

Community Values Communication Toolkit

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Health Care Talking Points and Messaging Examples

Community Values are a natural fit when we promote an inclusive health care system. The very nature of health insurance rests on the idea that when we share risks and benefits across a vast and diverse pool of people, we all benefit. We need to describe health care as a common resource that's stronger and fairer when we're all in it together: a system that works for everyone when everyone's included.

However, the health care industry and even advocates often frame health care as a consumer good. This reinforces a competitive and individualistic mindset. It implies that people without quality health care are just bad economic competitors. We need to emphasize Community Values over consumerism.

Another useful approach is interconnectedness. Many want universal care, but worry it will reduce their own access and quality of care. The truth is that we're all safer when everyone is healthy. And inclusive solutions will save money down the line. However, we should be careful not to imply, even inadvertently, that the only reason we should provide care is so that "others" do not infect the general population. In the cases of immigration, or urban segregation, that argument perpetuates stereotypes. It also works against the idea that "we're all in it together."

Using the Value, Problem, Solution, Action Model

- Value:** When it comes to health care, we're all in it together. We're a stronger nation when everyone has the health care they need.
- Problem:** So when 47 million Americans lack health insurance, our whole nation's health and prosperity are at risk.
- Solution:** We need policies of connection in our health care system that will guarantee access to affordable health care for everyone in our country.
- Action:** Ask the presidential candidates if they'll embrace Community Values and guarantee health care for every single member of our nation.

Messaging Examples

- Embracing Community Values means creating a health care system that works for everyone. Anything less leaves people behind to suffer poor health, bankruptcy, and even early death. We thrive when everyone moves forward, so making sure health care is available for everyone is critical to our nation's success.
- Health care reform should create a system that works for everyone. That means health care has to be universal, free of racial and ethnic bias, comprehensive, and designed to meet community needs. If one element is missing, the system is incomplete. For example, we might expand insurance to everyone in a state, but that doesn't mean everyone is getting the same quality of care. We need policies of connection here, that look at and address all the pieces of our health care system equally. In taking a true Community Values approach to health care, we can't overlook quality, access or other important issues when we think about coverage.
- Americans agree that everyone deserves an equal chance in life. But too many children start off with limited opportunity to keep and maintain good health. This limits all their

future opportunities. Children need to be healthy in order to learn, grow, and participate fully in our society. Our current system focuses on policies of isolation. It tells families and children to go it alone when it comes to health care. This system is failing our country's children, especially those from low-income and families of color. It's not right and it's not in our country's interest.

- When it comes to health care reform, we need to knock down any barriers based on income, race, gender and other aspects of who we are. There's a lot of evidence that people of color and people in low-income areas don't have the same access to or quality of care as others. The research says this is true *even when they have the same health insurance*. Community Values demand more from us than this. It's only sensible, fair, and right that we find solutions that offer quality care to everyone.
- When it comes to health care, it doesn't make sense to force people to "go it alone." We need to promote a Community Values approach. When we spread resources fairly, everyone gets the care they need before problems become costly and more difficult to treat. All social insurance rests on this idea of pooling resources and sharing risk as broadly as possible, recognizing that we're all in it together. This is particularly important in health care.
- If we care about Community Values, we care about putting people first in health care reform. Our system needs to consider human and community needs first and foremost - not short-term financial gain. This will pay off in the long run. We'll have a healthier society with fewer preventable illnesses to manage, for one. More importantly, caring for people over money is just the right thing to do.
- Our history shows that we're stronger when we tackle tough issues together. When we have worked together for clean and healthy drinking water, to provide child immunizations, or to reduce smoking, we've all benefited. We're currently looking for ways to address childhood obesity together. We know that this Community Values approach will work better than telling families to figure it out on their own.
- History shows we move forward when we invest in an effective partnership between government and our people. Think of child immunization programs that have wiped out devastating diseases in our country. Think of our Social Security system that has enabled millions of seniors to stay out of poverty. Medicare has kept them safer and healthier without regard to their wealth, race, or region of the country. Think, even, of the interstate highway system, which connected us as a single prosperous nation. To address our health care crisis effectively, we need to invest in those kinds of policies of connection.

Health Care Fact Sheet

Some Things Work Better When Everyone Participates

Americans strongly believe in individual responsibility and self-determination. But we also understand that a strong and cohesive community is essential to helping individuals achieve their dreams. When we care about the progress of all members of our society, our focus is no longer just about personal success but also about our success as a people. The interdependence of individuals and communities is embodied in our nation's founding documents, in international human rights principles, and is a central teaching of virtually all of the world's major religions.

We therefore have a history of finding common solutions to common problems. We recognize that there are certain things – from public transportation to national defense, from protecting human rights to providing public safety and essential services for all – that we cannot do on our own as individuals or as individual cities, states, or corporations. Health care is among the best examples of a problem where common solutions supported by community values are better than individual solutions proffered by the “go it alone” mentality.

Americans spend far more per capita on health care than any other country in the world, yet the U.S. health care system performs poorly compared to those of other industrialized nations. Our system provides less quality, less access, less efficiency, and less equity than others do. One significant reason is our failure to provide any health insurance to nearly 45 million people and to provide adequate insurance to 16 million more. There are several reasons why everyone hurts when high numbers of people are uninsured:

- A lack of health insurance creates staggering human and economic costs for the uninsured, for the insured, and for entire communities and their institutions. People who lack insurance or are underinsured often have trouble getting quality health care in a timely fashion, which hurts their health and consequently the nation's health and productivity. The Institute of Medicine estimates that the aggregate annual cost of poorer health and shortened life spans attributable to uninsurance is between \$65 billion and \$130 billion.¹
- If they do receive care, uninsured patients are more likely to receive wasteful and duplicative care because of a lack of care coordination.
- Efforts to improve the quality and efficiency of care for all are hampered when differences in insurance coverage mean that quality measurement can't be applied equally for all patients and all health care settings.
- Society as a whole pays for the costs of caring for the uninsured, which often happens in emergency rooms and is often the result of treating preventable illnesses. Billions of dollars in uncompensated care are financed through pools of federal, state, and local tax revenue and a large amount of cost-shifting to other payers. A report by Families USA finds that in 2005 premium costs for private employer-provided family health insurance

¹ Institute of Medicine, *Hidden Costs, Value Lost: Uninsurance in America* (Washington, D.C.: The National Academies Press, 2003).

coverage rose by \$922 due to the cost of caring for the uninsured, while premiums for individual coverage cost an extra \$341 for the same reason.²

Because our society has failed to guarantee affordable health care for everyone, a growing number of people in the United States—including those in working families—lack access to health insurance. This makes access to health care less secure for everyone. Here's the evidence:

- Some 52% of workers do not enroll in employer insurance plans because they are too costly.³
- Insurance premiums have increased at a higher rate than overall inflation and workers' earnings for most of the last 15 years.⁴
- Since 2000, premiums for family coverage have increased by 59%, compared with a 9.7% increase in inflation and 12.3% increase in workers' earnings.⁵
- The percentage of U.S. families who receive health insurance coverage for the entire family has also declined, and an increasing number of families are relying on public sources of health insurance such as Medicaid or the State Child Health Insurance Program to provide coverage. This is the case even though one or more other family members may continue to receive employer-sponsored health insurance.⁶ State and federal sources are therefore increasingly subsidizing health insurance for families who work.

Despite these alarming trends, the solutions that some politicians propose to address the insurance crisis are primarily focused on individuals – such as tax breaks for those who can't afford to purchase insurance, or state mandates to purchase insurance. These strategies pit individuals against each other and fail to develop a system that works for everyone.

Common solutions to the health care crisis in the United States emphasize strategies to guarantee coverage to all, regardless of ability to pay, and share costs and risks broadly so that everyone can receive the care they need. Some of the principles of these strategies:

- Guaranteed affordable coverage for all is essential to “placing the system on a path to high performance.”⁷ Everyone who lives in the United States should have health insurance to ensure that everyone gets the care they need, and that uncompensated care

² Families USA, “*Paying a Premium: The Added Cost of Care for the Uninsured*” (Washington, D.C.: Families USA, 2005).

³ Henry J. Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured, “Key Facts: Uninsured Workers in America,” July 2004 (<http://www.kff.org/uninsured/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=44470>).

⁴ Henry J. Kaiser Family Foundation, “Trends and Indicators in the Changing Health Care Marketplace,” 2004 Update.

⁵ Kaiser Family Foundation and Health Research and Educational Trust, “Employer Health Benefits: 2004 Summary of Findings” (<http://www.kff.org/insurance/7148/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=46287>)

⁶ H. Boushey and J. Wright, “Public Versus Private Health Insurance,” Health Insurance Data Briefs no.5 (Washington, D.C.: Center on Budget and Policy Priorities, April 13, 2004).

⁷ S. R. Collins, Universal Health Insurance: Why It Is Essential to Achieving a High Performance Health System and Why Design Matters, Invited Testimony for the Committee on the Budget, United States Senate Hearing on "Health Care and the Budget: The Healthy Americans Act and Other Options for Reform," June 26, 2007.

costs don't drain resources and decrease the efficiency of hospitals and health care systems.

- Risk should be shared as broadly as possible to ensure that our health care financing is as efficient as possible. Private health plans seek to segment the population and insure only those who are healthiest and least likely to incur health care costs. This leaves millions of individuals with pre-existing conditions or health risk factors vulnerable to higher costs and inadequate coverage in the private market.
- Large risk pools have more leverage to negotiate with health care providers to create coherent policies and fair payment rates for health services and pharmaceutical products.
- A universal health care system is far more likely than our currently-fragmented systems to create goals and incentives that “move all participants in the system in the same direction—toward improving access, quality, equity, and efficiency for everyone.”⁸

⁸ Ibid.

Applying Community Values to a Health Care Op-Ed

Op-eds are your chance to speak through the news media directly to policy makers, your constituents, and other target audiences. In communicating Community Values through op-eds, we encourage you to find the connections between health and other things people care about, such as education, opportunity and strong communities. Underscore how we're all in this together and how a fair system ensures that we all get the care we need. Finally, consider including a human rights angle, which implicitly ties us all together, reinforcing both Community Values and a moral approach. In addition, research shows that most Americans see health care as a human right.

The following op-ed was written in response to a plan put forth in New York State in 2006 to reorganize the state's hospital and clinic system. The plan promised to close many hospitals and advocates feared that those in low-income communities and neighborhoods of color would be particularly vulnerable. In an effort to point out the current inequalities in our system, the authors relied on community, human rights and legal frames.

Don't Close Hospitals - Close the Gaps in Health Care for All New Yorkers

A recent poll found that 89% of New York state residents consider health care a right. Watching analysts and administrators argue about a state commission's recommended hospital closures this week, we can't help ask why everyone isn't more consumed with making that right a reality.

Access to quality health care is essential to realizing our full potential as individuals, families, communities, and as a society. It makes us stronger as a city and state, as well as a nation. Our children learn more effectively when they come to school healthy and strong. Our workforce is more productive and our economy more robust when workers and their families receive quality care. And the affordability and quality of the health care that all of us receive improves drastically when our system prevents and treats health problems early and through regular, rather than emergency, care.

Any opinion piece needs to start with a hook that tells the audience why they should care about this topic right now.

Here, the authors tap into new opinion research that an overwhelming number of New Yorkers are comfortable talking about health care as a right. It then turns to the current event the authors want to address.

Here the authors draw on Community Values to emphasize the connections between good health care and our strength as a country.

By talking about education and the economy, they underscore that health care is not just about the insurance industry, or even our own challenges in getting health care. Rather, it's about us all and the way we function together as a society.

By leading with Community Values, the authors pose a positive vision of what a healthy society looks like, but also hint at the threat they intend to address.

Unfortunately, our health care system is suffering right now, and the recommendations for further hospital closures by the Commission on Health Care Facilities in the 21st Century threaten to make things much worse for all of us. Many New York communities, home to thousands of people, already lack access to basic health care services.

In this section, the authors set out the specific problem at hand. By naming it in the first paragraph, they have given themselves a little time to discuss values and vision before tackling the problem. Audiences need to see a positive vision along with a problem. Otherwise, they are likely to give in to issue fatigue, which happens when they are overwhelmed by societal problems, but see no viable solutions. Painting a positive vision first alludes to the solutions you will include later in your op-ed.

By allowing, and at times encouraging, the depletion of health care resources in certain communities, the State has illegally perpetuated a system in which low-income neighborhoods and communities of color are disproportionately left underserved, or not served at all.

In outlining the problem, the authors are also careful to assign specific blame, and thus tell us who needs to do something to solve this problem. Too often, problems float, with responsibility unassigned, so solutions are less clear.

Last fall, the State Department of Health allowed the closure of St. Mary's Hospital in Central Brooklyn, one of the neighborhood's few remaining health care institutions. It also declined to approve the offer of another hospital to preserve the facility. With this closure went an array of needed health care, including emergency, cardiovascular and maternal health services. The neighborhood, where one in four people live in poverty and 80% are African American, faces some of the greatest health care needs in New York City. The diabetes rate is a third higher than the city rate and the rate of people living with HIV/AIDS 60% higher.

Here is the place to bring out any hard hitting statistics that will bolster your case. However, it's important not to overwhelm with numbers. In this piece, the authors needed to illustrate the inequalities in our current system, and their relationship to race.

With the closure of St. Mary's, the state continued a 40-year trend in health care disinvestment and neglect in Central Brooklyn, while its population increased. From 1960 to 2000, the state's neglect allowed the number of hospital beds to shrink by 40%. Citywide, two-thirds of the hospitals closing between 1995 and 2005 served communities of color.

Audiences are often skeptical about claims of racial inequality. Providing hard data and statistics can help to change their minds.

Despite this dangerous pattern, this latest commission failed to address how to fix the system to meet New Yorkers' health needs. The commission instead focused primarily on hospital closings and consolidations, touting the money it hoped to save by decreasing beds.

This section also reveals a trend in hospital closures. In showing how single events represent a larger theme, the op-ed connects the dots for audiences. Clearly, reopening one hospital is not the answer. Instead, addressing the trend in closures is the solution they are promoting.

It's true that we can't allow our system to sink under the weight of uncontrolled costs. But research shows that investing in preventive care now will reap benefits in the future as patients will need fewer costly emergency services or long-term care for preventable and manageable conditions. And in communities suffering from a scarcity in health care services, hospitals often serve as anchors for needed preventive and primary care.

This section holds the authors' "to be sure" paragraph. It's here that you can, and should, acknowledge your opponents' strongest arguments, and refute them

Research also shows that closing hospitals probably won't save money, given the high costs of the proposed closures and mergers and the relatively inexpensive care that the community hospitals slated for closure give. Worse, it is likely that costs will actually increase, as more people seek care at larger teaching hospitals, where the expense of treating each patient is far higher."

You should be thinking about the protestations your readers might be forming at this point, and then state and address such arguments.

The bottom line, though, is that while we need a system that can support itself, our top priority must be a system that serves everyone equally.

This is different from arguing within your opponent's frame – don't adopt harmful language or give in to a point that isn't true.

Fortunately, it's not too late to create a health care system that works for all New Yorkers, aligns with our values, and adheres to human rights laws.

In this case, opponents had been using the term "right sizing" to describe hospital closings. Many advocates had been attempting to deal with this by arguing against that term. Doing so just reinforced the idea that the problem was the size of the system instead of inequality or fairness.

After dealing with the central argument, the authors take care to return to their values-based point.