

Searching for Health Care Reform: Studying Media Coverage and Framing Public Opinion of the 2009-2010 Health Care Debate*



Jordan Fein
May 3, 2011

*The author would like to thank his thesis advisors, Professor Jamie Druckman and Professor Leslie McCall, for assisting with developing the media analysis and experiment, giving feedback on multiple drafts, and providing invaluable guidance. I also appreciate the help of Thomas Leeper, who organized numerous experimental sessions. Professors Jay Grossman and Professor Jeffrey Winters taught thesis seminars that offered me direction while completing this project. Emily Garrett, Andre Nickow, and Thomas Patrowsky coded New York Times articles, and others assisted with supervising experimental sessions. Finally, I would like to thank the Northwestern University Office of the Provost and Political Science Department for research funds.

Abstract

I use the 2009-2010 debate over health care reform in the United States to study the messaging of politicians as filtered through the media and to assess opinion formation over the course of a policy discussion. I find that although many frames were used in the debate, President Obama and Democrats largely failed to employ two frames that were found to be very persuasive and used primarily to support reform: inequalities and morality. In a novel experiment, I test the effect of allowing people to search for information on support for government-run health care using inequalities as a positive frame and costs as a negative frame. This experiment builds on previous work on opinion formation over time, but is the first study to acknowledge that in the real world, people choose their own news sources. In conditions in which people receive an initial frame and then are not exposed to any interim information, my experiment replicates the “recency effects” reported in previous studies wherein the effect of the initial frame on opinions decays and is supplanted by that of a later frame. I find that in conditions where people either search for information or are given information replicating their initial frames, there existed “primacy effects” wherein the effect of the initial frame on support for government-run health maintained even after people are exposed to a contrary frame one month later. These results have dramatic implications for democratic debate in America and underscore the importance of being informed about all aspects of a political issue regardless of political ideology.

Introduction

“It will be hard.”

On February 24, 2009, President Barack Obama launched his administration’s push for health care reform, and made the prediction that accomplishing this goal would not be easy. He was right.

The recent debate over health care reform occurred over a period of thirteen months, focused in different proportions on fourteen different legislative proposals and resulted in a bill 1,928 pages long.¹ But, finally, on March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act of 2010 (PPACA) into law.

The PPACA is the most significant piece of health care reform since President Lyndon Johnson created Medicare and Medicaid in 1965 to provide health care for the elderly and indigent, respectively. The legislation was almost as controversial because of what it included (an individual mandate forcing individuals to purchase care and increased taxes on high-end insurance plans) than because of what it did not include (a public option and tort reform). President Obama knew reforming health care would be difficult because the American health care system contains myriad moving parts, and because presidents have attempted this task before, with only varying degrees of success.

President Franklin Delano Roosevelt first attempted to reform the American health care system in 1934, President Harry Truman tried again in the 1940’s, President Lyndon Johnson fought for universal health care in the 1960’s, and President Bill Clinton took a shot at reform in 1992. With the notable exception of President Johnson’s creation

¹ “H.R.3590 - Patient Protection and Affordable Care Act.” 2011. Open Congress. <<http://www.opencongress.org/bill/111-h3590/show>>.

of the Medicare and Medicaid programs, each of these presidents failed to reform the health care system. With each attempt, Republicans opposed health care reform, aided by groups like the American Medical Association, which represents doctors, the Health Insurance Association of America (now America's Health Insurance Plans), which represents the health insurance industry, and the National Federation of Independent Businesses, which represents small businesses.² Democrats argued in favor of reform, supported by progressive organizations like the Committee for the Nation's Health, unions like the United Autoworkers and United Steelworkers of America, and advocacy groups like the National Council of Senior Citizens and AARP.³ With health spending comprising 17.6 percent of GDP in 2009, the above groups and many more have a substantial vested financial interest in health care.⁴ It should come as no surprise that health care reform is a contentious issue given the amount of money at stake.

President Obama approached reforming health care understanding the issue's history of polarizing politicians, interest groups and Americans. From February 24, 2009

² Gordon, Colin. 1982. "Dead on Arrival." In Paul Starr, *The Social Transformation of American Medicine*. New York: Free Press; Derickson, Alan. 1997. "The House of Falk: The Paranoid Style in American Health Politics." *American Journal of Public Health* 87: 1836-1844; Ball, Robert M. 1995. "Perspectives On Medicare: What Medicare's Architects Had In Mind." *Health Affairs* 14(4): 62-72; Quadagno, Jill. 2004 "Why the United States has no national health insurance." *The Journal of Health and Social Behavior* 45: 25-44; Jamieson, Kathleen H. and Joseph N. Capella. 1994. "Media in the Middle: Fairness and Accuracy in the 1994 Health Care Reform Debate." Philadelphia: Annenberg Public Policy Center, University of Pennsylvania.

³ Hoffman, Beatrix. January 2003. "Health Care Reform and Social Movements in the United States." *American Journal of Public Health* 93(1): 75-85; Ball 1995

⁴Landers, Peter. January 6, 2011. "Health Spending Eats Up Record Chunk of GDP. *The Wall Street Journal*.

<http://online.wsj.com/article/SB10001424052748703675904576064173290792358.html?mod=WSJ_LEFTWhatsNewsCollection>.

to March 23, 2010, Republicans and Democrats fought bitterly over the specifics of health care reform, and only one Republican, Anh Cao (R-LA2),⁵ voted for the PPACA.⁶

Tracking every facet of the debate over health care reform would have been a nearly impossible task even for the savviest political analyst. Yet, according to a non-partisan Kaiser Foundation poll conducted in April 2010, 86 percent of Americans reported either a favorable or unfavorable opinion of the PPACA after its passage, with 46 percent supporting the law and 40 percent opposing it.⁷ The debate over health care reform divided the American polity.

Given that individuals could not have absorbed every detail of the health care proposals, their understanding of the PPACA must have been affected by the information they consumed about health care reform after it was filtered through the media. The media is the lens through which the public sees politics. Politicians choose to speak about issues like health care reform in different ways, and the media then decides how to report on those politicians' statements, and on other events during a policy debate.

In the first portion of this thesis, I pinpoint the information available to Americans when they were deciding whether to support or oppose health care reform by studying how the media chose to report on health care reform. To do this, I use the concept of

⁵ Anh Cao was elected in Louisiana's heavily democratic 2nd district in part because his opponent, William Jefferson, had been indicted for corruption. Jefferson has since been sentenced to serve 13 years in prison for bribery schemes including storing \$90,000 worth of payments in veggie burger boxes in his freezer. Jones, Ashby. November 13, 2009. "Breaking: William Jefferson Gets 13 Years in Bribery Scandal." *The Wall Street Journal* Law Blog. <<http://blogs.wsj.com/law/2009/11/13/breaking-william-jefferson-gets-13-years-in-bribery-scandal/>>.

⁶ "House Vote #165." March 21, 2010. Govtrack.us: A civic project to track Congress. <<http://www.govtrack.us/congress/vote.xpd?vote=h2010-165>>.

⁷ "Kaiser Health Tracking Poll: April 2010." April 2010. The Kaiser Family Foundation.

“framing.” Framing is known in political science discourse as the process by which political actors and the media present issues to the public.⁸

I analyze how health care reform was framed health care reform in the *New York Times*, which was used in a previous media analysis study because of its status as “an agenda setter for other newspapers and the mass media.”⁹ Given the prominence and quality of the *New York Times*, I assume that the decision its editors and reporters made about how to cover health care reform are roughly representative of other print media.¹⁰ Understanding what information about health care reform was made most salient by the media enables us to better assess how individuals came to form their opinions.

After determining what Americans were thinking about, I address how they thought about it. Once Americans had information about health care reform, how did they form opinions on the issue? This study is the first to recognize that over the course of a policy debate, the choices people make about what information to expose themselves to affect their opinions. Americans are not passive receivers of news—in today’s diverse media environment, people decide what information to consume. And they search for information more than once during a policy debate.

Through a laboratory experiment, I test the effect of framing health care reform in different ways on how people search for information and form their opinions. Using an experimental framework that includes four different time periods over the course of one month, I study opinion formation over time. Unlike the media analysis, which

⁸ Chong, Dennis and James N. Druckman. 2007. “Framing public opinion in competitive democracies.” *American Political Science Review* 101: 637-655.

⁹ Chong, Dennis and James N. Druckman. 2011. “Identifying Frames in Political News.” In Erik P. Bucy, and R. Lance Holbert, eds., *Sourcebook for Political Communication Research: Methods, Measures, and Analytical Techniques*. New York: Routledge.

¹⁰ Given time and resource constraints, it was not feasible to include other print media, radio or television into my media content analysis. Doing so would present a more complete picture of the news climate.

applies Chong and Druckman's existing framework for studying media coverage of political news to the debate over health care reform,¹¹ my experimental design represents a completely novel way of measuring the effect of framing over the course of a policy debate. Never before has a study of framing and over-time opinion formation tested the effect of allowing individuals to choose their own news.

In so doing, I ask several key questions: First, does framing health care affect support for government-run health care? Second, does allowing individuals to search for information sustain any initial framing effects as the policy debate proceeds? And third, does introducing information choice increase the extent to which people are confident or "certain" about their opinions?

The answers to these questions have important implications for understanding not just how Americans think about health care reform, but how they consider every other issue that matters in America. There are as many facets to an issue as there are interest groups in a policy debate, and probably more. If Americans are choosing to ignore select ways of thinking about an issue, the democratic process suffers. Democracy works best with an informed citizenry, and worst when stories aren't heard, facts aren't understood and the conventional wisdom isn't questioned.

Literature Review

When discussing issues like health care reform, actors like those in the Obama Administration, Democratic and Republican members of Congress and others advocating for or against different pieces of legislation face important choices. Their primary goal is

¹¹ Chong and Druckman 2011

simple: to convince Americans to support or oppose a policy goal, in this case health care reform. But in order to accomplish this, these actors must decide on the most persuasive means of turning Americans around to their point of view. Through their decisions regarding which stories to feature and which politicians to quote, media outlets also play an important role in this process. The success or failure of political actors in getting their message reported in the media impacts the information Americans receive about health care, which in turn shapes public opinion.

When communicating about issues, political actors and the media use different frames. Scholars have posited a distinction between “frames in communication” and “frames in thought.”¹² Frames in communication refer to the words, images, phrases, sentences and presentation styles speakers use to disseminate information. A member of the political or media elite “frames” an issue by “encouraging readers or listeners to emphasize certain considerations above others when evaluating that issue.”¹³ In the context of this thesis, frames in communication constitute how *New York Times* editors and reporters chose to depict health care reform. The ways in which these actors decided to frame health care reform depend both on the statements and actions of politicians and other actors during the debate over health care reform and on what information they thought the public most needed to understand. I identify frames in communication through the media content analysis.

Frames in thought denote the ways in which individuals think about political issues, or the information they deem relevant to understanding a given situation.

Whereas frames in communication are measured by reading newspaper articles or

¹² Druckman, James N. September 2001. “The Implications of Framing Effects for Citizen Competence.” *Political Behavior* 23(3): 225-256 (Special Issue: Citizen Competence Revisited).

¹³ Chong and Druckman 2007

politicians' speeches, frames in thought are studied primarily through surveys. The extent to which frames in communication influence frames in thought is the "framing effect."¹⁴

Studies have shown that frames in communication have an important effect on opinion formation; individuals profess to have different opinions about issues depending on which considerations are made most salient.¹⁵ In one study, individuals who read an article framing a Ku Klux Klan rally as a free speech issue expressed significantly more tolerance for the Klan than those who read an article emphasizing the importance of public order.¹⁶

Framing effects have been studied extensively because public opinion has an important impact on policymaking in America. In a seminal study of presidential responsiveness to public opinion, Erikson and MacKuen found a strong relationship between presidential policymaking behavior and the public's domestic policy preferences as measured by an aggregated group of 1,500 survey questions.¹⁷ Rottinghaus studied the congruence between public statements made by presidents (Eisenhower through Clinton) and public opinion survey data, and reported that the president's position matched public opinion 70 percent of the time.¹⁸ Canes-Wrone found that presidents are more responsive to public opinion the sooner the president faces reelection.¹⁹ Recent studies have also

¹⁴ Druckman 2001

¹⁵ Druckman, James N. and Kjersten R. Nelson. 2003. "Framing and Deliberation." *American Journal of Political Science* 47: 728-44.

¹⁶ Nelson, Thomas E., Rosalee A. Clawson, and Zoe M. Oxley. 1997. "Media Framing of a Civil Liberties Conflict and Its Effect on Tolerance." *American Political Science Review* 91: 567-583.

¹⁷ Erikson, Robert S., Michael B. MacKuen, and James A. Stimson. 2002. *The Macro Polity*. New York: Cambridge University Press.

¹⁸ Rottinghaus, Brandon. 2006. "Rethinking Presidential Responsiveness: The Public Presidency and Rhetorical Congruency, 1953–2001." *Journal of Politics* 68(3): 720-732.

¹⁹ Canes-Wrone, Brandice. 2006. *Who Leads Whom? Presidents, Policy, and the Public*. Chicago: University of Chicago Press.

indicated that affluent Americans have much more influence over policy-making than other citizens.²⁰

Although our democracy is not perfect, politicians do respond to public opinion, and through this mechanism the views of Americans have a dramatic impact on the legislation passed in Washington. Studying framing effects demonstrates how politicians are able to manipulate the very public opinion they purport to follow.

In order to assess the role of framing in opinion formation during policy debates, Chong and Druckman conducted a media content analysis of 12 political issues.²¹ This analysis, which did not explore opinions about health care, revealed that political opponents employed many different frames to advance their positions, media coverage is rarely balanced, and each news story employs a variety of frames. Through reviewing scholarly research, I identified ten ways in which health care reform has been framed in the past. This research will use Chong and Druckman's methodology to explore which of these frames the media used most extensively during the recent health care debate.

During the course of a political debate such as the recent debate over health care reform, the public is presented with a wide variety of frames over a certain period of time. Each individual makes conscious choices about which media to read, listen to or watch. Competing theories exist with respect to how framing might affect how individuals search for and process information. Anthony Downs believed that "a rational voter is interested only in information which might change his preliminary voting

²⁰ Bartels, Larry M. 2008. *Unequal Democracy: The Political Economy of the New Gilded Age*. Princeton: Princeton University Press; Gilens, Martin. 2005. "Inequality and Democratic Responsiveness." *Public Opinion Quarterly* 69(5): 778-796; Gilens, Martin. September 2009. "Interest Groups and Inequality in Democratic Responsiveness in the U.S." Paper delivered at the annual meetings of the American Political Science Association, Toronto, September 3-6; Jacobs, Lawrence R. and Benjamin I. Page. 2005. "Who Influences U.S. Foreign Policy?" *American Political Science Review* 99(1): 107-123.

²¹ Chong and Druckman 2011

decision.”²² However, the newer theory of “motivated reasoning” predicts that voters seek information congruent with a predetermined goal or motive.²³ This experiment will investigate the effect of framing on information search and processing in order to understand how individuals’ political opinions change over time.

This thesis will contribute to the body of research on both health care reform and on framing. I will explore how the ten ways in which health care reform has been framed in the past were used or not used in the media to advocate for or against health care reform. This will allow me to determine what information became most available to individuals as they formed opinions about health care reform. I will then present the findings of a laboratory experiment assessing the ways in which exposure to different health care frames shapes how individuals search for and process information in different stages of a policy debate.

The following section explores the content of the PPACA and the ways in which political actors advocated for and against the bill. Understanding the roles of the key players in the health care debate will provide context for the media content analysis, which will be used to assess how successful these actors were in disseminating their message.

The Patient Protection and Affordable Care Act

After a fractious debate, the fourteen separate health care bills were molded into one final piece of legislation, the PPACA. This PPACA is projected to cover 32 million

²² Downs, Anthony. 1957. *An Economic Theory of Democracy*. Harper: New York.

²³ Taber, Charles S. and Milton Lodge. 2006. “Motivated skepticism in the evaluation of political beliefs.” *American Journal of Political Science* 50: 755-769.

Americans,²⁴ meaning that 95 percent of Americans would have health insurance instead of the current figure of 83.4 percent.²⁵ The PPACA accomplishes this using an individual mandate provision requiring that every American have health coverage beginning in 2014, and by enforcing the mandate with a tax penalty. It expands the Medicaid public health care program for low-income Americans to cover individuals earning 133 percent of the federal poverty level instead of the current 100 percent, and provides subsidies for individuals earning from 133-400 percent of the federal poverty level.²⁶

The Congressional Budget Office (CBO), a nonpartisan entity tasked with providing objective economic analyses of legislative proposals and government programs, estimates that the PPACA will cost \$938 billion over ten years.²⁷ This will be financed through a combination of savings from Medicare and Medicaid (\$500 billion) and new tax revenue (\$438 billion).²⁸ The CBO further estimates that the PPACA would reduce the federal budget deficit by \$143 billion over ten years.²⁹

The health care debate featured many important players arguing for and against reform. The Obama administration's advocacy for comprehensive health care reform legislation began with President Obama addressing a joint session of Congress on February 24, 2009 and ended with President Obama signing the PPACA into law with 22

²⁴ Croft, Cammie. March 19, 2010. "Health Reform by the Numbers." The White House. <<http://www.whitehouse.gov/health-care-meeting/by-the-numbers>>.

²⁵ "Census Bureau: Recession Fuels Record Number of Uninsured Americans." September 17, 2010. Kaiser Health News. <<http://www.kaiserhealthnews.org/Daily-Reports/2010/September/16/uninsured-census-statistics.aspx>>.

²⁶ "Side-by-Side Comparison of Major Health Care Reform Proposals." June 18, 2010. The Kaiser Family Foundation. <<http://www.kff.org/healthreform/sidebyside.cfm>>.

²⁷ Sahadi, Jeanne. March 25, 2010. "Health reform: The \$\$\$ Story." CNN Money. <http://money.cnn.com/2010/03/20/news/economy/cbo_reconciliation/index.htm>.

²⁸ Ibid

²⁹ Ibid

pens on March 23, 2010.³⁰ Over the course of the health care debate, the White House, the Congressional Democrats' Progressive and Blue Dog Caucuses and Congressional Republicans had the greatest impact on the discussion because they were most involved in crafting health care reform legislation.

In his address on February 24, 2009, President Obama signaled the beginning of his administration's advocacy for health care reform, stating, "Health care reform cannot wait, it must not wait, and it will not wait another year."³¹ He presented health care reform as not only necessary because of its ability to ensure more Americans have access to affordable health insurance, but also as an economic necessity, emphasizing that health care costs must be brought down in order to reduce the deficit. Although President Obama made the case for a public option, he mentioned it only as "a means to [the] end" of making health coverage more affordable. This surprised many advocates of a public option, who remembered that a "new public insurance program" was in then-candidate Obama's proposed health care plan.³²

During the debate over health care reform, the Congressional Progressive Caucus (CPC) consisted of 77 members and was chaired by Reps. Lynn Woolsey (D-CA6) and Raúl Grijalva (D-AZ7).³³ Woolsey and Grijalva sent a letter to Democratic leaders in the

³⁰ Each pen represented a politician or White House official who had played an important role in crafting and passing health care reform.

Stolberg, Sheryl Gay and Robert Pear. March 23, 2010. "Obama Signs Health Care Overhaul bill, With a Flourish." *The New York Times*. <<http://www.nytimes.com/2010/03/24/health/policy/24health.html>>.

³¹ "Remarks of President Obama—As Prepared for Delivery Address to Joint session of Congress on Tuesday, February 24th, 2009." February 24, 2009. The White House. <http://www.whitehouse.gov/the_press_office/Remarks-of-President-Barack-Obama-Address-to-Joint-Session-of-Congress/>.

³² Klein, Ezra. December 23, 2009. "Yes, Obama did campaign on the public option." *The Washington Post*: Economic and Domestic Policy, and Lots of It. <http://voices.washingtonpost.com/ezra-klein/2009/12/yes_obama_did_campaign_on_the.html>.

³³ "CPC Insists on Public Plan Option in Health Care Reform." April 2, 2009. The Congressional Progressive Caucus. <<http://cpc.grijalva.house.gov/index.cfm?sectionid=68&parentid=5§iontree=5.68&itemid=155>>.

House and Senate stating that CPC members would only support health care reform legislation that includes a public option.³⁴ In so doing, they emphasized that a public option would enable more individuals to obtain health insurance, reduce costs, and give individuals more choices. After the public option disappeared from health care reform legislation, Woolsey argued against imposing an excise tax on higher-cost employer-provided health benefits. According to Woolsey, this would hurt the middle-class, workers and elderly Americans with good health benefits.³⁵

In the 111th Congress, the Blue Dog Caucus consisted of 52 fiscally conservative Democrats, most of whom disagreed ideologically with the CPC members' positions on health care.³⁶ Blue Dogs worked with Congressional Republicans to delay the Senate Finance Committee's vote on health care legislation until after the August 2009 recess.³⁷ They also joined Republicans in opposing a public option and sought increased payments to rural doctors who serve their constituents.³⁸ Because President Obama and Democrats included many of the fixes advocated for by the Blue Dogs in the PPACA, 28 members of the Blue Dog Caucus voted for the legislation.³⁹

Republicans in Congress adopted a strategy of opposing health care reform, and largely rebuffed any efforts by the Obama Administration or Democrats to tackle the issue in a bipartisan manner. Senator Jim DeMint (R-SC) said on July 17, 2009 that "If

³⁴ Ibid

³⁵ Pear, Robert and Sheryl Gay Stolberg. January 13, 2010. "Obama and Lawmakers Seek Accord on Health Care." *The New York Times*. <<http://www.nytimes.com/2010/01/14/health/policy/14health.html>>.

³⁶ Edson, Rich and Joanna Ossinger. July 29, 2009. "Blue Dog Democrats Announce Deal on Health Care Reform." FoxBusiness. <<http://www.foxbusiness.com/story/markets/industries/government/blue-dog-democrats-announce-deal-health-care-reform/>>.

³⁷ "GOP, Blue Dogs get health reform slowdown they wanted." July 30, 2009. CNN Politics. <http://articles.cnn.com/2009-07-30/politics/health.care_1_health-care-house-democrats-health-insurance-option?s=PM:POLITICS>.

³⁸ Bendavid, Naftali. July 27, 2009. "'Blue Dog' Democrats Hold Health-Care Overhaul at Bay." *The Wall Street Journal*: Politics. <<http://online.wsj.com/article/SB124865363472782519.html>>.

³⁹ House Vote #165

we're able to stop Obama on this, it will be his Waterloo. It will break him.”⁴⁰ DeMint and others with a similar mindset believed that if they could prevent Obama from passing health care reform, he would be stymied in advocating for other reforms also opposed by the Republican Party.

Republicans used many strategies to oppose health care reform. They made the unfounded claim that the PPACA would lead to government-run “death panels” making life or death health decisions for Americans.⁴¹ Republicans also invoked the filibuster to require a 60-vote majority in the Senate instead of the usual 51-vote majority.⁴² A press release from then-Minority Leader John Boehner’s office on March 23, 2010 illustrates the reaction of most Republicans to the passage of health care reform: “This is a somber day for the American people...The devastating consequences of this legislation will be felt in broken promises, higher costs, lost jobs and fewer freedoms.”⁴³

Health Care Reform Frames

Different political blocs emphasized different parts of health care reform. The White House focused on health care reform as a means of providing better health care to uninsured Americans, and as a means of reducing the deficit. Congressional progressives argued in favor of a public option in which the government would have great discretion

⁴⁰ Tapper, Jake. July 19, 2009. “White House Plans to Use DeMint’s ‘Waterloo’ Quote to Rally the Troops.” ABC News: Political Punch blog. <<http://blogs.abcnews.com/politicalpunch/2009/07/white-house-plans-to-use-demints-waterloo-quote-to-rally-the-troops.html>>.

⁴¹ Shapiro, Robert Y. and Lawrence Jacobs. 2010. “Simulating Representation: Elite Mobilization and Political Power in Health Care Reform.” *The Forum* 8(1): 4.

⁴² Antos, Joseph R. January 2011. “Reforming health care reform in the 112th Congress.” *New England Journal of Medicine*: Electronic Publication.

⁴³ “Boehner: A ‘Somber Day for the American People.’” March 23, 2010. John Boehner Press Release. <<http://johnboehner.house.gov/News/DocumentSingle.aspx?DocumentID=177820>>.

to set payment rates, and advocated increasing taxes on the wealthy. The Blue Dogs took advantage of their ability to delay and dilute health care reform. Republicans also discussed health care reform in the context of costs, but argued that reform would increase the deficit and force individuals to pay more taxes, and saw opposition to health care reform as a means of weakening President Obama. This section describes each health care frame and gives a rationale for its inclusion in the media content analysis of health care reform.

Beneficiary/Victim

Health care is often considered with respect to the groups that would benefit or suffer from reform or the lack of reform. This frame involves citing a specific group that would benefit or suffer, such as “the uninsured,” “small businesses,” “the rich,” “the poor,” “the middle class,” “African-Americans,” “people with pre-existing conditions,” “illegal immigrants,” “senior citizens,” and others.

Political science research has documented that citizens think about policies with respect to the groups that stand to lose or benefit from them. Public opinion on policy, therefore, is “group-centric: shaped in powerful ways by the attitudes citizens possess toward the social groups they see as the principal beneficiaries (or victims) of the policy.”⁴⁴ Whether the issue is welfare reform,⁴⁵ the right to hold a demonstration⁴⁶ or

⁴⁴ Nelson, Thomas E. and Donald R. Kinder. 1996. “Issue frames and group-centrism in American public opinion.” *Journal of Politics* 58: 1055-1078.

⁴⁵ Gilens, Martin. 1999. *Why Americans Hate Welfare: Race, Media, and the Politics of Antipoverty Policy*. Chicago: University Chicago Press.

⁴⁶ Chong 1993

health care reform,⁴⁷ beliefs about the groups that would be or are affected by a particular policy are one of the considerations used to form opinions about that issue.

Previous research also suggests that Democrats will be more likely to employ the beneficiary/victim frame in their advocacy for health care reform. One study of the effect of issue framing on public opinion with respect to government spending found that while Republicans focused on the general impact of spending, Democrats chose to speak about more specific groups that stood to benefit from programs.⁴⁸ The previous section suggests that President Obama and Democrats focused on the uninsured and low and middle-income Americans as potential beneficiaries of reform and Blue Dogs concentrated on doctors in rural areas.

I predict that the beneficiary/victim frame was very prevalent in the debate over health care reform and used predominantly to support reform.

Individual Choice/Personal Freedom

The issue of health care also centers around whether individuals have the ability to make their own decisions about the type of care they receive and who they receive it from. Any mention of individuals being or not being able to choose their own doctor, prescription drugs, health care provider or any other item related to health care would fall under this category.

⁴⁷ Gollust, Sarah E. and Julia Lynch. September 2010. "Who Deserves Health Care? The Effects of Causal Attributions and Group Cues on Public Attitudes about Responsibility for Health Care Costs." Prepared for presentation at the American Political Science Association Meeting, Washington, D.C., September 2-5.

⁴⁸ Jacoby, William G. 2000. "Issue framing and public opinion on government spending." *American Journal of Political Science* 44: 750-767.

In America, people like to be able to make their own choices, and politicians understand this. Tax cuts are popular because, as some politicians are fond of saying, “you know how to spend your money better than we do.” Individual choice also figures in the health care debate. President Johnson rejected federal administration over the disbursement and use of Medicare funds (which his advisers recommended because it would improve the quality of care, prevent waste and reduce costs) because his administration might be vulnerable to the charge that “big government” stood in the way of the “free choice” of patients.⁴⁹

One need not look far into the recent debate over health care to find the issue of choice resurfacing. President Obama repeatedly maintained that if health care reform was passed, everyone would get to keep their current health care plan, while opponents argued just as confidently that reform would force many Americans to lose their current health care coverage.⁵⁰ Choice also emerged as an argument for a government-run public plan that would compete with private insurance plans. Supporters of such a plan, which included CPC members, contested that it would be one option on a menu that would help create a “level playing field.”⁵¹

I predict that the individual choice/personal freedom frame was somewhat prevalent in the health care debate over reform and used to both support and to oppose reform.

⁴⁹ Jacobs, Lawrence R. 2008. “1994 All Over Again? Public Opinion and Health Care.” *New England Journal of Medicine* 358: 1881-1883.

⁵⁰ Politifact labeled Obama’s statement that “if you like your health care plan, you can keep your health care plan” as “half-true.”

“Barack Obama promises you can keep your health insurance, but there’s no guarantee.” August 11, 2009. Politifact.com. <<http://www.politifact.com/truth-o-meter/statements/2009/aug/11/barack-obama/barack-obama-promises-you-can-keep-your-health-ins/>>.

⁵¹ Hacker, Jacob S. 2009. “Healthy Competition: How to Structure Public Health Insurance Plan Choice to Ensure Risk-Sharing, Cost Control, and Quality Improvement.” Berkeley: Center on Health, Economic & Family Security.

Costs

Health care can also be thought about with respect to how much it should cost the government, businesses and individuals. This frame encompasses the current costs of health care reform, the cost of not reforming health care, and the costs of any particular reform proposal.

Any casual observer of the recent health care debate would probably be aware that our pre-reform health care system cost more than that of any other nation and achieved disappointing results. It should come as no surprise that President Clinton emphasized reining in rising health care costs in 1993.⁵² Because costs figured prominently in the 1993-1994 health care debate, an extant media analysis of this debate included the “cost” of the president's plan as one frame and the “status quo,” or the “problems with our current health care system” (cost could be considered one such problem) as another frame.⁵³ Research has suggested that framing the health care debate around issues of financing decreases its chances of passage.⁵⁴

As noted in the previous section, Republicans argued that health care reform would increase the deficit and result in higher health care costs. President Obama and Democrats in turn argued that health care reform would decrease the deficit and lower health care costs.

⁵² Jacobs, Lawrence R. and Robert Y. Shapiro. 2000. *Politicians Don't Pander: Political Manipulation and the Loss of Democratic Responsiveness*. Chicago: University of Chicago Press; Koch, Jeffrey W. 1998. “Political Rhetoric and Political Persuasion: The Changing Structure of Citizens’ Preferences on Health Insurance During Policy Debate.” *Public Opinion Quarterly* 62(2): 209-229.

⁵³ Jerit 2007.

⁵⁴ Aaron, Henry. 2007. “Budget Crisis, Entitlement Crisis, Health Care Financing Problem—Which Is It?” *Health Affairs* 2(6): 1622-1633.

I predict that the costs frame was very prevalent in the debate over health care reform and used to both support and to oppose support reform.

Government Role

We can also consider health care reform as a discussion of the proper role of government in our health care system. Debate over the public option features very prominently in this frame, as does the scope of government regulation of the insurance industry, and the individual mandate requiring that every American purchase insurance.

Fear of government, or “antistatist values,” has been cited often as a reason that America lacks a welfare state similar to that of Canada and European nations.⁵⁵ Many Americans favor the free market over the federal government when it comes to providing health care, but opinions about this are by no means stagnant.⁵⁶ People are more likely to favor an increased role for government if they believe health disparities are due to the economic or health care system instead of individual behavior or genetics,⁵⁷ or if they score higher on scales measuring egalitarian and/or humanitarian values.⁵⁸

⁵⁵ Lipset, Seymour M. 1996. *American Exceptionalism*. New York: W.W. Norton; Jacobs, Lawrence R. 1993. “Health Reform Impasse: the Politics of American Ambivalence toward Government.” *Journal of Health Politics, Policy and Law* 18(3): 629-655; Marmor, Theodore, Jerry Mashaw, and Philip Harvey. 1990. *America's Misunderstood Welfare State*. New York: Basic Books; Marmor, Theodore. 2000. *The Politics of Medicare*. New York: Aldine de Gruyter; Hacker, Jacob S. 2008. “Putting Politics First.” *Health Affairs* 27(3): 718-723; Winter, Nicholas J. G. 2005. “Framing Gender: Political Rhetoric, Gender Schemas, and Public Opinion on U.S. Health Care Reform.” *Politics and Gender* 1: 453-480; Skocpol, Theda. 2007. *Boomerang: Health Care Reform and the Turn Against Government*. New York, NY: North & Co.

⁵⁶ Oberlander, Jonathan. 2003. “The Politics of Health Reform: Why Do Bad Things Happen to Good Plans?” *Health Affairs*: Web Exclusive.

⁵⁷ Gollust and Lynch 2010.

⁵⁸ Lynch, Julia and Sarah E Gollust. 2010. “Playing Fair: Fairness Beliefs and Health Reform Policy Preferences in the United States.” Working Paper: RWJF Scholars in Health Policy Research Program Working Paper Series.

In the past, Americans have also been receptive to charges that reforming health care would amount to “socialism,” which play on fears of government.⁵⁹ Two previous analyses of media coverage of health care include similar frames: “big government”⁶⁰ and “health care as a societal right.”⁶¹

In the recent health care debate, usage of this frame concentrated around the public option, with CPC members arguing for it, Blue Dogs and Republicans arguing against it and President Obama neglecting to take a strong position. Members of the Tea Party, like Representative Michele Bachmann (R-TN6), also concentrated on the idea that health care reform is socialist in nature.⁶²

I predict that the government role frame was somewhat prevalent in the debate over health care reform and used predominantly to oppose reform.

Inequalities

Health care reform may also be considered necessary in order to address the disparities in access to and quality of health care, as well as unequal health outcomes across racial, gender, income, age and other demographic categories. This frame includes any mention of health care availability and health outcomes that vary across groups.

⁵⁹ Palmer, Karen S. 1999. “A Brief History: Universal Health Care Efforts in the US.” Comments at Spring, 1999 Physicians for a National Health Program meeting in San Francisco; Maslow, Harold. 1939. “The Background of the Wagner National Health Bill.” *Law and Contemporary Problems* 6(4): 606-618; Poen, Monte M. 1979. *Harry S. Truman versus the Medical Lobby: The Genesis of Medicare*. Columbia: University of Missouri Press.

⁶⁰ Jerit 2007

⁶¹ The claim that a good is a “societal right” carries with it that government has an obligation to make the good or service universally available to all citizens.

Lau, Richard R. and Mark Schlesinger. 2005. “Policy Frames, Metaphorical Reasoning, and Support for Public Policies.” *Political Psychology* 26: 77-114.

⁶² Montopoli, Brian. January 19, 2011. “Michele Bachmann: Health Care Law ‘Crown Jewel of Socialism.’” CBS News. < http://www.cbsnews.com/8301-503544_162-20028978-503544.html>.

Health care reform has long been thought of in the context of inequality. Medicare architect and reformer Wilbur Cohen, who used the strategy of “Medicare incrementalism” to seek universal health care coverage, employed the inequality frame. Health insurance should be universally available, said Cohen in 1968, so as to avoid “two sets of institutions, one for the poor and another for the better off,” that would produce disparities in medical care.⁶³

Cohen has been proved correct. The United States has not met the goal of universal health care coverage, and rampant health disparities have resulted. Both those with lower socioeconomic status and members of minority groups have access to less health care of a lower quality,⁶⁴ resulting in higher mortality rates and instances of preventable diseases in these demographic groups.⁶⁵ Unsurprisingly, the uninsured also have diminished access to and quality of care, and tend to be less healthy than the insured.⁶⁶

Previous research has shown that the perceived fairness of health inequalities affects support for a government-sponsored universal health care system. Lynch and Gollust found that inequalities in access to and quality of care increase the tendency to support government involvement in health care to a much greater extent than inequalities

⁶³ Jacobs 2008

⁶⁴ Bashshur Rashid L., Rick K. Homan, and Dean G. Smith. 1994. “Beyond the uninsured: problems in access to care.” *Medical Care* 32: 409-419; Fiscella, Kevin, Peter Franks, Mark P. Doescher, and Barry G. Saver. 2002. *Medical Care* 40: 52-59; Andrulis, Dennis P. 1998. “Access to care is the centerpiece in the elimination of socioeconomic disparities in health.” *Annals of Internal Medicine* 129: 412-416; Smedley, Brian, Adrienne Y. Stith, and Alan Ray Nelson, eds. 2003. *Unequal treatment: confronting racial and ethnic disparities in health care*. Washington, D.C.: National Academy Press.

⁶⁵ House, James S. 2002. “Selecting Outcomes for the Sociology of Mental Health: Issues of Measurement and Dimensionality.” *Journal of Health and Social Behavior* 43(2): 125-142; Adler, Nancy E. and Katherine Newman. 2002. “Socioeconomic disparities in health: Pathways and policies.” *Health Affairs* 21(2): 60; Cook Lê Cook, Thomas G., Thomas McGuire, and Samuel H. Zuvekas. 2009. “Measuring Trends in Racial/Ethnic Health Care Disparities.” *Medical Care Research and Review* 66(1): 23-48.

⁶⁶ Davis, Karen. 2007. “Uninsured in America: Problems and Possible Solutions.” *British Medical Journal* 334(7589): 346-348.

in health outcomes primarily because Americans believe the former inequalities to be substantially more unfair.⁶⁷ As no evidence exists that mentioning inequalities decreases support for health care reform, it is likely that this would be a positive frame.

I predict that the inequalities frame was not prevalent in the debate over health care reform and used predominantly to support reform.

Medical-Industrial Complex

As insurance, pharmaceutical and drug companies figure prominently in our current health care system, health care reform can be thought of in the context of these players. Any mention of a private actor in the health care field would fall under this frame.

The theory of stakeholder mobilization attempts to explain America's lack of national health insurance by analyzing the actions of physicians, hospitals, medical equipment suppliers, pharmaceutical and insurers and other private entities.⁶⁸ The groups in this "medical-industrial complex" are "well-organized, well-funded...and they are opposed to any reform that will slow down the resources society is transferring to them."⁶⁹

The 2009-2010 debate over health care reform was unique because for the first time, the American Medical Association, the largest group representing physicians in the country, supported reform, as did PhRMA, the lobbying organization for pharmaceutical

⁶⁷ Lynch and Gollust 2010

⁶⁸ Quadagno 2004

⁶⁹ Oberlander 2003

companies.⁷⁰ Nonetheless, this frame will likely be used by Democrats as they cite private insurance companies' premium increases and other practices as evidence the health care system should be reformed.⁷¹

I predict that the medical-industrial complex frame was very prevalent in the debate over health care reform and used predominantly to support reform.

Morality

Health care is often considered a moral issue, as some believe all individuals are entitled to health care regardless of their position in society. This frame includes mentions of any values that suggest health care should be a universal right.

Since the American Association for Labor Legislation first began agitating for universal health care in 1915, appeals to "moral compassion" have been evoked throughout the national debate over reform.⁷² In the 1940's, President Roosevelt spoke of health care as a moral obligation,⁷³ and President Harry Truman also proposed a universal health care plan before settling on Medicare and Medicaid after pressure from the American Medical Association.⁷⁴ When President Clinton approached health care

⁷⁰ Young, Jeffrey. August 15, 2009. "AMA defends support of healthcare bill." The Hill. <<http://thehill.com/homenews/house/54959-ama-defends-support-of-healthcare-bill>>.

⁷¹ "Sebelius Calls on Anthem Blue Cross to Publicly Justify 39 Percent Premium Increase." February 8, 2010. The Department of Health and Human Services: HHS Press Office. <<http://www.hhs.gov/news/press/2010pres/02/20100208c.html>>.

⁷² Starr, Paul. 1982. "Transformation in Defeat: The Changing Objectives of National Health Insurance, 1915-1980." *American Journal of Public Health* 72(1): 78-88.

⁷³ Gabel, John, Howard Cohen, and Steven Fink. 1989. "Americans' view on health care: Foolish inconsistencies?" *Health Affairs* 8: 104-118.

⁷⁴ Chapman, Carleton B. and John M. Talmadge. 1970. "Historical and Political Background of Federal Health Care Legislation." *Law and Contemporary Problems* 35(2): 334-347.

reform in 1993, he also invoked the moral necessity of achieving universal coverage.⁷⁵ Clinton viewed health care as “something to which all Americans were entitled”⁷⁶ and emphasized that the government had “the responsibility to define exactly who is going to pay, how much, for what, and to what, if any, limit.”⁷⁷

Political leaders have made the argument for health care as a basic entitlement, but the United States has not formally declared it as such. Although the United Nations Declaration of Human Rights (of which Eleanor Roosevelt, wife of the first president who formally advocated for national health insurance in the United States, was a co-author) includes health care, the United States has never legally recognized the right to health care or the attending obligation of the government to provide health care.⁷⁸ None of the health care reform proposals seriously considered in the recent debate would have achieved universal coverage, making it difficult to argue for health care as a moral right.

I predict that the morality frame was not prevalent in the debate over health care reform and used predominantly to support reform.

Political Process/Institutions

It is important to also consider health care reform in light of what is politically feasible. Academic discussions of utopian ideals are moot if political institutions and processes will only allow a certain type of health care reform. This frame encompasses

⁷⁵ Winter 2005

⁷⁶ Koch 1998

⁷⁷ Zelman, Walter A. 1994. “The rationale behind the Clinton health reform plan.” *Journal of Health Affairs* 13(1): 9-29.

⁷⁸ Kinney, Eleanor D. 2009. “Realization of the International Human Right to Health in an Economically Integrated North America.” *Journal of Law, Medicine and Ethics* 37(4): 807-818.

any discussion of political institutions and processes that might facilitate or impede the passage of health care reform.

It has historically been difficult to reform health care and make other societal changes through governmental action. In addition to helping prevent the United States from developing a strong welfare state, political institutions, the dispersal of federal government power and vulnerability of individuals to lobbying have complicated efforts to reform health care.⁷⁹

Politicians ignore politics at their own peril. Jacob Hacker believes that health care reform failed in 1993-1994 because Clinton put policy before politics, shunning coalition-building for closed-door policymaking sessions. According to Hacker, “born in a policy hothouse, the Clinton plan wilted in the cold winds of politics.”⁸⁰

The political process/institutions frame is largely negative, as it reflects the attempts of Blue Dogs and Republicans to delay reform and the difficulties associated with passing health care reform.

I predict that the political process/institutions frame was very prevalent in the debate over health care reform and used predominantly to oppose reform.

Free Market

Many have also viewed through the lens of the free market, which they argue breeds competitiveness that in turn leads to innovation, better quality of care and reduced

⁷⁹ Steinmo, Sven, and Jon Watts. 1995. “It’s the institutions, stupid! Why comprehensive national health insurance always fails in America.” *Journal of Health Politics, Policy, and Law* 20: 329-372; Hacker 2008; Quadagno 2004

⁸⁰ Hacker 2008

costs. This frame includes any mention of free markets, insurance exchanges and competitiveness, with respect to the public plan or otherwise.

Lau and Schlesinger's fourth frame is "Health care as a marketable commodity, distributed according to a person's ability to pay for medical services, with the standards of care determined by individual choice and market forces."⁸¹ The free market is seen as the main alternative to extensive government intervention, and many proponents and opponents of health care reform invoke this frame.

Jacob Hacker argues for including the public option as one of "a reasonable number of meaningfully different choices."⁸² According to Hacker, the public option and private plans each have strengths and weaknesses, and including both choices in insurance exchanges would result in "healthy competition" improving the quality and cost of health care for all Americans.⁸³ Others call for health care reform through market-based reforms such as antitrust regulation, medical savings accounts and malpractice reform that encourage private providers to compete amongst one another instead of with a government health insurance plan.⁸⁴

The free market frame is used by Republicans attempting to advocate for market-based solutions to health care reform as an alternative to the PPACA, and by Democrats and President Obama when explaining health insurance exchanges in the PPACA.

I predict that the market frame was somewhat prevalent in the debate over health care reform and used both to support and to oppose reform.

⁸¹ Lau and Schlesinger 2005

⁸² Hacker 2009

⁸³ Ibid

⁸⁴ Porter, Michael and Elizabeth O. Teisberg. 2004. "Redefining competition in health care." *Harvard Business Review* 82: 64-76.

International Comparisons

Some have also discussed health care reform in the context of how our current health care system compares to that of other countries, and how research into other countries' health care systems might inform how to reform ours.

The United States is the only developed nation without universal coverage and the only developed nation in which private insurance companies cover most citizens.⁸⁵

Health care in the United States is unique, and scholars have studied how those reforming health care in America might analyze health care in other countries such as Canada, Switzerland, Germany, France, Australia, Japan, Taiwan, Belgium, Norway, Sweden, Israel, the Netherlands, Denmark, New Zealand, the United Kingdom.⁸⁶

I predict that the international comparisons frame was not prevalent in the debate over health care reform and used predominantly to support reform.

The Health Care Media Content Analysis

In order to conduct the media content analysis of which health care frames appeared in the media, coders studied a universe of 387 *New York Times* articles about health care reform. I identified this universe by searching Lexis-Nexis for articles under the subject heading of “Health Care Reform” that were published between February 24,

⁸⁵ Quadagno 2004

⁸⁶ Debner, Raisa B. 2003. “Health care reform: Lessons from Canada.” *American Journal of Public Health* 3(93): 20-24; Ginsburg, Jack A. 2008. “Achieving a high-performance health care system with universal access: what the United States can learn from other countries.” *The Annals of Internal Medicine* 148(1): 55-75; Sabik, Lindsay M. and Reidar K. Lie. 2008. “Priority setting in health care: Lessons from the experiences of eight countries.” *International Journal for Equity in Health* 7(4): Online.

2009, when President Obama’s speech to Congress marked the beginning of the health care debate, and March 23, 2010, when President Obama signed the PPACA into law. I conducted data analysis using the framework of Chong and Druckman for analyzing media coverage of important political issues.⁸⁷

I subdivided the universe into five different “waves” representing time periods during the health care debate.⁸⁸ I selected waves corresponding to widely covered, important events in the recent health care debate. Wave 1 of the health care debate began on February 24, 2009 and ended on July 31, 2009, when lawmakers returned home to their districts for the August recess. Wave 2 continued until President Obama’s address to Congress on September 9, 2009. This address, at which Representative Joe Wilson (R-SC2) yelled “You lie!” when President Obama stated health care reform would not cover illegal immigrants,⁸⁹ marked a conscious decision by the White House to become more involved in the specifics of health care reform legislation.⁹⁰ Wave 3 proceeded from September 9, 2009 to November 7, 2009, when the House of Representatives passed its version of health care reform. Wave 4 includes articles from November 7, 2009 to January 9, 2010, when President Obama gave an address beginning the reconciliation of the House and Senate’s different versions of health care reform.⁹¹ Wave 5 begins on January 9, 2010 and ends on March 23, 2010, when President Obama signed health care reform into law.

⁸⁷ Chong and Druckman 2011

⁸⁸ These waves are summarized in Table 1.

⁸⁹ Smith, Ben. September 9, 2009. “A voice from the floor on illegal immigrants: ‘You lie.’” Politico. <http://www.politico.com/blogs/bensmith/0909/A_voice_from_the_floor_on_illegal_immigrants_Lie.html>.

⁹⁰ “Obama’s Health Care Speech to Congress.” September 9, 2009. *The New York Times*. <<http://www.nytimes.com/2009/09/10/us/politics/10obama.text.html>>.

⁹¹ Zeleny, Jeff. January 9, 2010. “Obama Urges Quick Action on Health Overhaul.” *The New York Times*. <<http://www.nytimes.com/2010/01/10/health/policy/10address.html>>.

*This article was in the universe of articles used in the media analysis, but was not in the coded sample.

Three Northwestern undergraduates, including the author, and one Northwestern graduate analyzed a random sample of 20 percent of the 387 articles (78 articles). Before beginning this analysis, coders practiced on nine articles about health care reform which were not selected to be in the sample until agreement was reached on the proper results. For the analysis, the coders identified the presence or absence of frames and the direction of each frame.

Coders also noted “other information” about select frames. For the beneficiary/victim frame, they noted who the beneficiary or victim was and whether they would benefit or suffer from the change or lack of change in health care reform. For the costs frame, they noted whether the reference to costs is associated with the current health care system or the costs of not reforming that system or with the costs of any particular reform proposal. Finally, for the medical-industrial complex frame, they noted what company, hospital or organization was mentioned or which category or group was mentioned.

Coders conducted reliability testing of a 20 percent random sample of the articles included in the original sample. I used Krippendorff’s Alpha, a statistic used for determining reliability scores of data from different coders and accounting for the chance that association occurs randomly.⁹² As a result of reliability testing, individual choice/personal freedom, government role and free market were merged into one frame, public/private insurance choice, as they address similar issues of the extent to which individuals are able to choose between government or private insurance options. Because of this, public/private insurance choice was coded as present if any of the three merged

⁹² Krippendorff, Klaus. 2007. “Computing Krippendorff’s alpha-reliability.” Working Paper: University of Pennsylvania, Annenberg School for Communication.

frames were coded as present. Krippendorff's Alpha reached the acceptable .50 level or higher for all frames except inequalities and international comparisons, which did not appear in the reliability sample, and political process/institutions. Results regarding the political process/institutions frame will therefore be less conclusive than those from other frames.

I use these data to test the following hypotheses:

- H₁*: Reflecting Druckman and Chong's previous media analysis of political issues, I will find a number of *effective frames*⁹³ roughly equal to that in Druckman and Chong's analysis (5.09).⁹⁴
- H₂*: *Frame prevalence* will be consistent with the predictions made in the "Health Care Frames" section and summarized in Table 3. Based on a preliminary analysis of the health care debate, I expect the beneficiary/victim frame to have high prevalence due to the numerous citations of the uninsured, costs to have high prevalence owing to the mentions of the costs of the current health care system and of the PPACA, medical-industrial complex to have high prevalence because reform supporters focused on the insurance industry and public/private insurance choice to have high prevalence because of discussions of the public option. Inequalities should have low prevalence because few actors used this frame, morality should have low prevalence because the PPACA did not purport to achieve universal coverage and international comparisons should have low

⁹³ The phrase "effective frames" will be used in this thesis to indicate the number of frames used in the health care debate, not how successful the frames were in shaping opinion.

⁹⁴ Druckman and Chong 2009

prevalence because other countries did not figure into the recent health care debate.

H₃: *Frame direction* will be consistent with the predictions made in the “Health Care Frames” section and summarized in Table 3. I expect beneficiary/victim to be a pro frame due to numerous mentions of the uninsured and other groups that stand to benefit from health care reform, inequalities to be a pro frame because previous studies have found mentions of this frame to have this effect, medical-industrial complex to be a pro frame as mentions of unsavory insurance company practices induce support for reform, morality to be a pro frame as individuals believe health care should be a universal right and international comparisons to be a pro frame as people find that the United States lags behind other countries on key health outcomes. Costs should be a mixed frame because President Obama, Democrats and Republicans used this frame. Political process/institutions should be a con frame as Blue Dog Democrats and Republicans used tactics like the filibuster to dilute and delay health care reform, and public/private insurance choice should be a con frame because it was used as a successful argument against including the public option in the PPACA.

H₄: The number of *effective frames* will decrease over time as political actors involved in the health care debate settle on their preferred means of communicating about health care reform.

Results from the Health Care Media Content Analysis

Results from the media content analysis confirm many of the above hypotheses. I calculated the number of effective frames using Laasko and Taagepera's measure of the effective number of parties.⁹⁵ This provides a measure of the relative weight of each frame based on the frequency of its use. If there are T unique frames on an issue and p_i ($i = 1$ to T) is the proportion of times that frame i is used relative to other frames, then the effective number of frames can be expressed as $N_F = 1/\sum p_i^2$.⁹⁶ The effective number of health care frames was 5.3, only slightly greater than in Druckman and Chong's analysis and constituent with H_1 . This reflects the many different approaches used to address health care reform, but also points to the fact that many of the frames identified in my literature review were not employed extensively.

As evidenced in Figure 1, beneficiary/victim, cost and political process/institutions were the frames most commonly used in *New York Times* coverage of the health care debate, appearing in 40, 57 and 50 of the 78 articles, respectively.⁹⁷ My predictions in H_2 are supported by this result and the result that inequalities, morality and international comparisons were the least common frames. The data offer limited support for my prediction that medical-industrial complex would be one of the most common frames. The medical-industrial complex frame appeared in 19 of 78 articles, indicating that groups in the "medical-industrial complex" were mentioned less than expected.

⁹⁵ Laakso, Markku and Rein Taagepera. 1979. "'Effective' number of parties: A measure with application to West Europe." *Comparative Political Science* 12(1): 3-27.

⁹⁶ Druckman and Chong 2009

⁹⁷ I include the most relevant tables and figures in the text of this thesis but produce others in Appendix A.

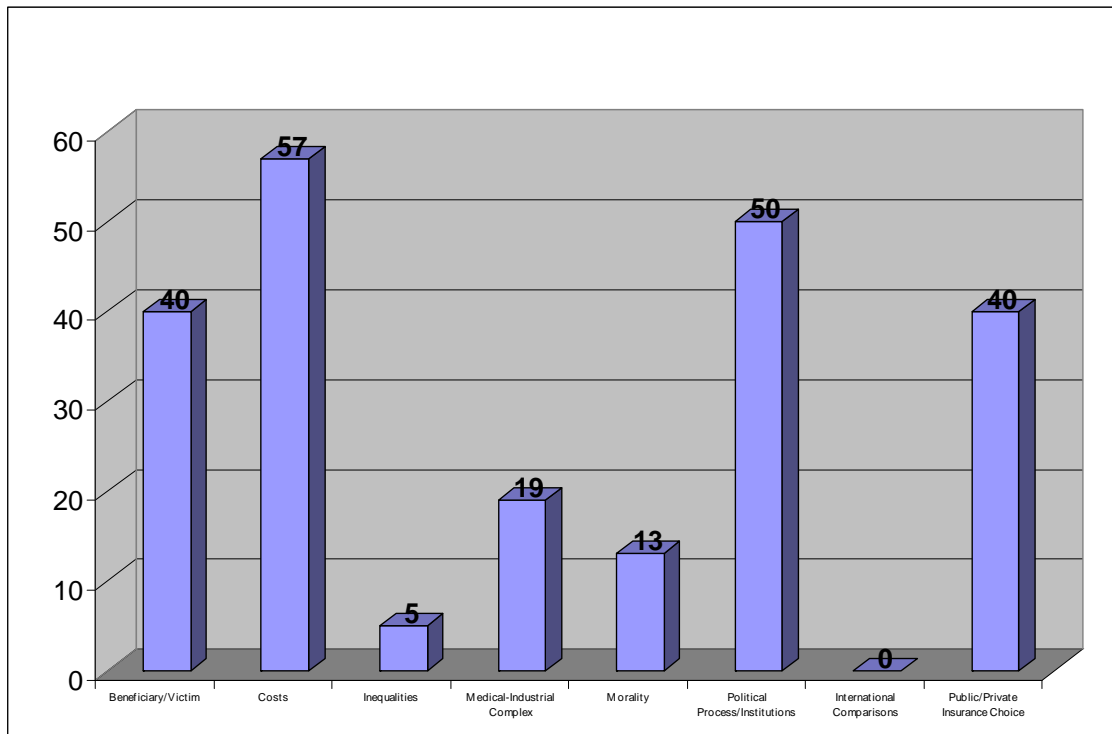
Figure 1: Frame Incidence⁹⁸

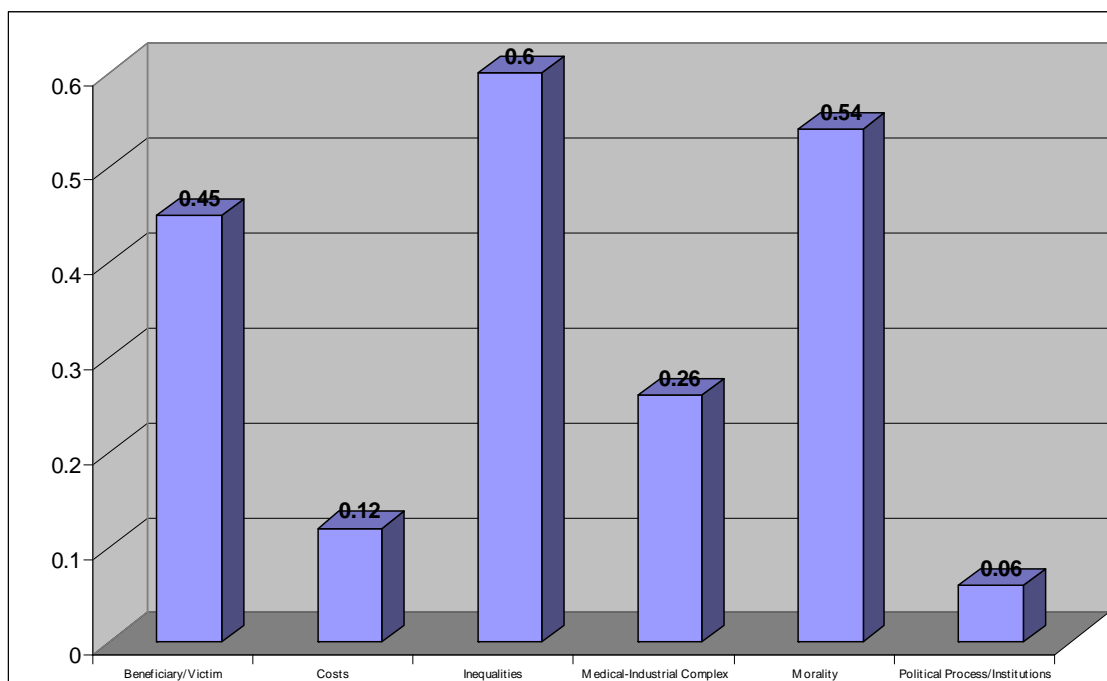
Figure 2 facilitates analysis of H_3 hypotheses assessing frame direction.⁹⁹ All frames were used at least slightly more in a positive context. The media analysis data confirm hypotheses in H_3 regarding frame direction. Of the analyzed frames, costs was closest to 0 (a score of -1 would be fully negative) and inequalities and morality were closest to 1 (fully positive). Both supporters of health care reform, like the Obama administration, and opponents of reform, like Congressional Republicans, considered costs to be an important frame. This seems logical given that the debate over health care reform took place during a devastating recession in which the economy lost 8.4 million

⁹⁸ I present the most relevant figures and tables in the text of this thesis, and others in Appendix A.

⁹⁹ As individual choice/personal freedom, government role and free market were combined into public/private insurance choice, direction could not be assessed.

jobs.¹⁰⁰ The data only barely disprove the prediction that political process/institutions was used to oppose health care reform, as this frame was the closest to 0 of all frames. It is nonetheless somewhat surprising that the political process/institutions frame was not negative. If the Republicans had more persuasively argued that the Obama and Administration and Democrats were rushing health care reform through Congress, ignoring amendments and generally abusing the political system, they could have employed this frame more successfully.

Figure 2: Frame Direction



Analyzing the “other information” coders entered provides clues as to the causal mechanisms by which frames were used in the *New York Times* to support or oppose

¹⁰⁰ Shierholz, Heidi. February 5, 2010. “Unemployment drops to 9.7% despite more job losses.” The Economic Policy Institute. <http://www.epi.org/publications/entry/jobs_picture_20100205/>.

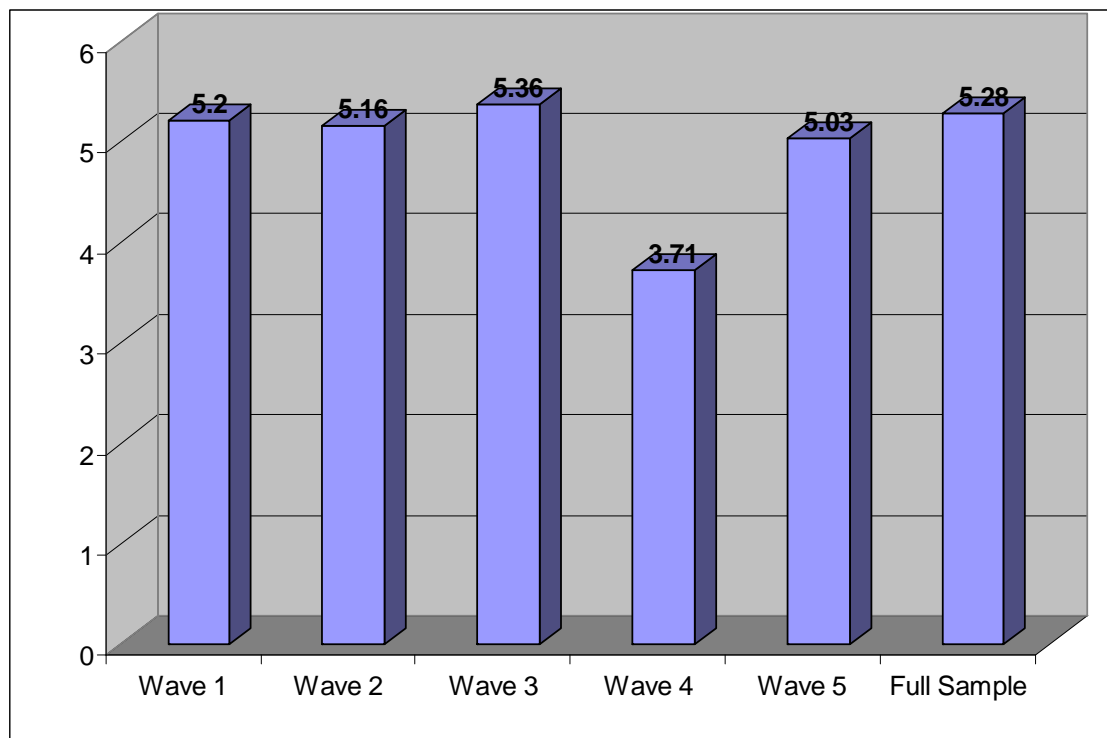
health care reform. From Table 4, we see that beneficiary/victim frame was used to support health care reform in large part due to its 22 references to uninsured Americans. In contrast, this frame was used to reference employers/small businesses only once in opposition to reform, a surprising result considering how Republicans like John Boehner emphasized that health care reform would result in lost jobs. More generally, the extent to which the beneficiary/victim frame supported health care reform speaks to the success of President Obama and Democrats in identifying who would benefit from reform, and the failures of Republicans in emphasizing who would suffer because of its passage.

As previously mentioned, the direction of the costs frame was more balanced. Results for “other information” for the costs frame are reported in Table 5. Consistent with my prediction, references to the costs of the current system were associated with supporting health care reform (in 8 of 14 mentions), and mentioning the costs of health care bills were in turn associated with opposing health care reform (in 7 of 13 mentions). President Obama and Democrats were also successful in noting health care reform’s ability to improve the economy and reduce the deficit; most references of the economy and the deficit supported health care reform (4 of 6 mentions were pro, and 2 mentions were neutral). Interestingly, most mentions of taxes (5 of 7 mentions) were associated with supporting health care reform. If Republicans did attempt to oppose reform by stating it would lead to tax increases, they did not do so in such a way that the *New York Times* deemed worthy of coverage.

Scholarly research and a preliminary analysis of the recent health care debate led me to correctly hypothesize that the medical-industrial complex frame would be associated with supporting health care reform. Table 6 reveals that the main distinction

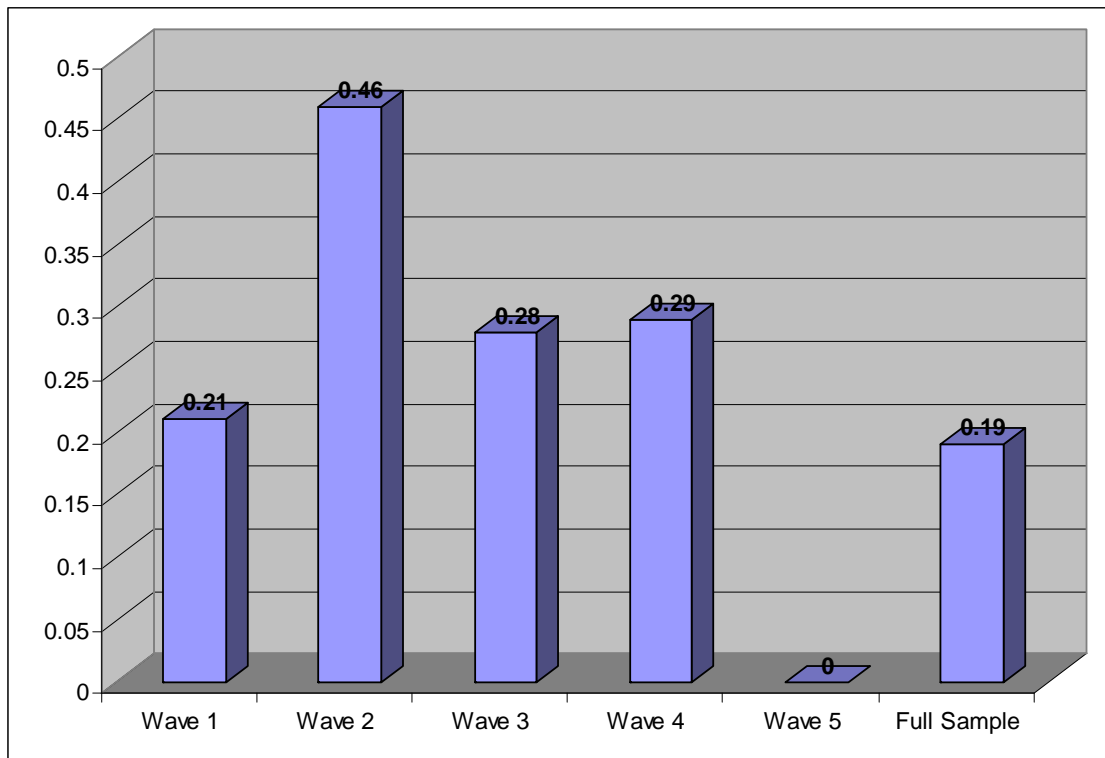
in the “other information” noted by coders differentiates between broad groups of the medical-industrial complex (drug companies, insurance companies, and more) and specific companies or organizations (the private insurer Blue Cross, the organization America’s Health Insurance Companies, which represents insurers, and more). Although some mentions of insurance companies generally were associated with opposing health care reform (4 of 16 mentions), all references to specific entities were judged as supporting reform (4 mentions of AHIP, Blue Cross and PhRMA). As mentioned earlier, revealing detailed information about the premiums and practices of individual companies or organizations was a concerted strategy by the Obama administration, which correctly assumed that this would help them make their case for reforming the health care system.

Figure 3: Effective Number of Frames by Wave



Conducting data analysis across waves enables us to see how the quantity of and direction of frames changed over time. Figure 3 shows less variation in the number of effective frames than predicted in H_4 . Nonetheless, especially Wave 4, but also Wave 5 featured less effective frames, indicating that political actors decided on certain ways of addressing health care reform. Figure 4, which summarizes the direction of all frames in each wave (with numbers greater than zero denoting the positive direction), also demonstrates that there was a dramatic decrease in the net positivity of frames over time, culminating in a score of 0 in Wave 5.

Figure 4: Frame Direction by Wave



As seen in Figure 3, the number of effective frames decreases slightly across waves. This is consistent with Chong and Druckman's result that the number of effective frames decreases over time as political actors settled on preferred ways of communicating about health care reform.¹⁰¹ Figure 4 demonstrates that after Wave 1, frame direction decreased. That average frame direction became consistently more negative after Wave 2 reveals another failure of reform supporters. Additionally, that the number of effective frames did not decrease as much as predicted indicates that supporters of reform did not succeed in narrowing down their preferred frames to the most positive frames as the debate over health care reform proceeded. If reform supporters had focused more exclusively on positive frames like beneficiary/victim, inequalities and morality as the debate proceeded, the number of effective frames would have decreased more over time and overall frame direction would not have become more negative over time.

The four enumerated hypotheses receive strong support from the data. Although all frames were positive (albeit some only slightly), supporters of health care reform failed to take advantage of the most positive frames, inequalities and morality, which received scores of .6 and .54. In contrast, costs, the second-most negative frame employed, was used extensively, a credit to opponents of reform.

Discussion of the Health Care Media Content Analysis

My finding that all frames were positive demonstrates that, through the media, supporters of health care reform like President Obama and Democrats were able to argue effectively for health care reform. Although supporters largely neglected to use the most

¹⁰¹ Druckman and Chong 2009

positive health care frames, inequality and morality, they did well to help ensure that each health care frame studied was used more in a pro-reform than an anti-reform context.

President Obama and Democrats also passed the PPACA none too soon; if the debate over health care reform had proceeded much longer, the trend towards greater negativity in frames may have negatively impacted public opinion and doomed the PPACA.

The lack of a more dramatic decrease in effective frames over time also points to a more general failure of political actors in refining their messaging. Especially over such a long period of time, one would expect President Obama and the Democrats in the pro-reform camp and Republicans in the anti-reform camp to settle on a coherent messaging strategy. The lack of such a coherent strategy reflects the diversity of opinion within both reform supporters and reform opponents.

President Obama's policy preferences with respect to health care reform differed greatly from those of members of the CPC and those in the Blue Dog Caucus. CPC members supported a public option, Blue Dogs did not, and President Obama did not take a firm stand on the issue. Such policy disagreement manifested itself in an inability to create one "master narrative" in favor of health care reform.

Republicans were more consistent than Democrats, as all Republicans were against a public option and opposed health care reform because it would lead to higher taxes and a larger role for government. However, Tea Party protestors, who were especially active during the August recess (in Wave 2), adopted a critique of health care reform focused much more on their anti-government philosophy, as was demonstrated by Representative Bachmann's statement that the PPACA was "the crown jewel of

socialism.”¹⁰² Republicans in Washington were likely less able to integrate Tea Party messaging into their approach to communicating about health care.

Generally, *New York Times* coverage of health care reform reflected the major aspects of the debate. The most dominant frames—beneficiary/victim, costs, political process/institutions and public/private insurance choice—represent the most publicly discussed components of health care reform. Most Americans likely identified health care reform with its potential to provide health insurance to uninsured Americans (the beneficiary/victim frame), how much the PPACA would cost and whether it would contribute to the deficit (the costs frame), the political side of passing health care reform (political process/institutions), and the public option (public/private insurance choice).

This raises the normative question of whether the media should be merely a reflective institution or one that shines light on new aspects of an issue. Supporters of health care reform can be faulted for not using the inequalities and morality frames, but so can the media. More independent reporting on inequalities in health outcomes and access to and quality of health care across income, race and gender lines would have impacted the health care debate.

The almost complete absence of the inequalities frame in the health care debate is noteworthy. As mentioned in the “Health Care Frames” section, the American health system produces radically worse health outcomes for poorer Americans and members of minority groups. As Medicare architect Wilbur Cohen foresaw, the rich in America have access to the best health care in the world, while the poor often cannot afford to see a

¹⁰² Montopoli 2011

doctor.¹⁰³ These dual health systems lead to the United States ranking near the bottom of the 30 developed nations in the Organisation for Economic Cooperation and Development (OECD) on most measures of health status. Life expectancy in the United States is 1.5 years below the OECD average, and infant mortality is 6.7 deaths per 1,000 live births, compared to an OECD average of 4.7.¹⁰⁴ The inequality frame's positivity score in my media analysis (.6) and in the experimental pre-test (6.19 on a 1-7 scale), as well as its high "effective argument" score in the pre-test (5.82 on a 1-7 scale), strongly suggest that it would have impacted opinions on health care reform.¹⁰⁵

The experimental portion of this thesis explores whether introducing the inequalities frame into the public debate over health care reform would have affected public opinion. I combine this introduction of a new frame with conducting a novel experiment that tests the effect of information search on framing over the course of a policy debate. My approach uses new theoretical dynamics previously ignored in framing research.

The Information Search and Processing Experiment

The experimental portion of this project took place in a laboratory setting and tested how frames affect information search and processing.¹⁰⁶ Extant research has posited that people follow one of two models of information processing. "On-line"

103 Schroeder, Steven A. 2007. "We can do better: Improving the health of the American people." *New England Journal of Medicine* 357: 1221-1228.

104 "OECD Health Data 2010: How Does the United States Compare?" 2010. The Organisation for Economic Co-operation and Development (OECD). <<http://www.oecd.org/dataoecd/46/2/38980580.pdf>>.

105 Pre-test results are summarized in Table 2.

106 The frames will be evoked in 500-word articles, trimmed from real news stories and edited to reflect a single, repeated frame. Example articles are in Appendix B.

processors integrate many considerations when forming opinions, store a summary judgment and then possibly forget those initial considerations.¹⁰⁷ In contrast, “memory-based” processors store individual considerations and then retrieve those considerations when forming opinions.¹⁰⁸

In a previous study of framing and information processing, Chong and Druckman tested the over-time effects of repeated exposure to messages.¹⁰⁹ This study found a significant “recency” effect in framing; when presented with one initial frame and a competing frame 10 days or three weeks later,¹¹⁰ the later frame more heavily influenced opinions. In addition, when Chong and Druckman induced memory-based processing, they replicated the recency effect generated without manipulating information processing mode. When they induced online processing, they found “primacy effects.” Because online processors develop stronger opinions after the initial frame, these opinions withstand a later contrary frame. In contrast, memory-based processors do not store a summary evaluation of their opinion, and are more susceptible to the effects of later frames. Chong and Druckman’s main finding from this experiment demonstrated that when information processing mode is not manipulated, the effect of the initial frame decays and is supplanted by that of a later frame. This result suggests that memory-based processing is the default mode of information processing for individuals.

Chong and Druckman did not investigate how information search factors into the conventional model of opinion formation. They provide no interim information in the

¹⁰⁷ Lodge, Milton, Marco R. Steenbergen, and Shawn Brau. 1995. “The responsive voter: campaign information and the dynamics of candidate evaluation.” *American Political Science Review* 89: 309-326.

¹⁰⁸ Bizer, George. Y., Zakary L. Tormala, Derek D. Rucker, and Richard E. Petty. 2006. “Memory-based Versus On-line Processing.” *Journal of Experimental Social Psychology* 42: 646-653.

¹⁰⁹ Chong, Dennis and James N. Druckman. 2010. “Dynamic Public Opinion: Communication Effects Over Time.” *American Political Science Review* 104: 663-680.

¹¹⁰ Chong and Druckman conducted two experiments using the Patriot Act and urban growth issues. The amount of time elapsed between Time 1 and Time 2 framing was 10 days and three weeks, respectively.

time elapsed between initial and subsequent framing. My experiment plugs this gap, recognizing that information can be received in two different ways. The first is repetition of an elite message, and the second is independent information search. As Chong and Druckman found that memory-based processing is the default, I do not vary the information processing mode. Using the issue of health care, I test the effect of framing on the ways in which people search for information, and the effects of both framing and information search on support for government-run health care.¹¹¹

I predict that information repetition and information search will produce the same primacy effect, enabling the effect of the initial frame to overcome the effect of the later frame. Different mechanisms cause this result. Repetition of the initial frame makes that frame more accessible and builds inertia, enabling individuals to overcome exposure to a contrary frame at a later time. When I introduce information search, motivated reasoning theory suggests that people will choose to consume information congruent with their predispositions, which will be influenced by the initial frame.¹¹² If the initial frame is pro-government-run health care, I expect people to search for information that is also pro-government-run health care. Similarly, if the initial frame is anti-government-run health care, I predict that people will search for anti-government-run health care information. This information search may invoke online processing, causing individuals to store a strong initial opinion about health care reform that would enable them to “refute” a contrary frame. This mode of information processing will contribute to the primacy effect in the information search condition.

¹¹¹ The dependent variable measures support for government-run health care on a 7-point scale from private insurance plans covering all Americans to one government insurance plan covering all Americans. It is reproduced in Appendix C.

¹¹² Taber and Lodge 2006

Scholars have also suggested that engaging in certain behaviors (like information search) or receiving more information (like information repetition) increases attitude strength.¹¹³ The degree to which people are “certain” about their opinions is one such measure of attitude strength.¹¹⁴ I have included measures of attitude certainty in the experiment, and predict that information search and repetition will increase attitude certainty. If my hypotheses are correct, information search will induce dual effects both maintaining the impact of the initial frame on support for government-run health care and strengthening the degree to which people are “certain” about their opinion.

I make the following hypotheses with respect to the experiment:

- H₅*: Illustrating a *framing effect*, exposure to pro and con frames will increase and decrease, respectively, support for government-sponsored healthcare at Time 1.¹¹⁵
- H₆*: Having no interim information will cause the influence of initial messages to *decay* over time and be supplanted by the influence of more recent messages.¹¹⁶
- H₇*: Interim information search will *increase the duration of message effects*.¹¹⁷
- H₈*: Interim repetition of messages will *increase the duration of initial message effects*.
- H₉*: Search and repetition will *increase certainty* more than no interim information.

¹¹³ Visser, Penny S., George Y. Bizer, and Jon A. Krosnick. 2006. “Exploring the latent structure of strength-related attitude attributes.” *Advances in Experimental Social Psychology* 38: 1-67.

¹¹⁴ Alvarez, R. Michael and Charles H. Franklin. 1994. “Uncertainty and Political Perceptions.” *Journal of Politics* 56: 671-688.

¹¹⁵ See Nelson et al. 1997

¹¹⁶ See Chong and Druckman 2010

¹¹⁷ See Lodge et al. 1995

Experimental Design

Approximately 500 people participated in the study. The sample was largely students, with some non-students, approximately 71 percent white, 51 percent female and 60 percent Democratic. A forthcoming study challenges claims that using students as experimental participants creates problems for external validity, or generalizing results from experiments to the larger population.¹¹⁸ The study finds that using students does not always lead to problems with external validity, and my use of some non-students will make results more generalizable to the American polity. Numerous framing studies have used student participants because using such a sample does not reduce external validity.¹¹⁹ These include Nelson et al.'s study of the effect of framing on attitudes about civil liberties, one of the most cited studies on framing theory.¹²⁰

Experimental participants completed activities at four different time periods. They read 500-word articles trimmed from real news stories and edited to reflect a single, repeated frame. After participants read articles (which occurred at every time period), they answered questions asking about their quality and whether they learned anything from them. I asked these questions in order to reinforce that the study is focused on “how people evaluate the ways in which the news covers different issues” instead of on researching the effect of framing on support for government-run health care.

¹¹⁸ Druckman, James N. and Cindy D. Kam. May 2009. “Students as Experimental Participants: A Defense of the ‘Narrow Data Base.’” *Handbook of Political Science*: Forthcoming.

¹¹⁹ Gartner, Sigmund Scott. 2008. “The Multiple Effects of Casualties on Public Support for War: An Experimental Approach.” *American Political Science Review* 102: 95-106; Kühberger, Anton. 1998. “The Influence of Framing on Risky Decisions: A Meta-analysis.” *Organizational Behavior and Human Decision Processes* 75(1): 23-55; Kardes, Frank R. 1996. “In Defense of Experimental Consumer Psychology.” *Journal of Consumer Psychology* 5(3): 279-296.

¹²⁰ Nelson et al. 1997

At the first session, an online survey at Time 1, participants were randomly subdivided into groups that read either two pro articles in favor of government-run health care, two con articles in opposition to government-run health care, one pro and one con article or two control articles unrelated to health care. The results of a pre-test of 54 students at Oakton College assessing the relative strength and direction of health care frames lead me to select inequalities in health care as the strongest, most effective pro frame and costs as the strongest, most effective con frame. Using inequalities as the pro frame enables me to explore the counterfactual situation in which people are exposed to this frame, which the media analysis showed did not occur in the recent health care debate. Employing costs as the con frame facilitates analysis of whether a frame that was used frequently in the recent debate impacts opinions in a controlled setting.

After reading articles at Time 1, participants then completed an online survey containing demographic questions, measures of web search expertise, and questions assessing their opinions on health care and a variety of other issues.¹²¹ I also included measures of attitude certainty, which I predicted would be increased by information search and information repetition.¹²²

One week later, at Time 2, participants came to the laboratory and either read a selection of eight news articles presented to them (non-search environment) or choose between 35 articles (search environment).¹²³ Participants then read different types of articles, as was the case at Time 1. In conditions 1, 4, 7 and 10, the “No Interim

¹²¹ These issues include same-sex marriage, education, the environment, immigration, taxes and national security.

¹²² Alvarez and Franklin 1994

¹²³ In the search and non-search cases, participants had 15 minutes to either read the articles presented to them or to read whichever articles they choose. Titles were written to reflect the desired frames. I gave participants 15 minutes to search for articles because a pre-test revealed that it takes about 15 minutes to read eight 500-word news articles. Figure 5 gives an example of the search environment.

Information” conditions, participants read 8 control articles at Time 2. Condition 10 is the baseline control condition, as it features two control articles at Time 1, 8 control articles at both Time 1 and Time 3 and two control articles at Time 4. In conditions 2, 5, 8 and 11, the “Information Choice” conditions, individuals chose articles in the search environment.¹²⁴ In conditions 3, 6 and 9, the “Information Repetition” conditions, participants read articles repeating Time 1 frames. These conditions repeat the frames from Time 1. The experimental conditions are summarized in Table 7.

Table 7. Experimental Conditions

	No relevant interim information	Information Search	Repetition of T1
T1 Pro-T2 Con	(1) T1: 2 Pro T2: 8 Control T3: 8 Control T4: 2 Con	(2) T1: 2 Pro T2: Search T3: Search T4: 2 Con	(3) T1: 2 Pro T2: 4 Pro, 4 Control T3: 4 Pro, 4 Control T4: 2 Con
T1 Con-T2 Pro	(4) T1: 2 Con T2: 8 Control T3: 8 Control T4: 2 Con	(5) T1: 2 Con T2: Search T3: Search T4: 2 Pro	(6) T1: 2 Con T2: 4 Con, 4 Control T3: 4 Con, 4 Control T4: 2 Pro
T1 Con-Pro – T2 None	(7) T1: 1 Pro, 1 Con T2: 8 Control T3: 8 Control T4: 2 Control	(8) T1: 1 Pro, 1 Con T2: Search T3: Search T4: 2 Control	(9) T1: 1 Pro, 1 Con T2: 2 Pro, 2 Con, 4 Control T3: 2 Pro, 2 Con, 4 Control T4: 2 Control
No frames	(10) T1: 2 Control T2: 8 Control T3: 8 Control T4: 2 Control	(11) T1: 2 Control T2: Search T3: Search T4: 2 Control	n/a

¹²⁴ See Table 8 for a breakdown of the search environment at Time 2. The Search environment is a constant 35 articles for all groups/individuals, with this distribution: 4 HC Pro, 4 HC Con; 3 Other HC Pro, 3 Other HC Con; 7 Other Pro; 7 Other Con; 7 Control.

One week after Time 2, at Time 3, participants returned to the laboratory and were exposed to the same type of search environment and breakdown of news articles.¹²⁵ For example, if a participant read four pro and four control articles in a non-search environment at Time 2, they read four pro and four control articles in a non-search environment at Time 3, but the articles themselves were different.

One week after Time 3, in the final session at Time 4, participants read either two con articles (Conditions 1, 2 and 3), two pro articles (Conditions 4, 5 and 6) or two control articles (Conditions 7, 8, 9, 10 and 11), which were different from the articles they read at Time 1. Participants again answered the questions assessing their opinions about political issues, and also answered a longer series of questions designed to reflect the degree to which they internalized the different health care frames evoked in the articles. The survey also contained questions assessing exposure to different forms of media, involvement in political activities, opinions about the role of government, regulations of business, racial equality and general knowledge of politics. In addition, participants answered questions assessing their personal health, experiences with health care, opinions and feelings about health care and opinions about and knowledge of the PPACA.¹²⁶

To summarize, I vary two key components in the experimental conditions. The first is frame direction, and the second is interim information. Conditions 1- 3 feature two pro articles at Time 1 and two con articles at Time 4. Conditions 4- 6 feature two con articles at Time 1 and two pro articles at Time 4. Conditions 7- 9 feature one pro and one con article at Time 1 and two control articles at Time 4. Finally, Conditions 10 and

¹²⁵ See Table 9 for a breakdown of the search environment at Time 3.

¹²⁶ Sample survey questions appear in Appendix C.

11 feature two control articles at Time 1 and two control articles at Time 4. With respect to interim information, participants in Conditions 1, 4 and 7 receive no interim information (8 control articles) at Time 2 and at Time 3. Participants in Conditions 2, 5, 8 and 11 receive a “search environment” of articles from which they are allowed to choose articles to read. Participants in Conditions 3, 6 and 9 receive 8 articles that repeat the frames to which they were exposed at Time 1.

Results from the Information Search and Processing Experiment

I use scores on the main dependent variable—support for a government-run health insurance system—to measure the effects of framing and information search on opinion formation. Analyzing differences between scores on the dependent variable for study participants in each experimental condition facilitates analysis of the impact of information choice on opinions.

Framing health care reform had a significant effect on opinions at Time 1, confirming H_5 that reading pro and con frames would increase and decrease support for government-run health care, respectively. As Table 10 shows, scores on the dependent variable for participants who read two pro articles at Time 1 (Conditions 1- 3) are higher than scores for participants who read either one pro and one con article in the dual frame conditions (Conditions 7-9) or two control articles in the no-frame conditions (Conditions 10 and 11). Scores for individuals in the dual-frame or no-frame conditions are in turn higher than scores for participants who read two con articles (Conditions 4-6). These results confirm the existence of a framing effect; the pro frames increased support for

government-run health care, the con frames decreased support, and the dual frames or lack of frames led to scores between those of participants who read pro frames and those of participants who read con frames.

Table 10: Significance of Differences in Support for Government-Run Health Care at Time 1 Compared to Control Condition 10

<u>Condition</u>	<u>Condition Group</u>	<u>T1 and T4 Frames</u>	<u>T1 Score</u>	<u>P-Value from T-test</u>
1	No Interim Information	T1 Pro, T4 Con	5.43	0.037
2	Information Choice	T1 Pro, T4 Con	5.56	0.021
3	Information Repetition	T1 Pro, T4 Con	5.63	0.009
4	No Interim Information	T1 Con, T4 Pro	3.75	0
5	Information Choice	T1 Con, T4 Pro	3.74	0.001
6	Information Repetition	T1 Con, T4 Pro	3.5	0
7	No Interim Information	T1 Con+Pro, T4 None	4.88	0.937
8	Information Choice	T1 Con+Pro, T4 None	4.67	0.553
9	Information Repetition	T1 Con+Pro, T4 None	4.85	0.878
11	Information Choice	T1 None, T4 None	4.7	0.5529

I conducted T-tests to determine whether these results were significant. Ten individual T-tests measured whether Time 1 dependent variable scores for all conditions were significantly different than the control condition, Condition 10. As shown in Table 10, T-tests were statistically significant at the .05 alpha level and in the predicted direction for Conditions 1-6. As predicted, I found no statistically significant difference from the Condition 10 score for the dual frame conditions (Conditions 7-9) or the control condition with information search (Condition 11). An ordered probit model regressing the dependent variable on dummy variables for each condition replicates the T-test results.¹²⁷ Conditions 1-3 increase the dependent variable and Conditions 4-6 decrease it (these results are significant at the .1 alpha level, except for Condition 1, which has a p-

¹²⁷ Ordered probit results are not provided in tables or figures, as they serve only to replicate T-test results.

value of .138). Conditions 7-10 have no effect. The T-tests and ordered probit model demonstrate that the framing effect is significant in my experiment.

In Table 11, I also present a summary of changes in the dependent variable, support for government-run health care, from Time 1 to Time 4. This summary breaks results down by condition number, condition group (no interim information, information choice or information repetition) and Time 1 and Time 4 Frames (Time 1 Pro, Time 4 Con; Time 1 Con, Time 4 Pro; Time 1 Con and Pro, Time 4 None; no frames). I also include P-values from T-tests measuring the significance of the difference between Time 1 and Time 4 dependent variable scores.

Table 11: Change in Support for Government-Run Health Care by Condition

Condition	Condition Group	T1 and T4 Frames	T1 Score	T4 Score	P-Value from T-test
1	No Interim Information	T1 Pro, T4 Con	5.43	4.47	0
4	No Interim Information	T1 Con, T4 Pro	3.75	5.35	0
7	No Interim Information	T1 Con+Pro, T4 None	4.88	4.98	0.297
2	Information Choice	T1 Pro, T4 Con	5.56	5.19	0.177
5	Information Choice	T1 Con, T4 Pro	3.74	3.95	0.171
8	Information Choice	T1 Con+Pro, T4 None	4.67	4.52	0.34
11	Information Choice	T1 None, T4 None	4.7	4.71	0.198
3	Information Repetition	T1 Pro, T4 Con	5.63	5.4	0.134
6	Information Repetition	T1 Con, T4 Pro	3.5	3.82	0.138
9	Information Repetition	T1 Con+Pro, T4 None	4.85	4.71	0.198
10	Control	T1 None, T4 None	4.9	4.95	0.239

The “No Interim Information” conditions (Conditions 1, 4 and 7) replicate Chong and Druckman’s finding of that the influence of initial frames decays over time and is supplanted by that of later frames. Figure 6 shows that for participants in Condition 1, who read two pro articles at Time 1 and two con articles at Time 4, dependent variable scores decreased significantly from Time 1 to Time 4. For participants in Condition 4, who read two con articles at Time 1 and two pro articles at Time 4, dependent variable

scores increased significantly. There was little change for participants in Condition 7, who read one pro and one con article at Time 1 and two control articles at Time 4, and for participants in Condition 10, who read two control articles at Time 1 and two control articles at Time 4. Results for Condition 7 illustrate that the effects of two contrary frames cancel out. Table 9 shows that results for Conditions 1 and 4 were significant in the predicted direction at the .001 alpha level using T-tests comparing the difference between dependent variable scores at Time 1 and Time 4. Similar T-tests for Conditions 7 and 10 found no significant difference between dependent variable scores. The data offer strong evidence in support of H_6 , demonstrating the existence of recency effects in the “No Interim Information” conditions.

Figure 6: Support for Govt-Run Health Care, No Interim Information Conditions

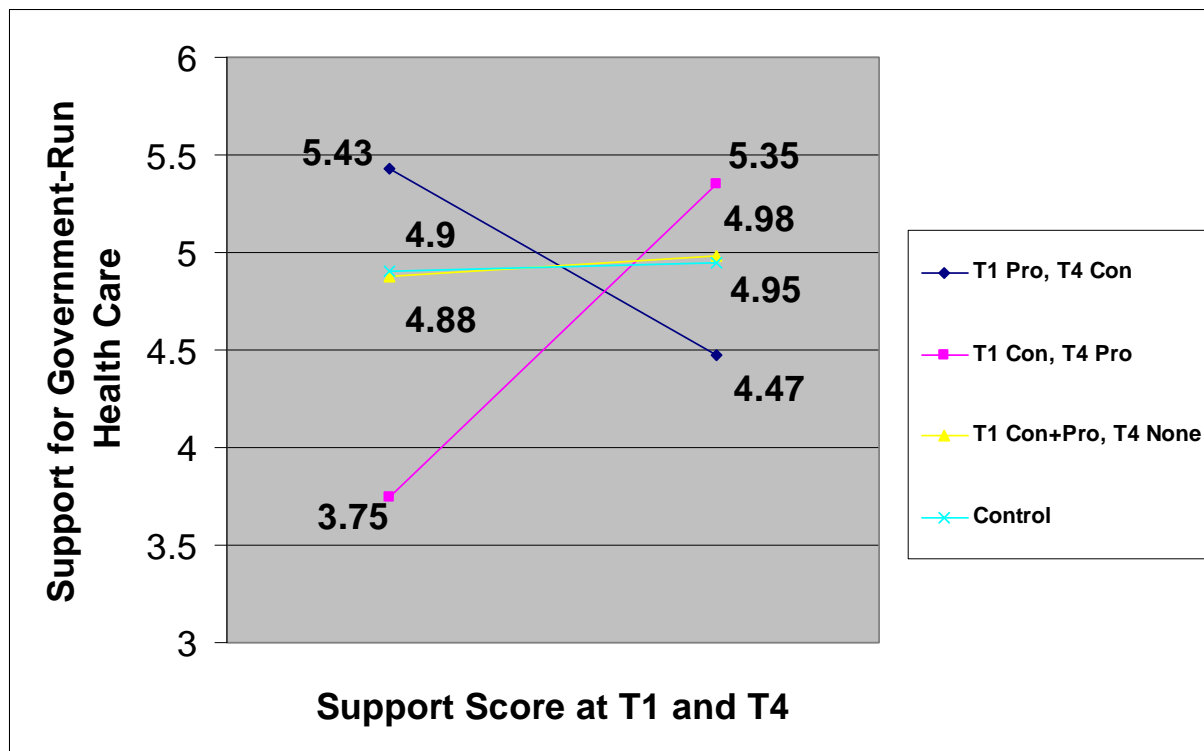
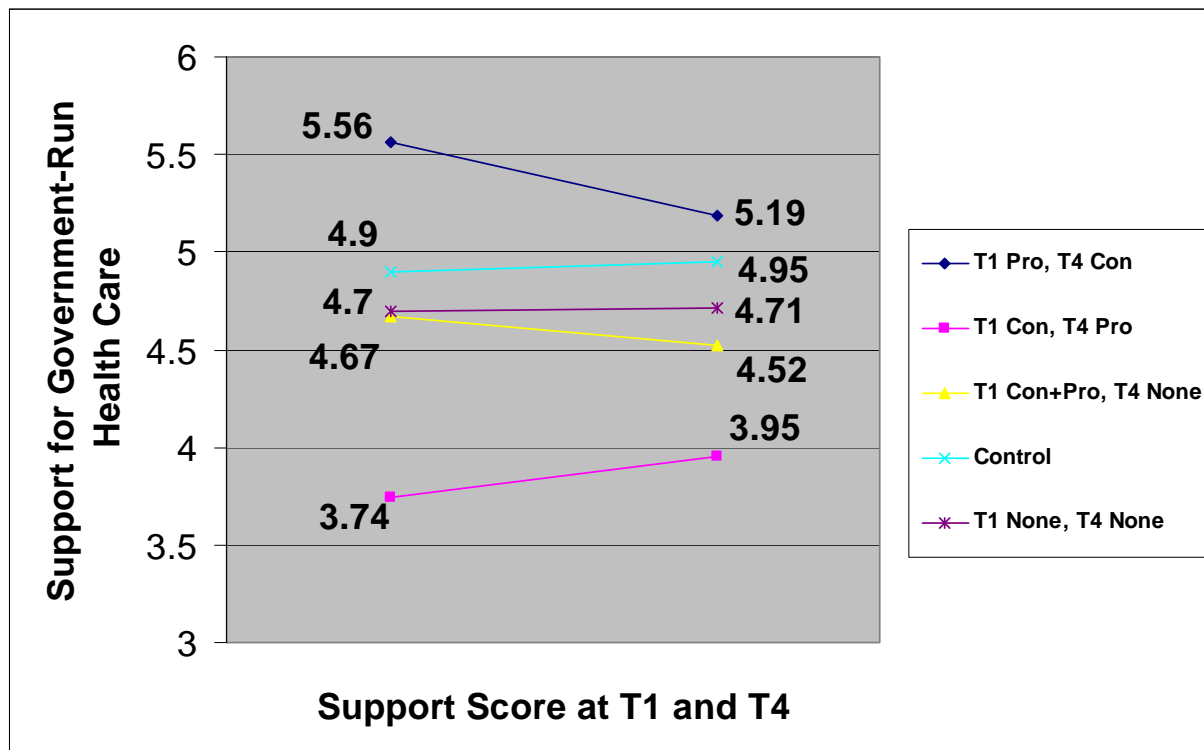


Figure 7 confirms H_7 that information search would eliminate the “flipped framing” recency effect in Conditions 1 and 4. There is no flipped framing in Conditions 2 and 5. When participants searched for information, the effect of Time 1 frames maintained to Time 4. Results for Condition 10 and Condition 11 show that the effect of search was similar to that of being exposed to no interim information. Condition 8 scores did not diverge from Condition 7 scores. This result is logical, as information search should not impact opinions if participants were exposed to two contrary frames at Time 1. Results for Conditions 2, 5, 8 and 11 were substantiated using T-tests finding no difference between dependent variable scores. These results confirm my hypothesis that interim information search will produce a “primacy effect” increasing the duration of initial framing effects.

Figure 7: Support for Govt-Run Health Care, Information Choice Conditions



The “Information Repetition” conditions (Conditions 3, 6 and 9) offer a baseline of comparison for the information choice conditions. In H_8 , I hypothesized that interim repetition of messages would increase the duration of the effects of Time 1 frames. Practically speaking, I predicted that information choice would produce the same effects as information repetition. Figure 8 confirms this prediction. Results from Conditions 3, 6 and 9 mirror those from Conditions 2, 5 and 8. Table 11 shows that T-tests found no significant difference between the dependent variable scores at Time 1 and Time 4 for the information repetition conditions. This result has broad implications for the effect of searching for information on opinion formation. The modern media environment features many types of information, but if people only search for one particular type, they will likely not be receptive to new information that changes their mind.

Figure 8: Support for Govt-Run Health Care, Information Repetition Conditions

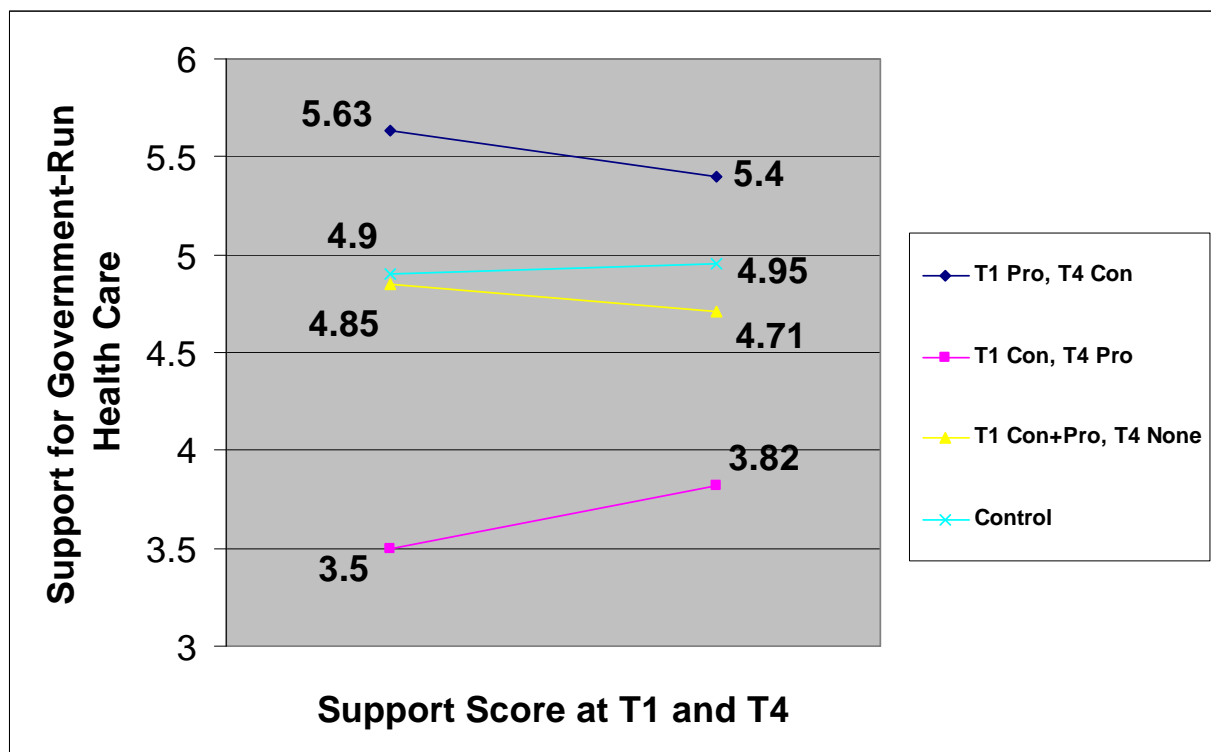


Table 12 gives results from T-tests measuring framing effects at Time 4. Similar to the earlier T-tests for Time 1 framing effects, ten individual T-tests assessed whether Time 4 dependent variable scores for all conditions were significantly different from the control condition, Condition 10. The T-tests illustrate the flipped framing effect for Conditions 1 and 4, which are significant at the .1 alpha level. T-tests for Conditions 2 and 5 demonstrate that information search led to the maintenance of initial Time 1 framing effects. Condition 5 is significant at the .001 alpha level, but the dependent variable score for Condition 2 at Time 4, although greater than that of Condition 10, was not significantly greater. This indicates that the framing effect was for participants in Condition 2 not as strong as at Time 1, but not significantly weaker, as the Time 4 dependent variable score for Condition 2 was still greater than that of the control condition. T-tests for Conditions 3 and 6 show that information repetition maintained the Time 1 framing effects to Time 4, results significant at the .1 alpha level.

As expected, dependent variable scores in Conditions 7- 9 were not significantly different from those in Condition 10. This replicates the result that dual contrary frames do not impact opinions in any one direction. An ordered probit regression reproduces results from the T-tests. The effect of framing in Conditions 1-6 is in the expected direction, and significant at the .1 level for Conditions 1, 3, 4, 5 and 6 and significant at the .4 alpha level for Condition 2. The lower levels of significance indicate a slight drop-off in the framing effect, but do not appreciably diminish results. Condition 2 is the only condition for which the dependent variable score is not significantly different from the score in Condition 10, but the framing effect is still in the predicted direction and has a P-value of .256.

Table 12: Significance of Differences in Support for Government-Run Health Care at Time 4 Compared to Control Condition 10

<u>Condition</u>	<u>Condition Group</u>	<u>T1 and T4 Frames</u>	<u>T4 Score</u>	<u>P-Value from T-test</u>
	No Interim			
1	Information	T1 Pro, T4 Con	4.47	0.059
2	Information Choice	T1 Pro, T4 Con	5.19	0.256
3	Information Repetition	T1 Pro, T4 Con	5.4	0.085
	No Interim			
4	Information	T1 Con, T4 Pro	5.35	0.0964
5	Information Choice	T1 Con, T4 Pro	3.95	0.002
6	Information Repetition	T1 Con, T4 Pro	3.82	0.002
	No Interim			
7	Information	T1 Con+Pro, T4 None	4.98	0.922
8	Information Choice	T1 Con+Pro, T4 None	4.52	0.236
9	Information Repetition	T1 Con+Pro, T4 None	4.71	0.408
11	Information Choice	T1 None, T4 None	4.71	0.471

Figures 9, 10, and 11 give a comparative view of the effects of having no interim information, information choice or information repetition. Figures 9 and 10 show similar effects for the conditions in which participants read either two pro articles at Time 1 and two con articles at Time 4 (Conditions 1-3) and those in which participants read two con articles at Time 1 and two pro articles at Time 4 (Conditions 4-6). In both of these sets of three conditions, having no interim information caused flipped framing effects wherein the Time 4 frame influenced Time 4 opinion far more than the Time 1 frame. In contrast, information search and information repetition led to the maintenance of Time 1 framing effects to Time 4. Figure 11 shows that having no interim information, information choice or information repetition has no effect for participants in the dual-frame conditions (Conditions 7- 9) who read one pro and one con article at Time 1.

Analyzing attitude certainty scores for each condition supports H_9 that information choice and information repetition will increase attitude certainty more than having no interim exposure to frames. Figures 12, 13, and 14 demonstrate that the

increase in certainty scores is much more pronounced in the information choice and information repetition conditions than in the conditions in which participants received no interim information.

Table 13 reports the results of T-tests measuring the statistical significance of this increase in certainty across each condition. The T-tests show that the differences between scores at Time 1 and Time 4 were significant at the .005 alpha level for all information search and information repetition conditions (Conditions 2, 3, 5, 6, 8 and 9, and the P-Value for Condition 11 is an acceptable.1007), but not for the conditions with no interim information (Conditions 1, 4 and 7). The significance of these results at such a demanding alpha level strongly supports the hypothesis that information search and repetition increase certainty.

Table 13: Change in Certainty about Government-Run Health Care by Condition

Condition	Condition Group	T1 and T4 Frames	T1 Score	T4 Score	P-Value from T-test
1	No Interim Information	T1 Pro, T4 Con	3.25	3.4	0.149
4	No Interim Information	T1 Con, T4 Pro	3.5	3.55	0.381
7	No Interim Information	T1 Con+Pro, T4 None	3.46	3.64	0.182
2	Information Choice	T1 Pro, T4 Con	3.34	4.44	0
5	Information Choice	T1 Con, T4 Pro	3.3	4.15	0
8	Information Choice	T1 Con+Pro, T4 None	3.42	4.1	0.001
11	Information Choice	T1 None, T4 None	3.36	3.5	0.101
3	Information Repetition	T1 Pro, T4 Con	3.42	4.33	0
6	Information Repetition	T1 Con, T4 Pro	3.5	4.24	0.005
9	Information Repetition	T1 Con+Pro, T4 None	3.42	4.23	0
10	Control	Control	3.4	3.58	0.241

An ordered probit regression confirms that conditions do not offer significant certainty effects versus the control, Condition 10 at Time 1. A second ordered probit regression finds that Conditions 2, 3, 5, 6, 8 and 9 offer certainty effects significant at the .1 alpha level versus Condition 10 at Time 4. As predicted, participants became more

“certain” of their opinions after they were either allowed to search for information or given articles that repeated frames they read at Time 1. In contrast, if given no interim information, certainty did not increase significantly.

Discussion of the Information Search and Processing Experiment

Results from the information search and processing experiment were more conclusive than those from the media analysis. My key hypothesis, that information search would increase the duration of message effects, mirroring the effect of information repetition and reversing message decay in the conditions with no interim information, was unambiguously proven correct.

The experiment also conclusively demonstrated that the inequalities frame could have been used to encourage Americans to support health care reform. From the 5 and 13 times in which inequalities and morality were used in the sample of *New York Times* articles, they were the most positive frames, with scores of .6 and .54, respectively. Reviewing pre-test results shows that morality and inequalities were the third and fourth-most positive of the ten frames tested, and the third and second most persuasive of the five frames that were found to be positive.

These results suggest that inequalities and morality are very effective frames. Even though the PPACA did not include a public option, the legislation expands Medicaid, mandates that individuals purchase health care and institutes new taxes. The PPACA represents an increased role for government in health care, and for this reason I

assume that because the inequalities frame increased support for government-run health care, it also would have increased support for the PPACA.

The experiment demonstrates that supporters of reform erred in not taking advantage of the inequalities frame. People who read two pro-government-run health care articles using the inequalities frame at Time 1 (in Conditions 1-3) had significantly higher scores on the dependent variable assessing support for government-run health care. Had President Obama and Democrats taken advantage of this framing effect during the health care debate, they may have been able to more successfully advocate for health care reform, and include a public option, which President Obama favored when campaigning for President.¹²⁸

Results from the costs frame were equally as pronounced as those from the inequalities frame. Although the media analysis illustrated that costs can be used both in a pro-reform or anti-reform context, the experiment offered strong evidence that the anti-reform costs frame is very persuasive. Exposure to the costs frame in the experiment significantly decreased support for government-run health care. My finding from the media content analysis that costs was used by reform supporters slightly more than by reform opponents pinpoints a flaw in the messaging of reform opponents. If Republicans had focused more on the anti-reform costs frame, they might have been more successful in persuading Americans to oppose the PPACA.

In addition to identifying weaknesses in the messaging strategies of players in the recent health care debate, this study was the first to test the effect of framing on information search and opinion formation over an extended period of time. That the information search and information repetition conditions produced the same maintenance

¹²⁸ Klein 2009

of initial framing effects reveals much about how Americans select their news. Simply giving people the same frames they were initially exposed to lead to the same framing effect as allowing them to choose their news. Furthermore, both information search and information repetition made people more certain of their opinions. Not only were people more swayed by the initial frame they read, they were also more confident in their opinions after being able to “confirm” their veracity either by looking for information or being given supportive information.

Of course, in the real world, everyone is in the information search condition. We all have access to a wide array of news, and make choices every day about what to read, listen to or watch. But although the media environment is diverse, its coverage can often be narrow.

In my experiment, people were exposed to just one initial frame, two opposing frames, or no frames. The effects of interest were observed in conditions where people read articles about either two pro frames or two con frames at Time 1. In reality, people are initially exposed to more than just one type of frame. But studies have shown that people consume news and information consistent with their political predispositions, and avoid contrary information.¹²⁹ This means that most Americans come closer to being in an unbalanced initial condition (as was the case where people were exposed to just pro-government-run health care frames or anti-government-run health care frames at Time 1 in the experiment) than a balanced condition (with dual contrary pro-government-run health care and anti-government-run health care frames).

¹²⁹ Prior, Markus. 2007. *Post-broadcast democracy: How media choice increases inequality in political involvement and polarizes elections*. New York: Cambridge University Press

Many Americans read, listen to or watch similar media making the same arguments about issues over and over again. Whether they watch Fox News personalities repeating the “death panel” claim about health care reform or MSNBC pundits arguing in favor of the public option, most people make the conscious choice to absorb media consistent with their view of politics.¹³⁰ This media polarization is bad for democracy.

After liberals are exposed to MSNBC’s frames, or conservatives are exposed to Fox News’s frames, they begin to consider those ways of thinking about an issue to be more important than others. This experiment demonstrated that once this initial framing effect occurs, people seek out information congruent with these frames. Liberals go online and read progressive blogs and editorials about the wonders of the public option, and conservatives listen to talk radio or visit blogs accusing President Obama of planning to “pull the plug on Grandma” with government death panels.¹³¹ When this happens, neither side understands how the other thinks about the issue. Liberals don’t understand conservatives’ concerns about end-of-life health care, and conservatives don’t comprehend why liberals could possibly want government to be more involved in health care.

If Americans only understand why their reasons for thinking a certain way about a political issue have merit, we will never have productive debate in this country. We will always argue in circles, never taking the time to really consider how someone else might think about an issue.

¹³⁰ Iyengar, Shanto and Kyu S. Hahn. 2009. “Red media, blue media: Evidence of ideological selectivity in media use.” *Journal of Communication* 59: 19-39.

¹³¹ Winerman, Lea. January 5, 2011. “Government Regulation Prompts New Look at ‘Death Panel’ Debate.” PBS NewsHour. <<http://www.pbs.org/newshour/rundown/2011/01/government-regulation-prompts-new-look-at-death-panel-debate.html>>.

**Integrating the Media Content Analysis and
the Information Search and Processing Experiment**

One year after President Obama signed the PPACA into law, the American public remains bitterly divided on health care reform. Comparing a March 2011 Kaiser Family Foundation poll¹³² to the previously cited April 2010 Kaiser poll, an even greater percentage of Americans (88 percent as opposed to 86 percent) now report a favorable or unfavorable opinion of reform, with 46 percent in favor of reform and 42 percent opposing it.

Politicians have been doing their part to fan the flames of partisanship. On January 19, 2011, the new Republican-controlled House of Representatives voted to repeal the PPACA. The legislation, dubbed the “Repealing the job-killing healthcare law act,” passed with a 245-189 majority, with only three Democrats joining all Republicans in favor of repeal.¹³³ The legislation was not even considered by the Democrat-controlled Senate, so it was largely symbolic. But the symbolism was strong.

Caught speaking to donors about the recent efforts to prevent a government shutdown, President Obama spoke with equal vigor: “I said, ‘You want to repeal health care? Go at it. We’ll have that debate. But you’re not going to be able to do that by nickel and diming me in the budget. You think we’re stupid?’”¹³⁴ President Obama made

¹³² “Kaiser Health Tracking Poll: March 2011.” March 2011. The Kaiser Family Foundation.

¹³³ McGreal, Chris. January 20, 2011. “Republicans repeal healthcare reforms in symbolic vote.” *The Guardian*. <<http://www.guardian.co.uk/world/2011/jan/20/republicans-repeal-healthcare-reforms-vote>>.

¹³⁴ Hartman, Rachel Rose. April 15, 2011. “Obama caught on audio slamming GOP.” *The Ticket: A Yahoo News Blog*. <http://news.yahoo.com/s/yblog_theticket/20110415/ts_yblog_theticket/obama-caught-on-audio-slamming-gop>.

this strong statement in the context of the budget negotiations, but it reflects the White House's confidence in the PPACA and determination to defend it from detractors.

Even a year after its passage, President Obama, Republicans and Democrats in Washington continue the debate over health care reform. But as was revealed by comparing Kaiser polls conducted almost a year apart, they are not making much headway.

The media content analysis of health care reform identified the most salient ways in which health care reform was framed in the *New York Times*. It also offered clues as to how successful President Obama, Republicans and Democrats were at communicating with the American people about health care reform. And it shined a spotlight on what was ignored in the health care debate.

Every health care reform frame studied in the media analysis was found to have been used more in a pro-reform than in an anti-reform context. This makes intuitive sense given the ultimate result of the debate, the passage of the PPACA. If the majority of frames were used to oppose health care reform, the PPACA might not have been signed into law.

Some frames were more pro-reform than others. Beneficiary/victim, inequalities and morality were the most positive of all frames. President Obama and Democrats were able to communicate about health care reform in terms of the groups that stood to gain from reform, the inequalities in access to and quality of health care as well as health outcomes, and the morality of passing health care reform. In turn, Republicans were more successful in making the argument that health care reform would mean higher costs

to the government and all Americans, and in using the political process and institutions like the filibuster to oppose reform.

I also found that frames did not become more positive in Wave 5 as final adjustments were being made to the PPACA, an interesting result. This makes sense given that the final PPACA legislation included many compromises on financing, coverage mechanisms, a public option and other components that upset both Republicans opposing health care reform and some Democrats in the CPC who would like to have seen a public option and higher taxes on wealthy Americans included in reform. Even though President Obama and most Democrats supported health care reform because it would provide health insurance to uninsured Americans and reduce the deficit, their ability to make positive arguments for reform may have been hampered by the concessions made to Republicans and conservative Blue Dog Democrats. In its final form, the PPACA did not include limits on medical malpractice awards, a key goal for Republicans, but set aside \$50 million for grants to states “exploring alternatives to the existing civil litigation system.”¹³⁵ And in a major concession after protests from Congressional Republicans and conservative Blue Dog Democrats, President Obama and Democrats dropped the public option from the PPACA.¹³⁶

These compromises gave the Obama administration valuable votes from the Blue Dog Caucus, but including components like a public option could have enabled the Obama administration to make stronger arguments for health care reform that may have resonated with the public. The health care reform bill passed by the Senate Health,

¹³⁵ “Health Care Reform: Medical Malpractice and Tort Reform.” 2010. LeadingAge Health Reform Hub. <<http://www.aahsa.org/article.aspx?id=11495>>.

¹³⁶ Sundby, Alex. December 9, 2009. “Dems Make Deal to Drop Public Option.” CBS News: Politics. <<http://www.cbsnews.com/stories/2009/12/08/politics/main5943452.shtml>>.

Education, Labor and Pensions (HELP) included a public option, and would have covered 97 percent of Americans at a cost of \$622 billion over ten years.¹³⁷ Compare this to the PPACA, which did not include a public option and will cover 95 percent of Americans at a cost of \$938 billion over ten years. Including a public option would have enabled President Obama and Democrats to frame health care reform in more positive terms by emphasizing the ability of reform to cover more Americans at a reduced cost.

However, it is important to note that Republicans would have been able to make more negative arguments against reform through the public/private insurance choice frame by arguing that a public option would represent more government involvement in personal health care decisions. Had President Obama and Democrats advocated for a public option, some frames, like cost, may have been more pro-reform, while others, like public/private insurance choice, may have been more anti-reform.

The media content analysis could be improved by including a larger variety of news sources. Future studies could analyze more print media outlets like *USA Today*, the *Wall Street Journal*, the *Los Angeles Times*, the *Washington Post* and others. Furthermore, more ambitious researchers could incorporate radio and television programs into a media analysis. The more news sources researchers include, the better idea we will have of the information available to Americans about any particular political issue.

Another weakness of my media analysis was the lack of an explicit link between politicians' statements and other attempts at framing to the actual framing of health care in the media. In order to isolate the effectiveness of politicians in getting their message across, future studies could note which politician used which frame in news articles.

¹³⁷ "Letter from Senators Edward Kennedy and Chris Dodd to members of the HELP Committee." July 1, 2009. Politico. <http://www.politico.com/static/PPM130_dear_colleague.html>.

Future analyses could even develop a universe of press releases from key politicians about issues, identify the frames in these releases, and then compare these frames to frames in the media. Such a design would facilitate analysis of how successful politicians were in getting the media to adopt their preferred frames.

The information search and processing experiment identified a very troubling problem with American democracy. American politicians, pundits and scholars asking why American politics has become so polarized have a new answer to this question: Americans are choosing to absorb media that only informs them about only one side of the debate. My experiment proved that making those choices renders Americans largely incapable of seeing an issue from a different angle, and very unlikely to change their opinion.

The effect of information search on framing effects should pique the interest of many scholars researching framing. There is much more to be learned about how people search for and process information, and how this affects their opinions.

This experiment used a sample of primarily students and had participants read news articles in order to receive information. Subsequent studies could vary both the type of sample and the media participants consume. Scholars could attempt to replicate my results with a representative sample of adults of all ages. As studies have found that policy positions of the affluent have a disproportionate impact on policymaking,¹³⁸ the effect of information search could be assessed with a sample of wealthy Americans.

Future studies could also develop a search environment that includes radio or television clips, so as to determine whether the information search effect exists in these mediums. Given the strong opinions voiced in radio and on television, it is possible that

¹³⁸ Bartels 2008; Gilens 2005; Gilens 2009; Jacobs and Page 2005

the effect of information search on opinions may be even greater than was found in my experiment. And the compounded effect of searching for print news, radio news and television news on information processing and opinions would likely be even greater than any one individual effect.

Researchers could also vary the amount of time between exposure to frames. This experiment occurred over the course of a month, but many policy debates—like the recent health care debate—last much longer than this. Furthermore, polling is conducted on political issues multiple times during a political debate. This experiment only measured attitudes about government-run health care after initial Time 1 framing and after final Time 4 framing. Future studies could assess opinions at more interim periods in order to measure the effect of information search over a longer period of time and at intervals that more closely mirror actual polling.

Conclusion

My friend Bill¹³⁹ insists that he hates rice. Whenever Bill is involved in picking a restaurant, the group must automatically eliminate all Asian and most Mexican cuisine. “But rice is delicious,” we always say. “Billions of people would be dead throughout the world if it wasn’t for rice.” But Bill refuses to budge, and we never get to try that new Asian place in Evanston.

The culinary experience of my friends and me and the quality of our democratic debate would both be improved if we dared to make ourselves uncomfortable. Of course

¹³⁹ This name has been changed to protect the identity and poor culinary taste of the author’s personal acquaintance.

we don't want to try a new food, or go to a new blog we know represents a viewpoint we think we disagree with. But if we tried that new dish, or clicked on that new website, we might open our minds to a new way of appreciating American society.

Or maybe we wouldn't. It may very well be that Bill hates rice, and that you, the liberal, or you, the conservative, hate that new news source. But at least you tried it. Now you know that rice is awful because it's grainy and tasteless, or that a public option would be the wrong way to approach health care reform because it would damage the private insurance system.

To some extent, we are all guilty of choosing to absorb media that we know will reinforce our existing opinions. This means that each of us is part of the problem. But it also means that each of us is part of the solution.

If every American dared to open himself to new news sources instead of always clicking on the same Huffington Post bookmark, our democracy would be the stronger for it. Having strong values and opinions makes for an exciting debate, but remaining ignorant of opposing arguments makes for a pointless shouting match.

In April 2010, 46 percent of Americans supported health care reform. In March 2011, 46 percent of Americans supported health care reform. If more Americans had tried the rice, maybe some would have changed their minds. And if not, at least they would know why they didn't.

Appendix A: Tables and Figures**Table 1. Waves in the Health Care Debate**

<u>Wave</u>	<u>Start Date</u>	<u>End Date</u>	<u>Articles in Universe</u>	<u>Articles in Sample</u>	<u>Key Events</u>
Wave 1	February 24, 2009	July 31, 2009	61	13	Beginning period of health care debate, Congress and the Senate start to formulate bills.
Wave 2	August 1, 2009	September 9, 2009	76	11	Includes the August recess, when pro-reform and anti-reform Americans lobbied and demonstrated after their representatives returned home to their districts.
Wave 3	September 10, 2009	November 7, 2009	88	19	The Senate Finance Committee approves a bill with the support of one Republican Senator, and the House passes a bill with a public option.
Wave 4	November 8, 2009	January 9, 2010	70	14	The Senate passes health care reform without a public option.
Wave 5	January 10, 2010	March 23, 2010	92	21	President Obama urges the House and Senate to reconcile their two versions of health care reform, signs the PPACA into law.

Table 2: Pre-Test of Frame Direction and Effectiveness

Frame	Opposed-Supportive (1-7)	Effective Argument (1-7)
Beneficiary-Victim	6.56	5.93
Costs (gov. control)	6.73	3.58
Morality	6.24	5.39
Inequalities	6.19	5.82
Medical-Industrial Complex	6.13	4.98
Political Process/Institutions	2.94	3.65
Free Market	2.83	3.41
Choice	2.34	5.11
Government Role	2.01	4.53
Costs (gov. taxes)	1.32	6.07

Table 3. Frame Hypotheses and Results

Frame	<u>Predicted Prevalence</u>	<u>Actual Prevalence</u>	<u>Predicted Direction</u>	<u>Actual Direction (-1 to 1)</u>
Beneficiary/Victim	High	0.51	Pro	0.45
Costs	High	0.73	Mixed	0.12
Inequalities	Low	0.06	Pro	0.6
Medical/Industrial Complex	High	0.24	Pro	0.26
Morality	Low	0.17	Pro	0.54
Political Process/Institutions	High	0.64	Con	0.06
International Comparisons	Low	0	Pro	N/A
Public/Private Insurance Choice	High	0.51	Con	N/A

Table 4. “Other Information” for the Beneficiary/Victim Frame

Reference	Pro	Con	Neutral	Total
Employers/Small businesses	4	1	1	6
Elderly	5	2	0	7
Uninsured	22	2	0	24
Middle Income	4	2	0	6
Americans	0	1	0	1
Children	3	1	0	4
High Income	1	1	0	2
Low Income	6	0	0	6
People with preexisting conditions	3	0	1	4
Consumers	0	0	1	1
Doctors	1	1	0	2
Insured	1	0	0	1
Unemployed	1	0	0	1
Total	51	11	3	65

Table 5. “Other Information” for the Costs Frame

Reference	Pro	Con	Neutral	Total
Current System	8	5	1	14
Individuals	3	3	0	6
Cost of health care bills	4	7	2	13
Taxes	5	2	0	7
Medical malpractice/defensive medicine costs	0	1	0	1
Premium Costs	0	1	0	1
Medicare/entitlements	3	1	0	4
Economy/Deficit	4	0	2	6
Insurance companies	1	0	0	1
Preventive care	1	0	0	1
Insurance mandate	1	0	0	1
Public option	0	1	0	1
Total	30	21	5	56

Table 6. “Other Information” for the Medical-Industrial Complex Frame

Reference	Pro	Con	Neutral	Total
Doctors/Nurses	0	1	0	1
Hospitals	4	1	1	6
Drug Companies	4	1	0	5
AMA	1	1	0	2
Insurance companies	9	4	3	16
AHIP	2	0	0	2
Blue Cross	1	0	0	1
PhRMA	1	0	0	1
Home health care industry	1	0	0	1
Total	23	8	4	35

Table 8: T2 Search Environment Arrangement

Healthcare-Morality (+)	Marriage (+)	Environment (-)
Marriage (+)	Taxes (-)	Control
Control	Healthcare-Govt Role (-)	Healthcare-Inequality (+)
Control	Control	Healthcare-Market (-)
Healthcare-Victim (+)	Education (+)	Healthcare-Cost (-)
Immigration (+)	Education (-)	Healthcare-Med./Indust. (-)
Education (+)	Healthcare-Cost (-)	Environment (-)
Defense (-)	Control	Healthcare-Inequality (+)
Healthcare-Cost (-)	Control	Healthcare-Inequality (+)
Taxes (-)	Healthcare-Cost (-)	Healthcare-Inequality (+)
Control	Immigration (+)	Defense (-)
Healthcare-Choice (-)	Taxes (+)	

Table 9: T3 Search Environment Arrangement

Healthcare-Inequality (+)	Immigration (+)	Healthcare-Cost (-)
Control	Healthcare-Cost (-)	Control
Healthcare-Morality (+)	Immigration (+)	Control
Education (+)	Healthcare-Market (-)	Healthcare-Gov't Role (-)
Education (+)	Healthcare-Victim (+)	Taxes (-)
Taxes (-)	Defense (-)	Healthcare-Inequality (+)
Healthcare-Cost (-)	Healthcare-Cost (-)	Healthcare-Inequality (+)
Marriage (+)	Environment (-)	Control
Healthcare-Inequality (+)	Education (-)	Control
Healthcare-Med./Indust. (+)	Control	Environment (-)
Defense (-)	Taxes (+)	Control
Marriage (+)	Healthcare-Choice (-)	

Figure 5: Example Search Environment

Sampling of Recent News Stories

<u>Health Care for all Isn't Socialism; it is Social Responsibility</u>	<u>Gay Marriage Increasingly Seen as a Civil Rights Issue</u>	<u>New Ozone Rules Could Cost Industry Billions</u>
<u>In Hospital Decision, Obama Finds Safe Ground on Gay Rights, But Further Action Necessary</u>	<u>Governor Proposes Rise In Income Tax For Illinois</u>	<u>The Coffee-House Effect</u>
<u>Who's the Teacher? (Mr. Danza)</u>	<u>A Dozen States Pledge to Fight Government's Expanded Role in Health Care</u>	<u>Members of Congress Address Geographic Disparities in Medicare Spending</u>
<u>Community-Garden Rules Receive a Mixed Reaction</u>	<u>Spammers Use the Human Touch to Avoid CAPTCHA</u>	<u>National Plan Not Essential to Effective Health Care Market Reform</u>
<u>Deficiencies in U.S. Health Care System Spur Increase in the Number of the Uninsured</u>	<u>Gender Differences in Education Need Innovative Solutions</u>	<u>How to Fix the Health Care System? Slash High Salaries for Doctors</u>
<u>Immigrants Face Unfair Penalties in Criminal Cases</u>	<u>Pay for Teachers Rises by 7.1%</u>	<u>The Practices of Monopolistic Insurers have Damaging Consequences for Many Americans</u>
<u>Minority and Low-Income Students are Less Likely to Graduate and Attend College</u>	<u>National Health Insurance Plans Simply Pile on New Mandates, Taxes, and Subsidies</u>	<u>Years-long Battle Ended; Greater Fuel Efficiency Expected to Offset Cost</u>
<u>Soaring Costs Jeopardize Missile Defense Systems</u>	<u>Barnes & Noble Turns the Page</u>	<u>Without Coverage, Health and Political Voice of Uninsured Falling Behind that of Other Americans</u>
<u>Swiss Health Care Model Effective At Low Cost Without National Insurance Plan</u>	<u>Obsessions With Minutiae Thrive as Databases</u>	<u>Health Insurance out of Reach for Many Working Families Caught Between Poverty Line and Affordable Coverage</u>
<u>Bush Tax Cuts Near Expiration</u>	<u>High Systemic Costs Keep Insurance and Health Care Out of Reach</u>	<u>Present Insurance System Means Health Care Distributed Unequally Across Urban, Rural Areas</u>
<u>Noise Pollution from SunChips Bags Prompts Change in Packaging</u>	<u>Fears and Misperceptions about Immigrants Prompt Unjust Legislation</u>	<u>Painting a Rosy Picture of a Costly Fighter Jet</u>
<u>Choice Matters: Public Cares About Public Option(s) In National Health Care</u>	<u>Repealing the Estate Tax Would Benefit Only Wealthy Americans</u>	

Finished?

[Click here to log out](#)

Figure 9: Support for Govt-Run Health Care, T1 Pro, T4 Con Comparison

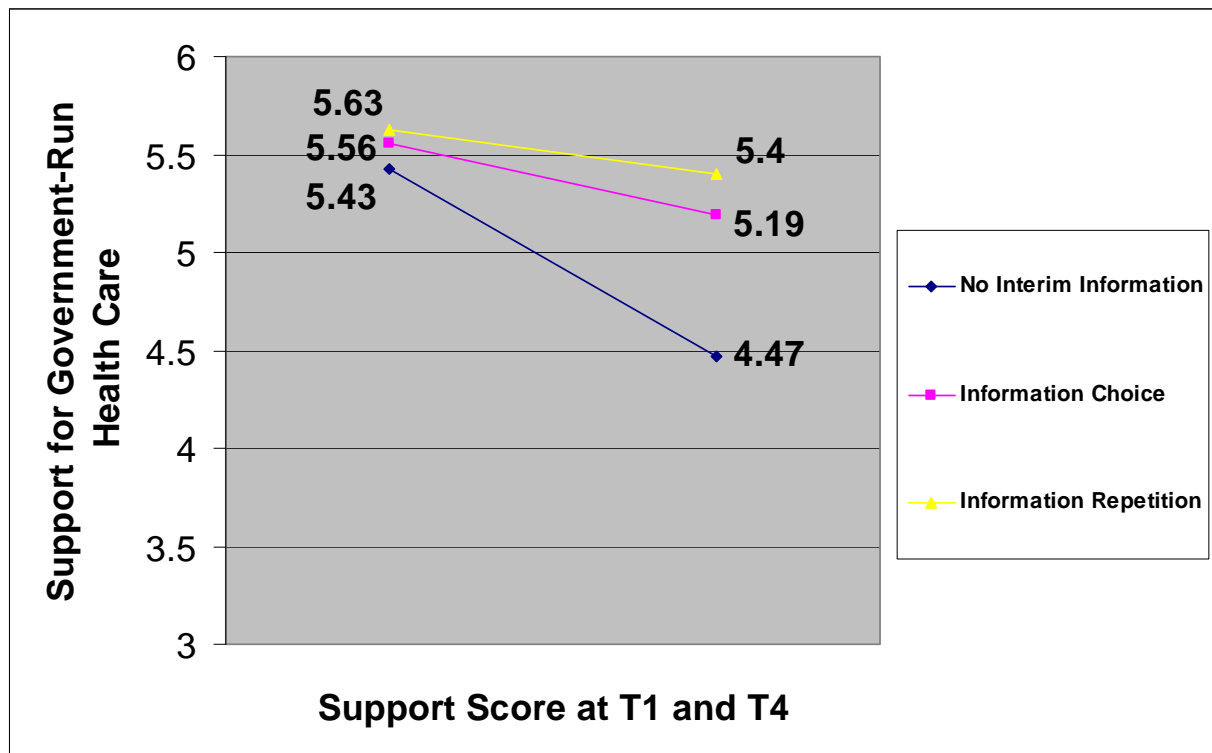


Figure 10: Support for Govt-Run Health Care, T1 Con, T4 Pro Comparison

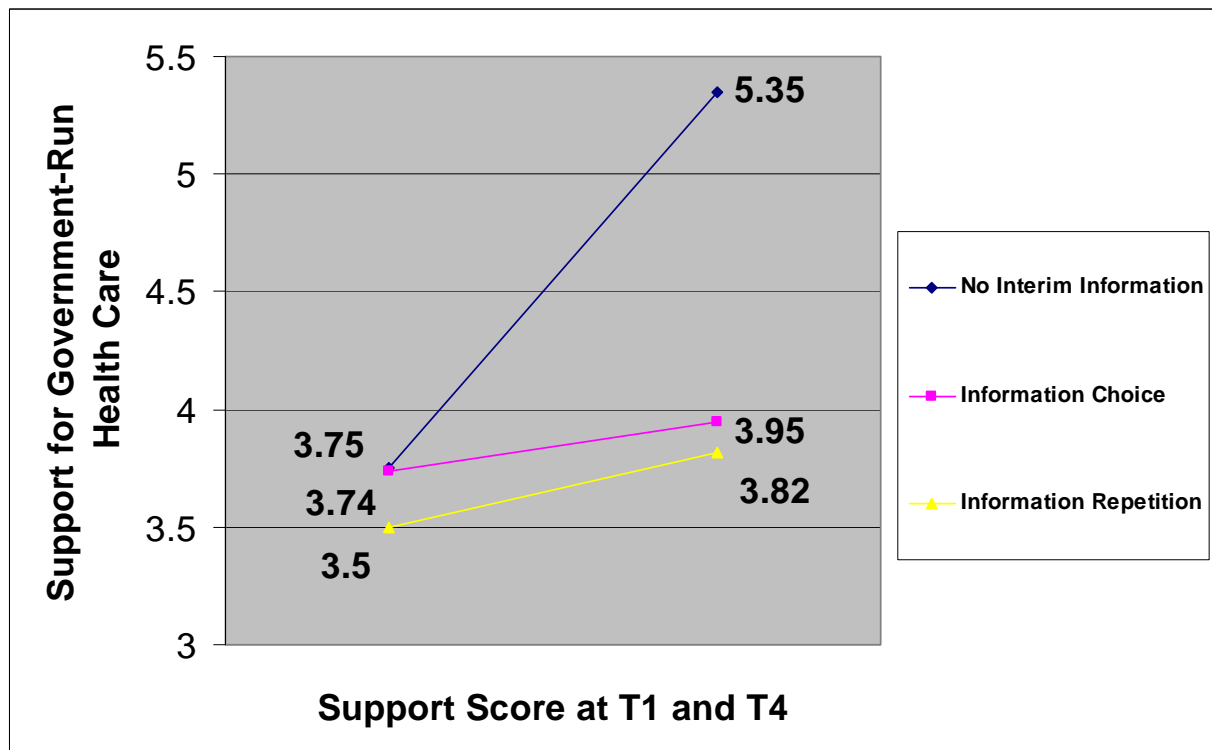


Figure 11: Support for Govt-Run Health Care, T1 Pro/Con, T4 None Comparison

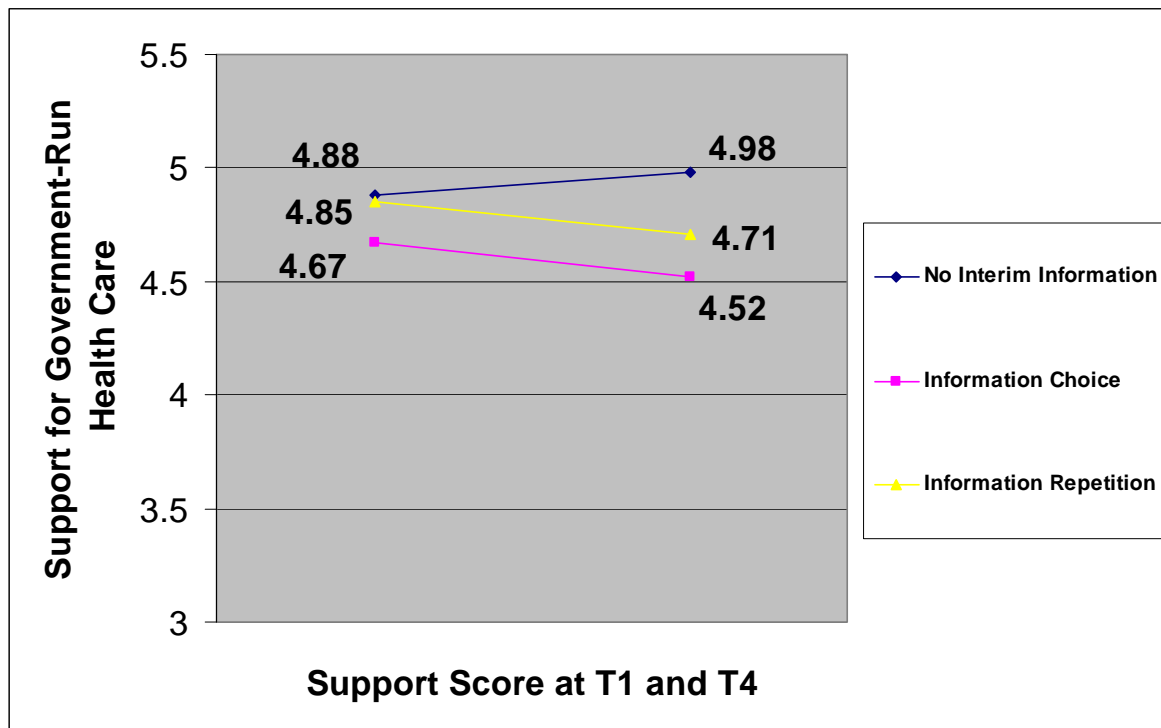


Figure 12: Health Care Reform Certainty, T1 Pro, T4 Con Comparison

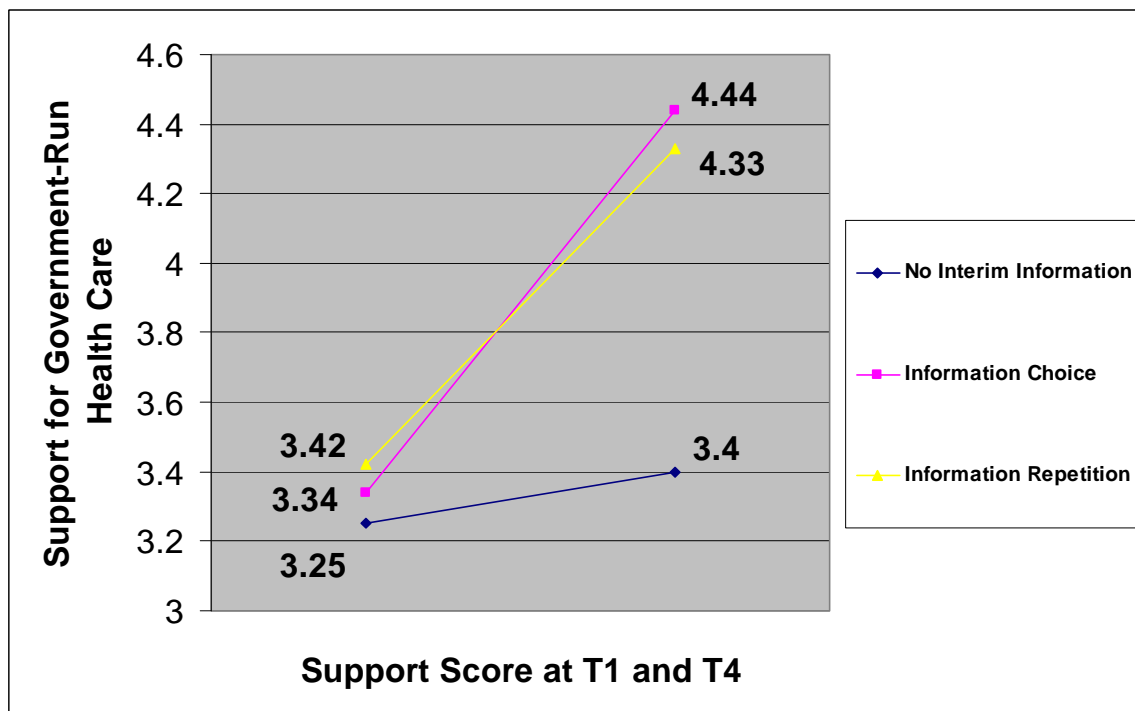


Figure 13: Health Care Reform Certainty, T1 Con, T4 Pro Comparison

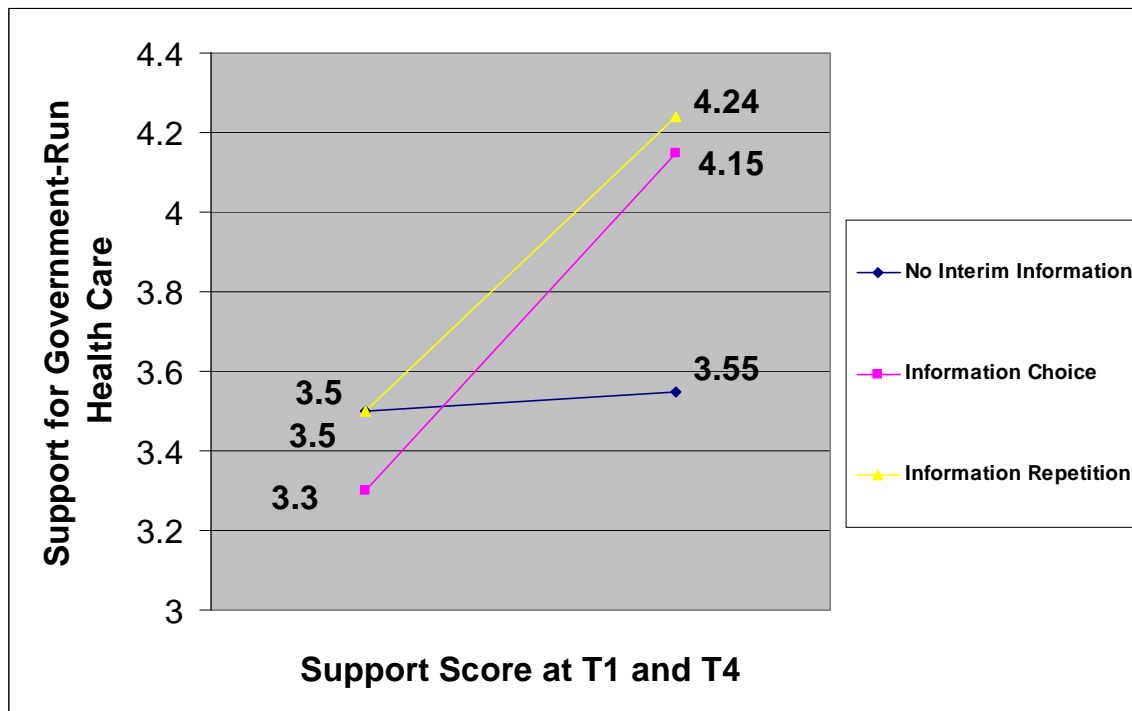
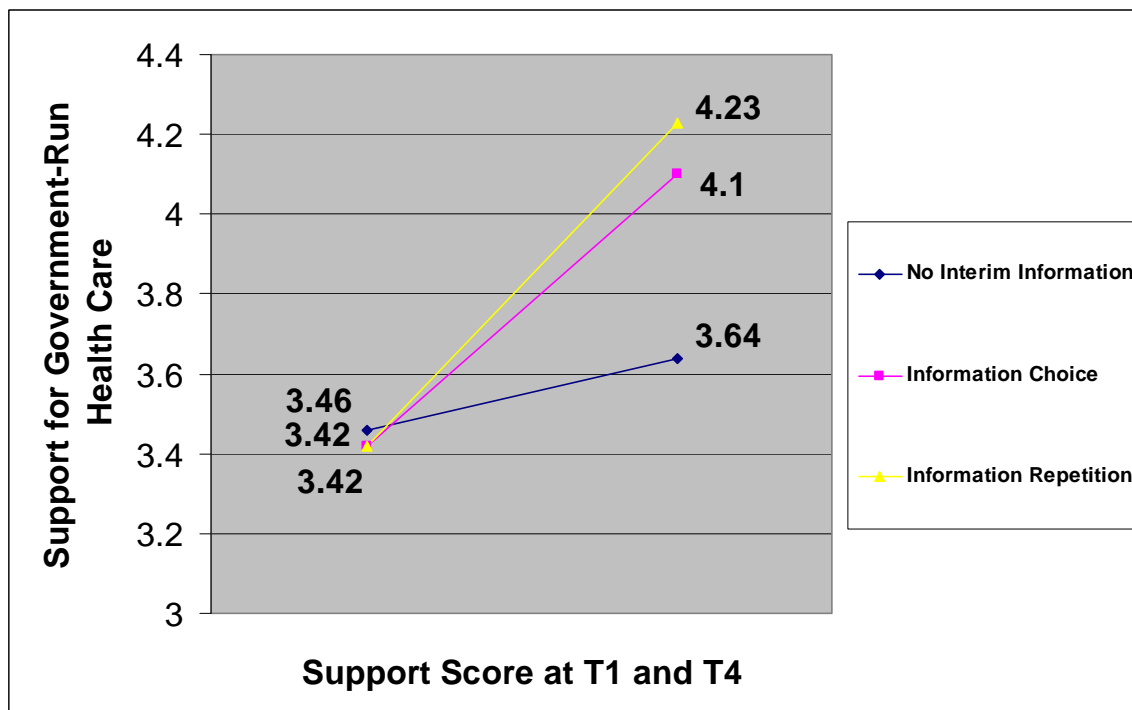


Figure 14: Health Care Reform Certainty, T1 Pro/Con, T4 Control Comparison



Appendix B: Example Health Care Frame Articles

Frame 1 (Example Con Cost Frame)

No End in Sight for Costs of Federal Government Insurance Programs

President Obama's first pick for Secretary of Health and Human Services, former Senate Majority Leader Tom Daschle (Kansas Governor Kathleen Sebelius eventually got the nod after Daschle backed out due to tax problems) was an outspoken advocate for comprehensive health care reform. However, in his confirmation hearing, he gave no indication of how to pay for all this or how to rein in the escalating costs of entitlement programs, and he was not asked such probing questions by a committee that seems certain to recommend his confirmation. Mr. Daschle may face tougher questions at a second confirmation hearing before the Senate Finance Committee, which has jurisdiction over Medicare and Medicaid, but the real struggles will begin when a detailed plan is put forward by the Obama administration.

Another constraint: dwindling government resources. It seemed as if Obama was serious about reducing the national debt, which is almost \$13.5 trillion dollars and increasing by about \$4 billion per day. However, following economic stimulus packages and auto, bank and housing bailouts totaling trillions of dollars with more un-necessary health care spending indicate that Obama is far less concerned about the nation's long-term fiscal health.

Now, we're going to see how this new health-care entitlement will miraculously avoid the financial straits of the first health entitlement, Medicare, groaning under an unfunded liability of tens of trillions of dollars even though it underpays doctors and hospitals.

We're going to see how Washington will cut \$500 billion from Medicare -- if it were so easy why hasn't it been done already? Well, actually Congress did some cutting a few years ago and now it's poised to reverse those "savings." It will do the "doc fix," overturning previously enacted but unreasonable 21 percent reductions in reimbursement rates for physicians. That will add a quarter of a trillion dollars to the deficit.

And we're going to see whether Medicaid can absorb a huge influx of beneficiaries, which is a matter of grave concern to many governors, who have cut low-income health benefits -- along with school funding, prison construction, state jobs and just about everything else -- to cope with the most severe economic downturn in decades.

Frame 2 (Example Pro Inequalities Frame)

Without Coverage, Health and Political Voice of Uninsured Falling Behind that of Other Americans

How to care for the nation's 40-odd million poor people is one of the most important moral, political, and policy questions facing our nation, as Congress and the public weigh proposals for sweeping changes in America's health-care system. Ever since the failure of Clinton-era health care reform, however, politicians across the political spectrum have hesitated to propose solutions for the 45 million or more Americans with no health insurance. Given how little political clout this group has, perhaps that's not surprising.

The very poor at least have advocates to speak on their behalf, and the well-off are more involved in the political process. But the uninsured are usually lower-middle class, not impoverished, and employed, albeit in service-sector or temporary jobs. They receive their health care, when they do, in emergency rooms - at a huge cost to themselves, to hospitals and to state and local governments. The Kaiser Family Foundation reports that, in addition, health workers and doctors deliver about \$35 billion worth of uncompensated health care every year.

Kaiser Family Foundation and League of Women Voters have recently paired up to provide what a memo calls "a neutral source of public information." In it, they argue that, "Since it could be you, whether people without insurance get the care they need becomes a very critical question." Over the course of a year, one in five Americans will go without health insurance for some period of time. And these Americans rarely get the care they need or care of a quality comparable to that of their insured peers.

The facts about this inequality in access, care, and outcomes are staggering. Americans without health insurance are 25 percent more likely to die sooner than the privately insured. In fact, people without insurance go without needed care, get care too late, and die sooner. Breast cancer patients without health insurance are 49 percent more likely to die sooner than the privately insured.

While some of the very poor have access to health insurance through Medicaid, many others do not qualify and do not necessarily receive comparable care to those in other public or private insurance plans. Papers from Hillary Clinton's 1993 Task Force on National Health Care Reform say that maintaining a separate Medicaid program "would perpetuate segregation of the poor in the health care system, with the associated adverse implications for access to and quality of care."

Drew E. Altman, president of the Henry J. Kaiser Family Foundation, which is sponsoring a major study of Medicaid, said: "A separate program for poor people will always be a poor program, underfunded and neglected."

Appendix C: Example Survey Questions

Central Dependent Variable

Some people feel there should be a universal government insurance plan that would cover medical and hospital expenses for all citizens. Others feel that medical and hospital expenses should be paid by individuals and through private insurance plans. Where would you place yourself on this scale:

<u>Universal</u> government insurance plan covers all Americans	<u>Government</u> insurance options cover significantly more Americans than private insurance plans	<u>Government</u> insurance options cover slightly more Americans than private insurance plans	<u>Government</u> insurance options (such as Medicare and Medicaid) cover the same number of private insurance plans	<u>Private insurance</u> plans cover slightly more Americans than government insurance options	<u>Private</u> insurance plans cover significantly more Americans than government insurance options	<u>Private</u> insurance plans cover all Americans
---	---	--	--	---	--	---

Health Care Bill Support and Knowledge Questions

Do you approve or disapprove of the passage of the health care bill which became law this April?

<u>Strongly</u> Approve	<u>Somewhat</u> approve	<u>Neutral</u>	<u>Somewhat</u> disapprove	<u>Strongly</u> disapprove
----------------------------	----------------------------	----------------	-------------------------------	-------------------------------

Does the Patient Protection and Affordable Care Act include a public health insurance option that would compete with plans offered by private health insurance companies?

<u>does not include a public option</u>	<u>includes a public option</u>	<u>don't know</u>
---	---------------------------------	-------------------

According to the nonpartisan Congressional Budget Office, will the Patient Protection and Affordable Care Act decrease the federal deficit, have no impact on the deficit or increase the deficit?

<u>decreases the deficit</u>	<u>has no impact on the deficit</u>	<u>increases the deficit</u>	<u>don't know</u>
------------------------------	-------------------------------------	------------------------------	-------------------

The Secretary of Health and Human Services was very involved in developing the Patient Protection and Affordable Care Act and in explaining health care reform to the public. Who is the Secretary of Health and Human Services?

Tom Daschle Max Baucus John Boehner Kathleen Sebelius Rahm Emanuel don't know

Personal Health Care and Health Status Questions

Overall, how satisfied are you with the quality of health care you and your family receive?

Very
dissatisfied Somewhat
dissatisfied Neither Somewhat
satisfied Very
satisfied

Even if you now have health insurance, have you or anyone in your family been without any form of health coverage for one month or longer at any time in the past three years?

Yes No

In general, would you say your physical health is...

Excellent Very good Good Fair Poor

(For one to qualify as having a “serious medical condition,” Lynch required yes to one or both of the following)

Please think now about not only yourself, but anyone you might have been caring for: a spouse/partner, parent or child. Have you or any of these people had a medical problem requiring an *overnight stay in the hospital* at any time during the last three years?

Yes No

What about a medical problem requiring *more than one visit to a medical specialist*?

Yes No

During the past 30 days, for about how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Very often Often Sometimes Rarely Never

General Support for Government Question

In general, which one of the following kinds of government would you rather have: a government that provides more services but costs more in taxes, or a government that costs less in taxes but provides fewer services?

More taxes and services

Less taxes and services

Web Search Expertise Questions

How familiar are you with the following Internet-related items?

Advanced search...

No
understanding

Little
understanding

Some
understanding

Good
understanding

Full
understanding

PDF...

No
understanding

Little
understanding

Some
understanding

Good
understanding

Full
understanding

Spyware...

No
understanding

Little
understanding

Some
understanding

Good
understanding

Full
understanding

Wiki...

No
understanding

Little
understanding

Some
understanding

Good
understanding

Full
understanding

Phishing...

No
understanding

Little
understanding

Some
understanding

Good
understanding

Full
understanding

RSS...

No
understanding

Little
understanding

Some
understanding

Good
understanding

Full
understanding