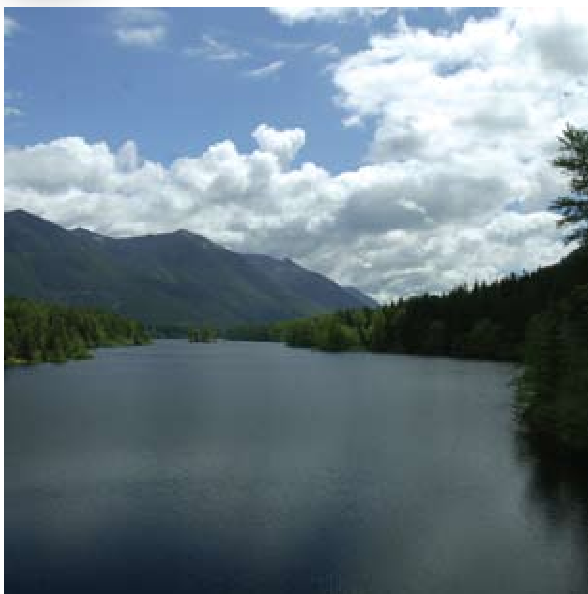
HEALTHY PEOPLE AND ENVIRONMENT



Quality of life in the state depends on healthy people and environment.

Quality of life depends on each person's ability to participate in the opportunities and advantages of the communities in which they live. In order to do this, people need the possibility of good health and a safe, clean environment.

The challenges of achieving good health for all are increasing. More and more people are losing their health insurance. Even people with insurance are finding that costs of care can be too much to bear. And pollution in the environment threatens to overwhelm the health and safety of our air, water, land, and wildlife.

Public efforts can make a difference to improve health and the environment in Washington. The state can help protect children who are living in abusive homes, care for elderly who need support and services, and support people with disabilities. The state can provide high quality medical care and health insurance to those who are not privately covered. And government efforts can protect the public and the environment in the face of infectious diseases, natural disasters, or pollution.

This chapter describes the shared responsibility we have to achieve a state where people and the environment are healthy. It includes goals, measurable outcomes, and spotlights on key issues.

GOALS

Protect Public and Environmental Health

- People will have access to healthy food and opportunities for physical activity.
- People will have the information to make healthy choices through public education campaigns.
- Strong mechanisms will be in place to effectively respond to natural disasters.
- State forests, farmlands, and aquatic resources will be protected from environmental degradation.
- Disparities in health due to income, race, ethnicity, and geography will be eliminated.

Support Families and Protect Children

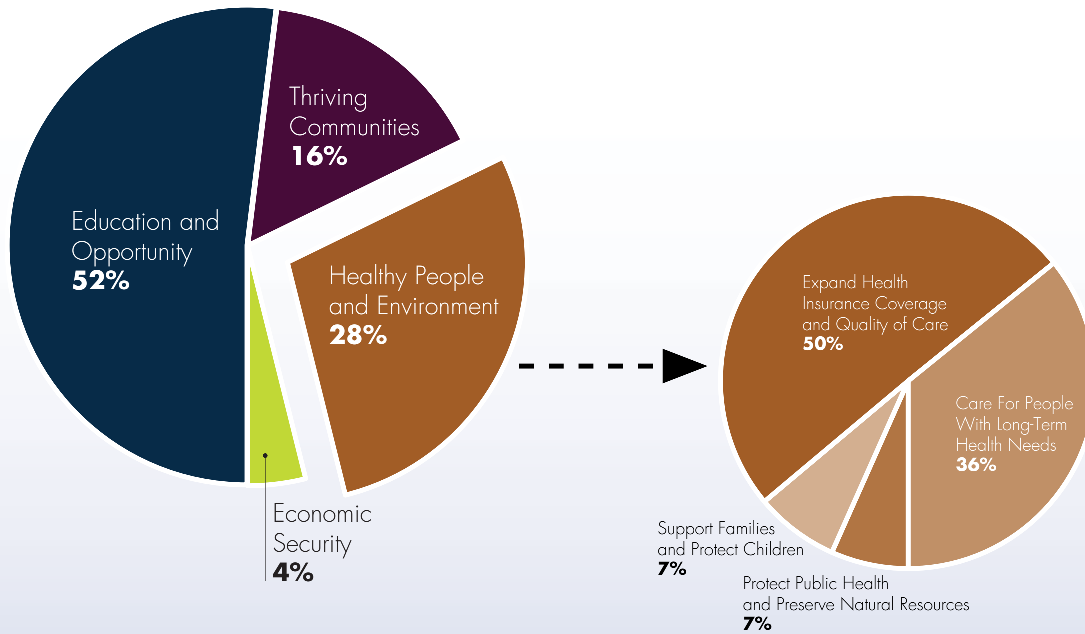
- Parents and caregivers will have resources they need to provide safe and healthy homes.
- Youth who are separated from their families will receive support during transitions into adulthood.
- Victims of domestic violence will have access to counseling, legal advocacy, and safe places to live within their communities.

Expand Health Insurance Coverage

- People will have quality and affordable health insurance.
- A full range of health care services will be available, including mental health, dental health, and screening for serious diseases.

Care for People With Long-Term Health Needs

- People with long-term health needs due to age or disability will receive a full range of supports and services.
- Families who care for loved ones with long-term health needs will have resources to provide quality care.
- People will have access to preventative, acute, and chronic mental health care.
- The elderly and people with developmental disabilities will be protected from abuse, neglect, or financial exploitation.



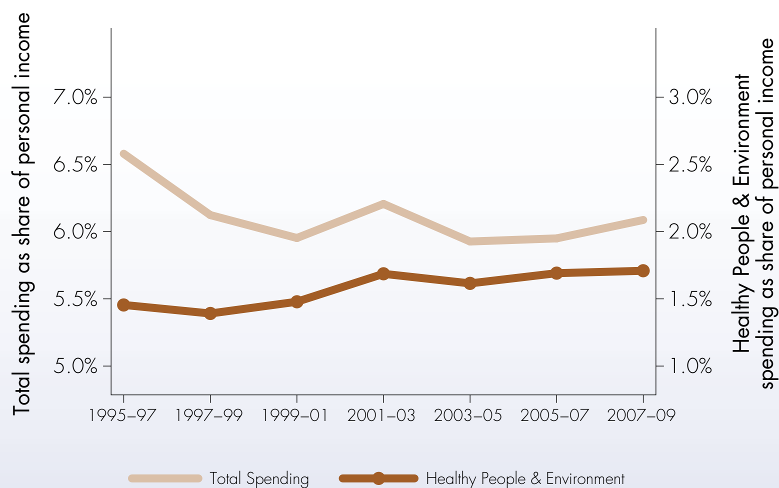
Healthy People and the Environment

2007 – 2009 Operating Budget (in millions)

	GENERAL FUND PLUS	OTHER STATE SOURCES	FEDERAL	OTHER
Protect Public Health and Preserve Natural Resources	627	413	744	222
Support Families and Protect Children	688	1	496	2
Expand Health Insurance Coverage and Quality of Care	4,745	59	4,408	150
Care For People With Long-Term Health Needs	3,389	3	2,984	162
Healthy People and Environment	**$9,449**	**$476**	**$8,632**	**$536**

Important Changes in State Spending for Healthy People and the Environment

Protect Public Health and Preserve Natural Resources	■ Public health spending rose in 2007-09 because of improved funding for local public health jurisdictions and new funding to vaccinate against rotavirus and HPV.
Support Families and Protect Children	■ In the late 1990s, federal TANF money became available for programs in this area. ■ In the 2007-09, new investments were made in this area, particularly in foster care.
Expand Health Insurance Coverage and Quality of Care	■ From 1995-97 through 2001-03, this was one of the fastest growing areas of the budget. However, since 2001-03 spending growth has slowed considerably.
Care For People With Long-Term Health Needs	■ In 2005-07, the federal government cut funding for community mental health services. The state budget replaced most of the lost funding, resulting in an increase in spending without new service provision.



SPOTLIGHT ON:
Clean Bus Program

Childhood asthma can have many serious effects, including taking a toll on school performance (Figure 3.A). Poor air quality in schools is one factor that can exacerbate this problem. In Washington, over 120,000 children have the disease.[23]

State investments can improve air quality and reduce causes of asthma. A modest example is the Washington State Clean Bus Program. Children riding diesel-engine buses are exposed to pollutants that can trigger asthma attacks and affect the development of their lungs. School buses often idle outside the school, creating poor air quality around the building.

The Clean Bus Program responded to these concerns by providing funding to retrofit school buses to reduce exhaust emissions. Between 2003 and 2006, 83 percent of school buses were retrofitted and other buses have been replaced.[24] The state Department of Transportation is also implementing the Safe Routes to School program in which students are able to walk and bike safely to school, wherever possible.

SPOTLIGHT ON:
Safe Drinking Water

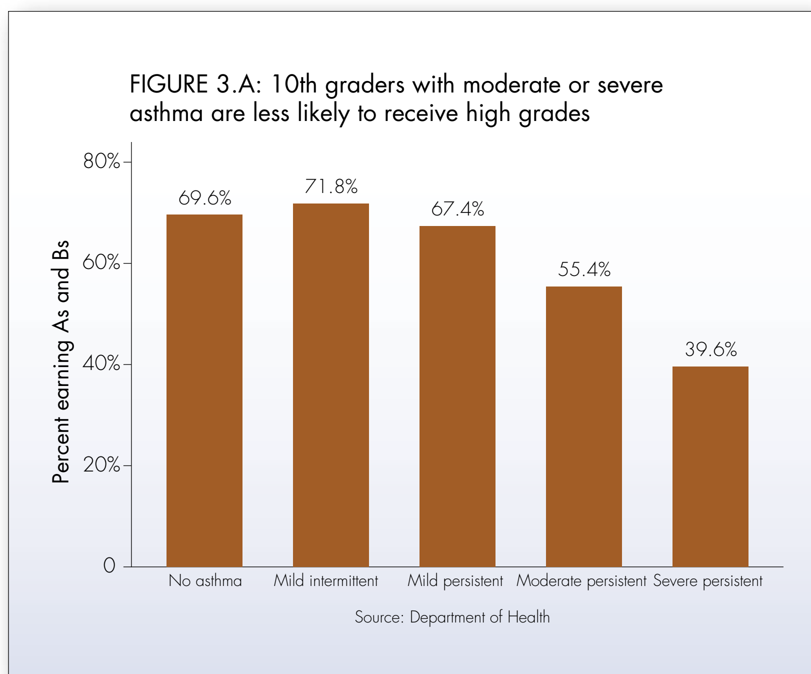
Smart planning, rigorous regulation, and abundant natural resources are the reasons drinking water in Washington State is among the healthiest in the nation.

Statewide in 2006, about 87 percent of the population received tap water from a state-regulated water system. Ninety-one percent of those received drinking water that met all health-based water quality standards.[25]

The Cedar River Watershed, which provides two-thirds of King County's water supply, is an especially important public resource that contributes to our clean water. It includes over 90,000 acres of protected forestland and is one of only six water sources in the country that does not need fabricated filtration. In addition to clean drinking water, it also provides a protected ecological and cultural resource and a site for important environmental research.[26]

Systems to monitor and protect the state's drinking water supply have improved in recent years. Ninety-six percent of public water systems serving residential communities completed required monthly testing for microbial contamination in 2006, compared to 78 percent in 2000. And hundreds more community water systems that serve more than 250 people now have certified operators than in 2001.[27]

There is more work to be done. The state recently adopted higher standards for acceptable levels of arsenic in drinking water. It is estimated over 200 community water systems may be required to make changes to comply with the new rules.



SPOTLIGHT ON:

The Wellbeing of Children in Foster Care

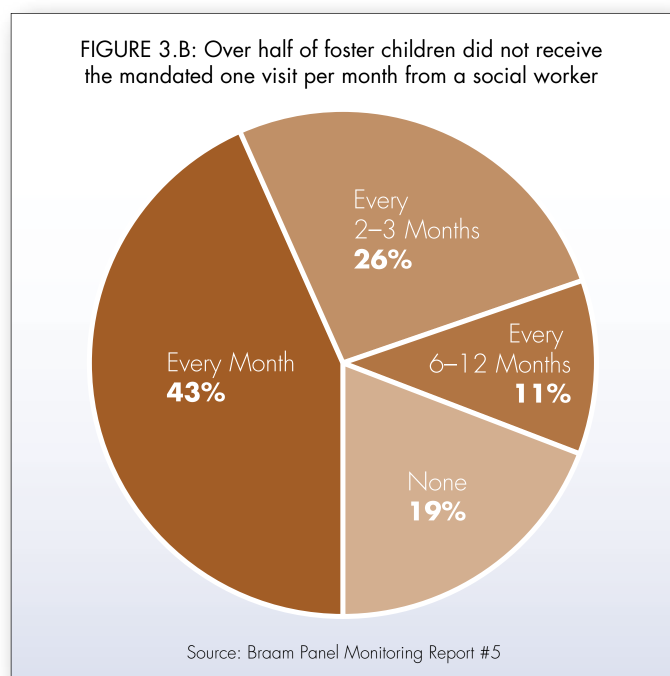
When children are removed from abusive or neglectful homes, their well-being becomes a public responsibility. Such children generally have complex health and developmental issues and need comprehensive services, stability, and permanency.

Since 2003, the number of children living in out-of-home placements has risen by 21 percent.[28] On any given day in fiscal year 2007, about 10,000 children were living in foster care. Since children cycle in and out, the total number of children affected by the child welfare system was much higher.

In a six-year lawsuit that was filed in 1998 on behalf of children in foster care, it was clearly shown that the state has not fully met its responsibility to care for children in the foster system. The lawsuit was settled in 2004, with the state agreeing to make measurable progress on a number of specific goals.

But by 2008, Washington was still falling behind in key areas of the settlement agreement, according to an independent expert panel overseeing the state's efforts. For example, in 2006 only 43 percent of foster children received monthly visits from their social worker and 19 percent were not visited at all (Figure 3.B).

While state agencies have been the focus of negative press about the foster care system, the fact is that state policymakers have not made sufficient funding available to fix the problems. New investments were made in the 2007-09 budget, but some key issues, such as lowering the number of children each social worker is responsible for, were not addressed.



SPOTLIGHT ON:

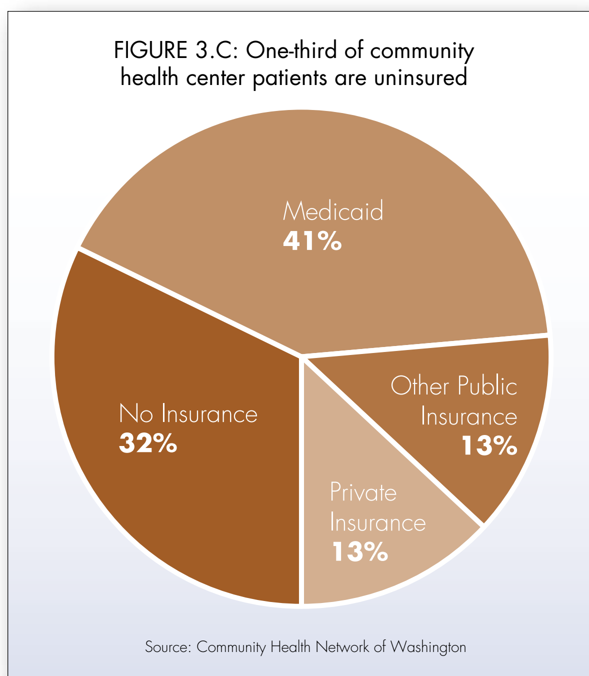
Community Health Centers

Community health centers are a key component of the state health care infrastructure and are especially important in efforts to close health disparities. These centers provide comprehensive services for Washingtonians of different races, ethnic groups, and incomes in both urban and rural areas.

Community health centers follow a "health care home" model. This refers to a relationship between the patient and a primary care provider who can provide consistent, continuous, and comprehensive care and help the patient navigate through a complex health care system. This approach to primary care has been shown to produce better health outcomes for patients, increased equity in access to care, more accurate medical records, and lower costs.

Cuts in public health insurance programs have a direct effect on community health centers, which are already strained because of recent economic and health care trends. Community health centers must provide the same level of care whether patients have health insurance or not. In fact, one-third of community health center patients in 2007 had no insurance and 41 percent were insured through medical assistance, which often does not provide sufficient reimbursements (Figure 3.C).

FIGURE 3.C: One-third of community health center patients are uninsured



Source: Community Health Network of Washington

SPOTLIGHT ON:

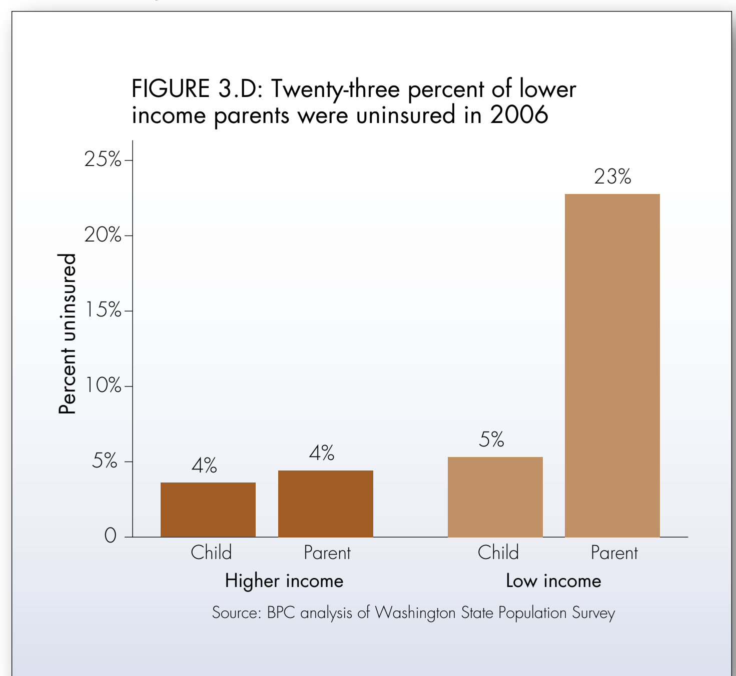
Cover All Kids

For two decades, Washington State has been a national leader in providing health insurance to those who would otherwise be uninsured. The state's 1993 expansion of health insurance to children from lower income families was five years ahead of the federal government's creation of the State Children's Health Insurance Program. More recently, policymakers made a commitment to provide health insurance to every child in the state by 2010, a commitment that was put into law with the "Cover All Kids" legislation passed in 2007. As a direct result of this effort, over 75,000 additional children have been enrolled in public health insurance programs and efforts to break down barriers to enrollment have been implemented. [29]

While significant progress has been made in providing health insurance to children, we have not done as well providing health insurance to parents. Over one in five lower income parents remained uninsured in 2006 (Figure 3.D). Parental health insurance promotes financial security for lower income families and increases the likelihood that more children will be enrolled in public programs and have better access to care.

Having health insurance is necessary, but not sufficient for good health; quality of care counts as well. In 2003, only 49 percent of children in Washington State had comprehensive primary care.[30] In addition to providing insurance, the "Cover All Kids" legislation mandates that public health insurance programs are evaluated based on quality of care.

FIGURE 3.D: Twenty-three percent of lower income parents were uninsured in 2006



Source: BPC analysis of Washington State Population Survey

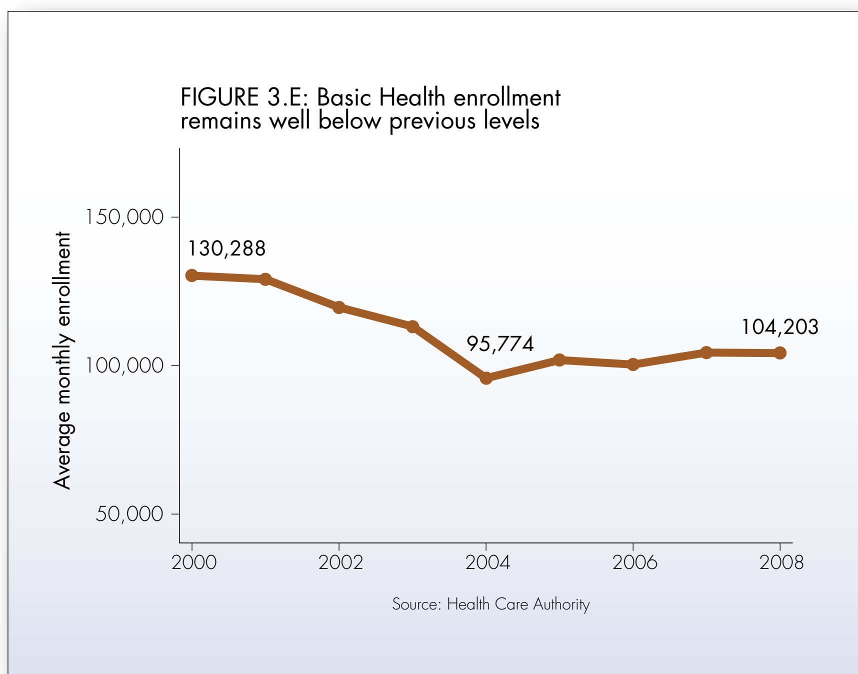
SPOTLIGHT ON:
Basic Health program

While most Washingtonians rely on their jobs to provide health insurance coverage, this system often fails to provide a secure source of quality and affordable care. Those with employer-provided coverage will lose that coverage if they lose their job. And employment is no guarantee of coverage. Lower-wage workers are less likely to be offered health insurance at the workplace and less likely to be able to afford the premiums than higher-wage workers. For some groups of people without private health insurance, Medicaid and other medical assistance programs are an option. But medical assistance is largely unavailable for working adults.

Basic Health is designed to help fill the gap between medical assistance eligibility and private insurance. Established in 1988, it was the first program of its kind in the nation. The state contracts with private managed care companies to provide low-cost insurance to lower income Washington residents.

In 2001, voters passed an increase in the cigarette tax to fund Basic Health. The 2002 Legislature passed a budget that would have used the new money to provide insurance to 47,000 more people. But in the 2003 legislative session, the state was facing a budget deficit and investment in Basic Health was cut. Not only was the expansion that was approved by voters discarded, but the number of available slots was further decreased. New applications were turned down. The benefits package was also reduced and the cost to enrollees was increased, further limiting enrollment (Figure 3.E).

Since that time, growth in the program has been slow. Funding was provided for 7,000 additional slots in the 2006 and 2007 legislative sessions. Surprisingly, despite an increasing need for state health insurance, the Health Care Authority has had trouble filling the available slots. This may be the result of the budget cuts in 2003; research shows that re-enrollment of participants can be costly and difficult to achieve.[31] In addition, higher costs and more limited benefits may decrease the utility of the plan for some people.



SPOTLIGHT ON:

Access to Mental Health Services

Good health includes mental and emotional wellness. Currently state health care resources do not adequately meet the needs of people with mental health disorders. Twenty-five percent of Washingtonians are affected by mental health problems and 15 percent experience limited life functioning as a result.[32]

Accessing mental health care in Washington State is difficult for most and impossible for many. A recent study found that state-funded mental health services are accessible by only half of lower income people who lack private health insurance.[33]

The system for accessing mental health care in the state is complex to navigate. There are 17 state agencies that provide mental health care and most of them do so through local organizations.[32] Services and locations are determined by a combination of diagnoses, functional limitations, income, age, insurance, and available funding.

Preventive mental health care is difficult to access. Instead, illnesses must become functionally limiting before services are available. This system results in unnecessary suffering. It is also fiscally inefficient; the cost of hospitalization or imprisonment is significantly higher than the cost of prevention.

Mental health challenges often overlap with other problems, including physical limitations, drug abuse, unemployment, and homelessness. Mental health investments would be more effective if they were better integrated with other services.

SPOTLIGHT ON:

Medical Assistance Spending and Long-Term Care

Medical assistance is one of the largest investments made by the state government, providing health services to one of every five Washingtonians. The state will spend over $4 billion on medical assistance programs (primarily Medicaid and the State Children's Health Insurance Program) during the 2007-09 budget cycle and the federal government will match that with another $4 billion. It has been one of the fastest growing segments of the state budget.

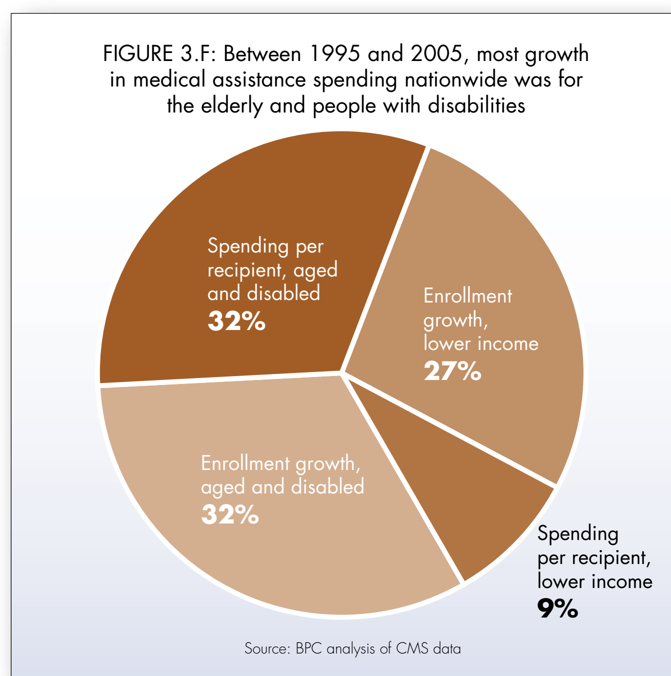
Medical assistance programs are central to the state's efforts to insure children. Half of medical assistance recipients in 2006 were children. These programs are also very important to patients with long-term health needs. People with disabilities or those over age 65 made up 21 percent of those enrolled in medical assistance in 2006, but they accounted for half of the spending.[34] One-third of medical assistance spending was for long-term care specifically, including nursing homes and home health services.

Nationally, over 60 percent of increased spending on medical assistance between 1995 and 2005 was due to the growing enrollment and escalating health care costs associated with people over age 65 or with disabilities (Figure 3.F).

For many people needing long-term care, options are limited. Private long-term care insurance is often prohibitively expensive. Medicare, a social insurance program that all workers pay into in order to receive health benefits upon retirement, does not provide long-term care benefits. Medicaid becomes the only option for many, although because it is only available to the poor, people have to "spend down" their resources in order to become eligible.

Without policy reforms, long-term care will continue to strain the state's medical assistance budget. The population is aging, medical advancements are extending life expectancy, and the cost of health care continues to grow. The state will bear much of the responsibility for long-term care because the federal government has shifted the costs from Medicare (a federally-funded program) to Medicaid (a program in which the state must pay approximately half the cost).

FIGURE 3.F: Between 1995 and 2005, most growth in medical assistance spending nationwide was for the elderly and people with disabilities



Source: BPC analysis of CMS data