

THE HEALTHY VOICE

HEALTH AND WELLNESS PROGRAM,
JUSTICE AND WITNESS MINISTRIES

OCTOBER/NOVEMBER/DECEMBER 2004

HEALTH CARE & THE 2004 ELECTION (EXCERPTED FROM "HEALTH CARE COSTS" THE HENRY J. KAISER FOUNDATION)

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How the candidates for the upcoming election propose to address the challenges of increased health costs is a critical component of the current political debates.

Health cost increases threaten to make health insurance less affordable for all Americans, and make it harder to extend coverage to the 45 million Americans who are uninsured. Rising health costs are also taking a larger share of government spending at a time of high and continuing budget deficits. Health spending in the U.S. totaled \$1.6 trillion in 2002 or about \$5,400 per person, by far the highest per capita spending on health care in the world. (Katharine Levit, et. al., "Health Spending Rebound Continues in 2002.") While the two major candidates for president have not released a specific set of proposals to slow the growth in health spending, both candidates talk about making health care more

affordable—by cutting the cost of drugs, reducing malpractice premiums, using information technology to make the system more efficient, or helping both employers and individuals reduce their insurance costs. Neither candidate has put forward a comprehensive plan for slowing increases in health costs.

- How can health care be made more affordable without limiting access to necessary care?
- What role should government play in controlling increases in the cost of care and the cost of health coverage?
- What is the responsibility of individuals in the boost of their care? Are health savings accounts and high deductible insurance policies an approach that should be expanded?
- What is the best approach to protect low-income Americans from unaffordable out-of-pocket costs for health care while containing health costs overall?
- Should the government negotiate prices of prescrip-

tion drugs? Should Americans be permitted to import drugs from foreign countries?

- How could the cost of malpractice insurance be reduced while assuring patients timely and appropriate compensation for medical injuries?

For full report go to:

Kaiser Family Foundation
www.kff.org

Health Care Facts

45,000,000 The number of uninsured in America in 2003

8.5 million The number of children in America who have no health care

1 minute The amount of time it takes for nearly 5 people to lose their health insurance in the U.S.

(Source: US Census)

More Health Care Facts

70% of American small businesses have no health care

45% of individual bankruptcies are due to health care bills

75% of uninsured Americans have jobs but no health care

80 million Americans have only partial health care benefits

40 million Americans are only insured during part of the year

**AMERICANS ARE DYING FOR HEALTH CARE
IS IT TIME TO RETHINK A SINGLE PAYER PLAN?**

Congressman John Conyers (D-MI) has introduced a new bill H.R. 676—The United States National Health Insurance Act (USNHI). It establishes a new American National Health Insurance program by creating a single payer health care system. The bill would create a publicly financed, privately delivered health care program that uses the already existing Medicare program by expanding and improving it to all U.S. residents, and all residents living in U.S. territories. The goal of the legislation is to ensure that all Americans, guaranteed by law, will have access to the highest quality and cost effective health care services regardless of one’s employment, income, or health care status.

Who is Eligible? Every person living in the U.S. and the U.S. territories would receive a USNHI card and id. number once they enroll at the appropriate

location. Social Security numbers may not be used when assigning id. cards. No co-pays or deductibles are permissible under this act.

Benefits/Portability. This program will cover all medically necessary services, including primary care, inpatient care, outpatient care, emergency care, prescription drugs, durable medical equipment, long term care, mental health services, dentistry, eye care, chiropractic, and substance abuse treatment. Patients have their choice of physicians, providers, hospitals, clinics, and practices.

Conversion to a Non-Profit Health Care System. Private health insurers shall be prohibited under this act from selling coverage that duplicates the benefits of the USNHI program. They shall not be prohibited from selling coverage for any additional benefits not covered by this Act; for example cosmetic surgery.

Cost Containment Provisions/ Reimbursement. The program will

annually set reimbursement rates for physicians, health care providers, and negotiate prescription drug prices.

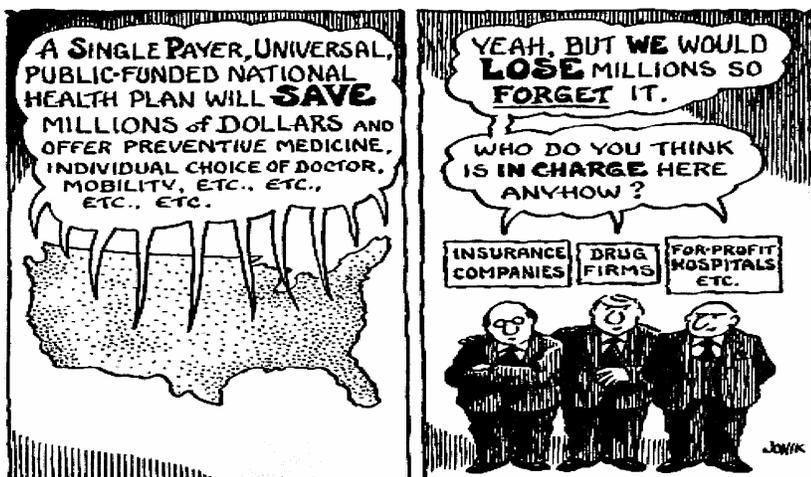
Funding and Administration. The U. S. Congress will establish annual funding outlays for the USNHI program through an annual entitlement. The USNHI program will operate under the auspices of the Department of Health and Human Services, and be administered in the former Medicare offices.

Congressman Conyers spoke on his new bill to participants at the Health Care Rally held during the Republican Convention in August. The Rally was sponsored by The Campaign for a National Health Program Now!

For more information about this bill contact Joel Segal, legislative assistant, Rep. John Conyers at (202) 225-5126, or email at joel.segal@mail.house.gov.



“Imagine Health Care Which Provides Everyone With Whatever Medical Services Are Needed”



Single Payer Animated Presentation Here’s a very simple animated explanation of the single-payer universal health care system. It was put together by Graham Walker, a medical student at Stanford University and former staff member of Physicians for a National Health Program.

[To see the presentation, click here.](#)

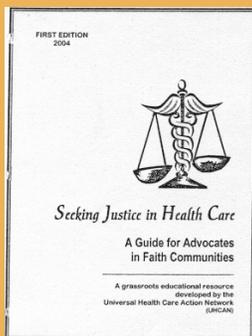
Or go to:

www.grahamazon.com/sp/whatisinglepayer.php

SEEKING JUSTICE IN HEALTH CARE

“The health Care system is broken and the religious community needs to address this critical issue. Many of our congregations are asking how they can better prepare to lift their prophetic voices to engage in the continued struggle for health care justice. “Seeking Justice in Health Care: A Guide for Faith Advocates” is just what they need. This study guide is a valuable tool and a source of much-needed information that will challenge, equip and empower people of faith to work for comprehensive health care reform. The Guide will stimulate dialogue and discussion and action. Faith communities who ask, “What does the Lord require of us?” will want to order this guide for real faith-based answers.”

Barbara T. Baylor, MPH, Minister for Health and Wellness Programs, Justice & Witness Ministries, UCC



To order a copy of this Guide, contact Linda Walling, Faith Project Coordinator at the Universal health Care Action Network Office—Toll Free 800-634-4442 or by E-Mail <seekingjustice@uhcan.org> Web Site: www.uhcan.org

SEEKING JUSTICE IN HEALTH CARE

CONGREGATIONAL WORKSHOP AND TRAINING OPPORTUNITY

For speakers and faith leaders who want to:

- Better understand the U. S. Health System
- Identify the issues related to the moral, medical and economic imperatives for reform
- Think critically about the challenges to justice in the U.S. Health Care
- Identify ways in which people of faith can be engaged in health care justice advocacy.

Participants may include: Social Justice Committee leadership, Clergy, Parish Nurses, Lay Ministers of Health, Health Ministry Committee, Medical professionals in faith-based settings, social workers, health educators

Key Workshop Objective: *To examine ways to make a more just system of US health care delivery through changes in culture, institution and laws and to explore the role of faith communities in working for health care justice.*

Training Focus: The training will focus on the use of Seeking Justice in Health Care: A Guide for advocates in Faith Communities. This new 80-page educational resource was developed by the universal Health Care Action Network and the Ecumenical/Interfaith Faith Project to give faith-based advocates the informational tools needed to engage responsibly in health care justice advocacy. **The Health and Wellness Program, Justice and Witness Ministries is a member of the Faith Project.**

NOW IS THE TIME FOR PEOPLE OF FAITH TO PREPARE FOR A NATIONAL DIALOGUE ABOUT HEALTH CARE REFORM IN THE U.S.

Contact Barbara Baylor by phone (216) 736-3708 or by E-Mail: baylorb@ucc.org to have your conference/association/local church trained today!

CDC: OBESITY GAINS ON TOBACCO AS TOP DEATH

According to a report by CDC (Centers for Disease Control and Prevention in Atlanta, Obesity gains on tobacco as top death factor with poor diet and inactivity as the underlying factors for the leading killers.

Inactive Americans are eating themselves to death at an alarming rate, says the report. The study found that our unhealthy habits are fast approaching tobacco as the top underlying preventable cause of death. In 2000, poor diet including obesity and physical inactivity caused 400,000 U.S. deaths — more

than 16 percent of all deaths and the No. 2 killer. That compares with 435,000 for tobacco, or 18 percent, as the top underlying killer. The gap between the two is substantially narrower than in 1990, when poor diet and inactivity caused 300,000 deaths, compared with 400,000 for tobacco. Dr. Julie Gerberding, CDC’s director and author of the study says that Obesity is going to overtake tobacco if the trend continues. Obesity has got to be job #1 in terms of chronic diseases.

In order, the leading causes of death are: Heart Disease, cancer, strokes, chronic

lower respiratory disease, unintentional injuries, diabetes, influenza and pneumonia, Alzheimer’s disease, kidney disease, and septicemia. The underlying preventable causes of death are, in order: tobacco, poor diet and physical activity, alcohol, microbial agents, toxic agents, these accounted for about half of all 2.4 million U.S. deaths in 2000. Tobacco, obesity and inactivity increase the risks for the top three killers. Obesity and inactivity also strongly increase the risk of diabetes.

Source: www.cdc.gov

**“A JOY TO BE FIT”
THE CHRISTIAN AEROBICS & FITNESS MINISTRY**

“Okay, let’s lift angel arms,” said Stephanie Jackson-Rowe, founder and president of the Christian Aerobics & Fitness Association. As the music begins participants begin moving to the upbeat Christian gospel and inspiration music.. “Come on, let’s go, lift the fat-back off your arms!” Participants from various churches and ethnic groups “pray-in” before beginning this workout. They are excited by what the program has done for them in terms of positive health outcomes. They close the workout with praise reports and prayer.

The Christian Aerobics and fitness Association (CAFA) was formed in response to the health and fitness needs of faith-based organizations. CAFA, a non-profit organization is dedicated to saving lives and provides gospel aerobics and

personal training certification to low-to-moderate income congregations. The principal grass-roots, faith-based program, “A Joy To Be Fit Gospel Aerobics Ministry,” incorporates cardiovascular fitness classes led by certified aerobic instructors, includes pre & post fitness assessment screenings, educational workshops, scripture references, devotions and a pastor’s personal training program. It is designed to teach, motivate and encourage transformation of body, soul, and spirit.. A critical success factor of this program is the partnership with pastors who have completed the training. These pastors become advocates for the program, thereby ensuring success and sustainability. Mrs. Jackson-Rowe, a member of Trinity United Church of Christ, Chicago, Il, works with

members of Trinity , non-denominational churches, and faith-based health care centers to reduce risk factors associated with the top three leading causes of death: heart disease, cancer and stroke. Rev. Dr. Jeremiah Wright, Sr. Pastor at Trinity UCC is a strong advocate for personal wellness and fitness for pastors. He has participated in the pastor’s Personal Training Program PTP).

CAFA is partnering with the Health & Wellness program, JWM to work with congregations on wellness and fitness issues. For more information on this program, and how your church can benefit from this ministry, contact **Stephanie Jackson-Rowe in Chicago (773) 385-6684 or email :**

joytobefitboom@aol.com

“When I started this program I had no energy, I had High Blood Pressure and I had no motivation to exercise or to loose weight. Now I’ve lost some weight, my blood pressure is down. It’s just a Joy to Be Fit.”
68-year-old woman, Chicago Church of Christ



HEALTH-RELATED LEGISLATIVE UPDATES

Healthcare Equality and Accountability Act

(H.R. 3459/S. 1833 sponsored by Elijah Cummings (D-MD) and by Tom Daschle (D-SD) in the Senate, includes a wide range of proposals to improve the quality of health care for communities of color. From access issues to cultural competency, the bills aim to lessen the disparities in health care experienced by millions of racial and ethnic minorities. The bills are “pending.”

Families with Children with Disabilities

In May, the Senate passed the Family Opportunity Act (FOA), S. 622. This bill would let families with incomes up to 250% of the federal poverty level (\$39,175 for a family of three in 2004) buy into Medicaid to help meet the health care needs of their children with disabilities. Unfortunately the House bill, H.R. bill 1811, has been stalled amidst discussions over how to pay for it. Some House leaders have proposed to pay for this program by cutting Medicaid services to people with disabilities

Prescription Drug Re-importation

Two bills have been introduced in the Senate that offer competing solutions to re-importation. One bill is sponsored by Judd Gregg (R-NH), the other sponsored by Byron Dorgan (D-ND) and Olympia Snowe (R-ME). Consumers are supporting the Bi-partisan Dorgan-Snowe bill (S. 2328) and opposing the Gregg bill (S. 2493) The Dorgan-Snowe bill would allow the safe re-importation of drugs by individuals and wholesalers from Canada and other industrialized nations and would ensure that this process would be ready to go within a year. The Dorgan-Snowe bill would also prevent the big pharmaceutical companies from choking off supplies to Canada and other nations that might dare to sell lower-cost prescriptions medicines to Americans.

Reforming the Medicare Drug Law

Despite the wishes of the President and the House and Senate leadership, numerous bills have been introduced to substantially change the Medicare drug law that was passed last year. These bills aim to improve the benefit, get lower prices for drugs, and administer the new benefit like the traditional Medicare program and not through new, private, for-profit plans. For a good example of such proposals, see the bill sponsored by Representatives Marion Berry (D-AR), Jan Schakowsky (D-IL), and Tom Allen (D-ME) - H.R. 3767.

Expiring SCHIP Funds

The State Children’s Health Insurance program—SCHIP—does not expire until 2007. However, every year, several states are unable to use all of the SCHIP dollars allocated to them and must return the money to the federal treasury. By contrast, other states run out of SCHIP money and must turn away eligible children. Consumer advocate groups supported efforts to re-allocate unused revenues so that as many children as possible are helped. Bipartisan legislation to address this issue was introduced in both the House and Senate. In the House, H. 4936, the Children’s Health Protection and Improvement Act, was introduced by Energy and Commerce chairman, Joe Barton (R-TX) and ranking member John Dingell (D-MI). In the Senate, S. 2759 was introduced by Jay Rockefeller (D-WV), Lincoln Chaffee (R-RI), Ted Kennedy (D-MA), and Olympia Snowe (R-ME). The National Governors Association supported this effort. Unfortunately, on September 30th \$1.1 billion in federal funds previously allocated for SCHIP were taken back from the states and returned to the US Treasury, thereby leaving 750,000 children uninsured.

FDA Authority Over Tobacco

Recently Congress passed up a historic opportunity to grant the Food and Drug Administration (FDA) authority over tobacco products. The U. S.

Senate voted unanimously to pass bipartisan legislation introduced by Mike DeWine (R-OH) and Ted Kennedy (D-MA) bill (H.R. 4433, S. 2974) to give the FDA this authority but House leaders thwarted the will of the majority by blocking this vote. Granting the FDA authority over tobacco is one of the most important steps Congress could ever take to protect the health of our children and significantly reduce diseases caused by smoking. Every day that Congress fails to act, another 1,200 Americans will die from tobacco use and another 2,000 children will become addicted.

Environmental Pollutants

“Environmental contaminants have been linked to birth defects, developmental delays, and many chronic diseases.” Representative Nancy Pelosi along with other House and Senate members have introduced bipartisan legislation (H.R. 5335 and S. 2953) to create a nationwide health tracking system that would improve our public health system’s ability to respond to environmental hazards. The bill would create the Coordinated Environmental Health Network Act to collect, analyze, and report data on the rate of disease and the presence of relevant environmental factors and exposures.

References:

Library of Congress: www.loc.gov
Thomas: www.thomas.loc.gov

Families USA: www.familiesusa.org

**HELP US BUILD THE WALL OF PAIN
VOICES FROM THE FAITH COMMUNITY FOR
HEALTH CARE JUSTICE**

Have you suffered pain and/or hardship because of inequities in America's health system?

Do you have a reason to believe that you did not have access to quality health care?

Have you been denied health care because you have or had insufficient health insurance?

Has your quality of life been reduced as a result of medical error or negligence?

Have you had other problems due to the health care system?

Have you not seen a doctor when you should because you worry about the cost?

Are you without health insurance?

If you have answered yes to any of these questions, then we want to hear from you!!!

Send us your stories today and help build a "Wall of Pain" and let law-makers know that there is a health care crisis in this country that needs to be fixed now! Let law-makers know that the faith community will not let law-makers ignore this growing crisis!

The Health and Wellness Program, Justice and Witness Ministries is collaborating with Congressman John Conyers office and other denominations, interfaith and faith-based organizations to build this "Wall of Pain." The "Wall of Pain" is a compilation of stories, pictures, poems, news articles, etc that reflect pain, suffering and hardships that people have endured because of inequities in the current U.S. health care delivery system.

Send us your story TODAY!

<http://www.ucc.org/wallofpain>

"My Husband and I live on S. S. Disability and we are considered to be living below the poverty level. Since our doctor has been helping us get our medications free, but not all of them, we have been taken off of food stamps. Go figure. Now, how do we buy food. Sometimes I have to lie to my husband and tell him that I already ate so he'll have something to eat."

**"HEALTHY CONNECTIONS"
CERTIFIED LAY MINISTERS OF
HEALTH TRAINING PROGRAM**

Healthy Connections



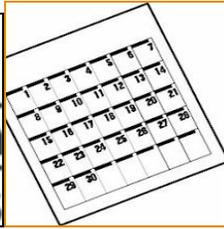
Members of the first class of "Healthy Connectors."

HEALTHY CONNECTIONS is a new model ministry program of the National Setting of the United Church of Christ. The Health and Wellness Program, Justice and Witness Ministries provides certification as a lay minister of health based on certain parameters for participation in and completion of the program. The certificate is a reminder to the graduates they are the links and partners in the mission and ministry of healing. "Where the Church is, there is the mission. Where the Church is, there are those who have called to live "for the sake of the other."

Healthy Connections is designed to identify and train lay ministers as "Healthy Connectors" who then share health information with members of their congregations, identify congregational health needs and develop health education programs to address these needs. One specific goal of the training is to establish or enhance health ministries in local churches. The Healthy Connections program is designed to assist in beginning a health ministry and/or enhance and support a church's existing health program and **NOT** to replace or detract from a congregation's Parish Nurse program.

The Healthy Connections program can be developed through conferences and associations working with local churches to partner with existing health agencies and professionals in their communities. For more information about this training opportunity, please contact Barbara Baylor, Minister for Health and Wellness Programs at (216) 736-3708 or by E-Mail, baylorb@ucc.org.

2004 National Health Observances



Some Key Health Observances. For the complete list, log onto <http://www.healthfinder.gov/library> OR just

OCTOBER

National Liver Awareness
 Domestic Violence Awareness
 National Breast Cancer Awareness
 Healthy Lung Month
 National Dental Hygiene Month
 National Family Sexuality Education Month
 National Lupus Awareness
 Children's Health Month

NOVEMBER

American Diabetes Month
 National American Indian and Alaska Native Heritage Month
 National Alzheimer's Disease Awareness
 National Epilepsy Month
 National Marrow Awareness Month
 Lung Cancer Awareness
 Great American Smokeout (18th)

DECEMBER

National Drunk and Drugged Driving Month
 Safe Toys and Gifts Month
 National Hand Washing Awareness Week (5-11)

HEALTH CARE FOR EVERYONE

(To the tune of God Bless America)

Health Care for Everyone
 No Care Denied
 Dads and Mothers, all others,
 It's our fight
 For a right nationwide.
 For our children,
 And our parents,
 And our future
 Let's see it done.
 Health care for everyone
 Its time has come
 Health Care for everyone
 Its time has come!



General Synod, July 1-5 at the Georgia World Congress Center. UCC Health Network Luncheon featuring Gary Gunderson, Executive Director, Interfaith Health Center, Emory University, keynote speaker— ***"The Leading Causes of Life."***



Families USA Annual Health Conference.

Would you like to go?

Call Barbara Baylor

"Kick Butts Day " (youth tobacco education, prevention, advocacy) Kits will be mailed very soon! If you want to be sure and receive one, send Barbara Baylor your name, your youth advisor's name, church, address, city/state/zip, phone and email.



Update your health ministry contact information

Contact Information

Name of Health Ministry Coordinator _____

Address _____

City/State/Zip _____

Phone () _____ Fax () _____

Email _____ Name of Church _____

Conf/Assoc _____ Pastor _____

FAX THIS INFORMATION TO: Vivian Vernon, Administrative Support - (216) 736-3703

To access and return the complete form go to:

www.ucc.org/justice/health

THE HEALTHY VOICE

www.ucc.org/justice

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