

Introduction

RCW 43.20.100 requires the State Board of Health to produce a biennial report to the Governor that suggests “public health priorities for the following biennium and legislative action as it deems necessary.” In developing the 2012 report, the Board reached out to state agencies involved in health issues, particularly those whose authorities and policy priorities intersect with the Board’s. The Board asked these agencies to identify policy initiatives and programs that need to be retained or established, and that provide the necessary foundation for advancing Washington’s health into the next biennium.

This collection of essays reflects the work of state agencies whose work impacts the public’s health. The state agencies featured in the State Health Report include the Washington State Board of Health, the Departments of Health, Agriculture, Social and Health Services, Early Learning, Corrections, Veterans Affairs, Labor and Industries, and Ecology, as well as the Health Care Authority, the Interagency Council on Health Disparities, and the Office of Superintendent of Public Instruction. Each contributes to the health and well-being of our state’s people.

It is important to understand that this report does not describe the state of health in Washington—the diseases and injuries we experience, the causes of our deaths, our health trends, or how Washington compares to other states. That information is available in other documents, such as the *Health of Washington State* published by the Department of Health. Nor is this report designed to inventory all the things that state health agencies are currently doing. There are far too many initiatives to capture in one document. Finally, it is not meant to capture all the things agencies could or should be doing in the next few years to improve the health of Washingtonians. That information can be obtained from agency strategic plans and other documents.

Instead, this report highlights key initiatives and state agency activities that focus on improving the public’s health, and suggests some strategic directions for improving and protecting the public’s health. These are high-level policy objectives that deserve the attention of the Governor, the Board, the Legislature, and senior managers across state agencies.

Developing and Promoting Policies that Protect and Improve the Public's Health

By John Austin, Chair Washington State Board of Health

Many factors affect our health – where we live, how physically active we are, education, our access to care and nutritious food, family income, genetics, and more. Healthy people are the backbone of a productive and vibrant community. Poor health carries a price. Workers are less productive. Students don't perform as well. Health care costs increase. When individuals are unhealthy, our communities' overall health declines as well.

The State Board of Health works to understand and prevent disease across the entire population. It recommends health policy, engages the public in the policy development process, and is responsible for a wide range of health and safety regulations. To accomplish this work, the Board relies on many partners, including the Department of Health and other state agencies, local health jurisdictions, tribal agencies, health care providers and facilities, public schools and others. The Board's health and safety regulations and policy recommendations help keep our drinking water and food safe, identify and respond to communicable disease threats, ensure that our children receive appropriate and timely health screenings and immunizations, and enhance the safety of facilities that Washingtonians use every day, including pools, schools, restaurants, camps, outdoor concert venues, hotels and resorts and more.

The Board's current priorities and recommendations for this report are based on its strategic plan, which focuses on five areas: strengthening the public health system, increasing access to preventive services, reducing health disparities, encouraging healthy behaviors and promoting healthy and safe environments. We have also looked across the essays submitted by the other state agencies in this report, and highlighted the efforts that complement the Board's strategies. The priorities and activities in the 2012 State Health Report deserve the attention of the Governor, the Legislature, and senior managers across state agencies. It is striking to see that the many partnerships these agencies have developed are working to increase efficiency, control health care costs and protect and enhance the public's health.

Strengthen the public health system

The State Board of Health has long been concerned about the capacity of the public health system. Safeguarding the public's health is an essential government service, made more difficult by the on-going recession and many years of reductions across federal, state, and local budgets. Funding for the system's core activities has eroded even as it has had to respond to a host of new challenges, including rapidly rising rates of obesity and diabetes, and re-emerging diseases. We know that outbreaks of vaccine-preventable disease such as whooping cough, or foodborne illness are harder to prevent when public health has fewer resources to investigate and identify illnesses or provide adequate information to families and communities on preventing disease.

The Board participates in the Public Health Improvement Partnership. The Legislature directed the Partnership to guide and strengthen the governmental public health system in Washington State. This year, the Partnership will begin developing and implementing the work described in Secretary Selecky's essay on the Agenda for Change. One of the focus areas is developing a long-term strategy for predictable and appropriate levels of financing.

The Board recommends that ensuring a stable adequately-funded public health system should be a top priority for the 2013-15 biennium.

Increase access to preventive services

Preventive screenings are used to measure health risks or disease, and typically include regular measurements of weight or blood pressure. Preventive services may be prescribed or administered as a result of the screening and include advice about diet, exercise, tobacco, alcohol, and drug use; as well as stress and accident prevention, and immunizations. When people don't have access to basic preventive services, they are more likely to become ill, or may be unaware that they have a serious chronic condition such as diabetes or high blood pressure. As a result, their health care can be more complicated or costly. Making sure that the people in our state have access to preventive services not only improves the individual's health, but it also contributes to the public's health and helps reduce health care costs, helping preserve the state's fiscal capacity.

Director Hyde's essay describes the Department of Early Learning's (DEL) *Early Learning Plan*, which identifies a number of strategies and recommendations that emphasize preventive care for children and their families. These strategies establish a strong and early foundation for healthy child development.

The Board recognizes that healthy kids learn better, and we know that people with higher levels of education tend to be healthier. In 2009, the Board, in partnership with the Department of Health and the Office of the Superintendent of Public Instruction completed a review of policies and programs. The agencies jointly produced a report called: *Research Review: School-based Health Interventions and Academic Achievement*. In his essay, Superintendent of Public Instruction Randy Dorn emphasizes the importance of health education that focuses on prevention and school-based health interventions in helping students be successful in school and reach academic goals.

Identifying and helping individuals effectively manage their chronic disease is an area where many state agencies that provide or oversee the provision of health care have made major strides. The Health Care Authority (HCA), Department of Social and Health Services (DSHS) and DEL are all working to improve care for the populations they serve by implementing health homes. Health homes deliver team-based, patient-centered, coordinated care that includes health education and promotion, which lead to better health outcomes.

The Department of Labor and Industries, HCA, and DSHS have also worked to control the costs of medical care, improve the quality of care, and increase the efficiency of health care service delivery in Washington. Robin Arnold-Williams, DSHS Secretary, describes her agency's efforts to integrate care for beneficiaries that rely on Medicare and Medicaid for vital health services. Director Schurke shares Labor and Industries' efforts to help injured workers return to their jobs as quickly as possible. Likewise, Deputy Director Alfie Alvarado of the Department of Veterans Affairs describes the care of the growing population of veterans and its goals to help wounded warriors recover and develop marketable skills through innovative therapies. Doug Porter, HCA's director, describes his agency's partnerships with others to improve quality and reduce costs for health care and service delivery.

The Department of Corrections' work to manage the many health issues of those who enter its facilities is remarkable. By managing mental illness, providing chemical dependency treatment and managing communicable diseases among incarcerated offenders, Corrections is helping assure that when offenders re-enter the general population they are healthier, which in turn improves public health and helps ensure public safety.

The Board strongly encourages the State to sustain these efforts that promote prevention and access to care, advance health equity, and strengthen the public health system.

Reduce Health Disparities

The term "health disparities" describes the difference in the prevalence and incidence of disease and death among specific populations. Groups affected by health disparities tend to have less access to the resources that promote health. We know that health starts where we live, learn, work, and play, yet people of color, low-income communities and other populations that experience health disparities may be exposed to environments and circumstances that make it hard to be healthy. As a result they are more likely to suffer from illness and chronic diseases such as diabetes or cardiovascular disease.

Closing these health gaps is imperative, especially in light of the state's changing demographics. Washington's communities of color comprise an ever-increasing segment of the state's population. In addition, our limited-English proficient (LEP) population is growing faster than any other state in the U.S.—currently there are more than half a million LEP persons in Washington State.

In 2010, the Governor's Interagency Council on Health Disparities, which is staffed by the Board, released its *State Policy Action Plan for Eliminating Health Disparities*, and later this year will submit an updated action plan. The Board supports the Council's work, which is described by the Council's chair, Emma Medicine White Crow, in this year's report. The Board believes that the state's primary focus for addressing health disparities should be implementing the Council's Plan.

Encourage policies that promote healthy behaviors

Regular physical activity helps build and maintain healthy bones and muscles and reduce fat. The Centers for Disease Control and Prevention reports 35 percent of young people in grades 9–12 do not engage in vigorous physical activity on a regular basis. The percentage of children and adolescents who are overweight has more than doubled since 1980 and 16 percent are now overweight. Overweight children are more likely to have high blood pressure, high cholesterol, and high insulin levels. They are also more likely to become overweight adults, who are at increased risk for heart disease and diabetes.

Physical activity is important to the health and well-being of people of all ages. Obesity rates among adults have continued to increase every year and have doubled over the past decade. Washington is not much different than other parts of the country – more than half of Washington’s adults are either obese or overweight. Less than 20 percent of older adults engage in enough physical activity. The Board supports science-based policies and promising practices such as those described in *Recommended Community Strategies and Measurements to Prevent Obesity in the United States* (CDC, 2009), which work to improve physical activity and nutrition in school, workplaces, and community settings.

Programs help families access the healthy foods they need are critically important in helping improve nutrition, reduce obesity, and lower the risk for diabetes. Director Dan Newhouse describes the Washington State Department of Agriculture’s Food Assistance Programs and Secretary Arnold-Williams details DSHS’s Supplemental Nutrition Assistance Program. Both agencies are working hard to help improve nutrition and address access to food for low income households. The Board believes that state, local, and tribal governments should implement policies that encourage physical activity, improve opportunities for healthy nutrition, and make healthy choices easier, particularly in underserved communities.

Promote healthy and safe environments

The Board develops and adopts rules on a wide variety of environmental health issues, such as food safety, drinking water protection and design and operation of on-site sewage systems. The Board supports environmental health initiatives by other agencies that have the potential to improve human health—for example, the Department of Ecology’s partnership with Department of Health to reduce human exposure to persistent bioaccumulative toxins and to develop alternatives assessments. Director Ted Sturdevant describes the Department of Ecology’s efforts to prevent toxic chemical exposure. The Board supports efforts to protect children from exposure to environmental health hazards, especially those that could have long-lasting health impacts.

The Board adopts food service rules and food service worker rules to protect the health, safety, and well-being of the public and to prevent the spread of disease. These rules help protect the public’s health in a variety of settings, including restaurants, farmers’ markets, grocery stores, and the facilities that serve our vulnerable populations such as schools and health care facilities.

The Board strives for consistent, statewide implementation of food safety rules, while supporting authority of local boards' of health to be stricter based on their community's public health needs.

The Board has adopted but is unable to implement an updated rule for environmental health and safety in schools. Schools and school districts have been chronically underfunded for years, and particularly during the economic downturn, simply do not have the resources to fully implement the updated rule. Recently, the state Supreme Court issued a decision calling for at least \$1.5 billion more a year for K-12 education by 2018. The Board supports efforts by the Quality Education Council to identify funding formulas that could provide the funding needed for school cleaning and maintenance. The Board believes that assuring our children are in clean, safe, and healthy school environments will not only help improve children's health, it will also contribute to improved educational outcomes.

Each agency contributing to this year's State Health Report has a different mission and responsibilities, but they all work to improve the state's health. Our state's diverse population presents unique needs and challenges for each community. The on-going recession and many years of federal, state, and local budget reductions have eroded public health's ability to respond to threats the way it has in the past. The recession has damaged the state's safety net for our most vulnerable populations, and recovery is slow. This State Health Report showcases the efforts and partnerships state agencies have forged to increase efficiency, to control health care costs, and to protect and enhance the public's health during a challenging period in the state's history. Although many signs point to improvements in the economy, the setbacks the past few years have created won't soon go away. Neither will Washington residents' need to safeguard and improve their health. As those who read this report will see, the agencies with health included in their charters are working in their own arenas to maximize their resources in making Washington a safer, healthier place to live.

Strengthen the public health system

Reshaping Governmental Public Health-An Agenda for Change

By Mary C. Selecky, Secretary, Washington State Department of Health

Public health in Washington is at a crossroads. After a century of extending life, reducing injury and illness, and increasing the quality of life of our residents, public health now faces the dual challenges of a severe funding crisis and dramatic changes in the nature of preventable illness and disease. These new realities must lead to a rethinking of how we do our work. The following report describes our plan to improve health in Washington by reshaping our work through the *Agenda for Change*.

Public health has profoundly improved the lives of people in our state for more than 100 years. In the early 1900s, the average life expectancy in the U.S. was 49 years. Today it is about 80 years. While clinical health care is valued, most of the life expectancy increase is due to public health actions – for example, the dramatic drop in infant mortality and death from infectious disease resulting from improved hygiene, sanitation, immunization, and communicable disease control. While these public health successes remain largely out of the public spotlight, our work to ensure safe drinking water, safe food, and safe living conditions is active and ongoing today, and requires resources and trained public health professionals to assure continuing effectiveness.

Our public health system consists of 35 local health agencies, the state Department of Health, the state Board of Health, and the many tribal governments of Washington. Each local agency serves the needs of its own community. However, through the Public Health Improvement Partnership (PHIP) — a partnership of federal, tribal, local and state public health leaders — we work together to set a vision for the future, and to focus on public health priorities to improve and protect health across Washington. The *Agenda for Change* was developed through the PHIP with guidance from many partners including health care organizations, educational institutions, community groups and businesses.

Some of our successes bring new challenges; while people in Washington are living longer, too many are dying early from preventable causes, often following years of preventable illness and disability. Chronic diseases such as diabetes and heart disease, resulting from underlying causes including tobacco use, poor nutrition, and physical inactivity, continue to trigger long-term illnesses and disability, and are cutting lives short.

AN ACTION AGENDA FOR THE PUBLIC'S HEALTH

Amidst this change, the fundamental goals of public health remain the same. However, our specific actions must change. It's time for public health to transform itself into a more focused and disciplined system that can turn the tide on preventable illnesses while maintaining core services. Implementing the *Agenda for Change* will drive the course of change for public health in Washington for the next three to five years. The *Agenda for Change* has four areas of focus. To accomplish these, we must think differently about how we do our work; to become more outcome-oriented, to acquire new skills, and to learn to partner better with our community health care providers.

1. Preventing communicable diseases and other health threats

Focus our communicable disease capacity on – and enhance the most effective and important elements of— prevention, early detection, and swift responses to protect people from communicable diseases and other health threats.

- **Increase immunization rates across the lifespan of all residents in Washington State**
Give high priority to and explore every avenue to maximize the disease protection provided by immunizations – one of our most cost-effective strategies to prevent the spread of vaccine-preventable disease.

- **Standardize and prioritize communicable disease surveillance and response**
Sustain the most effective elements of our capacity to prevent, rapidly detect, and respond to health threats, both current and emerging. Maintain and enhance the many public health efforts that provide safe drinking water, safe food (including safe shellfish), communicable disease control and emergency response.

- **Develop and maintain an integrated data collection system for communicable disease surveillance and response**
Modernize the data collection system for case investigation and outbreak management. Increase capacity to receive electronic laboratory reporting of communicable disease from health information exchanges for earlier and more comprehensive surveillance of disease and emerging threats.

2. Foster healthy communities and environments

Focus on policy and system efforts to foster communities and environments that promote healthy starts and ongoing wellness, prevent illness and injury, and better provide all of us the opportunity for long, healthy lives.

- **Give all residents the choice to live tobacco-free**
No level of exposure to tobacco smoke is safe. Exposure to secondhand smoke can be especially harmful to people with chronic conditions, such as asthma.

- **Give all residents the choice to eat healthy**

Food choices are influenced by the variety, quality, portion size and price of foods available in restaurants, grocery stores and convenience stores. School-aged children eat up to 50 percent of their daily food at school.

- **Give all residents the opportunity for safe, active lives**

Adults are three times more likely to walk or bike if they have easy and safe conditions for walking and biking in their neighborhoods. Students who walk or bike to school are more likely to meet recommendations for physical activity.

3. Improving health by partnering with health care

Focus our public health tools and efforts on turning the tide of increased chronic disease and other preventable illness in Washington through effective partnerships with the health care delivery system.

- **Increase information about the community's health care system and the health of local communities**

Provide information about the health status of the community, the capacity, use and funding barriers of the local health care delivery system, so that local leaders and health care partners can make informed decisions about how to improve access to care, preventive services and patient safety.

- **Engage community leaders with a shared interest in improving health to identify and address community health problems.**

Provide leadership by convening people with a shared interest in improving health outcomes to develop community health needs assessments, and to share health information with broad audiences so problems can be identified and potential solutions developed.

- **Promote adoption of clinical preventive services.**

Advocate provider use of evidence-based clinical prevention services ([National Prevention Strategy](#)), and for the increased use of patient-centered health homes. Clinical preventive services consist of screening tests, counseling, immunizations or medications used to prevent disease, detect health problems early, or provide people with the information they need to make good decisions about their health. Consistent use of evidence-based preventive services throughout the health care system can improve quality of care.

4. Develop a long-term strategy for predictable and appropriate levels of financing

Focus efforts with partners and policy makers to develop a new model for local, state, and federal funding of the governmental public health system in Washington State to support the fundamental capabilities needed in a 21st century public health system.

- Identify core public health capabilities and services of statewide significance so that future work, with appropriate policy makers involved, can be undertaken to determine how to best fund these core services in a sustainable way.

Beginning this year, the Public Health Improvement Partnership will oversee the collaborative development and implementation of the *Agenda for Change*. This presents a rare and challenging opportunity for the public health system, in partnership with many others, to significantly improve the health of the people of Washington. Stay tuned!

Increase access to preventive services

Giving Children a Healthy Start in Life

By Bette Hyde, Director, Department of Early Learning

When Gov. Chris Gregoire created the Department of Early Learning (DEL) in 2006, her expectation was clear: That we build a strong, cohesive early learning system in Washington that prepares children for success in school. A critical element of that system must be supporting children's and families' physical and mental health needs.

The key to lifelong health starts in the earliest years. Research from the Harvard University Center for the Developing Child concludes that adult health is literally determined in the earliest years, through the development of cardiovascular functioning and immune reactions. Research shows children who experience significant stress in their earliest years are much more likely to have lifelong health issues, such as a lesser ability to fight disease and maintain heart health. Children who are hungry, whose mouths hurt from untreated tooth decay, or whose families don't have a medical home are at a disadvantage from the start when they enter kindergarten. Children who are loved and supported nutritionally and emotionally have a far better developmental trajectory.

We can help level the playing field for all children in our state by helping ensure basic health needs—physical and emotional—are met.

DEL partners with many entities to promote healthy child development. In 2010, our state issued its first-ever Early Learning Plan, a 10-year blueprint for ensuring children in Washington have access to the services and supports they need to succeed in school and life. This Early Learning Plan is not just a DEL document. It is the blueprint for all of the state's public and private partners' collaborative efforts to ensure that all children are healthy, capable and confident. Among the Plan's 36 strategies, about half are directly related to family and child health. These include:

- Increase breastfeeding, access to healthy food and food security so that children have optimal nutrition.
- Ensure families have insurance and a medical home for preventative care and treatment of chronic and acute illnesses.
- Improve early childhood oral health.
- Provide access to mental health services for children and families.
- Make universal developmental and social-emotional /mental health screening available.
- Increase new parent screening for postpartum mood disorders.

Through strong partnerships, our Early Learning Plan, and the strategic use of limited resources (including the \$60 million, four-year Race to the Top-Early Learning Challenge grant Washington won in December 2011 and the \$25 million, three-year competitive Maternal Infant and Early Childhood Home Visiting grant Washington won in March 2012) our state has made much progress, including:

- DEL and our private nonprofit partner, Thrive by Five Washington (Thrive), are building a statewide home visiting system to support expectant moms and new parents, and to connect them with information and community resources about healthy child and family development.
- DEL, Thrive and the Office of Superintendent of Public Instruction led a year-long effort to review and update our state early learning guidelines, a resource document that includes important information on supporting healthy child development ages birth through 8, including information on behaviors that might trigger follow-up evaluation with the medical provider. (The updated guidelines are available at www.del.wa.gov/development/guidelines)
- Through our Race to the Top-Early Learning Challenge grant, our state is providing professional development and support for child care providers to offer increased, safe, healthy, and high- quality care for children.
- DEL and Thrive have built an infant/toddler child care consultation program, which connects child care providers with expert consultants to address physical and social-emotional/mental health needs with children ages birth to 3 in their care.
- DEL and the Council for Children & Families are working closely to transfer the Council's functions to DEL beginning July 1, 2012. This is an incredible opportunity to build upon and extend the reach of existing public awareness campaigns around postpartum mood disorders, infant safe sleep, and Shaken Baby Syndrome prevention.
- Our Early Support for Infant and Toddlers program screens children ages birth to 3 and provides services for children with a developmental disability or delay.
- DEL and the Washington Dental Service Foundation are exploring ways to improve oral health of Washington residents. Forty percent of kindergarteners had tooth decay in Washington in 2010, which makes it hard to concentrate on learning.
- For 25 years, Washington has provided the high-quality Early Childhood Education and Assistance Program (ECEAP), a comprehensive preschool program for children from families with low incomes or other risk factors. In addition to preschool learning that helps get children ready for school, ECEAP provides health and nutrition connections and helps ensure families have a medical home.
- The Washington Developmental Screening Partnership Group (convened by the Department of Health) is exploring how to create a statewide system for universal developmental screening and to link families to appropriate resources.

We have made significant progress, but there is much more to do. Our vision for the Early Learning Plan clearly advocates that all children should be “healthy, capable and confident,” and ready for school and life. Please visit www.del.wa.gov/plan to learn more about the state Early Learning Plan and how your community can help ensure all children in Washington grow up safe, healthy, and ready to take on the world!

Healthy Kids Learn Better!

By Randy Dorn, Superintendent, Office of the Superintendent of Public Instruction

“School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.” – Carnegie Task Force on Education of Young Adolescents (1989)

We know that students do better in school when they are emotionally and physically healthy. Unfortunately, too many of our students arrive at school in less than optimal health. Schools in our state work hard to partner with students, families, staff and their community to create the strong web of support students need to succeed.

Across our state, we see that while large groups of students have made significant academic progress, some students have not. Supporting social, emotional, and physical health needs may be the most effective way of helping many students reach their academic goals. Health education focusing on prevention and school-based health interventions is fundamental to accomplishing these goals.

School leaders tell me that community partnerships are vital to help them address a variety of challenges students face, including barriers to learning created by health conditions. I am excited to share key research on effective school-based health interventions in Washington, as well as innovative school and community partnerships that promote health and academic success.

Research shows that the fewer health risks students have, the more likely they will be to succeed in school and to graduate on time. The Washington State Board of Health, Department of Health, and Office of Superintendent of Public Instruction partnered to produce a report: *Research Review: School Based Health Interventions and Academic Achievement* (Dilley, 2009). The report examines 13 key physical and mental health risk factors. It analyzes the relationship between the factors and the grades students receive in school. It highlights the idea that risk factors build on each other; if schools can help students make different choices in one or more areas, then student grades can improve.

Many school leaders are taking action to help prevent health-related barriers to learning. For example, the 2010 *School Health Profiles* survey, conducted by the Centers for Disease Control and Prevention, reported that almost half (48 percent) of reporting Washington schools have a school health advisory council. More than half of the schools (52 percent) assessed their policies and programs, and the large majority of schools (78 percent) have a health-related goal in their required School Improvement Plan.

There are countless examples of educational leaders in our state who are going above and beyond to partner with the community to meet the needs of the whole child. For example, Dave LaRose, the superintendent in South Kitsap School District, has embraced a Whole Child, Whole

Community approach. He's seen significant increases in academic success in his district through active partnerships with his local community to address identified barriers to learning.

A partnership with the Centers for Disease Control (CDC) for Coordinated School Health allows OSPI and the Department of Health to collaborate to support school health efforts in our state. For example, the Health and Fitness Program Supervisor at OSPI has used CDC funding to develop a cadre of 30 exceptional health and fitness teachers around the state who provide professional development and support for comprehensive school health and fitness programs. Doris Dorr, a member of this cadre, was recently featured on NBC-TV's "Today" show to highlight her successful efforts to support student health and academic success, and to prevent obesity and teen pregnancy.

The School Nurse Corps (SNC) is another vital partnership between OSPI, educational service districts, and the State Legislature to expand critical school nursing services in our state. It provides administrators in each ESD to support nursing services in small school districts with few or no nursing services. The program was created in response to a critical gap in student health care needs. The *Healthy Students Learn* report demonstrated significant improvements in school health services since the advent of the SNC. However, it also found that numerous critical unmet student health care needs still persist, and stated, "Regrettably, if funding for the SNC continues to erode, many students with critical health care needs will not be served."

School-based health centers (SBHC) are another key way that 21 of our state's schools have partnered with their local health care providers to create access to address health-related barriers in the school setting. All 21 SBHC in Washington offer mental health and social service supports to promote student health and learning.

The Readiness to Learn program reduces barriers to learning through the formation of school, community, and family partnerships to ensure students and their families have access to resources and services necessary to help them achieve at their highest learning potential. The goal is that all children and youth are able to attend school ready to learn. To that end, the RTL program serves as a catalyst to improve academic performance and reduce the achievement gap.

The [Legislative Youth Advisory Council](#) (LYAC) offers one final example of how OSPI partners with the State Legislature to support student engagement and to ensure a formal voice for Washington youth to advise the Legislature on these issues and related legislation. Health and learning are always two of the top priorities identified by this youth advisory council. LYAC work closely with other student groups; especially those working with students at disproportionate risk for health and educational disparities.

We know from the Healthy Youth Survey and other key data points that the need to address health related barriers to learning is great. We also know that schools cannot do it alone. Through the examples listed above and countless other efforts, OSPI is working to partner with our students, families, educators, and community stakeholders to support student health and learning.

We appreciate our partnership with the State Board of Health, and look forward to continued work to develop a system so that all students in Washington can be healthy, engaged, and academically successful.

Agency Partnerships Improve Health Care Quality, Delivery and Cost

By Doug Porter, Director, Health Care Authority

One expectation of the merger that brought the state's two largest health care purchasers together in 2011 was that the Health Care Authority (HCA) would form partnerships with other state agencies to improve quality of care, explore new ways to deliver services, increase cost-effective procedures, and boost overall accountability.

To achieve her goal for a healthier Washington, Gov. Chris Gregoire established the state employee wellness program – Washington Wellness, with shared leadership between HCA and the Department of Health, funded by the Legislature for demonstration projects to develop the program.

The Health Care Authority collaborates with the Department of Health in many ways, and the two agencies are exploring new purchasing relationships to facilitate our mutual goals. For example, we have had a longstanding partnership with the Department of Health's Child Profile Immunization Registry, promoting full immunization of children in Washington and supporting the development of educational materials for children in Washington State. After data from the Health Care Authority showed that children of Russian-speaking parents were less likely to be fully immunized, the two agencies agreed to conduct a study to better understand the root causes of this underimmunization. Study results then will be used to target educational materials aimed at both parents and providers.

Through their long-standing relationship, HCA and the Department of Health are working together to promote healthful living habits, improve the health of state employees, and raise the quality of health care provided to Washington residents through Medicaid and other state-subsidized health programs.

Wellness for State Employees and their Neighbors

The health and wellness of state employees is closely linked to the health of the communities in which they live. Since 2006, the Public Employees Benefits (PEB) program has partnered with the Department of Health to improve the health of state employees and their families. Collaboration has included developing programs to promote serving healthy food at meetings and at home; establishing farmers markets near worksites and delivering local produce to worksites; consulting on developing smoke-free campus worksites; producing walking maps of the Olympia area; and developing and testing early identification actions for chronic illness (i.e., diabetes, heart disease, stroke).

PEB is considering a proposal to collaborate with the National Council on Aging and the Physicians of Southwest Washington for the national Chronic Disease Self-Management pilot program.

Health Homes to Serve the Whole Person

HCA is also working with the Department of Social and Health Services (DSHS) to improve care for chronically ill individuals covered by Medicaid. HCA and the Aging and Disability Services Administration (ADSA), within DSHS, submitted a funding proposal to the Centers for Medicare and Medicaid Services (CMS) to coordinate and integrate care for those eligible for both Medicare and Medicaid using managed care organizations to develop health homes for dual-eligible clients.

Health homes expand the concept of the more commonly used term, medical homes, by serving the whole person across primary care, long term care, and mental health and substance abuse treatment components of the health care delivery system. Health homes coordinate a variety of services, including primary care and specialty care, to ensure that referrals to community supports and services are effectively managed.

The goal of health homes is to increase the use of evidence-based screening tools for early detection and intervention, and to increase patient self-management skills and abilities through comprehensive care management. Achieving this goal should result in a reduction of unnecessary visits to emergency rooms, as well as fewer admissions to hospitals and nursing homes.

The health homes model is designed to stand alone or to serve as one of the three options for delivering health home services to dual Medicare-Medicaid eligible, chronically ill, high-risk individuals. The Department of Health is a key partner in this effort, advising on the most appropriate approaches to serving individuals with chronic conditions.

Managing Medications for Safety and Cost Control

HCA works with the Department of Health to monitor prescriptions for commonly abused controlled substances to ensure Medicaid clients are not taking narcotics in dangerous quantities or combinations.

The Prescription Monitoring Program (PMP) began in October 2011, with the Department of Health partnering with Health Information Designs to collect prescription data from pharmaceutical dispensers across Washington for all medications likely to be abused. For the

first time, using PMP, HCA will be able to tell when Medicaid clients pay for narcotics with cash or credit cards.

Partnership with Department of Corrections for Better Purchasing Power

Another state agency partnership is paying dividends. The Department of Corrections will benefit in August 2012 when Medicaid's ProviderOne payment system begins processing claims that DOC now processes manually. Legislation passed this year requires providers to submit claims for medical services for incarcerated offenders through the ProviderOne system.

The HCA-DOC partnership is also saving DOC \$250,000 annually in the cost of drugs dispensed in correction facilities. The savings come from DOC's participation in the state drug purchasing consortium. One of the key goals in the merger was to explore ways of controlling costs by improving purchasing policies and by aligning strategies with major purchasers such as HCA and Medicaid.

Working with HCA, DOC made the decision to join the consortium and to switch vendors to better align itself with the consortium's consolidated purchasing strategies. Medicaid is looking at the last three years of DOC drug purchasing data to identify further savings opportunities from actuarial and clinical review by the consortium vendor.

Still ahead, HCA will also work with DOC toward coordinated rate development and shared payment systems. State agencies use services from the same community providers and similar payment methods, and they may be able to merge processes and share information to improve efficiencies.

Integrating Care for Beneficiaries that Rely on Medicare and Medicaid for Vital Health Services

By Robin Arnold Williams, Secretary, Department of Social and Health Services and MaryAnne Lindeblad, Assistant Secretary, Aging and Disability Services Administration

Gov. Chris Gregoire has a strong commitment to improve the affordability and quality of the state's health care system. This includes strategies that better serve the small percentage of patients who use a large percentage of the state's health care resources.

In April 2012, the state submitted an application to the federal government's Centers for Medicare and Medicaid Services (CMS) to improve health outcomes and to reduce expenditures for beneficiaries who receive services under both Medicare and Medicaid. During the past year, the state has been involved in an ambitious effort to engage a broad range of individuals and organizations that receive, provide and advocate for services provided under these federal and state funding sources. The grant provides an opportunity to design integration strategies that would align incentives to ensure these beneficiaries receive the right care, at the right time and in the right place. Implementation funding allows an unprecedented opportunity for the State of Washington to share in savings that integrated care strategies generate for the Medicare program.

The dual eligible population primarily comprises people under the age of 65 who meet federal disability program criteria (about 50,000 individuals) and people ages 65 and over (about 65,000 individuals). Dual beneficiaries are the most expensive and at-risk population served by Medicare and Medicaid. In state fiscal year 2009, Washington's Medicaid program spent nearly \$2 billion to provide services to this population before accounting for Medicare expenditures. Individuals who are dually eligible are by definition low-income with few financial resources. They have a greater prevalence of chronic conditions and disabilities compared to Medicaid-only or Medicare-only populations. Many, if not most, experience significant challenges caused by disability, mental illness and/or chemical dependence, which complicate delivery and payment of their care. Although dual beneficiaries make up only 11 percent of the overall Washington State Medicaid population, they account for 34 percent of Medicaid expenditures.

About 80 percent of the Medicaid spending on dual beneficiaries who are ages 65 and over is spent on long-term services and supports. This includes personal care provided to individuals in their own homes, in community residential settings and for services provided in skilled nursing facilities. Washington is a leader in the provision of home- and community-based care, with more than 80 percent of services provided outside of institutional settings.

Washington is among the first states in the nation to receive access to Medicare data. The data is being used to create an integrated web-based clinical decision support tool (referred to as PRISM) that will identify beneficiaries who: 1) are experiencing avoidable emergency room and

hospitalization visits; 2) could benefit from preventative tests and physician's visits; 3) are receiving medications from multiple prescribers; and 4) are in and out of institutional settings. This information is vital to effectively coordinate care, to engage beneficiaries in their own health care decisions and to support them in taking steps to improve their health.

For all but a few dual beneficiaries, services are paid for separately by Medicare and Medicaid programs through a combination of financial models and delivery systems. Separate funding and delivery systems result in care that is fragmented, difficult to navigate and lacking in the accountability necessary to ensure health outcomes are achieved in a cost-effective manner. In addition, fragmented care leads to cost shifting, and potentially avoidable high-cost care in emergency rooms, hospitals and institutional settings. Although the current system as a whole has flaws, elements of service delivery are high-quality and work well for beneficiaries. To address the challenges created by fragmentation while building upon existing system strengths, interventions must be tailored to the unique needs of individuals, including supporting individuals to remain in their own homes and communities.

Integrating Medicare and Medicaid services means coordinating the delivery, financing, technology and human touches experienced by dual beneficiaries. By aligning payment, outcome expectations and services, confusion and fragmentation will be diminished. This will improve the beneficiaries' experience with service delivery, improve health outcomes and better control future costs.

Integrated Care Vision

Opportunities for better outcomes, system efficiencies and cost containment lie in the purchase of increasingly coordinated and managed medical, behavioral, and long-term services and supports. An integrated system of effective services and supports must:

- Be based in organizations that are accountable for costs and outcomes.
- Be delivered by teams that coordinate across professional disciplines including medical, behavioral, and long-term services and supports. Teams must provide person-centered assessment, care planning and interventions that are culturally and linguistically appropriate.
- Be provided by networks capable of meeting the full range of needs and remain flexible to meet changing individual needs and changing populations over time.
- Emphasize prevention, primary care and home and community based service approaches.
- Provide strong consumer protections that ensure access to qualified providers.
- Demonstrate principles of self-directed care, support of consumer choice and recovery.
- Unite consumers and providers in eliminating use of unnecessary care.
- Align financial incentives to impel integration of care.

Strategies to Integrate Care

Under the leadership of Gov. Gregoire, Washington State is seeking funding from CMS to implement three strategies for integrating the delivery and financing of medical, behavioral health and long term services and supports for the Medicare/Medicaid dual eligible population. Broad stakeholder input has been gathered to ensure a process that is inclusive, transparent and responsive to the direct experience of beneficiaries, providers, health plans and advocates. The three strategies being proposed for implementation are:

1. Implement health homes for all high cost-high risk dual beneficiaries. Health home functions will be supported by a nationally-recognized health information technology (HIT) application (PRISM) to support care coordination across Medicare, Medicaid and other sources;
2. Implement a fully integrated financial model purchased through managed care organizations. The model will be a fully capitated model with three-way contracting among the CMS, Washington State and health plans, where legislative authority permits and community readiness exists;

Modernize current service delivery system by implementing three-way contracting and capitation of Medicare payments and Medicaid medical payments coupled with the use of performance measures and incentive pools to align financial incentives across medical, behavioral health, long term services and supports and developmental disability systems.

Improving health care for people injured on the job

By Judy Schurke, Director, Department of Labor and Industries

No one heads to work expecting to get injured on the job. Unfortunately, this happens to more than 100,000 people a year in Washington State. Most injured workers go to the doctor, get treatment and return to work. And yet for others, their lives are changed forever. At L&I, our job is to figure out how to help every injured worker – those who need one-time medical care and those who need long-term help to regain as much of their health as possible.

Helping workers with debilitating injuries is not as simple or as fast as stitching up an arm or a leg. Injured workers often face chronic pain, loss of their jobs and relationships developed at work, social isolation and depression, and financial hardship. Not only is the worker affected, the family is, too.

Employers are also affected when workers are injured on the job. In addition to facing higher workers' compensation insurance rates, they lose skilled workers and valuable contributors to their business.

L&I has a unique mission in the health system to return injured workers to their jobs as quickly as possible. The main cost drivers in workers' comp are long-term disability lost wages, disability payments, and pensions. Anything we can do to help workers get access to high-quality, timely health care will improve outcomes for them and reduce overall claim costs.

In 2002, the Department of Labor & Industries (L&I) set a new course to address the unique needs of injured workers and to reduce long-term disability by creating a Center of Occupational Health and Education (COHE) at the Valley Medical Center in Renton. COHEs are community-based organizations that mentor medical providers on the best ways to treat injured workers. These occupational health "best practices" focus on the safe, healthy return of injured workers to full function and full employment. A decade of work with COHEs has demonstrated that improving medical care for injured workers can dramatically improve their recovery and reduce lost work time.

Since 2002, L&I has formed three more COHEs — at St. Luke's Rehabilitation Institute in Spokane, the Everett Clinic, and Harborview Medical Center. An evaluation by the University of Washington showed that many doctors at the Renton COHE were able to substantially reduce disability and help patients return to work sooner. The study also found that workers were very satisfied with the care they received and were 65 percent more likely to be working six months after their injury than workers treated by non-COHE providers.

In addition to improving outcomes for injured workers, COHEs also reduce costs. In December 2011, a study published in *Medical Care* (journal of the American Public Health Association) found that injured workers treated by COHE providers had 9.7 percent fewer disability days, and cost \$510 less per claim for disability and medical treatment. In addition, the COHEs have increased provider satisfaction and willingness to treat injured workers, and have strong community involvement from business and labor.

Currently, COHE providers treat about 29 percent of new injury claims. Today, L&I is moving to give injured workers access to COHEs statewide by 2015 and expand the focus of COHEs beyond the first 12 weeks of care to cover the full period of worker recovery.

Another way L&I improves outcomes for injured workers, is by creating a statewide network of providers to treat them. As part of our workers' compensation reform effort, in early 2012 we adopted network rules that are closely modeled on standards used by large health carriers in Washington.

The workers' comp medical network will begin on Jan. 1, 2013. After that date, injured workers must see network providers for any ongoing care beyond an initial office or emergency room visit. The network will be managed by L&I but will serve injured workers covered both by L&I and by self-insured businesses. We have designed the network to be inclusive and will accept all providers who qualify. L&I is recruiting providers and reviewing their applications to determine if they meet network requirements.

Together, COHEs and the provider network are expected to reduce long-term disability for workers and to save \$218 million over the next four years.

Another crucial aspect of caring for seriously injured workers is making sure they receive appropriate prescription drugs. Since the creation of the State Prescription Drug Program in 2003, L&I has partnered with the Health Care Authority and Medicaid to use an evidence-based approach to purchasing prescription drugs. This program has drawn national attention for its innovation. A recent study by the Workers' Compensation Research Institute compared L&I with workers' compensation carriers in 17 other states. It found that L&I was much more effective in controlling costs and in reducing inappropriate pharmacy expenditures. L&I's cost per prescription was around 42 percent less than the average for the 17 other states. Another result of using an evidence-based State Preferred Drug List is that generics make up around 90 percent of all drugs paid for by L&I. Compared with an average of around 75 percent for other states' worker's compensation programs, this saves around \$7.25 million per year.

Improving health-care quality while reducing costs is not easy, but it is critical to the future of our state. People who sustain serious workplace injuries look to L&I for high-quality medical

care. L&I has made important strides toward ensuring the delivery of the kind of care workers need and have a right to receive, through COHEs, the new medical network, and an evidence-based prescription drug program. For L&I, providing high-quality care for patients with occupational injuries helps restore lives and stabilize families while keeping Washington a competitive place to do business.

Serving Those Who Have Served

By Alfie Alvarado, Deputy Director, Washington State Department of Veterans Affairs

Washington State is proud to be the home of 670,000 veterans, and has created a series of programs to serve veterans from the time they leave the military to the time they are laid to rest. One of our foundational services has been the provision of nursing home and rehabilitative care. Since 1891, we have operated the Washington Soldiers Home in Orting. The Soldiers Home sits on 181 acres in the beautiful Puyallup Valley. It serves veterans, and in some cases their spouses or widows, who need nursing home care. Originally created to serve Civil War veterans, the Soldiers Home was a hospital, a working farm and the center of the community.

Our state's second facility was opened in 1911 on a 31-acre bluff in Port Orchard overlooking Puget Sound. Named the Washington Veterans Home, Retsil, a 240-bed nursing care facility was opened in 2005. This state-of-the-art facility was designed to create neighborhoods that maximize the views of Sinclair Inlet and a town square of support services. The building earned a LEED Silver Certification by using sustainable building products and by incorporating energy efficiency measures including natural ventilation, lower lighting power densities, improved thermal envelope and high-efficiency HVAC equipment.

In 2005, WDVA purchased a nursing care building in downtown Spokane to serve veterans in Eastern Washington. This 100-bed nursing home is centrally located near hospitals. It offers veterans and their families the ability to use the services of a state veterans home.

The Legislature and Governor approved \$14.4 million in the 2011-2013 State Capital Budget allowing WDVA to apply for a Federal VA State Home Construction Grant to build Washington's fourth veterans home in Walla Walla. This home will be constructed using the VA's new Community Living Center guidelines on the grounds of the federal Walla Walla VA Medical Center, and will serve the rehabilitative and long-term care needs of the area's growing veteran population.

We are committed to serving veterans in our homes because they are a good investment for our state. This is in part because the Federal VA State Veterans Home Grant program allows states to leverage a 65 percent federal match by providing 35 percent of the funding to build and equip the facility. Veterans are also eligible for per diem payments that are available only to veterans living in state veterans homes. These payments offset the cost of care that is either paid through Medicaid or by the individual veteran.

In addition, all of our nursing care beds are Medicare-certified, providing additional continuity for veterans who need short-term rehabilitative care.

We are developing plans to use the campus of our Soldiers Home in Orting to address the needs of veterans returning from war suffering the effects of Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD). Through a public-private partnership, we plan to transform

several buildings to provide care and rehabilitation for our wounded warriors. Therapies will include horticulture, companion dog training, TBI and PTSD counseling, and help in developing marketable skills and creating opportunities for entrepreneurship.

Our veterans served and continue to serve this country with distinction. We in Washington State are honored to serve their rehabilitative and long-term care needs in our state veterans homes and look forward to providing this care for years to come.

Have you ever served in the military? Let us know how we can help by calling 1-800-562-2309 or visiting us at www.dva.wa.gov.

Improving Public Health While Ensuring Public Safety

By Bernie Warner, Secretary, Department of Corrections

The Washington State Department of Corrections (DOC) plays a key role in the state's public health. The department manages health care of incarcerated offenders and promotes successful re-entry into the community after release. Of offenders incarcerated in DOC facilities, 96 percent are expected to be released and return to the community. The department's services improve public health by:

- Managing mental illness within the incarcerated offender population and ensuring continuity of care following release.
- Providing chemical dependency treatment.
- Managing communicable diseases that disproportionately affect the offender population.

Mental Health

The Department of Corrections is one of the largest mental health providers in Washington State. About 15 percent of incarcerated people suffer from serious mental illness such as schizophrenia, major depression or bipolar disorder. This is more than double the prevalence rate found in general society. The department operates a system of mental health care that includes screening, assessment and treatment for conditions of serious mental illness. Services range from ambulatory care to residential treatment units to units capable of intensive management of severe and acute conditions.

In addition to providing high-quality mental health care for people housed within our prisons, DOC is committed to effective transition planning for offenders with serious mental illness as they leave prison and return to the community. Corrections completes behavioral health discharge summaries for offenders leaving prison with conditions of serious mental illness. These discharge summaries provide critical information to help coordinate treatment resources in the community, and to ensure continuity of care.

The department also partners with the Department of Social and Health Services to operate the Offender Re-entry Community Safety program, which places special emphasis on case management and treatment for offenders who meet program criteria for both dangerousness and presence of a major mental disorder.

Chemical Dependency

The department conducts chemical dependency screening on every offender admitted into DOC prison facilities. Consistent with national trends, we find that roughly two-thirds of all incarcerated people are chemically dependent. With this high volume of need, DOC is Washington State's largest licensed chemical dependency (CD) treatment provider agency. Research findings indicate that the most effective treatment outcomes for incarcerated offenders

occur when CD treatment inside prison is followed up with CD treatment in the community. Accordingly, DOC provides evidence-based CD treatment during the last year of confinement for those addicted offenders who will be on community supervision when they leave prison. Through community supervision, the agency is able to mandate and monitor ongoing CD treatment compliance for offenders in the community. The department has performance-based contracts with community-based organizations that provide CD treatment to these offenders in the community.

Additionally, DOC contracts with community-based organizations for CD treatment provided to those offenders who receive a Drug Offender Sentence Alternative (DOSA) sentence. This sentencing option is available to the courts in instances where there is clear indication that the offender's criminal activity is linked to addiction problems. Through this sentence alternative, some offenders are able to stay in the community and receive CD treatment there, rather than enter prison, so long as they remain in compliance with all aspects of their treatment and supervision.

Communicable Disease

Many communicable diseases disproportionately affect incarcerated individuals, including hepatitis C and B, HIV and other sexually transmitted diseases, and tuberculosis.

It is estimated that one-third of the hepatitis C-infected people in the United States pass through a correctional system each year, so a large part of the hepatitis C epidemic exists behind prison walls. In Washington State DOC, 19 percent of incoming offenders test positive for hepatitis C and 17 percent have chronic infection. Washington DOC is one of the only state prison systems that adhere to the CDC recommendation to offer screening for hepatitis C upon prison entry. The department is one of the largest providers of hepatitis C treatment in the state with cure rates that rival and possibly exceed published community outcomes. DOC partners with the Hepatitis Education Project to provide education directly to offenders and to reduce individual and public health harm related to hepatitis C. All of these efforts – as well as our chemical dependency treatment programs – work to reduce the incidence of new hepatitis C infections and to prevent transmission to others, to reduce chronic liver disease, and to reduce disability among people with disease.

As part of the DOC hepatitis prevention program, we also provide vaccination for hepatitis A and hepatitis B to all offenders, especially those already infected with hepatitis C. From 2008-2010, Corrections participated in the vaccine initiative funded by the CDC via a Washington State Department of Health grant, and administered at least 11,317 doses of hepatitis A and hepatitis B vaccine to the offender population, making the DOC the largest participant in the Washington State initiative. After the federal grant ended, DOC has continued to offer hepatitis B vaccine to offenders given the public health benefit to the offender population and the community as a whole.

HIV is also more prevalent in the correctional setting than in the general community. It is estimated that 16 to 25 percent of the total number of HIV-infected people in the United States pass through a correctional system each year. Washington DOC is a national model for HIV testing in corrections, which was highlighted in a recent CDC Morbidity and Mortality Weekly Report article that can be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6024a3.htm>. Diagnosing HIV is extremely important, because being aware of one's HIV status has been shown to decrease high-risk sexual behavior by 68 percent. HIV-infected offenders often resume HIV medications or start them for the first time while incarcerated in DOC. HIV treatment is an effective method of HIV prevention, by decreasing the amount of virus in an individual with HIV infection. More than 80 percent of HIV-infected offenders in DOC have a suppressed level of HIV in the blood during incarceration, reflecting effective treatment and markedly reducing risk of transmission. With the help of a dedicated HIV release planner, HIV-infected offenders are transitioned to a medical provider and case manager in the community, allowing them to continue their medications without a lapse in care, further improving effective treatment and reducing risk of transmission. By keeping released offenders engaged in care and taking their HIV medications, DOC can decrease transmission in the community and minimize the development of viral mutations that confer resistance to HIV medications.

People entering the correctional system also are at above-average risk for having sexually transmitted diseases. As part of the intake process, DOC screens all women for gonorrhea and chlamydia, offering treatment as indicated. All incoming inmates are screened for syphilis. The department works in coordination with the Department of Health to notify and test community contacts of anyone who tests positive for a sexually transmitted disease.

The prevalence of tuberculosis (TB) is also significantly higher in DOC than in the general community. All incoming inmates are screened for active TB disease, as well as for latent tuberculosis infection (LTBI). If diagnosed with active TB, offenders are isolated and started on treatment as appropriate. If necessary, DOC will coordinate with the local health agency to provide ongoing care in the community to ensure that the patient is adequately treated. The department is one of the largest, if not the largest, providers of treatment for LTBI in the state. Treating LTBI in high risk individuals decreases the likelihood that these offenders will develop active TB disease in the future and expose the community.

While the primary mission of the department is to protect public safety, the agency is strategically positioned to provide necessary health care to offenders, to reduce risk of reoffending, and to improve the public health in Washington State. The department is a major partner in public health in Washington State and will continue to seek opportunities to strengthen partnerships with the public health community.

Reduce Health Disparities

Promoting Health Equity for All Washingtonians

By Emma Medicine White Crow, Chair Governor's Interagency Council on Health Disparities

In Washington State, Native American men can expect to live seven years fewer than their white neighbors, and black mothers are twice as likely to have their babies die during their first year of life as white mothers. These are just two examples of health inequities that persist in our state.

Underlying these inequities are the numerous and interrelated social and economic factors that lead to differential access to resources and conditions that influence health. Specific examples include less access to nutritious food, safe and healthy environments, and culturally and linguistically appropriate health care services, as well as increased exposure to chronic stress resulting from institutional and interpersonal racism.

Eliminating health inequities is a daunting yet essential challenge. Washington is becoming increasingly more diverse so the health of our communities of color may soon drive the health of our state. We must take action to promote the health of our diverse communities. Doing so will improve the health of all Washingtonians and set our great state on a path to becoming the healthiest in the nation.

Not only is the elimination of health inequities an essential challenge, it is also attainable; and Washington has taken important steps toward meeting that challenge. In 2006, the Governor's Interagency Council on Health Disparities was created and began the work of convening representatives from the public, private, and community sectors to identify policy recommendations to eliminate health disparities by race/ethnicity and gender.

In 2010, the Council released its *State Policy Action Plan to Eliminate Health Disparities*. The plan outlined policy recommendations aimed at closing the academic achievement gap; increasing health insurance coverage and access to culturally and linguistically appropriate health care services; promoting a diverse health care workforce; and ensuring all Washingtonians have equal opportunity to access healthy environments, make healthy choices, and manage their health in order to reduce disparities in obesity and diabetes. The Council believes its health insurance recommendations can be useful in guiding current reform implementation efforts today in ways that will help to promote equity and reduce disparities. Those recommendations are available on the Council's website: <http://healthequity.wa.gov/About/docs/ActionPlan.pdf>.

Currently, the Council is working to update its plan with a focus on five new priorities – environmental exposures and hazards, behavioral health, poverty, adverse childhood

experiences, and the state system. State government can lead the way by carefully looking at its policies and practices to ensure they intentionally promote equity and do not inadvertently result in perpetuating disparities. Moreover, the Council is monitoring health reform implementation in the state, and is offering recommendations when appropriate to ensure equity is being considered along the way. The Council anticipates submitting its updated action plan in December 2012.

In choosing its priorities for its action plan, the Council and its partners recognize that health is more than health care – health starts where we live, learn, work, and play. Therefore, the challenge of eliminating health disparities starts with reducing social disparities in education, economic development, job opportunities, our physical environments, and other areas. In other words, the key to eliminating health inequities is promoting social justice.

Encourage policies that promote healthy behaviors

Healthy Washington Foods, Healthy Families

By Dan Newhouse, Director, Washington State Department of Agriculture

Since it was established nearly 100 years ago, the Washington State Department of Agriculture has been committed to helping growers produce and market the safest foods possible. From fresh dairy products to our world-famous fruits and vegetables, WSDA's Food Safety Program continues to license and inspect more than 4,000 producers, food processors and distributors – all with an eye to protecting the consumer from the risk of food-borne illnesses. These activities are core to our mission and an ongoing priority.

But recently, WSDA has taken on a new role to help all families get access to the healthy foods they need. In 2010, WSDA assumed responsibility for the state's Food Assistance programs, working with community food banks and meal programs across the state to serve hundreds of thousands of Washington families in need each year. It's rewarding work and a labor of love for our staff.

The number of families without adequate nutrition is staggering. During the economic challenges of the past four years, many families have struggled to keep healthy foods on the table. Today, one in six households in Washington experiences food insecurity, not knowing how they'll be able to meet their nutritional requirements. As a result, food banks are experiencing a growing demand for services year after year.

WSDA works with the U.S. Department of Agriculture to channel millions of pounds of food to communities in need. We distribute truckloads of food to non-profit organizations in communities in every corner of the state. Our assistance reaches families through more than 500 tribal and community-based non-profit agencies, including food banks and meal programs.

It's not just about making sure families have enough calories. We're working with our federal partners to improve food bank clients' access to healthier choices, including low-sodium and low-fat foods, fresh and frozen fruits and vegetables, and high-protein foods such as meat and eggs. WSDA and the Department of Corrections launched a new partnership to turn hard-to-use commodities, such as bulk frozen chicken, into ready-to-eat nutritious frozen meals for distribution to food banks.

And we're exploring innovative delivery methods to reach more families. To expand our reach to remote locations and home-bound seniors, local partners are using mobile food bank programs that bring groceries and meals to the home. Many food banks have launched school backpack

programs, so that students go home from school with bags filled with kid-friendly foods. These efforts not only meet a child's nutritional needs, but also help improve educational outcomes.

It's always been a challenge to distribute enough fresh and frozen fruits and vegetables. Local growers are stepping up to fill the gap. Washington farmers have long worked with local hunger-relief organizations to help needy families in their communities. Effective partnerships with regional and statewide emergency food networks have improved distribution of large-scale donations from area food businesses without jeopardizing the success of local agencies.

Since assuming responsibility for the Food Assistance programs, WSDA has developed new partnerships with beef producers, dairy farmers and growers of all varieties of fruits and vegetables. WSDA organized four Harvest Against Hunger Area Summits to bring growers and emergency food providers together to discuss how they could work together better for the good of all. We're excited about where these new partnerships will take us.

Local organizations are also finding innovative sources of locally-grown foods, including community gardens and food rescue and gleaning programs. Still others are working with community groups such as the Boy Scouts, Kiwanis, and Rotary clubs to grow gardens that support the food banks. These new efforts and connections have resulted in bringing several million additional pounds of highly nutritious food per year into the emergency food system.

In addition to channeling huge volumes of food to local organizations, the state also allocates millions of dollars to support these same community nutrition programs. That money covers the cost to transport and store donated foods, pay staff, and purchase necessary equipment. Money may also be used to purchase foods not donated or received through the federal commodities program and other sources. We give providers significant flexibility to procure the foods that best meet the needs of their clients, including nutritious fruits and vegetables, as well as food that meets special dietary needs. Many food bank clients cope with diabetes, heart disease, cancer or AIDS.

Hunger is not just a rural or inner-city problem; the challenge is everywhere. Without access to proper nutrition, families and children struggle to grow, thrive and excel in life. We are so proud to partner with the non-profit organizations and businesses that are making such a difference in the lives of families across the Evergreen State.

Improving Food Security and Nutrition

By Robin Arnold Williams, Secretary, Department of Social and Health Services and David Stillman, Assistant Secretary, Economic Services Administration

An important aspect of Gov. Chris Gregoire's health care agenda is our state's commitment to improve the food security, nutrition and health of Washington's citizens. Through Executive Order 10-02, the Governor required the departments of Health, Agriculture, and Social and Health Services to work collaboratively with other agencies and non-governmental organizations to examine state food policy, food-related programs, and food-related issues. This work culminated in a [report](#) with specific recommendations for a coordinated and systematic approach to ensure a safe, healthy and secure food supply and to see that no Washington resident faces food insecurity.

Now more than ever, we need a focused and coordinated response to the food and nutrition needs of Washingtonians. Over the past decade, the rates of food insecurity have increased in Washington. The U.S. Department of Agriculture (USDA) reported that, in 2007-09, almost 6 percent of Washington residents experienced very low food security, meaning they had multiple indications of disrupted eating patterns, reduced food intake, and hunger. Additionally, 14 percent of Washington residents experienced low food security during the same period, meaning they at least experienced reductions in the quality, variety, or desirability of their household's diet.

Further, data indicate that the percentage of young people who are overweight has tripled since 1980. Twenty-five percent of high school students and nearly 61 percent of adults in Washington are either obese or overweight. Obesity contributes substantially to the burden of preventable illnesses and premature death, and is often cited as an indicator of malnutrition. As such, initiatives to improve food security for Washington citizens must be coupled with efforts to include healthy choices and to promote an active lifestyle.

Increasing Access to Nutritious Foods

The Department of Social and Health Services (DSHS) administers the USDA's Supplemental Nutrition Assistance Program (SNAP). Formerly known as Food Stamps, SNAP improves food security by providing food assistance to eligible low-income households in Washington. These benefits can be used to purchase food from authorized retailers. DSHS provides food benefits to more than 580,000 Washington households. In 2011, nearly \$1.7 billion in food benefits were issued.

Washington has consistently been a leader in connecting eligible households with SNAP and has the fourth highest participation rate in the nation. According to the December 2011 report by Mathematical Policy Research, Washington provides food assistance to 91 percent of low-

income residents. Since then, efforts to increase awareness of the program have resulted in even higher participation.

Reaching into the Community

Washington is working to improve participation in SNAP among the state's senior population. Consistent with the rest of the nation, a disproportionate share of eligible seniors do not receive SNAP benefits. Washington reached out to other states that have had success in connecting seniors with SNAP to learn more about their efforts. One promising approach was New York's "Good Nutrition is the Best Medicine" campaign. This campaign informs seniors that access to healthy food is as important as the medications they may be taking. Washington's senior outreach efforts include incorporating similar messaging as being done in New York through partnerships with community-based organizations and the development of a pilot for seniors to access hot meals at non-profit dining establishments with their SNAP benefits.

In October 2011, DSHS began implementation of a two-year demonstration project to test strategies on increasing SNAP participation among recipients of the Medicare Savings Program (MSP) in Pierce and Yakima counties. Outreach efforts are being conducted at senior centers, senior housing, and community events in partnership with the Mobile Community Services Office (CSO) and community-based organizations who work with senior populations.

The Mobile CSOs are two specially designed vehicles that serve as fully functional offices. They play an important role in the initiative to improve service delivery and increase SNAP participation by providing services at locations where DSHS representatives do not usually have a physical presence. These locations include senior centers, job fairs, health fairs, migrant worker camps, and community events that provide broad community outreach. The Mobile CSOs also keep residents in rural areas connected to services when there is not a CSO nearby.

Encouraging Healthy Choices

To promote healthy nutritional choices, DSHS contracts with the Washington State University Extension Service and the Department of Health to provide nutrition education (SNAP-Ed) services. SNAP-Ed programs are conducted in 34 counties and with 15 tribal governments. SNAP-Ed services promote health and wellness by encouraging SNAP participants to adopt eating and physical activity behaviors that are consistent with the Dietary Guidelines for Americans and the 'My Plate' food guidelines. SNAP-Ed services educate Washington citizens on food management, shopping, and preparation of nutritious and low cost foods in public schools, health departments, senior centers, food banks, community services offices, and tribal centers.

SNAP-Ed services reduce food insecurity by ensuring that SNAP participants have enough to eat without resorting to emergency food assistance. Safe food handling, preparation and storage are

demonstrated to reduce food-borne illnesses. Food management is improved by enhancing practices related to shopping for and preparation of nutritious and low cost foods.

In addition to contracted services for SNAP-Ed, DSHS plans to provide direct nutrition education services at local CSOs and through the Mobile CSO. This may include demonstrations, informational materials, promotional items, and videos on eating healthy shown in office lobbies.

Ongoing Collaboration

The interagency workgroup assembled under Executive Order 10-02 recommended convening a Food Systems Roundtable to develop a 25-year vision to establish common direction and ensure a coordinated food system. The Roundtable will encourage discussion and the sharing of information among participant to help foster an environment of continuous quality improvement and alignment within the food system.

Promote healthy and safe environments

Preventing toxics use is smartest, cheapest, healthiest approach

Ted Sturdevant, Director Washington State Department of Ecology

The Department of Ecology has been strategically focused for several years on reducing toxic threats in our state's environment. We have made this a priority because:

- The more we learn about toxic chemicals, the more we recognize that they are everywhere -- in our air, water and soil, and in our bodies.
- There's more scientific evidence linking toxic environmental exposures to effects on our health and the health of our children.
- Ultimately, the smartest, cheapest and healthiest approach is to prevent toxic chemicals from being washed into our water systems and sent into our air.

Chemicals are everywhere in our modern world. They have become part of our everyday lives, whether we know it or think about it. They were developed to help us. And they do. They do good things in areas such as medicine, safety, technology and certainly, convenience. They are in plastics, electronics, fabrics, lotions and innumerable other products.

Tens of thousands of chemicals are in use today. Unfortunately, we just don't know enough yet about the potential toxic effects of many of them. And we don't know how they react together or over time as they build up in our bodies.

In a previous State Health Report, Ecology described our strategies for reducing persistent, bioaccumulative toxics (PBTs) – a distinct group of chemicals considered the “worst of the worst” that raise special challenges for our society and the environment. We described how we were creating chemical action plans (CAPs), in partnership with the Department of Health and others, to guide policies and recommendations addressing these high-priority chemicals.

Since then, Ecology has incorporated its PBT strategy into a comprehensive, forward-looking Reducing Toxic Threats strategy. This agency-wide, cross-program “road map” addresses how toxic substances travel through polluted water into our water bodies, such as Puget Sound and the Spokane River. It also addresses toxic particles in our air from releases such as wood smoke and diesel emissions.

I will highlight in this essay some of the results we have achieved in Washington State. Some resulted from recommendations in the CAPs. Others came from persistently working our toxics reduction strategy with our Ecology team, along with the Department of Health and other partners.

Gathering data on toxics

Ecology is now implementing Washington State's pioneering **Children's Safe Product Act**. We expect to begin receiving reports in August 2012 from manufacturers of children's products if their products contain any of the 66 chemicals of concern to children spelled out in rule. The act is designed to collect information that will help government and the public better understand the presence of chemicals in children's products. Understanding how and why chemicals of concern are used in products is the first step toward making products safer for children.

Product laws phase out toxics

The use of **Bisphenol-A (BPA)**, a chemical used to make a wide variety of products, was banned in baby bottles and "sippy cups" as of July 1, 2011. Almost everyone is exposed to BPA from its widespread use in polycarbonate bottles and metal can linings where it gets into food, drinks and water that people consume. BPA can interfere with the proper development of the brain and hormone system.

As a result of the CAP for the family of flame retardant chemicals called **polybrominated diphenyl ethers or PBDEs**, several restrictions were placed on the use of these chemicals in products sold in our state. For instance, Deca-BDE was banned in television sets, computers and upholstered furniture – if Ecology and Health could identify safer and feasible alternatives that met fire safety standards. We did, and the ban took effect Jan. 1, 2011.

Tools to promote safer alternatives

An "**alternatives assessment**" is a set of tools that manufacturers, product designers, businesses, state and local governments, and other interested parties can use to make better, more informed decisions about the use of toxic chemicals in their products or processes. Ecology is collaborating with businesses and nongovernmental organizations as well as seven other states to develop guidance for transitioning to safer chemicals with the use of alternative assessments.

A promising approach to developing non-toxic materials is the growing science of **green chemistry**. Companies are recognizing that these markets are good for their bottom line and the environment. This helps Washington continue to be a leader in the creation of green jobs. Ecology is bringing together and collaborating with industry, K-12 and higher education, and non-profit organizations to support current work in this area, and to grow tomorrow's generation of green chemists and scientists.

Getting toxics out of the air

People burn wood for many reasons, but much like cigarette smoke, the fine particles in **wood smoke** contain toxic chemicals that can be harmful to health. Ecology has been using a legislative appropriation from a voter-approved tax for smoke-reduction work. This work

includes providing grants for people to replace old, high-polluting wood stoves with cleaner-burning, more efficient heating equipment.

Ecology has identified **diesel exhaust** as the air pollutant most harmful to public health in Washington. Seventy percent of the cancer risk from airborne pollutants is from diesel exhaust. It puts healthy people at risk for respiratory disease and worsens the symptoms of people with problems such as asthma, heart disease, and lung disease. Ecology works with schools, fire districts, ports, transit agencies, and other fleet operators to reduce idling, use less fuel, install equipment to clean up diesel exhaust (called “exhaust retrofits”), and replace older engines with newer, cleaner ones.

Moving forward

Our goal is to move toward preventing, rather than reacting to, toxic chemical exposures. We need state and federal toxics policies that make common sense. For instance, we need more investment in safer alternatives to the toxic additives that are pervasive today. And consumers have a right to know what’s in the products they buy. Ecology continues to work with other states to encourage Congress to take up comprehensive reform at the federal level.

Preventing the use of toxic chemicals is the smartest, cheapest and healthiest approach. Strategies that focus on prevention will ultimately be more effective and less costly than either cleanup or management of these chemicals in the long run.

The inventiveness of the marketplace will continue to bring us a new array of products. We should harness that marketplace to create products that do not leave a legacy of concern for our health or the environment.

About the State Board of Health

The Washington State Board of Health serves the people of Washington by working to understand and prevent disease across the entire population. Established in 1889 by the State Constitution, the Board provides leadership by suggesting public health policies and actions, by regulating certain activities, and by providing a public forum. The governor appoints nine of the ten members to fill three-year terms, the tenth member is the Secretary of the Department of Health. Other members include a local health officer, an elected county and city official, and two consumer members. The remaining four members represent health and sanitation, to assure that the Board has access to the medical and scientific expertise it needs to make sound decisions. One of those four must be from one of Washington's 29 federally recognized tribes.

Elected County Officials

- The Honorable John Austin (Chair), Jefferson County Commissioner and County Board of Health member

Elected City Officials

- The Honorable Donna Wright, Marysville City Council and Snohomish Health District Board of Directors

Local Health Officer

- Dr. Diana T. Yu, Thurston County Public Health and Social Services Department

Consumers of Health Care

- Dr. Maria Hernandez-Peck, Eastern Washington University School of Social Work
- Donald L. Oliver

Health and Sanitation

- Keith Grellner, Environmental Health Director, Kitsap Public Health District
- Dr. Patricia Ortiz, Family Practice Physician, Wenatchee Valley Medical Center
- Dr. James Sledge, Retired Dentist, University of Washington School of Dentistry Faculty
- Stephen Kutz RN, Cowlitz Indian Tribe Clinic Manager

Washington State Department of Health

- Mary C. Selecky, Secretary

Board Staff

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Desiree Day Robinson, Executive Assistant

Christy Curwick Hoff, Health Policy Advisor

Yris Lance, Community Relations Liaison

Gordon MacCracken, Communications
Consultant

Ned Therien, Health Policy Advisor

Tara Wolff, Health Policy Advisor

