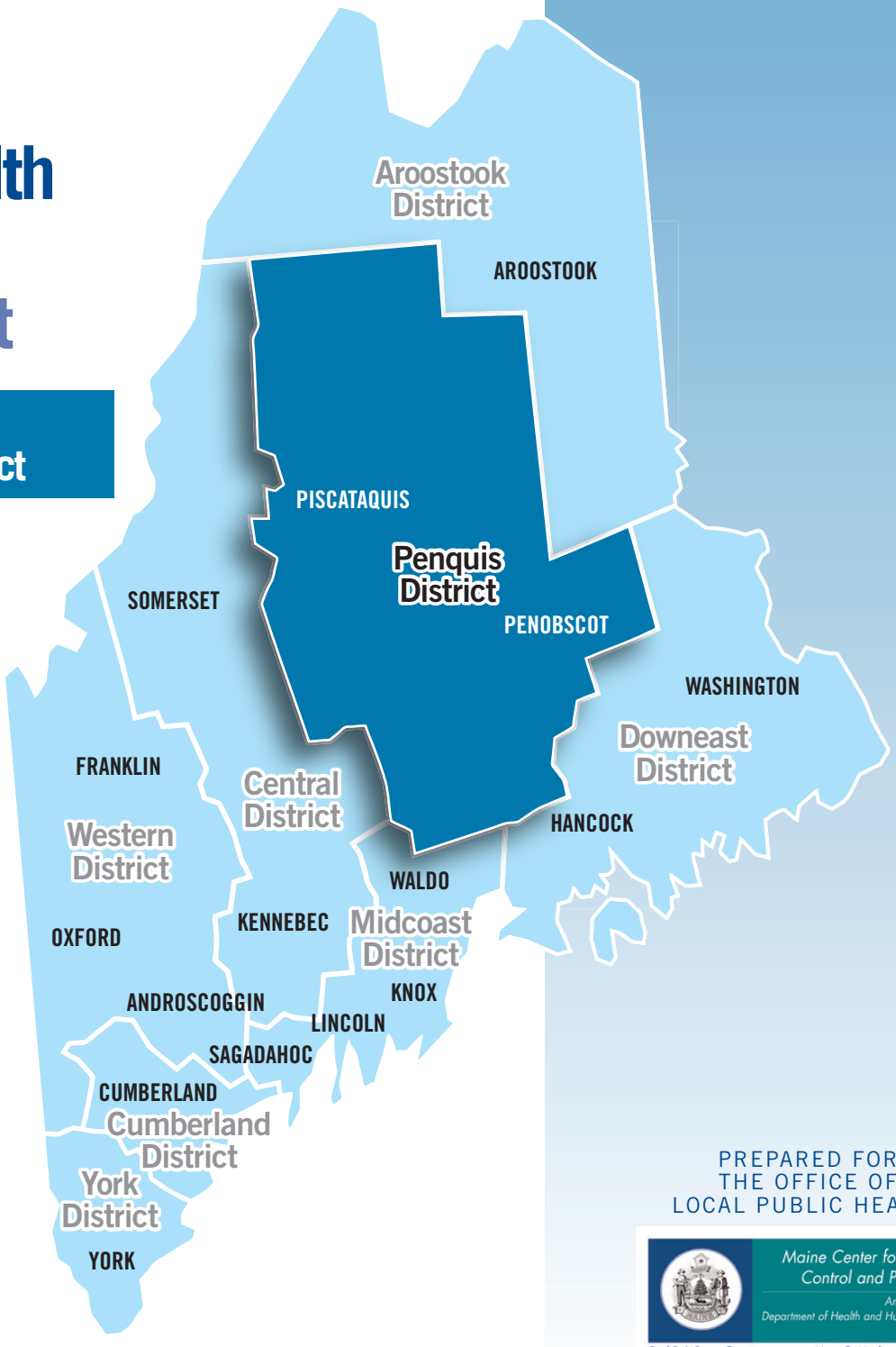
2010

Local Public Health System Assessment

Penquis Public Health District

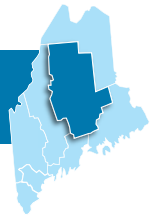


PREPARED FOR
THE OFFICE OF
LOCAL PUBLIC HEALTH

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

BY

MAINE CENTER for Public Health



Acknowledgements

This report was prepared by Karen O'Rourke, MPH and Joan Orr, CHES from the Maine Center for Public Health in 2010 for the Office of Local Public Health at the Maine Center for Disease Control and Prevention.

District Public Health System Assessment Team:

Maine Center for Public Health team
Office of Local Public Health/Maine CDC team

Office of Primary Care/Maine CDC:
Division of Family Health/Maine CDC

Funding Support

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Public Health Preparedness and Response*
Fund for a Healthy Maine^

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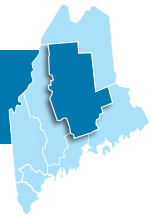
Maternal/Child Health Block Grant*

**federal grant funds*
^State funds (Tobacco Settlement)

We would like to express our sincere gratitude to Mark Griswold and Chris Lyman for their leadership and vision of public health in Maine. Also to the District Liaisons for their creative ideas, constructive advice and assistance which was invaluable in the assessment process.

Aroostook . . . . . Stacy Boucher
Central . . . . . Paula Thomson
Cumberland . . . . . Becca Matusovich
Downeast . . . . . Alfred May
Midcoast . . . . . Jennifer Gunderman-King
Penquis. . . . . .Jessica Fogg
Western. . . . . MaryAnn Amrich
York. . . . . .Sharon Leahy-Lind

We want to convey a special thank you to the District's public health stakeholders who committed their time and knowledge of local areas activities, resources, gaps and challenges. Without their participation, we would not have been able to develop this snapshot in time.



November 2010

Dear Colleague:

Public health's core functions include assessment, policy development, and assurance. This report constitutes a systematic look at how public health services are coordinated, aligned and delivered by organizations of this public health District for the people who live, work, study and visit here.

The Department of Health and Human Services' Maine Center for Disease Control and Prevention provided funding support for the use of a nationally recognized public health system tool to assess regional public health systems in Maine's eight health districts.

These DHHS Districts were codified in state statute by the Legislature in 2009, based on the work of the Governor's Office of Health Policy and Finance, in partnership with a host of local, regional, and state-level public health stakeholders. The legislation describes the different components of Maine's emerging public health infrastructure, and within this description were the seeds of necessary public health steps that produced the report you see before you.

All District Public Health System Assessment Reports are available for downloading at www.mainepublichealth.gov. A limited number of paper copies have been made available to your District Health Liaison and Coordinating Council, as well as your nearest Healthy Maine Partnership, whose contact information can also be located at the link above.

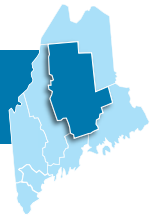
If you have comments or questions about the findings, please contact the District Liaison whose contact information is available inside.

The Assessment findings are a snapshot in time. It sets a baseline from which to measure progress and collaborative work to improve and to protect District community health and quality of life. It is a qualitative tool, but a necessary one to move forward. It is one step in many innovative efforts to better support local efforts to protect and improve community health and quality of life, reduce disparities in health status among groups in the District, and make Maine the healthiest state in the nation.

Thank you for your interest in the health of Maine's people.

Sincerely,

Dora Anne Mills, MD, MPH
State Health Officer
Director, Maine Center for Disease Control and Prevention
Maine Department of Health and Human Services



From the Office of Local Public Health:

Local knowledge and perspective of participants built the picture you have before you of the District's public health system's assets. Part of the fun and challenge was to capture an understanding of *where* in this district services are being delivered. For a single county District, this might not be a challenge. But in a multi-county District, stakeholders had to look at services across all parts of a wider geography and meet more stakeholders than usual.

Our shared experience in applying the Local Public Health System Performance Assessment tool allowed us all to develop a better awareness of public health terms, definitions, and expectations for what a public health system can do. It helped everyone think in terms of systems, rather than one organization or sector. We looked at relationships *between organizations,* not only the people in them, and considered how to serve groups of people rather than individuals.

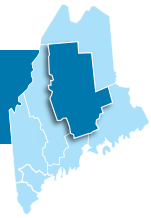
The results of this Assessment are being integrated into two types of planning documents. Healthy Maine Partnership coalitions are using the results to look at what's happening in their own local service areas as part of developing Community Health Improvement Plans. District stakeholders and members of the District Public Health Coordinating Councils are using the results to identify action steps for District System quality improvement priorities as part of District Health Improvement Plans.

Having District Public Health System Assessments will help Maine work towards achieving national public health agency accreditation, which is an objective of the 2010 State Health Plan.

The organizations and people who came together to create this report took a major step in strengthening their District public health system. More than ever, we appreciate that public health happens at the local level.

Mark Griswold
MPH Director, OLPH

Christine Lyman, MSW, CHES
Senior Advisor, OLPH



We of the Penquis District Public Health System

Thanks to all who participated and contributed to our successful first Local Public Health System Assessment for the Penquis Health District.

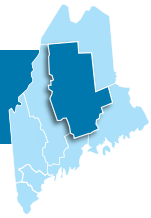
Special thanks go to:

Penobscot Community Health Center and Eastern Maine Community College

and

Bonnie Irwin
Robin Carr-Slauenwhite
Jamie Comstock
Jessica Fogg
Dale Hamilton
Karen Hawkes
Dawn Littlefield
Robin Mayo
Linda McGee
Jane McGillicuddy
Kathy Knight
Bea Szantyr
Jerry Whalen
MaryAnn Amrich

Thanks to all!



Penquis District Characteristics

How the District is organized

- The Penquis Public Health District covers Penobscot and Piscataquis counties.
- There are 60 municipal governments, including a city, towns, plantations and townships.
- The Penobscot Nation is a federally recognized Tribe with its own government and homeland.
- The District serves all parts of its jurisdiction, including its townships, some of which have year-round or seasonal residents.

Who we are*

- 165,612 people with 12.6 persons per square mile (Census 2008 est.).
- 9,096 of us are less than 5 years old, 33,438 are 18 years old, and 22,862 over 65 years old.
- 43.5% of our children are eligible for free or reduced school lunch.
- 14.9% of us are adults with a lifetime status of having less than a high school degree.
- We are enriched by our numbers of Native American, Hispanic, and Franco-American heritage.
- Much more data on who we are can be found at www.mainepublichealth.gov.

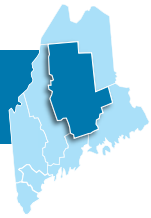
How the public/private Public Health System of the District is organized

- The District has its own webpage: www.mainepublichealth.gov, under *Local Public Health Districts.*
- A multi-sector District Coordinating Council and its leaders partner with the District Liaison.
- A DCC-elected representative sits as a voting member of the State Public Health Coordinating Council.
- Healthy Maine Partnerships (HMP) coalitions each serve their towns within the District.
- All HMPs are members of the District Coordinating Council.
- Each town can appoint a Local Health Officer (LHO), who is trained/certified by Maine CDC.
- A District Liaison serves the whole District and is located in the Bangor DHHS office.
- The District Liaison provides oversight of LHOs, and technical assistance to LHOs and HMPs.

The governmental District Public Health Unit includes the District Liaison plus

- 1 public health nurse
- 1 field epidemiologist
- 2 drinking water protection specialists
- 1 health inspector

**see updated data from the new census at www.census.gov*



List of Central Local Public Health Assessment Participants*

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Alfred May
Maine CDC

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Mary McDonald
Sewall Corp.

Linda McGee
River Coalition

Jane McGillicuddy
Katahdin Area Partnership

Jane McQuarrie
MCDC Public Health Nursing

Willow McVeigh
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Mary Ellen Quinn
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Duska Robinson
Community Health/Counseling

Glenn Ross
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Dave Shannon
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Bea Szantyr
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Luke Uhlman
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Erika Weidener
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Jerry Whalen
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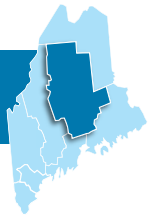
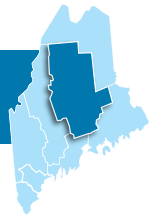
Erin Whitehouse
ME Youth Healthy Lifestyles

Shawn Yardley
Bangor Health & Community Services

**representing these organizations at the time*





Background

The Maine Center for Disease Control and Prevention (MCDC) contracted with the Maine Center for Public Health (MCPH) to lead a formal assessment process during 2009. The assessment was designed to identify the strengths, limitations, gaps, and needs of the current public health system in each of the eight newly forming public health districts. The results depicted in this report are intended to serve as the impetus for the development of a district strategic improvement plan building up to coordinated statewide strategies as appropriate.

MCPH was responsible for facilitating the formal assessment using a nationally recognized public health performance standards tool. The Center was selected to lead the assessment process given their training and experience in this area.

Overview of Public Health Performance Standards

The Centers for Disease Control and Prevention spearheaded and established in 1998 a national partnership initiative, the National Public Health Performance Standards Program [NPHPSP], to improve and strengthen the practice of public health, enhance systems-based performance, and support public health infrastructure.[1] To accomplish this mission, performance standards for public health systems have been collectively developed. These standards represent an optimal level of performance that needs to exist to deliver essential public health services within a public health system.

The NPHPSP is intended to improve the quality of public health practice and the performance of public health systems by:

1. Providing performance standards for public health systems and encouraging their widespread use;
2. Engaging and leveraging state and local partnerships to build a stronger foundation for public health;
3. Promoting continuous quality improvement of public health systems; and
4. Strengthening the science base for public health practice improvement.

As part of this initiative, three assessment instruments were created to help delineate model standards and evaluate performance. The tools include the following:

- State Public Health System Performance Assessment Instrument focuses on the "state public health system" and includes state public health agencies and other partners that contribute to public health services at the state level.

[1]Centers for Disease Control and Prevention—National Public Health Performance Standards Program. Available at: http://www.cdc.gov/od/ocphp/nphpsp/

- Local Public Health System Performance Assessment Instrument focuses on the "local public health system" or all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individual and informal associations.
- Local Public Health Governance Performance Assessment Instrument focuses on the governing body ultimately accountable for public health at the local level. Such governing bodies may include boards of health or county commissioners.

Public Health Core Functions

The three core public health functions include assessment, policy development, and assurance.

ASSESSMENT

This function includes the regular collection, analysis and sharing of health information about risks and resources in a community. The purpose of it is to identify trends in illness, injury, and death, including the factors that lead to these conditions.

POLICY DEVELOPMENT

Information collected during the assessment phase is often used to develop state health policies. Good public policy development involves the community and takes into account political, organizational, and community values.

ASSURANCE

This function includes the assurance of the availability of quality and educational programs and services necessary to achieve the agreed-upon goals.

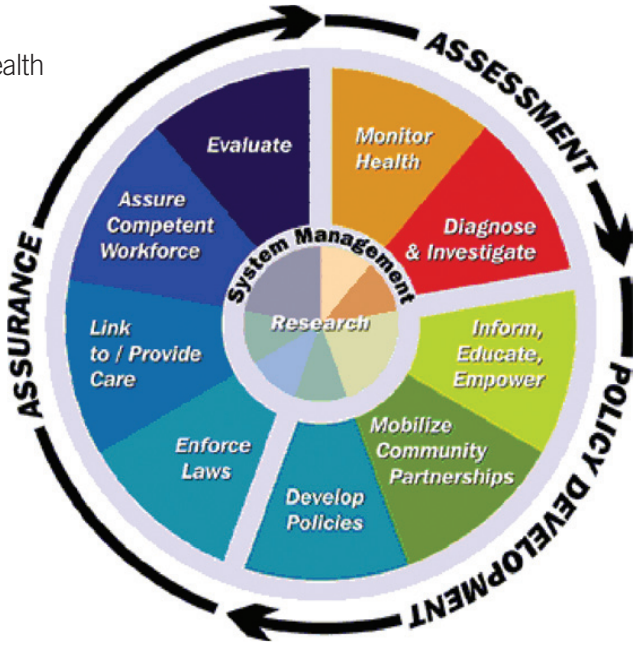
Concepts Guiding Performance Standards Development and Use

Four concepts have helped to frame the National Public Health Performance Standards into their current format.

I. For each tool, performance is assessed through a series of questions **based on the 10 Essential Public Health Services (EPHS)** Framework. This framework delineates the practice of public health. The essential services include:

Assessment

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.



Policy Development

3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.

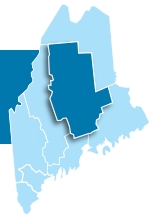
Assurance

6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Serving All Functions

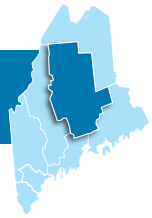
10. Research for new insights and innovative solutions to health problems.

II. The standards **focus on the overall District Public Health System,** rather than a single organization. By focusing on the District Public Health System, the contributions of all entities are recognized that play a role in working to improve the public's health.



III. The standards **describe an optimal level of performance,** rather than provide minimum expectations. This assures that the standards provide benchmarks which can be used for continuous quality improvement and stimulate higher achievement.

IV. The standards are explicitly intended to **support a process of quality improvement.** System partners should use the assessment process and results as a guide for learning about public health activities and determining how to improve services.



Assessment Process

The formal assessment was conducted during a series of three meetings followed by a report-back meeting to present preliminary results and ensure content accuracy.

This report provides a description of the district assessment process and a comprehensive review of the quantitative and qualitative results. Assessment findings should be used as the basis to identifying strategic direction for enhancing performance.

The intended audience for this report includes:

- Participants involved in the formal assessment process
- District and State Public Health Coordinating Councils
- Public health practitioners and stakeholders
- Others interested in supporting local public health system-based efforts

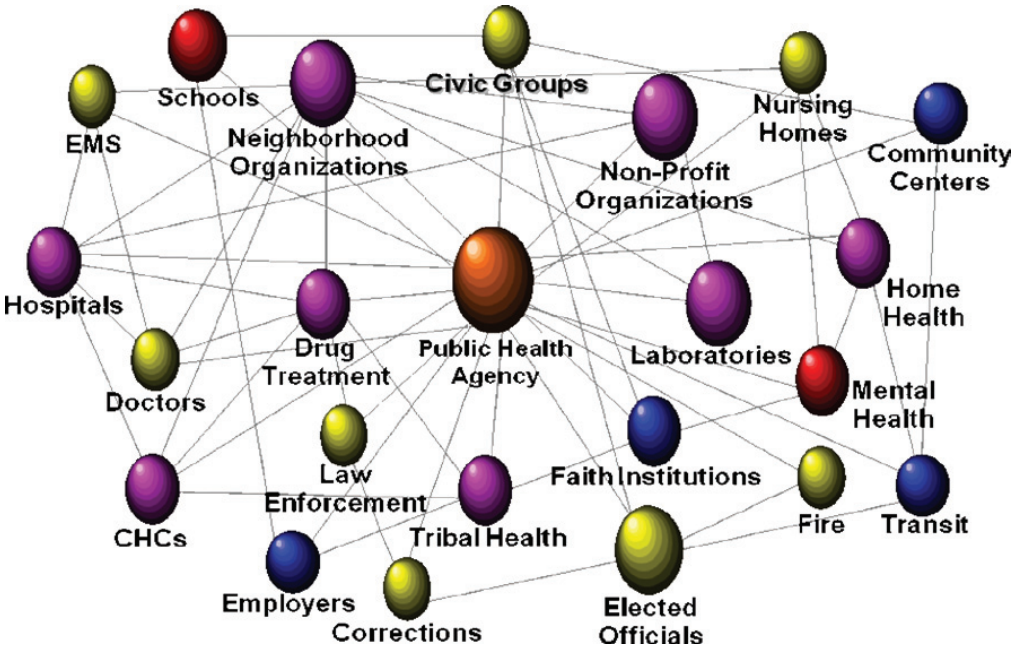
This report begins by providing a brief overview of national public health performance standards. This overview is then followed by a description of the district assessment process, including the purpose, tool, benefits and limitations. The report also provides a comprehensive review of the quantitative and qualitative results.

This document is intended to be used as a spring-board for discussion in the second phase of this initiative known as the system improvement planning process; a process that will be led by each District Coordinating Council. Assessment findings will be used as the basis to begin identifying next steps, future strategies, suggestions for enhancing performance, and priority areas. Additionally, districts might engage in more coordinated decision making, leverage system partners for identified priorities, and pool resources to achieve shared objectives.

Stakeholder Participation

Invitations were sent to a broad range of disparate partners representing the District jurisdiction, including municipal public health agency, county government, regional offices of state agencies, community-based organizations, academic institutions, hospitals, health systems, community health centers, school systems and nonprofit organizations such as United Way, YMCAs, environmental organizations, anti-poverty agencies' substance abuse and mental health services, area aging agencies, etc. Additionally, invitations were sent to first responders, elected officials, social service providers, librarians, administrators, diversity advocates, and others representing local governmental or quasi-governmental entities such as planning commissions, police departments and adult education programs.

The Public Health System



Benefits of a Strong System

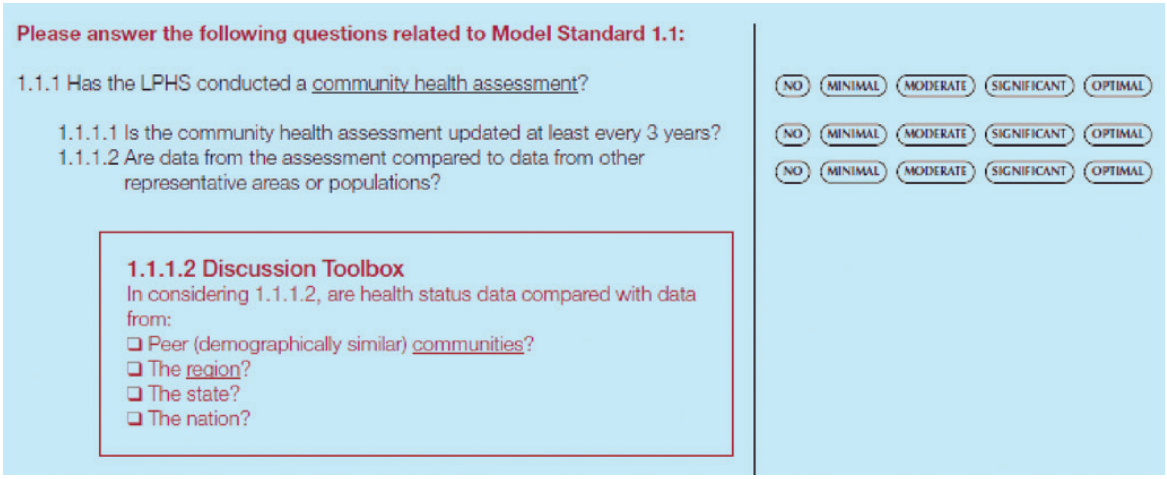
Strong and effective public health systems have the ability to…

- Improve the health of the public
- Protect the public's health
- Carry out the essential public health services
- Advocate on behalf of what's in the best interest of the public's health
- Work collaboratively with stakeholders, communities, volunteers, and others
- Decrease rising health care costs
- Secure federal funds and foundation dollars for public health activities

Assessment Tool

Intention of the tool is to help improve organizational and community communication, bring partners to the same table, promote cohesion and collaboration, provide a systems view of public health and provide a baseline for Maine's emerging district public health system.

The 69-page assessment tool was developed by the CDC and other national partners. The tool was revised in 2008 and is comprised of a total of 325 questions and 30 model standards assessing the major activities, components, and practice areas of the ten essential services within the District public health system. The assessment questions serve as the measure and all questions are preceded by model standards which represent the optimal levels (gold standard) of performance based on a set of indicators that are unique to each essential service. The tool can found at: http://www.cdc.gov/od/ocphp/nphpsp/TheInstruments.htm



Please answer the following questions related to Model Standard 1.1:

1.1.1 Has the LPHS conducted a community health assessment? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.1.1 Is the community health assessment updated at least every 3 years? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1.1.2 Are data from the assessment compared to data from other representative areas or populations? NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

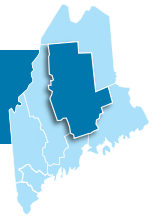
1.1.1.2 Discussion Toolbox

In considering 1.1.1.2, are health status data compared with data from:

- ❑ Peer (demographically similar) communities?
- ❑ The region?
- ❑ The state?
- ❑ The nation?

National Database

To complete the local public health system assessment process, responses are submitted to a national database. This database is managed by the CDC and includes information on the local public health agency, the jurisdiction, the governing structure, entities represented during the assessment, and the final assessment scores.



Response Options

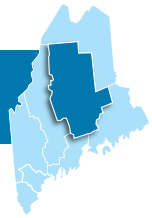
There were five response options available to classify the activity that was met within the District public health system. Because the assessment was completed in eight newly formed DHHS administrative jurisdictions, MCPH, Maine CDC, and a group of stakeholders further defined the response options to help ensure consistency across all eight that address the needs of a newly forming system. For this same reason and because some functions are provided at a state level in Maine, selected questions within essential services 2, 5, and 6 were scored the same in all Districts statewide (see results section). The response options were defined as follows:

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.

Scoring, Data Entry, and Data Analysis

An algorithm, developed by the CDC, was utilized to develop scores for every Essential Public Health Service. Each question was assigned a point value and given a weight depending on the number of questions and tiers. The score range was 0 to 100 with higher scores depicting greater performance in a given area. The scoring scheme and algorithm are available upon request. Each response was entered into the CDC database for analysis, with a report generated highlighting the quantitative results.

In addition to the scores that were collectively assigned, qualitative information was recorded and assessed by MCPH. The comments by participants were captured on a laptop computer throughout the meetings for each question addressed. While not an inventory of activities, the comments were used to identify themes, provide a context for scores, and identify strengths, weaknesses, gaps and recommendations for improvement or collaboration for the District.



Assessment Benefits and Limitations

THE BENEFITS of this type of assessment process have been well documented by the US CDC and other partners. This process served as a vehicle to:

- Improve communication and collaboration by bringing partners to the same table.
- Educate participants about public health, the essential services, and the interconnectedness of activities.
- Identify strengths and weaknesses that can be addressed in quality improvements through the use of a nationally recognized tool.
- Collect baseline data reflecting the performance of the district public health system.

Despite the advantages of an assessment such as this, there are limitations related to the process, tool, data collection, and generalizability of results that warrant attention. They include the following:

PROCESS LIMITATIONS

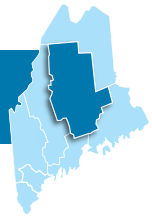
- Although attempts were made to encourage participation from multiple stakeholders, some representatives were missing from the process as noted on the summary page of results. The assessment format and anticipated commitment level during the assessment process may have prevented some participants from engaging in the series of meetings.
- The group process may have deterred introverted individuals who prefer less interactive approaches.
- The time commitment may have hindered the ability of some to participate due to lack of employer support or conflicting priorities.
- Additionally, differences in knowledge can create interpretation issues for some questions.

TOOL LIMITATIONS

- The tool was detailed and cumbersome to complete in a consensus-building process. Reaching true consensus on each question was deemed to be unattainable in the given timeframe. After discussion of each question, facilitators suggested a score and asked for participant agreement.

DATA COLLECTION LIMITATIONS

- The response options delineated in the tool were awkward to grasp by the newly forming infrastructure. Participants were frequently reminded of the district context.
- The scores were subject to the biases and perspectives of those who participated and engaged in the group dialogue.
- The comments made during the assessment may have been difficult to accurately capture due to multiple people speaking at once, individuals who could not be heard, or comments that were spoken too quickly. Every attempt was made to capture the qualitative comments, yet gaps exist. The intent of the report-back session was to improve on these limitations.



GENERALIZABILITY OF RESULTS

- The results of this assessment were based on a facilitated group process during a specific time period. Changes to the District public health system at all levels constantly occur. This assessment provides a snapshot approach.
- The assessment process was subjective, based on the views of those who agreed to participate.

Quality Improvement

The NPHPSP assessment instruments are intended to promote and stimulate quality improvement. As a result of the assessment process, the respondents identified strengths and weaknesses within District public health systems. This information can pinpoint areas that need improvement. To achieve a higher performing health system, system improvement plans must be developed and implemented. If the results of the assessments are not used for action planning and performance improvement, then the hard work of the assessments will not have its intended impact.

A few possible action steps are outlined at the end of the results section of each Essential Service. These steps are not meant to be a comprehensive nor inclusive list. Prioritization, additions, omissions, or edits to these action steps are open to the discretion of the OLPH and the DCC. Criteria for the possible action steps cited include:

- Must be actionable at a District level
- Must come from the data
- Will improve the District score (i.e. address one of the Model Standards)

Results

Overview

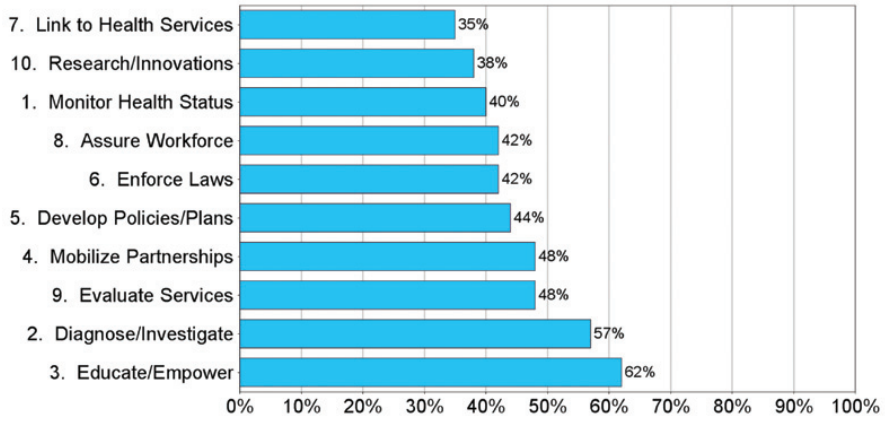
The Penquis District Public Health Systems Assessment took place on September 2, 16 and 30, meeting for approximately 3.5 hours each time. A total of 44 individuals participated in at least one of the three meetings with an average attendance of 27. Because a limitation of this process is that the scores are subject to the biases and perspectives of those who participated in the process, the planning group attempted to recruit broadly across the District. Individuals at the meetings represented HMPs, health care providers, hospitals, community health center, emergency management agency, social service and CAP agencies, state agencies, universities/colleges, municipalities, municipal health department, mental health agencies, businesses, area aging agencies, Local Health Officers, first responders, community organizations, and schools. Environmental health groups and faith-based organizations are potential gaps in representation.

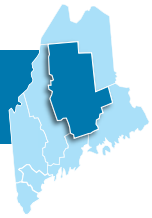
Summary of Scores

EPHS	SCORE
1. Monitor Health Status to Identify Community Health Problems	40
2. Diagnose and Investigate Health Problems and Health Hazards	57
3. Inform, Educate, and Empower People about Health Issues	62
4. Mobilize Community Partnerships to Identify and Solve Health Problems	48
5. Develop Policies and Plans that Support Individual and Community Health Efforts	44
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	42
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	35
8 Assure a Competent Public and Personal Health Care Workforce	42
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	48
10. Research for New Insights and Innovative Solutions to Health Problems	38

Overall Performance Score 46

Rank ordered performance scores for each Essential Service, by level of activity





Essential Service 1

Monitor Health Status to Identify Community Health Problems

This Essential Service evaluates to what extent the District Public Health System (DPHS) conducts regular community health assessments to monitor progress towards health-related objectives. This service measures: activities by the DPHS to gather information from community assessments and compile a Community Health Profile; utilization of state-of-the-art technology, including GIS, to manage, display, analyze and communicate population health data; development and contribution of agencies to registries and the use of registry data.

Overall Score: 40

This Service ranked 8 out of 10 Essential Services. This score is in the moderate range indicating, that some District-wide activities have occurred.

Scoring Analysis

- Community health assessments have been developed by HMPs. State-developed community health assessments and District health data comparison tables are available but do not have all components to qualify as a comprehensive Health Profile.
- Assessments have been distributed to coalition partners, but there is not a media strategy for data dissemination.
- The lowest score is the lack of a comprehensive District community health profile with summary analysis.
- The District has limited use of state-of-the-art technology including GIS.
- There are state and local registries on many health issues, but there is minimal use of the data.

District Context

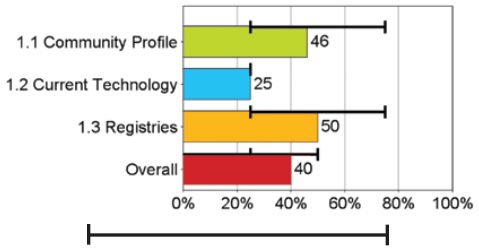
- There are a number of assessments that have been conducted in the District including: United Way, schools, HMPs conducting MAPP, FQHCs, Penquis CAP, and EMHS. Other county is available through Kids Count, environmental public health tracking and other state sources.
- Major health care systems will be conducting a statewide health assessment by county and will include some primary data collection. This process will include more public involvement and will be more widely promoted and accessible than past hospital assessments.
- Data not in current assessments include environmental health and domestic violence.
- Sebasticook Valley HMP has used assessment data to compile a Community Health Profile but there is not one for the District.

- Use of assessment data has been promoted by EMHS in 2007. That data was put on the web site and community forums were held about the data. There is not a current media strategy to promote use of assessment data and knowledge about data availability is limited.
- In some cases data is available on a number of websites and websites are linked. HMPs are working to join their data, but data on websites that is accessible is sometimes cumbersome to extract when needed.
- There are organizations in the District beginning to use GIS in limited capacity, such as related to cancer incidence.
- In addition to state registries, there are a number of local registries for immunizations, diabetes, asthma, but most data is used for internal organizational purposes only.

Possible Action Steps

- Ensure that assessment data is easily accessible (e.g., a website or linked websites) and in a format that is usable.
- Develop a District Health Profile—include data on identified gaps, ensure access to the profile in multiple formats including GIS mapping, and develop a media strategy to promote its use.

EPHS 1. Monitor Health Status

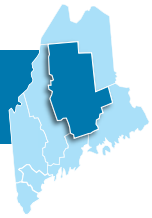


Range of scores within each model standard and overall

EPHS 1. Monitor Health Status to Identify Community Health Problems: Overall Perfomance Score	40
★ 1.1 Population-Based Community Health Profile (CHP)	46
Community health assessment	69
Community health profile (CHP)	28
Community-wide use of community health assessment or CHP data	42
★ 1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	25
State-of-the-art technology to support health profile databases	25
Access to geocoded health data	25
Use of computer-generated graphics	25
★ 1.3 Maintenance of Population Health Registries	50
Maintenance of and/or contribution to population health registries	75
Use of information from population health registries	25

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components

"It was educational for me to learn more about the public health system."



Essential Service 2

Diagnose and Investigate Health Problems and Health Hazards

This Essential Service measures the participation of the District Public Health System (DPHS) in integrated surveillance systems to identify and analyze health problems and threats as well as the timely reporting of disease information from community health professionals. This service also measures access by the DPHS to the personnel and technology necessary to assess, analyze, respond to and investigate health threats and emergencies including adequate laboratory capacity.

Overall Score: 57

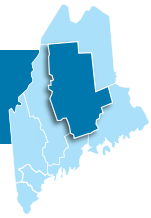
This was the second highest scoring Essential Service overall. This score is in the significant range, indicating that most activities are District wide.

Scoring Analysis

- Because most surveillance activities and laboratory oversight occur at the state level, these areas were scored the same for all Districts (in green), with the exception of emergency response ability.
- The District scored high on its emergency response ability and evaluation of the effectiveness of response activities. Rapid response of personnel in an emergency scored somewhat lower.

District Context

- District organizations use surveillance data but not everyone is aware of what is available or how to access it.
- The technology to use GIS mapping for state surveillance data is available but limited in use.
- A number of key partners in the District have been involved with the Regional Resource Center in the development of protocols for case finding, contact tracing, etc., for communicable diseases or toxic exposures.
- Most organizations in the District have had NIMS training. Many people have been brought to the table to discuss emergency response. Some but not all community leaders are involved in emergency response.
- There are a limited number of HAZMAT teams in the District. They cover multiple areas, so could not respond adequately if they are needed in more than one location.
- Protocols are in place to respond; they are adapted to Maine's rural nature.
- CERT teams are not in place in the District. More planning is needed on what to do with untrained volunteers who show up on-site in an emergency.

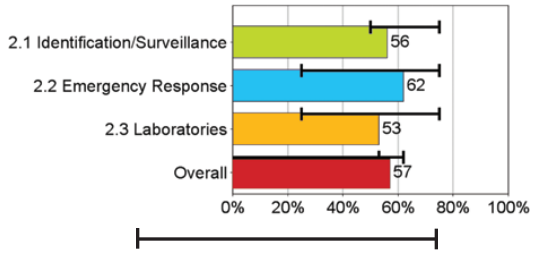


- Not all towns have updated emergency response plans; not everyone is aware of what is in the plans.
- There is adequate training in the District and After Action reports are required and used to modify plans. Surge capacity needs to be enhanced.
- Notification time by the State lab in H1N1 was long. Maine CDC lab does not have the capacity to deal with all local issues (e.g., a UMaine Orono swimming pool contamination incident).

Possible Action Steps

- Coordinate dissemination and use of surveillance data for organizations in the District.
- Encourage the recruitment and training of CERT teams in the District.
- Support the updating and dissemination of town emergency response plans.

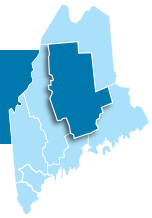
EPHS 2. Diagnose/Investigate



Range of scores within each model standard and overall

EPHS 2. Diagnose and Investigate Health Problems and Health Hazards	57
★ 2.1 Identification and Surveillance of Health Threats	56
Surveillance system(s) to monitor health problems and identify health threats	67
Submission of reportable disease information in a timely manner	50
Resources to support surveillance and investigation activities	50
★ 2.2 Investigation and Response to Public Health Threats and Emergencies	62
Written protocols for case finding, contact tracing, source identification, and containment	50
Current epidemiological case investigation protocols	75
Designated Emergency Response Coordinator	63
Rapid response of personnel in emergency/disasters	47
Evaluation of public health emergency response	75
★ 2.3 Laboratory Support for Investigation of Health Threats	53
Ready access to laboratories for routine diagnostic and surveillance needs	50
Ready access to laboratories for public health threats, hazards, and emergencies	38
Licenses and/or credentialed laboratories	50
Maintenance of guidelines or protocols for handling laboratory samples	75

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



Essential Service 3

Inform, Educate, and Empower Individuals and Communities about Health Issues

This Essential Service measures health information, health education, and health promotion activities designed to reduce health risk and promote better health. This service assesses the District Public Health System's partnerships, strategies, populations and settings to deliver and make accessible health promotion programs and messages. Health communication plans and activities, including social marketing, as well as risk communication plans are also measured.

Overall Score: 62

This was the highest scoring Essential Service overall. This score is in the significant range, indicating that there are many District-wide activities.

Scoring Analysis

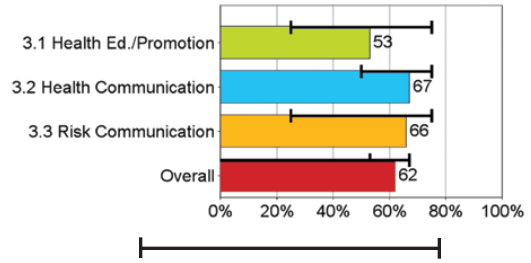
- There are District-wide health promotion campaigns; District stakeholders inform the public and policy makers about health needs.
- Individual communities tailor health promotion efforts to populations at higher risk and/or within specific settings.
- There are communication plans or identified and trained spokespersons for the District and significant media relationships.
- The highest score was for the District's coordinated emergency communication plans.

District Context

- A number of organizations in the District have informed policy makers and the public on health issues. These include Senior Spectrum, MaineGeneral, EMHS, Eastern Maine AIDS Network, Mabel Wadsworth Center. The public receives most of its information from the media.
- The HMPs have continually improved efforts to coordinate messages across the District.
- Agencies in the District use evidence-based programs (e.g., a falls-prevention collaborative among RSVP, Husson, EAAA and others now in both counties).
- The radio program "What You Do Matters" reaches across the District with messages on public health and health promotion including mental health and addiction. Hits to the website increase after each program.
- The Wellness Council of Maine works with many worksites in the District. There are a number of initiatives in schools, but the outer areas of the county are harder to reach. Substance abuse treatment/prevention efforts are in the jails and homeless shelters. There have been tobacco prevention and control efforts at the fairs.
- Some gaps in programs include domestic violence and reaching people who do not access the web.

- Public health nurses go out to the rural communities and have been working with town offices to reach those populations.
- Evaluation of these efforts is limited.
- There is significant collaboration among agencies on health promotion efforts but there are still some silos (e.g., food pantry activities, Wellness Council). Agencies do work together with advocacy groups to promote activities.
- In the Bangor area all public information officers connect on messaging (e.g., H1N1), but not District-wide. Agencies and hospitals have communication plans and connect with the emergency management system.
- There are established relationships with the media and Bangor is the mass media market for the entire District.
- There has been a great deal of work done on developing emergency communication plans (including for the homeless); these are NIMS-compliant.
- Counties are working on their communication plans. There is no reverse 911. Schools all have emergency contact lists. Low literacy materials have been developed and people with disabilities have been involved in the planning.
- Crisis and emergency communications training occurs for public information officers and health communication specialists, but other staff (e.g., HMP staff) are not included.
- Many organizations have lists to ensure rapid response but these are not linked. Local Health Officers are not connected generally.
- EOCs and hospitals have communication Go Kits but not all information is electronic.

EPHS 3. Educate/Empower



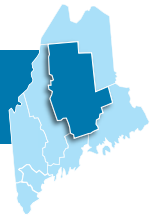
Range of scores within each model standard and overall

EPHS 3. Inform, Educate, and Empower People About Health Issues	62
★ 3.1 Health Education and Promotion	53
Provision of community health information	50
Health education and/or health promotion campaigns	60
Collaboration on health communication plans	50
★ 3.2 Health Communication	67
Development of health communication plans	50
Relationships with media	75
Designation of public information officers	75
★ 3.3 Risk Communication	66
Emergency communications plan(s)	75
Resources for rapid communications response	50
Crisis and emergency communications training	75
Policies and procedures for public information officer response	63

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components

Possible Action Steps

- Develop collaborative District-wide health promotion campaigns targeted to geographic areas and high risk groups that have been identified but not yet reached.
- Coordinate and link contact lists to ensure rapid response in a public health emergency and connect Local Health Officers, if appropriate.



Essential Service 4

Mobilize Community Partnerships to Identify and Solve Health Problems

This Essential Service measures the process and extent of coalitions and partnerships to maximize public health improvement within the District Public Health System (DPHS) and to encourage participation of constituents in health activities. It measures the availability of a directory of organizations, communication strategies to promote public health and linkages among organizations. This service also measures the establishment and engagement of a broad-based Community Health Improvement committee and assessment of the effectiveness of partnerships within the DPHS.

Overall Score: 48

This Service ranked fourth out of the 10 Essential Services overall. This score is in the moderate range, indicating that there are some district-wide activities.

Scoring Analysis

- The District has identified many of the key stakeholders and has reached out to develop partnerships with many organizations to maximize public health activities.
- An accessible and comprehensive directory of organizations is available in the District.
- There are significant communications strategies used in the District to build awareness of the importance of public health.
- The formation of a Community Health Improvement committee is beginning.
- There has been limited review and assessment of the effectiveness of community partnerships and strategic alliances in the District.

District Context

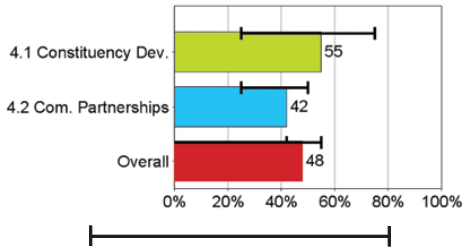
- The formation of the DCC has led to the identification of key stakeholders. That information is posted on the web and each HMP has a list that is easily accessible to others, although there is no central data base.
- In rural areas, the phone book is the source to access all agencies and organizations and there are booklets of community resources that have been developed and shared.
- The MAPP process has required involvement of constituents to identify community issues. This is also being done by EMHS.
- Volunteers are used by agencies across the District but some issues were identified: organizations in rural areas have limited capacity to engage in volunteer efforts; volunteers are hard to recruit because most have limited time; hard to get volunteers to participate in training.

- District stakeholders use a number of channels to communicate about public health: newsletters, press releases, media campaigns (a District-wide campaign is being developed), "What You Do Matters" radio program, listservs.
- The DCC will serve as the District public health improvement committee. There currently exists a Public Health Advisory Committee that does include representation of organizations that cross the District, although some towns like Greenville and Millinocket are not on the Advisory Board. The development of a public health infrastructure has created some confusion; many feel that it appears there are two systems—HMP and public health infrastructure.

Possible Action Steps

- Assess effectiveness of current partnerships and strategic alliances to strengthen and improve capacity.
- Develop a plan to recruit, retain, train and engage volunteers that includes creative strategies to overcome existing barriers.
- Use the District public health improvement process to clarify roles in addressing the 10 Essential Public Health Services.

EPHS 4. Mobilize Partnerships

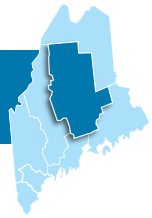


Range of scores within each model standard and overall

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	48
★ 4.1 Constituency Development	55
Identification of key constituents or stakeholders	50
Participation of constituents in improving community health	44
Directory of organizations that comprise the LPHS	50
Communications strategies to build awareness of public health	75
★ 4.2 Community Partnerships	42
Partnerships for public health improvement activities	50
Community health improvement committee	50
Review of community partnerships and strategic alliances	25

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components

"My agency would use it to identify gaps that might be able to be addressed in our community."



Essential Service 5

Develop Policies and Plans that Support Individual and Community Health Efforts

This Essential Service evaluates the presence of governmental public health at the local level. This service also measures the extent to which the District Public Health System contributes to the development of policies to improve health and engages policy makers and constituents in the process. The process for public health improvement and the plans and process for public health emergency preparedness is also included in this Essential Service.

Overall Score: 44

This Essential Service rated fifth of the 10 Essential Services. This score is in the high-moderate range, indicating that there are a number of district-wide activities.

Scoring Analysis

- The District is developing a governmental presence at the local level; there is a municipal health department in the District.
- The District contributes to the development of public health policies and engages policy makers, but has not systematically reviewed the impact of public health policies that exist.
- The process for Community Health Improvement planning through MAPP is underway in the District, but strategies to address objectives have not yet been identified.
- There has been significant planning for public health emergencies in the District.

District Context

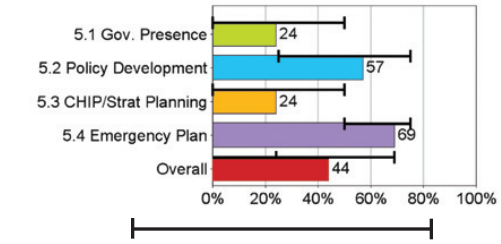
- The Public Health Unit in the Penquis District includes the District Liaison, public health nursing, epidemiologist, drinking water, and health inspection.
- The District has a municipal health department in Bangor. They are often called upon to serve a much larger geographic area. Concerns were raised about moving the epidemiologist from the Bangor Health and Community Services office to the DHHS office. Although municipal health departments were identified in the public health infrastructure legislation, clarification on roles, responsibilities and resource allocation is needed. Additional clarity is needed on how the HMPs, the Public Health Advisory Board, the DCC and MaineCDC relate to each other.
- The regional Public Health Advisory Board in the District has been actively involved in local and state policy issues including tobacco use and behavioral health and has successfully created strategic alliances that allowed them to be successful (e.g., the Chamber of Commerce with tobacco policy.)

- Although the number of advocates has increased, more resources are needed to adequately advocate for policy issues such as substance abuse or co-occurring issues.
- The HMPs are actively engaged in the MAPP process and there has been broad participation. Faith-based organizations, managed care, and environmental groups are gaps.
- There is a task force of community partners for planning emergency response; it has broad representation. Local planning around H1N1 is occurring and EMA recently received a grant to hire a planner. Hospitals also have task forces that work with EMA for planning. Gaps include private sector, especially small businesses. Some additional coordination and planning with sites such as schools or around mass casualty planning is needed.
- Emergency response plans have been tested with a number of partners and counties work together on drills.

Possible Action Steps

- Use this public health improvement planning process to clarify roles and responsibilities of all coordinating agencies (state/local/regional) for implementing strategies to address community health objectives.

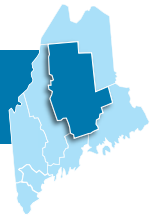
EPHS 5. Develop Policies/Plans



Range of scores within each model standard and overall

EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	44
★ 5.1 Government Presence at the Local Level *(Note: This indicator was scored the same for all Districts.)*	24
Governmental local public health presence	21
Resources for the local health department	28
LHD work with the state public health agency and other state partners	25
★ 5.2 Public Health Policy Development	57
Contribution to development of public health policies	71
Alert policy makers/public of public health impacts from policies	75
Review of public health policies	25
★ 5.3 Community Health Improvement Process	24
Community health improvement process	47
Strategies to address community health objectives	25
Local health department (LHD) strategic planning process	0
★ 5.4 Plan for Public Health Emergencies	69
Community task force or coalition for emergency preparedness and response plans	75
All-hazards emergency preparedness and response plan	71
Review and revision of the all-hazards plan	63

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



Essential Service 6

Enforce Laws and Regulations that Protect Health and Ensure Safety

This Essential Service measures the District Public Health System's (DPHS) activities to review, evaluate and revise laws, regulations, and ordinances designed to protect health. It also measures the actions of DPHS to identify and communicate the need for laws, ordinances, or regulations on public health issues that are not being addressed and measures enforcement activity.

Overall Score: 42

Note: All Districts were scored the same on this Essential Service, as the District Public Health Unit is the District link to Maine CDC, related to official local and regional health protection. District Liaisons interface with Local Health Officers RE: public health nuisances and disease outbreaks, and county EMA(s) for regional emergencies whenever hazard to public health is a concern. This service ranked sixth out of 10 Essential Services. This score is in the moderate range, indicating that there are some district-wide activities.

Scoring Analysis

- Enforcement agencies are aware of laws, and municipalities have access to legal counsel if needed.
- There is minimal activity to specifically identify local public health issues that are not adequately addressed through current laws, regulations or ordinances, and to provide information to the public or other organizations impacted by the laws.
- Local officials have the authority to enforce laws in an emergency, but gaps were identified.
- There has been minimal activity in the District to assess compliance with laws, regulations, or ordinances.

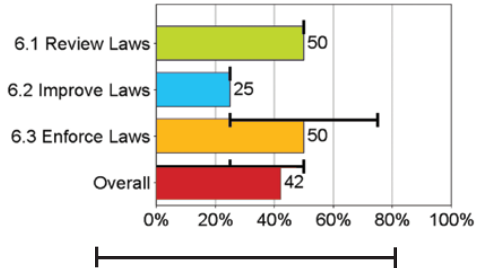
District Context

- In the District some Code Enforcement Officers, emergency planning committees, and some Local Health Officers are aware of public health issues that can only be addressed through laws/regulations/ordinances.
- Grant-funded projects in the District inform the public about new laws including: smoking in cars, smoke-free outdoor dining, and underage drinking.
- New local public health infrastructure will provide greater opportunity to look at public health laws/ regulations/ ordinances in smaller communities and not just at a state level.
- An important local issue not being addressed is the need for beds for mental health patients—hospitals don't have the capacity and the jails continue to send mental health patients to hospital emergency departments. Bangor now has police officers in the hospitals as a result, and the jails are where people with mental health issues end up.

Possible Action Steps

- Advocate for policies across the District to increase access to hospital beds for patients with mental health needs.
- Identify priority issues in specific communities that can be addressed through local laws/regulations/ ordinances and provide information to policy makers and the public on the impact of a policy change.
- Identify gaps in local emergency response plans and work with entities to improve/create plans and involve additional stakeholders.

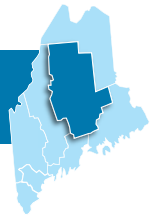
EPHS 6. Enforce Laws



Range of scores within each model standard and overall

EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	42
★ 6.1 Review and Evaluate Laws, Regulations, and Ordinances	50
Identification of public health issues to be addressed through laws, regulations, and ordinances	50
Knowledge of laws, regulations, and ordinances	50
Review of laws, regulations, and ordinances	50
Access to legal counsel	50
★ 6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	25
Identification of public health issues not addressed through existing laws	25
Development or modification of laws for public health issues	25
Technical assistance for drafting proposed legislation, regulations, or ordinances	25
★ 6.3 Enforce Laws, Regulations, and Ordinances	50
Authority to enforce laws, regulation, ordinances	50
Public health emergency powers	75
Enforcement in accordance with applicable laws, regulations, and ordinances	75
Provision of information about compliance	25
Assessment of compliance	25

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



Essential Service 7

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

This essential service measures the activity of the District Public Health System (DPHS) to identify populations with barriers to personal health services and the needs of those populations. It also measures the efforts of the DPHS to coordinate and link the services and address barriers to care.

Overall Score: 35

This service ranked last of the 10 essential services. This score is in the moderate range indicating that there are district-wide activities.

Scoring Analysis

- There are district-wide activities to identify population and personnel health service needs.
- There is no district-wide assessment of the availability of services to people who experience barriers to care.
- Linking and coordination of health care services occurs but is not connected across the district.
- There are significant district-wide initiatives to enroll people eligible for public benefit programs.

District Context

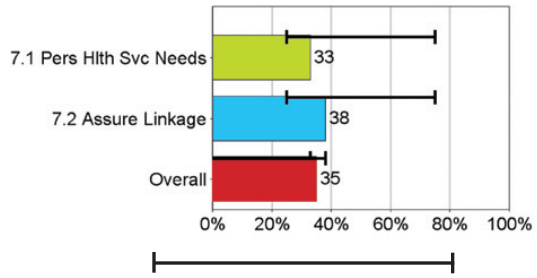
- Some assessment of service needs have been done for seniors, the homeless population, low income, and people with mental illness. Services change so assessments need to occur often and need to assess those who don't show up for care, not just those who seek services.
- Health services gaps include: transportation (especially for secondary and tertiary care), mental health for low income people, dental health beyond what the health centers provide, pain management, services for people with mental illness and addiction, women's health for MaineCare recipients, chronic disease management (for those not on MaineCare), medication access, transgendered health care, home health for people on IV antibiotics.
- Populations with difficulty accessing services include: isolated in rural areas, language or literacy barriers, low income childless adults, low income men with disabilities, people released from correctional facilities, youth in transition (16-24 years old), victims of domestic violence and abuse.
- Methadone clinic users often need to travel great distances so can't have a job and it is very disruptive in their lives.
- Coordination and case management is lacking. People still use emergency room because there is no cost even though the FQHC has a low cost.

- Patients at FQHC are often very transient and don't have one place they always go for services.
- Groups that work to provide people with information on services and public benefits programs include: public health nurses, FQHC, Eastern AAA, VA, social service groups, United Way, Welfare Dept. in Bangor, hospitals. Not all available services are accessed.
- There are some mental health and primary care integration efforts (MeHAF-funded) in the district.

Possible Action Steps

- Expand and coordinate across the district current successful initiatives to link priority populations to needed service.
- Coordinate an assessment across the district on health service gaps (e.g., chronic disease management) and barriers (e.g., transportation) and identify strategies to address the gaps.

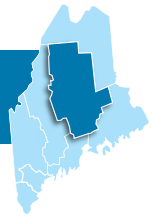
EPHS 7. Link to Health Services



Range of scores within each model standard and overall

EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	35
★ 7.1 Identification of Populations with Barriers to Personal Health Services	33
Identification of populations who experience barriers to care	25
Identification of personal health service needs of populations	50
Assessment of personal health services available to populations who experience barriers to care	25
★ 7.2 Assuring the Linkage of People to Personal Health Services	38
Link populations to needed personal health services	25
Assistance to vulnerable populations in accessing needed health services	25
Initiatives for enrolling eligible individuals in public benefit programs	75
Coordination of personal health and social services	25

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



Essential Service 8

Assure a Competent Public and Personal Health Care Workforce

This Essential Service evaluates the District Public Health System's (DPHS) assessment of the public health workforce, maintenance of workforce standards—including licensure and credentialing and incorporation of public health competencies into personnel systems. This service also measures how education and training needs of DPHS are met, including opportunities for leadership development.

Overall Score: 42

This Service ranked seventh out of 10 Essential Services. This score is in the moderate range, indicating that there are some district-wide activities.

Scoring Analysis

- There has been no assessment across the District of the public health workforce.
- Some organizations connect job descriptions and performance evaluations to public health competencies.
- There are assessments of training needs but few resources or incentives available for training.
- Some training programs on core competencies exist and there is interaction with academic institutions.
- Leadership development is available in the District, but recruitment and retention of new and diverse leaders is minimal.

District Context

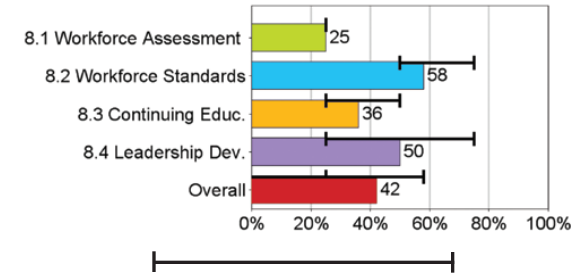
- The hospitals have done assessments of the health care workforce, but no assessment of the public health workforce exists.
- There are very few trained public health applicants (e.g., MPH) for public health positions.
- New health programs (e.g., pharmacy, dental, nursing) are being created as a result of the gaps.
- Where licensure and certification requirement exist, organizations assure compliance.
- Although the statutes outline the Local Health Officer responsibilities, there is not a uniform job description per se.
- A number of groups look at training needs and information on training is disseminated on listservs across the District.
- Training is available through groups such as Maine Association of Nonprofits, MaineCDC, and through the state substance abuse prevention program.
- Distance learning is available but may not be used as much as it could be and travel to national conferences is limited.

- Availability of funds for all training is a limitation, especially now; most training money is for categorical programs.
- Basic public health science skills may be a gap that is not readily available. Trauma-informed care training is a gap.
- Many organizations such as the HMPs engage in collaborative leadership. Leadership programs are available, but in rural areas there are cultural norms that create barriers for those who might be able to step into a leadership role. Recruitment and training of low income individuals for leadership positions is an additional difficulty.

Possible Action Steps

- Combine resources and expertise in the District to deliver priority training programs; inventory distance learning capabilities; use low-cost/free webinars as appropriate to reduce barriers to training.
- Develop a District-wide calendar or listserv of training opportunities and identify appropriate audiences.

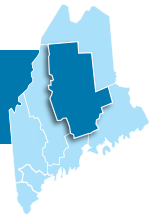
EPHS 8. Assure Workforce



Range of scores within each model standard and overall

EPHS 8. Assure a Competent Public and Personal Health Care Workforce: Overall Perfomance Score	42
★ 8.1 Workforce Assessment Planning and Development	25
Assessment of the LPHS workforce	25
Identification of shortfalls and/or gaps within the LPHS workforce	25
Dissemination of results of the workforce assessment/gap analysis	25
★ 8.2 Public Health Workforce Standards	58
Awareness of guidelines and/or licensure/certification requirements	50
Written job standards and/or position descriptions	50
Annual performance evaluations	75
LHD written job standards and/or position descriptions	63
LHD performance evaluations	50
★ 8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	36
Identification of education and training needs for workforce development	38
Opportunities for developing core public health competencies	33
Educational and training incentives	25
Interaction between personnel from LPHS and academic organizations	50
★ 8.4 Public Health Leadership Development	50
Development of leadership skills	50
Collaborative leadership	50
Leadership opportunities for individuals and/or organizations	75
Recruitment and retention of new and diverse leaders	25

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



Essential Service 9

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

This Essential Service measures the evaluation activities of the District Public Health System (DPHS) related to personal and population-based services, and the use of those findings to modify plans and programs. This service also measures activity related to the evaluation of the DPHS.

Overall Score: 48

This service scored third out of the 10 Essential Services. This score is in the moderate range indicating that there are some district-wide activities.

Scoring Analysis

- There is some evaluation of population-based programs in the District but it is limited in scope and use.
- Evaluation of, and satisfaction with, personal health services occurs throughout the District. Results are used to modify services.
- This Public Health System Assessment evaluates the DPHS and will contribute to Community and District Health Improvement Plans.

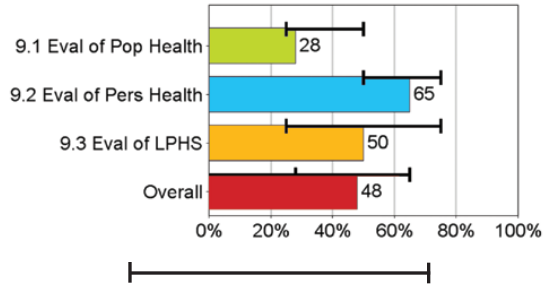
District Context

- Organizations in the District have done evaluation of their programs (e.g., Cianbro and other worksites) although many evaluations are done at the state level. There is no overall assessment of satisfaction with population-based health services.
- Hospitals, FQHCs, homeless health programs and other health care organizations evaluate their services using state or national standards. Client satisfaction is also assessed in these facilities but not for potential clients. Information is not shared or coordinated across the District.
- There is significant connection in the District using EMRs except for long-term care facilities.

Possible Action Steps

- Identify district-wide evaluation priorities and develop the expertise and strategies needed to plan, implement and analyze the evaluation results.
- Ensure that any existing evaluation of population-based services is used to modify or improve current programs or services, or create new programs or services.
- Use the results of the public health system assessment to improve linkages with community organizations and to create or refine community health programs.

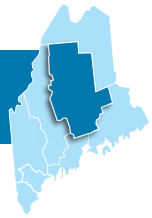
EPHS 9. Evaluate Services



Range of scores within each model standard and overall

EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	48
★ 9.1 Evaluation of Population-Based Health Services	28
Evaluation of population-based health services	38
Assessment of community satisfaction with population-based health services	25
Identification of gaps in the provision of population-based health services	25
Use of population-based health services evaluation	25
★ 9.2 Evaluation of Personal Health Care Services	65
Personal health services evaluation	50
Evaluation of personal health services against established standards	75
Assessment of client satisfaction with personal health services	50
Information technology to assure quality of personal health services	75
Use of personal health services evaluation	75
★ 9.3 Evaluation of the Local Public Health System	50
Identification of community organizations or entities that contribute to the EPHS	75
Periodic evaluation of LPHS	75
Evaluation of partnership within the LPHS	25
Use of LPHS evaluation to guide community health improvements	25

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



Essential Service 10

Research for New Insights and Innovative Solutions to Health Problems

This Essential Service measures how the District Public Health System (DPHS) fosters innovation to solve public health problems and uses available research. It also assesses the DPHS's linkages to academic institutions and capacity to engage in timely research.

Overall Score: 38

This service ranked ninth of all the Essential Services. This score is in the moderate range, indicating that there are some district-wide activities.

Scoring Analysis

- Agencies in the District are encouraged to develop new solutions for public health issues and have various methods of monitoring research and best practice.
- Few organizations in the District have proposed public health issues for inclusion in the research agenda of research organizations or participated in development of research.
- There are significant affiliations with academic institutions and organizations in the district.
- Some parts of the District have less access to researchers.

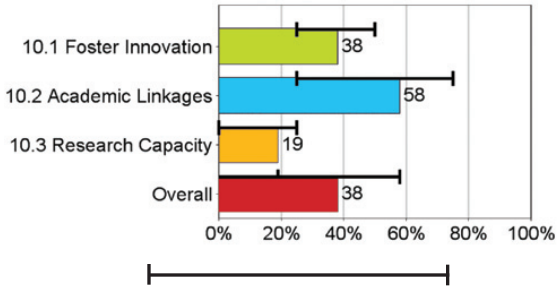
District Context

- There have been a number of innovative solutions to problems in the District including: Bangor region began the Wellness Council, Cianbro sets aside time and money to do this, and Keep Me Well was piloted in this District. It is harder for nonprofits with grant funds focused on specific deliverables and frameworks.
- Identification and monitoring of best practice is done through monthly periodicals, attending trainings, email lists, etc.
- Research institutions that have connections in the District include: EMHS's Maine Center for Human Genetics and Health (cancer), UMaine Orono, Jackson Labs, Husson College and Yale.
- Academic institutions do not provide sufficient technical assistance to community organizations; there are not a lot of research dollars available locally. Without a school of public health there is a lack of capacity in the state for public health research.
- Many organizations have connections for potential college intern placements.

Possible Action Steps

- Develop an ongoing formal district-wide collaboration with one or more academic institutions.
- Develop a district-wide research agenda and identify possible academic institutions and researchers interested in collaboration.

EPHS 10. Research/Innovations

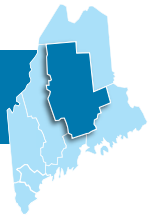


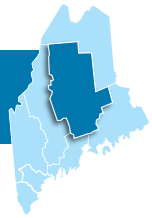
Range of scores within each model standard and overall

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	38
★ 10.1 Fostering Innovation	38
Encouragement of new solutions to health problems	50
Proposal of public health issues for inclusion in research agenda	25
Identification and monitoring of best practices	50
Encouragement of community participation in research	25
★ 10.2 Linkage with Institutions of Higher Learning and/or Research	58
Relationships with institutions of higher learning and/or research organizations	75
Partnerships to conduct research	25
Collaboration between the academic and practice communities	75
★ 10.3 Capacity to Initiate or Participate in Research	19
Access to researchers	25
Access to resources to facilitate research	25
Dissemination of research findings	25
Evaluation of research activities	0

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components

"I appreciate being asked to be part of the assessment process."

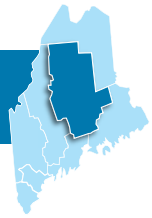




Appendices

Acronyms

ACAP	Aroostook Community Action Program
AHEC	Area Health Education Center
BMI	Body Mass Index
CAP	Community Action Program Agencies
CBPR	Community-Based Participatory Research
CEO	Code Enforcement Officer
CERT	Community Emergency Response Team
CHES	Community Health Education Specialist
COAD	Community Organizations Active in Disasters
COG	Council of Governments
CTI	Center for Tobacco Independence
DCC	District Coordinating Council
DPHS	District Public Health System
EAAA	Eastern Area Agency on Aging
EBSCO	see www.ebsco.com
ED	Emergency Department
EMA	Emergency Medical Associates
EMHS	Eastern Maine Health System
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EPI	Epidemiologist
GIS	Geographic Information System
GLBT	Gay, Lesbian, Bisexual, Transgender
HAN	Health Alert Network
HAZMAT	Hazardous Materials (e.g., Team, supplies, protocols)
HEDIS	Healthcare Effectiveness Data Information Set
HIPAA	Health Insurance Portability and Accountability Act
HMPs	Healthy Maine Partnerships
IM	Instant Messaging
ImmPact	Maine Information Immunization Registry
IO	Information Officer
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LGBT	Lesbian, Gay, Bisexual, Transgender
LHO	Local Health Officer
LPHSA	Local Public Health System Assessment
MAPP	Mobilizing for Action through Planning and Partnerships
MARVEL	State Library access portal to health journals, books
MCDC	Maine Center for Disease Control
MCH	Maternal/Child Health
MCPH	Maine Center for Public Health
Meds	Medications
MeHAF	Maine Health Access Foundation
MEMIC	Maine Employers' Mutual Insurance Company
MOU	Memorandum of Understanding
MPH	Masters in Public Health
MPHA	Maine Public Health Association
NAMI	National Alliance on Mental Illness
NNE Poison	Northern New England Poison Control Center
NIMS	Training National Incident Management System
NP	Nurse Practitioner
OSA	Office of Substance Abuse
OT	Occupational Therapy
Ped Paths	Pedestrian Paths
PT	Physical Therapy
RSU	Regional School Unit
RSVP	Regional Seniors Volunteer Program
SES	Socioeconomic Status
SNAP	Supplemental Nutrition Assistance Program
STD	Sexually Transmitted Disease
UMF	University of Maine-Farmington
UMO	University of Maine-Orono
UNE	University of New England
USM	University of Southern Maine
VA	Veterans Administration
VNA	Visiting Nurse Association
WIC	Women, Infants & Children



Glossary and Reference Terms

Community Health Assessment	Community health assessment calls for regularly and systematically collecting, analyzing, and making available information on the health of community, including statistics on health status, community health needs, epidemiologic and other studies of health problems.
Community Health Profile	A comprehensive compilation of measures representing multiple categories, or domains, that contributes to the description of health status at a community level and the resources available to address health needs. Measures within each domain may be tracked over time to determine trends, to evaluate health interventions or policy decisions, to compare community data with peer, state, national or benchmark measures, and to establish priorities through an informed community process.
District Public Health Unit	"District Public Health Unit" means a unit of State public health staff set up whenever possible in each district in department offices. These staff shall include, when possible, public health nurses, field epidemiologists, drinking water engineers, health inspectors, and district public health liaisons.
Go Kits	Packages of records, information, communication and computer equipment, and other items related to emergency operation. They should contain items that are essential to support operations at an alternate facility.

Results of Participant Evaluations

District	# Participants
Aroostook	36
Central	32
Cumberland	64
Downeast	41
MidCoast	30
Penquis	43
Western	51
York	65
Total	**362**

Response rate 39% (141 out of 362 universe)
responses/% of total

"The assessment findings can be used in the future to help guide and direct policy, funding determinations, and collaborative approaches."

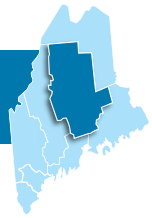
HIGHLIGHTS

85% said meeting organization was good/excellent

83% thought meeting facilitation was good/excellent

74% found the process to be a good/excellent opportunity to learn about the DPHS

"Comprehensive, inclusive, educational!"



DID YOU PARTICIPATE IN THE ASSESSMENT MEETINGS?

Yes	No	Skipped
137/97%	4/3%	0

DID YOU PARTICIPATE IN THE ORIENTATION SESSION AS PART OF THE FIRST MEETING?

Yes	No	Skipped
79/56%	50/35%	12/9%

BASED ON YOUR INVOLVEMENT IN THE ASSESSMENT MEETINGS, PLEASE RATE THE ITEMS BASED ON THE SCALE BELOW

Skipped	Very Poor	Poor	Fair	Good	Excellent
Meeting Organization					
9/6%	0	1/1%	11/8%	74/52%	46/33%
Meeting Facilitation					
9/6%	2/1%	2/1%	12/9%	71/51%	45/32%
Meeting Format					
11/8%	0	3/2%	20/14%	78/55%	29/21%
Opportunity to provide input about the District system					
9/6%	2/1%	4/3%	7/5%	77/55%	42/30%
Opportunity to learn about the District system					
9/6%	1/1%	4/3%	22/16%	76/53%	29/21%
Opportunity to learn more about District resources					
9/6%	0	2/1%	30/21%	74/53%	26/19%
Opportunity to learn more about public health					
9/6%	2/1%	5/4%	31/22%	71/51%	23/16%

DO YOU FEEL AS A RESULT OF THE PROCESS THAT YOU IDENTIFIED POTENTIAL NEW RELATIONSHIPS AND OPPORTUNITIES FOR COLLABORATION?

Yes	No	Skipped
108/77%	24/17%	9/6%

DO YOU FEEL A PART OF THE DISTRICT PUBLIC HEALTH SYSTEM?

Yes	No	Skipped
113/80%	18/13%	10/7%

"I enjoyed meeting with different resources in the area and look forward to making them more united."