

CHAPTER 1

PUBLIC HEALTH SYSTEM: GOALS, ESSENTIAL FUNCTIONS, DUTIES, and POWERS

THE PUBLIC HEALTH SYSTEM - VISION AND PRINCIPLES

The public health vision of healthy people and healthy communities guides all public health systems, whether they be local, regional, state or nation-wide. This vision is based on three key principles:

- The purpose of public health systems is to preserve and protect the health of entire populations and promote health status improvement for all;
- Prevention of illness, injury, and disability is paramount; and
- Prevention improves health status while being cost-effective.

Healthy People 2000 Goals

The goals of the American Public Health Association's Healthy People 2000 Initiative echo these principles:

- increase health life span;
- reduce health disparities; and
- achieve universal access to preventive services.

Public Health Challenges and the Determination of Good Health

As we head toward the twenty-first century, public health systems are facing a range of new and continuing challenges including the re-emergence of once rare communicable diseases, new types of illness, injury, and disease, new social problems that affect health, and changing definitions of health. But the basic health determinations remain the same:

- nutritious food;
- access to health care;
- basic education;
- safe water and air;
- decent housing;
- secure employment;
- adequate income;
- peace.

The Charge to Public Health Systems

Public health systems are typically charged with:

- preventing epidemics and the spread of disease;
- protecting the public against environmental hazards;

- preventing injuries;
- promoting and encouraging healthy behaviors;
- responding to disasters and assisting communities in recovery; and
- assuring the quality and accessibility of health services.

RESPONSIBILITIES OF PUBLIC HEALTH SYSTEMS

Public health systems typically are expected to:

- monitor health status of community;
- investigate and diagnose health problems and health hazards;
- inform, educate, and involve residents in health problems;
- mobilize community partnerships to solve health problems;
- develop policies that support community health efforts;
- assure access to health care services;
- assure an expert public health work force;
- evaluate effectiveness, accessibility, and quality of health services; and
- develop new insights and innovative solutions to health problems.

Essential Functions of Public Health Systems

In its 1988 report, “The Future of Public Health”, the Institute of Medicine identified three essential functions of public health systems:

ASSESSMENT

monitoring health status
conducting needs assessments
health surveillance
investigation and diagnosis
program monitoring and evaluation

One significant assessment strategy currently sponsored by the Massachusetts Department of Public Health (in partnership with a statewide network of local health departments, other state agencies and private providers) is the annual distribution of data on deaths, births, cancer incidence, behavioral risk factors, smoking prevalence, adolescent health, etc., through the Massachusetts Community Health Information Project (MassCHIP) and the 27 Community Health Networks.

POLICY DEVELOPMENT

leadership and advocacy
planning
collaborative health partnership
adequate financing
public participation
legislation
innovation

The Massachusetts Department of Public Health currently collaborates with numerous state agencies, service providers, and community and advocacy groups. The Department develops regulations, both sponsors and implements legislation, organizes numerous advisory groups, develops new program models.

ASSURANCE

education and training
early identification of problems
information and referral
direct services
public information
community mobilization
licensing, regulation, certification
standards and guidelines
program monitoring and evaluation

The Massachusetts Department of Public Health operates four public health hospitals, provides training and information on a myriad of public health issues, licenses hospitals and clinics, sets standards and guidelines for a wide range of programs and services, conducts public information campaigns, finances over \$400 million worth of local and regional public health services annually, and monitors and evaluates public health programs statewide.

Characteristics of a Basic System of Care

A full-service system of care is characterized by public health policies, programs, and services that are characterized by being:

- community-based;
- family-centered; coordinated;
- comprehensive;
- prevention oriented;
- sensitive to cultural, linguistic, and socioeconomic factors;
- flexible and adaptable to meet health needs;
- oriented toward health improvement, not categorical illness;
- early, easy, and regular access to needed services;
- consumers engaged with professionals as partners in care;
- standards for quality care; and
- integration of health, education, social service, and justice systems.

System Development

The key to public health system development as we approach the twenty-first century is to understand several significant paradigm shifts currently underway.

Old Paradigm

Program orientation
Disease orientation
Professionals have authority
Treatment orientation
Emphasis on medical model
Separate public/ private sectors
Individual responsibility for health

New Paradigm

System orientation
Health improvement orientation
Consumers are partners
Prevention orientation
Emphasis on community health
Partnerships
System-supported responsibility

System Integration

System integration in the public health arena entails:

- Focusing on the health of entire populations (as opposed to individual clients or patients) such as residents of geographic or political divisions or members of various racial, ethnic, age, or gender groups;
- Linking payers, providers, and consumers;
- Promoting public/ private partnerships
- Locally and regionally linking health, education, and human services; and
- Strengthening and enhancing the relationship between community, service providers, and the family.

Special Characteristics of the Massachusetts Health System

The health care and public health systems in Massachusetts are somewhat unique in the national in several aspects:

- 351 local health departments that are governed and organized separately and differently and variously handle responsibilities ranging from community sanitation to school health;
- at risk populations served by both public and private providers;
- few health departments fund clinical service;
- generous Medicaid program that covers most optional services, sets reasonable provider rates, has maximum eligibility criteria, and P.C. and HMO managed care options;
- world class specialty health services available in cities;
- extensive HMO penetration; and state and federal public health funds that support state contracts with:
 - community health centers and other non-profit providers for primary care and enabling services, and

- community-based organizations for technical assistance, coalition building, and community outreach and education.

IN CLOSING ... THE PUBLIC HEALTH ROLE IN HEALTH CARE REFORM

With interest in the reform of our system of financing health care increasing, many public health officials have cautioned that while reform of health care financing may be imperative, it alone is not sufficient to guarantee the protection of the public health.

A key public health role is promoting the interest of the public in new and developing systems of health care to assure that they are high quality, cost effective and integrated with the myriad of other institutions of society that affect our health and quality of life.

Public health services provide the foundation for the health care system, prevent erosion in health status of the population, and help control the rising costs of health care.

DUTIES AND POWERS

Local Health Department Introduction

Some Boards of Health organize orientation materials into a notebook. Here is a suggested list of information to provide new board members:

- Current list of all board members: names, addresses, phone numbers, position,
- service on the board and on other town offices
- Short history of the local health board/department
- Description of local health services
- Budget and actuals for present and previous year
- Department finances, fees and other income sources
- Summary of recent local public and environmental health issues
- Description of department or board policy
- Mission and goal statements, and long range plans
- Policies of the board
- Minutes of the past 2 years
- Local health regulations or pertinent bylaws
- Job descriptions for board, board members, director, and staff
- Evaluation plan for Health Director or Agent and Public Health Nurse
- Board Evaluation Plan
- Local town government Roster
- Board of Health regular meeting schedule and location
- Compensation rates for members and chair
- Length of chair term, when elected, how nominated
- Massachusetts Guidebook for Boards of Health (Available from MAHB)
- Legal Handbook for MA Board of Health (Available from MAHB)

adapted partly from Address, Assess, Assure; Association of N. Carolina Boards of Health

Required Duties Local Boards of Health in Massachusetts

Local boards of health in Massachusetts are required by state statutes and regulations to perform many important and crucial duties relative to the protection of public health, the control of disease, the promotion of sanitary living conditions, and the protection of the environment from damage and pollution. These requirements reflect the legislature's understanding that many critical health problems are best handled by the involvement of local community officials familiar with local conditions.

The following is a list of duties and responsibilities of local boards of health in Massachusetts. Each item includes a citation to the statute or regulation which imposes the duty or responsibility. The items have been grouped under general subject categories.

Following this listing of Required Duties is a list of Additional Powers of local boards of health which extend the local board's authority over the broad range of health, sanitation and environmental problems.

A. Records, Record keeping and Reports

1. In cities, submit an annual report to the city council concerning the board's activities during the preceding year and concerning the sanitary condition of the city. M.G.L. c.111, s.28.
2. Maintain numerous records and retain them for required minimum retention periods.
3. Process numerous types of reports of cases of diseases. These reports are detailed in part B, below.
4. Process of death certificates. M.G.L. c.46, s.11.

B. Health Care and Disease Control

1. Upon request, telephone to a gas and electric utility company and certify in writing within seven (7) days of said telephone call that there is a serious illness in a residence such that n, gas or electric company shall shut off or fail to restore gas or electric service in any residence during such time as there is a serious illness. M.G.L. c.164 s.124A; 220 CMR 25.03 (2).
2. Receive reports of cases of disease dangerous to public health. Keep records of these reports and also forward copies of these reports to the local school committee; and to other local boards in whose jurisdiction the patient resides, or may have contracted the disease, or may have exposed others. M.G.L. c.111, s.111. See 105 CMR 300 10 for list of diseases required to be reported.

3. Report cases of dangerous diseases to the Department of Public Health within twenty-four hours. M.G.L., c.111, s.112. See 105 CMR 300.100 for a list of diseases required to be reported.
4. Consult with the Department of Public Health regarding the prevention of dangerous diseases. M.G.L. c.111, s.7.
5. Send to the Department of Public Health weekly reports of deaths due to dangerous diseases. MG.L. c.111, s.29.
6. Receive notices of school children sent home because of dangerous disease. M.G.L.. c.71, s.55A.
7. Report to the Department of Public Health cases of a certain contagious disease occurring at dairy farms. See 105 CMR 310.100-110 for list of such diseases required to be reported.
8. Receive reports of any inflammation, swelling, redness or unnatural discharge from the eyes of an infant less than two weeks old, and take immediate action to prevent blindness. M.G.L. c.111, s.110.
9. Receive reports of persons afflicted with cerebral palsy, and submit an annual report of these cases to the Department of Public Health. M.G.L. c.111, s.111A.
10. Provide anti-rabies vaccine and treatment. M.G.L. c.140, s.145A; 105 CMR 335.
11. Supervise or carry out the disinfection of dwellings which have housed a person who has suffered from or died of a disease dangerous to the public health. M.G.L. c.111 s.109.
12. Receive reports of food poisoning and send these reports to the State Department of Public Health, 105 CMR 300.000.
13. Receive notices from inspectors of the Department of Labor and Industries regarding violations of health laws or nuisances in industrial establishments; investigate these reports, and enforce appropriate laws. M.G.L. c.149, s.136.

C. Housing and Dwellings

1. Enforce Chapter II of the State Sanitary Code: Minimum Standards of Fitness for Human Habitation, M.G.L. c.111, ss.127A and 127B; 105 CMR 410.000. Enforcement of Chapter II includes inspecting dwellings (upon request or upon the Board's initiative) for compliance with the minimum standards, certifying violations, issuing orders, holding hearings, granting variances and instituting court proceedings...if necessary to enforce such orders.
2. Enforce the State Lead Poisoning Prevention regulations. M.G.L. c.111, s.1981 105 CMR 460.000. Enforcement of these regulations includes inspecting dwellings (upon request or upon the board's initiative) for lead paint, issuing orders for removal of lead paint, and instituting court proceedings to enforce such orders if necessary.
3. BOH has 45 days to review and approve, approve with conditions, or disapprove preliminary and definitive plans for the subdivision of land. M.G.L. c.41, ss.81S-81V. Failure to act is deemed an approval. BOH should consider drainage and water pollution, sewage, potential damage to well fields.
4. Inspect and certify public lodging houses for water closets, urinals, ventilation and cleaning. M.G.L. c.140, s.36.

D. Hazardous Wastes

1. Assign the site for a hazardous waste disposal facility as follows. (M.G.L. c.111, s.150B):
 - a. Notify the Department of Environmental Protection (DEP) of the receipt of an application to assign a site.
 - b. Assess significance and degree of danger to public health and consider and evaluate any evidence submitted.
 - c. Give public notice and hold a public hearing.
 - d. Every decision of the board in assigning or refusing to assign a site must be in writing and include a statement of reasons and facts relied on.
2. Notify the mayor and city council or board of selectmen of the following (M.G.L. c.21C, s.4):
 - a. Pending applications for licenses for the collection, storage, treatment, or disposal of hazardous waste, upon notification from DEP.
 - b. Information supplied annually by DEP identifying types and quantities of hazardous waste generated, stored, treated or disposed of within the city or town.

E. Solid Waste

1. Assign sites of sanitary landfills, refuse incinerators, waste storage or treatment plants, and refuse transfer stations, after a public hearing. Ensure that these do not present a danger to public health. M.G.L. C.111, S.150A.
2. Consider and act on applications for permits for the disposal of special wastes. 310 CMR 19.16.
3. Consider and act on applications for special permits for salvaging or recycling materials from sanitary landfill sites or refuse transfer stations. 310 CMR 19.18; 18.15(l).
4. Periodically inspect sanitary landfill sites, and provide written notice of deficiencies. 310 CMR 19.25
5. Periodically examine and evaluate refuse transfer stations. 310 CMR 18.00.
6. Inspect and verify satisfactory completion of all corrective work to sanitary landfill projects. 310 CMR 19.26(3).
7. Handle requests for variances of regulations governing sanitary landfills and refuse transfer stations (forward these to DEP); keep notices of the grants of these variances. 310 CMR 19.32; 18.27.
8. Keep on file an emergency plan governing emergencies occurring at a refuse transfer station. 310 CMR 18.21.

F. Septage and Garbage

1. Enforce Title 5 of the State Environmental Code; Minimum Requirements for the Subsurface Disposal of Sewage. 310 CMR 15.00.
2. Make rules and regulations for the removal, transportation and disposal of garbage, offal and other offensive substances. M.G.L. C.111, s.31B.
3. Issue permits for the removal or transportation of garbage, offal or offensive substances when such refuse has been collected in the city or town. Keep registry of all transporters of refuse through the city or town, and enforce local rules and regulations regarding such transport. M.G.L. c111, s.31A.

G. Nuisances

1. Investigate nuisances which in the board's opinion may be injurious to health. The board shall destroy, prevent or remove such nuisances and make regulations relative to nuisances. M.G.L. c.111, s.122.
2. License noisome trades. M.G.L. c.111, s.151.
3. Assign location for slaughter houses or other noxious or offensive trade. M.G.L. c.111, s.143.

H. Food

1. Issue permits for all food service establishments, including restaurants and food service facilities in stores, recreational camps for children, family style campgrounds, institutions, hotels, motels, schools, retail food store, mobile food units and pushcarts, etc., 105 CMR 590.052.
2. Enforce Chapter X of the State Sanitary Code: Minimum Sanitation Standards for Food Establishments, 105 CMR 590.000. Enforcement includes conducting inspections, issuing orders, suspending or revoking permits where necessary.
3. Issue permits for plants which break and can eggs. M.G.L. c.94, s.89.
4. License milk pasteurization plants. M.G.L. c.94, s.48A.
5. City health departments shall have milk inspectors. Town boards may appoint milk inspector. Inspectors must inspect and license milk producers and dealers. M.G.L. C.94, s.33 and s.40.
6. Issue permits for plants that bottle carbonated non-alcoholic beverages. M.G.L. c.94, s.10A; inspect such plants, and revoke permits where plants are found to be unsanitary or otherwise in violation of public health rules and regulations, MG.L. 94 s.10C; 105 CMR 570 et. seq. Send to the Department of Public Health copies of all licenses, applications and half the license fees, 105 CMR 570.002. Notify each owner prior to the expiration date of each permit and close plants that fail to renew such permits, 105 CMR 570.002. M.G.L. c.94, s.10C.
7. Register and inspect bakeries and enforce State Bakery Regulations. M.G.L. c.94, s.94F; 105 CMR 550.000; 105 CMR 551.000. Furnish DPH with monthly reports of inspections, 105 CMR 550 . 001.
8. License plants that manufacture frozen desserts. M.G.L. c.94, s.65H; 105 CMR 561.000.
9. Inspect cold storage and refrigerated warehouses. M.G.L. c.94, s. 67.
10. Enforce M.G.L. c.130, S.81 which prohibits importation of shell-fish which have not been certified by a United States or foreign shellfish regulating agency.
11. Enforce statutes and regulations relative to the adulteration and misbranding of food. M.G.L. c.94, ss.186-95.

I. Pools and Beaches

1. Enforce Chapter V of the State Sanitary Code: Minimum Standards for swimming Pools, 105 CMR 435.000. Enforcement includes issuing annual permits, conducting examinations

issuing orders, holding hearings, granting variances, taking water samples.

2. Enforce Chapter VII of the State Sanitary Code: Minimum Standards for Bathing Beaches, 105 CMR 445.000. Enforcement includes issuing annual licenses, approving plans for new or altered beaches, issuing orders, holding hearings, granting variances, receiving reports of accidents, taking water samples.
3. Prohibit swimming in water that fails to meet proscribed standards for bathing, 105 CMR 445.10(1-3).
4. Review plans for new or altered bathing beaches. 105 CMR 445.16.

J. Camps, Motels and Mobile Home Parks

1. Inspect all recreational camps for children and family style camp-grounds., motels, mobile home parks and cabins; and annually issue licenses for these facilities, M.G.L. C.140, ss.32B and 32C. Send copies of family style campground permits to the Department of Environmental Protection.
2. Enforce Chapter VI of the State Sanitary Code: Minimum Standards for Developed Family Type Campgrounds. 105 CMR 440.000. Enforcement includes conducting examination; issuing orders; issuing, suspending and revoking licenses; holding hearings; granting variances.
3. Enforce Chapter IV of the State Sanitary Code: Sanitary Standards for Recreational Camps for Children. 105 CMR 430.000. Enforcement includes inspection, issuing orders and licenses, conducting hearings, granting variances.

K. Miscellaneous

1. Certify group care (residential) facilities for children, temporary shelter facilities for children, and day care centers all of which require such certification pursuant to Office for Children regulations. 102 CMR 3.06(l)(d); 102 CMR 6.08(3); 102 CMR 7.11 (2)
2. Pesticides
 - a) Local boards may make reasonable health regulations regarding pesticides provided such regulations are not inconsistent with the Massachusetts Pesticide Control Act, M.G.L. c.132B or state regulations, 333 CMR 2.00. *Wendell v. Attorney General*, 476 NE 2nd 585, 394 Mass 518 (1985). For example, a city or town may want to give its board of health an opportunity to determine whether the proposed application of pesticides in particular locations would be consistent with the product's labeling or other restrictions imposed by the Department, *Wendell v. Attorney General*, supra, 394 Mass at 528,
 - b) Receive public notice of the application of herbicides from applicants that intend to maintain a right of way by the application of herbicides. 333 CMR 11.07.
3. Nominate animal inspectors. M.G.L. c.129, s.15.
4. License massage parlors. M.G.L. c.140, s.51.
5. Issue burial permits. M.G.L. c.114, s.45.

6. License and if necessary revoke licenses for funeral directors. Transmit to the board of registration in embalming names and addresses of all licensees. M.G.L. c.114, s.49.
7. Approve location of cemeteries. M.G.L. c.114, s.34.
8. Retain charge of any case arising under M.G.L. c.111 in which the board has acted. M.G.L. c.111, s.32.
9. Enforce all local health regulations promulgated pursuant to M.G.L. c.111, s.31.

J. Smoking

1. Receive written complaints regarding the willful failure or refusal to comply with the Indoor Clean Air Act regarding restaurants, supermarkets or retail food outlets. M.G.L. c.270 s.22.
2. Inspect the area described in the complaint and enforce no-smoking laws. M.G.L. c.270 s.22.
3. Provide written response to complainant within 15 days and send copies of the complaint and response to DPH. M.G.L. c.270 s.22.

Additional Powers and Authority of Local Boards of Health in Massachusetts

Local boards of health in Massachusetts have historically played a crucial role in the protection of public health, promotion of sanitary living conditions and the protection of the environment. In recognition of the importance of local leadership and action in these areas, the legislature has enacted over the years numerous statutes which authorize and thereby encourage local boards to be responsible for dealing with the broad range of health, sanitation and environmental problems at the local community level.

The following is a list of statutes which grant additional powers and authority to local boards of health. Each item includes a citation to the appropriate statute. The items have been grouped under general subject categories which parallel, where possible, the categories in the prior list of required local board activities.

A. General Health Protection and Regulation:

1. Adopt and enforce any reasonable health regulations. M.G.L. c.111, s.31.
2. Issue an order reciting the existence of an emergency and requiring that such action be taken as the board deems necessary to meet the emergency. State Sanitary Code, chapter I, 105 CMR 400.200(B), pursuant to M.G.L. c.111, s.127A; and State Environmental Code, Title I, 310 CMR 11.05(I),

B. Health Care and Disease Control:

1. Direct the operation of and adopt rules for city and town medical dental and health clinics, M.G.L. c.111, s.50 and hospitals, M.G.L. c.111, s.92.
2. Require vaccination of inhabitants of the city or town. M.G.L. c.111, s.181.
3. Order the fluoridation of public water supplies. (This order may be overturned by a referendum vote.) M.G.L. c.111, s.8C.

4. Appoint school physicians. M.G.L. c.71, s.53.
5. In cities, and in towns with a population greater than ten thousand, establish public sanitary stations. M.G.L. c.111, s.33.

C. Housing and Dwellings:

1. Condemn a dwelling which is unfit for human habitation, order the occupants to vacate, order the owner to clean the dwelling or tear it down (or the board may itself clean or tear down). M.G.L. c.111, s.127B.

D. Nuisances:

1. Condemn all nuisances; clean or tear down a nuisance. M.G.L. c.111, s.128.

E. Food:

1. Inspect and condemn all unfit meat, fish, vegetables, produce, fruit or provisions of any kind. M.G.L. c.94, s.146 105 CMR 590.059.
2. Adopt and enforce regulations relative to the keeping and exposure of food for sale. M.G.L. c.94, s.146.
3. Adopt and enforce regulations for bakeries and close bakeries found unfit for the production or handling of food or dangerous to the health of its employees. M.G.L. c.94 8.9D-9M, 105 CMR 550.14.
4. In towns, appoint milk inspectors. (City boards of health are required to appoint milk inspectors.) M.G.L. c.94, s.33.
5. Adopt bacterial standards for milk which are stricter than the standards adopted by the Department of Public Health M.G.L. c.94, s.13E.
6. Upon determination that drinking water in a dwelling or food service establishment is unsafe, order discontinuance of use or order provision of a new source. M.G.L. c.111, s.122A.

F. Miscellaneous:

1. Adopt and enforce regulations to control air pollution. M.G.L. c.111, s.31C.

Massachusetts General Laws Frequently Used By Local Health Officials

The following are cited in the Manual of Laws Relating to Public Health:

Chapter	Section	Description	Page
40	54	Restrictions on Issuance of Building Permits Availability of Water Supply	347

41	23	Recission of vote by selectmen; election of other officers, tenure, etc.	367
41	81U	Subdivision Control Act: Board of Health authority	389
79A	13	Enforcement of state sanitary code; displacement of persons; moving expenses; state financial assistance, reports	507
111	31	Health regulations; publication; violation	881
111	122	Regulations relative to nuisances; examinations	947
111	125A	Review of order adjudging the operation of a farm to be a nuisance	949
111	127B	Dwellings unfit for human habitation; order to vacate or to abate nuisance, removal of occupants, demolition expense, lien; inspection reports, code violations; notices, enforcement proceedings jurisdiction; appeal	951
111	131	Compulsory examination of premises; complaint, warrant	963
111	141	Application to county commissioners from refusal or neglect of board to abate nuisance; hearing notice	966
111	188	Disposition of fines and forfeitures	
993n			
129	14B	Feeding garbage to swine, definitions; permit;	
1315		application; revocation; processing of garbage; inspection of premises; entry, record	
140	51	Massage; baths	
1422			
148	25B	Buildings used for human habitation; use of	
1481		space heaters	
188	14	Wrongful acts of lessor or landlord of buildings	
1563		or premises occupied for dwelling or residential purposes; criminal penalties; civil remedies, jurisdiction; sections applicable to acts of reprisal, waiver in leases or rental agreements prohibited.	
218	26	District Courts - Criminal Jurisdiction	
1576		(General Provisions)	

Administrative Evaluation for the Chief Administrator

Duties of the Chairperson

- Chair all meetings
- Facilitate discussion and decision making
- Work with health director to set an agenda for meetings

- Speak for the board as delegated by the board (respond to reporters)
- Represent the board to other groups
- Consult with board members who are not fulfilling their responsibilities, or are violating law, policy or practice
- Initiate yearly evaluation of health director, or agent
- Initiate yearly evaluation of the board
- Counsel and consult with the health director or agent

Process of Evaluation

The evaluation is divided into seven (7) categories. The initial six (6) categories will be rated by each board member, placing the numerical rating, ranging one (1) through four (4) in the space provided, while the last category will allow the board members to articulate their responses in an open-ended question format. The rating system utilized in the first six (6) categories is the following:

- 4 - Always True - 90-100% of the time
- 3 - True most of the time - 70%-89% of the time
- 2 - True from 51 to 69% of the time
- 1 - True less than half (50%) of the time
- N/A - Not enough information to formalize opinion

Tabulation of the numerical observations will be averaged into a final score. A summation report and recommendations will be presented in at a regular monthly board meeting, no later than December 31st of each year. It is recommended that the board of health obtain an opinion from town counsel as to whether an executive session is appropriate for this review. Recommendations of finding will be considered by the full board and utilized as benchmark information in the development of a specific work plan for the administrator.

Before the administrative evaluation is complete, the administrator will have an opportunity to respond in writing to further clarify any misunderstandings or assumptions crucial to the evaluation. Written administrative responses will be a part of the final evaluation and included in the official personnel record of the administrator.

Section One - Rating

Relationship with the Board

- Keeps board informed of organization activities, progress and problems.
- Is receptive to board member ideas and suggestions
- Makes sound recommendations for board action.
- Facilitates the decision-making process for the board.
- Accepts board criticism as constructive suggestion for improvement.
- Gives constructive criticism in a friendly, firm and positive way
- Follows up on all problems and issues brought to his/her attention.

Effective Leadership of Staff

- Encourages staff development.
- Deals with staff honestly and fairly.
- Maintains open, concerned and congenial relations with staff.
- Delegates effectively.
- Involves staff in appropriate decision-making.
- Appears to communicate well with staff.
- Assesses the performance of employees fairly and reasonably.

Management Skill and Abilities

- Prepares all necessary reports and keeps accurate records.
- Speaks and writes acceptably.
- Plans well in advance.
- Is progressive in attitude and action.
- Ability to take on tasks/issues presented by board, staff and community and find successful resolution.

Personal and Professional Attributes

- Displays good grooming.
- Projects professional demeanor.
- Participates in professional activities such as association activities.
- Ability to work with different groups in local government and the community.
- Participates in events, activities, organizations, etc., after hours for the benefit of the department.

Fiscal Management

- Prepares a balanced budget.
- Completes the year with a balanced budget.
- Displays common sense and good judgement in business transactions.
- Involves administrative team in active participation in the budget formulation process.
- Is conscientious of the fiscal condition of the department.
- Explains the budgeting process, reports, etc., to the board

Community and Public Relations

- Represents the department in a positive, professional manner.
- Actively promotes the goals and policies of the board of health to the public.
- Accepts public criticism and responds appropriately.

Section Two - Open-Ended Discussion

- 1) What specific recommendations do you have for the administrator to improve performance?
- 2) What impressed you the most about the administrator's performance this year?
- 3) What should be the priorities for the administrator during the next year?
- 4) In what areas has the administrator shown exceptional improvement?
- 5) Do you have any additional comments regarding the administrator that have a bearing on this evaluation?
- 6) How can this evaluation process be improved?

Section Three - Administrator's Comments

Adapted from a form developed by the Zanesville-Muskingum (Ohio) County Health Department

Internet Links

MAHB Website <http://www.mahb.org>
DPH home page <http://www.state.ma.us/dph/dphhome.htm>
DEP home page <http://www.state.ma.us/dep/dephome.htm>
CDC health links by topic <http://www.cdc.gov/health/default.htm>

Essential Services for Local Public Health
<http://www.phppo.cdc.gov/nphpsp/10EssentialPHServices.asp>
Massachusetts General Laws
<http://www.state.ma.us/legis/laws/mgl/index.htm>
Massachusetts Regulations
<http://www.lawlib.state.ma.us/100-199cmr.html>