



HEALTH CARE for ALL NORTH CAROLINA

Health Care for All NC

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www.healthcareforallnc.org

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External Links to Information

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[Forum Summary - Summary of our Fall forums w/comments & suggestions](#)



[CQ HealthBeat News - Health Benefits, Not Wages, Key to Increasing Coverage](#)

A Note from the President



As many of you know, Jonathan Kotch is on leave and living in Scotland. He sends his greetings and this article (the first in a series) on health care in Scotland.

Scotland benefits from a universal and comprehensive system of health care, available to all and free at the point of need. This approach continues to be supported by the great majority of people in Scotland, who value the fact that it provides services based on clinical need and not ability to pay.

How Scotland NHS works

- NHS services in Scotland are planned and delivered by 14 territorial NHS Boards. NHS Boards are statutory bodies, set up to ensure provision of health care in their area. This includes accident and emergency services, hospitals, and primary medical services as well as dental, ophthalmic and pharmaceutical services. Each Board is responsible for planning and delivery of these services in their area, and also for planning regional services between Board areas.
- Boards are corporate bodies and consist of a chairman

and other members appointed by Scottish Ministers. There are three categories of Board member - lay people appointed after a competitive process; "stakeholder" members who are appointed following nominations from specific organizations such as local authorities and staff representative bodies; and executive members who are appointed because of the job they hold in the Board (for example, the Board Medical Director).

- The NHS in Scotland is funded almost entirely from taxation, and costs around £10 billion a year in Scotland - about £2000 for every person in the country. Most of this budget is given out to NHS Boards to enable them to provide health care and related services in their area. Boards' budgets enable them to employ staff, pay contractors such as GPs, buy drugs and equipment and run hospitals so that health care can be provided, free, to everyone that needs it. Boards are responsible for how they spend this money, and are free to set local priorities. But they must act within any legislation made by the Government and are expected to operate within national policies and priorities set by the Government. The Boards are accountable to the Government for their performance and how they use the money, and through the Government to the Scottish Parliament and the people of Scotland.

Congratulations to Verla Insko



The N.C. Community Health Center Association presented its 2007 Legislative Award to state Rep. Verla Insko (D-Orange) in March at Piedmont Health Services in Carrboro. Insko sponsored bills last year to provide \$15 million in grants for safety-net providers and create a high-risk health insurance pool. She introduced legislation to provide health insurance to more of the state's uninsured children. She sponsored a bill to amend the state constitution to recognize residents' right to health care. Insko is an advocate for behavioral health services, leading legislative efforts to improve North Carolina's mental health system.

Health Link

Kaiser Family Foundation has a side by side comparison of presidential candidates health plans. Go to <http://www.health08.org/sidebyside.cfm>

A Message from the Vice President



In the last twelve months we've started a constituent advocacy program which has generated much interest around the state. Another major program initiative was organizing Regional Fall Forums which were titled "Reforming NC Health Care

Part One: Building Common Ground". Cosponsors with Health Care for All NC were the NC Community Health Center Association, NC Nurses Association and the NC Pediatric Society.

Messages promoting the Forums said, "Health care for all is coming. What hasn't been decided is who will direct the change - the government and the health insurance industry or health care professionals and informed consumers?" The Forums showed we have great opportunity to broaden the tent of supporters for real reform.

Input from the forums has shaped a new version of legislation, H1897 or "Health Care Planning Council". Rep. Verla Insko, a Board member of Health Care for All NC, will resubmit H1897 in the short session of the Legislature. This will give members of the General Assembly the opportunity to co-sponsor and claim their support for important reform during an election year. The bill would significantly increase the role of health care professionals and consumers in our health care system.

OPPORTUNITIES

Giving Input

Follow-up on the Forums includes a survey to be posted on the NC Community Health Center Association's web site (www.nchca.org). It will allow members of the Fall Forum sponsoring organizations to give feedback on the principles that were developed during the Forum discussions. Feedback from the survey, future

town hall meetings and the summary from the forums will all be used for advocacy during the upcoming Legislative session.

Meetings

We are excited about helping organize more town hall meetings. For church groups and other groups meeting with limited time, a cook book guide for a one hour town hall meeting is available. It is entitled "Reforming NC Health Care Part Two: The Constituents' Voice." For groups which can hold 2 ½ hour meetings, an expanded version based on the Fall Forums is available. Let us know if your organization is willing to host a Town Hall Meeting. Discussion summaries are excellent materials to give to legislative leaders.

Two over Ten: A Constituent Advocacy Program

The constituent advocacy program developed by Health Care for All NC is called Two over Ten. Constituents commit two hours of computer time which is spread over ten weeks. They generate weekly e-mail messages, with basic message supplied by HCFANC, to their representatives in the General Assembly. In addition, each week local volunteers go to the General Assembly and deliver fact sheets, over the constituents' signatures, to reinforce that week's e-mail message.

This year's messaging will start in early April and will be focused on supporting H1897 "Health Care Planning Council." If you are interested in participating, contact Bill Brooks at bill.brooks@earthlink.net.

Support

It takes money and members to cause change. You can join HCFANC or make a donation on our web site "healthcareforallnc.org". When you make a donation, e-mail Ken Wilson our Executive Director and let him know you've made a contribution.

Upcoming Events

HCFANC Advocacy Training April 29th from 7-9 at the Durham Main Library.

Volunteer Spotlight



Betty White

On Finance

I first became aware of HCFANC in December 2007 when I received an intriguing e-mail from Jonathan Kotch. Jonathan and I had served together previously on the board of a not-for-profit and I thought highly of him. Jonathan said he had an opportunity for me to use my accounting and bookkeeping skills to help a deserving organization and wanted to know if I was interested. When I learned that the mission of the organization was to advocate for health care for all North Carolinians, I told him I would be very interested. This is a problem of concern to me and although I would prefer a national plan I agreed with him that the state level might be a good place to start.

Jonathan told me that the organization had recently received two grants in support of their mission, but these grants required a higher level of accounting. They needed some professional support but with budget constraints they were hoping to get some volunteer help. As it happened the timing was good as I have finally completely retired after over 30 years in public accounting and had some free time.

Beginning with the new year, I have revised the accounting system to allow for tracking the use of the funds received under the two grants. I am now keeping the financial records of HCFANC which gives the treasurer more time to spend on other activities.



Wanda Hunter

On Development

Health Care for All NC is delighted to have two busy professionals who have volunteered to head up our development efforts. Wanda Hunter & Andrea Vizoso bring the experience and discipline necessary to help us as we increase our efforts to secure health care for all.

When asked why she chose to add HCFANC to her busy schedule, Wanda replied, "I'm volunteering for HCFANC because it's clear that our state (and nation) are in the midst of a health care crisis and I want to support those who are working toward solutions that will include health care for all. Andrea and I are working with the Board to help meet fundraising goals, mainly by helping to develop materials and events that will increase awareness of HCFANC's activities in building grassroots support for H1897 and its core principles".

Interested in putting your skills to work?

Contact us via our website
www.healthcareforallnc.org

or

Ken Wilson - Executive Director
ExecDir@healthcareforallnc.org
 919.338.2535

Health Link

Families USA is a source for what other states are doing to reform health care.
<http://familiesusa.org/resources/state-information/expansions/>

United Health Foundation ranking of states' health care can be found at
<http://www.unitedhealthfoundation.org/>

America's Unstable Health Insurance System: Recommendations for Increasing Stability and Coverage. March 12, 2008 Heritage Foundation article on what one of the more influential conservative positions is on health care.

<http://www.heritage.org/Research/HealthCare/bg2115.cfm>

Regional Forum Results

[click here to see the full report](#)

Fall Forums 2007 were held in Asheville, Greensboro and Raleigh, co-sponsored by Health Care for All NC, NC Community Health Care Association, NC Nurses Association and NC Pediatric Society. Participants included medical professionals, advocates for reform, public health, safety net administrators and business people. An excerpt from the summary is below, and the full summary is on our website.

There was spirited discussion on the meanings of certain words and phrases. Providers and activists see different nuances. In small group discussions, disagreements remained on certain meanings. Yet, there was broad agreement on key principles.

Health care decisions are disproportionately dominated by the health insurance industry. There was overwhelming support for increasing the power of providers and educated consumers. Increased roles for authorities on care, such as providers, health care economists, informed consumers and ethicists, were listed frequently as goals of reform. There was collective ambivalence about the health insurance industry's participation. It is a) unavoidable b) appropriate or c) they should participate as an (potential) administrator. There was strong but not unanimous opposition to the insurance industry as a decider on appropriate care.

Authorities with expertise in health care should have more power in creating, monitoring and overseeing an evolutionary health care delivery system. Currently too much power is in the hands of groups with an administrative background. There is a need of administrative input.

Informed consumers should have a place in oversight. Many people were aware of NC Community Health Center Association models involving providers and consumers.

Consumer "literacy" is driven by commercials and consumers should have greater awareness of cost/benefit. Many felt misinformed consumers tend toward over-utilization and some consumers treat safety net health care as an entitlement. There was strong support for reducing financial barriers to access, including for treatment of behavior based health issues. There were no expressions of restricting availability of options. There was some support for limits on system payments. Some suggested payment limits could function as discipline, positive reinforcement or cost controls.

Personal responsibility means the consumer must be an active and informed partner. This includes the appropriate placement and share of the financial contributions.

The system is too politicized. Special interests get unwarranted consideration by influencing the political process. This includes the health insurance industry and durable goods. Consistent funding, appropriate compensation and reimbursement are issues. The legislative process is slow and tends to generate bureaucracies by putting "patches" on the health care system.

Concerns about future model:

- Coverage
- Resources
- Abuse
- Health insurance industry
- Compliance
- Consumer literacy
- Politics

Executive Director Report



Over the past several months we have taken steps to move HCFANC to the next level of advocacy. We have spent numerous hours revamping our communications, reworking our website and newsletter, strengthening our financial accounting/reporting and streamlining our organizational structure. Some of these changes are visible to our members and outsiders while others produce magic behind the scenes. As we grow many of these improvements will need continued attention from staff and volunteers. In combination they all will allow us to recruit more members and strengthen our advocacy on the issue of achieving health care for all. In order to achieve this goal we need new members and current members to actively support the effort.

Our community organizer Theresa El-Amin has been hard at work in the Chapel Hill area recruiting new members and providing information on HCFANC. We will continue these efforts in the coming months. As we move forward we would like to offer special thanks to Betty, Wanda & Andrea (see volunteer spotlight) for their work. Although they are not the only volunteers who give of their valuable time to support the HCFANC vision, they are the one we spotlighted in this issue. In the coming issues we will bring you others who drive this effort.

Although we have accomplished much we need many more supporters. We achieve our strength from our collective voice. You can help by giving of your time and financial resources. Our next big push will be our advocacy training (*see below*). This will be an opportunity for members

to become involved in the process of legislative advocacy.

Things you can do to help.

HCFANC Advocacy Training

April 29th from 7-9 at the Durham Main Library. Learn how to participate in our advocacy program. Training will be staffed by our lobbyist Paula Wolf and Theresa El-Amin.

County Organizing

We need help organizing in counties all over the state. Volunteers are needed to act as contacts for new chapters.

Graphic design and editing

If you have graphic and editing experience we need your expertise to help with both internet and print based materials.

Contact Ken Wilson at 1919-338-2535 or via e-mail at ExecDir@healthcareforallnc.org.

Board Members

Jonathan Kotch MD, MPH	Dennis Lazof Ph.D.
William Brooks	Wanda Hunter
Claudia Prose MD	Benita Edmonds
Rep. Verla Insko	Sarah Jordan MD
Jay Miller	Mysha Sissine
Shirley McClaine	Julian Wachs
Gary Greenberg MD	Eugene Barufkin

Staff

Executive Director
Kenneth D. Wilson JD

Community Coordinator
Theresa El-Amin