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A View of Health as a Human Right: A Snapshot from an Honors Program

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Abstract: This study examines implications of a rights-based perspective among honors students through the lens of healthcare. Students ($n = 71$) surveyed in April 2019 were asked to consider issues relating to health entitlement and government responsibility. Perspectives on local, regional, national, and global access to health care; state and national government fiscal responsibility; and rights-based approaches to health entitlement were elicited. Data indicate a propensity for understanding health as a human right among honors students. Probit regressions show a more inclusive stance on healthcare policy and a general preference toward a universal healthcare system. Acknowledging that innovative curricula can help students comprehend and tackle complex issues, the authors suggest that honors programs and practitioners are uniquely poised to help illuminate political issues associated with healthcare, which are often abundant and perplexing.

Keywords: human rights—study & teaching; right to health care; probit analysis; human rights-based approach; University of Nebraska at Kearny (NE)—Honors Program

Citation: *Honors in Practice*, 2021, Vol. 17:63–81

INTRODUCTION

Political issues associated with healthcare are abundant and perplexing. As Salhi and Brown (2019) observed in their study, it is important to explore the understanding of human rights in the undergraduate setting and to extract the student understanding of health as a human right. We used an honors program at a four-year public institution as a microcosm to study perceptions of healthcare. The students in this program are of high academic

ability, and, more importantly, their high school records demonstrate a pattern of engagement. Thus, we believe they offer a good sample population for exploring ideas about healthcare as a human right.

Throughout the history of Western culture, the allocation of healthcare resources for the greater citizenry has been an intermittent concern of global, national, and local policymakers. The fifth-century B.C. Hippocratic Oath begins with the following statement:

I swear by Apollo the physician, and Asclepius, and Hygieia and Panacea and all the gods and goddesses as my witnesses, that, according to my ability and judgement, I will keep this Oath and this contract: To hold him who taught me this art equally dear to me as my parents, to be a partner in life with him, and to fulfill his needs when required; to look upon his offspring as equals to my own siblings, and to teach them this art, if they shall wish to learn it, without fee or contract; and that by the set rules, lectures, and every other mode of instruction, I will impart a knowledge of the art to my own sons, and those of my teachers, and to students bound by this contract and having sworn this Oath to the law of medicine, but to no others. (Greek Medicine)

At this ancient time, there was a notion that healthcare would be provided in an ethical manner as well as delivered to all. The importance of the righteous dominion of healthcare has continued to characterize health policy up through today. A “rights-based” perspective of healthcare has been clearly articulated in the international arena (Leary, 1994; Gable, 2011). The 1948 Universal Declaration of Human Rights, Article 25, for instance, provides that:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. (United Nations)

The formal status of health as a human right ought to be manifested in the social contract between a sovereign nation and its people, and as time has progressed from ancient civilizations to the UN Declaration, the idea of a constitutional commitment at the national level has been manifested in over half of the world’s nations, but not the United States. As a 2013 study indicated:

Uruguay has it. So does Latvia, and Senegal. In fact, more than half of the world's countries have some degree of a guaranteed, specific right to public health and medical care for their citizens written into their national constitutions. The United States is one of 86 countries whose constitutions do not guarantee their citizens any kind of health protection. (University of California-Los Angeles)

The political reluctance to establish health rights in the United States is evident in the ever-unfolding politics associated with the Affordable Care Act (ACA) of 2010. Far from establishing health in universal terms, Oberlander (2016, pp. 810–11) aptly observed:

The depth and persistence of partisan resistance to the ACA is extraordinary, all the more so given just how conservative and limited Obamacare is in many respects. . . . The ACA, then, was enacted and is being implemented in a strongly partisan and ideologically divisive atmosphere. It is no wonder that the law has yet to achieve a sure political foothold.

The judicial arena has produced a dizzying set of cases related to the ACA since the *National Federation of Independent Business v. Sebelius*, 567 U.S. 519 (2012). That case did uphold the constitutionality of Congress using the taxing power to deliver the provisions of the legislation, but the court did not uphold the mandate to have states use Medicaid for implementation of the Act. Judicialization of the ACA has only confused the expectation of health as a human right.

Some states took action to establish the mandate themselves. Recognizing the judicial disconnect between the ACA and healthcare, voters in Nebraska reinforced the Medicaid expansion in Initiative 427. The vote required the state to provide Medicaid for “Nebraskans age 19–64 who earn up to 138% of the federal poverty level (about \$17,000 a year for a single person)” (Nebraska Department of Health and Human Services). As covered by *Forbes* (2018, November 7), the vote provides evidence that Nebraska values a universal application of healthcare:

“This election proves that politicians who voted to repeal the Affordable Care Act got it wrong,” said Jonathan Schleifer, executive director of The Fairness Project, which supported the “Initiative 427” campaign to expand Medicaid in Nebraska. “Americans want to live in a country where everyone can go to the doctor without going

bankrupt. Expanding access to healthcare isn't a blue state value or a red state value; it's an American value."

Other evidence also indicates that commitment to healthcare for all is part of Nebraska culture, a commitment demonstrated by individual citizens. The following 2018 vignette from the University of Nebraska Medical Center (UNMC) (2018, January 24) represents such individual commitment to universal healthcare:

Kayla Rankin is following in her mom's footsteps—growing up in Spalding, Neb., fulfilling their potential with an education at UNMC, then returning to their rural roots to meet the healthcare needs of their fellow Nebraskans in underserved areas of the state. Allison Rankin enrolled in UNMC's physical therapy program after graduating from the University of Nebraska-Kearney in 1998, with 2-year-old Kayla in tow. She recalls studying at UNMC with her toddler alongside her, Kayla going through her own picture books. Allison returned to her hometown of Spalding, after graduation, working at the Boone County Health Center in Albion. Kayla grew up on a cattle ranch—and around rural healthcare. She eventually realized it was her dream, too, and enrolled in the UNMC physician assistant program at the state-of-the-art Health Science Education Complex on the UNK campus. This past December, she was in UNMC's first graduating Kearney class. "It's been a goal of mine, since I entered the program to serve in rural communities," Kayla said. "It's tough to know there are families who do not get the healthcare they need because of where they live. I want to change that disparity."

Such individual commitment is what it will take to establish healthcare for all in the United States.

Political change needs to reflect the will of the people, and typically it falls to various factions in society to lead the public discourse that policy-makers draw on when crafting policy. While the appetite for change can emerge slowly as an idea finds broader support, the underlying values can be uncovered through population research. Values help us find our way through competing issues that require tradeoffs. Granting the right to free speech forfeits the ability to restrict speech that we do not like; granting a right to due process forfeits personal enforcement of the law; and granting the right to basic healthcare forfeits the use of economic markets to allocate healthcare.

HEALTHCARE VALUES AMONG HONORS STUDENTS

To explore the notion of health as a human right, we turned to students in the honors program at the University of Nebraska at Kearney (UNK), a regional public university in the Great Plains. In examining this issue, we recognized the difficulty of teaching human rights in a formal educational setting. Struthers (2016) wrote that teachers report three reasons for not teaching human rights in primary education: it is “too controversial,” “too abstract,” or seemingly “too biased.” When human rights are not taught in primary school, student preparation to learn about human rights in high school is reduced and therefore in college as well. Accordingly, students tend to be poorly equipped to deal with the issue of human rights (Struthers, 2016).

Despite the challenge of teaching human rights, honors students may have a more developed rights-based view of social issues than the general student population. The capacity to understand and analyze abstract issues is related to cognitive development (Cargas, 2016), and since internal research shows that honors students in our sample tend to demonstrate high academic performance (ACT average over 30 and a high school grade point average over 3.8), these students are possibly in a better than average position to comprehend abstract and complex issues that involve the notion of human rights. Furthermore, high-ability and highly engaged learners may be better able to learn and manipulate concepts related to human rights. Cargas (2018) observed that engaged citizenship is a goal of honors education, and the honors population she surveyed used the high school service and volunteer records of applicants as part of the review process. Consistent with this perspective, the honors students we examined in this study tend to be deeply engaged in the campus community. One-third of them live together in a residence hall restricted to honors students and self-governed through a committee. They are more likely to be actively involved in various campus activities: these students are twice as likely to do independent research and twice as likely to study abroad; 83% of them hold leadership positions on campus; and they are overrepresented in high profile organizations such as Chancellor’s Ambassadors, Campus Visit Associates, and student government. Considering these attributes, one can say that these students are the “future community leaders of tomorrow.” This population’s level of community engagement fosters an awareness of people from diverse backgrounds. Both the capacity and the personal experience of honors students make them a desirable research population.

Using the students in the honors program as a proxy for future community members, the present research examined students' attitudes toward healthcare by incorporating a rights-based framework, investigating how it affects students' attitudes from the perspective of (1) health entitlement and (2) governmental responsibility to provide healthcare. The first focus is the issue of who has access to healthcare, one of the most important elements of the "right to health" (Leary, 1994); most scholars emphasize the importance of equality in discussing the issue of healthcare as a human right (Leary, 1994; MacNaughton, 2009). Since equality is one of the core elements that constitute a rights-based perspective, its adherents tend to be more inclusive in specifying who should have access to healthcare, arguing that locations of residence or differences in nationality should not be major impediments to accessing healthcare. Accordingly, it is possible to hypothesize that those who believe in the right to health are more willing to expand the scope of health entitlement.

Regarding the second perspective, most of the scholars with a rights-based perspective contend that government should be responsible for providing healthcare. Since citizens may not be capable of bearing the cost for healthcare, these scholars contend that government needs to provide it (Abiilo and de Allegri, 2015; Gostin, 2001; Leary, 1994). Accordingly, the role of government in healthcare tends to be extremely important in the rights-based approach. As students appreciate the right to health, they are more likely to support an extensive role of the government in healthcare, so it is possible to predict that those who recognize healthcare as a human right tend to support an active role for government.

Analyses of students' opinions on healthcare can have important implications in the United States. As the right to health becomes more widely accepted, the younger generations can gradually transform the underlying dynamics surrounding healthcare in the United States. Consistent with the goal of the ACA to achieve universal healthcare, a newly emerging consensus regarding healthcare may potentially push the political debate in a direction that favors the rights-based discourse in healthcare. Therefore, findings from this study can reveal practical implications that are highly relevant in the context of the United States.

DATA AND OPERATIONALIZATION

Examining how students' perceptions of healthcare as a human right affect their attitudes requires clear and reliable data. Our survey specifically

targets young generations by limiting the sample to students in the honors program at a regional college in the Great Plains. The survey was conducted in April 2019, and we collected 71 responses.

The first step in testing our hypotheses is to systematically measure the dependent variables, which are students' views toward healthcare. To capture students' opinions, this study examines their perceptions of the rights-based perspective (Gable, 2011; Leary, 1994). In investigating the rights-based approach, MacNaughton (2009, p. 57) emphasizes the importance of "equality" and "non-discrimination" principles. Similarly, Susser (1993) specifies the following points in measuring equity in the issue of healthcare: "(1) entitlement for all without financial or other impediments; (2) comprehensive services, including prevention and public health as well as medical care; and (3) society-wide scope" (p. 420). According to these criteria, the rights-based approach assumes that individuals should be able to receive healthcare regardless of their backgrounds. In other words, one can expect that the rights-based perspective significantly expands the notion of health entitlement (Gable, 2011; Leary, 1994; Susser, 1993).

In testing how respondents in this survey conform to this view, we employed the following questions, which have been taken verbatim from Question 5 of the Maine Healthcare is a Human Right Survey (Maine People's Alliance) except for replacing the word "Maine" with "Nebraska":

- Do you think everyone in your hometown should get the healthcare that they need?
- Do you think everyone in Nebraska should get the healthcare that they need?
- Do you think everyone in the United States should get the healthcare that they need?
- Do you think everyone in the world should get the healthcare that they need?

As shown above, we chose to pose these questions in four different categories: one's hometown, Nebraska, United States, and the world. As the question taps a wider geographical area, one can assume that individuals would be less willing to extend health entitlement, but the rights-based approach would significantly expand the scope of health entitlement that students consider appropriate since it assumes a more universal view of human beings. Accordingly, those students who believe in the right to health would

be expected to extend the notion of health entitlement to people from different backgrounds. Respondents were asked to answer these questions by using a number that ranges from 1–8, with a larger number indicating more willingness to provide healthcare in each category.

Along with the questions concerning entitlement to health, the survey tried to capture respondents' attitudes toward government's responsibility for providing healthcare. In order to uphold the notion of healthcare as a human right, Gostin (2001) suggests that government has to "respect," "protect," and "fulfill" its obligations (p. 30). Abiilo and de Allegri (2015) contend that government adherence to the notion of healthcare as a human right should make it responsible for providing quality healthcare to its citizens. To measure students' attitudes toward this matter, our study adapted the following two questions from Gallup with modifications:

- Do you think it is the federal government's responsibility to ensure healthcare coverage for all Americans?
- Do you think it is the state government's responsibility to ensure healthcare coverage for all Americans?

We can expect that those who adhere to the right to health are more likely to support the idea that government should be responsible for providing healthcare. As in the case of the questions tapping health entitlement, students were asked to answer these questions using a number from 1 to 8, with higher values indicating stronger support for a more active role of government in the issue of healthcare.

Along with the dependent variables, accurate measurement of the independent variable—the students' perceptions of healthcare as a human right—is essential. For this purpose, our study used the following question, posing it after the questions capturing respondents' attitudes toward health entitlement and the role of the state in order to prevent this question from affecting respondents' answers to the other questions:

- Do you believe that having access to healthcare coverage is a human right? (For similar questions, see Vermont Workers Center (2008); Stranger (2008); and ProCon.org (n.d.).)

Respondents were asked to answer this question by also using the numbers from 1–8, with larger numbers indicating stronger belief that healthcare is an essential component of a human right.

In addition to the key independent variable, we needed to control for potentially confounding factors. Accordingly, the statistical analyses include

several control variables related to students' experiences with healthcare. Since the costs of healthcare are one of the most critical barriers that prevent citizens from accessing healthcare (Banthin et al., 2008; Garfield et al., 2014), this study, adopting Question 3 of the Maine Healthcare is a Human Right Survey (Maine People's Alliance), asked the students if they had ever been in a situation when they could not obtain healthcare because of the costs. Another important factor is health insurance: because the rights-based approach in healthcare attempts to promote a system of universal healthcare (Gable, 2011), our study asked the question "Do you currently have health insurance?" taken from Question 1 of the Maine Healthcare is a Human Right Survey (Maine People's Alliance). Respondents were asked to answer this question by using either "yes" or "no." The answer of "Yes" was coded as 1 and "No" as 0.

Gender is another important factor. Findings from survey studies among medical students and healthcare providers indicate that females are more likely to show stronger interest in universal healthcare (Emil et al., 2014; Frank et al., 2008). Based on these data, one can predict that female students are more likely to support the idea of extending healthcare and government's role in the healthcare system. Male respondents were coded as 1 while females as 0.

EMPIRICAL ANALYSES

Figures 1–6 indicate how students responded to questions about entitlement to healthcare. Figure 1 displays the frequency distribution of respondents' adherence to the notion of healthcare as a human right. The largest number of respondents are on the right end, suggesting strong support for the idea of healthcare as a human right. This result highlights the importance of the rights-based perspective among respondents. Figure 2 shows students' views toward health entitlement among residents in their hometown and shows that most of the students believed that everyone in their hometown deserves healthcare. This picture did not change when they were asked about health entitlement in Nebraska (see Figure 3), with most of the students indicating that everyone in Nebraska should be able to receive healthcare. This pattern remains consistent in how students viewed health entitlement in the United States (see Figure 4), the overwhelming majority indicating that everyone in the United States should have access to healthcare. Finally, Figure 5 indicates that the majority of the students believed that everyone in the world is entitled to healthcare. These results suggest that there is almost a consensus among students that everyone should have healthcare no matter where they live.

In addition to the issue of health entitlement, we investigated students' views on government's responsibility in providing healthcare, and the results are indicated in Figures 6 and 7. Figure 6 displays how respondents perceived federal government's responsibility in the issue of healthcare. Some students are located on the left end of the spectrum, but the larger portion of students tended to think that the federal government should provide healthcare. A similar picture emerges when the survey asked the students if state government should be in charge of providing healthcare (see Figure 7). While some students did not favor an active role for the state government the majority

FIGURE 1. SUPPORT FOR HEALTH AS A HUMAN RIGHT

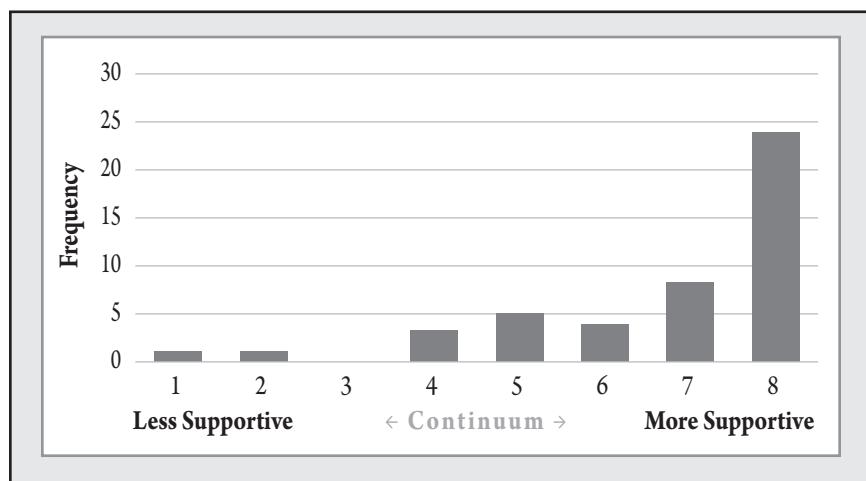
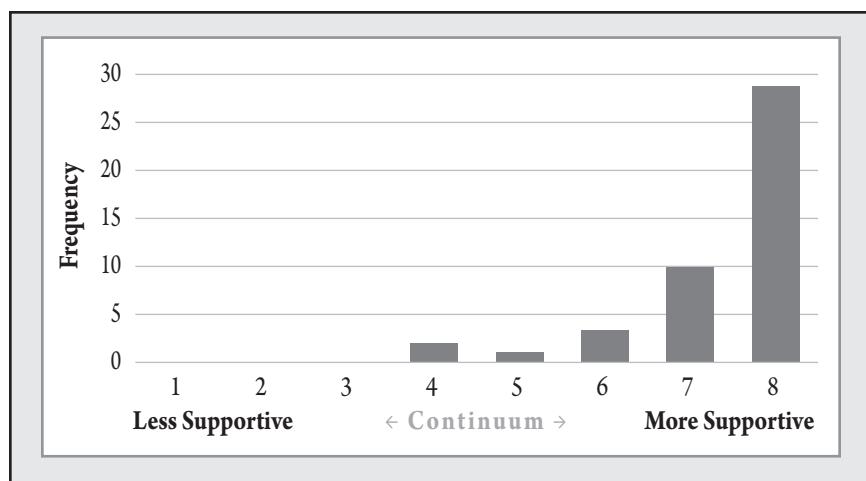


FIGURE 2. ACCESS TO HEALTH CARE (HOMETOWN)



supported the idea that the state government should play a major role in providing healthcare. These results show that students generally accepted the proposition that government is to some extent responsible for providing healthcare.

Having examined students' general orientations toward specific issues in healthcare, our study analyzed how the rights-based approach shapes their attitudes toward specific issues in healthcare. First, we investigated the impact of the rights-based approach on students' understanding of health entitlement. Since the dependent variable is not continuous, it was not appropriate

FIGURE 3. ACCESS TO HEALTH CARE (NEBRASKA)

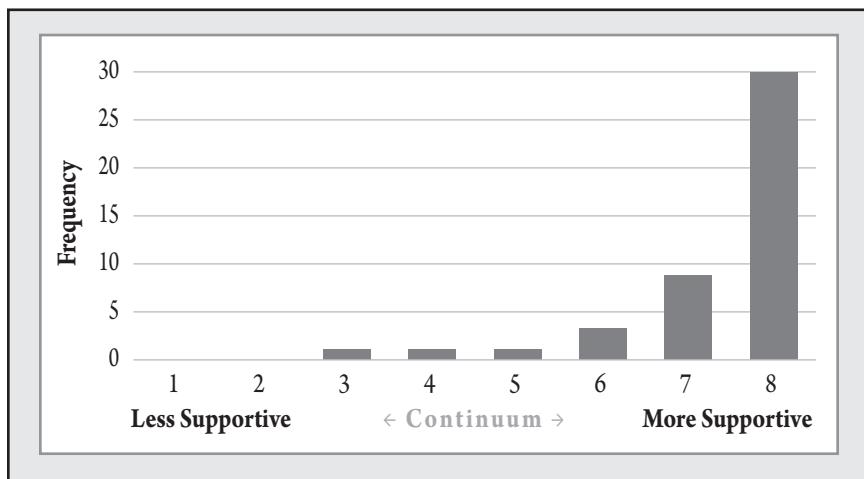
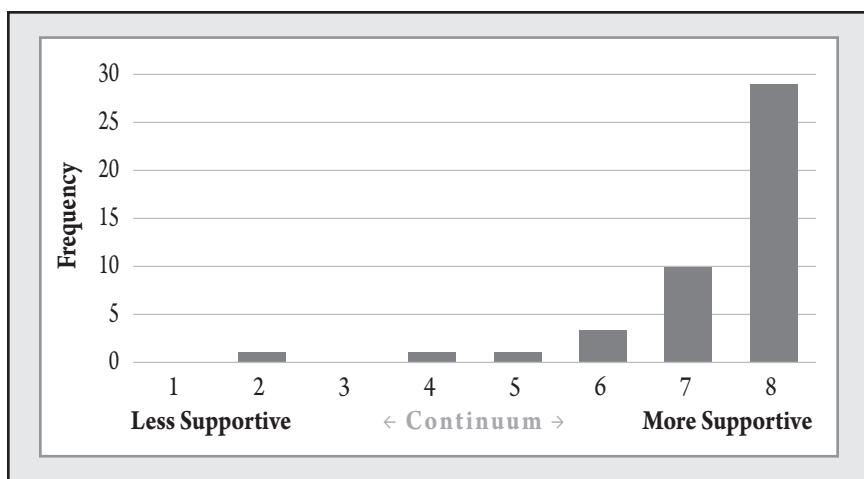


FIGURE 4. ACCESS TO HEALTH CARE (UNITED STATES)



to employ ordinary least squared (OLS) analyses. Instead, we used ordered probit analyses. This statistical method makes it possible to examine the impact of each variable by holding other factors constant. We could estimate how the key independent variable, which is students' views toward healthcare as a human right, shapes their opinions on healthcare policies. Table 1 shows the results of the analyses.

Each model in Table 1 examines how far respondents are willing to extend health entitlement to people in different locations. The most important variable in the analyses is respondents' recognition of healthcare as a human right. As shown in Table 1, this variable indicates a significant impact on the

FIGURE 5. ACCESS TO HEALTH CARE (WORLD)

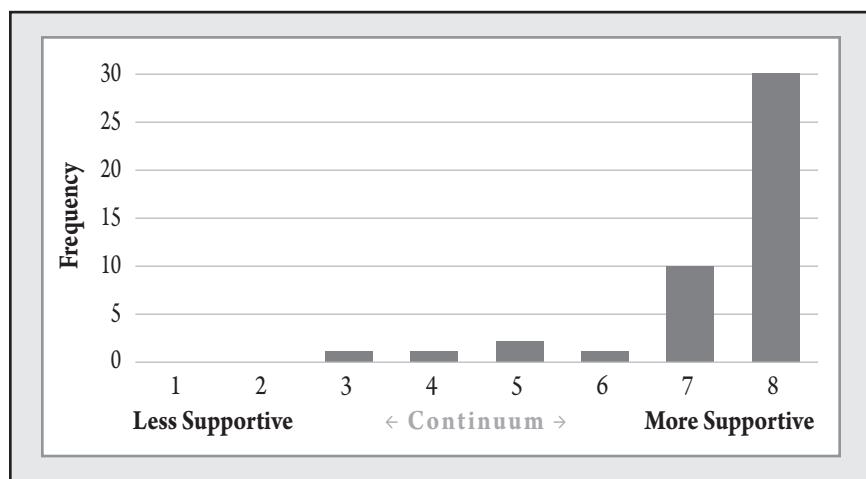
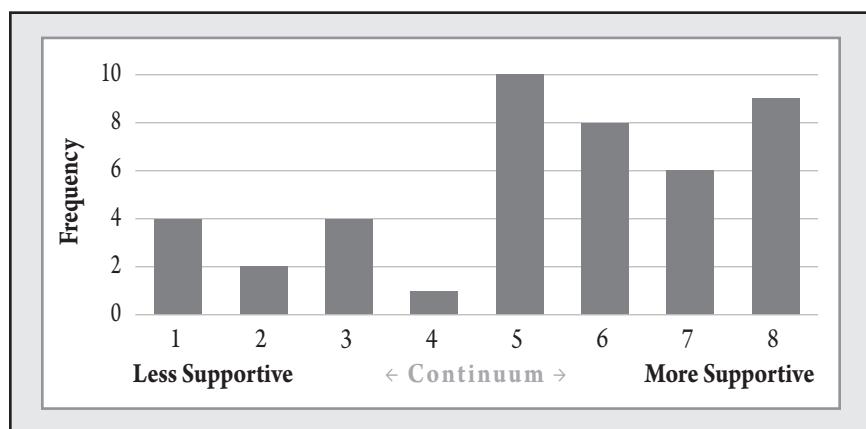


FIGURE 6. FEDERAL GOVERNMENT RESPONSIBLE FOR HEALTH CARE



dependent variable throughout different models ($p < 0.001$). The direction of the coefficient is positive, meaning that the more strongly students believe healthcare is a human right, the more accepting they are of health entitlement. The rights-based approach is an important factor in shaping respondents' views toward health entitlement in one's hometown (Model 1), Nebraska (Model 2), and the United States (Model 3). Furthermore, students who adhere to the rights-based approach believe that even people who live in different countries are also entitled to receive healthcare (Model 4). These results clearly suggest that people's perceptions of healthcare as a human right are a critical factor shaping their attitudes toward health entitlement.

FIGURE 7. STATE GOVERNMENT RESPONSIBLE FOR HEALTH CARE

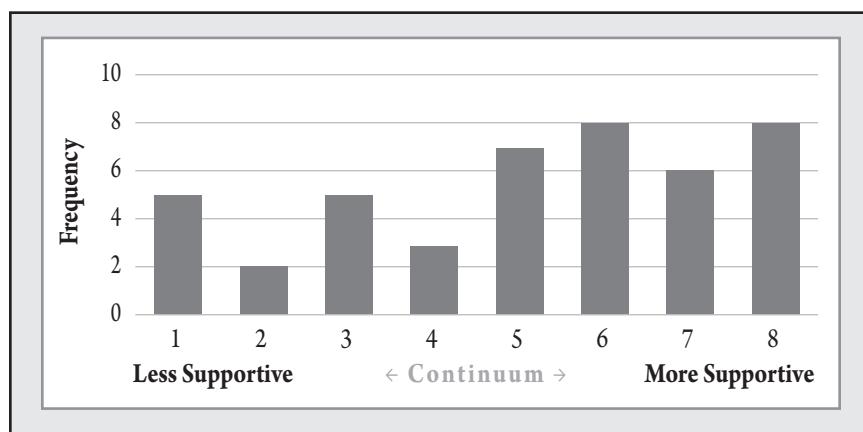


TABLE 1. ORDERED PROBIT ANALYSES ON HEALTH ENTITLEMENT

Predictors	Model 1: Hometown	Model 2: Nebraska	Model 3: United States	Model 4: World
Gender	0.44 (0.46)	0.68 (0.50)	0.44 (0.46)	0.24 (0.45)
Insurance	-1.51 (1.26)	-1.16 (1.22)	-1.51 (1.26)	-1.41 (1.26)
Cost of Healthcare	-0.40 (0.49)	-0.10 (0.54)	-0.40 (0.49)	-0.47 (0.50)
Human Rights	0.52*** (0.14)	0.54*** (0.14)	0.52*** (0.14)	0.48*** (0.13)
Pseudo R-Squared	0.1958	0.2097	0.1958	0.1930
N	44	44	44	44

Note: * $p < 0.05$, ** $p < 0.01$, and *** $p < 0.001$. Estimated by Stata 15. Parentheses signify standard errors.

In addition to the analyses on health entitlement, this study examines how the rights-based approach shapes respondents' attitudes toward government's responsibility in healthcare. Table 2 displays the results of the ordered probit analyses. As we can see in the table, the variable that captures respondents' perceptions of the right to health exerts a significant impact on the dependent variable in both models. The positive coefficient in Model 1 ($p < 0.001$) suggests that those who adhere to the right to health tend to think the federal government is responsible for providing healthcare. This relationship holds even though the question focuses on the state government (Model 2, $p < 0.001$). The more strongly students believe healthcare is a human right, the more supportive they tend to be of the idea that government is responsible for providing healthcare. Findings in both Table 1 and Table 2 clearly verify the importance of the rights-based perspective in accounting for respondents' attitudes toward healthcare. The rights-based approach enhances students' support for the system that is close to the universal healthcare system.

Our statistical analysis examined the impact of other variables besides respondents' recognition of healthcare as a human right. Results do not indicate a significant effect of gender or the variables related to healthcare. Whether respondents have health insurance is not an important factor shaping their attitudes toward health entitlement or government's responsibility in healthcare. Similarly, the difficulty of accessing healthcare due to its costs does not seem to affect citizens' attitudes toward healthcare. Even though the respondents have faced difficulty in accessing healthcare, these experiences

TABLE 2. ORDERED PROBIT ANALYSES ON GOVERNMENT'S RESPONSIBILITY

Predictors	Model 1: Federal Government	Model 2: State Government
Gender	0.68 (0.37)	0.80 (0.38)
Insurance	1.59 (0.84)	1.49 (0.85)
Cost of Healthcare	0.47 (0.39)	0.63 (0.39)
Human Rights	0.53*** (0.12)	0.47*** (0.12)
Pseudo R-Squared	0.1720	0.1462
N	44	44

Note: * $p < 0.05$, ** $p < 0.01$, and *** $p < 0.001$. Estimated by Stata 15. Parentheses signify standard errors.

are not critical in determining their attitudes toward healthcare. Judging from these results, it is their perceptions of healthcare as a human right that critically affect their attitudes toward healthcare rather than their status or experiences with the healthcare system, thus verifying the importance of the rights-based perspective in forming students' attitudes toward healthcare.

CONCLUSION

The purpose of this study has been to systematically examine the implications of the rights-based perspective among students in the honors program at a regional university. More specifically, the present research has analyzed how the rights-based perspective shapes students' attitudes toward healthcare in terms of the following two issues: (1) health entitlement and (2) government's responsibility for providing healthcare. Results indicate that belief in the inclusive right to healthcare, regardless of one's background or financial situation, support the hypothesis that those who embrace the rights-based approach are more willing to extend the notion of healthcare entitlement. Also, one can hypothesize that those students who believe in the right to health tend to think that government should play an active role in providing healthcare and suggest that those students who adhere to the rights-based perspective tend to prefer a universal healthcare system. In this way, the statistical analyses have demonstrated that the rights-based perspective powerfully influences students' attitudes toward healthcare.

These results strongly suggest that students in the honors program support a more inclusive stance on healthcare, which is consistent with the view recognizing healthcare as a human right. Although it is not clear to what extent we can expand these findings, it is likely that a large percentage of younger generations embraces the rights-based perspective in healthcare. These findings have important implications in the United States, suggesting that the rights-based approach will gradually find a political ground. Consequently, one may see a stronger push for more inclusive health policy as the rights-based discourse in healthcare increasingly appeals to younger citizens in the United States.

The importance of the rights-based perspective, however, will not automatically lead to policy change in healthcare given the challenges to change. First, citizens would need to become more attentive to the problems of healthcare and to the importance of the right to health (Rodriguez-Garcia and Akhter, 2000), necessitating an environment in which students learn more about healthcare and change their basic understanding. Second, students need

to learn about global values (Meyer, 2007); education serves as an essential arena in which students can actively engage in discussions about health policy and develop their views toward healthcare. If students are socialized into the global norm regarding healthcare, the rights-based perspective will exert a more powerful momentum in the United States (Solomon, 2009). Honors programs can play an important role in achieving these changes.

One of the most critical lessons from this study is that honors programs can provide an environment for students to learn about highly abstract and complex issues. Human rights and social justice problems can provide this environment within the curriculum (Cargas, 2016). Although our study focused on the issues of healthcare and human rights, other surveys could focus on issues like housing, immigration, and climate change, examining how students comprehend these matters in terms of human rights. We underscore that our work could be replicated on a variety of issues regardless of geographic region.

Honors programs can significantly contribute to students' learning in subjects that are often avoided due to their conceptual complexities or controversial natures. Along with serving high-achievement students, honors programs serve the community: the mission of nearly all honors programs is to promote the greater good through educational opportunities appropriate to the ambitions and abilities of honors students. Our research should be helpful to all honors programs as we address curriculum needs and research opportunities so that students can further comprehend and tackle complex issues. An educational environment in which students engage in intellectually challenging tasks can have a significant impact in the real world.

ACKNOWLEDGMENT

This study was partially supported by the Daugherty Water for Food Global Institute at the University of Nebraska.

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