
Working for Health Care for All – Beginning with Children

What Does It Mean for People of Faith?

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Introduction

The United States – the richest nation in the world – is home to millions of people who do not have access to needed health care. For those affected, this is a personal and medical crisis; for others it is an economic or political crisis. But because we have the capacity to solve the problem and won't, for all of us it is a moral crisis which the faith community is uniquely called to address.

The pending re-authorization of the State Children's Health Insurance Program (SCHIP) in 2007 places one particular portion of that moral crisis – children's health care coverage – on center stage in national and state public discourse. With nine million uninsured children, one child out of every nine, it is time for all of those who live by a set of moral values to question how we justify refusing any child the health care s/he needs. And it's time to ask ourselves how long we can live with ourselves when children without insurance live sicker lives and, in some instances, experience higher death rates than insured children. It's also time to acknowledge the tear in our country's moral fiber that allows another 36 million people to live sicker and die younger because they cannot get needed health care.

Predictably, faith communities have been called to take positions in support of legislation that provides needed health care coverage for all children. Some faith groups already have engaged in the issue; others are on the sidelines, not yet sure what their position will be; and some are choosing to sit it out. Given the rich history of faith community support for affordable quality health care for *all*, why is it that some are so very eager to step out front on an issue that does not result in coverage for everyone? Why are some still undecided about what their role will be? And why are others so very comfortable on the sidelines? Recent research about what moves voters' opinion on health care reform will help provide insight into why faith communities are/are not working to move this particular part of the reform agenda forward.

Background

There has been much interest over the past few years in expanding the coverage for children to include all children in the country. About three-quarters of voters on most polls support an expansion of programs for this purpose. But even in the midst of broad public support, coverage for all children has, to date, not been achievable. Considerable polling and focus group testing has shown that support of children's coverage easily erodes in the presence of several barriers. Some of those barriers are specific to children's coverage, and others relate to expansions of coverage in general.

Compared to three-quarters of those polled who indicate support for children's health care coverage, only about a third of voters support expanding programs to include the parents of these same children. The many efforts both in states and nationally for expanding coverage to the parents generally have faltered because of this lack of support.

Given this huge difference in support between children's and family coverage, what does this say about moving beyond just children's coverage? What can we do differently to both break down the barriers to children's coverage and move forward toward the goal where everyone in our country has access to affordable quality health care?

Over sixty national and state organizations – including faith groups – working together in the Herndon Alliance have spent the last two years seeking answers to those questions. The focus has not been on developing the perfect plan, but on listening to people, understanding the everyday values that drive their opinions, identifying the barriers that keep them from supporting health care for all, and developing ideas and initiatives to address those barriers.

Following are some of the findings.

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The barriers to supporting health care reform

- **Misunderstandings about current coverage:** Many voters believe that all kids already are eligible for coverage, and that they aren't covered because "their irresponsible parents don't sign them up."
- **Fear of loss:** Rather than motivating people to want to change the current health system, hearing bad things about our health system causes voters to perceive that change will result in them losing what they already have. Anger against such things as greed or wastefulness in the current system is a much more powerful motivator.
- **Immigration:** Coverage for illegal immigrant children is regarded negatively – unless there is an understanding that these children need to be educated and healthy if they are going to live here. Arguing that illegal immigrant children without health care will negatively affect the health of their own children both perpetuates negative stereotypes about immigrants and reinforces the element of fear which already was noted.
- **Taxes:** While most people are often against new taxes, many who now favor reform and access are willing to consider a new tax to support a program they need if the tax is seen as being equitable – with all people paying their share. This is especially true for covering children, who are seen as being more deserving than adults.
- **Role of government:** While confidence in government programs is eroding, including the sustainability of Medicaid and Medicare, people do want a public program that is fair, affordable and available as an alternative if their private insurance is no longer available or is unaffordable.

The values that move voters

- **Responsibility is a two way street:** Voters must clearly hear a central place for 'personal responsibility' in proposals. Once their need for others to demonstrate personal responsibility is met, people become more generous. Parents taking more responsibility by encouraging better food, increasing activity and eating meals with families satisfies the need for this personal responsibility and increases the strength of support for the coverage children need.
- **American ingenuity – an American solution:** Because they feel their needs are being neglected, people are looking for American

ingenuity to find an American solution – not a Canadian or European solution.

- **Prevention is a smart investment:** Prevention allows progressive solutions to be on the side of common sense investment. Prevention supports personal responsibility. Developing programs that include prevention – like addressing childhood obesity as part of a coverage initiative – strengthens support because the proposal becomes a smart investment and encourages personal responsibility.
- **Control and peace of mind – better choices and real options:** Voters want affordable health care they can count on and that covers life's transitions – job changes, kids turning 18, acquiring a major disease, retiring early, etc. People want solutions to provide real choices that cover these events; they do not like the arbitrary rules perceived in the private market.
- **Government as an enforcer and watchdog:** Anti-government cynicism is high – including around Medicare and Medicaid – but voters want "somebody" (i.e. government) to hold insurance and drug companies accountable and to bring reason, common sense and dependability to a chaotic health market. Voters are open to the government having a role as watchdog that enforces rules to ensure fairness, access, and prevention.

A NEW NARRATIVE:

Making the next generation of Americans the healthiest ever

After evaluating the values held by voters, a new narrative for reform was developed that called for ensuring that the next generation of Americans is the healthiest ever – that they eat well, are active, have PE at school, eat dinners with their families – and have health care coverage.

Voter response to the narrative gives us insights into language that can help make children's coverage both successful in its own right and a step toward coverage for more uninsured adults.

Voter response to "healthiest generation"

- Voters strongly and vocally supported "healthiest generation," with about an 80% positive response that represented all political parties and economic groups.

- When asked what the difference was between this narrative and simply covering children, they answered “in this circumstance, the parents are being responsible,” ie responsible people deserve health care.
- With a head-to-head comparison between “coverage” and “healthiest generation,” both were high, but “healthiest generation” tested about 20% higher.
- Improving the health status of our children engenders strong support, especially if it casts parents into a positive influence and is broader than health coverage alone. The secondary effect is that these parents are seen as responsible adults and are, therefore, deserving of having affordable healthcare themselves – an essential next step.

The call to the faith community (and others)

The call: In their support for affordable health care for all, people of faith want children to have needed coverage. And, they want the parents of these children to have coverage. Indeed, they want all people in the country to have affordable health care, plus the assurance that regardless of their life circumstances or their transitions, they will have access to affordable quality care.

The challenge: The challenge to get people of faith fully engaged in this issue lies in the on-going struggles within both secular and faith-based advocacy communities. Some are working on it because it’s more politically viable than other options; some say if it’s not “universal” they’re not working on it; others are waiting for the perfect plan; and others simply have chosen to focus on different important social justice issues facing our country.

Do we work to protect our most vulnerable, or do we work to cover everyone?

For people of faith, it cannot be either-or; it must be both-and. To lose ground in SCHIP negotiations compromises our future work; to work on children’s coverage apart from the bigger picture of universal coverage ignores the faith community’s historic commitment to working for health care for all.

In addition, concurrent to children’s coverage work, emerging break through initiatives in states are indicative that the comprehensive reform agenda deserves attention.

The call: There is great strength in mobilizing the values of American pride, everyday ethics and prevention as ways to increase the support of coverage for children. Focusing on making the next generation healthier is a strong and broadly supported narrative that, if used, can strengthen support for efforts to cover children.

The challenge: The values of the voters who were questioned are the values of those sitting in congregations every weekend – those in favor of reform and those opposed to it. To connect their values to the shared language of faith is an important step in getting people with differing perspectives engaged in dialogue. Health and wholeness – physical, mental and spiritual – are values found throughout the scriptures of all faith traditions. To connect children’s coverage – and coverage for everyone – to the faith-based values of health and wholeness, and to the stewardship and value of human life, is to move the issue from partisan political debate into the context of faith-filled dialogue.

The call: Focusing on a healthy generation-next embraces the concept of personal responsibility that tests so well, and activates the beliefs that increase our ability to improve the health and coverage of children. It takes the next step of ensuring that affordable care is available for adults, and reduces the risk of blaming those who are perceived as irresponsible.

The challenge: The faith community, in promoting justice in health care, can be an important messenger in communicating the richest meanings of personal responsibility, shared responsibility and community. Justice in health care reform will mean that personal and shared responsibility will not place a disproportionate burden on those least able to participate in or pay for their share of responsibility.

The call: Focusing on the healthy next generation must be done with policies that support the narrative. Public health interventions that increase activity, improve foods and encourage families to eat meals together – along with coverage – make this narrative a legitimate initiative that a broad array of Americans will support with enthusiasm.

The challenge: Once again, the faith community will be called to carry the banner of justice. As policies are developed and promoted – both for children and for universal health care – people of faith must be prepared to evaluate those policies

against their values of compassion, inclusiveness, equity, communal obligations, etc.

They must be prepared to ask the questions that frame the dialogue in the context of justice.

Who's included? Who's excluded?

Who pays? Who profits? Who profits at the expense of those who cannot pay?

Whose voices are being heard? Whose voices are not being heard?

With the 2007 SCHIP reauthorization, the work of the faith community will have just begun. After all, children's coverage is just a portion of the bigger issue. The work on behalf of children and their families will be the proving ground for the years ahead, when religious leaders and grassroots advocates take their rightful place in leading the effort to move beyond children to the other 38 million who are uninsured.

In the March 2007 edition of *Health Affairs*, Len Nichols, Director of the Health Policy Program at the

New America Foundation, asks and answers the question:

Who should be allowed to sit at our health care table of plenty? Everyone, but poor kids have a special place reserved for them.

He makes the case that throughout religious history, those with resources have a special obligation to ensure that those without have the opportunity to share in society's bounty. He concludes:

A serious appraisal of the moral case is that policy analysis cannot rest until there is real health care justice throughout the entire land. This might require more resources and be hard to define, but we'll know it when we see it. It will likely look better as we get nearer, just like the Promised Land.¹

¹ Nichols, Len, "The Moral Case for Covering Children (And Everyone Else)," *Health Affairs* 26, no. 2 (2007):405-407.

FAITHFUL REFORM IN HEALTH CARE is a new organization working to awaken the faith community's prophetic voice in support of health care reform and position people of faith to be the change agents they are meant to be. It will place in the context of faith values and scriptural narratives the recently developed secular values-based messages about health care reform to give "people in the pews" the language tools they need to participate in health care reform efforts. In addition, it will create a collaborative environment and infrastructure both *among* the various faith-based health care reform efforts and *with* the various secular health care justice groups that reach out to faith groups to develop common messages, resources, and strategies to empower people of faith in their work for reform.

THE HERNDON ALLIANCE, with the help of American Environics and Lake Research Partners, completed a thorough evaluation about what values drive the decisions that people make concerning health care, the barriers that divert people from supporting improvements, and approaches to overcoming those barriers. The health care related values held by voters were identified and all Americans were sorted into like-minded groups. It was discovered that those groups were very internally consistent concerning attitudes held on health care, though they were split between political party, gender, income, and ethnic background. Eight focus groups in Columbus, Ohio and Atlanta, Georgia, plus two national polls, tested the hypotheses that were developed.