

Talking about Health Care in a Divided Nation

A Report from the Kettering Foundation and the National Issues Forums Network

The current health-care emergency will extend over the next weeks and months with unforeseeable repercussions. But when the immediate crisis is past, policymakers will turn their attention, once more, to reshaping our complex, costly, and now battered health-care system. They will begin rethinking how to convey the information the public needs. They will want and need constructive input from all Americans.

Most of our nation's leaders seek to convey information and improve the system in ways that garner broad public attention and support. While information is crucial to sound decision-making, the problem we face is not a lack of knowledge or good ideas. But the methods officials typically use to gauge public thinking are often unhelpful. Polls and focus groups show skepticism about important messages but offer little guidance on how to combat it. They may suggest broad support for a course of action that evaporates over time. Elected officials hold town hall meetings that attract participants with strong feelings about the issues at hand. These sometimes vociferous events often generate fear, concern, and complaints but rarely result in a realistic direction for action.

How can our leaders develop more productive two-way communication with the public?

A UNIQUE INSIGHT INTO PUBLIC THINKING

For nearly four decades, the Kettering Foundation, a nonpartisan research institute, has collaborated with the network of the National Issues Forums (NIF) to observe and capture a different kind of public thinking, one frequently missing from the national stage: what Americans think when they weigh different options and deliberate about them with others.

NIF is a nationwide network of nonpartisan community-based groups that convene public forums with people from all walks of life to deliberate on pressing issues facing communities and the nation. The forums are locally sponsored and meet in community settings, such as schools, colleges and universities, libraries, faith-based organizations, and other places where people meet. Increasingly, forums are held online.

Perhaps the principal takeaway from the NIF health-care forums over nearly four decades is that when typical Americans deliberate together, they tend to reach judgments that are reasonable, thoughtful, and possibly easier to act on than what emerges from polls and town hall meetings.

The NIF network has tackled reform of the nation's health-care system seven times between 1984 and 2020. In doing so, we have observed how people talk about health care, what they understand and what confuses them, what matters to them, what worries them, and what generates trust rather than breeds skepticism. We've heard participants weigh the costs and benefits of various policy proposals and courses of action. After four decades of listening to Americans deliberate on health care, here is what we've learned about what derails useful communication between leaders and the public and what promotes it.

What Doesn't Work

Facts and figures will be questioned.

Talking about systemic change is a recipe for miscommunication.

Poll results can be misleading.

What Works

Sharing stories spurs realism.

Wrestling with choices and trade-offs helps people understand.

Listening is more useful than talking.

You can expect more from the public than you think.

WHAT DOESN'T WORK

Facts and figures will be questioned. NIF forum participants use short, user-friendly issue guides, prepared by the Kettering Foundation, that include a number of “strategic facts.” These are carefully chosen to prompt participants to ask deeper questions, and they include at least one key statistic reflecting each of the various ideological and political concerns people bring to the table. In health care, for example, we might include a graph showing the number of uninsured Americans next to a pie chart showing how much the federal government already spends on health care. These strategic facts help participants understand and weigh choices and think about what to do. But too many facts and figures can create confusion and disinterest, turning people away rather than giving them something to think about.

Here are some important takeaways from the forums:

- Facts and figures will be questioned if people don't see something that reflects their own concerns.
- Facts and figures will be questioned if people suspect they are being used to push them toward a specific conclusion or solution.
- People can absorb and think carefully about only a handful of statistics at a time, so select carefully.
- Use facts and figures to help people understand that there's no quick and easy answer.
- Don't expect facts and figures alone to persuade.
- As we point out below, most people who aren't experts learn in very different ways.

Talking about systemic change is a recipe for

miscommunication. NIF forum observers have repeatedly flagged differences in the way elected officials, candidates, experts, and the press talk about “the health-care system” and the way people see things in their everyday lives. Officials and experts tend to speak from a top-down perspective and offer a systemic analysis. People, on the other hand, know about what happens to them and their communities. Both perspectives are critical to solving complex problems, but in health care, we have found they often lead to cross talk and misunderstanding.

As just one example, when officials talk about “the cost of health care,” they generally refer to the combined costs paid by governments, employers, and individuals—the enormous sums the United States spends on health care overall. But in community-level deliberations, people talk almost exclusively about the copays, deductibles, and drug costs they pay from their own pockets. Assuming that leaders and the public are on the same wavelength on costs is a recipe for misinterpretation.

Terms like “single payer,” “public option,” “Medicaid expansion,” and “Medicare for all” are virtually meaningless to many Americans, even when explained and even though they have been in the headlines for years.

Teaching people how the system works is probably a decades-long and ultimately futile undertaking. Far more crucial is whether people comprehend how proposed recommendations and changes will affect them and whether they're willing to accept changes, risks, and trade-offs.

Poll results can be misleading. Polls capture the views of respondents based on what they know and regardless of whether they understand the implications of the ideas and proposals they are being asked about. In contrast, public deliberations capture the thinking of people who have confronted basic facts, weighed different views, and reflected on some of the risks, trade-offs, and benefits of proposed actions.

For example, over the years, NIF forums have presented the idea of a government-managed, single payer health-care system as one option among others to consider. In forum after forum, participants begin with the conviction that the current US system is broken, so it's time to try a bold new approach. And repeatedly, forum participants have grappled with the same questions that bedevil and divide experts. How much will it cost? How much government involvement do we want? Will a change like this imperil quality or limit people's choices? How will this work out for me and my community? But as the deliberation proceeds, participants raise questions, many (but not all) centering on the government's role.

The point here is not whether people will support or reject a national system when all is said and done. The point is that polls showing high support for these ideas and other sweeping systemic reforms should be taken with a grain of salt.

WHAT WORKS

Sharing stories spurs realism. Experts often dismiss anecdotes—and for good reason. One person's story can't possibly capture the widespread phenomena and overall trends experts and policymakers simply must address. But in deliberative forums, personal stories reflecting different experiences and perspectives can play a powerful role in helping participants understand the scope of a problem and how various solutions might work.

One key advantage of such stories is that people generally believe and connect with a person sitting in the room with them. That may not be the case in listening to experts or officials on TV. Hearing a story from someone in

the next chair is very different from reading it online or in the newspaper.

Participants' personal experiences, shared and compared, can paint a subtle picture of what's happening in health care that takes people far beyond their initial starting point. "I never thought of it that way" is a common reaction when people have the chance to think and see things from another point of view.

Wrestling with choices and trade-offs helps people understand. A key difference between experts and policymakers on the one hand and people in communities on the other is what might be called the "issue time lag." In general, leaders spend years looking at various options for tackling a tough problem, such as improving the health-care system. They understand the various "sides" of the policy debates. They've had time to decide for themselves what the best approach is.

But when an urgent issue enters the public arena, very few people bring this background to the table. Most are barely beginning to piece the picture together based on what they hear in the media or from friends and neighbors. Just presenting the facts and opinions doesn't mean that people can make sense of them or put them into a coherent package to think about. In fact, faced with too much information and wildly disparate opinions, many people will simply tune out.

However, giving people the chance to wrestle with real-life choices—what we call "choice work"—is one of the quickest, most effective ways to help people understand and participate in the nation's deliberations. Choice work involves giving people three or four broad strategies, each reflecting a different set of priorities and aspirations and requiring competing courses of action. The "actions" might be legislation or public investments, but they also might be steps taken by individuals or at the state or local level.

Listening is more useful than talking. Like most public meetings, deliberative forums begin with people describing the problems they see and how these problems affect them. In health-care forums, participants typically focus on the same triumvirate that concerns leaders—

health-care costs, access, and quality. Within minutes, however, participants begin pointing to aspects of the system that receive minimal attention from experts and officials.

From NIF forums over four decades, it is clear that much of the public, even Americans with top-notch insurance, sees the current system as convoluted, impenetrable, opaque, and occasionally deceitful. People describe incomprehensible bills, astronomical prices for common products, being charged for tests and procedures they thought were covered, feeling whipsawed in price negotiations between insurers and providers, and having no idea where or how to get help resolving disputes. Every horror story told in an NIF forum produces a general nodding of heads.

In this instance, presenting more facts and figures could backfire. People may feel that officials are dismissing the problems they encounter. The solution here is to listen and take the message to heart. Policymakers need to develop options for addressing this overriding public concern about the system's complexity and disorganization and give typical Americans a chance to weigh in.

You can expect more from the public than you think. In NIF forums, participants generally become more pragmatic and sympathetic to those inside the health-care system who are also coping with its complexity and disorganization. Rather than blaming doctors, hospitals, and policymakers for the system's problems, participants begin to acknowledge that all sectors of the system face daunting challenges. Notably, the NIF forums described here were conducted prior to the COVID-19 pandemic. Beyond question, public sympathy and appreciation for health-care providers will increase.

Just as important, forum participants often see an active role for themselves. Most strongly support more transparency in doctor and hospital fees whether or not they will directly pay the bill. Similarly, discussions about lifestyle and substance abuse—and the health-care costs they

generate—often transition into community conversations about what people could do individually and collectively to help solve some of these problems.

A PARTING THOUGHT

In recent years, Americans themselves have expressed despair over the deeply polarizing turn in national politics. Yet even within this context, recent deliberative forums on health care show people listening to each other carefully. Most seem open-minded. Many leave the forums reconsidering or adding nuance to their initial views.

Perhaps the principal takeaway from the NIF health-care forums over nearly four decades is that when typical Americans deliberate together, they tend to reach judgments that are reasonable, thoughtful, and possibly easier to act on than what emerges from polls and town hall meetings.

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The National Issues Forums (NIF) is a network of organizations that brings together citizens around the nation to talk about pressing social and political issues of the day. Thousands of community organizations, including schools, libraries, churches, civic groups, and others have sponsored forums designed to give people a public voice in the affairs of their communities and their nation.



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