

Team Name: Portland and Cumberland County, Maine

Major Activities: The City of Portland Public Health Division convened a team to explore a shared model for public health services. Portland is one of only two local health departments in the state, with the state health department providing minimal public health services in all other jurisdictions.

The team held four discussion groups throughout the county to educate residents about the meaning and importance of public health services, and to understand what additional services might be of interest to them. Meanwhile, the health official also met with the local elected officials and the state health department regarding the benefits of having a more robust public health system in the area. Simultaneously, the team began a feasibility study on the development of a county health department, city-county health department, regional health department, and Interlocal agreements. After this initial phase of work was complete, the team determined that it was not feasible to move forward on the first three options, and decided instead focused on providing environmental health services for two contiguous townships.

Ultimately, the one Interlocal agreement that was drafted was not accepted, as it would have required the town to pay additional funds for services that the state currently provides.

A consultant was hired to develop messaging around public health and enhance information provided to the public.

Major Accomplishments: The Portland Public Health Division changed the format of its annual report so it is now framed around the ecological model of health. In addition, each program offered by the Division is referred to as a "key to health." The report also contains a great deal of data as references for interested individuals.

Challenges: Although many stakeholders were philosophically supportive of a more robust public health system in the county, finances proved to be a barrier to moving forward. Maine already has negligible funding for public health at both the state and local levels. Compounding this fact was the timing: this effort was occurring at the same time there were many questions and a great deal of unease about how the Affordable Care Act would impact the state's expenditures on health.