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A Brief History of Statewide Public Health Infrastructure in Maine

Maine's public health infrastructure has evolved in three distinct stages. From 1820 to 1885 there was little formal public health infrastructure. The second phase, from 1885 to 1919, each of Maine's almost 500 municipalities had a local board of health headed by a local health officer. Their authorities and duties were independent and vast. During most of that time a State Board of Health provided assistance to local boards when there were epidemics, and gradually gained authority over such statewide activities as the collection and maintenance of vital records (1892), the regulation of drinking water (1903), and inspections of eating and lodging establishments (1917). The programmatic and regulatory functions of the State Board of Health became the Maine Department of Health in 1917, and the Board remained in advisory capacity until 1931, when it was disbanded. Then, during the fall of 1918 the great influenza pandemic swept through Maine, claiming the lives of about 5,000 people, mostly adolescents and young adults. Almost 500 independent local boards of health tried to control the pandemic with little consistency and oversight, and many were prone to local political winds.

Immediately following the pandemic, in January of 1919, Maine embarked on a third stage of its public health infrastructure. The Legislature eliminated the authorities of the local boards of health and transferred them to the Maine Department of Health. They retained the municipal requirements for having local health officers, but placed them under the direct supervision of the Department of Health, and focused their duties to those of reporting public health threats to the state. The Department of Health became the Bureau of Health within the Department of Health and Welfare in 1931. Eventually, the Bureau of Health became the Maine CDC in 2005 as part of the new Department of Health and Human Services.

Maine saw a number of public health issues successfully addressed during this third stage. For instance, when some of the highest rates in the nation were observed in infant mortality, teenage pregnancy, and youth smoking rates, Maine's public health community was able to come together and oversee a plummeting of these rates. One of the key ingredients to these successes was stakeholders, the Bureau of Health and other state agencies such as the Department of Education working collaboratively to plan as well as to garner and distribute Federal and state funds to build capacity in many areas of the State to effectively address the issue. As a result, to some degree, we have maternal child health, family planning, and tobacco-related infrastructures.

Indeed, much of our sub-state public health infrastructure is a patchwork quilt of a combination of coalitions and agencies built over time to address specific health issues. The need for improved coordination and streamlining of these efforts to build an ongoing system with the ability to address a myriad of health issues has been discussed for years. Efforts such as Turning Points led to improved awareness and consensus on the need for such an infrastructure. The State Health Plan, developed in 2005, created the Public Health Work Group to plan a statewide public health infrastructure in Maine. As a result of their planning efforts, we are now embarking on a fourth stage of public health infrastructure in Maine.