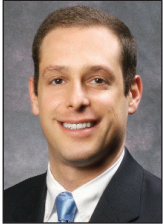


# Framing Our Case for Reform



**BY JEFF TIEMAN**  
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**T**he Catholic health ministry envisions a U.S. health care system designed to create and sustain a strong, healthy national community. ... The health and well-being of each person is intertwined with the health and well-being of the broader community. Access to health care is an essential element contributing to the common good alongside others such as education, employment and a safe environment.”

These words are drawn from CHA’s *Our Vision for U.S. Health Care*, the document developed collaboratively by the Catholic health ministry to make clear our expectations for health reform. Since the document was published a year and a half ago, we have said that its values-based orientation distinguishes it from other efforts to describe the ideal health care system. The values listed in the document come directly from Catholic social teaching and illustrate how health care is fundamentally a matter of human dignity and the common good.

The *Vision* document opens with values because we view health care reform as more than policy and financing; we view it as essential to protecting and enhancing the well-being of individuals, families and communities. The values speak to who we are.

As it turns out, communications experts tell us that opening with values and describing health care reform in terms of the common good also happens to be an effective way to frame our case for public understanding and engagement.

Our ministry, it seems, is not too bad at framing, which involves crafting messages in such a way as to cue a desired response, rather than to trigger a default response. Each of us carries subconscious default frames that shape our thinking, even though we are unaware that they influence how we respond to information we receive.

Journalists frequently use an anecdote to draw readers into their story and to generate human interest in the topic. The problem, according to people who study communications from a scientific standpoint, is that such anecdotes may trigger a “frame” for readers that gets in the way of seeing a larger context or broader issues of concern.

Academic research proves that when people

read anecdotal accounts, they are prompted to think of the given issue as an isolated incident or episode, rather than as emblematic of a larger system problem that should be solved so that we are collectively stronger and healthier.

Consider, for example, this fictional paragraph, which could be part of any newspaper article on health care reform:

*A single mom living in New York City, Sheila Brown worked full time but still found herself struggling to afford the basics — rent, healthy food for her two children, a car payment and new school clothes. That was hard enough. Then the economy tanked and Sheila lost her job — and her health insurance. That’s when she joined the other 45 million people in the United States who are uninsured.*

Someone reading that paragraph might momentarily sympathize with Sheila’s plight but not view it as their own. To many people, she’s the “other,” the uninsured, and therefore not them. The reader might incorrectly view Sheila’s situation as a failure of the individual rather than a failure of the health care system.

In the case of health care reform, this misperception translates into seeing reform as an isolated problem that affects a particular individual or group (individual frame) rather than through the lens of values or the health of communities or the common good (systems frame).

For advocacy purposes, this is problematic because media coverage of health care issues, and specifically reform, does tend to be episodic, with few articles and stories that communicate a theme, or describe in community-based terms why change would benefit all of us, not only those for whom the system is currently not working.

The words we use and the images and concepts we evoke can help us or hurt us. The frames into which we craft our arguments can summon people to our side or turn them off completely.

Knowing this, CHA has conducted public opinion surveys, studied messages used by other organizations and closely monitored news coverage of

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reform and other issues important to our ministry to be sure that we are as clear and effective as possible in how we communicate with the public.

Several months ago, as a next step in these efforts, CHA joined St. Joseph Health System (Orange, Calif.), Bon Secours Health System (Marriottsville, Md.) and the Catholic Health Association of Texas to hire an organization called FrameWorks Institute.

FrameWorks' stated mission is to "advance the nonprofit sector's communications capacity by identifying, translating and modeling relevant scholarly research for framing the public discourse about social problems." To reiterate, framing entails constructing messages to provoke a desired response instead of prompting a default response.

Consider these two examples:

### 1. A frequent argument supporting

**reform:** *We need health care reform in the United States because there are millions of uninsured people and the system isn't working for too many of us. Costs are rising and working families increasingly can't afford coverage. Change is inevitable, so we should get to work now.*

**2. Re-framed argument:** *Health care reform requires solutions that get everyone to participate in the system, which will make health care more efficient and affordable for all of us. Addressing this challenge now, rather than letting it get worse, is the responsible thing to do. Change is possible when average citizens come together to work for the common good. Our collective strength and prosperity is at stake.*

In the first argument, readers are likely to frame the issue in terms of the uninsured, the "other." In the re-framed argument, they are more likely to view the issue from a system's perspective, as one that affects all of us.

As FrameWorks notes, "the way an issue is framed explains who is responsible and suggests potential solutions conveyed by images, stereotypes, messengers, and metaphors."

CHA and the ministry organizations studying FrameWorks' research and approach are collaborating in a six-month study circle that will produce a resource for Catholic health care to use in effectively communicating about reform. It is vital that

we effectively frame the health care reform issue in terms that will help persuade lawmakers and the general public alike that reform can't wait any longer.

## The frames into which we craft our arguments can summon people to our side or turn them off completely.

Watch the pages of *Health Progress* and the CHA website, [www.chausa.org](http://www.chausa.org), for resources and messaging advice that will grow out of the partnership with FrameWorks. In the meantime, here are three simplified tips to follow as you communicate about reform, either as an individual or representative of your health care organization:

**1. Open with a value.** Research shows that the value of responsible management, or stewardship, is highly effective when tested quantitatively and qualitatively. We are more likely to garner support for our advocacy agenda when we speak with values language that resonates with a broad swath of the American public.

**2. Tell your story thematically instead of episodically.** What is the larger context into which your argument fits? How does it impact the entire community?

**3. Remind your audience** that Catholic health care strives to contribute to a dynamic health care system that includes everyone and is structured to benefit our communities.

We are learning that framing is not easy work. Sometimes the words and messages we are so accustomed to using may not be the most effective ones and may hinder rather than help our cause. Even if health reform legislation passes this year, we will always need to be persistent, effective advocates for the system our ministry envisions. In that enterprise, words matter. ■



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