

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

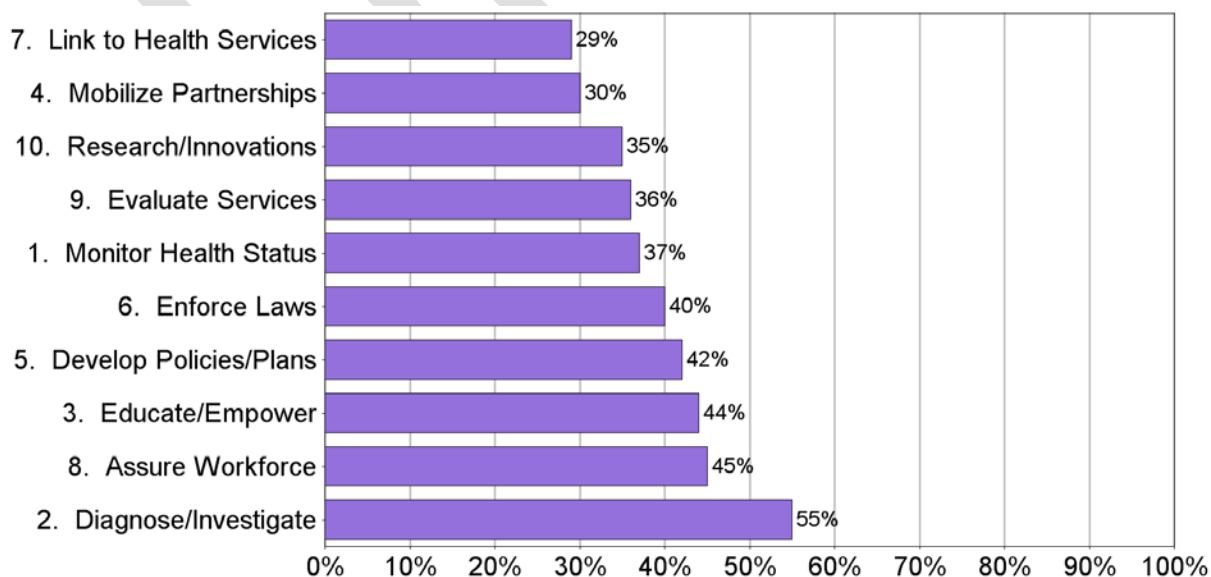
### **Overview**

The Cumberland District Public Health Systems Assessment took place on September 22, October 2, and 20 and meeting for approximately 3.5 hours each time. A total of 63 individuals participated in at least one of the three meetings with an average attendance of 28. 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, health system, local public health department, community health center, emergency management agencies, media, child care, homecare/hospice, social service/CAP agencies, state agencies/organizations, universities/colleges, municipalities, mental health agencies, substance abuse, schools/adult education, senior agencies, local health officers, first responders, public health/home visiting nurses, and community organizations. Environmental health groups and faith-based organizations are potential gaps in representation.

### **Summary of Scores**

<b>EPHS</b>		<b>Score</b>
1	Monitor Health Status To Identify Community Health Problems	37
2	Diagnose And Investigate Health Problems and Health Hazards	55
3	Inform, Educate, And Empower People about Health Issues	44
4	Mobilize Community Partnerships to Identify and Solve Health Problems	30
5	Develop Policies and Plans that Support Individual and Community Health Efforts	42
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	29
8	Assure a Competent Public and Personal Health Care Workforce	45
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	36
10	Research for New Insights and Innovative Solutions to Health Problems	35
<b>Overall Performance Score</b>		<b>39</b>

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

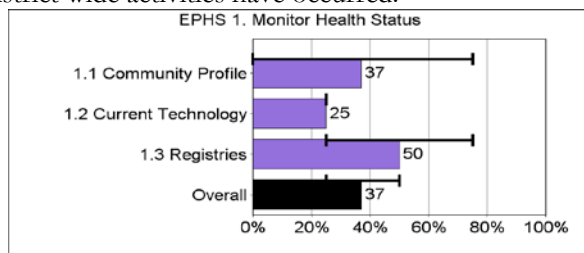


## Cumberland District Local Public Health System Assessment

### 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: 37** – This service ranked 6<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

#### Scoring Analysis

- The district scored in the significant range on the development of community health assessments.
- There is no comprehensive community health profile for the district or other service area.
- The district assessment was distributed to coalition partners and used throughout the district.
- 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

- Portland Public Health created a data assessment book for each of the towns in the district. There were challenges in obtaining actionable data, but this will be used to track trends and is available on the Portland Public Health website.
- Other assessments in the district include: the HMPs in the district are doing assessments as part of the MAPP process; an assessment for the refugee population in Portland across 13 ethnic groups has just been completed; assessments have been done in schools; underage and illegal drinking assessment was completed.
- In 2010 the health systems will be doing a statewide health assessment and data will be available by district.
- Data from assessments is on the website and promoted by individuals and members of the DCC. There has not been a media strategy to promote the use of the data.
- Data from assessments have been used in a number of ways (e.g. by school health advisory committee and substance abuse programs in Westbrook; by Portland Public Health; for school budget planning; by PROPs HMP substance abuse action teams; grant writing.)
- GIS mapping is just beginning to be used in pockets in the district including: dispatching fire and rescue to identify areas of multiple visits; inventories of built environment and existing sidewalks in Yarmouth; towns of Falmouth and Freeport have GIS; CTI uses GIS to track patients and those trained to deliver programs.
- There are a number of state and local registries in the district and some data is used in assessments and for internal tracking. IMMPACT data is difficult to extract for general population information so has not been used.

#### Possible Action Steps

- Build on existing assessment data to develop community health profile(s) and ensure access to the profile in multiple formats including GIS mapping
- Develop a media strategy to increase data dissemination and use by district organizations

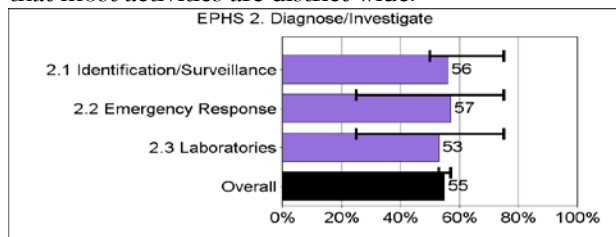
<b>EPHS 1. Monitor Health Status To Identify Community Health Problems</b>	<b>37</b>
<b>1.1 Population-Based Community Health Profile (CHP)</b>	<b>37</b>
• Community health assessment	69
• Community health profile (CHP)	0
• Community-wide use of community health assessment or CHP data	42
<b>1.2 Access 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

## Cumberland 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, with the exception of emergency response ability.
- The district scored high on its emergency response ability and on its response to disasters, access to needed personnel, and evaluation of the effectiveness of their response activities.

#### District Context

- Maine CDC works closely with district hospitals and schools to track infectious disease. At the Poison Control Center every call is uploaded within 10 minutes to look for clusters. They also track substance abuse trends.
- Organizations in the district collecting/providing surveillance data include: schools, Head Start, providers.
- Data is collected to monitor environmental concerns such as ozone, beach closures, ozone levels, and red tide.
- Some barriers to use of surveillance data include: data does not come back to district organizations or it doesn't include town level data; there is no consistent feedback loop of data on a county level or below that includes interpretation; not all schools participate in the Youth Integrated Health Survey; legal issues are a barrier to obtaining certain town level data; there is not one place where trends across the district are regularly reviewed.
- Most providers do a good job of reporting data but timeliness is sometimes an issue so not all reportable conditions are captured.
- There is the technology in the district to support surveillance. Portland Public Health has recently lost epi capacity.
- The state provides written protocols for investigation, but does not have full capacity due to staffing and there is no district level monitoring of activity.
- The EMA director's role in a public health emergency was not clear to all groups. Some types of emergency response (e.g. HAZMAT teams) in the district have not coordinated with the public health system. There could be more coordination with the local health officers. Volunteer mobilization is a challenge but there are some CERT teams -- many are going to "just in time" training.
- There are preparedness drills in the district and they require after action reports.
- Timeliness of reports from the state laboratory is a concern and the courier system needs improvement.

#### Possible Action Steps

- Coordinate within the district a review of surveillance data across health topics and identify actionable trends
- Increase coordination in the district on implementation of protocols for communicable and toxic exposures
- Increase understanding of the roles of all emergency response personnel in a public health emergency

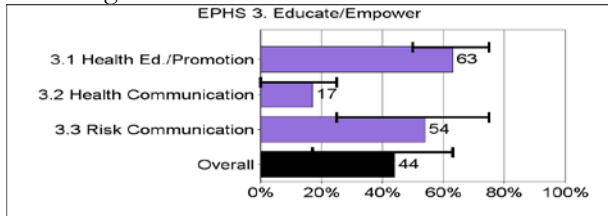
<b>EPHS 2. Diagnose And Investigate Health Problems and Health Hazards</b>	<b>55</b>
<b>2.1 Identification and Surveillance of Health Threats</b>	<b>56</b>
• Surveillance system(s) to monitor health problems and identify health threats	67
• Submission of reportable disease information in a timely manner	50
• Resources to support surveillance and investigation activities	50
<b>2.2 Investigation and Response to Public Health Threats and Emergencies</b>	<b>57</b>
• Written protocols for case finding, contact tracing, source identification, and containment	50
• Current epidemiological case investigation protocols	75
• Designated Emergency Response Coordinator	44
• Rapid response of personnel in emergency / disasters	66
• Evaluation of public health emergency response	50
<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

## Cumberland 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: 44** – This was the 3rd 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

#### Scoring Analysis

- There are multiple district-wide health promotion campaigns and the district informs the public and policy makers about health needs.
- Health promotion efforts across the district are tailored to populations at higher risk and/or within specific settings.
- There is not a district-wide communication plan or identified and trained spokespersons for the district although there are relationships with the media.
- There are emergency communication plans and significant resources for rapid communications response, but the district scored lower on having policies and procedures for public information officers.

<b>EPHS 3. Inform, Educate, And Empower People about Health Issues</b>	<b>44</b>
<b>3.1 Health Education and Promotion</b>	<b>63</b>
• Provision of community health information	69
• Health education and/or health promotion campaigns	69
• Collaboration on health communication plans	50
<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>54</b>
• Emergency communications plan(s)	47
• Resources for rapid communications response	75
• Crisis and emergency communications training	50
• Policies and procedures for public information officer response	44

#### District Context

- District organizations inform the public, policymakers and others about health issues (e.g. H1N1 information; breast feeding promotion; substance abuse prevention; tobacco control; food safety; obesity.)
- Examples of how this information is provided include: annual legislative gatherings; schools connect with parents on substance abuse prevention information; by HMPs through the MAPP process; Let’s Go works with school districts; local hospitals reach public and private stakeholders.
- Many efforts in the district reach high risk individuals including: education in senior housing sites; substance abuse campaigns related to sexual orientation; synchronizing messages to address cultural barriers; annual multicultural health event; addressing SES in many efforts including how substance abuse parent meetings are adapted; adapting healthy eating messages based on ethnic/culture needs. Barriers/gaps may be: infectious disease information in other languages; reaching deaf and hard of hearing individuals; and the challenges of quality assurance in translated materials.
- Health promotion efforts reach people in many settings in the district including: schools, worksites, neighborhoods, churches, colleges/universities, correctional facility, school yards. There is less being done in early child care settings.
- Evaluation of health promotion/education programs is limited and not coordinated in the district.
- Organizations work together across the district, but there continue to be some silos e.g mental health.
- There are individual emergency communication plans, but not one as a public health system. Plans have improved in last 6 years but more integration with public health is needed. Good plans to reach most people, but some populations continue to be missed. HAN, reverse 911, ham radio, etc. tools that are being used and improving communications.

#### Possible Action Steps

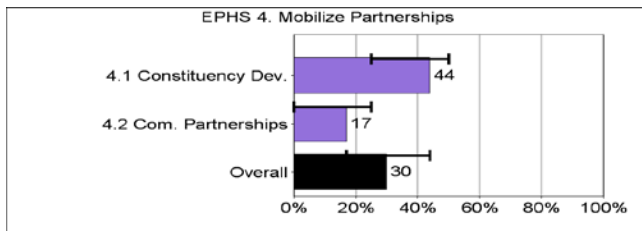
- Develop a district-wide education campaign for the public on community health status (e.g. heart disease rates, cancer rates, environmental risks) and provide context to make the data meaningful
- Coordinate a district-wide effort to review evaluation results to strengthen programs
- Build on current health promotion campaigns targeted to individuals at higher risk of negative health outcomes to reach those who are not currently being reached (e.g. deaf/hard of hearing, early child care settings)
- Develop coordinated communication plans that better integrate emergency management and the public health system

## Cumberland 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: 30** – This essential service ranked 9<sup>th</sup> out of the 10 essential services 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*

#### **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.
- There is access to a directory of organizations that comprise the district public health system.
- 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.

<b>EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems</b>	<b>30</b>
<b>4.1 Constituency Development</b>	<b>44</b>
• Identification of key constituents or stakeholders	50
• Participation of constituents in improving community health	50
• Directory of organizations that comprise the LPHS	50
• Communications strategies to build awareness of public health	25
<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

#### **District Context**

- Through the HMPs and development of the District Coordinating Committee key stakeholders have been identified.
- There are a number of ways that district organizations have encouraged the community to identify issues including: HMPs participation on the DCC; specific grants seek community input; PPH presented data to town managers; through Greater Portland Council of Governments.
- There are many opportunities for volunteers in the district including: free clinics, HMP efforts, flu clinics, COAD, meals on wheels, Maine Response Program.
- 211 lists most organizations and some gaps may be environmental health and some health issues and the ability of non-English speaking people to access the information.
- There are no district-wide efforts to build awareness for the importance of public health. “This is public health” was one effort by some organizations. Resources to do this are not available.
- Not all partnerships in the district have aligned activities related to the 10 Essential Public Health Services.

#### **Possible Action Steps**

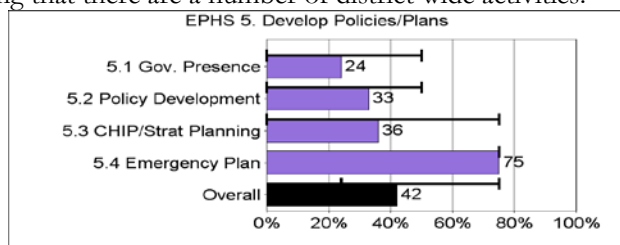
- Conduct a district wide assessment of the effectiveness of current partnerships and strategic alliances to identify gaps, and strengthen and improve public health capacity
- Develop a district wide communication strategy for promoting public health using available town resources (e.g. town cable, meetings, media, etc.)

*Cumberland 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: 42** – This essential service rated 4<sup>th</sup> of the 10 essential services. This score is in the moderate range indicating that there are a number of district wide activities.



Range of scores within each model standard and overall

**Scoring Analysis**

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

**District Context**

- A Public Health Unit in the district is being developed and will co-locate the district liaison, public health nurses, epidemiologist, health and water inspectors.
- Local health officers are in every town experience, knowledge, compensation and size of jurisdiction varies. Current training curriculum does not tie their duties to the 10 Essential Public Health Services.
- Portland Public Health serves communities outside of Portland and has a mission and legal responsibilities. Portland has a health officer but reports to City Council rather than a local board of health. Resources to address some essential public health services are limited.
- District organizations are actively engaged in public health policy. Some examples include Casco Bay issues, smoking in restaurant and outdoor environments, road planning/bike/ped paths, school policies, nutrition policies at organizations, fluoridation, needle exchange, substance abuse policies, enforcement of tobacco laws, alternative to suspension policies.
- The impact of policies is relayed to policy makers through planning committees and legislative gatherings.
- District HMPs are completing the MAPP assessments and there is broad participation across the district. Not all groups invited have participated; gaps include transportation, managed care, public safety, and environmental groups.
- Organizations participate in emergency preparedness and response planning. Potential gaps include veterinarians and the coroner’s office. There is a district-wide plan and there are mutual aid agreements so resources are shared. Protocols are clearly outlined although the mass casualty care plan is not quite completed. Significant testing of the plan and modifications have been made based on after action reports.

**Possible Action Steps**

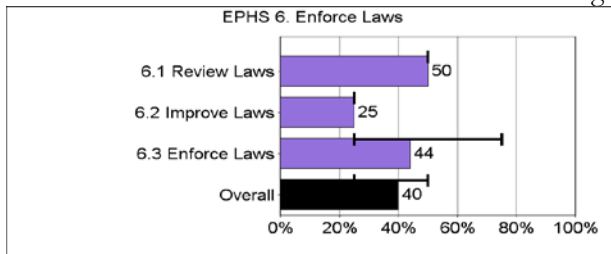
- Build on successes and use MAPP process to identify and address additional priority health policy needs. Inform and educate local policy makers on public health impact of such policies
- Identify organizations/groups not involved in the MAPP process and develop creative strategies to engage them beyond participation on a committee

<b>EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts</b>	<b>42</b>
<b>5.1 Government Presence at the Local Level</b>	<b>24</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	25
<b>5.2 Public Health Policy Development</b>	<b>33</b>
• Contribution to development of public health policies	50
• Alert policymakers/public of public health impacts from policies	50
• Review of public health policies	0
<b>5.3 Community Health Improvement Process</b>	<b>36</b>
• Community health improvement process	71
• Strategies to address community health objectives	25
• Local health department (LHD) strategic planning process	13
<b>5.4 Plan for Public Health Emergencies</b>	<b>75</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	75

## 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 5<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

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

### District Context

- Some public health laws/ordinances/regulations have been reviewed by district organizations for issues including: food safety, swimming pool safety, housing issues, pesticide application; bike/pedestrian issues; enforcement of tobacco and alcohol laws.
- Not everyone is who should be aware of laws are knowledgeable.
- The public often doesn’t know who to call for issues. A co-located MaineCDC staff may help improve ability to solve problems quickly.
- Hospitals regularly review laws that pertain to their operations.
- Towns don’t always know if they have the authority to enforce health and safety laws. That information is in the town charter but they are often not aware of what public health issues fall under their authority.
- It is unclear to many who has authority to enforce quarantine and isolation orders.
- There is a lack of clarity among system stakeholders on the scope of legal authority and roles between PPH and MaineCDC.

### Possible Action Steps

- Provide technical assistance to towns to clarify their roles and authority to address public health issues
- Coordinate resources to address needs related to enforcement of building codes, environmental concerns, civil rights, and other health related issues

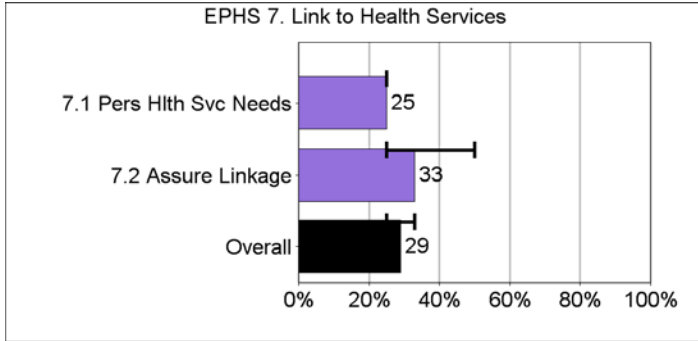
<b>EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety</b>	<b>40</b>
<b>6.1 Review and Evaluate Laws, Regulations, and Ordinances</b>	<b>50</b>
• Identification of public health issues to be addressed through laws, regulations, and ordinances	50
• Knowledge of laws, regulations,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

*Cumberland 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: 29** – This service ranked 10<sup>th</sup> of the 10 essential services. This score is in the low-moderate range indicating that there are few district wide activities.



*Range of scores within each model standard and overall*

<b>EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable</b>	<b>29</b>
<b>7.1 Identification of Populations with Barriers to Personal Health Services</b>	<b>25</b>
<ul style="list-style-type: none"> <li>• Identification of populations who experience barriers to care</li> </ul>	25
<ul style="list-style-type: none"> <li>• Identification of personal health service needs of populations</li> </ul>	25
<ul style="list-style-type: none"> <li>• Assessment of personal health services available to populations who experience barriers to care</li> </ul>	25
<b>7.2 Assuring the Linkage of People to Personal Health Services</b>	<b>33</b>
<ul style="list-style-type: none"> <li>• Link populations to needed personal health services</li> </ul>	50
<ul style="list-style-type: none"> <li>• Assistance to vulnerable populations in accessing needed health services</li> </ul>	25
<ul style="list-style-type: none"> <li>• Initiatives for enrolling eligible individuals in public benefit programs</li> </ul>	25
<ul style="list-style-type: none"> <li>• Coordination of personal health and social services</li> </ul>	31

**Scoring Analysis**

- There are activities to identify populations and personnel health service needs but they are not coordinated across the district.
- There is not a coordinated district-wide assessment of the availability of services to people who experience barriers to care.
- Linking and coordination of health care services and connections with social services occurs but is limited.
- Organizations in the district engage in initiatives to enroll people eligible for public benefit programs.

**District Context**

- There are a number of organizations that link people to needed health services in the district including: Care Partners SMAAA; refugee program, Cumberland County jail; PROP, town general assistance programs, CTI, VNA/public health nurses; free clinics. Few organizations identify people who have barriers to service unless they seek assistance but a good network of services is available.
- Groups with barriers to services include: developmentally disabled who don't come in for services; people with language barriers; individuals in military families not eligible for military health services.
- HMPs provide resource information to 211, Community Health Outreach Workers (CHOW) helps people navigate the health system. Funding for CHOW is limited and needs ongoing infrastructure to maintain it.
- Over the last two years the DCC has coordinated among many groups, but not all are part of the DCC.
- Gaps in services were identified: end of life care; services for people in the outer parts of the county who need to travel to Portland for services; services for immigrants and refugees outside of Portland; low income people not eligible for MaineCare.
- Initiatives to enroll people in public benefit programs exist but they are not coordinated or proactive except when people walk through the door.
- Some organizations (e.g. PROP, Bridgton Community Center) coordinate for social services (e.g food pantry) but minimal co-location of services in the district.

**Possible Action Steps**

- Expand to all parts of the district and coordinate current successful initiatives to reach populations in need of services
- Coordinate an assessment across the district on health service gaps (e.g. end of life care) and barriers (e.g. transportation to Portland) and identify strategies to address the gaps

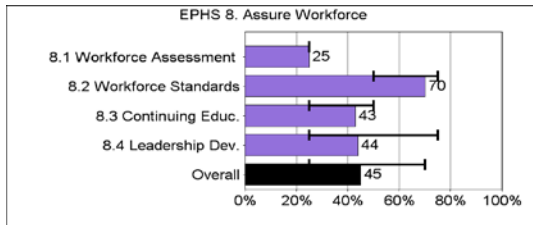


## *Cumberland District Local Public Health System Assessment*

### **Essential Service 8—Assure a Competent Public and Personal Health Care Workforce**

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

**Overall Score: 45** – This service ranked 2nd out of 10 essential services. This score is in the moderate range indicating that there are 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.
- Organizations connect job descriptions and performance evaluations to public health competencies.
- There are some assessments of training needs but few resources or incentives available for training.
- Training programs on core competencies and leadership development opportunities are available in the district.
- Recruitment and retention of new and diverse leaders is limited.

#### **District Context**

- There have been some assessments on the personal health care workforce (e.g. Mercy Hospital and MaineHealth) and emergency response needs and competencies, but few the public health workforce.
- Workforce shortages have been identified through the state Rural Primary Care office and other national organizations. Portland Public Health does not get many applicants that have public health training.
- Organizations are aware of and comply with licensure/ credentialing requirements.
- Some assessments of training needs have been done (e.g. HMPs, Portland Public Health staff, Mercy Hospital, USM) but it is not coordinated across the district.
- There is an opportunity to provide public health training to physicians who think broadly about health.
- There are many opportunities for training and leadership development including: Portland Public Health one-day courses (eg. epidemiology); PH 101 is offered to all MaineCDC employees, USM Certificate program; Muskie Health Policy program; MPHA; UNE, MCPH; Hanley Health Leadership, ICL, Maine Development Foundation, Martin’s Point and MaineHealth leadership course. Hanley developed a mentoring program with past graduates but other mentoring is done informally.
- Some organizations provide funding for training and tuition reimbursement but career advancement is a major concern.
- Area academic/research institutions are well engaged e.g. MMC’s Center for Outcomes Research and USM. Many organizations take interns.
- Collaborative leadership is encouraged in the District. A number of Hanley Leadership program graduates are now on the DCC and can help spread collaborative leadership model. The DCC has a Facebook page and listserv.
- The Minority Health Program and CHOWs are developing leaders and HeadStart has a leadership group of parents.

#### **Possible Action Steps**

- Assess training needs in the district, disseminate results and identify resources and expertise to deliver priority training needs (eg. distance learning, webinars, in-person)
- Develop strategies to engage new and diverse leaders that are representative of the community

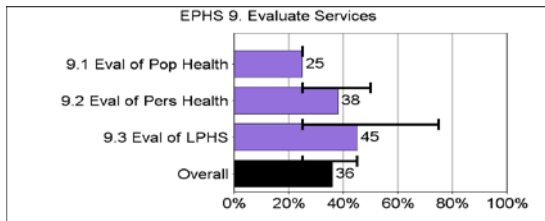
<b>EPHS 8. Assure a Competent Public and Personal Health Care Workforce</b>	<b>45</b>
<b>8.1 Workforce Assessment Planning, and Development</b>	<b>25</b>
• Assessment of the LPHS workforce	25
• Identification of shortfalls and/or gaps within the LPHS workforce	25
• Dissemination of results of the workforce assessment / gap analysis	25
<b>8.2 Public Health Workforce Standards</b>	<b>70</b>
• Awareness of guidelines and/or licensure/certification requirements	75
• Written job standards and/or position descriptions	75
• Annual performance evaluations	75
• LHD written job standards and/or position descriptions	75
• LHD performance evaluations	50
<b>8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring</b>	<b>43</b>
• Identification of education and training needs for workforce development	50
• Opportunities for developing core public health competencies	46
• Educational and training incentives	25
• Interaction between personnel from LPHS and academic organizations	50
<b>8.4 Public Health Leadership Development</b>	<b>44</b>
• Development of leadership skills	25
• Collaborative leadership	50
• Leadership opportunities for individuals and/or organizations	75
• Recruitment and retention of new and diverse leaders	25

## Cumberland 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: 36** – This service scored 7<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

#### Scoring Analysis

- There is some evaluation of population-based programs in the district but it is limited in scope and geography.
- Evaluation of, and satisfaction with, personal health services occurs throughout the district. Results are used to modify services.
- The public health system assessment just completed evaluates the DPHS and will result in a community health improvement plan.

#### District Context

- Organizations in the district do some evaluation of population health services including HMPs and CTI however, this is not strong throughout the district.
- Many health care organizations in the district evaluate personal health services using established criteria such as HEDIS and JCAHO.
- Client satisfaction with personal health services is done by most health care organizations although potential users are generally not assessed and information is not shared.
- Information technology is not used currently for evaluation but it may in the future. Not all EMR systems talk to each other.
- The public health system is being assessed through the LPHS assessment – some gaps in participation include insurance companies and others who were invited but did not attend. MOUs exist among organizations and the LPHS will be used to guide community health improvements.

#### 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 improve linkages with community organizations and to create or refine community health programs

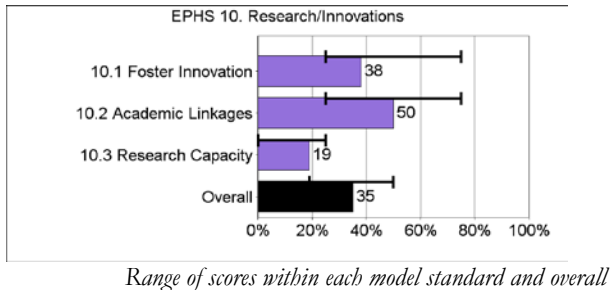
<b>EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</b>	<b>36</b>
<b>9.1 Evaluation of Population-based Health Services</b>	<b>25</b>
• Evaluation of population-based health services	25
• Assessment of community satisfaction with population-based 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>38</b>
• Personal health services evaluation	25
• Evaluation of personal health services against established standards	50
• Assessment of client satisfaction with personal health services	38
• 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>45</b>
• Identification of community organizations or entities that contribute to the EPHS	75
• Periodic evaluation of LPHS	54
• Evaluation of partnership within the LPHS	25
• Use of LPHS evaluation to guide community health improvements	25

## Cumberland 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: 35** – This service ranked 8<sup>th</sup> of the 10 essential services. This score is in the moderate range indicating that there are some district-wide activities.



#### Scoring Analysis

- To a limited extent, agencies in the district are encouraged to develop new solutions for public health issues and have various methods of monitoring research and best practice.
- Few organizations in the district have proposed public health issues for inclusion in the research agenda of research organizations or have participated in the development of research.
- There are many relationships with academic institutions and organizations in the district.
- The DPHS has limited access to researchers.

#### District Context

- Some innovative solutions to problems have been developed by agencies through pilot programs or joint efforts (e.g. SAAA and HMPs have developed an older adult adventure activity program, the Poison Control Center mines data to come up with new ideas.) Grant funding is often a limitation.
- Attempts by district organizations to propose research to be included in a research agenda have not been successful. There are few public health research projects in the district.
- Organizations have a number of strategies available to them for staying current on best-practice.
- There are many relationships with institutions of higher learning including: internships; participation on boards, use as faculty, regional epidemiologists. There are barriers to collaboration and it is not coordinated at a district level.

#### 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

<b>EPHS 10. Research for New Insights and Innovative Solutions to Health Problems</b>	<b>35</b>
<b>10.1 Fostering Innovation</b>	<b>38</b>
• Encouragement of new solutions to health problems	25
• Proposal of public health issues for inclusion in research agenda	25
• Identification and monitoring of best practices	75
• Encouragement of community participation in research	25
<b>10.2 Linkage with Institutions of Higher Learning and/or Research</b>	<b>50</b>
• Relationships with institutions of higher learning and/or research organizations	75
• Partnerships to conduct research	25
• Collaboration between the academic and practice communities	50
<b>10.3 Capacity to Initiate or Participate in Research</b>	<b>19</b>
• Access to researchers	25
• Access to resources to facilitate research	25
• Dissemination of research findings	25
• Evaluation of research activities	0