

January 21, 2009

Senator Karen Keiser
Committee Chair
WA State Senate Health & Long Term Care
224 John A. Cherberg Building
PO Box 40433
Olympia, WA 40433

Dear Senator Keiser,

Thank you for creating the opportunity in your committee process to receive these comments on Governor Gregoire's proposed budget and policy agenda for the coming biennium. We deeply appreciate the Governor's and the legislature's leadership toward making Washington the healthiest state. Without your efforts our state's health ranking certainly would not have improved from 15th to 10th since 2003.

Our comments on the governor's budget and on the POG process that underlies its thinking are based on a few core values that reflect a broad consensus our experience shows among state residents for health transformation. That direction is to redesign the health care system without adding new resources by shifting resources overtime toward those interventions --- whether medical, educational, social or otherwise --- that most contribute to long term health improvement.

Our Campaign's values and measures¹ match closely the Governor's Priorities of Government. In fact, our rough estimates are that more than half of state operating expenditures --- not just those labeled "health" in POG --- directly support efforts to make ours the healthiest state.

It must sadden you that our state's financial circumstances are already forcing program contractions that will damage our social safety net, and that will compromise Washingtonian's health for years to come. We believe the deepest level of these cuts may simply be unacceptable to Washingtonians.

However, we also believe our current circumstances create a chance to lay the groundwork for more sustainable health improvements in the coming years.

Our state's health has been limited by shortcomings in collective action on prevention. Most obvious may be that our childhood immunization rate has remained well below average (as low as 48th of the 50 states), with about 1 out of every 4 of our three year olds not fully immunized. What is more, our use rates in mammography, pre-natal care, cholesterol screening, fluoridated water, and other proven preventive measures are so far below average that they threaten medical quality and place too many Washingtonians at risk for preventable illnesses.

An even larger threat to our state's long term health is that our high school graduation rate --- a factor health researchers believe may be the strongest predictor of life long health --- remains embarrassingly below average with some 1 out of every 4 ninth graders not graduating on time. Worse still, these kids are far more likely to be poor, minority group members, increasing their risk of state dependence as adults, creating inequities in their health and disadvantages for them in virtually every other area of opportunity.

¹ <http://www.whf.org/spotlights/Healthiest-State-Report-Card-2008.aspx>

Many of the secondary benefits of state programs prevent these health threats. By failing to account for the secondary benefits of state programs, POG masks the preventive benefits of many non-health care programs. For example, programs that help people attain employment security have significant health effects not recognized by POG. Boosting educational achievement among low income and minority students including by attending to their health, social and emotional needs has significant health effects similarly unrecognized in POG.

Additionally, POG's focus on relative priorities within Result Areas may unintentionally divert attention from a needed debate about the adequacy of the state's overall level of effort as well as needed debate of the optimal relative level of effort between Result Areas. Are there adequate funds to deliver the minimum services the public needs and expects? Are we spending more or less than we need on all things education, say, than on all things health?

We find ourselves alarmed frankly, at prospects for our state's most vulnerable populations and for our state's long term health. Many of the cuts now being considered would undermine the health progress we have all made.

We invite you to focus on five principals we believe can lead to a more widely supported direction. They mirror the values underlying our Campaign. We believe they can lead to the tough budget choices needed now, but do more to minimize long term health risks and to build promise for our health future. They can be summarized simply as this: Control health care spending, preserve the safety net and invest in prevention.

1. Examine spending for health insurance and health care more closely and measure against investments in education, public health and social services for their comparative value toward long term health improvement and the preservation of a "safety net." We believe all health spending increases, whether for inflation, for improved data, management, marketing or control, for caseload growth, for new procedures, for new equipment or for new medicines should be judged, using the best available data against this standard: What is the per dollar benefit to the long term health of our residents?

That said, we recognize that credible evidence may be unavailable to compare relative value across investments in areas as disparate as medical inflation adjustments and the government's universal purchase of childhood vaccine. In these cases, we support use of some rough equity rules. So we applaud those portions of the Governor's budget that adhere to her Blue Ribbon Health Care Commission's recommendation to hold health care spending to growth rates in personal income. Additional savings may be attainable with less damage to long term health and the safety net through wider application of this standard.

2. Elevate Prevention and Initiate A Renewal of Public/Private Prevention Partnerships. Government plays a key role in prevention through the traditional core functions of public health and through its support for education, economic development and community planning. But preventing today's leading killers means changing behavior regarding physical activity, diet and addictions at individual and community levels. Polls show Americans to be wary of government leadership in this area. Success will require shared ownership --- even visible non governmental leadership from trusted private and professional communities. The Obama Administration's recently released economic stimulus package appears to provide support for new prevention initiatives, and key Congressional leaders are advancing a **Center for American Progress** proposal co-authored by John Podesta to realign health promotion and prevention efforts in a new public/private partnership called a Health Trust². The Trust would mobilize community energy and leadership already present in voluntary groups like the Healthiest State Campaign, the Heart, Lung, Cancer, Diabetes, Dietary, and many other Associations. It would include the prevention oriented leadership of health care groups, businesses and community leaders. Such a largely federally financed Trust could be a new vehicle for partnership between public health

² http://www.americanprogress.org/issues/2006/10/pdf/health_lambrew.pdf

departments and key aspects of our state's education, employment support and social services agencies. The Healthiest State Campaign believes now may be the time to begin a Health Trust in our state.

3. Focus and strengthen public health resources, accountability and partnerships around traditional "core functions." We find few health priorities more compelling than placing core public health activities on a firm financial and organizational footing. At an absolute minimum, we should not reverse the progress made or undermine the conditions for success now present, if not sufficient to improve immunization rates. Realigning our public health system to account for a new Health Trust should in no way diminish strong core public health functions of assessment, infectious disease control, care for women, infants and children's health, including energetic efforts to boost immunization rates, environmental health protection and emergency preparedness. That said, we believe our state's dire financial circumstances are a window to take even more full advantage of remaining opportunities for efficiency through regionalization and consolidation of some local public health jurisdictions or functions.

4. Improve High School Graduation Rates by Maintaining the State's Promise of Educational Equity. Health evidence is clear now that education is perhaps the most important single life long determinant of health. For this reason we strongly support recent experiments to eliminate the achievement gap and reduce the drop out rate, even as we insist on high educational standards. We applaud efforts to improve cultural competence among teachers, curricula and standards, to identify and intervene early with students at risk and to remove other barriers to academic achievement. Additionally, new research in our state shows that each health condition a child faces, places her at increased risk for academic failure. For these reasons we believe the state should consider closing the academic achievement gap a first tier priority when it comes to health.

5. Strengthen and Carefully Position the Safety Net. In economic times like these, those most in need are often the first to experience the most severe hardship. Government must ensure a safety net for such families now—not through 'business as usual' but through improvement in how our state safety nets operate to help those most in need. We are troubled by the POG team's statement in the POG report that, despite its identification of current items as "Low", "Buy Next" or "Do Not Buy", "The team members acknowledged that this result area has insufficient funding to meet the current demand for services and to achieve the desired progress in meeting the statewide indicators." We believe our state's residents would be deeply troubled to find, even in the state's dire financial circumstances, that we are truly unable to maintain programs whose elimination would place the very lives of our most vulnerable children and seniors at direct and immediate risk. We implore state leaders to assure that the safety net first sustains the lives of those who depend upon it most directly and completely. That done, if the POG team's statement is determined still to be true, we implore state leaders to engage all of us in a search for alternatives to these cuts.

Thank you for the invitation to comment on the Governor's budget and policy agenda, and to offer these thoughts for your consideration. We look forward to working with you, even through these very trying times, toward making ours the healthiest state in the nation.

Sincerely,



Greg Vigdor
President and CEO
Washington Health Foundation & Healthiest State Campaign

Cc: Rosa Franklin, Vice Chair, Senate Health and Long Term Care Committee
Cheryl Pflug, Senate Health and Long Term Care Committee
Randi Becker, Senate Health and Long Term Care Committee
Darlene Fairley, Senate Health and Long Term Care Committee
Chris Marr, Senate Health and Long Term Care Committee
Ed Murray, Senate Health and Long Term Care Committee
Linda Evans Parlette, Senate Health and Long Term Care Committee
Margarita Prentice, Senate Health and Long Term Care Committee
Rhonda Donkin, Coordinator/Analyst, Senate Health and Long Term Care Committee
Robin Arnold-Williams, Policy Office Director, Office of the Governor
Victor Moore, Director of Office of Financial Management, Office of the Governor
Sandi Swarthout, "Capitol Connection" for the Washington Health Foundation