

## Healthiest State Long Term Policy Goals

### ***Healthy Habits Should Be Easy for Everyone***

In the healthiest state, safe streets, good schools, a healthy economy, full employment, a robust public health system, a reliable 'social safety net', high quality medical care and thoughtfully planned communities work together to make it easy for everyone to turn these few healthy choices into strong personal habits:

- exercise regularly,
- eat moderately from a balanced and nutritious selection of foods,
- brush and floss,
- avoid tobacco, excess drinking and other drug addictions,
- take simple steps to avoid injury like buckling up, working safely and locking up guns when not in use, and
- use a health home<sup>1</sup> to organize your medical records, stay current on preventive care and keep working on your own personal health improvement plan.

### ***Healthiest State Policy***

This simple formula for ***Healthy Living*** lies at the center of the numbers we track to judge our state's health<sup>2</sup>. It underlies most of our efforts with our 35,000 Individual Champions, through the Governor's Health Bowl, our personal health trackers, our Spring Training, our New Year's Challenge and more.

But we know that ***healthy living*** is easier for some than for others because many live in circumstances where healthy choices are not always easy. Knowledge, availability, convenience, cost, lack of time and lack of social support can all be barriers. So a key part of the Healthiest State Campaign is advocating ***collective action*** that promotes ***Healthy Systems***. These are systems that help make healthy choices easy for everyone. Most are not new. Many are just desirable characteristics of good schools, safe streets and productive service systems. The problem is that our state often ranks below average in these measures. Too often they are not the highest priority at all levels, in all systems or for all people. Our Campaign believes we will build ***healthy systems*** as the public understands more about how important they are and begins asking that their quality, productivity and reach extend fairly to all. We are working to build this understanding, so that over time, maintaining ***healthy systems*** becomes the highest priority at all levels in spending and in policy within our medical care system and in our expectations of government, education, economic and social support systems.

In the coming years, we will lead changes in three areas to develop ours as a state where healthy living is easy:

#### **1. Educate About Better Government Investments in Long-Term Health Improvement.**

*Reinvest some government savings from limits on medical inflation or from new or unanticipated revenues in strategies that will create measurable long term improvements in the health of the state, using the Healthiest State in the Nation Report Card measures or other compelling indicators of state health.*

#### **2. Engage Workplaces, Schools and Neighborhoods to Create Environments Built for Healthy Living.**

*Engage Washington's many and diverse communities in creative partnerships that increase the equity of opportunities and outcomes for education, income, and housing in safe environments where healthful foods, routine physical activity and other healthy living habits are easy.*

#### **3. Empower People with the Right to Prevention and Personal Oriented Care.**

*Promote personal ownership of one's health, eliminate financial and cultural barriers to prevention oriented care, increase care continuity and support mechanisms, improve adherence to proven care protocols, and lower medical system management and transaction costs.*

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<sup>1</sup>A health home is a trusted source of routine, prevention oriented medical, oral and mental health screening and advice that helps you keep health records current, complete and shared with all your health providers, and that supports your work on a personalized health and wellness plan. Depending on your health condition, this plan might be as simple as daily exercise, oral health and diet objectives, or as complex as closely coordinated courses of medication, intensive therapy and close medical or mental health monitoring.

<sup>2</sup> <http://www.whf.org/HSIN/StateRank.aspx>

## **Healthiest State Short Term Policy Priorities 2009-11**

### **1. Educate About Better Government Investments in Long-Term Health Improvement.**

- Reinvest some government savings from limits on medical care inflation and/or invest new or unanticipated revenue in selected strategies that will create measurable long term improvements in the health of the state, using the Healthiest State in the Nation Report Card measures or other compelling indicators of state health.

### **2. Engage Workplaces, Schools and Neighborhoods to Create Environments Built for Healthy Living.**

#### ***Workplaces:***

- Create tax incentives for small employers to begin employee wellness efforts that are expandable to the types of programs currently available to large employers and employees, and
- Support rational and publicly supported policy with respect to the role of employers in health coverage in Washington.

#### ***Schools:***

- Reduce the achievement gap confronted by racial and ethnic students by demonstrating the potential of intensified school/community partnerships to engage high risk students with social support, health, educational remediation, and alternative education strategies, including coordinated school health;
- Further increase high risk student engagement by holding educational systems accountable for cultural relevance and cultural competence. This would include regular assessment of educational systems, recruiting more multilingual, racially diverse teachers, identifying multicultural perspectives as one component of high quality curricula, and implementing cultural competency training standards for teachers; and
- Prevent disengagement from school among young learners by reducing elementary school class size and by increasing teacher training and salaries, including incentive payments to attract the highest quality teachers to the lowest performing schools.

#### ***Neighborhoods:***

- Create financial incentives that promote walking and biking to school and reduce the number of diesel powered school buses; and
- Support endangered rural community health systems by providing targeted support for community health improvement plans to build healthy systems and healthy living collaborative action.

### **3. Empower People with the Right to Preventive Care.**

#### ***A Universal Right to Preventive Care***

- Use mass media and targeted messaging to educate the public about the value of preventive health measures, including use of proven clinical preventive care, encompassing physical health, oral and behavioral prevention;
- Require that any insurance product marketed as “a health plan” and any state purchased coverage must include coverage for and regular reporting on use of preventive care and services according to standards consistent with U.S. Clinical Preventive Services Task Force recommendations;
- Contract with preventive care leaders in oral health, behavioral health to conduct regular clinical rounds and training in hospitals, clinics and other care settings;
- Link any increases in medical assistance reimbursement rates for oral, developmental and behavioral health exams to increased use of these services, documented in Child Profile;

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- Establish a state funded program in each local health jurisdiction that contracts for preventive care and services with no financial, cultural or other barriers for those not enrolled in an approved “health plan” according to standards consistent with U.S. Clinical Preventive Services Task Force recommendations and linked to state health performance outcome measures as noted below;
- Require that the state and each local health jurisdiction publicly report the share of their jurisdiction’s population using the preventive services identified in the Healthiest State Campaign 2008 Report Card and the US Clinical Preventive Services Task Force recommended list of preventive screens, health checks and recommended primary care;
- Establish that each individual owns their own health information; that they may permit its collection and sharing to help establish their “health home”, but that their access to their health information retained by others may not be unimpeded, and support ways that will promote sharing of this information across health settings with strong personal safeguards for confidentiality;

***Major Childhood Vaccination Rate Improvement:***

- Target mass media and specialized communications to pregnant families and parents of young children about health risks from low immunization rates vs. risks from vaccine preservatives;
- Contract with immunization practice leaders to conduct regular clinical rounds and training in hospitals, clinics and other care settings;
- Link any increases in medical assistance reimbursement rates for childhood vaccine administration to increased use of these services, documented in Child Profile;
- Establish on time childhood immunization rates as a performance measure for the state health department and for each local health jurisdiction;
- Require informed consent for parents wishing to exempt their children from existing child care and school entry immunization laws, including information on the risks of immunizing vs. not immunizing;
- Place sufficient resources in schools (school nurses, clinics, contracted health providers) to allow them to comply with immunization reporting requirements and related duties and link performance objectives to vaccination rate outcomes; and
- Expand scholarship and loan forgiveness programs that train and place primary care providers in medically underserved areas and link performance objectives to vaccination rate outcomes.

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