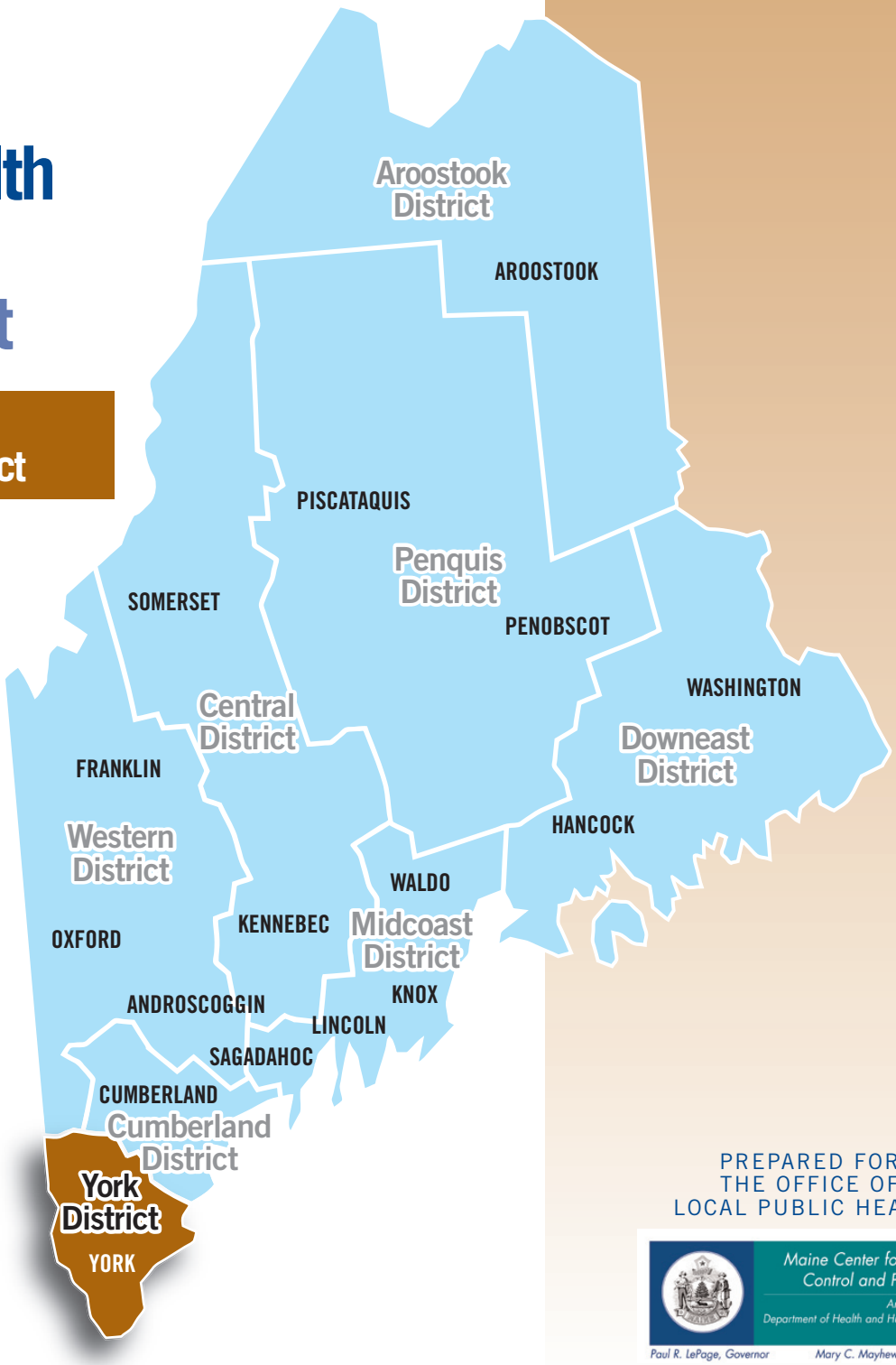
2010

Local Public Health System Assessment

York Public Health District

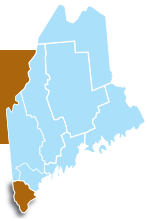


PREPARED FOR
THE OFFICE OF
LOCAL PUBLIC HEALTH

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

BY

MAINE CENTER for Public Health



Acknowledgements

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

District Public Health System Assessment Team:

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

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

Funding Support

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

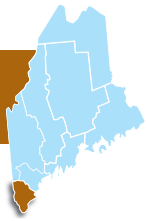
Healthcare Research & Services Agency*
Maternal/Child Health Block Grant*

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

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

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

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



November 2010

Dear Colleague:

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

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

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

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

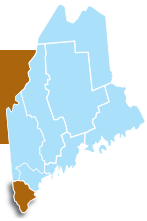
If you have comments or questions about the findings, please contact the District Liaison whose contact information is available inside.

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

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

Sincerely,

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



From the Office of Local Public Health:

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

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

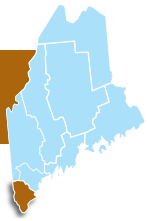
The results of this Assessment are being integrated into two types of planning documents. Healthy Maine Partnership coalitions are using the results to look at what's happening in their own local service areas as part of developing Community Health Improvement Plans. District stakeholders and members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

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

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

Mark Griswold
MPH Director, OLPH

Christine Lyman, MSW, CHES
Senior Advisor, OLPH



We of the York District Public Health System

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

Special thanks go to:

The following organizations for making this York District Local Public Health System Assessment possible by providing resources and support for the three countywide meetings:

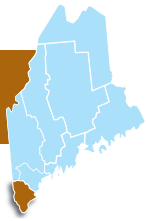
People's Choice Credit Union
Town of York
University of New England
York County Community Action Corp.
York Hospital

A very special thank you to the following individuals for going above and beyond in support of our public health assessment efforts in York County: Maryanna Arsenault, Karen Cobbett, Mary Cook, Bethany Fortier, Betsy Kelly, Becky Miller, Megan Rochelo, Ted Trainer, and Rob Yandow.

Our LPHSA Advisory Committee included:

Maryanna Arsenault, HomeHealth Visiting Nurses of Southern Maine
Judith Barrett, Town of Kennebunkport/Public Health Dept.
Ed Boucher, Ocean Park Association
Karen Cobbett, Head Start/York County Community Action Corp.
Mary Cook, District Tobacco Coordinator
Bethany Fortier, Coastal Healthy Communities Coalition/UNE
Betsy Kelly, York Hospital
Sharon Leahy-Lind, York District Public Health Unit, Maine CDC
Patsy Thompson Leavitt, Leavitt's Mill Free Health Center
Puja Mehta, Medical Epidemiologist, York Public Health Unit/Maine CDC
Rebecca (Becky) Miller, Northern New England Poison Center
Martha Morrison, Med Help Maine
Maureen Pelletier, Public Health Nursing, York Public Health Unit/Maine CDC
Michelle Ramirez, Consultant
Diane Roberts, Public Health Nursing, York Public Health Unit/Maine CDC
Sarah Roberts, Partners for Healthier Communities, Goodall Hospital
Megan Rochelo, Coastal Healthy Communities Coalition, UNE
Ted Trainer, Southern Maine Agency on Aging
Robert Yandow, Town of York

Thanks to all!



York District Characteristics

How the District is organized

- The York Public Health District covers York County.
- There are 29 municipal governments; we border another state; and have cross-border dynamics.
- The District appreciates its mix of year-round and seasonal residents, and daytrippers.

Who we are*

- 201,686 people with 203.6 persons per square mile (Census 2008 est.).
- 10,246 of us are less than 5 years old, 43,543 are 18 years old, and 25,429 over 65 years old.
- 30.2% of our children are eligible for free or reduced school lunch.
- 13.5% of us are adults with a lifetime status of having less than a high school degree.
- We are enriched by our diversity.
- Much more data on who we are can be found at www.mainepublichealth.gov.

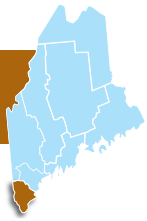
How the public/private Public Health System of the District is organized

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

The governmental District Public Health Unit includes the District Liaison plus

- 2 public health nurses
- 1 field epidemiologist
- 1 drinking water protection specialist

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



List of York Local Public Health Assessment Participants*

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Jud Knox
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Dick Lambert
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Joseph Rousselle
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Connie Rioux
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Michael Sheldon
University of New England

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Rowena Tessmann
Sweetser

Patsy Thompson Leavitt
Leavitt's Mill Free Health Center

Ellen Todd
Sanford News

Carl Toney
University of New England

Ted Trainer
So. Maine Agency on Aging

Steven Trockman
Maine Medical Center

Jackie Tselikis
Old Orchard Beach School Dept.

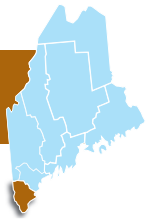
Susan Ward
York County CAP

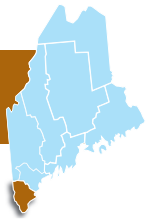
Jen Wendell
Home Health Visiting Nurses

Barbara Wentworth
United Way of York County

Rob Yandow
Town of York

**representing these organizations at the time*





Background

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

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

Overview of Public Health Performance Standards

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

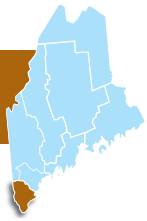
The NPHPSP is intended to improve the quality of public health practice and the performance of public health systems by:

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

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

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

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



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

Public Health Core Functions

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

■ ASSESSMENT

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

■ POLICY DEVELOPMENT

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

■ ASSURANCE

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

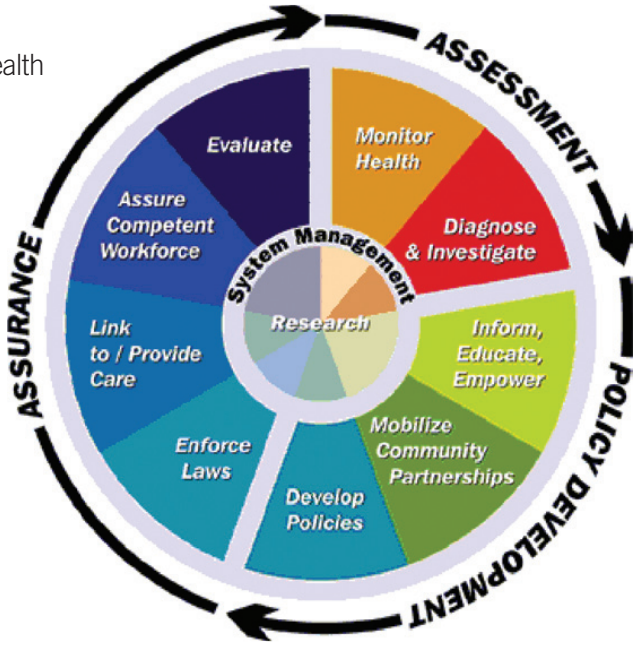
Concepts Guiding Performance Standards Development and Use

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

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

Assessment

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



Policy Development

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

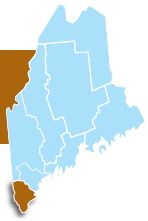
Assurance

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

Serving All Functions

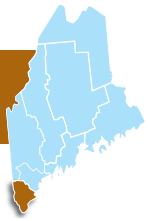
10. Research for new insights and innovative solutions to health problems.

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



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

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



Assessment Process

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

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

The intended audience for this report includes:

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

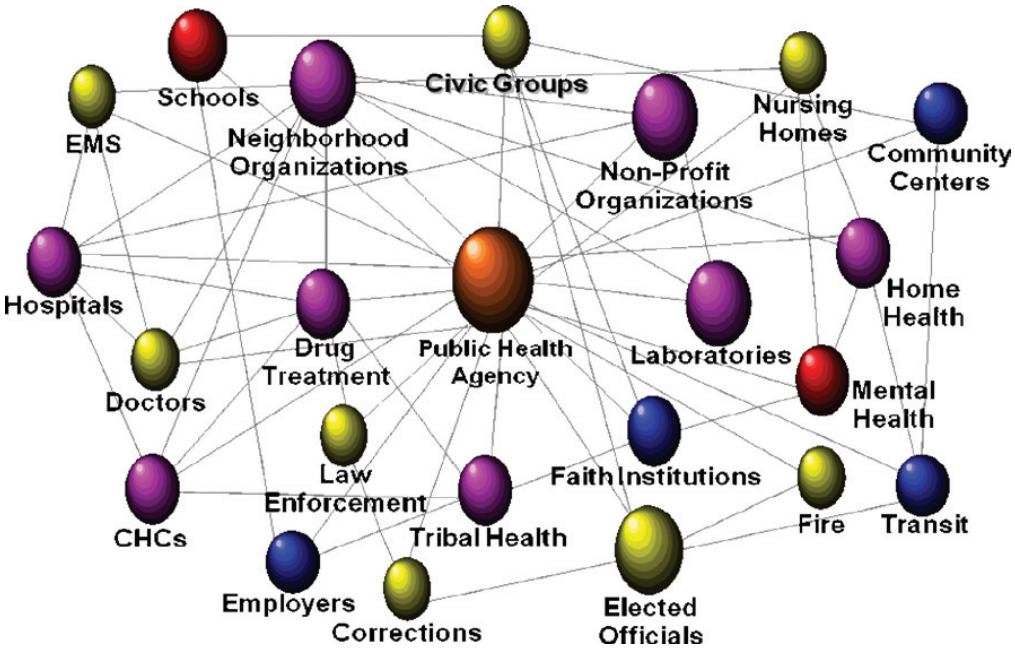
This report begins by providing a brief overview of national public health performance standards. This overview is then followed by a description of the district assessment process, including the purpose, tool, benefits and limitations. The report also provides a comprehensive review of the quantitative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

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

Stakeholder Participation

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

The Public Health System



Benefits of a Strong System

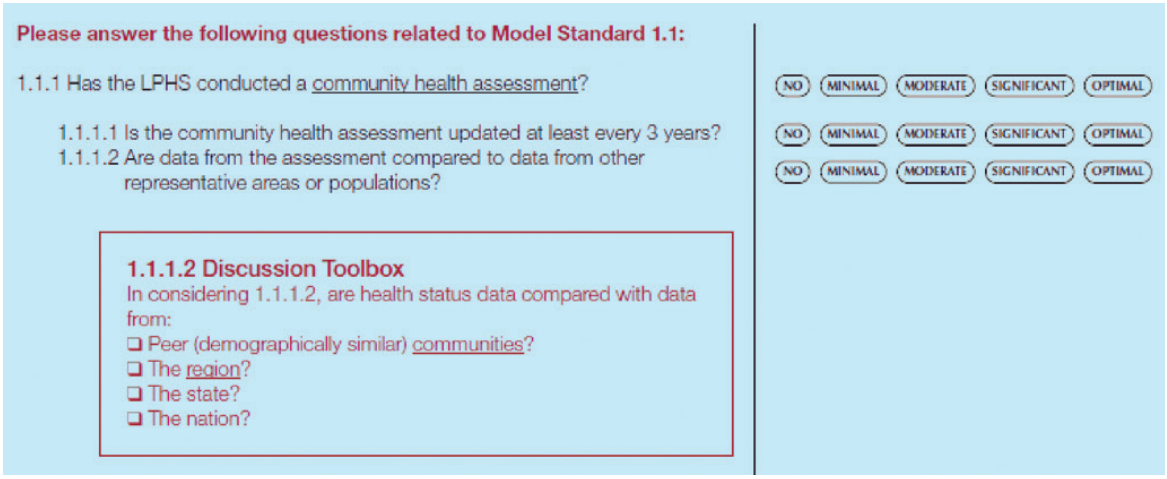
Strong and effective public health systems have the ability to…

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

Assessment Tool

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

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



Please answer the following questions related to Model Standard 1.1:

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

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

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

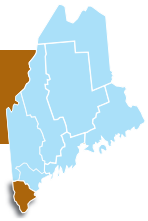
1.1.1.2 Discussion Toolbox

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

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

National Database

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



Response Options

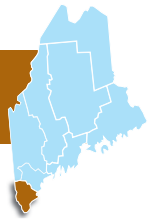
There were five response options available to classify the activity that was met within the District public health system. Because the assessment was completed in eight newly formed DHHS administrative jurisdictions, MCPH, Maine CDC, and a group of stakeholders further defined the response options to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

SCORE	DEFINITION
No 0%	No activity.
Minimal >0 and 25% or less	Some activity by an organization or organizations within a single service/ geographic area. Not connected or minimally connected to others in or across the District.
Moderate >25% but no more than 50%	Activity by one or more agency or organization that reaches across the District and is connected to other organizations in the District but limited in scope or frequency.
Significant >50% but no more than 75%	Activity that covers the entire district [is dispersed both geographically and among programs] and is connected to multiple agencies/organizations within the District Public Health System.
Optimal Greater than 75%	Fully meets the model standard for the entire district.

Scoring, Data Entry, and Data Analysis

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

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



Assessment Benefits and Limitations

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

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

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

PROCESS LIMITATIONS

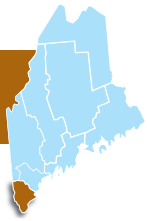
- Although attempts were made to encourage participation from multiple stakeholders, some representatives were missing from the process as noted on the summary page of results. The assessment format and anticipated commitment level during the assessment process may have prevented some participants from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

TOOL LIMITATIONS

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

DATA COLLECTION LIMITATIONS

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



GENERALIZABILITY OF RESULTS

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

Quality Improvement

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

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

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

Results

Overview

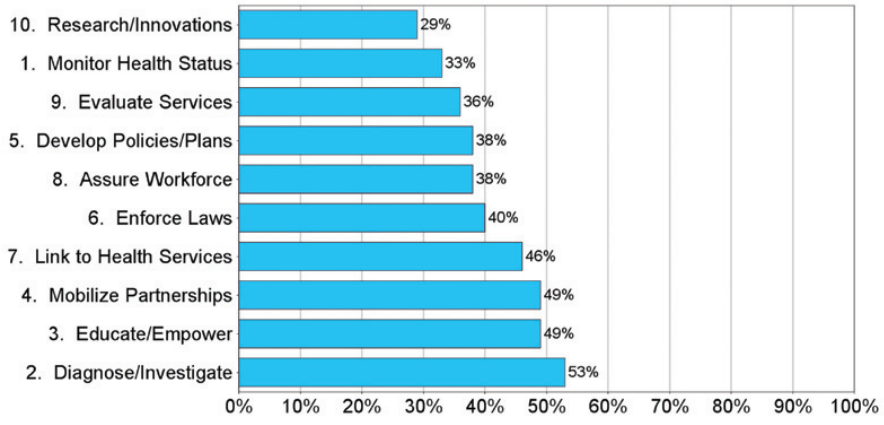
York District Public Health Systems Assessment took place on May 25, June 2 and June 10, meeting for approximately 3.5 hours each time. A total of 57 individuals participated in at least one of the three meetings. Because a limitation of this process is that the scores are subject to the biases and perspectives 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, area aging and CAP agencies, State agencies, universities/colleges, municipalities, media, first responders, community organizations, and schools. Environmental health groups and faith-based organizations are potential gaps in representation.

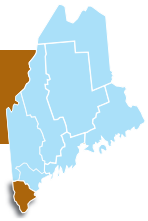
Summary of Scores

EPHS	SCORE
1. Monitor Health Status to Identify Community Health Problems	33
2. Diagnose and Investigate Health Problems and Health Hazards	53
3. Inform, Educate, and Empower People about Health Issues	49
4. Mobilize Community Partnerships to Identify and Solve Health Problems	49
5. Develop Policies and Plans that Support Individual and Community Health Efforts	38
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	46
8 Assure a Competent Public and Personal Health Care Workforce	38
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	36
10. Research for New Insights and Innovative Solutions to Health Problems	29

Overall Performance Score 41

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





Essential Service 1

Monitor Health Status to Identify Community Health Problems

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

Overall Score: 33

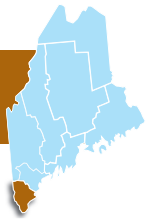
This Service ranked 9 out of 10 Essential Services. This score is in the moderate range indicating that some district-wide activities have occurred.

Scoring Analysis

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

District Context

- There are categorical assessments that have been done in the District, such as schools and Head Start. Gaps in data include children's mental health, people who receive health care services in New Hampshire, and ability to track health trends by race, gender or age.
- District HMPs are engaged in the MAPP process where assessment data district-wide is being collected.
- There are plans in place to create a district-wide HMP website that could be used to promote the use of assessment data and post assessment reports.
- There are gaps in use of technology and GIS mapping is available but rarely used for public health issues with the exception of lead poisoning and water quality mapping.

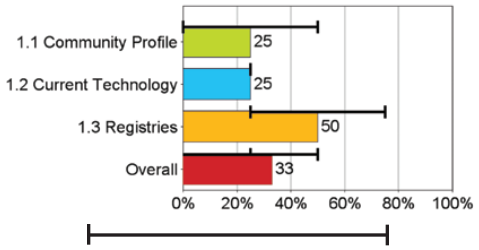


- There are State registries and local clinical registries in the District. The information has been generally used for internal planning rather than community-wide use. These include H1N1, immunizations, diabetes, Lyme disease, and lead poisoning.

Possible Action Steps

- Develop a community health profile for the District. Include data on disparate populations, environmental health and other identified gaps and ensure access to the Profile in multiple formats including GIS mapping.
- Coordinate data sources and topics across the District to identify gaps, increase awareness of what is available and ensure data is easily accessible in one place (e.g., a website).
- Increase data dissemination and use overall.

EPHS 1. Monitor Health Status

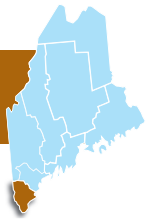


Range of scores within each model standard and overall

EPHS 1. Monitor Health Status To Identify Community Health Problems: Overall Perfomance Score	33
★ 1.1 Population-Based Community Health Profile (CHP)	25
Community health assessment	50
Community health profile (CHP)	25
Community-wide use of community health assessment or CHP data	0
★ 1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	25
State-of-the-art technology to support health profile databases	25
Access to geocoded health data	25
Use of computer-generated graphics	25
★ 1.3 Maintenance of Population Health Registries	50
Maintenance of and/or contribution to population health registries	75
Use of information from population health registries	25

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

"Very important for health planning."



Essential Service 2

Diagnose and Investigate Health Problems and Health Hazards

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

Overall Score: 53

This was the highest scoring Essential Service overall. This score is in the low significant range indicating that most activities are district-wide.

Scoring Analysis

- Because most surveillance activities and laboratory oversight occur at the state level, these areas were scored the same for all Districts, with the exception of emergency response ability.
- The District scored high on its emergency response ability and on its response to disasters, access to needed personnel, but lower on evaluation of the effectiveness of their response activities.

District Context

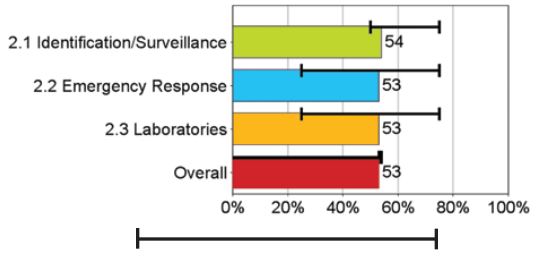
- Extensive data from the District is collected as part of surveillance systems using surveys, claims data, vital statistics and by collecting data on the 42 reportable conditions.
- Some health concerns in the District (e.g., lice, autism) are not tracked and are not reportable conditions.
- Information is not always reported back quickly and is often not user-friendly.
- Many providers do submit reportable disease information; e.g., Head Start and public health nurses, but there are gaps in knowledge about what gets reported.
- The District has an infectious disease epidemiologist among other Maine CDC staff co-located in the Public Health Unit.
- Although protocols for exposures and hazards have been identified at the state level, there are some glitches that have occurred when responsibilities were not clear or back-up individuals are not identified.
- The county Emergency Response Coordinator is identified, but some community leaders are not part of the planning and better communication between local, county and State is needed.

- County level response to emergencies is more coordinated than town level and there are many towns without police departments to assist in emergencies.
- United Way and 211 assist in coordination of volunteers but more volunteer training and testing of the system is needed. Planning does not extend beyond professional level volunteers.

Possible Action Steps

- Coordinate surveillance data reporting to make it more user-friendly.
- Work with providers to increase number and timeliness of reportable disease and immunization data.
- Increase epidemiology capacity within the District beyond infectious disease.
- Engage additional community leaders in emergency response planning and address communication gaps between local, District and State.

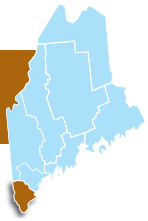
EPHS 2. Diagnose/Investigate



Range of scores within each model standard and overall

EPHS 2. Diagnose and Investigate Health Problems and Health Hazards	53
★ 2.1 Identification and Surveillance of Health Threats	54
Surveillance system(s) to monitor health problems and identify health threats	63
Submission of reportable disease information in a timely manner	50
Resources to support surveillance and investigation activities	50
★ 2.2 Investigation and Response to Public Health Threats and Emergencies	53
Written protocols for case finding, contact tracing, source identification, and containment	50
Current epidemiological case investigation protocols	75
Designated Emergency Response Coordinator	44
Rapid response of personnel in emergency/disasters	72
Evaluation of public health emergency response	25
★ 2.3 Laboratory Support for Investigation of Health Threats	53
Ready access to laboratories for routine diagnostic and surveillance needs	50
Ready access to laboratories for public health threats, hazards, and emergencies	38
Licenses and/or credentialed laboratories	50
Maintenance of guidelines or protocols for handling laboratory samples	75

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



Essential Service 3

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

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

Overall Score: 49

This was tied for the second highest scoring Essential Service overall. This score is in the high-moderate range indicating that there are several district-wide activities.

Scoring Analysis

- There are district-wide health promotion campaigns. District stakeholders inform the public and policy makers about health needs.
- There are some district-wide health promotion efforts tailored to populations at higher risk and/or within specific settings.
- There is not a District communication plan or identified and trained spokespersons for the District, although there are relationships with the media in each part of the District.
- The highest score was for the District's coordinated emergency communication plans, but the District scored lower on having policies and procedures for public information offices including communication "Go Kits."

District Context

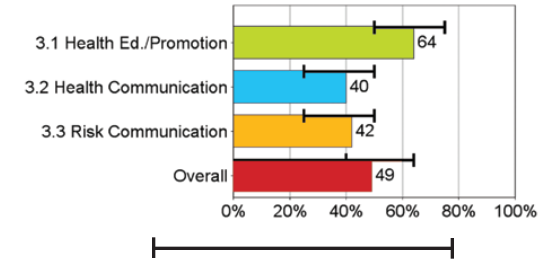
- There are a number of district-wide health promotion efforts on substance abuse, physical activity, chronic disease and other topics through HMPs, hospitals, schools, Area Agency on Aging, home care agencies, the media, among others.
- Targeted efforts reach women, elderly, low income groups and through a number of settings including worksites, homeless shelters, faith-based groups. Some gaps include people in small businesses, homeless people, and people at high risk for substance abuse.
- There is significant collaboration and coordination among organizations in the District to plan and deliver health promotion/education programs.
- There are numerous strategies for communicating health issues in the District. Some examples include: posting H1N1 information in papers, fire station, bean suppers; use cable TV and town web pages; through schools; through organization and state websites; through the Health Alert Network. Gaps include communication to providers that is often not connected or coordinated, connecting to schools without school health coordinators or reaching people not part of a system.

- Efforts have been made by HMPs and others in the District to establish media relationships and some partnerships with the media for health messages have been developed (e.g., "Be Well" program in Kennebunkport).
- There are public information people at different organizations, but the messages are not always in sync with State messages. H1N1, Hepatitis A case, and the 2008 ice storm revealed some communications problems.

Possible Action Steps

- Develop collaborative district-wide health promotion campaigns targeted to individuals at higher risk of negative health outcomes.
- Include media representative on the District Coordinating Council and hold training on working with the media.
- Increase coordination of health communication to providers and schools without school health coordinators and address communication gaps experienced by the county EMA in recent incidents.

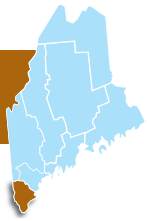
EPHS 3. Educate/Empower



Range of scores within each model standard and overall

EPHS 3. Inform, Educate, and Empower People About Health Issues	49
★ 3.1 Health Education and Promotion	64
Provision of community health information	75
Health education and/or health promotion campaigns	67
Collaboration on health communication plans	50
★ 3.2 Health Communication	40
Development of health communication plans	25
Relationships with media	50
Designation of public information officers	44
★ 3.3 Risk Communication	42
Emergency communications plan(s)	44
Resources for rapid communications response	50
Crisis and emergency communications training	50
Policies and procedures for public information officer response	25

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



Essential Service 4

Mobilize Community Partnerships to Identify and Solve Health Problems

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

Overall Score: 49

This Essential Service tied for second highest out of the 10 Essential Services overall. This score is in the high-moderate range indicating that there are several district-wide activities.

Scoring Analysis

- The District has identified many of the key stakeholders and has reached out to develop partnerships with many organizations to maximize public health activities.
- A directory of organizations that has been developed, but is not complete.
- There are few communications strategies used in the District to build awareness of the importance of public health.
- The formation of a district-wide 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

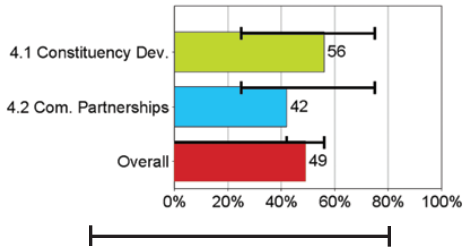
- While the formation of the District has led to the identification of key stakeholders, there have been a significant number of collaborations in this county for many years. The DCC can help further coordinate and weave them together.
- Some gaps include involvement of local police and fire fighters in some areas and the faith-based community.
- The MAPP process in the District is focused on the involvement of many constituents through community surveys and forums, community visioning, and other methods and use of volunteers in the District is extensive.
- 211 provides information and referral to many agencies in the District and EMA has a extensive network list but it is not shared.
- There are many partnerships in the District and they have collaborated on a number of projects over the last year. A partnership between EMA and public health is building.

- The District is reviewing data and will use the community health assessment to develop improvement plans.

Possible Action Steps

- Consolidate and make available lists of current partnerships and strategic alliances.
- Assess effectiveness of current partnerships and strategic alliances to strengthen and improve capacity.
- Develop a district-wide communication strategy for promoting public health using available town resources.

EPHS 4. Mobilize Partnerships

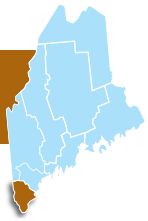


Range of scores within each model standard and overall

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	49
★ 4.1 Constituency Development	56
Identification of key constituents or stakeholders	75
Participation of constituents in improving community health	75
Directory of organizations that comprise the LPHS	50
Communications strategies to build awareness of public health	25
★ 4.2 Community Partnerships	42
Partnerships for public health improvement activities	75
Community health improvement committee	25
Review of community partnerships and strategic alliances	25

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

"I felt my participation was valued…as things arise I will look for more ways to participate."



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: 38

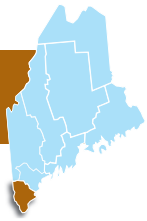
This Essential Service ranked sixth of the 10 Essential Services. This score is in the moderate range indicating that there are a number of district-wide activities.

Scoring Analysis

- The District has begun to develop a governmental presence at the local level.
- District stakeholders contribute to the development of public health policies and engage policy makers, but it is not coordinated across the District.
- There is significant community health improvement planning through MAPP district-wide, but strategies to address objectives have not yet been identified.
- There has been some district-wide coordination and planning for public health emergencies in the District.

District Context

- A District Public Health Unit has been formed with Maine CDC positions co-located in the District. A District Coordinating Council has been created but funding is an issue. Kennebunkport is the only town with a municipal board of health in the District. The role of the Local Health Officers is evolving.
- HMPs in the District work on a number of policies at the local and state level and provide fact sheets, background information, constituent contact, information to policy makers, e.g., Biddeford tobacco-free recreation policy.
- There is not a single place to go to view policies at the state or local level.
- District stakeholders are collaborating on the MAPP process for community health improvement. Faith-based organizations, managed care organizations and environmental groups need additional cultivation. A Community Health Improvement Plan will be developed as a result of this process and will include health objectives.
- Emergency preparedness response plans have been developed with broad representation, but an ongoing committee does not exist and there are some gaps that have been identified in the plans (e.g., mass casualty care plan).

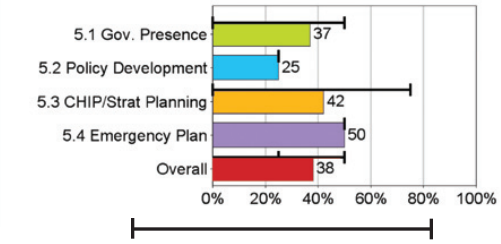


- There is some confusion among some District stakeholders about the chain of command for public health emergencies and on the implementation of the Strategic National Stockpile. The role of the New England Poison Control Center has also not been communicated clearly.
- A Hazard Vulnerability Assessment on the local level would be useful. Overall there is good coordination across town lines, although drills and exercises do not include all organizations and agencies that would like to participate.

Possible Action Steps

- Use MAPP process to identify and address local public health policy needs across the District. Inform and educate local policy makers on the public health impact of such policies.
- Identify organizations/groups not involved in emergency preparedness planning and develop strategies to engage them.
- Conduct local Hazard Vulnerability Assessments.

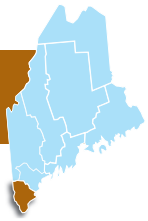
EPHS 5. Develop Policies/Plans



Range of scores within each model standard and overall

EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	38
★ 5.1 Government Presence at the Local Level *(Note: This indicator was scored the same for all Districts.)*	37
Governmental local public health presence	25
Resources for the local health department	35
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	25
Alert policy makers/public of public health impacts from policies	25
Review of public health policies	25
★ 5.3 Community Health Improvement Process	42
Community health improvement process	75
Strategies to address community health objectives	25
Local health department (LHD) strategic planning process	25
★ 5.4 Plan for Public Health Emergencies	50
Community task force or coalition for emergency preparedness and response plans	50
All-hazards emergency preparedness and response plan	50
Review and revision of the all-hazards plan	50

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



Essential Service 6

Enforce Laws and Regulations that Protect Health and Ensure Safety

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

Overall Score: 40

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

Scoring Analysis

- Enforcement agencies are aware of laws and municipalities have access to legal counsel if needed.
- There is minimal activity to specifically identify local public health issues that are not adequately addressed through current laws, regulations or ordinances, 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 there are gaps.
- There has been minimal activity in the District to assess compliance with laws, regulations or ordinances.

District Context

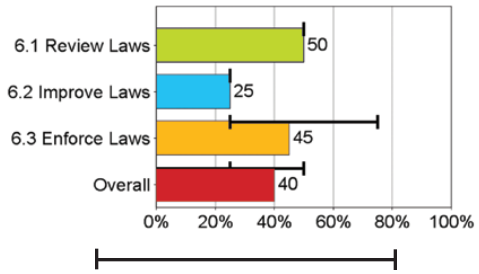
- Identification of public health issues that could be addressed by laws is not done proactively except around tobacco, physical activity and nutrition.
- Environmental zoning and other issues lag behind, although in Biddeford the issue of sustainable communities has increased discussions around walkable communities, trials, etc.
- Many towns don't want to go beyond state laws. There has been a lack of involvement of Local Health Officers. Many Health Officers are unclear what authority they have for enforcement.
- Need for greater involvement of local residents to educate and advocate for changes in laws.

- Some successful enforcement efforts have included: the hospitals require car seats before babies leave the hospital; water testing requirements for permits have identified arsenic problems; proactive efforts on the part of towns such as York to identify sources of pollution.
- Environmental health groups need greater coordination, advocacy, and community ownership, e.g., around the Saco River Corridor Commission efforts.
- Number of restaurant inspectors is inadequate for the number of establishments and the seasonal issues in the District.

Possible Action Steps

- Provide central location for information on public health laws and ensure training of Local Health Officers on their role in enforcement.
- Create a forum for environmental health groups to share and coordinate information on laws, regulations and enforcement issues.

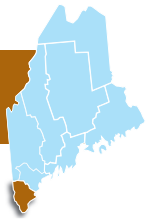
EPHS 6. Enforce Laws



Range of scores within each model standard and overall

EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	40
★ 6.1 Review and Evaluate Laws, Regulations, and Ordinances	50
Identification of public health issues to be addressed through laws, regulations, and ordinances	50
Knowledge of laws, regulations, and ordinances	50
Review of laws, regulations, and ordinances	50
Access to legal counsel	50
★ 6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	25
Identification of public health issues not addressed through existing laws	25
Development or modification of laws for public health issues	25
Technical assistance for drafting proposed legislation, regulations, or ordinances	25
★ 6.3 Enforce Laws, Regulations and Ordinances	45
Authority to enforce laws, regulation, ordinances	50
Public health emergency powers	75
Enforcement in accordance with applicable laws, regulations, and ordinances	50
Provision of information about compliance	25
Assessment of compliance	25

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



Essential Service 7

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

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

Overall Score: 46

This Service ranked fourth of the 10 Essential Services. This score is in the high-moderate range indicating that there are several district-wide activities.

Scoring Analysis

- There are district-wide activities to identify populations and personnel health service needs.
- There is limited assessment of the availability of services to people who experience barriers to care.
- Linking and coordination of health care services occurs district-wide, although assistance to vulnerable populations across the entire District is limited.
- There are significant district-wide initiatives to enroll people eligible for public benefit programs.

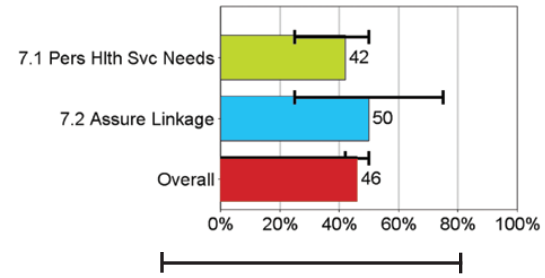
District Context

- The District system identifies and links populations in need of health services through a number of channels including: hospital Community Health Connection, free clinics, Head Start, community health centers, shelters, SMAA, Cooperative Extension, home health providers, town general assistance, schools/school nurses, 211, town libraries—but not a coordinated system across the entire district and people need to first enter the system to be identified.
- Gaps in services that have been identified include: oral health for pregnant women, in-patient substance abuse treatment, transportation services, services for LGBT youth, youth mental health services, services for frail elderly, OT and PT for kids with disabilities in the northern part of the District.
- Barriers include: travel, limited capacity/understanding on how to access services, ability of providers to keep up to date on services and resources available, low literacy, lack of FQHC in the District.
- There is some co-location of services occurring in the District including: outreach clinics with laboratories; on-site lead poisoning screening; Head Start and oral health screening.

Possible Action Steps

- Expand to all parts of the District and coordinate current successful initiatives to reach populations in need of services.
- Coordinate an assessment across the District on health services and identify gaps (e.g., oral health) and barriers (e.g., transportation) and identify strategies to address the gaps.
- Provide central location (e.g., website, resource book) to link services and resources available.

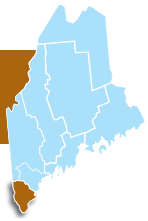
EPHS 7. Link to Health Services



Range of scores within each model standard and overall

EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	46
★ 7.1 Identification of Populations with Barriers to Personal Health Services	42
Identification of populations who experience barriers to care	50
Identification of personal health service needs of populations	50
Assessment of personal health services available to populations who experience barriers to care	25
★ 7.2 Assuring the Linkage of People to Personal Health Services	50
Link populations to needed personal health services	50
Assistance to vulnerable populations in accessing needed health services	25
Initiatives for enrolling eligible individuals in public benefit programs	75
Coordination of personal health and social services	50

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



Essential Service 8

Assure a Competent Public and Personal Health Care Workforce

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

Overall Score: 38

This Service ranked sixth out of 10 Essential Services. This score is in the moderate range indicating that there is some district-wide activity.

Scoring Analysis

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

District Context

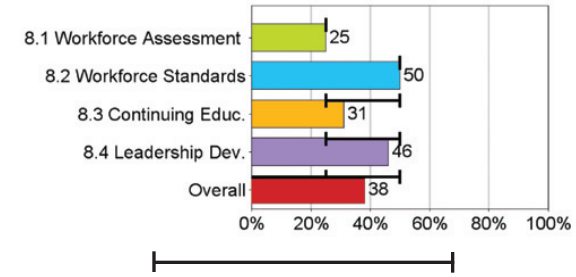
- While statewide assessments for the health care workforce have been done, there are limited assessments of the public health workforce, with some done by academic institutions.
- EMA has identified jobs that require certification and most agencies have job descriptions with standards.
- Distance technology has been scaled back due to the economic situation, but organizations try to bring outside experts for training and/or offer trainings for their staff or constituents.
- Academic institutions look at training needs, but not on a very local level, and few organizations identify training needs.
- There is a need for basic public health science/Essential Services, community dimensions of practice training, and social determinants of health. UNE's public health program includes all public health competencies.
- A number of barriers exist to training including time and money.

- UNE and other academic institutions have connections with some community groups (e.g. joint grants). The relationships are often episodic and more strategic alliances could be developed. There is not a good system to inform the public about events and seminars at UNE.
- The DCC process has led the way in promoting collaborative leadership and good communication systems are in place to encourage participation and informed decision making.

Possible Action Steps

- Work with academic institutions to identify local public health training needs; combine resources and expertise in the district to deliver training programs.
- Develop a District calendar or listserv of training opportunities including appropriate audiences.

EPHS 8. Assure Workforce



Range of scores within each model standard and overall

EPHS 8. Assure a Competent Public and Personal Health Care Workforce: Overall Perfomance Score	38
★ 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	31
Identification of education and training needs for workforce development	25
Opportunities for developing core public health competencies	25
Educational and training incentives	25
Interaction between personnel from LPHS and academic organizations	50
★ 8.4 Public Health Leadership Development	46
Development of leadership skills	47
Collaborative leadership	50
Leadership opportunities for individuals and/or organizations	50
Recruitment and retention of new and diverse leaders	38

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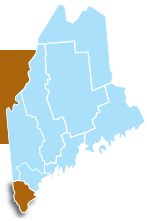
Impact of possible action steps on model standard components



Essential Service 9

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

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

Overall Score: 36

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

Scoring Analysis

- There is some evaluation of population-based programs in the District but it is limited in scope and geography.
- Evaluation of, and satisfaction with, personal health services occurs throughout the District. Results are used to modify services.
- This Public Health System Assessment evaluates the DPHS and will support the development of community and District health improvement plans.

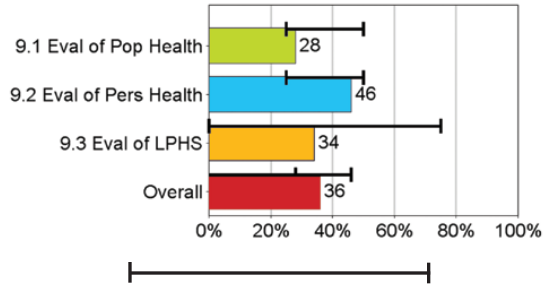
District Context

- Most grants require evaluation but there is no overall look or compilation of all evaluation results.
- Most hospitals and some programs (e.g., SMAA, United Way) assess satisfaction with programs but generally the information is not shared outside the organization.
- The District would like to see a comprehensive way to assess services and is beginning to identify some quality indicators.
- Personal health services are generally assessed for satisfaction using established standards.
- EMRs are not widespread in the District.
- The MAPP process is currently assessing the linkages among the partners in the District. This information will be used to develop improvement plans.

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.
- Use the results of this Public Health System Assessment to improve linkages with community organizations and to create or refine community health programs.

EPHS 9. Evaluate Services



Range of scores within each model standard and overall

EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	36
★ 9.1 Evaluation of Population-Based Health Services	28
Evaluation of population-based health services	38
Assessment of community satisfaction with population-based health services	25
Identification of gaps in the provision of population-based health services	25
Use of population-based health services evaluation	25
★ 9.2 Evaluation of Personal Health Care Services	46
In personal health services evaluation	38
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	44
Use of personal health services evaluation	50
★ 9.3 Evaluation of the Local Public Health System	34
Identification of community organizations or entities that contribute to the EPHS	75
Periodic evaluation of LPHS	25
Evaluation of partnership within the LPHS	13
Use of LPHS evaluation to guide community health improvements	25

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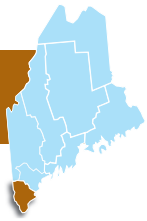
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



Essential Service 10

Research for New Insights and Innovative Solutions to Health Problems

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

Overall Score: 29

This Service ranked last of all the Essential Services. This score is in the minimal range indicating that there are few 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.
- Organizations in the District have proposed public health issues for inclusion in the research agenda of research organizations and have participated in the development of research, but these activities are minimal.
- The DPHS does have access to researchers but there is minimal or no involvement in research.
- There are some affiliations with academic institutions and organizations in the District.

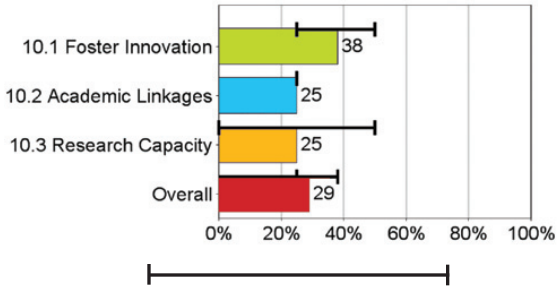
District Context

- There are a number of innovative programs that have been established in the District (e.g., food pantry collaboration, SMAA activities, Head Start oral health, 5-2-1-0 mini-grant, lead paint testing, prescription program).
- Universities encourage organizations to approach them with research ideas, but that has been done infrequently.
- Organizations stay current on best practices in a number of ways, but it is generally up to individuals and there is limited access to national conferences.
- UNE and Muskie have relationships with organizations, but may not be substantive. Research is often community-based but not participatory.
- There is public health research happening in the universities (e.g., tobacco, determinants of health, domestic violence, health economics) and universities have co-sponsored continuing education.
- Many organizations in the District have student interns, and there is some faculty exchange in the District.

Possible Action Steps

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

EPHS 10. Research/Innovations

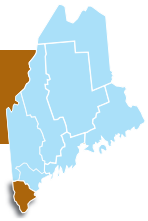


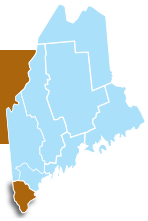
Range of scores within each model standard and overall

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	29
★ 10.1 Fostering Innovation	38
Encouragement of new solutions to health problems	50
Proposal of public health issues for inclusion in research agenda	25
Identification and monitoring of best practices	50
Encouragement of community participation in research	25
★ 10.2 Linkage with Institutions of Higher Learning and/or Research	25
Relationships with institutions of higher learning and/or research organizations	25
Partnerships to conduct research	25
Collaboration between the academic and practice communities	25
★ 10.3 Capacity to Initiate or Participate in Research	25
Access to researchers	50
Access to resources to facilitate research	50
Dissemination of research findings	0
Evaluation of research activities	0

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

"…gave everyone a chance to see the bigger picture in public health."

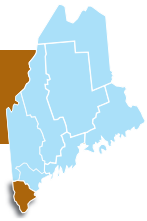




Appendices

Acronyms

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



Glossary and Reference Terms

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

Results of Participant Evaluations

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

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

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

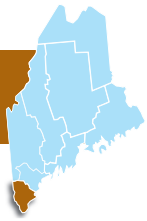
HIGHLIGHTS

85% said meeting organization was good/excellent

83% thought meeting facilitation was good/excellent

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

"Comprehensive, inclusive, educational!"



DID YOU PARTICIPATE IN THE ASSESSMENT MEETINGS?

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

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

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

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

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

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

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

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

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

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