



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
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February 18, 2009

Marcia Benes, Executive Director  
Massachusetts Association of Health Boards  
56 Taunton Street  
Plainville, MA 02762

Dear Marcia,

In follow-up to your request, I am pleased to address the concerns of members of the Massachusetts Association of Health Boards about the impacts of recent and impending staff reductions in municipal health departments, particularly in relationship to the Department's efforts to promote voluntary formation of regional health districts in the Commonwealth.

One of the top five priorities that I defined for the Department of Public Health, shortly after assuming the position of commissioner in 2007, was to strengthen public health capacity at the local and state levels. Local boards of health and health departments carry significant mandates under state law and regulation to protect and promote the health of our population. I have attached a summary of those statutory and regulatory duties for your reference. They include a complex set of responsibilities including enforcement of state sanitary, environmental, housing, and health codes. These include, but are not limited to:

- protection of the food supply through inspections of restaurants and other food establishments;
- inspections and permitting of septic systems, landfills, and other solid waste facilities;
- health care and disease control, including timely reporting and response to communicable diseases, occupational health and safety violations, food poisoning, and rabies;
- inspections of pools, beaches, camps, motels, and mobile home parks;
- enforcement of state lead poisoning regulations and sanitary codes in housing;
- enforcing no-smoking laws; and
- a wide array of other responsibilities, including issuing burial permits, regulating pesticides, inspecting massage and tattoo parlor, issuing health reports, and more.

As Massachusetts and the nation struggle with the impacts of a global economic crisis, our cities and towns have recently learned that they must collectively absorb cuts of \$128 million, or nearly 10 percent, of state aid to municipalities in the current fiscal year. As a result, the news lately has been filled with stories of police, fire, and teacher layoffs in communities of all sizes. Unfortunately, we are also learning of damaging and sometimes dramatic cuts to local public health services.

At the Department of Public Health, we respect the difficult decisions that municipal leaders must make about which services to cut and which to maintain in the face of reduced revenues. In fact, we are engaged in a parallel, painful process of cutting nearly \$70 million, or 11 percent, of our overall budget at the Department in response to state funding reductions.

We are concerned, however, that public health services should not bear a disproportionate share of local reductions compared to other municipal services. We are also concerned that decisions to reduce or eliminate local public health services should be made with 1) complete understanding about the activities facing reduction and how their loss will affect community health, and 2) plans in place before cuts are made about how communities will continue to fulfill their statutory and regulatory responsibilities to protect and promote public health.

With few exceptions, Massachusetts health boards and departments are currently operating with inadequate staffing and resources. We are aware that officials in some communities are considering forming health districts in order to share public health services and costs across municipal boundaries. In general, we applaud these efforts, but we caution that forming health districts should be explored as a way to improve the scope and quality of public health services using currently available resources, not as a way to achieve short term cost savings.

The recent passage into law of Chapter 529 of the Acts of 2008 promotes the voluntary formation of public health districts. The new law removes a variety of barriers in previous statute that effectively discouraged communities from sharing and coordinating services. I am enclosing a fact sheet about the new law, which I hope your members will find helpful. It is important to note that the new law does not include funding to create health districts, and it requires approval from Boards of Health, as well as from City Councils or Town Meetings, to form health districts. Chapter 529 should be understood as a valuable tool for improving our local public health system over time. It was not intended, and it will not serve, as a useful measure for addressing the immediate impacts of municipal budget crises.

In good economic times and bad, our Massachusetts public health system depends on strong, effective local boards of health and health departments to prevent injury and disease and to protect and promote the health of our population. We believe that it is important to develop a regional system of public health districts through which communities can cooperate to make best use of limited available resources. We stand ready to assist communities interested in exploring the potential benefits of forming health districts. It is particularly important now, however, as we make difficult budgetary decisions at all levels, to protect local public health services through careful planning that takes into consideration both immediate and future impacts of reductions under consideration.

Thank you for the fine work of your organization, and please do not hesitate to contact me if I can be of further service.

Sincerely,

A handwritten signature in black ink that reads "John Auerbach". The signature is written in a cursive, flowing style.

John Auerbach  
Commissioner