

Aroostook District Public Health Systems Assessment
Draft September 23, 2009

Overall Summary

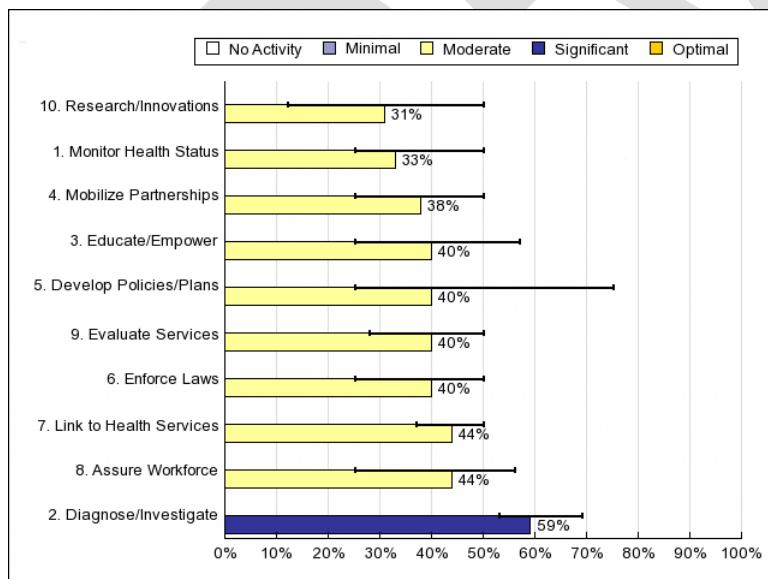
Overview

Aroostook District Public Health Systems Assessment took place on June 12, 19 and 25 meeting for approximately 3.5 hours each time. A total of 36 individuals participated in at least one of the three meetings with an average attendance of 21. Because a limitation of this process is that the scores are subject to the biases and perspectives of those who participated in the process, the planning group attempted to recruit broadly across the district. Individuals at the meetings represented HMPs, health care providers, hospitals, community health center, emergency management agency, social service agencies, state agencies, Native American tribes, community organizations, and schools. Law enforcement, mental health/substance abuse agencies and environmental health groups are potential gaps in representation.

Summary of Scores

EPHS	Score
1 Monitor Health Status to Identify Community Health Problems	33
2 Diagnose and Investigate Health Problems and Health Hazards	59
3 Inform, Educate, and Empower People about Health Issues	40
4 Mobilize Community Partnerships to Identify and Solve Health Problems	38
5 Develop Policies and Plans that Support Individual and Community Health Efforts	40
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	44
8 Assure a Competent Public and Personal Health Care Workforce	44
9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	40
10 Research for New Insights and Innovative Solutions to Health Problems	31
Overall Performance Score	41

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

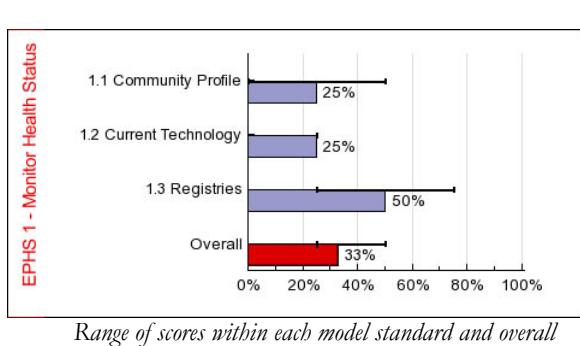


Aroostook District Local Public Health System Assessment

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: 33 – This service ranked out 9th of 10 essential services. This score is in the moderate range indicating that some district wide activities have occurred.



EPHS 1. Monitor Health Status To Identify Community Health Problems	33
1.1 Population-Based Community Health Profile (CHP)	25
• Community health assessment	50
• Community health profile (CHP)	0
• 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

Scoring Analysis

- A state-developed district community health assessment is available.
- The lowest score (0) is the lack of a comprehensive community health profile for the district or other service area.
- The district assessment was distributed to coalition partners but there is no media strategy for data dissemination.
- The district has limited use of state-of-the-art technology including GIS.
- There are state and local registries on many health issues, but there is minimal use of the data.

District Context

- A number of agencies in the district collect health data including Eastern Maine Health, schools, Head Start, United Way, and the Tribes. Data is not always shared or coordinated in the district.
- The HMPs in the district are working together on their MAPP process and will be pulling assessment data together to develop a district-wide community health profile.
- Assessment data are promoted by schools, through press releases, on the EMS website and in newsletters and used in writing grant proposals but there is not a coordinated dissemination strategy.
- Some GIS mapping has occurred for moose related crashes and rabies cases. UMaine Presque Isle has recently received a grant to develop and use GIS.
- There are a number of local registries in health care settings but the data cannot be merged across the district and are not being used outside of the health care setting. Some settings are moving away from registries and using EMRs in their place.

Possible Action Steps

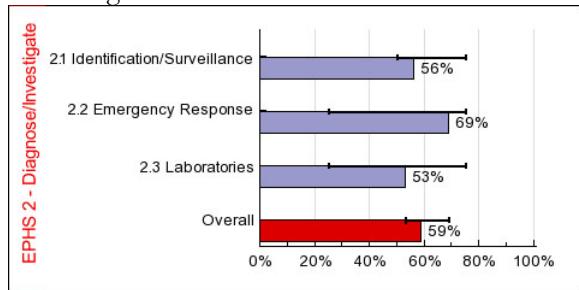
- Develop community health profile and partner with UMaine Presque Isle to utilize GIS to map district activities (e.g. HMP- initiated policies) and health related priorities (e.g. immunization rates) to identify gaps and areas for improvement
- Develop a coordinated media strategy for dissemination of district wide assessment data and the community health profile
- Promote more consistent use of the immunization registry among providers so schools have access to more accurate information

Aroostook Local Public Health System Assessment

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: 59 – This was the highest scoring essential service overall. This score is in the significant range indicating that most activities are district wide.



Range of scores within each model standard and overall

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 high on its emergency response ability and on its response to disasters, access to needed personnel, and evaluation of the effectiveness of their response activities.

District Context

- Agencies in the district use some surveillance data for planning and there are plans to begin sharing Tribal surveillance data with the state.
- It is not clear to all district agencies what surveillance data is available and how to access it.
- Regional epidemiologists have regular conference calls to monitor surveillance data and discuss any case investigations and there is a weather station in the county that tracks any airborne toxins.
- The County EMA coordinates emergency response planning with a number of agencies including Area Agency on Aging, schools, health care settings, universities and, most recently, HMPs. Once a designated District Liaison is hired that person will be the primary public health contact.
- The district has access, at least by phone, to needed response personnel within a short period of time but challenges exist in mobilizing volunteers in a disaster. Training for Community Emergency Response Teams (CERT) volunteers is only held in the central part of the county.
- Area hospitals have laboratories that are open 24/7, but personnel capacity may be limited. There were a number of problems identified in the timely ability to transport and report results on possible H1N1 specimens from Aroostook to Augusta.

Possible Action Steps

- Coordinate surveillance needs, identify data sources and how to effectively access that data, and work with Tribal Liaisons on potential inclusion of Tribal data in district reports
- Work with the state to improve transport issues related to the timeliness and reporting of specimens that need to be sent to Augusta
- Work with the American Red Cross to provide CERT training in areas of the county that need additional volunteer

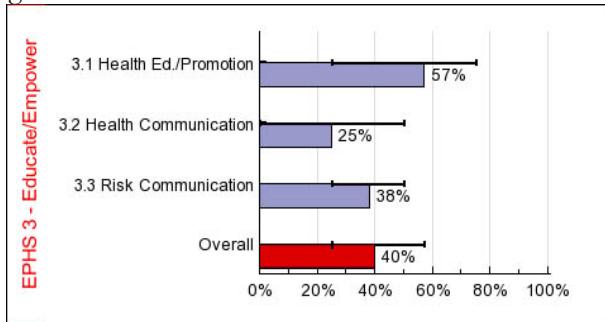
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	59
Green=scored the same for all districts	
2.1 Identification and Surveillance of Health Threats	56
<ul style="list-style-type: none"> Surveillance system(s) to monitor health problems and identify health threats 	75
<ul style="list-style-type: none"> Submission of reportable disease information in a timely manner 	50
<ul style="list-style-type: none"> Resources to support surveillance and investigation activities 	50
2.2 Investigation and Response to Public Health Threats and Emergencies	69
<ul style="list-style-type: none"> Written protocols for case finding, contact tracing, source identification, and containment 	50
<ul style="list-style-type: none"> Current epidemiological case investigation protocols 	75
<ul style="list-style-type: none"> Designated Emergency Response Coordinator 	75
<ul style="list-style-type: none"> Rapid response of personnel in emergency / disasters 	75
<ul style="list-style-type: none"> Evaluation of public health emergency response 	75
2.3 Laboratory Support for Investigation of Health Threats	53
<ul style="list-style-type: none"> Ready access to laboratories for routine diagnostic and surveillance needs 	50
<ul style="list-style-type: none"> Ready access to laboratories for public health threats, hazards, and emergencies 	50
<ul style="list-style-type: none"> Licenses and/or credentialed laboratories 	50
<ul style="list-style-type: none"> Maintenance of guidelines or protocols for handling laboratory samples 	75

Aroostook District Local Public Health System Assessment

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: **40** – This was tied for 3rd highest score for all essential services. This score is in the moderate range indicating that there are a number of district wide activities.



Range of scores within each model standard and overall

Scoring Analysis

- There are district-wide health promotion campaigns and the district informs the public and policy makers about health needs.
- There are health promotion efforts to reach populations at higher risk and/or within specific settings and there are a significant number of coordinated district-wide efforts. Collaboration across the district to communicate health messages received the highest score for this essential service.
- There is not a district-wide communication plan but some agencies do have identified and trained spokespersons and relationships with the media exist across the district.
- The district has coordinated emergency communication plans but the district scored lower on having policies and procedures for public information officers including communication “Go Kits.”

EPHS 3. Inform, Educate, And Empower People about Health Issues 40	
3.1 Health Education and Promotion	57
• Provision of community health information	50
• Health education and/or health promotion campaigns	50
• Collaboration on health communication plans	75
3.2 Health Communication	25
• Development of health communication plans	0
• Relationships with media	50
• Designation of public information officers	50
3.3 Risk Communication	38
• Emergency communications plan(s)	50
• Resources for rapid communications response	50
• Crisis and emergency communications training	25
• Policies and procedures for public information officer response	25

District Context

- Because of the rural and often isolated nature of Aroostook County, agencies in the district have historically worked together and the restructuring of the HMPs has allowed for better coordination of health information.
- The district uses many channels to get information out including newspapers, health fairs, websites, resource guides, adult education, Head Start, newsletters, Live Well Chat, churches, worksites, daycare, beauticians, among others. Significant efforts have occurred to reach French speaking groups. The HMP partnered with communication classes at UMaine Fort Kent to put information on Facebook for college age groups.
- District hospitals have a number of educational efforts and a new program through Carey Medical Center will send health promotion staff to six remote communities in Aroostook for several weeks on different health topics.
- While the Health Alert Network is being utilized more in the district, the H1N1 flu identified some gaps in communication between the different agencies involved.
- Training on emergency communications for information officers has occurred but ability to mobilize local health officers (LHOs) to attend trainings is a gap.

Possible Action Steps

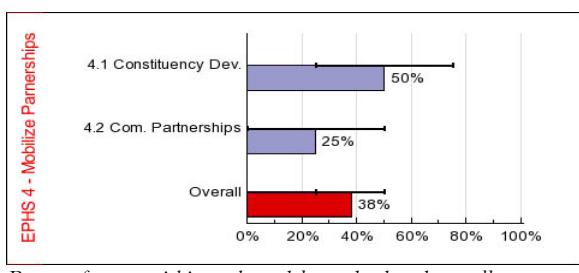
- Identify the most effective channels for reaching individuals at higher risk of negative health outcomes and develop collaborative district-wide health promotion campaigns that are evidence based
- Provide training to information officers, LHOs and/or spokespersons, including the development of “Go Kits” to assist in emergency response.

Aroostook District Local Public Health System Assessment

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: **38** – This essential service was the third lowest score of all essential services. This score is in the moderate range indicating that there are some district wide activities.



EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	38
4.1 Constituency Development	50
• Identification of key constituents or stakeholders	75
• 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

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.
- A complete directory of organizations is not available, although directories do exist.
- 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

- The Comprehensive Community Health Coalitions have identified organizations and review the list annually and reach out to organizations that are unable to participate in meetings.
- The development of the District Coordinating Council (DCC) and planning for the public health system assessment was another opportunity to identify various stakeholder organizations.
- The EMA has a list of organizations that it makes available and EMA will be funding a 211 person to help improve coordination and comprehensiveness of the directory.
- There are no district wide strategies to build awareness for public health, but this is critical role for the DCC. Information about the 10 Essential Public Health Services is new in the district.
- Gaps include faith based organizations, media organizations and transportation.
- The infrastructure in the district is minimal but there are improvements in communication and exchange of information. Let's Go Aroostook, the colon cancer screening program and prescription exchange program are positive examples of improvement.

Possible Action Steps

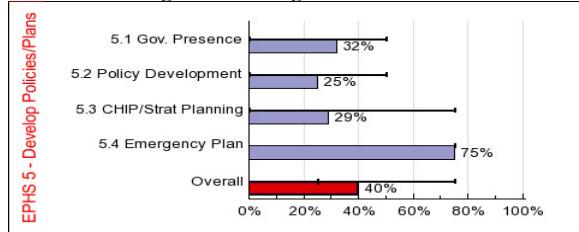
- Consolidate and make available lists of current partnerships and strategic alliances then identify gaps and strategies to engage new partners
- Assess effectiveness of current partnerships and strategic alliances to strengthen and improve capacity
 - Develop a district wide communication strategy for promoting public health and communication action team

Aroostook District Local Public Health System Assessment

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: 40 – This essential service tied for the 3rd highest score of the 10 essential services. This score is in the moderate range indicating that there are a number of district wide activities.



Range of scores within each model standard and overall

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 but has minimally engaged policy makers and has not systematically reviewed the impact of public health policies that exist.
- The process for community health improvement planning through MAPP is underway and is significantly coordinated across 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 Aroostook Public Health Unit will be established and will be co-located with the regional epidemiologist, public health nursing, drinking water inspector and health inspector.
- The district has done a great deal of dissemination of information to gain support for state level public health policies as well as provide assistance to the community in implementing policies (e.g. worksite breastfeeding law.)
- Several policy efforts have been initiated on the local level (e.g. tobacco policies, school wellness policies, school vending policies, heart safe community) and these often require significant public education and organization to prepare fact sheets, recruit people to testify, etc.
- Legislators are invited to gatherings but they don't always attend.
- The district is engaged in a coordinated and comprehensive MAPP process. Gaps in participation may include school systems, faith based organizations, police, legislators, neighborhood organizations and transportation. An action plan booklet will be developed at the end of the process.
- There are 14 organizations that participate in an ongoing emergency preparedness committee. Gaps include veterans groups, coroner office and nursing homes.
- The district has an all hazards emergency preparedness and response plan that is reviewed and tested. Clearer information about how the Strategic National Stockpile operates is needed.

Possible Action Steps

- Use MAPP process to identify and address district wide priorities for local public health policies and other health objectives and develop a coordinated strategy to engage policy makers
- Identify organizations/groups not involved in emergency preparedness planning and develop strategies to engage them

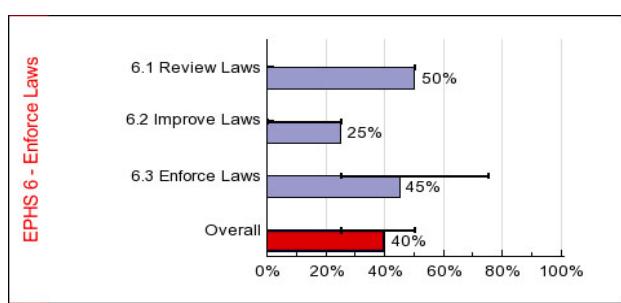
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	40
5.1 Government Presence at the Local Level	32
<i>Note: This indicator was scored the same for all districts</i>	
• Governmental local public health presence	25
• Resources for the local health department	25
• LHD work with the state public health agency and other state partners	50
5.2 Public Health Policy Development	25
• Contribution to development of public health policies	50
• Alert policymakers/public of public health impacts from policies	25
• Review of public health policies	0
5.3 Community Health Improvement Process	29
• Community health improvement process	75
• Strategies to address community health objectives	0
• Local health department (LHD) strategic planning process	25
5.4 Plan for Public Health Emergencies	75
• Community task force or coalition for emergency preparedness and response plans	75
• All-hazards emergency preparedness and response plan	75
• Review and revision of the all-hazards plan	75

Aroostook District Local Public Health System Assessment

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

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

Overall Score 40: – Note: All districts were scored the same on this essential service. This service tied for 4th out of 10 essential services. This score is in the moderate range indicating that there are some district wide activities.



Range of scores within each model standard and overall

Scoring Analysis

- Enforcement agencies are aware of laws and municipalities have access to legal counsel if needed.
- There is minimal activity to specifically identify local public health issues that are not adequately addressed through current laws, regulations or ordinances, 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

- Within the district there are several enforcement related activities including HMP support of state level efforts to inform the public of new laws (e.g. smoking in cars), safety training for businesses, Cooperative Extension works with farmers to ensure compliance with laws to prevent spread of disease, substance abuse retailer training, among other activities.
- Police coverage in the district is thin, particularly in many small towns and TWPs, so they meet regularly to try to identify opportunities to prevent problems.
- Police have been integrated into schools and coordinate among jurisdictions to help address substance abuse.
- New agreements allow jurisdiction lines to be crossed and more help is expected to cover borders.
- There are no longer liquor inspectors in the district so this now falls to local law enforcement.
- Enforcement is often difficult with laws or policies that have no strong enforcement language e.g. the University's designated smoking area policy. Signage often helps.
- Many local health officers are unaware of their authority to enforce laws.

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

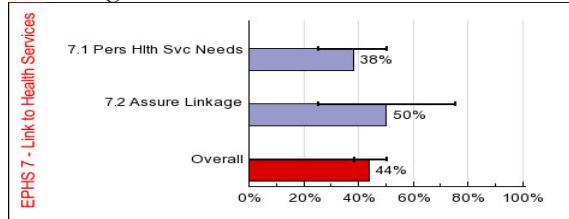
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	40
6.1 Review and Evaluate Laws, Regulations, and Ordinances	50
• Identification of public health issues to be addressed through laws, regulations, and ordinances	50
• Knowledge of laws, regulations, and ordinances	50
• Review 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

Aroostook District Local Public Health System Assessment

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 DPHSs efforts to coordinate and link the services and address barriers to care.

Overall Score 44: – This service ranked 3rd of the 10 essential services. This score is in the high-moderate range indicating that there are a number of district wide activities.



Range of scores within each model standard and overall

Scoring Analysis

- There are district-wide activities to identify populations and personal health service needs.
- There is some district-wide assessment of the availability of services to people who experience barriers to care.
- Linking and coordination of health care services occurs across the district.
- There are significant district-wide initiatives to enroll eligible people for public benefit programs.
- Linkage of health care with social services occurs but is not connected across the district and is limited in scope.

District Context

- The district has a number of initiative/agencies that reach out to people to connect them to services including child and family services and Head Start, public health nurses, Area Agency on Aging, tribes (Maliseet and Micmac), the hospitals, health centers, 211, among others.
- Some gaps include: services for people who come out of correctional facilities, homeless people with mental illness or disabilities, availability of mental illness (especially for children) and drug addiction services, access to dental care (especially since Miles for Smiles is not longer funded), services for LGBT, transportation and other costs related to getting services not available in the county (e.g. Hepatitis C), mental health and primary care silos (although there are some initiatives to improve that), middle income people those age 55-64 without insurance and, residential hospice services; nursing home availability; availability of information and interpreting services for non English speakers (some speak but don't read French). Some individuals in the county travel to Canada for services.
- Initiatives in some schools to provide vaccines to children, but not all schools are on board yet – new RSU will help
- Only Maliseet and Micmac tribes have complete health services in the county so other Native American groups have access to limited services.
- Some creative partnerships have developed to link services e.g. fuel assistance with breast and cervical health program.
- There are linkages that have been created between HMPs, recreation centers and police departments and through MaineCare case management but providers often are unaware of services outside of the heath care setting.
- The ability to collect and maintain complete information on referral services and develop those linkages is a challenge without the infrastructure to support it.

Possible Action Steps

- Partner with providers to create and expand new and existing linkages between health care and other services
- Coordinate an assessment across the district on health service gaps (e.g. oral health) and barriers (e.g. transportation) and identify strategies to address the gaps

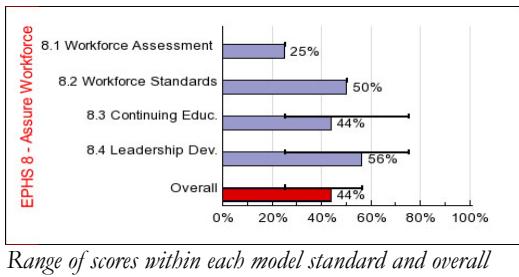
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	44
7.1 Identification of Populations with Barriers to Personal Health Services	38
• Identification of populations who experience barriers to care	25
• Identification of personal health service needs of populations	50
• Assessment of personal health services available to populations who experience barriers to care	50
7.2 Assuring the Linkage of People to Personal Health Services	50
• Link populations to needed personal health services	50
• Assistance to vulnerable populations in accessing needed health services	50
• Initiatives for enrolling eligible individuals in public benefit programs	75
• Coordination of personal health and social services	25

Aroostook District Local Public Health System Assessment

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 44: – This service ranked 2nd out of 10 essential services. This score is in the moderate range indicating that there are a number of district wide activities.



Range of scores within each model standard and overall

Scoring Analysis

- There has been no assessment across the district of the public health workforce
- Many organizations connect job descriptions and performance evaluations to public health competencies
- Organizations in the district assess training needs but there are limited resources or incentives for training
- Some training programs on core competencies exist and there is significant interaction with academic institutions within the DPHS
- Leadership development opportunities are available

District Context

- There have been a few assessments in the district for specific health care workforce members and chronic disease services.
- Not all local health officers have completed the required training, but there are efforts to engage them locally.
- For more than 20 years, SHARE (Share county Health Associations Resource and Education) has been meeting to identify, via surveys and other tools, training needs in the County and using local experts to address those needs to reduce travel barriers. At least one training is held each year.
- Most organizations experience reduced availability of funds for travel to training.
- Gaps in training include: basic public health science, community dimensions of public health practice, leadership and systems thinking. Some training is available on analytic assessment, cultural competency, policy development and program planning.
- Technology is available at the hospitals and university to do distance education but it has not been utilized to its full extent and there are some issues regarding compatibility of systems and many statewide trainings don't offer distance education opportunities.
- The district has multiple connections with academic institutions.
- There are multiple opportunities for leadership training and coalitions work under a collaborative leadership model.

Possible Action Steps

- Build on the resources and expertise of SHARE to deliver public health training programs that have been identified as gaps in core public health competencies
- Work with statewide training providers to ensure use of distance education technology to reduce the travel barriers

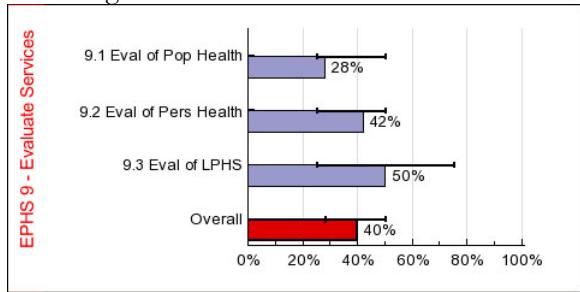
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	44
8.1 Workforce Assessment Planning, and Development	25
• Assessment of the LPHS workforce	25
• Identification of shortfalls and/or gaps within the LPHS workforce	25
• Dissemination of results of the workforce assessment / gap analysis	25
8.2 Public Health Workforce Standards	50
• Awareness of guidelines and/or licensure/certification requirements	50
• Written job standards and/or position descriptions	50
• Annual performance evaluations	50
• LHD written job standards and/or position descriptions	50
• LHD performance evaluations	50
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	44
• Identification of education and training needs for workforce development	50
• Opportunities for developing core public health competencies	25
• Educational and training incentives	25
• Interaction between personnel from LPHS and academic organizations	75
8.4 Public Health Leadership Development	56
• Development of leadership skills	25
• Collaborative leadership	75
• Leadership opportunities for individuals and/or organizations	75
• Recruitment and retention of new and diverse leaders	50

Aroostook District Local Public Health System Assessment

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 program. This service also measures activity related to the evaluation of the DPHS.

Overall Score 40: – This service tied for 4th out of the 10 essential services. This score is in the moderate range indicating that there are some district-wide activities.



Range of scores within each model standard and overall

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 throughout 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

- There have been a few activities in the district to evaluate population based services including an evaluation of the tobacco helpline, tobacco use among delivering mothers, immunization rates, and BMI in schools. Most evaluation is done by the state for state funded programs.
- Hospitals and other agencies have surveyed the community about community needs for services but may not ask about services they don't have funding to provide.
- More could be done to incorporate results from community surveys into operational and strategic plans.
- Hospitals, community health centers, home health and long term care all use client satisfaction surveys but the information is not coordinated or connected across the district and the current technology makes sharing of information difficult, although organizations in the District are looking at ways to overcome this barrier.
- Most agencies do not survey potential users of services.
- There has been significant effort to identify organizations that contribute to the local public health system and the district is in the process of relationship mapping of the health related organizations.

Possible Action Steps

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

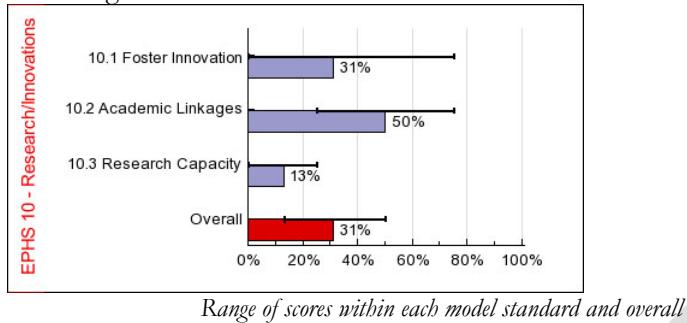
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	40
9.1 Evaluation of Population-based Health Services	28
• Evaluation of population-based health services	50
• Assessment of community satisfaction with population-based health services	25
• Identification 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	42
• Personal health services evaluation	50
• 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	50
9.3 Evaluation of the Local Public Health System	50
• Identification of community organizations or entities that contribute to the EPHS	75
• Periodic evaluation of LPHS	75
• Evaluation of partnership within the LPHS	25
• Use of LPHS evaluation to guide community health improvements	25

Aroostook District Local Public Health System Assessment

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 31: – This service ranked the lowest of all the essential services. This score is in the moderate range indicating that there are some district-wide activities.



Scoring Analysis

- Agencies in the district are encouraged to develop new solutions for public health issues and have various methods of monitoring research and best practice.
- No organizations in the district have proposed public health issues for inclusion in the research agenda of research organizations and they have had limited participation in the development of research.
- There are many affiliations with academic institutions and organizations in the district.
- The DPHS has limited access to researchers.

District Context

- Identifying solutions to health problems is often a band-aid approach with not enough time or emphasis on downstream interventions although some activity on developing new solutions has occurred (e.g. prescription drug return programs).
- University libraries, on-line journals, conferences, and webinars are ways that organizations use to keep current on best practice. Some resources such as MARBL and EBSCO Host virtual libraries could be utilized to a greater extent.
- Some agencies in the district are participating in state or national research projects (e.g. Area Agency on Aging, Chronic Care Technology, Maine Youth Overweight Collaborative.)
- Many district partners have associations with academic institutions as guest lecturers, internships, nursing students placement in hospitals, project support and cosponsoring continuing education.
- There are some opportunities to access researchers through the EMH system.

Possible Action Steps

- Develop a district-wide research agenda and identify possible academic institutions and researchers interested in collaboration
- Build on and expand existing relationships with academic institutions to enhance capacity of the district public health system to identify innovative solutions to health issues identified in the community

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	31
10.1 Fostering Innovation	31
• Encouragement of new solutions to health problems	25
• Proposal of public health issues for inclusion in research agenda	0
• Identification and monitoring of best practices	75
• Encouragement of community participation in research	25
10.2 Linkage with Institutions of Higher Learning and/or Research	50
• Relationships with institutions of higher learning and/or research organizations	75
• Partnerships to conduct research	25
• Collaboration between the academic and practice communities	50
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