Healthy People/ Healthy Economy

A Coalition to Make Massachusetts the National Leader in Health and Wellness

Annual Report Card

2013

About the Boston Foundation

The Boston Foundation, Greater Boston's community foundation, is one of the oldest and largest community foundations in the nation, with net assets of more than $900 million. In 2012, the Foundation and its donors made $88 million in grants to nonprofit organizations and received gifts of close to $60 million. The Foundation is a partner in philanthropy, with some 900 separate charitable funds established by donors either for the general benefit of the community or for special purposes. The Boston Foundation also serves as a major civic leader, provider of information, convener and sponsor of special initiatives that address the region's most pressing challenges. The Philanthropic Initiative (TPI), an operating unit of the Foundation, designs and implements customized philanthropic strategies for families, foundations and corporations around the globe. Through its consulting and field-advancing efforts, TPI has influenced billions of dollars in giving worldwide. For more information about the Boston Foundation and TPI, visit www.tbf.org or call 617-338-1700.

About NEHI

NEHI is a national health policy institute focused on enabling innovation to improve health care quality and lower health care costs. In partnership with members from all across the health care system, NEHI conducts evidence-based research and stimulates policy change to improve the quality and the value of health care. Together with this unparalleled network of committed health care leaders, NEHI brings an objective, collaborative and fresh voice to health policy. For more information, visit www.nehi.net.

The Healthy People/Healthy Economy Coalition

In 2007 the Boston Foundation partnered with NEHI to release a comprehensive report, *The Boston Paradox: Lots of Health Care, Not Enough Health*. The report acknowledged that despite the city's reputation as a world-class medical community, it was not immune to the rising tide of preventable chronic diseases brought on by an epidemic of overweight and obesity.

Two years later, a second report, *Healthy People in a Healthy Economy*, set forth a plan to combat the problem, which required intense and coordinated action across multiple sectors including schools, communities and workplaces. In addition, it involved working in areas not typically associated with health, such as transportation, urban planning and smart growth.

In 2010 the Boston Foundation and NEHI launched a powerful coalition, called Healthy People/Healthy Economy, with the goal of shifting our state's focus from "health care" to "health" and making Massachusetts the national leader in health and wellness. In 2011, the coalition released the first of its annual report cards tracking the policies, programs and practices designed to improve the health of Massachusetts residents.

The authors wish to thank the following individuals who served as expert advisors to the Report Card: Cheryl Bartlett, Acting Commissioner, Massachusetts Department of Public Health; Steve Ridini, Ph.D., Vice President for Community Health, Health Resources in Action; Ronnie Sanders, Director of Community Benefits, Partners Healthcare; Jennifer Sacheck, Ph.D., Associate Professor, John Hancock Research Center on Physical Activity, Nutrition, and Obesity Prevention at the Friedman School of Nutrition Science and Policy, Tufts University.

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Preface

From the Co-Chairs of the Healthy People/Healthy Economy Coalition

Six years after the publication of the *Boston Paradox: Lots of Health Care, Not Enough Health*, what was reported then is still true now. It is far, far better to keep people healthy than to treat them when sick—especially with our staggering rates of chronic disease. What has become clearer over the last few years is that while progress is being made, the success is unevenly distributed.

Health differences tend to be attributed to behaviors, genes, nature or inevitability. All of these factors are part of the picture, as some outcomes are random or result from accidents of nature or individual pathology. But health equity concerns those differences in population health that can be traced to unequal economic and social conditions and that are systemic and avoidable—and thus inherently unjust and unfair. So, while this Healthy People/Healthy Economy Report Card shows promise in some areas, we are paying specific attention to the disparities facing communities. We need to focus on specific localities and neighborhoods so that community action can lead to community health and ultimately, control of spiraling health care costs.

To that end, the Healthy People/Healthy Economy Coalition has been advocating for policies to support the on-the-ground success of Mass in Motion, a statewide initiative that includes municipal wellness and leadership grants designed to build capacity at the local level to promote active living and healthy eating, with a long-term goal of reducing the burden of chronic disease. Early evaluations have demonstrated that these community-based efforts, in the places and populations hardest hit by the epidemic, are starting to have a positive effect. However, we need to continue to advocate for sufficient funding for disease prevention to maintain these efforts. And we need to address other policy goals, including removing the sales-tax exemption for sugar-sweetened beverages, and requiring that schools provide daily physical activity. These are just two areas where the Commonwealth continues to fall behind the rest of the country.

This third annual Healthy People/Healthy Economy Report Card is being released at a pivotal moment. The Affordable Care Act includes many consumer protections designed to improve the accessibility, adequacy, and affordability of private health insurance across the nation. As states are the primary regulators of health insurance, state-level dialogue and implementation planning is underway. Concurrently, the Massachusetts Legislature is finalizing transportation-finance legislation with enormous implications for public transit and infrastructure projects for the next five years. These projects will have tremendous influence on the healthy (or not) choices individuals will be able to make. Finally, there is a leadership transition underway at the state Department of Public Health, which has been the lead agency for state initiatives aimed at reducing preventable chronic disease.

Since 2011, the Healthy People/Healthy Economy's annual report cards have assessed how much progress the Commonwealth is making toward better health. As in the past, there are a few positive signs, but still much more to accomplish to make Massachusetts the preeminent state for health and wellness.

Paul S. Grogan **Valerie Fleishman** **Ranch Kimball**

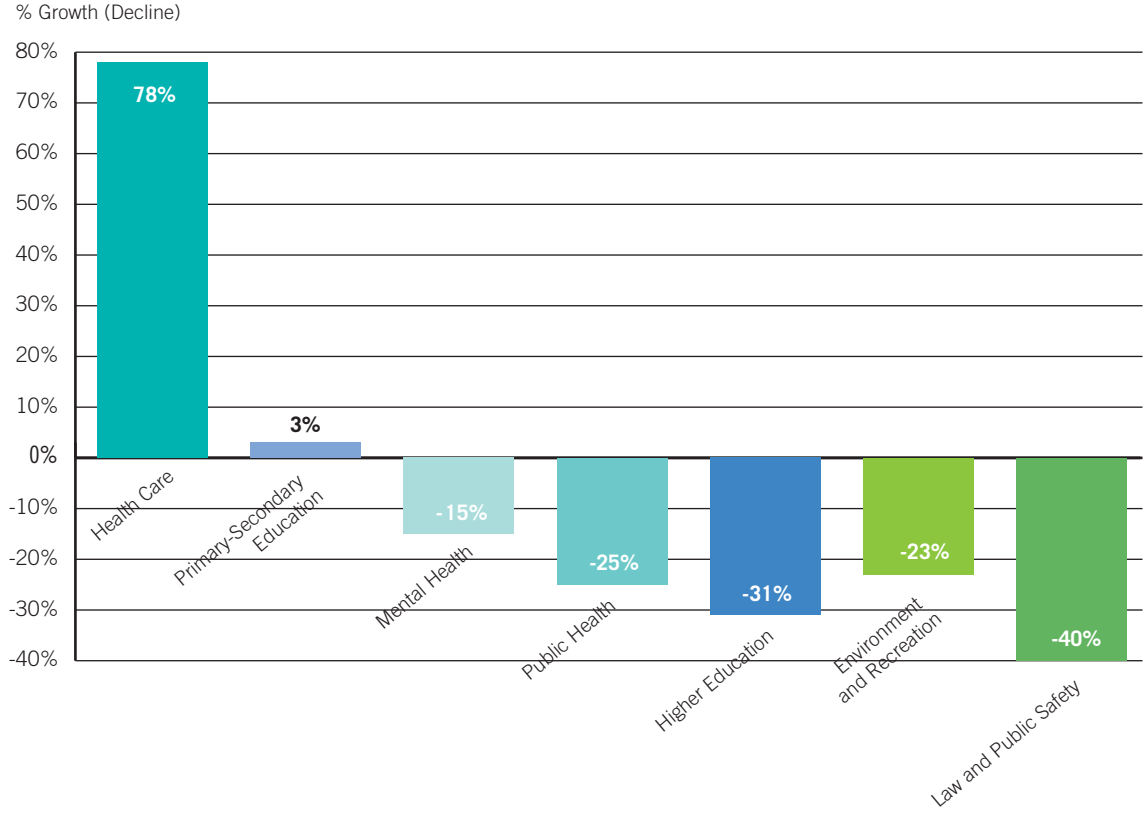
Introduction

The Healthy People/Healthy Economy Coalition addresses one of the most urgent issues facing the Commonwealth and its people today: rising rates of preventable chronic disease despite relentless increases in health care spending. Even in Massachusetts, one of the wealthiest and best educated states in the country, health disparities continue to widen, creating almost insurmountable hurdles for many people who are trying to meet their full potential to thrive and succeed in an increasingly complex and competitive economy.

The Commonwealth's high and rising health care costs are crowding out the ability of government and many households and businesses to invest in the actual determinants of health: education, public safety, public health, the environment and recreation. Moreover, investments in health care are coming at the expense of investments in healthy lifestyles for those least able to substitute private for public resources. These include struggling small businesses and cities and towns that have modest tax bases and

Spending Crowd-Out Continues

Rising cost of health care continues to crowd out state expenditures on priorities that are key long-term determinants of health (Fiscal years 2001-13)



Source: Massachusetts Budget and Policy Center Budget Browser www.massbudget.org

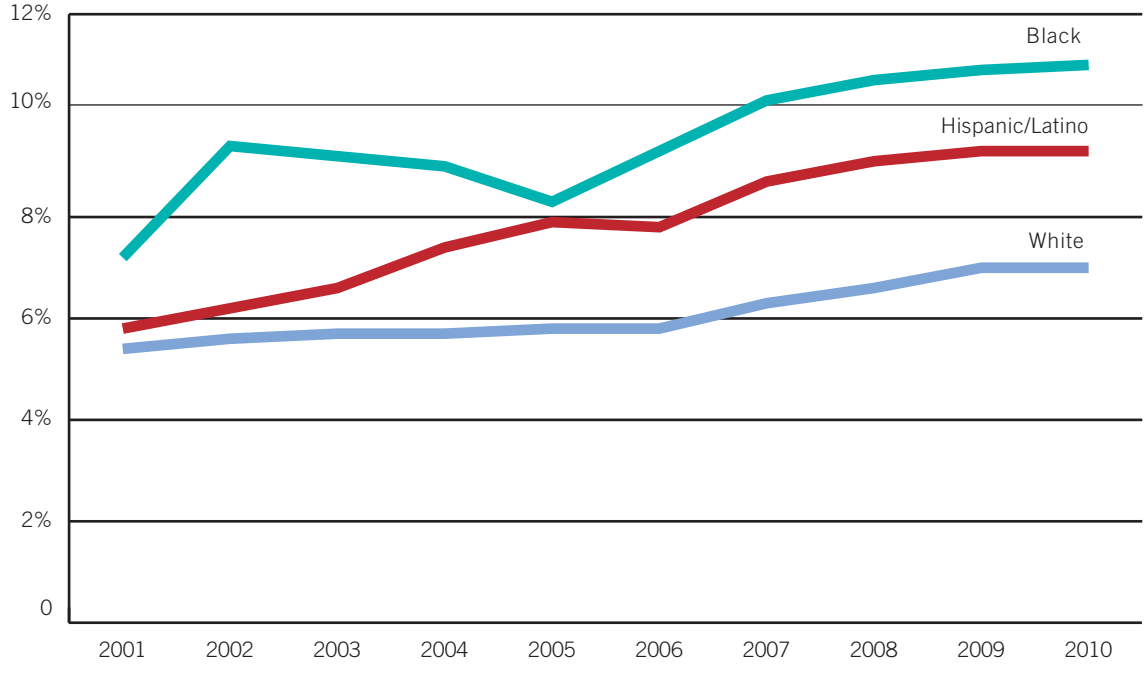
large populations of low-income people already struggling to make ends meet.

The growth in preventable chronic diseases, such as type 2 diabetes, is driven in large part by choices that we all make about where we live and work, but for too many people those choices are seriously limited. The result can be seen in state data on health and health risks, as several of the Commonwealth's larger cities and one-time mill communities report higher-than-average levels of poor health, smoking, overweight, lack of leisure time and under-consumption of fruits and vegetables. These municipalities include Springfield, Chicopee, Holyoke, the Southbridge area, Fitchburg/Leominster, Lawrence, Fall River, New Bedford and some neighborhoods of Boston.[1] Many of these communities are low and moderate income and have growing communities of people of color.

Health disparities along income and racial/ethnic lines are pronounced: for example, in Massachusetts, individuals earning less than $40,000 per year may be twice as likely to have diabetes as people making more than $75,000 annually, while diabetes rates vary significantly among African-American (9.0 percent), Latino (8.3 percent) and white residents (7.1 percent).[2] This is underscored by issues of equity and access in Boston neighborhoods. For instance, the Back Bay/Beacon Hill neighborhood—predominantly white with a median household income of $81,286—has the lowest obesity rate in the Commonwealth, at 8 percent, according to the

Percent of Adults with Diabetes By Race/Ethnicity, Massachusetts

Three-year running averages 1999-2001/ 2008-10



Source: Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS)

Boston Public Health Commission. In contrast, Mattapan—mostly African-American and Caribbean-American with a median household income of $44,193—has a rate of 40 percent.

For residents of low-income neighborhoods, health risks and poor health are a threat to their lives and livelihoods. In addition, poor health in these areas imposes a cost on the rest of the community and on the state at a time when Massachusetts is attempting to guarantee health insurance coverage to all its residents while radically transforming its health care system to deliver better care in a cost-effective manner. Making communities healthier places to live is vital to controlling costs in Massachusetts, as well as addressing the inequities in health outcomes.

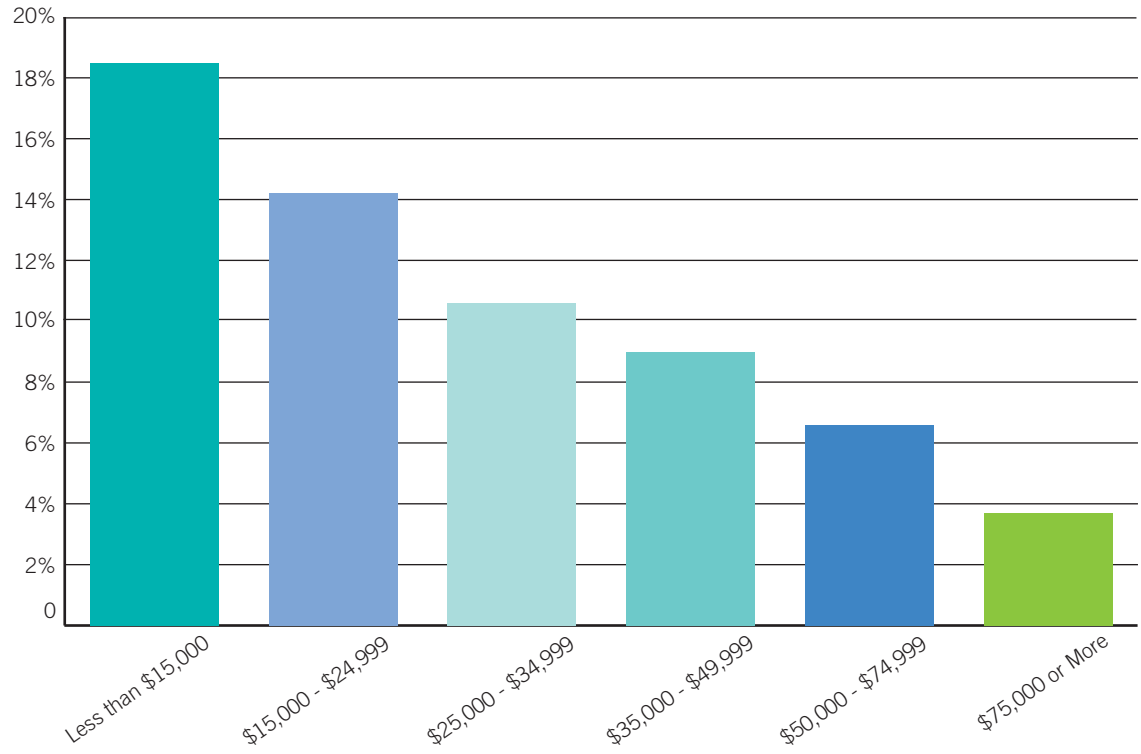
Both scientific research and common sense point to the fact that keeping people safe from health risks, such as high blood pressure and preventable chronic diseases, is not only a matter of good health care but of finding effective ways to encourage healthier people and safer environments. Smart strategies at the local level—and collaboration among health care providers and community based organizations—can make a difference. The priorities outlined in this report are critical to a healthier Massachusetts.

Progress

The good news in this third Report Card of the Healthy People/Healthy Economy Coalition is that there is increasing evidence that with resources, focus and best practices, progress in improving health outcomes is possible in

Percent of Adults with Diabetes by Annual Income

Massachusetts, 2010



Source: Massachusetts Department of Public Health. 2012.

Massachusetts. Several initiatives here and in other states could be a model for the nation.

- The Mass in Motion initiative, started in 2009, provides small grants and best practices support to municipalities committed to increasing physical activity and access to healthy foods—and it is demonstrating very encouraging results. Mass in Motion has channeled grants to 52 cities and towns willing to build comprehensive, community-level strategies to improve health. Early assessments suggest that modest public investment in smart, local action can bend the curve in obesity and chronic disease rates and reduce avoidable health care costs. For example, Fitchburg decreased its youth obesity rate from 46 percent (the 2nd highest rate in the state in 2009) to 41 percent, a drop at least partially attributable to the Mass in Motion campaign.
- In August of 2012, Governor Deval Patrick and the state Legislature created an innovative Prevention and Wellness Trust Fund that is to invest $60 million over four years in evidence-based community initiatives, such as Mass in Motion, to reduce costly preventable health conditions.
- The Commonwealth's 2012 health care law, Chapter 224, aims to reduce the growth in health care spending to that of the overall economy, currently about 3 percent. To reach its goal, the law encourages—and may yet compel—health care providers to improve the value and efficiency of their services by tying health care payments from both the state and private health insurers to the attainment of specific goals. This ambitious objective requires a renewed focus on primary prevention and the reduction of preventable chronic diseases. To that end, the law encourages the adoption of "accountable care," a model under which health care providers take responsibility and risk for delivering health care and improving health outcomes within set budgets. This will entail transforming traditional medical practices into "patient-centered medical homes" (PCMHs) to provide highly coordinated care for those with chronic diseases. Hospitals and physician practices are now forming Accountable Care Organizations to meet specific goals for improving the health of people with health risk factors and chronic diseases. Payments will be tied to achieving these health goals, rather than simply to the volume of often costly medical interventions.
- The principle of health care and community health integration is gaining momentum and was strongly endorsed by the Institute of Medicine in 2012.[3] As in Massachusetts, local health-improvement initiatives are now an integral part of health care innovation in many states and they are producing best practices that can be shared. Vermont's Blueprint for Health reported promising early results in reducing total costs of care for commercially insured patients while improving overall care coordination and health care quality.[4] Oregon Governor John Kitzhaber launched a statewide Medicaid Accountable Care Organization that aims to keep his state's Medicaid spending growth 2 percent below the national average during the next five years.[5] Both the Vermont and Oregon experiments make heavy use of community health workers who are closely aligned with primary care practices organized as PCMHs. While Massachusetts has not undertaken a community-based strategy as bold as Vermont's and Oregon's, it has laid the groundwork with the Department of Public Health's Mass in Motion campaign.

- Boston has its own examples of provider/community integration. Boston Medical Center's Medical/Legal Partnership has paired local attorneys with hospital-based teams to help patients take legal action to remove health risks from their homes and neighborhoods. Health Leads (formerly Project Health, created at Boston Medical Center) places teams within hospitals and community health centers to connect patients with community resources. Boston Children's Hospital has cut emergency room visits for asthma attacks by 68 percent and reduced hospitalizations by 85 percent through its Community Asthma Initiative. That program couples tighter clinical management with interventions from community health workers who visit homes and provide advice on clearing up environmental triggers such as dust and insects.

Remaining Challenges

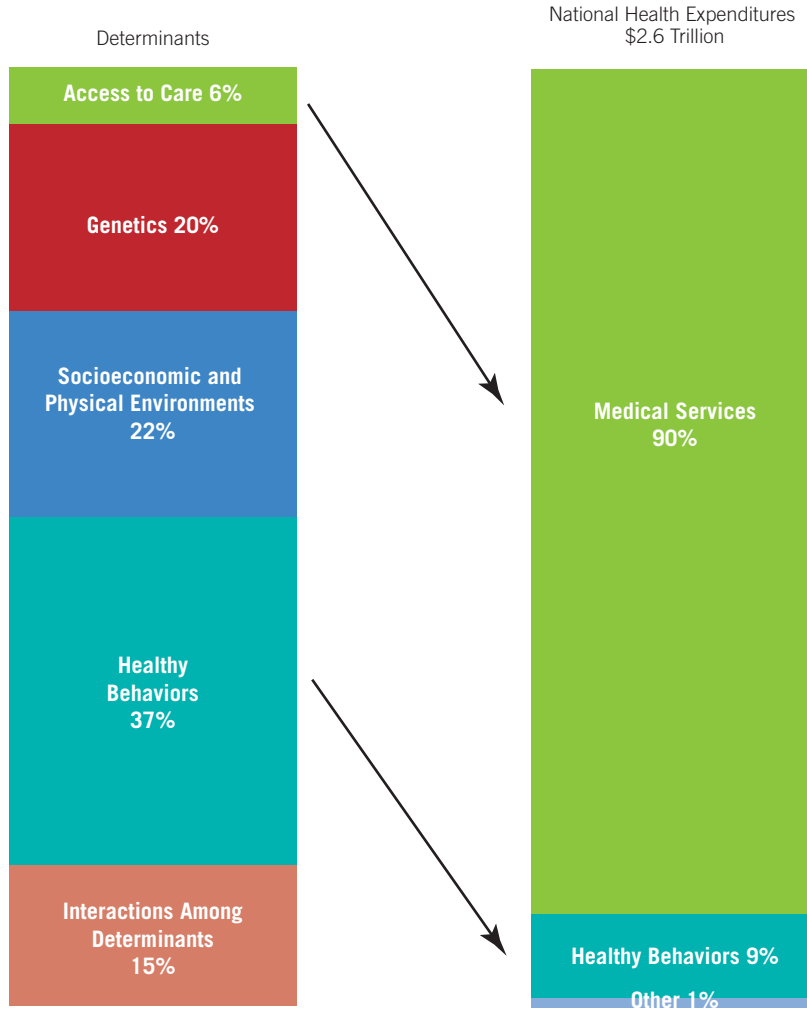
While there has been some progress, we are still far from our overall goal of shifting our focus and resources toward health and wellness in Massachusetts.

- The proposed Act to Reduce Childhood Obesity (H.B. 2634), which would eliminate the state's sales-tax exemption for sugar-sweetened beverages, again faces daunting prospects in the Legislature. Despite Governor Patrick's support, legislators have signaled no willingness to eliminate the sales-tax exemption for sugary soft drinks and juices or to link the proceeds from such legislation with new funding for more physical activity in the public schools. The current sales-tax exemption amounts to a tax preference for sugar-sweetened beverages at a time when public health experts increasingly regard high levels of sugar in the American diet as a unique health risk.[6] Under the proposed legislation, introduced by Newton Representative Kay Khan, revenue raised by eliminating the sales tax would be directed to the state's Prevention and Wellness Trust Fund, helping to ensure its continued viability.
- Growth in preventable diseases, such as diabetes, continues to be a major factor in the long-term rise in health care spending. While Massachusetts has the nation's third-lowest adult-obesity rate, the actual number of residents who are obese is at a historic high of 23.6 percent. Just as alarmingly, since 1995 the rate of new cases of diabetes has grown faster than in 25 other states. Meanwhile, recent estimates from the American Diabetes Association indicate that Massachusetts has the nation's second-highest medical cost per case of the disease.
- Massachusetts youth continue to have some of the lowest rates of participation in regular physical activity, yet there is no state policy establishing a general physical activity requirement for schools. Only 17.9 percent of Massachusetts students attend physical education classes in an average week.
- Public transportation is a key support for walkability in many communities. In early 2013, the Legislature passed revenue measures to address the shortfall in funding for transportation and improve the performance of state transportation agencies. It did not, however, require the Department of Transportation to consider environmental and health concerns in its project-selection process.

The Commonwealth must continue to work effectively to focus on the challenges we face and continue to make the link between healthy people and a healthy economy. As we take steps to produce better outcomes and reduce health care spending, we must do so with an eye toward equity for the individuals and groups most at risk for chronic, preventable disease. We will not succeed if our neighborhoods and workplaces do not provide a supportive environment for healthier choices by all of us.

When Governor Deval Patrick signed Chapter 224 into law last year, he remarked, "We need a real health care system in place of the sick care system that we have today." If we can implement the priorities outlined in this report, we will be much closer to the health care system we all want and need.

The Spending Mismatch: Health Determinants vs. Health Expenditures



Source: NEHI and University of California, San Francisco, 2013.

Health, Health Care and Health Care Costs: How Does Massachusetts Compare?

Massachusetts is fortunate to have near-universal health coverage and many of the nation's leading medical institutions and practitioners. But many of our health-related behaviors don't measure up to that standard, contributing to conditions that are costly to treat and a cost burden that falls disproportionately on lower-income families and small businesses.

We're the best:

- **#1** for health-care coverage
- **#1** for primary care physicians per 100,000 residents

We're very good:

- **#3** for adult obesity
- **#5** for the cost of health insurance premiums for families earning the median state income and above
- **#6** for youth obesity
- **#8** for fruit consumption

We're good, not great:

On preventable disease

- **#13** for diabetes

On behaviors related to preventable disease

- **#14** for a sedentary lifestyle
- **#18** for vegetable consumption

We're not so good:

- **#26** for the rate of growth in cases of diabetes
- **#33** for youth physical activity
- **#38** for preventable hospitalizations (Medicare)

We're the worst:

- **#50** for health-care spending per capita (highest in the nation)
- **#50** for the most expensive health insurance premiums for families earning up to 3 times the federal poverty line

Source: Prepared by NEHI with data from the American Medical Association, the Centers for Disease Control and Prevention, the Commonwealth Fund, Kaiser State Health Facts and United Health Foundation.

Issues to Watch

In addition to the 14 indicators included in the following pages, there are two areas that the Healthy People/Healthy Economy Coalition is watching closely. Both involve policies and practices that promote health.

High-quality Early Childhood Education

An increasing body of evidence suggests that good diet and fitness among schoolchildren not only promotes good health, but also improves academic performance. (See Youth Physical Activity on page 16.) An equally strong body of evidence indicates that the relationship runs both ways: learning promotes good health and good health behaviors. In fact, compelling studies of the brain indicate that learning and nurturing social supports in early childhood create biological "memories" that heavily influence the child's health and health habits over the course of an entire lifetime. This evidence is now fueling a movement for universal, high-quality early education. Innovative early childhood education includes supportive health and nutrition services that make children healthier in their student years but may also tip the balance toward a future of good health. Unfortunately early childhood education is not universally available in Massachusetts or in the U.S. as a whole. Governor Deval Patrick reported earlier this year that some 30,000 children are on waiting lists for early childhood education in Massachusetts alone. Governor Patrick has proposed a significant expansion of state funding to underwrite universal early childhood education in every Massachusetts community. Progress toward this goal should be seen as an essential element of a healthy Commonwealth.

Zoning and Licensing that Promotes Active Living and Access to Healthy Food

In 2008, Los Angeles banned new fast food restaurants from South Los Angeles neighborhoods, citing the link between high rates of obesity and an over-concentration of fast food in the neighborhoods. "Zoning out" fast food businesses is the most dramatic (and controversial) approach to promoting health through zoning and licensing in vulnerable neighborhoods. The recent recommendations of the Massachusetts Grocery Access Task Force suggest that "zoning in" healthy land uses is a practical goal that many residents and business owners will embrace. State government, cities and towns should reappraise zoning ordinances, bylaws and local licensing regulations to assess whether they support construction and expansion of facilities such as supermarkets and urban gardens that expand access to healthy foods. Zoning and licensing regulation should also support principles of design for new buildings and public amenities that promote active living through walking, biking, sports and recreation. The Commonwealth's Healthy Transportation Compact embraces such principles by utilizing Health Impact Assessments for some designated transportation projects. (See page 48.) In a similar vein the City of Boston is revising its zoning ordinance to support expanded urban gardening and agriculture in the city. The entire zoning, licensing and land use planning regime in the Commonwealth should embrace similar goals.

How to Read and Use the Report Card

This third annual *Healthy People/Healthy Economy Report Card* is designed to help Massachusetts residents and policy makers track progress in implementing policies and practices that promote health. This Report Card assigns grades to 14 policies and practices that are important elements of a comprehensive effort to improve health and wellness in Massachusetts. More precisely, it grades the progress of state and local government, the public and private sectors and state residents in bringing these measures to fruition. This edition of the Report Card updates last year's grades.

Key to Report Card Grades

A Positive Change Throughout the Commonwealth
Appropriate policies, programs and practices are not only in place, they are also driving positive change in health in Massachusetts.

B A Good Start Innovative or best practice policies and programs are now in place and could drive positive change in health in Massachusetts.

C A Start Innovative or best practice policies and programs are under active and serious consideration or are part of promising demonstration projects, and could drive positive change in health in the future.

D Barely a Start Appropriate policies or programs to address major health problems are only starting to receive active and serious consideration.

F No Progress Appropriate policies and programs are not receiving active and serious consideration, despite advocacy.

I Incomplete Policy or programmatic activity is at a very early or experimental stage.

At-a-Glance

Physical Activity

	2012 Grade	2013 Grade	Rationale
Youth Physical Activity	C	C	Massachusetts youth score surprisingly low in national rankings of reported daily and weekly physical activity. Legislation to increase physical activity in schools (with a daily requirement) is still pending, and action is uncertain.
Healthy Transportation Systems	C	B-	The Legislature passed revenue measures to address the shortfall in funding for transportation and to improve the performance of MassDOT. However, successful implementation is uncertain. The state continues a promising start to healthy transportation planning.
Biking and Walking	B+	B	Massachusetts was recognized in 2013 by the League of American Bicyclists as the 6th most "bicycle friendly" state. MassDOT remains the only state DOT in the nation to actively organize and lead a statewide Bike Week celebration. But urgent pedestrian, rider and driver safety concerns need to be addressed and more equity is needed. Pending statewide comprehensive zoning reform should include incentives for development that promotes physical activity.

Access to Healthy Foods

	2012 Grade	2013 Grade	Rationale
Farmers' Markets	B+	B+	Farmers' markets and urban gardening have expanded further, and access to fresh, healthy foods for lower-income families has increased. Work is underway to develop the Boston Public Market, which will be permanent and open year-round.
Food Deserts	C	C+	The Massachusetts Grocery Access Task Force has made recommendations and legislation has been filed to establish a food financing program. This would support the development, renovation and expansion of supermarkets, farmers markets, and other retailers selling healthy foods within underserved communities; now action must follow.

At-a-Glance

Access to Healthy Foods CONTINUED

	2012 Grade	2013 Grade	Rationale
Sugar-Sweetened Beverages	F	F	Even though Massachusetts remains one of the relatively few states that grant favorable tax status to soft drinks, the Legislature refused once again to remove that preferential treatment in the 2014 budget, despite public support to do so. Legislation is still pending.
Healthy School Meals	B-	B	The Commonwealth is now fully implementing the most stringent requirements in the country for the sale of "competitive" foods in schools. The USDA regulations governing school lunch and breakfast programs were amended by the Healthy-Hunger Free Kids Act of 2010. Rules and regulations are being finalized, with state implementation ongoing.
Trans Fats Policy	D	D	Little or no new action to ban artificial trans fats is foreseen. Chelsea enacted one of the strictest such bans in the country on Jan. 1 but is delaying its implementation.

Investments in Health and Wellness

	2012 Grade	2013 Grade	Rationale
Employee Health Promotion	B	B	Massachusetts's 2012 health care cost law adds more incentives for employee health programs. Now more employers need to adopt effective and equitable programs.
Public Health Funding	F	D	The state created a $60 million Prevention and Wellness Trust Fund—the first of its kind in the nation and a major step forward—but funds have not yet been released. The state continues to underfund the Department of Public Health and key programs.

At-a-Glance

Investments in Health and Wellness CONTINUED

	2012 Grade	2013 Grade	Rationale
Primary Care	**B**	**B+**	The new state health care law creates special incentives for developing strong, patient-centered primary care in Massachusetts. The Executive Office of Health and Human Services (EOHHS) has set the goal for all primary care practices to become patient-centered medical homes by 2015.

Citizen Education and Engagement

	2012 Grade	2013 Grade	Rationale
Health Literacy	**I**	**C**	There are many ongoing initiatives to improve health care by addressing barriers posed by poor health literacy. Now the focus should be on successful implementation.
School-Based BMI Reporting	**B**	**A-**	Promising new evidence suggests that the state's school-based BMI program is creating positive results for students and families. The state should work to overcome lingering parental misunderstanding that has caused some communities to push back against the program. It will be important to maintain BMI reporting and codify it in law.
Health Impact Assessments	**C**	**C+**	Agencies and advocates are utilizing health impact assessments to make health goals a priority in policy making but little formal action is underway to expand their use. More work needs to be done to educate and garner support in the development and business communities.

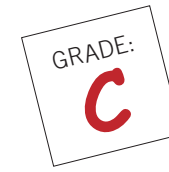
Physical Activity

Youth Physical Activity

Healthy Transportation Systems

Biking and Walking

YOUTH PHYSICAL ACTIVITY



Background

Everyone knows that exercise is good for children, but evidence of a link between physical fitness and improved academic performance is growing. This year, the American Academy of Pediatrics endorsed school recess time and physical education as activities essential for health and learning.[7] Poor fitness is tied not only to metabolic syndrome (a pre-diabetic condition), but to lower academic performance.[8] A 30-year increase in childhood obesity has produced the appearance of adult-onset (type 2) diabetes in youth.[9] Yet children could easily accumulate close to the recommended 60 minutes of physical activity a day by walking or biking to school, taking short activity breaks during class and attending a gym class.[10]

Where We Are Today

- Only 37 percent of middle school students and 43 percent of high school students in Massachusetts reported getting 60 minutes or more of daily physical activity at least five days per week in 2011.[11]
- Just 18 percent of Bay State schools offer daily gym classes, compared to 30 percent nationwide.[12]
- Nationally, fewer than 4 in 10 elementary school-age children meet recommended guidelines for daily physical activity.[13]

Best Practices

- Since becoming one of the state's 52 "Mass in Motion" communities in 2009, Fitchburg has lowered its childhood overweight or obesity rate from 46.2 percent (the state's second highest) to 40.9 percent in 2011 through its Fun 'n FITchburg campaign.[14]
- Playworks, a national nonprofit, continues to send full-time "coaches" to facilitate physical activity in schools, including 32 in Boston and Revere that serve more than 15,000 students.[15] The Fall River School Department retained Playworks to train and support staff at 13 schools.[16] Researchers report the Playworks model paves the way for "less bullying and more focus on learning."[17]
- More than 100 Massachusetts schools participate in BOKS, a nationally recognized before-school fitness program started by Natick mothers and now supported by Reebok. A preliminary evaluation gives the program generally positive results for student activity, nutrition and academic achievement.[18]
- New federal guidelines on recommended physical activity for all Americans include specific interventions to increase physical activity in youth and note the scientific evidence for school-based programs.[19]
- First Lady Michelle Obama's *Let's Move! And Let's Move Active Schools* initiatives are focused on making children more active during the school day.
- CHALK/Just Move is a New York-based program geared to schools with limited space. It encourages children to get up and do short bursts of activity through the day, as research has found that this type of activity is particularly effective in helping students learn and retain information.[20]

Current Policy Landscape

- State law requires all schools to provide physical education, but does not mandate the number of hours of instruction or the grade levels to which it applies.[21] In contrast to many other states, Massachusetts does not require a physical fitness assessment of schoolchildren.[22]
  - Pending legislation sponsored by the Healthy People/Healthy Economy Coalition—An Act to Reduce Childhood Obesity—would require 30 minutes of daily physical activity for all public school students and eliminate the current sales-tax exemption for sugar-sweetened beverages and candy.[23]
  - Another bill, An Act Relative to Healthy Kids, would boost the consistency and quality of physical education in all grade levels and specify minimum physical education classes.[24, 25]

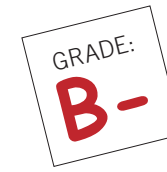
GRADE: C

RATIONALE: Massachusetts still ranks fairly low in measures of physical activity among youth. Many school systems have responded by adopting new programs, but the Legislature has yet to begin a serious debate on raising standards statewide.

Raising the Grade

The Legislature should require at least 30 minutes of daily physical activity for all public school students. It should also mandate greater consistency and quality of physical education at all grade levels.

HEALTHY TRANSPORTATION SYSTEMS



Background

Good physical health requires more than just willpower. Research consistently demonstrates that the transportation infrastructure—and whether it facilitates walking and biking—has a major influence on the health of a community.[26] Transportation systems that balance mass transit with roads—including streets and highways built to accommodate biking and walking along with vehicles—can strongly influence public health by encouraging physical activity.[27] For example, people who use public transit walk an average of 20 minutes getting to and from their bus or train.[28] Having a mass-transit option also can lower the cost of living for lower-income households.

Where We Are Today

- Massachusetts residents, with an average commute of 27.3 minutes, have longer trips to work than employees in all but three other states.[29]
- The Boston-Cambridge-Quincy area ranks 5th among the 100 largest metropolitan areas with the highest percentage of commuters who primarily use public transportation (11.6%).[30]
- Boston ranks No. 1 among the nation's largest cities for commuters who either bike or walk to work (16.2 percent).[31]
- Cambridge, Somerville, and Newton have the 15th, 22nd, and 47th highest percentage of workers who primarily bike to work (5.7, 4 and 2.2 percent, respectively) among cities with a population of 65,000 or more.[32]
- MBTA ridership surged in 2012 to its highest level since 1964, despite new fare increases and reduced staffing.[33]
- The commuting burden is not distributed equitably: African-American bus riders in Greater Boston have the longest trips to work (an average of 46 minutes each way), while whites have the shortest commutes (an average of 27 minutes each way). Blacks who commute by bus spend 66 more hours a year waiting for, riding and transferring between buses than whites.[34]

Best Practices

- "Complete streets" design includes pathways and facilities for biking and walking on roads and bridges. One example is the new Kenneth F. Burns Memorial Bridge between Worcester and Shrewsbury, which is one of five Massachusetts bridge megaprojects to create or restore biking and walking lanes.[35]
- Transit-oriented development that places mixed-use buildings within walking distance of mass transit stations, such as Holyoke's revitalization plan to encourage transit-oriented development, provide new access to passenger rail and connect four neighborhoods through infrastructure improvements and more mass transit.[36]
- Nationally, the Safe Routes to School (SRTS) program funds safety improvements near schools so that children can bike and walk there more safely. A study found that interventions such as pedestrian signals and speed bumps near 124 New York City schools reduced the injury rate among school-age pedestrians by 44 percent.[37]

- California has recorded a steady decline in injuries and fatalities among walking and biking children since it implemented its own Safe Routes to School program in 1999.[38, 39]

Current Policy Landscape

- Massachusetts still remains one of only a few states to embrace comprehensive, healthy transportation planning through its "Healthy Transportation Compact."[40]
- The state's Safe Routes to School Program (SRTS) has grown significantly to encompass more than 167 municipalities and 600 elementary and middle schools.[41]
- The MBTA's long-term structural deficit threatens future fare increases, service cuts, and potential harm to public health.

GRADE: B-

RATIONALE: Massachusetts remains one of a very few states to initiate a serious approach to building health goals into its transportation planning process, taking advantage of the pressing need to rebuild bridges and other infrastructure to incorporate pathways for walking and biking. But it has not stabilized the long-term financing of transportation programs. This raises once again the specter of fare increases and service cuts for mass transit, with collateral damage to the economy and public health.

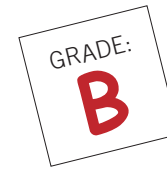
Raising the Grade

Massachusetts needs to finalize the multi-year transportation funding package being considered by the Legislature. In addition, MassDOT must do a better job repairing and maintaining the transportation infrastructure to restore public confidence and legislative support.

Edward Fielding | Dreamstime.com

Riders using the regional New Balance Hubway bike-sharing system can pick up bikes in Boston, Cambridge, Brookline and Somerville.

BIKING AND WALKING



Background

Research has shown that walking, running or biking regularly can improve health and offset genetic predispositions to obesity and heart disease.[42] Every additional hour spent in a car is associated with a 6 percent increase in the likelihood of being obese, while every additional mile walked can reduce that risk.[43] It's no surprise, then, that states with high rates of biking and walking to work have lower obesity levels.[44]

Where We Are Today

- Boston is the No. 1 biking and walking city in the country; the state as a whole ranks 7th.[45]
- Boston has the lowest fatality rate for bikers and pedestrians of any major U.S. city;[46] the state's rate is 9th lowest.[47]
- Both Boston (25) and Massachusetts (42) rank low in per-capita funds to support bicycling and walking.[48]
- More Americans are walking (10.9 percent of commuter trips) and biking (1 percent) to work, but these numbers represent a tiny share of all commuter trips.[49]

Best Practices

- Creating "complete streets" with ample sidewalks and safe spaces for bikes, is critical. Advocates favor "cycle tracks," which create a small barrier between cars and bikes, over bike lanes.[50]
- Boston's New Balance Hubway bike-sharing program, launched in 2011, is credited with replacing an increasing number of car trips.[51] New bike stations were added in Charlestown, Jamaica Plain and Dorchester this year, and a total of 132 bike stations will be in place by the end of 2013. But utilization by minorities is low.
- "Roll It Forward," a Boston Bikes initiative, collects, repairs and distributes donated bikes to low-income people.[52]
- Northampton's "Walking School Bus" uses rail trails as routes,[53] and Fall River's walking and biking initiatives have been nationally recognized.[54]
- Boston promotes bicycle commuting with annual "Bike Friendly Business" awards to recognize companies that provide facilities, services and benefits to employees and customers who bike.[55]
- The Bay State Greenway, the state's proposed long-distance bicycle transportation network, is giving greater visibility to cycling, while supporting bike tourism and local businesses. Bay State Greenway signs dot the Pioneer Valley.[56]
- Farmers' markets are the scene of free bike tuneups offered by the Boston Cyclists Union's "Bike to Market program." Last year, volunteers repaired almost 1,200 bikes at 50 events in nine locations. More than 60 percent of the people who benefited were of color and below median income.[57, 58]

Current Policy Landscape

- Future state transportation budgets are not expected to meet the need for walking and biking infrastructure.[59]
- A zoning reform bill to promote sustainable communities would require developers to

Springfield's Walking School Bus

dedicate up to 5 percent of the land in a subdivision for a park or a playground. The bill also facilitates infrastructure investments to support biking and walking facilities statewide.[60]

- The 2009 Bicyclist Safety Act enhanced legal protections for bicyclists in Massachusetts and increased police training.[61] But a proposed Vulnerable Road Users Act did not pass in 2012 and advocates are hoping for action this year.[62]
- Boston Mayor Thomas M. Menino's office used police and emergency services data to map bike and pedestrian accents in order to improve the city's biking and walking infrastructure.[63]

GRADE: B

RATIONALE: As national leaders in the effort to encourage more citizens to bike or walk, both the Commonwealth and the City of Boston are emulated by other states and municipalities.[64] Bike sharing and programs to promote cycling continue to grow. But there is tension between drivers and bicyclists, urgent safety concerns need to be addressed and more equity is needed.

Raising the Grade

The state and its cities can continue to show leadership on this issue by adopting policies that protect vulnerable road users and by continuing to actively nurture a culture of biking and walking. Comprehensive zoning reform, pending in the Legislature, is key.

Access to Healthy Foods

Farmers' Markets

Food Deserts

Sugar-Sweetened Beverages

Healthy School Meals

Trans Fats Policy

FARMERS' MARKETS

GRADE: B+

Background

Farmers' markets in the United States are thriving—close to 8,000 strong—a number that has increased by about 350 percent since 1994.[65] Farmers' markets not only offer small farmers the chance to market their produce, they raise awareness of the importance of fresh food and healthy eating. This is especially important in low-income neighborhoods, where access to fresh and healthy foods typically is more limited.[66] Studies have shown that 20% of all low-income Americans do not purchase any fruits or vegetables.[67]

Where We Are Today

- Massachusetts has the 7th most farmers' markets in the nation.
- About 250 farmers' markets operated in the state last year, an increase of 154% in eight years.
- The Massachusetts Farmers' Market Nutrition Program provides coupons redeemable at farmers' markets to seniors and mothers receiving food assistance through the Women, Infants and Children (WIC) food assistance program.
- Almost half of Massachusetts farmers' markets participated in the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps). Last year, $328,176 SNAP dollars were spent at the markets—a 48% increase from 2011.[68]

Farmers' markets are flourishing in cities and suburbs, including the Franklin Farmers' Market (shown here).

Best Practices

- More markets are staying open year-round; 40 winter markets are now operating.[69]
- The non-profit Food Project partnered with the City of Boston in 2008 to pilot the Boston Bounty Bucks program,[70] providing 20 farmers' markets with Electronic Benefit Transfer (EBT) terminals to accept SNAP dollars. This program, run by the Boston Collaborative for Food and Fitness, also encourages the use of SNAP benefits by matching all farmers' market purchases up to $10.
- Research shows that SNAP recipients who shop at farmers' markets consume more fruits and vegetables.
- The Massachusetts Department of Transportation (MassDOT) invites local farmers to use free vending space at 18 highway service plazas.[71]
- The California Farmers' Market Nutrition Program (FMNP) began in the 1990s to provide fresh, nutritious, locally grown fruits and vegetables to low-income families and seniors. Each eligible family receives $20 in vouchers to make purchases at WIC-approved Certified Farmers' Markets.[72]
- New York City ("HealthBucks") and Rhode Island ("Fresh Bucks") have created their own currencies to encourage residents to buy fresh, affordable produce from local farmers.[73,74] For every $5 that SNAP recipients spend at participating farmers' markets, the state public health department gives back $2 in "bucks" to underwrite the purchase of more fruits and vegetables.

Current Policy Landscape

- The Legislature created the Massachusetts Food Policy Council in 2010 to promote locally-grown foods, especially in communities with high rates of chronic disease and obesity.[75]
- The new $60 million Prevention and Wellness Trust (created by health care cost-control legislation in 2012) may represent a new source of support for the development of farmers markets as part of local strategies to promote good health.[76] However, it has not yet been funded.
- The Boston Public Market Association (BPMA) will operate the new Boston Public Market year-round on the Rose Fitzgerald Kennedy Greenway this summer.[77]
- Congress appropriated $4 million last year to increase the number of farmers' markets participating in SNAP.[78] New funds will expand use of wireless point-of-sale (POS) equipment to markets that do not now accept SNAP.[79]

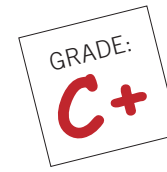
GRADE: B+

RATIONALE: Massachusetts continues to be a leader in the farmers' market movement. These markets, along with urban gardens, continue to expand and become more accessible to lower-income people.

Raising the Grade

The Commonwealth can make further progress by sustaining its commitment to encourage the creation of more farms and/or expand the number of acres under cultivation in Massachusetts. It should also extend the use of WIC and SNAP benefits to more farmers' markets.

FOOD DESERTS



Background

"Food deserts" are defined as neighborhoods or localities where residents have limited or inconvenient access to markets that sell quality, healthy foods. Good access to healthy food is linked to good health, and people are more likely to buy and eat healthy food if they can find it close to home.[80] Recent research also demonstrates that supermarkets and grocery stores offering high quality food often face barriers to re-establishing themselves in distressed communities, or fail to recognize the market potential in underserved neighborhoods.[81] In Massachusetts, community and neighborhood leaders have joined with state agencies to make locating quality grocery stores in underserved neighborhoods an economic-development and public-health priority.

Where We Are Today

- About 170,000 Massachusetts residents live within a food desert as defined by the U.S. Department of Agriculture. Food deserts exist in Worcester, Springfield, Fitchburg, Quincy, Saugus, Lynn, Lawrence, Chicopee and elsewhere.
- Massachusetts has the nation's third-lowest level of supermarkets per capita.[82]

Best Practices

- A former "brownfield" in Boston's Roxbury neighborhood was transformed into a 10,000-square-foot greenhouse by the Dudley Street Neighborhood Initiative with support from the Food Project and the Boston Public Health Commission. The greenhouse now yields 30,000-40,000 pounds of fresh produce for neighborhood residents every year. The city's public health commission also supported the construction of more than 400 backyard raised gardens in the neighborhood.
- The Massachusetts Grocery Access Task Force identifies the following measures as effective ways to expand access to healthy foods: Expedited development of grocery stores; proactive outreach to supermarket chains and food entrepreneurs with data-driven market research; changes to mass-transit routes to facilitate access to supermarkets; and special financing for grocery construction and expansion.
- Pennsylvania's public-private Fresh Food Financing Initiative has financed the creation or expansion of 88 fresh-food retail projects in 34 counties, creating or preserving more than 5,000 jobs and 1.67 million square feet of retail space. These efforts have improved access to healthy food for more than 500,000 people since 2004.[83]

Current Policy Landscape

- The Massachusetts Food Policy Council, created by the Legislature in 2010, is working to develop comprehensive policies and programs to expand local food production and distribution in the state. Expansion of "food systems" is a particularly important objective in the Connecticut River Valley, where the state's largest agricultural community is located.[84]
- The Massachusetts Grocery Access Task Force, a public-private partnership supported by the Massachusetts Public Health Association, the Massachusetts Food

Association, the Food Trust and the Boston Foundation, has suggested expanding local access to healthy food by building or expanding supermarkets and grocery stores. One recommendation—to create a Massachusetts Healthy Food Financing Initiative—is the subject of legislation pending at the State House.[85]

- The Healthy Food Financing Initiative and related proposals remain priorities of the Massachusetts Public Health Association and its Act FRESH campaign.[86]
- The U.S. Department of Health and Human Services, USDA and the U.S. Department of the Treasury awarded $10 million in grant funding last year to organizations that plan to eliminate food deserts and increase access to healthy and affordable foods.[87]

GRADE: C+

RATIONALE: The Coalition raised the grade here because several Massachusetts communities, including Springfield and Boston, have made supermarket and grocery access a high priority. In addition, a strong public-private partnership through the Grocery Access Task Force has created a clear roadmap for expanding healthy food access in the state—one that now awaits action.

Raising the Grade

The state should begin to implement the Grocery Access Task Force's recommendations. The Legislature should give serious consideration to House Bill 168 and Senate Bill 380, both of which would establish a fresh food financing initiative to provide grants and low-cost loans for retailers who offer healthy food options in underserved communities.

SUGAR-SWEETENED BEVERAGES

GRADE: F

Background

Despite the link between sugar-sweetened beverages and obesity, type 2 diabetes and other conditions,[88] the average American adult still drinks about 45 gallons of these soft drinks and juices each year,[89] gulping down 70,000 largely empty calories in the process. Alarmingly, sugar-sweetened beverages (SSBs) and fruit drinks represent the biggest source of daily calories for U.S. children,[90] while per-capita consumption of sugar in the form of high fructose corn syrup (a major ingredient in soda) has soared from zero to more than 55 pounds per year in the past four decades.[91] And new research is showing that fructose can trigger changes in brain chemistry that may lead to overeating.[92] Boston health experts and others have petitioned the FDA to regulate the amount of added sugar in food and beverages on the grounds that it is an uncontrolled threat to the U.S. population.[93]

Where We Are Today

- Almost one-quarter of Boston high school students drink soda daily and 81 percent drink it at least once per week.[94,95]
- In 2011, 79.1 percent of U.S. high school students drank soda at least once per week, compared to 75.1 percent in Massachusetts. Nationally, 27.8 percent of high school students drank soda at least once a day, compared to 18.3 percent in Massachusetts.
- Middle- and high-school students in Massachusetts are drinking less soda now than they were in 2007.[96]

Best Practices

- Last year, Boston became the only city in the country to forbid the sale of sugar-sweetened beverages on municipal property.[97, 98]
- The mayor of Cambridge has proposed limiting the size of sugar-sweetened beverages sold in city restaurants.[99]
- The state of New York has outlawed the sale of so-called “energy drinks” to minors.

Current Policy Landscape

- Massachusetts is one of only 16 states that do not impose a sales tax on soda. It classifies these beverages as food, which is exempt from the tax.[100,101]
- The average sales tax on soda in the 34 states that tax it is 5.2 percent. Two states are considering eliminating their tax exemptions for sugar-sweetened beverages and eight others may levy excise taxes.[102]

- Massachusetts public schools may only serve or sell milk, water and juice without added sugar.[103]
- Massachusetts House Bill 2634, An Act to Reduce Childhood Obesity, was introduced this year on behalf of the Healthy People/ Healthy Economy Coalition.[104] The legislation would eliminate the current Massachusetts sales-tax exemption for soft drinks and candy.
- Nutrition experts are calling for changes in the Supplemental Nutrition Assistance Program (SNAP) that would make sugar-sweetened beverages ineligible for the program. They also endorse making it easier to buy nutritious food at farmers' markets (see p. 24) and increasing the spending power of SNAP benefits when used to purchase fruits, vegetables and whole grains.[105]

GRADE: F

RATIONALE: While many people in Massachusetts appear to be reducing the amount of sugary soda and juice they drink, the Commonwealth remains one of the few states that grant special tax treatment for these items.

Raising the Grade

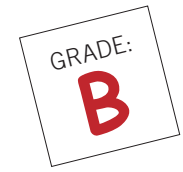
The Legislature should pass House Bill 2634, An Act to Reduce Childhood Obesity, which would eliminate the sales-tax exemption for sugar-sweetened beverages.

State Taxes on Sugar-Sweetened Beverages (as of 2011)

Percent Sales Tax on Soda in 2011		NO Sales Tax on Soda in 2011	
Alabama	4	Alaska	0
Arkansas	2	Arizona	0
California	7.3	Delaware	0
Colorado	2.9	Georgia	0
Connecticut	6	Louisiana	0
District of Columbia	6	Massachusetts	0
Florida	6	Michigan	0
Hawaii	4	Montana	0
Idaho	6	Nebraska	0
Illinois	6.3	Nevada	0
Indiana	7	New Hampshire	0
Iowa	6	New Mexico	0
Kansas	6.3	Oregon	0
Kentucky	6	South Carolina	0
Maine	5	Vermont	0
Maryland	6	Wyoming	0
Minnesota	6.9		
Mississippi	7		
Missouri	1.2		
New Jersey	7		
New York	4		
North Carolina	5.8		
North Dakota	5		
Ohio	5.5		
Oklahoma	4.5		
Pennsylvania	6		
Rhode Island	7		
South Dakota	4		
Tennessee	5.5		
Texas	6.3		
Utah	1.8		
Virginia	1.5		
Washington	6.5		
West Virginia	6		
Wisconsin	5		

Data from Appendix 1 of YC Wang, P Coxson, Y Shen, L Goldman, & K Bibbins-Domingo. (2012). A Penny-Per-Ounce Tax On Sugar-Sweetened Beverages Would Cut Health And Cost Burdens Of Diabetes. Health Affairs, 31(1):1199-207.

HEALTHY SCHOOL MEALS



Background

School meals remain an important focus for health policy, as students who eat nutritious meals every day and lead active lifestyles are more apt to excel.[106] While middle- and high-school students in Massachusetts have lowered their soda consumption, most of them still aren't eating the recommended five or more servings of fruits and vegetables each day.[107]

More than 530,000 Massachusetts students participate in the national school lunch program, which with the school breakfast program provides about 25 percent of the average student's daily nutrient intake.[108] Healthy school meal programs are often challenged by so-called "competitive" foods, including snack bars and vending machine items, that also constitute a significant portion of their daily diet.

Where We Are Today

- New state standards for competitive foods and beverages in the public schools went into effect this year. Sugary beverages and snacks have been banned. The City of Boston has also outlawed the sale of sugar-sweetened beverages (SSBs) in all municipal buildings.
- In 2012, the USDA raised national standards for school meals as mandated by the Healthy, Hunger-Free Kids Act of 2010. Schools must now reduce saturated fat, trans fats and sodium; substantially increase offerings of fruit and vegetables; offer fat-free and low-fat milk; and serve foods rich in whole grains.
- The USDA proposed regulations this year that would prohibit schools from selling unhealthy snacks and establish nutrition standards for competitive foods not included in the official school meal. Soft drink sales would be curtailed, except for diet sodas.
- An increasing number of schools and districts, including those in Massachusetts, have begun to source more foods locally and to provide complementary educational activities to students that emphasize food, farming and nutrition—efforts known as "farm to school." The USDA's Farm to School program supports these initiatives through research, training, technical assistance and grants.

Best Practices

- More than 37 Massachusetts school districts are now certified under the USDA's Healthier US School Challenge, a voluntary program to improve school meals, nutrition, and school environment for nutrition and fitness.[109]
- Chicopee Public Schools have greatly improved their school meals, keeping costs low by taking locally produced food from the USDA and renting a centralized refrigerated storage unit and warehouse. The schools are teaching pupils early about healthy nutrition, trying new and exciting dishes and organizing food-related activities and clubs.

- The American Association of School Administrators recently worked with four urban districts to develop alternative breakfast settings that will serve as models for districts nationwide. New approaches include breakfast served in classrooms, grab-n'-go stations and food kiosks that have increased student participation.

Current Policy Landscape

- The state Department of Public Health and the state's public school districts are engaged in fully implementing the 2010 School Nutrition Act that promotes healthy options for competitive food items.
- The snack-food industry and the William J. Clinton Foundation are backing voluntary guidelines for competitive foods in the schools.[110]
- The Obama administration has proposed nutritional guidelines for snack foods sold in schools; calories and fats would be limited and schools would be encouraged to offer low-fat and whole-grain snack foods or fruits and limit the availability of sugary drinks.[111]

GRADE: B

RATIONALE: Massachusetts has imposed some of the country's most stringent standards for competitive foods sold in schools and is fully implementing them for the first time this year. Funding and standards for school lunches and breakfasts are still mostly controlled or influenced by federal programs, so achievement of truly healthy school food environments will depend in great part on the whether current federal regulatory changes are implemented and funded.

Raising the Grade

The state should continue implementing the Massachusetts school nutrition standards, and ensure they remain intact. State and local education officials should support farm-to-school efforts and encourage local school food directors to be as innovative as possible in providing healthy school meal choices within the constraints of chronically tight budgets and federal aid that is often skewed toward less healthy options.

TRANS FATS POLICY

GRADE: D

Background

Trans fats are partially-hydrogenated oils that increase bad cholesterol (known as LDL) and decrease good cholesterol (HDL). Trans fats are found naturally in food products such as milk and meats and artificial trans fats are added to processed foods to improve taste and structure.[112] Consumption of trans fats is associated with greater risk for many illnesses such as heart disease, stroke and type 2 diabetes, and an estimated 30,000 to 100,000 premature deaths could be prevented by replacing trans fats with healthier oils.[113] Federal guidelines recommend keeping consumption of trans fats to a minimum.[114]

Where We Are Today

- Boston, Cambridge and Brookline are the only Massachusetts localities that have banned artificial trans fats in food-service establishments. Some 11.5 percent of state residents now live in areas with trans–fat-free restaurants.[115]
- Chelsea, which adopted the first absolute-zero trans fat ban in the country, has postponed enforcing the measure because of disagreements about the measure's effect on small businesses.[116]
- Since 2006, the U.S. Food and Drug Administration (FDA) has required that the nutrition facts label on all packaged foods indicate the quantity of trans fatty acids in each serving of the item. However, the rules permit manufacturers to declare zero trans fats if no more than 0.5 grams are present per serving.[117] After the labeling rules took effect, food manufacturers reformulated many of their products to reduce partially hydrogenated fats. Several fast-food chains significantly cut their use of trans fats.[118]
- A regulatory mechanism under Section 4205 of the federal Affordable Care Act requires chain restaurants to disclose calorie information on menus and menu boards, as well as make the amounts of saturated and trans fats available upon request.[119]

Best Practices

- California remains the only state to ban artificial trans fats statewide, but local bans are in place in six other states, including Massachusetts.

Current Policy Landscape

- Trans-fat bans are gaining currency around the nation as a strategy for increasing consumer access to healthier foods, combating the epidemic of heart disease, and promoting overall public health.
- Massachusetts has not taken action to ban use of artificial trans fats in food establishments statewide, but legislation is still pending before the Joint Health Care Financing Committee.[120]
- The FDA continues to develop standards for front-of-package nutrition labels and it expects the food industry to adopt them voluntarily before the agency decides on stronger regulatory action. The Institute of Medicine has recommended labeling that alerts consumers to unhealthy ingredients, while the food industry has favored voluntary labels that highlight ostensibly nutritious ingredients.

GRADE: D

RATIONALE: Little action is currently underway to restrict the use of trans fats in the state's restaurants. Action at the federal level appears to have stalled as well.

Raising the Grade

Massachusetts should ban the use of artificial trans fats in restaurants throughout the state.

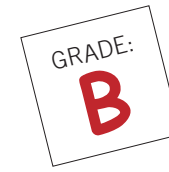
Investments in Health and Wellness

Employee Health Promotion

Public Health Funding

Primary Care

EMPLOYEE HEALTH PROMOTION



Background

Some 75 percent of employers with more than 50 workers now offer workplace wellness programs.[121] And the *Affordable Care Act* gives self-insured employers greatly expanded latitude to offer their employees incentives for healthy behaviors. Employers may allocate up to 30 percent of the overall value of an employee's health insurance benefits to wellness-related incentives. Debate over employee wellness programs continues to focus on the use of incentives or penalties for participation in wellness activities. In Massachusetts, the Governor and the Legislature included incentives and initiatives to promote workplace wellness in the 2012 law designed to lower health care costs.

Where We Are Today

- Publicly available and state-specific data on employee wellness programs suggest that many Massachusetts employers are not yet adopting workplace wellness practices.
- An annual survey of about 1,000 employers indicates that about half are asking or plan to ask employees to complete a yearly health risk assessment (HRA), which is generally seen as the first element of a wellness program.[122]
- The Commonwealth's 2010 health care reform law created a pilot employee wellness program for state employees and retirees through the Group Insurance Commission (GIC). The GIC's WellMass program started as a pilot project in 2012 and may be expanded to track health risk factors. The law also created a wellness program available to small businesses through the Commonwealth Connector. This year, the Connecter expanded the program, which offers employers rebates of up to 15 percent of premiums for participating in approved programs aimed at better nutrition, physical activity and stress management.
- The Massachusetts Department of Public Health's Working on Wellness campaign, which brings worksite wellness materials and technical assistance to companies at low cost, is in its sixth year. It reaches about 60,000 workers at 60 employers.

Best Practices

- Three companies with a large presence in the Commonwealth were among the 2012 winners of the National Business Group on Health's Best Employers for Healthy Lifestyles Awards:
  - CVS Caremark, for its WellRewards program
  - Saint-Gobain, for its LiveWell program
  - Verizon, for its Be Well Work Well program
- The CDC's Healthy People 2010 agenda defines comprehensive workplace programs as those encompassing health education, supportive social and physical environments, integration of wellness programs into benefits and employee assistance programs and screening programs followed by counseling. Systematic reviews of comprehensive programs have found generally positive

health and financial results, but fewer than 7 percent of US employers are thought to offer such comprehensive programs.[123]

Current Policy Landscape

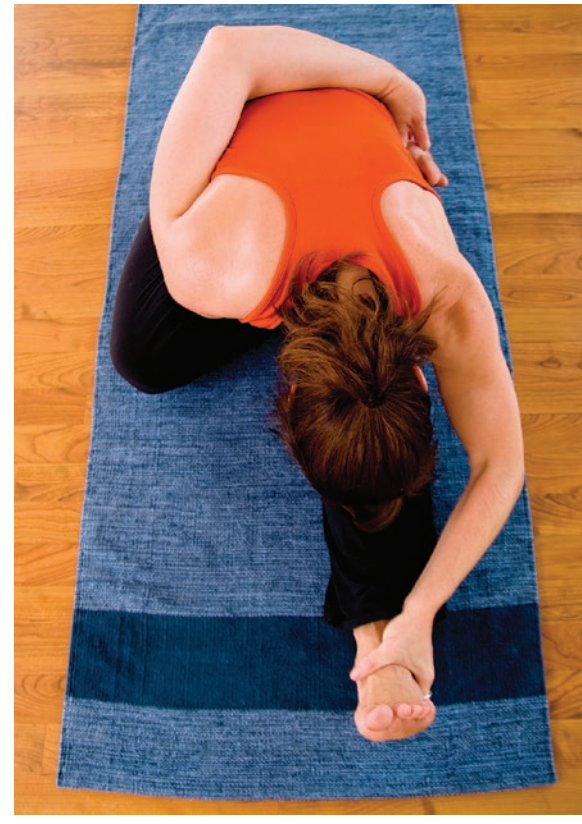
- The national Affordable Care Act allows employers to designate up to 30 percent of their employee health benefit contribution to rewards for participation in wellness activities or for meeting health goals, beginning in 2014. Local wellness programs could also benefit from the $60 million Prevention and Wellness Trust Fund created by the Commonwealth last year.[124] In addition, the wellness program tax credit for smaller businesses will offset one-fourth of the costs of implementing a qualified wellness program—up to $10,000 annually. Insurers are required to grant employers discounts on their insurance premiums based on participation in these programs.[125]
- The Affordable Care Act's emphasis on wellness programs has prompted debate about whether they might lead to discrimination against overweight or unhealthy employees. Federal law does not permit discrimination because of health status, but it does allow employers to provide incentives for workers to maintain good health and to impose penalties when goals aren't met.
- The Massachusetts Department of Public Health and the Division of Insurance created a model wellness guide for payers, employers and consumers based on analysis of best practices.[126]

GRADE: B

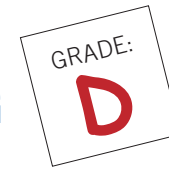
RATIONALE: Massachusetts state government continues the steady promotion of employee health promotion and wellness programs as a strategy to improve health and reduce health care costs over time. The Commonwealth's 2012 law designed to control health care costs gives employers incentives to offer health programs to their employees.

Raising the Grade

While federal and state law attempt to prohibit discriminatory practices within employee wellness programs, some still fear potential discrimination. The model policy guide on employee programs mandated under Chapter 224 presents the Commonwealth with a good opportunity to reassert the state's interests in promoting equity and fairness, along with effectiveness, in employee health programs.



PUBLIC HEALTH FUNDING



Background

Massachusetts took a significant step forward in 2012 with the creation of the Prevention and Wellness Trust Fund, the first of its kind in the nation. When funded, it will allocate an estimated $60 million over four years to community based initiatives to reduce the incidence of costly chronic diseases. However, the Massachusetts Department of Public Health suffered significant reversals in 2012 that could dampen support for important public-health initiatives. Ongoing investigations into a scandal at the state crime laboratory and the department's inadequate oversight of drug compounding laboratories led to a major turnover in leadership. This turmoil occurs just as public health programs could play a larger role in improving the health of residents at the local level while helping the state meet its ambitious new goals to contain health care costs.

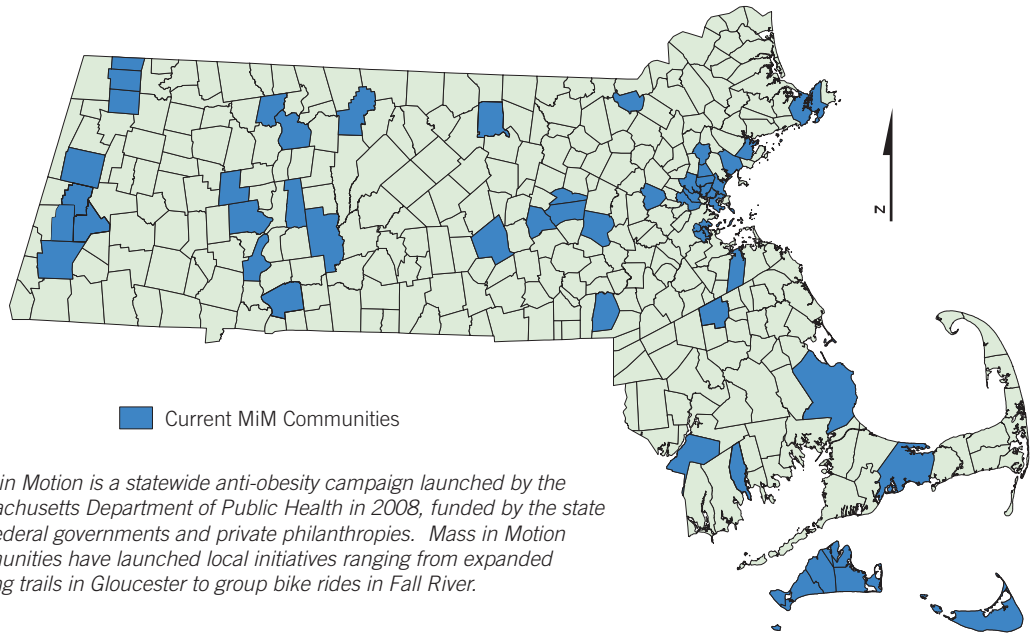
Where We Are Today

- State appropriations for public health fell 2.3 percent (after inflation) in FY2013, reversing a one-year increase in FY2012. And the long-term trend has been negative: Public health appropriations have fallen by nearly 25 percent since FY 2001.[127] Massachusetts now ranks 10th among all states in per-capita public health spending.[128] Funding for health promotion and disease prevention programs has suffered particularly deep cuts. Support for health promotion alone was slashed from about $6 million to $3.3 million from FY2012 to FY2013.[129]
- Funding for the Centers for Disease Control and Prevention (CDC), the federal entity for public health, has declined by more than 16 percent from a peak in 2005. CDC programs have provided crucial seed capital for community health strategies in major Massachusetts cities, including $12.5 million to Boston for anti-obesity and tobacco control programs, and $2 million to the Live Well Springfield campaign.
- Nationally, the $12.5 billion Prevention and Public Health Fund, created by the national Affordable Care Act, remains a prime target for future budget cuts. This fund currently supports Community Transformation Grants to enable local-level action to prevent costly chronic diseases.

Best Practices

- Extensive use of public health programs and local resources, including community health workers, is part of Vermont's innovative Blueprint for Health and is credited with improving care while reducing costs in that state's Medicaid program.[130,131] A similar approach is at work in Oregon's groundbreaking effort to radically improve health outcomes and cut Medicaid costs.[132]
- Cambridge and Fall River became two of only six Mass in Motion communities nationwide to win the Robert Wood Johnson Foundation's "Roadmap to Health" prize for outstanding community strategy and organizing to improve health at the community level.

Mass in Motion Communities



Mass in Motion is a statewide anti-obesity campaign launched by the Massachusetts Department of Public Health in 2008, funded by the state and federal governments and private philanthropies. Mass in Motion communities have launched local initiatives ranging from expanded walking trails in Gloucester to group bike rides in Fall River.

Current Policy Landscape

- At press time, the Department of Public Health seemed likely to receive level funding from the Legislature.
- Federal funding for public health remains in jeopardy. In 2012, Congress cut $5 billion from the $15 billion Prevention and Public Health Fund.[133] Public-health grants made under the 2009 federal economic stimulus legislation expired in 2012.
- The federal budget sequester has triggered additional spending cuts—totaling at least $51 million—from the Prevention and Public Health Fund.[134] Cuts to the CDC budget of $323 million compound the $2 billion cut from CDC's discretionary budget since FY 2010.[135]

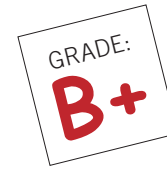
GRADE: D

RATIONALE: Massachusetts took a major innovative step forward by creating the new Prevention and Wellness Trust Fund in 2012, but at press time the Legislature had yet to fund it. The Trust Fund should become a source of financing for the local health strategies that have made a promising start under the Mass in Motion initiative. Overall state public health funding remains at low levels after more than a decade of significant cuts, while federal public health funding is under severe pressure.

Raising the Grade

The Commonwealth should promptly fund the Prevention and Wellness Trust Fund and begin to make strategic grants to communities to begin or expand their efforts to fight preventable chronic disease at the local level. Community-level strategies are urgently needed as Massachusetts begins to impose new spending limits on health care. Legislators should also restore and increase overall funding for public health.

PRIMARY CARE



Background

Massachusetts has enjoyed excellent primary care coverage for many years, although pockets of underserved areas still exist. Health-care reform has prioritized primary care to improve outcomes and reduce health-care spending. Primary care providers emphasize preventive medicine and are an important source of professional advice about reducing risks such as smoking, poor diet and poor fitness.[136,137] Massachusetts is now forcefully promoting the adoption of the patient-centered medical home (PCMH) model to improve care coordination among primary care practitioners.[138]

Where We Are Today

- At some 90 percent, far more Massachusetts residents have a primary care practitioner (PCP) than the national average.[139] And 90 percent of adults reported seeing their PCP within the past year[140] compared to an average of 80 percent nationally.[141]
- Economists have credited Massachusetts health insurance reform with increasing the utilization of primary care and decreasing some usage of emergency rooms.[142]
- Access to PCPs in Massachusetts varies by region and among neighborhoods: the longest waiting times for appointments are found in Franklin and Berkshire counties, while a number of urban neighborhoods in the state are considered to be medically underserved.[143]
- Health care analysts have long considered the country as a whole to be lacking in primary care. Current concerns focus on the potential impact of an influx of new patients due to insurance coverage created by the Affordable Care Act. The demand for new primary care doctors will intensify, and non-physician professionals such as nurses, nurse practitioners, physician assistants and pharmacists will be needed to fill the gap.[144]

Best Practices

- In Massachusetts, a first-in-the-nation partnership to rate primary care practices found that performance has improved since data were first gathered in 2005, but there is room for greater improvement.
- Surveys by *Consumer Reports* and the Massachusetts Health Quality Partners (MHQP) found that:
  - 80 percent of patients report that their PCP reminds them of recommended preventive care such as flu shots;
  - 77 percent say their PCP talks to them about healthy diet and eating habits;
  - 88 percent report that their PCP talks to them about exercise and physical activity; and
  - 68 percent say that their PCP talks to them about stress.
- Nationally, strong networks of primary care practices organized as PCMHs are at the center of health reform efforts in several states, including:

- Vermont, where primary care practices aligned with community and public health programs recently reported promising early results in improving health and cutting costs among commercially insured patients;[145]
- North Carolina, where the Community Care of North Carolina network of physician practices, originally organized to serve the state's Medicaid population, now serves major employers such as GlaxoSmithKline—and North Carolina has enjoyed the lowest rate of growth in Medicaid spending in the nation since 2007.[146]

Current Policy Landscape

- State Medicaid programs are required by law to reimburse primary care providers at 100 percent of Medicare rates beginning in 2013, with increases fully funded by the federal government.
- Primary care is a central priority of Massachusetts's new health care cost control law (Chapter 224).[147] An initial pilot program will help primary care practices become patient-centered medical homes with up-front payments of up to $15,000 in the first year and $3,500 in the second. The money will fund activities such as creating patient registries and training practice teams.[148]
- Chapter 224 also expands the scope of practice for the state's nurse practitioners and physician assistants and encourages the use of limited-service (retail) clinics.
- The Massachusetts Patient-Centered Medical Home Initiative began in April of 2011 in 46 primary practices and aims to help convert all practices in the state to PCMH status by 2015. Of those practices, 14 sites are a part of a parallel initiative called the Safety Net Medical Home Initiative, which seeks to transform community health centers into high performing patient-centered medical homes.[149]
- *U.S. News & World Report* ranked University of Massachusetts Medical School (UMMS) in its primary care national Top Ten.[150] UMass programs are increasing the number of in-state PCPs[151] and build upon loan forgiveness programs previously approved by the state.[152]
- Harvard Medical School's recent establishment of its Center for Primary Care also demonstrates a recalibration in the state's medical schools toward centering patient care around primary care.[153]

GRADE: B+

RATIONALE: The Commonwealth and the Legislature made a stronger committment to primary care through Chapter 224, which encourages patient-centered primary care.

Raising the Grade

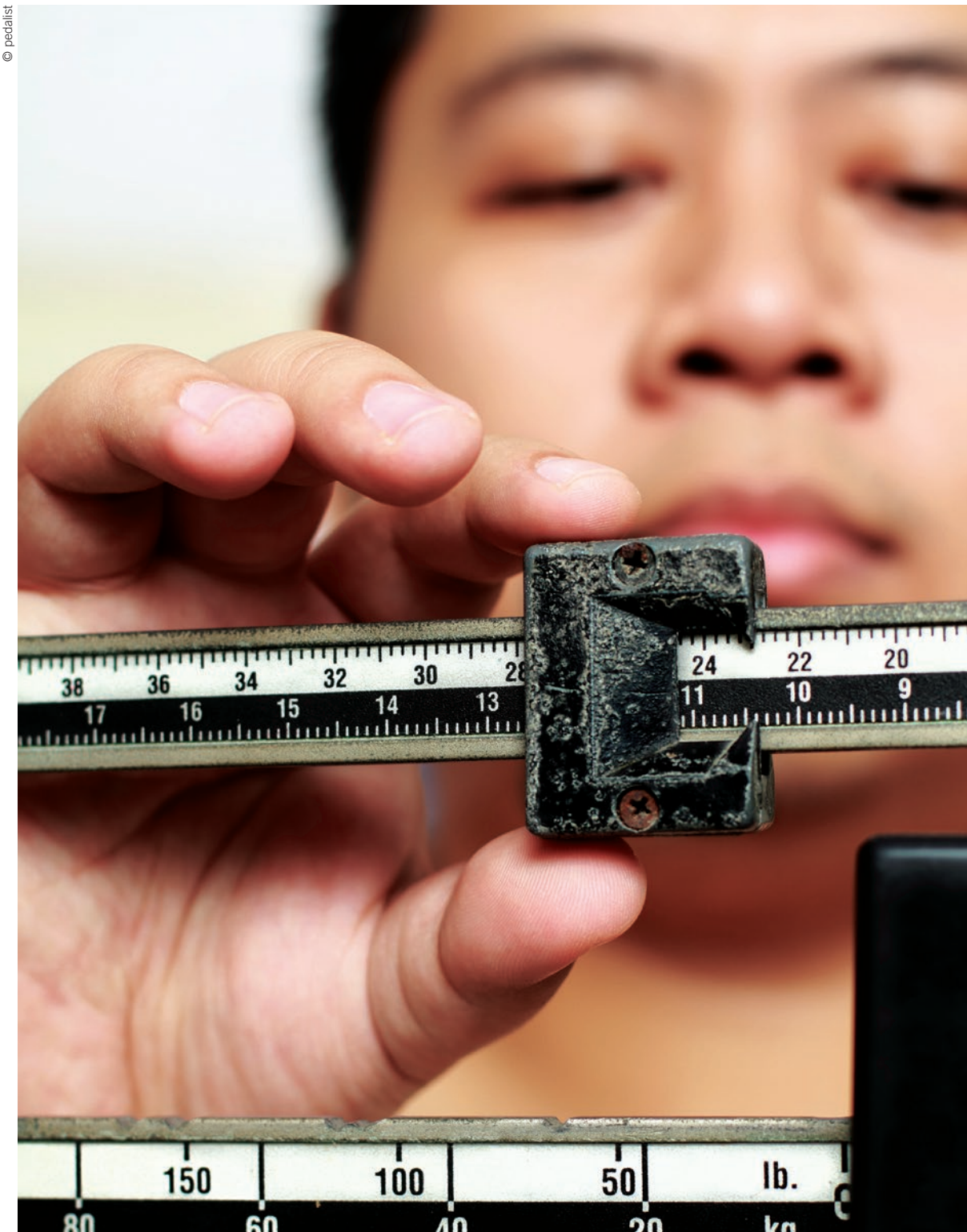
The goal for Massachusetts is to transform primary care by converting most primary care practices to patient-centered medical homes by 2015. The grade can also improve if primary care becomes consistently available and strong throughout the entire Commonwealth.

Citizen Education and Engagement

Health Literacy

School-Based BMI Reporting

Health Impact Assessments



HEALTH LITERACY

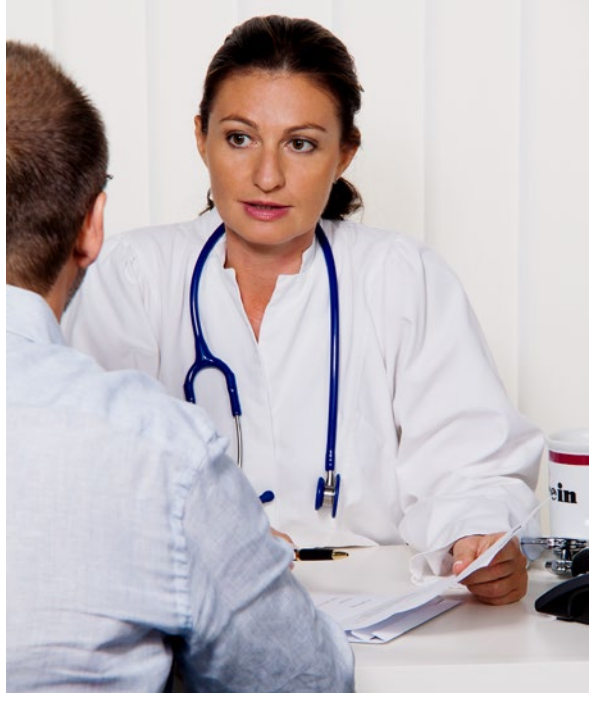
GRADE: C

Background

Public health professionals have long identified poor health literacy—defined as the ability to obtain, understand and use health information—as a major problem, yet there has been little effort to address it. Experts have called for embedding health literacy strategies throughout the health care delivery and public health systems in order to improve outcomes and reduce costs.[154]

Where We Are Today

- Some 36 percent of American adults have only basic or below-basic health literacy skills.[155]



- A 2007 report estimated that low health literacy was costing the nation anywhere from $106 to $238 billion annually[156] but more data are needed. State and federal health care legislation provides for comprehensive data collection and analysis.[157]
- Most Americans have little understanding of what the health-insurance exchanges established by the ACA will do when they begin operation in 2014.[158, 159] Experience with the Massachusetts "Health Connector" exchange shows that consumers have been "overwhelmed" by the choices offered.[160] A study of families covered by unsubsidized plans offered by the Connector showed higher-than-expected costs for some enrollees, particularly poor families. The study's authors stressed the need for improved cost calculators and price transparency tools as well as one-on-one assistance for consumers.[161]

Best Practices

- Massachusetts Health Quality Partners, which has published data on patient satisfaction since 2005, partnered with Consumer Reports in 2012 to widely distribute its findings.[162]
- Health Care for All uses a consumer help line to bolster greater knowledge of the state's Medicaid program and insurance exchanges.[163, 164]
- Massachusetts General Hospital's Ambulatory Practice of the Future project is creating a technologically innovative model of primary care that aims to meet patient

needs "at any time and in any location"[166] through measures including exercise coaching and peer support groups at the hospital and off-site conferencing tools to facilitate patient-provider communication.

- Health Leads, created as Project Health at Boston Medical Center, trains college students to work directly with patients and caregivers in six cities so that they can make a healthy transition from the hospital to the home.[167]

Current Policy Landscape

- Chapter 224, the state's new health reform and cost-containment law, included many provisions to standardize and simplify health insurance as well as provide transparent pricing.[168]
- Improving health literacy and patient engagement are major objectives of Patient-Centered Medical Homes (PCMHs) and Accountable Care Organizations (ACOs).[169]

GRADE: C

RATIONALE: Massachusetts has made a good start on improving health literacy and patient engagement, but it should make visible improvements in the health care and insurance arenas so that all residents can effectively understand and manage their own health.

Raising the Grade

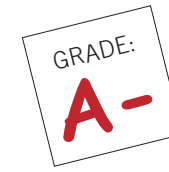
Successful implementation of Chapter 224 will be a major step. Innovations such as the new Prevention and Wellness Trust should be fully funded and put into effect, and the state could encourage more medical practices to become PCMHs.

WHAT IS HEALTH LITERACY?

Health literacy describes a person's relative capacity to obtain, comprehend, and use health information. People with limited health literacy will have difficulty understanding their doctor's advice about preventing disease or managing chronic conditions. They may also struggle to keep track of medical appointments or be confused about their medical bills. Health literacy limitations are often linked to poorer health for elderly and low-income people, as well as for racial and ethnic minorities.

Health literacy makes people more engaged and invested in taking care of themselves. When health care providers communicate effectively—and in ways that are culturally appropriate—they empower patients to be partners in their own care.

SCHOOL-BASED BMI REPORTING



Background

Body Mass Index (BMI) is a calculation based on height and weight and is used as an indicator of a person's body fat.[170] While BMI measurements have real limitations,[171, 172] they generally do correlate with direct measures of body fat and are utilized as an inexpensive and easy way to screen for weight problems.[173] Studies consistently show that obese children are more than seven times likelier to be obese as adults.[174]

Where We Are Today

- About 60 percent of Massachusetts adults have a BMI that would categorize them as overweight and 22 percent had a BMI that would categorize them as obese.[177]
- Some 32 percent of Massachusetts 1st graders, 38 percent of 4th graders, 36 percent of 7th graders, and 31 percent of 10th graders were overweight or obese.[176]

Best Practices

- Arkansas became the first state to institute BMI reporting for all public school students in 2004.[177]
- North Andover's obesity rates in grades 1 and 4 fell from 31 percent in 2009 to 23 percent in 2012. School nurses there have launched 11 major BMI-related initiatives, including:

- Giving pedometers to all 4th and 5th graders, who have accumulated enough miles to "virtually" walk the Appalachian Trail;
- Staging a health and fitness expo open to the entire community, with exhibits on nutrition, sports and health education.

- Several Massachusetts towns, including Braintree and Arlington, have adopted FITNESSGRAM, a Web-based fitness assessment and weight-reporting tool used in schools as part of the Presidential Youth Fitness Program.[178]
- Massachusetts BMI reporting requirements in schools prompted communities to implement their own wellness programs, including the Let's Get Crackin' exercise and nutrition program in the Ashburnham-Westminster schools, the Parent Information and Wellness Center in Stoughton and the Fit Kids physical activity program in Natick Public Schools.[179, 180, 181]
- Parental notification alone may not be enough to reduce obesity; a recent California study found that informing parents of their child's weight status did not have any effect on pediatric obesity.[182]

Current Policy Landscape

- Thirteen states, including Massachusetts, require BMI screening in schools and seven others mandate body composition assessments. Nine states recommend one of these screening measures.[183]
- Massachusetts students in grades 1, 4, 7 and 10 are required to have their BMI measured and reported to parents and guardians. Students with BMIs above the 85th percentile or below the 5th percentile are referred to a health-care provider. BMI reports remain in student health records and are shared with the Massachusetts Department of Public Health.[184]
- Legislation has been proposed to do away with all BMI reporting in schools in Massachusetts.[185]

GRADE: A-

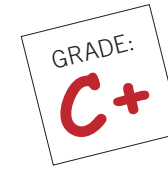
RATIONALE: The Department of Public Health continues to implement the 2009 school-based BMI reporting in collaboration with local school systems. As of this writing, the Department has not yet released data on the second round of BMI measurements, completed in 2011.

Raising the Grade

Codification of BMI regulations in state law will further demonstrate the commitment of the state and the public to addressing unhealthy weight as a major public health problem in Massachusetts. Pending legislation would achieve this and should be adopted by the legislature and governor.

Restoration of public health funding (see page 38) would allow the Department of Public Health to release timely results of BMI reporting, but also allow for supportive programming that will ensure that BMI reports are used as intended: in informing parents and health care providers so that they can take appropriate action.

HEALTH IMPACT ASSESSMENTS



Background

Health Impact Assessments (HIAs) are useful tools for measuring the potential health impact of policies, plans and projects before they are implemented, similar to the environmental impact reports prepared in advance of major public-works projects. HIAs can recommend measures to increase positive health outcomes and minimize adverse effects.[187] Additionally HIAs can serve as a valuable tool for use in a "health in all policies" approach to decision making.[188]

Where We Are Today

- Proposals to require or expand the use of HIAs in connection with public sector or major development projects enjoy support throughout the public health community.
- Some 151 HIAs have been completed or are in progress in 28 states plus the District of Columbia. This represents an increase of 30 HIAs in four new states. Massachusetts has completed three HIAs and has several in progress.[189]

Best Practices

- In 2009, Massachusetts completed an HIA exploring the impact of paid sick days on health outcomes. Results of the study suggested significant positive public health impacts.[190]
- The Massachusetts Department of Public Health is currently assessing the health implications of a proposed biomass power plant in Springfield, specifically looking at health risks and possible protective measures.[191]
- A Health Impact Assessment of the 2012 proposed Massachusetts Bay Transit Authority (MBTA) fare increases and service cuts estimated that the measures would cause death and disease costing an additional $75 to $118 million annually.[192]
- The Massachusetts Department of Public Health has performed the "Grounding McGrath Study," a pilot HIA examining the potential health effects of removing elevated portions of Route 28. It is also developing a methodological framework that can be applied in the future.[193]

Current Policy Landscape

- The 2009 Massachusetts Transportation Reform Act mandates the creation of a health impact assessment process as an element of the state's new Healthy Transportation Compact. The state has received a three-year grant from the CDC to perform the assessments.[194]
- Massachusetts is one of only two states that require the use of HIAs for transportation policies and programs. It also requires HIAs for some environmental projects.[195]

GRADE: C+

RATIONALE: More extensive use of HIAs would raise public awareness about the critical role of healthy environments in keeping people healthy. Unfortunately, little attention has been paid to expanded use of HIAs at the national level. While the Massachusetts Department of Public Health has completed three HIAs and has several others in progress, wider use of this tool will require more funding and integration into all planning processes.

Raising the Grade

Legislation filed on behalf of the Healthy People/Healthy Economy Coalition in 2011-12 called for HIAs on all state capital facilities projects, but it was not enacted and seems unlikely to be considered in the near future. Health Impact Assessments need to be effectively integrated into the planning process for future transportation projects.

Conclusion

The Healthy People /Healthy Economy Coalition is addressing one of the Commonwealth's greatest challenges—rebalancing our investment in health-care services with our investment in the basic determinants of health. The Coalition supports aggressive public policies that have the greatest potential to reverse the ever-present obesity epidemic that is threatening our physical and fiscal health. As in 2012, we continue to see progress tempered by setbacks.

Improving the health of people with chronic, highly preventable diseases depends in large part on creating changes in individual behavior. But a person's decision to choose to exercise or eat healthy food is influenced by the environment in which he or she lives and works. Is the neighborhood safe? Are there parks, sidewalks and bike lanes? Is mass transit accessible? Do local stores sell fresh produce? Many of the policies addressed in this report create and expand access to physical activity, healthy and affordable food and community-based prevention—measures that promote health and wellness. Our goal is a public-policy infrastructure that can help prevent expensive, debilitating illnesses that rob us of our well-being, limit our ability to work and contribute to soaring health-care costs.

Some of the country's most innovative health-care reform efforts are happening in towns and cities across the country. Experience has taught us that this place-based work is most successful when it is connected to policy. Policies set the parameters for factors that profoundly influence every person's health: the types of housing, transportation, schools, and services we create and where; the price and availability of healthy food; and the kinds of jobs available and to whom.

Policies set at the local, county, regional and state level—with input from residents and community leaders—can have a big impact on our health. On this front, Massachusetts is poised for progress, particularly in Mass in Motion communities, where municipalities are building capacity for exercise and healthy living while adopting the policies needed to encourage them. Environmental, systems and policy changes are starting to show results, including falling youth obesity rates. At the state level, adoption of measures such as the Prevention and Wellness Trust Fund are intended to help replicate these efforts in more communities. As these changes are made and health outcomes continue to improve, we will begin to contain the unacceptably high cost of health care.

Even though we are making progress in many parts of the Commonwealth, we must be vigilant to ensure that the advances we make extend to everyone. As the research and action institute Policy Link has noted, "Equity means just and fair inclusion. An equitable society is one in which all can participate and prosper." We firmly believe that those most affected by preventable chronic diseases—low-income individuals and people of color—must be part of the solution and included in the change.

The building blocks of equitable change are the investments we make in public health, in community health workers, in direct-service programs and in good public policy. As we advance our work to make Massachusetts the preeminent state for health and wellness, the journey must include us all.

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