



## MASSACHUSETTS PUBLIC HEALTH ASSOCIATION *AGENDA FOR A HEALTHY MASSACHUSETTS*

Only 10 percent of premature deaths are caused by poor health care.<sup>1</sup> *Social and environmental factors* including income, education, housing, neighborhood safety, and toxic exposures, and related *behavioral patterns* including physical activity, diet, and risky behaviors, account for 60 to 70 percent. Chronic diseases, often preventable, make up over 75 percent of health care costs<sup>2</sup>, yet we spend 95 percent of health care dollars treating diseases and injuries after they occur.<sup>3</sup>

Public health emphasizes disease and injury *prevention* and health *protection* for the entire population. Public health programs protect lives in all Massachusetts communities, address the needs of vulnerable populations, and help prevent costly medical expenses for public and private health care systems. Our public health and medical care systems are complementary, but failed leadership and dramatic funding cuts have weakened the Massachusetts public health infrastructure during the past two administrations.

Building and sustaining a strong public health system is a core responsibility of government. The Massachusetts Public Health Association is encouraged that the new governor's priorities—including economic and workforce development, education, and environmental protection—will address social determinants of health. We offer the following *Agenda for a Healthy Massachusetts* to complement health care reform:

### **1. Establish public health as a core priority of the Deval Patrick administration.**

*Recent administrations have demonstrated a lack of understanding, at best, about population-based health and have shaped public health policy to advance parochial political agendas.*

- Appoint a highly qualified commissioner for the Massachusetts Department of Public Health (DPH).<sup>4</sup>
- Make the DPH commissioner report directly to the governor, consistent with 28 other states.<sup>5</sup>
- Base public health policy on science and the public interest.

### **2. Provide adequate funding for public health programs and services.**

*State public health funding is 15 percent lower now than it was six years ago, adjusted for inflation.*

- Rescind Gov. Romney's FY07 9C cuts to DPH accounts.
- Establish the legislature's final FY07 DPH budget, including FY06 supplemental appropriations and prior authorizations, as the base for the FY08 DPH budget in House 1.
- Immediately lift the hiring freeze on federally funded DPH positions.
- Maximize available resources for public health programs, which were cut disproportionately compared to other state services by the past two administrations.

### **3. Strengthen our state and local public health infrastructure.**

*Massachusetts has 351 separate local health boards and departments, with no permanent regional structure for coordinating public health services. Unlike most states, we provide no direct state funding for local public health services. We must:*

- Develop a regional structure and provide state funding for local public health departments.

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<sup>1</sup> Lee P, Paxman D. "Reinventing Public Health." *Annual Review of Public Health*. 1997;18:1–35. See also McGinnis JM, Williams-Russo P, Knickman J. "The Case for More Active Policy Attention to Health Promotion." *Health Affairs*. 2002;21:78–93.

<sup>2</sup> U.S. Centers for Disease Control and Prevention, *Chronic Disease Overview*, November, 2005.

<sup>3</sup> Institute of Medicine. *The Future of Public Health in the 21<sup>st</sup> Century*, 2002.

<sup>4</sup> Please refer to the accompanying Massachusetts Public Health Association policy paper, "Agenda for Public Health Leadership" for proposed qualifications and related recommendations.

<sup>5</sup> Association of State and Territorial Health Officials. *State Health Officials Salary and Agency Infrastructure Survey*, 2005.

- Improve preparedness planning for pandemic influenza and other health emergencies.
- Strengthen and expand community health centers and school-based health services.
- Restore leadership in food, water, and in-door air quality protection; community sanitation; state laboratory services; and health surveillance, data analysis, and reporting.

#### **4. Eliminate health disparities.**

*Massachusetts has alarming and persistent health disparities among racial and ethnic minorities and low-income people in urban and rural communities across the state. These include higher rates of asthma, cancer, preterm births, infant mortality, diabetes, overweight, cardiovascular disease, HIV/AIDS, mental health disorders, and premature deaths from a variety of conditions.*

- Implement recommendations of the legislature's Commission to Eliminate Health Disparities among Racial and Ethnic Minorities.
- Ensure universal access to culturally competent health care.
- Support community health workers as a vital, professional workforce.
- Improve health services in prisons and jails.
- Expand oral health and water fluoridation programs.
- Strengthen environmental protection for urban communities of color.

#### **5. Make Massachusetts the national leader in disease and injury prevention.**

*From 1999 to 2006, Massachusetts dropped from 3<sup>rd</sup> to 7<sup>th</sup> place in the nation's comparative ranking of state health status.<sup>6</sup> Obesity rates are rising, with over 55 percent of adults and 24 percent of high school students obese or overweight.<sup>7</sup> Teen access to tobacco products tripled after near-elimination of the state's tobacco control program in 2002.<sup>8</sup> Massachusetts lags the nation in rates of cancer, asthma, communicable diseases, and substance abuse, and has the highest rates of violent crime in New England.<sup>9</sup>*

- Strengthen vaccine and communicable disease programs for all ages.
- Combat growing obesity rates, starting in our schools: promote healthy nutrition, restore physical education, require age-appropriate comprehensive health education, and oppose school-based corporate marketing to children.
- Launch campaigns to remediate health problems in which Massachusetts ranks comparatively poorly.
- Fund tobacco control at CDC-recommended levels.
- Improve workplace health and safety.
- Require safer alternatives to dangerous toxic chemicals in cleaning products, pesticides, consumer goods, and manufacturing, and promote "green chemistry" development.
- Address global warming as a public health issue: sign the Northeast Regional Greenhouse Gas Initiative and promote "green building" and "smart growth" development.

### **Massachusetts Public Health Association**

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<sup>6</sup> United Health Foundation. *America's Health Rankings 1999 and America's Health Rankings 2006.*

<sup>7</sup> U.S. Centers for Disease Control and Prevention. *2004 Behavioral Risk Factor Surveillance System and 2003 Youth Behavioral Risk Factor Surveillance System.*

<sup>8</sup> Massachusetts Association of Health Boards. *Study of Tobacco Sales to Minors, 2002.*

<sup>9</sup> United Health Foundation. *America's Health Rankings, 2006,* and Massachusetts Health Council. *Common Health for the Commonwealth, 2006.*