

Strengthening the Local and Regional Health System

S2296, Sponsored by Rep. Garlick and Sen. Lewis

Engrossed in the Senate May 19, 2016

The Massachusetts local public health system is comprised of 351 boards of health at the municipal level, with a wide array of responsibilities under Massachusetts law, including:



- Responding to reports of housing code violations
- Investigating outbreaks of foodborne illness
- Inspecting landfills and waste transfer stations
- Monitoring water quality at public swimming pools and beaches
- Inspecting and licensing children’s recreational camps
- Enforcing laws against retailers selling tobacco to minors
- Responding to outbreaks of infectious disease
- Preparing for potential public health emergencies

The local health system as it is currently structured and financed faces significant challenges meeting statutory responsibilities and providing essential safeguards.

- **Inconsistency across communities.** With no recommended funding levels, communities with the same population have widely-varying levels of staffing and quality of services. The zip code is currently the biggest determining factor in the adequacy of public health services for any resident of Massachusetts.
- **Small towns struggle.** Of the 105 towns with fewer than 5,000 residents, 78% lack full time staff and 58% have no health inspector. Of western Massachusetts communities with little or no staff, 22% don’t keep records of reportable diseases, compared to 1.6% of metro Boston communities.
- **Variability in board and staff credentials.** The education levels and credentials of local health board and staff members vary widely, with no current standards or requirements.
- **Limited ability to meet accreditation standards.** Due to the small size of most local health departments, meeting national accreditation standards is nearly impossible for all but a very few.
- **Shared services proceeding slowly.** Efforts to promote regional collaboration have made important progress, but they have proceeded slowly, and federal funds to support them have dried up.

S2296 would create the Special Commission on Local and Regional Health, comprised of local and state officials and other service providers and experts from within and outside of the public health system. The Commission would help to establish a common and objective understanding of the state of our current system, allowing us to plan for shared and targeted efforts in the future to enhance the capacity, functionality, and efficiency of the local health system.

The Commission would be charged with submitting data and recommendations to the Governor, Public Health Committee, and Ways and Means Committees by July 31, 2017, including:

- An examination of the capacity of local health in comparison with nationally-recognized standards and Massachusetts statutory responsibilities
- An evaluation of existing local and state resources for local health and assessment of per capita funding
- A description of the educational and training credentials of the local health workforce
- An evaluation of existing regional collaborations and various models of service delivery
- A review of local public health organizational structure and financing in other states