

**PUBLIC HEALTH WORK GROUP RESPONSE TO NOVEMBER, 29 2006 PROPOSALS
PRESENTED TO HOMELAND SECURITY TASK FORCE (HSTF)
1/8/07**

The Homeland Security Task Force (HSTF) has deferred to the Public Health Work Group (PHWG) review and consideration of specific recommendations presented to it that relate directly to the PHWG's charge to develop recommendations for a public health infrastructure for Maine. The proposals, noting who proposed them, with PHWG responses (*ital.*) are listed below.

Recommendation

Proposed By

1. Require the State to allocate resources to county governments.

Hugh Tilson

Response from PHWG: The Public Health Work Group (PHWG) recommends the establishment of 8 regions based on county lines (see Attachment A) for the purposes of coordination and planning in order to assure a more effective and efficient delivery of public health services through regional health improvement plans and the state health plan.

The establishment of such regions in Maine is designed to enhance effectiveness and efficiency of public health services by:

- a) *Creating the geographic framework for greater consistency and equity in statewide delivery of all 10 Essential Public Health Services.*
- b) *Providing a consistent basis for regional planning and coordination across the public, nonprofit, and business sectors.*
- c) *Building sustainable infrastructure through regional co-location of Maine CDC and DHHS staff, "braided" funds, and the establishment of Regional Coordinating Councils (see Attachment B).*
 - *DHHS Public Health Units will be created in the regions comprised of Maine CDC staff (existing regional staff plus Augusta-based positions re-located regionally) and co-located in regional DHHS offices; some functions may be contracted out to city health departments and other entities.*
 - *Regional Coordinating Councils will be made up of relevant entities including key participants such as hospitals and other health care system entities, county government representatives, and local public health entities (comprehensive community health coalitions, Tribes, and municipal health departments). Maine CDC staff from the Public Health Units are also expected to participate and will help assure accountability.*

The PHWG is working with existing resources to create a public health system in Maine that will bring more efficiency and effectiveness, building upon what already exists for public health resources. This approach does not preclude additional resources to counties if county government structure is determined to be best suited to carry out certain essential public health services and if resources become available.

2. Update the Local Health Officer (LHO) Statutes

CDC

Response from PHWG: The PHWG concurs that Local Health Officer (LHO) statues should be updated, and is supporting the Maine CDC's work with LHOs, the Maine Municipal Association, and other stakeholders to propose revisions to the statutes.

Recommendation

Proposed By

3. **Develop a strong local health officer system that can function independently of Augusta, if necessary, during an emergency and that supports the county-based EMA and homeland security counterparts. Train, support and link municipal public health staff (the officially designated local health officers) so that the 16 county EMA's have a competent local emergency health liaison.**

Hugh Tilson

Response from PHWG: The PHWG reaffirms the current legal relationship between LHOs and the Maine CDC and that a stronger local health officer system should be developed. The PHWG recommends that training and support of LHOs be coordinated and/or provided by Maine CDC staff from Regional Public Health Units in DHHS Offices and that the Regional Coordinating Councils encourage and support linkage of LHOs with the county emergency management agencies in their region.

Currently, the Maine CDC has regionally-located resources that are available to County EMAs during an emergency, and there is a track-record of these resources being quickly available and effective during emergencies (e.g., flooding in York County, arsenic poisoning in New Sweden, mercury spill in Kennebec). These resources are being strengthened by co-locating them in the 8 regions as public health units within DHHS Regional Offices. Regions will work with the state and be linked in developing the state health plan which will regularly review and assess how best to address state public health needs.

4. **Fund pilot project(s) that would establish “official public health agencies” at the county or multi-county level. These agencies would be the official public health liaison during emergencies and would provide an official boundary of local governmental jurisdiction in the public health arena.**

Hugh Tilson

Response from PHWG: The PHWG recommends the State CDC retain its statewide “official public health agency” authority with the ability to delegate specific official functions to Municipal Health Departments and Counties. The PHWG recognizes the already established county government-linked EMA system as providing official boundaries of local governmental coordination in the event of emergencies.

5. **Certify local police to act as Deputy County Sheriffs during an emergency. Allow the County to assume jurisdiction and permit official delegation of public health functions from municipal to county levels.**

Hugh Tilson

Response from PHWG: The PHWG defers review and consideration back to the HSTF on the issue of local police to act as deputy sheriffs. At this point in time, the PHWG is reaffirming current public health legal authorities to be held by the Maine CDC at the state level and municipalities at the local level.

Recommendation

Proposed By

6. **Adopt and implement the national public health preparedness performance standards and the standards of the National Association of County and City Health Officials for ensuring the competency of individuals and agencies.** Hugh Tilson

Response from PHWG: In developing its recommendations and reports, the PHWG has consulted the standards of the National Association of County and City Health Officials (NACCHO) as well as the National Public Health Performance Standards Program (NPHPSP) and emerging Performance Standards for Accreditation of Public Health Agencies. The PHWG recommends ongoing consideration of these standards, as well as the national public health preparedness performance standards, leading to adoption and implementation of Maine's system for ensuring the competency of individuals and agencies.

7. **Training for LHO's and to clarify the role of the LHO's in emergency preparedness response and recovery.** Meeting 11/14

Response from PHWG: See #3 above.

8. **Maximize use of technological solutions for emergency health related information such as early disease detection, lab analysis, outbreak management, asset tracking, volunteer management, alerting systems, situation status reporting and systems integration.** CDC

Response from PHWG: The PHWG concurs with the recommendation to maximize use of technological solutions for emergency health-related information.

9. **Strengthen LHO system through additional training, communication and regional meetings to create a stronger network of LHO's.** CDC

Response from PHWG: See #3.

10. **Have a state employee that is the primary LHO contact acts as liaison between LHO's and other health/environmental/emergency professionals.** CDC

Response from PHWG: See #3.

11. **Have regional nurse epidemiologists to provide clinical expertise support to LHO's.** CDC

Response from PHWG: The PHWG concurs that Maine CDC staff in regional public health units provide expertise including appropriate clinical expertise support to LHOs through Regional Public Health Units in DHHS Offices (see #3).

Recommendation

Proposed By

- 12. Have the comprehensive community health coalitions support LHO's by hosting CDC training sessions, maintaining/updating lists of LHO's for their region and work w/LHO's on other community health activities.** **CDC**

Response from PHWG: The PHWG recommends the establishment of a statewide network of Comprehensive Community Health Coalitions (see Attachment C), with LHOs as participants. CCHCs are envisioned to work with LHOs on community health activities and, based on decisions of Regional Coordinating Councils and individual CCHCs, some CCHCs may play a role in maintaining/updating lists of LHOs and hosting training sessions.

- 13. Defer legislative proposals for a reformed or restructured public health system to the Public Health Working Group (PHWG).** **Hugh Tilson**

Response from PHWG: The PHWG accepts the deferral of any possible legislative proposals for Maine's public health system.

- 14. Coordinate resources to support existing healthcare system and public health infrastructure among emergency management, health system and public health organizations.** **CDC**

Response from PHWG: Regional Coordinating Councils (see Attachment B) are envisioned to support and leverage regional resources among emergency management, health system, public health organizations and the many other private and public entities that together play essential roles in Maine's public health system.

- 15. Organize the local public health infrastructure around the ten essential services identified by the PHWG including emergency shelters for people with special needs or home services for the home-bound. Require the State to adopt rules and regulations for public health to facilitate this.** **Hugh Tilson**

Response from PHWG: The PHWG has recognized and used the Ten Essential Public Health Services as the backbone for its design of official functions to be carried out at the local, regional and State levels. The PHWG recommends that rules and regulations related to emergency shelters for people with special needs or home services for the home-bound be re-directed to the Maine Emergency Management Agency, as it traditionally has taken a lead at the state level, along with the American Red Cross, for overseeing and coordinating emergency shelter issues.