Health Reform Advocacy:
Change Brings Opportunity

Adam Searing, JD, MPH

Advocating for better health care has a long history in North Carolina. Today, new technologies are providing substantially different opportunities to create change. Advocates who wish to successfully reform health policy both nationally and in North Carolina should look to the past while considering the future.

The History of Health Advocacy—Two Examples in North Carolina

In North Carolina in the 1940s a sustained effort was made towards achieving affordable coverage for everyone under the banner of the "Good Health Plan." With an over 50% rejection rate of North Carolina draftees due to poor health, prominent doctors, public and private universities, health professionals, and politicians came up with a strategy for moving North Carolina forward. Governor and later US Senator Melville Broughton said in describing the plan, "The ultimate purpose of this program should be that no person in North Carolina shall lack adequate hospital care or medical treatment by reason of poverty or low income."[1]

Support from political leadership and such North Carolina legends as Frank Porter Graham was key to the effort. Graham and others traveled around the state to drum up support. Enlistment of celebrities like Kay Kyser, Frank Sinatra, and Dinah Shore also increased the public's interest. However Good Health Plan advocates faced a major hurdle to achieving the primary aim of universal coverage—there simply weren't enough doctors and quality hospitals in the state to provide state of the art medical care to everyone, even if people could afford it. Therefore, much of the lobbying push for the plan centered on expansion of a medical school and hospital (ultimately at the University of North Carolina at Chapel Hill) and expansion of other medical facilities.

Despite the rhetoric, the Good Health Plan was ultimately an advocacy effort that, while it drastically improved quality and access to care, failed to achieve its primary purpose. North Carolina had the will to build health care institutions and expand medical, dental, and nursing schools, but not to guarantee universal coverage. Advocates ran up against the already strong opposition of doctors to larger government participation in health coverage plans—the socialized medicine objection—and a state that was still largely poor. The top-down nature of the advocacy effort probably contributed to the failure to achieve the coverage goal as well. Once the professional schools and medical facilities were on the road to expansion, some of the strongest advocates for change dropped their pressure, feeling the expansion of the training pipeline was enough.

In 1993, 50 years after the Good Health Plan effort, North Carolina had changed drastically. Not only were many of the facilities envisioned in the Good Health Plan constructed, but some had become nationally-renowned hospitals and medical schools. North Carolina had become a much wealthier state —at least in its most urban areas. Poverty had declined—again disproportionately in the urban areas—and North Carolina was in danger of losing its dubious distinction as the state with the highest number of outhouses in the country. Establishment of Medicare and Medicaid by the federal

> *"Health reform is possible and, given rising health costs and the state of the economy, necessary. New media techniques and tools can give health advocates an edge to overcome some of the barriers of past reform attempts."*

Adam Searing, JD, MPH, is a project director at the North Carolina Justice Center's Health Access Coalition. He can be reached at adam (at) ncjustice.org.

government combined with state Medicaid participation and expansion to push down the uninsured rate to 15% of North Carolinians (1.1 million people).[2]

Nationally and at the state level, the year 1993 seemed ripe for another push at reform and consequently the General Assembly established the North Carolina Health Planning Commission. The Commission was charged with "developing a universal health care program to provide all North Carolina residents access to quality health care that is comprehensive and affordable."[2] The Commission gathered some of the most prominent and active individuals in the state interested in health care issues. However enormous amounts of work in 17 committees and subcommittees failed to produce a clear plan for universal coverage in North Carolina; there were serious disagreements over financing and the type of reforms that should be proposed.

Unlike the Good Health Plan effort, from 1993-1995 the political leadership of the state was not enthusiastic about the Planning Commission's efforts. Lacking not only broad public support but also strong political support, the Commission dissolved without sparking significant change. The charge of the Commission, to expand health coverage for largely lower-income state residents, also didn't include the bright new major public facilities that attracted many advocates of the Good Health Plan.

In the end, neither of the two biggest state-initiated efforts in the 1940s and the 1990s to guarantee affordable coverage to all was successful. The biggest factor in both failures was the lack of strong and continuing public support for truly affordable health coverage for all. With no broad base of public support for the changes needed for reform, strong special interest groups (physicians in the 1940s and the insurance and pharmaceutical industries in the 1990s) were able to prevail and block major change.

Other outside factors also played a major role in diverting North Carolina from the goal of universal coverage. National pushes for health reform played a dual role, by diverting the state from efforts to expand coverage based on the belief that national reform was the most effective solution. Each failure of national health reform then reverberated at the state level, dampening the desire for change.

Since the 1993 effort, health advocacy in the state has had less ambitious aims. Preservation of coverage under public programs and in nonprofit health insurers and institutions has been paired with efforts at improving quality, encouraging preventive care, and controlling costs. The most significant expansion of access—the federal/state children's health insurance program (SCHIP or Health Choice in North Carolina)—is largely funded federally and has been closed to new children in North Carolina at least once. Beyond SCHIP little appetite has been shown by either the political leadership or the public for any sort of broad expansion of health coverage in North Carolina over the last 15 years.

Technical Change Brings Opportunity

The technical methods and tools of advocacy have changed drastically in the last decade. These changes can provide an opening to overcome the roadblocks to reform experienced by previous major health advocacy efforts.

Extensive use of email newsletters has enabled broader and easier communication with members of advocacy organizations, the press, and the public at large. Increasing access to the web has meant information travels much more freely. Articles and opinion pieces formerly read by the readership of only one publication can now be distributed widely. Organizational and individual creation of news and opinion on blogs provide an outlet for enormous amounts of information and commentary from every type of advocate and interested party. Most recently, increasing broadband access coupled with the emergence of video-sharing websites like YouTube has enabled activists and politicians to speak directly to the public in ways that simply weren't possible even three years ago. Finally, social networking websites like Facebook enable quick propagation and sharing of news, video, comments, and activities between fast-growing groups of people and organizations.

This explosion in the ability to communicate in new ways and new formats directly with members of an advocacy organization and the public at large has another major component: it is not a one-way street. Opportunities to post on blogs, answer the authors of newsletters, comment on mainstream news stories, post response videos, and generally jump into the information explosion have made activists out of many people. With public interest in health care reform rising, these new media formats are creating new ways for the public to band with traditional health advocates and work together for change.

The Way Forward

Health advocacy in North Carolina's second 21st century decade will be in some ways much different than previous efforts. Although one important component will remain the same—the effort to involve as many individuals as possible through outreach efforts—the techniques and methods will be very different. A key part of this difference will be the attempt to win the "battle of ideas." This is the struggle to define the debate around the health issue in a way that moves the public towards the idea of affordable health care for everyone. Health advocates can make use of this technology to overcome, at least in part, the huge advantages enjoyed by powerful health care interests that helped doom the previous two major efforts at health expansion in North Carolina. There are three parts to this strategy:

1. **Blogs**
   Increasing use of blogs established by health advocates as a go-to source for opinion, debate, and information is critical. However, a blog is only as effective as the number of people who actually read it. While there are many interesting and

well-written blogs, this is no guarantee of success in attracting readership, which is what truly helps advance advocacy goals. Blogs on health care issues must be timely, informative, amusing, well-written, and consistently published. New information must be provided as frequently as possible. Ideally this would be every hour or two, but at the very least, several times a day.

Well-read blogs can also be a portal for the public to obtain documents and other information that would not be published or available anywhere else. For example, background documents and information referenced in a news story can easily be made available through links on the blog, adding credibility to criticism and favorably framing the debate.

A blog can also function as a place where news stories are written and broken and not just a collection of commentaries on the news of the day. This is becoming especially important as traditional news portals in the mainstream media continue to narrow coverage and cut costs. When major news outlets no longer have staff dedicated to reporting health issues, room exists for health advocates to investigate and break news themselves. Advocates obviously have their own agendas and resource limitations as to how and what stories they will tell, but the alternative, increasingly, is no coverage at all. Depending on availability of resources, advocates may want to dedicate significant staff time to reporting roles that were traditionally a function of the mainstream media.

Another emerging issue of importance in this area is the increasing connection between mainstream media sources and the health industry. Just in North Carolina, two major media outlets—the state's public radio network and the state's major newspaper—have established business relationships with the health industry that could present the appearance of a conflict of interest in reporting on health issues.[a] A blog can function as a media watchdog and an alternative method for advocates to get stories out that might not otherwise be covered.

2. **Video**

This is the emerging new phase in health advocacy strategy and is absolutely critical to future success. The same information, however interesting, informative, or incendiary, often produces much more interest and reaction when conveyed in a video rather than written format. Campaign-produced video was a critical component of the 2008 national presidential campaign and will increasingly be used in policy campaigns, both nationally and in North Carolina. For state-level politicians, this is likely to be a shock. For health advocates, this is a significant opportunity. For years, state-level politicians have enjoyed relative immunity from scrutiny over their words and comments made in more obscure legislative committees and budget debates. Now, however, public comments on mainstream television and in other formats from powerful players both in politics and in the health industry are fair game for advocates.

The technology to record, combine, and use these comments, contrast them with more recent comments from the same people, and provide a health advocate's own views of what others are saying is now relatively cheap and easily available. Any successful health advocate will increasingly make extensive use of video to supplement and enhance his or her other efforts.

3. **Broader Distribution of the Written Word**

The traditional way to win the battle of ideas—publication of extensive written reports and wide media distribution, including radio, television, and mainstream print outlets—is as important as ever. Look at any successful policy or advocacy organization and that organization has inevitably produced a wide range of reports and commentary on the issues important to that group. The traditional route is to draft a report with enough new information to hopefully interest the media, issue a press release or hold a press call or conference, and hope that reporters in the mainstream media pick up the information.

This is simply no longer enough. First, with the rush to new media, health advocacy organizations must not lose sight of the first priority—whatever they produce must be something people actually want to read. This means writing and facts that capture the public attention and focus debate on a particular issue. Second, the speed at which media moves necessitates a shift to shorter, more focused, and more frequent reports and commentaries. A weekly op-ed sent out around the state to smaller papers regarding health issues is effective. Appearance on radio and television to discuss recent issues and reports—prompted by the organization's recent writing on those same issues—is also effective. These longer reports and commentaries can mesh with the more up-to-the-minute coverage on the organization's blog and website.

Back to Basics

Winning the "battle of ideas" is still only winning half the war. While increasing sophistication with new media techniques and a move to breaking stories rather than just commenting on events will serve health advocates well, there is also a necessity to go back to the type of public outreach that has always been important in any political and policy campaign.

a In 2008 WUNC radio co-produced the Blue Cross and Blue Shield of North Carolina corporate foundation's audio-based annual report. In 2009 the Raleigh *News and Observer* is publishing a subscription state health political newsletter written by Harry Kaplan, a lobbyist with health industry clients including the NC Association of Health Plans, Novartis, Purdue Pharma, State Farm Insurance, and MedSolutions.

State legislatures are often extremely responsive to business interests, regardless of which party is in power. In any state, the health industry makes up a significant part of the state business community and consequently has enormous power. North Carolina is no exception. Health care interests from insurance companies to state provider associations and the burgeoning pharmaceutical industry hold sway over much of the health care debate that takes place.

This makes it all the more important for health advocates to focus on the most basic of organizing strategies: talking to the people "back home" and getting them the information and resources they need to be effective advocates in their own right. As health costs skyrocket and people lose coverage, the interest in any group presenting solutions around health care reform is growing. This is another opportunity for health advocates. Community groups who perhaps might not have been interested in health reform before are likely to be interested now. Working with groups that health advocates might not have thought of previously as allies is especially important.

Building a network of activists, especially in the rural and poorer areas of the state, is a challenge. Focusing on groups that are already meeting about other issues is one way to tap into community organizations that already exist. Working with state groups who already have chapters that meet regularly around the state is another. Whatever method is used, health advocates will have to devote substantial time to this work.

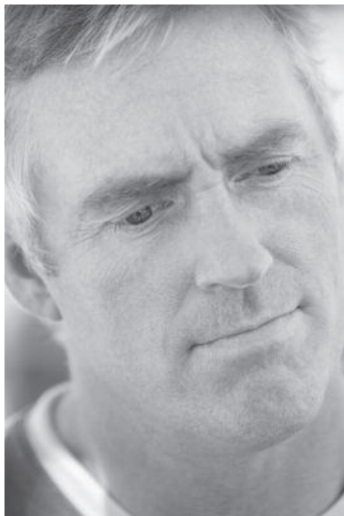
Health reform is possible and, given rising health costs and the state of the economy, necessary. New media techniques and tools can give health advocates an edge to overcome some of the barriers of past reform attempts. Put these new approaches together with the basics of advocacy—the involvement of people all around the state—and the possibility of real reform will be more likely than ever. **NCMJ**

Acknowledgements: *No advocate is an island. Many of the ideas in this article have grown out of my discussions and work with Rob Schofield and Chris Fitzsimon of NC Policy Watch, Adam Linker and Nicole Dozier of the NC Justice Center's Health Access Coalition, and Terri Langston of the Public Welfare Foundation.*

REFERENCES

1 Recommendations of the Governor, Presented to the Board of Trustees of the University of North Carolina, January 31, 1944. North Carolina Document Collection; Raleigh, NC.

2 North Carolina Health Planning Commission. *Final Report of the Eligibility and Enrollment Advisory Committee.* December, 1994.



We are Inclusive Health

www.inclusivehealth.org
(866) 665-2117

INCLUSIVE HEALTH

Insuring Individuals with Medical Conditions

An estimated 1.8 million North Carolinians under age 65 are uninsured. But individuals with serious medical conditions now have a solution: Inclusive Health.

We were created by the State of North Carolina to provide more affordable health insurance coverage for those with pre-existing conditions who lack group coverage. Inclusive Health also covers those who have exhausted their COBRA coverage and trade displaced workers. With premiums capped by the state, we can provide a policy that is less expensive than private insurance coverage.

If you are sick, worry about your health and not your insurance. Call Inclusive Health today.