

Strategy # 9: Support Healthy Families

Metro Boston has many advantages that keep it competitive in the 21st Century, foremost among them the high quality of life the region can offer its residents. The natural beauty of our landscape; a diverse, engaged, and innovative population; and a base of businesses and institutions that is almost unrivaled in the country all add up to a very enticing package for employers and workers. However, we still have work to do to ensure that the quality of life of all of Metro Boston's residents is as high as it can be.

Many who choose to remain in Metro Boston or to relocate here do so because of the high quality of life already enjoyed here. This quality of life cannot be taken for granted, however, nor can we assume that it is experienced by all of the region's residents. We must work hard to ensure that all are able to enjoy the benefits of living in the region, regardless of age, background, or any other factor. This equality in access must start with two of the most important factors in determining success in life, health and access to quality education. Maintaining good health for the residents of the region means not only that we follow through on our landmark universal health insurance program, but that we ensure universal access to healthy foods and healthy lifestyles, and a freedom from environmental hazards like lead paint and asthma-causing particulates, among measures.

A high quality of life is necessary as well for the residents of MetroBoston at all ages, from supporting and educating our youngest children to aiding our parents and grandparents as they deal with the life changes brought on by growing older. Ensuring that all of our families are supported in their universal goals to be healthy, happy, and provide their children with all the advantages will go a long way towards ensuring that we are creating the region we hope to see in MetroFuture.

A. Link health and planning

The link between public health and the built environment is becoming increasingly apparent, as the land use patterns of the last half century are manifested in negative health outcomes. Obesity and other chronic diseases are increasingly being linked to how we build our communities. As new developments are planned, and municipalities consider how they want to grow in the future, it is important that planning efforts incorporate consideration of public health issues.

1) Strengthen coordination between health and planning boards/agencies

Advocates, officials, and individuals have been increasingly recognizing the connection between the built environment and public health concerns such as obesity and chronic disease, as well as problems related to pedestrian and bicycle safety, water quality, air quality, and social isolation and even depression. To create safe and healthy communities, people must partner across agencies and among sectors. These increased partnerships will together ensure that communities are designed in ways that improve health outcomes for all their residents.

1.a Boards of Health should adopt resolutions designed to improve cooperation between local health boards and planning departments.

The Massachusetts Municipal Association and Massachusetts Association of Health Boards, in partnership with the Massachusetts Department of Public Health, have developed a model resolution local health boards can use to elucidate their interest in planning issues. This resolution highlights health issues and impacts of the built environment on public health. The resolution also addresses the importance of open space; pedestrian- and bike-friendly design; and locational impacts of development.

1.b MAPC should sponsor joint trainings for local public health and planning board members on a sub-regional level

These trainings, targeting municipal planners, public health officials, and volunteer board members, would highlight the relationship between community design and health and identify strategies for collaborative municipal action. They would be conducted through the MAPC sub-regions.

2) Incorporate public health into municipal master plans.

Much as health is being considered in a chapter of this regional plan for the first time, so too some municipalities are moving towards including health in their master plans. This can be accomplished through weaving language on public health into the traditional sections of master plans, or through the addition of separate chapters on public health to the document, or both. Cities in California have taken a national lead in using master plans to reinforce their health goals, and a tool kit developed by Planning for Healthy Places, a California public health advocacy group, includes guidance for cities and towns wishing to follow their example.

2.a The Massachusetts Association of Health Boards and the Department of Public Health should work together to develop goals and guidance for municipalities to incorporate public health into their master plans

3) Expand programs designed to foster walking and biking to school

Advocates are increasingly calling on parents to get their children to walk or bike to school, a move that could dramatically reduce school traffic jams, slim children's waistlines, and help relieve school budgets of some gas-guzzling buses. A variety of approaches to this problem are being attempted, from the community-based grassroots approach that the Cambridge Green Streets Initiative is using to encourage residents of the city to walk or bike on the last Friday of the month to more formal school-based programs like the Federally-Funded Safe Routes to Schools programs that are being piloted in selected Massachusetts elementary schools. While researchers and practitioners are still determining which factors have the largest impacts on the behavior of children (and their parents) the Commonwealth must support further research and the continuation and expansion of existing programs.

3.a MAPC should undertake a study of the factors that influence mode choice in getting to schools in areas with existing infrastructure

3.b The legislature should expand funding for the Safe Routes to Schools program

The Safe Routes to Schools program is designed to fund schools department efforts to promote walking and bicycling. The program focuses on education and encouragement to foster behavior change, but also funds capital improvements to bicycle and pedestrian infrastructure. Currently, the program is in pilot stage in the Commonwealth, and is entirely dependent on schools opting in to the program. Each elementary school in the Metro Boston area should have a bike-pedestrian program of some sort. The Commonwealth must expand the funding for the Safe Routes to Schools program.

4) Adopt and implement Hazard Mitigation Plans

Hazard Mitigation Plans provide communities with an opportunity to assess their vulnerability to multiple types of natural hazards, evaluate the effectiveness of existing mitigation measures and develop a set of prioritized recommendations for additional mitigation measures in the future. These plans are encouraged by FEMA, and are required for communities to maintain their eligibility for several FEMA grant programs.

In Massachusetts the Regional Planning Agencies have been contracted by MEMA to produce Regional Hazard Mitigation Plans for their member communities. MAPC has been contracted by MEMA to produce plans for 92 communities, and two more were produced by the Old Colony Planning Council. Once the plans have been approved by FEMA, they must be formally adopted by cities and towns. Adopted plans are considered effective for five years, after which they must be updated and readopted to maintain eligibility for FEMA grants.

Once communities have adopted their Hazard Mitigation Plans, they should work to implement the priority actions and project recommendations in their plans. These may include structural projects such as drainage system upgrades, or non-structural measures such as amended flood plain or storm water bylaws.

Many aspects of Hazard Mitigation plans are closely related to other municipal policies and functions. For maximum effectiveness and implementation, key recommendations of the plans should be integrated into existing and ongoing local programs.

Incorporate the relevant recommendations of PDM plans into local capital improvement programs, comprehensive plans, and public works programs.

- 4.a **All municipalities should adopt FEMA-approved Hazard Mitigation Plans and update them every five years**
- 4.b **Municipalities should maintain a local team to oversee implementation of Hazard Mitigation Plans recommendations and prepare updates**
- 4.c **Regional hazard mitigation teams should continue to meet in order to follow up on the regional and inter-community recommendations for hazard mitigation**
- 4.d **Municipalities should incorporate the relevant recommendations of their Hazard Mitigation Plans into comprehensive plans, open space plans, public works programs, and capital improvement programs**

B. Broaden universal early education and care

Participation in early education gives children a significant advantage in later education and life. High-quality early childhood education reduces the likelihood that children will be enrolled in special education classes, increases high school graduation rates, and improves performance on school achievement tests. It also lessens the childcare burden on families, a particular boon to working lower- and middle-class families.

However, according to a 2006 report by the Early Education for All Campaign, the Commonwealth's accredited existing preschool programs are capable of handling only 22% of all preschool-aged children. This problem is beginning to be addressed – the Massachusetts Legislature approved funding for a Universal Pre-Kindergarten Pilot Program in Fiscal Year 2007 and increased it in FY '08. Thus far, the program has provided grants to 131 programs around the state enabling them to take a variety of steps to enhance their provision of early childhood education.

This state program must be expanded to provide funding to all elementary schools, community centers, and child care providers around the state to ensure not only that they are able to provide pre-kindergarten, but that it is of the highest quality.

State grants can be used to hire more qualified teachers or to expand the benefits offered to current teachers, increase the number of children the programs are equipped to handle, provide teachers and students with additional technology or resources, or in other ways enable schools to meet their unique early childhood education challenges as they see fit. Because there is a shortage of qualified early childhood educators, state funding should be set aside to create a scholarship fund and subsidize other professional development. As the program is initially being expanded, a great deal of flexibility would be necessary to enable schools to experiment and determine what worked best for them.

5) Expand the network of high quality early education centers

A statewide expansion of early education centers would allow all children access to achieve high grades in school and to be well adjusted socially before entering

first grade. Children will develop the necessary skills at an early age to succeed and school and foster a sense of being connected to schools. In addition to the benefit students would receive, full-time kindergarten programs would alleviate the burden of parents having to choose to forgo returning to the workforce due to the cost of daycare.

5.a The Department of Early Education and Care should develop a system of assessing the performance of early childhood education providers

High quality early childhood education is necessary for children to reap the benefits of the early start to education. The Early Education for All campaign recommends that the state assess and evaluate early childhood education programs, to ensure that the quality of the Commonwealth's programs is as high as possible. This assessment would be conducted with the eventual goal of a system of accreditation for all early childhood programs, ranking them into tiers based on quality. The Department of Early Education and Care would develop and spearhead such a program.

6) Provide professional development opportunities for early childhood caregivers

There are many factors that go into making an effective early childhood education program. Of these, teachers' education levels has proven to be a strong and consistent factor in determining program quality, as has specialized training in the field of early childhood education. Another critical factor is staff turnover, which can be as high as 29% a year among the Commonwealth's early education programs.

6.a The Department of Early Education and Care should expand grant and loan programs designed to assist early childhood educators in meeting their educational goals

The Department of Early Education and Care currently offers two grant programs. One of these – Building Careers in Early Education and Care – is targeted at higher educational institutions, designed to fund programs that provide support and non-traditional avenues to higher degrees for early childhood educators. The other, the Early Childhood Educators Scholarship Program, is a pilot program to provide financial assistance for currently employed early childhood educators who enroll in an associate or bachelor degree program in Early Childhood Education or related programs. Both of these programs should be expanded and more aggressively marketed, with the eventual goal of higher degrees for at least the lead teacher and program head of every early childhood program in the Commonwealth.

7) Improve nutrition and physical activity opportunities in regulated child-care sites

Evidence is mounting that sound nutrition and physical activity early in life are vital to establishing healthy habits and health later in life. In its 2005 report,

“The Health of Massachusetts: A Coordinated Response to Overweight and Obesity,” The MA Partnership for Healthy Weight recommends several actions.

7.a The Department of Education should ensure that childcare providers on how to implement the physical activity component of the state child care regulations

There are numerous recommendations and requirements in the Department of Education’s standards and guidelines for early childhood education. The Department must provide more explicit guidance for childcare providers on physical activity, and ensure that childcare facilities are assessed on the quality of their physical activity opportunities.

7.b The Department of Education should provide childcare providers with educational materials that include evidence based, age appropriate information and resources and strategies to create healthy environments for children

7.c The Department of Education and Department of Public Health should partner with local academic institutions to track improvements in nutrition and physical activity opportunities at childcare centers

C. Improve access to after-school and out-of-school programs

Quality out-of-school programming has been shown to have positive impacts on young people’s academic, social, physical, and social development. Summer programs, particularly, are also demonstrably effective in closing the achievement gap between higher- and lower-performing students. Currently, there are 6,400 license-exempt or licensed School Age Child Care (SACC) and Family Child Care programs in the region, with a total capacity of 67,000 children (approximately 12% of the region’s 5- 14 year old population.) 23% of participating children receive subsidies administered by MA Department of Education and Care, and approximately 2,700 children are on the waitlist. New strategies are needed to spread this effective tool.

8) Create public-private partnerships to provide resources for out-of-school programs

Partnering with private funders, businesses, and private institutions can dramatically increase the resources available to out-of-school programs. Not only is this an important way for programs to access new revenue sources, it also increases young people’s access to public health, artistic or cultural institutions, workforce training, and other disciplines. The state agencies primarily involved in out of school programs, the Department of Early Education and Care and the Department of Education, should take the lead in developing and fostering these programs. Additionally, legislative language should be strengthened to require schools and organizations to collaborate when planning new after-school programs.

The Departments of Education and Early Education and Care should work to identify potential partners for out of school time providers, and to support existing partnerships.

8.a The Legislature should form a commission to study changing Chapter 70 language to make it easier for schools to collaborate with community-based after school programs

The Massachusetts Special Commission on After School and Out of School Time recommended this further study in this area in their 2007 report, “Our Common Wealth: Building a Future for Our Children and Youth.”

9) Streamline access to funding for after-school and out-of-school programs

Directors of out-of-school programs are currently faced with a dizzying array of funding options from which to support their activities, from the federal to the state and local levels, as well as private partnerships and grants. The Commonwealth should ensure that state funding sources are as accessible as possible.

The State agencies that provide grants to out of school and after school programs should, led by the Department of Education, work to make their grants more effective and user-friendly. This can be accomplished by increasing the length of their grants from one-year to multi-year cycles and by pooling resources across administrative departments to reduce the barriers community-based organizations face when applying for funding. This will also create a more efficient, cost-effective system, and the savings that this generates can be invested in technical assistance to help relevant groups find and apply for all of the funding for which they qualify.

9.a The Department of Education should create and maintain a centralized online listing of federal, state, local, and private funding opportunities for after-school and out-of-school programs

This will enable directors of these programs to more easily and efficiently discover and tap into all of the resources that are available to them.

D. Use school-based programs to help children establish healthy lifestyles

While the Metro Boston area still has lower obesity rates than the national average, obesity rates are rising at an alarming pace. This is leading to an increase in obesity-related illnesses, like diabetes, and is being disproportionately reflected in communities of color, immigrant communities, and among the elderly. Targeting children with exercise and healthy eating programs has shown to be an effective way of reducing childhood obesity, which, in turn, reduces adult obesity. School nutrition is another area that has long been a source of concern for advocates. Because many students eat one or more meals a day at school, serving fresh healthy food there can not only positively impact their health, it can help to create positive eating habits that can last their lifetimes.

10) Continuously assess school wellness and health policies

To comply with Federal law, each school district participating in a program authorized by the National School Lunch Act must have a school wellness policy in place. To develop and implement that policy, the law requires that parents, students, representatives of the school food authority, the school board, school administrators, and the public work together in what is frequently called a wellness committee. The existence of a committee whose function is to examine wellness policies and outcomes at a district level is an incredible opportunity, but one of which far too few school districts take full advantage. Used to their full capacity, these committees could be a crucial link between schools and communities in dealing with health issues that go beyond the school day. They could also be used to examine and address health and nutrition issues that are unique to or different in particular districts, and to develop and help implement the specific policies that each school district needs.

School superintendents should examine their wellness committees to ensure that they engage the community as fully as possible and that the approach they take to school health is as broad and holistic as possible. They must also be more actively involved in supporting school superintendents through choosing and implementing health curricula and other health policy decisions.

School districts should also provide opportunities and resources for physical education (PE) and health teachers to assess the school environment and policies, using available tools from the Center for Disease Control and Prevention (CDC). Additionally, school districts need to address concerns of their health and PE teachers, including lack of facilities/equipment; lack of qualified certified teachers; student: teacher ratio so that it is similar to that of core classes. All districts should build time into the school day to provide health and PE classes, and should provide adequate professional development opportunities for health and PE teachers

10.a School districts should periodically convene the appropriate district personnel to assess the school environment and policies through the use of CDC's School Health Index, CDC Physical Education Curriculum Analysis Tool, CDC's Health Education Curriculum Analysis Tool

11) Disseminate and implement updated health and physical education framework and curricula

As with all other areas of study covered in K-12 education, the State Board of Education sets frameworks for what students should be learning about health education. This framework is based in the latest research about health and human development, and is developed with the collaboration of educators, public health officials, and many other experts. There are many curricula – more specific guidelines aimed at particular age groups and subjects – that have been used to satisfy the requirements of the framework, some with greater success than others. Just as it creates and disseminates frameworks for education, the

Department of Elementary and Secondary Education should compile and rank health curricula. This will allow educators to choose the most effective models on which to base their own classroom instruction.

11.a The Department of Education should compile models of successful evidence-based curricula.

The Centers for Disease Control and Prevention maintains the Guide to Community Preventative Services, a summary list of evidence based recommendations to guide practice, policy and programmatic decision making in a variety of variety of disciplines – including physical activity. The Department of Elementary and Secondary Education should use this, as well as partner with local higher education and medical institutions, to assess the many health curricula already in use around the state. Some examples of successful curricula include: Planet Health, a curriculum designed to improve the health and well-being of sixth through eighth graders and developed by the Harvard School of Public Health; and Eat Well & Keep Moving, a similar program developed for fourth and fifth graders. These models should be compiled and made accessible to educators and school administrators around the Commonwealth. Programs of this caliber – that have proven to have positive impacts on children’s health outcomes – should be made widely available for educators around the Commonwealth.

11.b School superintendents should adopt approved health and physical education curricula for their districts.

Using the State Comprehensive Health Education Framework and Physical Education Framework and list of model programs described above, as well as the input of their local wellness committees, school superintendents should use evidence-based curricula to teach healthy lifestyles in their schools. .

11.c The Department of Education should update the Massachusetts Comprehensive Health Curriculum Framework to reflect current best practices

The State Comprehensive Health Curriculum Framework, developed by the state Department of Education, is intended to provide guidance to school districts in designing local health education programs. It synthesizes the latest research and sets learning standards for students from grades K-12. The framework was most recently updated in 1999, although research and thinking about health and fitness education have evolved greatly in the last decade.

The Department of Education has scheduled updates to its frameworks to take place over the next five years, with the update of the Health Framework to be completed in Fall 2011. This update should be a part of a regular series of updates to ensure that the state’s health education system is up-to-date with the latest research. This schedule should be accelerated.

12) Establish standards for healthy snacks and beverages in schools

The Department of Public Health must establish healthy standards for snacks and beverages sold in vending machines, school stores, and cafeteria ala carte lines. This should include the replacement of sodas in school cafeterias with healthier alternatives, such as low-fat milk and water; the requirement that fresh fruit and vegetables are made available in all school cafeterias; and the limitation of fat and sugars in snacks to a healthy amount.

12.a Pass “An Act to Promote Proper School Nutrition” or equivalent legislation which would require healthy standards for drinks and snacks sold in public schools.

13) Invest in professional staff and facilities for fresh food preparation

Many schools have hired food service corporations as a cost-cutting measure; much of the saving is realized through elimination of senior employees, and by transferring the food service jobs from the public sector (school system employees) to private sector. New employees are low-skill, low-wage workers; cost-cutting is achieved through greater purchase of pre-prepared foods; very little food preparation done by food service company employees.

13.a Massachusetts School Building Authority should require facilities for fresh food preparation in new schools

Provide funding to create/improve school kitchen facilities to prepare and serve more fresh foods—kitchen equipment, refrigeration, training, storage facilities, etc.

14) Expand farm to school programs

Another way to serve both the health of Metro Boston’s children and its farmers is to increase the interaction between local farms and schools. This has the potential to benefit not only the Massachusetts schoolchildren that would have increased access to fresh, healthy produce, but the region’s independent farmers. For more strategies to help small farmers, see Strategy 7 (Natural Landscapes). Currently, the Commonwealth has a limited Farm-to-School program that, through technical assistance to farmers and individual schools, helped more than 85 public school districts and 13 colleges in the Commonwealth to serve local food. Over 40 farms are currently selling to schools across the state. There are many more school districts without this assistance, and the barriers to purchasing local produce – such as exclusive purchasing contracts between school cafeterias and certain vendors, or the inability of schools to cope with the increased work that comes with purchasing unprocessed produce rather than frozen pre-cooked lunches – can be hard to overcome. It is only with a greatly expanded Farms-to-Schools program that the Commonwealth will begin to reach all of the schools in need of such technical assistance.

14.a The Department of Agricultural Resources should expand the Farm-to-School program

14.b The Department of Agricultural Resources should provide increased funding for Massachusetts Harvest for Students program

15) Create “Edible Schoolyards” and associated programming

Create “edible schoolyards” to help teach children about gardening, agriculture, and fresh food. In Berkeley CA, the Edible Schoolyard consists of a one-acre organic garden and a kitchen-classroom. In the garden, students are involved in all aspects of planting and cultivation; and in the kitchen-classroom, they prepare, serve, and eat food, some of which they have grown themselves. These activities are woven into the curriculum and are part of the school day. A new ecologically designed cafeteria is being built and the program is preparing for the transformation of the school lunch program. When the cafeteria has been built, lunch will be an everyday, hands-on experience and an essential part of the life of the school. <http://www.edibleschoolyard.org/homepage.html>

15.a The Massachusetts School Building Authority should incorporate edible schoolyards into school construction projects

Mass School Building Authority should find opportunities to incorporate “edible schoolyards” and learning kitchens in school (re)construction projects (seek private funding from foundations/corps)

E. Ensure access to healthy food

Access to healthy food can be a challenge in many inner core and regional urban center communities, where food access is more likely through local convenience stores and fast food restaurants than large supermarkets and farmers markets.

16) Establish a Food Policy Council

Access to healthy food is an increasing concern around the region, and one that transcends municipal boundaries. Community food security, a concept which encompasses greater food self-reliance and sustainable community development, among other priorities, is an important consideration in MetroFuture, and demands more thought and planning. Several states and regions nationwide have created Food Policy Councils, tasked with doing just that. These Councils are comprised of stakeholders in the region or state’s food system, as well as government officials, and are generally tasked with examining the operation of the system and providing ideas and recommendations for improvement through public policy change.

16.a The Legislature should establish a Massachusetts Food Policy Council

The Legislature should adopt legislation comparable to the “Act to Establish a Massachusetts Food Policy Council,” filed by Rep. Kulik during the 2007 – 2008 session. This Act creates a statewide Food Policy Council, which is an important first step. This statewide council should also include smaller,

regional entities that are better able to reflect each region's unique food policy challenges. These sub-councils should correspond with the outlines of the Regional Planning Agencies, although regions can be consolidated, with two or three RPAs comprising one Food Policy Council district.

17) Use financing and regulatory tools to bring supermarkets and healthy food outlets to underserved areas

While there are some resources available on a state and local level for new development that can be used to finance the creation of new supermarkets, many are available only for certain types of development, or for development in certain areas – historical buildings, for example – and, as a result, these financing sources do not meet the needs of developers in all places in need of grocery stores. Even when developers are able to secure the financing they need to open a new store, moving into an underserved neighborhood can be a risky and expensive undertaking. Providing developers with incentives can help to offset these negatives and make development more appealing.

17.a The Massachusetts Office of Business Development should develop an “Urban Supermarket Initiative”

First, incentives and aid must be offered for supermarkets to locate in underserved neighborhoods. Pennsylvania has joined forces with three nonprofits active in food and urban advocacy to launch the Fresh Foods Financing Initiative, a public-private partnership that serves the financing needs of supermarket operators that plan to operate in these under-served communities where infrastructure costs and credit needs cannot be filled solely by conventional financial institutions. To date, the initiative has committed resources to 32 supermarket projects in cities and towns across Pennsylvania. The investment of \$30 million in grants and loans lead to the investment of \$90 million in private funds. This resulted in the creation of 2,500 new jobs and almost 900,000 square feet of retail space. This model of public-private collaboration to bring new supermarkets into underserved neighborhoods should be replicated in the Commonwealth. The MA Office of Business Development would be the appropriate lead to recruit nonprofit partners and spearhead the initiative. Create a Massachusetts version of the Fresh Food Financing Initiative public-private partnership.

18) Expand offerings of existing markets

Large supermarkets cannot be supported in every neighborhood, but there are other, smaller-scale options available to ensure that residents of even the poorest neighborhoods. Assisting the owners of the local corner markets or convenience stores that populate urban neighborhoods trade their alcohol or snack foods in for perishable foods, or supplement the former with the latter. There are a variety of creative ways for the Commonwealth to explore programs to offer financing and technical assistance to encourage local entrepreneurs to stock fresh produce. The Massachusetts Office of Small Business and Entrepreneurship should function as a connector for small businesses interested in adding produce to their lineups and assistance and financing.

19) Expand participation in the WIC program

Currently, the Federal Supplemental Food Program for Women, Infants, and Children (WIC) offers coupons to families that qualify for its program to use at farmers markets in 36 states, including Massachusetts, through its Farmers Market Nutrition Program. The Commonwealth also pioneered this approach through its Farmers Market Coupon Program, the statewide model for the National program. These programs' vouchers are provided in addition to families' normal benefits and can be treated as cash at the stands of participating farmers, who then redeem the coupons for cash. While the satisfaction of those who participate in the program is high, it is only available in small amounts of money to small numbers of people.

19.a The Department of Public Health and the Department of Agricultural Resources should expand the Farmers Market Coupon Program

The Commonwealth should provide funds to expand the program, which provides supplemental by allowing for a larger enrollment and increasing the cash amount of the vouchers.

F. Reduce exposure to environmental contaminants

Environmental health issues, such as the particulates that cause or exacerbate asthma, lead paint, and cigarette smoke, can be major factors in the quality of life of the residents of Metro Boston, especially those who live in the Inner Core or Regional Urban Centers. Asthma is a medical condition that is on the rise, and one that disproportionately affects residents of Boston and other urban centers in the region – studies have shown that, while statewide asthma rates for children are just under 15%, at selected Boston elementary schools, more than 30% of students suffer from the condition. Air pollution, both indoor and outdoor, is a crucial factor in exacerbating asthma¹.

20) Expand the use of healthy building techniques

The health of all of a building's users can be profoundly affected by the quality of its indoor air. This in turn is dependent upon physical and mechanical design (such as ventilation and location of wastes and toxics), the choice of building materials, the management of construction emissions, and building operations and maintenance. Additionally, access to daylight has been found to favorably affect productivity and health outcomes.

20.a State Agencies should adopt green and healthy building techniques for public buildings and buildings built with public support

Because materials and construction techniques are thought to be triggers for asthma, the Commonwealth should require that all buildings built for the Commonwealth or with state funding should use the most advanced

¹ Polly Hoppin, Sc.D., Sara Donahue "Improving Asthma Management by Addressing Environmental Triggers: Challenges and Opportunities for Delivery and Financing" Asthma Regional Council of New England, December 2004.

techniques in green building that are economically feasible. The Massachusetts Department of Public Health's recently took a huge step in this direction with the release of its new guidelines requiring health-related institutions to use the Green Guide for Health Care or its equivalent in the design, construction, and renovation of facilities seeking Determination of Need (DoN) approval. These guidelines are the first of their kind in the country.

The DoN changes require hospitals and extended care applicants to get at least 50% of the possible green building points in the Green Guide for Health Care or the US Green Building Council's Leadership in Energy and Environmental Design-Health Care, a "silver" level of achievement. As a result, new and renovated hospitals and nursing homes will emphasize non-toxic materials, more efficient and renewable energy systems, better air quality and day lighting.

Other state agencies with authority over the construction of new buildings, such as the Massachusetts School Building Authority, should take similar steps, to ensure that at least the buildings that house the Commonwealth's most vulnerable populations are built as clean and green as possible.

20.b The Department of Housing and Community Development should mandate that all public housing be smoke-free

21) Improve indoor air quality in schools

School administrators can take a number of steps to ensure the improved air quality of their schools at little or no additional cost. School superintendents should follow the steps outlined in the Environmental Protection Agency's Indoor Air Quality (IAQ) Tools for Schools program. This includes assigning and training IAQ coordinators at each school in the district, assessing current and potential problems at each school, and prioritizing IAQ improvement projects. More information is available on the EPA website at: <http://www.epa.gov/iaq/schools/actionkit.html>.

22) Reduce pesticide use

Some pesticides can have seriously adverse effects on those who come into contact with them, from those that affect the nervous system to those that are carcinogens, known to contribute to cancer risk. While not all commercial pesticides are dangerous, public health and environmental officials are moving more and more to recommending the use of safer, more natural alternatives.

An approach that is gaining favor with these officials is called Integrated Pest Management, and is defined by the Environmental Protection Agency as "the coordinated use of pest and environmental information with available pest control methods to prevent unacceptable levels of pest damage by the most economical means and with the least possible hazard to people, property, and the

environment”². In practical terms, this means using mechanical trapping devices, natural predators (e.g., insects that eat other insects), insect growth regulators, or mating disruption substances (pheromones) before turning to chemicals to control pests.

22.a The Department of Agricultural Resources should regulate pesticide use on all public property

The Child Protection Act of 2000 severely restricted the use of pesticides indoors and outdoors in schools and day care centers, and required the implementation of IPM plans for schools and the written notification of all involved when pesticides are used. This requirement, implemented by the Department of Agricultural Resources, should be expanded to cover all state and municipal buildings, and be coupled with the education and participation of local and municipal officials.

22.b Local and state government agencies should switch from exclusively relying on pesticides to using Integrated Pest Management for landscaping properties under their control.

23) Increase lead-based paint abatement programs

Lead paint is another factor in the urban environment that is a major detriment on the health of the residents of our region’s cities. The Commonwealth offers homeowners tax credits for lead paint remediation work that they perform. Additionally, the Department of Housing and Community Development, Get the Lead Out Program currently provides loans to qualified homeowners whose homes contain lead-based paint. Some cities and nonprofits also administer abatement programs with other funding provided by DHCD. These programs are threatened.

The Department of Housing and Community Development should partner with local academic institutions to determine the need for increased state funding and support for lead paint abatement programs

24) Expand tobacco cessation programs

Cigarette smoking, like lead paint remediation, is an issue that is no longer getting the press it once was. With this decline in attention has come a decline in state funding for smoking control programs, anti-smoking programs targeting youth, and other public health matters connected to tobacco. In fact, the state’s tobacco prevention program had its funding cut by more than 90 percent in 2003, falling from a high of \$54 million a year to a mere \$2.5 million in FY2004³. This decline has corresponded in an alarming upward trend in cigarette sales, particularly to youth and minorities. The Commonwealth must bolster its

² From “Pesticides and Food: What ‘Integrated Pest Management’ Means.” U.S. Environmental Protection Agency. <http://www.epa.gov/pesticides/food/ipm.htm>

³“Comprehensive Tobacco Prevention and Cessation Programs Effectively Reduce Tobacco Use.” Campaign for Tobacco-Free Kids, Washington, DC <http://www.tobaccofreekids.org/research/factsheets/pdf/0045.pdf>

tobacco prevention and control programs, and dramatically increase the amount it spends on tobacco prevention and smoking cessation.

24.a The legislature should continue to fund smoking cessation initiatives covered by Medicare

Pass “An Act to Provide Medicaid Coverage for Smoking Cessation,” “An Act Relative to Smoking Cessation and Medicaid,” or equivalent legislation.

G. Ensure equitable access to quality health care

25) Increase asthma treatment and prevention programs

Asthma is one of the most common chronic conditions in the United States and has been increasing in prevalence for the past two decades. In 2001, self-reported data from the Massachusetts Behavioral Risk Factor Survey System (BRFSS) indicated that asthma affected 460,000 adults in the Commonwealth or 9.5% of the population over the age of 18. Data from the same report showed that current asthma affected almost 9% of children under age 18.

25.a The Department of Public Health should work with private insurance companies to increase resources available to manage and treat those with acute asthma

The National Heart Lung and Blood Institute has produced “Guidelines for the Diagnosis and Management of Asthma.” Access to care up to the standards of the Guidelines should be available to all residents of Massachusetts. The Department of Public Health should take the lead in negotiating with insurance companies in the Commonwealth to ensure that all of the care, like asthma education, home visits, and extensive case management, is covered by all insurance companies. This is a major barrier to many people receiving high quality care.

25.b The Department of Public Health should replicate existing models for coordination between local health departments, housing authorities, and other municipal and state agencies

The City of Boston has launched the Breathe Easy at Home program, which is designed to improve access and communication between medical homes for children with asthma, public health agencies and housing agencies within the city. It is a collaborative effort amongst several city agencies and institutions, including the Inspectional Services Department's Housing Inspection Division, Boston Medical Center, Boston Public Health Commission, Boston Urban Asthma Coalition, Bowdoin St Neighborhood Health Center, and Asthma Regional Council of New England. The program was developed to ensure that inspections, where warranted, were performed quickly and any follow up was performed to make sure problems are resolved.

It features a shared website through which doctors, nurses or other health professionals can refer patients with asthma for housing inspections if they suspect substandard housing conditions may be triggering a child's asthma in

their home. Triggers such as the presence of cockroaches, mice or mold or moisture problems can cause serious issues for some children with asthma. The program then tracks children through the inspection, violation preparation, re-inspections, and housing court systems. It works to improve communication between medical, public health and housing in hope of reducing the conditions that lead to sick children.

The Department of Public Health, in cooperation with local medical institutions or health-focused nonprofits, should work to expand this model to cities and regions around the Commonwealth, ensuring that advocates and agencies are working together to prevent and treat asthma.

26) Ensure that health insurance is universal and affordable.

The enactment of the Commonwealth's landmark universal health insurance law was an incredible leap forward for Massachusetts, and puts us on the cutting edge of ensuring that all of our residents have access to health insurance they can afford. What remains to be done is to stand by the law and do whatever it takes to make it really work. All parties involved, from the Commonwealth to insurance companies to businesses to individuals, have work to do to ensure that this is the case; the Commonwealth must ensure that all are doing their part. Funding is not the only concern, however – in addition to ensuring that health insurance is universal and affordable, the state must ensure that all insurance plans cover the recommended preventative care services.

26.a Commonwealth Care, the State's low- or no-cost health insurance for qualified residents, should guarantee subsidies for required health care

Another key role of the state is ensuring that the health insurance actually is affordable to those who need it. This means that it must provide enough funding to the subsidized programs that not only are their premiums affordable, but the co-pays and cost-sharing associated with the plans are as well. This may prove to be a funding challenge, as more people than expected have signed up for care that is subsidized at some level, but the Commonwealth must ensure that all people who cannot afford care are guaranteed either a full or partial subsidy. It must also work with private insurance companies to insure that market-rate policies at the bottom of the market are affordable to those who are only just above the subsidy level. This will require continuing the delicate balancing act between the mandate that all of the Commonwealth's residents have access to care they can afford and the private insurance companies' need to make a profit.

26.b The legislature should direct cigarette taxes to unmet health needs

Pass “ An Act to Restore the Trust by Reestablishing the Voter Mandated Health Protection Fund and the Tobacco Settlement Fund,” “An Act to Direct Excess State Tobacco Settlement Receipts to Increase State Tobacco Prevention Efforts to Reduce Tobacco Use and its Harms,” or similar legislation that would re-establish the principle that a fair portion of the

funds received the state from cigarette taxes and from the Master Settlement Agreement (MSA) should be spent on meeting the unmet health needs of state residents.

27) Create a state Center for the Elimination of Health Disparities

The State-level office would monitor, assess, and address the social determinants of disparities of health access across executive branch departments, with the resources and authority to do so effectively. Its functions would include:

- program and policy development, implementation, and oversight;
- training and technical assistance for legislative and executive branch staff;
- data collection and analysis;
- community engagement around combating racial, ethnic, and social disparities in health;
- and evaluation of the effectiveness of programs designed to minimize these disparities.

This idea was advanced by the Commission to End Racial and Ethnic Health Disparities, and can be found in more detail in their Final Report from August 2007

27.a The Legislature should create a statewide Center for the Elimination of Health Disparities

28) Ensure linguistically accessible and culturally appropriate health care

Public health and prevention initiatives and health education and literacy programs should be targeted to populations that are most at-risk for health problems, particularly among minority communities. These approaches must be culturally sensitive to the populations being targeted and accessible in diverse locations.

28.a The Department of Public Health should develop uniform standards for the use and reimbursement of interpreter services

Limited English proficiency is a major barrier to receiving health care in some communities. Even when they have health insurance, these populations can find the health system difficult to navigate, and communication barriers between patients with limited English proficiency and their doctors can lead to increased rates of medical errors and generally lower quality care.

The Department of Public Health must set uniform standards for delivering interpreter services in all health care settings, and must ensure that there are procedures in place for their reimbursement by all payers, public and private.

H. Coordinate policies to create an elder-friendly region

Efforts to plan for the issues that will arise from the aging population, and to efficiently provide this population with services, have frequently been stymied by the lack of coordination between sectors and across geographical areas. Agencies must be able to

coordinate at a regional level, organizing services by need when it makes sense to, rather than exclusively by geographical region, if service delivery to a growing population of older adults is to be as effective and efficient as possible.

Planners, elder service providers, and other municipal and non-profit organizations must also work more explicitly and intentionally together to ensure that all of the intertwined elements involved in accommodating an aging population are adequately addressed. This level of cross-disciplinary thinking requires the formation of new relationships and opening new dialogues across groups that have not traditionally worked together.

This coordination and collaboration is already starting to happen, for example when a variety of Boston-area advocates and service providers came together to form the Boston Partnership for Older Adults, an organization that conducted interdisciplinary research and advocacy for older residents of the city for 5 years before folding due to a lack of funding. Beacon Hill Village, a nonprofit organization serving Beacon Hill's elderly residents, is an example of an organization that is transcending the barriers between different service providers to offer its population a one-stop shop for the different home care, health, and other services they may need. This organization charges an annual fee –with assistance available for those who cannot afford it – and in exchange provides many of the services provided by a retirement community to residents who are still living in their homes. These organizations are harbingers of things to come, as the increasing size of the region's over-55 cohort will necessitate much greater efficiency and coordination.

29) Collect data to ensure that older adults are being well served by state and local service providers

Providing services to older adults can pose a number of problems, not least that many older people lack the access to information to easily find out what services are available to them. As well as allowing many individuals in need of support to fall through the cracks, the lack of centralized data also increases the likelihood of duplication of services. More robust tracking of which of the region's residents are receiving – or in need of – which services will both increase the quality of service the Commonwealth and municipalities provide and increase the comprehensiveness of coverage of these services.

29.a Executive Office of Elder Affairs should establish a database to coordinate services and interventions

The Executive Office of Elder Affairs should start a centralized data repository of older adults in the Commonwealth receiving home health care, as well as those in institutions, using Medicaid data and that supplied by the Home Health Care agencies. This repository would allow for better lifetime and episode treatment analysis for individual patients, as well as possibly serving to predict avoidable events. It will allow for better care coordination, early intervention, and behavior treatment for the region's older adults in need of support. This proposal has been more fully developed by the Pioneer Institute in their policy brief "Reducing Unnecessary Institutionalization of Senior Citizens."

30) Coordinate transportation planning and service provision to the Commonwealth's elderly population.

All too often, state, regional, and local governments, as well as nonprofit service providers, provide care and services to elders that duplicate or overlap with the work of other organizations. This lack of coordination is particularly visible in areas of transportation, where different agencies and organizations each have their own vehicles and systems for transporting older adults (and other populations in need of special transportation assistance). This leads to inefficiencies that drive up the costs of elder services and reduce their effectiveness.

30.a The Executive Office of Elder Affairs should convene a regional effort to coordinate transportation services for older adults

Transportation of older adults, and other populations in need of special accommodation and services, is a particular area that has great potential for coordination and the reduction of inefficiencies. Due to concerns about service populations, authority, and fiscal issues, previous attempts to coordinate transportation services have not been successful.

The Executive Office of Elder Affairs should convene the many organizations concerned with older adult transportation to identify opportunities and build a spirit of collaboration. This group should include representatives from:

- MAPC,
- Executive Office of Transportation,
- Department of Public Health,
- Departments of Elder Affairs and Veterans' Services in the Executive Office of Health and Human Services,
- Boston MPO
- Private vendors of older adult transportation services,
- Mass Councils on Aging,
- Regional elder service groups,
- and the Federal agencies that provide funding for elder transportation, particularly the Federal Highway Administration and the Department of Housing and Urban Development.

The goal of this effort will be to create an integrated or at least coordinated transportation system for elders.

30.b The Boston Metropolitan Planning organization should study coordination of state and local human service transportation

Such a program might be funded through the Unified Planning Work Program. It should evaluate alternatives for coordination of transportation services and possible consolidation of such services within the MBTA.

31) Provide housing options attractive to older adults

Mixed use zoning and zoning that encourages the production of a variety of housing types are crucial elements to ensure Metro Boston's elders have housing options in their communities that meet their changing needs, allow independence, and encourage integration and participation within the community. Building housing strategically in urban areas or village and town centers allows older adults to walk to shopping, medical, and recreational facilities. Creating an environment that accommodates older adults includes encouraging walkable sidewalks and accessible building and park design, larger, more visible signage, and improved lighting.

31.a MAPC should research best practices for locating age-restricted housing in town and village centers

31.b The Executive Office of Elder Affairs should work with local Councils on Aging to elevate awareness and make older adults aware of the property tax relief programs that are available to them

There are a variety of property tax relief and deferral programs that are available to the Commonwealth's older residents, but these programs are underused. The Senior Property Tax Deferral Program, which allows qualified individuals over the age of 65 to enter into tax deferral and postpone paying property taxes until the property is sold, is used by only a tiny fraction of those who qualify. Older adults need to be better educated about the options available to them for tax relief, and provided with assistance in accessing these benefits.