Researchers Develop Action Steps to Improve the Delivery of Public Health Services Across Massachusetts

In 1799, the first public health department in the United States was formed in Boston, with Paul Revere as its first health officer. Today, 351 independent municipal public health departments across Massachusetts are funded almost entirely by local property taxes, resulting in a decentralized system that has allowed smaller and poorer communities to fall behind.

The ongoing COVID-19 pandemic has starkly illuminated the need for strong local public health departments across the state and the difficulties the current public health system has in consistently meeting the most basic public standards. Wednesday, Jan. 26, Massachusetts Health Policy Forum at The Heller School for Social Policy and Management, Brandeis University, in association with the University of Massachusetts Amherst School of Public Health and Health Sciences, presented recommendations to shore up a statewide local public health system that is capable of adequately responding to the public health needs of all communities throughout the Commonwealth.

“One critical way to transform these inequities and write a new chapter for the Commonwealth is to invest in local and regional public health infrastructure – the people and the frameworks in which they operate - because we have an obligation to be more prepared for what comes next,” according to State Senator Joanne Comerford, Senate Chair of the Public Health Committee. “That’s why I join you in celebrating the recent passage of a $200 million investment of federal ARPA (American Rescue Plan Act) to this sector – and we’ll keep pushing for more. Beyond these funds, financial support for local public health needs must become a permanent part of our annual budget. That’s why I’m honored to lock arms with House and Senate colleagues who are hell bent – like all of us – on this transformation.”

Researchers from the University of Massachusetts Amherst School of Public Health presented an issue brief confirming the need for continued legislative and public policy action. Problems in the state’s public health system were first addressed in 2016 with the creation of the Special Commission on Local and Regional Public Health, which issued a 2019 report, *Blueprint for Public Health Excellence*, concluding that many communities with fewer resources were unable to meet the most basic statutory requirements and national health standards. Based on the report’s disturbing conclusion and the urgency brought on by the pandemic, the MA Legislature approved the State Action for Public Health Excellence
(SAPHE) in April of 2020. The acute public health needs highlighted throughout the ongoing pandemic prompted the next legislative steps to improvement known as SAPHE 2.0, which was approved by the Public Health Committee in January and is now pending in the Health Care Financing Committee.

State Rep. Denise Garlick, a registered nurse who served as chair of the Needham Board of Health, was later elected to the Massachusetts Legislature where she filed legislation that created the Special Commission on Local and Regional Health. That commission brought together public health stakeholders from across the state and ultimately developed the blueprint for creating the first iteration of SAPHE. While Rep. Garlick remains optimistic about the eventual passage of the latest version of SAPHE 2.0, she explained that the legislation must still go through the legislative approval process before it is signed into law.

Wednesday’s event featured a panel discussion with Rep. Garlick, Chair, House Committee on Bills in the Third Reading, Dr. Craig Andrade, DrPH, MPH, Associate Dean of the Practice, BU School of Public Health, Damon Chaplin, MBA, Public Health Director, City of New Bedford, and Phoebe Walker, MPP, Director of Community Services, Franklin Regional Council on Governments, on the wide variation in local health departments’ capacity to meet increased public health needs, the lack of infrastructure to support them and the efficacy of solutions proposed by legislators and policy experts.

According to UMass researchers Dr. Laura Attanasio, Dr. Sarah Goff, Juliana Sopko, Parker Sweet, and Taha Saeed, passing provisions included in SAPHE 2.0 would be an important next step in developing a statewide public health system that can respond to the public health needs of all residents. Other states’ success with similar legislative strategies, combined with current data from stakeholder interviews, led researchers to conclude that SAPHE 2.0 would significantly improve public health infrastructure across the Commonwealth.

The UMass School of Public Health and Health Sciences researchers also recommend that state funding of local health departments should be based on community health needs assessment or other needs-based formulas. At Wednesday’s event, researchers noted that a needs-based system would do more to address inequities that key stakeholders felt may be exacerbated by Massachusetts’ current competitive grant funding system.

Researchers also explored the idea of a system for matched funding or guaranteed funding to mitigate inequities across local health departments. One model of excellence that the State of Ohio has implemented is state matched funding for local boards of health, an action researchers believe could guarantee continued prioritization of local public health. They also found that workforce development and credentialing was a central theme identified in their interviews, as was a goal to diversify the public health workforce. A final recommendation presented at Wednesday’s event would be to develop local public health careers and continuous public health education in conjunction with the state’s academic institutions, including community colleges, to support the goals of SAPHE 2.0.
In total, the researchers believe that the future health and well being of members of the Commonwealth depends upon an investment in understanding whether these action steps, both legislative and through public policy, can be applied to optimize public health services across the state.


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