



Investing ARPA Funds for Local and Regional Public Health

THE METROPOLITAN AREA PLANNING COUNCIL

SEPTEMBER 23, 2021

The Honorable Cindy Friedman

Chair, Joint Committee on
Health Care Financing

*State House, Room 208
Boston, MA 02133*

The Honorable Daniel J. Hunt

Chair, House Committee on Federal
Stimulus and Census Oversight

*State House, Room 166
Boston, MA 02133*

The Honorable Margaret Ferrante

Chair, Joint Committee on
Ways & Means

*State House, Room 42
Boston, MA 02133*

Dear Chair Friedman, Chair Hunt and Chair Ferrante:

Thank you for this opportunity to offer testimony in support of investing ARPA federal funds to strengthen and expand local and regional public health capacity, especially in communities and populations hardest hit by the COVID-19 pandemic.

The Metropolitan Area Planning Council (MAPC) serves as the Regional Planning Agency for the people who live and work in the 101 cities and towns in the Metropolitan Boston region, which includes roughly half the state's population and two-thirds of the state's jobs. Our commitment to better health outcomes is demonstrated through the work of our Public Health Department, which partners closely with cities and towns to integrate a health approach into planning, local and regional public health capacity, and projects.

Local health departments are tasked with essential work in our communities – they ensure that we build and maintain social, physical, and environmental conditions that are healthy for people to live in. Obligations and demands on local public health boards and staff were growing even before COVID-19 arrived in the Commonwealth. Local public health departments are at the frontline of addressing everything from extreme heat to food insecurity. Staff and resources have strained trying to meet these vital responsibilities in the context of limited resources, local support, and community awareness of the work.

However, during the COVID-19 pandemic, several successful, collaborative, and shared approaches emerged or were reinforced in support of local public health. In our close collaboration with cities and towns throughout the pandemic, these are some of the examples of successful regional coordination:

- Health districts that provided direct support to local staff in the forms of data infrastructure, insights and tracking, coordination and reporting, and staff time support.

- Regional affiliates, through emergency health funding from the state, who worked with sets of municipalities for shared investments in Personal Protection Equipment (PPE) materials and other needed supplies, additional staff for nurses and documentation of new procedures, and spaces for health directors to share best practices and materials.
- Existing structures such as Emergency Preparedness coalitions and Health and Medical Coordinating Coalitions (HMCCs), who coordinated across systems in healthcare, local public health, and public safety, to manage patient care and hospital beds as well as share critical, clinical supplies.

Each of these successful models relied on systems and relationships that already existed before the pandemic, and then were activated and maximized for pandemic response. This existing infrastructure was a result of prior and deliberate investments and serve as examples for how to model future ARPA investments.

We have also seen missed opportunities. While structures like the Community Tracing Collaborative (CTC) were important in the pandemic response, we should have invested statewide resources early in local or regional staff, training, and systems. These investments would have built capacity and/or enhanced health departments and would have helped to create legacy investments in experience, tools, data, and knowledge within our public health departments.

We must not forget that a public health crisis brought us to this point of determining how to invest ARPA funds in general. Additionally, we should not forget that certain communities and populations were disproportionately impacted by the pandemic and its consequences. Therefore, significant equitable investments in our public health infrastructure are imperative and rational and serve as a direct response to the public health crisis that brought us to this moment of recovery. We encourage the Legislature to support investments that enhance shared and regional service delivery models, support collaboration across municipal lines, and that bring together expertise from a variety of public health stakeholders. ARPA investments can also build our public health workforce, including training for new and existing health staff, reliable data infrastructure, and expanded access to mental health programs.

We are grateful that the Legislature has begun to enact many of the recommendations of the [Special Commission on Local and Regional Public Health](#). We were glad to stand with the diverse coalition that supported these recommendations, including SAPHE. We believe these actions show how ARPA investments can strengthen foundations of public health and incentives for our critical public health infrastructure.

Thank you for your consideration of this letter. If you or your staff have questions or would like additional information, please do not hesitate to contact me, at 617-933-0703 or eweyant@mapc.org.

Sincerely,



Lizzi Weyant
Director of Government Affairs