

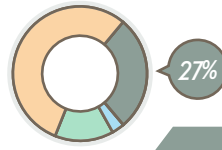
THE PROGRESS INDEX

MEASURING SHARED PROSPERITY
IN WASHINGTON STATE

HEALTHY PEOPLE & ENVIRONMENT



HEALTHY PEOPLE & ENVIRONMENT



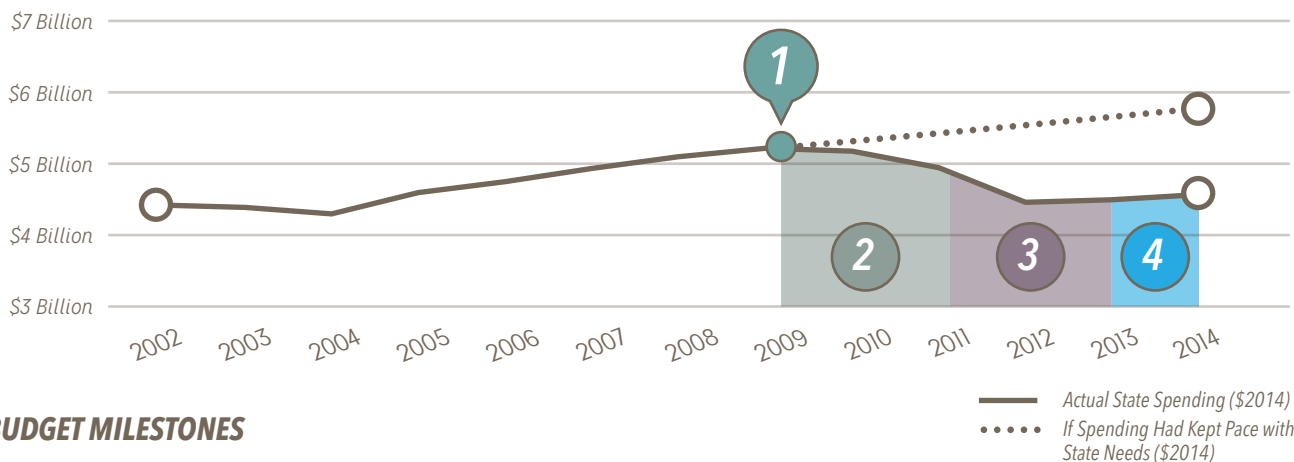
Washington state should be a society in which everyone has the opportunity to live a healthy and productive life, with affordable options for health care and the opportunity to live in an environment with clean air, water, and land.

BUDGET SNAPSHOT

INVESTMENTS IN HEALTHY PEOPLE & ENVIRONMENT

Washington state invests 27 percent of its total operating revenue on programs that protect public health and the environment. Spending is nearly the same as it was in 2002 (Figure 14), following a recent decline during the economic downturn (solid line). Had spending on the health of people and the environment kept pace with pre-recession growth, it would be 26 percent (\$1.2 billion) higher than it is currently (dotted line).

FIGURE 14:
STATE INVESTMENTS IN HEALTHY PEOPLE & ENVIRONMENT HAVE FALLEN BEHIND BY \$1.2 BILLION
State funding + federal stimulus funding, WA, 2002-2014



BUDGET MILESTONES

- 1** 2009: The 2009 American Recovery and Reinvestment Act (ARRA) injects over \$2 billion into health and environmental investments to offset impact of recession.
- 2** 2009-2011: Funding for health programs (Basic Health program, mental health services) and environmental programs (toxics clean-up, ecology) are dramatically cut. Washington state receives a waiver to allow early expansion of Medicaid as part of the federal Affordable Care Act (ACA). In addition, Washington state's ability to protect our air, water, and land from toxins and other environmental threats is significantly compromised by cuts to ecology and toxic clean-up programs.
- 3** 2011-2013: Washington lawmakers approve Medicaid expansion under ACA in the budget, and health care funding slightly rebounds.
- 4** 2013-2014: Over 700,000 Washingtonians enroll in ACA-related health insurance programs.

Source: Budget & Policy Center analysis of LEAP data

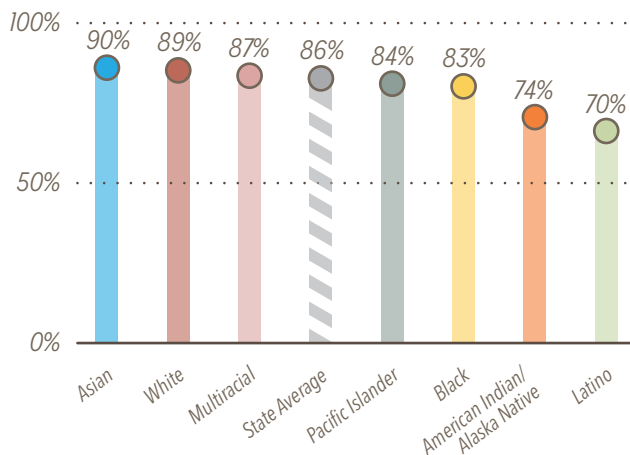
Notes: Spending adjusted for inflation in \$2014. Estimated spending calculated using a 3.6% growth rate. See full methodology for more information on estimated spending.

DO WASHINGTONIANS HAVE ACCESS TO AFFORDABLE, COMPREHENSIVE HEALTH CARE?

When an adult or child is sick, being able to see a doctor is essential for their well-being. But whether and how individuals and families choose to get medical or dental care depends greatly on whether that care is affordable.

Full implementation of the ACA began in 2014 with Medicaid expansion and the creation of the Washington Health Benefit Exchange. More than 700,000 Washingtonians have enrolled in these programs to gain affordable coverage.^[18] In Washington state* (Table 7):

FIGURE 15:
MANY PEOPLE OF COLOR ARE LESS LIKELY TO HAVE HEALTH INSURANCE COVERAGE
Percent of population with health care coverage by race and ethnicity, WA, 2012



Source: B&PC analysis of ACS 2008-2012 5-year estimates from IPUMS.

Note about data: Disaggregated data is presented to provide a preliminary understanding of disparities by race and ethnicity. On its own, this data tells a limited story about the population it represents. We encourage users of this data to engage with communities of color to develop a more accurate and meaningful understanding than the data allow.

- In 2013, prior to ACA implementation, almost all children younger than 18 (95 percent) and seniors 65 years and older (99 percent) had health care coverage. The high coverage rate among children is a result of the creation of Apple Health for Kids in 2007, a state health insurance program with the mission to insure all kids.^[19] The high coverage rate among seniors is a result of Medicare.
- Young adults (age 18 to 24) were the least likely age group to be insured – prior to ACA, one of every four (24 percent) young adults lacked health coverage.
- Eighty percent of working-age adults had health coverage, but rates of coverage had decreased since 2008 as more employers started to drop health insurance during the Great Recession. American Indian and Alaska Native adults are the least likely to have health insurance (with 74 percent covered), followed by Black (83 percent) and Pacific Islander adults (84 percent) (Figure 15). The decline in employer-based health insurance is one reason why the share of adults not seeing a doctor has increased since 2008, from 12 percent to 16 percent.
- The share of Washingtonians with a “patient-centered medical home” – a network of health care providers that offer comprehensive and continuous medical care – was low for both children (59 percent) and adults (53 percent). Having a medical home is shown to improve the health of children and adults.
- The share of residents seeing a dentist in the past year is higher among children (86 percent) than adults (67 percent). A higher share of children saw a dentist in 2012 than in 2007, while a smaller share of adults saw one over the same time period.

**The first comprehensive look at the ACA’s effects on health care coverage and costs at the state level will not be released until the fall of 2015. So it’s important to note that this data does not take into account the ACA’s impact.*

TABLE 7:

HEALTH CARE: KEY INDICATORS OF PROGRESS^[20]

ARE WE MAKING PROGRESS?

		*	*	700,000 (2014)			
Number of Washingtonians enrolling in Medicaid or Exchange under the Affordable Care Act		*	*	700,000 (2014)			✓
Percent of population with health coverage (by age): <small>Note: Data do not reflect the 700,000 people who enrolled under the ACA. The first comprehensive look at the impact of ACA on health insurance coverage rates will be released in the fall of 2015.</small>	Children (0-17)	*	92% (2008)	94% (2013)			✓
	Young adults (18-24)	*	74% (2008)	74% (2013)		—	
	Working-age adults (25-64)	*	85% (2008)	81% (2013)		—	
	Seniors (65+)	*	99% (2008)	99% (2013)			✓
Percent of adults and children with access to a reliable network of comprehensive medical care (also referred to as a "patient-centered medical home"):	Children (0-17)	*	60%	59%		—	
	Adults (18-64)	62%	56%	53%		—	
Percent of adults not seeing doctor because of cost		9% (2000)	12% (2008)	16% (2012)		✗	
Percent of children that had a dental visit within the last year		*	81% (2007-08)	86% (2011-12)			✓
Percent of adults that had a dental visit within the last year		70%	73%	67%		—	

*Data not available or not comparable to subsequent years

DOES WASHINGTON STATE PROTECT ITS MOST VULNERABLE RESIDENTS?

The child welfare and mental health systems play an essential role in keeping Washingtonians safe when they may not have the resources or authority to protect themselves on their own. The mental health system has been weakened by budget cuts that limit the state's capacity to serve people with mental illness. Cuts have also been made to intensive services that help children in foster care and to emergency housing for children in crisis. In Washington state (Table 8):

- While the number of psychiatric beds in state and community hospitals has rebounded to 2000 levels (12 per 100,000), too many people involuntarily committed for treatment for mental illness are being "boarded" in state emergency rooms due to lack of capacity. Psychiatric boarding in facilities that do not offer individualized psychiatric care is a practice the Washington State Supreme Court recently ruled as unconstitutional under the Involuntary Treatment Act.^[21] The percentage of patients being readmitted to a state or community hospital within 30 days has declined, suggesting progress on quality of treatment is being made.
- The rate of out-of-home placements – when children are removed from the care of their parents or legal guardian – has declined, from 7.2 per 1,000 children in 2008 to 5.3 per 1,000 in 2013. Rates of re-entry into the child-welfare system are also declining for children who have been reunited with their family and guardians. Re-entry into the system following adoption remains low, although the recent increase is of some concern.

TABLE 8:

VULNERABLE WASHINGTONIANS: KEY INDICATORS OF PROGRESS^[22]

ARE WE MAKING PROGRESS?

	2000	2008	2014			
Number of psychiatric beds <i>(per 100,000 people)</i>	13 (2000)	9 (2008)	12 (2014)			
Share of patients readmitted to a state or community hospital within 30 days of leaving	*	7.2% (2008)	5.8% (2014)			
Rate of out-of-care placements <i>(per 1,000 children)</i>	5.9 (2000)	7.2 (2008)	5.3 (2014)			
Share of children re-entering out-of-home care within two years (by placement type):	Reunification	25% (2000)	17% (2008)	14% (2011)		
	Guardianship	14% (2000)	14% (2008)	5% (2011)		
	Adoption	0% (2000)	0.1% (2008)	1% (2011)		

*Data not available or not comparable to subsequent years

IS OUR WATER, AIR, AND LAND SAFE AND CLEAN FOR USE?

Clean air, water, and land are essential to Washingtonians' health and quality of life. In addition, the natural beauty and biodiversity of the Pacific Northwest are some of our biggest strengths, providing residents and visitors from all over the globe with a connection to the natural world.

Over the last decade, Washington state has increasingly recognized the need to protect our people, air, water, and land from the threats posed by pollution, toxins, and hazardous waste. A few indicators show we have made progress in important areas – such as the quality of our drinking water and the reduction in hazardous waste from manufacturers – but there is considerable room for progress. In Washington state (*Table 9*):

- Residents face low-to-moderate air quality one of every five (18 percent) days on average.
- The quality of our drinking water is high, and the percentage of people affected by drinking-water violations has declined significantly since 2008. However, the quality of Washington state's vast system of streams, rivers, and coastal waterways is troubling, as quality ratings are either low or declining. The share of beaches meeting water-quality standards has declined in the last five years, from 90 percent to 79 percent, while the overall share of rivers and streams having a "good" quality rating is low (49 percent). The health of shellfish beds – an important indicator of ocean acidification – is also of concern. One in five (19 percent) shellfish beds – natural locations where a shellfish species occupies more than 50 percent of the specified area – have shut down for harvesting as a result of pollution.

- There has been a significant decline in the risk to public health caused by toxic chemicals released by industries. The Risk-Screening Environmental Indicator (RSEI) – a tool used to measure and rank toxins emitted by industries based on their risk to human health – has dropped by 93 percent.
- One-quarter (24 percent) of the hazardous waste produced by businesses is recycled. While this is an improvement over 2000, a relatively small share of hazardous waste is being recycled.
- An increasing amount of solid waste is being recycled by households and businesses – 57 percent in 2011 – protecting the environment and saving the state money.

TABLE 9:

AIR, WATER, & LAND QUALITY: KEY INDICATORS OF PROGRESS^[23]

ARE WE MAKING PROGRESS?

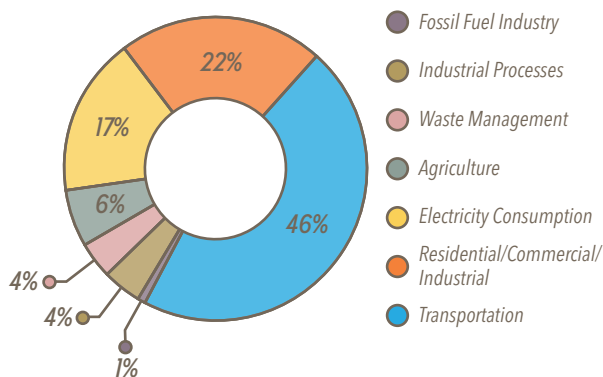
Percent of days with low to moderate air quality	20% (2000)	16% (2008)	18% (2013)		
Percent decline in toxic chemicals released by manufacturers that pose significant risk to human health	* (2000)	-80% (2008)	-93% (2010)		
<i>(Percent change in Risk Screening Environmental Indicators Score, baseline 2000)</i>					
Percent of people impacted by drinking-water-quality violations	5% (2000)	3% (2008)	0.2% (2012)		
Percent of tested beaches meeting water-quality standards	86% (2000)	90% (2008)	79% (2013)		
Percent of tested rivers and streams that have a water-quality index rating of "good"	50% (2000)	39% (2008)	45% (2013)		
Percent of shellfish beds closed for harvesting because of pollution	22% (2000)	21% (2008)	19% (2012)		
Percent of hazardous waste recycled by businesses or other facilities	16% (2000)	25% (2008)	24% (2013)		
Percent of solid waste recycled	37% (2000)	47% (2008)	57% (2011)		

*Data not available or not comparable to subsequent years

ARE WE REDUCING WASHINGTON STATE'S CONTRIBUTION TO CLIMATE CHANGE?

Carbon emissions from automobiles, industry and other sources are the primary greenhouse gas linked to rapid climate change,^[24] which poses a significant threat to Washington state's economy, job creation, public health, and quality of life. In 2008, policymakers set legal limits on carbon emissions in our state, starting with a requirement to return to 1990 emission levels by 2020.^[25] While carbon emissions are declining slightly, projections show that without further policy changes, we will not meet the legal limits on emissions (Figure 17). In Washington state (Table 10):

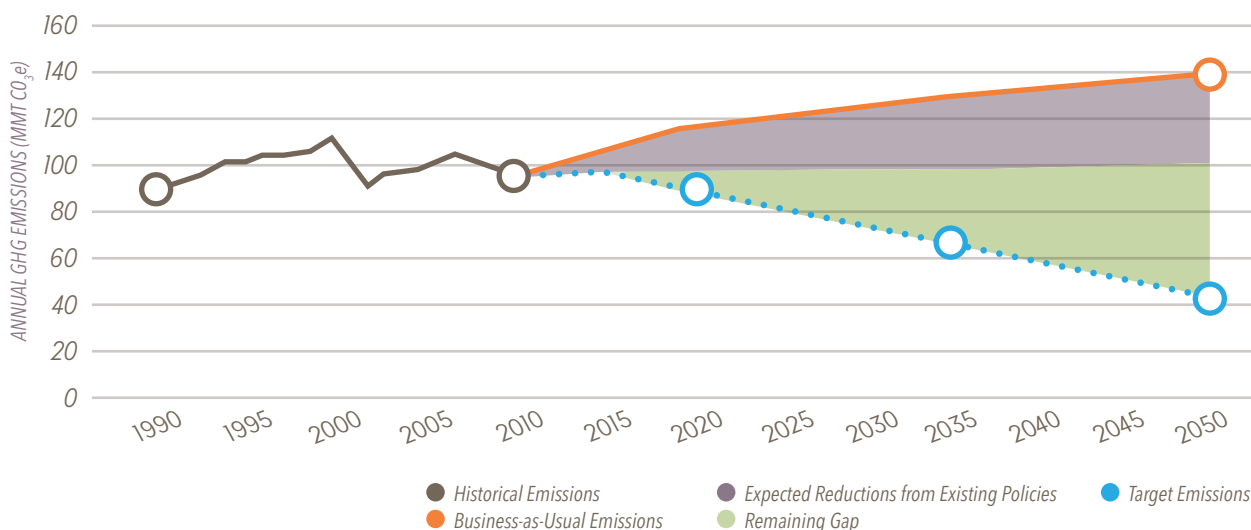
FIGURE 16:
TRANSPORTATION LARGEST SHARE OF EMISSIONS
Level of greenhouse gas emissions by sector (million metric tons CO₂), WA, 2011



Source: Department of Ecology, "Washington State Greenhouse Gas Emissions Inventory 2010-2011."

- The overall level of carbon emissions has decreased, although not enough to offset the significant threats posed by pollution. In 2011, Washington state emitted 91.7 metric tons of carbon dioxide into the atmosphere, largely due to transportation sources, such as cars, trucks, and trains (Figure 16).
- Our reliance on fossil fuels is decreasing, with the exception of natural gas. Imports of both oil and coal have dropped since 2008.
- Demand for electricity has decreased over the last five years. When coupled with growth in the renewable energy used by residents, the environmental impact of electricity consumption is declining in our state.
- Between 2008 and 2012, the number of megawatt hours of wind and solar electricity consumed increased from 1 million MWh to 2.9 million MWh.

FIGURE 17:
WASHINGTON STATE NOT ON TRACK TO MEET 2020 EMISSIONS REDUCTION TARGETS
Statutory greenhouse gas (GHG) emission reduction targets, WA, 2020, 2035, 2050



Source: "Carbon Emissions Reduction Taskforce: Report to the Washington State Governor's Office," November 2014

TABLE 10:

CLIMATE CHANGE: KEY INDICATORS OF PROGRESS⁽²⁶⁾

ARE WE MAKING PROGRESS?

Level of carbon emissions <i>(metric tons of CO₂)</i>		105 <i>(2000)</i>	99 <i>(2008)</i>	91.7 <i>(2011)</i>			
Dependence on fossil fuels/non-renewable resources:	Natural gas <i>(million cubic feet)</i>	286,653 <i>(2000)</i>	298,140 <i>(2008)</i>	314,124 <i>(2013)</i>			
	Barrels of petroleum <i>(in thousands)</i>	151,824 <i>(2000)</i>	143,994 <i>(2008)</i>	139,215 <i>(2013)</i>			
	Coal <i>(short tons)</i>	6,001,410 <i>(2000)</i>	5,763,323 <i>(2008)</i>	4,428,542 <i>(2013)</i>			
Electricity consumption:	Total residential and commercial electricity consumed <i>(million MWh)</i>	57 <i>(2000)</i>	66.2 <i>(2008)</i>	65.6 <i>(2013)</i>			
	Total wind and solar electricity consumed <i>(million MWh)</i>	0 <i>(2000)</i>	1 <i>(2008)</i>	2.9 <i>(2013)</i>			

*Data not available or not comparable to subsequent years

LOOKING AHEAD

HOW WASHINGTON CAN MAKE PROGRESS ON HEALTHY PEOPLE & ENVIRONMENT

- Continue to fully implement the ACA in Washington state by incorporating the federal Basic Health option, which would provide additional options for affordable health care coverage at very little cost to the state.
- Eliminate racial and ethnic gaps in health care coverage by targeting resources toward enrolling uninsured people of color in ACA programs.
- Provide adequate funding to ensure that children in the foster care system and Washingtonians with mental illness are provided services quickly, safely, and in a way that ensures their long-term well-being.
- Create a cap-and-trade system – a system that puts a price and a cap on carbon emissions to control pollution and make polluters pay – to reduce Washington state’s contribution to climate change and the impact it has in our state. Use revenue from cap-and-trade revenues to reduce the impact of climate change on children, families, the environment, and the state economy.
- Further target revenues from a cap-and-trade system to mitigate the impact of climate change on communities of color and on people with low incomes, who are the worst hit by the negative impacts of climate change and least able to adapt to a carbon pricing system.