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Policy Analysis Brief

Social Welfare Policy and Services

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Goal Statement

We are only afforded one body in this lifetime, and it is imperative that we are able to keep it healthy and well. A huge factor in doing so, though, is money. Next to finances needed to support change, awareness is one of the greatest catalysts for making effective change. It is important to first start by acknowledging that the cost of living has increased greatly. Not only has the cost of living for Americans increased, but so has the American governments debt. This leaves millions of Americans struggling to afford essential things such as food, clean clothing, housing, and health care. In order to keep a roof over their heads, millions of Americans have to cut corners financially. This may look like reusing the same winter coat from three winters ago despite the fact that it has holes in it and fits uncomfortable snug. This may also look like skipping dinner a couple of nights a week in order to save cash. This often, though, will look like an individual declining employer health care coverage in order to bring home more money in their paycheck in order to bring home enough money for the next two weeks. All of these are incredibly dangerous, and leave those affected in a vulnerable position, living paycheck to paycheck. COVID-19 revealed to us the utter importance of having health care coverage. The whole world was made aware of the fact that at the drop of a dime, anything can shift. That time also made us aware of our ability as a nation to think fast. Because COVID-19 was so unexpected, certain accommodations had to be made FAST to match the rising number of those

infected by the virus. We watched those numbers rise hourly and it was alarming. Just the same, though, we pulled through. COVID-19 will go down in history books for coming generations to read about and even study. Future students can see how America pulled together loans and resources at that time to meet the needs of our country. This is important because we know that in order to effectively move forward, we must study the past. Aside from COVID-19, America has faced many plagues, side effects and crises that involved the need for quick government action. America has also built its health care system from the ground up, making many revisions along the way. Some for the better, and some for the worst, unfortunately. Within this body, we will explore Americas current methods of addressing the needs of the people, as well as past policies and what we can do to further advance them. Ultimately, we want to take a deep dive into the past and present of American history in order to understand it on a deeper level. We then want to take our findings and come up with ways in which we can meet the needs of our America. We know that not everyone will be rich in this lifetime. To strive for that would be vain. Some would even say that the pursuit of wealth would be empty and vain. That is not what we are seeking. Ultimately, we are seeking to build an America in which no one has to sacrifice anything deemed essential. When one gets sick or hurt, they should not have to question whether or not they can afford a trip to see a medical professional due to the cost. Those with specific mental health needs should not be living in our America undiagnosed and without life enhancing treatment due to cost. That is no way to live. Quality of life for American people is something that should be top priority when considering any policy or reform. We should not have to make that the third or fourth priority due to money and politics. It is unfair and inhumane, to say the least. Our goal here is to understand Americas past, how it has impacted our present world, and what we can do to have adequate health care coverage for all in the future.

Scope of the Problem

America is living in the future. With the advancement of today's technology, most things can be provided with minimal effort. We can have a gourmet, 3 course meal delivered to our front doorstep in the course of forty minutes. We can send and receive money online. We can even spend hours chatting with a person who lives in a completely different time zone. While all of these advancements are wonderful, the more essential elements of life are still hard to access. Of the most important—health insurance. According to the nyc.gov website, one in every five adults in the state of New York are uninsured. This adds up to 20% or 1.2 million people in total in the state of New York who are left without coverage. This means that God forbid another pandemic was to happen tomorrow, those people would not have access to the necessary resources to help potentially keep them alive. This also means that if a medical emergency was to spontaneously present itself, seeking medical help will leave them in a financial bind. This is alarming. Threats to our health are everywhere. Every day, we unintentionally consume things that are weakening our bodies. Most foods are laced with chemicals. Most of our electronic devices are exposing us to unnecessary radiation. There is a significant amount of chemicals in the air, being unconsciously breathed in daily. The presence of the internet also poses a threat to our health in how it creates convenience. This convenience, though, is only leading to us becoming less active. A decrease in physical activity can lead to obesity and even depression. Many people are unaware of these daily threats to our health and how we can address them. For example, some people may be under the assumption that fruit punch, let's say, is a healthy choice. They may buy and keep it in their household for daily consumption because "the fruits are good for you." They may not know, though, that the fruit juice is filled with harmful sugars and dyes. One may

also love milk chocolate covered apples from the grocery store. They may continuously buy them because they are under the assumption that apples are healthy. Yes, apples are healthy, but continuous consumption of said apple loses its nutritional value once it is covered with milk chocolate. Phones, iPads and tablets are a source of entertainment for children. These devices can keep them entertained and quiet for hours. This may offer parents some much needed quiet time in the home. This may mean that every time the children get loud, inquisitive, or needy, the parent may hand them the device as a means of soothing them. They may do this unaware of the long-term impact that devices have on adolescent brain development. They may also be unaware of the fact that addiction to technology is a prevalent and rising issue in children. All three of these examples prove that as Americans, we unknowingly do things that are not good for our bodies daily. Keeping communities educated on how to take care of their mind, bodies and souls is necessary for communities to thrive in health and wellness. Even with knowledge, though, finances are one of the biggest links between adequate healthcare and communities. For many New Yorkers, they do not have health insurance due to the cost. They cannot afford to see the money come out of their paychecks. Making this sacrifice puts them at risk, but that risk may ensure their ability to keep a roof over their heads. Another issue standing between health insurance and New Yorkers is the fact that not all Americans are documented citizens. There are many people who came to this country illegally, in pursuit of nothing more than a better opportunity and a decent life. Not having proper documentation can stop this portion of New Yorkers from being seen by health care providers. Some may say that it is not Americas problem. This mindset is not productive. They are here and should not be deprived of essential human rights.

Past Policy (s)

In order to evaluate how we can make improvements in the future of healthcare policy; we must first go back in time to explore past health insurance policies. A great resource to further analyze Americas rich history in healthcare is the Kaiser Family Foundation. According to kff.org (the Kaiser Family Foundations official site), we see that health care coverage in America came into effect in the early 1900s. President Theodore Roosevelt made health care coverage one of his focal points in the year 1912. 1912 was also the year in which the National Convention of Insurance Commissioners created the first ever state law responsible for monitoring health insurance. Being as this was a new model; it took some time to grow and expand. It was not until the year 1921 that pregnant women were regarded as requiring health care coverage. A group of women reformers spoke with congress and brought this need to their attention which led to the passing of the Sheppard-Towner Act which led to the state pouring equal funding the prenatal needs of women. The Sheppard-Towner Act ended in the year 1929. 1929 was an impactful year in history due to the Great Depression. Just the same, though, the year 1929 was when what we know to be the Blue Cross was born. It first began as a prepaid insurance plan made for a small group of teachers. In the 1930s, health insurance began to take form. 1935 led to the passing of the Social Security Act. Being as the Sheppard-Towner Act was no longer in place, the Social Security Act picked up where the Sheppard-Towner Act left off and more. 1939 also led to the Blue Shield being developed. This was also the year in which the Department of Health and Human Services was developed. The 1940s were a significant time in health care coverage due to how it highlighted Americas values. This means that despite certain health care proposals being “on the table”, they were dismissed due to the fact that they would require desegregation. This was under the presidential run of Truman. Of the major developments in

healthcare coverage in 1949, the more impactful change was the decision on behalf of the Supreme Court to include employee benefits in when bargaining for policies. By the 50s, insurance coverage was beginning to come together. So much so that President Eisenhower made a proposal that those under private health care coverage could expand who else gets coverage under their policy. This was in the year 1954. In the year 1956, those in the military were able to have their loved ones receive government health coverage under them. This policy was called the Military Medicare Program. The year 1957 was when the first National Health Interview survey was sent out. The 60s led to the development of both Medicare and Medicaid. This was due to the fact that those who were of retirement age as well as the disabled were having a challenging time finding coverage that they could afford. Ultimately, any reform taking place was more geared toward the needs of the elderly during this time. In 1961, the Conference on Aging was held at the White House to further evaluate the needs of the elderly. This led to the proposition of the King-Anderson Bill. Medicare was split into two sections (A) which covered hospital care and some forms of home health care. Section (B) helped to assist with regular physician visits. Though America was beginning to see some great evolution in health care coverage, the 1970s was a time in which cost was a concern on behalf of policy makers. The year 1971 was when America saw wage freezes. In 1972, Supplemental Security Income (or SSI) began giving cash assistance to those who were elderly and disabled. This year also led to the expansion of who qualifies for Medicare coverage. Anyone ages 65 and under who were suffering from long term disabilities were included. In 1974, residents of Hawaii who worked more than 20 hours a week were granted health care coverage under the Hawaii Prepaid Health Care Act.

Ultimately, the year 1967 led to the passing of the Social Security Amendment. This meant that subcategories within Medicaid were created to ensure coverage for those who were not receiving any form of cash assistance.

In the recent past, the state of New York issued a penalty fee for those who were uninsured. This was despite the fact that those who were uninsured more than likely could not afford it. Adding a federal fee only contributed to the financial burden that many New Yorkers had been feeling. Though the intention was to encourage everyone to have coverage, it still created difficulty. This policy was eradicated in the year 2019 when the Affordable Care Act came into place. The affordable care act offered benefits such as allowing young adults who are under the age of 26 to be enrolled under their parents' health insurance, making check ups and shots for those enrolled free, and mandating insurance companies to cover all who have a preexisting condition such as breast cancer. In the year 1977, President Carter advocated that children under the age of 6 who were living in poverty be given health coverage. This would have been the Childrens Health Assessment Program but was ultimately denied by way of insufficient congress votes. In the 1980s, the Department of Health, Education and Welfare was reintroduced as the Department of Health and Human Services (also known as the DHHS.) The year 1982 led to Medicaid coverage being extended to children living with disabilities. This specifically pertained to disabled children who were being cared for in institutions. As we can see, by the 1980s, health care coverage was becoming inclusive and highly began considering the different needs of Americans. Past policies that were put in place in the earlier years begin to grow legs and include more people. Of the most important policies in the 1980s, the EMTALA went into effect. This act (also known as the Emergency Medical Treatment and Active Labor Act) required that hospitals provide services to all persons in the emergency room, regardless of whether they were

able to pay at that time or not. No one in need was able to be refused due to money. In 1986, Medicaid was extended to include infants, children and expecting mothers who were under the poverty level. This was made possible due to OBRA 86. Between 1990s and 1994, the Health Security Act went into effect. This led to coverage for all. Health care mandates also went into effect at this time. Many insurance carriers began to compete with one another during this time. This competition was said to have helped regulate the cost of coverage. This plan was spearheaded under the Presidency of President Bill Clinton and was not well received by the Democratic Party. In 1993, President Clinton began visiting the idea of reform with lawmakers. He appointed President Hillary Clinton as the Chair at that time. Health care was such a significant conversation at this time that the media began writing it into their scripts. This was seen in the show “Harry and Louise”, which was centered around an American family who was concerned about their coverage. This kept the conversation fresh in the minds of consumers. Despite all of these developments, though, findings from a 1997 Census Bureau Population Study revealed that 42.4 million (or 15.7%) of Americans still remained uninsured. The year 2010 is where the Affordable Care Acts origin can be traced back to. This took place under the Presidential run of Americas first black President Barack Obama. The overall purpose of this act was to ensure that by the year 2014, all Americans receive coverage. This meant that even those living in extreme poverty would still receive coverage under Medicaid. This also meant that anyone who was offered health care coverage through their jobs, but had to decline due to the cost, were able to receive affordable benefits elsewhere. This was made possible because of the American Health Benefit Exchanges. Another incredibly impactful outcome that came from this ruling on behalf of Obama was that healthcare providers were not able to charge people extra due to age or health status.

Current Policy (s)

Though the Affordable Health Care act carried many Americans for years, lawmakers are currently revisiting it in the hopes of greatly reducing funding for it. A large reason for this decrease in funding is due to the debt that the American government is currently stuck in.

According to the 2023 article “Fact Sheet: The Congressional Republican Agenda: Repealing the Affordable Care Act and Slashing Medicaid”, we are made aware that though it is not set in stone where the budget cuts will come from, past historical policies give us “clear evidence that healthcare will be on the chopping block for severe cuts” (www.whitehouse.gov). As a result of this drastic change, “Repealing the Affordable Care Act and Slashing Medicaid” lets us know that not only with health care coverage costs increase for Americans, but those who are elderly, disabled and in need of home care will soon be excluded from receiving proper care. If these efforts to cut funding are successful, nursing homes will see a significant decrease in the quality of care that patients receive. Waiting lists to even be afforded the option of care will grow extensively long. The article lets us know that this cut will affect about 60% of nursing home residents in this country. Those who are receiving treatment for substance misuse will also be impacted by this cut. We can also expect to see about 34 million children in this country miss out on care regarding their mental health. Lastly, we are made aware that in the event that these changes begin taking place, over 500 hospitals in rural areas could close down all together. Aside from things like cancer, viruses and mental illnesses plaguing our country (just to name a few), the current drug epidemic is killing thousands of people every day. Fentanyl poisoning is happening far more frequently than it should. This is due to the fact that even if fentanyl is not ones “drug of choice”, it is being injected into other harmful substances without consumers being

made aware. Millions have unknowingly lost their lives due to unknowingly consuming fentanyl. Cutting the cost for drug and alcohol treatment in this current climate will be deadly. With America as a whole being put at risk like this, we are in a dangerous place. As a whole, it seems as though America is regressing backwards, as opposed to progressively moving forward.

Proposed Solutions

In order to investigate what is being done to counter our broken healthcare system, the article “Health Care Reform” on the Peter G. Peterson Foundation website (or www.pgpf.org) was used as a resource. According to the article, America poured approximately eighteen percent of its resources into healthcare in the year 2021. Due to the aforementioned financial deficit that America is in, the country can no longer afford to maintain that. Some of the options listed to meet the needs of the people while still cutting costs are as follows: alter the way in which the federal government covers healthcare (such as making payment plans for clients who receive medical services.) Another proposed solution is to make healthcare recipients aware of the costs of medical expenses. The next proposed solution is to limit federal healthcare subsidies by keeping programs available but decreasing the costs. Some ideas to support this proposal are increasing the age of eligibility and putting caps on funding for Medicaid. The last solution proposal is to change the structure of government healthcare programs all together. This could be done by combining the aforementioned A and B sections of Medicaid into one larger pool. Having the funding go to one place as opposed to two separate subdivisions of Medicaid could greatly cut down on the need to spend. Restructuring could also mean making Medicare accessible through health insurance exchanges and “converting Medicaid into state block grants (www.pgpf.org).” Though it was not listed on the website as a proposed solution, it is

noteworthy to mention that a great solution proposal would be to involve the people in these discussions about policy. Though it is understandable that not every single detail should be brought to the public without thoroughly unpacking it. However, keeping Americans completely out of the loop and then imposing sudden reactive changes on them is not productive. It would also be helpful to have respected community members and thought leaders be involved in the decision-making policy due to their intimate knowledge of their communities. For example, some areas of America may have factors such as unclean water, or food deserts that are contributing to making community residents sicker which ultimately leads to a lower quality of life. If these incidents are isolated and not a national issue, policy makers may not consider them when making policies for America as a whole. This is why community involvement is essential. Community members see what politicians sometimes cannot. Another proposed solution is for policy makers to stay on top of changes happening. Maybe revisiting finances, the economic climate and so on more frequently can lead to more proactive policies, and less reactive policies. That partnership between government and communities can be a blessing for both parties involved.

Involvement of Local Communities

It is worth noting that every community is made up of brave nurses, doctors, CNAS, home health aides and more who are hands on in responding to the need for care by showing up to work every day. A great way in which local communities can get involved is by having community meetings and allowing these brave souls to offer insight. It would also help if residents of the community stuck together and had local town hall meetings discussing what is happening and who it is affecting. Awareness is important. Without awareness of these issues, we cannot make changes. Though there are no research findings that actively support the benefits of bridging the

gap between government policies and community involvement, we can still see the good that it would do. Having real human influence on policies will positively benefit them. This is because though some policies sound great on paper, those who are forced to live with them may have a different real-world perspective. There are many things to consider when writing policies, and the best way to know is to talk to those who are living with the changes. Outside of these local meetings informing communities about the changes in policy, educating Americans on health and wellness as a whole would make a difference as well. We cannot eradicate the infections, diseases, and disabilities currently plaguing Americans, but we can still learn to live a proactive lifestyle as opposed to a reactive one. Having community seminars in which health care workers speak to communities about healthy lifestyles may make a positive difference. Another way to involve local communities in this pressing matter is to have these conversations in schools. Educating children about these current time events and what they mean could lead to the next generation making positive changes. Communities could use spaces like libraries to host meetings. They could even put resources like pamphlets that are filled with information about why health care requires our attention right now, and some options that we have available could be made available in local libraries. These same pamphlets could also be distributed throughout hospitals, doctor's offices, schools, social service offices, the mail and more.

Involvement of Faith Based Communities

The involvement of a community's faith base can also make a positive impact on healthcare reform. Faith, according to Hebrews 11:1 located in the King James version of the Bible is "the substance of things hoped for, the evidence of things not seen." Having hope is crucial. Without any type of hope, communities have no real reason to seek change. The element of faith-based

voices that differ from that of science and research findings is hope. When people have hope, they are more motivated to get back up and try again. When people have hope, they feel more motivated to seek the changes that they desire to see in their communities. Taking on the task of inciting change will not seem as daunting because with faith and hope, one will keep in the back of their minds (even in the most difficult of circumstances) that “what we are working towards just might work.” Voices of hope in the community are uplifting. Faith based communities can also offer a form of aid to communities. Faith based organizations are exempt from government mandates in healthcare. This means that they are not as limited as non-faith-based organizations are in terms of resources and even funding. Being as churches are often pillars within their communities, faith-based leaders can advocate on behalf of communities better than, let’s say, an attorney general could. This is not to say that the faith-based leader is automatically more competent. But what sets faith-based leaders apart is their vantage point. Often times, faith-based leaders in communities have watched their communities change through the years. These leaders often times have Christened babies, and watch those same babies grow up and go off to college. These faith-based leaders may have had a man and a woman attend their church as children, and then marry the couple once they grow older and decide to wed. These people have also been responsible for aiding their communities in laying people to rest at their funerals. This intimate understanding of the communities that they serve makes faith-based leaders and advocates ideal in speaking on behalf of what the communities are in need of. Those who spend time in government appointed offices are necessary. We need every bit of wisdom and knowledge that they have. Just the same, though, as stated earlier in this policy brief, sometimes they are writing policies based off of what looks and sounds good on paper but is not hitting the needs of the community at large. The faith-based community could also be effective by speaking on these

changes in policies. One way this could be done is by hosting “town halls” in the churches once or twice a month. This could look like time being set aside during the week to have these discussions. For example, on a Wednesday (or any other day that is set aside for Bible study), church clergy could make it a point to have an open forum in which the community is being updated about what changes are taking place in policy. As stated, before in this policy brief, awareness is critical. They could then discuss their thoughts on the matter. They could even brainstorm about what resources they currently have and what they could do with those resources to come together and counter this impending health care issue. Some faith-based organizations may even be made up of local politicians, nurses, and doctors. It was suggested earlier in this brief to take all of the information regarding healthcare changes and what that means for the foreseeable future and compile it together into pamphlets. These pamphlets could be made accessible in local faith-based organizations so that all who visit can pick one up and take it home with them on their way out. Faith based communities are great in bringing people together. It would be ideal to utilize that benefit by taking advantage of the attendance of community members and having these conversations while they are all together in one spot. Looking at and listening to the statistics regarding the impending cuts in health care costs can be discouraging. This can be especially discouraging for those such as the elderly and disabled (amongst many others) who will directly feel the harsh impacts of these changes. Giving them a safe place to vocalize any concerns and anxieties is great. It is also great that not only can community members come together and voice any concerns, but they can also seek spiritual solace through prayer and fasting. Those who do live faith-based lifestyles are quite aware of the fact that “prayer changes things.”

Conclusion

There is hope for this country. Assessing how far the nation has come through the years lets us know that we are strong. America has made many mistakes along the way, but that does not mean that it is too late to make positive changes. Our America is filled with so many different cultures, skills sets, competencies and thought leaders who can insight change. The main thing that we need is unity between our government and the people. Regardless of whether or not one is in the Democratic Party or the Republican party—healthcare is something that will affect us all. Not only will it affect us, but those whom we love dearly. As we see in this policy brief, many changes and advancements have been made centuries before us. These changes impact us today. The same can be done for future generations. We can come together and work on this issue and make the world better for the children who are growing up in it now. The best way to start is by educating them too. Some of the key points here are to have these discussions about policy in schools, churches, and town halls. Even libraries. Make this information available to the people and gain insight from the people! There is nothing that we cannot overcome if we work together. Policy regarding anything is not something that should be gatekept by “the higherups.” Policy regarding people’s health should definitely not be gatekept by “the higherups.” Making our needs and wants visible counts. No one person or group can do this alone.

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