CONE HEALTH FOUNDATION

HEALTH CARE ACCESS AND COVERAGE: CORE VALUES AND BELIEFS

People without health insurance coverage have both poorer health status and shorter life expectancies. Equitable, affordable health insurance should be available to all, regardless of social indicators of race, ethnicity, gender, religion, geographic location, sexual identity or sexual orientation. Its cost should be shared by individuals, employers, insurers and government. Health care *can* be made more affordable; however, careful consideration must be given to the long-term value of the investment in health care, not just the short-term potential for cost savings.

UNIVERSAL ACCESS

- Access to health care should be universal, guaranteed for all on an equitable basis.
- All people have the right to high quality physical and mental health, which includes access to needed medical services, adequate food, decent housing, healthy working conditions, and a clean environment.
- Any changes in health policy should include a provision for protecting people with pre-existing conditions.
- Protections provided by the Health Insurance Portability and Accountability Act (HIPAA) and the later protections added by the Affordable Care Act (ACA), should be guarded. Currently, health plans cannot deny coverage for health status, medical and mental illness, history of claims or health care usage, disability, medical history and genetic information.

AFFORDABLE CARE

- Health care should be culturally competent, affordable and comprehensive for everyone, and physically accessible where and when needed.
- Expanding the safety-net insurance system through Medicaid is critical to reach the remaining uninsured, low-income, mostly working North Carolina individuals and families. Covering the uninsured is an essential step toward eliminating racial and ethnic disparities in our health care system.
- Reduce the growth in health care costs through administrative simplification, improved quality, better care coordination, use of evidence-based medical practices, reduction of unnecessary tests and services to patients.

FOCUS ON WELLNESS

- Research shows that health and safety are shaped largely by the environment in which people live, work, play, learn, age and help to create. Therefore, solutions that tackle underlying community determinants of health while also delivering high-quality health care are best.
- Improved health outcomes can be achieved by focusing on the use of evidence-based practices that target tobacco use, physical inactivity, and poor diet.
- Support policies that lead individuals to adopt healthier choices and lifestyles.

QUALITY CARE

- Improve patient safety and provide incentives for high quality care that is more integrated, coordinated and focused on outcome measures.
- Promote widespread use of health information technology (easy access to patient records and medical information improves the health care experience and enables better care coordination).

REPRODUCTIVE HEALTH

- All members of our community should have access to affordable, evidence-based, medically accurate, and effective reproductive education and health services of their choosing.

Relevant Terminology

1. **Culturally competent:** a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).

2. **Evidence-based:** the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

3. **Racial and ethnic disparities:** racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention

4. **Safety net**: providers that organize and deliver a significant level of health care and other related services to uninsured, Medicaid, and other vulnerable populations.

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