Local Health Officer (LHO) Report Executive Summary

I. Summary of Maine CDC's Recommendations

1. **Update LHO Statute**
   - **Convene a task force of stakeholders to review the LHO statutes and make recommendations to the Legislature for changes in 2008.**

2. **Strengthen LHO System**
   - **Trainings:**
     - **Maine CDC to provide more regular trainings to LHOs**
   - **Communication:**
     - **Maine CDC to set up and maintain a communication system for LHOs – database of LHOs, list serve, Web site with updated manual and other resources.**
     - **Maine CDC to assure communication linkage of LHOs to emergency management system**

3. **State and Regional Support for LHO System**
   - **Maine CDC to identify a "go-to" staff person to assist LHOs.**
   - **Maine CDC's Regional Epidemiologists to provide some support to LHOs.**
   - **Link LHOs to Comprehensive Community Health Coalitions**
     - **Coalitions to host regional trainings (provided by Maine CDC), maintain an updated list of LHOs for their region, and engage with LHOs in community health activities as appropriate.**

II. History of Local Health Officers

In 1885, the Legislature created the Maine State Board of Health, chaired by a paid full-time physician. The Board's role was primarily to coordinate Maine's system of 490 local health officers and local boards of health as well as to assist them in outbreak control. Local Health Officers' duties have primarily been summarized as guarding "against the introduction of contagious and infectious diseases" in a municipality.

In 1917, the State Board of Health became the Maine Department of Health (which became the Department of Health and Welfare in 1931). Each town was still required to have a local health officer. Towns could also have a board of health, which was chaired by the health officer.

Experiences in Maine during the pandemic influenza of 1918 resulted in a number of statutory changes in early 1919. Under Maine law during the pandemic, the local boards of health had the authority to ban public gatherings and isolate people. In a number of cases, towns' boards of health in an area implemented these measures differently. For

instance, sometimes a board became hostage to local political or business interests. As a result, when one town banned public gatherings, sometimes a neighboring town kept theaters and other gatherings open in order to improve its business climate.

The 1919 statutory changes included:

- The local boards of health and local health officers became under the direct control and supervision of the Commissioner of the Maine Department of Health.
- The Department of Health gained the authority to ban public gatherings and isolate people. Because of these two changes local boards and health officers did not have these authorities unless the Health Commissioner approved.
- One-third of local health officers' salaries were paid by the Department of Health if the LHO met certain professional requirements (public health related) and worked fulltime. Several towns could hire one LHO.

Over the years, a number of changes were made to LHO and Boards of Health statute. Today, LHOs maintain a myriad of statutory duties, though many of them are redundant with Code Enforcement Officers' and other municipal duties, presumably in case one official is unavailable, there are others who can carry out the duties. However, our survey indicates that a large proportion of LHOs also are employed by the town as one of these other officials.

Statutes pertaining to local boards of health were gradually whittled away, so that now they are mentioned in statute as an option that exists to advise the local health officer, and they are advisory only.

III. Process for LHO Study

Local Health Officer Survey #1 June – July

In June, after consulting with a number of stakeholders, Maine CDC sent a survey to all municipalities to be filled out by the Local Health Officer (see Summary of First LHO Survey). The purpose of this survey was to get a profile of the current types and roles of LHOs in Maine and to obtain their ideas about if and how to change the system. Our response was good – 40% of LHOs filled out and returned the survey.

Draft Recommendations and Feedback

Based on the results of this survey, we developed some draft preliminary recommendations for changes. We then presented these recommendations to several key groups for their feedback. A full presentation on the recommendations were made to the Public Health Work Group (made up of a diverse 35 members of Maine's public health community, including from organizations and groups as such as Maine Medical Association, Maine Hospital Association, Maine Municipal Association, community health coalitions, county commissioners, emergency management, etc.). This group then indicated its approval to move forward with the recommendations.

We also submitted separately the recommendations to the Maine Municipal Association Maine Medical Association, Maine Hospital Association, and colleagues in other state

agencies. Some revisions were made based on feedback from some of these organizations. All feedback to the recommendations was most positive.

Local Health Officer Survey #2 August – September

In August we sent a follow up survey to LHOs with two goals: to start a database of their contact information in order to initiate a communication system with them; and to get their feedback on the draft recommendations. Our response was good – 28%, especially for a survey so soon after the first one.

The results showed the vast majority supported the draft recommendations. Only 2 – 4% voted against any of the recommendations. (See LHO Survey #2 Results).

We also asked if trainings should become mandatory, though this was not part of our recommendations, and one-half answered in the affirmative; one-quarter each in the negative and unsure.

We asked about possible linkages between comprehensive community health coalitions and LHOs. The vast majority supported the coalitions hosting Maine CDC trainings and the coalitions maintaining the contact information for the regional LHOs. Just over half of respondents supported LHOs being on coalition boards (only 9% opposed this), and two-thirds supported LHOs participating in coalition health activities and health assessments related to LHO issues (only 5 – 7% opposed these ideas).

We also asked about ideas respondents may have about linkages with homeland security. Although a variety of comments were provided, one common theme that emerged was the need for communication linkages for information flow between LHOs and the emergency management system. If Maine CDC implements a communication system for LHOs, linking that to the emergency management system should be relatively easy.