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# State Public Health System Assessment

## A Brief Review of the Findings

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### **Final Report**

September, 2010

### **Prepared for:**

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# State Public Health System Assessment

## Background

The Maine Center for Disease Control and Prevention contracted with the University of Southern Maine's Muskie School to conduct an assessment of the statewide public health system based on the National Public Health Performance Standards Program state assessment tool. The purpose of this assessment was to identify system strengths and gaps to inform the development of an improvement plan.

## Format of the Report

This *summary* report provides a brief overview of the assessment process and a synopsis of the major findings for each of the 10 Essential Public Health Services (EPHS). The EPHS include:

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
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.
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 and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

## Assessment Process

The assessment was conducted in May 2009. A broad range of participants from various disciplines were invited to participate and approximately 110 were in attendance at the assessment meeting. Participants were assigned to one of five groups, each focusing on a different set of essential services and questions. Rating cards were used to signify a participant's perception of the system's performance on an element. When perceptions varied widely during the initial vote, further discussion took place and the comments were recorded. Prior to the breakout sessions, an overview of the assessment process, tool and expectations was provided. A follow-up meeting was held in June to identify the specific contributions of the state public health agency and to share preliminary results.

## Benefits and Limitation of Assessment

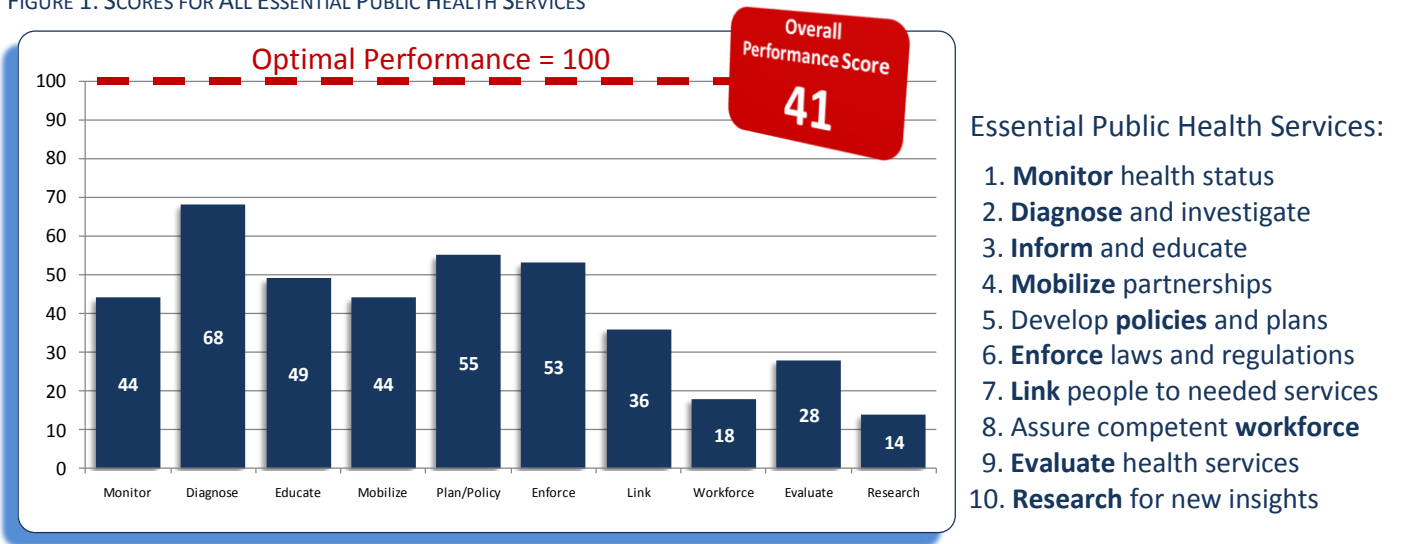
While there is an element of subjectivity to this assessment and the findings are based on the knowledge of those who participate in the process, there are several benefits. We anticipate this assessment will result in: 1) increased collaboration among system partners, 2) a more informed public health system, particularly regarding system strengths and opportunities, 3) increased identification of opportunities for quality improvement efforts, and 4) benchmarks for public health practice improvement.

## Summary of Overall Results

### Scores for Essential Public Health Services

As depicted below in Figure 1, Maine’s overall score was 41 with a range of 14 (EPHS #10) to 68 (EPHS #2). The top three performing EPHS include: 1) diagnose and investigate health problems and health hazards, 2) develop policies and plans that support health efforts, and 3) enforce laws and regulations that protect health and ensure safety.

FIGURE 1. SCORES FOR ALL ESSENTIAL PUBLIC HEALTH SERVICES



### Maine versus National Scores

Figures two and three highlight Maine scores compared to national aggregate results (provided by CDC) in rank order. In general Maine’s scores were lower in all but two essential services (EPHS #2, #3). Essential services eight and ten were dramatically lower than the national score, suggesting areas of opportunity.

FIGURE 2. COMPARISON OF MAINE WITH NATIONAL AGGREGATE SCORES

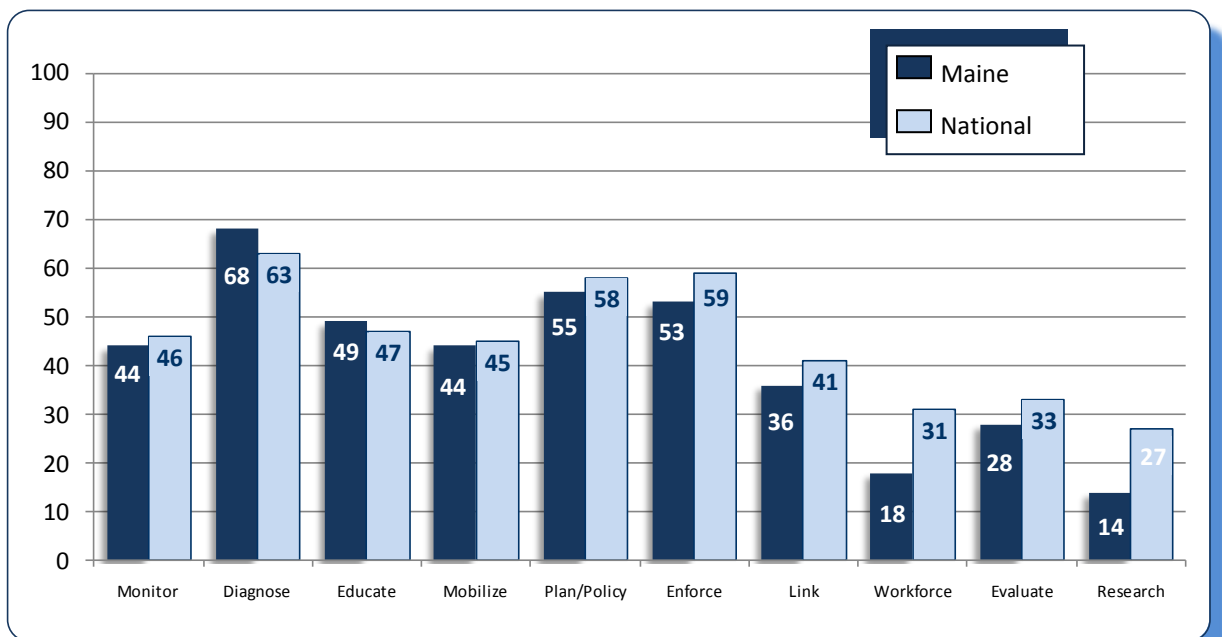
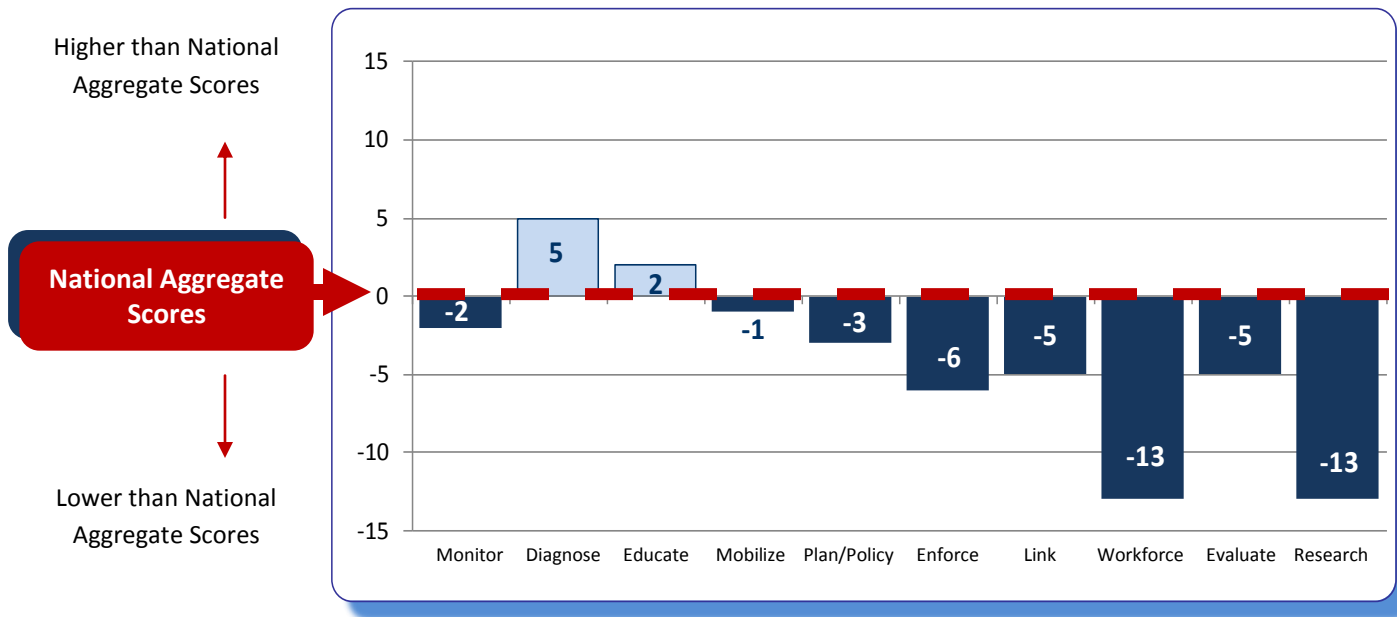


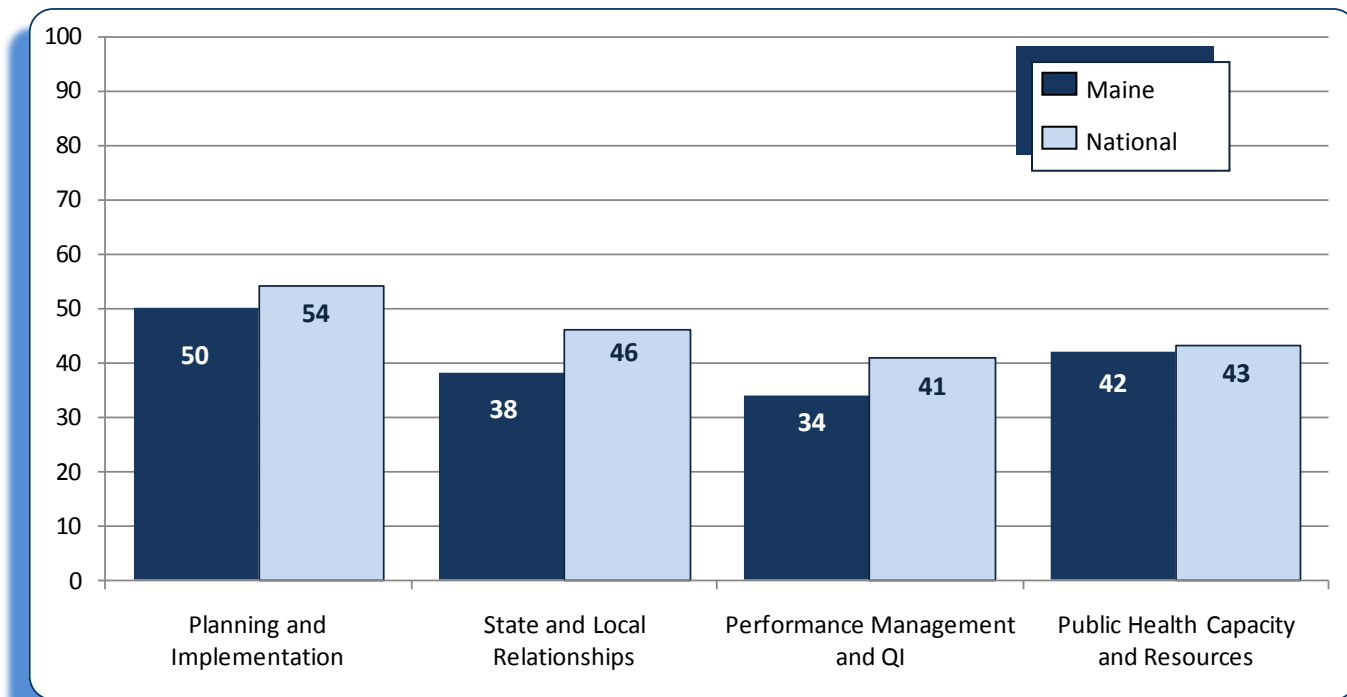
FIGURE 3. DIFFERENCES IN MAINE SCORES BASED ON NATIONAL AGGREGATE



### Scores for Model Standards

The assessment instrument was organized into four areas known as model standards including: planning and implementation, state-local relationships, performance management and quality improvement (QI) and public health capacity and resources. Overall, the assessment revealed system strengths in planning and implementation for many of the essential public health services. Appendix A provides additional data on the results for each essential service by model standard for both Maine and the national aggregate.

FIGURE 4. OVERALL SCORES FOR MODELS STANDARDS



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

## Monitor Health Status to Identify and Solve Community Health Problems

### This essential service includes...

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

FIGURE 5. SCORES FOR MODEL STANDARDS

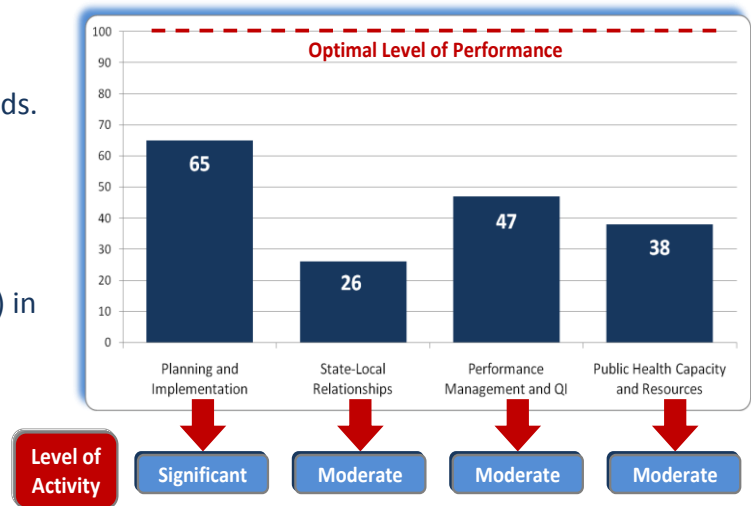


TABLE 1. SCORES FOR ESSENTIAL SERVICE #1

Item	Score
1.1 Planning and Implementation	65
1.1.1 Surveillance and monitoring programs	47
1.1.2 Health data products accessible to data users	48
1.1.3 State health profile	75
1.1.4 Disease reporting system	78
1.1.5 Protection of personal health information	75
1.2 State-Local Relationships	26
1.2.1 Assistance in interpretation and use of health data	25
1.2.2 Uniform set of timely community-level health data	29
1.2.3 Assistance with local information and monitoring systems	25
1.3 Performance Management and Quality Improvement	47
1.3.1 Review effectiveness in monitoring efforts	44
1.3.2 Active performance management	50
1.4 Public Health Capacity and Resources	38
1.4.1 Commit financial resources	25
1.4.2 Coordinate system-wide organizational efforts	46
1.4.3 Workforce expertise	44

### Key Findings

- Our small state allows for direct access to people and a fair amount of information exchange
- There are several quality improvement efforts in the state related to this essential service including the work of epidemiologists in assuring data quality
- Proactive infectious disease identification capacity has been built and established in the past few years with skilled people in place. (e.g., H1N1 efforts)
- More financial and personnel resources are needed to carry out this essential service
- Existing datasets are often not adequate in size and are missing important information (e.g., race/ethnicity, occupational health)
- There is limited training on the use of existing data, including how to interpret the information.

### Possible Next Steps

- Seek opportunities to strengthen, integrate and automate public health data systems
- Continue promoting the application of quality improvement to assure adequate monitoring of community health status
- Continue coordinating with system partners to integrate and expand public health data collection efforts
- Provide training at the district and local level on data use

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

### Diagnose and Investigate Health Problems and Health Hazards in the Community

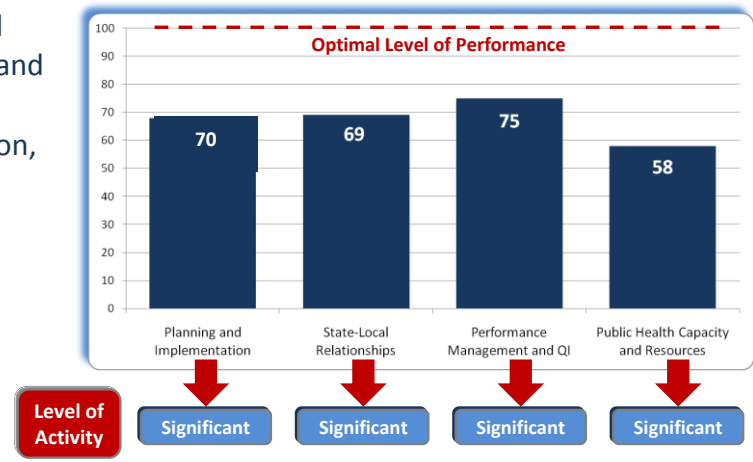
#### This essential service includes...

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

TABLE 2. SCORES FOR ESSENTIAL SERVICE #2

Item	Score
<b>2.1 Planning and Implementation</b>	<b>70</b>
2.1.1 Broad scope of surveillance programs	54
2.1.2 Enhanced surveillance capability	73
2.1.3 Statewide public health laboratory system	78
2.1.4 Laboratory analysis capabilities	75
2.1.5 Investigations of health problems	73
<b>2.2 State-Local Relationships</b>	<b>69</b>
2.2.1 Assistance with epidemiologic analysis	56
2.2.2 Assistance in using laboratory services	75
2.2.3 Guidance in handling public health problems and threats	71
2.2.4 Capability to deploy response teams to local areas, when needed	75
<b>2.3 Performance Management and Quality Improvement</b>	<b>75</b>
2.3.1 Review surveillance and investigation procedures	75
2.3.2 Active performance management	75
<b>2.4 Public Health Capacity and Resources</b>	<b>58</b>
2.4.1 Commit financial resources	50
2.4.2 Coordinate system-wide organizational efforts	54
2.4.3 Workforce expertise	69

FIGURE 6. SCORES FOR MODEL STANDARDS



#### Key Findings

- Maine’s monitoring and investigation capacity for infectious diseases is fairly robust and includes state and regional capacity
- Maine’s statewide public health laboratory system is a well-functioning system
- Several state-level programs routinely receive surveillance data and review their individual surveillance program
- There are ongoing reviews for many surveillance and investigative procedures
- There are few local epidemiologists and limited data is available at the local level
- Existing epidemiology efforts lack integration
- There are several gaps in surveillance data including: mental health, substance abuse, occupational health and injury

#### Possible Next Steps

- Continue to expand, integrate and automate surveillance efforts
- Provide training at the district and local level on epidemiology and the use of surveillance data
- Create incentives to retain highly qualified surveillance and laboratory workforce
- Continue ongoing assessment efforts to assure high quality data and laboratory results

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

### Inform, Educate, and Empower People about Health Issues

#### This essential service includes...

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

FIGURE 7. SCORES FOR MODEL STANDARDS

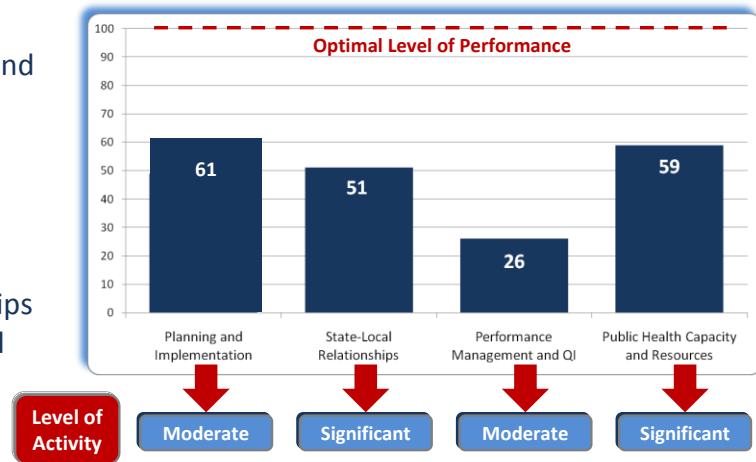


TABLE 3. SCORES FOR ESSENTIAL SERVICE #3

Item	Score
3.1 Planning and Implementation	61
3.1.1 Health education and promotion programs	63
3.1.2 Health communication programs	52
3.1.3 Emergency communications capacity	68
3.2 State-Local Relationships	51
3.2.1 Assistance with health communication and health education/promotion programs	43
3.2.2 Assistance in developing local emergency communication capabilities	60
3.3 Performance Management and Quality Improvement	26
3.3.1 Review effectiveness of health communication and health education/promotion efforts	28
3.3.2 Active performance management	25
3.4 Public Health Capacity and Resources	59
3.4.1 Commit financial resources	75
3.4.2 Coordinate system-wide organizational efforts	46
3.4.3 Workforce expertise	56

#### Key Findings

- There are many agencies and organizations throughout the system working to achieve this essential service
- Maine has been able to communicate efforts about emergencies in a coordinated manner – as evidenced by the consistent messaging seen with H1N1
- Training opportunities exist at the local level regarding risk/emergency communication
- Our health education and promotion efforts may not always be based on sound theory or evidence, nor are they often appropriate for diverse audiences
- There are few comprehensive evaluations of our health education, promotion and communication efforts throughout Maine

#### Possible Next Steps

- Expand efforts to evaluate and continually improve the quality of health education, promotion and communication efforts
- Coordinate efforts to reduce duplication
- Expand efforts to reach diverse audiences with health education and promotion programs
- Provide assistance at the district and local level regarding the identification, selection or development of theory-based and evidence-based interventions

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

### Mobilize Community Partnerships to Identify and Solve Health Problems

#### This essential service includes...

- The organization and leadership to convene, facilitate, and collaborate with statewide partners (including those not typically considered to be health-related) to identify public health priorities and create effective solutions to solve state and local health problems
- The building of a statewide partnership to collaborate in the performance of public health functions and essential services in an effort to utilize the full range of available human and material resources to improve the state’s health status
- Assistance to partners and communities to organize and undertake actions to improve the health of the state’s communities

FIGURE 8. SCORES FOR MODEL STANDARDS

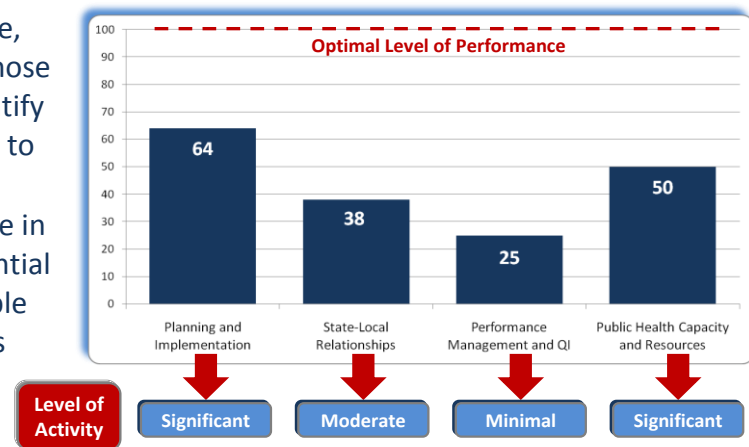


TABLE 4. SCORES FOR ESSENTIAL SERVICE #4

Item	Score
4.1 Planning and Implementation	64
4.1.1 Building statewide support for public health	65
4.1.2 Partnership organization and development	63
4.2 State-Local Relationships	38
4.2.1 Assistance in building collaborative skills	25
4.2.2 Incentives for local partnerships	50
4.3 Performance Management and Quality Improvement	25
4.3.1 Review effectiveness of partnerships	25
4.3.2 Active performance management	25
4.4 Public Health Capacity and Resources	50
4.4.1 Commit financial resources	50
4.4.2 Coordinate system-wide organizational efforts	44
4.4.3 Workforce expertise	56

#### Key Findings

- Maine has a strong track record of convening and collaborating with partners to solve health problems
- Maine has a network of community coalitions and District Coordinating Councils in each region that represent the major public health system partners through the state
- While there may be a fair amount of cooperation among system partners, there is limited coordination of efforts
- Efforts to evaluate the effectiveness of our partnerships, coalitions and collaborative efforts are under-resourced, sporadic and limited to specific programs
- Limited training opportunities exist regarding collaborative skill building

#### Possible Next Steps

- Integrate partnership efforts, including the number of statewide disease specific consortia, councils and committees to decrease duplication
- Evaluate the effectiveness of partnerships and identify areas for strengthening planning and improvement efforts



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

### Develop Policies and Plans that Support Individual and Community Health Efforts

#### This essential service includes...

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

FIGURE 9. SCORES FOR MODEL STANDARDS

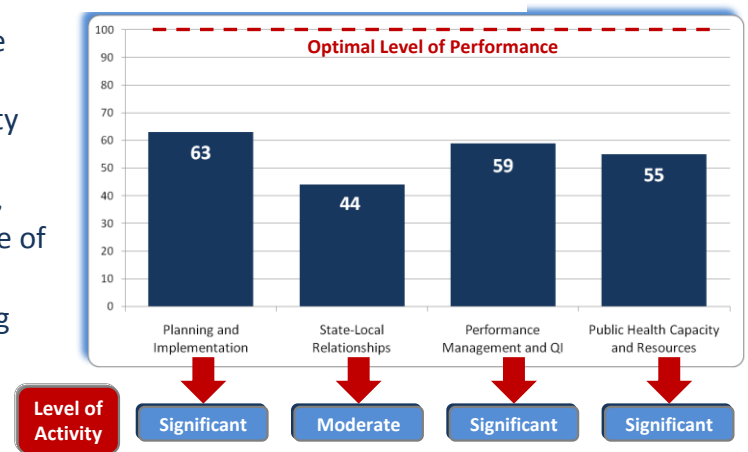


TABLE 5. SCORES FOR ESSENTIAL SERVICE #5

Item	Score
5.1 Planning and Implementation	63
5.1.1 Convene collaborative planning processes	70
5.1.2 State health improvement plan	67
5.1.3 State all-hazards preparedness plan and emergency response capacity	50
5.1.4 Policy development activities	67
5.2 State-Local Relationships	44
5.2.1 Assistance and training for local planning	33
5.2.2 Assistance in integrating statewide strategies in health plans	38
5.2.3 Assistance in development of local preparedness plans	71
5.2.4 Assistance in local policy development	34
5.3 Performance Management and Quality Improvement	59
5.3.1 Monitor progress in health improvement	75
5.3.2 Review policies for impact	50
5.3.3 Exercises and drills to test preparedness plans	63
5.3.4 Active performance management	50
5.4 Public Health Capacity and Resources	55
5.4.1 Commit financial resources	50
5.4.2 Coordinate system-wide organizational efforts	50
5.4.3 Workforce expertise in planning	56
5.4.4 Workforce expertise in policy development	63

#### Key Findings

- Maine has a strong history of collaborative planning efforts
- A significant amount of policy development is driven by the private sector
- There appears to be adequate training and assistance in local planning efforts for emergency preparedness
- Multiple public health-related plans with different timelines makes coordination challenging
- Input is routinely sought through public forums as part of most planning efforts– yet, there is little representation outside of the public health community
- There are few training opportunities related to local policy development and health planning

#### Possible Next Steps

- Develop templates for existing planning efforts to provide consistency, apply public health planning frameworks and decrease duplication and inefficiency
- Educate districts and local system partners on policy development and health planning theory and practice
- Develop and integrate statewide strategies to support community and district level health plans
- Evaluate the impact of policy planning and development efforts
- Continue to seek opportunities for engaging the public in policy development and planning efforts
- Assure that priorities identified in health plans guide the work of Maine’s public health system

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

### Enforce Laws and Regulations that Protect Health and Ensure Safety

#### This essential service includes...

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

FIGURE 10. SCORES FOR MODEL STANDARDS

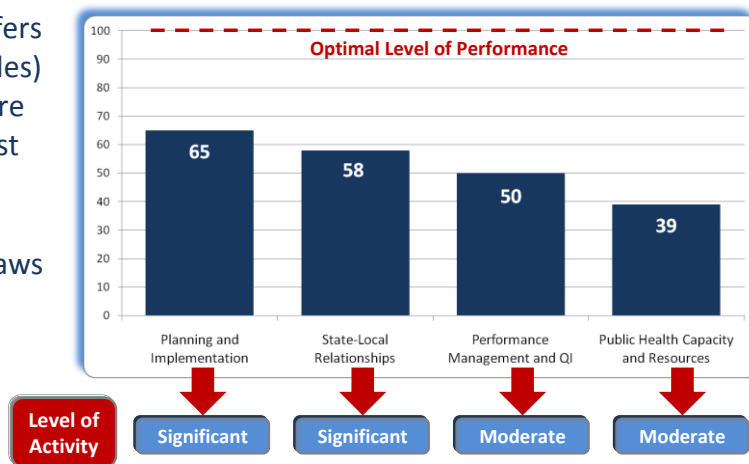


TABLE 6. SCORES FOR ESSENTIAL SERVICE #6

Item	Score
6.1 Planning and Implementation	65
6.1.1 Review of public health laws	69
6.1.2 Emergency powers	75
6.1.3 Cooperative relationships to support compliance	75
6.1.4 Customer-centered administrative processes	40
6.2 State-Local Relationships	58
6.2.1 Assistance on enforcement of laws	75
6.2.2 Assistance to local governing bodies in developing local laws	41
6.3 Performance Management and Quality Improvement	50
6.3.1 Review effectiveness of regulatory activities	50
6.3.2 Active performance management	50
6.4 Public Health Capacity and Resources	39
6.4.1 Commit financial resources	25
6.4.2 Coordinate system-wide organizational efforts	29
6.4.3 Workforce expertise	63

#### Key Findings

- Public health laws are based on science in some areas (e.g., traffic safety, environmental contaminants)
- There are several organizations in the public health system that routinely monitor public health-related laws
- The State has sufficient power and authority to act in the event of an emergency
- There are opportunities to assist local levels on the enforcement of laws designed to protect health and ensure safety
- The public health enforcement efforts in Maine lack coordination.

#### Possible Next Steps

- Provide stakeholder education on municipal, county and district opportunities to develop science-based public laws and statutes that promote and protect health
- Routinely monitor and document sub-state policy development efforts to assure better coordination and use of resources
- Continue to seek resources to track, support and evaluate enforcement efforts

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

### Link People to Needed Personal Health Services and Assure the Provision of Health Care

#### This essential service includes...

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

FIGURE 11. SCORES FOR MODEL STANDARDS

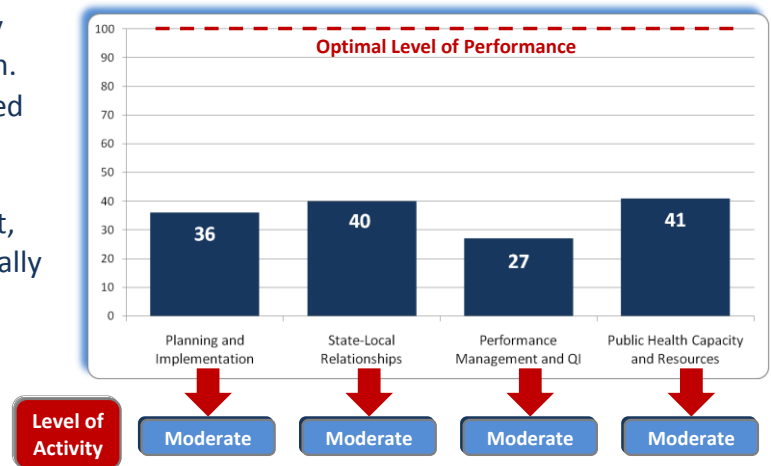


TABLE 7. SCORES FOR ESSENTIAL SERVICE #7

Item	Score
7.1 Planning and Implementation	36
7.1.1 Assessment of access to care	47
7.1.2 Delivery of services and programs to improve access	48
7.1.3 SPHS entity responsible for monitoring and coordination	25
7.1.4 Mobilizes to reduce health disparities, including during emergency events	25
7.2 State-Local Relationships	40
7.2.1 Assistance in assessment and service delivery	29
7.2.2 Assistance for providers serving underserved populations	50
7.3 Performance Management and Quality Improvement	27
7.3.1 Review effectiveness of programs in improving access, appropriateness of personal health care, and health care quality	29
7.3.2 Active performance management	25
7.4 Public Health Capacity and Resources	41
7.4.1 Commit financial resources	50
7.4.2 Coordinate system-wide organizational efforts	29
7.4.3 Workforce expertise	44

#### Key Findings

- There are existing systems in place to improve the quality of care (e.g., Maine Quality Forum, Quality Counts)
- There are many providers and organizations that assess access to care – yet, most efforts are not coordinated
- While efforts are underway to assist underserved populations, many disparate subpopulations are not adequately served and gaps continue to exist
- There are relatively few evaluation efforts to determine appropriateness of care, and the quality of services provided

#### Possible Next Steps

- Provide training on best practices for increasing access to high quality care among vulnerable populations and disparate groups
- Evaluate improvement interventions and programs to determine effectiveness and reach
- Provide opportunities for agencies to coordinate similar efforts focused on access to care
- Establish an organizational leader to oversee the performance standards in this essential service to generate leadership and accountability

## Essential Public Health Service #8: Results At-A-Glance Assure a Competent Public and Personal Health Care Workforce

### This essential service includes...

- Education, training, development, and assessment of health professionals--including partners, volunteers and other lay community health workers--to meet statewide needs for public and personal health services.
- Efficient processes for credentialing technical and professional health personnel.
- Adoption of continuous quality improvement and life-long learning programs.
- Partnerships with professional workforce development programs to assure relevant learning experiences for all participants.
- Continuing education in management, cultural competence, and leadership development programs.

FIGURE 12. SCORES FOR MODEL STANDARDS

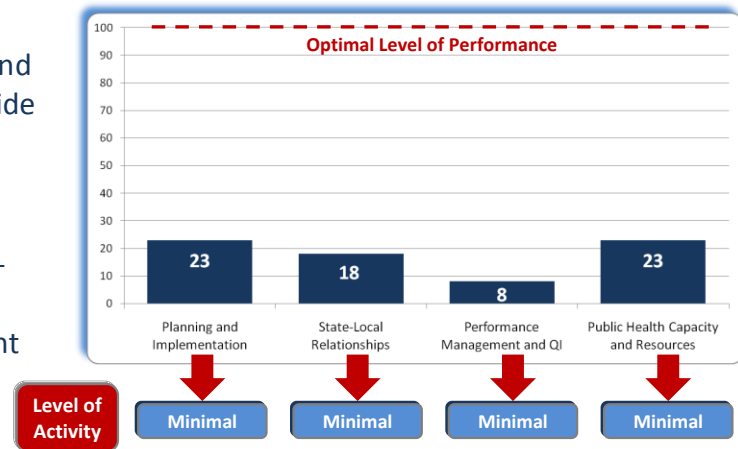


TABLE 8. SCORES FOR ESSENTIAL SERVICE #8

Item	Score
<b>8.1 Planning and Implementation</b>	<b>23</b>
8.1.1 Assessment of population-based and personal health care workforce needs	31
8.1.2 Statewide workforce development plan	13
8.1.3 Programs to enhance workforce skills	27
8.1.4 Assure excellence in professional practice of workforce members	22
8.1.5 Incentives for life-long learning	23
<b>8.2 State-Local Relationships</b>	<b>18</b>
8.2.1 Assistance with workforce assessment	25
8.2.2 Assistance with workforce development	4
8.2.3 Education and training to enhance local workforce skills	25
<b>8.3 Performance Management and Quality Improvement</b>	<b>8</b>
8.3.1 Review workforce development efforts	0
8.3.2 Review whether academic-practice partnerships are effective	25
8.3.3 Active performance management	0
<b>8.4 Public Health Capacity and Resources</b>	<b>23</b>
8.4.1 Commit financial resources	25
8.4.2 Coordinate system-wide organizational efforts	25

### Key Findings

- There are several educational opportunities in public health including academic-based programs and professional training seminars
- There is no workforce development plan, nor is there a single database with basic information on our non-clinical public health workforce in Maine
- There are few financial resources and incentives that support degree programs in public health and life-long learning

### Possible Next Steps

- Expand the Department of Labor's workforce database to include the major categories of public health professionals in Maine
- Conduct a workforce enumeration
- Determine training interests and needs of the workforce and catalogue available educational opportunities
- Expand educational opportunities and provide incentives for employees to participate
- Align educational opportunities with core public health competencies
- Develop a workforce development plan for Maine including strategies for recruitment and retention

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

## Evaluate Effectiveness, Accessibility and Quality of Health Services

### This essential service includes...

- Evaluation and critical review of health programs, based on analyses of health status and service utilization data, are conducted to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality.
- Assessment of and quality improvement in the State Public Health System’s performance and capacity.

FIGURE 13. SCORES FOR MODEL STANDARDS

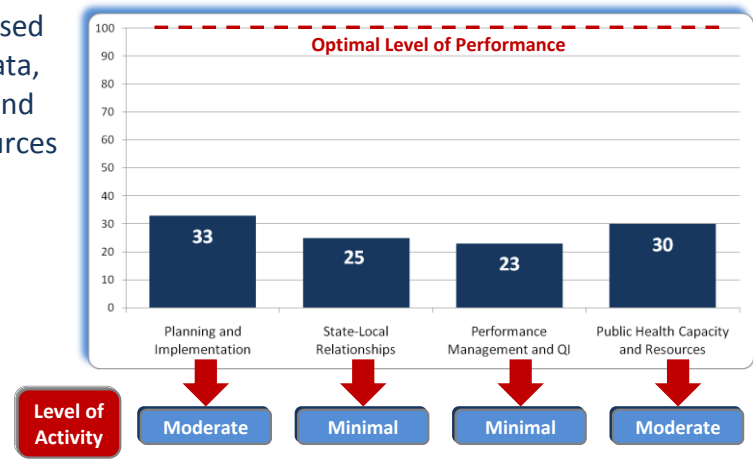


TABLE 9. SCORES FOR ESSENTIAL SERVICE #9

Item	Score
9.1 Planning and Implementation	33
9.1.1 Evaluate population-based health programs	19
9.1.2 Evaluate personal health care services	54
9.1.3 Assess the performance of the public health system	28
9.2 State-Local Relationships	25
9.2.1 Assistance on evaluation	25
9.2.2 Share state evaluation results to assist local planning	25
9.3 Performance Management and Quality Improvement	23
9.3.1 Review the effectiveness of evaluation activities	21
9.3.2 Active performance management	25
9.4 Public Health Capacity and Resources	30
9.4.1 Commit financial resources	25
9.4.2 Coordinate system-wide organizational efforts	21
9.4.3 Workforce expertise	44

### Key Findings

- Many system partners now recognize the need for evaluation and value its role in helping to inform public health practice
- While specific evaluations of programmatic efforts exist in several areas, the work is often limited based on available resources
- Evaluation is often not considered during the planning or grant-writing phase of a project
- Many evaluation efforts are hindered based on the lack of available data

### Possible Next Steps

- Identify opportunities to integrate evaluation efforts with ongoing data collection activities
- Jointly establish goals and priorities for program evaluation throughout the system
- Continue providing assistance on how to conduct meaningful evaluation activities despite limited resources
- Assess ongoing evaluation efforts to assure they are high quality, timely and useful

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

### Research for New Insights and Innovative Solutions to Health Problems

#### This essential service includes...

- A full continuum of research ranging from field-based efforts to foster improvements in public health practice to formal scientific research.
- Linkage with research institutions and other institutions of higher learning.
- Internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.

FIGURE 14. SCORES FOR MODEL STANDARDS

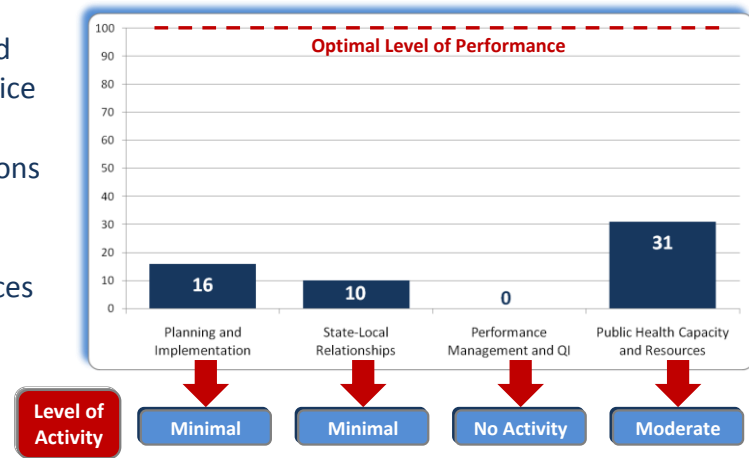


TABLE 10. SCORES FOR ESSENTIAL SERVICE #10

Item	Score
10.1 Planning and Implementation	16
10.1.1 Academic-practice collaboration to disseminate and use research findings in practice	23
10.1.2 Public health research agenda	0
10.1.3 Conduct and participate in research	25
10.2 State-Local Relationships	10
10.2.1 Assistance in research activities, including community-based participatory research	20
10.2.2 Assistance in using research findings	0
10.3 Performance Management and Quality Improvement	0
10.3.1 Review research activities for relevance and appropriateness	0
10.3.2 Active performance management	0
10.4 Public Health Capacity and Resources	31
10.4.1 Commit financial resources	25
10.4.2 Coordinate system-wide organizational efforts	25
10.4.3 Workforce expertise	44

#### Key Findings

- Maine has a fair amount of research capacity and expertise – yet, much of this capacity is underused
- There is no research agenda, therefore, no priorities have been established
- While system partners are eager to collaborate, there is no mechanism or forum to engage researchers and practitioners interested in pursuing joint research
- There is little dissemination of existing research to the local level, and limited assistance on how to interpret the research finding

#### Possible Next Steps

- Develop a joint research agenda and establish priorities
- Convene interested system partners to engage in proactive efforts for seeking research funding
- Encourage programs to publish noteworthy findings and provide support and incentives to assure this work gets done
- Routinely disseminate timely research findings based on predetermined priority areas
- Continue to seek funding to support public health research

## Appendix A

### Scores for Essential Public Health Services and Model Standards: A Comparison of Maine and National Aggregate Findings

EPHS and Model Standards	Maine Score	National Score	Difference
<b>1. Monitor Health Status</b>	<b>44</b>	<b>46</b>	<b>-2</b>
1.1 Planning	65	66	-1
1.2 State Local	26	38	-12
1.3 PM and QI	47	40	7
1.4 Capacity and Resources	38	44	-6
<b>2. Diagnose/Investigate</b>	<b>68</b>	<b>63</b>	<b>5</b>
2.1 Planning	70	66	4
2.2 State Local	69	73	-4
2.3 PM and QI	75	57	18
2.4 Capacity and Resources	58	52	6
<b>3. Educate/Empower</b>	<b>49</b>	<b>47</b>	<b>2</b>
3.1 Planning	61	61	0
3.2 State Local	51	55	-4
3.3 PM and QI	26	36	-10
3.4 Capacity and Resources	59	42	17
<b>4. Mobilize Partnerships</b>	<b>44</b>	<b>45</b>	<b>-1</b>
4.1 Planning	64	59	5
4.2 State Local	38	49	-11
4.3 PM and QI	25	31	-6
4.4 Capacity and Resources	50	46	4
<b>5. Develop Policies/Plans</b>	<b>55</b>	<b>58</b>	<b>-3</b>
5.1 Planning	63	66	-3
5.2 State Local	44	52	-8
5.3 PM and QI	59	61	-2
5.4 Capacity and Resources	55	52	3

<b>EPHS and Model Standards</b>	<b>Maine Score</b>	<b>National Score</b>	<b>Difference</b>
<b>6. Enforce Laws</b>	<b>53</b>	<b>59</b>	<b>-6</b>
6.1 Planning	65	66	-1
6.2 State Local	58	53	5
6.3 PM and QI	50	61	-11
6.4 Capacity and Resources	39	53	-14
<b>7. Link to Health Services</b>	<b>36</b>	<b>41</b>	<b>-5</b>
7.1 Planning	36	45	-9
7.2 State Local	40	44	-4
7.3 PM and QI	27	36	-9
7.4 Capacity and Resources	41	44	-3
<b>8. Assure Workforce</b>	<b>18</b>	<b>31</b>	<b>-13</b>
8.1 Planning	23	35	-12
8.2 State Local	18	36	-18
8.3 PM and QI	8	31	-23
8.4 Capacity and Resources	23	31	-8
<b>9. Evaluate Services</b>	<b>28</b>	<b>33</b>	<b>-5</b>
9.1 Planning	33	43	-10
9.2 State Local	25	34	-9
9.3 PM and QI	23	30	-7
9.4 Capacity and Resources	30	32	-2
<b>10 Research/Innovations</b>	<b>14</b>	<b>27</b>	<b>-13</b>
10.1 Planning	16	30	-14
10.2 State Local	10	25	-15
10.3 PM and QI	0	25	-25
10.4 Capacity and Resources	31	36	-5