



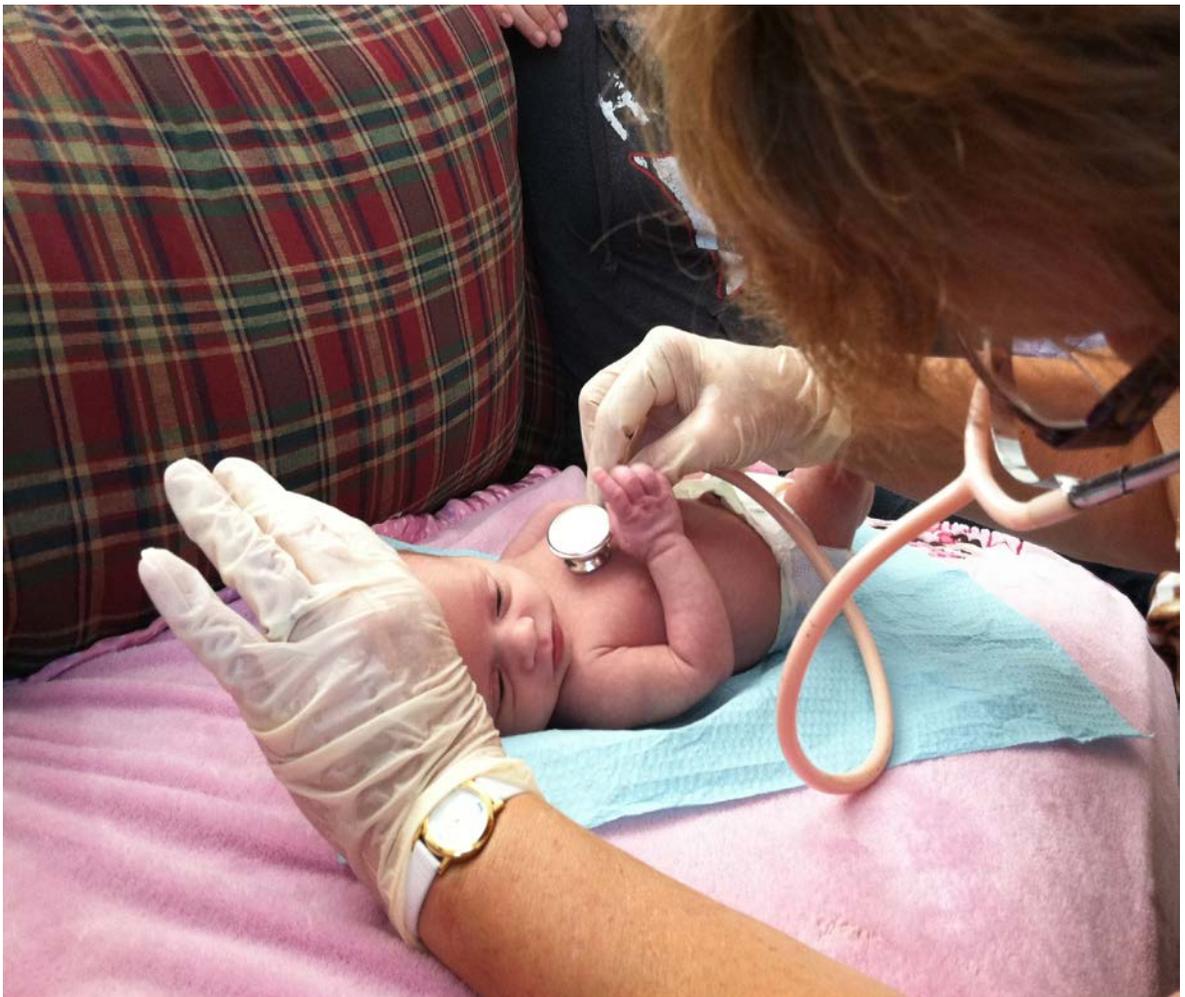
Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

MAINE CDC PUBLIC HEALTH NURSING

July 1, 2010 – June 30, 2012



Maine Center for Disease Control and Prevention
Department of Health and Human Services
State of Maine

Message from the PHN Director

Dear Reader,

January 1, 2013

Thank you for your interest in Maine CDC's Public Health Nursing (PHN). This report covers operations for the period July 1, 2010 – June 30, 2012, (State fiscal years 2011 and 2012).

As one of the programs within the Maine Center for Disease Control and Prevention, we strive to preserve, promote, and protect the health of Maine residents by providing high quality nursing services throughout the State. We are committed to providing the highest possible standard of service. This commitment has been validated through our accreditation by the Community Health Accreditation Program (CHAP).

Public health nurses address a wide variety of public health issues ranging from maternal and child health, and infectious diseases (such as tuberculosis) to emergency preparedness. We provide nursing care by responding to the needs of both communities (population-based) and individual clients.

We hope that the information included in this report is helpful in expanding your awareness and understanding of the role of Public Health Nursing in Maine. For questions and/or concerns, please access our website at: www.mainepublichealth.gov or contact me directly at: Theodore.Hensley@Maine.Gov.

Sincerely,

Ted Hensley, RN, MSN
Director, Public Health Nursing
Maine Center for Disease Control and Prevention
Division Of Local Public Health
Public Health Nursing Program
286 Water Street, 7th Floor
11 State House Station
Augusta, Maine 04333
Tel: 207-287-6814
FAX: 207-287-5355

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Division of Local Public Health

Sharon Leahy-Lind, MPPM – Division Director, Local Public Health

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Theodore Hensley, RN, MSN – PHN Director

Prepared by:

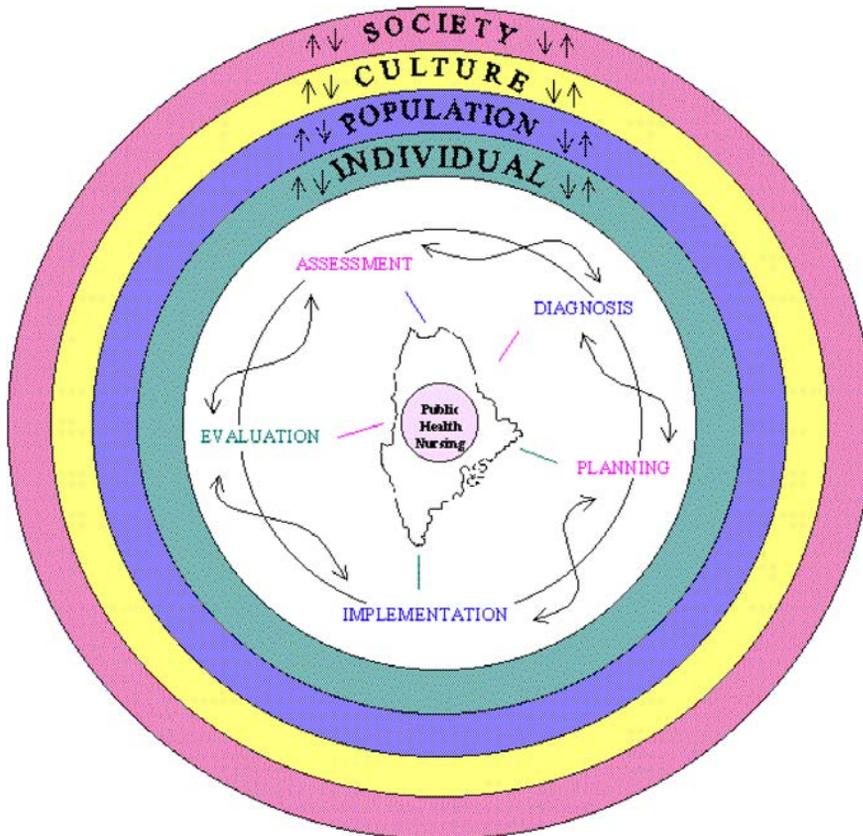
Pamela J. Correll, RN, MS – PHN Consultant, Informatics

Dwight Littlefield, RN, MBA – PHN Consultant

Monique Roy - Office Associate II

Public Health Nursing Functions and Principles

- The role of Public Health Nursing (PHN) is to make a positive difference on environments and conditions enabling populations to achieve optimal health and quality of life.
- PHN service includes **assessing health status, defining health options, developing policies, and assuring access to services for individuals, families, and communities.**
- PHN uses both science and skill to identify and address health related issues through **prevention, screening and early detection, treatment, and ensuring continuity of care.**
- Public health nurses seek to reduce diseases, human hardship, and their economic cost.



MISSION

Public Health Nursing provides expertise and leadership to improve the health of populations

VISION

Healthy, productive, and safe Maine people and communities

Serving Individual to Society

Public Health Nursing has defined its role as:

“assessing health status, defining health options, developing policies, and assuring access to services **for individuals, families, and communities**”

(Foundation Statement, PHN Policy and Procedure).



Home Visit Services

- Adult Health
- Breastfeeding Support
- Children with Special Health Needs
- Communicable Diseases
- Growth and Development
- Lead Poisoning Management
- Newborn/Infant Assessment
- Parenting
- Pregnancy
- Refugee
- SIDS/Childhood Deaths
- Tuberculosis

Population Services

- Clinics
- Communicable Disease Prevention and Control
- Environmental Health
- School Health
- Special Projects
- Breastfeeding In-Services
- Health Resources
- Smoking Cessation
- Tuberculin Skin Test (TST) Trainers
- Early Periodic Screening Diagnosis & Treatment Program (EPSDT)

Community Services

- Advisory Boards
- Coalitions
- Collaborations with Groups and Agencies
- Health Forums
- Needs Assessments

PHN: A Short History

The Division of Public Health Nursing and Child Hygiene was created in 1920 as a collaborative effort among the State Department of Health, the American Red Cross, and the Maine Public Health Association. Edith L. Soule was appointed the first Director of the Division of Public Health Nursing and Child Hygiene. As director, her responsibilities included assisting in creating educational and organizational work as well as preparing monthly reports on services rendered by nurses.

In 1920, Edith Soule was the only staff member of the Division of Public Health. Starting in 1922, Ms. Soule corresponded with Governor Baxter to obtain funding so that more nurses would be available to travel to different counties of Maine. The goal was to improve prenatal health and reduce rates of infant mortality. In 1923, the first public health nurse was hired and over the years, the staff grew. Public health nursing played a significant role in advancing public health.

With an increasing need for public health nurses in remote parts of Maine, Edith Soule was able to get two Ford automobiles for the Division.



From 1937-1941 the responsibilities of public health nurses included home visits to expectant mothers, infants, preschool children, school children, crippled children, and morbidity cases. In addition, they were responsible for providing immunizations and tests of smallpox, diphtheria, typhoid, and tuberculosis. Over a particular 5-year period, the public health nurses conducted 135,831 home visits. Although the number of public health nurses per county has fluctuated over the years, public health nurses have continually played an important role in perpetuating healthy individuals and healthy communities in Maine.

For 92 years, Public Health Nursing has worked to make a positive difference on environments and conditions enabling populations to achieve optimal health and quality of life. Public health nursing involves assessing health status, defining health options, developing policies, and assuring access to services for individuals, families, and communities.

The Future of Public Health Nursing in Maine

As we look to the future, the vision of the Public Health Nursing Program is to implement and apply evidence-based clinical standards and competencies to provide quality nursing care when addressing public health issues that affect the people of Maine.

Our goal is to provide public health nurses with opportunities for professional growth, clear expectations for clinical competence, and the means to effectively collaborate with clients and colleagues. An attitude of support and encouragement allows nurses to function to their full capacity based on their education and experience, and work as team members in creating a positive climate that fosters client and population well-being. Partnering with other programs provides an opportunity to make the most of each program and effectively coordinate care.



The Public Health Nursing Program strives to provide individuals and communities with compassionate nursing care that is client-centered and supported by evidence-based clinical guidance and uniform documentation methods. By creating practice standards for practice that are aligned with national standards and recommendations the Public Health Nursing Program will be able to measure the quality of the care we provide.

The Maine Public Health Nursing Program has a rich database that reflects the Program's clinical practice and operations. As a program we are actively working to create a framework of benchmarks consistent with national standards and clinical recommendations for care. Then, using the already established functional PHN database, the PHN Program will be able to collect and compare data and begin to identify and establish clinical benchmarks for Public Health Nursing in Maine.

For over 90 years, the PHN Program in Maine has made a positive difference in people's lives. As we move into the future, public health nurses will continue to address emerging public health issues by empowering individuals and populations to achieve better health and quality of life through support and education, and exploring ways to improve the environments and conditions that affect people's health.

Maine: A Unique Challenge

PHN uses both science and skill to identify and address health related issues through **prevention, screening and early detection, treatment, and ensuring continuity of care.**

Public Health Nursing faces unique challenges in providing equitable healthcare services throughout the State of Maine.

Demographic and Geographic Factors in Maine

Uneven population distribution and density:

One-third of Maine's population lives in the two southernmost counties, or 7% of the state's land area

Regions of large refugee populations:

Refugees are concentrated in the Portland and Lewiston/Auburn areas

Most of Maine is rural:

This is a barrier to accessing health care

The diversity of the population we serve:

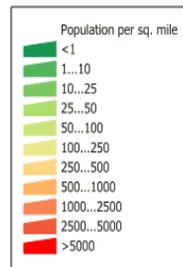
Racial and ethnic minorities experience serious health disparities

Childhood poverty

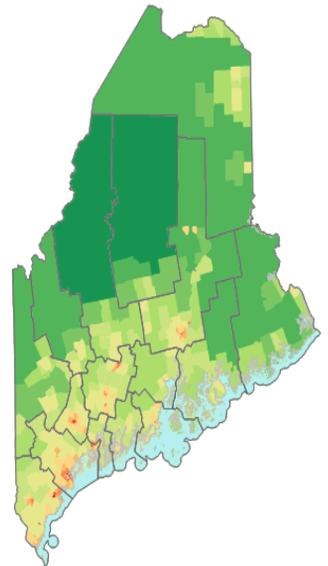
School children eligible for subsidized school lunch (2012) 46.1%
Children in Poverty (2011) 19.3%

Annie E. Casey Foundation, Kids Count

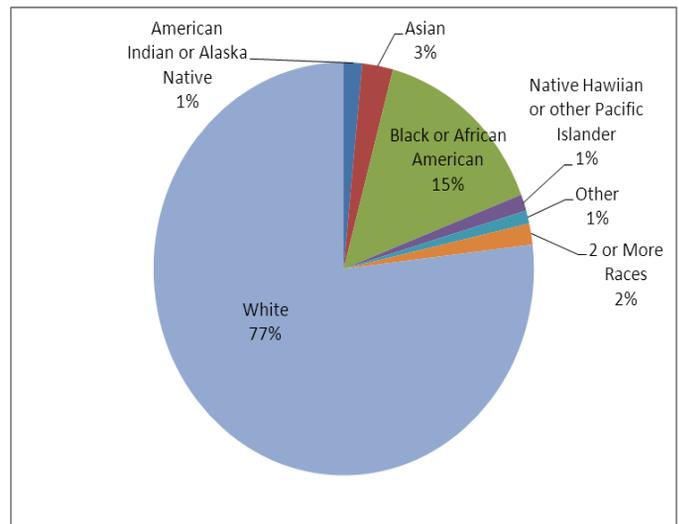
Population Density



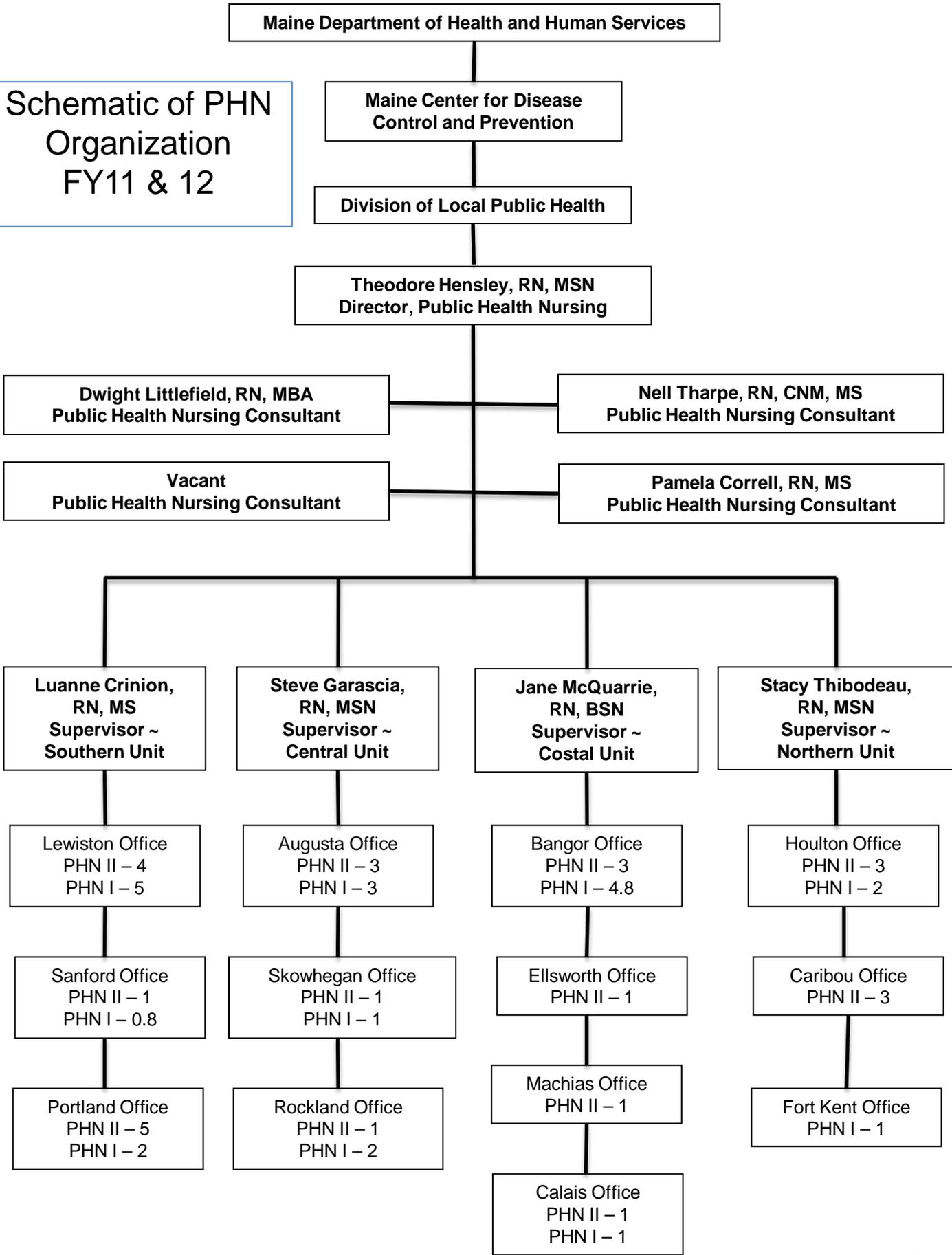
Source: U.S. Census Bureau Census 2000 Summary File 1 population by census tracts.



Race of Clients of the PHN Program



**Schematic of PHN Organization
FY11 & 12**

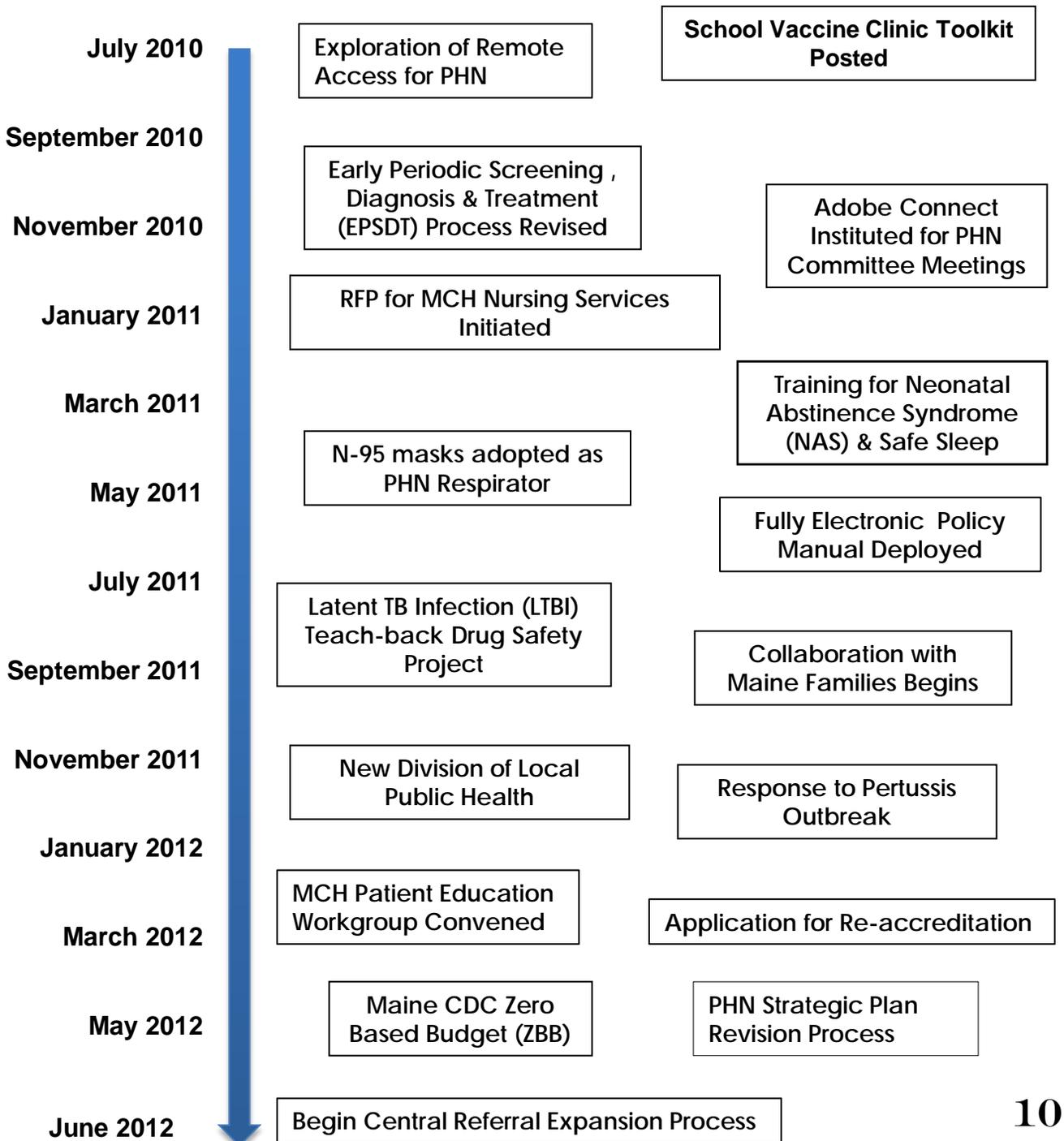


Not all positions were continuously filled during this time period.

Priorities & Key Initiatives

Following are highlights of Public Health Nursing priorities and key initiatives during fiscal years 2011 and 2012

Fiscal Years 2011 & 2012 in Review:

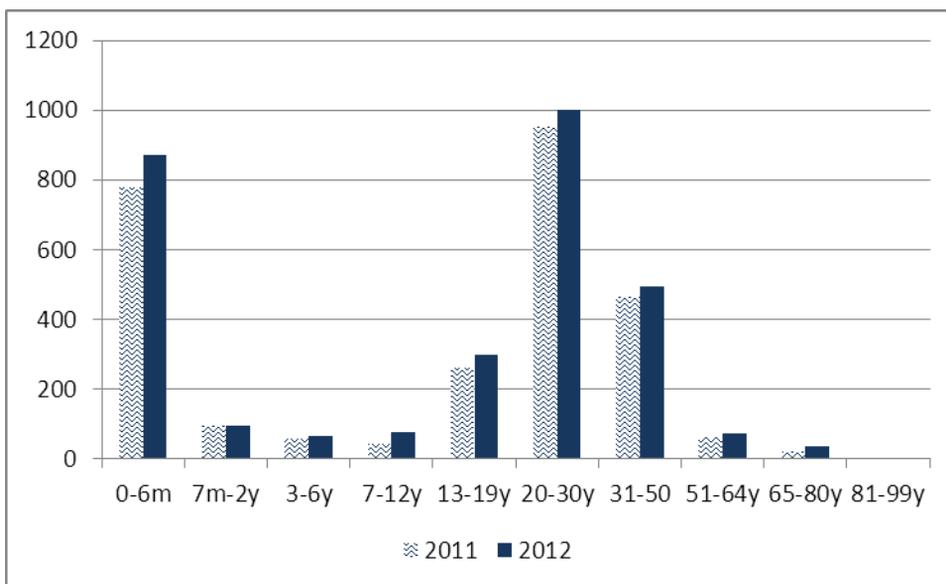


Demographics and Statistics

Public health nurses serve clients in multiple ways. Clients can be visited individually, as population-based services, or by non-visit case management.

	FY2011	FY2012
Unduplicated clients referred	4205	4469
Unduplicated clients admitted	2453	2591
Hours of service		
Individuals	11,183	10,640
Population based services	3,347	3,200
Non-visit case management	<u>5,948</u>	<u>6,840</u>
Total hours	20,478	20,680

Ages of PHN Individual Clients (Served with at least one PHN visit)



Demographics and Statistics

PHN Client Referral Sources

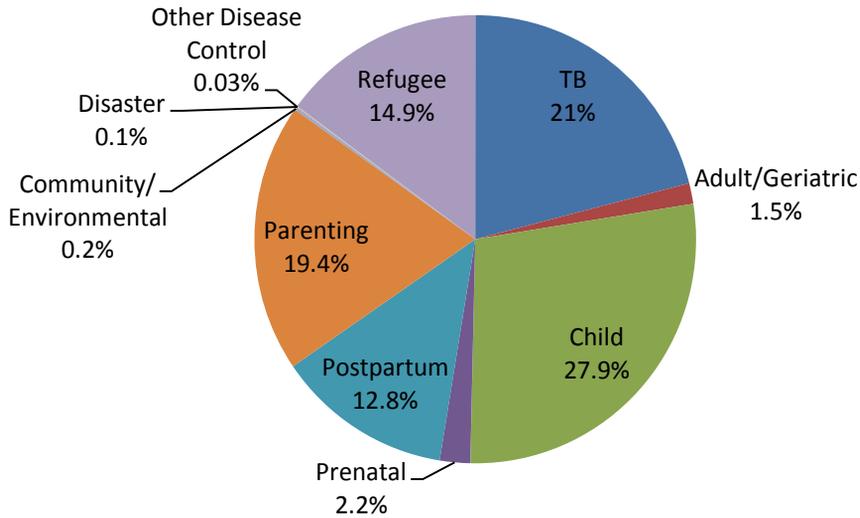
Source	FY2011	FY2012
Hospitals	64.6%	61.8%
Physicians	3.2%	2.6%
Primary Health Care Provider	1.5%	1.4%
Child & Family Services	4.0%	4.0%
TB Control	7.3%	8.7%
Other Home Visit Program	0.7%	1.5%
EPSDT	0.2%	0.2%
Other DHHS Program	1.1%	1.3%
Clinic	0.0%	0.1%
PHN Case Find	2.6%	3.7%
Self/Family	3.9%	2.4%
Home Health Agency	0.0%	0.0%
Other Community Organization	10.7%	12.2%

Note: Other Home Visitor Programs, EPSDT added 2012

Demographics and Statistics

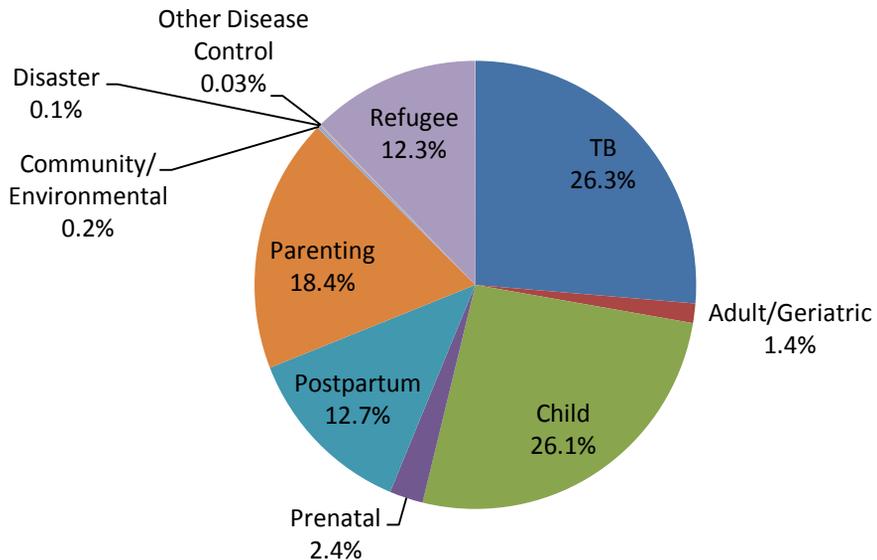
Individual Client Visits by Program 2011

16,923 Visits



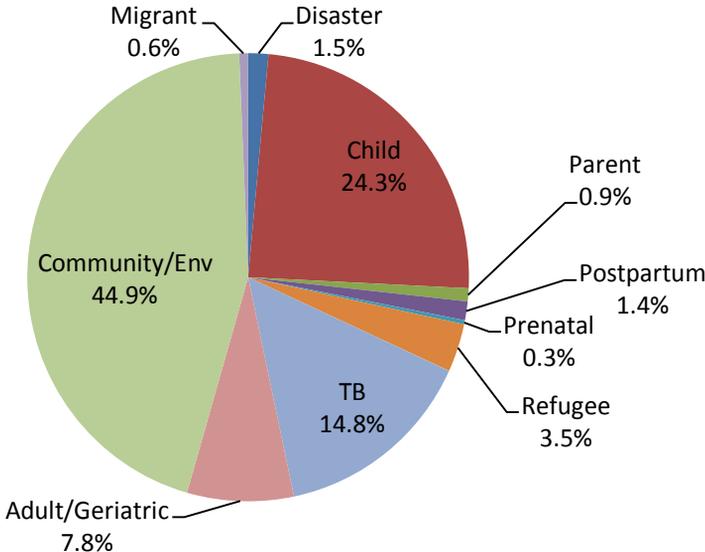
Individual Client Visits by Program 2012

16,912 Visits



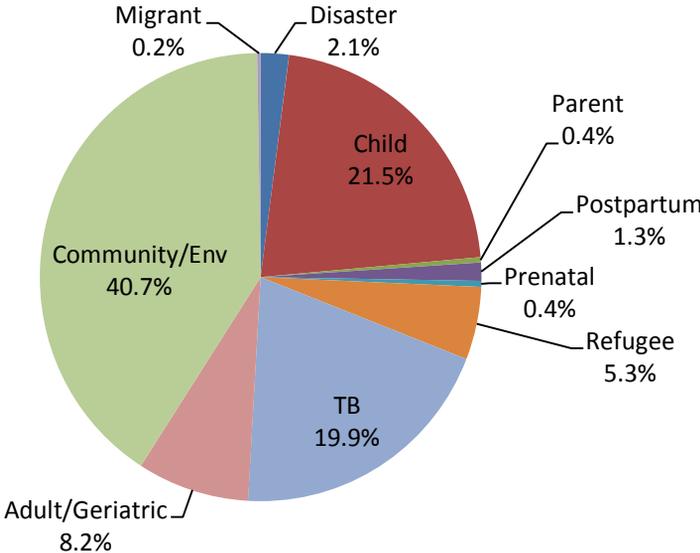
Population Based Visits by Program 2011

1,695 Visits



Population Based Visits by Program 2012

1,599 Visits



How Are We Doing?

Knowledge, Behavior, Status Improvement Measures

The Omaha System enables public health nurses to assess and address the complex needs of its diverse client populations with the aid of standardized Problems, an Intervention Scheme to address those Problems, and the Problem Rating Scale for Outcomes in terms of **Knowledge (K), Behavior (B), and Status (S)**.

Because documentation of Public Health Nursing services is compiled by computer, the Program can report client service outcomes. KBS is measured at client admission and discharge. The % of KBS value improvement (between admission and discharge) for a client's targeted Problem(s) can then be analyzed.

The following table demonstrates the percent of improvement of K, B, and S, between admission and discharge, of these 15 most frequently assessed problems for clients discharged in FY2011 and FY2012.

Assessed Problem	FY2011			FY2012		
	K	B	S	K	B	S
Income	82.7%	85.9%	81.2%	81.1%	85.0%	83.4%
Residence	74.5%	77.9%	72.3%	74.2%	77.4%	75.3%
Communication with Community Resources	66.8%	79.5%	78.0%	67.6%	80.9%	80.6%
Mental Health	69.6%	80.4%	84.5%	67.8%	83.2%	82.4%
Caretaking/Parenting	76.8%	85.6%	89.3%	76.3%	80.3%	76.9%
Neglect	79.3%	85.5%	93.2%	81.7%	86.7%	94.5%
Growth and Development	79.0%	86.2%	90.0%	66.7%	81.8%	82.2%
Nutrition	72.6%	79.0%	79.8%	79.1%	83.7%	88.8%
Substance Use	75.2%	79.3%	83.9%	73.6%	80.9%	87.4%
Family Planning	76.4%	77.9%	79.2%	79.0%	81.6%	87.1%
Health Care Supervision	55.3%	68.5%	67.2%	59.3%	73.9%	71.1%
Medication Regimen	58.2%	75.1%	79.6%	60.5%	80.0%	86.5%
Pregnancy	74.2%	80.7%	79.8%	75.7%	81.3%	82.1%
Postpartum	77.5%	83.6%	84.3%	76.9%	85.4%	85.7%
Communicable/Infectious Condition	58.8%	75.7%	79.5%	61.1%	77.5%	80.8%
15 Problems Average	71.8%	80.1%	81.5%	72.0%	81.3%	83.0%

Response to Infectious Disease:

Pertussis

Pertussis is an acute disease caused by the bacterium *Bordetella Pertussis*. The disease is known as whooping cough. It is a toxin-mediated disease, in which bacteria attach to the respiratory system. Inflammation occurs which interferes with clearance of pulmonary secretions. (from PHN Protocol # 1711)

As pertussis continues to increase in Maine and in many regions of the United States, the majority of reported pertussis infections have occurred in Penobscot County. As of November 10, 2011, 163 persons infected with pertussis were reported to Maine CDC (105 of whom were residents of Penobscot county), compared to 53 reported statewide for the entire year in 2010. In response to this information the Maine CDC worked with school district Alternative Organizational Structure (AOS) 94 to hold a vaccination clinic to provide Tdap vaccine to eligible students. The Maine CDC, in close collaboration with the school, conducted a vaccination clinic on November 18, 2011. The Maine CDC team included the Maine Immunization Program and public health nurses from the Coastal Unit. The school based vaccination Tdap clinic vaccinated a total of 168 students and staff. (from School Located Pertussis Vaccine Clinic AFTER ACTION REPORT/IMPROVEMENT PLAN, December 16, 2011)



School Located Vaccine Clinics (SLVC)

In FY2012 Public Health Nursing participated in planning for and conducting multiple influenza SLVCs. In Washington County alone, 274 were immunized at schools.

This response to infectious disease by PHN:

- Keeps children/teachers healthy – reduces absenteeism
- Increases children's access to flu vaccine
- Increases convenience and time/cost savings for parents
- Increases vaccination rates
- Builds/maintains local capacity to respond in a public health emergency

Benefits for Schools:

- Reduces absenteeism among both students and staff
- Strengthen protection of unvaccinated children/staff through "herd immunity"
- Build emergency preparedness capacity

Community appreciation Benefits for Families & Communities:

- Save parents time and cost of doctors' appointments
- Save employers lost work time among parents
- Higher vaccination rates among children help protect other vulnerable populations
- Assures access for uninsured children

(from Cumberland District Public Health Council Flu & Pneumococcal Workgroup, March 2011)

Maternal and Child Health Services (MCH)

Public Health Nursing serves the MCH needs of Maine residents by providing a seamless, consistent approach to the needs of women, infants, and children with identified health needs and children with special health needs.

Performance Goal for Maternal and Child Health efforts:

Families in Maine with pregnant and postpartum women, infants, and children will have improved health, well-being, growth and development in a safe supportive environment.

Priorities

- ❖ Serve the health and special health needs of women, infants, and children
- ❖ Positively impact:
 - risk of child maltreatment
 - infant mortality
 - low birth weight and health status of children

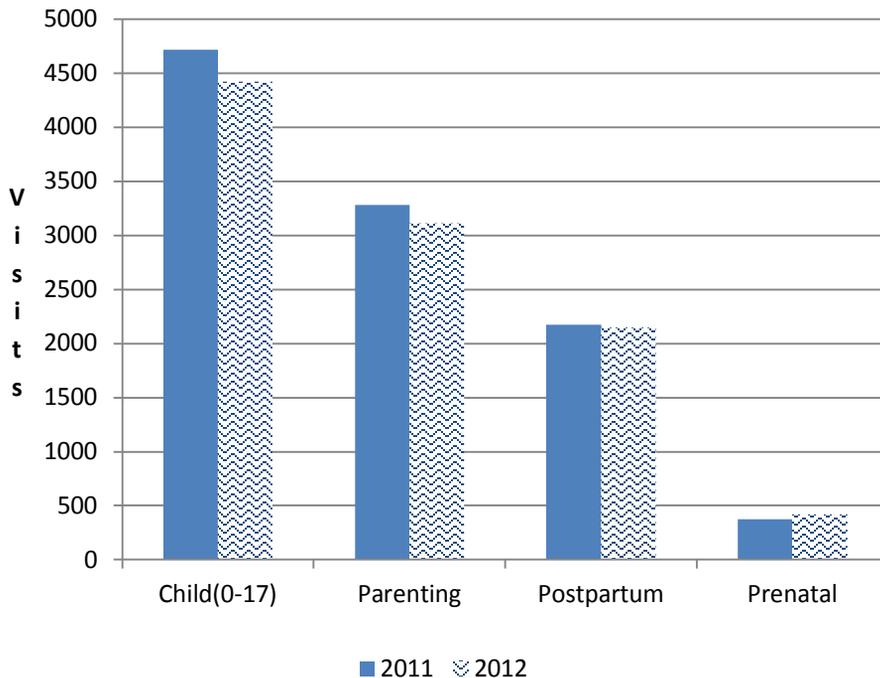


Specific Efforts

- ❖ Educational resources such as:
 - Breastfeeding support
 - Educate parents to reduce the incidence of Shaken Baby Syndrome:
The Period of Purple Crying
- ❖ Assessments:
 - Prenatal/Postpartum
 - Well-Child
 - Immunization
 - Lead Screening
 - Developmental
- ❖ EPSDT (Early Periodic Screening, Diagnosis, and Treatment) Outreach and Triage:
 - Assist MaineCare children ages 0-18 years.
 - Address referrals, appointments, and developmental needs

Maternal and Child Health Services

PHN Maternal and Child Health Services during FY2011 and FY2012.



Maternal and child health services are evidence based and generated the following % improvement averages (between admission and discharge) in Knowledge (K), Behavior (B), and Status (S) outcomes measured at discharge:

KBS Outcomes for MCH Clients

	FY2011			FY2012		
	K	B	S	K	B	S
Child	80.60%	87.80%	90.50%	77.00%	88.00%	92.20%
Parenting	76.30%	81.00%	81.80%	74.80%	83.00%	84.50%
Postpartum	78.90%	85.70%	86.70%	78.20%	86.50%	88.90%
Prenatal	75.70%	85.40%	84.10%	77.50%	85.50%	86.50%

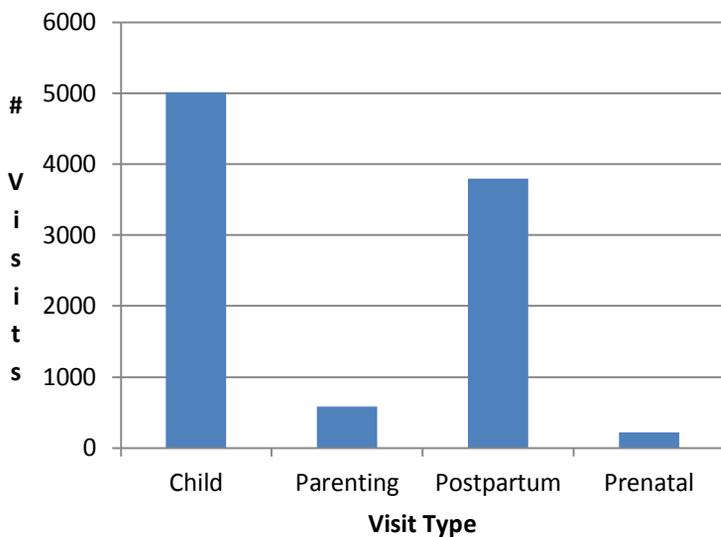
Clients with Actual / Potential Problems Discharged

*<1% missing assignments of Program to visit data

In addition to the efforts of PHN staff, some MCH services are contracted in certain areas of Maine supported by the **Maternal and Child Health Services Title V Block Grant**. Contracted Agencies (Grantees) are:

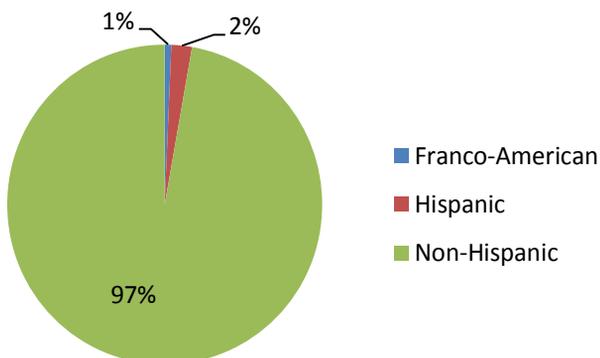
- **Home Health Visiting Nurses**
Cumberland Division
York Division
- **Portland Public Health Division**
- **Androscoggin Home Care and Hospice**
- **City of Bangor Health and Human Services Department**
- **Downeast Health Services, Inc.**

During FY2011 the Maternal and Child Health Grantees made a **total of 9,607** Maternal and Child Health visits to **3,720** individual clients

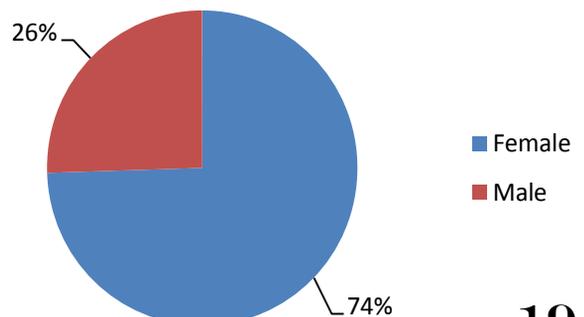


MCH Grantees:
Visit types
By number of visits

Ethnicity of Grantee Clients



Gender of Grantee Clients



Tuberculosis Control

Public health nurses serve as case managers and work closely with the Maine Tuberculosis Control Program to identify, control, and prevent tuberculosis (TB) disease.

- ❖ All confirmed or suspect TB cases are reported to the Maine TB Control Program.
- ❖ Daily visits are made to clients with a diagnosis of TB to monitor taking prescribed medications. Most clients with active TB disease are on medication for 6 months
- ❖ In addition to seeing clients with active TB disease, PHN monitors clients being treated for Latent TB infection (LTBI). These clients are infected with TB but do not have active TB disease. Treatment recommendations for these clients typically include antibiotic therapy for 9 months to prevent the development of active disease. PHN provides monthly visits to assess the client's response to treatment, provide education and increase compliance with the treatment regimen.
- ❖ Clients who are either contacts of TB cases or refugees (as part of their arrival process in the United States) are skin tested for TB infection and referred for further medical evaluation as indicated by the test results.
- ❖ Healthcare workers at risk for exposure to TB must be tested for TB infection and PHN provides skin test training to a variety of community healthcare providers.

PHN TB Control Services by Type and Number of Visits:

	2011 Visits	2012 Visits
LTBI	2503	3115
TB Case/Suspect	1006	1218
TB Contact	39	39
Refugee	2522	2086
TB Class-B1		80
Total Visits	6070	6538

Specific Efforts:

- **Tuberculin Skin Test (TST) Provider Training**
- **TST administration**
- **LTBI Medication Safety Project, teach to recognize side effects – Teach-Back**

TB Control services are evidence-based and generated the following averaged outcomes

	FY2011			FY2012		
	K	B	S	K	B	S
LTBI	56.80%	73.20%	75.00%	59.80%	75.80%	77.70%
TB Case/Suspect	59.50%	65.10%	65.90%	58.30%	76.80%	77.20%
TB Contact	61.50%	77.50%	79.10%	58.30%	71.20%	73.20%
Refugee Health	56.80%	72.10%	73.90%	65.70%	84.50%	86.10%
TB Class B1	0.00%	0.00%	0.00%	55.90%	65.90%	78.10%
Clients with Actual/Potential Problems Discharged						

PHN Standing Committees –

Membership from Staff and Management

Documentation Committee



The Omaha System

Solving the Clinical Data-Information Puzzle

In 2002, the Documentation Committee was initiated to support the organization's implementation of an electronic health record. PHN utilizes CareFacts™, a documentation software application, and The Omaha System, an American Nurses Association-recognized terminology, to document nursing care. Continuing its mission to support nursing practice with documentation excellence, while maintaining national accreditation standards, the Documentation Committee focused on:

Advancement of user perspectives on Electronic Health Record (EHR) challenges, including –

- *balancing streamlined documentation effort with comprehensive, high quality client health information*
 - *documentation of care for family/household members who have inter-related health issues and individual EHRs*
 - *improved capture of the wide variety of services that PHNs provide*
 - *design of a Frequently Asked Question(FAQ) Search tool for CareFacts© users that delivers increased EHR user-to-user support*
 - *development of new inter-rater reliability strategies that increase the value of Omaha System documentation*
 - *updated nursing care plans to meet current and emerging nursing practice/documentation challenges*
-

Safety & Risk Management Committee

The Safety & Risk Management Committee works closely with Public Health Nursing staff to **continually strengthen a safe and healthy work environment** for PHN employees.

The Committee promotes best practice standards, safety education and resources, and risk reduction plans.

The Committee reviews reported incidents and injuries and **recommends policies and procedures** to the management team and the Quality Improvement (QI) Committee.



Accreditation Committee

The Community Health Accreditation Program, Inc. (CHAP) is an independent not-for-profit accrediting program created in 1965 as a joint initiative between the American Public Health Association (APHA) and the National League for Nursing (NLN). On September 14, 2009, Public Health Nursing gained accreditation from CHAP. This means that the Maine CDC Public Health Nursing Program “has voluntarily met the highest standards of excellence for home and/or community health” (CHAP iii).

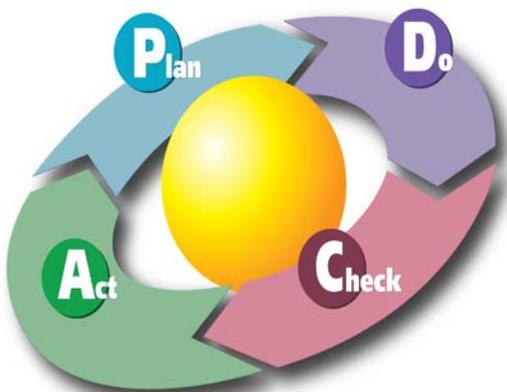
The Accreditation Committee develops and promotes appropriate measures to achieve and maintain accreditation and provide information and recommendations to the Public Health Nursing Management Team. The Committee reviews current accreditation standards related to community and public health and reviews new information from the Units related to accreditation requirements. The composition of the committee includes PHN staff and management.

“To define and advance the highest standards of community based health care”
CHAP Mission



Quality Improvement Committee

The PHN Quality Improvement (QI) Committee provides oversight, support, and leadership for quality improvement activities. The QI committee monitors ongoing quality assurance (QA) activities for both the overall PHN Program level and PHN unit level. All PHN staff participate in indicator selection as well as project charter design and implementation. Standard methods are used, including the Plan-Do-Check-Act cycle. Focused quality improvement attention is paid to referral response effectiveness and client satisfaction at discharge and early admission.



Clients offered the following survey responses about their satisfaction with PHN services:

“My Nurse was wonderful! She was such a help to me and a strong source of info and reassurance to me during my first days of being a mother. I would recommend her to any new mother.”

“Wonderful service would recommend to anyone bringing home a new baby.”

Status Report: Additional Accomplishments – FY 2011-2012

Data/Informatics:

- ❖ Optimized data entry and data capture techniques to enrich the quality of data/information generated by the PHN Program
- ❖ Contributed PHN service data to community stakeholder review of wide variety of public health issues, including but not limited to substance abuse, refugee health, tuberculosis, early home visiting partnerships, and postpartum depression
- ❖ Ongoing information management improvements to the electronic Policy and Procedure system to ensure reliable, relevant, and find-able guidance for PHN staff
- ❖ Incremental progress towards the goal of “paper-less” client charts by July 2013
- ❖ PHN Program-wide, routine utilization of electronic, remote meeting tools
- ❖ Ongoing updates to electronic documentation tools (e.g. assessment tools, nursing care plans etc.) to support both nursing practice and documentation
- ❖ Designed/delivered new service measurement tools that leverage PHN service-related data from multiple information systems, in order to enhance performance and quality improvement

Other:

- ❖ Participated in Maine CDC Zero-Based Budget activities
- ❖ Hired a new PHN consultant to fill a vacancy due to retirement
- ❖ Conducted **133** State Employee Flu Clinics, immunizing **8809** employees
- ❖ Contributed to creation of standardized School Located Vaccine Clinic Toolkit
- ❖ Conducted **24** TB Skin Test training classes with **319** participants - learning to administer and read TB skin tests

KBS Outcomes for TST Clients	FY 2011					FY 2012				
	#	K	B	S		#	K	B	S	
#Classes	10	79.60%	4.9*	93.90%		14	75.50%	4.9*	93.90%	

* Target = 5

Looking Ahead: Challenges and Inspirations

- ✓ Transition to paperless electronic charting and remote secure access
 - ✓ Pilot and expand the Central Referral Service to include Grantees and the Maine Families Program
 - ✓ Engage in development and implementation of a client-centered Collaborative Practice model with Maine Families as part of the Home Visitation expansion grant
 - ✓ Update the PHN orientation process, workbook and preceptor role
 - ✓ Provide relevant educational opportunities and evidence-based clinical guidance to maintain a well educated and clinically competent staff
 - ✓ Develop and participate in training and drills for Emergency Preparedness and Response by PHN
 - ✓ Provide new PHN consultant with Strategic National Stockpile (SNS) training
 - ✓ Transition vacant consultant position to a supervisor position to become closer to national recommendations on staff to supervisor ratios
 - ✓ Recruit and hire qualified personnel as vacancies occur
 - ✓ Pursue opportunities that support future capabilities for PHN Program health information exchange with electronic health records.
-

Issues and Special Concerns for Public Health Nursing:

- ✓ Institute of Medicine's recommendations for future nursing practice
- ✓ Financial sustainability
- ✓ Be competitive in attracting and retaining qualified staff
- ✓ Maintain continuity of operations with an increase in retiring PHN workforce
- ✓ Provide individual client and community-oriented population based services while retaining the capacity to address emerging health issues such as Pertussis, or Influenza
- ✓ Ensure capacity in expanding population areas of the State while maintaining necessary level of service for clients and communities in rural areas

Resources

For more information on Maine Public Health Nursing, visit:

<http://www.maine.gov/dhhs/mecdc/local-public-health/phn/>

Maine Center for Disease Control and Prevention

<http://www.maine.gov/dhhs/mecdc>

American Public Health Association

<http://www.apha.org>

Maternal and Child Health Bureau

<http://www.mchb.hrsa.gov>

Maine Center for Disease Control and Prevention

Public Health Nursing

Key Bank Plaza/7th Floor/Water Street

State House Station #11

Augusta, Maine 04333-0011

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Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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