Coverage Crisis Continues; Local Advocates Take Action

BY JEFF TIEMAN

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Members of the Catholic Health Association should once again be proud of their contribution to Cover the Uninsured Week (CTUW). If participation is the yardstick, the Robert Wood Johnson Foundation's (RWJF) fourth annual advocacy campaign—featuring more than 3,000 events around the country—was a success.

Catholic health care organizations, in partnership with other providers and advocacy organizations, convened press conferences, enrollment fairs, health screenings, public meetings, and other events to help vulnerable populations get coverage and to highlight the intolerable situation of 46 million people living without health insurance in our wealthy nation.

Unfortunately, despite the well-intentioned efforts of RWJF and its national partners, including CHA, research released in connection with CTUW indicates that health coverage in the United States has only become a larger problem since RWJF started its campaign in 2003. For instance, one study found that uninsured individuals are in poorer health than adults with insurance and that access disparities between the two groups exist in every state.

According to the study, entitled "The Coverage Gap: A State-by-State Report on Access to Care," 41.1 percent of adults without health insurance reported being unable to afford to see a doctor when needed.[1] By comparison, only 9.2 percent of insured adults reported the same.

Uninsured adults are also less likely to have a personal doctor or health care provider and are more likely to report that they are in "poor" or "fair" health compared with their insured counterparts, according to the study, which was commissioned by RWJF and prepared by the University of Minnesota's State Health Access Data Assistance Center.

Failing to adequately address the problem of the uninsured ultimately contributes to greater costs for everyone. The RWJF study also found that uninsured adults are significantly less likely to receive preventive services that can identify conditions before they require serious—and expensive—medical intervention. For instance, 22.8 percent of insured women said they have not had a mammogram in the past two years. More than twice as many uninsured women—50.8 percent—did not have one over the same period.

It has been clear for some time that not having insurance adversely affects health. In fact, the Institute of Medicine (IOM) concluded back in 2002 that 18,000 people die every year because they do not have adequate insurance coverage.[2] That amounts to 49 people a day, a statistic that has proven to resonate with the public. Public opinion research continues to validate the strength of certain messages that will, one hopes, help move the public toward demanding a real solution.

"I have worked in health care and health policy long enough to know that usually Congress won't act until the people do," said Louis Sullivan, MD, who was secretary of the Department of Health and Human Services under President George H.W. Bush.[3] "We need millions of Americans to call for change in order to get real action from Washington."

Massachusetts Points the Way

As RWJF points out in a new resource it calls *State of the States: Finding Their Own Way*, state and local leaders are not waiting on Washington to resolve the crisis of 46 million Americans lacking health insurance.[4] They are taking action on their own.

Currently, Massachusetts is perhaps the most discussed example of this. In passing legislation that will attempt to cover at least 95 percent of the state's residents, the state's leaders agreed to move beyond partisan differences to get something done. The Massachusetts law and its provisions are as yet untested, but the specifics are less important than the spirit in which the law was written—with broad bipartisan cooperation and

in partnership with advocacy groups all across the political spectrum.

"For the first time in any state, every person is required to have insurance if they can afford it," said Rep. Salvatore DiMasi, speaker of the Massachusetts House of Representatives, in a briefing convened by Families USA and held at the National Press Club in Washington, DC. In addition to mandating that all state residents who can afford to carry health insurance do so by July 2007, the new law calls for expanding coverage for children up to 300 percent of the federal poverty level; subsidizing coverage for low-income, uninsured individuals and families; and offering low-cost plans to small businesses with 50 or fewer employees.

"The law represents a curious amalgam of conservative and progressive approaches," said John McDonough, executive director of Health Care for All, a Massachusetts group that advocates health reform on the premise that medical care is a right. Another speaker at the Press Club briefing, John Holahan, a researcher for the Urban Institute, lauded Massachusetts's "opportunity to get to universal coverage."

Advocates and state lawmakers alike agreed that Massachusetts's accomplishment can be a model for other states. Even if the policies developed there do not work in other settings, the basic Massachusetts concept illustrates the fact that solutions are indeed attainable.

As RWJF describes in *State of the States,* community-based efforts also show great promise. Community organizers and advocates are increasingly working alongside business and health care leaders to fill coverage gaps with creative, localized solutions. While the Massachusetts experiment plays out, these community-engineered approaches might also illuminate solutions that could be duplicated elsewhere—perhaps even nationally.

The Urgency Grows

The need is more urgent than ever. RWJF, having studied recent coverage trends, released its findings in a report called *Shifting Ground: Changes in Employer-Sponsored Health Insurance.*[5] Among the most alarming conclusions are these:

- Individual health insurance premiums in the United Stares increased 42 percent between 1998 and 2003, reaching $3,481 in the latter year.
- Between 1998 and 2003, the number of workers who enrolled in their employer-sponsored insurance plan declined by 3 million.
- Uninsured people cite cost more than any other factor in deciding to forego insurance coverage, even when it is offered by employers.

The perhaps most important (but least surprising) finding is that virtually all adults *want* to be covered. So much for the myth that many adults forgo coverage because they are healthy and prefer not to spend their money on insurance. In reality, according to the RWJF study, less than 2 percent of uninsured adults indicated that they have no need for insurance.

The fact is, everyone needs insurance, but far too many people who are fully employed and would like to have coverage simply cannot afford it. Of the estimated 48 million adults who spent any time uninsured in the past year, 67 percent were members of families in which at least one person worked full-time, according to a study released in April by the Commonwealth Fund, a foundation that works to improve health care coverage and quality.[6]

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The results from focus groups and other public opinion research continue to validate the fact that most people do not realize how many of the uninsured are in working families. The general public also is surprised and even shocked to learn the IOM's estimate that some 18,000 people die annually for lack of adequate health insurance.

Those of us who support coverage for all must redouble our efforts to educate the public. These messages and others like them can help move our families, friends, colleagues, neighbors, and others to recognize the urgency of addressing this problem and creating a health care system that truly works for everyone.

Resources Are Available

Among the resources made available by the Covering a Nation initiative at this year's Catholic Health Assembly is a series of tested messages that will resonate with the audiences we need to reach. These messages can be used in conversations with media; speeches to community and business organizations; and communications

from your hospital, health system, or long-term care facility.

Also included in the Covering a Nation resource kit is a leading practices submission form we will use over the coming year to identify and document the initiatives we are undertaking in our communities to expand access and coverage. Until a national, long-term solution is developed and agreed on, local coalition and community-based efforts to expand access and coverage are critically important for vulnerable populations that cannot wait on the federal government to ensure they can obtain health care.

So what can we do, as a ministry and as individuals, to keep the conversation moving and mobilize one another to take action? Here are some suggestions:

- Continue to work in communities and local coalitions on coverage/access initiatives that help fill the gaps. Tell the story about your successful efforts so they can be duplicated elsewhere.
- Facilitate and participate in community dialogues that enable us to have productive conversations about our health care future. The Covering a Nation resource kit includes a series of resources to help convene dialogues.
- Make CTUW a year-round commitment. Enrollment fairs can be staged at any time. They represent one more way that Catholic health care reaches out to the communities it serves.
- Use the tested messages in your communications and conversations. The more we send a consistent and validated message, the more traction we can get.
- Write often to your member of Congress describing why health care reform is an urgent national priority. You can use CHA's e-advocacy tool, which is available on the web site at www.chausa.org.
- Provide feedback this summer to the Citizens' Health Care Working Group, which is collecting public input on the health care system and will send consensus recommendations to President Bush and Congress at the end of the year. Visit CHA's website (www.chausa.org/workinggroup) to log your comments so that we can keep track of ministry participation.
- Maintain an organizational commitment to advocate the creation of coverage for those who don't have it. Then tell the story of your outreach efforts to community leaders and lawmakers. ■

NOTES

1. Robert Wood Johnson Foundation, *The Coverage Gap: A State-by-State Report on Access to Care,* Princeton, NJ, April 2006, available at www.rwjf.org/files /newsroom/coveragegap0406.pdf.
2. Institute of Medicine, *Care without Coverage: Too Little, Too Late,* National Academies Press, Washington, DC, 2002, p. 162.
3. Robert Wood Johnson Foundation, "Report Reveals Unhealthy Gap in Access to Care between Americans Who Have Health Coverage and Those Who Do Not" (press release), April 25, 2006, available at www.rwjf.org/newsroom/newsreleasesdetail.jsp?id=10407.
4. Alice Burton, et al., *State of the States: Finding Their Own Way,* State Coverage Initiatives/Robert Wood Johnson Foundation, Princeton, NJ, January 2006, available at www.statecoverage.net/pdf/stateofstates2006.pdf.
5. Robert Wood Johnson Foundation, *Shifting Ground: Changes in Employer-Sponsored Health Insurance,* May 2006, available at www. rwjf.org/files/research/ctuwfinalresearchreport2006.pdf.
6. Sara R. Collins, et al., *Gaps in Health Insurance: An All-American Problem,* Commonwealth Fund, New York City, April 2006.