

Consensus Recommendations for Regional Public Health Functions and Infrastructure

1.8.07

An effective and efficient statewide public health system requires a coordinated planning capacity to improve the public's health and calls for certain other functions within the 10 Essential Public Health Services to be carried out at the local, regional and state levels through a partnership of governmental and nongovernmental entities. Designation of the following regional functions, responsibilities and infrastructure is recommended to:

- A. Strengthen the statewide delivery of essential public health services.
- B. Develop local and regional health improvement plans to inform and be informed by the State Health Plan.
- C. Assure accountability for use of State resources and achievement of outcomes.
- D. Assure accountability to local communities for fairness and transparency in the public health system.
- E. Recognize, link with and strengthen both governmental and non-governmental public health system roles at local, county and state levels including, but not limited to, enforcement and emergency management.

Codes

- DHHS – Department of Health and Human Services/Maine Center for Disease Control (MCDC)
Public Health Regional Units (see page 4) have primary responsibility to do or delegate, e.g., to city health departments
- RCC - Regional Coordinating Councils (see page 4) have primary responsibility to do
- ST - Short-Term – to be implemented by mid-late 2007, and Long-Term
- LT - Long-Term – to be implemented by late 2007-2008

Consensus Recommendations for Regional Functions

EPHS #1: Monitor health status to identify community health problems.

- 1.1 Assure coordination and consistency for community health status monitoring, local health assessments and in the development of Community Health Profiles, including use of compatible data management systems. (DHHS/RCC – LT) Deleted: n
- 1.2 Promote broad-based participation in local health assessments and collaborate with all relevant entities* to assure timely region-wide collection, analysis and dissemination of data. (RCC - LT)
- 1.3 Develop a Regional Health Profile based on key indicators identified in the State Health Plan. (RCC = ST) Deleted: -

* Counties, Hospitals, City Health Departments, Comprehensive Community Health Coalitions (CCHCs), Local Health Officers (LHOs), Tribes, Clinics, [Health Centers](#), School Districts, Cities and Municipalities, Voluntary Health Organizations, Providers of Family Planning, Mental Health and Substance Abuse Services, Community-Based Organizations, Issue-Specific Coalitions, and others

EPHS #2: Diagnose and investigate health problems and health hazards in the community.

- 2.1 Carry out health inspection and licensing activities, surveillance and investigation of outbreaks. (DHHS – currently does)
- 2.2 Participate in emergency and all hazards preparedness planning and carry out roles as defined. (DHHS/[RCC](#) – [ST](#))

EPHS #3: Inform, educate, and empower people about health issues.

- 3.1 Develop collaborative networks with all relevant entities to assure effective and efficient region-wide distribution of culturally and linguistically appropriate public health information, public health programs and health promotion activities. (RCC – ST)

EPHS #4: Mobilize community partnerships to identify and solve health problems.

- 4.1 Convene and facilitate partnerships among all relevant entities for regional programs and initiatives. (RCC – ST)
- 4.2 Organize and facilitate a communications system among all relevant entities. (DHHS/[RCC](#) – ST)
- 4.3 Mobilize partnerships to leverage new and existing resources. (RCC – ST)

EPHS #5: Develop policies and plans that support individual and community health efforts.

- 5.1 Integrate the Regional Health Profile, State Health Plan and Community Health Improvement Plans to develop a Regional Health Improvement Plan. (RCC – LT)
- 5.2 Gain regional input to and communicate about the State Health Plan. (RCC – [ST](#))
- 5.3 Facilitate development and coordination of local policies within the region and coordinate policy advocacy at the regional level. (RCC – LT)

EPHS #6: Enforce laws and regulations that protect health and ensure safety.

- 6.1 Link communities to technical assistance on issues related to public health law. (DHHS – [ST](#))
- 6.2 Identify, recommend and advocate for improvements in regional enforcement of public health policies, laws, regulations, ordinances or codes. (DHHS/[RCC](#) – [ST](#))

EPHS #7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

- 7.1 Develop and support strategies to close gaps in personal health services as specifically identified within the Regional Health Improvement Plan. (RCC – LT)

EPHS #8: Assure a competent public health and personal health care workforce.

- 8.1 Coordinate and provide for region-wide training and technical assistance for public health and personal health care best practices that support implementation of the regional Health Improvement Plan. (DHHS/RCC – LT)
- 8.2 Develop and support recruitment, education and training strategies related to goals identified by the Regional Health Improvement Plan. (DHHS/RCC – LT)

EPHS #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

- 9.1 Coordinate and build capacity for high-quality program, organizational and system evaluation within the region. (DHHS/RCC – LT)

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

- 10.1 Periodically participate in research activities related to Maine's public health system, the Regional Health Improvement Plan and the State Health Plan. (DHHS/RCC – LT)
- 10.2 Translate and promote use of best practice research to modify and develop public health policies, initiatives and programs. (DHHS/RCC – LT)

Public Health Work Group

Consensus Recommendations for Regional Public Health Infrastructure

The following recommendations, based on descriptions in public health literature, may be seen as a centralized state public health infrastructure with some decentralized functions and some delegated authority.

1. DDHS/MCDC regional units:

Regional DHHS/MCDC units should be established [and linked to the Regional Coordinating Councils](#). Units should include:

- a) Public Health Nurses: who perform high-risk medical maternal child health home visits, infectious disease public health work and assist in investigating outbreaks.
- b) Regional Nurse Epidemiologists: who assist in conducting surveillance and investigating outbreaks.
- c) Health Inspectors: who inspect and license facilities and assist in investigating outbreaks.
- d) To-be-identified MCDC [staff](#) proposed to: provide a public health leadership role and state accountability at the regional level, [coordinate state public health functions](#) at the regional level, [provide for technical assistance](#) to local public health entities and LHOs, [and serve as liaison between local, regional and state public health entities](#).

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2. Regional Coordinating Councils

Regional Coordinating Councils (RCCs) should be established and linked to the Regional DHHS/MCDC units.

- a) Membership of RCCs must be representative of local public health entities and DHHS/MCDC and must include counties, hospitals and schools.
- b) RCCs will function as the interface and coordinate between state and local public health functions.
- c) RCCs must be resourced appropriately through some state seed funds and through locally or regionally-developed resources.
- d) MCDC will assure the initial convening of RCCs.

Deleted: should be established with defined membership that is representative of relevant entities. Participation of county government and hospitals is essential.¶

Deleted: To yield efficiencies, consolidation in the number of fiscal agents per region should be encouraged over time.

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