Leadership Opportunities for Health Promotion in State Government
Joseph W. Thompson, MD, MPH
Surgeon General, State of Arkansas
Director, Arkansas Center for Health Improvement

24th National Conference on Health Promotion & Education (CDC/DHPE), Washington, D.C.

Challenges and Opportunities States Face

- Hurricanes and pandemics.
- Globalization of our economy.
- National security threats and responses.
- 46 million uninsured U.S. citizens.

Challenges and Opportunities States Face

- Medical and information technology advances.
- Aging population and deteriorating health.
- Fragmented investment strategies at the federal, state, local, and personal levels.

Where are states today?

- Increasing challenges for health and healthcare.
- Employer-sponsored care remains primary financing strategy in most states but coverage and benefits are eroding.
- Proportion of uninsured continues to increase (46 million U.S. citizens).

Where are states today?

- Healthcare costs (public and private) continue to exceed other growth areas.
- Uncompensated care shifted to insured.
- Safety net providers fragmented.
- Public health overwhelmed and underfunded.
- Medicaid / Medicare cost-containment questionable.

Increases in Health Insurance Premiums Compared With Other Indicators 1988–2005

- Health Insurance Premiums
- Overall Inflation
- Workers Earnings
- State Budget

Governors’ Roles in Promoting Health
• Legal responsibility:
  – States have constitutional responsibility to protect health and welfare of citizens.
• Chief Executive Officer:
  – Shareholder (citizen), fiduciary oversight (infrastructure) and forecasting (future economy) responsibilities.

Governors’ Roles in Promoting Health
• Lead Legislative Advocate:
  – Proposes establishment and modification of programs.
  – Proposes annual budget framework and allocation.
• Program manager:
  – Executive branch influences most health programs.

Governors’ Roles in Promoting Health
• State spokesperson:
  – Bully pulpit and demanded speaker.
• Role model:
  – Lifestyle closely followed.

Healthy Arkansas: Goals
• Improve the health of and productivity of individuals, families, and communities in Arkansas.
• Address preventable causes of illness and death among children and adults by:
  – Reducing tobacco usage.
  – Increasing physical activity.
  – Reducing obesity.

Arkansas Public School Employees / State Employees Health Insurance Plan
• Largest state-based insurance plan (~ 120,000 employees).
• Major state influence in plan design, payment structure, network development.
• Self-insured plan with traditional benefit structure – no preventive coverage.

Who is the CEO of the largest health plan in your state?
Arkansas Public School Employees / State Employees Health Insurance Plan
• Aging work force with chronic illnesses.
• Escalating health insurance premiums.
• Lack of risk management strategies ($1600/yr for smokers).
• Decisions based on annual actuarial experience – no long-term strategy.

Improving Health of Plan Members
• Governor’s charge to the plan:
  – Incorporate long-term management strategy for disease prevention / health promotion.

Improving Health of Plan Members
• Three phases undertaken:
    • Tobacco, obesity, physical activity, seat belt use, binge drinking.
    • First dollar coverage of evidence-based clinical preventive services.
    • Tobacco cessation – Rx and counseling.

Improving Health of Plan Members
• Three phases undertaken:
    • First dollar coverage of evidence-based clinical preventive services.
    • Tobacco cessation – Rx and counseling.

Health Risk Assessment (2005)

Arkansas State Health Plan: Next Steps
• 15% ($23 million) of the $161 million spent last year was associated with risk factors.
• Healthy discounts on insurance premiums (January 2006).
  – $20 per adult/month for HRA completion.
  – $20 per adult/month for no-tobacco use.
Arkansas State Health Plan: Next Steps

- Act 724 (March 2005)
  - Allows up to 3 days leave each year for employee participation and point accumulation in Healthy Employee Lifestyle Program.
- Development and incorporation of obesity reduction strategy into discount (2007).

State Employee Strategy Incorporated into Medicaid: New Waiver Requirements

- Requires implementation of cost-containment strategy in general Medicaid population.
- Proposal to incorporate HRA / risk management strategy with annual reduction in tobacco use and obesity.

State Employee Strategy Incorporated into Medicaid: New Waiver Requirements

- Will require integration of EBD and DHHS strategies.
- Opportunity for full integration of public and private sector programs for optimal population health impact.

National Obesity Epidemic

Obesity Trends Among U.S. Adults

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987</td>
<td>13.3</td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>23.4</td>
<td>24.8</td>
</tr>
</tbody>
</table>

Percentage of Obese Adults, Age 20–64, U.S. Population, by Sex, 1987 & 2001

**Arkansas’s Response to the Obesity Epidemic**

84th General Assembly Act 1220 of 2003

- An act to create a Child Health Advisory Committee; to coordinate statewide efforts to combat childhood obesity and related illnesses; to improve the health of the next generation of Arkansans; and for other purposes.

84th General Assembly Act 1220 of 2003

- Change the environment within which children go to school and learn health habits everyday.
- Engage the community to support parents and build a system that encourages health.
- Enhance awareness of child and adolescent obesity to mobilize resources and establish support structures.

Act 1220 Requirements

- Elimination of all vending machines in public elementary schools statewide.
- Requirement of professional education for all cafeteria workers.
- Public disclosure of “pouring contracts”.

---

**Potential Savings If Americans Had Normal Weight (Adults, 55+)**

- Expected cost of care for those of normal weight: $327.16 Billion
- Additional medical care costs:
  - Underweight: $0.96 Billion
  - Overweight: $2.04 Billion
  - Obese: $27.62 Billion

**Average Cost of Medical Care for Adults (55+) by Weight**

- Underweight: $6,087
- Normal weight: $5,390
- Overweight: $5,478
- Obese: $7,235

**Act 1220 Requirements**

- Establishment of local parent advisory committees for all schools.
- Establishment of an Arkansas Child Health Advisory Committee.
- Confidential child health report delivered annually to parents with body mass index (BMI) assessment.

**National Data Sources on Child and Adolescent Obesity**

  - Source of federal estimates for childhood obesity.
  - Actual measurements of <15,000 kids.
- Youth Risk Behavior Survey
  - CDC/State survey of adolescents.
  - Self-reported data on height and weight.

**BMI Normalized Percentile Histograms From NHANES**

- 1971–1974
- 1976–1980
- 1999–2001

**Arkansas BMI Standardized Percentiles**

- 2003–2004

**Arkansas Board Of Education Actions**

- Vending machines restricted until 30 minutes after lunch in all schools
  - 12 ounce maximum size.
  - 50% healthy options required.
- No competitive foods in cafeterias.
- Cafeteria food service education.
- Nutrition and health curriculum changes.
- 30 minutes per day physical activity (K-12).

Overall Results by BMI Classification

<table>
<thead>
<tr>
<th>Category</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>72,636</td>
<td>77,351</td>
</tr>
<tr>
<td>At risk</td>
<td>59,503</td>
<td>63,943</td>
</tr>
<tr>
<td>Healthy</td>
<td>207,491</td>
<td>223,127</td>
</tr>
<tr>
<td>Overweight</td>
<td>6,262</td>
<td>6,946</td>
</tr>
<tr>
<td>Total</td>
<td>345,892</td>
<td>371,367</td>
</tr>
</tbody>
</table>

Tobacco: The Smoking Gun

Arkansas Tobacco Statistics and Efforts

- 1997—National Master Settlement Agreement
  - 3rd highest rate of tobacco consumption.
  - 2nd highest lung cancer death rate.
  - 20% higher age-adjusted MI death rate.
  - $300,000 total expenditures on tobacco control and prevention.

Arkansas Tobacco Statistics and Efforts

- Tobacco Settlement Proceeds Act of 2000
  - Initiated act with 65% support by people.
  - All MSA funds for new health programs.
  - Full funding of CDC recommended programs.

RAND Evaluation of MSA Expenditures in Arkansas

- Biennial performance-based assessment for continued program funding.
- Report to legislature.
- Interim accomplishments.
  - Significant reduction in youth smoking.
  - Accelerated reduction in adult quit attempts.
  - New COPH founded with >150 students in 4 years.
RAND Evaluation of MSA Expenditures in Arkansas

- Interim accomplishments.
  - Aging initiative leveraging philanthropic $$.
  - Medicaid expansion to target populations.
  - Biosciences research initiative successful.
  - Minority health initiative with targeted programs.

Continued State Leadership

- The Clean Indoor Air Act (Act 8) of the 2006 Special Session of the Arkansas General Assembly
  - Clean air protections for workers and the public.
  - Virtually all indoor air space now smoke free at places of work and places publicly accessible.

Continued State Leadership

- The Child Protection from Secondhand Smoke (Act 13)
  - Illegal to smoke in any vehicle in which child is restrained in car seat.
  - Primary offense.
- House Bill 1047 (not passed): illegal to possess, transport, sell, or consume tobacco products in state of Arkansas.

Traditional and Non-traditional State Resources/partners in Health Improvement

Traditional State Resources
- Dept Health & Human Services
- Pensions
- Public Health
- TANF
- Food Stamp Program
- Elder Care
- Insurance Commissioner

Community Partners
- AR Medical Society
- AR Hospital Association
- AR Physician Association
- AR Pharmacists Association
- AR Insurance Companies
- Local school districts

Non-traditional State Resources
- State & Public School Employees Health Insurance
- Dept of Parks & Tourism
- AR State Police
- Dept of Education (K-12)
- Dept of Higher Education
- Dept of Economic Development
- State media contracts

Healthy America Task Force Members

- Gov. Mike Huckabee, Arkansas NGA Chair Chairman
- Gov Janet Napolitano, Arizona NGA Vice Chair
- Gov. Mark Sanford, South Carolina
- Gov. Arnold Schwarzenegger, California
- Gov. Tom Vilsack, Iowa
- Gov. Phil Bredesen, Tennessee
Call to Action by Governors

• Challenge extended to:
  – Promote healthy lifestyles and personal responsibility.
  – Reduce obesity.
  – Improve nutrition.
  – Increase physical activity.

• Opportunity provided to:
  – Share.
  – Learn.
  – Compete.

Wellness Where We Live

Healthy America Actions for Governors: Wellness Where We Live

• Educate the public about existing community resources to raise awareness of services and opportunities.
• Partner with community organizations to communicate health information and encourage healthy lifestyles.


Healthy America Actions for Governors: Wellness Where We Live

• Promote civic and personal responsibility for better health.
• Improve access to healthy options in disadvantaged communities.
• Publicly share efforts by the governor’s family to get and stay healthy.


South Carolina’s Health-e-AME Program

• Partnership between African Methodist Episcopal (AME) congregations of South Carolina, Medical University of South Carolina, and South Carolina Department of Health and Environmental Control.
• Goal to improve the health and wellness of its parishioners throughout the state.


South Carolina’s Health-e-AME Program

• Target population AME congregation in SC (23% of all African American’s in SC) for nutrition, weight management, and diabetes prevention.
• Currently, 400 of more than 600 AME churches participate in Health-e-AME as part of Healthy SC Challenge.
Wellness Where We Work

Healthy America Actions for Governors: Wellness Where We Work

- Implement a yearly health risk assessment for all state employees.
- Improve the “health” of state workplaces.
- Provide access to health coaching and other preventive services for state employees and retirees.


Arizona State Employee Awareness

- Goal to Assess and compare the health and costs of care among employees in Arizona’s state departments.
- Targets All Arizona state employees
- Reports prevalence of health care conditions and spending by department/agency.
- Engages Arizona employees in disease management and cost containment efforts.

Healthy America Actions for Governors: Wellness Where We Work

- Raise employer awareness of and employee participation in worksite wellness programs.
- Form coalitions and advisory groups across the public and private sectors.

Healthy America Actions for Governors: Wellness Where We Learn

- Encourage parental engagement in student health.
- Conduct yearly assessments of individual student wellness.
- Promote regular physical activity during the school day.

Healthy America Actions for Governors: Wellness Where We Learn

• Support local school districts in efforts to develop healthy food policies.
• Use local chefs and farmers to offer attractive, healthier options to students.

Iowa School Cafeteria PaySchools

• Goal to encourage students and parents to discuss food choices and nutrition, establishing good eating habits that will last a lifetime.
• Pilot active in several school districts in Iowa.

Iowa School Cafeteria PaySchools

• Uses electronic payment system that enables parents to pre-approve foods students can select from cafeteria offerings
  --Parents receive paycard orientation at the beginning of the year and may choose to view and/or adjust a specific meal plan for their children.

NGA Center for Best Practices: Healthy States Grant Program

• Grants to states for improving the health of Americans.
• Phase I: Challenge grants to help states develop and implement worksite and/or community wellness programs related to Healthy America
  --Potential phase II grant program will target children.
NGA Center for Best Practices: Healthy States Grant Program

• Supported by NGA Corporate Fellows and others
  – Altria/Kraft Foods; AstraZeneca Pharmaceuticals; Aetna; Johnson & Johnson; Novo Nordisk Inc.; PepsiCo, Inc.; Pfizer, Inc. and Wal-Mart Stores, Inc.
  – General Mills and Anheuser-Busch Companies.
• RFP available at www.nga.org

Grant Info & Submission Timeline

• Approximately 14 qualified states will receive grants for up to $100,000 for 1 year.
• Only proposals submitted by the governor will be accepted.
• Proposals must be received by noon ET on June 13, 2006 to be eligible.

Grant Info & Submission Timeline

• Timeline
  – May 1, 2006 RFP released to states
  – May 15, 2006 Bidder’s conference call
  – June 13, 2006 Submission deadline for proposals
  – July 2006 Grant awards announced
  – August 2006 Grant period commences
  – February 2007 Mid-Year reports due
  – August 2007 Grant period concludes

More Information

www.arkansas.gov/ha
www.aqui.net
www.nga.org