

Aiding state's ruptured public health system

Plan seeks to improve quality of local offices

By Jason Laughlin, Globe Staff

During the worst of the pandemic, Shin-Yi Lao, then Newton's only public health nurse, at times fell into despair as she juggled testing, contact tracing, and data analysis amid a daily flood of new COVID-19 cases.

Almost four years later, the pandemic's extraordinary demands have faded, yet Newton's health department still struggles to keep up with some basic functions. Those include conducting inspections for pools, housing, and restaurants, said Lao, now the city's director of public health services.

"We're not necessarily always able to meet those requirements in the ways we would like to," she said.

Lao is among the health officials eager to see Massachusetts push forward the State Action for Public Health Excellence, a multi-year plan to fund local public health and boost its quality. Two years ago, the Massachusetts Legislature took an important step when it dedicated \$200 million in pandemic relief money for training, data management, and shared service agreements. Last month, the state Department of Public Health released Massachusetts' first detailed performance standards for local health departments. Now it's up to the legislature to make those standards mandatory, and ensure local departments, regardless of their budgets, have access to the training and assistance they need to meet expectations.

"We should not have our public health dependent on the wealth of our community, or the willingness of our community to invest," said state Senator Joanne Comerford, a Democrat from Hampshire, and one of the bill's sponsors.

While many other states have county public health departments, Massachusetts' system is uniquely fractured. Most public health

responsibilities fall on 351 local departments that are often underfunded, understaffed, and lack experienced workers. Some have just one full-time employee.

“Some more rural areas might not be getting their restaurants or food inspected at all, might not have any qualified staff,” said Bill Murphy, president of the Massachusetts Public Health Association, and Framingham’s public health director. “There are significant inequities all over the place because there’s no standardization.”

The bill would task the state health department with providing expanded training, professional development, and technical assistance for local departments. Local departments would be required to send the state health department annual reports showing they are meeting standards.

The state health department has already begun offering new training and technical support, a department spokesperson said, but it would need more funding to meet the bill’s mandate.

The bill has both Democrat and Republican sponsors, and is currently under consideration in the House Ways and Means Committee.

Easy access to training is desperately needed, officials said.

Less than a year ago, when Murphy became Framingham’s public health director, half the department’s jobs were vacant.

“We really had to be creative in how we got out there to advertise and recruit and retain a workforce,” he said. “A lot of people entering with no experience in the field.”

Regionalizing some public health functions is a key way for small departments to meet the state standards, Comerford said. About 320 municipalities now participate in shared service agreements, the state health department reported.

Oxford is among six municipalities that share an inspector and a public health coordinator, said Rike Sterrett, the public health director in Oxford, and one of just two full-time public health personnel there. A second inspector is scheduled to start work at the end of November.

“I just don’t think we could do everything we need to do without them,” said Sterrett.

The coordinator, she said, has become indispensable as Auburn, one of the towns participating in the regional health coalition, has faced a huge increase of emergency shelters for immigrants this year.

Newton's health department shares a coordinator and epidemiologist with Belmont, Brookline, and Arlington, Lao said. The four communities are in the process of hiring another person to handle programming and inspections.

Shared service agreements also help offset a national decline in public health workers, one exacerbated by the pandemic. Almost 30 percent of workers in eight states, including the New England states, as well as Puerto Rico and the Virgin Islands, intended to leave their jobs within a year, compared to less than 13 percent in 2017, a 2021 national survey found. Workers who planned to stay in their jobs dropped from almost 83 percent to 66 percent.

Workers listed poor pay, few opportunities for promotion, and burnout as significant factors in their desire to leave their jobs.

"We have asked our public health work force to do so much with so little, including working around the clock during the pandemic," said Oami Amarasingham, deputy director of the Massachusetts Public Health Association. "People are burnt out."

The push to reform Massachusetts' public health system predates the pandemic. A 2019 report from a special commission created by the legislature noted 31 percent of the state's local health departments had budgets of \$50,000 or less. The report noted that a lack of training or personnel in a small department can have repercussions beyond one town if there's a failure to identify a contagious disease, or a threat of food poisoning.

"Local public health does so much that people don't realize," Sterrett said. "When a complaint comes in or something comes in and people are like, 'I don't know what this falls under,' it's usually local public health."

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