

Local Public Health System Assessments Results – Central Public Health District

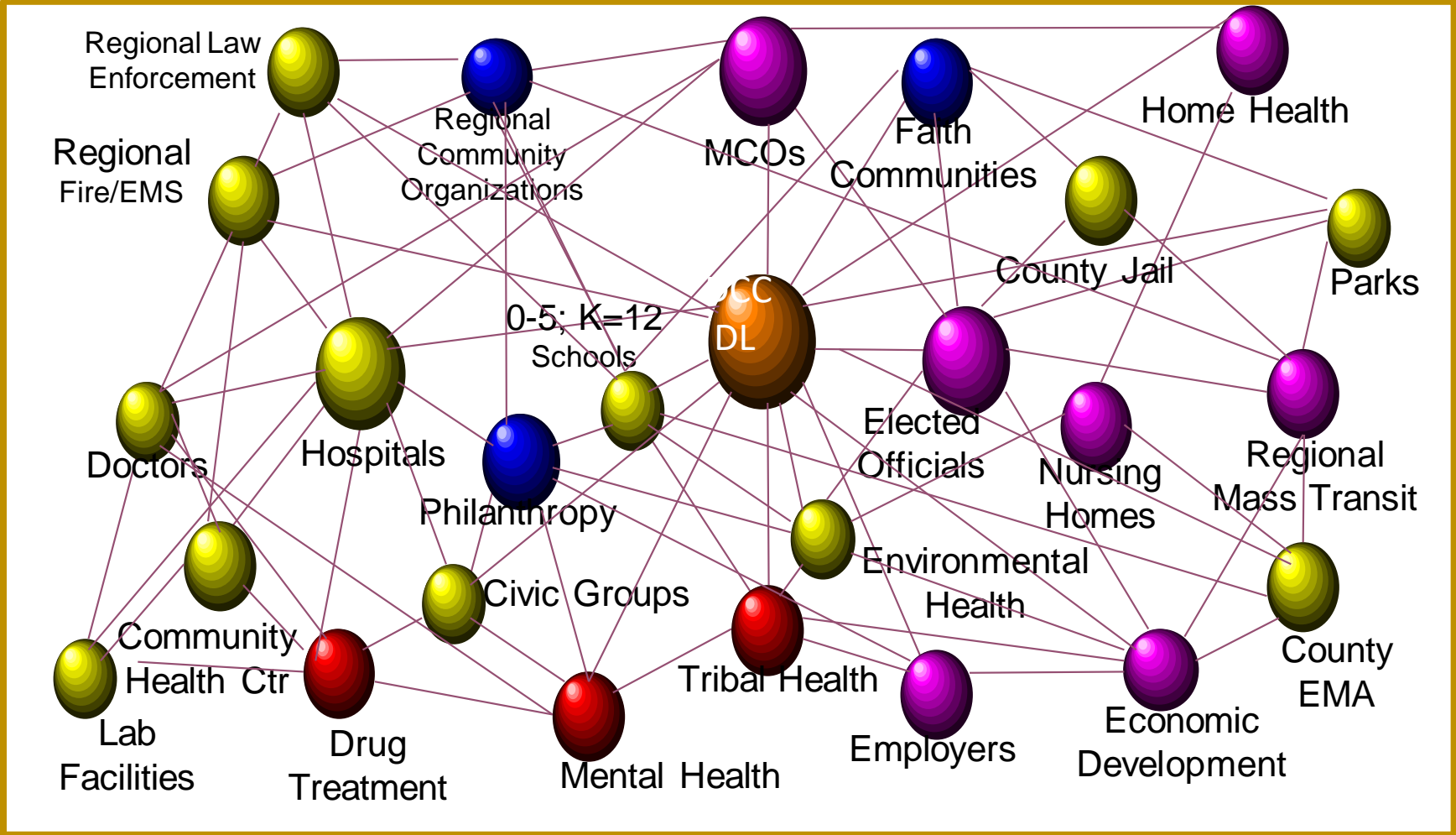
A First Look at the 2022 Results

What is a LPHSA?

- A Local Public Health System Assessment (LPHSA) is used to understand the overall strengths and weaknesses of the local public health system based on the 10 Essential Public Health Services (EPHS)
- Uses National LPHSA Instrument
 - Based on National Public Health Performance Standards
 - Aligned with Public Health Accreditation
 - Opinion-based assessment
 - Looks at Public Health System as a whole, not just 1 agency or organization

Local Public Health System

District Coordinating Council Partners , State/County Experts



“Local Public Health System” includes regional/district & municipal entities

LPHSA Comparison Notes

2009-2010

- 3 in-person 3-hour scoring sessions
- 18, 22, & 31 scorers/session, mostly same group
- Used v2.0 NPHPS Instrument
- Beginning of District Public Health Infrastructure called for in the 2007 Public Health Work Group Recommendations and 22 MRS §412 enacted in 2009

2022-2023

- 5 virtual 2.5-hour scoring sessions
- 3-9 scorers/session, mostly different groups
- Used v3.0 NPHPS Instrument (2013)
- Decade+ established Maine CDC District Public Health & DCC

Score Definitions, 'Key Findings'

SCORE

DEFINITION

No
0%

No activity.

Minimal
>0 and 25% or less

Some activity by an organization or organizations within a single service/ geographic area. Not connected or minimally connected to others in or across the District.

Moderate
>25% but no more than 50%

Activity by one or more agency or organization that reaches across the District and is connected to other organizations in the District but limited in scope or frequency.

Significant
>50% but no more than 75%

Activity that covers the entire district [is dispersed both geographically and among programs] and is connected to multiple agencies/organizations within the District Public Health System.

Optimal
Greater than 75%

Fully meets the model standard for the entire district.

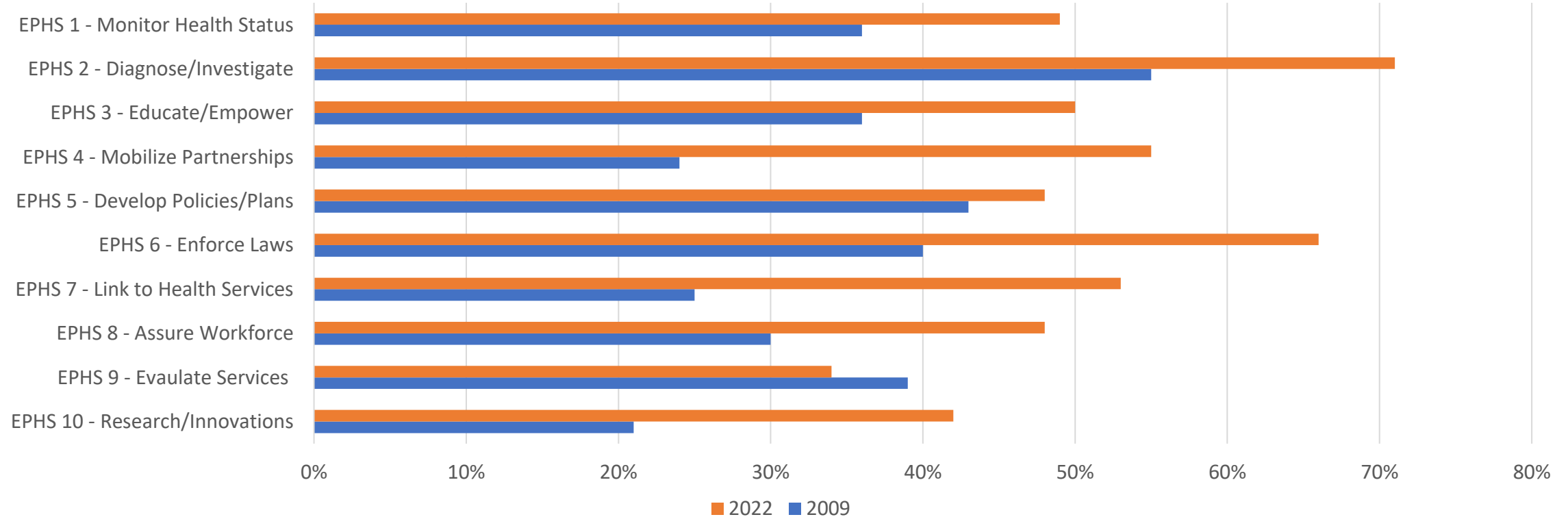
Key findings are a compilation of content themes and direct comments from participants of the virtual sessions

Summary of Scores

EPHS	2009	2022
1. Monitor Health Status to Identify Community Health Problems	36	49
2. Diagnose and Investigate Health Problems and Health Hazards	55	71
3. Inform, Educate, and Empower People about Health Issues	36	50
4. Mobilize Community Partnerships to Identify and Solve Health Problems	24	55
5. Develop Policies and Plans that Support Individual and Community Health Efforts	43	48

EPHS	2009	2022
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	40	66
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	25	53
8. Assure a Competent Public and Personal Health Care Workforce	30	48
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	39	34
10. Research for New Insights and Innovative Solutions to Health Problems	21	42
Overall Score	35	52

Comparison performance scores for each Essential Service, 2009 & 2022



Essential Service 1

Monitor Health Status to Identify Community Health Problems

EPHS	2009	2022
1.1 Population-Based Community Health Profile (CHP)	33	42
Community health assessment	50	50
Community health profile (CHP)	25	50
Community-wide use of community health assessment or CHP data	25	25

EPHS	2009	2022
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	25	42
State-of-the-art technology to support health profile databases	25	25
Access to geocoded health data	25	50
Use of computer-generated graphics	25	50

EPHS	2009	2022
1.3 Maintenance of Population Health Registries	50	63
Maintenance of and/or contribution to population health registries	75	75
Use of information from population health registries access to geocoded health data	25	50
Overall EPHS Score	36	49

Essential Service 1

Monitor Health Status to Identify Community Health Problems

Strengths

- Shared CHNA (Community Health Needs Assessment) process and assessments by community organizations lead to implementation of hospital system and other organizational plans.
- Sites/sources with useful, timely, data, e.g. COVID-19 real-time data, Environmental Public Health Tracking data, overdose hotspots data, data source updates and sharing by District Liaison (DL) and district partners.

Weaknesses

- Data in CHNA process is not recent enough, we need real-time, actionable, public health data. The lack of this was particularly apparent during the pandemic.
- The CHNA is mostly hospital-based not community-based.
- Community voice.
- Lack of collaboration among all populations.
- State government does not compile the data gathered by CBOs regarding the social determinants of health. They use it to only justify current funding and not future or emerging needs.

Opportunities

- Improve real time data collection and sharing.
- Find out why it takes so long (years) to get 'cleaned', validated, data, and what to do to speed up the process so the data is more useful.
- Take time to incorporate social determinants of health, in particular housing, utility, and food insecurity.
- Needed opportunity for stakeholders to plan how we can work together instead of just talking about it at the CHNA meeting.

Essential Service 2

Diagnose and Investigate Health Problems and Health Hazards

EPHS	2009	2022
2.1 Identification and Surveillance of Health Threats	56	67
Surveillance system(s) to monitor health problems and identify health threats	67	75
Submission of reportable disease information in a timely manner	50	75
Resources to support surveillance and investigation activities	50	50

EPHS	2009	2022
2.2 Investigation and Response to Public Health Threats and Emergencies	56	71
Written protocols for case finding, contact tracing, source identification, and containment	50	75
Current epidemiological case investigation protocols	75	75
Designated Emergency Response Coordinator	63	75
Rapid response of personnel in emergency/disasters	69	50
Evaluation of public health emergency response	25	75
EPHS	2009	2022
2.3 Laboratory Support for Investigation of Health Threats	53	75
Ready access to laboratories for routine diagnostic and surveillance needs	50	75
Ready access to laboratories for public health threats, hazards, and emergencies	38	75
Licenses and/or credentialed laboratories	50	75
Maintenance of guidelines or protocols for handling laboratory samples	75	75
Overall Score	55	71

Essential Service 2

Diagnose and Investigate Health Problems and Health Hazards

Strengths

- Timely, thorough, robust district public health communications on important issues and resources.
- Many existing reporting systems in place and rapid response to identified problems.
- Organizations' policy, procedure, and preparedness improvements made based on their COVID-19 pandemic experience.

Weaknesses

- Lack of "common language" for investigators, direct providers, and the general public may lead to inaccuracies and misunderstandings and prevent local level information from reaching the state.
- Methods to reach people that do not use or are unable to use smartphones or email.

Opportunities

- Continue individual organizational improvements and future preparedness based on evaluation of pandemic response.

Essential Service 3

Inform, Educate, and Empower People about Health Issues

EPHS	2009	2022
3.1 Health Education and Promotion	42	42
Provision of community health information	50	50
Health education and/or health promotion campaigns	52	25
Collaboration on health communication plans	25	50

EPHS	2009	2022
3.2 Health Communication	17	58
Development of health communication plans	0	75
Relationships with media	25	75
Designation of public information officers	25	25

EPHS	2009	2022
3.3 Risk Communication	50	50
Emergency communications plan(s)	75	50
Resources for rapid communications response	50	50
Crisis and emergency communications training	50	50
Policies and procedures for public information officer response	25	
Overall Score	36	50

Essential Service 3

Inform, Educate, and Empower People about Health Issues

Strengths

- Lots of disease prevention and health promotion materials are available and shared by district partners.
- Statewide messages and media on many public health topics are well-disseminated in the district.
- Community partnerships foster communication - both formal and informal.

Weaknesses

- Disinformation spread by social media
- Decrease in trust, society-wide; lack of belief in once-trusted messaging sources.
- We have done district-wide coordinated messaging projects when we have had resources (grants, state contracts), but do not have current or sustained funding.

Opportunities

- Organizations have emergency and non-emergency communication plans, but we don't have an overarching communication plan to coordinate this or the resources to do so.
- Public health messaging tends to be broad; we need more targeted message to meet the needs of specific groups.
- True community engagement, not just public health professionals talking to one another.

Essential Service 4

Mobilize Community Partnerships to Identify and Solve Health Problems

EPHS	2009	2022
4.1 Constituency Development	31	69
Identification of key constituents or stakeholders	50	75
Participation of constituents in improving community health	25	50
Directory of organizations that comprise the LPHS	25	75
Communications strategies to build awareness of public health	25	75

EPHS	2009	2022
4.2 Community Partnerships	17	42
Partnerships for public health improvement activities	25	50
Community health improvement committee	25	50
Review of community partnerships and strategic alliances	0	25
Overall Score	24	55

Essential Service 4

Mobilize Community Partnerships to Identify and Solve Health Problems

Strengths

- Strong Central District Coordinating Council, Steering Committee, and workgroups (esp. pre-pandemic).
- Willing, skilled, and dedicated partners
- Many different efforts to engage constituents in community health improvement.

Weaknesses

- Insufficient funding for Central District Coordinating Council; different levels of coordination/comprehensive effort depending on resources; grant and leader-driven work not established overall process.
- Not knowing what all partners are doing within the district because of siloed funding sources.
- Lots of collaboration and partnering, but no comprehensive look of the overall picture.

Opportunities

- A better overall communication plan so that the work that is being done is widely known
- To focus on doing this in a comprehensive way, it takes resources. It's also really hard to do - is anyone else doing it well?
- In the coming months to meet regularly with the new Maine Prevention Network contractors (when they start Jan 1)

Essential Service 5

Develop Policies and Plans that Support Individual and Community Health Efforts

EPHS	2009	2022
5.1 Government Presence at the Local Level	33	50
Governmental local public health presence	21	50
Resources for the local health department	28	50
LHD work with the state public health agency and other state partners	50	50

EPHS	2009	2022
5.2 Public Health Policy Development	40	42
Contribution to development of public health policies	46	50
Alert policy makers/public of public health impacts from policies	50	50
Review of public health policies	25	25

EPHS	2009	2022
5.3 Community Health Improvement Process	29	50
Community health improvement process	63	75
Strategies to address community health objectives	25	50
Local health department (LHD) strategic planning process	0	25

EPHS	2009	2022
5.4 Plan for Public Health Emergencies	71	50
Community task force or coalition for emergency preparedness and response plans	75	50
All-hazards emergency preparedness and response plan	75	50
Review and revision of the all-hazards plan	63	50
Overall Score	43	48

Essential Service 5

Develop Policies and Plans that Support Individual and Community Health Efforts

Strengths

- Central District Coordinating Council develops plans in conjunction with health care system plans and a regular Shared Community Health Needs Assessment Process (CHNA).
- Efforts to share and coordinate different groups' plans and policy work with district partners.
- Maine Public Health Association policy advocacy, many of us are members and contribute.

Weaknesses

- Lack broad understanding of County Emergency Management (EMA) and municipal preparedness and response plans; need more of a connection with Central DCC.
- No known regular, comprehensive, systemic review of policies in the district.
- State funding resources aren't equitably distributed in the district.

Opportunities

- Connect and align plans of various organizations, select areas to work on for collective impact?
- Encourage more EMS and EMA involvement with the DCC; work to better understand emergency plans.
- Policy review, identify check list of policies, what should Central District be looking at? Health in all policies?

Essential Service 6 – Enforce Laws and Regulations that Protect Health and Ensure Safety

EPHS	2009	2022
6.1 Review and Evaluate Laws, Regulations, and Ordinances	50	69
Identification of public health issues to be addressed through laws, regulations, and ordinances	50	75
Review of laws, regulations, and ordinances	50	75
Review existing public health laws at least once every five years? (2022)		50
Access to legal counsel	50	75
EPHS	2009	2022
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	25	75
Identification of public health issues not addressed through existing laws	25	75
Development or modification of laws for public health issues	25	75
Technical assistance for drafting proposed legislation, regulations, or ordinances	25	75

EPHS	2009	2022
6.3 Enforce Laws, Regulations, and Ordinances	45	55
Authority to enforce laws, regulation, ordinances	50	75
Public health emergency powers	75	50
Enforcement in accordance with applicable laws, regulations, and ordinances	50	50
Provision of information about compliance	25	50
Assessment of compliance	25	50
Overall Score	40	66

Essential Service 6

Enforce Laws and Regulations that Protect Health and Ensure Safety

Strengths

- Good cooperation with existing enforcement authorities.
- Organizations are strong advocates for the populations they serve.
- Many organizations and municipalities have access to legal counsel.

Weaknesses

- Disconnect sometimes between what members of the public would like the state or municipality to regulate and what there is in place for rules and authority.
- Some policies aren't adopted because enforcement would cost additional money that is not provided.

Opportunities

- Resources for policy reviews and to identify issues that are inadequately addressed in existing laws, regulations, and ordinances. What's working/not working/where are the barriers?
- More comprehensive education opportunities for the general public.

Essential Service 7

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

EPHS	2009	2022
7.1 Identification of Populations with Barriers to Personal Health Services	25	56
Identification of populations who experience barriers to care	25	50
Identification of personal health service needs of populations	25	50
Assessment of personal health services available to populations who experience barriers to care	25	75

EPHS	2009	2022
7.2 Assuring the Linkage of People to Personal Health Services	25	50
Link populations to needed personal health services	25	50
Assistance to vulnerable populations in accessing needed health services	25	25
Initiatives for enrolling eligible individuals in public benefit programs	25	75
Coordination of personal health and social services	25	50
Overall Score	25	53

Essential Service 7

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

Strengths

- Many organizations assist with navigation and connection to services and financial programs and assess unmet needs.
- When needed, district partners form coalitions or workgroups to address specific issues.
- Collaborative relationships, strong communication, sharing of information.

Weaknesses

- We are connecting to people we see or who find us, not all who are eligible or who have needs.
- Lack of dental offices that are accepting new patients or have appointments available in a reasonable amount of time, especially those who take MaineCare.
- Ongoing transportation barriers.
- Definitions of roles and responsibilities, shared knowledge of this, avoidance of duplication.

Opportunities

- Resources and effective strategy for outreach to those not connected to system partners who many have unmet needs or are eligible for services/programs.
- More real time data on needs and populations – so we can do more to tailor services to populations who may need them.
- Have robust funding for public health so all populations can be reached and well-served.

Essential Service 8 Assure a Competent Public and Personal Health Care Workforce

EPHS	2009	2022
8.1 Workforce Assessment Planning and Development	25	25
Assessment of the LPHS workforce	25	25
Identification of shortfalls and/or gaps within the LPHS workforce	25	25
Dissemination of results of the workforce assessment/gap analysis	25	25

EPHS	2009	2022
8.2 Public Health Workforce Standards	45	58
Awareness of guidelines and/or licensure/certification requirements	50	75
Written job standards and/or position descriptions	50	50
Annual performance evaluations	75	50
LHD written job standards and/or position descriptions	25	
LHD performance evaluations	25	

EPHS	2009	2022
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	25	60
Identification of education and training needs for workforce development	25	75
Opportunities for developing core public health competencies	25	75
Educational and training incentives	25	50
Interaction between personnel from LPHS and academic organizations	25	50
Continually train workforce in cultural competency and social determinants of health?		50
EPHS	2009	2022
8.4 Public Health Leadership Development	25	50
Development of leadership skills	25	50
Collaborative leadership	25	50
Leadership opportunities for individuals and/or organizations	25	75
Recruitment and retention of new and diverse leaders	25	25
Overall Score	30	48

Essential Service 8

Assure a Competent Public and Personal Health Care Workforce

Strengths

- Strong and consistent relationships, sharing of information, converging on goals.
- Lots of training and professional development opportunities; online training widely available.
- Collaborative District identification and action on important cross-cutting topics, such as ACEs, poverty competencies, DEI competencies.

Weaknesses

- Share in the staffing crisis most sectors are having – there is a big need for employees everywhere. We especially need more nurses.
- It is difficult to recruit and engage people with lived experience as advisors and educators.
- Diversification of workforce, more robust workforce, better funded local public health infrastructure.

Opportunities

- Our public health workforce is aging and not diverse enough. We need to bring others into leadership positions.
- Find better ways to consistently engage people with lived experience; develop infrastructure to do so.
- Develop long-term workforce plan.

Essential Service 9

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

EPHS	2009	2022
9.1 Evaluation of Population-Based Health Services	28	31
Evaluation of population-based health services	38	50
Assessment of community satisfaction with population-based health services	25	25
Identification of gaps in the provision of population-based health services	25	25
Use of population-based health services evaluation	25	25

EPHS	2009	2022
9.2 Evaluation of Personal Health Care Services	50	40
Personal health services evaluation	50	25
Evaluation of personal health services against established standards	50	50
Assessment of client satisfaction with personal health services	75	50
Information technology to assure quality of personal health services	25	50
Use of personal health services evaluation	50	25
EPHS	2009	2022
9.3 Evaluation of the Local Public Health System	38	31
Identification of community organizations or entities that contribute to the EPHS	50	50
Periodic evaluation of LPHS	50	25
Evaluation of partnership within the LPHS	25	25
Use of LPHS evaluation to guide community health improvements	25	25
Overall Score	39	34

Essential Service 9

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Strengths

- District Liaison (DL) that shares lots of registries, information, and resources regularly in a district-wide email.
- Many organizations do internal customer satisfaction surveys.
- Individual organizations are improving their use of EMRs and their capacity to share information.

Weaknesses

- The system may have done well during COVID - but will this continue?
- Geographic issues - the district is very large, doesn't have coverage in all areas, and is not funded consistently in all areas
- We need to know what impact services and evidence-based programs have on actual individual health and in the health of vulnerable populations.
- Need qualified researchers and evaluation design to improve evaluation research and to better use results of customer surveys.

Opportunities

- A district evaluator would be amazing.
- Gather all our data to look at what assessments are happening, can we share data, how do we share?

Essential Service 10

Research for New Insights and Innovative Solutions to Health Problems

EPHS	2009	2022
10.1 Fostering Innovation	38	44
Encouragement of new solutions to health problems	50	25
Proposal of public health issues for inclusion in research agenda	25	25
Identification and monitoring of best practices	50	75
Encouragement of community participation in research	25	50

EPHS	2009	2022
10.2 Linkage with Institutions of Higher Learning and/or Research	25	50
Relationships with institutions of higher learning and/or research organizations	25	50
Partnerships to conduct research	0	50
Collaboration between the academic and practice communities	50	50
EPHS	2009	2022
10.3 Capacity to Initiate or Participate in Research	0	31
Access to researchers	0	25
Access to resources to facilitate research	0	25
Dissemination of research findings	0	50
Evaluation of research activities	0	25
Overall Score	21	42

Essential Service 10

Research for New Insights and Innovative Solutions to Health Problems

Strengths

- Some organizations can do research and pilot projects as part of grants and funding they receive.
- Current PFAS/PFOS (topical) research
- We have a strong district communication system and are able widely share what we do have.

Weaknesses

- Participation in research and promising practices pilots are a function of the resources available and not usually part of basic services.
- Lack of local published research.
- Lack of consistent infrastructure and funding for research and innovation.

Opportunities

- Training and support for on-going research.

What did we do with the first LPHSA?

2011 Central District Public Health Improvement Plan (DPHIP) -- Phase I Action Summary & Timeline

Priority District Need/Issue & Phase 1 Action	Lead	2011 Timeline			
		1 st quarter Jan-March	2 nd quarter April-June	3 rd quarter July-Sept	4 th quarter Oct-Dec
Essential Public Health Service (EPHS) #7 - Linking people to needed personal health services and assure the provision of health care when otherwise unavailable					
▶ Develop EPHS #7 Workgroup work plan and work commitments	LeeAnna Lavoie, Greater Waterville PATCH		Implement	developed	work plan
▶ Develop & implement medication management messaging campaign encouraging patient engagement in their own care	Dr. Roger Renfrew, Redington-Fairview GH				
EPHS #4 - Mobilizing community partnerships to identify and solve health problems					
▶ Connect DCC to newly formed District Youth Council	Paula Thomson, Central PH District, OLPH				
EPHS #3 – Inform, educate, and empower people about health issues					
▶ Form new DCC workgroup to address EPHS #3 goals	Bill Primmerman, Greater Somerset PHC		Implement	developed	work plan
▶ Use Central District Public Health Unit Updates and DCC website to communicate important information to DCC, LHOs, & partners	Paula Thomson, Central PH District, OLPH				
▶ Use Central District Public Health Unit Updates and DCC website to communicate health evidence & best practices resources to DCC, LHOs, and district partners	Paula Thomson, Central PH District, OLPH				
▶ Conduct 1-2 LHO certification & training programs in 2011	Paula Thomson, Central PH District, OLPH				
Vaccination Coordination and Support (EPHS #3, #4, & #7)					
▶ Establish & implement DCC Vaccination Work Group & communication network	Donna Guppy, Central District Epi, MCDC, & Paula Thomson, Central PH District, OLPH				
Incorporate 2011 Central DPHIP into state DPHIP template & submit to SCC	Paula Thomson, Central PH District, OLPH				
Identify new Central DPHIP Priorities in Community (HMP) & Partner Plans	HMPs & DCC				
Other DCC Partner Plans & Central District Issues Presented to DCC	DCC				
Provide Input for State Health Plan & HealthyMaine 2020	DCC				
Review 2011 Central DPHIP Implementation Progress	DCC Workgroups & DCC				
Incorporate Priorities Identified in Community & Partner Plans	DCC				
Update Central DPHIP for 2012	DCC Workgroups & DCC				

What will we do with the 2022 LPHSA?

Short Term:

- Organizations may use the information to help with grant applications
- Inform existing public health & partner efforts
- Identify areas for collaboration and further research

Longer Term:

- new DPHIP?
- implementation funding?