

**Arizona Public Health Association  
Resolution Documentation Form**

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**Resolution to Support Public Health Infrastructure**

The Arizona Public Health Association (AZPHA) supports investment in an effective public health infrastructure that safeguards the health of the people of Arizona. Preventing and tracking epidemics, protecting against environmental hazards, promoting healthy lifestyles to decrease chronic diseases, and responding to disasters are vital to Arizona and require the State's support both in times of economic prosperity and decline.

**Background**

The Arizona population grew 64.9% from 1990-2005 and is now estimated to be 6,239,482.<sup>1</sup> Arizona is ranked 2<sup>nd</sup> in the country for population growth, behind Nevada, for the 11<sup>th</sup> year in a row.<sup>2</sup> Just as rapid growth increases the demand for new schools, hospitals and housing, this growth also puts new demands on public health systems. The public health infrastructure includes all governmental and nongovernmental entities engaged in providing essential public health services.

Funding for these systems has not kept pace with the new challenges. Tremendous opportunities to improve health and reduce health care costs go unaddressed. Arizona spends only \$81 per capita, ranking 44<sup>th</sup> in the United States for public health purposes.<sup>3</sup>

Arizona passed a series of permanent tax cuts in the 1990's, leaving the state in a deficit situation with no "Rainy Day Fund" when the economy hit a decline in the early 2000's. With the restoration of more robust state revenues in 2006, state policymakers passed a fiscal year 2007 tax cut of more than \$1.1 billion per year in combined income and property tax. This is the largest tax reduction in state history. Supporters claim that cuts are a boon to the economy that will increase state revenue. However, two presidential economic experts reported recently that the government does not recover revenue lost by tax cuts.<sup>4</sup>

The fluctuations in state revenue put Arizonans at risk because of under funding and gaps in the public health infrastructure. The following statistics vividly portray the need for investment in Arizona's Public Health system:

Access to care – over 1 million people are not covered by private or public health insurance in Arizona.<sup>5</sup> With 17.1% of the population uninsured, the state ranks 40th in the US.<sup>2</sup> AZPHA's goal is access to health care for all.

Health disparities – there are substantial inequalities in disease, health outcomes and access to care across populations in Arizona. American Indians and African Americans consistently have the poorest health status and highest rates of death. Public health agencies and partners in the private sector need to address these disparities by investing in strategies such as disease prevention, disease management, education and outreach, literacy and language services, and cultural competency training for the workforce.<sup>6</sup>

Obesity –36.6% of Arizonans are overweight compared to the Healthy People 2010 goal of 21.1%.<sup>7</sup> If Arizona implemented comprehensive programs to reduce obesity, we could effect substantial reductions in costs to the health system associated with diabetes, heart disease, osteoarthritis and cancer

Diabetes – 6.6% of Arizonans are diabetic resulting in approximately \$50 million each year in health care costs.<sup>8,9</sup> By providing a comprehensive statewide program to control the onset and severity of diabetes, the Public Health system could prevent thousands of cases of eye disease, blindness, kidney failure and amputations.

Immunization Coverage – 78.6% of children age 19-35 months have received the recommended immunizations, which can reduce the risk of serious infectious disease. Arizona ranks 40th in the US.<sup>3</sup>

Motor vehicle deaths – Arizona ranks 44th in the country with 2.1 motor vehicle deaths per 100,000 miles driven.<sup>3</sup> Implementation of injury prevention programs could prevent thousands of deaths and non-fatal injuries each year.

Tobacco smoking – 18.5% of Arizonans over 18 smoke tobacco products. The Healthy Arizona 2010 goal is to reduce smoking to 14%, which will reduce the risk of heart disease, cancer and stroke.<sup>2,3</sup>

Sexually transmitted diseases – there were over 23,000 new STD cases reported in 2004.<sup>10</sup> Comprehensive sex education and prevention campaigns, access to care, tracking and treatment of people with STDs could reduce the toll from these infections, including infertility and, in some cases (HIV/AIDS and syphilis), death.

Epidemic surveillance systems – influenza pandemics average 3 per century. Our last was over 30 years ago in 1968-69.<sup>11</sup> An especially severe Avian Flu pandemic could lead to high levels of illness, death, social disruption and economic loss. A substantial percentage of the Arizona population will require medical care, potentially overwhelming healthcare resources. Adequately funded data systems, public health laboratories and surveillance can provide early detection and intervention to contain epidemics before they spread to the general population.

Licensure and assurance – state funding did not keep pace with the legal requirement to inspect and license 900 new childcare and healthcare facilities added between 2003 and 2006. Failure to investigate the growing number of complaints, up 1,137 since 2003, put vulnerable children, hospital and nursing home patients at risk for abuse or neglect.<sup>12</sup> The state has both legal and moral obligations to assure healthy and safe care in these facilities. The Legislature finally added 22.5 FTE's in the 2007 budget to remedy the shortfall in inspectors.

Environmental health – county health departments are responsible for assuring food safety and sanitation. Parts of Arizona exceed the federal Environmental Protection Agency's health standards for airborne particulate and ozone pollution. Drinking water supplies in some parts of the state are contaminated with unhealthy levels of arsenic and industrial chemicals, leading to closure of some wells and investment in expensive remediation programs.<sup>13</sup> Thirty-four businesses in the state emit hazardous air pollutants at 10-10,000 times above health-based standards, but until 2006 there were no regulations in place to require remediation.<sup>14</sup> The state Department of Environmental Quality and several urban county public health departments monitor and enforce environmental standards. Despite the rapid growth in the state, budget and staff cuts at DEQ over the past decade have left the agency under funded and sometimes

unable to carry out some of its mandates in a timely manner. For the health and safety of the state, more resources should be allocated to this agency.

The public health workforce – public health departments face challenges in recruiting and retaining qualified and skilled employees. Salaries for nurses, epidemiologists, biostatisticians and sanitarians are higher in private businesses compared to those offered by public health departments, so public agencies face high turnover in some job categories. Many public health departments lack the funding to provide further training and continuing education opportunities for staff, which in turn can limit opportunities for promotion. Demographic trends such as the increasing number of elderly people in Arizona will require new investments in training and planning for an adequate public health workforce.<sup>15</sup>

## Resolution

Therefore be it resolved that the Arizona Public Health Association:<sup>16</sup>

- Urges all elected officials to provide sufficient funding and resources to sustain Public Health infrastructure, including:
  - Access to quality health services for Arizonans
  - Disease and injury prevention programs
  - Epidemic surveillance systems
  - Environmental hazard protection
  - A skilled workforce
  - Effective data systems and electronic communications
- Encourages state and local policy-makers to consider other important sources of revenue beyond general tax collections, including maintenance of state estate taxes and closing tax loopholes.
- Recommends that tax cuts be considered only after the public health needs of the state have been met.
- Supports active partnership in communities among community members, health providers, public health officials, and other public and private organizations concerned with health, to build public health infrastructure.
- Recommends that all community health planning and evaluation include the use of measures of public health infrastructure capacity.

## References

1. Arizona Department of Economic Security, [www.azdes.gov](http://www.azdes.gov)
2. Bank One Arizona Blue Chip Economic Forecast/W.P. Carey School of Business at ASU
3. United Health foundation – America's Health Rankings 2005.
4. "Lawmakers debate benefits, drawbacks of tax cuts," Arizona Capital Times, June 30, 2006.
5. Arizona Population by Primary Insurance Market Segment, 2006 (In Thousands). Arizona Health Policy and Data, St. Luke's Health Initiatives. [http://www.slhi.org/policy\\_data/primary\\_insurance\\_market\\_segment\\_2006.shtml](http://www.slhi.org/policy_data/primary_insurance_market_segment_2006.shtml)
6. Health Disparities in Arizona's Racial and Ethnic Populations: Living and Dying in Arizona. Arizona Public Health Association, November 2005.
7. Arizona Diabetes Indicators Annual Report, May 2004. Arizona Department of Health Services, Diabetes Prevention and Control Program.
8. Steps to a Healthier Arizona 2010. Arizona Department of Health Services.
9. National Diabetes Fact Sheet 2003. CDC National Center for Chronic Disease Prevention and Health Promotion, Diabetes Public Health Resource.
10. Arizona Health Status and Vital Statistics 2004 report. [www.azdhs.gov](http://www.azdhs.gov)
11. PandemicFlu.gov. U.S. Department of Health and Human Services
12. Summary of FY 2006-2007 Division of Licensing Budget Request, Arizona Department of Health Services.
13. Arizona Department of Environmental Quality, [www.azdeq.gov](http://www.azdeq.gov)
14. Hazardous Air Pollutants Fact Sheet, 2006. Arizona Public Health Association
15. Boom or Bust: The Future of the Health Care Workforce in Arizona, Spring 2002. St. Luke's Health Initiatives. [http://www.slhi.org/publications/issue\\_briefs/pdfs/ib-02spring.pdf](http://www.slhi.org/publications/issue_briefs/pdfs/ib-02spring.pdf)
16. Resolution adapted from Res. 99-15: Resolution on Public Health Infrastructure. Adopted by the National Association of County and City Health Officials on November 7, 1999. [www.naccho.org](http://www.naccho.org)

