

Washington Health Foundation Testimony
Provided to the Basic Education Financing Task Force
September 15, 2008

Thank you Mr. Chair, members of the task force, for the record, my name is Sandi Swarthout. I am here today representing the Washington Health Foundation and have brought with me a panel of experts who will introduce themselves to you as we go along.

First, for those of you who are unfamiliar with the Washington Health Foundation, I'm proud to be able to share with you that WHF is conducting the largest civic engagement campaign in state history to make Washington the Healthiest State in the Nation. Over 1100 organizations, 35,000 individuals and 400 schools are participating in our healthiest state campaign.

We publish a report card each year that looks at a number of measurable health outcomes and ranks our performance relative to other states. We then advocate for improvement in the measures where we believe the state can and should make significant progress. The suggestions we bring you today come both from our knowledge of health AND from our engagement with communities and with schools, parents and teachers on school health issues.

Right now, you probably expect that we are here to ask that you define Basic Education Funding to include health education, nutrition, physical activity, and other services such as school nurses etc.

You would not be wrong. But you would only be half-right. **It is our interest in the education achievement gap that brings us here today and you will hear from our panelists some of the reasons we believe that coordinated school health and cultural competency programs are critical tools for improving the graduation rates.**

But the critical point we want to make, which you may not have heard from anyone else is that closing the educational achievement gap is a better dollar for dollar investment in health than medical care. Let me re-state that to be clear:

The Washington Health Foundation believes investments in education, particularly in K-3 and in closing the achievement gap, are better health investments than continued unquestioned funding of some general medical inflation.

There is a solid and growing body of research which concludes that one of the best indicators of lifelong health is educational attainment. It's more important than race or income or access to medical care, ***especially for elementary school kids and for those groups burdened with health disparities.***

That is why one of the health outcome measures we track is High School Graduation rates. Washington ranks 32nd. We must improve that ranking if we are going to improve health.

So as you and the Legislature struggle with the challenges of providing adequate funding for basic education within severe revenue constraints, we urge you to look at what can be pulled out of medical inflation and redirected to schools.

The Blue Ribbon Commission on Health Care Costs and Access Adopted a goal (Final Report, Jan. 2007) which states that: ***“The rate of increase in total health care spending will be no more than the growth in personal income.”***

The difference between that number and expected medical inflation may be several hundred million dollars in the coming biennium. ***We believe better health for our state will result if the Legislature scrutinizes medical inflation and redirects some of that spending into improving educational outcomes in the early grades and in closing the education achievement gap.***

Now to the experts:

Julia...