



Your Voice for Public Health

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FY08 Budget Priorities of the Massachusetts Public Health Association Testimony for the Executive Office of Health and Human Services February 15, 2007

The Massachusetts Public Health Association (MPHA) greatly appreciates the opportunity to summarize our budget priorities for the Department of Public Health (DPH) in FY08.

MPHA is the state's principal private nonprofit advocacy organization for public health. MPHA is working for a healthy Massachusetts by organizing and advocating for policies and programs that *prevent illness and injury*. MPHA has a statewide membership of over 1,000 people, and maintains offices in Boston, Worcester, and Springfield. In addition, MPHA provides staffing support for several coalitions, including the Alliance for a Healthy Tomorrow, the Hepatitis C Coalition, and the Coalition for Local Public Health.

Protecting the public's health is universally recognized as a principal responsibility of government. The public looks to government to ensure the health and safety of our communities, schools, and workplaces. Public health can also help meet commitments to educate our children, strengthen the economy, and protect our environment.

The Commonwealth is in the midst of implementing landmark legislation to expand access to health care. We can curb costs by investing in the prevention of chronic diseases, which account for 75 percent of medical expenses. Public health programs save lives and money, reducing unnecessary hospitalizations, and keeping children in school and adults at work. Increased funding is also necessary to strengthen the state's public health infrastructure to prepare for predictable future problems, such as pandemic influenza, and to protect us from communicable and chronic diseases that are transmitted through air, water, food, and environmental exposures to toxins.

MPHA's overarching priority is to incorporate all of the FY06 supplemental funding made available for DPH programs in FY07 into the FY08 budget. The DPH budget for FY07 stands now at \$513.6 million, compared to \$434.7 million in FY06. Over half of the \$78.9 million increase in this year's budget for DPH is from supplemental appropriations that were made in FY06 to be spent in FY07, many of them as part of the Chapter 58 health care reform. It is essential to consider these investments as part of the Department's base in order to avoid another *de facto* round of damaging and costly program cuts in FY08.

These supplemental appropriations made possible much needed, if partial, restorations for a wide range of valuable disease prevention and treatment programs, including services to address substance abuse, tobacco addiction, cancer (breast, prostate, ovarian, and colorectal), hepatitis C, AIDS, teen pregnancy, suicide, diabetes, dental health, stroke, pediatric palliative care, and chronic illnesses. Supplemental funding also provided critical improvements in state laboratory capacity and infectious disease control.

Since 2001, MPHA has provided leadership for a broad-based coalition of public health advocacy and provider organizations. The coalition has promoted public health as a whole and has generally refrained from advocating for any particular issue or constituency. *MPHA supports the advocacy of various coalition members for tobacco control, AIDS/HIV, substance abuse, family health services, teen pregnancy prevention, suicide prevention, breast cancer prevention, and other programs.*

We also lead advocacy for several DPH accounts that have broad import for public health and that tend not to have other powerful advocacy groups behind them. This year, MPHA is targeting special attention to environmental health, school health services, immunizations, the state laboratory, and hepatitis C.

Environmental Health Services (4510-0600) is a new priority for MPHA this year. We want to make a special case for increasing funding from the current level of \$3.5 million to *\$8.3 million in FY08*. Environmental health is one of the divisions at DPH—like communicable disease control—that provides basic support for local public health boards and departments across the state. It is a critical part of the state’s public health infrastructure, and it has been badly neglected in recent years. The environmental health division has responsibility for food protection, indoor air quality, community sanitation, lead control, protection of drinking water and beaches, response to chemical emergencies (like the recent Danvers explosion), radiation control, and other services.

Funding for environmental health has been cut by 27 percent since FY01 (inflation adjusted), and budget earmarks, approved without commensurate increases in funding, limit flexibility in core functions. The division has had a dramatic reduction in full time personnel and simply does not have enough staff to meet basic responsibilities.

We understand that the state auditor’s office is about to release a highly critical report about state food protection services. DPH lacks adequate staff to conduct local and state food inspections including commercial food processing. There are limited resources to conduct food borne illness investigations among other tasks which have serious implications for public health.

In addition, the Massachusetts Environmental Radiation Laboratory (MERL), the state’s sole facility where samples can be analyzed for a complete spectrum of radionuclides, has inadequate capacity to address our post-9/11 needs for monitoring radioactive materials.

Similarly, the division lacks adequate staff for proper indoor air quality monitoring and technical assistance. We have a number of schools with mold and moisture problems. There is a waiting list for indoor air quality inspection requests, resulting in delayed reports and remediation efforts. This must be addressed to help reduce the state’s high rate of pediatric asthma. Problems identified early can be addressed at lower costs to the schools, not to mention loss of school days and potential health concerns.

In addition, we ask your support for the following critical health promotion and disease prevention programs:

- 1) **School Health Services (4590-0250): \$22 million in FY08** (increased from \$16.7 million in FY07), with earmarks of \$20 million for “school nurses and school based health centers” and \$600,000 for “substance abuse and mental health services in school based health centers.” School health services are part of our front-line defense against communicable disease,

including influenza, and they provide primary access to health care for thousands of children with increasingly complex medical needs. The additional funding would allow DPH to expand its grant program for nurses beyond the 102 school districts currently receiving funding. School health services were devastated during the last economic downturn. Even with recent modest restorations, funding for these programs has been cut by 68 percent since FY01 (inflation adjusted).

- 2) **Universal Immunization Program (4580-1000):** Substantial new investment will be required to provide up-to-date pediatric and adolescent vaccines and to preserve current levels of flu, pneumonia, meningitis, and other adult vaccines, particularly for vulnerable elders. An estimated \$61.5 million will be necessary to include rotavirus, HPV, and adequate levels of MCV vaccine in our current universal distribution system. We advocate this level of funding because of the well-established value of immunizations in preventing disease. The Massachusetts universal distribution system is a significant reason why we lead the nation in pediatric immunization rates. Understanding the challenge of a structural deficit that may top \$1 billion in FY08, MPHA would not support funding a \$25 million increase for immunizations at the expense of other critical DPH programs. If the state cannot afford to add sufficient funding for universal distribution of rotavirus, HPV, and MCV vaccines, we urge funding at the maximum level possible.

In any case, funding for universal immunizations must be raised to \$39 million in FY08, up from the current level of \$36.8 million, just to maintain the existing program with anticipated price increases.

- 3) **State Laboratory Institute (4516-1000): \$15 million in FY08** (compared to \$14.7 million in FY07). The state laboratory, based in Jamaica Plain, serves all Massachusetts communities. A modest increase in funding is required to maintain adequate TB and STD testing and clinical services, support emergency and pandemic preparedness efforts, purchase necessary equipment and supplies, and provide testing services for everything from mosquito-borne illnesses to anthrax.
- 4) **Hepatitis C program (4513-1114): \$2 million** (compared to \$1.4 million in FY07). This funding will provide necessary education, diagnosis, and treatment services to combat this deadly “stealth epidemic” that affects over 110,000 Massachusetts residents, the majority of whom do not realize they carry and can transmit the virus. Hepatitis C is the most prevalent liver disease and is the leading cause of costly liver transplants.

Again, thank you for the opportunity to offer these recommendations. Please do not hesitate to contact us if you would like further information about these priorities or other public health matters.

MASSACHUSETTS PUBLIC HEALTH ASSOCIATION

AGENDA FOR A HEALTHY MASSACHUSETTS

Only 10 percent of premature deaths are caused by poor health care.¹ *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 costs², yet we spend 95 percent of health care dollars treating diseases and injuries after they occur.³

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, educational progress, 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 new, highly qualified commissioner for the Massachusetts Department of Public Health (DPH).⁴
- Make the Department of Public Health commissioner report directly to the governor, consistent with practice in 28 other states.
- 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 17 percent lower now than it was six years ago, adjusted for inflation.

- 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.
- Restore funding on an inflation adjusted basis for disease and injury prevention, early diagnosis and treatment, and health promotion programs that remain cut from pre-FY03 levels.
- Use the state's purchasing power and all legal authority to improve access to affordable prescription drugs.

¹ 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.

² U.S. Centers for Disease Control and Prevention, *Chronic Disease Overview*, November, 2005, at <http://www.cdc.gov/nccdphp/overview.htm>.

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

⁴ Please refer to the accompanying Massachusetts Public Health Association policy paper, "Leadership for Public Health in the Deval Patrick Administration."

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:

- Improve preparedness planning for pandemic influenza and other health emergencies.
- Develop a regional structure and provide state funding for local public health departments.
- Strengthen and expand community health centers and school-based health services.
- Restore leadership in state laboratory services; food, water, and in-door air quality protection; community sanitation; 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.

In the last seven years, Massachusetts has dropped from 3rd to 7th place in the nation's comparative ranking of state health status.⁵ We rank 31st nationally in cancer deaths, 32nd in violent crime, and 37th in infectious disease cases. Obesity rates are rising, with over 55 percent of adults and 24 percent of high school students obese or overweight.⁶ Teen access to tobacco products tripled after near-elimination of the state's tobacco control program in 2002⁷, and we have unusually high rates of asthma and substance abuse.

- Strengthen vaccine and communicable disease programs for children, elders, and other adults.
- 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 lags the nation.
- Fund tobacco control at CDC-recommended levels.
- Require safer alternatives to dangerous toxic chemicals in cleaning products, pesticides, consumer goods, and manufacturing.
- Address global warming as a public health issue: promote "green building" and "smart growth" development of the built environment.

⁵ United Health Foundation, "America's Health Rankings 1999" and "America's Health Rankings 2006."

⁶ U.S. Centers for Disease Control and Prevention. *2004 Behavioral Risk Factor Surveillance System* and *2003 Youth Behavioral Risk Factor Surveillance System*.

⁷ Massachusetts Association of Health Boards. *Study of Tobacco Sales to Minors, 2002*.