



FrameWorks' FAQs on Health Care Reform in New Hampshire

The following questions were identified by advocates as typical of those they are forced to answer in public forums and for media. In each example, we offer a typical answer and an analysis of its weaknesses. We then compose an answer based on the FrameWorks research and deconstruct its key elements.

1. Many people in our state simply can't afford health insurance. As a doctor, what advice would you give them for staying healthy?

False Start: For an individual with diabetes, with cancer, with emphysema, there simply is no substitute for regular medical attention.

Analysis: Places responsibility on the individual
Does not supplant the dominant consumer model (buy more!)
Restricts the conversation to people with certain kinds of medical problems, not the many situations that limit access
Can set up us vs. them thinking

Reframed: I would advise us all, as a state, to find practical ways of making access to health coverage and health care a given, as part of the basic structure of the society we all want to live in.

Analysis: Focuses responsibility on the state
Establishes an "us"
Makes solutions practical
Sounds the rights theme, without lapsing into rhetorical mode

2. New Hampshire is one of the healthiest states in the country. Aren't there problems that are more important for New Hampshire to focus on?

False Start: While most New Hampshire residents are healthy and doing well, there are thousands who are not doing well at all. These people need our help, and they deserve our energy and attention.

Analysis: Restates the negative assertion, giving it credence (elephants problem)
Sets up us vs. them thinking
Defines appropriate response as charity

Reframed: The breakdown of reliable coverage is a problem that threatens everyone in the state of New Hampshire. We've seen in other states that this kind of breakdown has ripple effects, such as the clogging of the ER system, as uninsured individuals have to seek other channels for care. Fortunately, the problem is manageable, if we act now.

Analysis: Frames the health insurance access problem as a situation that concerns all New Hampshire residents
Defines the problem as systems breakdown
Provides a vivid metaphor or model that helps people see their shared fate
Avoids the crisis frame and substitutes practical management

3. Most of the proposals for fixing the health insurance problem seem to boil down to socialized medicine – which everyone knows is incompatible with the quality and choice that Americans expect when it comes to health care. Isn't the current system actually better overall?

False Start: Of course, Granite Staters, like all Americans, expect the best health care available – as well as freedom of choice regarding their providers. But we also need to consider the question of access – if people have no coverage, then quality and choice become irrelevant.

Analysis: Accepts the consumer stance by focusing on quality and choice
Reinforces the assumption that we have the best system in the world
Cues up strongly held values – freedom, choice – which work against systems thinking

Reframed: We're talking about a very basic problem that faces our state: the systems we have for providing health coverage to the people and families in our communities are breaking down. This is a fixable situation, and New Hampshire is up to the job.

Analysis: Defines problem as systems breakdown
Defines problem as affecting many/most New Hampshire residents
Establishes solutions, practical problem solving, efficacy and ingenuity as main values cues

4. Some advocates say that health care is a fundamental human right. Do you agree with that?

False Start: If health isn't one of our most basic needs and most basic rights, then it

would be hard to say what is. Too many people in the state of New Hampshire are being denied this basic right, and the situation is unfair and unacceptable.

Analysis: Takes the rhetorical bait and forces people to decide between altruism and self-interest
Strongly asserts the rights frame, which can turn people off
Cues up fairness as main value, without having displaced consumer thinking

Reframed: Whether or not it's a right, access to health care, like access to roads and electricity, is certainly part of any community's basic needs. And it's certainly not beyond our means or abilities to build the structures that are needed.

Analysis: Cleverly uses the assertion of rights as a prime without having to agree
Establishes systems thinking through familiar comparisons
Substitutes basic needs for rights, depoliticizing the discussion
Establishes the failure to address the problem as a failure of ingenuity, not a moral failure

5. The suffering of uninsured people is a terrible shame. What can concerned people do to help? Are there clinics that could use donations?

False Start: New Hampshire is a generous and compassionate state, known for taking care of our own, and there are many things we can do to help. First of all,...

Analysis: Establishes sympathy as the main value
Defines the solution to the health care problem as charity
Likely will lead to a laundry list of solutions which are not integrated into a vivid picture of how the system works

Reframed: The people of New Hampshire have a history of innovation, tackling tough problems and figuring out a way out of them. What's needed now is an active effort to fix our broken health coverage system.

Analysis: Establishes innovation as the main value
Defines the solution to the problem as practical management
Defines the problem as a broken system
Challenges people's problem-solving abilities, not morals

6. What changes do you support in order to deal with the state's health insurance crisis?

False Start: The single most effective way of dealing with the access problem would

be to implement a single-payer system, either on the federal or state level.

Analysis: Uses jargon unknown to average people
 The access problem will default to cost for most
 Single payer will default to socialized medicine for some
 Few people believe the federal government can solve most problems
 Holds out one (seemingly impossible) solution

Reframed: There are several different ways in which we can build a reliable system that makes sure that everyone has health coverage. One would be to...

Analysis: Defines the problem as systemic
 Bundles access into the problem definition
 Allows for multiple solutions
 Could lead to a step-by-step plan discussion

7. We've done a pretty good job in our state of covering all kids. In your opinion, who should we target next?

False Start: There are many uninsured seniors in New Hampshire – many people come to our state to retire, and some of these early retirees lack coverage. It will cost the state plenty to treat them in emergency rooms.

Analysis: Buys into laundry list definition of step-by-step
 Invokes zero-sum reasoning- Why this group and not others (e.g., poor people, small businesses, etc.).
 Remains in the consumer frame; says nothing about systems

Reframed: It is important for all people in New Hampshire have quality health care. Over the next several years we can successfully implement a set-by-step plan that includes seniors, small business employees, early retirees as well as many other groups who make up our state.

Analysis: Establishes we are “all in this together”
 Sets up the potential for bundling the concerns of several interest groups simultaneously
 Focuses on a longer term plan played out in stages

8. A new report says that health care costs of hospitalization are in trouble because of the uninsured. Do you agree with that?

False Start: The costs associated with unreimbursed care due to the increasing number of uninsured patients have risen dramatically over the past five years.

Analysis: Uses jargon unknown to average people
 Blames care for the uninsured for rising health care costs
 Sets up us v. them thinking
 Implies the solution is to deny care to the uninsured

Reframed: There are a number of situations that lead to being uninsured, working for a small business or at a part-time job that doesn't offer insurance, for example. We need to find ways to close these gaps and have everyone share in the costs of the state's health coverage system. Otherwise, taxpayers and those with insurance end up carrying the full weight of the costs of health care.

Analysis: Defines the problem as systemic
 Makes uninsured about situations, not people
 Places responsibility on the state as a whole
 Connects insured people to access problems

9. In years past, we heard a lot about the nursing shortage. Is this still a problem, or should we be addressing the uninsured as the bigger problem?

False Start: The nursing crisis in New Hampshire is still creating unacceptable risks for patients, and is an urgent problem that we can't afford to ignore. This does not mean, however, that we *can* afford to ignore the uninsured crisis. On this front, there are a number of steps we should be taking: ...

Analysis: Fails to tie various health-related issues together
 Reinforces piecemeal thinking
 Relies on the overused Crisis frame
 Allows the nursing issue to overshadow the uninsured issue by putting so much emphasis on it first

Reframed: What you're asking is: what's the best way to create a system to ensure that all people in New Hampshire have access to quality care? Only by providing a sound infrastructure can we solve this problem.

Analysis: Takes advantage of the system perspective inherent in the question.
 Bridges to the idea of providing better infrastructure
 By redefining the question

10. Why are health disparities a problem?

False Start: The current health disparities between different groups in our state are

unconscionable, and the gap between the haves and have-nots is growing rather than shrinking.

Analysis: Reinforces zero-sum and focus on unfortunate “others” – rather than framing it as a single, statewide issue that concerns all of us.

Reframed: Health disparities are one of the symptoms of having a patchwork system in which more and more people are falling through the cracks. By investing in an adequate health coverage infrastructure – to move from the equivalent of county roads to a highway system – we could dramatically reduce the problem of disparities.

Analysis: Associates disparities with the current approach, which must be fixed. Then bridges to the simplifying model, which focuses attention on the system, not the victims.

11. Covering New Hampshire’s children seems a worthy goal. How much would it cost to cover them all?

False Start: It would cost money, of course, but children are vulnerable and we must do what we can to protect them. After all, we are a wealthy state in many respects. We spend money on our pets, our lawns, and other luxuries.

Analysis: Not only buys into the consumer stance but essentially admits that it will be expensive
Plays on sympathy and charity; unlikely to move people to support system reform
Challenges people’s morality and lifestyles in a way that is likely to invoke rhetorical tone - people love their pets and love to garden

Reframed: We’ve been doing a good job with our state’s Healthy Kids program. We are recognized among other states as a success. Now there are proposals to roll it back and to start rationing care for kids, dropping some kids out of the system. That’s not a smart thing to do, to take our state backwards. And it’s not smart to lose a generation because we didn’t put in place the preventive visits they need to grow up healthy. Instead of focusing on what’s working, we should be focusing on what’s not working – the rest of the health care infrastructure that hasn’t been built to cover people.

Analysis: Establishes the problem as one of pragmatism and responsible stewardship
Defines cuts as moving backward
Redirects attention to the infrastructure we never built

12. How can New Hampshire solve this problem if the federal government can’t do it? Is there really something the state can do about this problem?

False Start: The federal government has tried and failed to reform health care. We have a crisis in this state, so we can't wait any longer for the federal government to take action.

Analysis: Reinforces that others have tried and failed (elephant problem)
Defines the problem as a crisis, which overwhelms
Positions the state as impatient; reckless

Reframed: New Hampshire has a long history of practical problem-solving. When we know we have a problem, we don't stick our neck in the sand. We come together in our towns and communities to figure out the best solution. Responsibility dictates that we actively work to fix our health coverage system now. We can't do it all at once, but we can take steps like...

13. The state of New Hampshire has a lamentable track record in recent years when it comes to management – our problems with schools, budgets and political corruption come to mind. Why should Granite Staters trust that the State's involvement will improve anything in the health arena?

False Start: It's true that the State has had some very bad luck in some important areas over the past decade, but there is simply no alternative to government involvement in this critical issue.

Analysis: Accepts and reinforces the association between state government and failure/corruption
Treats government as an "outside" force that occasionally (and unfortunately) must intervene – rather than treating the government as the instrument of "our" collective will and know-how

Reframed: The current problem with access to health coverage is statewide, and everyone in our state will have to work together to solve it. There's a role for business, philanthropy, government and ordinary citizens. It's going to take a real collaboration across our state to fix this system.

Analysis: Doesn't fall into the trap of agreeing that government action is the last resort
Shares responsibility with other sectors
Optimistic tone, sounds like the problem can be solved