This Memo reports on findings from the FrameWorks Institute’s research on how citizens in New Hampshire view the health care system in general, as well their reactions to a range of speculative reforms designed to expand coverage to include those currently without health insurance. This work was supported by the Endowment for Health.

It has been extended and complemented by parallel research activity in California (funded by The California Endowment and California Wellness Foundation) and in Arizona (funded by St. Luke’s Health Initiatives).

The goal of this work, as stated by our research partners, Cultural Logic, was to investigate various communications options to see which were capable of moving “the public to a stance in which the idea that some individuals don’t have health insurance seems strange, unnatural, and ultimately unacceptable.” (II:20).

To arrive at this conclusion, the FrameWorks Institute commissioned an integrated series of research projects, based on the perspective of strategic frame analysis. In addition to summarizing many of these findings, this Memo extends the descriptive research by providing another level of interpretation to guide the translation process of policy advocates as they seek to engage New Hampshire’s citizens in this debate. This memo is not intended to take the place of the research reports, which inform it; indeed, FrameWorks strongly recommends that health policy advocates avail themselves of these reports and challenge their own creativity to applying this learning. Rather, this memo attempts to simplify these findings into an accessible road-map for advocates to follow as they consider their options in framing the public debate. By referring back to the research that supports and informs this work, advocates can make optimal use of this Memo.

FrameWorks wishes to thank Meg Bostrom of Public Knowledge and Axel Aubrun and Joseph Grady of Cultural Logic for the rich body of work that informs this Memo, and Franklin D. Gilliam, Jr., for his collaboration in the interpretation of the findings. While this Memo draws extensively from the work of other researchers, the following conclusions are solely those of the FrameWorks Institute.

The Research Base

In New Hampshire, the following research was conducted:

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

(Please note that, when specific reports are quoted in this Memo, they use the numerals above plus the page within the document as reference.)

Subsequently, findings from the New Hampshire investigation formed the basis for the following research in other states which, in turn, informs this analysis:

• an updated meta-analysis of existing public opinion about health care among Californians, based on an exhaustive review of more than 50 reports, presentations, press releases and surveys from existing, publicly available opinion research.
• 25 in-depth interviews conducted with ordinary citizens (15) and individuals in positions of influence (10) in various parts of California.
• 9 focus groups conducted with engaged citizens in California, divided by location and race/ethnicity as follows: (1) Riverside, May 8, 2003, Latino only; (2) Riverside, May 8, 2003, African American only; (3) Riverside, May 8, 2003, mixed group; (4) Fresno, May 10, 2003, Asian American only; (5) Fresno, May 10, 2003, Mixed group; (6 and 7) San Jose/Sunnyvale, May 27, 2003, 2 mixed groups; and (8 and 9) Los Angeles, May 28, 2003, 2 mixed groups.
• 6 focus groups in Arizona with engaged citizens in Prescott and Phoenix. Four groups were divided by education and occupation between blue and white collar constituencies. In addition, two groups in Phoenix were devoted to a mixed group of ethnic citizens and another of ethnic community leaders, defined as holding leadership positions in voluntary and civic groups. All groups were conducted September 15 – 16, 2003.

Where relevant, comparisons between New Hampshire citizens and those in other states are drawn below. It should be noted that a policy menu was developed for the California research, against which the speculative reframes were tested; in Arizona, a series of reform models developed by the funder were used to test the efficacy of the reframes.

**The Approach**

To this challenge, the FrameWorks Institute brought a group of communications scholars and practitioners with a unique perspective on communicating social issues. That perspective – strategic frame analysis – is based on a decade of research in the social and cognitive sciences that demonstrates that people use mental shortcuts to make sense of
the world. These mental shortcuts rely on “frames,” or a small set of internalized concepts and values that allow us to accord meaning to unfolding events and new information. These frames can be triggered by language choices, different messengers or images, and these communications elements, therefore, have a profound influence on decision outcomes.

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

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

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

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

Research Findings: Situation Analysis
There are seven summary points that emerge from the research findings. These are largely descriptive of the situation that health care reform advocates in New Hampshire must consider as they enter the public debate. After exploring each in some depth, we follow this section with specific recommendations for addressing this situation.

1. The necessity for health care reform was less top-of-mind among New Hampshire citizens than a number of other pressing issues, at least at the time of this analysis.

While people in New Hampshire clearly recognize the importance of the issue and were articulate about problems associated with the health care system, they had other competing issues -- from housing to education -- that seemed to them to have more urgency.

It should be noted that this research precedes the numerous visits by Democratic candidates to the state, offering prescriptions for health care reform. It is entirely possible that this issue will pick up salience as the news media focus even more attention on the candidates’ plans, and future research should be sensitive to the agenda-setting function of electoral politics. However, at the time of this analysis, health care reform did not top the list of most pressing issues in the state.

Importantly, this relative lack of intensity was not due to underestimates of the extent of the problem. Indeed, our informants tended to grossly overestimate the numbers of people without insurance in the state, often guessing the percentage to be 20 or 30%. Moreover, when a proximate percentage of uninsured (8% of the population) was presented to people, this further deprioritized the issue in the public’s mind, allowing people to return to the topics they found more pressing – housing and education, the economy and jobs among them.

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This is an important finding, as it underscores the importance of citizen outreach and education prior to the introduction of any major legislative solutions. Health care reform needs to emerge more forcefully on the state’s “to do” list or advocates run the risk of having the public distracted from reform by competing issues and limited dollars.

2. **Citizens in New Hampshire were less likely than those in Arizona and California to perceive the health care system as being in crisis.**

While they know the system has its share of problems, New Hampshire residents did not perceive the condition to be as dramatic as did our informants in other states. It is important that health care advocates assess this finding carefully; in our opinion, the correct response is not to push people toward a crisis assessment as if it were a pre-condition for support.

The challenge in New Hampshire is to lay claim to the advantages that the crisis frame makes possible, without incurring the disadvantages. Thus, the following table, developed by FrameWorks for California, should be read in a different way by New Hampshire health care advocates:

<table>
<thead>
<tr>
<th>ADVANTAGES OF CRISIS PERCEPTION</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top of mind</td>
<td>Everything is in crisis</td>
</tr>
<tr>
<td>Want it fixed</td>
<td>May de-prioritize health behind schools, economy, energy</td>
</tr>
<tr>
<td>Political more than personal</td>
<td>Too big to fix (overwhelming)</td>
</tr>
<tr>
<td>Know big reform is necessary</td>
<td>No incremental change is big enough</td>
</tr>
<tr>
<td>Shared nature of problem overcomes cleavages in society</td>
<td>Any solution that doesn’t address their problem won’t be sufficiently comprehensive to constitute a fix</td>
</tr>
<tr>
<td>Believe government AND business have a role to play in fixing the system</td>
<td>Government can’t do it</td>
</tr>
<tr>
<td>Likely to endorse incremental changes IF attached to bigger plan</td>
<td>Politically impossible, political football</td>
</tr>
</tbody>
</table>

For example, there are other ways to arrive at a more political or systemic assessment of health care problems without resorting to the crisis frame (see below). Similarly, advancing salience can be done at the same time that the problem is framed as soluble – the negative sequencing of the crisis frame (many problems before solutions) is not the only way, and rarely the best way, to advance an issue on the public agenda. And there are less dramatic and less risky ways to advance a partnership between business and government than crying wolf.

While it may take more political will and political leadership to address the issue in New Hampshire, framing the issue as responsible management of an emerging problem may
be much more in line with the state’s values. Practical problem-solving, prevention, getting ahead of a problem before it escalates – these values may prove more attractive to voters in this state than would a crisis mentality.

3. Residents believe New Hampshire to be a healthy state and one with quality care; these perceptions reduce the salience of the issue for many.

Many people are aware the New Hampshire rates at the top of any index of healthy states or locales. This fact makes it even more difficult for them to understand why health, and by extension health care, should be a problem in the state.

Moreover, many are familiar with the reputation of Dartmouth-Hitchcock as one of the top medical centers in the country, and this further compounds their assessment that New Hampshire residents have ready access both to healthy lifestyles and to quality of care.

It is important to recognize the problems inherent in this finding. If the health care debate is reframed to be “about” health, then it is unlikely that New Hampshire will be perceived as a state in need of reform. Moreover, if health is easily accessible, then lack of health is likely to be perceived by people as the result of bad luck or bad choices made by individuals – in either case, not assailable by systemic solutions. And, if quality health care is readily available, people are likely to see postponement of care as an individual choice or the result of an individual situation – again, not a systemic problem.

Finally, most people are aware that people do succeed in securing care and that these costs are written off by health care providers. Because no one is left entirely without care, people fail to keep in mind when people get care or the consequences of delayed care.

4. Cost is the main concern among New Hampshire voters, and affordability drives the energy on this topic far more than access or quality.

For most New Hampshire voters – as well as for Arizonans and Californians – health care is “about” cost. The first words used by focus group participants to describe health care related to cost: expensive, money, uncontrollable, etc. Left to their own devices, New Hampshire voters will default to a health care conversation that is almost entirely focused on cost. Indeed, cost is used to explain problems with quality and access. So the uninsured are perceived as those who have been priced out of the system, as opposed to more structural explanations (such as working in jobs that never had it in the first place).

Often, access is redefined within a cost framework to mean health security, e.g. people worry that their own access to health insurance will be constrained by escalating costs. Reasoning within the cost frame, the main goal of any health care reform should be to
make the product more affordable for people; this, in turn, will “solve” the access problem. Similarly, lack of care is often translated into a discussion about quality of care, e.g. the amount of time spent with a doctor as opposed to an assistant. Reasoning in this frame, problems in the system relate to a lack of available practitioners. Small towns, rural areas, etc. cannot afford to attract the expensive care they need to service their existing insured. By extension, then, adding more people to the system (the uninsured) at a time when doctors are scarce will only exacerbate the system’s weaknesses, not solve the problem of access.

5. The operating model most available to people in New Hampshire is a consumer model.

This chronically available model defines health care as a commodity to be purchased by consumers. The health care system is perceived as a private relationship between insured and provider.

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

In evaluating prospective policy proposals, people defaulted to this consumer model by making the first question to be addressed: what will it do to my health care plan?. The model is, thus, a zero sum game. There is only so much of the product available, and any redistribution will be accomplished at someone’s expense. It is clear from the research in New Hampshire, California and Arizona that people fear they will lose ground if reforms are implemented; they are wary of anything that might take their current coverage away.

This is not to say that other models are not available to people. Indeed, among some New Hampshire voters, the “rights frame” is operable – everyone is entitled to a level of care, regardless of their ability to pay, and the health care system is seen as providing a public good. To the degree possible, this mindset should be pursued and extended; working through places of faith and social justice organizations, those who can be brought into the conversation from this perspective should be pursued. It should be noted that the Rights Frame was less prevalent in our interviews with New Hampshire voters than it was in California.

However, there are a number of important considerations in this strategy. First, because most people who have a Rights Frame available to them also have the more dominant Consumer Frame available, the latter often trumps the former. As Cultural Logic has pointed out (II:9), “the Consumer Stance largely preempt a moral perspective on the problem of the uninsured. From the perspective of a consumer, the fact that some people do not have health insurance loses much of its moral force. Not everyone has access to a given consumer good, for a variety of reasons, prominently including Individual Choice and Responsibility – if you really want to buy something, you do what it takes (saving, working hard) to buy it. And by the logic of the Consumer Stance, if you don’t have a
particular good, it’s either because it wasn’t a priority for you or it was a luxury beyond your means and needs.”

Second, the Rights Frame is often used by activists as an Altruism Frame – an appeal to those who have insurance to help those who don’t or who have been left out of the system. This poses yet another set of familiar problems, as the Altruism Frame effectively positions “us” in contrast to “them,” and reminds people that, in a zero-sum game, their first obligation is to their own family. Finally, reasoning within this frame, people are most likely to opt for the same kind of Safety Net policies that currently characterize the system. As Cultural Logic notes, “altruism only takes you so far…it does not necessarily lead to a sense of responsibility for others or to a deeper understanding of the systemic causes of the problem.” (II:16)

It is important to note that there is often evidence of systems thinking among New Hampshire voters; for example, people readily understand that someone will pay for the care that uninsured people receive. Ironically, the only understanding of linked fate that occurs in FrameWorks’ research is these negative connections; there is little evidence of a sense of the advantages of risk-sharing or of cost-sharing across a wide pool or people. Indeed, a good part of the challenge in framing health care reform for public support lies in moving this perception of linked fate from the pejorative to the positive.

6. Reform appeals that address access through a narrow focus on covering New Hampshire’s uninsured are rarely well received.

As is evident from the above points, covering the uninsured is not perceived by most people as the major problem confronting the health care system. Moreover, people’s innate desire to “do the right thing” on this issue is easily trumped by the reasoning that comes with the Consumer Model in which lack of coverage is explained by bad choices made by people or lack of discipline and responsibility in saving to afford health care. In fact, people’s desire to treat everyone equitably mitigates against special access for special populations; when confronted with the option of extending coverage to parents of CHIP children, these informants questioned “why them?”

The discussion of disparities that is characterized by race and ethnicity in California and Arizona becomes a discussion about the un/deserving poor in New Hampshire. This discussion derails political support and constrains constituency building. By reminding people that they are working hard to “buy” a precious commodity that protects them and their families, comparisons to others who may not be perceived as “worthy” are inevitable.
7. New Hampshire’s own state persona or perceived method of problem-solving dictates against big, bold action on this, as on most issues.

In moving forward on this issue, it will be imperative that health care reform advocates root the response in New Hampshire values. If they overplay their hand by calling for bold, dramatic reforms, New Hampshire voters are likely to see this as inconsistent with their own methods of problem-solving. A cautionary tale is evident in this dialogue from the focus groups (III:6-7):

“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.”

Prudence, deliberation, problem-solving, and responsible action need to be the motivating principles. In this, the state’s long history of citizen involvement can play a critical role, especially in defining and detailing a Step by Step Plan for the state (see below). Moreover, the idea of a stepped plan, with incremental implementation, is much more likely to be seen as consonant with the state’s values than is, for example, an appeal to seize the opportunity to be one of the first states to solve the problem of covering the uninsured.

Recommendations for Reframing

Given this opinion climate in the state, and the established patterns of reasoning associated with this issue, how can health care reform advocates invent a smart strategy for moving the issue forward? FrameWorks wishes to advance six considerations that must figure in any campaign to secure access for the uninsured in this state. We believe these recommendations are best viewed as parts of a total strategy which also includes a policy agenda and a mobilization or organizational plan. Following these recommendations, we make a series of suggestions toward such a broader strategy.

1. Health care reform advocates in New Hampshire need to develop and put forward a step by step plan for the state’s health care system that is more comprehensive than covering the uninsured.

As FrameWorks recommended to California advocates, health care reform should be framed as a stepped plan of incremental changes that add up to a broader blueprint. Without the blueprint, people are not likely to support incremental change. With only a blueprint, people are likely to think change is too big and that they will lose ground. They have to see both levels at the same time in order to overcome their numerous questions about who will benefit at whose expense with what promise of resolution. The step by step approach counters the idea that the problem is too big to tackle, and also inoculates against perceptions that the

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solutions proposed are “drops in the bucket.” This framing also gets over the zero sum problem by creating sequence, not competition.

Such a plan will need to address not only access, but most definitely cost – as this is the perceived driver of the health care problem. People will want to see that the proposed reforms will eventually get to their particular complaints; even if the plan begins with other considerations, it must be committed to reaching a broader definition of reform. By addressing issues of cost and quality, advocates for the uninsured are more likely to see progress on their particular issues than they would by focusing solely on the uninsured.

There are special reasons why this tactic is well suited to New Hampshire. The idea of a plan that requires citizen input, deliberation and definition is ideally suited to the state’s unique governance. People want transparency in arriving at a plan. They welcome a variety of actors, so there is a role for philanthropy to play in the convening of the various sectors. But business, doctors and a well-defined role for government will also be imperative.

2. The values inherent in the plan must be used to explain its relevance and rationale; these include: Practical Management and Prevention.

Despite people’s relative familiarity with the issue of health care, they cannot be counted on to understand the values inherent in the policy discussion. Left to puzzle out the alternatives, they will default to the Consumer Model with all its problematic policy conclusions. This conclusion has been underscored by FrameWorks’ research in Arizona where model reforms were presented unframed to people for discussion with the result that they were misinterpreted and rejected in order to preserve the status quo. It is imperative that New Hampshire health care advocates first give citizens a values lens through which to evaluate the proposed reforms.

For liberals, the rights frame is highly effective; however, it can easily be trumped by an appeal to the consumer model, which is also readily available to them. So the rights frame reinforced by a systems mechanism that underscores shared fate is a strong approach for this group.

Across groups, the “responsible manager” frame proves appealing. In this frame, the system is portrayed as broken and practical problem-solving is needed. Government is called upon to respond to thoughtful interests in the society. Other sectors – business, labor, philanthropy – can play a role in making this appeal for sound management. Government is tasked with taking the appropriate steps to fix the system, bringing expertise and involved parties to the table, setting out a plan, and phasing in the needed repairs. New Hampshire caution and responsible planning can be brought into this solutions-oriented frame.
Prevention can be framed in this way, with an emphasis on getting in front of the problem as responsible action, both personally and politically. The appeal to New Hampshire might best be framed as an opportunity to use caution and planning in order to avoid the crises in health care experienced by other states.

3. *Among the missing elements in a winning reframing strategy is a model that gets us all in the system together with a positive – as opposed to a negative – outcome.*

Missing from any effective communications message is a powerful simplifying model that displaces the Consumer Stance and gets us all in the system together. In the absence of a fully developed and tested model, FrameWorks has suggested “place holders” that, at the very least, move thinking in the right direction and fail to reinforce the dominant model. But the identification of a fully functional simplifying model remains a challenge for future research.

In its absence, every effort should be made to describe health care as a system that connects citizens and as advantaged by full participation. For example, compare the health care system to the public highway system or public utility system that have to go everywhere or they don’t work. Models that translate cost sharing and risk pools into vivid language and metaphors are what is needed. Avoid reinforcing the consumer model, which only reifies people’s fear and concern for their individual well-being. Effective mechanisms must shift the conversation from “me or them” to “us and it.”

4. *Communicators must work hard to transform the uninsured from a set of unique groups to a series of situations in which many can imagine finding themselves.*

In defining the problem that reform must solve, describe situations in which many people are likely to find themselves: first job, divorced, downsized, self-employed, small business, part-time job, early retirement, etc. These are the places the system is broken. Do not exceptionalize or appeal to group identity. This is one of the most important recommendations for advocates to adopt. Across all groups, across all states, appeals to group identity or to the social obligation to cover groups experiencing health care disparities were roundly rejected. The very nomenclature of “the uninsured” should be abandoned in favor of a more situational explanation of who lacks access to insurance and why, with what consequences to the system.

Relatedly, avoid any frame that pits “them vs. us.” Substitute the idea that we are all in the system.

5. *Advocates must avoid pressing people’s panic buttons by using inflated rhetoric (leading to charges of socialized medicine) or exacerbating the deeply held conviction that any reform will come at the expense of those who have coverage (rationing, for example).*
New Hampshire voters across the political spectrum will be more likely to prioritize this issue for remediation if advocates adopt a practical, problem-solving tone than inflated and partisan rhetoric. Don’t inadvertently or explicitly raise people’s fears about losing ground in the health care system. When people consider that they have one of the best health care systems in the country, they are more likely to put energy into conserving it, not reforming it. When people are confronted with issues like rationing, they resort to a zero-sum model of health care and reject the reform. When told that Government will play a more prominent role in the health care industry, people are concerned that we are destroying “the best health care system in the world” in favor of “socialized medicine,” which they believe to be a documented failure.

There is both danger and opportunity in the media’s approach to the issue. While coverage is more oriented to political themes (V), there is the danger that this will be reduced to a “Just Politics” frame in which citizens perceive feuding politicians as manipulating an issue for their own sake, and consequently fail to buy in to the larger policy debate. Given the fact that this issue has been largely espoused by Democrats, and a new Republican “reform” has just passed Congress, health care reform advocates run the risk of having their proposals perceived as one party’s business and, consequently, politically motivated.

Advocates need to do effective advance work by assembling a broad and diverse array of spokespersons who can both explain the issue as systemic and inoculate against charges of special interest or partisan politics. At the same time, every care must be taken to avoid overstating the issue, pushing the crisis frame and resorting to victim testimonials.

6. Varying the messengers that push for reform in New Hampshire will be critical to any winning strategy; among the most critical for public acceptance are small business owners and doctors.

Doctors, especially ER docs, and CDC spokespersons are all credible messengers on health care reforms. New Hampshire residents, like those in other states, want to know that people who understand medicine believe that the solutions being proposed will not hurt them. Small business owners were also effective – presumably as “unlikely allies.” Politicians and affected parties (victims of the system, such as uninsured people themselves) were discounted or evoked suspicion.

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

It would be a mistake to assume that the identification of new message strategies alone will move the health care debate to conclusion. Frames require frame sponsors. There is no reframing without a mobilization strategy that combines constituency-building with message delivery. In the following section, we attempt to combine the message frames identified by research with implications for broader organizing.

**Strategy Recommendations**

• There is a strong role for philanthropy to play in defining the problem, managing a planning process, surfacing solutions, avoiding partisan hijacking of the issue, and articulating a role for government. Foundations in the state should consider establishing a planning process to identify a long-term reform agenda for salvaging and improving the health care system.

• Ultimately, this process should lead to the establishment of a blue-ribbon task force to devise a step-by-step plan for reforming health care in the state.

• To staff this task force, a narrow set of recommendations should be developed by health care experts and a menu that addresses the range of problems on the public agenda should be crafted. This menu must include cost and quality of care as well as access. The test for the step-by-step plan must be that it makes significant progress toward assuring the viability of the system while reforming it in ways that address both experts’ and the public’s concerns.

• The blue-ribbon group must avoid the secrecy and elitism of the Clinton Health Care Plan by investing in organized town meetings that both listen to people but also educate them about the actual problems in the system and options for reform; New Hampshire citizens are likely to greet this effort with praise, as “eye-opening” as one informant in the Arizona groups termed it. The role of the philanthropic sponsors and the blue ribbon panel should be to explain their efforts as Responsible Management of a system that is in trouble and realistic reforms to prevent it from further deterioration.

• At the same time that citizen discussion and planning are in process, significant advance work must be tackled to provide a new systemic lens on the problem and to displace some of the strong default thinking that reduces this issue to cost and individualism. Recruit and train a diverse set of spokespersons on health care reform, including business leaders and doctors, to help New Hampshire voters understand what’s at stake and what values they need to bring to the discussion of health care reform.

• It should be noted that, in virtually every focus group conducted in NH and AZ, there was someone who could explain the system in ways that moved the group to a broader understanding. Sometimes these people were medical professionals, but often they were businesspeople or community leaders. Identifying people like these and helping train them for public communications should be a top priority.
• Deploy these people in venues not associated with partisan politics, such as civic organizations from Kiwanis to Junior League.

• Enlist progressive places of worship in discussing values associated with health care and furthering systemic thinking and the Rights Frame.

• When speaking to government’s role, consider using spokespersons from Big Business or Small Business to explain that they need government to be a partner in expanding access and reducing costs; see recent comments by William Clay Ford Jr. (NYT, 11/27/03, C1 “Ford Chairman, Now Confident of Turnaround, Expects a Profit”) in calling for government to help level the playing field for American businesses to compete with countries whose health care systems are not bundled into product costs).

• Begin an orchestrated series of op/eds in state papers devoted to explaining how the system works, what isn’t working and how to fix it.

• Form partnerships with other important media – such as NHNPR – to help educate the public about how the health care system works, where it is inadequate in adjusting to specific conditions and situations, and how it might be reconfigured to work better in the long run. The focus should be on identifying causes of dysfunction that are not merely escalating costs but tie the problems back to the system’s broader inadequacies, and then consider options for addressing these problems for the long-term.

• While there are obvious news hooks tied to the electoral debates, care should be taken in using these news hooks to advance greater understanding of the system’s problems and to surface new solutions – NOT to further polarize the debate between candidate proposals. For example, a candidate speech on health care might be followed by an op/ed by a doctor or business leader explaining the problems that underlie the system and the range of solutions now under discussion. In this way, political news hooks can be turned into opportunities for learning about the health care system.

• Issues of regulation and accountability will have to be addressed within the step-by-step plan to assure New Hampshire citizens that this is not just another “band-aid” that will have to be substantially overhauled in the next administration.

• Without this intensive advance work to reframe the debate, to surface solutions and change the tone of the discourse to practical problem solving, there is little hope that a reform agenda will be widely endorsed by the electorate, especially one that is narrowly focused on the uninsured.

• Create a calendar for releasing the step-by-step plan that is rooted in town discussion and New Hampshire’s system of collective consensus-building. Do not assume that the emergence of the ultimate plan for reform from experts will be greeted with approval unless the people have been brought into the process from the beginning.
Talking Points

Because order will prove so important in framing a message about health care in the state, we offer the following prescription as an outline for engaging citizens in a reasoned discussion of health care reform. It is meant to serve as a kind of necessary prelude to a more detailed discussion of problems and options; its goal is to derail to the extent possible the dominant frames of cost, consumerism, government ineptitude and individualism that get in the way of reform.

1. Establish values commensurate with New Hampshire’s tradition of prudence, prevention, reasoned problem-solving and practical management. Inoculate against the charge that this is “crisis of the week,” propelled by political rhetoric.

   Example: New Hampshire citizens want to see the state apply some practical solutions to its health care system before it gets into worse shape. By getting ahead of the problems, we can avoid what we’ve seen in other state systems. That means identifying and studying the problems in our own health care system and coming up with a prudent plan for preventing the system from deteriorating.

2. Establish interconnectedness. Define the system. Inoculate against the consumer model and the idea of health care as a personal commodity and individual relationship. Use analogies to establish systemic thinking.

   Example: We’re all in the health care system together. In fact, it works best when we spread the risk across the greatest number of us. You might think of it along the lines of the public utility system. I can have the most sophisticated electrical circuitry and the brightest front porch lights of anyone in my entire town, but what good does it do me if the wiring stops at the end of my street? It is only fully functional when everyone is in the system.

3. Define the problem of the uninsured as situations in which health care is unavailable – NOT individuals or groups.

   Example: There are some specific places where the health care system is broken and needs to be fixed. Right now, if you are taking your first job, or if you get divorced, get downsized, work for a small business, or take a part-time job or early retirement, you are very likely to end up in situations where health care is unavailable to you. These are places the system breaks down.

4. Establish a step-by-step plan as the appropriate solution.

   Example: We can solve these and other problems in the health care system – and we can do it one manageable step at a time. We can’t do it all at once, but we can do a great deal over time that will protect the system long-term. From helping the small business owner who wants to do right by her employees to provide coverage through tax credits or other incentives, to making benefits available to part-time employees
who can’t work enough hours at any one job to qualify – we can come up with solutions that don’t leave people in precarious situations. At the same time, we must address rising costs by…..

5. Use prevention as a value associated with the system as a whole and with cost-effectiveness. This is one way to address the issue of costs without reifying it as a dominant individual frame.

Example: When we make preventive care available, we save money in the long run. By expanding health insurance coverage, we prevent problems from growing more serious. These health care reforms pay for themselves in the form of healthier kids and healthier communities. When we get reforms right, they save lives and they save money.

6. Establish hope.

Example: Dealing with this situation now, before it gets worse, is the right thing to do. And if do it right – with sufficient study and thought and input – we can put in place a sound plan that will preserve the system for our children and our grandchildren.

7. Use messengers that avoid charges of special interest, partisan politics, socialized medicine, anti-business and usual suspects.

Example: Use a (trained) ER doctor to explain (generically) how situations in which people found themselves contribute to the growing cost of care. Use a business leader to attest to the importance for government to provide the regulation and accountability for the reformed system. Use philanthropists to make the case for a system that is above partisan politics and lasts for the long-term. Use in-state experts to argue for solutions, explaining that there are a number of solutions available to New Hampshire that would have a positive impact. Use economists to argue for the overall benefit to the state’s fiscal climate of taking a reasoned approach to health care reform.

These elements of a communications plan will require further testing and refinement as we move forward in New Hampshire. Ideally, these message elements would be tested against a set of policies deemed likely to result in the kind of systemic reform needed to improve the state health care system. As California and Arizona move toward identifying these elements, we will share their results with New Hampshire as well.

But, in the meantime, there are a number of observations that can help New Hampshire health care reform advocates avoid past mistakes in messaging and take advantage of the FrameWorks research to inform their outreach efforts. In the course of developing research materials, FrameWorks was asked to review materials in development by New Hampshire advocates. These materials proved similar in many respects to those we see
from Kids Count advocates and others who advocate for systemic reforms. We offer below a distilled set of observations that can be used by New Hampshire health care advocates to jury their materials in light of the framing research and the framing perspective.

Specific Do’s and Don’t’s for New Hampshire

- Don’t begin the conversation with the public by loading up on statistics. This will only cause people to default to their dominant frames of cost and consumer thinking.
- Do translate the numerous numbers into social math (for more on this technique, see the FrameWorks’ website).
- Don’t wait to introduce solutions.
- Do accompany every problem with a solution; by bundling each identified problem with the solution that would address it, you can inoculate against the assumption that this is another dire social problem for which no solutions exist.
- Don’t focus on educating the public about the exact percentage of the uninsured; they know it’s a big problem, even if they overestimate it numerically.
- Do deepen their understanding for the number of situations associated with the uninsured: first job, part-time, retired early, divorced, downsized.
- Don’t push the crisis frame, nor overstate the problem.
- Do pay attention to the larger “story” you are telling, whether it is more in the direction of Chicken Little or the Little Engine That Could, whether it reinforces suspicions that advocates would not be satisfied with anything short of perfection or advances a notion of advocates as practical problem-solvers.
- Do pay attention to tone, as a framing element: does the message run counter to New Hampshire citizens’ practical, reasoned approach to problem solving?
- Do contest the consumer model, but not explicitly; explain health insurance as a system in which we are all connected.
- Don’t introduce reform models without giving people values frames from which to view them; numerous explications of policy options will be misunderstood and, therefore, default to existing frames.
- Don’t focus all solutions on government; even if government is the locus for change, it should be set up by calls for involvement from business and the medical professions.
- Don’t reinforce the dominant frame by depicting healthcare as consumption and the citizen as a health care consumer.
- Don’t put all the emphasis on access. Don’t begin the conversation with “the uninsured.”
- Don’t tell victim stories. Do tell stories about the places the system is broken. When talking about groups of people affected, tell these as structural stories: sort by type of job or situation, not by poverty status.
- Do address an array of health care problems that cover quality, access and cost; position the situations that result in lack of insurance as the first among an array of problems that need to be addressed, constituting responsible reform.
- Don’t use jargon, which further throws people back on their dominant frame.
• Do explain any proposal in very simply language.
• Don’t assume that expert short-hands (universal, disparities, etc.) translate for most people the way they do for experts.
• Do explain the overall plan for remediation in ways that invite ordinary people into the debate.
• Do not leave unspecified the process for reforming the system. Assign responsibility and spell out how it needs to happen.
• Don’t remind people of their own health care situation or attempt to personalize the appeal; this is likely to remind people of their own insecurities, not move them to solve the systemic 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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