



Making
Public Programs
Work for
Communities
of Color

◆
An Action
Kit for Faith
Leaders

◆
November
2006

Case Study: The Faith Community

Religious Leaders Advocating for the Uninsured

Background

In 1996, the Industrial Areas Foundation formed A Mid-Iowa Organizing Strategy (AMOS), a congregation-based community organization in the Des Moines metropolitan area. Bishops from the United Methodist, Roman Catholic, Episcopalian, and Evangelical Lutheran traditions joined rabbis from local synagogues and pastors from the Disciples of Christ in forming a sponsoring committee to lead the work of AMOS.

AMOS works on the issues that are of concern to the congregants of the 30 or so houses of worship within the AMOS network. These issues include improving the school system and providing housing for the homeless. However, one issue that has been of particular concern is the need for affordable health care for uninsured Des Moines residents. Health care access is one issue that cuts across all racial and ethnic groups, across socioeconomic classes, and across religious affiliations.

The Problem

The number of uninsured Americans increased to 46.6 million (16 percent of the U.S. population) in 2005.¹ Across the nation, racial and ethnic minorities are disproportionately represented among the uninsured. Of racial and ethnic minorities, 14.1 million Latinos, 7.2 million African Americans, and 2.3 million Asian and Pacific Islander Americans were uninsured in 2005.²

“It’s [health care] one of those rare issues that cuts across race, gender, and class.”

- Paul Turner, AMOS Organizer

In Iowa, 251,000 (8.6 percent of the state’s population) individuals went without health coverage that year.³ According to Paul Turner, a full-time organizer for AMOS in the Des Moines area, the immigrant and minority populations in Iowa are often marginalized in the health care system—they receive lower-quality care and have less access to health care in general.

Uninsured Americans in Iowa and across the United States are faced with extremely high out-of-pocket health care expenses, which can lead to medical debt and bankruptcy. Des Moines community members expressed the need to address the issue of the uninsured because many of them had personal connections with friends or family members who were uninsured and burdened with medical debt.

Although AMOS does not focus its efforts specifically on racial and ethnic minorities, their work to help provide affordable health care for the uninsured has a positive impact by increasing access to health care in minority communities where rates of uninsurance are often highest.

The Response

The leaders of AMOS routinely hold community sessions called “House Meeting Campaigns” to discuss the pressures of everyday life. Since many individuals voiced concerns about the health care system, AMOS decided to take a stand on this issue. They formed a research team to look at health care issues within their community. AMOS developed two approaches to addressing health care access: One approach was to increase the tobacco tax in order to fund the state Medicaid program. The second approach was to work with local hospitals to provide charity care for low-income uninsured people. While the first measure did not pass, the advocacy efforts around it helped to raise awareness about the plight of the uninsured, and those efforts paved the way for adoption of the second approach.

AMOS clergy met with medical providers, insurance companies, hospital executives, the state Medicaid director, and others to discuss the problem of medical debt among the uninsured. Clergy spearheaded the effort and were eventually successful at convincing area hospitals to charge more affordable fees for health care services. As a result of these efforts, in 2005, Mercy Health Care System and Iowa Health Systems both greatly expanded their financial assistance policies. In fact, Mercy went one step further—they decided to discount their hospital fees by 54 percent for uninsured patients.

The Fight Continues

Although Mercy hospital now provides more affordable health care for the uninsured, AMOS leaders realize that there is still more work to do to ensure that everyone receives quality, affordable health care. AMOS leaders are conducting random hospital checks to ensure that hospitals and clinics are following the new charity care policies. AMOS members are also working to ensure that the policies are publicized in several languages so that all patients can understand them. These hospital checks have yielded mixed results, as some health care providers are distributing information on the new policies and others are not. AMOS leaders are continuing to spearhead the work around the uninsured and are exploring ways in which other hospitals across the nation can adopt similar charity care policies.

Endnotes

¹ Carmen DeNavas-Walt, Bernadette D. Proctor, and Cheryl Hill Lee, *Income, Poverty, and Health Insurance Coverage in the United States: 2005* (Washington: U.S. Census Bureau, August 2006), available online at <http://www.census.gov/prod/2006pubs/p60-231.pdf>.

² Carmen DeNavas-Walt, Bernadette D. Proctor, and Cheryl Hill Lee, op. cit.

³ U.S. Census Bureau, op. cit.

For more information on Families USA's Minority Health Initiatives, contact Rea Pañares, Director of Minority Health Initiatives or Briana Webster-Patterson, Program Manager at minorityhealth@familiesusa.org or 202-628-3030.