MEMO

To: Governor Charlie Baker
Secretary Marylou Sudders, Executive Office of Health and Human Services
Commissioner Monica Bharel, Department of Public Health
Senate President Karen Spilka
Speaker of the House Ronald Mariano
Chair Michael Rodrigues, Senate Committee on Ways & Means
Chair Aaron Michlewitz, House Committee on Ways & Means
Chair Daniel Hunt, House Committee on Federal Stimulus & Census Oversight

cc: Senate Majority Leader Cynthia Stone Cream; House Majority Leader Claire Cronin; Senate President Pro Tempore William Brownsberger; House Speaker Pro Tempore Kate Hogan; Committee on Health Care Financing Senate Chair Cindy Friedman; Committee on Health Care Financing House Chair John Lawn; Committee on Public Health Senate Chair Jo Comerford; Committee on Public Health House Chair Marjorie Decker; Senate Minority Leader Bruce Tarr; House Minority Leader Brad Jones; Senate Ways and Means Ranking Member Patrick O'Connor; House Ways and Means Ranking Member Todd Smola; Chair Denise Garlick; Representative Hannah Kane

From: **Coalition for Local Public Health**
Ruth Mori, President, Massachusetts Association of Public Health Nurses
Sigalle Reiss, President, Massachusetts Health Officers Association
Cheryl Sbarra, Executive Director, Massachusetts Association of Health Boards
Diane Chalifoux-Judge, President, Massachusetts Environmental Health Association
Sharon Hart, President, Western Massachusetts Public Health Association
Carlene Pavlos, Massachusetts Public Health Association

Re: **ARPA Funding Request: $250.9M Over Five Years is Needed to Address Long-Standing Inadequacies and Inequities in the Massachusetts Local Public Health System**

Date: June 9, 2021

Summary:

This memo outlines a budget proposal for allocation of dollars from the American Rescue Plan Act of 2021 (ARPA) as a down payment to ensure that the Commonwealth can transition to a local public health system that is efficient, effective, and equitable. **This investment will ensure that residents in every city and town have access to a minimum level of public health services, and it will fortify a system that must be strong in times of public health threats.**

There is a compelling and urgent case for this transformational investment. **Massachusetts has seen the consequences of an inequitable, inefficient, and underfunded local public health system for decades.** We know that not all boards of health are meeting their current statutory and regulatory obligations, leaving thousands of Massachusetts residents without the essential public health protections they deserve. Our local boards of health have a role in controlling, reducing, and eliminating contagious diseases, bacterial contamination, exposure to lead, substandard housing conditions, and adulterated food and water, among others threats. Addressing these basic issues is at the core of the board of health mission, and it is this critical and ongoing work that keeps our residents safe.

During this pandemic, the health and economic costs to the state's residents and businesses have been enormous: nearly 18,000 residents have died and many thousands more have been hospitalized, countless businesses have been shuttered and innumerable workers laid off, racial and economic inequities in health - egregious even before the pandemic - have been exacerbated, and economic insecurity has continued to worsen. Even as we begin to emerge from this crisis and brighter days lie ahead, racial inequities in vaccine rates threaten to further undermine health equity and prolong the pandemic in the very communities that have suffered the most. While a strong local health system would not have stopped the pandemic from occurring, it would have contributed to improved public messaging, consistent enforcement of isolation and quarantine, effective community-level contact tracing, and more effective and equitable vaccine distribution, among other things - resulting in less suffering, less death, less inequity, and less economic harm.

After decades of underinvestment, the funding necessary to transform the existing system to protect us from future public health threats is substantial. **Massachusetts has been an outlier when it comes to funding the local public health system - one of the only states in the nation with no categorical state funding dedicated to local public health.** The state's budget for the last two fiscal years - passed by the legislature and signed by Governor Baker - has finally begun this process, with new investments in our local health system. While this state investment is crucial, the dollars invested over the last two years fall far short of what is needed for the statewide system transformation that is so sorely needed. **By investing a modest portion of APRA funds to build upon recent state investment, Massachusetts can seize this unprecedented opportunity to finally ensure that all residents benefit from an effective and equitable local public health system.**

These proposed investments align with the recommendations of the Special Commission on Local and Regional Public Health and are informed by the Coalition for Local Public Health and the Statewide Accelerated Public Health for Every Community (SAPHE 2.0) Coalition, representing thousands of frontline public health workers, municipal leaders, and allied partners from health care and other sectors.

This funding proposal builds upon and will further catalyze progress being made by the Department of Public Health in operationalizing several recommendations of the Special Commission on Local and Regional Health, and the successes of local boards of health

and municipalities in advancing new cross-jurisdictional sharing arrangements. The Department of Public Health has shown great commitment to advancing the recommendations of the Special Commission and continues to be in conversation with the Coalition for Local Public Health about the best ways to implement the recommendations. Most recently, the Department awarded 29 Public Health Excellence grants to a total of 191 municipalities, advancing the Commission's recommendations to increase the number of cross-jurisdictional sharing arrangements throughout the Commonwealth.

This budget proposal seeks an investment of $250.9M over 5 years in three categories: 1) Local Public Health Infrastructure, 2) Workforce Development, and 3) Public Health Data Systems.

Specific budget items are a mix of funding that would be directed to the Department of Public Health (DPH) or to local and regional boards of health/municipalities.

1. **$95M: Infrastructure Investments to Address Health Disparities**
   Many Massachusetts cities and towns are unable to meet statutory requirements and even more lack the capacity to meet rigorous national public health standards. This funding will allow cities, towns, and health districts to improve their infrastructure and increase their staff capacity in order to meet existing requirements. Funding will also allow local boards of health to increase the number and scope of comprehensive public health districts, formal shared services agreements, and other arrangements for sharing public health services, improving the overall effectiveness and efficiency of the local public health system.

   - **$75M** ($15M/year): **Direct Support to Local Boards of Health**
     Funding available to local and regional boards of health, especially those with the most limited capacity and greatest health disparities, in order to bring these boards up to a capacity necessary to adequately perform essential functions, including meeting regulatory and statutory obligations, improving population health, and addressing health disparities in low-income communities and communities of color. (These funds will supplement new state funding in line item 4512-2022 that is supporting increased cross-jurisdictional sharing arrangements.)

   - **$20M: Technical Assistance to Local Boards of Health**
     - $5M ($1M/year): Assistance with the planning process and grant writing for increased cross-jurisdictional sharing.
     - $15M ($3M/year): Financial planning and accounting for budget development, assessment formulas, etc.; Legal review of inter-municipal agreements, union contracts, and governance documents.

2. **$37.5M: Workforce Development & Training**

The 2019 Blueprint for Public Health Excellence of the Special Commission on Local and Regional Public Health recommended a set of workforce education and credentialing standards as a first step in ensuring an adequately educated workforce capable of dealing with a 21st-century public health landscape. In order to achieve the recommended credentialed workforce, ongoing and robust training and educational opportunities must be provided across the state.

- **$10M** ($2M/year): **Statewide Workforce Development & Coordination**. Funding to DPH to procure workforce development, learning management system, software platform revision, as well as coordination of training opportunities through professional associations.

- **$25M** ($5M/year): **Training for Local Board of Health Members & Health Department Staff**
    - Training opportunities are needed for:
        - cross-cutting capabilities such as assessment and surveillance; community partnership development; organizational and administrative competencies; policy development and enforcement of public health regulations, bylaws, and ordinances; accountability and performance management; communications; and emergency preparedness and response.
        - programmatic functions including communicable disease control, chronic disease prevention and control, environmental public health, maternal child and family health, access to and linkage with clinical care, animal and vector control, food safety and inspections, and hazardous and toxic substances.

- **$2.5M** ($500K/year)**: Support for Workforce Credential Requirements**
    - Numerous new credentialing standards for public health professionals require a minimum of a Bachelor's degree. In order to have a well qualified local public health staff with appropriate credentials, funding should be made available to support personnel who need to take additional Bachelor's level coursework to be eligible for exams, including:
        - Inspectors seeking to pass the Registered Sanitarian (RS) Exam will require a Bachelor's Degree.
        - Public Health Nurses will require a Bachelor's of Science in Nursing. For individuals who have either a Nursing Diploma or Associates Degree, additional coursework will be necessary.
        - Public health personnel seeking to pass the Certified in Public Health (CPH) exam will require a Bachelor's Degree and 5 years of public health experience or a Master's Degree and 3 years of public health experience.

3. **$118.4M: Enhancement of Public Health Data Systems**

Because Massachusetts lacks a comprehensive system to collect local public health data, there is limited capacity to measure system performance and to use data for local public health planning purposes. Aligned with the recommendations of the Special Commission, funding is needed to improve state and local public health departments' planning and system accountability by creating a standardized, integrated, and unified public health reporting system. Funding is also needed to strengthen the DPH, Department of Environmental Protection (DEP), and local public health capacity to collect, analyze, and share data.

- **$63M: Local Public Health Performance and Credential Data Tracking System at DPH**
    - $15M in year 1 for initial development and set-up costs. System will allow for comprehensive reports on local public health performance, capacity, and workforce progress toward meeting minimum standards. The unified standard public health reporting system will include measures of standard responsibilities of boards of health, including inspections, code enforcement, communicable disease management, and local regulations.
    - $12M: Annual maintenance and management for state data and reporting system.

- **$30.4M: Online Inspection and Permitting Software Purchase and Set-up Costs**
    - $1.2M: Inspection software. One-time cost for each of the approximately 100 intermunicipal collaboratives.
    - $19M: Online permitting software purchase.
    - $2.55M/year for 4 years: Maintenance costs for up to 4 of the first years of implementation.

- **$10M: Hardware**
    - $2M/year: Including but not be limited to tablets, laptops, cloud storage capacity, and server capacity. Approximately $5,000 per municipality.

- **$15M** ($3M/year)**: Training**
    - Training from software vendors, in-house municipal IT staff, and/or DPH staff on new online data systems & software.
    - Assistance to local boards of health in identifying and assessing software options.

The significant majority of this proposal is for one-time investments (that is, during the 5 year period of this proposal) to create the quality, equitable public health system Massachusetts needs. To sustain the infrastructure and capacity that will be developed through this investment, ongoing resources - past the duration of ARPA funding - will be needed. On an annual basis, this would include funding to local boards of health ($15M), workforce development and

technical assistance ($7.5M), and data system maintenance ($12M) for a total of approximately $34.5M annually.