BOARD OF HEALTH – 12-9-25
In Person - Recorded
LWVM Observer: Tom Krueger

Members in Attendance: Andrew Petty, Tom McMahon, Tom Massaro

Global Health System - International Comparisons

Dr. Massaro presented what he could see as a “mini public health “degree” along the same ideas as the police department’s Police Academy. He was previewing what this might look like starting with the comparison of health systems in an attempt to understand our health system environment better. (This was to be a 25-minute presentation, but in practice would take 15-20 hours.) The questions that arise are how does the US compare to other systems? What can we learn? Is there a better way of doing things? What is public health?

He chose seven countries, places where he has worked, for comparison: UK, Germany, Australia, Canada, the Netherlands, Singapore and Switzerland. He initially outlined the history of the development of health systems, starting with Germany, and moved on to the UK National Health systems. He then discussed the problems with all health systems that ask how to measure the output and how to pay for it, while the goal of a society is to have outcomes of the highest value. For example, how do you pay for a “positive outcome” - when someone doesn’t get sick. This begs the question of how do you design such a system? And where should the power lie - the individual, the government, or businesses? Who makes the decisions about your care?

The health care system of the US costs $5 trillion dollars annually. This has attracted people who want to make money off the system, e.g., insurance companies, Stewart Health Care others. There are many tensions in the health care system: a) cost containment vs new medical treatments, b) public health vs personal medicine, c) cottage industry vs consolidated networks, d) prevention vs response to disease.

He went on to a series of slides outlining the major facets of health systems of each of the countries. Briefly, 1) UK (National Health System) - the government owns all of the means of providing services - employs staff, owns building, negotiates meds and

supplies, etc. This is free to all. There are downsides - fewer available services, lines, etc.

2) Germany - insurance provided by business, and for other a large government insurance agency. 3) Australia - a competitive private vs public set up; mandated that all have insurance; they have a NHS equivalent to our Medicare, but also private system for the more affluent. 4) Canada - single payer, “monopsony” - the government is the single payer so the single buyer; runs its own health systems. 4) The Dutch - managed competition between the health service companies; this leads to all have health insurance in a private company; these are regulated. 5) Singapore - “personal responsibility” - this operates on the principle that “nothing is free” so 40% of a salary goes into a personal medical savings account out of which health care is purchased. Over time one puts in enough that there is no longer a need to contribute from a salary. These dollars can be used to buy various types of insurance. (6) Swiss - the most market oriented, much like the US; it is a system of universal market system, mostly private based. A prevalent problem in the US is medical debt, the most common cause of personal bankruptcy. None of the other systems has this problem.

At the conclusion of this presentation, Dr. Massaro asked about feedback about whether this “mini MPH” is appealing. When he gave such a course in New Mexico, where he was living, there was interest. This “course” could be taught at the COA. He would want it to appeal to both older and younger groups, so they understand the complexity of the system.

CAHM (Creating a Healthier Marblehead)

Dr. Massaro provided a brief follow-up to the health assessment survey. The data is in the hands of UM-Boston, who are putting the data together. Interestingly, there were many responses to “other” on the survey. He said the results will be broken down by age groups and wished there were more responses from the 18-30 and 30-40 age groups.

Youth Substance Abuse

Mr. McMahon said there was not much to update now. He did talk to the chair of the Select Board and said that they did not necessarily agree about the process, but both want the best outcome. The chair will talk to the district attorney to clarify the laws. Mr. McMahon said the laws are clear, and would like them enforced, and a public declaration for this. He noted that the largest problem seems to be a small number of entitled who sponsor social hosting.

In a related concern, Dr. Massaro has been looking into the neuroscience of adolescence and alcohol. There has been much research on the subject in the past few

years. The brain has three major “ages” in the development of the adult brain, 1) the month before birth - here alcohol has a major effect, 2) years 1-3, few toxins at these ages, and 3) adolescence - alcohol can also have a major effect. Dr. Massaro plans to write about these in a column for the Marblehead Weekly.

Wellness Fair

Mr. McMahon noted that there is a lot on the schedule right now and the plan is to wait until February to begin promoting it. Mr. Petty will reach out to Park and Rec for dates. He noted that last year the fair was very successful.

Directors Report

Budget 2027

Mr. Petty handed out to the board the proposed budget sheets for 2027. The department is to be level funded, but obviously this won’t happen because of the upcoming waste contracts. There are two sides to the budget, one for the health department and one for their waste department. For the HD, he referred to the lines about salary which are contractually obligated. He noted again that the HD is underfunded compared to what the state says is the appropriate amount, $39/resident => $744K. MHD just can’t afford this. Mr. Petty then proceeded through the lines of other expenses. Notably, he would like to propose $120K to the MCC. This was proposed last year but reduced because of budget cuts to $60K.

For the waste department, WD, Mr. Petty then went through the lines starting with salaries, including “scheduled” overtime (which has to be paid as the transfer station is open 6 days a week) as well unforeseen overtime. He noted that there will be large increase for curbside collection, disposal, and recycling. For disposal he is anticipating a cost of $858K, for recycling $410K, and trash collection all coming to a total of $1.6M. The curbside collection RFPs are being sought. There will be an open question period for firms on 12/17. The final bids are due by 1/14/26.

The budget season starts with the State of the Town presentation on 1/28/26. The HD will make a quick presentation to the Select Board with estimates then. The HD will be working with a liaison of the FinCom and later making a presentation to the full Financial Committee.

Transfer Station renovation

Mr. Petty said that good progress was being made as they are a tight schedule. All the foundation work is scale house is done, the foundation for the scale is poured, and the scale is to be moved into place on 12/19/25. While this is being done, residential traffic out of the transfer station will be via Green Street.