Maine's Public Health System

Borestone Mountain, Elliotsville, ME

(Credit: Downeast Magazine, September 2016 Issue, Photographed by Ben Williamson)

State Public Health System Assessment Report

December 2022

Maine Center for Disease Control and Prevention

Maine Statewide Coordinating Council for Public Health

Maine Public Health Association

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Governor

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June 2022

Dear Reader:

As Director of the Maine Center for Disease Control and Prevention, I am proud to present this assessment of Maine's public health system.

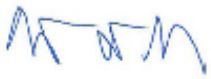
This document represents the collaborative efforts of the Statewide Coordinating Council for Public Health, the Maine Public Health Association, and the Maine Center for Disease Control and Prevention. It is the first such effort since 2010.

The assessment serves as a platform for partners across Maine to discuss the public health system's performance in planning and implementing public health initiatives, with a focus on relationships between state and local public health officers, performance management and quality control, and public health capacity and resources.

As our evolving public health system faces new and greater challenges, the collaboration reflected in this document makes it possible to promote continuous improvement and highlight how Maine's public health system can strive to meet national standards.

I am grateful to everyone who participated in the assessment and look forward to continuing our shared work on behalf of Maine people.

Regards,



Nirav D. Shah

STATE PUBLIC HEALTH SYSTEM ASSESSMENT

BRIEF REVIEW OF THE FINDINGS

Date of Report:

December 2022

Dates of Assessment:

August 10, 11, 17, 18, and 19, 2021

Prepared for:

Maine Center for Disease Control and Prevention

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CONTENTS

ACKNOWLEDGEMENTS

The 2021 Maine State Public Health Systems Assessment (SPHSA) is based on the contributions of more than 204 participants, representing 71 entities from across the state of Maine. We offer our sincerest appreciation to all those who took time during August 2021 to participate in this assessment, sharing their expertise and providing a broad systems approach to this process.

SPHSA Planning Committee: As part of the Statewide Coordinating Council (SCC) meeting in December 2019, the Maine Center for Disease Control and Prevention (Maine CDC) convened a Planning Committee to oversee the SPHSA process. This committee included members of the SCC, the Maine CDC District Liaisons, staff from the Maine Public Health Association, and a community member with experience in these types of assessments. The assessment was scheduled for the summer of 2020, but the arrival of COVID-19 in early 2020 resulted in a shifting of personnel and priorities and the reduction/elimination of in-person meetings. The Committee, charged with conducting the assessment in a way that fostered open and participatory dialogue while also ensuring the safety and health of attendees, made the decision to conduct the assessment in a virtual format. We believe this is the first time such an assessment has been conducted virtually. We thank the planning committee for its persistence in ensuring this assessment was conducted thoroughly and with maximal engagement, despite the challenges of the COVID-19 pandemic.

State Public Health System Assessment Planning Committee			
Governmental Public Health		**Non-Governmental Public Health**	
Maine CDC	Stacy Boucher Kristine Jenkins James Markiewicz Al May Jamie Paul	Statewide Coordinating Council for Public Health	Denise Delorie Melissa Fochesato Patty Hamilton Kalie Hess Betsy Kelly
		Community Member	Christine Lyman
		Maine Public Health Association	Rebecca Boulos Heather Drake

SPHSA Core Group: The SPHSA instrument recommends a core group of participants come to each of the assessment meetings to provide knowledge of statewide public health activities and policies and have a connection to all ten assessment sessions. The SPHSA Core Group was established in June 2021 and was comprised of experts, who are both knowledgeable about Maine's public health system and represent key organizational components of that system. The Core Group members (or their representative) were invited to all ten (10) two-hour assessment sessions, which took place over six days in August 2021. We thank the core group for their participation and leadership.

State Public Health System Assessment Core Group			
Governmental Public Health Partners or their designated representative		**Non-Governmental Public Health Partners or their designated representative**	
Maine CDC	Nancy Beardsley Nancy Birkhimer Veronica Robichaud James Markiewicz	Medical Care Development, Inc.	Elizabeth Foley Danielle Louder
Department of Health and Human Services	Sara Gagne-Holmes	Maine Health Access Foundation	Barbara Leonard
Governor's Office of Policy, Innovation, and Future	Anthony Ronzio Cassandra Rose	Maine Public Health Association	Rebecca Boulos
Municipal Health Department	Patty Hamilton Bangor Public Health***	Statewide Coordinating Council for Public Health	Patty Hamilton Past Chair SCC***

SPHSA Facilitation Team: Maine CDC contracted with Medical Care Development, Inc. (MCD) in 2021to provide facilitation services for the SPHSA effort. Working with Maine CDC staff, the implementation of the assessment instrument for the ten Essential Public Health Services (EPHS) was redesigned to mimic the environment of an in-person meeting and re-applied for a virtual setting. Thanks go to those responsible for the preparation and execution of each session: Valerie Jackson and Lisa Tuttle, MPH for skillfully facilitating and creating an engaging environment; Julie Daigle, Maura Goss, and Emilee Winn Caradonna for thorough record keeping, technical assistance, and general support; and Stacy Boucher and Al May for guidance and public health systems knowledge.

SPHSA Report Writing: The writing of this report was a collaborative process between MCD and Maine CDC. Individuals responsible for writing this report include Elizabeth Foley, Lee Emmons, and Valerie Jackson from MCD and Stacy Boucher and Al May from Maine CDC. Rebecca Boulos of MPHA reviewed the draft document.

NOTE FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

The recommendations herein reflect the work of contributors within and outside of state government. They do not reflect policy commitments of the Maine Department of Health and Human Services or Maine Center for Disease Control and Prevention, and further do not confer support from the Executive Branch for specific legislative initiatives. Policy proposals will be reviewed and commented on as they arise.

BACKGROUND

In August 2021, Maine CDC, in coordination with the SCC and MPHA, conducted a SPHSA. The SPHSA is a nationally recognized instrument, developed by the National Public Health Performance Standards (NPHPS), to improve the practice of public health and the performance of public health systems. Using the standards for each of the EPHS, the instrument guides state systems in evaluating their current performance against a set of optimal standards. Through this participatory process, each partner can consider the activities of all public health system members, capturing the work of all public, private, and voluntary entities that contribute to public health at the state level.

The instrument establishes a defined list of system partner organizations by sector, who are involved in each of the ten essential public health services. Sectors are defined as partners who fit under general categories, like county government, hospitals, health systems, emergency management, and community-based organizations. Based on this guidance, the SPHSA Planning Committee created various matrices to create the invite lists for each EPHS by sector and by organization within the sector to optimize participation in this process. In cataloging state, regional, and local partners, conceptual system models were created (see Appendix I for the state model as an example).

ASSESSMENT PROCESS

Transitioning from the in-person model to ten, two-hour virtual sessions challenged the SPHSA Facilitation Team to find new ways to leverage technology while maintaining group participation and engagement, and ensuring every voice was heard and all input was recorded. To maintain consistency throughout the meetings, we developed a standard script and process for each session that maximized efficiency, anticipated and reduced technical glitches, and captured participants' comments. The virtual meeting platform Zoom was used in all sessions. For each session, we utilized the following activities:

- Pre-Reading: Model Standards were sent to participants in advance of the meeting.
- Ground Rules & Tech Support: Established ground rules and had a team ready to answer any technical issues during the assessment meetings.
- Chat Function: The Zoom chat function was encouraged to allow participants to provide key points to the discussion as well as links to appropriate resources.
- Closed Captioning and Recording: All sessions were recorded and provided closed captioning, with transcripts of the sessions saved for capturing important conversations.
- Recordkeeping: Notetaking was done during all sessions by designated recorder.
- Consensus Voting: At the time for voting on a standard question, a Zoom poll was launched with a timed countdown and then shared and recorded.
- Strengths, Weaknesses, Opportunities, Priorities (SWOP): The online collaboration tool IdeaBoardz offered a live, interactive visual to collect SWOP entries during the meeting and was left open for entries post-meeting.
- Evaluation & Follow Up: Links to the session evaluation and the SWOP IdeaBoardz were sent to each participant post meeting.

ANALYSIS

Quantitative: The SPHSA is constructed using the ten EPHS as a framework. Each EPHS includes four model standards that describe the key aspects of an optimally performing public health system.

SPHSA Assessment Model Standards
Model Standard 1: Planning and Implementation
Model Standard 2: State-Local Relationships
Model Standard 3: Performance Management and Quality Improvement
Model Standard 4: Public Health Capacity and Resources

Each model standard is followed by assessment questions that serve as measurements of performance. When each model standard is discussed and then scored, these scores indicate how well the system is meeting the model standard at the optimal level of public health system performance. The scoring rubric is consistent throughout the process and relies on discussion, engagement, and examples provided during each of the model standards sessions. Activity classification is based on definitions of optimal, significant, moderate, minimal and no activity (see below). Using consensus voting for each model standard and then recorded in an algorithm, a score is generated for each model standard within an EPHS and one overall assessment score per EPHS.

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50% but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25% but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Qualitative: Conducting this assessment virtually enabled participants to easily share information with the facilitation team. Data were collected via notetaking, session recordings and transcripts, and chat transcripts. These data were then combined into one document per EPHS, creating large files (greater than 50 pages). These documents were then reviewed and reorganized so that different types of data were collated. Non-response data such as facilitator instructions and chat comments were cleaned so that what was left were only responses related to the assessment. Our qualitative analysis approach reviewed these data for common themes, key descriptive points, and key examples showing activity. The results of the qualitative analysis were then used to inform the “Key Findings” and “Possible Next Steps” sections for each EPHS.

NEXT STEPS

The primary purpose for conducting a SPHSA is to promote continuous improvement that will result in positive outcomes for system performance. This report is designed to facilitate communication and sharing among and within programs, partners, and organizations, based on a common understanding of how a high performing and effective public health system can operate. This shared frame of reference provides an opportunity to build commitment and focus for setting priorities and improving overall public health systems improvement. Public health systems must strive to deliver the ten (10) EPHS at optimal levels.

It is anticipated that this assessment will identify opportunities for supporting a more cohesive public health system, including increased collaboration among organizations and community partners as well as increased awareness of quality improvement (QI) efforts. Data provide cross-sectional information about Maine's public health system and it is anticipated that findings will provide benchmarks for future public health improvement efforts.

In conjunction with the Local (District) Public Health Systems Assessment, which are currently being planned, results should provide data and key findings to inform state and district public health planning, including identifying systems priorities for short- and long-term implementation plans.

BENEFITS AND LIMITATIONS OF ASSESSMENT

Results of the previous SPHSA conducted in 2010 are provided for review. However, it should be noted that direct comparison of the data must be undertaken with restraint. There are many variables that have impacted findings, including pandemic- influenced changes, meetings occurring well beyond the recommended assessment interval, and participant invitations were based upon expertise and tool recommendation instead of self-selection to specific domains. Each of these conditions has the potential to impact assessment findings. Inferences that any apparent changes occurred as a direct result of actions undertaken based upon the 2010 report are inconclusive. Furthermore, there were no data available to compare each of the EPHS model standards to other state assessment scores.

PRESENTATION OF DATA IN THIS REPORT

An overall score for each of the ten EPHS is displayed to show the range of scores and the performance level of each one. All graphics will have the optimal score of 100 shown as a means of comparison for optimal performance. There is a graphic presentation comparing the 2010 and 2021 SPHSA overall scores for the ten EPHS. There are graphic presentations showing the scores of each EPHS within a model standard. For example, one figure shows the scores of the ten EPHS in meeting the model standard of Planning and Implementation. Similar figures show the scores of the ten EPHS in meeting the other model standards: State-Local Relationships, Performance Management and Quality Improvement, and Public Health Capacity and Resources.

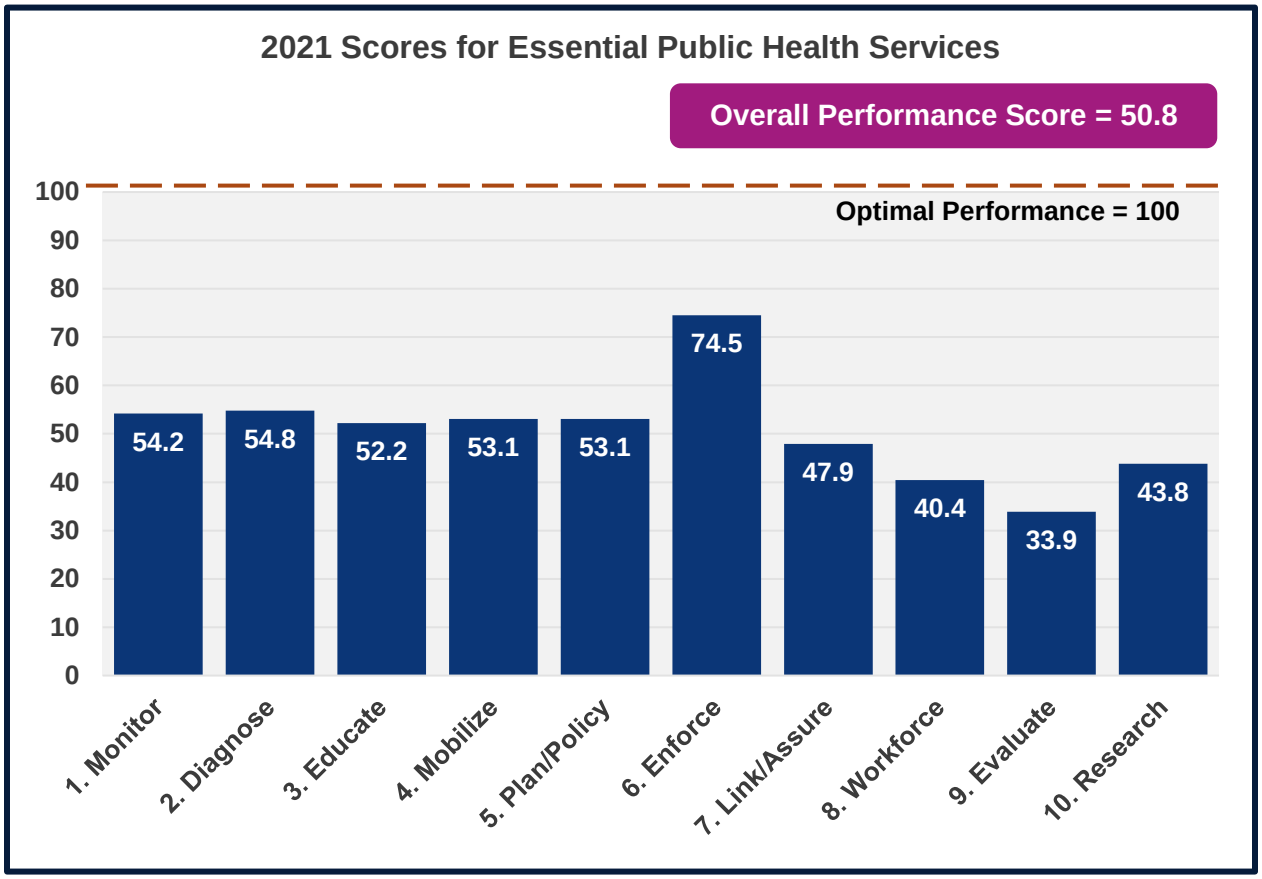
Each of the ten EPHS has their own summary that includes:

- The description of the EPHS.
- A table showing all of the scores for the model standards and questions within the standard (for the full content of these questions, these tables are shown in Appendix II).
- A figure showing the scores of the four standards for that EPHS with the overall score (dotted line), the optimal score of 100 (dotted line), and how the scores are categorized by activity (optimal, significant, moderate, minimal, or no).
- Key Findings: based on themes and commentary of analysis.
- Possible Next Steps: based on themes and commentary of analysis.

SUMMARY OF RESULTS

For this 2021 Assessment (Figure 1), Maine's overall performance score was 50.8 (optimal performance: 100) with a range of 33.9 (EPHS 9) to 74.5 (EPHS 6). The top performing EPHS include: Enforce laws and regulations (74.5); Diagnose and investigate health problems and health hazards (54.8); and Monitor health status (54.2).

Figure 1: Scores for All Essential Public Health Services

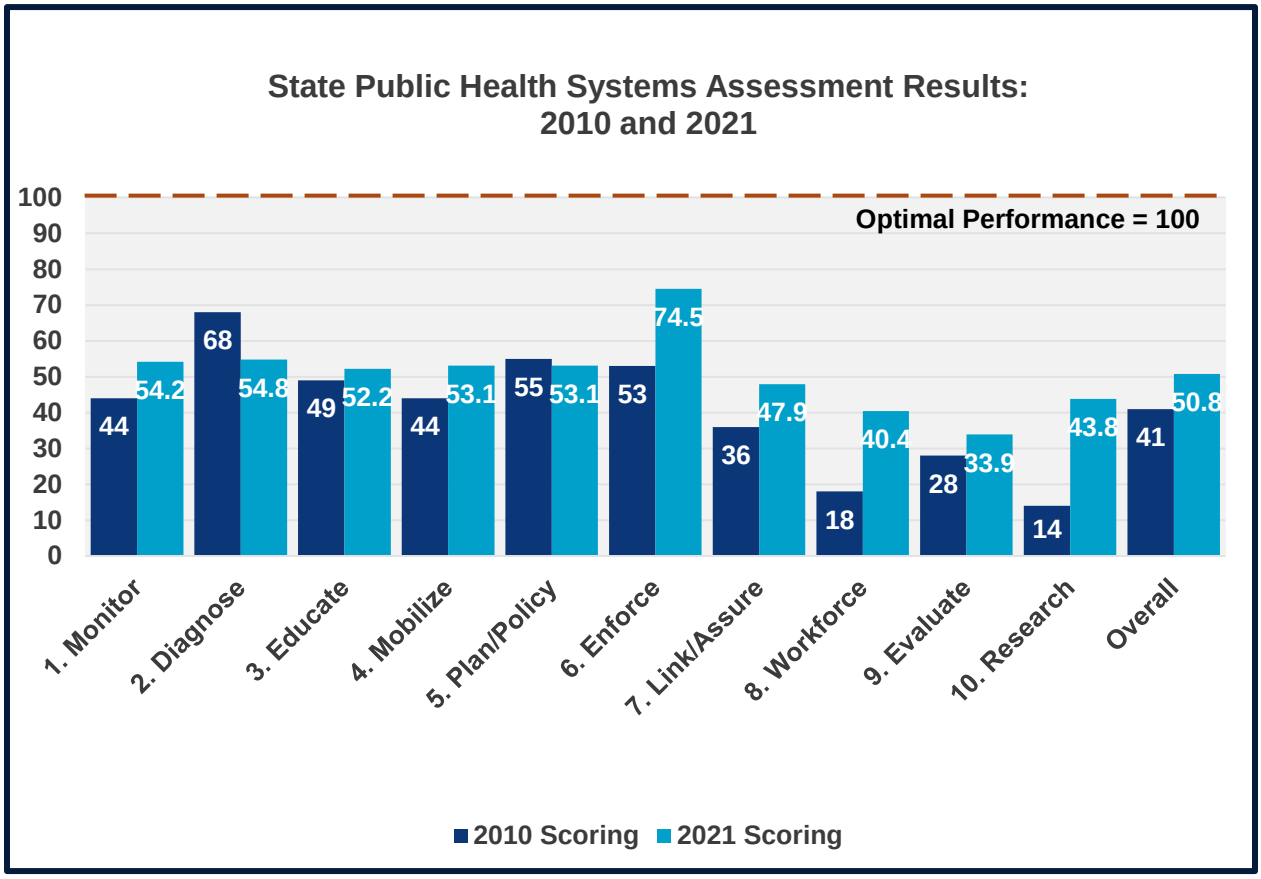


Essential Public Health Services

1. Monitor Health Status
2. Diagnose and Investigate
3. Inform and Educate
4. Mobilize Partnerships
5. Develop Policies and Plans
6. Enforce Laws and Regulations
7. Link People to Needed Services
8. Assure Competent Workforce
9. Evaluate Health Services
10. Research for New Insights

Maine 2010 and 2021 Scores: Figure 2 presents the scores of the Maine SPHSA conducted in 2010 and 2021. Due to the time difference between the two assessments and changes in the state's public health infrastructure over that period, a direct comparison of the scores should not be done. This graph does provide an opportunity for an open discussion and review of what has occurred over that time.

Figure 2: Maine SPHSA Scores from 2010 and 2021



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Scores for Model Standards: This assessment instrument was organized into four model standards and the scores for each EPHS' model standard are provided in Figures 3, 4, 5, and 6. Across the ten (10) EPHS, Maine's Public Health System scored highest in planning and implementation (57.0) and lowest in performance management and quality improvement (44.6).

Figure 3: Planning and Implementation Across Essential Public Health Services

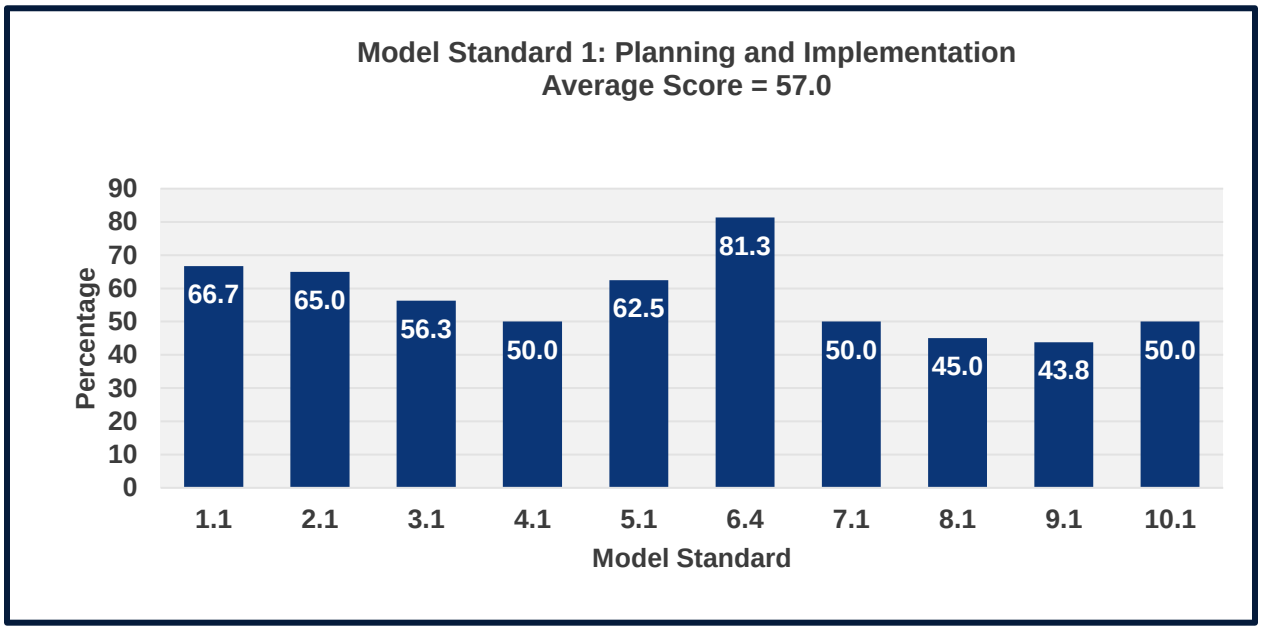


Figure 4: State-Local Relationships Across Essential Public Health Services

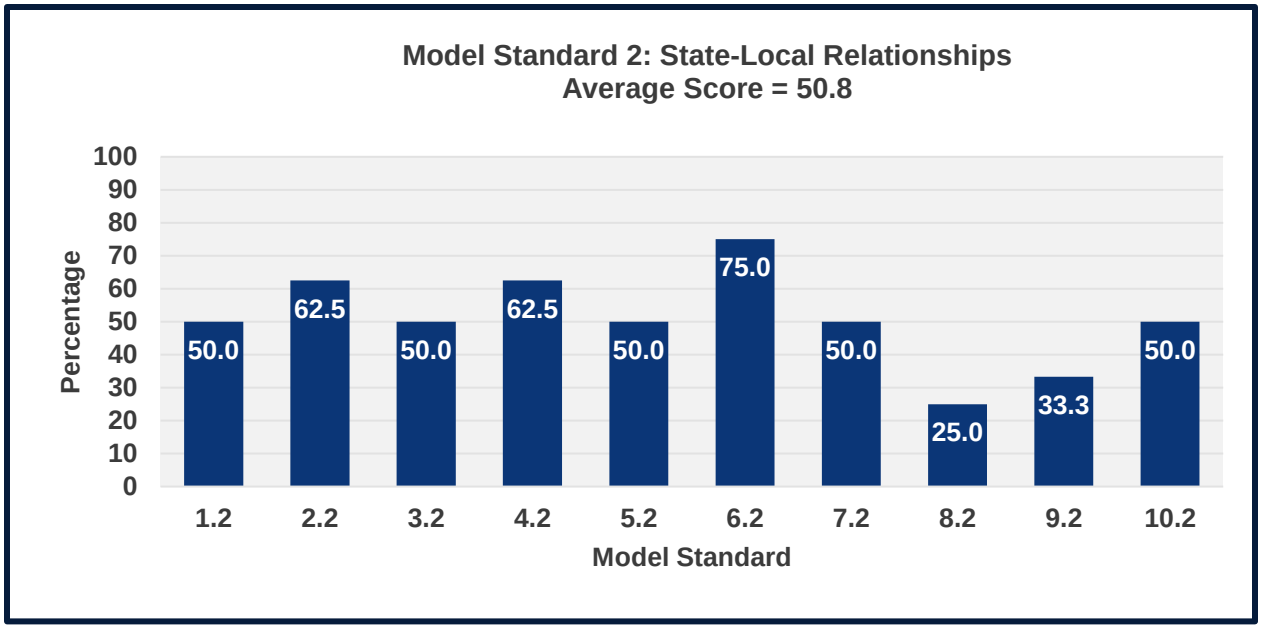


Figure 5: Performance Management and Quality Improvement Across Essential Public Health Services

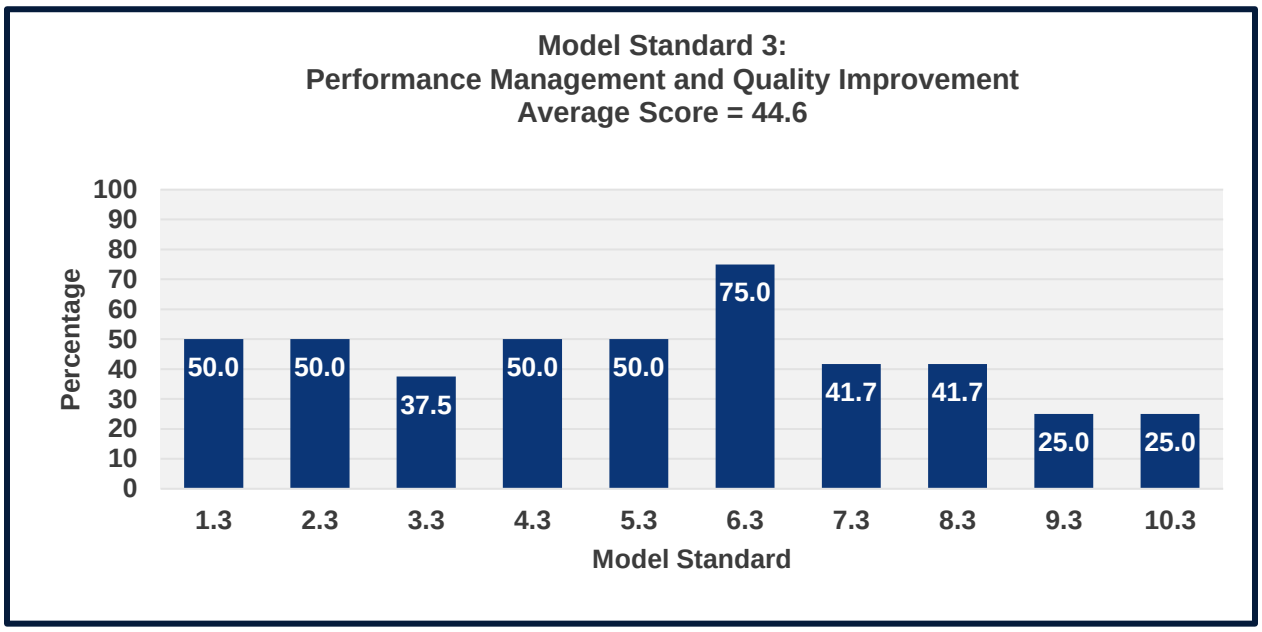
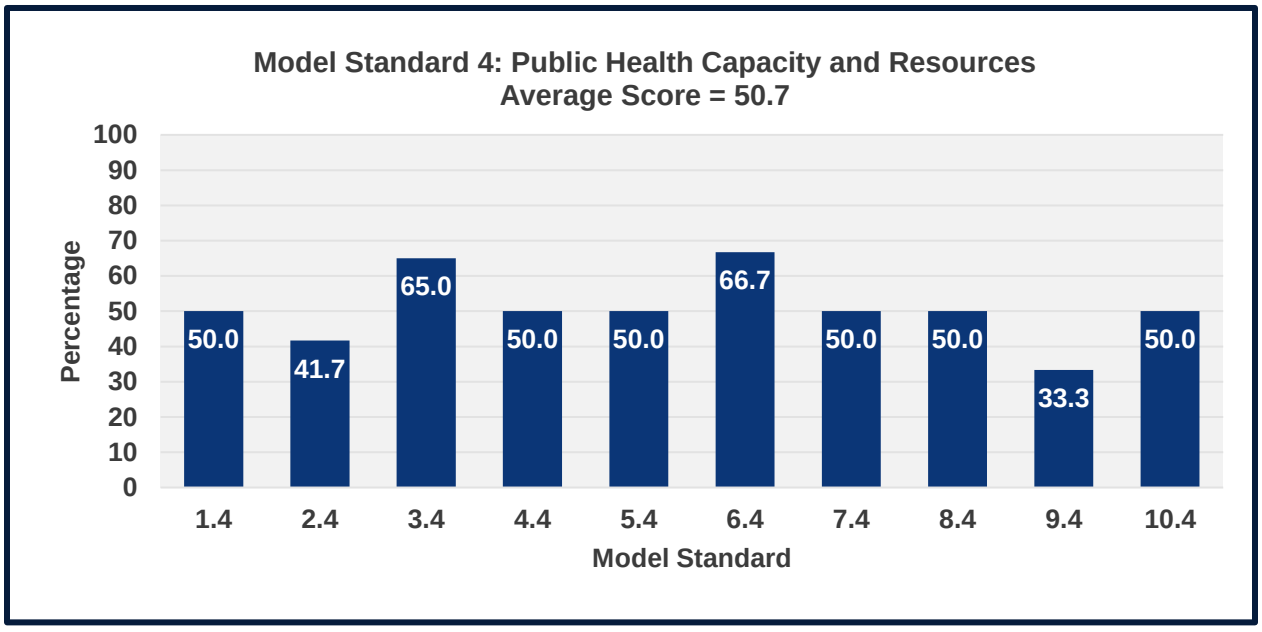


Figure 6: Public Health Capacity and Resources Across Essential Public Health Services



Results At-A-Glance: Essential Public Health Service #1

EPHS 1: MONITOR HEALTH STATUS TO IDENTIFY AND SOLVE COMMUNITY HEALTH PROBLEMS

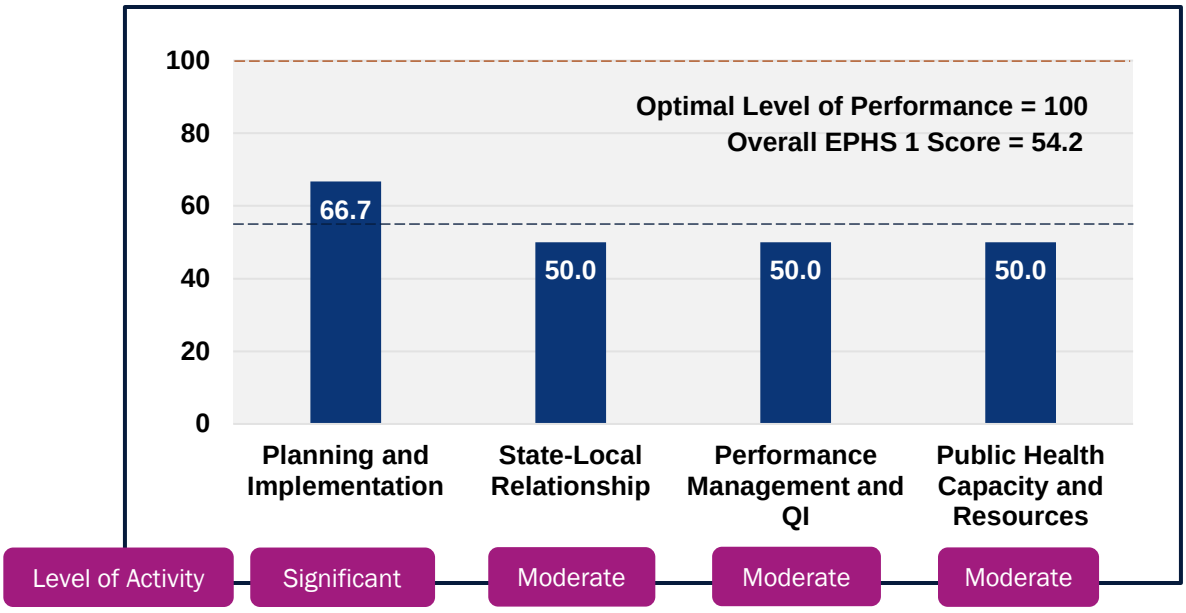
This EPHS includes:

- Assessment of statewide health status and its determinants, including the identification of health threats and the determination of health service needs.
- Analysis of the health of specific groups that are at higher risk for health threats than the general population.
- Identification of community assets and resources that support partner organizations in the state public health system in promoting health and improving quality of life.
- Interpretation and communication of health information to diverse audiences in different sectors.
- Collaboration in integrating and managing public health related information systems.

Table 1: Scores for Essential Service #1

Item	Score
1.1 Planning and Implementation	
1.1.1 Surveillance and monitoring.	75
1.1.2 Health data accessible to users.	75
1.1.3 Disease reporting system.	50
1.2 State-Local Relationships	
1.2.1 Assistance in interpretation, use, and dissemination of data.	50
1.2.2 Provide uniform set of timely community-level health data.	50
1.2.3 Technical assistance with local information and monitoring systems.	50
1.3 Performance Management and Quality Improvement	
1.3.1 Review effectiveness in monitoring efforts.	50
1.3.2 Actively manage and improve performance management.	50
1.4 Public Health Capacity and Resources	
1.4.1 Commit financial resources.	50
1.4.2 Coordinate and align system-wide organizational efforts	50
1.4.3 Workforce expertise for health monitoring.	50

Figure 3. Model Standard Scores for EPHS 1: Monitor Health Status



Key Findings

- Maine Shared Community Health Needs Assessment (MSCHNA) is expanding efforts to collaborate with persons with lived experience in high needs populations.
- There is limited professional expertise at the local level, which inhibits ability to access, interpret and utilize data.
- We have strong electronic data systems that allow us to communicate data broadly (e.g., Hepatitis A efforts).
- There are many resources committed to health status monitoring, however there is a need for improved coordination and dissemination of data in a way that is actionable by end users at the local level.

Possible Next Steps

- Strengthen shared planning and communication strategies among public health system partners.
- Further integrate diverse data sets and platforms to effectively inform and prioritize state-wide efforts.
- Work on protocols that create shared data collection design and ownership.
- Explore ways to increase access to professional epidemiology / data analysis expertise with community based and healthcare partners statewide.

Results At-A-Glance: Essential Public Health Service #2

EPHS 2: DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS

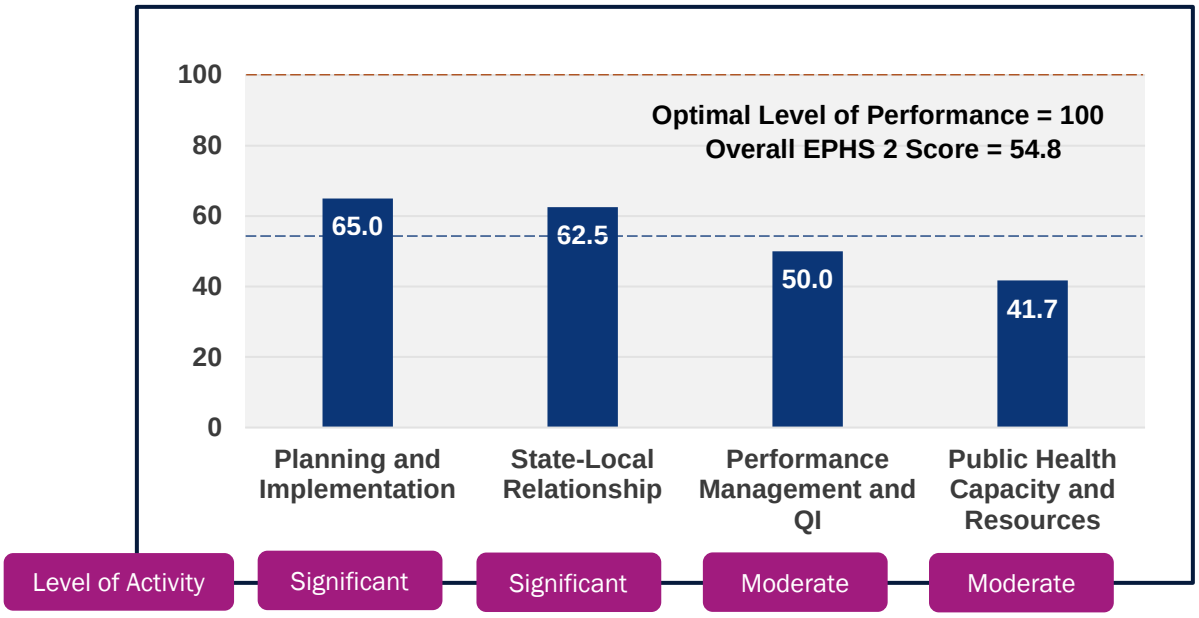
This EPHSA includes:

- Epidemiologic surveillance and investigation of disease outbreaks as well as patterns of infectious and chronic diseases, injuries, and other adverse health conditions.
- Population-based screening, case finding, investigation, and scientific analysis of health problems.
- Rapid screening, high volume testing, and active infectious disease epidemiologic investigations.

Table 2: Scores for Essential Service #2

Item	Score
2.1 Planning and Implementation	
2.1.1 Broad scope of surveillance and epidemiologic programs.	75
2.1.2 Enhanced surveillance capability.	50
2.1.3 Statewide public health laboratory system.	75
2.1.4 Laboratory clinical and environmental analysis capability.	50
2.1.5 Collaborative response to public health threats.	75
2.2 State-Local Relationships	
2.2.1 Assistance to local partners with epidemiologic analysis.	50
2.2.2 Information and guidance to local partners in handling public health problems and threats.	75
2.3 Performance Management and Quality Improvement	
2.3.1 Review effectiveness of state surveillance and investigation system.	50
2.3.2 Actively manage and improve collective performance management in diagnosing and investigating health problems and hazards.	50
2..4 Public Health Capacity and Resources	
2.4.1 Commit financial resources collaboratively to diagnose and investigate health problems.	50
2.4.2 Coordinate and align system-wide organizational efforts in diagnosing and investigating health problems and hazards.	50
2.4.3 Workforce expertise in diagnosing and investigating health problems and hazards.	50

Figure 4: Model Standard Scores for EPHS 2: Diagnose and Investigate



Key Findings

- We have strong surveillance systems across many programs, including Behavioral Risk Factor Surveillance System, Maine CDC Division of Disease Surveillance's Epidemiology Program, and Department of Environmental Protection's (DEP)Air Quality Monitoring program.
- Timeliness of data, funding constraints, systems interoperability challenges, and limited data on social determinants of health (SDOH) inhibit maximum utilization.
- Limited state-wide capacity for agricultural, zoonotic, and environmental specimens other than blood lead levels (e.g., access to serum testing for high levels of PFAS.
- Maine Health and Environmental Testing Lab has a strong QI system; however, there is a lack of formal QI system wide.

Possible Next Steps

- Cross train staff to increase surge capacity for future public health emergencies.
- Improve responsiveness to public health issues through comprehensive funding and staffing allocation analyses including reduction of reliance on prescriptive grant awards.
- Increase technical assistance to local providers and public health authorities.

Results At-A-Glance: Essential Public Health Service #3

EPHS 3: INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES

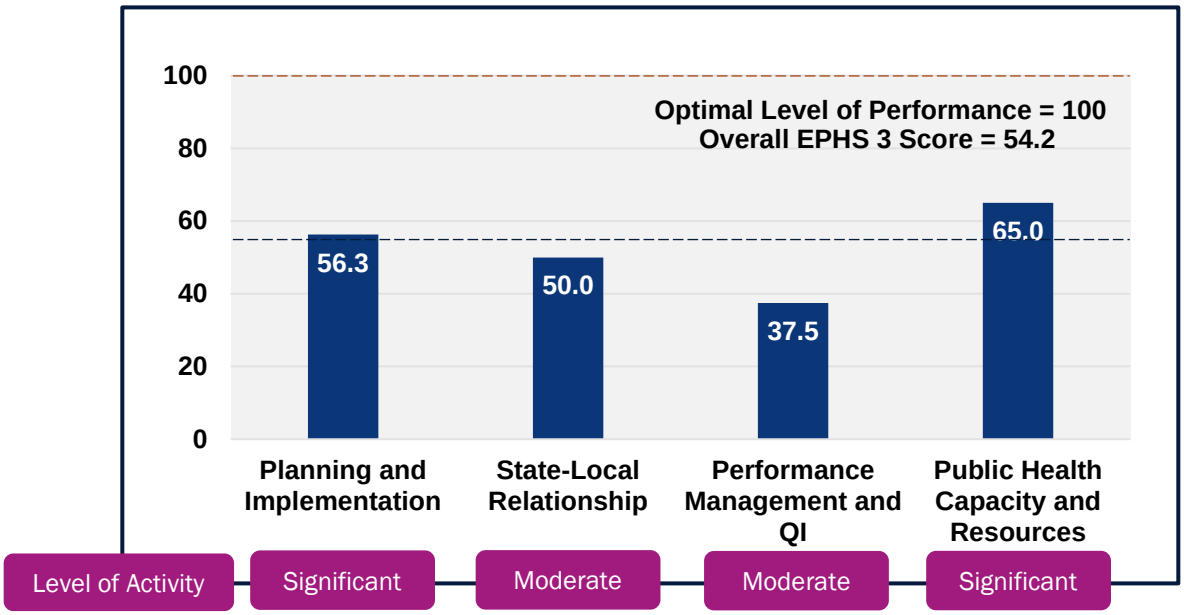
This EPHS includes:

- Health information, education, and promotion activities designed to reduce health risk and promote better health.
- Health communication plans and activities such as media advocacy, social marketing, and risk communication.
- Accessible health information and educational resources
- Partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health education and health promotion programs and messages.

Table 3: Scores for Essential Service #3

Item	Score
3.1 Planning and Implementation	
3.1.1 Implement health education and promotion programs.	75
3.1.2 Implement health promotion initiatives and programs addressing health risks.	50
3.1.3 Implement health communications to promote healthy choices.	50
3.1.4 Maintain crisis communication plan for emergency situations.	50
3.2 State-Local Relationships	
3.2.1 Technical assistance to local partners to conduct health education and promotion.	50
3.2.2 Technical assistance to local partner to develop effective emergency communications.	50
3.3 Performance Management and Quality Improvement	
3.3.1 Review effectiveness of health education and communications.	50
3.3.2 Actively manage and improve collective performance to inform, educate, and empower people about health.	50
3.4 Public Health Capacity and Resources	
3.4.1 Commit financial resources.	50
3.4.2 Coordinate and align system-wide organizational efforts in health communications.	50
3.4.3 Workforce expertise for implementing effective health education, promotion, and communication.	50

Figure 5: Model Standard Scores for EPHS 3: Inform and Educate



Key Findings

- Maine's 2021-2025 Cancer Plan is a good example of stakeholders convening to establish evidence-based goals, objectives, and strategies.
- Evaluation of health education and health promotion programs is oftentimes a function of grant deliverables which may contribute to inefficient or ineffective evaluation of desired outcomes e.g., tailored messaging to target populations or efforts impacting SDOH.
- Federal funding is often categorical and can be a barrier to overarching health promotion efforts such as substance use prevention.
- Intervals between data collection and reporting can impact timeliness and efficacy of interventions.
- Older, rural, and sparsely populated areas of the state can be difficult to reach, exacerbated by lack of cell service and broadband.

Possible Next Steps

- Strengthen state and local partnerships to allow bidirectional -data, information, and insight sharing.
- Increase diversity in the workforce to enhance representation of the populations served.
- Apply plain English principles to communications and provide communications in a variety of languages.
- Increase interagency communication and data sharing to align goals, work, and messaging.
- Improve data collection to inform work for at-risk populations, including demographic data, including geographic area, race/ethnicity and tribal status, sexuality and gender identity, age, and income.

Results At-A-Glance: Essential Public Health Service #4

EPHS 4: MOBILIZE PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH PROBLEMS

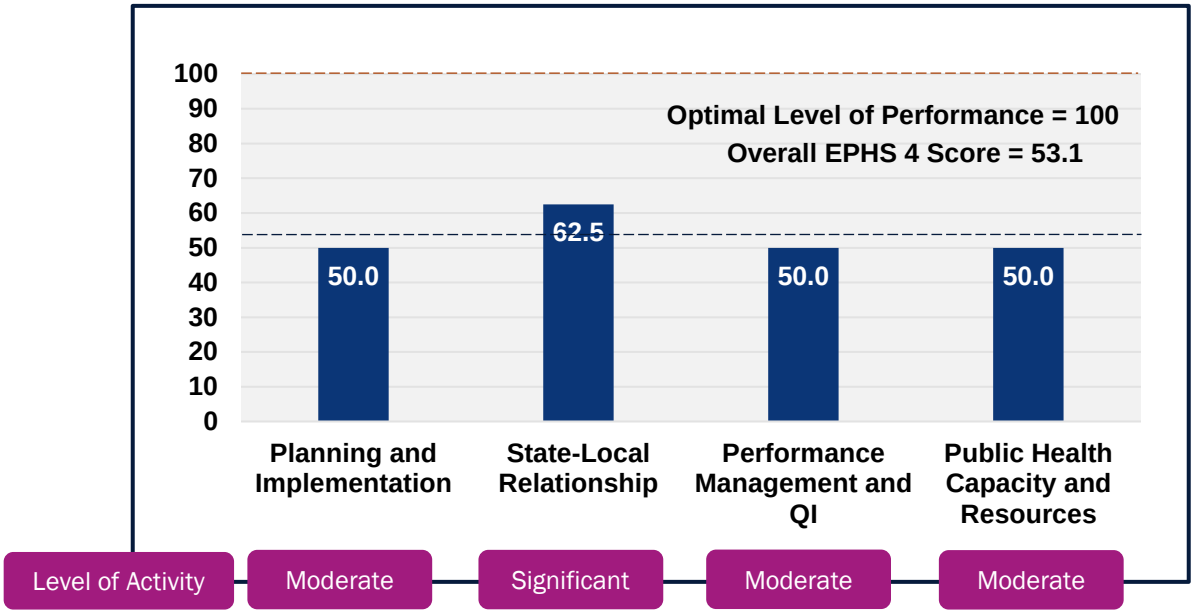
This EPHS includes:

- Building a statewide partnership collaborating in the performance of public health functions and EPHS to use the full range of available human and material resources for improving the state's health status.
- The leadership and organizational skills to convene statewide partners (including non-traditional partners) to identify public health priorities and create effective solutions for state and local health problems.
- Assistance to partners and communities to organize and undertake actions to improve the health of the state's population.

Table 4: Scores for Essential Service #4

Item	Score
4.1 Planning and Implementation	
4.1.1 Building statewide support for public health issues.	50
4.1.2 Formal and sustained partnership organization and development for public health issues.	50
4.2 State-Local Relationships	
4.2.1 Technical assistance to local partners to build partnerships for community health improvement.	50
4.2.2 Incentives for broad-based, local public health system partnerships.	75
4.3 Performance Management and Quality Improvement	
4.3.1 Review effectiveness of partnership development.	50
4.3.2 Actively manage and improve collective performance in partnership activities.	50
4.4 Public Health Capacity and Resources	
4.4.1 Commit financial resources for sustaining local partnerships.	50
4.4.2 Coordinate and align system-wide organizational efforts to mobilize partnerships.	50
4..4.3 Workforce expertise for implementing partnership development activities.	50

Figure 6: Model Standard Scores for EPHS 4: Mobilize Partnerships



Key Findings

- Maine has a multitude of public health partnerships that regularly engage with community members across sectors and topics including but not limited to Maine's Climate Council, Maine Impact Cancer Network, and various Maine CDC Program advisory groups (e.g., Maine Suicide Prevention and HIV Advisory Group).
- The Governor's task force to achieve No Mainer Hungry by 2030 brought together and centered the voices of persons with lived experience to lead a strategic planning process.
- Competing organizational demands and resource deficits of funding and staff can make collaboratives more difficult to sustain.
- Increased opportunities to access technical assistance from content experts would facilitate application of best practice or promising practice initiatives to solve health problems.

Possible Next Steps

- Engage individuals with lived experience in health improvement planning, implementation, and evaluation processes.
- Include Ethnic Community Based Organizations in grant applications and work plans that impact their own communities.
- Increase commitment to workforce development (e.g., enhance partnerships, engagement, and facilitation, and utilize national best practices).

Results At-A-Glance: Essential Public Health Service #5

EPHS 5: DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND STATEWIDE HEALTH EFFORT

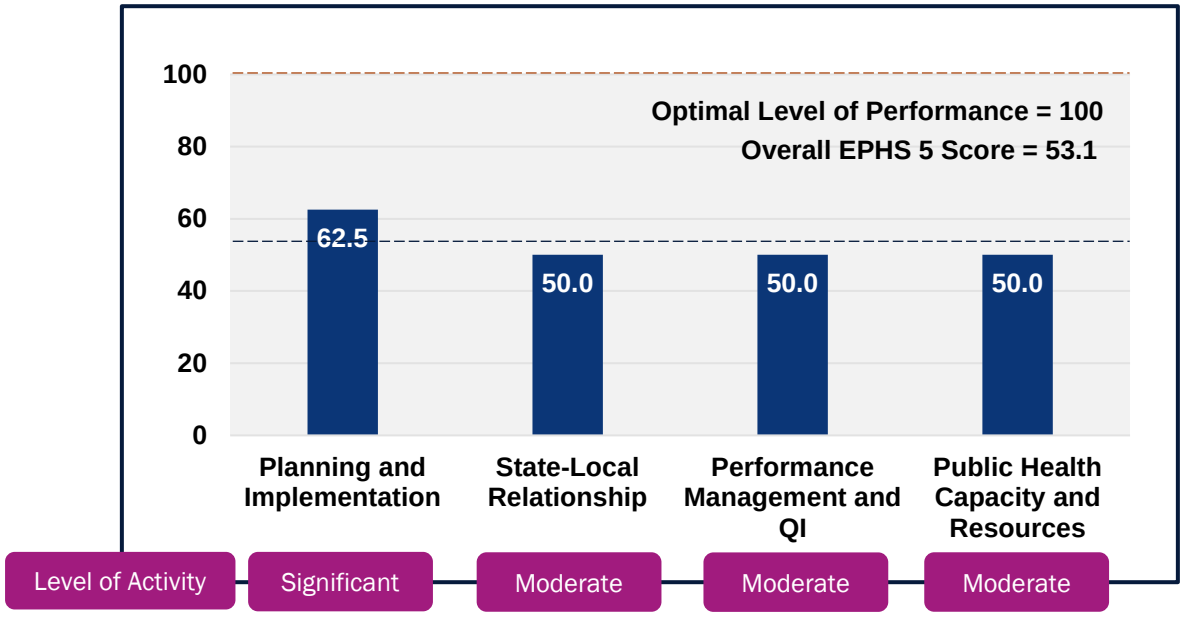
This EPHS includes:

- Systematic health planning that relies on appropriate data, develops, and tracks measurable health objectives and establishes strategies and actions to guide health improvement at the state and local levels.
- Development of legislation, codes, rules, regulations, ordinances, and other policies to facilitate optimal performance of the EPHS, supporting individual, community, and state efforts.
- The process of dialogue, advocacy, and debate among groups affected by the proposed health plans and policies prior to adoption of such plans or policies.

Table 5: Scores for Essential Service #5

Item	Score
5.1 Planning and Implementation	
5.1.1 Convene partners and facilitate collaboration.	50
5.1.2 Develop state health improvement plan.	50
5.1.3 Maintain effective All-Hazards Preparedness Plan and emergency response.	75
5.1.4 Conduct policy development.	75
5.2 State-Local Relationships	
5.2.1 Technical assistance and training to local partners to develop community health improvement plan.	50
5.2.2 Technical assistance to local partners to develop all-hazards preparedness plans.	50
5.2.3 Technical assistance to local partners to develop health policy.	50
5.3 Performance Management and Quality Improvement	
5.3.1 Monitor progress in health improvement.	50
5.3.2 Review new and existing health policies for impact.	50
5.3.3 Conduct exercises and drills to test all-hazards preparedness plans.	50
5.3.4 Actively manage and improve collective performance in statewide planning and policy development.	50
5.4 Public Health Capacity and Resources	
5.4.1 Commit financial resources to health planning.	50
5.4.2 Coordinate and align system-wide organizational efforts to implement health policy.	50
5.4.3 Workforce expertise for implementing planning and policy development.	50

Figure 7: Model Standard Scores for EPHS 5: Develop Policies and Plans



Key Findings

- The Alzheimer's and Related Diseases State Plan is a good example of connecting counties with input from stakeholders across the state.
- Municipalities may have difficulty engaging in collaborative public health planning efforts due to prioritization of local concerns such as speed safety, which may not be among the issues brought before state or regional planning groups.
- Participation in plan implementation is limited to those funded to do the work.
- COVID highlighted the importance of having emergency preparedness plans and has resulted in increased planning activities and real time exercising of plans at the local level.

Possible Next Steps

- Increase awareness of state and local planning activities to enhance system orientation and reduce duplication of resources.
- Increase capacity to carry out EPHS work with impacted populations through dialogue, advocacy, and resource allocation.
- Develop a statewide Public Health Emergency Preparedness Plan.
- Strengthen public policy communications through consideration of Health and Media Literacy.

Essential Public Health Service #6: Results At-A-Glance

EPHS 6: ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE SAFETY

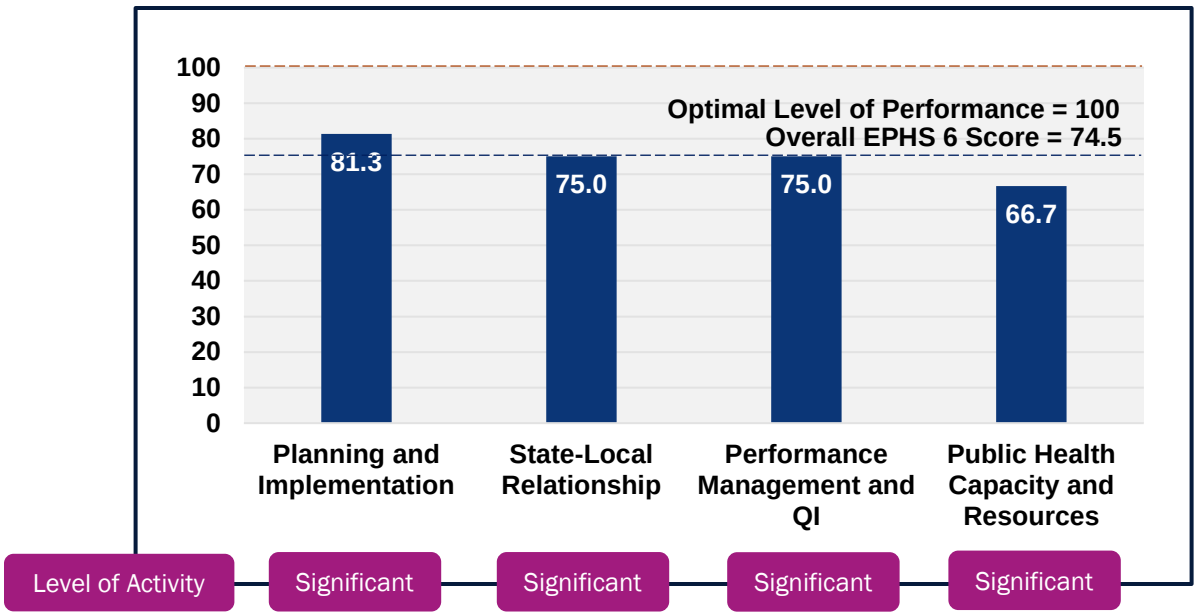
This EPHS includes:

- The review, evaluation, and revision of all laws, regulations, statutes, ordinances, and codes designed to protect health and ensure safety to assure they reflect current scientific knowledge and best practices for achieving compliance.
- Education of persons and entities in the regulated environment to encourage compliance with laws designed to protect health and ensure safety.
- Enforcement activities of public health concern, including but not limited to, clean air and potable water standards; regulation of health care facilities; safety inspections of workplaces; review of new drug, biological, and medical device applications; enforcement activities occurring during emergency situations; and enforcement of laws governing the sale of alcohol and tobacco to minors, seat belt and child safety seat usage, and childhood immunizations.

Table 6: Scores for Essential Service #6

Item	Score
6.1 Planning and Implementation	
6.1.1 Review existing and new public health laws.	75
6.1.2 Assure public health emergency power.	100
6.1.3 Cooperative relationship to encourage compliance and assure laws accomplish purpose.	75
6.1.4 Administrative processes are customer centered.	75
6.2 State-Local Relationships	
6.2.1 Technical assistance and training to local partners on best practices in compliance and enforcement of laws.	75
6.2.2 Technical assistance to local partners to incorporate scientific knowledge and best practices into local law.	75
6.3 Performance Management and Quality Improvement	
6.3.1 Review effectiveness of regulatory and enforcement activities.	75
6.3.2 Actively manage and improve collective performance in legal, compliance, and regulatory work.	75
6.4 Public Health Capacity and Resources	
6.4.1 Commit financial resources to enforcement of laws.	50
6.4.2 Coordinate and align system-wide organizational efforts to comply and enforce laws and regulations.	75
6.4.3 Workforce expertise to review, develop, and implement public health laws.	75

Figure 8: Model Standard Scores for EPHS 6: Enforce Laws and Regulations



Key Findings

- Existing statutes and rules articulating Maine CDC's authority in a public health crisis guided transitions and operations during the pandemic.
- The State of Maine and Maine CDC had a strong COVID-19 web presence and served as a helpful resource to those with compliance and other questions.
- Many of Maine's regulatory agencies aim to create situations that facilitate compliance with laws and regulations rather than penalize non-compliance.
- Maine CDC now offers a single application for health inspections and water and wastewater permits; however, web-based administrative services can be a barrier to consumers with limited internet access.

Possible Next Steps

- Seek opportunities for increased collaboration and partnerships between state agencies and local entities.
- Increase resources to enable state agencies to review, enforce and evaluate effectiveness of laws and regulations.

Results At-A-Glance: Essential Public Health Service #7

EPHS 7: LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES AND ASSURE THE PROVISION OF HEALTH CARE WHEN OTHERWISE UNAVAILABLE

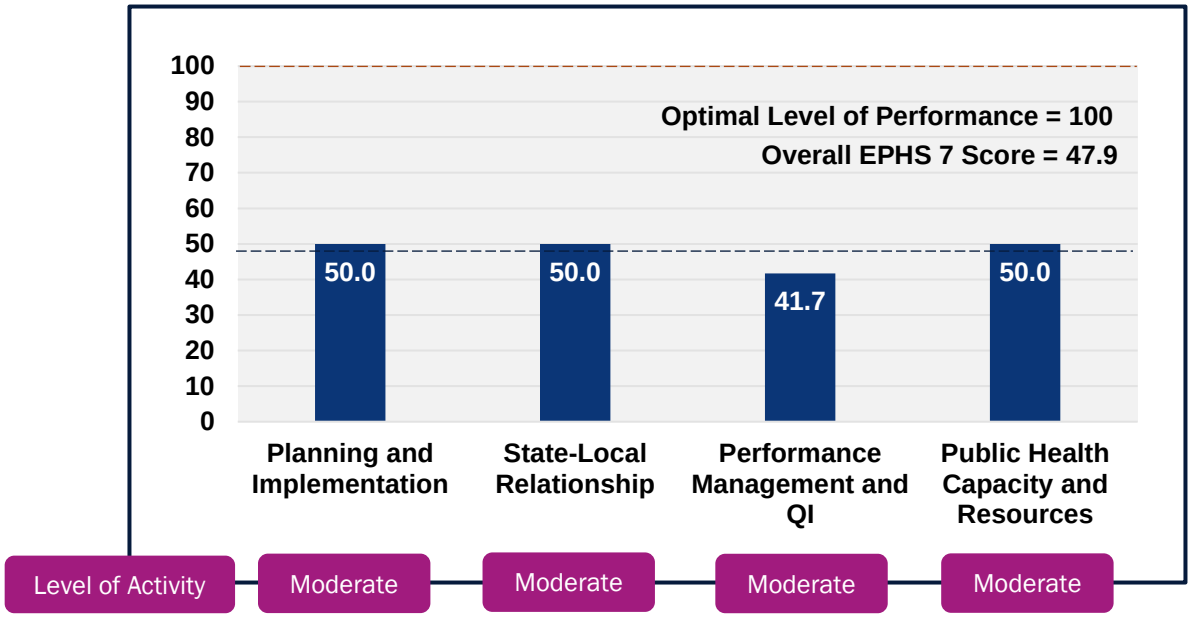
This EPHS includes:

- Assessment of access to and availability of quality personal health services for the state's population.
- Assurances that access is available in a coordinated system of quality care which includes outreach services to link populations to preventive and curative care, medical services, case management, enabling social and mental health services, culturally and linguistically appropriate services, and health care quality review programs.
- Partnership with public, private, and voluntary sectors to provide populations with a coordinated system of health care.
- Development of a continuous improvement process to assure the equitable distribution of resources for those in greatest need.

Table 7: Scores for Essential Service #7

Item	Score
7.1 Planning and Implementation	
7.1.1 Assess availability and access to health care.	50
7.1.2 Delivery of services and eliminate barriers to health care.	50
7.1.3 Establish and maintain statewide insurance exchange to assure access to insurance for health care.	50
7.1.4 Mobilize assets to reduce health disparities.	50
7.2 State-Local Relationships	
7.2.1 Technical assistance to local health systems for assessing and meeting needs of underserved populations.	50
7.2.2 Technical assistance to local providers who deliver personal health care services to underserved populations.	50
7.3 Performance Management and Quality Improvement	
7.3.1 Review quality of personal health care services.	50
7.3.2 Review changes in barriers to personal health care.	50
7.3.3 Actively manage and improve collective performance in linking people to health care services.	25
7.4 Public Health Capacity and Resources	
7.4.1 Commit financial resources to assure provision of needed health care.	50
7.4.2 Coordinate and align system-wide organizational efforts to provide personal health care.	50
7.4.3 Workforce expertise to implement functions of linking people to needed health care.	50

Figure 9: Model Standard Scores for EPHS 7: Link People to Needed Services



Key Findings

- New or renewed initiatives and programs such as the Maine CDC Office of Population Health Equity show promise for addressing the lack of coordinated strategy to achieve health equity.
- Community collaborations are expanding upon the use of the Community Health Worker (CHW) to increase health workforce capacity and improve outcomes for underserved populations.
- Literacy, health literacy and language barriers contribute to Medicare, Medicaid, and other benefit comprehension issues.
- Capacity issues identified include insufficient behavioral health supports (e.g., beds for inpatient treatment and beds in long term care and nursing facilities), overtaxed emergency and interfacility transport, oral health service for uninsured or MaineCare-insured individuals.

Possible Next Steps

- Address barriers in access and transportation to healthcare services experienced by vulnerable populations.
- Increase engagement with populations experiencing barriers to personal health services e.g. New Mainer and LGBTQ+ populations) to improve health equity.
- Expand QI work at the state system level and ensure results and successes are shared broadly.
- Leverage local public health districts more effectively to mobilize access to local health services.

Results At-A-Glance: Essential Public Health Service #8

EPHS 8: ASSURE A COMPETENT PUBLIC AND PERSONAL HEALTH CARE WORKFORCE

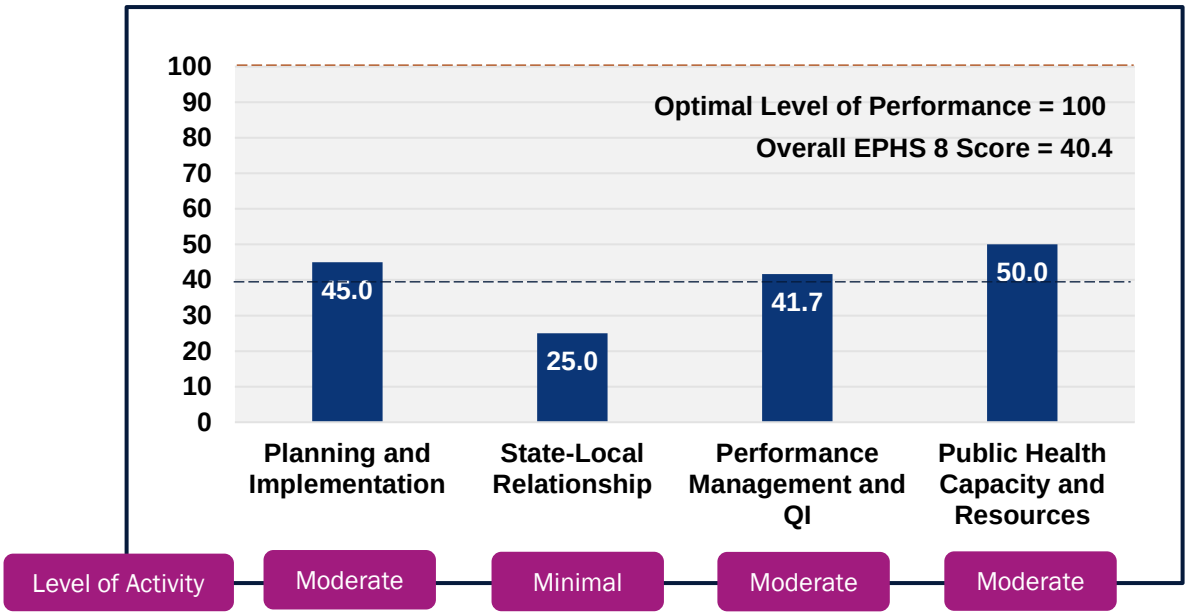
This EPHS includes:

- Education, training, development, and assessment of health professionals (including partners, volunteers, and CHWs) to meet statewide needs for public and personal health services.
- Efficient processes for credentialing technical and professional health personnel.
- Adoption of continuous QI and life-long learning programs.
- Partnerships among professional workforce development programs to assure relevant learning experiences for all participants.
- Continuing education in management, cultural competency, and leadership development.

Table 8: Scores for Essential Service #8

Item	Score
8.1 Planning and Implementation	
8.1.1 Develop statewide workforce plan focused on population-based workforce development.	50
8.1.2 Develop statewide workforce plan focused on personal health care workforce development.	25
8.1.3 HR programs enhance professional competencies.	50
8.1.4 Assure achievement of highest level of competencies in population-based and personal health care professionals.	50
8.1.5 Support initiatives of life-long learning.	50
8.2 State-Local Relationships	
8.2.1 Technical assistance to local partners for planning future needs in workforce development.	25
8.2.2 Technical assistance to local partners for workforce development needs.	25
8.3 Performance Management and Quality Improvement	
8.3.1 Review effectiveness of workforce development.	50
8.3.2 Evaluate academic-practice collaborations on training personnel for entering public health workforce.	50
8.3.3 Actively manage and improve collective performance in workforce development.	25
8.4 Public Health Capacity and Resources	
8.4.1 Commit financial resources to workforce development.	50
8.4.2 Coordinate and align system-wide organizational efforts to effectively conduct workforce development.	50
8.4.3 Workforce expertise to implement workforce development activities.	50

Figure 10: Model Standard Scores for EHS 8: Assure Competent Workforce



Key Findings

- Universities and state and local organizations provide a multitude of training opportunities; two accredited universities offer a Master of Public Health degree.
- Poor understanding of gaps and solutions impacts the identification and improvement of the health of populations not receiving sufficient supports.
- Additional clinical placement and preceptor opportunities are needed for students and interns.
- Workforce recruitment and retention is particularly challenging in rural communities.

Possible Next Steps

- Coordinate understanding and application of public health core competencies in workforce development at all levels and all areas of public health practice.
- Include leadership development and succession planning in organizational workforce development plans.

Results At-A-Glance: Essential Public Health Service #9

EPHS 9: EVALUATE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF PERSONAL AND POPULATION BASED HEALTH SERVICE

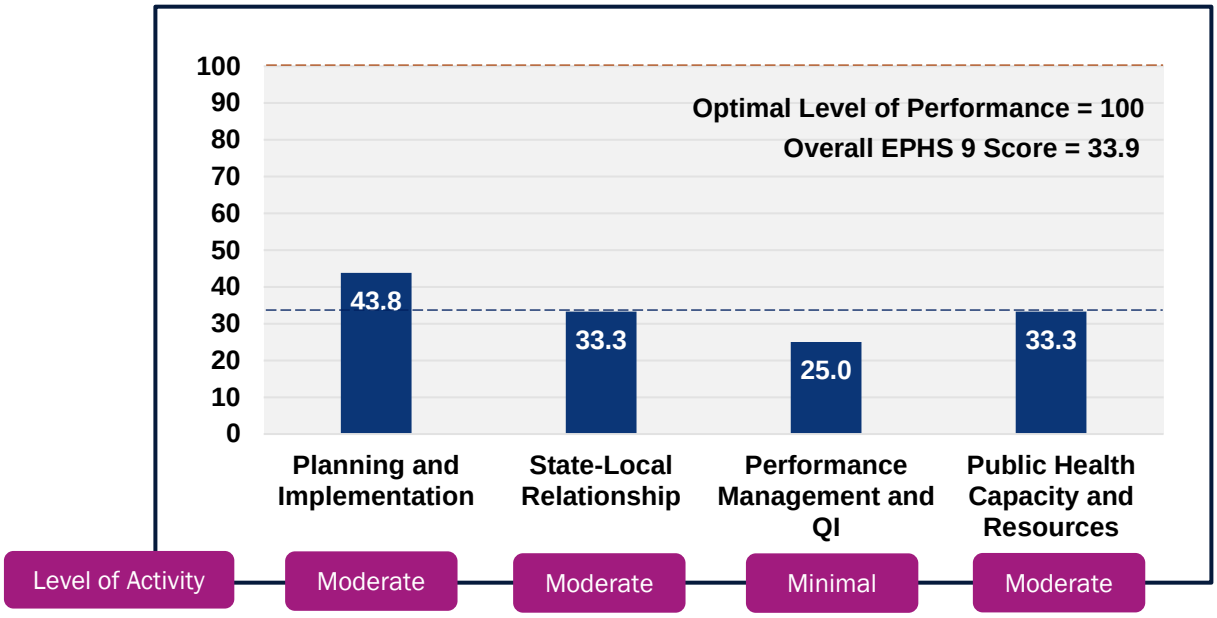
This EPHS includes:

- Evaluation and critical review of health programs, services, and systems to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality.
- Assessment of and QI in the state public health system's performance and capacity.

Table 9: Scores for Essential Service #9

Item	Score
9.1 Planning and Implementation	
9.1.1 Evaluate population-based health services.	50
9.1.2 Evaluate personal health care services.	50
9.1.3 Evaluate performance of state public health system.	25
9.1.4 Seek appropriate certification, accreditation, and licensure of high performing organizations.	50
9.2 State-Local Relationships	
9.2.1 Technical assistance to local partners in evaluation	50
9.2.2 Sharing with local partners of state level performance evaluations for use in local planning.	25
9.2.3 Technical assistance to local partners to achieve appropriate certification, accreditation, and licensure.	25
9.3 Performance Management and Quality Improvement	
9.3.1 Review effectiveness of evaluation activities.	25
9.3.2 Actively manage and improve evaluation performance.	25
9.3.3 Promote systematic quality improvement processes.	25
9.4 Public Health Capacity and Resources	
9.4.1 Commit financial resources for evaluation.	25
9.4.2 Coordinate and align system-wide organizational efforts to conduct evaluations.	25
9.4.3 Workforce expertise to implement evaluation work.	50

Figure 11: Model Standard Scores for EPHS 9: Evaluate Health Services



Key Findings

- Maine has strong evaluation partners in academic organizations, private/non-profit sector partners and Maine CDC.
- There are inconsistent practices in state data sharing at the local level and lack of leadership will for a collective, coordinated approach to evaluation and QI.
- Evaluation efforts are often program-based, and are further challenged by lack of capacity, limited funding, and prescriptive grant requirements.
- Staff retirements and loss of talent at Maine CDC has led to greater outsourcing of work and a need to rebuild state government's capacity.
- Privacy and confidentially concerns limit access to statewide data (e.g., maternal and child health data); limited local data collection impact chronic disease prevention efforts (e.g., obesity prevalence).

Possible Next Steps

- Develop an evaluation repository/data clearinghouse of all work funded by the state.
- Increase focus on short-term outcomes to understand impact of interventions on practice and process and be able to react in real time.
- Increase technical assistance and evaluation training at the local level.

Results At-A-Glance: Essential Public Health Service #10

EPHS 10: RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

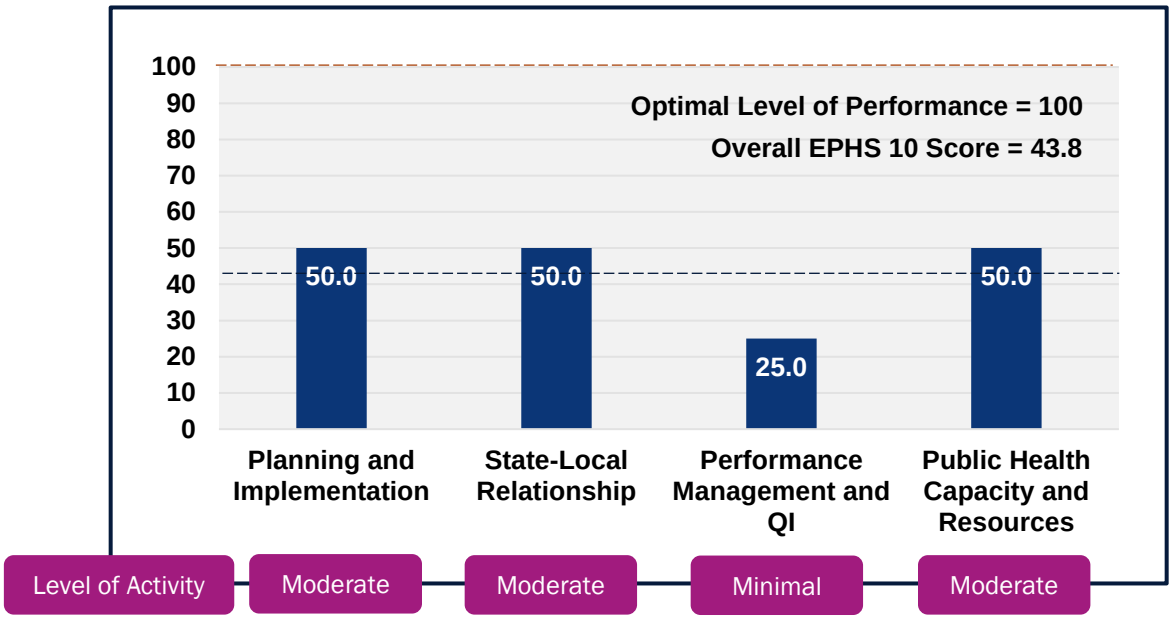
This EPHS includes:

- A full continuum of research ranging from field-based to lab-based efforts, fostering improvements in public health practice and performance.
- Linkage between research entities, non-profit partners, and institutions of higher learning to identify and apply innovative solutions to improve public health performance.
- Internal capacity to mount timely epidemiologic and economic analyses and conduct health services research.

Table 10: Scores for Essential Service #10

Item	Score
10.1 Planning and Implementation	
10.1.1 Academic-practice collaboration to disseminate and use research findings in practice.	50
10.1.2 Conduct research to improve public's health.	50
10.2 State-Local Relationships	
10.2.1 Technical assistance in research activities, including community-based participatory research.	50
10.2.2 Technical assistance to local partners to use research findings.	50
10.3 Performance Management and Quality Improvement	
10.3.1 Review effectiveness of public health research activities.	25
10.3.2 Actively manage and improve collective performance in research and innovation.	25
10.4 Public Health Capacity and Resources	
10.4.1 Commit financial resources to research relevant to health improvement.	50
10.4.2 Coordinate and align system-wide organizational efforts to conduct research.	50
10.4.3 Workforce expertise to implement research activities.	50

Figure 12: Model Standard Scored for EPHS 10: Research for New Insights



Key Findings

- University of Southern Maine's Office of Research Integrity has collaboratively developed a model for a robust Institutional Review Board for Maine CDC, DHHS and other entities and is currently pursuing Accreditation of Human Research Protection Programs.
- The capacity, resources, and flexibility to conduct research at Maine CDC varies widely by program; there is perceived resistance to surveying recipients of services.
- Research activities and technical assistance are constrained by federal funding limitations, trained faculty shortage, and low bandwidth to create research infrastructure.
- Maine CDC's Environmental and Occupational Health Program has strong capacity to conduct and use research findings (e.g., published findings of lead screening research conducted with Maine Health Medical Center Research Institute).
- There are no Schools of Public Health that offer doctoral level (PhD, DrPH) programs in Maine; our Master of Public Health graduates leave for doctoral training.

Possible Next Steps

- Include local regions in research efforts and application of learnings; identify strategies for protecting privacy, confidentiality, and data reliability challenges in smaller populations.
- Build connections and opportunities for student research projects, mentorships, and fellowships within the Maine CDC.
- Convene a working group of state, local, academic, and nonprofit public health professionals to discuss and coordinate research priorities.

APPENDIX I: STATE PUBLIC HEALTH SYSTEM: CONCEPTUAL MODEL OF STATE SYSTEM LEVEL PARTNERS

APPENDIX II: SCORES FOR ESSENTIAL PUBLIC HEALTH SERVICES USING FULL CONTEXT QUESTIONS

EPHS 1: Monitor Health Status To Identify And Solve Community Health Problems		Score
1.1	Planning and Implementation	
1.1.1	How well do SPHS partner organizations maintain data collection and monitoring programs designed to measure the health status of the state's population?	75
1.1.2	How well do SPHS partner organizations make health data accessible in useful health data products?	75
1.1.3	How well do SPHS partner organizations work together to maintain a data reporting system designed to identify potential threats to the public's health?	50
1.2	State-Local Relationships	
1.2.1	How well do statewide SPHS partner organizations assist (e.g., through training, consultations) local public health systems in the interpretation, use, and dissemination of health-related data?	50
1.2.2	How well do SPHS partner organizations work collaboratively to regularly provide local public health systems with a uniform set of local health-related data?	50
1.2.3	How well do SPHS partner organizations provide technical assistance in the development of information systems needed to monitor health status at the local level?	50
1.3	Performance Management and Quality Improvement	
1.3.1	How well do SPHS partner organizations work together to review the effectiveness of their efforts to monitor health status?	50
1.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in health status monitoring?	50
1.4	Public Health Capacity and Resources	
1.4.1	How well do SPHS partner organizations work together to commit financial resources to health status monitoring efforts?	50
1.4.2	How well do SPHS partner organizations align and coordinate their efforts to monitor health status?	50
1.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out health status monitoring activities?	50
EPHS 2: Diagnose and Investigate Health Problems and Health Hazards		**Score**
2.1	Planning and Implementation	
2.1.1	How well do SPHS partner organizations operate surveillance and epidemiology activities that identify and analyze health problems and threats to the health of the state's population?	75
2.1.2	How well do SPHS partner organizations maintain the capability to rapidly initiate enhanced surveillance when needed for a statewide/regional health threat?	50
2.1.3	How well do SPHS partner organizations organize their private and public laboratories (within the state and outside of the state) into a well-functioning laboratory system?	75

2.1.4	How well do SPHS partner organizations maintain in-state laboratories that have the capacity to analyze clinical and environmental specimens in the event of suspected exposure or disease outbreak?	50
2.1.5	How well do SPHS partner organizations work together to respond to identified public health threats?	75
2.2	State-Local Relationships	
2.2.1	How well do SPHS partner organizations provide assistance (through consultations and/or training) to local public health systems in the interpretation of epidemiologic and laboratory findings?	50
2.2.2	How well do SPHS partner organizations provide local public health systems with information and guidance about public health problems and potential public health threats (e.g., health alerts, consultations)?	75
2.3	Performance Management and Quality Improvement	
2.3.1	How well do SPHS partner organizations periodically review the effectiveness of the state surveillance and investigation system?	50
2.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in diagnosing and investigating health problems and health hazards?	50
2.4	Public Health Capacity and Resources	
2.4.1	How well do SPHS partner organizations work together to commit financial resources to support the diagnosis and investigation of health problems and hazards?	50
2.4.2	How well do SPHS partner organizations align and coordinate their efforts to diagnose and investigate health hazards and health problems?	50
2.4.3	How well do SPHS partner organizations collectively have the professional expertise to identify and analyze public health threads and hazards?	50
EPHS 3: Inform, Educate, and Empower People about Health Issues		**Score**
3.1	Planning and Implementation	
3.1.1	How well do SPHS partner organizations implement health education programs and services designed to promote healthy behaviors?	75
3.1.2	How well do SPHS partner organizations implement health promotion initiatives and programs designed to reduce health risks and promote better health?	50
3.1.3	How well do SPHS partner organizations implement health communications designed to enable people to make healthy choices?	50
3.1.4	How well do SPHS partner organizations maintain a crisis communications plan to be used in the event of an emergency?	50
3.2	State-Local Relationships	
3.2.1	How well do statewide SPHS partner organizations provide technical assistance to local public health systems (through consultations, training, and/or policy changes) to develop skills and strategies to conduct health communication, health education, and health promotion?	50
3.2.2	How well do statewide SPHS partner organizations support and assist local public health systems in developing effective emergency communications capabilities?	50
3.3	Performance Management and Quality Improvement	
3.3.1	How well do SPHS partner organizations periodically review the effectiveness of health communication, health education, and promotion services?	50

3.3.2	How well do SPHS partner organizations actively manage and improve their collective performance to inform, educate, and empower people about health issues?	50
3.4	Public Health Capacity and Resources	
3.4.1	How well do SPHS partner organizations work together to commit financial resources to health communication and health education and health promotion efforts?	50
3.4.2	How well do SPHS partner organizations align and coordinate their efforts to implement health communication, health education, and health promotion services?	50
3.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out effective health communications, health education, and health promotion services?	50
EPHS 4: Mobilize Partnerships to Identify and Solve Health Problems		**Score**
4.1	Planning and Implementation	
4.1.1	How well do SPHS partner organizations mobilize task forces, ad hoc study groups, and coalitions to build statewide support for public health issues?	50
4.1.2	How well do SPHS partner organizations organize formal sustained partnerships to identify and to solve health problems?	50
4.2	State-Local Relationships	
4.2.1	How well do statewide SPHS partner organizations provide assistance (through consultations and/or trainings) to local public health systems to build partnerships for community health improvement?	50
4.2.2	How well do statewide SPHS partner organizations provide incentives for broad-based local public health system partnerships (instead of only single-issue task forces) through grant requirements, financial incentives, and/or resource sharing?	75
4.3	Performance Management and Quality Improvement	
4.3.1	How well do SPHS partner organizations review their partnership development activities?	50
4.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in partnership activities?	50
4.4	Public Health Capacity and Resources	
4.4.1	How well do SPHS partner organizations commit financial resources to sustain partnerships?	50
4.4.2	How well do SPHS partner organizations align and coordinate their efforts to mobilize partnerships?	50
4..4.	How well do SPHS partner organizations collectively have the professional expertise to carry out partnership development activities?	50
EPHS 5: Develop Policies and Plans that Support Individual and Statewide Health Effort		**Score**
5.1	Planning and Implementation	
5.1.1	How well do SPHS partner organizations implement statewide health improvement processes that convene partners and facilitate collaboration among organizations to improve health and the public health system?	50
5.1.2	How well do SPHS partner organizations develop one or more state health improvement plan(s) to guide their collective efforts to improve health and the public health system?	50

5.1.3	How well do SPHS partner organizations have in place an All-Hazards Preparedness Plan to guide their activities to protect the state's population in the event of an emergency?	75
5.1.4	How well do SPHS partner organizations conduct policy development activities?	75
5.2	State-Local Relationships	
5.2.1	How well do SPHS partner organizations provide technical assistance and training to local public health systems for developing community health improvement plans?	50
5.2.2	How well do SPHS partner organizations provide technical assistance in the development of local all-hazards preparedness plans for responding to emergency situations?	50
5.2.3	How well do SPHS partner organizations provide technical assistance in local health policy development?	50
5.3	Performance Management and Quality Improvement	
5.3.1	How well do SPHS partner organizations review progress towards accomplishing health improvement across the state?	50
5.3.2	How well do SPHS partner organizations review new and existing policies to determine their public health impacts (e.g., using a Health in All Policies impact assessment approach)?	50
5.3.3	How well do SPHS partner organizations conduct formal exercises and drills of the procedures and protocols linked to its All-Hazards Preparedness Plan and make adjustments based on the results?	50
5.3.4	How well do SPHS partner organizations actively manage and improve their collective performance in statewide planning and policy development?	50
5.4	Public Health Capacity and Resources	
5.4.1	How well do SPHS partner organizations work together to commit financial resources to health planning and policy development efforts?	50
5.4.2	How well do SPHS partner organizations align and coordinate their efforts to implement health planning and policy development?	50
5.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out planning and policy development activities?	50
EPHS 6: Enforce Laws and Regulations That Protect Health and Ensure Safety		**Score**
6.1	Planning and Implementation	
6.1.1	How well do SPHS partner organizations assure that existing and proposed state laws are designed to protect the public's health and ensure safety?	75
6.1.2	How well do SPHS partner organizations assure that laws give state and local authorities the power and ability to prevent, detect, manage, and contain emergency health threats?	100
6.1.3	How well do SPHS partner organizations establish cooperative relationships between regulatory bodies and entities in the regulated environment to encourage compliance and assure that laws accomplish their health and safety purposes (e.g., the relationship between the state public health agency and hospitals)?	75
6.1.4	How well do SPHS partner organizations ensure that administrative processes are customer-centered (e.g., obtaining permits and licenses)?	75

6.2	State-Local Relationships	
6.2.1	How well do SPHS partner organizations provide technical assistance and training to local public health systems on best practices in compliance and enforcement of laws that protect health and ensure safety?	75
6.2.2	How well do SPHS partner organizations assist local governing bodies in incorporating current scientific knowledge and best practices in local laws?	75
6.3	Performance Management and Quality Improvement	
6.3.1	How well do SPHS partner organizations review the effectiveness of their regulatory, compliance, and enforcement activities?	75
6.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in legal, compliance, and enforcement activities?	75
6.4	Public Health Capacity and Resources	
6.4.1	How well do SPHS partner organizations commit financial resources to the enforcement of laws that protect health and ensure safety?	50
6.4.2	How well do SPHS partner organizations align and coordinate their efforts to comply with and enforce laws and regulations?	75
6.4.3	How well do SPHS partner organizations collectively have the professional expertise to review, develop, and implement public health laws?	75
EPHS 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable		**Score**
7.1	Planning and Implementation	
7.1.1	How well do SPHS partner organizations assess the availability of and access to personal health services in the state?	50
7.1.2	How well do SPHS partner organizations collectively take policy and programmatic action to eliminate barriers to access to personal health care?	50
7.1.3	How well do SPHS partner organizations work together to establish and maintain a statewide health insurance exchange to assure access to insurance coverage for personal health care services?	50
7.1.4	How well do SPHS partner organizations mobilize their assets, including local public health systems, to reduce health disparities in the state?	50
7.2	State-Local Relationships	
7.2.1	How well do SPHS partner organizations provide technical assistance to local public health systems on methods for assessing and meeting the needs of underserved populations?	50
7.2.2	How well do SPHS partner organizations provide technical assistance to providers who deliver personal health care to underserved populations?	50
7.3	Performance Management and Quality Improvement	
7.3.1	How well do SPHS partner organizations work together to review the quality of personal health care services?	50
7.3.2	How well do SPHS partner organizations work together to review changes in barriers to personal health care?	50
7.3.3	How well do SPHS partner organizations actively manage and improve their collective performance in linking people to needed personal health care services?	25
7.4	Public Health Capacity and Resources	
7.4.1	How well do SPHS partner organizations work together to commit financial resources to assure the provision of needed personal health care?	50

7.4.2	How well do SPHS partner organizations align and coordinate their efforts to provide personal health care?	50
7.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out the functions of linking people to needed personal health care?	50
EPHS 8: Assure a Competent Public and Personal Health Care Workforce		**Score**
8.1	Planning and Implementation	
8.1.1	How well do SPHS partner organizations work together to develop a statewide workforce plan that guides improvement activities in population-based workforce development, using results from assessments of the workforce needed to deliver effective population-based services?	50
8.1.2	How well do SPHS partner organizations work together to develop a statewide workforce plan that guides improvement activities in personal health care workforce development, using results from assessments of the workforce needed to deliver effective personal health care services?	25
8.1.3	How well do SPHS partner human resources development programs provide training to enhance the technical and professional competencies of the workforce?	50
8.1.4	How well do SPHS partner organizations assure that individuals in the population-based and personal health care workforce achieve the highest level of professional practice?	50
8.1.5	How well do SPHS partner organizations support initiatives that encourage life-long learning?	50
8.2	State-Local Relationships	
8.2.1	How well do SPHS partner organizations assist local public health systems in planning for their future needs for population-based and personal health care workforces, based on workforce assessments?	25
8.2.2	How well do SPHS partner organizations assist local public health system organizations with workforce development?	25
8.3	Performance Management and Quality Improvement	
8.3.1	How well do SPHS partner organizations review their workforce development activities?	50
8.3.2	How well do SPHS academic-practice collaborations evaluate the preparation of personnel entering the SPHS workforce?	50
8.3.3	How well do SPHS partner organizations actively manage and improve their collective performance in workforce development?	25
8.4	Public Health Capacity and Resources	
8.4.1	How well do SPHS partner organizations commit financial resources to workforce development efforts?	50
8.4.2	How well do SPHS partner organizations align and coordinate their efforts to effectively conduct workforce development activities?	50
8.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out workforce development activities?	50
EPHS 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population Based Health Service		**Score**
9.1	Planning and Implementation	
9.1.1	How well do SPHS partner organizations routinely evaluate population-based health services in the state?	50

9.1.2	How well do SPHS partner organizations evaluate the effectiveness of personal health care services in the state?	50
9.1.3	How well do SPHS partner organizations evaluate performance of state public health system?	25
9.1.4	How well do SPHS partner organizations seek appropriate certifications, accreditation, licensure, or other third-party evaluations and designations of high performing organizations?	50
9.2	State-Local Relationships	
9.2.1	How well do SPHS partner organizations provide technical assistance (e.g., consultations, training) to local public health systems in their evaluation activities, including evaluations of population-based and personal health services and the local public health system?	50
9.2.2	How well do SPHS partner organizations share results of state-level performance evaluations with local public health systems for use in local planning processes?	25
9.2.3	How well do SPHS partner organizations assist their local counterparts to achieve certifications, accreditation, licensure, or other third-party designations of high-performing organizations?	25
9.3	Performance Management and Quality Improvement	
9.3.1	How well do SPHS partner organizations work together to regularly review the effectiveness of their evaluation activities?	25
9.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in evaluation activities?	25
9.3.3	How well do SPHS partner organizations promote systematic quality improvement processes throughout the state public health system?	25
9.4	Public Health Capacity and Resources	
9.4.1	How well do SPHS partner organizations work together to commit financial resources for evaluation?	25
9.4.2	How well do SPHS partner organizations coordinate and align their efforts to conduct evaluations of population-based and personal health care services?	25
9.4.3	How well do SPHS partner organizations collectively have the professional expertise to carry out evaluation activities?	50
EPHS 10: Research for New Insights and Innovative Solutions to Health Problems		**Score**
10.1	Planning and Implementation	
10.1.1	How well do SPHS partner organizations organize research activities and disseminate and use innovative research findings in practice, through the work of active academic-practice collaborations?	50
10.1.2	How well do SPHS partner organizations participate in and conduct research to discover more effective methods of improving the public's health?	50
10.2	State-Local Relationships	
10.2.1	How well do SPHS partner organizations provide technical assistance to local public health systems in research activities?	50
10.2.2	How well do SPHS partner organizations assist local public health systems in their use of research findings?	50
10.3	Performance Management and Quality Improvement	

10.3.1	How well do SPHS partner organizations work together to review their public health research activities?	25
10.3.2	How well do SPHS partner organizations actively manage and improve their collective performance in research and innovation?	25
10.4	Public Health Capacity and Resources	
10.4.1	How well do SPHS partner organizations work together to commit financial resources to research relevant to health improvement?	50
10.4.2	How well do SPHS partner organizations coordinate and align their efforts to conduct research?	50
10.4.3	How well do SPHS partner organizations collectively have the professional expertise carry out research activities?	50