

Establishing the State Action for Public Health Excellence (SAPHE) Program

Please Co-Sponsor HD2682/SD922 by Representatives Kane and Garlick & Senator Lewis

HD2682/SD922 will advance the goals identified by the Special Commission on Local and Regional Public Health by:

- Ensuring that all members of the local public health workforce have access to essential training.** Directs the Department of Public Health to hold the Foundations of Public Health Course free of charge at least four times a year in geographically diverse areas of the state.
- Creating an incentive grant program to support more effective and efficient delivery of services by increasing sharing across municipalities.** Creates the SAPHE Program, a grant program that incentivizes health departments to adopt best practices including workforce standards, data reporting, and sharing of services across municipalities to increase capacity and ability to meet statutory requirements.
- Moving Massachusetts toward national standards for a 21st century public health system.** Directs the Special Commission on Local and Regional Public Health to determine and assess a foundational standard for local public health services in Massachusetts in alignment with national standards.



The 25-member Special Commission on Local & Regional Public Health, created by the legislature in 2016, includes representatives of the legislature, local public health workforce, Executive Office of Administration & Finance and other executive branch agencies, MA Taxpayers Foundation, MA Municipal Association, health care providers, and academia. The Special Commission released an interim report in May 2018 and will release its final report in spring 2019.

CHALLENGES OF THE LOCAL PUBLIC HEALTH SYSTEM

Massachusetts has 351 boards of health at the municipal level that provide many of the protections we all rely on.

- Ensuring food safety in restaurants and public kitchens
- Ensuring the safety of children's recreational camps
- Preventing the spread of communicable disease including tuberculosis
- Ensuring municipal readiness to respond to potential public health emergencies
- Enforcing tobacco and lead regulations
- Responding to reports of housing code violations
- Ensuring proper installation of septic systems
- Monitoring water quality at public swimming pools and beaches

The local public health system significant challenges meeting statutory responsibilities which include:

- Inconsistency across municipalities.** With no recommended funding levels, municipalities with the same population have widely varying levels of staffing and quality of services.
- 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 staff credentials.** The education levels and credentials of local health department staff members vary widely, with no current standards or requirements.
- Shared services proceeding slowly.** Efforts to promote sharing across municipalities, which has been shown to increase capacity, have proceeded slowly and federal funds to support collaboration have dried up.
- Inconsistent data reporting.** Compliance with mandated data reporting to the state is inconsistent across municipalities, creating difficulty in assessing the ability of Boards of Health to meet statutorily required services.

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