



VISION & VOICE

FAITHFUL CITIZENS AND HEALTH CARE

Raising Our Vision and Voice

PARTICIPANT MANUAL SESSION FOUR

OUTCOME FOR SESSION FOUR

You may leave this session with:

- A letter to elected leaders sharing a faith-inspired message on the future of U.S. health care.
- A list of questions for elected leaders that elevate faith values and point to issues of justice and fairness as we talk about health care.
- A commitment to next steps as individuals and as faith communities to help lead to change in health care.

SOME ASSUMPTIONS FOR THIS SESSION

- Faith communities and individual people of faith can offer important perspective and leadership in making changes in U.S. health care.
- Our Faith Values + Our Active Citizenship (learning about issues, voting, etc.) = Power for Change

ELEVATOR SPEECH OR VISION CHECK-IN

1. How did you use it? If you didn't use it, what was the barrier for you?
2. How did it feel?
3. What did you learn that you can use the next time you have an opportunity to share your elevator speech in a conversation or written communication?
4. What connection do you see between this idea of using an elevator speech or vision statement and people of faith raising a faithful voice for change in U.S. health care?
5. What did you learn from hearing about others' experiences in using or not using their elevator speeches or vision statements?



LEARNING TO ASK THE QUESTIONS OF JUSTICE

Asking the difficult questions about justice in health care helps us better understand where our voices will be important. We begin this conversation with a quote that has been attributed to a number of sources:

- It is often said that the moral test of a society is how that society treats:
 - + those who are in the dawn of life— the children;
 - + those who are in the twilight of life— the elderly;
 - + and those who are in the shadow of life— the sick, the needy and the differently-abled.

With the moral values found in our faith traditions as the starting point, questions about justice and fairness can help us keep our government leaders focused on those issues which make the greatest contribution to the common good. Let's look at those questions:

- Remembering our most vulnerable populations— the children, the elderly, the sick, the impoverished, the differently-abled:
 - + Who is included . . . AND . . . the more important question: Who is excluded?
- Reflecting on the economic realities of U.S. health care:
 - + Who pays . . . AND . . . who pays the most in proportion to their ability to pay?
 - + Who profits . . . AND . . . who profits at the expense of those who cannot pay?
- Recognizing the political processes necessary to make change happen:
 - + Whose voices are being heard . . . AND . . . Whose voices are not being heard as elected leaders struggle with difficult decisions about how to make reform happen?

Example: As consensus grows about the inadequacy of our current system we're hearing numerous proposals for reforming U.S. health care. Many millions more people will be covered by each proposal and several mechanisms for financing the plans are suggested. When writing a letter, or attending a forum, here are some sample questions.



Mr./Ms. Elected Leader:

1. Does your proposal make affordable health care available to everyone?
2. If not, who is still excluded and how do you propose they get their needed health care?
3. Have you talked to uninsured families to find out what they consider to be affordable?
4. Have you talked with families who have insurance but don't get care because they can't afford deductibles, co-payments, or medicine?
5. What promises have you made to other health care stakeholder groups, like the insurance and pharmaceutical industries, to gain support for this proposal?

Case Study: Children's Health Care

Introduction: In September 2007, our country was home to 9 million uninsured children. Fall 2007 was consumed with debate over the Children's Health Insurance Program to cover children who were eligible but not enrolled in the program, plus 4 million children (still leaving 5 million uninsured). Some of the most contentious points of debate included: the payment mechanism, how "poor" a family had to be to qualify for services, and citizenship documentation.

What "questions of justice" could/should have been asked by people of faith?

WHAT IS DIALOGUE

In dialogue, we pay attention to the wisdom of the group. We listen for new thinking and ideas that help us address complex and challenging issues. A conversation is a dialogue when people in a group agree to:

- + Listen deeply to one another, giving full attention to each other, looking for common ground.

COMMUNITIES OF FAITH RAISING VISION AND VOICE

- + Respect the ideas and viewpoints of each person, trusting that others have part of the answer.
- + Give voice to their own ideas and thinking.

In dialogue, each person also monitors her/his participation, taking responsibility for getting her/his ideas out there, while making sure that others in the group have both the clock time and a respectful environment in which to share their ideas. In dialogue, we see changes in thinking and often see new ideas emerge.

Dialogue is usually in danger when people defend their point of view, assume there is one right answer, criticize others' thinking, ask questions that are really opinions or judgments, and look only for conclusions that agree their thinking.

Quoted from www.OurHealthcareFuture.org.

WHAT WILL SUCCESS LOOK LIKE?

Here is what success will look like for these Vision and Voice sessions:

- People of faith who participate in these sessions will have a deeper understanding of moral issues related to U.S. health care.
- Individuals and faith communities will have some tools to help them talk about the future of U.S. health care in a way that reflects the values of their faith traditions.
- Communities of faith will learn ways to share these messages in the media and election events.

For those participants and communities ready to take action, success for these sessions might also include:

- Your/our faith community— or a group of individuals within it— will commit to activities that will help keep health care front and center with elected officials as they engage in health policy reform.
- Your/our faith community— or a group of individuals within it— along with other faith groups will take action to help keep the conversation on health care active and growing in your faith community, local area, state and the nation.



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ADVISORY GROUP AND DESIGN TEAM

An Advisory Group and Design Team worked collaboratively to create this series. Organizations are listed for identification purposes.

Stephanie Beck Borden
Bellarmine Chapel
Cincinnati, OH

Linda Clark
St. Charles Borromeo Catholic Church
Oklahoma City, OK

Rev. Jackson Day
General Board of Church and Society of the United
Methodist Church
Washington, DC

Sara Dwyer, ASC
NETWORK Education Program
Washington, D.C.

Lauren Hamvas
Interfaith Partnership of Metropolitan St. Louis and Faith
Beyond Walls
St. Louis, MO

Aiman Janmohamed
Texas Impact
Austin, TX

Nancy Largent
Catholic Charities, Archdiocese of Oklahoma City
Oklahoma City, OK

Rachel Lustig
Catholic Charities USA
Alexandria, VA

Bee Moorhead
Texas Impact
Austin, TX

Mark Pelavin
Religious Action Center of Reform Judaism
Washington, DC

Ryan Rinn
Virginia Interfaith Center for Public Policy
Richmond, VA

Mary Schmuck, RSM
Catholic Charities of
Louisville, KY
Nazareth, KY

Jessica Weiser
Religious Action Center of Reform Judaism
Washington, DC

DESIGN TEAM

Michael Culliton
Center for Healthcare Reform, St. Joseph Health System
Orange, CA

Ed Gerardo
Bon Secours Health System
Marriottsville, MD

Ann Neale
Center for Clinical Bioethics, Georgetown Medical Center
Washington, D.C.

Rev. Linda Hanna Walling
Faithful Reform in Health Care
Cleveland, OH