

EDITORIAL

Bringing local public health boards into the 21st century

The COVID-19 pandemic exposed the need to regionalize services among the state's 351 local health jurisdictions.

By **The Editorial Board** Updated November 13, 2021, 4:00 a.m.



Bhubendra Patel gets a bandaid after receiving the COVID-19 vaccine from paramedic Jacqueline Griffin in April at the Chelsea Senior Center. The vaccine was administered by Last Mile Vaccine Delivery, working in coordination with the Commonwealth's Department of Public Health, as well as the Massachusetts Housing Authority, East Boston Neighborhood Health Center, Get Out The Vaccine (GOTVax), and the cities of Quincy, Chelsea, and Leominster. ERIN CLARK/GLOBE STAFF

How inefficient is local government in Massachusetts? Every municipality in the Commonwealth, no matter how small, has its very own public health board, charged with responsibilities varying from testing well water to responding to hoarding incidents — oh, and also managing global pandemics.

COVID-19 exposed just how uneven those local authorities are. Boston and Cambridge operate whole city departments staffed with experts capable of handling a wide variety of tasks, from [operating homeless shelters](#) to responding to outbreaks of [mosquito-borne diseases](#) to organizing vaccination drives in a worldwide pandemic. But in some of the Commonwealth's smaller or poorer municipalities . . . well, the picture looks bleaker, with short-staffed and unprepared departments that struggle to keep up with the ever-growing list of responsibilities. As the Legislature debates how to spend federal relief money, upgrading local public health boards and ensuring that all residents receive comparable services ought to be a high priority.

Most states organize public health at the county or regional level; the 351 health jurisdictions in Massachusetts are “far more than any other state,” according to a [2019 report](#) by a state special commission. The report found that of the 105 towns in Massachusetts with populations fewer than 5,000, 78 percent of them lack even a single full-time public health staffer. Because boards are funded with local property taxes, they also reflect existing regional economic disparities, with poorer cities generally spending less on public health.

“In Massachusetts, where you live determines how safe and healthy you are likely to be,” the commission reported.



Even before the pandemic, the state was well aware of how inefficient and unfair its locally based public system had become. The long-term solution is to regionalize services, so that small towns can share personnel instead of counting on overworked staffers to be jacks-of-all-trades. (Who really has the expertise both to respond to rat infestations *and* inspect tattoo parlors?) The pandemic drove home the point: Local boards were overwhelmed, and many of them were unable to conduct contact tracing of people infected with the coronavirus, leading the Baker administration to spend \$130 million on [a statewide contact tracing collaborative](#) instead.

Public health advocates have asked the Legislature for about \$50 million a year from the relief money for training and building data collection systems. Crucially, they also want the Legislature to set credentialing standards for public health workers and [provide incentives for the regionalization](#) of services. Although the Legislature might be skeptical of using the COVID spending bill as a vehicle for policy changes, in this case the two go hand-in-hand: Passing the reforms helps ensure the money will be well spent.

A pandemic like COVID-19 might never happen again. But the cracks that the pandemic exposed in our public health infrastructure will continue to lead to unequal health outcomes unless the state addresses them. Providing public health services on a more equitable basis would mean that more residents get the kind of services that people in Boston take for granted: more lead-paint inspections, more addiction services, more education efforts about smoking and other health risks. And if there is another pandemic, some far-sighted changes now will ensure that the whole state will be better

equipped to respond — and might even set an example of how the Massachusetts tradition of local control over everything from police to 911 can yield to more sensible regional solutions.

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[Cprguy](#)

11/13/21 - 6:08AM

An additional public health opportunity is for the state to help local communities improve cardiac arrest and stroke care! These emergencies have proven successful interventions in other states that Massachusetts lacks. Cardiac Arrest is the leading cause of death outside the hospital. Other states recognize this and keep and share data as well as model best practices. This is a statewide problem that should be appreciated and employ state leadership to help local communities train bystander CPR and defibrillator use and deployment. We can save hundreds of lives!



[Robertpho](#)

11/13/21 - 6:59AM

A pandemic like Covid 19 WILL happen again, and this one will keep happening. Let's upgrade local health boards. Yes!



[garymichael](#)

11/13/21 - 10:19AM

even though he is wearing a mask Mr. Patel doesn't look thrilled in the picture. Getting a vaccine shot no matter what kind: flu, COVID, Shingles

takes some effort. Maybe more effort than sedentary people can muster. I think if the Government wants to vaccinated as many people as possible they should bring the vaccine to neighborhoods. It wouldn't be too difficult with a medical van.



[newstart2010](#)

11/13/21 - 11:20AM

The effort that vaccination requires is minimal, and certainly far less than is required for other things that aren't nearly as important.



[TrenchantObserver](#)

11/14/21 - 11:44AM

Spoken like a physically able, affluent person who is educated enough to navigate the system, not reliant on public transportation, and won't lose their job if they have to take time off to go get vaccinated.



[moveruk](#)

11/13/21 - 1:23PM

I just heard that our government is increasing the cost of medicare b by \$21 a month, the largest increase since the inception of medicare. Biden must go.



[garymichael](#)

11/13/21 - 3:43PM

if you looked beyond your jealousy of Biden you would understand that the increase was due to the new treatments for Alzheimer's Disease.



[DCF-BAO](#)

11/13/21 - 6:05PM

An article in Fridays Boston Globe indicated that the increase was due to anticipated costs of an Alzheimer's drug, approximately \$15,000 a

month.

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Justthedata2

11/13/21 - 3:30PM

This is a super editorial, chock full of important facts that the public really has a need to know. Thank you!

More like this, please!



kmc11b

11/13/21 - 4:53PM

How about less photos of people being jabbed?



galileo

11/13/21 - 5:54PM

Har! My husband would be equally traumatized (although he too is fully vaxed and got his booster, ouchy ouch ouch, says he).



Scrappywithers

11/13/21 - 7:33PM

We need county wide public health departments that each have a fulltime professional and staff, at the small town level it's just a couple of volunteers and a very part time person,



SalemSeth

11/14/21 - 12:54PM

Example, some local health departments are unable to test for harmful forms of mold forcing some people especially in lower income communitis where

of mold, forcing some people, especially in lower income communities where asthma is prevalent , to have to hire private testers.
Reflects poorly on commitment to public health.

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