

PUBLIC HEALTH AND THE CALIFORNIA BUDGET

As public health officials from local health departments in the San Francisco Bay Area and beyond, we are dismayed by the devastating State budget cuts that threaten the health of Californians. The implications go well beyond the reductions in Medi-Cal and the proposed elimination of Healthy Families insurance coverage for nearly a million children.

Whether children and families are healthy is determined long before anyone considers seeing a doctor. They are healthier when they have safe places to walk and play, nutritious food within easy reach, sound education and steady jobs. The budget cuts that degrade our education system and our neighborhoods will have detrimental effects on Californians' health.

Consider obesity, which a recent report demonstrates costs the state \$41 billion per year just for adults. Two decades ago, fewer than 10% of California adults were obese. Today, it is closer to 25%. For children, it is even more alarming. Unless we do something differently, one out of three babies born in the year 2000 can expect to develop diabetes at some point in their lives. To avoid substantial increases in diabetes, heart disease and premature death, we should be doing everything we can to encourage people to become more physically active—not close state parks.

Cuts in education will have an even greater impact on health. Research shows that high school graduates can expect to live on average seven years longer than those who drop out. High school dropout rates in some Bay Area districts are approaching 50% for African Americans and Latinos. Additional cuts to schools, which are already funded at abysmally low levels compared with other states, pose an even greater threat to health and will further exacerbate the disparities in health seen by race and ethnicity.

Our report, *Health Inequities in the Bay Area* (www.barhii.org), documented that people who live in poor neighborhoods can expect to live on average ten years less than people who live in affluent neighborhoods. Residents of Bayview/Hunters Point, for example, can expect to live on average 14 years less than people who live on Russian Hill. The proposal that the State “borrow” local property tax and redevelopment revenues in order to fix part of the budget problem removes potentially important resources that can rebuild poor neighborhoods and improve needed services throughout our communities.

And the list continues to grow.

The point is not simply that all these proposed cuts are bad for health—which they are—but that the very premise on which this budget is being debated is itself the greatest overall threat to the health of Californians.

Over the past 30 years, we have endured tax policies that have accomplished a historically unprecedented transfer of income and wealth to a small, already wealthy portion of the population, which has created a degree of inequality we have not seen in this country since the 1920s. The United States now has a greater inequality between wealthy and poor than 21 other developed nations. Proposition 13, which helped launch the “tax revolt,” was promoted as providing tax relief to ordinary homeowners, yet two-thirds of the tax breaks go to owners of corporate and income property—and, it also ushered in a requirement that it takes a two-thirds vote of the legislature to raise taxes and pass budgets, which means that a small group of partisan ideologues can hold the budget process hostage.

What does this have to do with health? People are more used to hearing public health officials talk about pandemic flu, HIV/AIDS, heart disease or diabetes, which are most certainly a core part of our responsibilities. However, we have to step back and look at the larger landscape. Two decades ago, the United States ranked 11th in the world in life expectancy; today, we are 42nd. This comparative decline is not because of the chaos of our health care system—it is certainly a contributor, and comprehensive health care reform should be vigorously supported—but because the day-to-day living conditions that support good health are being eroded.

It is in the design of our cities and suburbs, our transportation systems, our educational system, how our food is produced, subsidized and sold, the distribution of income and other vital resources, and our cultural history that has relegated some groups to the margins. It is where and how we live, how much money we have, and what racial or ethnic group we are part of that are the greatest influences on our health. All the public health programs we have, and all the health care services we can provide, cannot compensate for not having a fair balance in the things that allow people and communities to thrive.

Solving the budget problems by cutting essential public services is a political choice. But it is the wrong choice because it means that the already well-off who received the lion's share of the tax breaks over the last three decades will be unaffected, while the majority of the population whose wages have remained stagnant in that same period will lose their state parks and college assistance in addition to their homes and jobs, and the poor will lose health care and income assistance. The divide will be even greater.

We propose a better choice: raise revenues from those who can most afford it, and begin to invest in those things that support good health for everyone. We need to invest in our education system, health system, environmentally sound transportation infrastructure, neighborhoods, local agriculture and jobs that pay livable wages producing goods and services that support a sustainable planet. We have an obligation to assure that all children can grow up healthy, and that getting older is not a road to poverty. We need to create the conditions for a healthy society.

Contrary to some of the rhetoric we are hearing from Sacramento, we do have the means to accomplish this. We need the will.