



MASSACHUSETTS PUBLIC HEALTH ASSOCIATION

AGENDA FOR PUBLIC HEALTH LEADERSHIP

Issue Brief for the Deval Patrick/Tim Murray Transition Committee

ISSUE

Urgent public health challenges and limited state resources demand creative, effective leadership for the Massachusetts Department of Public Health. The state's public health infrastructure has been weakened by dramatic funding cuts and indifference by the Romney administration about many of the Department's responsibilities.

BACKGROUND

Total state funding for the Department of Public Health (DPH) is 15 percent lower now than it was six years ago,¹ and many core disease prevention and health protection programs have suffered far deeper losses.² Massachusetts cannot effectively curb escalating health care costs without investing in the prevention of chronic diseases, which account for 75 percent of medical expenses.³ Nor can the state prepare against the threat of emerging diseases—such as pandemic influenza—or public health emergencies, including floods, without strengthening its partnership with local public health officials.

To protect and improve the public's health, Massachusetts needs strong leadership, as well as adequate resources. Governor Romney appointed DPH commissioners without broad public health experience. Reorganization of the Department resulted in management from "silos" instead of effective coordination of programs. There has been no apparent leadership on how to integrate population-based health services with the implementation of health care reform. There have been widely publicized cases of meddling with public health policy to promote the governor's political aspirations. The Department's relationship with local public health is strained, with no direction from the administration about how to develop a regional system to coordinate resources and services for our 351 cities and towns. There has been poor integration between public health and other departments of state government. The administration has failed to prioritize the elimination of racial and ethnic health disparities. It has also failed to strengthen environmental protection and occupational health and safety as essential elements of protecting the public's health.

RECOMMENDATIONS

Public health protects lives, reduces illness and injury, and helps secure a strong economy. It is vital to restore the stature of the Massachusetts Department of Public Health (MDPH) and its integrity as a resource for all of the Commonwealth's residents and communities. Essential public health services⁴ must be improved and protected by the Deval Patrick administration, beginning with these actions:

1. **Make public health a top priority of the administration** recognizing the value of protecting the entire population's health and affirming the essential relationships between a) disease prevention and controlling long-term health care costs, and b) improving health outcomes for

¹ Inflation adjusted, with assistance from the Massachusetts Budget and Policy Center.

² Sample cuts include tobacco control (86 percent), school health services (68 percent), hepatitis C (56 percent), and AIDS treatment and prevention (38 percent). For a host of other examples, see MPHA's analysis of the DPH budget, FY01-FY07, at <http://www.mphaweb.org/documents/FY01-FY07DPHbudgetanalysis.xls>.

³ U.S. Centers for Disease Control and Prevention, *Chronic Disease Overview*, November, 2005.

⁴ See national standards for the ten essential public health services at <http://www.apha.org/ppp/science/10ES.htm>.

vulnerable populations by improving education, housing, economic development, environmental protection, and other social determinants of health.

2. **Governor Patrick should appoint an outstanding public health professional as DPH commissioner**, with qualifications including:
 - Significant, practical experience as a public health leader in multiple sectors, including local public health;
 - Political acumen and commitment to advocating for public health within the administration;
 - Experience with developing and delivering innovative, population-based approaches for advancing public health;
 - Excellent management, organizational development, communication, negotiation, and collaboration skills;
 - Ability to define and articulate a vision and motivate people in the public and private sectors to help implement it.
3. **The secretary of the Executive Office of Health and Human Services should understand and embrace the importance of public health** and its relationship to health care.
4. **The DPH commissioner should report directly to the governor**, consistent with practice in 28 other states.⁵
5. **Appoint experienced, knowledgeable and creative public health leaders** to policy boards and commissions involved with public health, health care, and other areas of government responsible for social determinants of health.

The Massachusetts Public Health Association is available to recommend or critique potential candidates for the DPH commissioner post.

December 1, 2006

Massachusetts Public Health Association

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