

A New Branch on the P3 Tree



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Many of us work hard each day to focus public attention on health care and the many social and political issues it raises. It is important to remember, especially when the environment seems difficult, that people really do care about health care. And they are ready to talk about it. In the community meetings, health care dialogues, public hearings, and other similar events that I've attended, people readily, willingly, and passionately engage in conversations about health care—about what it means to them personally, to their families and friends, and even to their communities and to our nation.

Medicare hospital payments may be boring to the average Joe, but health care as a broader issue is not boring at all. All across the socioeconomic spectrum, people want to discuss health care—and they are quick to agree that our society should move to make sure everyone can get it. In a variety of forums—from the Citizens' Health Care Working Group to focus groups convened on behalf of CHA—most people say that we all would benefit from a system that serves everyone.

If the public so clearly agrees on this, then part of our goal must be to keep the public talking about it. To do that, we need to know which of our positions in favor of change are working—which, that is, are most likely to inspire our friends, colleagues, and neighbors to help move the conversation from the grassroots to Capitol Hill.

LESSONS FROM THE P3 PROJECT

In 2003, a committee composed of representatives of various CHA member organizations came together to create what is now known as the Public Perception Project, or P3. Working from years of public opinion and focus group research, the group developed the P3 message platform, which has become a resource used by the ministry to frame communications to both the general public

and to specialized audiences. The platform advances health care messages that resonate with people.

P3 taught us many things, among them that Catholic hospitals are generally perceived to be compassionate and caring places—but also, in some cases, as places where the quality might not match that of competing facilities, or as places in which the medical equipment and technology are not as modern.

These findings helped shape the P3 platform, which employs four main themes—*vision, compassion, mission, and quality*—to convey in a clear and tested way the role Catholic hospitals play in treating patients and serving communities.

In addition to improving the perception of Catholic hospitals as places of care, the P3 messages were designed to obtain “public support for our initiatives around maintaining the strength and viability of health care, as well as around creating health care that works for everyone” (Sr. Kathleen Popko, SP, PhD, and Peggy Moseley, “The Public Perception Project,” *Health Progress*, January-February 2006, p. 7).

P3 has been widely embraced by the ministry, and especially by communications professionals who draw upon its themes and give them a local or hospital-specific focus. Building on that momentum, the Covering a Nation steering committee and staff used the P3 platform to develop a series of messages concerning the uninsured and health system change. The goal was to “grow” a new branch on the P3 tree—to combine P3's strengths and lessons learned with a specific advocacy topic, in this case health care for everyone.

For those of us involved in Covering a Nation, the first step was to develop themes and messages we *thought* would work to persuade the public that a different kind of health care system was urgently needed. In consultation with the Cover-

ing a Nation steering committee—and drawing on the P3 findings, as well as on research conducted by the Robert Wood Johnson Foundation and other health care interests—we drafted a series of messages to test.

TESTING THE MESSAGES

On behalf of CHA, an Alexandria, VA-based consulting group called Public Opinion Strategies (POS) convened focus groups in Baltimore and Sioux Falls, SD, with the goal of confirming the P3 themes and soliciting reaction to the Covering a Nation draft messages on the uninsured and health reform. With POS as the facilitator, the initiative's staff observed two focus groups in each city.

We knew from P3 that if the public is to be influenced, a strong and proven set of messages needs to be carried from all corners. We also knew that draft messages must be presented to our peers in rural and urban settings, and then vetted, edited, and adjusted to make sure they convey the right point in a way that makes sense to the most people.

Focus group results showed that health care is a top issue for many people. But there were some surprises. Participants did not automatically connect with the concept of “46 million” uninsured Americans. However, when they were told that 49 people die every day because they are uninsured, they gasped and expressed shock. We quickly learned that quantifying the issue in this way resonates with a general audience.

Perhaps not surprisingly, focus group participants also widely identified with the idea that the health care system should protect people. More specifically, participants agreed that health care should protect the most vulnerable—as a matter of human dignity, because health care is not something that should be available only to those who can easily afford it. Another effective message vis-à-vis the protection theme compared the education system to health care, arguing that kids deserve health care at least as much as they need education, which is guaranteed to them. Focus group participants—especially the parents among them—easily understood and embraced this message.

CONCERN FOR CHILDREN

Along the same lines, focus group participants were clearly distressed to learn that 9 million American children are uninsured, which was a

new fact for many of them. And a recent national opinion survey commissioned by CHA shows that the general public agrees on the priority of health care for all children: Seventy percent of the 800 likely voters surveyed agreed that providing affordable, high-quality health insurance to all children in the United States should be a top priority of Congress and the president. (The survey was conducted by POS; its margin of error was plus or minus 3.5 percent.)

Interestingly, 29 percent of all self-identified Republicans said they would be willing to pay more in taxes to subsidize health coverage for children. Thirty-seven percent of Republicans said the government should take responsibility for covering uninsured children; among those, the vast majority (70 percent) said they would be willing to pay more in taxes to help cover the costs—a greater level of support for coverage expansion than some might expect, even among GOP voters.

The widespread support for covering children is not limited to parents: Only 31 percent of survey respondents had children under 18 living in their households. It seems that, parents or not, Americans are ready for a solution to this problem.

Equally is to focus group participants was a fact that the Robert Wood Johnson Foundation has found highly effective in describing the problem: Eight of 10 uninsured are in working families. Both current public opinion polls and CHA focus groups show that this fact is still not widely known—and that it is more likely than others to compel people to think about how this problem could easily affect them personally.

The theme of “healthy communities” seemed to be an obviously persuasive one when it was included in the draft messages, and, indeed, it proved to be persuasive once we tested it with focus groups. Although some messages did not work so well, others were “quick hits.”

Framing the message in terms of collective health and security sparked conversations in the focus groups about everything from shared responsibility for health care to specific benefits that everyone should have. Put simply, the messages that were focused on healthy communities made sense to the focus groups. When anyone's health is at risk, everyone's health is at risk. That simple message works, and it too became part of the initial message themes and talking points that Covering a Nation developed for the ministry.

The final message theme in the Covering a Nation resource refers to the political environment, arguing that people are ready to move from acrid debates to a sincere, productive discussion of viable solutions. Many of the focus



group participants expressed frustration that health care is so often debated in political forums but never addressed in a substantive or thoughtful or coordinated way. The focus group participants also confirmed the earlier finding that people like the concept of dialogue. They like the idea of contributing—

rather than merely listening—to a national conversation about an issue that affects them very personally.

The Covering a Nation messages are a starting point. They need to be tweaked in particular environments and for particular purposes. They also should be used alongside the P3 messages and against a local backdrop so that they resonate even more effectively in a given community.

INTEGRATING THE MESSAGES

Each of the four main components of P3—vision, compassion, mission, and quality—can be inte-

grated into messages about the uninsured and health system change. Consider the following example:

P3 theme—Compassion

Covering a Nation message—U.S. health care should work to protect everyone, particularly the most vulnerable.

Message for hospital communications—Our compassion for our patients, and especially for the most vulnerable, guides our efforts to secure health care for everyone.

Here's another example:

P3 theme—Mission

Covering a Nation message—Healthy communities depend on everyone receiving timely medical care.

Message for hospital communications—God's love inspires our care for the whole person . . . body, mind, and spirit. We view caring for our communities in a similar way, addressing their physical, social, and spiritual needs with outreach and assistance programs.

Bringing the P3 platform to bear on how we communicate about a given issue—in this case the uninsured and health system change—is a powerful way for the ministry to send a consistent and clear message. Combining the strength of P3 and Covering a Nation messages also can help systems and hospitals tell their stories when it comes to care for uninsured individuals, hospital-sponsored health and education programs, and other community benefit and advocacy efforts. ■