

Healthiest State in the Nation Campaign and National Health Reform

Background: Since 1992, the mission of the Washington Health Foundation has been to improve health for the people of Washington—and health reform has been a core issue in that effort. In 1993, our initial strategic priorities were framed around community implementation of Washington state’s comprehensive health reform legislation, particularly in rural communities. When this legislation was repealed, our work shifted to filling the problem gaps in health for people in need, communities and health providers, with a unique combination of grants, programs and direct service. In 2001, armed with real world awareness of how our state’s health was deteriorating in post-reform Washington, we re-committed our resources to create the next movement toward fundamental health system change in our state.

The cornerstone of this effort was bringing the public into the process in a more meaningful way than happened in the 1990s. In addition to extensive polling and focus groups, we held 45 community roundtable meetings in every county of our state, and identified a set of values based on the public voices.

These values were brought to a diverse group of leaders in Fall 2003 at Seahawks Stadium. These leaders reviewed and prioritized the values, and 250 signed on to a resolution committing to work together toward the fulfillment of these, despite political, partisan and special interest differences. Governor Gary Locke was the first to sign, followed by other Democratic and Republican leaders.

The 3 top ranked values were:

1. Assuring fairness
2. A redesigned health system
3. Achieving this within existing resources

These remain core to our views regarding health reform, at the community, state, and national levels.

The Healthiest State in the Nation Campaign was designed as the means to build on this commitment. Starting with a shared vision of becoming the Healthiest State, the Washington Health Foundation has built a comprehensive engagement campaign to achieve these ends—now the largest civic engagement project for health in state history, with 40,000 people, 1200 organizations and 400 schools participating. As part of this effort, we have led major advances in Washington’s health improvement, moving from #15 in 2004 to #10 in 2008.

While building this Campaign, health reform has remained a key policy priority. In addition to speaking out on the need for reform at the state level, we have also worked nationally to create momentum for change, particularly with respect to involving the public in this effort. Now, with the economic crisis driving a new awareness of how health cost and access issues fit with our need for new national solutions, we have strengthened our national efforts on health reform. While states may be effective laboratories for certain reform innovations, real health reform must be a national matter.

The Campaign's National Health Reform Position:

The central tenets (and criteria used when reviewing alternative health reform proposals) of the Washington Health Foundation's national health reform position are:

- 1. Prevention.** Consistent with our mission, we believe that we need “health” reform, not just “health care” reform. While committed to addressing the financial consequences and uncertainties of health care, we are just as committed to making sure that we also promote health through our health care delivery system. After all, the ultimate purpose of our tremendous investments in health care is optimal health and well-being for people. It is well established that the major determinants of health stem far beyond medical care and that we have under-invested and under-designed how to further these other health determinants. The Healthiest State Report Card provides one set of issues we must address to achieve better health (<http://www.whf.org/spotlights/Healthiest-State-Report-Card-2008.aspx>). Health reform must address prevention, in order to curb disease, reduce demand on our costly health care system, and offer a better life to Americans. These things can be done with proper attention in the re-design of our national health policy.
- 2. Universal Participation.** Our public value of “assuring fairness” leads us to argue for a system that provides an inclusive method of participation in the health system for all Americans. Currently, the system is characterized best by those who are left out, as well as those who participate in radically different ways depending on factors such as type of employer-based coverage, use of the complex array of governmental programs, and available community safety net resources. Not only does this bewildering design create a sense of gross unfairness for most, it makes it impossible to design an efficient system. We spend so much time working to fill the gaps of irrational counter-incentives that practical ways of providing good health—and good medical care—are the exception and not the rule. We understand the historic ideology divide regarding how best to create a common frame of inclusion: Is the government or the market the best way to do this? Our answer to this debate should be whatever a strong consensus of the American public supports, which is likely to be a pragmatic, but rational, mix of these two systems.
- 3. Redesign.** With a universally inclusive system, opportunities arise to develop a health care delivery system that can provide far greater value to the American people. This opportunity must be taken, as we know that the value of our health system is inferior to those of other countries. Key to redesign will be tackling the difficult need to change how we pay providers and insurers, as our current payment systems are the source of many of our perverse incentives. Even more critical to redesign of the system is the need to make it work for people—not just for itself. This will require a major advance beyond old school thinking of the dominance of health providers over patients. Instead, redesign must build on concepts like “Health Homes for all Americans” as the principle to assure that health care is organized around the person, rather than forcing people to organize themselves around the health care system.