



## Answering Tough Questions About Health Care Reform

*Please note: This document is best understood in conjunction with our revised Message Brief on framing health care reform, available on our website at [www.frameworksinstitute.org/hc](http://www.frameworksinstitute.org/hc)*

After the summer of 2009 when the health care reform debate slipped into partisan politics and public accusations, it is difficult to consider framing health care reform in a way that advances public understanding and supports thoughtful dialogue. Fortunately, based on FrameWorks Institute's extensive research into the public understanding of health care, we know that it is possible to respond by reframing the discussion toward a better public discussion and workable policy solutions.

Below are three key cautions, based on FrameWorks' empirical research, for advocates and experts answering questions about health care reform.

1. Most of the public discourse reinforces a dominant and unproductive cultural model, or pattern of reasoning, about health care.\* Most people consider health care as a commodity to be purchased by consumers. This commodity is understood as a relationship between the insured and his or her health plan, rather than seeing health care as a system in which all Americans' fates are inextricably linked. This Consumer cultural model is not productive to thinking about system reforms. In fact, advocates further reinforce these models by restating the incorrect beliefs in "myths and facts" documents, by using the opposition's frame instead of introducing a new one, or by inciting public anger at the nation's insurance companies for overcharging or providing poor service. These tactics may produce a good fight (and good fodder for talk radio and the cable news cycle) but they do not help people envision collective solutions because they still see themselves primarily as individual consumers.
2. Communicators dismiss the arguments that critics of health care reform make by not understanding how these arguments are a logical extension of the dominant cultural model held by most Americans. When people are only aware of one small piece of the overall insurance picture – more specifically, their passive, consumer role – it is natural to have the unsettling sense that anything could happen, and that events are beyond their control. When reasoning from that perspective, claims of government interference in "doctor/patient relationships," health care rationing, or even "death panels" seem almost logical. Responses to these arguments are ineffective when they don't address and correct the underlying cultural model driving the concern.
3. The third way in which communicators fall short is by providing complicated policy explanations without addressing the gaps in people's understanding of the health care system. Research has shown that when people understand a problem in concrete terms, they can more readily understand solutions. In its research on health care reform, FrameWorks

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\* For more about Strategic Frame Analysis, please see [www.frameworksinstitute.org/perspective.html](http://www.frameworksinstitute.org/perspective.html)

tested numerous Simplifying Models—or explanatory metaphors—and found that two models did an excellent job of filling in the gaps in the public’s understanding of health care: “Health Coverage Infrastructure” and “Missing Pillars.” (Examples of the models appear in the answers to the questions below.) The Health Coverage Infrastructure simplifying model helps people understand health care as a system, rather than as a set of individual interactions between consumers and their doctor or health insurer. The Missing Pillars model helps describe how the health care system functions, through risk sharing across large numbers of people. Both of these models were able to move people beyond a Consumer frame.

Here are a few of the most common questions about health care reform that surfaced during the most recent public debate. For each question, we have provided two responses: the first modeled on typical responses in the media and in advocate’s materials, and a second that incorporates recommendations from the framing research.

**Q: Can we really afford health care reform right now?**

A typical response to this question might read:

*The costs associated with unreimbursed care due to the increasing number of uninsured patients have risen dramatically over the past five years – over 47 million Americans lack health insurance and that number is rising, and cost of this care is \$56 billion per year, resulting in higher costs and premiums for the rest of us. We’re all paying the cost. Universal coverage will reduce cost shifting by getting everybody covered and contain costs through investment in prevention, management of chronic care, twenty-first century information technology and research on and adoption of effective treatments.*

Unfortunately, this response adheres to the frame already established by the questioner: that this is a discussion about the cost to consumers. It is unlikely to get the reader or listener thinking about the health care system as a whole, and may lead to them blaming the uninsured for the rising costs. Finally, it relies on a list of detailed policy points to make the case. This may confuse the public even further because they are thinking about changes from an individualistic vantage point, making policies seem distant and disconnected from their reality.

An effectively framed response should include a value and simplifying model that focus on the health care system, not on consumers, and should identify both the sources of the problem and potential solutions to it.

Reframed Response:

*Most of the problems with health care are because the overall system is broken – you could argue that we don’t even have a system in the first place! Instead of a well-functioning modern health coverage infrastructure that works efficiently to provide health care to all citizens, we have a system of employer-based coverage. It is as if instead of an electrical grid providing electricity, everyone ran his or her own*

*generators, or instead of an interstate highway system, we still relied solely on county roads. (Simplifying Model of Health Care Infrastructure) We are stuck trying to address problems like the cost by tinkering around the edges, instead of working together to create an effective, well-managed health care system to take on these problems. (Value of Responsible Manager) [specific policy solution(s) can follow here]*

Reframing can be applied to even the most difficult and pointed questions about health care reform. Here are three examples.

### **Q: Will reform lead to rationing health care?**

A typical response might read:

*The U.S. already rations care. Rationing in U.S. health care is based on income: if you can afford care, you get it; if you can't, you don't. A recent study by the prestigious Institute of Medicine found that 18,000 Americans die every year because they don't have health insurance. Many more skip treatments that their insurance company refuses to cover. Rationing in our system is carried out covertly through financial pressure, forcing millions of individuals to forgo care or to be shunted away by caregivers from services they can't pay for. That's rationing. Other countries do not ration in this way.*

Underlying this question is a fear that offering health care to others or changing the system in any way will harm the level of care that the questioner is currently receiving. It will be difficult to stay within a Consumer frame and convince the questioner otherwise. Telling people that we already ration care does little to convince them that reforms will address the concerns they have about their own health care.

In contrast, an effectively framed response would explain how a truly stable and sustainable system would have a variety of mechanisms for responsibly managing our health care resources, whether through evidence-based treatment protocols, or by eliminating waste such as administrative overhead. Such savings would enable more people to participate, creating a system that is more stable and sustainable.

Reframed Response:

*The purpose of reform is to create a structure for health care that is solid and secure, meeting everyone's need for affordable healthcare – and right care at the right place, at the right time. (Value of responsible management) Think of a health care system as a building held up by columns or pillars. Each of those pillars is crucial in holding up the structure. However, when it comes to our health care system, we have taken many of the supporting pillars away, by shutting people out of the coverage system. When people are not participating in the system, the burden of holding up the structure falls on fewer and fewer of us. (Missing Pillars simplifying model) [Specific policy solutions can follow here.]*

**Q. Some people say that this is socialized medicine—another big government bureaucracy costing taxpayers hundreds of billions of dollars. Isn't the current system that insures over 160 million Americans actually better?**

A typical response might read:

*No, it's not socialized medicine. Socialized medicine is a system in which doctors and hospitals are paid by the government. The health care systems in Great Britain and Spain work this way, but in other countries, such as Canada or Japan, they have socialized health insurance, not socialized medicine. Similar to how Medicare works, the government pays for care that is then delivered by the private sector.*

The term socialized medicine is often used to conjure up images of government bureaucratic interference in medical care. That does not describe what happens in countries with national health insurance where people actually have better health care at a lower cost than the U.S.

This response reinforces the questioner's reference to "socialized medicine" and government bureaucracy, which triggers problematic dominant cultural models about the role of government and does little to challenge the Consumer model. An effectively framed response would focus on how a systems breakdown affects everyone, and would avoid reinforcing negative views of government or restating inflammatory language (e.g., "socialized medicine").

Reframed Response:

*There is a broad consensus that the current system is broken, and that, left as is, our current system stands a good chance of destroying the prosperity and quality of life that Americans have enjoyed for so long. For example, today, illness or medical bills contribute to over 2/3 of all personal bankruptcies, which has an insidious effect on the economy as a whole. Problems like these that are endemic to the current system must be resolved—for the future of our communities and our nation. So the question is not whether to reform the system, but rather how to reform it. With the public and private sector working together, we can harness some good old-fashioned ingenuity to come up with solutions that establish secure healthcare and a secure future for our nation.*

Effectively framing responses to questions that arise in the public conversation about health care requires attention to evidenced-based communications, and may seem counter-intuitive in some respects. Isn't it always better to answer the question being asked in the most direct fashion possible? However, instead of reinforcing ideas present in the current conversation, we must help the public better understand how the health care system works and why reforms are needed. This kind of contribution to the public conversation is sorely needed, and can only aid the cause of real and meaningful progress on this important issue.

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*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](http://www.frameworksinstitute.org).

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