From Situational to Structural Framing: Health Care Reform and the Making of Public Opinion

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Median Voter Theory:
Electoral goals motivate competing candidates to converge at midpoint of public opinion to minimize distance between voter policy preferences and visible and clear policy positions (Downs 1957; Black 1958)

Expectation:
- Personal benefits of winning elections are preeminent motivation of candidates/officials
- High government responsiveness to mass public

Supporting evidence (Pluralists, Page/Shapiro, Stimson)
MVT Challenges, I: Loyal Critics

- Multiple issue dimensions complicate candidate attempt to locate a position to appeal to median voter in all directions
- Imperfect Information: Candidate uncertainty regarding voter preferences and their own ideal positions
- Risk aversion: Candidates avoid clear, divergent policy positions on conflictual issues that might alienate centrist voters
- Managing Base: Pursuit of centrist voter is constrained by need to hold party activists, volunteers, & contributors who harbor strong policy goals

But: responsiveness expectation remained: candidates and officials respond to centrist opinion in anticipation of being held accountable retrospectively at next election for salient policy positions and natl/int’l conditions
MVT Challenges II: Demolishing Responsiveness Expectation

1. **Segmented responsiveness**
   Policy decisions and preferences of govt officials are driven by affluent and organized (Bartels, Gilens, Jacobs & Page)

2. **Crafted Talk** (Jacobs & Shapiro)
   Extensive public opinion research by govt officials and allies used to move public opinion to support policy goals

New Political Calculation: Pursue Policy Goals and Shirk Centrist Opinion. Prohibitive cost of compromising policy goals of supporters (e.g. G.W. Bush)

Major New Research: Elite attempts to move public
Realistic Model of Opinion Change

1. Barriers to Outright Elite Manipulation
   - Stability of core policy preferences
   - Multiple and competing messages
   - Media interpretations and conflict focus

2. Subtle Forms of Elite influence and Opinion Change: Framing (Today)
Questions About Opinion Change

- What impact did elites have on public attitudes toward policy debates (such as debate over Affordable Care Act [ACA] since 2009)? Why?

- What explains long-term opinion change? Will split opinion toward ACA become more broadly supportive?
Divided Public on Health Care Reform

As you may know, a new health reform bill was signed into law earlier this year. Given what you know about the new health reform law, do you have a generally favorable or generally unfavorable opinion of it?
Will ACA achieve high, broad, & sustained public support akin to Social Security (even during elite challenges)?

Support for Social Security Spending (GSS)

- Too Little & About Right
- Too Much
Outline: Existing and New Research

- Integrate two previously disconnected bodies of research on changes in public opinion:
  - Situational Framing effects
  - Feedback effects of institutionalized or institutionalizing policy
- “Structural Framing” as framework that integrates feedback research on institutional communications with framing research on message content and social psychology of information processing
- Describe new project with Suzanne Mettler that will use panel design to analyze effects of ACA’s implementation
Innovative area of research studies communications within particular situations -- the specific content of communicative acts or speech (precise words, images, phrases) and “mental organization” or “internal structures of the mind” (Kinder & Sanders, 1990, 74)

Framing anchor in social psychological -- Speaker’s specific frame within particular situation prompts individuals to retrieve considerations or attitudes from memory.
Percent who say hearing the proposed legislation would do each of the following makes them MORE likely to support it:

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Tax credits to small businesses</td>
<td>73%</td>
</tr>
<tr>
<td>Health insurance exchange</td>
<td>67%</td>
</tr>
<tr>
<td>Won’t change most people’s existing arrangements</td>
<td>66%</td>
</tr>
<tr>
<td>Guaranteed issue</td>
<td>63%</td>
</tr>
<tr>
<td>Medicaid expansion</td>
<td>62%</td>
</tr>
<tr>
<td>Extend dependent coverage through age 25</td>
<td>60%</td>
</tr>
<tr>
<td>Help close the Medicare doughnut hole</td>
<td>60%</td>
</tr>
</tbody>
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Note: Question wording abbreviated. See Topline: http://www.kff.org/kaiserpolls/8042.cfm. Only items with responses 60% and over shown here. Source: Kaiser Family Foundation Health Tracking Poll (conducted January 7-12, 2010)
Emphasis Frame of Conservatism ("Govt Take Over")

I’m going to read some reasons people give for viewing the law unfavorably. After I read each one, please tell me if it is a major reason, a minor reason, or not a reason why you yourself have an unfavorable view of the law.

AMONG THOSE WHO OPPOSE THE HEALTH CARE LAW, percent who say each is a MAJOR reason for opposing:

- The law gives government too big a role in the health care system: 82%
- Too much of the process took place behind closed doors and involved too much deal-making: 79%
- We can’t afford to pay for health care reform right now: 75%
- The law takes the wrong approach to reform: 73%
- Health reform is just one of many indications that President Obama and the Democrats in Congress are taking the country in the wrong direction: 72%
- The law doesn’t go far enough in expanding coverage or controlling costs: 46%

Source: Kaiser Family Foundation Health Tracking Poll (conducted August 16-22, 2010)
Illustration: Risk Frame of Personal Loss  ("death panels" and Medicare cuts)

Do you think you and your family will be better off or worse off under the new health reform law, or don’t you think it will make much difference?

Note: "Depends" (vol.) and Don’t know/Refused answers not shown.
Source: Kaiser Family Foundation Health Tracking
Message Features that Impact Framing Effects:

1. **Competitiveness**
   - One-sided communications: Most vulnerable
   - Unequal two-sided communications: Vulnerable
   - Balanced dual communications: Most resistant

2. **Persuasive strength**:
   - Frequently communicated frame from credible source: Vulnerable
   - Comparatively infrequent frame from challenged source: Resistance b/c seen as unfamiliar, indefensible and lacking credibility
Personal Attributes that Explain Variations Across Individuals

1. **Expertise:**
   - Training or experience: Resistant to frames
   - Little preparation: Vulnerable to frames

2. **Motivation to process frame:**
   - Strong motivations: Individuals more prone to invest time/cognitive effort to evaluate frame & possibly resist it
   - Weak motivation: Individual vulnerable to frames
Illustration: Frequent, competing frames triggered partisan divide on health care reform in 2010

Percent who say they have a favorable opinion of the new health reform law:

Source: Kaiser Family Foundation Health Tracking Polls
First generation research repositioned public opinion and political behavior from “input” to product (Lowi; Schattschneider)

Second generation research: Policies convey particular messages that exert differential impacts on public opinion and political behavior (Orren and Skowronek; Hacker; Campbell; Mettler; Pierson; Soss)

- **Public’s perceptions of policy** — visibility of benefits and costs (e.g. Social Security generates broad visible benefits while obscuring costs)

- **Political effects of policy** — group cohesion (e.g. “Social Security beneficiary”), political disposition (internal and external efficacy), political participation (voting)
Framing analysis (Situational Framing)

- **Contribution**: Precise investigations of (1) microfoundations of individual information processing; (2) consequential features of message content

- **Challenge**: Broaden context-based analysis of message content from discrete, quick, and time-bound situations dependent on speaker volition
Policy Feedback Analysis

- **Contribution**: Demonstrate that institutionalized policy generates routinized messages and chronic accessibility to attitudes – foster durable preferences and resistance to short-term elite manipulation (e.g. Social Security & Medicare support vs. ACA divisions)

- **Challenge**: Deeper analysis of (1) “psychological foundations” for “how policies matter and under what conditions” (Pierson, 1993) and (2) “effects of specific features of policy design” (Mettler and Soss, 2004, 64).
Contributions of Framing Research for Policy Effects Analysis

- Account for how institutionalized communications chronically access long-term existing attitudes and contribute to the evolution of attitudes

- Contribute to specifying policy message content and consequences:
  - "Competition": one-sided policy messages (e.g. negatively constructed AFDC) or unequally two-sided policy messages (Social Security statement generates knowledge and confidence that offsets financial warnings) (Cook, Jacobs, & Kim, 2010)
  
  - "Strength": frequency and persuasiveness of policy messages (e.g. salience of Social Security benefits for beneficiaries and relatives)
Contributions of Framing Research to Identifying Individual–Level Modifiers:

- **“Expertise”**: Experiential learning from institutionalized policy as basis for evaluating alternative frames (e.g. calls to cut Social Security to reduce deficit)

- **“Motivation”**: Recipients of visible and positively perceived programs will invest in accessing stored attitudes, evaluating information and frames, and engaging political process
Structural Framing and ACA

**ACA Policy Message:**
- **Persuasive strength:** frequency/credibility of tangible benefits – govt subsidies for meds/HI, govt operation of HIE
- **Message competition:** 1 sided or unequal 2 sided

**Individual ACA Experience**
- **Expertise** (experiential learning/knowledge)
- **Motivation** (beneficiaries – seniors, middle-lower income earners, young)

**Perceptions of Health Policy** based on pro-ACA frames & exp.
- **Perceive national & personal benefit**
- **Perceive govt making HI available & easier**

**Political Effects**
- **Decreased partisan & ideological divisions**
- **Greater general & health care-specific efficacy**
- **Higher levels of political engagement**

**Increased health reform support**
Jacobs/Mettler Research Design

- Longitudinal panel design to study change every two years: Purpose is to examine whether and how policy intervention (ACA) impacts policy experiences as well as policy and political perceptions (2010–2016)

- Add variation to study of policy effects to advance policy effect research:
  - Collect data to examine causal mechanisms (e.g. Mettler lacked data on policy perceptions and key political effects)
  - Correct for “selection bias” – cross-sectional data that oversampled benefit recipients who were interviewed after program implementation
Jacobs/Mettler project to track delayed, uneven developments over time

- Anti-ACA frames on certain policies (Medicaid as unaffordable, corrupt) with mixed perceptual effects among new Medicaid beneficiaries (negatively constructed and no change in efficacy)

- Strong, positive framing of new drug benefit that boost senior efficacy/support for expanded Medicare without impacting broader ACA views

- Participants in HIE unaware of government role, report no new policy perceptions/political orientations, and remain split on ACA (perhaps along party lines)
Scenarios of Health Regime Change

- **Catastrophic Care Scenario (1988–89):**
  - Similarities to ACA: misunderstandings and opposition among beneficiaries; intense stakeholder opposition focused on costs (taxes and premiums) and “disruptions”
  - But differences make repeal unlikely: ACA’s visible dueling situational framing; partisan divide on ACA; incentives to use institutional vetoes to prevent ACA repeal

- **Social Security Scenario:** Contested and delayed but eventual implementation of components
  - Differences: ACA is federalized, less operational coherence (including separable components), threatens well-organized stakeholders, lacked initial public and bipartisan legislative support
  - Similarities: rocky early years; implemented policy steadily impacts issue evolution, group identities, and coalitions
Implications

1. Public’s preferences function of Policy Design and Policy Communications
   Objective interests are conditional and often unimportant to individuals

2. Structural framing may exert more substantial and lasting effects than situational framing

3. Neither SS nor MCA: Differentiated public reaction to ACA – strong sustained support for some components but not others