



Getting Covered:
An Analysis of Qualitative Research
Regarding Health Care in New Hampshire

A FrameWorks Research Report

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Methodology

This report is part of a larger study of public attitudes to health care in New Hampshire, managed by the FrameWorks Institute for the Endowment for Health. This study is grounded in the theory of strategic frame analysis as advanced by the Institute; unfamiliar concepts and terms employed in this report should refer to the FrameWorks' site (www.frameworksinstitute.org). This particular phase of qualitative research was designed to explore perceptions of health care, with particular attention to concerns about the uninsured. In addition, participants were exposed to a series of hypothetical alternative frames or "re-frames" for this issue. Specifically, the research was designed to explore answers to the following questions:

- When people think about health care, what frames of reference first come to mind?
- How do people view their own health care and the nation's health care?
- Of various problems in health care, which do people prioritize for remediation?
- How are perceptions of access, cost, and quality interrelated? Are people more willing to address the problem of lack of insurance if it is tied to policies to address cost and/or quality?
- To expand health care coverage, are people willing to sacrifice by increasing taxes or limiting care?
- What are the barriers to public support for policies to address the uninsured?
- What connections do people make with various policy approaches?
- What reframes advance appropriate policy alternatives?
- Who are effective messengers?

To explore these questions, four focus groups were conducted with engaged citizens in New Hampshire, 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 gender as follows:

- Men in Lebanon and surrounding area (Thursday, January 9, 2003)
- Women in Lebanon and surrounding area (Thursday, January 9, 2003)
- Men in Manchester/Londonderry (Friday, January 10, 2003)
- Women in Manchester/Londonderry (Friday, January 10, 2003)

Strategic Summary

New Hampshire is ready to have a conversation about health care policy. However, focus group respondents view the New Hampshire approach to problem-solving in general as one characterized by caution, so they are not willing to rush to judgment or to radical change, even though they believe health care is in need of reform.

Focus group respondents have a range of interrelated concerns about health care – cost, access, restrictions on care, to name only a few. Their anger and attention is directed at insurance companies, which they believe are overly motivated by profit. Time and again, the critique of the health care system comes back to a discussion about the behavior of insurance companies: premiums rising faster than the cost of inflation, increasing restrictions on care, inefficiency and greed. While focus group respondents want to address the needs of the uninsured, they also want reassurance that the underlying problems in the system are being addressed. This is due in part to their sense that the problems they perceive in the health care system are inextricably interconnected: high premiums keep people from affording insurance; fear of lawsuits encourage unnecessary medical tests; due to inefficiencies such as unnecessary medical tests, insurance companies place restrictions on care. To focus solely on any one of these areas seems to ignore the scope of the problems.

Focus group respondents are torn between two opposing views of health care reform. On the one hand, they believe the problems facing health care are extensive and, therefore, reform will be difficult. Even so, they want to see the fundamental problems addressed and say they are ready for significant change. On the other hand, they quickly raise concerns about “socialized medicine” and are quick to identify what could be lost in the push to reform health care. When pursuing this train of thought, focus group participants are most fearful that their own care will be limited, and thus quickly oppose any policy solution that might compromise their own care.

Policies to address the uninsured face additional challenges in public perceptions. The good news is that focus group participants prioritize increasing access to care. Most express personal fears of being without insurance and empathize with the experiences of the uninsured. However, they also view assisting the uninsured as a charitable act, and raise concerns about taxpayers paying for the undeserving poor. To be effective, communications about the uninsured needs to be about the *situations* that result in people being uninsured, rather than about the *individuals* who are uninsured. When focus group participants center their attention on individuals without insurance, they tend to think of the stereotypical welfare recipient. This in turn leads them to oppose supporting the poor with their own hard-earned tax dollars, particularly when the state budget is already stretched.

By contrast, when New Hampshire focus group participants consider *situations*, i.e. the reasons people are uninsured, they are more willing to support policy solutions. They support policies to assist small businesses in providing insurance to employees because they

believe this is where much of the problem lies. Small businesses cannot afford to purchase insurance, they reason, nor can they make their employees pay for large percentages of the premium. Focus group participants also want to assist part-time workers, who often do not qualify for health insurance. These are the situations focus group participants want to address: hard-working employees of small businesses and part-time workers who have no other options. Importantly, communications should not demonize the businesses that are not providing good coverage. As far as these respondents are concerned, these are businesses that want to do what is best for employees, but are struggling to keep the company going.

In addition, any message that hopes to inspire New Hampshire citizens to embrace health care reform must include prevention. Because focus group respondents believe the uninsured can get care when they are in an urgent situation, support for coverage for the uninsured is undermined. Including the cost rationale for preventive care, i.e. that quality insurance pays for itself by catching problems before they become serious, health care reformers can help build support for quality health coverage for the uninsured. This message is particularly effective when delivered by an emergency room doctor, which tends to remind people of where exactly an uninsured person is likely to receive care.

Finally, advocates should avoid publicizing the actual percentage of New Hampshire residents who are uninsured. First, this focuses attention on individuals, not situations. Furthermore, focus group respondents already think this is a serious – read big – problem. Their concern tends to express itself by overestimating the extent of the problem. Indeed, they currently think the number of uninsured is three times the actual number. . By stating the actual percentage, advocates decrease the priority of the issue. Respondents were relieved to hear that it wasn't as serious as they had suspected. This kind of confusion over the size and scope and degree of the problem cannot and should not be addressed through the simplicity of a numerical communication. New Hampshire citizens need more help in understanding the nature of the problem so that they can endorse effective solutions.

The Current Context for Health Care In New Hampshire

Characterizing New Hampshire

Focus group respondents in New Hampshire describe the people of the state as independent, stubborn and anti-tax. They see the state as a great place to raise a family and start a business, but worry that recent economic growth is creating problems, such as a shortage of affordable housing, that change the state's small town atmosphere. While they oppose bureaucratic government, they have faith in New Hampshire's political process and its historically cautious approach to problem solving.

The state motto, "live free or die" is top-of-mind for New Hampshire focus group respondents as they characterize what sets the state apart. "The state motto, in itself, in some other areas would be pretty controversial and it has been in New Hampshire, too," noted a Manchester man. "But I think basically New Hampshire is characterized as people with an independent spirit." "Independent character is really what I've observed," a Lebanon man explained. "People are not easily pigeon-holed. They want to think things out and do the right thing." "Self reliant, taciturn," a Lebanon man volunteered.

They believe New Hampshire provides a small town atmosphere with a safe, nurturing environment for raising a family. And they are nostalgic about this way of life, which they perceive as vulnerable to change. "Well, crime," a Manchester woman observed, "when I brought my children up we were in Manchester in a cul-de-sac and the kids had a ball. They were involved in everything and I was a stay-at-home mom. I worked just part time. I took care of children at home and it was wonderful. I didn't have to worry. The kids went out." Focus group respondents note that this small town atmosphere is increasingly rare; it is disappearing from other parts of the country. "We moved here just short of two years ago from central New Jersey, just outside of Princeton because it was just crowded and we were in a hurry," stated a Lebanon woman. "All of the farms are turning into housing developments... I grew up in a small farming town where [we] practically pulled the sidewalks in at night and everyone knew everyone else. We wanted that for our children, and we found that here in central New Hampshire."

Several note that the state is defined by its anti-tax stance. "I think being stubborn has got to be one [characteristic] because we're living in a state where taxes are all based on the property you own rather than how much money you earn, and yet over and over and over again people stick with that in terms of voting," a Lebanon woman described. "To me that seems kind of stubborn." "There is always that interplay between 'live free and die' [and] 'I don't want to pay more tax' [and] 'I don't want services' and 'I don't want all you people moving here,'" a Manchester woman stated.

Focus group respondents think the state economy is based on small, entrepreneurial businesses and believe the state's tax policy encourages them. "One main reason it is very attractive to move in or to start a business here is the absence of a state income tax," a

Lebanon man remarked. “If you have a high tech company and you are making good money, it is a real plus to be able to move to an environment where you don't have to pay tax on that income and as your company grows it becomes attractive in terms of hiring employees from out of the area who want to relocate here.” “It's a funny state because over 85 percent of our businesses are small businesses,” a Lebanon woman noted, “and so it's been a very good place for people who want to start their own business.”

However, people also perceive that it is the state's economic growth that is creating many of the state's problems. “Growing too fast,” one Lebanon man described. “I wouldn't say they are growing too fast,” another disagreed. “It's just the opposite. It's at the adolescent stage where they can't fit themselves.” A third participant in the Lebanon focus group who had been touting the state's business climate, also warned of the downside of success. “The converse of [state economic success] is that...there is an enormous pressure in housing and services and schools and so forth to keep up with the influx,” a Lebanon man warned. Furthermore, this perception of threatening or out-of-control growth increases expectations for more government action and responsibility, which is not in sync with the New Hampshire independent spirit. A Lebanon man suggested, “But the very aspect that makes the state exciting and wonderful; i.e., less government, a good entrepreneurial spirit within the state...We're having a problem with the marketplace; it doesn't seem to be answering the issue of housing. What do we do? We ask government to solve that problem. There is a conundrum there.”

Furthermore, some long-time residents perceive economic growth to be harming the state's family-oriented atmosphere. “Those of us who have had children,” explained a Lebanon man, “who moved here [in part because it is] a good place to raise your children, are now finding you can't keep that close-knit family anymore. Because the only way they're going to get a place of their own is to go further afield.”

Finally, the state's political structure, reinforced by its independent spirit, influences how it addresses problems. State decision-making is grounded in the perceptions and actions of localities. “I'm not sure New Hampshire is a state necessarily,” one Lebanon man suggested. “It tends to be far more depending on the localities.” Another agreed, “We form committees and then fight within those committees.” “I had a cousin come from New York,” a Lebanon woman told. “She said, ‘I love coming here. Everybody knows about politics; everybody knows their legislators; everybody knows their elected officials. When something is wrong, they all go to meetings. They all yell and scream,’ and we do.” “For that matter it is easier for us to get to our representative,” a Manchester man noted. “It is not one representative representing a million people. It is one representative representing your district in a town or a city or whatever, so it is easier to get to a representative and say, ‘this is the problem.’”

New Hampshire is perceived to be more cautious than other states in solving problems. “But we don't rush to a solution either,” a Lebanon woman remarked. “The lead paint issue, we watched what Massachusetts did and they did it all wrong. We waited and then we made our legislative move, which was easier and more palatable to work with. So I think we're cautious.” The incremental nature of New Hampshire problem-solving is expressed in

this quote from a Massachusetts man: “Massachusetts throws money at it, where New Hampshire will say, ‘well, let's start from x and we'll go to whatever.’”

Though they are against big government, they are not necessarily cynical about their local representatives. New Hampshire representatives are seen as involved citizens, not politicians. “In New Hampshire they only get paid \$200 and a stipend of gas money,” explained a Manchester man. “They are not there for the political end. They are in there for the people that they are representing.”

Views Toward Health Care

Most focus group respondents know that New Hampshire has a reputation as one of the healthiest states in the country. They point to wealth, quality of life, and quality of medical institutions as the reasons for the state’s reputation. “I think health may be a reflection of the fact that New Hampshire is among the top 10 of the wealthiest per capita household income of all the states in the country,” a Lebanon man explained, “which also is, I think, a reflection of the people's wherewithal to take care of their health because they can more easily afford healthcare or health insurance.” “A marked difference in quality of life,” one Lebanon woman reasoned. “People are much healthier up here, live longer in a more healthy way.” “I think it came up number one in the last survey they did as the most healthy state in the country,” remarked a Lebanon man. “We have Hitchcock which is probably [one of the] top medical centers in the country. As far as getting care, if you do get sick, you've got that.”

When people think of “health care,” their initial thoughts revolve around cost, convenience, access, and insurance company manipulation. These concerns are not isolated from one another. Throughout the group discussions, participants note ways in which each of these issues influences the others. For example, high insurance costs keep the poor from accessing health care, and insurance companies erect barriers to care in order to limit costs.

Health care costs are top-of-mind. When asked for the first words that come to mind when they think of health care, New Hampshire focus group participants tend to cite cost: “uncontrollable,” “expensive,” “money,” “\$1000 deductible.” “Well, the increase is higher than the cost of inflation,” a Lebanon man explained. “It goes up four times, five times the inflation rate.” Many focus group participants have experienced rising costs in their own health care. “The cost has increased from our employers dramatically from one year to the next,” a Manchester man remarked.

Ability to access health care coverage is also a primary consideration among focus group participants. Nearly all focus group participants had health insurance at the time of the groups, and many were confident of continued personal coverage. “Very consistent,” was a Manchester man’s first thought regarding health care. “I've had it for almost 30 years, the same Blue Cross, Blue Shield.” In every group, however, at least one person was without insurance or could remember a time when they or family members were without coverage. “Lack of Social Security supplying those benefits,” was the first thought for a

Manchester man. "I'm in that position. I took early Social Security but I'm not 65, so I can't get Medicare. I have no insurance." Most of those who mention access as a problem are voicing their concern for others. "The first thing that comes to my mind is too many don't have it," a Lebanon woman shared. "Yes, we pay but at least we can pay. We've got an option."

Some are angry about insurance company restrictions on care. However, most discuss this as a convenience issue, rather than a quality care issue. Few talk specifically about "quality of care" and, when they do, the remarks tend to be positive. "At least for us, the quality of health care is very good," explained a Lebanon man. "At least in this area," another added. Importantly, however, they are critical of the restrictions that insurance companies impose and the impact this has on their ability to get the care they need. Focus group respondents talk about this problem as a convenience issue, when in reality, it affects the quality of care they receive. "If my knee is injured I have to go see my doctor and then [he] has to recommend me to go see some other guy," a Lebanon man complained. "The insurance companies tell you what medicines they will cover," a Lebanon woman complained. "They determine what migraine medicine I use. They have too much power." "Whatever the doctor chooses," a Lebanon woman explained, "if my insurance company doesn't cover it, I don't get to use that one first."

High profits and frivolous lawsuits lead to expensive health care. Many New Hampshire citizens point to insurance companies' greed and industry's inefficiency as the causes of the problems they perceive in the health care system. "It's an industry that has been taken over by the bottom line," a Lebanon woman complained. "I have two thoughts - by lawyers and accountants. It's no longer driven by the doctor and the need." A Manchester woman shared a personal story to reinforce the role of lawsuits in increasing health care costs: "I have a toenail fungus and I knew what it was. I wanted some of those pills that they advertise, right? My doctor had to take a sample of it and paid for that just to cover her so she doesn't get sued by somebody. It's all these ridiculous suits...making it worse and driving the cost up further." Frustrations with insurance are causing some to ask whether the country would be better off without this industry. "I sometimes wonder what would happen if we had no insurance in healthcare," a Lebanon woman asked. "If we literally went back to where people walked in and everybody paid their bill -- whether we would pay less for these things or more."

Access and the Uninsured

Of all the problems they see, access to health care is the one that most group participants want government to prioritize; for many, this means also addressing costs since they believe more people would have health insurance if that insurance were affordable. While focus group participants raise a variety of concerns about the health care industry, when asked what aspect of health care they want government to address, most point to access. "I think it's to make it more accessible to everybody," a Manchester woman noted. "Some people don't even have health insurance and can't afford to go to doctors." "I think every child should have health care," a Manchester man stated. However, some note

that lack of access is due to cost, so if the expense of health care were addressed, access would not be a problem. “Too many don't have it,” a Lebanon woman suggested. Another responded, “I think the expense is what drives that. They can't afford it. So to me that would be the top thing.”

Though most focus group participants want government to address the uninsured, this issue will benefit from broader communications that includes concerns about cost and quality. When lack of insurance is positioned as the primary health care issue to be addressed, some get frustrated at the narrowness of the dialogue. “Those aren't the problems I'm being faced with as an administrator,” argued a Lebanon man. “My problems are costs, not the availability, not getting it out there to people.”

Some focus group participants state that they do not want to expand a flawed system without an indication that the problems facing health care are being assessed more broadly in the state. “Before we start talking about tossing more money into this system,” a Lebanon woman suggested, “I think somebody better be talking about what is driving some of the cost because this medical malpractice thing is not a small issue.” “We're looking for the fix to offer blanket benefits but that's the band-aid,” a Lebanon woman argued. “I still see the problem with the system [being with] the pharmaceuticals and [I see the need] to look at the entire program, the healthcare system as a whole. Yes, it would be great to offer benefits to everybody but if they are still taking those benefits and going into an emergency room for a sore throat that could be dealt with [by] a \$25 office visit and a \$10 penicillin prescription...”

Access emerges as the top policy priority in large part because it is really about security. People want reassurance that health care will be available to them, or others, when they need it. “I went without insurance for a year and I can remember stepping on a knife and thinking, ‘Oh my God, I'm going to have to go to the vet to get him to stitch me up,’” a Lebanon woman remembered. “I object to the notion that people can't be free from the fear of catastrophic health problems, meaning that healthcare will not be available to them,” argued a Lebanon man. “I object to that. I think there has to be a way.” “All people [should be] somewhat covered so that they are not in a predicament because someone may have lost his job or is starting out [on] his own and can't afford health insurance, and all of a sudden something devastating happens to him or his family or whoever and they are reluctant to go to the hospital. I think that would be a disaster,” a Manchester man remarked.

If a person is in urgent need, they will not be denied treatment, according to group participants. At the same time, focus group participants believe people are regularly denied less urgent care. “On many different levels they are denied care on a daily basis,” noted a Lebanon woman. “Unless they go into the hospital and they are bleeding from the head, they are not getting the care.” “I've been without insurance and I've been with fantastic federal insurance, working for a Senator,” explained a Lebanon woman. “There is a huge difference in the way you are treated when you go into the hospital -- huge. So there definitely is a denial of care, and I think people die every day.”

The uninsured are unable to get preventive care, people say, and will wait until a problem is severe, which will cost more in the long run. "I think the problem is that people will delay going to a doctor," stated a Lebanon man. "If you find cancer [at an] early stage -- colon cancer, breast cancer, early stage you can get that fixed. But some people say, 'Damn I don't have the insurance. I'm not going to go. I've had this pain for three months but I'm not going to go to the doctor because I don't want to have to spend all that money.' It delays early discovery of illness." "You have to go to the emergency room because if you call the doctor to get an appointment, they won't take you unless you have insurance or agree to pay at the time of your visit," said a Lebanon woman.

Focus group participants are more willing to support policies for the uninsured when they consider the *situations* that result in people's lack of insurance, rather than the *individuals* that are uninsured. If primed to think about individuals, people's stereotypes about welfare recipients are immediately triggered and focus group participants state they only want to help those worthy of their assistance. "I think this comes back a little bit to our type of New England or Yankee attitude," a Manchester man remarked. "I'll help anybody who is trying to help themselves." "But I certainly won't work my tail off to give money to someone [who] I know that money isn't going to do them any good because it will be gone tomorrow and they will be no closer to taking care of themselves," added another. "I think we have less sympathy for people who aren't willing to work for it," a Manchester woman observed.

However, when they think about the situations that result in people's lack of insurance, focus group informants are more sympathetic. They have the most sympathy for low-wage workers or part-time workers whose employers do not provide them with coverage. "Is it the minimum wage workers that can't afford the insurance, or is it because their companies won't give them enough hours to qualify for insurance?" a Manchester woman asked. According to another Manchester woman, "A part time person is going to make enough just to cover the insurance for the month." "For God's sakes, it's so much money," another added. "If I were to go back into the workforce," a Manchester man suggested, "most places would only hire me part time. They hire you part time because they don't want to pay your health insurance." "But they don't pay you that much extra in salary to make up for it," added another.

People have some sympathy for those who retire early, but also believe early retirees should have been able to foresee their situation. "So you have to work an extra three years," argued a Manchester woman. "You are supposed to. Obviously, if you can retire younger, that's better. My father-in-law is the same way; he retired young and he is going crazy because his wife now needs a knee replacement surgery and he doesn't have any insurance because he is only 60."

Finally, they have the least sympathy for young, healthy adults who decide against buying insurance. "That's a conscious choice, though," a Manchester woman stated. "They get in a car accident," another warned. Added another, "If somebody wants to gamble..." "I teach for Franklin Pierce College in their night school," a Lebanon man explained, "so I see a lot of twentyish, thirtyish, fortyish -- a lot of adults who ... are working in the jobs where there

is no healthcare, and time and again I hear that they have to make sacrifices in order to pay their tuition. One of the things they give up is healthcare. They'll drop it.”

On average, focus group participants guess that about 25% of New Hampshire residents are uninsured. When presented with the actual figure of roughly 9%, participants are shocked. “Pretty low,” said a Lebanon woman. “We do take care of our own,” added another. This statistic causes concern for the uninsured to plummet. Note the following conversation among Manchester women:

So education, obviously, is a larger issue in New Hampshire than health care.

Well, if it is only 9 percent. . .

Why is it an issue?

At the same time, most reject the idea that lack of insurance can be set aside as an issue simply because it is a less prevalent problem than they initially believed. “But that's still one out of every 10 people,” a Lebanon woman noted. “If you count around the table and you start putting a face on it, it still sounds like a lot of people to me.” In fact, a few see an advantage to addressing the problem before it is too severe. “I still think now is the time to do it,” a Manchester man suggested. “If we've only got 9 percent, let's start on something now.”

Reforming Health Care

New Hampshire focus group participants believe health care reform is a very difficult undertaking and worry that significant reform could make health care worse, not better. Fears of “socialized medicine” lie just under the surface, and any language that suggests one’s own care will be limited triggers opposition. Most are uncomfortable with a policy recommendation to provide one level of care for all, seeing it as limiting care rather than providing a safety net. While they understand the cost burden on society of the uninsured, they oppose requiring insurance since it is unaffordable for many. When forced to spend resources on either urgent care or preventive care, participants avoid choosing just one, but see urgent care as the primary need.

Focus group participants recognize that health care reform will be difficult and will take the efforts of everyone in society to enact change. “I think health care is a major problem,” a Lebanon man remarked. “I got that out of the conversation, but I think the answer is not going to be simple and I think it is going to have to be shared among the employee and the employer and maybe the state.”

At the same time, policies that hint of fundamental reform trigger fears of socialized medicine. “I wouldn't want a Social Service like Canada,” a Manchester man warned. “Canada is a mess,” stated another. “Basically, you are talking about socialized medicine,” a Lebanon woman remarked, “and what concerns me about socialized medicine is, despite all the complaints around this table, this country has the very best health system in the world and that is why everybody comes here.” It takes very little to trigger fears of socialized

medicine among focus group participants. One Manchester man thought a proposal sounded like socialism because “everyone [is] covered. Everybody is going to [be] the same.” “I think it’s the idea of everyone the same,” added another Manchester man. “That would scare me.”

These focus group participants have two different interpretations of a policy recommending one level of care for all, with the ability to purchase additional care. Several interpret this as limiting a person’s health care. Others, however, interpret it as a safety net that provides basic care for all.

Focus group respondents are quick to see what they could lose in reforming health care. In discussing a proposal to provide one level of care for all, with those who can afford more buying additional coverage, some were concerned about the sacrifice they fear they would have to make. “I would hate to lose the opportunity to choose,” a Lebanon woman worried. “I would be concerned with a single level service that people, even providers, would become too complacent.” “To some degree from what we’ve said, we don’t have choice now,” a Lebanon woman added. “Seeing the physician’s assistant, as opposed to your doctor, because that is the first step that they go through to try to weed out different problems. So we don’t always have [choice] even under the best coverage, which I think we have at the moment. We don’t always have that ability to see who we want sometimes either.”

Those who interpret this recommendation as a safety net like it. “If there was a basic for everybody and then if you could buy more service on top of that,” noted a Manchester woman, “that would be wonderful.” However, all think people should have the opportunity to pay for additional care if they choose. “I don’t have any problems with saying one level no matter what, right across the board, for retired people, for the children and so forth,” explained a Manchester man. “But if John Doe can afford a better health coverage, then all the power to him.” “But with a minimum level, and if someone wishes to expand or supplement that, then they ought to be able to do that too,” noted a Manchester man.

Despite the fact that many focus group participants understand that taxpayers and the insured pay for the costs of care for the uninsured, nearly all are opposed to requiring every state resident to carry some level of health insurance.

Several focus group participants, particularly in the men’s groups, understand that citizens pay for the uninsured through insurance premiums and tax dollars. “The hospitals I guess figure a certain percentage are going to be written off,” explained a Manchester man. “They are not going to collect their money. Who is going to pay for that? Well, we’re all going to pay for it in our insurance premiums.” “The ones that are getting it for free, somebody else is paying for it. So that will escalate the costs,” a Lebanon man noted. Added another, “It’s kind of reverse insurance.” “You pay for somebody else,” another agreed. “The reason the pressures are occurring on providers of insurance is because the pool is shrinking, right?” a Lebanon man asked. “The pool shrinks, the premiums go up.”

Since many understand the interdependent nature of insurance -- that those without it increase the health care costs and premiums of those with insurance -- one possible policy approach would be to require insurance of all. Everyone would have to pay a fair share. Whether using the harsh word “require” or softer terms like “fair share,” people still do not want to force all residents to carry health insurance coverage. Focus group participants’ biggest concern is affordability. They think most people are without insurance because they cannot afford it, not because they do not care about having it. “If you required it, how are some of the people going to be able to afford it?” a Lebanon woman asked. “I am, obviously, retired. Come on now. Don't require it. I don't have the money.”

In addition to offending New Hampshire residents’ independent spirit, most do not know how such a law could be enforced. “Well, there is no way to monitor it,” a Manchester man stated. “You really can't enforce it in any way, shape or form unless you had a police department going, ‘Hey, do you have your health insurance?’”

Health reform advocates frequently point to re-allocation of health care resources as one solution for escalating health care costs. Significant resources are expended for relatively few, critically ill people who need expensive care, rather than invested in preventive care that would benefit greater numbers of people. Focus group participants do not believe society should have to choose, but if forced to, they would choose urgent care as the morally responsible choice.

To help determine whether people favored spending their limited resources on prevention in health care or on crisis care, people were asked to respond to the following scenario.

Let's say in this room we had \$100. We have two choices with our \$100. We can either pay for immunizing 10 people for a serious illness they might get, or that \$100 could go to pay for surgery for a person who would die without it. Which do you do? Do you immunize 10 people who might get a serious illness or do you pay for surgery for a person who will die without it?

When forced to choose between spending money on prevention for several, versus taking care of an urgent life-threatening problem for one person, nearly everyone chose putting money toward the life-threatening problem. “Ten percent of the people that get tuberculosis,” stated a Manchester woman, “you don't even know if these 10 people are going to get it.” “One is a chance and one is a sure thing,” explained a Lebanon woman. “I would go with the person that is going to die,” stated a Manchester woman. “Unless he is 95 and on the way out anyway,” added another. “How can you not, morally?” questioned a third.

Importantly, this is not an easy decision for focus group participants. They do not want to see anyone denied care. “But I don't think we should be in that situation,” a Manchester man insisted. “Right. We don't have to make that choice,” added another. Discussion of these kinds of trade-offs is what concerns people about health care reform. They do not want to see care limited. “But isn't this what they do in Canada?” a Manchester man asked. “Don't they more or less ration out the health care? In other words, you can go in there and

you are very, very sick and they don't wait on you right away.” Another added, “They ration it out. You get on a list, if you've got heart problems.”

The Role for Government

As noted earlier, New Hampshire residents are opposed to government bureaucracy and high taxes. Though they want to see government act to address health care problems, they believe government is incapable of creating an efficient, effective program. They far prefer policies that fix gaps in the system, such as providing health insurance assistance to small businesses, to those policies that address more significant industry reform.

Focus group participants worry that government ineptitude will turn a well-intentioned, well-designed initiative into an unwieldy and expensive undertaking. “The government has a history of doing things poorly -- not that they have poor intentions, but the execution is poor,” a Manchester man cautioned. “Brought to you by the same people who give you the IRS,” a Lebanon man noted. “That's my biggest issue to national healthcare,” a Lebanon man explained. “If it is a government-run entity, all the other government-run entities don't seem to work.” Focusing on state government, rather than the federal government, helps in New Hampshire -- but not much. “That's the one thing I think -- if the state gets involved, the first thing they do is build a bureaucracy to make it work,” a Lebanon man complained. “Then that bureaucracy usually costs more than the cost of healthcare.” Another argued, “I'm sorry but New Hampshire does not have a big bureaucracy as we compare ourselves to other states.” “The first year it won't be carried away,” noted a Manchester man. “In five years you will say, ‘boy, they are carrying it away.’”

Ineptitude aside, focus group participants do not believe the state can afford another large program. “The state does not have lots of extra money to put into things,” a Manchester man remarked. “It's just not available.” “Where is that money going to come from to cover these people?” one Manchester man asked. “From your taxpayer,” another answered. Ensuring health care coverage for the uninsured sounds like a handout. “Are they going to put a thing on your pay stub that says x amount of dollars for the statewide health plan?” a Manchester man asked. “And you say to yourself, ‘there is my money going to these guys.’”

A few are concerned that people with insurance would choose to drop it and join the state program, making the state program even larger than it needs to be. “If you give everybody a reasonable level of coverage and it is too good a level of coverage,” a Manchester man warned, “then what is the benefit for them to pay the amount of money I pay every month to be in a healthcare program?”

Focus group participants in New Hampshire reviewed a range of policy options designed to assist small business, provide options to individuals, address issues in the insurance system, and help the poor. The intent of this exercise was not to determine which policies would be the most popular. Rather, the discussion of

policy options provides insights about the frames of reference people bring to these issues and the associations they make, including the barriers advocates will have to overcome to advance a policy agenda. Importantly, as focus group participants review these policies, they tend to: evaluate the cost of the policy, determine who will benefit from the policy, and decide whether the beneficiary is worth the cost.

As people weigh their support for policy options, they tend to focus on whether or not the policy will cost them in some way (either in tax dollars or in reduced care). If they deduce that a policy will cost them, people then consider whether or not the recipient is worthy of the cost.

For example, focus group participants are willing to support individual savings accounts because they see them as offering people options while not costing taxpayers. However, they do not believe this approach will do anything to help the uninsured afford health insurance.

Generally, focus group participants like approaches that assist small business because they believe small business owners try to treat their employees well and struggle to provide insurance. Therefore, these businesses are deemed worthy of support, and people who work at small businesses, because they are working and have limited options for healthcare coverage, are also seen as worthy of support. Focus group participants express concern about how these policies might affect the state budget, but they are willing to consider taking actions to help small businesses if these changes will make a significant difference in resolving health care problems.

Focus group participants are least likely to support policies that specifically address providing insurance to the poor. They believe these policies will be very expensive to taxpayers, and they are not sure the recipient is worth the cost to the taxpayer. People toggle between wanting to help poor people who are “responsible” and wanting to limit abuse by those who are “irresponsible.”

Finally, while they understand on one level that the healthcare system requires major reforms, focus group participants are nevertheless confused by, and skeptical about, broader insurance industry reforms. They deduce that restoring risk-based premium pricing might lead to cheaper premiums, but they suspect that it could also result in a cost they find unacceptable – more people without affordable insurance due to pre-existing conditions or other constraints.

Specific reactions to each policy are outlined below. Included in the policy considerations are focus group participants’ evaluations of the costs associated with each policy as well as their assessments of whether or not the actor who benefits from the policy is worth the cost to them. We include this information because we believe this thought process needs to inform the development of an effective frame for advancing the policy agenda.

Small Business

New Hampshire focus group participants believe small businesses struggle to provide insurance and hardworking small business employees often find themselves with few health care options. While they express some concerns about how the proposed policies might affect the state budget, focus group participants are willing to support remedial policies to help small business.

Policy Discussed: Expand group-purchasing options for small employers, such as creating small employer health insurance pools.

Focus group participants are enthusiastic about expanding “group-purchasing options for small employers, such as creating small employer health insurance pools.” They see this proposal as “something like co-op insurance plans” (Manchester man). They understand that large numbers of people are able to negotiate lower rates. “The more people in the plan,” a Lebanon man explained, “the lower the rates become.” “That would work great because I know they go by the numbers,” a Manchester woman stated. “When you are in a small business of two, there is only one worse than that and that is the single person.” Rather than costing taxpayers money, this is a private sector approach that saves people money. According to one Manchester woman, the benefit of this approach is to “make it more affordable for people.”

Focus group participants like centering the solutions on small business, because they believe that is where the problem largely exists. “There is a lot of small business; a lot of self-employed people,” a Manchester woman noted. “I think a lot of people work for small companies that can't afford to provide healthcare,” a Manchester man surmised. “We have a lot more smaller companies or entrepreneurial type companies where there is five or six, 10 employees,” a Manchester man explained. He continued, “I work for a company like that. I was out of insurance. There were 10 employees and he said, ‘I can't afford it right now.’ I think a lot of people fall into that category where they are working but there is no opportunity. And something like taking all these small companies and being able to pool them all together under one provider might alleviate some of that.”

Policy Discussed: Tax credits to encourage small businesses to subsidize the cost of their employees' health insurance.

As noted above, focus group participants want to help small businesses provide insurance to their employees. “I think an incentive for a small business that is struggling to provide that service saves us money in the long run,” a Lebanon woman stated. However, they have two critiques of providing tax credits to small business. First, they note that the credit will only help those businesses that can afford to provide insurance. “The business would have to be able to afford the health insurance in order to get the subsidy,” a Lebanon man remarked. “If it's a requirement or forced and insurance costs are still high, it could be hard on a small business,” a Lebanon woman worried.

Second, several note that tax credits end up costing taxpayers. “Who is going to pay for that?” a Manchester man asked. Another agreed, “Where is the tax credit coming from?” “Tax credits are money the government doesn't get, so that's a sort of backwards way of saying the government -- whether it is state or federal -- becomes the insurer of last resort and picks up all of the people that can't otherwise be insured,” one Manchester man explained. Though they believe this will cost the state money, this is an approach most are willing to support.

Individuals

Focus group participants in New Hampshire are not sure how medical savings work, and do not see how savings will address the uninsured, given that people who are uninsured have no money to set aside. Even so, most are willing to support medical savings accounts as a policy option, because this policy does not sound as costly to taxpayers.

Policy Discussed: Promote medical savings accounts for individuals.

Many focus group participants are not sure what a medical savings account is. Several assume they are flex accounts provided through the employer. “In a year, you lose it,” a Manchester man stated. “That's the downside.” “If you are healthy and you don't spend it,” a Lebanon woman suggested, “you lose it.” Others compare it to educational savings plans that invest and grow over time but can only be used for education. “Sounds like educational funding,” a Manchester man explained. “You can put away money and it would grow...Of course the stock market went right down the tubes and now the money that they put in is less than what they have actually got out of it. I don't know if that would work.”

Focus group participants favor this policy, but see it as a solution to high insurance costs, not lack of insurance. It might be less costly than full insurance coverage for “a typical family, mid thirties and a couple of kids at home and so forth, everyone is generally very healthy,” as one Lebanon man put it. “They may have the option, depending on how you set this up to put some of their money in a medical savings account and defer it, knowing they could take it out for other purposes later and buy a much higher deductible policy for health coverage for the family up front.” Others see how this policy option could save them some money in paying their out-of-pocket health care costs. “I just had a son come out of major surgery,” a Lebanon woman explained, “and our policy doesn't cover 100 percent. It would be a great benefit to have a pool of money and not to have had to pay taxes on it.”

Some think individual medical savings accounts might also keep health care costs down because they would make people responsible for their own health care costs. “I think the problem here is we're greedy users,” a Lebanon man explained. “When I left to start my own business, suddenly I had to buy my own insurance. We didn't go running down to the clinic every time. We waited...people should have a reasonable expectation of having to pay some of the cost at least of their own healthcare because it makes people more prudent users and purchasers of healthcare.”

However, there is little sentiment among focus group participants that individual medical savings accounts would address the problem of the uninsured. If the uninsured do not have enough money for insurance, focus group participants believe, they will not have enough money to save for medical care. “I think there is always going to be a part of the population that is not going to be able to put money aside,” a Lebanon man stated. “Savings accounts are going to be basically for people with disposable income and not everybody has disposable income.” “If you've got good insurance, why have it?” a Manchester man posited. “If you don't have good insurance, you can't afford it. If you are in a situation you just described -- nobody is going to put money away for medical. It's going to be the last thing on their mind.” “People have a hard time saving for retirement and saving for their kid's education,” a Manchester woman remarked. Another agreed, “There is always that one thing that comes up. The car or the hot water heater died.”

The Poor

New Hampshire focus group participants believe that people without insurance are likely to be poor. At the same time, they are reluctant to support policies to provide insurance to the poor. Stereotypes about welfare recipients quickly emerge.

Policy Discussed: Extend the Healthy Kids health insurance program to parents of children who don't have health insurance.

Focus group participants generally have a favorable view of the state's CHIP program, Healthy Kids. “It is a lifesaver for many of my clients who are limited income, making minimum income, or not working at all, or going through divorces,” a Lebanon man explained. “The spouse is gone or something... there is no health insurance. That is kind of a last lifesaver that gets thrown to people. I probably see it in 20 to 30 percent of my family law cases.”

However, most express serious reservations about extending this benefit to parents. The policy sounds expensive, and in a tight budget environment, they are not sure this should be the priority. “Where is the money going to come from?” a Lebanon woman asked. “In a state that has money problems and we have education issues that are very critical in this state, how much money do we want to spend for this?” challenged a Manchester man. Furthermore, some believe this approach is not needed. “A lot of their parents get health insurance at work,” a Lebanon woman stated. “They just don't get a family policy.” A Manchester man asked, “Don't we have Medicaid for that in this state?”

This policy recommendation causes many focus group participants to think of the undeserving poor and program abuse. “There are some who take advantage of the system,” a Manchester woman noted. “That will take away from someone who might really need it.” “There are people who are down on their luck and we need to help them,” a Manchester man stated, “[and] there are people who are irresponsible.” “Who decides who is responsible and who is irresponsible?” a Manchester man asked. Another warned, “You bring in people from other states now.” “And there are no requirements here if the parent gets a job where family coverage is included,” a Lebanon woman complained, “They don't

have to take it. They can pick another benefit and keep their kids under the state plan, which is not really what it was intended to do.”

Finally, most focus group participants do not understand the rationale for singling out parents of children in the Healthy Kids program for coverage. They say it would be more palatable to them if a program were developed to meet the needs of all low-income people who are without health care coverage. “If you are going to extend it to adults, it shouldn't be just the parents of kids,” a Manchester woman complained. “It should be to all adults.” “But if you are going to extend that, you need to extend it to anybody who doesn't have insurance,” one Manchester woman suggested. Another agreed, “Otherwise it's a penalty to people who don't have children.”

Policy Discussed: Provide state health coverage to low-income people.

Although they recommend extending insurance to all low-income people, not just parents of children in the Healthy Kids program, New Hampshire focus group participants raise serious reservations about abuse and the undeserving poor when they consider providing health insurance to low-income residents. “That comes out of the taxpayer's pocket,” a Manchester woman remarked. “That taxpayer is me, so that means I'm paying for my insurance and Joe Blow's.” “I don't think it is that we don't like it,” another Manchester woman explained. “I think it is frustrating when we're all working our tails off to get what we have and it is really frustrating to see Susie Smith at the end of the street that has a brand new car and got name brand clothes and her kids have \$100 sneakers and I'm going to Goodwill to buy my clothes because I can't afford it.”

Furthermore, they worry about the state's ability to absorb more expenses, particularly for a need that they believe is already being addressed. “Boy, I think that would be tough right now with the budget situation in the state,” a Lebanon woman stated. Another added, “I think Medicaid is available in this state right now.” “Don't we have that? Isn't that what welfare is?” a Manchester woman asked. “Yeah, they get a lot of coverage,” another added.

When operating in a cost consideration mindset, some suggest that prevention is the strongest reason to provide insurance to those without it: it is less expensive to catch a problem early. “I think you can make the case by saying that, if somebody isn't insured and they wait until they are catastrophically ill, [they] wind up in the emergency room,” a Manchester man explained. “Healthier people are less of a drain on the economy,” another agreed. “That's absolutely true.”

Insurance Industry

Insurance industry reforms create the most confusion for focus group participants in New Hampshire, because people do not understand how the reforms would work, and they worry about the unintended problems these reforms might create.

Policy Discussed: Partially restore risk-based premium pricing to encourage insurance carriers to re-enter the New Hampshire market, which in theory would result in greater consumer options, price competition, and increased coverage rates.

Focus group participants express mixed support for this option. Several are confused about what this policy means. I don't understand that," a Manchester woman stated. Another agreed, "I think I know what they are talking about, but I'm not sure."

Since they are not sure what this policy is really about, they look for cues in the language. Some respond favorably to cues about market competition. "It sounds to me like it is competition and I think competition is good because I'm a choice person," a Lebanon woman remarked. "It's good to have things that are good for the insurers because they are businesses and you want them to be able to make money because it gives them incentive to compete," a Manchester man explained. "It opens up the market."

Others take their cue from the language of risk-based pricing and worry that this policy approach will limit insurance coverage. "It means that they would be allowed to charge more for folks who have pre-existing conditions -- which they can't do now," a Lebanon woman noted. "If somebody is diabetic, has HIV or anything like that, then they are going to pay through the roof," one Lebanon man warned. "Or in that type of situation they may not give you insurance," another Lebanon man suggested. "You would be too much of a risk to even insure you...so you could end up with more people not getting insurance than having more people with it." "I think that is more divisive between those who can and can't," a Manchester man stated. "You are going to have a population that has some medical problems and they are going to be the uninsurables."

People are concerned about the possibility that insurance companies would take advantage of this policy change. "I have to tell you that in a more moral and ethical society I would not have as much problem with that," a Manchester man expressed. "But I don't think any of us trust corporations."

Changing the Conversation

Message and Messenger

Participants in these New Hampshire groups reviewed 14 messages that represented a range of framing approaches. Some of the messages were delivered by a particular messenger, designed to determine that messenger's influence on the message's appeal. Other than the well-known public figure, all messengers were fictional. The six messengers tested were:

- A small businessperson
- A corporate CEO
- An emergency room doctor
- A waitress and mother
- A child Advocate
- A well-known public figure, in this case Jim Squires, head of the Endowment for Health

The small businessperson proved to be a very effective messenger. As noted earlier in this report, focus group participants want to help small business and believe that owners of small businesses care about their employees. This reaction stands in stark contrast to focus group respondents' reaction to the corporate CEO, who is viewed as more focused on profits than people. The CEO is a less effective spokesperson on this issue because people assume the policy being advocated will benefit corporate executives, not ordinary people.

The emergency room doctor is an effective advocate for a preventive health approach, since s/he reminds people of the inability of poor people to access care other than expensive emergency rooms. The waitress is a sympathetic individual but, as a spokesperson, does not bring any new thinking to the issue. Similarly, the child advocate is an expected spokesperson who does not help people see the issue in a new way. Finally, while many admire a public figure like Jim Squires and his dedication to the issue, his identifiable political background causes some to see him as a politician and ascribe political attributes to him. This finding is in keeping with other FrameWorks' research on publicly identifiable political figures. When political figures, from either side of the political aisle, speak out on this issue, it will be important to reference their background on health policy issues and guard against an image too grounded in partisanship and in "politics as usual."

The 15 messages tested in the focus groups are explored in detail on the following pages. In brief, they may be categorized as follows:

- 1) Small businesses need help
- 2) The state economy suffers
- 3) Health insurance costs are out of control
- 4) Quality preventive care pays for itself
- 5) Freedom from worry about health care costs
- 6) Sympathy for the working uninsured
- 7) Medical bills can lead to bankruptcy
- 8) High costs prevent people from providing for their families
- 9) The system works when all participate
- 10) Everyone should pay a fair share
- 11) Lack of insurance has consequences for all
- 12) New Hampshire leadership and problem solving
- 13) Preventing a problem before it becomes worse
- 14) Shared sacrifice
- 15) Extending New Hampshire ethics to companies

Overall, a small business frame proves the most effective because focus group participants believe much of the problem lies with small businesses that cannot afford to provide insurance, even though they want to do what is best for employees. Broadening this frame to be about the state's economy overall is less effective since people are not accustomed to thinking about insurance costs as related to corporate profitability or the economy. Including support for quality insurance in the message is important as this allows people to see insurance as maintaining good health, rather than just covering the costs of a crisis.

Several of the statements create a sense of sympathy or help people identify with the problem, but these messages do nothing to build support for a policy solution. Ironically, statements designed to inspire a sense of New Hampshire leadership and can-do spirit, seemed confusing to people instead, since the statements were interpreted to mean that the problem of lack of insurance was a small problem that is solvable, whereas most people believe it is a large problem with complex, if any, remedies. Finally, some statements actually work against advancing policy, because they imply that taxpayers or the poor will need to sacrifice too much.

Small Business Assistance

A small businessperson – like a farmer -- is an effective messenger. The public is sympathetic to the plight of small business, wants to encourage small business, and believes employees of small businesses are more likely to be without insurance or be required to pay a significant amount toward the premium. Importantly, the

I want to do what is best for my employees, but high costs have made it near impossible to provide health care. Small businesses like me could use some help in providing affordable insurance to employees. (Forrest Taylor, farmer)

public wants to assist small business in part because people believe small business employers want to do what is best for their employees.

New Hampshire residents see small businesses, including the family farmer or small farmer, as a significant part of the state's economy and they want to take actions to help small business grow. "There are so many more small businesses now," a Manchester man noted "If you put them altogether," a Manchester man explained, "there are small businesses that have five or 10 employees and they make up a large percentage of the workforce." "I think small business is the majority of the businesses in New Hampshire," noted a Lebanon man. A Manchester man remarked, "And they are the ones who are going to end up incubating to become the large businesses that are going to bring in more people. So it makes sense to invest the time and effort there."

Focus group informants believe that health insurance costs have a greater impact on small business. "The smaller employers have to compete with these benefits that are offered by the large employers," a Lebanon man suggested. "We don't know how many don't offer insurance now," another Lebanon man asserted. "We don't know how big of a problem it is. Most small businesses nowadays the employees contribute half of what the premiums are – maybe 40 percent, 30 percent."

Finally, expressing concern for the well being of employees is a critically important component of the message. "I liked this first sentence that he really wanted to provide healthcare," a Lebanon woman explained. "He is not talking about himself," a Manchester man expressed. "He is saying we need to do this for our employees."

State Economy

This message proves ineffective with average New Hampshire citizens for two reasons. First, the message itself is a difficult concept for citizens to grasp. The relationship between health insurance costs, corporate profitability, and the state's economic strength, is a challenging concept for many. Second, most citizens are suspicious of a corporate CEO as a messenger on this topic. They worry that corporations put profits before people, and many see this statement as confirming their suspicions. While this message is not effective for a broad, statewide audience, it may have limited utility as a message to engage business executives in government policy solutions.

Skyrocketing health insurance costs are hurting company profitability, which hurts the economy for the state as a whole. Addressing the state's economic problems includes addressing the costs of health care. (Bill Owens, Corporate CEO)

Some -- particularly those who own a business -- understand the link between corporate profitability and the strength of the state economy. "He [Bill Owens, Corporate CEO] has a point," noted a Manchester man, "only because it is going to affect the profits of the business, which is going to affect the employment of the people that are working there." "I completely agree," stated a woman business owner from Lebanon. "One reason we don't have employees and we have independent contractors is because of the health insurance problem. It cut into our profitability so much. I completely understand that."

Others, however, have difficulty understanding the links between healthcare, corporate profitability, and economic strength. “It's confusing to me when you start equating the cost of healthcare to profitability of his company,” suggested a Lebanon man. “It didn't fit with the rest of the statement,” a Lebanon man remarked. “It was kind of like you went from talking about his company's profitability to talking about solving the healthcare issue.”

The most significant weakness in this message is the lack of credibility that corporate CEOs bring to this issue. Many New Hampshire residents worry that corporations put profits before people, so a message that connects health care costs to profitability simply reinforces people's innate suspicions about corporate greed. “He's not very concerned about the healthcare of people,” noted a Manchester woman. “He is just worried about profits.” “How often does the employee get the raise or get the benefit of the company getting the tax break, or the company getting more profitability?” a Manchester woman asked. “It's the CEOs and it's the vice president. They are going to get the raise and I'm still the one struggling.” Focus group participants' own experiences reinforce the conclusion that employees are treated poorly. “It used to be, a couple years ago,” a Manchester woman stated, “[that] every year they get an annual bonus and they also provided healthcare insurance. Now the employee has to pay into insurance coverage and there is no holiday bonus or holiday party done. So any profits that are made in this business goes strictly to the owners.”

Some interpret the tone of the message as threatening. “He's being pretty presumptuous,” argued a Manchester man, in characterizing the fictional CEO Bill Owens' actions. “It's almost like blackmail. He is saying, ‘Well these rising costs are going to keep me from building my company more because it is cutting into my profit, and therefore, I'm not going to be able to hire you, you and you and put you to work. So government, do something about it.’”

Recent news events have undoubtedly heightened existing concerns about corporate greed. “I think it is when we see obnoxious and obscene CEO salaries that are a hundred times the average salary where in other countries they are only 10 times the average salary,” suggested a Manchester man. “I think that is one of the problems.” “With CEOs, especially in the state of New Hampshire with Tyco going down the tubes, it kind of hits a sore spot, I think,” noted a Manchester woman.

Insurance Reform

While this statement is an accurate and compelling description of the problem, it does nothing to advance a solution.

Focus group participants agree with this statement, but they do not see what solution it is trying to advance. “It says what everybody wants to hear,” noted a Lebanon man. Another agreed, “Yeah, but how is he going to do it?” “I'm thinking,

The health insurance system is in need of reform. Costs are spiraling out of control, making it harder for people to afford health care or health coverage. We need to find ways to make health care available and affordable for everyone.

‘health insurance costs spiraling,’” stated a Lebanon woman. “Somebody is getting more but who is it?” “We can say everything needs reform,” asserted a Manchester man. “The government needs reform. Tax structure needs reform. Health care insurance needs reform. That’s a catch word, but how do you do it?”

The scope of the need may be one reason that this statement begs the question “how?” “Everyone is a really big word,” warned a Manchester man. “If you talk about providing healthcare to the 90 percent of the population, that is a lot easier than everyone. At 95 or even 98 [percent]-- everyone is a huge word.”

Quality Insurance

Including prevention language in the discussion helps New Hampshire citizens understand the value of quality health care for the uninsured, not merely extending catastrophic care. Furthermore, an emergency room doctor as a spokesperson reminds people of the stories they have heard about the uninsured going to emergency rooms for routine care because they lack access to continuing care.

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 or finding problems before they become serious. (Phyllis Regan, Emergency Room Doctor)

Many New Hampshire residents think of urgent, emergency care as the most important component of basic health care coverage. “Basic coverage would be emergency care,” noted a Manchester man. “Acute illnesses that come up that a person has to -- it could be life threatening type of illnesses... I think the state should cover something of that nature.”

The “quality health insurance” language in the tested message effectively shifts people into thinking about on-going quality care, rather than just catastrophic care. “You have to have the preventive medicine, especially for the young,” suggested a Manchester man. Another agreed, “Pay now or pay later.”

New Hampshire citizens perceive the lack of preventive coverage in their own health insurance as a problem. “It kills me when your insurance won’t pay for preventive checkup and try to catch it before it becomes a problem than have to take my liver out,” a Manchester woman explained. “Then it costs 10 or 20 or 30 times more,” added another. “Well, that’s like people who want to quit smoking,” a Manchester woman offered. “They won’t pay for anything to quit smoking, but how much are they going to pay if you have cancer?”

Emergency room doctors are very credible on this issue because “they see what is out there,” according to a Lebanon woman. “What I see happening with emergency room physicians is the people that don’t have the insurance... when they have the sick kid with a fever, it’s not necessarily a life threatening situation but it is an illness, and these uninsured people or uneducated, they just don’t know where else to go,” explained a Lebanon woman. “So they come into an emergency room which is totally inappropriate.” “And costly,” added another Lebanon woman, “again, it goes to that waste.”

Worry About Costs

This statement stimulates people’s emotions about health care. However, it sounds too unrealistic a goal to meet, and causes people to think merely of catastrophic health problems that they believe do get addressed, regardless of ability to pay.

Nobody should have to worry about an illness or injury wiping out life savings. We need a system that helps everyone be free from worrying about health care costs. (Mary Nelson, waitress and mother of two)

New Hampshire focus group participants could identify with the emotion expressed in this statement. “Everybody worries about healthcare costs,” a Manchester man asserted. “Everybody, I don't care who they are.” “I had a brother that passed away many, many years ago,” a Manchester woman shared, “and when you are going through something like that you don't want to have to worry about how it is going to get paid.” Another added, “Even if it is not an illness, but having a baby. You don't want to be in the delivery room saying oh my God, this is supposed to be a beautiful thing. . .” “How am I going to pay for it?” finished another.

Many feel as though they could lose everything in an instant. “I think Mary's sentiment does strike a chord,” stated a Lebanon man. “You will find maybe anecdotal stories of families where someone had to undergo chemotherapy and their insurance or they were uninsured or didn't have the coverage. Who knows? They might have had to refinance the house or just use up all their -- just take all their savings. I think that is a sentiment that I think would resonate with some people.”

At the same time, many worry that they will never be “free from worry” about health care costs. This makes them skeptical of solutions, especially those that sound too easy. “It's kind of Utopian,” noted a Lebanon woman. Another added, “I don't think it is possible.” “Wouldn't it be wonderful?” a Manchester woman asked. “Not probable in New Hampshire,” a Manchester woman remarked. “The bottom line is it has to be paid for and the only way to pay for it is through taxes.”

This statement causes many to think of socialized medicine. Note the following pattern of reasoning among Manchester women:

They have something similar in Hawaii but, of course, Hawaii is one of the highest taxed states in the Union.

Lots of other countries have it like that.

Socialized medicine in Canada.

Yeah, but they all come to the United States for their major medical, too.

Furthermore, this statement causes people to think of catastrophic situations and, when reasoning in this context, they do not believe people in desperate need are turned away from receiving health care. “People shouldn't have to lose everything, if they get catastrophic health [coverage],” suggested a Lebanon man. “I think there are already laws that are in place that would allow them not to have that happen to them.” “Everybody looks at the healthcare providers as the big, bad entities,” a Lebanon man argued, “but I don't know

how much percentage that Hitchcock, for instance, writes off every year. But they provide care to people that don't have coverage every day.”

Sympathy

This statement was developed to reflect the typical news story that centers its attention on one sympathetic individual. While focus group participants feel sorry for this person’s plight, they believe help already exists and reject additional government action.

Imagine a single mother with two children working a minimum wage job with no health benefits. How can she afford immunizations or check-ups? We need to help those in need.

This situation evokes a sympathetic response in some New Hampshire focus group participants. “Probably doesn't have health insurance because she is probably working in a small business,” a Manchester man suggested. “Those are the type of people we need to help.”

However, people believe this kind of assistance already exists. “In today's market, people are getting help,” a Lebanon man remarked. “It may not be as much as they would like to get or as much as other people can afford to do themselves. There are means of these people getting some help.” “There are free clinics for immunizations,” explained a Manchester woman. “When I had my son, I was on assistance and stuff and I had no problem getting medical coverage for my kids.”

Furthermore, if more assistance is needed, people prefer charities over government as the locus for solution. “It means that there is a Catholic Charity or some kind of charity,” suggested a Manchester man, “that she can go to and say, ‘look, I am working. I am supporting my kids but my kids need a check up.’” “I have a real fear of making this or trying to solve the problem by creating another bureaucracy which is going to cost us money and in the end not show any better results than we have right now,” a Lebanon man argued.

Bankruptcy

This statement was designed to prompt people to consider the fact that health care costs could be catastrophic for any family, due to no fault of their own. The particular statistic was designed to shock people into reconsidering the scope of the problem. Indeed, the statement does create that impression, however it is such unfamiliar information that people simply do not believe it.

In the weakening economy, more and more people are going bankrupt and half of these bankruptcies are due to people not being able to pay medical bills. That’s not fair. We need to find ways to help everyone have access to affordable insurance.

“It doesn't sound true,” a Lebanon woman stated. “I think that is a bunch of bull,” a Manchester man argued. Another questioned, “People are going bankrupt because they can't pay their medical bills?” “It assumes that I'm an idiot and it is designed to try to make me hysterical,” a Manchester man complained. “If you say certain people are experiencing

something, then tell me that. I can understand that. You want to say half of all bankruptcy. Hey, I know that is not true. You know that is not true. I'm not stupid; I'm not even going to listen to you.”

They believe people are going bankrupt for other reasons. “People are going bankrupt because of high debt,” a Manchester man remarked, “because of our credit society.” A Manchester woman stated that people go bankrupt because they “overextend themselves on their credit cards.” Another surmised, “A lot of people, I think, started businesses that kind of folded.”

When encouraged to consider the statistic as reliable, many New Hampshire citizens said it would be shocking, if the source could be trusted. “What if it is true?” a Lebanon woman asked. “It depends on if it is some kind of shyster whose opinions I don't believe then I would say, ‘oh phooey.’ But if it is true, I would really be taken aback by that.” The statistic is powerful in part because it suggests that everyone is vulnerable. “Because it could happen to anyone,” a Lebanon woman worried. “You don't know what your medical future will be, so it could potentially happen to any one of us.” Another agreed, “A motorcycle accident all of a sudden one day costs an \$18,000 bill. It could happen tomorrow to any one of us sitting here.”

Even if they could be convinced that people are going bankrupt due to medical expenses, several focus group participants tried to find ways to blame the victim or explain away the scope of the problem. “I don't know anybody or I never have heard of somebody who has declared personal bankruptcy,” noted a Lebanon woman. “[If it were true] that would certainly make me feel very badly,” a Manchester man stated. “Of course I would also want to look at what else they were doing that drove them to bankruptcy.” “A lot of places will accept payments and stuff, too,” a Manchester woman explained. “Obviously, it depends if you owe \$50,000, \$10 a month is going to take a long time but I think everybody can come up with \$10 or \$20 a month.”

For medical bankruptcy to become a powerful approach, the story would need to be built over time, the statistics would need to come from a trusted source, and the story would have to be told in a way that would not allow people to blame the victim for their own misfortune – difficult, but not impossible, criteria to meet.

Threat to Strong Families

This frame attempted to position high health care costs as putting stress on, and weakening, families. Instead, New Hampshire focus group participants rejected the idea that poverty has anything to do with family strength, interpreting the statement as being about families' poor economic choices instead.

High health insurance costs are a threat to strong families, because high insurance bills can prevent people from providing for their families. (Dennis Myers, Children's Defense Fund)

This proved a very ineffective approach. First, people do not see how economic insecurity can weaken families. “I don't necessarily equate being able to provide...[as]

being the definition of a strong family,” explained a Lebanon woman. “I think you might have a strong family and still be poor.”

Furthermore, this statement positions health care as a choice among other priorities, which reminds people of the bad economic choices they believe poor people often make. “All of us who are providing health care for our kids are making a choice to spend x number of dollars every month on health care than spending x number of dollars every month buying tickets to a basketball game,” remarked a Manchester man. “That’s the choice we’re all making.” “I’m more concerned with the people who cannot get health insurance than someone who has health insurance and says well, it’s so high that I’m going to have to give up...the Florida vacation this year because of that,” a Manchester man argued. “I think one of the first things that parents are concerned about is health insurance for their family.”

System – Works When All Participate

As noted earlier in the report, many New Hampshire focus group participants understand that taxpayers and the insured end up paying for the uninsured. This statement was intended to build on this systems thinking to provide additional reasons for expanding health care coverage. Instead, it proved confusing to most participants.

Everyone should have to pay into the system, but right now a lot of people aren't. All employers and employees should have to pay at least something with the state paying in too. Only if everyone pays in can the system work as it should. (Scott Michaels, small business owner)

Several focus group participants interpret this statement as advocating a physical payment into a system. “Does that mean state employees are paying in too?” a Lebanon man asked. “Is he [Scott Michaels, small business owner] including retirees like me?” asked a Lebanon woman. “It would make it easier cost-wise for business to offer it,” noted a Lebanon man. “If there are three parties in this deal, I’m sure the state could probably negotiate some pretty good rates and it would get more people insured than there are now.”

System – All Pay Fair Share

This statement was more effective in explaining the relationship between universal coverage and cost. However, the “fair share” language caused people to question how the poor could afford to pay, which also reinforced their belief that the middle class would end up paying to provide health insurance to the undeserving poor whom they perceive as abusing the system.

A person without health insurance ends up costing the system more in emergency room visits, and in the costs of delaying preventive care. We need to find a way to bring everyone into the system so everyone pays a fair share.

“I think that makes incredible sense,” stated a Lebanon man. “You’re in a motor vehicle accident without a helmet, driving your motorcycle. You end up -- you are not insured. You cost the hospital hundreds of thousands of dollars in healthcare and all of the others pay for it. So I think if everyone contributed, it would certainly be a lot fairer.”

However, if this meant requiring everyone to carry some kind of minimum insurance, New Hampshire residents would be strongly opposed. “That’s not live free or die,” stated a Lebanon man. Another agreed, “Requiring anything in New Hampshire goes against the grain of what we’re based on.”

Similarly, some worry about the definition of “fair share” and a person’s ability to pay what would be required. Note the following conversation among Lebanon women [slightly edited for length]:

I reacted to the fair share part of that. It sounded -- I don't know who this person is but it just sounded -- like to them it would be equal. I don't know that fair is always equal but everybody . . .

Just because I don't think fair is always equal, and to me that is how I interpreted this person saying that. I just . . .

Ten dollars to me might be \$100 to somebody else.

Fair share is one thing; equal is something else.

It's wonderful in a perfect world but there are those few people who don't even have that \$10. Do we just throw them aside because they can't be equalized to everyone else?

That's not what we're about as human beings.

The “fair share” language calls to mind people who are poor or on welfare. On the one hand, people are sympathetic. “Not everybody can pay a fair share and then at the same time you are saying everybody should get coverage and everybody should pay a fair share,” argued a Manchester man. “I don’t mind if they can only afford to pay a little bit,” stated a Manchester woman. “I can only afford \$5 a month until I get my feet on the ground.” But a poverty mindset also causes people to think of all the abuses they have heard about welfare. “I’ve known people on the welfare that they go to the doctor for every little minor thing,” noted a Manchester woman. “They really abuse the system.” “I can’t afford to do that,” added another. “When I have a cold, I stay home and take care of it myself. I can’t run to the doctor. But these people that are on welfare go to the doctor for every little thing.”

The welfare mindset causes them to conclude, as one Manchester man did, that “No matter how you look at it, somebody is going to pay and it is always the middle class.” “I pay a lot of healthcare,” a Lebanon man complained. “I have a great policy where I work. I get 100 percent coverage, but I pay for my wife and I pay for my child. I pay a lot of money every month. So, as I look at it, do I want to pay more taxes so I can pay for somebody else’s healthcare? No. I pay for my healthcare. It is very expensive.”

Finally, while the emergency room example helps people quickly understand the cost consequences of being uninsured, it also leads some to think that public education is the solution. “I think there is a piece to it that is about education,” suggested a Lebanon woman. “If emergency rooms are so expensive and we can move some people out of that route, you are right -- where is the other place they are going to go? But it seems to me there is more than just one way of addressing the issue.”

Repercussions of the Uninsured

This message was designed to show the connections between lack of insurance, health, taxes, and the state economy. The premise of the statement -- that there is a relationship between health and insurance -- was the center of respondents' attention. Most reject that premise. Others point to poor decisions by the uninsured that affect health.

When people are uninsured, there are serious repercussions: people without insurance are less healthy; having a large number of uninsured affects taxpayers who pick up the costs of uncovered care, and it hurts the state's economy in lost productivity.

The suggested correlation between a person's health and their insurance status drew more attention from New Hampshire focus group participants than the rest of the statement. However, most reject any relationship between health and insurance. "You can't say somebody is less healthy because they are uninsured," argued a Manchester man. "I'm not sure that people who don't have insurance are necessarily unhealthy," suggested a Lebanon woman. The tone and body language of the respondents suggest that people see this statement as insulting to the uninsured.

If people can accept the premise that people without insurance are less healthy, several respondents are able to volunteer reasons for lesser health that revolve around such bad lifestyle decisions as poor choices in food, stress, etc. "We've lived hand to mouth," explained a Lebanon woman. "You can't afford to buy healthy vegetables. It's very expensive to buy fresh fruits and vegetables." "When you've got \$75 worth of food stamps to work with," a Lebanon woman remarked, "you are buying macaroni and cheese and spaghetti and that's it and that's not healthy." "I'd say people that are uninsured are under a heck of a lot more stress and wary and concern," a Manchester man described, "which I think statistics prove that leads to an unhealthy environment for that individual."

Only a few see the lack of insurance as the reason the uninsured might be less healthy. "Chances are you won't have the checkups you need to catch something before it gets worse and like you said, could lead to an unhealthy situation," one Manchester man surmised. Similarly, only a few New Hampshire informants connect poor health with the reason a person does not have insurance. "If you have a pre-existing condition and can't get insurance," stated a Lebanon man, "you don't have health insurance. You are unhealthy."

Leadership and Problem Solving

This message was intended to build on the state's strong health care standing, and to use the state's community spirit to inspire change. However, New Hampshire residents disagree that the state effectively solves problems.

New Hampshire leads the country in providing health care to its citizens. We take care of our own in this state. If there are some without health care, we'll find a way to take care of the problem.

While several focus group participants know of the state's excellent record on health care, they reject the notion that New Hampshire will take care of its own. "That's not a true

statement,” a Lebanon man asserted. “I think a lot of people fall through the cracks,” a Lebanon woman remarked. “That sounds sort of cheerio, hep hep and we take care of it.”

They like to believe that New Hampshire would take care of its citizens, but believe it does not happen often. “I think as a New Hampshire we probably have that ideal,” a Lebanon woman explained, “but it doesn't happen in reality.”

NH Leadership to Prevent a Large Problem

This message was ineffective because it conflicts with people’s belief that a large percentage of citizens are without health insurance. Rather than be reassured that this is a problem that can be addressed, most are confused.

New Hampshire leads the country in providing medical care to its citizens. Just a small percentage of our citizens are without insurance. We can, and should, address this issue before it becomes a big problem. (Jim Squires, the Endowment for Healthy Communities)

As noted earlier, people believe that 20-30% of New Hampshire citizens are without health insurance. So a quote saying that just a small percentage is without health insurance is confusing to them. “I question the small percentage,” a Lebanon woman remarked. “I want to know what that percentage is.” Another added, “Is it a small percentage of the elderly, or of children, or people below a certain -- you can play with percentages. If it is a small percentage of the overall population but 80 percent of them are families with small children living under \$30,000...I can't believe that.” “I'm not sure I agree with his premise that a small percentage are uninsured,” a Lebanon man suggested. “I think reasonable people would say that the number of uninsured is greater than a small percentage.”

New Hampshire residents react positively to the reminder than New Hampshire leads the nation in health care. “I think it makes sense with respect to the fact that we have excellent health care,” noted a Lebanon man. “It is not universally available. His statement that geesh, it would be great to make it universally available. That is something that I could agree with.” “I heard pro-active,” a Lebanon woman suggested, “and I thought well he's thinking ahead a little bit. I like that.”

This message used a statewide partisan figure to deliver the news that reform was necessary. Those who know details of Jim Squires’ background see him as a credible spokesperson. After describing Squires’ innovations in health care, one Lebanon man concluded, “He is a noble thinker in that area.” “I think he's an extraordinarily conscientious physician who has done an awful lot to try to make health care broadly available,” stated a Manchester man. Other perceptions, however, are colored by people’s partisan leaning and their views of politicians. “Sounds like spin,” stated a Lebanon woman. Another added, “Anyone can say let's address the issue.” “I've heard the name but I'm not familiar enough about him,” stated a Manchester man. These outcomes should cause reflection among advocates for statewide reform that rely first and foremost on legislative leadership.

Sacrifice

This statement was designed to test the “sacrifice” language that advocates tend to use. The tone of the message, coupled with the assertion that this is a difficult problem with no easy solutions, matches focus group respondents’ assessment of the situation. However, limitations on care are among the results that cause participants the greatest concern, and this message reinforces the idea that limited care will result from reform. This language places the needs of the middle class in direct opposition to the needs of the uninsured.

We are going to need to make some choices in health care. To provide health insurance to everyone in the state, we will need to make sacrifices, either in increased taxes or in limiting some kinds of health care to provide coverage for all.

Participants appreciate that this message recognizes that fixing health care will not be easy. “But at least that one has a tone of ‘this isn't going to be easy.’ It's not somebody making these blanket slogans for a political party,” a Lebanon woman explained. “It sounds like someone is saying something that people aren't necessarily going to want to hear. This is not going to be easy, if we're going to do something about it.” That is exactly what has to be done, or one of the solutions. “It's got to come from somewhere,” a Manchester man explained, “everybody has to lower their health care limits so that there is more money to go around to other people.”

At the same time, the language of sacrifice taps their greatest fear about health care reform – that care will be limited. “That's a little scary,” a Lebanon woman remarked. Another agreed, “Yeah, especially if you are the person who needs that health care and it's being limited.” Some suggested approaches that would maintain their own level of coverage while providing for others. “Like we said earlier,” a Manchester woman explained, “[don't] limit the amount of insurance but offer everybody a basic level of insurance and then if you can afford to buy more, you are welcome to do that.”

The call for sacrifice causes some to see their own needs as irrevocably opposed to those of the uninsured. “We don't live in a country where everybody is going to be equal,” a Manchester woman argued. “That's why we live in America -- not everybody is equal. Not everybody is going to be equal; not everybody deserves to be equal.” “Everybody feels that they deserve,” another complained. “They deserve; they deserve. Well you know what, a lot of people work really hard to get what they have and they do deserve. But people that don't work for it, I'm sorry they don't deserve it.”

Furthermore, as noted earlier in this report, people want the underlying causes of high health care costs addressed before they begin to entertain notions of sacrifice. “They are still not talking in any of those quotes about doing anything about some of the things that drive these costs,” a Lebanon woman noted.

NH Ethic/Corporate Ethics

This statement was intended to translate a sense of New Hampshire ethics to the expanding state economy. However, people see this approach as anti-business.

In recent years the face of New Hampshire has been changing. There are more companies and more new residents entering the state every day. We need to make sure these new companies follow the New Hampshire ethic of providing for our own, offering good wages and health benefits.

New Hampshire focus group participants view this approach as confrontational and anti-business. “Us against them,” a Lebanon woman stated sarcastically. “That’s really productive.” Another added, “That is certainly not going to promote business.”

They believe the market will punish bad employers, and that state government should not interfere. “You can’t mandate that,” a Lebanon man explained. If they are not going to provide good wages, they are not going to get employees. It’s that simple.”

Conclusions

- New Hampshire residents are ready to address health care reform, however cautiously.
- While they want to address the needs of the uninsured, they see a myriad of problems in the health care system and want reassurance that other problems, such as the causes of rising costs, will also be addressed.
- Communications about the uninsured should highlight the situations that result in a lack of insurance – small businesses that do not offer insurance or only pay a portion of the premium, part-time employment that does not qualify for coverage, etc.
- The message should also include a rationale for prevention, in order to build support for quality insurance and shift people’s thinking away from the urgent care they believe is already addressed.
- Small business owners and emergency room doctors are effective messengers for the general public. In the current environment, corporate CEOs are less effective.
- Communications should avoid trying to create sympathy for individuals without insurance, because this may trigger stereotypes about welfare recipients and others that are “undeserving” of help. Therefore, “real voices” of the uninsured are not effective messengers.
- Communications should also avoid dwelling upon such facts as the actual percentage of uninsured in New Hampshire. Residents think the percentage of uninsured is much higher, so the actual percentage weakens the urgency of the problem.

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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