

## **Central District Public Health Systems Assessment Overall Summary**

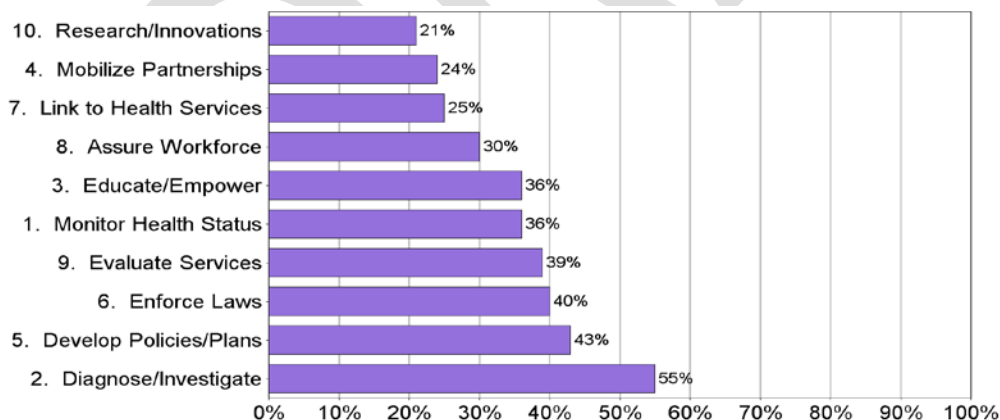
### **Overview**

Central District Public Health Systems Assessment took place on March 24, 31 and April 8 meeting for approximately 3.5 hours each time. A total of 34 individuals participated in at least one of the three meetings with an average attendance of 21. Because a limitation of this process is that the scores are subject to the biases and perspectives of those who participated in the process, the planning group attempted to recruit broadly across the district. Individuals at the meetings represented HMPs, health care providers, hospitals/VA, emergency management agency, social service agencies, state agencies, mental health, law enforcement, United Way, and schools. Faith-based community, elderly groups and other vulnerable population groups, colleges and environmental health groups are potential gaps in representation.

### **Summary of Scores**

<b>EPHS</b>		<b>Score</b>
1	Monitor Health Status To Identify Community Health Problems	36
2	Diagnose And Investigate Health Problems and Health Hazards	55
3	Inform, Educate, And Empower People about Health Issues	36
4	Mobilize Community Partnerships to Identify and Solve Health Problems	24
5	Develop Policies and Plans that Support Individual and Community Health Efforts	43
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	25
8	Assure a Competent Public and Personal Health Care Workforce	30
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	39
10	Research for New Insights and Innovative Solutions to Health Problems	21
<b>Overall Performance Score</b>		<b>35</b>

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

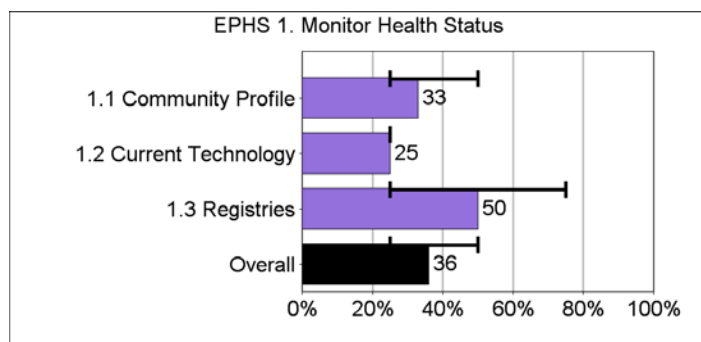


## Central District Local Public Health System Assessment

### **Essential Service 1 – Monitor Health Status to Identify Community Health Problems**

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

**Overall Score 36:** – This service ranked 5<sup>th</sup> out of 10 essential services. This score is in the moderate range indicating that some district wide activities have occurred.



*Range of scores within each model standard and overall*

<b>EPHS 1. Monitor Health Status To Identify Community Health Problems</b>	<b>36</b>
<b>1.1 Population-Based Community Health Profile (CHP)</b>	<b>33</b>
• Community health assessment	50
• Community health profile (CHP)	25
• Community-wide use of community health assessment or CHP data	25
<b>1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data</b>	<b>25</b>
• State-of-the-art technology to support health profile databases	25
• Access to geocoded health data	25
• Use of computer-generated graphics	25
<b>1.3 Maintenance of Population Health Registries</b>	<b>50</b>
• Maintenance of and/or contribution to population health registries	75
• Use of information from population health registries	25

### **Scoring Analysis**

- A state-developed district health assessment is available.
- There is no comprehensive community health profile for the district.
- The district assessment was distributed to stakeholders but there is not a media strategy for data dissemination.
- The district has limited use of state-of-the-art technology including GIS.
- There are state and local registries on many health issues, but there is minimal use of the data.

### **District Context**

- In addition to the state developed district health assessment, the hospitals/health systems, schools, school-based health centers, and other state-wide surveys collect and compile assessment data. The health systems will be doing a statewide assessment that will be reported by district and will involve multiple stakeholders.
- Not everyone knows what data is available and how to access it. Data on racial and ethnic minority health is a gap.
- HMPs will develop community health profiles after all data is collected as part of the MAPP process.
- Assessment data is available on health systems websites, has been used at community forums and other presentations and has been distributed to DCC members but there is no coordinated dissemination plan.
- GIS is used by some state agencies, schools and health systems but barriers to wider use of GIS for health related purposes include lack of training, cost and confidentiality issues.
- Registries are available throughout the district for several health issues but are not widely used for planning or other purposes. Adult immunization registries and registries for some chronic diseases are gaps.

### **Possible Action Steps**

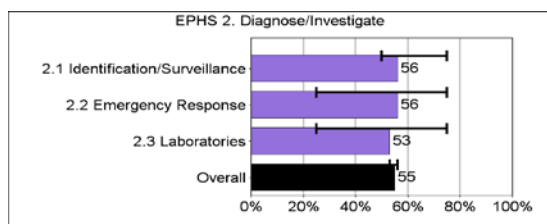
- Coordinate data sources and topics across the district to reduce duplication, identify gaps, increase awareness of what is available and ensure data is easily accessible in one place
- Develop community health profile –integrate locally collected data into state-developed assessment and ensure access to the profile in multiple formats including GIS mapping

## Central District Local Public Health System Assessment

### Essential Service 2 –Diagnose and Investigate Health Problems and Health Hazards

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

**Overall Score 55:** – This was the highest scoring essential service overall. This score is in the significant range indicating that most activities are district wide.



*Range of scores within each model standard and overall*

#### Scoring Analysis

- Because most surveillance activities and laboratory oversight occur at the state level, these areas were scored the same for all districts (in green), with the exception of emergency response ability.
- The district scored high on its emergency response ability in general, but lower on connections to community leaders across the district, ability to mobilize volunteers and evaluation of response incidents..

#### District Context

- There are a number of surveillance systems at the state but some gaps/issues were identified including: surveillance data is not always integrated; lack of surveillance for drug overdose, accidental poisonings and air quality as it relates to wood burning; information not getting reported back to communities in a timely way; GIS not being used to identify disease patterns.
- Local providers and schools contribute to surveillance systems but some barriers to reporting include knowledge about infrequent or unusual events and overburdened providers. Additional education/support on what and how to report is needed.
- Epidemiologists are available for state level surveillance activities but they are federally funded so address federal priorities rather than local priorities.
- Protocols for communicable disease and toxic exposures follow up are not well known by district agencies or by local health officers.
- Because of staff turnover, the two counties may not have the same level of preparedness and coordination/ jurisdiction issues exist. Two Regional Resource Centers cover the district and are more hospital focused. Ability to mobilize volunteers in a disaster is in development and additional table tops and after action reports are needed.
- Gaps in access to laboratories exist for the northern part of the state and for providers after regular business hours.

#### Possible Action Steps

- Coordinate surveillance needs and identify potential data sources for gaps (e.g. drug overdose)
- Work with providers to increase number and timeliness of submission of reportable disease data and use EMRs as a tool to do that
- Provide district-level training and support for local health officers and others on communicable disease and toxic exposure follow up protocols
- Increase emergency response training and coordination in the district and use after action reports each time to update protocols and plans

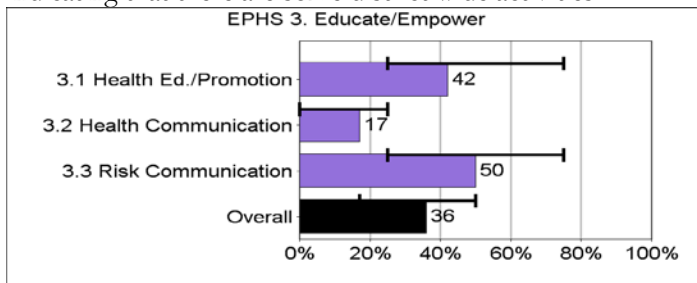
<b>EPHS 2. Diagnose And Investigate Health Problems and Health Hazards</b>		<b>55</b>
<b>2.1 Identification and Surveillance of Health Threats</b>		<b>56</b>
• Surveillance system(s) to monitor health problems and identify health threats		67
• Submission of reportable disease information in a timely manner		50
• Resources to support surveillance and investigation activities		50
<b>2.2 Investigation and Response to Public Health Threats and Emergencies</b>		<b>56</b>
• Written protocols for case finding, contact tracing, source identification, and containment		50
• Current epidemiological case investigation protocols		75
• Designated Emergency Response Coordinator		63
• Rapid response of personnel in emergency / disasters		69
• Evaluation of public health emergency response		25
<b>2.3 Laboratory Support for Investigation of Health Threats</b>		<b>53</b>
• 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

## Central District Local Public Health System Assessment

### **Essential Service 3 –Inform, Educate, and Empower Individuals and Communities about Health Issues**

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

**Overall Score 36:** – This was the 6th highest scoring essential service overall. This score is in the moderate range indicating that there are some district wide activities.



Range of scores within each model standard and overall

<b>EPHS 3. Inform, Educate, And Empower People about Health Issues</b>	<b>36</b>
<b>3.1 Health Education and Promotion</b>	<b>42</b>
• Provision of community health information	50
• Health education and/or health promotion campaigns	52
• Collaboration on health communication plans	25
<b>3.2 Health Communication</b>	<b>17</b>
• Development of health communication plans	0
• Relationships with media	25
• Designation of public information officers	25
<b>3.3 Risk Communication</b>	<b>50</b>
• Emergency communications plan(s)	75
• Resources for rapid communications response	50
• Crisis and emergency communications training	50
• Policies and procedures for public information officer response	25

#### Scoring Analysis

- There are significant evidence based and district-wide health promotion campaigns and activities targeted to individuals with a higher risk of negative health outcomes but few evaluation efforts and minimal coordination among multiple organizations across the district to plan, conduct, and implement those activities.
- There is not a district-wide communication plan or identified and trained spokespersons for the district although there are relationships with the media in 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

- The district provides information to the public and policy makers on a number of health related topics, but there are a number of issues in the district that are not being addressed or only addressed at the state level.
- There is a coordinated district-wide worksite wellness initiative underway.
- Health promotion/education efforts are evidence based and most target higher risk individuals but many activities occur in silos. The DCC could help coordinate many of those activities.
- Relationships with the media exist in the district, particularly with smaller papers and local cable TV, but there is little coordination among organizations in working with the media.
- There is no communications plan and no clarity on who can speak for the district on health issues.
- The Health Alert Network is used by the district to ensure rapid communication response. Reverse 911 is available in some parts of the district.
- Few health promotion/education activities have been evaluated

#### Possible Action Steps

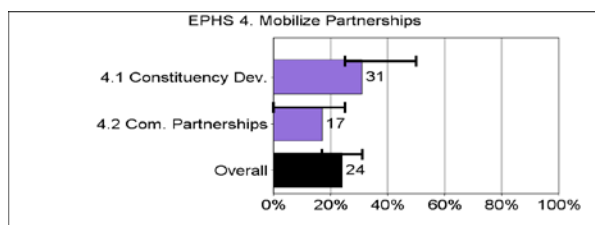
- Develop collaborative and coordinated district-wide health promotion/education campaigns on non-HMP topics (e.g. immunizations, air quality) and reach out to groups not previously engaged (e.g. schools without school health coordinators)
- Develop coordinated communication plans to strengthen media marketing and promotion in the district and provide training to information officers and/or spokespersons and clarify role of all state and local personnel in responding to the media.
- Provide input on the best way to access and utilize the HAN system in the district.

## *Central District Local Public Health System Assessment*

### **Essential Service 4 –Mobilize Community Partnerships to Identify and Solve Health Problems**

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

**Overall Score 24:** – This essential service ranked 9th out of the 10 essential services overall. This score is in the minimal range indicating that there are few district wide activities.



*Range of scores within each model standard and overall*

<b>EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems</b>	<b>24</b>
<b>4.1 Constituency Development</b>	<b>31</b>
• Identification of key constituents or stakeholders	50
• Participation of constituents in improving community health	25
• Directory of organizations that comprise the LPHS	25
• Communications strategies to build awareness of public health	25
<b>4.2 Community Partnerships</b>	<b>17</b>
• Partnerships for public health improvement activities	25
• Community health improvement committee	25
• Review of community partnerships and strategic alliances	0

#### **Scoring Analysis**

- The district has identified many of the key stakeholders and has reached out to develop partnerships with many organizations to maximize public health activities.
- An accessible and comprehensive directory of organizations is not available, although some of that information has been collected.
- There are few communications strategies used in the district to build awareness of the importance of public health.
- The formation of a community health improvement committee is beginning.
- No systematic review and assessment of the effectiveness of community partnerships and strategic alliances has occurred in the district.

#### **District Context**

- Stakeholders have been identified through the Health Alert Network, pandemic flu planning and District Coordinating Council development as well as by HMPs, and other organizations. But there is not a consistent format and lists are not consolidated and made available.
- The district organizations engage constituents in many ways: through the MAPP process; in schools; through programs such as Move More, colorectal health and substance abuse; in worksite wellness initiatives; through use of volunteers.
- It is difficult to get the participation of providers across the district.
- Need better coordination between the state, district and communities on communicating the importance of public health
- Facilitating communication across organizations in the district is limited to the focus of HMP activities (e.g. lack of coordination with family planning agencies)
- There are numerous partnerships with many agencies within the district but the mechanisms to maximize public health improvement across the district are not yet in place. The DCC will help to make that happen through the development of the DCC and beginning a community health improvement committee.

#### **Possible Action Steps**

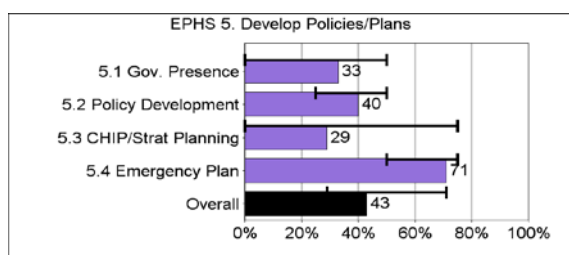
- Consolidate and make available lists of current partnerships and strategic alliances then identify gaps and strategies to engage new partners
- Assess effectiveness of current partnerships and strategic alliances to strengthen and improve capacity
- Coordinate with the state and develop a district wide communication strategy for promoting public health with messages that are short and clear and reach low literacy audiences

## Central District Local Public Health System Assessment

### Essential Service 5 – Develop Policies and Plans that Support Individual and Community Health Efforts

This essential service evaluates the presence of governmental public health at the local level. This service also measures the extent to which the District Public Health System contributes to the development of policies to improve health and engages policy makers and constituents in the process. The process for public health improvement and the plans and process for public health emergency preparedness is also included in this essential service.

**Overall Score: 43** – This essential service rated high – 2<sup>nd</sup> of the 10 essential services. This score is in the high-moderate range indicating that there are a number of district wide activities.



Range of scores within each model standard and overall

#### Scoring Analysis

- The district has begun to develop a governmental presence at the local level.
- The district contributes to the development of public health policies and engages policy makers but has not systematically reviewed the impact of public health policies that exist.
- The process for community health improvement planning through MAPP is underway in the district, but strategies to address objectives have not yet been identified.
- There has been significant planning for public health emergencies in the district.

#### District Context

- Once implemented a District Public Health Unit will co-locate state public health staff that cover the district.
- Policy work has happened across the district and is a significant part of the work of the HMPs and examples of coordinated efforts include: Central Maine Behavioral Health Tobacco Treatment Collaborative, support of state efforts to ban smoking in cars, worksite wellness policies, school substance abuse policies, lead poisoning. Mental health is a gap.
- Scope of work on policies is limited to HMP topic areas and some parts of the district have not been reached.
- The district has engaged policy makers by convening legislative breakfasts, bringing information to boards and leaderships teams, sending letters, responding to Health Policy Partners alerts and having diverse board membership.
- Some review of policies is done including RSUs, hospitals and health centers. Many policies are never reviewed.
- MAPP process will result in a community health improvement plan but there are questions about how HMP MAPP work will feed into the district and how local stakeholders will be engaged at the district level.
- The district is part of two separate response plans that only come together at the state level. Plans have been tested through mock drills but not everyone was notified. Some gaps in the plans still exist.

#### Possible Action Steps

- Use MAPP process to identify and address local public health policy needs beyond tobacco, physical activity, nutrition and substance abuse.
- Develop a processes for engaging local constituents in district level planning and public health improvement activities
- Identify organizations/groups not involved in emergency preparedness planning and develop creative strategies to engage them

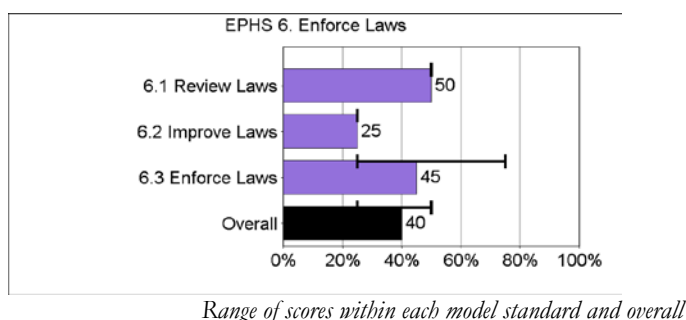
<b>EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts</b>	<b>43</b>
<b>5.1 Government Presence at the Local Level</b>	<b>33</b>
• Governmental local public health presence	21
• Resources for the local health department	28
• LHD work with the state public health agency and other state partners	50
<b>5.2 Public Health Policy Development</b>	<b>40</b>
• Contribution to development of public health policies	46
• Alert policymakers/public of public health impacts from policies	50
• Review of public health policies	25
<b>5.3 Community Health Improvement Process</b>	<b>29</b>
• Community health improvement process	63
• Strategies to address community health objectives	25
• Local health department (LHD) strategic planning process	0
<b>5.4 Plan for Public Health Emergencies</b>	<b>71</b>
• Community task force or coalition for emergency preparedness and response plans	75
• All-hazards emergency preparedness and response plan	75
• Review and revision of the all-hazards plan	63

## Central District Local Public Health System Assessment

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

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

**Overall Score: 40** – Note: All districts were scored the same on this essential service. This service ranked 3rd out of 10 essential services. This score is in the moderate range indicating that there are some district wide activities.



<b>EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety</b>	<b>40</b>
<b>6.1 Review and Evaluate Laws, Regulations, and Ordinances</b>	<b>50</b>
• 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
<b>6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances</b>	<b>25</b>
• 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
<b>6.3 Enforce Laws, Regulations and Ordinances</b>	<b>45</b>
• 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

#### **Scoring Analysis**

- Agencies are aware of laws and municipalities have access to legal counsel, if needed.
- There is some activity to specifically identify local public health issues that are not adequately addressed through current laws, regulations or ordinances, or to provide information to the public or other organizations impacted by the laws.
- Local officials have the authority to enforce laws in an emergency but gaps were identified.
- There has been minimal activity in the district to assess compliance with laws, regulations or ordinances.

#### **District Context**

- Challenges to enforcement were identified including: tobacco laws are not a priority to enforce; lack of knowledge of laws by local health officers; policies are sometimes unenforceable; too few law enforcement officers for a large area; shortage of inspectors.
- There are emerging public health issues that are not being addressed including substandard housing and wood smoke exposure.
- Better coordination is needed in the district and across the state for identifying and developing policies to address health issues.
- There is a good relationship between public health and law enforcement, although there is no district level coordination.
- Laws have been recently expanded to address public health authority in the event of a public health emergency and roles are defined by the state.
- While there are limited funds for informing the public and others about laws, regulations or ordinances, this is done in part by local health officers, code enforcement officers, police and inspectors. In addition, there are community efforts to inform the public about underage drinking laws and to work with retailers, although funding for these efforts is also limited.

#### **Possible Action Steps**

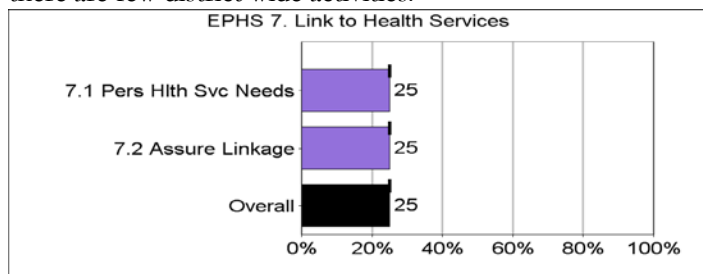
- Provide training on public health laws for law enforcement personnel and local health officers
- Review and map existing laws/ordinances in the district and address gaps in a coordinated way

## Central District Local Public Health System Assessment

### **Essential Service 7 – Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable**

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

**Overall Score 25:** – This service ranked 8<sup>th</sup> of the 10 essential services. This score is in the minimal range indicating that there are few district wide activities.



Range of scores within each model standard and overall

#### Scoring Analysis

- There are activities to identify populations and personnel health service needs, but no district-wide activities.
- There is no district-wide assessment of the availability of services to people who experience barriers to care.
- Linking and coordination of health care services as well as health care with social services occurs but is not connected across the district and is limited in scope.
- There are initiatives to enroll people eligible for public benefit programs.

#### District Context

- Assessments across the district identify specific populations in need of services including HMPs, hospitals, social service agencies, schools/school based health centers, state agencies, the VA system, and EMAs. The information collected is used for internal planning but is not coordinated or shared with the community.
- Populations with barriers to services include the underinsured, LGBT youth, homeless, migrant workers, non-English speaking groups; people with opiate addictions; those who live in border towns; those in need of skilled care.
- There is a lack of understanding by providers and the public about what community services are available and how to access them (e.g. community health centers did not reduce visits to the emergency department) and not all needed. services are available in all parts of the district (e.g. services for people with diabetes, oral health services, transportation.)
- There are a number of efforts to link people to services including Care Partners, VA, school based health centers, primary care offices that do outreach to homes, initiatives to coordinate transportation, and medical home providers.
- There are some initiatives in the state to co-locate services (e.g. Kennebec Behavioral Health brings services to schools; FQHC co-locates dentists; case management at Togus; MaineHealth initiative to co-locate mental health and social work in primary care offices.)

#### Possible Action Steps

- Expand and coordinate across the district current successful initiatives, including co-location of services and medical home, to link populations to needed services
- Increase outreach to providers and the community about services that are available and how to access them
- Coordinate assessment information of underserved populations and gaps in services and use for district-wide planning to reduce gaps and address barriers

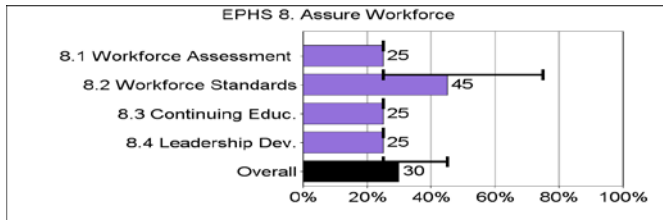
<b>EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable</b>	<b>25</b>
<b>7.1 Identification of Populations with Barriers to Personal Health Services</b>	<b>25</b>
• Identification of populations who experience barriers to care	25
•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



## 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: 30**– This service ranked 7<sup>th</sup> out of 10 essential services. This score is in the moderate range indicating that there are some district-wide activities.



Range of scores within each model standard and overall

### Scoring Analysis

- There has been no assessment across the district of the public health workforce.
- Many organizations have job descriptions and conduct performance evaluations.
- There are few assessments of training needs and few resources or incentives available for training.
- Some training programs on core competencies exist but there is little interaction with academic institutions.
- Some leadership development is available in the district.

### District Context

- There are assessments of the health care workforce that hospitals and academic institutions use to identify gaps but there is no formal assessment of the public health workforce.
- Certification and licensure are required for numerous health related positions, but there are none for HMP positions.
- Certification training is now required of local health officers.
- There are many training opportunities in the district including the use of distance learning technology, although that could be better utilized with more funds.
- The district is developing “mini-modules” for training that will be available at the end of the summer and plans for compiling a list of free or low cost trainings are underway.
- Mentoring in the district occurs but needs specific recommendation for time commitment.
- Training gaps that were identified include cultural competency, understanding of the 10 Essential Services, and multiple determinants of health. Training should be coordinated across the district to cover gaps and not left to individual interest.
- There are some, but not sufficient, funds available for training and greater emphasis on this is needed to adequately develop public health capacity.
- There are some ties to UMaine Farmington and Muskie for students interns and other support.
- There are opportunities for leadership development in and out of the district and many within the district have taken on leadership roles in the state.

### Possible Action Steps

- Assess, coordinate and prioritize training needs in the district and develop partnerships (e.g. distance learning resources, libraries) to address those needs
- Develop a list of free or low cost training opportunities and promote availability of “mini-modules”

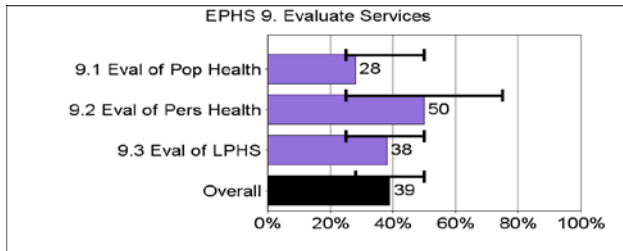
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	30
<b>8.1 Workforce Assessment Planning, and Development</b>	<b>25</b>
• Assessment of the LPHS workforce	25
• Identification of shortfalls and/or gaps within the LPHS workforce	25
• Dissemination of results of the workforce assessment / gap analysis	25
<b>8.2 Public Health Workforce Standards</b>	<b>45</b>
• Awareness of guidelines and/or licensure/certification requirements	50
• Written job standards and/or position descriptions	50
• Annual performance evaluations	75
• LHD written job standards and/or position descriptions	25
• LHD performance evaluations	25
<b>8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring</b>	<b>25</b>
• 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	25
<b>8.4 Public Health Leadership Development</b>	<b>25</b>
• Development of leadership skills	25
• Collaborative leadership	25
• Leadership opportunities for individuals and/or organizations	25
• Recruitment and retention of new and diverse leaders	25

## Central District Local Public Health System Assessment

### **Essential Service 9—Evaluate Effectiveness, Accessibility and Quality of Personal and Population-Based Health Services**

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

**Overall Score: 39**— This service scored 4<sup>th</sup> out of the 10 essential services. This score is in the moderate range indicating that there are some district-wide activities.



*Range of scores within each model standard and overall*

<b>EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</b>	
<b>9.1 Evaluation of Population-based Health Services</b>	<b>28</b>
• 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
<b>9.2 Evaluation of Personal Health Care Services</b>	<b>50</b>
• In Personal health services evaluation	50
• Evaluation of personal health services against established standards	50
• Assessment of client satisfaction with personal health services	75
• Information technology to assure quality of personal health services	25
• Use of personal health services evaluation	50
<b>9.3 Evaluation of the Local Public Health System</b>	<b>38</b>
• Identification of community organizations or entities that contribute to the EPHS	50
• Periodic evaluation of LPHS	50
• Evaluation of partnership within the LPHS	25
• Use of LPHS evaluation to guide community health improvements	25

#### **Scoring Analysis**

- There is some evaluation of population-based programs in the district but it is limited in scope and geography.
- Evaluation of, and satisfaction with, personal health services occurs throughout the district. Results are used to modify services.
- The public health system assessment just completed evaluates the DPHS and will result in a community health improvement plan.
- No partnership assessment has been done

#### **District Context**

- Different types of evaluations for numerous population based programs occur including: immunizations, substance abuse prevention, HMP activities, STD prevention but these are generally done in silos.
- Hospitals, physician offices, public health nursing, dental services, school based health centers conduct client satisfaction surveys. This information is generally not shared outside the organization.
- Electronic medical records are used by some but not all providers and there is an inability to link across the district, including with Togus.
- Evaluation of services is used for strategic planning and there are efforts in the district by CEOs to coordinate services to increase satisfaction.
- The public health systems assessment is the beginning of a process to identify organizations that contribute to the delivery of the essential public health services but it is not completed.

#### **Possible Action Steps**

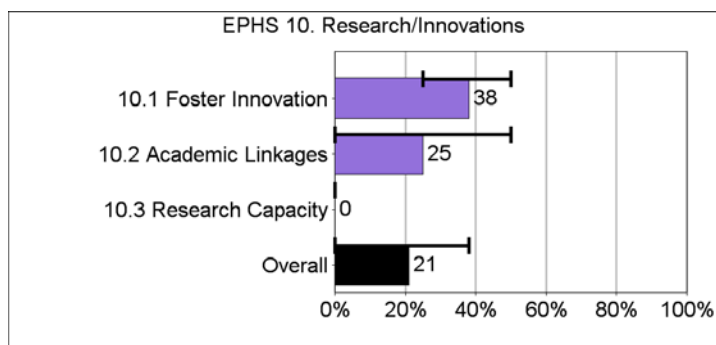
- Identify district-wide evaluation priorities and develop the expertise and strategies needed to plan, implement and analyze the evaluation results
- Ensure that any existing evaluation of personal or population-based services is used to modify or improve current programs or services or create new programs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

## Central District Local Public Health System Assessment

### Essential Service 10—Research for New Insights and Innovative Solutions to Health Problems

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

**Overall Score 21 :** – This service ranked of all the essential services. This score is in the minimal range indicating that there are few district-wide activities.



Range of scores within each model standard and overall

<b>EPHS 10. Research for New Insights and Innovative Solutions to Health Problems</b>	<b>21</b>
<b>10.1 Fostering Innovation</b>	<b>38</b>
• 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
<b>10.2 Linkage with Institutions of Higher Learning and/or Research</b>	<b>25</b>
• Relationships with institutions of higher learning and/or research organizations	25
• Partnerships to conduct research	0
• Collaboration between the academic and practice communities	50
<b>10.3 Capacity to Initiate or Participate in Research</b>	<b>0</b>
• Access to researchers	0
• Access to resources to facilitate research	0
• Dissemination of research findings	0
• Evaluation of research activities	0

#### 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.
- There are few opportunities for organizations to propose public health issues for inclusion in the research agenda of research organizations nor have they participated in the development of research.
- There are some affiliations with academic institutions and organizations in the district.
- The DPHS does not access researchers.

#### District Context

- There have been examples in the district of developing innovative solutions to health problems including the Central Maine Behavioral Tobacco Cessation Group and Move More but funding other than HMP is needed to address other areas.
- There have been times when research was proposed to academic institutions including UMaine, KVCC, Colby, and Thomas College and organizations have collaborated with researchers on projects including worksite initiatives, 5210 projects and Move More.
- Organizations in the district stay current on best practice through a number of channels including requirement by funders but not all programs are best practice.
- Organizations in the district have the capacity to collaborate with researchers, but efforts to do that have not been successful.
- School based health centers and other organizations take on interns or are involved as training sites for health professionals.

#### 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