



National Health Care Reform: The Role of Boards of Health

Roslyn Solomon
Director, Health Reform Project
King County (WA) Board of Health

Congress is focusing on health care financing rather than on improving health outcomes. The hue and cry about a public plan is deafening, the sudden appearance of regional cooperatives appears to be a tactic to undermine public plan efforts, and the clamor for a single payer system continues unabated. And references to “consumers purchasing” plans through “connectors” imply that health care is a product to be acquired or discarded like a computer or television set.

Boards of health know this approach doesn’t make sense. From their background in public health and their keen understanding of local needs, board members know that good individual and community health are not discretionary purchases, they are necessities. An effective health system is more than financing options. It must include a strong public health infrastructure, promote broad health information dissemination, encourage team medicine or “medical homes” that prioritize primary and preventive care, and provide for comprehensive care that includes dental and vision coverage and does not exclude pre-existing conditions or mental illness.

Boards of health and the public health departments they oversee can and should strive to alter the reform discussion to address these issues first—reforming our health system to improve health outcomes, lower costs, and assure everyone access to comprehensive care. Once we have designed a system that does so, then and only then, should we focus on financing methods.

The King County Board of Health, based in Seattle, Washington, adopted a health reform project to do just that. Last September, the board adopted six health reform principles. In March, it passed a resolution implementing a health reform project based upon those principles.

One of the key project activities is advocating for high-quality, universal, affordable health care with state and federal lawmakers. Interestingly, our “health first” approach has been well received. Since starting the project, the board has participated in a conference call with the White House; worked with Seattle Mayor Greg Nickels, President of the United States Conference of Mayors, to promote health reform in

cities throughout the United States; and held joint panel discussions with state legislators.

We believe boards of health can and should promote this approach around the country. They are rightfully perceived as experts in public health and community needs. As such, boards of health can have an important influence over health reform legislation in their own states and at the federal level. In King County we have witnessed the positive outcome of our efforts. We encourage other boards to undertake such projects in their own communities.

For a list of the six principles and Health Reform Project activities, go to: www.kingcounty.gov/health/boh.

For more information on the articles in the Board Governance section, contact Yolanda Savage at yolanda@nalboh.org.

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advertising, marketing, and promotion of cigarettes; and the 2006 monumental opinion in *United States v. Philip Morris*, the government’s racketeering case against cigarette manufacturers, which painstakingly catalogued the tobacco industry’s 50-year conspiracy to defraud consumers and the American public about the hazards of its products.

The FDA tobacco legislation, culminating decades of legislative and public health debate, is a fresh new chapter in tobacco control. It will take time to sort out the legislation’s impact on the tobacco control authority of state and local governments and the policy opportunities it provides. Rulemaking is likely to take months, possibly years, pushing back implementation of some provisions. And yes, litigation is inevitable. Still, the breadth and scope, indeed the very existence of this complex piece of legislation, is truly remarkable. The federal government will now, for the first time ever, have expansive power to regulate the manufacturing, marketing, and sale of tobacco

products. No matter how you look at it, this legislation is historic.

Additional information about the new federal tobacco control legislation is available on the Tobacco Control Legal Consortium’s website, www.tclconline.org.

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IDS Menus (www.idsmenus.com), an international display systems company, provides a seamless, fully integrated solution for implementing digital menu board programs.

The Cleveland County Board of Health and Health Department led the collaborative effort to implement the innovative program. The pilot program is funded by the local health department, public schools, and Cleveland County Health Care System. A grant is being funded by the Kate B. Reynolds Trust to install digital menu boards, provide teacher training and resources, and conduct an evaluation for the other

three middle schools and high schools in the school district. The additional programs will be operational in the 2009/2010 school year.

The Health Department is working with the North Carolina Institute of Public Health and the University of North Carolina at Chapel Hill in the evaluation of the program. In addition, a part-time health promotion specialist will be working with health and physical education staff and teaching a class for students on the impact of obesity to their health.

Superintendent Boyles said health and physical education teachers who have attended obesity prevention training will be instrumental in reinforcing the messages and supporting students to make healthy choices. Health Director Stallings indicated the health department and board would continue to seek innovative strategies to prevent obesity.