



NORTH CAROLINA SOCIETY FOR PUBLIC HEALTH EDUCATION

NC SOPHE Advocacy Priority #3 2016-2017

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 address increasing health inequity in the United States and North Carolina, NC SOPHE opposes any effort to do the following:

- **Replace the Affordable Care Act with any plan that would reduce the number of Americans with health insurance coverage, including coverage for pre-existing conditions and allowing young adults to remain on their parents' health insurance plan through age 26 and other provisions that increase access to care.**
 - **Reduce or Abolish the Prevention and Public Health Fund, which has provided North Carolina with more than \$109 million since 2010 (\$17 million in FY 2016) in critical disease prevention services, including: smoking cessation, immunization, lead poisoning, healthcare related infections and locally-driven public health improvement projects including many aimed at improving health equity by focusing work on communities with higher rates of disease and lower economic opportunity.**
 - **Reduce funding and implementation of evidence-based programs and activities that generate program-based evidence to increase health equity and reduce health disparities, by bettering the economic conditions of communities and populations across the state.**
1. *North Carolina currently has the fifth highest uninsured rate in the nation; this has been decreasing steadily thanks to the ACA (News & Observer, 2016)*
 2. *Among North Carolinians: 18% of those age 65 and younger are uninsured, 19% of the current population are smokers, 19% of adult's 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).*
 3. *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 suicide, related 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. *If the Prevention and Public Health Fund is eliminated, the pain of these cuts will be felt across every community in North Carolina. They will lose funding they rely on to prevent chronic*

disease, halt the spread of infections and epidemics, and invest in the community resources that support health and equity.

- 5. In the lives of individuals and communities, strong public health infrastructure makes the difference between health and illness, safety and injury, life and death. Slashing public health and prevention funding would increase preventable suffering and death, make the poorest and sickest communities fall even further behind, and leave our country far less prepared for and capable of responding to public health emergencies. The undersigned groups find this vision of the future unacceptable, and stand for prevention and public health.*

NC SOPHE supports any and all efforts to instead expand existing Medicaid and Medicare services in order to provide health insurance coverages to uninsured North Carolinians. Taxpayers fund approximately 64% of U.S. health care costs—more so than any other nation on Earth and yet “Direct government payments for such programs as Medicare, Medicaid and the Veterans Administration accounted for 47.8 percent of overall health spending” (Almberg, 2016). How can Americans (North Carolinians) pay so much into the health care piggy bank and yet some people be uninsured? Even with the advent of the Affordable Care Act and its multiple attempts at dismantling; steps must be taken to expand care to those who are the most vulnerable.

As of July 2017, 19 States still have not accepted the Medicaid expansion, which is guaranteed federal assistance at 90% of the Federally Medical Assistance Match Rates until 2020 (Snyder & Rudowitz, 2015). At this point the states that have not accepted Medicaid expansion have been the states at most in need of the ACA monies. According to the Kaiser Family Foundation, “As a whole, more people—and in particular more poor uninsured adults— reside in the South than in other regions. Further, the South has higher uninsured rates and more limited Medicaid eligibility than other regions” (Garfield, 2016). NCSOPHE supports Governor Cooper’s inquiry into expanding Medicaid and hope that the General Assembly backs him in this endeavor.

You can find the fact the fact sheet on the current ACA expansion map located here:
<http://familiesusa.org/product/50-state-look-medicaid-expansion>