

University of Massachusetts Medical School

Community Health Clerkship
Health Advocacy

COMMUNITY HEALTH & HEALTH CARE DELIVERY IN RURAL CENTRAL MA

Advocacy Organizations	
What are some Local organizations that do advocacy work?	Seeds of Solidarity, EQUAL, Hubbardston Composting program
What are some State level organizations that do advocacy work?	Massachusetts Department of Health
What are some National level organizations that do advocacy work?	Walk smart, Healthy People 2010, American Diabetes Association, American Heart Association, National Institute of Health
What are some International organizations that do advocacy work?	World Health Organization
Advocacy Issue	
Looking at the State, National, and/or International level, at the websites or information from the organizations above, what is a major area of advocacy at this time? <i>Try to choose an advocacy issue that will in some way affect the local community.</i> Advocacy specifically refers to promoting legislation, policies or specific budgetary appropriations that positively affect a health issue. This may occur through decreasing barriers to accessing health services, providing an infrastructure conducive to effective health promotion programs, or directly increasing the resources and infrastructure of the public health system.	<p>One of the major premises of Healthy People 2010 is to eliminate disparities in health care. A major component of eliminating disparities is increasing access to providers who can provide primary and preventative care that lead to health problems in the uninsured and underinsured. This is both a national problem and a problem for small rural communities like Barre.</p> <p>SCHIP (State Children’s Health Insurance Program) is a program financed by both federal and state resources, although administered by the State. It is part of Title XXI of the Social Security Act and provides cheaper health insurance to children and their families. The Senate has passed a bill that would reintroduce and expand the current SCHIP bill by \$35 billion over the next five years. However, despite efforts, the bill has been vetoed in the House, despite attempts by House Democrats.</p> <p>The recent veto to expand the national SCHIP bill will decrease access to health care providers for many children who are not eligible for Medicaid, and whose parents cannot afford private health insurance. This will have a large impact on rural communities, especially since a study by the Carsey Institute in 2007 found that 32% of children in rural areas rely on SCHIP or Medicaid in comparison to 26% of children who are living in cities. (National Rural Health Association, 2007).</p>
What specific law, policy or appropriation is being advocated for?	Override the veto and expand coverage under the SCHIP program.
Who is doing the advocating? (Which organizations?)	Faculty and students at UMass Medical School, democrats in the Senate, American Public Health Association, National Rural Health Association, physicians and other care providers.

Who is being lobbied?	White House, Senate, Congress, House of Representatives
Whom will this issue affect?	Children who are not eligible for Medicaid and whose parents cannot afford insurance. This issue will have a large affect on rural children since this program disproportionately affects rural children, in comparison to urban children.
Were they or will they (in your opinion) be successful?	Probably not
Why or why not? What do they need to be more successful?	The SCHIP program was already vetoed so will be harder to backtrack. Additionally, current government does not believe in social medicine, encourages individual insurance. However, house Democrats plan to keep reintroducing the bill, since the last vote fell only 19 votes short of overriding President Bush's expected veto on the SCHIP bill.
What are the consequences if they are not successful?	Decreased access for children, leading to preventable morbidity and mortality later in life, as well as decreased potential and growth, decreased preventative care which combats issues studied in this clerkship.
If they are not successful, what other strategies can be used to achieve the same goal?	Try to mobilize local offices to take more free preventative care, suggest a donation for care. Increase access through schools, and work to implement Health Care for All in MA.
How can physicians and/or nurses be involved in this advocacy issue?	Physicians and nurses can show support for the passing of this bill to expand SCHIP. They can also see patients without insurance, supply cheaper generics, if available, and try to cover many topics in a single visit if patient is paying out of pocket.

Works Cited

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