

**Cumberland County
Municipal Public Health Inventory
Interim Narrative Report**

November 14, 2007

Introduction

The Cumberland County Coordinating Council for Public Health (C4PH) is in the process of collecting information on public health issues in Cumberland County. This includes information regarding public health awareness, activities and goals in Cumberland County municipalities. The purpose of collecting the information is to assist in improving the County's ability to prevent and respond to public health issues and emergencies.

C4PH is a diverse group of health care providers, community organizations, health coalitions, and municipal, county and state officials. It has been meeting regularly for the past year to:

- increase awareness and understanding of regional public health issues
- foster collaboration among regional stakeholders
- obtain and analyze information about regional public health issues
- assist the state Public Health Work Group (PHWG) in its efforts to develop effective regional strategies for delivering and coordinating public health services.

The formation of C4PH was the result of two parallel efforts. First, Cumberland County's strategic plan recommended the creation of a pilot project for a "City-County-State Public Health Partnership." At the same time, the State Health Plan directed the Public Health Workgroup (PHWG) to make recommendations leading to the effective and efficient delivery of public health services. These recommendations included the creation of 8 public health districts, one of which is Cumberland County.

To gain a better understanding of the public health awareness and capacity of Cumberland County cities and towns, C4PH conducted a series of interviews with municipal officials. Not all interviews have been completed. However, this preliminary report has been prepared to share the information collected thus far with the C4PH and the PHWG to assist in the continued work to design and establish regional public health districts. It is expected that the report may be modified as additional feedback is obtained from cities and towns.

Methodology

A survey was sent out to town managers, or in the case of small towns, the town clerk, administrator, or chair of the board of selectmen via email or in hard copy when email was not an option. Follow-up phone calls explained the process and arranged visits. In September and October of 2007, C4PH members Julie Sullivan, Director of Public Health for the City of Portland, and Elizabeth Trice, Grants and Special Projects Coordinator for Cumberland County, visited 15 cities and towns (excluding Portland) in Cumberland County representing 138,527 people, or 66% of the non-Portland population. In some cases representatives from Healthy Maine Partnerships attended the visits. Portland was excluded because Julie is the local health officer as well as the director of the health department.

The survey reflected a number of areas including Animal Control, Inspections, Environmental Quality, Social Services and Health Access, Public Information, and Pandemic Influenza/Public Health Emergency Planning.

Findings

Overall, public health perspective and capacity differ significantly among municipalities. These differences may be related to area demographics such as income, past public health problems and available services.

Municipal public health awareness often reflects the background of the Local Health Officers (LHO). For example, LHOs in larger towns are often code enforcement officers (CEO) or General Assistance staff. These towns expressed concern that they may not possess sufficient or expected public health expertise. One town expressed that although they would like access to a physician, they could not afford to hire one, and “wouldn’t want to call a volunteer twice a week with questions and requests.”

Towns with volunteer LHOs either didn’t use them or had volunteers who donated time that far surpassed the value of the budgeted stipend. The three towns that indicated almost never using their LHOs said they would only do so in an extreme health inspections-based issue such as a house full of “animals or trash.” Four towns that use volunteer LHOs with regularity (three of those towns share the same person) emphasized that they receive a higher level of service than could normally be expected from a volunteer. They also indicated that without the volunteer the towns would be forced to either abandon the program or spend significantly more to continue it. Similarly, the only municipal low-income oral health program identified outside of Portland is supported almost solely by a single volunteer dentist.

The size of the town and its traditional culture may also affect how the it views public health responsibilities.. Among our sample, “service center” municipalities indicated greater concern regarding the availability of health services. Service center communities also appear to contribute more to local health-related non-profits than other communities. In comparison, small rural towns and larger urban suburbs indicated a higher expectation that residents could manage their own health matters without municipal assistance. Also, it appears that larger urban suburbs are less likely to contribute to health-related non-profits than their smaller, though service-center counterparts.

Similar divisions were seen in service gaps identified. Service center communities with higher numbers of professional staff appeared most concerned with establishing protocols and staff training to effectively manage public health emergencies. In comparison, small rural towns expressed that they were likely to handle situations as they occur using their best judgment, volunteers and available resources. (It should be noted that the responses might reflect varying perceptions of the concept of public health. As mentioned above, these findings may be modified based on additional information.)

Animal Control

Animal Control is probably the most consistently provided service; not surprisingly, as it is required by law. Most towns have either a outside contractor who is paid on an on-call basis, or in some cases have assigned the responsibility to an employee with other responsibilities, most often traffic control or other law enforcement-based position. In addition, most towns

pay an annual membership fee to one of the regional Animal Shelters, usually at the rate of \$1 or more per capita. Towns had various levels of satisfaction with their ability to deal with animal control; one town was disappointed to find that their shelter was “not set up properly to quarantine” in a recent rabies case. Another town expressed that “it took several calls [to the State] to get help on a recent rabies situation.” One town had a local pen for temporarily holding pets, but then would have to “convince” a police officer to drive the animal in a police cruiser to a shelter in another town, an activity that would take 2-3 hours of the officer’s time, including cleaning the vehicle after the transfer.

Social Services & Health Access

Most towns surveyed do not assume direct responsibility for access to health care. However, one growing service center community stated, “it takes five phone calls to find a doctor accepting patients.” An exception to this trend is Sebago, which received a 2007 County CDBG grant to conduct a door-to-door needs assessment of elderly and disabled, and expressed interest in creating medical offices that could be rented once a week by medical professionals to increase access for residents. Other exceptions are Portland and Brunswick, both of which have health clinics and homeless shelters.

Brunswick indicated that 40-50% of their police calls are related to social services such as connecting people involved in neglect, abuse, or suffering from the effects of drug or alcohol use or mental health issues to providers. This trend has resulted in modifications to the hiring and training of law enforcement. .

In some communities, there is little to no transit, taxis or other non-emergency transportation. In many cases, land use patterns make it difficult for people to live near any services. In this regard, Communities of all sizes expressed dismay that for many, the fire/rescue service is the only means of obtaining transportation and other assistance with non-emergency issues. Several officials reported stories about people who are elderly who call 911 at least twice weekly, sometimes after falling out of bed, sometimes for issues that the rescuers deem is more about needing personal rather than medical attention. One official described the trend of people with disabilities calling 911 for transportation to routine medical appointments.

Many municipalities annually contribute to non-profits ranging from \$0-\$13 per capita. Beneficiaries include PROP, HomeHealth-Visiting Nurses of Maine, Family Crisis Center, Regional Transportation, Woodfords Family Services, and Southern Maine Agency on Aging. The largest contributors per capita were service center communities. Non-service center suburbs surrounding Portland appear to make little or no contributions to health or low-income related non-profits. In this regard, some communities expressed interest in centralized human services grant-making.

Some communities have robust school health programs in their school districts. The extent of these was not examined.

A few communities operate or support food pantries.

Inspections

All municipalities provide some level of inspections, and some (New Gloucester, Brunswick, Westbrook, Scarborough) have Code Enforcement Officers (CEO) as the designated Local Health Officers. Generally speaking, municipalities inspect properties only when a new license or building permit is first issued or in response to complaints. About half surveyed conduct annual victuals inspections, mostly in partnership with the state. There are various levels of satisfaction with the level of service available from the state's inspection program. One municipality that conducts inspections pointed out that some restaurants need quarterly inspections to maintain adequate standards, a frequency which cannot be accomplished by the state inspection program.

Responses were mixed when asked how complaints of mold are handled. Mold complaints are most common in communities with a high number of rental properties. Many inspections divisions are suspicious of complaints resulting from tenant-landlord disputes (such as after an eviction has been ordered), and are wary of becoming involved. Mold issues are generally referred to independent agencies.

One official mentioned the desire to be included when state fire marshal inspects group homes and daycare centers so that the municipality can be familiar with the property and its inhabitants should a fire occurs.

Environmental

In general, municipalities do not have adequate infrastructure to identify and address environmental issues unless a problem has been a significant or persistent threat.

Coastal towns with shellfish programs have developed marine resource departments with staff to test the water near mudflats and address water issues caused by malfunctioning septic systems or other sources. For example, one community expressed concern about possible water contamination from a Maine Turnpike facility. In contrast, one small community that recently discovered contamination in the water source for public buildings expressed difficulty justifying the expense of addressing the issue. As they described it, since there were no reports of illness there was discussion as to whether it was worth the expense to ensure the water quality.

Pandemic Influenza/Public Health Emergency Planning

The regional nature of any pandemic poses unique challenges. This is due to the combination of the need for potentially keeping people apart rather than clustered shelter strategies used in storm weather emergencies and the high-level epidemiological information needed. In addition, communities must decide between allocating scant planning dollars for an unlikely flu pandemic versus the many other pressing issues at hand. One town manager expressed the difficulty of diverting local resources for health emergencies: "How much time and resources can we afford to divert from *real* issues to something with low odds of happening?"

That said, most officials interviewed acknowledged that they are not prepared for a pandemic and would like to be involved in regional planning and education. Six officials suggested that

assisting municipalities in planning would be an appropriate role for a future regional public health office or agency. Some officials expressed concern that a flu outbreak in Boston or New York might result in residents from those areas coming to drive up to second homes in the Lakes Region. Only one community is taking measures to plan independently for any outbreak, including being willing to close roads if necessary.

Public Information & Coordination

Many officials expressed that they do not know who to call at the State when they encounter a new public health situation. Referral resources to state, regional, and non-profit agencies are generally desired; either in the form of a list of numbers to call, or having one person who knows all the resources.

Several officials expressed interest in receiving public information in the form of television announcements, brochures or other formats, which could be distributed on local cable or otherwise. Most communities have an area in their town or city halls devoted to the placement of posters and brochures, many of which have to do with public health. One town manager stated, "We're good at distributing information to people."

Regional Roles

In addition to asking about current activities and gaps in service, each official was asked what roles or services they would support in a regional entity. As mentioned above, there was general consensus on the usefulness of a regional entity to coordinate panflu planning, and to provide directions to existing resources. Beyond that, there were a variety of responses.

The most common request beyond those listed above was to have "an answer person" to call with health-related questions. Areas of interest included mental health (specifically how to handle suicide threats), elderly issues, rabies, and having MD who could advise on other unusual situations. One town official asked, "What are proper steps to take to condemn a house?" "How do we handle a rodent problem?"

Another potential role for a regional entity was training, licensing, and assisting in establishing protocol for health-related emergencies. One Code Enforcement Officer said that he returned from a vacation to find a letter on his desk appointing him as LHO and got his first call an hour later. As one service center official said, "Every department would do whatever needed to be done if they knew the right thing to do." "[a district health officer] should provide training so we didn't need them all the time." A number of town officials indicated preference for access to a physician who could assist with local emergencies.

Other officials (typically from smaller towns) were less interested in having staff trained on every possibility, and envisioned a more proactive role for a district health officer: "This LHO thing has outlived its usefulness. . . a [regional health office or agency] would be a huge step forward." Town officials with this view generally want to see a more proactive role taken on environmental issues, as well as greater availability of visiting nursing and other social services. One town official explicitly stated that he would not want to see a new level of

government [ie regional] health office, but would like for his town to have access to "Portland's portfolio of services."

Next Steps

It is our intention to share this preliminary report with the municipal officials we have visited to date and to continue visiting other municipalities in the county. This report will be amended, and more detailed information will be available at a future date. We will also be visiting each town in the spring of 2008 to present town- or multi-town-level health data.

For further information:

Julie Sullivan, 756-8054, jas@portlandmaine.gov