ISSUE BRIEF: LOCAL PUBLIC HEALTH IN MASSACHUSETTS

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INTRODUCTION

- Partnership between the Massachusetts Health Policy Forum and UMass SPHHS
- Construction of issue brief examining local public health needs and SAPHE legislation
- Goals and Objectives:
  1) Describe SAPHE 1.0 and 2.0 legislation
  2) Understand how other states have addressed related public health issues
  3) Identify ongoing public health needs through interviews with key stakeholders

SPECIAL COMMISSION AND THE BLUEPRINT

- Massachusetts – a leader in public health and healthcare since 1700s
- 351 independent public health departments
- Funded predominantly by town and city property taxes
- 2016 Special Commission on Local and Regional Public Health
  - *Blueprint for Public Health Excellence* 2019
  - SAPHE 1.0

BLUEPRINT FOR PUBLIC HEALTH EXCELLENCE

- Public Health Standards
- Cross Jurisdictional Sharing
- Data Reporting and Analysis
- Workforce Credentials
- Resources to Meet System Needs
- Continuity and Sustainability

LEGISLATION: SAPHE 1.0

- MDPH developed a minimum set of standards and services
- Grant program established to incentivize cross jurisdictional sharing
- Trainings provided free of charge to local health personnel by MDPH

LEGISLATION: PROPOSED SAPHE 2.0

Standards

Set performance standards and metrics

Cross Jurisdictional Sharing

Incentivize cross jurisdictional service sharing

Data Reporting

Create a standardized public health data reporting system

Training

State-funded technical and training provided by MDPH

Funding

Dedicate 10 million dollars in FY22 budget for public health

LEARNING FROM OTHER STATES

Public Health Standardization: voluntary and compulsory models

Public Health Service Sharing: formal and informal agreements

Public Health Workforce Credentialing: state leadership

Public Health Funding and Resources: cooperative funding

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Public Health Funding and Resources: cooperative funding

THEME 1: BALANCING CROSS JURISDICTIONAL SHARING AND GOVERNANCE

"The only benefit of where we're at is that the decisions that are made are... closest to the people in the local cities and towns, so that you truly feel like you have an understanding of what you need in your community."

THEME 2: GRANT BASED FUNDING AND INEQUITY

"[Our department] happens to have a little bit larger staffing, [than the] surrounding communities and so we're able to compete for some of these larger grants, but the smaller communities, you know it's much more difficult for them to compete with these for these grants."

THEME 3: ROBUST DATA COLLECTION

"... we need the sort of data systems to tie things together, and that roll up data from the local level to help us understand what's happening, and help us benchmark, identify areas of strength and weakness and improve the system over time."

THEME 4: WORKFORCE STANDARDS AND CREDENTIALS

"You know, there's no pipeline for local public health folks and so it's a challenge to get people to think about a career in that; a lot of times it has also been particularly challenging... in smaller communities."

THEME 5: INEQUITY WITHIN PUBLIC HEALTH SYSTEMS

"The funding mechanism that comes from tax base is just inherently regressive and limits the power of putting positive resources in place for any city or town and that translates into your zip code being the dictator of whether you have good services or bad services."

RECOMMENDATIONS

1

Continue to enact strong public health legislation.

2

Base funding on community needs identified through community health needs assessments.

3

Matched funding or guaranteed funding will be needed to mitigate inequities.

4

Develop reciprocal workforce and learning pathways between local health careers and academic institutions.


THANK YOU
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