



## **NORTH CAROLINA SOCIETY FOR PUBLIC HEALTH EDUCATION**

### **NC SOPHE 2016 & 2017 Advocacy Priorities**

*NC SOPHE aims to partner with existing health coalitions and agencies in advocacy efforts prioritizing the following areas:*

**1) Recognition of health educator's value in public health** with a focus on educating policy-makers and other stakeholders on the important role that health educators play in sustaining and improving the health of all North Carolinians.

**The Trust for America's Health recommends that Medicaid funds be used to cover and reimburse services provided by practitioners like health education specialists (HES) as these professionals can competently deliver evidence-based programs in the community.**

- For over 40 years, research has shown that Health Education Specialists (HES) have the necessary skills and training to work in multidisciplinary settings in such areas as health education, care coordination and harm reduction (APHA, 2012). HES can play a critical role as part of diverse health care teams as a way to achieve improved health outcomes and the strongest Return on Investment (ROI) (Trust for America's Health, 2013).
- HES receive thorough training in several core competencies, including health assessment, program planning, implementation, evaluation, administration and management, as well as health communication and serving as a health education resource. Many HES have gone through a rigorous testing to earn formal certification as either a Certified Health Education Specialist (CHES) or a Master Health Education

Specialist (MCHES) (NCHEC, 2014). As such, NC SOPHE strongly encourages M/CHES certification among those entering/practicing the health education profession.

**2) Prioritization and protection of funding for prevention** with a focus on public health funding for the state level with a focus on highlighting the value of investing in prevention.

**North Carolinians must have equitable and affordable access to care. This can be achieved through enrollment advocacy via the Patient Protection and Affordable Care Act, which has helped as many as 9.9 million people to receive new health coverage, and assist more than 4 percent of all Americans benefit from coverage for the first time (Fox, 2014).**

- North Carolina's health indicators are very concerning. Healthy North Carolinians are more likely to have a better quality of life and live in optimally productive communities. As a result of a lack of investment in preventative health, North Carolinians have a life expectancy 0.5 months *shorter* than the average US resident, according to 2011 data. (Prevention Partners, 2015)
- According to the 2015 [NC Prevention Report Card issued by Prevention Partners](#), North Carolina backslid, stagnated and failed to stem the effects of the top four preventable causes of death: 1) tobacco use; 2) obesity; 3) physical inactivity; and 4) poor nutrition.

**3) Development and dissemination of efforts and policies aimed at reducing health disparities** with a focus on policies related to health equity and the social determinants of health.

**In order to combat growing health inequity, we support Governor Cooper's Medicaid expansion initiative. This will allow the 15.6% of currently uninsured North Carolinians an important opportunity to increase their health coverage.**

- North Carolina currently has the *fifth* highest uninsured rate in the nation; this has been decreasing steadily thanks to the ACA (News & Observer, 2016)
- Among North Carolinians: 18% of those age 65 and younger are uninsured, 19% of the current population are smokers, 19% of adults report fair or poor health days, 24% of children under 18 live in poverty, 29% of the total population is currently obese, and 17% of adults report severe housing problems. ALL of which *can* be attributed to socioeconomic status, which is a factor of health inequity (County Health Rankings, 2016).
- Statewide, many citizens face problems with health access. Some people have to drive up to 30 minutes to see a primary care physician. Some expectant mothers may have to drive across multiple counties in order to deliver. In other parts of the state, there is a

severe lack of mental health providers, with Ashe County, NC having one of the highest rates of of suicide due to handgun use (Community Health Report-Ashe County, 2015). The Advocacy Committee *must* be a voice for access and resources in places where there are very few and sometimes none.

**4) Dissemination of violence prevention education and survivor support services** with a focus on populations disparately impacted by dating violence, including women and adolescents.

**In North Carolina, there is a persistent and urgent need for increased funding for programs that work with community stakeholders to prevent dating violence among women and youth and support survivors in our communities.**

- **“Every minute, about 20 people are physically abused by an intimate partner in the U.S., according to the CDC”** (US News & World Report, 2015). **20% of all violent crime** between 2003 and 2012 was partner violence and the majority of offenders are not spouses, but current and former girlfriends and boyfriends (US News & World Report, 2015).
- **1 in 4** women (24.3%) and **1 in 7** men (13.8%) aged 18 and older in the United States have been the victim of severe physical violence by an intimate partner in their lifetime (CDC, 2012). In 2013, **108** North Carolinians were murdered as a result of domestic violence (NC Department of Justice, 2013). A recent UNC-Charlotte study found domestic violence in North Carolina costs the state nearly **\$308 million** — an average cost of **\$32.26** per resident annually (UNC-Charlotte, 2014).
- Firearms can play a particularly deadly role in domestic violence as well: “Abused women are **five times more likely** to be killed by their abuser if the abuser owns a firearm; domestic violence assaults involving a gun are **12 times more likely** to result in death than those involving other weapons or bodily force; and in 2011, **nearly two-thirds** of women killed with guns were killed by their intimate partners” (Law Center to Prevent Gun Violence, 2016).

**5) Support for sound tobacco-use prevention** legislation as per the soul of the 1998 Master Settlement Agreement (MSA).

**NC SOPHE strongly supports an increase in the North Carolina cigarette tax by at least \$1.65 per pack (the national average); stronger local government laws that restrict the use of tobacco products in: public places, government grounds & buildings, and community colleges; and advocating for adults with mental illness and substance use disorders who need cessation services.**

- The largest single determinant of tobacco use is tobacco prices; for every 10% in price, consumption decreases among virtually all populations (Bader, Boisclair, & Ferrence, 2011).
- The CDC recommends that NC invest \$99.3 million per year in tobacco prevention services out of the \$435 billion it receives from the MSA monies, but the NC Dept of Health and Human Services is only appropriated \$1.2 million per year for tobacco prevention projects (Quitline, 2016).
- Adults with mental illness & with a substance use disorder are far more likely to use tobacco products. While representing 25% of the population, they smoke 40% of all cigarettes sold (CDC, 2016). Prevention services, along with Quitline referrals, are sorely needed among this population who rarely receive the advocacy they deserve.

\*Last updated by John Brice, NC SOPHE Advocacy Committee Chair on January 5th, 2017

\*To join the NC SOPHE Advocacy Committee, send an email to [jbrice@wakehealth.edu](mailto:jbrice@wakehealth.edu)