government to address the problem, including state government.
- While people are eager to reform many aspects of the system – cost, access and convenience – cost is the dominant frame they use to make sense of health care problems.
- The operating model most available to Californians is a consumer model. When operating in this chronically available model, health care is a private good and there is no role for the uninsured who are, by definition, non-consumers.
- While other ways of thinking about health care – such as the popular model of health care as a right, or as a moral responsibility to provide for others – are available to people, these tend to result in support for the current Safety Net.

- When operating within a system that is perceived to be a “zero sum” game, individual anxieties are heightened and altruism trumped.
- Reform appeals that address access through a narrow focus on disparities between groups or covering California’s uninsured are rarely well received, as this appeal tends to exacerbate concerns about the spiraling costs associated with the system, the number of immigrants in the state, and to focus attention on each person’s worthiness.
- Nevertheless, there is significant support for addressing the uninsured. Most want the state to make a major effort to cover the uninsured.
- Opinion is, however, volatile and tax-sensitivity seriously erodes support for reform.
- When people understand the damage to the health care system that growing numbers of uninsured represent, they are more resistant to tax threats.
- It is important to note that most Californians support a major effort to address the uninsured both because they believe they will directly benefit, and because they believe the state as a whole will be better off.

Reasoning in the Cost Frame

If cost is the problem, covering the uninsured is not the solution.

If cost is the problem, expanding eligibility will drive up costs.

If health care is a precious and rare commodity, expanding demand without expanding supply (doctors) will drive up costs.

If health care is a limited commodity, anything you give to others must be taken from me.

If cost is the problem, the uninsured are people who have been priced out of the system or who are too cheap to pay, so lower the cost and they can repurchase – or choose not to do so.

The Recommendations

Californians need help understanding the problems that afflict the system, and the solutions that would stabilize and improve it. They need simplifying models that convey the essence of expert understanding without the detail. They look to trusted messengers to help them understand how to make the system work better for the state as a whole. While they are willing to make fundamental changes in the system, they want to see a plan that details the steps toward reform. Without solutions, they become frustrated.

“I think it’s a very hard situation. It’s a very expensive situation. And everybody gets – I know the insurances are high, the premiums, I don’t know...I really don’t know how you’d ever try to solve it so it could be/ everybody could get insurance, I really don’t know. It’s a hard situation.” Elicitations informant

Given these findings, the FrameWorks Institute recommends that any solutions that derive from thoughtful consideration by experts in the state include the following frame elements:

- **Values** – In a series of trade off messages tested in the survey, survey respondents consistently selected pro-reform messages that featured Practical Management, A Step By Step Plan, Fixing the System, or Prevention.
- **Situations, not Groups** – Confirming conclusions reached in the qualitative research, people are much more likely to want to fix the broken places in the system that could affect anyone than to support certain groups above others. This approach also helps establish that we are all in the system together, not pitted against one another for a limited consumer resource.
- **A Step-by-Step Plan** – People are more willing to embrace meaningful reforms, and not to focus solely on cost, when they are presented as a step-by-step plan. Importantly, that plan must be more than a single policy or immediate incrementalism or it will not pass the smell test.
- **Trusted Messengers** – Support for developing a statewide task force of California citizens to review all available options and recommend a step-by-step plan for improving the state’s health system ranked high among priorities, earning 7.4/10.
- **A Simplifying Model** – When people understand a problem in practical terms, they engage better in solutions. Indeed, the model developed by the FrameWorks research team had a significant and positive impact in increasing concern about the system, and in reducing their satisfaction with efforts to date to cover the uninsured. Moreover, the model helps people get past their individual consumer concerns and to think more about the shared fate of the state as a whole. It should be noted that we verified only one model in the survey research, but the TalkBack testing conducted previously suggested additional promising models. In our opinion, experts should deploy these with citizens and help move the conversation toward practical problem-solving and system-wide reform. Certainly, there are few other forces in the state or the nation that are helping the ordinary citizen come to terms with a problem that appears overwhelming and threatening, especially as portrayed in media and in partisan rhetoric.

Also effective as a supporting model were the following:

Missing Pillars

Experts feel that the US health care system is becoming unstable for one main reason, which they call the *Missing Pillars* problem. Insured people are like the pillars that hold up the health care system, by paying in, whether a little or a lot, for their care. People without insurance still use the Health Care System, but they

Health Coverage Infrastructure

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

are missing pillars because they are not paying in regularly, and not helping support the system. These tens of millions of missing pillars are threatening the stability of the health care system.

ER Blockage

Experts feel that the most serious problem in the American health system is what they call "ER Blockage." Millions of people currently don't have insurance, so they don't use the normal channels for health care, and are clogging the emergency rooms instead. This has blocked up the operation of all ER's and forced many to shut down because ER's are very expensive to run and cannot turn patients away. ER Blockage is an early sign of big trouble in the whole health care system. The only way to solve ER Blockage is to keep people in the regular system by making sure they have access to health coverage.

In sum, the framing challenge is to change the conversation to recognize the advantages of cost sharing and of prevention. Effective reframing involves shifting people's perception from that of individual care to public health and from triage to getting in front of the problem. Health advocates in California would be wise to review and revise their tactics, using all elements of the frame – message, messenger, model, values, solutions, social math – to promote a vivid new frame to engage people in resolving the health care crisis. More of the same, with its focus on crisis and disparities, is unlikely to garner additional support.

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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