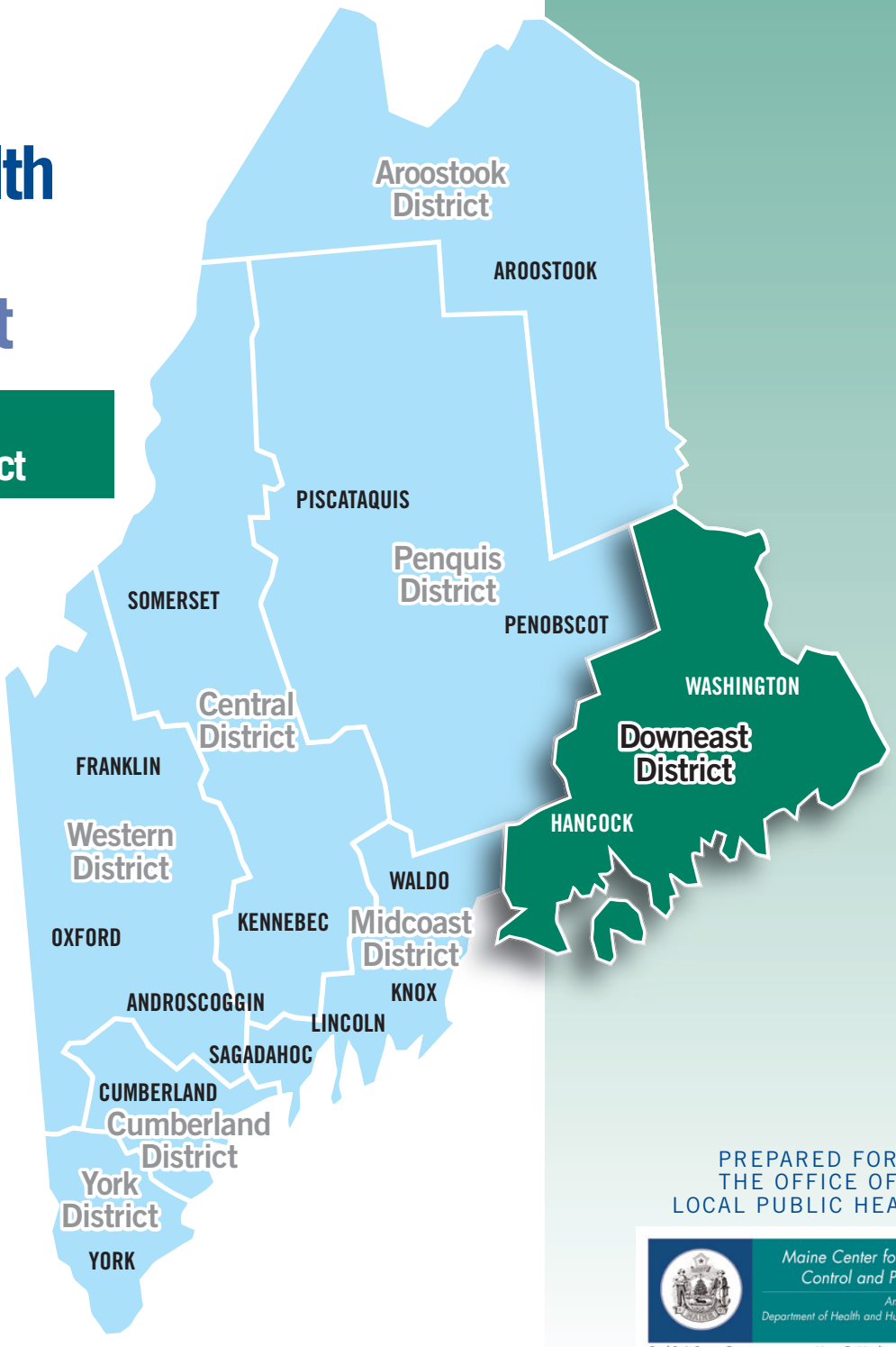
2010

Local Public Health System Assessment

Downeast Public Health District

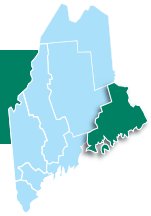


PREPARED FOR
THE OFFICE OF
LOCAL PUBLIC HEALTH

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

Preventive Health & Health Services Block*
Public Health Preparedness and Response*
Fund for a Healthy Maine^

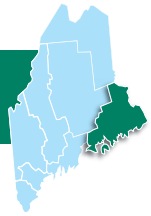
Healthcare Research & Services Agency*
Maternal/Child Health Block Grant*

**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.

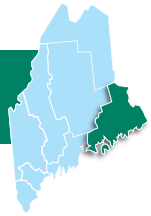
If you have comments or questions about the findings, please contact the District Liaison whose contact information is available inside.

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.

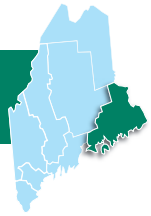
The results of this Assessment are being integrated into two types of planning documents. Healthy Maine Partnership coalitions are using the results to look at what's happening in their own local service areas as part of developing Community Health Improvement Plans. District stakeholders and members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

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

We appreciated the Henry D. Moore Parish House and Library, and thank its managers for the use of Steuben Hall, this charming historical resource, for our three meetings.

Special thanks go to:

Jennifer Gunderman-King, who as part-time acting District Liaison at the time, organized the planning, correspondence and follow-up.

Sue Baez for administrative support in organizing all of the logistics for the meetings and refreshments.

The LPHSA Planning Committee included:

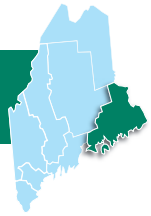
Mary Jane Bush, Bucksport Bay Healthy Communities Coalition
Cindy Look, Downeast Public Health Unit/Maine CDC
Jennifer Gunderman-King, Maine Center for Disease Control
Eleody Libby, Washington County: One Community
Helena Peterson, Union River Healthy Communities
John Shoemaker, Town of Lubec Local Health Officer
Helen Burlock, Community Health and Counseling
Gail Wahl, Network of Alcohol and Other Drugs

Thanks to all!

Doug Michael
Downeast DCC
Executive Committee Co-Chair

Cheryl Zingman-Bagley
Downeast DCC
Executive Committee Co-Chair

Alfred May
District Liaison
Downeast Public Health Unit



Downeast District Characteristics

How the District is organized

- The Downeast Public Health District covers Hancock and Washington counties.
- There are 83 municipal governments, including a city, towns, and plantations.
- The Passamaquoddy are a federally recognized tribe with its own governments at Indian Township and Pleasant Point.
- The District serves all parts of its jurisdiction, including its townships, some of which have year-round or seasonal residents.

Who we are

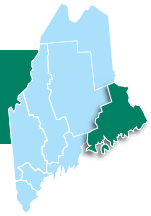
- 85,636 people with 15.3 persons per square mile. (Census 2008 est.)
- 4,425 of us are less than 5 years old, 16,805 are 18 years old, and 14,408 are over 65 years old.
- 44.1% of our children are eligible for free or reduced school lunch.
- 15.3% of us are adults with a lifetime status of having less than a high school degree.
- We are enriched by the number of Native Americans, Hispanics, 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, located at www.mainepublichealth.gov.
- 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 PH 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 Machias at a 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

- 4 public health nurses
- 1 field epidemiologist
- 1 drinking water protection specialist
- 1 health inspector



List of Downeast Local Public Health Assessment Participants*

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Pleasant Point Health Center

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Northern ME Reg'l Resource Center

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Community Health & Counseling

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Bucksport Bay Healthy Communities

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Maine Coast Memorial Hospital

Michaelynn Cecire
Maine CDC, Public Health Nurse

Sally Christ
Healthy Peninsula

John DeLeo
Ellsworth Police Department

Miriam Devlin
Local Health Officer, Town of Orland

Meghan Duff
University of Maine Machias

Judy East
Washington County COG

Linda Feury
Hancock County EMA

Jim Fisher
Hancock County Planning Committee

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Next Step Domestic
Violence Program

Edward French
United Way of Eastern Maine

Pamela Gagnon
Child and Family Opportunities

Mike Hinerman
Washington EMA

Kathy Knight
Northern ME Reg'l Resource Center

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Maine CDC, Public Health Nurse

Suzanne Mace
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Joanne Marian
NAMI

Madeline Martin
Tribal Health Liaison

Doug Michael
Healthy Acadia

Elizabeth Neptune
Maine CDC – Project Launch

Kathie Norwood
Downeast Health Services

Ed Oechslie
Acadia Family Center

Linda Pagels-Wentworth
Washington County Manager

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Healthy Peninsula

Helena Peterson
Union River Healthy Communities

Ralph Pinkham
Hancock County EMA

Vicki Rea
Maine CDC – Epidemiologist

Val Sauda
Eastern Area Agency on Aging

Ann Slayton
Sumner Adult Education

Donnie Smith
Washington County Sheriff

Paul Stuart
St. Croix Valley Healthy Communities

Bonnie Tai
College of the Atlantic

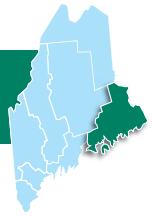
James Underwood
Union Superintendent

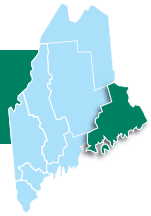
Connie Van Dam
Harrington Health Center

Gail Wahl
NADA

Cheryl Zwingman-Bagley
Calais Regional Hospital

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.

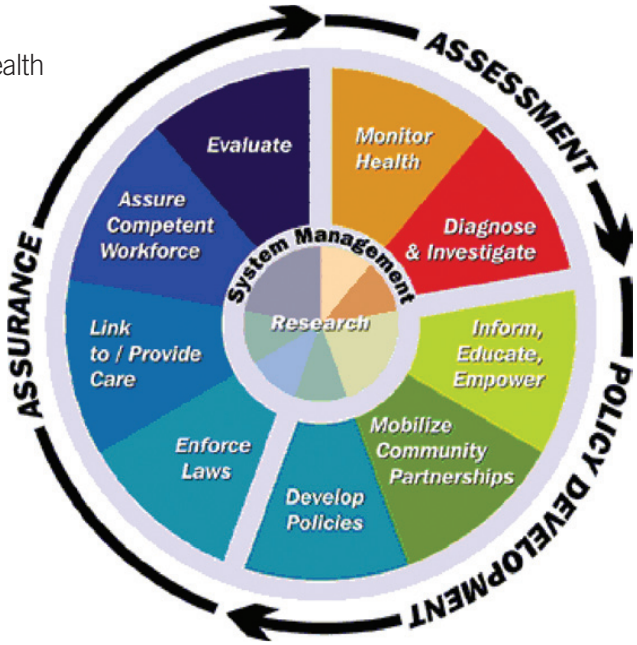
Concepts Guiding Performance Standards Development and Use

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.

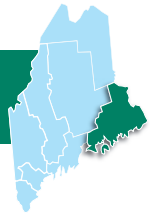
Assurance

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

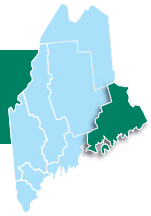
10. Research for new insights and innovative solutions to health problems.

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

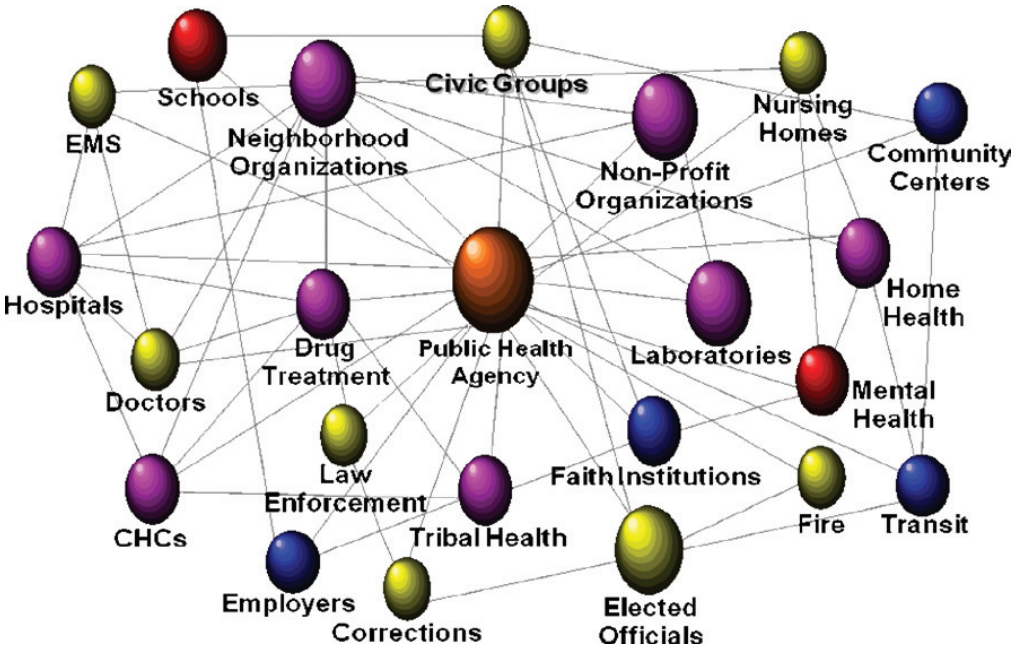
This report begins by providing a brief overview of national public health performance standards. This overview is then followed by a description of the district assessment process, including the purpose, tool, benefits and limitations. The report also provides a comprehensive review of the quantitative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

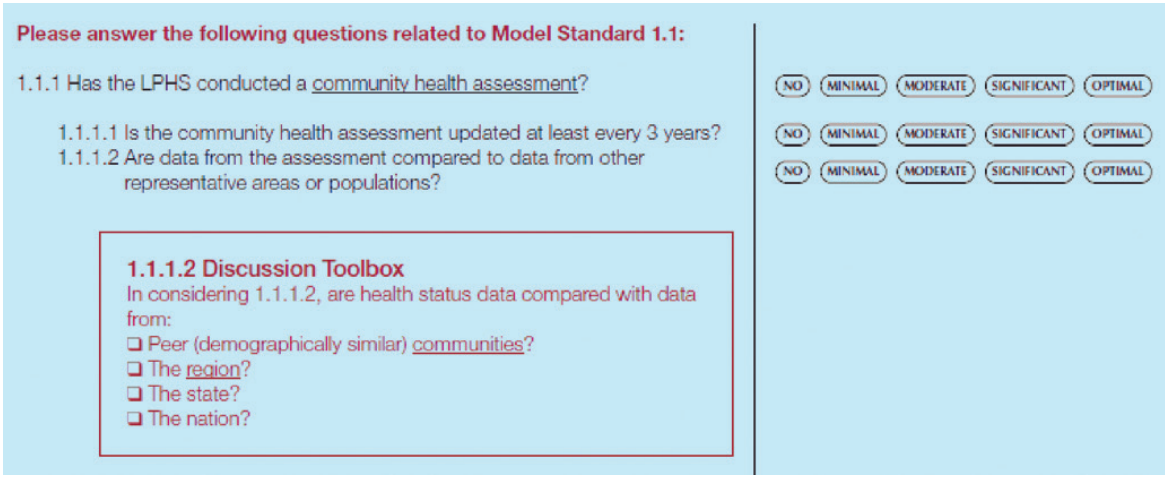
Strong and effective public health systems have the ability to…

- 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

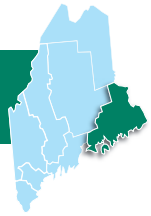
1.1.1.2 Discussion Toolbox

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

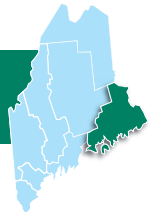
There were five response options available to classify the activity that was met within the District public health system. Because the assessment was completed in eight newly formed DHHS administrative jurisdictions, MCPH, Maine CDC, and a group of stakeholders further defined the response options to 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

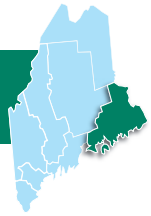
- Although attempts were made to encourage participation from multiple stakeholders, some representatives were missing from the process as noted on the summary page of results. The assessment format and anticipated commitment level during the assessment process may have prevented some participants from 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

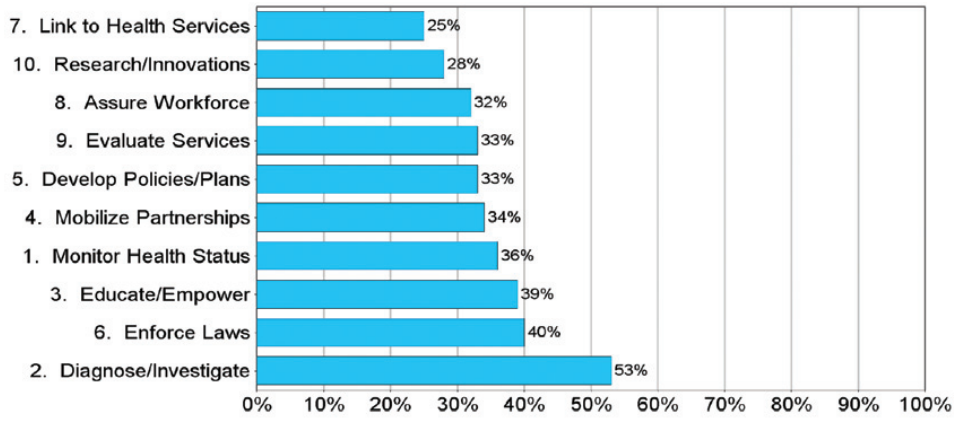
The Downeast Public Health System Assessment took place on April 6, April 27 and May 4, meeting for approximately 3.5 hours each time. A total of 41 individuals participated in each with an average attendance of 24. Because a limitation of this process is that the scores are subject to the biases and perspectives of those who participated in each meeting, the planning group attempted to recruit broadly across the District. Individuals at the meetings represented HMPs, health centers, hospitals, social service agencies, mental health organizations, tribal members, land use planners, state agencies, local government, local health officers, emergency management agencies, child care agencies, law enforcement, schools and academic institutions.

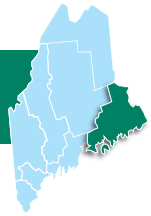
Summary of Scores

EPHS	SCORE
1. Monitor Health Status to Identify Community Health Problems	36
2. Diagnose and Investigate Health Problems and Health Hazards	53
3. Inform, Educate, and Empower People about Health Issues	39
4. Mobilize Community Partnerships to Identify and Solve Health Problems	34
5. Develop Policies and Plans that Support Individual and Community Health Efforts	33
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	40
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	25
8 Assure a Competent Public and Personal Health Care Workforce	32
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	33
10. Research for New Insights and Innovative Solutions to Health Problems	28

Overall Performance Score 35

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: 36

This service ranked fourth out of 10 essential services. This score is in the moderate range indicating that some district-wide activities have occurred.

Scoring Analysis

- A State-developed District Community Health Assessment is available.
- The lowest score is the lack of a Comprehensive District Community Health Profile.
- The District assessment was distributed to coalition partners but there is not a media strategy for data dissemination.
- The District has limited use of state-of-the-art technology including GIS and often limited Web/Internet access.
- There are State and local registries on many health issues, but there is minimal use of the data.

District Context

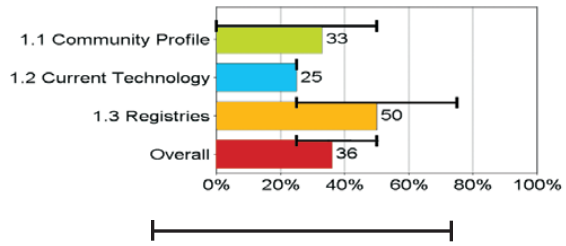
- The HMPs are conducting the MAPP process where assessments by HMP local service areas are being done. Information will be reviewed at the district level. The Public Health System Assessment is happening on a district level.
- The tribal health center has significant health data, but it is not shared with the District or State at this time.
- Although not done in a coordinated fashion across the District, a number of agencies are collecting data, including the tribal health services, EMHS, schools, State programs, and environmental groups, among others.
- Gaps in data that were identified include accurate identification of Native Americans, suicide data, mental health data, and comprehensive environmental assessments.
- Data has been disseminated in a number of ways, including posted on the EMHS website and as an insert in the paper, but it was not widely disseminated and not easily accessible to people with low literacy or disabilities.
- There is GIS capacity in the District, but it has not been used for health-related purposes and there is limited availability of personnel with that expertise. EMHS and UMaine Machias GIS Center are potential resources.

- There are a number of registries in the District and there is expertise in the district to help collect, use (e.g., change policy) and report State information. However, immunization data collection issues exist and use of local registry data is limited to the specific health care setting.

Possible Action Steps

- Inventory assessments, look at clarity /accuracy of data, conduct training on how to access and understand data, and identify an accessible designated place for data.
- Develop a district-level community health profile—collaborate to include tribal health assessments and data from the tribes, when possible along with other identified gaps and ensure access to the profile in multiple formats, including GIS mapping.
- Provide training so district is able to accurately capture data on Native American health indicators (e.g., on death certificates).

EPHS 1. Monitor Health Status

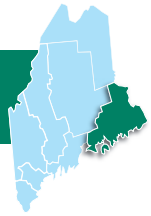


Range of scores within each model standard and overall

EPHS 1. Monitor Health Status to Identify Community Health Problems: Overall Perfomance Score	36
★ 1.1 Population-Based Community Health Profile (CHP)	33
Community health assessment	50
Community health profile (CHP)	24
Community-wide use of community health assessment or CHP data	25
★ 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

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



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: 53

This was the 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, with the exception of emergency response ability.
- The district scored in the low-significant range on its emergency response ability and on its response to disasters, and access to needed personnel, but moderate on evaluation of the effectiveness of their response activities.

District Context

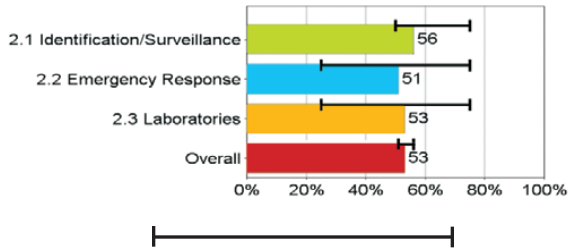
- The district participates in multiple state-level surveillance systems, but don't often get reported back to the county/district level. Many are unaware of where to find data.
- District agencies collect data for numerous programs, but these data bases are not linked to the State or other data systems.
- Some data gaps identified include chronic disease surveillance, mental health, substance abuse prevention, and tribal data.
- Infectious disease epidemiologists are a valued resource in the District, but there is not a similar position for chronic disease.
- State-developed protocols for communicable disease or toxic exposures are not well known by district agencies. The District could help improve process and coordinate information for state, schools, tribes, law enforcement, environmental agencies, the public and others.

- Not all towns have emergency response plans, they are not uniform in breadth or clarity and many in the District are unaware of existing plans. There are gaps in the plans (e.g., who needs meds) and in groups involved in emergency response planning including local health officers, mental health agencies, and home health agencies. There may be a gap in the ability to respond quickly in Washington County and islands.
- Access to State laboratories in a timely fashion and getting information back quickly is an issue in the District.

Possible Action Steps

- Develop a plan on how best to annually review data collected by the State and District to coordinate and link where possible and identify resources within the District to improve capacity to analyze and interpret data, particularly chronic disease data.
- Share State protocols for communicable disease and toxic exposures and, if appropriate, develop recommendations to improve local-level implementation and coordination.
- Work with county EMA to identify gaps in town emergency response plans and increase input and involvement of agencies and the public.

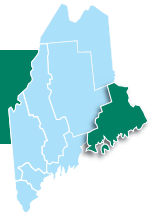
EPHS 2. Diagnose/Investigate



Range of scores within each model standard and overall

EPHS 2. Diagnose and Investigate Health Problems and Health Hazards	53
★ 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	51
Written protocols for case finding, contact tracing, source identification, and containment	50
Current epidemiological case investigation protocols	75
Designated Emergency Response Coordinator	56
Rapid response of personnel in emergency/disasters	50
Evaluation of public health emergency response	25
★ 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: 39

This was the third highest scoring essential service overall. This score is in the moderate range indicating that there are some district-wide activities.

Scoring Analysis

- There are district-wide health promotion campaigns and the district informs the public and policy makers about health needs.
- There are district-wide activities to reach populations in specific settings.
- Activities tailored to populations at higher risk occur in the District, but there are no coordinated districtwide efforts.
- There is not a district-wide communication plan or identified and trained spokespersons for the District, although relationships with the media exist in parts of the District.
- The highest score was for the District's coordinated emergency communication plans, but the District scored lower on having policies and procedures for public information officers, including communication "Go Kits."

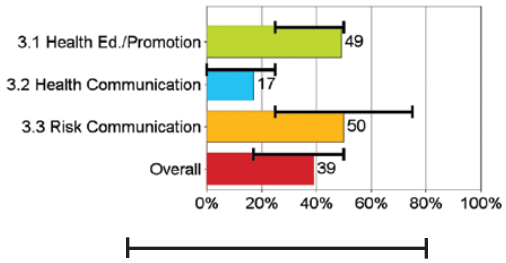
District Context

- The District organizations have a number of channels for getting information out about community health, including through HMP activities, schools, correctional facilities, health fairs including role of community hospitals, mailings to food stamp recipients, HeadStart, agencies for seniors, family planning, and faith-based organizations, among others.
- While organizations do work together on health-related activities, district-wide messages and activities are not coordinated. There are differences in resources in the two counties.
- There are a number of initiatives to reach higher risk groups such as migrant populations, children who have hearing disabilities, low income populations, and Native Americans, among others; but gaps exist particularly for adults with disabilities, young adults not in schools, and people with mental illness and substance abuse.
- Some evaluation of health education and health promotion activities occur, and it is generally driven by funding sources.

Possible Action Steps

- Develop collaborative and coordinated districtwide health promotion initiatives with consistent messaging used across organizations and counties and targeted to higher risk individuals not currently being reached.
- Develop coordinated communication plans and provide training to information officers and/or spokespersons, including the development of "Go Kits" to assist in emergency response.

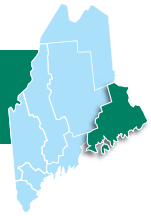
EPHS 3. Educate/Empower



Range of scores within each model standard and overall

EPHS 3. Inform, Educate, and Empower People About Health Issues	39
★ 3.1 Health Education and Promotion	49
Provision of community health information	50
Health education and/or health promotion campaigns	48
Collaboration on health communication plans	50
★ 3.2 Health Communication	17
Development of health communication plans	0
Relationships with media	25
Designation of public information officers	25
★ 3.3 Risk Communication	50
Emergency communications plan(s)	75
Resources for rapid communications response	50
Crisis and emergency communications training	50
Policies and procedures for public information officer response	25

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



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: 34

This essential service ranked fifth out of the 10 essential services overall. This score is in the moderate range indicating that there are some districtwide 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.
- Directories of organizations are available, although not comprehensive across the District.
- There are few 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.
- No systematic review and assessment of the effectiveness of community partnerships and strategic alliances has occurred in the District.

District Context

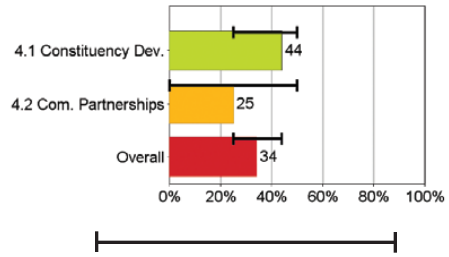
- Significant partnerships and development of collaboration exists among the six HMPs in the District.
- Agencies across the District have knowledge and connections to most organizations and the EMAs have a comprehensive list of many organizations, although no single consolidated list exists for the District.
- In some regions of the District, the local newspaper publishes a community register and 211 is an additional source for identifying groups and agencies, although keeping information current is a challenge.
- The MAPP process has encouraged the participation of district constituents and town hall meetings and forums, household mailings and print media have been used to build importance of public health issues such as substance abuse.

- The public health system's assessment has been a vehicle for creating partnerships across the District and the HMPs in the District have been meeting for a year to have a more coordinated approach to their activities.

Possible Action Steps

- Consolidate and make available lists of current partnerships and strategic alliances, then identify gaps and strategies to engage new partners.
- Assess effectiveness of current partnerships and strategic alliances to strengthen and improve capacity.
- Develop a district-wide communication strategy for promoting public health using available town resources (e.g., town cable, meetings, media, etc.).
- Establish a community health improvement committee as part of the assessment process.

EPHS 4. Mobilize Partnerships

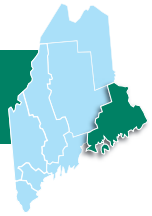


Range of scores within each model standard and overall

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	34
★ 4.1 Constituency Development	44
Identification of key constituents or stakeholders	50
Participation of constituents in improving community health	50
Directory of organizations that comprise the LPHS	50
Communications strategies to build awareness of public health	25
★ 4.2 Community Partnerships	25
Partnerships for public health improvement activities	50
Community health improvement committee	25
Review of community partnerships and strategic alliances	0

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

"It moved very quickly but seemed thorough and there was a good cross section of services/provider included."



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: 33

This essential service ranked sixth of the 10 essential services. This score is in the moderate range indicating that there are some districtwide activities.

Scoring Analysis

- The District has begun to develop a governmental presence at the local level.
- The District contributes to the development of public health policies and engages policy makers, but those activities are not coordinated across the district.
- The District 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

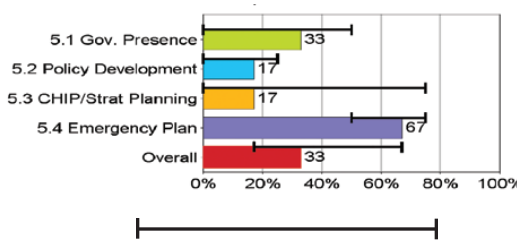
- The District is in the process of creating a public health unit where State services are co-located, although there is not a local governance body and limitations of the structure will make it difficult to address all 10 public health services.
- Agencies in the District have been involved in development of a number of policies, including: underage drinking, prescription monitoring, physical activity resources, asthma identification in schools, tobacco use on hospital grounds, and Head Start tobacco policies, among others.
- HMPs have convened policy makers on an annual basis and some legislators have attended the DCC meeting.
- MAPP process for community health improvement is underway and includes broad participation. Some potential gaps in participation include: the tribes, transportation providers, faith-based communities, clients of services and some social service providers.

- Emergency preparedness committees exist in the District and coalitions in Hancock County formed an organization that networked on a number of issues and connected to EMA. Response plans exist but could be improved and gaps may include reaching people with disabilities and town evacuation plans. All town EMAs do not have all school or municipal plans.

Possible Action Steps

- Use MAPP process to identify and address in a coordinated way local public health policy objectives across the District.
- Ensure coordination among and between EMAs, schools, municipalities and others and identify and engage organizations/groups not involved in emergency preparedness planning (e.g., tribes, people with disabilities).

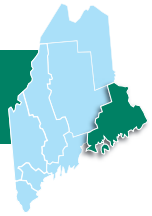
EPHS 5. Develop Policies/Plans



Range of scores within each model standard and overall

EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	33
★ 5.1 Government Presence at the Local Level *(Note: This indicator was scored the same for all Districts.)*	33
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	50
★ 5.2 Public Health Policy Development	17
Contribution to development of public health policies	25
Alert policymakers/public of public health impacts from policies	25
Review of public health policies	0
★ 5.3 Community Health Improvement Process	17
Community health improvement process	52
Strategies to address community health objectives	0
Local health department (LHD) strategic planning process	0
★ 5.4 Plan for Public Health Emergencies	
Community task force or coalition for emergency preparedness and response plans	75
All-hazards emergency preparedness and response plan	50
Review and revision of the all-hazards plan	75

★ = 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 which 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: 40

Note: All districts were scored the same on this essential service. This service ranked second 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 but there are gaps. 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, or 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

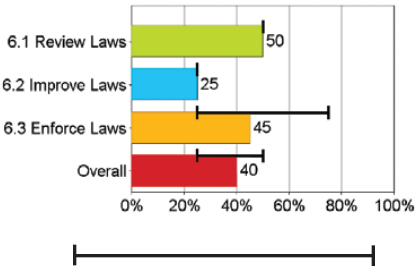
- The process of developing town comprehensive plans are a way to identify priority public health issues, build into ordinances and review ordinances/laws every 10 years, particularly environmental laws.
- Agencies in the District attempt to distribute information about some new laws to families (e.g., smoking in cars) and help monitor secondhand smoke and underage drinking laws. However, some trainings on alcohol purchasing laws are not well attended.
- Often policies work best through State law, e.g., schools were reluctant to change tobacco policy until the State law passed.
- The District identified a number of challenges to enforcing public health laws, including: lack of police officers, weak enforcement provisions in laws, lack of support from local elected officials to enforce laws, unclear legal authority in tribal areas, minimal restaurant inspectors, need for police to act as "social workers," and lack of training for sheriff on public health laws, among others.

- A medical reserve corps team would be helpful in a public health emergency, but that is not yet in place. There is not clarity on the role of the local health officer and the ability of law enforcement to enforce a quarantine.

Possible Action Steps

- Assess compliance with existing laws and ordinances and develop strategies to increase enforcement, if necessary.
- Identify priority areas within the district that are currently not addressed through existing laws and provide technical assistance in developing laws, regulations or ordinances to address those issues.
- Support additional training of local health officers as their role is clarified.

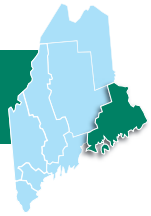
EPHS 6. Enforce Laws



Range of scores within each model standard and overall

EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	40
★ 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	45
Authority to enforce laws, regulation, ordinances	50
Public health emergency powers	75
Enforcement in accordance with applicable laws, regulations, and ordinances	50
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 DPHS's efforts to coordinate and link the services and address barriers to care.

Overall Score: 25

This service ranked last of the 10 essential services. This score is in the minimal range indicating that there are many local activities, but no district-wide activities to address this essential service.

Scoring Analysis

- There are activities in the district to identify populations and personnel health service needs but no district-wide activities.
- 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, as well as those services with social services occurs, but is not connected across the District and is limited in scope.
- There are some initiatives to enroll people eligible for public benefit programs.

District Context

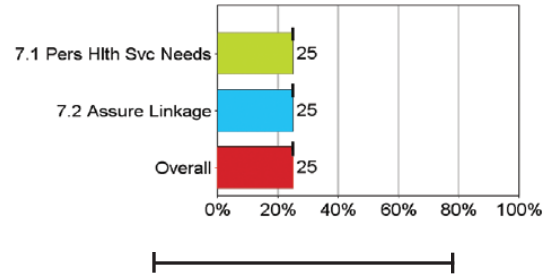
- There is a decrease in longevity for women living in Washington County, noted in a national report.
- There are a number of barriers to accessing health services: turnover/lack of primary care doctors; lack of services for working uninsured people; need to travel to Bangor for services not available in the county (e.g., cancer treatment, detox facilities); lack of services for people with addictions; lack of adult dental and mental health services; services for non-English-speaking groups; limited tribal health services; lack of transportation (particularly for trips to Bangor).
- Populations not reached or difficult to reach include: those working in the fishing/lobster industry; people who are underinsured; people in remote areas of the counties or without phones; island communities; people who are victims of domestic violence; people with disabilities; homeless youth.
- Many organizations in the District work with low income and other groups to link people to services, but there is not a systematic process across the District to identify populations with barriers to health services.
- There are MaineCare and Medicare outreach efforts, FQHC, and sliding-fee-scale services in the district. Other channels to reach people include 211, HMPs for prevention services, Project Launch, libraries and town offices.

- There are gaps in chronic disease services, many providers do not know what is available in their community and better coordination of all services is needed. Co-location of services is not always possible so "virtual" co-location may hold more promise for a particular service area.

Possible Action Steps

- Expand and coordinate across the District current successful initiatives (e.g., Project Launch, rural network initiatives) to reach populations in need of services.
- Coordinate an assessment across the District on health service gaps (e.g., oral health, other chronic disease services) and barriers (e.g., transportation) and identify strategies to address the gaps.
- Provide information to health care providers on services available in the community and support those linkages.

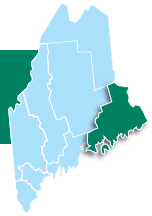
EPHS 7. Link to Health Services



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	25
★ 7.1 Identification of Populations with Barriers to Personal Health Services	25
Identification of populations who experience barriers to care	25
Identification of personal health service needs of populations	25
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	25
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	25
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: 32

This service ranked eighth out of 10 essential services. This score is in the moderate range indicating that some districtwide activities occur.

Scoring Analysis

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

District Context

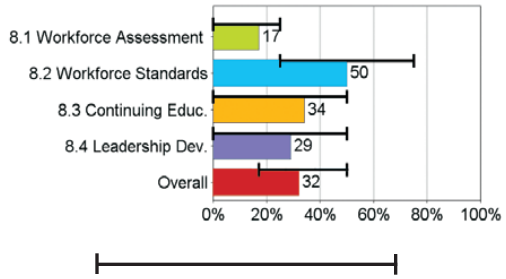
- Agencies in the District use publications, emails, websites, conferences, etc., to stay current with best practice.
- Some agencies (e.g., Head Start, AHEC) in the District have assessed health care workforce (e.g., oral health care providers) and health provider shortages have been identified.
- Not all local health officers have attended state-required training and certification for local health officers is voluntary.
- Often difficult to get training that goes beyond entry level in the District and travel to training is usually required. Limited funds for some organizations (e.g., HMPs, hospitals, public health nurses) are available for education and training including limited access to national trainings, but some of those funds have been cut in this economic time.
- Training needs include: multiple determinants of health, cultural competency (e.g., Unnatural Causes), new technology, population health approaches for health care providers.
- Agencies in the District interact with academic institutions including UMO, UMF, Ellsworth Higher Education Center, UMaine Machias, Husson, Stanford, and College of the Atlantic for projects and student placement.

- There are a number of organizations that provide leadership training, new leadership initiatives are being developed in the District and participation on coalitions encourages leadership development.

Possible Action Steps

- Develop a districtwide calendar or listserv of leadership training opportunities, including appropriate audience.
- Support and ensure training of local health officers.
- Develop a plan to recruit providers to the District.
- Provide training for health care providers on a population approach to health.
- Identify distance learning training opportunities to reduce travel barriers.

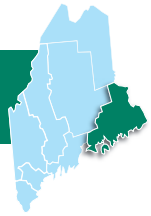
EPHS 8. Assure Workforce



Range of scores within each model standard and overall

EPHS 8. Assure a Competent Public and Personal Health Care Workforce: Overall Perfomance Score	32
★ 8.1 Workforce Assessment Planning and Development	17
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	0
★ 8.2 Public Health Workforce Standards	50
Awareness of guidelines and/or licensure/certification requirements	50
Written job standards and/or position descriptions	75
Annual performance evaluations	75
LHD written job standards and/or position descriptions	25
LHD performance evaluations	25
★ 8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	34
Identification of education and training needs for workforce development	50
Opportunities for developing core public health competencies	25
Educational and training incentives	13
Interaction between personnel from LPHS and academic organizations	50
★ 8.4 Public Health Leadership Development	29
Development of leadership skills	41
Collaborative leadership	25
Leadership opportunities for individuals and/or organizations	25
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: 33

This service scored seventh out of the 10 essential services. This score is in the moderate range indicating that there are some districtwide activities.

Scoring Analysis

- There is some evaluation of population-based programs in the District, but it is limited in scope and geography.
- Evaluation of, and satisfaction with, personal health services occurs in the District. Results are used to modify services.
- The public health system assessment just completed evaluates the DPHS and will result in a community health improvement plan.

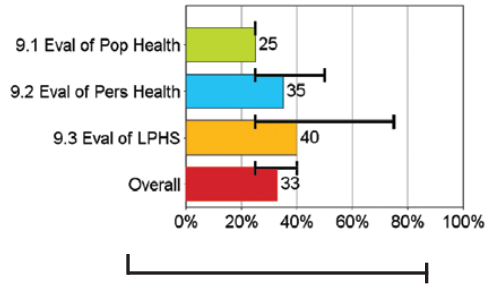
District Context

- Most program evaluation is done at the State level, but there are local-level initiatives evaluated locally.
- Tribes do a good job using established criteria for evaluation and there is an opportunity to collaborate with them on common criteria.
- Long-term care facilities, FQHCs and hospitals do patient satisfaction surveys and assessment results have been used to improve hospital services. (e.g., Washington County increased resources for transportation services).
- There are electronic medical records in the District with more in development, but coordination across the District is limited.
- Gaps in services have been identified.

Possible Action Steps

- Identify districtwide evaluation priorities and develop the expertise and strategies needed to plan, implement and analyze the evaluation results. Collaborate with tribes to use established criteria for evaluation.
- Ensure that any existing evaluation of personal or 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.

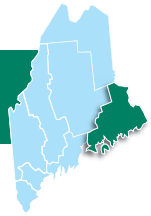
EPHS 9. Evaluate Services



Range of scores within each model standard and overall

EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	33
★ 9.1 Evaluation of Population-Based Health Services	25
Evaluation of population-based health services	25
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	35
Personal health services evaluation	25
Evaluation of personal health services against established standards	50
Assessment of client satisfaction with personal health services	50
Information technology to assure quality of personal health services	25
Use of personal health services evaluation	25
★ 9.3 Evaluation of the Local Public Health System	40
Identification of community organizations or entities that contribute to the EPHS	50
Periodic evaluation of LPHS	58
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 services 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: 28

This service ranked ninth of all the essential services. This score is in the moderate range indicating that there are some districtwide 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.
- There are minimal opportunities for agencies in the District to propose public health issues for inclusion in the research agenda of research organizations and participate in the development of research.
- There are some affiliations with academic institutions and organizations in the District.
- The DPHS has limited access to researchers.

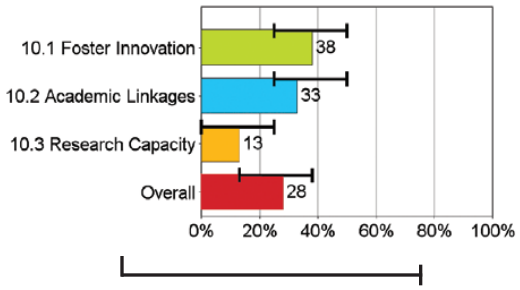
District Context

- Agencies in the District have developed innovative solutions to health problems. Examples include: HMP activities, Helping Partners, school-based projects related to behavioral issues, and NAMI end-of-life issues for veterans.
- Connections to academic institutions include Harvard (Washington County disparities project, NAMI), University of Maine (alcohol and the elderly, MAPP assessment) and USM (rural health, chronic disease self-management) but there is no research institution within the district.
- Barriers to working with academic institutions include the small population, lack of funding and few researchers in the area.
- Agencies in the District use publications, emails, websites, conferences, etc., to stay current with best practice.
- There are agreements between some agencies and academic institutions for student interns (nursing and social work) and school faculty are on coalition boards. Some agency staff teach in the social services program.

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.

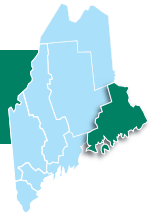
EPHS 10. Research/Innovations

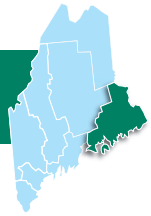


Range of scores within each model standard and overall

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	28
★ 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	33
Relationships with institutions of higher learning and/or research organizations	50
Partnerships to conduct research	25
Collaboration between the academic and practice communities	25
★ 10.3 Capacity to Initiate or Participate in Research	13
Access to researchers	25
Access to resources to facilitate research	25
Dissemination of research findings	0
Evaluation of research activities	0

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

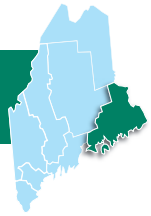




Appendices

Acronyms

ACAP	Aroostook Community Action Program
AHEC	Area Health Education Center
BMI	Body Mass Index
CAP Agencies	Community Action Program
CBPR	Community-Based Participatory Research
CEO	Code Enforcement Officer
CERT	Community Emergency Response Team
CHES	Community Health Education Specialist
CMMC	Central Maine Medical Center
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	EBSCO Information Services
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
FCHN	Franklin Community Health Network
GIS	Geographic Information System
HAN	Health Alert Network
HEDIS	Healthcare Effectiveness Data Information Set
HIPAA	Health Insurance Portability and Accountability Act
HMPs	Healthy Maine Partnerships
ICL	Institute for Civic Leadership
IM	Instant Messaging
ImmPact	Maine Information Immunization Registry
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
KVCC	Kennebec Valley Community College
L/A	Lewiston/Auburn
LGBT	Lesbian, Gay, Bisexual, Transgender
LHO	Local Health Officer
LPHSA	Local Public Health System Assessment
MAPP	Mobilizing for Action through Planning and Partnerships
MCDC	Maine Center for Disease Control
MCH	Maternal/Child Health
MCPH	Maine Center for Public Health
MeHAF	Maine Health Access Foundation
MEMIC	Maine Employers' Mutual Insurance Company
MMC	Maine Medical Center
MOU	Memorandum of Understanding
MPH	Masters in Public Health
MPHA	Maine Public Health Association
NAMI	National Alliance on Mental Illness
NNE	Northern New England Poison Control Center
NH	New Hampshire
NIMS Training	National Incident Management System
NP	Nurse Practitioner
OSA	Office of Substance Abuse
OT	Occupational Therapy
Ped Paths	Pedestrian Paths
PPH	Portland Public Health, City of
PROP	People's Regional Opportunity Program
PT	Physical Therapy
RSU	Regional School Unit
SES	Socioeconomic Status
SMAA	Southern Maine Agency on Aging
SMRRC	Southern Maine Regional Resource Center
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/Public Health Nurses	Visiting Nurses 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."

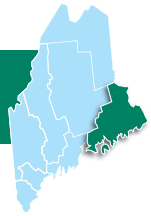
HIGHLIGHTS

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."