

# A Gubernatorial Perspective

IOM: Public Health Strategies to Improve Health

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BEST PRACTICES

# Overview

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- § Financial Outlook
- § Linking State Funding to Public Health
- § The Role of State Agencies in Health
- § Government Management,  
Accountability Performance Process

# Financial Outlook

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## **Loss of Revenue**

- Tax revenue from sales, personal income and corporate income taxes continues to be lower than expected.
- Substantial job losses and significant reductions in corporate profit resulted in declines in capital gains and other investment income which are an important revenue source for states.

## **Reduced Enacted Budgets**

- In 2009, 42 states reduced enacted budgets by \$31.6 billion.
- In 2008, 13 states imposed cuts on enacted budgets.
- In 2007, 3 states imposed cuts on enacted budgets.

## **Budget Gaps**

Between fiscal years 2009-2011, states must close an estimated \$230 billion. In 2009, they have closed \$46.2 billion.

- 41 states are reporting budget gaps in 2009.
- 37 states are reporting budget gaps in 2010.
- 24 states are forecasting budget gaps in 2011.

# General Budget Expenditures

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Aligning cost summaries and information with state resources:

Primary and secondary education: 20.9%

Medicaid: 20.7%

Higher education: 10.3%

Transportation: 8.1%

Corrections: 3.4%

Public assistance: 1.6%

All other expenditures: 35.1%

*\*Fiscal Survey of the States, June 2009*

**Question: How do traditional public health programs impact state-funded programs?**

# Linking State Funding to Public Health

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Some places to consider: Medicaid, developmental disabilities, drug and alcohol related costs, school attendance, lost productivity (taxes), incarceration, gun violence.

Another thought: NGA Children's Summit

§ Early childhood care and education

§ 40 state teams with more than 300 people

§ Considerations: maternal depression, substance abuse

Health in All Policies

# Role of State Agencies in Health

State Agency	Authority	Opportunities to Influence Health
Department of Agriculture	<ul style="list-style-type: none"> <li>§ Administers programs to ensure food and agricultural safety</li> <li>§ Administers funding programs for farmers</li> </ul>	<ul style="list-style-type: none"> <li>§ Promotes the consumption of state and local produce in businesses, schools, and communities</li> </ul>
Department of Education	<ul style="list-style-type: none"> <li>§ Administers state education programs from pre-kindergarten to postsecondary</li> <li>§ Administers the federal free- and reduced-price lunch and breakfast programs</li> </ul>	<ul style="list-style-type: none"> <li>§ Provides health education and physical activity programs in schools</li> <li>§ Provides before- and after-school athletic and recreational programs</li> <li>§ Provides improved nutritional options through food programs</li> </ul>
Department of Environmental Quality	<ul style="list-style-type: none"> <li>§ Administers services, regulates waste, and monitors environmental quality of land, air, and water</li> </ul>	<ul style="list-style-type: none"> <li>§ Provides information to the public on air and water quality</li> <li>§ Limits pollution</li> </ul>
Department of Health	<ul style="list-style-type: none"> <li>§ Administers Medicaid and the State Children's Health Insurance Program</li> <li>§ Collects state resident health information</li> <li>§ Administers nutritional and physical activity programs</li> </ul>	<ul style="list-style-type: none"> <li>§ Provides billing codes specific to obesity</li> <li>§ Provides information to medical community on health trends and alerts</li> </ul>
Department of Housing	<ul style="list-style-type: none"> <li>§ Administers zoning regulations</li> <li>§ Administers community design regulations, such as school siting and green space</li> </ul>	<ul style="list-style-type: none"> <li>§ Influences land use to accommodate physical activity</li> <li>§ Enhances community design regulations that improve health</li> </ul>

# Role of State Agencies in Health

State Agency	Authority	Opportunities to Influence Health
Department of Parks and Recreation	<ul style="list-style-type: none"> <li>§ Administers recreational funding and programs</li> <li>§ Administers campsite regulations</li> <li>§ Manages long-term park planning</li> </ul>	<ul style="list-style-type: none"> <li>§ Promotes the use of state parks, trail systems, and recreational space</li> </ul>
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Department of Personnel Administration	<ul style="list-style-type: none"> <li>§ Administers state benefit packages</li> </ul>	<ul style="list-style-type: none"> <li>§ Provides health benefit packages to active and retired public service employees</li> <li>§ Manages retirement programs and services</li> </ul>
Department of Public Safety	<ul style="list-style-type: none"> <li>§ Administers law enforcement practices and programs</li> </ul>	<ul style="list-style-type: none"> <li>§ Ensures safe community environments</li> </ul>
Department of Social Services	<ul style="list-style-type: none"> <li>§ Administers Supplemental Nutrition Assistance Programs (formerly called Food Stamps); Women, Infants, and Children (WIC); and other food programs</li> <li>§ Administers and monitors child care programs</li> <li>§ Administers income support and children's services</li> </ul>	<ul style="list-style-type: none"> <li>§ Develops adult food purchasing programs that meet the state's mandatory nutritional guidelines</li> <li>§ Works with child care facilities to monitor nutritional value of foods and physical activity programs</li> </ul>

# Coordinated Governance

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## Government Management, Accountability, and Performance Process (a.k.a. GMAPing)

- § Establishing objectives and goals
- § Establishing complementary policies and ensuring effective implementation;
- § Reviewing state performance data;
- § Analyzing and mitigating problems; and
- § Developing specific action plans that improve health and meet the governor's goals and objectives.

# Washington's GMAPing Process

**“Bottom Line: No state in the nation is better at developing and sharing information than Washington State.”**

*Grading the States, 2008*

Washington's GMAPing areas:

- § Health Care
- § Vulnerable Children & Adults
- § Economic Vitality
- § ARRA
- § Government Efficiency
- § Public Safety
- § Transportation
- § Future Topics –Education, Natural Resources, Government Reform

# Overview of GMAPing

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## **Citizen Engagement:**

Roundtables with community leaders, town hall meetings

## **Measures ranked according to citizens' workshops:**

### **HEALTH:**

Health Insurance Coverage\*

Infant Mortality\*

Adult Obesity\*

Tobacco Use –Teen

Tobacco Use –Adult



## **Dashboard**

Measures and indicators that demonstrate progress and opportunities

## **GMAP Session**

## **Performance Report**

## DASHBOARD

### 1. Washington Insured

Measure	Target	Actual	Status	Agency	Notes
1.1 - Percent of Washingtonians with Health Insurance	95%	87.7%	▲	OFM, DSHS, HCA	In 2008, the percent of Washingtonians insured declined. During this same period statewide the percent of children insured increased to 95.4% while the percent of adult insured decreased to 84.5%. Data current as of April 2009.

### 2. Provider Availability

Measure	Target	Actual	Status	Agency	Notes
2.1 - Avoidable Emergency Department Visits		46%		DSHS	For DSHS Fee For Service clients, the percent of avoidable Emergency Department (ED) visits remained fairly stable from 46.6% in SFY 2000 to 46.0% in SFY 2008. Data as of August 2009.

### 3. Chronic Disease & Injury Prevention

Measure	Target	Actual	Status	Agency	Notes
3.1 - Coronary Heart Disease Death Rates	108	113	●	DOH	The coronary heart disease death rate fell from 114.4 in 2006 to 112.7 per 100,000 in 2007. Washington appears to have a lower coronary heart disease death rate than the US rate. On track to meet the target of 108 by 2013. Data current as of January 2009.
3.2 - Hospitalization Rate Due to Falls for the 65+ Population	1686.09 per 100,000	1,709.7 per 100,000	▲	DOH	The rate of hospitalizations for falls in 2008 decreased 1.0% from 2006 to 2008. While the rate has gone down, the number has increased by 632 because of the increasing population of those 65 and older. Target: 06/30/12. Current through 2008.
3.3 - Cancer: Rate of Death from Breast Cancer	Breast-21.3 per 100,000	Breast-22.9 per 100,000	▲	DOH	There has been a 2.3% per year decrease for female breast cancer. Declines in cancer death rates indicate progress in cancer control, reflecting a combination of prevention, early detection and treatment. Current through 2007.

#### 4. Communicable Disease

Measure	Target	Actual	Status	Agency	Notes
4.1 - Children (19-35 months) Who Receive All Recommended Vaccines	80%	73.5%	⚠	DOH	73.5% of Washington's toddlers 19 - 35 months old get the right immunizations at the right time. Rate increase of 21.5% since 2002 have been helped by outreach to families, partnerships with stakeholders, and a focus on using the CHILD Profile registry.

#### 5. Environmental Health

Measure	Target	Actual	Status	Agency	Notes
5.1 - Percent of Drinking Water Surveys Completed with No Critical Deficiency	81%	77%	⚠	DOH	Data show the percent of water systems with no significant deficiencies decreased from 82% in FY 07 to 77% in FY08. These significant deficiencies could indicate potentially unsafe drinking water. Data current as of October 2008.

#### 6. Evidence Based Care Management

Measure	Target	Actual	Status	Agency	Notes
6.1 - Health Technology Assessments	8	1	●	HCA	The target is to complete 8 assessments by Dec. 2009; the first assessment was completed in May. Currently two assessments are in progress and two are in initial review. Currently on schedule to meet Dec. 2009 target. Data current as of May 2009.
6.2 - Percent of Major-Trauma Patients Who Survive	88.5%	87.3%	⚠	DOH	The survival rate for critically injured patients has increased from 77.1% in 1995 to 87.3% in 2008. This is slightly down from 87.4% in 2007. Since 1995, about 2,300 critically injured patients survived who might otherwise have died. Data through 2008.

## 7. Chronic Care Management

Measure	Target	Actual	Status	Agency	Notes
7.1 - Diabetes Management	29.0 % (benchmark)	27.6%		HCA	Enrollees in HCA-participating managed care health plans are improving their blood-sugar control over previous years. At 27.6% with poor control, WA is not significantly different from the 29.0% benchmark national average. Data current through 2008.

## 8. Department of Social and Health Services Cost

Measure	Target	Actual	Status	Agency	Notes
8.1 - Growth in DSHS Medical Program Costs Compared to Washington's Personal Income	5.3%	6.0%		DSHS	Until recently, Washington's per capita personal income continued to grow at a faster rate than DSHS medical programs per capita expenditure growth rate. Data is through FY 08.

## 9. Health Care Authority

Measure	Target	Actual	Status	Agency	Notes
9.1 - Rate of PEBB Premium Increase Compared to National benchmark	6.4 %	3.0%		HCA	The actual rate increase for Public Employees Benefits Board (PEBB) participating health plans increased 3.0% for CY 2009, this is less than the 7.9% increase initially projected. The 2009 Mercer survey average is 5.7%. Data current as of August 2009.
9.2 - Basic Plan Health Cost	9.4% (budgeted)	4.2%		HCA	The subsidized cost for Basic Health increased 4.2% in calendar year 2009 compared to 8.2% in 2008. For 2010, the subsidized cost for Basic Health is projected to decrease 37.4% in calendar year 2010 from 2009. Data as of August 2009.

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