

FRAMING UNIVERSAL HEALTH CARE

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The imperative for achieving universal health care is great, yet framing universal health presents a significant challenge. To begin with, the term "universal health care" has been framed by opponents to come to mean socialized medicine, when in fact the term merely refers to health care for all citizens of a country. This has prompted some within the universal health care community to shy away from using the term in favor of vaguer terms like "affordable health care for all."

The alternative approach would be to continue to use the term "universal health care" and reframe it in a way that resonates with Americans. The purpose of this primer is to give a brief overview of the frames that do and do not favor universal health care, and also to suggest ways in which advocates can reframe universal health care.

FRAMES THAT WORK AGAINST UNIVERSAL HEALTH CARE

It is important to begin by addressing some of the frames that are opposed to the idea of universal health care in America.

Government can't do anything right

Perhaps the most significant challenge in framing universal health care is that universal health care necessarily involves government intervention. Indeed, relying on the free market alone will ensure non-universal coverage, as it is in the interest of profit-maximizing insurance companies not to insure high-cost, sick patients. Unfortunately, the notion of government has never been popular in America, and in recent years, it has taken even more of a beating. For many, saying the word "government" conjures up images of "Big Brother", "bureaucracy", "waste", and unpopular agencies like the Department of Motor Vehicles or the IRS. Most people do not associate popular, efficient programs such as the NIH, CDC, and Medicare with government, in part due to frame.

The notion of government as an entity that insures the nation's well-being needs to be revived if universal health care is ever to become a reality. If government is not reframed, Americans faced with the prospect of universal health care will shudder at the thought of the government inefficiency and ineptitude in the vital field of medicine. The importance of reframing government became blazingly apparent during the fight for President Bill Clinton's Health Security Act of 1993, which would have set up universal health care in America. During that fight, the health insurance industry aired the infamous "Harry and Louise" ads, which featured a middle-class couple fretting about whether government could be trusted with health care. The devastating effectiveness of these ads speaks to the strength of the anti-government frame in America.

The free market is the most efficient way of delivering goods

The American belief in the free market is uniquely powerful in the world. To some degree, everyone understands the power of the free market; we intuitively grasp the

idea that competition can increase efficiency. In health care, however, the free market has allowed profit-maximizing insurance companies to price 45 million people out of insurance. Advocates for universal health care must articulate how the free market may be an efficient way of delivering health insurance to those who can afford it, but a terrible way to deliver health insurance to everyone.

Individual responsibility - the "ownership society"

This frame revolves around the philosophical question, "Am I my brother's keeper?" For those who believe more strongly in individual responsibility than shared responsibility, the answer is no. Universal health care by nature involves a subsidization of the health care costs of the uninsured, an idea that conflicts with the individual responsibility frame.

Universal health care is merely welfare (anti-freeloading)

Many opposed to universal health care do so because they believe the uninsured do not work and merely expect a government handout for their laziness. This objection is addressed easily by the fact that 80% of the uninsured work or come from working families. Unfortunately, when faced with this fact, many opponents of universal health care choose either not to believe it, or to come up with some other reason to negate its impact.

Just desserts

Related to the previous frame, the "just desserts" frame says that people deserve what they get. If people are uninsured, it is because they either chose to be, or because they made a series of poor choices that led them to not have insurance. In this worldview, the outcome of a person's life is caused by proximal factors (internal factors like character and judgment); less important to outcomes are distal factors (external factors like the structure of society and public policy).

American exceptionalism

American exceptionalism is a vaguely defined term, but in general, it refers to the idea that America holds a special place in the world. For some, it even means that America is superior to other countries, both morally and economically. For example, many Americans believe strongly that the American health care system is the best in the world, despite overwhelming evidence from international comparative studies showing that our health outcomes are no better than those in other countries (and in some cases are considerably worse).

This frame can work against arguments for universal health care. A person who believes America has the best health care system in the world will be less likely to support the type of significant change involved with achieving universal health care.

Tax affliction

Universal health care may involve an increase in taxes, and even though many solutions (e.g. a single payer system) would offset these taxes by reduced premiums and out-of-pocket spending, people still bristle at the idea of being taxed. Even if net income

stays the same in a universal health care system, a tax may feel more oppressive than paying premiums or paying for health care out-of-pocket.

HOW NOT TO TALK ABOUT UNIVERSAL HEALTH CARE

Activists for universal health care fall into a number of traps when arguing for universal health care. The following are some of the most common:

“Cover the uninsured”

This is definitely the most common and unfortunately most harmful ways to talk about universal health care. Consider the following narrative:

“There are 45 million uninsured Americans, which is 1 out of every 7 people in this country. 18,000 people die per year because they lack insurance, and millions more suffer from poor health. This needless suffering of the uninsured is unacceptable in a country as rich as ours. It is time for us to join the rest of the industrialized world and cover the uninsured.”

This narrative has been repeated ad nauseum by various health advocacy groups, mostly because it works well for a specific sector of society: people who hold the values of empathy and shared responsibility. These people are, not coincidentally, also the same people who are inclined to use this narrative.

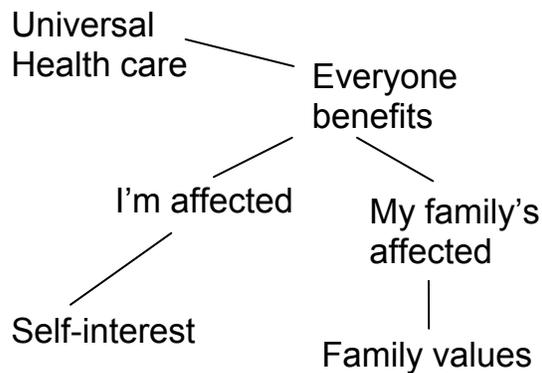
Unfortunately, the narrative does nothing for those who do not value empathy and believe in individual responsibility. This in and of itself is not a reason not to use the narrative, as not all narratives work for all people. **The true reason that this narrative should be avoided at all costs is that it frames universal health care as a welfare issue.** Ask yourself: Who is the victim in the above narrative? The uninsured. Talking about universal health care as “covering the uninsured” paints the issue as “someone else’s problem.” By logical extension, intervening on this issue becomes a form of welfare. This is a major problem, as the idea of welfare has never been popular in America.

A superior way of framing universal health care is not to talk about “covering the uninsured”, but “covering everyone.” Consider the following narrative:

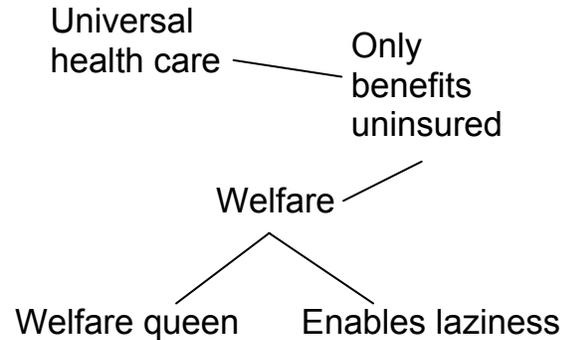
“Health care costs are skyrocketing out of control, placing all of us at risk for losing health insurance through no fault of our own. In today’s rapidly changing economy, job turnover is at an all-time high, which means that all of us are just one pink slip away from being uninsured and risking financial catastrophe. It is our shared responsibility to ensure that every American can have the security from health care costs that they need in order to take care of themselves and their family.”

Here, the victim is not the uninsured, but all Americans. As such, all Americans stand to benefit from achieving universal health care. The following schematic conceptually depicts the frame evoked by the “cover everyone” and “cover the uninsured” frames.

“Cover everyone” narrative



“Cover the uninsured” narrative



This is not merely a matter of ineffective messaging or semantics! The true danger of using the “cover the uninsured” narrative is not that it won’t convince many people in the short-term, but rather that it continually reinforces the idea that universal health care is a welfare issue in the long-term. Once an issue has been framed a certain way, it is very, very difficult to reframe it otherwise.

“Country X’s health care system is better than ours.”

Universal health care proponents often look at the systems of other countries and yearn to adopt their system (most of the time, “Country X” is Canada). This is an understandable reaction; other health care systems certainly do perform better than ours in many measures, and there is certainly much to be learned from the experience of other systems.

However, this does not mean that it is wise to argue for universal health care because, for example, “Canada has universal health care and their system is better than ours.” The major reason behind this is American exceptionalism, which holds that America holds a unique position in the world and that America can do better than the rest of the world. Americans in general want to believe that their health care system is the best in the world. Talking about the superiority of other health care systems, while perhaps justifiable intellectually, is not justifiable politically because it activates the opposing frames of American exceptionalism. Depending on the circumstances, it might also activate the anti-Country X frame (for example, the “anti-Canada” frame is fairly strong in America, as is, of course, the “anti-America” frame in Canada).

Fortunately, it is possible to use American exceptionalism to support universal health care. Consider the following narrative:

“The United States is one of the richest nations in the world. In a country as advanced as ours, no one should have to worry about being able to afford health care when they need it.”

Quoting lots of statistics

A final mistake that advocates for universal health care commonly make is to quote statistic after statistic about the problems of the U.S. health care system. Statistics have their place, and some statistics are indeed quite powerful. However, most statistics do not speak to people's values directly. Quoting a series of statistics about the uninsured may appeal to intellectuals, but it is more effective to talk about the existence of the uninsured as an affront to the American values of equality, fairness, and empathy.

HOW TO TALK ABOUT UNIVERSAL HEALTH CARE

A recent Kaiser Family Foundation study examined the effectiveness of a number of different messages about the uninsured in focus groups. Although the study purported to study messages specifically related to the uninsured, it effectively also studied messages related to achieving universal health care¹.

The important aspect of this study was not that it gives people effective messages to use when talking about universal health care. Framing is not about coming up with a clever message. Rather, it is about changing people's way of thinking; a message is useful only insofar as it links universal health care to a value and thus changes the frame for universal health care.

For example, consider some of the narratives considered most effective in the study:

- The concepts, "A rapidly changing economy means anyone can lose insurance" and "What if you didn't have health insurance" are related to the frame "security," so advocates must argue that universal health will provide security from health care costs (thus changing the frame of universal health care to include the idea "security").
- The concept, "Illness can wipe families out" is related to the frame "family values", and talking about universal health care as a way to help people take care of their families casts universal health care as a family value.
- The concepts, "It's cheaper in the long run to make sure people can access care" and "Preventive care for everyone means less disease" are related to the frame of "efficiency", so advocates should talk about universal health care as being economically efficient.

Table 1: Strongest Concepts

Concept	Average Rating (0-5)
<p>It's the Right Thing to Do</p> <p>We live in the wealthiest country on earth. Almost every major developed country provides health insurance for all of its people. No one in an advanced country like ours should have to worry about whether they can afford health care for themselves and their families.</p>	3.99
<p>It's Cheaper in the Long Run to Make Sure People Can Access Care</p> <p>Making sure that all people have access to health insurance and preventive health care improves public health for all of us and costs less money in the long run. It costs less to treat people early, before they have gotten extremely sick.</p>	3.95
<p>A Rapidly Changing Economy Means Anyone Can Lose Insurance</p> <p>In today's economy people change jobs every couple of years, companies are often bought out without much notice to employees, and layoffs can come without any warning. In the new economy it is difficult to ensure that every member of your family has secure health insurance and that you can keep your doctor even during an illness or treatment.</p>	3.93
<p>Untreated Illness Can Have Serious Consequences</p> <p>Many people without health insurance don't get the health care they need because they can't afford it. They can end up in the emergency room for conditions that would not have gotten serious if they had gotten care earlier. They can even get so sick that they end up dying.</p>	3.87
<p>Aging Workers Are at Risk</p> <p>Working people in their 50s are among those groups at risk for losing insurance, just when they are starting to experience more potentially catastrophic illnesses. Losing insurance in your 50s could mean being wiped out financially and losing all of your retirement savings.</p>	3.77
<p>Illness Can Wipe Families Out</p> <p>If someone in an uninsured families has a serious illness or an accident this could mean a financial disaster. Families can end up having problems with collection agencies, going bankrupt, and being forced to sell their homes.</p>	3.76
<p>The Uninsured Are Hard Working</p> <p>Many people who are uninsured are very deserving – they are the hard working families that fall through the cracks of our health insurance system. Eight in ten uninsured are from working families.</p>	3.74
<p>What If You Didn't Have Health Insurance</p> <p>Any one of us could end up without health insurance. We are all vulnerable to the decisions made by employers and health insurance companies, and to changes in the economy that affect health insurance coverage. With all of life's other stresses, you should not have to worry about an unstable, insecure future, where not having insurance coverage could lead you or a family member to end up with serious illness and could even end up losing your life savings.</p>	3.56
<p>Preventive Care for Everyone Means Less Disease</p> <p>If people have access to affordable health care, they will get the preventive and diagnostic care that can catch illness early and lead to less spread of disease.</p>	3.54

CONCLUSION

There are a number of frames that work against universal health care, but there are also a number of frames that work for universal health care as well. Every person intrinsically understands both of these frames; we all understand individual responsibility just as we understand shared responsibility. The goal for advocates is to appeal to shared responsibility and the other frames that work for universal health care.

REFERENCES

1. Kaiser Family Foundation. “Effective Language and Themes for Talking about the Uninsured”, 2001.