Local enforcement of both DPH & DEP regulations.

- Vast variety of mandates: food protection, Title 5 (septic systems), housing complaints, air quality, nuisances and complaints, infectious disease surveillance & investigation, tobacco law enforcement, lead /asbestos, recreational camps for children, family campgrounds, public and semi-public pools & hot tubs, public beaches, public health emergencies (including isolation & quarantine), solid waste, private wells, body art, tanning, beaver trapping, rabies exposures, TB medication, hotels/motels.... And more!

- Many of these require specialized training or expertise.

- Leaves little time for prevention, wellness, chronic disease management, etc.
Public Health in Massachusetts is really local. 351 municipalities, 351 Boards of Health (CA, 6 times the size of MA, has 61!).

Home Rule & Tradition: each town and city in MA is responsible for all public health mandates and responsibilities, regardless of size.

With very few exceptions, no mandated credentials or education required for public health staff.

No dedicated state funding to local Boards of Health; funded through local tax levy.
THESE CHALLENGES LEAD TO INEQUITIES

- Local health department funding varies dramatically from one municipality to the other, as LPH competes with other municipal priorities.
- Education and credentialing of staff also varies dramatically since no set standards.
- Data reporting is inconsistent, limited accountability, hard to know what is or isn’t getting done.
- Smaller municipalities in particular struggle to fund their local health department or hire qualified staff.
- As a result, many health departments struggle to meet statutorily mandated services.
- Few health departments are prepared to meet nationally recommended standards of Foundational Public Health Services.
Established in August 2016 to:

- Assess the effectiveness and efficiency of municipal and regional public health systems, and make recommendations regarding how to strengthen the delivery of public health services
- The multisector commission included the following named organizations in addition to 4 legislators, 8 appointees by the Governor, and 4 Executive Branch departments:
  - Massachusetts Taxpayers Foundation
  - Massachusetts Municipal Association
  - Massachusetts Public Health Regionalization Working Group
  - Massachusetts Health Officers Association
  - Massachusetts Environmental Health Association
  - Massachusetts Public Health Nurses Association
  - The Western Massachusetts Public Health Association
Recommendations of the Special Commission

Unanimous interlocking recommendations on:

• Enhanced standards
• Enhanced data collection & sharing
• Workforce Credentials & training
• Resource allocations
• Shared services

Find the report & Executive Summary at: https://www.mass.gov/orgs/special-commission-on-local-and-regional-public-health
State Action for Public Health Excellence (SAPHE) Act

• In January 2019, Representatives Kane & Garlick and Senator Lewis filed legislation aligned with the recommendations of the SCLRPH.
• The bill (HB1935/SB1294) was designed to advance the goals of the SCLRPH by:
  • Ensuring that all members of the local public health workforce have access to essential training
  • Creating an incentive program to support more effective and efficient delivery of services by increasing sharing across municipalities
  • Moving Massachusetts toward national local public health standards
• Chapter 72 of the Acts of 2020, An Act Relative to Strengthening the Local and Regional Public Health System (also known as the State Action for Public Health Excellence, or SAPHE, Act), signed by Governor Baker on April 29, 2020.
  • $500,000 allocated to encourage development and enhancement of shared services agreements to advance the recommendations of the Special Commission
Accelerating the Recommendations of the Special Commission

• The COVID-19 pandemic has shown that our local public health system is not adequately structured, staffed, or financed to meet large scale public health challenges.

• Decentralized structure of 351 separate boards of health

• Inequities in protections across municipalities.

• Viruses don’t respect municipal borders; extreme variability increases danger to all communities.

• Inefficient and expensive systems had to be set up rapidly to handle the virus.
SAPHE 2.0: An Act relative to accelerating improvements to the local and regional public health system to address disparities in the delivery of public health services

• Filed today by Representatives Garlick and Kane, and Senator Comerford
• Will ensure every resident benefits from a core set of public health protections
• Will ensure an adequate and qualified workforce
• Will encourage expansion of shared services to meet these goals
• Provide dedicated and equitable state funding for local public health services
• 33 co-sponsors in the house as of 3:30 this afternoon!
• Bill found at https://malegislature.gov/Bills/191/HD5306
Essential Provisions of SAPHE 2.0

• (c) The local public health performance standards shall include:
  • (1) workforce education, training, and credentialing standards;
  • (2) standards for contributing data to a unified standard public health reporting system; and
  • (3) minimum performance standards for inspections, communicable disease investigation and reporting, permitting and other local public health responsibilities as required under laws and regulations.

• (g) (1) Subject to appropriation or availability of other funding, to supplement local funding, dedicated state funding shall be provided to local boards of health which meet the standards established in this section, using a formula based on population, relative equalized valuations, level of cross-jurisdictional sharing and sociodemographic data.
Next Steps

• Encourage your legislators to co-sponsors the bill
• Join the Coalition as an individual, an organization or a municipality.
• Visit: [https://mapublichealth.org/saphe2-0/](https://mapublichealth.org/saphe2-0/) for more information