

Foreword

The challenge of communicating a health policy strategy is complicated by the fact that, while many agree on what outcomes are desired, less smoking and exposure to smoke, more people being physically active and eating a nutritious diet, there is great disagreement about how we get there.

It seems that in the past, voices have come primarily from two sides. There are those who oppose any government intrusion into private business decisions and personal behavior. And those on the other side, who whether from a fear of rising health care costs or from a humanitarian motivation, advocate sweeping regulation – and sometimes litigation – in an attempt to regulate personal behavior.

Embarking on my own personal journey to health and dealing with a soaring Medicaid budget, I was forced to face the issue of preventive health in Arkansas. In the process, I've taken some knocks from people on both sides.

Once in office, when you leave the rarefied air of the think tank, you find yourself in a unique environment, restricted by reality, where you're forced to play not with the hand you want, but with the one you're dealt.

When I became governor, the hand I was dealt and the environment I inherited was not unlike those of governors in every other state: too few people had health insurance, too few people were accessing preventive health care and too many people were inactive and overweight, leading the state's Medicaid budget to grow at an unsustainable rate.

Faced with the reality of knowing that the health care system is what it is – a complex combination of private, managed and increasingly subsidized care, we could have dreamt about how great life would be if health care only operated in a true, free market. We could have held a conference on the subject, bringing in the best minds to lecture on the good old days when doctors made house calls and were paid with a chicken. Or, we could acknowledge the facts of where we were at that time in history and choose to act on what we were given.

Like it or not, for good or for bad, more than ever, government is serving as the safety net, catching our most vulnerable citizens as they fall through cracks caused by high insurance costs or jobs that provide no benefits.

In Arkansas, tens of thousands of these citizens were children who, from no fault of their own, had fallen through the cracks – that is until we passed

ARKids First. Since implementing ARKids First, we have reduced the number of uninsured children in Arkansas by 49 percent. That means today, boys and girls whose working parents earn too much to qualify for Medicaid but not enough to pay for private insurance are able to establish a medical home with a family doctor who knows their name. For the first time, many of these children are making regular visits to the dentist and, as a result, when they go to school, they're able to focus on the teacher, not a sore tooth.

Today, few can argue with the success of the program. The simple fact of the matter is that it costs less to prevent illnesses or catch them early than it does for emergency room doctors to serve as a person's only primary care physician.

Likewise, it is much cheaper on state budgets when people are able to prevent illness.

But, this principle leads to complex issues when it comes to how far government can and should go in regulating personal behavior. For some, the economic argument alone is a license to regulate. To others, personal liberty trumps all else.

So, where do we draw the line? Should a crash victim who chose to ride a motorcycle without a helmet be treated in a hospital for months at taxpayers' expense? If we know that high fructose corn syrup is hazardous to our health, do we force merchants to 'card' kids to prevent minors from buying honey buns? Do we arrest parents who smoke and charge them with child endangerment? What about parents who send their kids to school with a Harry Potter lunch pail packed with Twinkies and Cokes? Should we require warning labels to be placed on soft drinks?

These are real questions, and there are real implications to the philosophies that underlie the course we are on. Having asked myself these questions and having considered the relationship between personal responsibility and government regulation, I arrived at several conclusions, and these conclusions have guided my Healthy Arkansas Initiative.

First, from a moral perspective, I believe we are called to be stewards of everything God has given us – whether it is the environment, our finances or our health. For years, I preached about the duty and rewards of stewardship but I failed to apply this principle to my own life when it came to health. Convicted of my own inconsistency, I knew I had to practice stewardship over the body God gave me. Stewardship was not something that someone else could exercise on my behalf nor could anyone force me to exercise it.

Much of the success from Healthy Arkansas will be achieved as we encourage and equip people to practice stewardship over their own lives. We've done this by creating incentives for state employees to exercise and refrain from smoking.

The second conclusion that's driven my health policy is the fact that, in America, people have the right to make choices that some might consider stupid. Americans jump bikes over buses, drive golf carts off cliffs, skateboard down stairs and bungee from bridges. While we can't regulate all behavior, we must promote wise choices in hopes of preventing expensive consequences for which we all have to pay.

To help parents make wise choices for their children, in Arkansas we now measure each school child's Body Mass Index and send it home in a private health report. This report is not intended to be a diagnosis, but it is serving as a way to inform parents when their child may have a problem, whether it's too much weight or too little, and they are given information about local resources where help can be found. Again, we believe that, given the information, people will more often than not make the right choice.

Third, our policies have been tempered by the understanding that Ronald McDonald is not Joe Camel. We have refused to make villains of the food industry for giving us what we demand. This means we have not attempted to regulate what people eat by advocating price controls on unhealthy options or by threatening restaurants with lawsuits. I know this puts me at odds with some of the more vocal public health crusaders, but I believe in the wisdom of the free market and we are already starting to see an evolution of the food industry as consumers begin to demand more healthy options.

Fourth, we recognized an obligation to protect customer and employee safety. If property rights were absolute, the state would have no business enforcing health codes in restaurants to protect our unsuspecting bodies from invaders like *E.coli*. Just as we find it acceptable to protect workers from asbestos, radiation exposure or loud noises, it seems reasonable that we would find it appropriate to protect them from exposure to the toxic fumes of secondhand smoke. Like personal liberty, property rights are tempered when the exercise of those rights puts others in harm's way.

Finally, and this is a truly groundbreaking point, our policies have been driven by the belief that being well is better than being sick. Whether we are talking about our personal budgets or quality of life, it is more fun and less costly to be well.

When I speak at schools, I often ask the kids, 'Who here weighs about 105 pounds?' Several children raise their hands and I ask one of them to come forward. I then hoist them onto my back and begin to walk around the room and I ask, 'Does this look fun? Can you imagine if I had to carry this kid around everywhere I go? Up stairs? Down hills? In 105-degree heat?'

That was me. For years, I was carrying around the equivalent of a small teen-ager and it was literally killing me. When my doctor told me that I had developed type II diabetes and that, unless I made some drastic lifestyle

changes, I was entering the last decade of my life, I decided I could no longer avoid responsibility by blaming genetics or my upbringing. I had to act.

And, there was a cost to acting. There was a cost of time and energy – I had to get out of bed extra early each morning to allow time for exercise. Rather than leisurely reading newspapers over the breakfast table, I read the paper over a stationary bike.

There was a financial cost. I entered a program at UAMS (University of Arkansas for Medical Sciences) and consulted with nutritionists. There was a convenience cost. Unhealthy food was always fast and easy to access. It took effort to make and bring my own meals to events. There was a psychological cost as I had to give up foods that I thought I could not live without.

But, the great revelation is that the money I saved by no longer having to take a handful of pills each day to manage my diabetes greatly outweighed the costs. And, my quality of life has improved dramatically – I've run three marathons and I can walk up the stairs of the Capitol without gasping for breath, my joints don't hurt, and I can honestly say that I am enjoying food now more than ever. What I once saw as sacrifice now seems like no sacrifice at all. The rewards greatly outweighed the costs. It's so much better to be well. And this realization has driven my policy.

I am not the first person to advocate a healthy Arkansas or a healthy America. I'm probably not the most effective person, either. I didn't arrive at this agenda having studied it for years in a university or in a hospital residency. Nor did I form conclusions after years of working in, or for, the food industry. My health policy emerged and evolved as I discovered truths about myself, sometimes uncomfortable truths, and as I have been faced with the challenge of managing a budget with health care and Medicaid systems growing at unsustainable rates.

I suspect a lot of policymakers will arrive at health policies through a similar process.

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