Downeast Public Health Systems Assessment
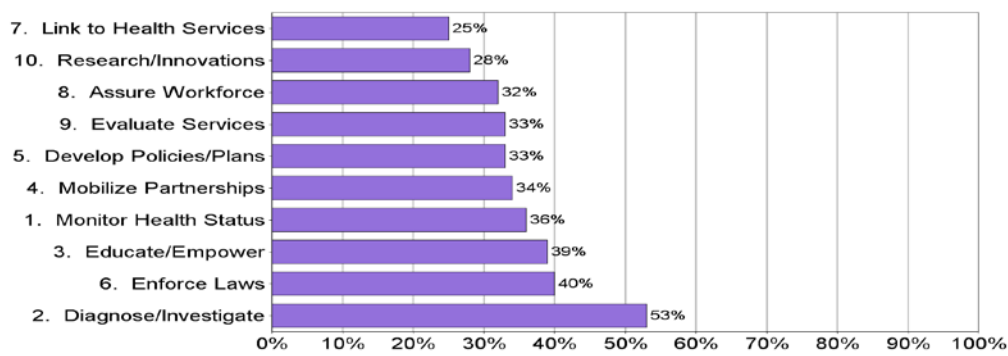## Overall Summary

Overview

The Downeast Public Health Systems Assessment took place on April 6, April 27 and May 4 meeting for approximately 3.5 hours each time. A total of 39 individuals participated in each with an average attendance of 24. Because a limitation of this process is that the scores are subject to the biases and perspectives of those who participated in each meeting, the planning group attempted to recruit broadly across the district. Individuals at the meetings represented HMPs, health centers, hospitals, social service agencies, mental health organizations, tribes, land use planners, state agencies, local government, local health officers, emergency management agencies, law enforcement, schools and academic institutions.

Summary of Scores

EPHS	Score
Monitor Health Status To Identify Community Health Problems	36
Diagnose And Investigate Health Problems and Health Hazards	53
Inform, Educate, And Empower People about Health Issues	39
Mobilize Community Partnerships to Identify and Solve Health Problems	34
Develop Policies and Plans that Support Individual and Community Health Efforts	33
Enforce Laws and Regulations that Protect Health and Ensure Safety	40
Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	25
Assure a Competent Public and Personal Health Care Workforce	32
Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	33
Research for New Insights and Innovative Solutions to Health Problems	28
Overall Performance Score	35

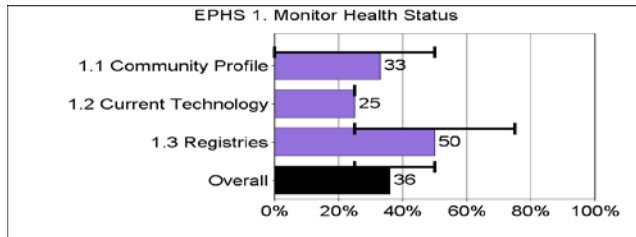**Rank ordered performance scores for each Essential Service, by level of activity**

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

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

Overall Score 36: – This service ranked 4th 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

EPHS 1. Monitor Health Status To Identify Community Health Problems	36
1.1 Population-Based Community Health Profile (CHP)	**33**
• Community health assessment	50
• Community health profile (CHP)	24
• Community-wide use of community health assessment or CHP data	25
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	**25**
• State-of-the-art technology to support health profile databases	25
• Access to geocoded health data	25
• Use of computer-generated graphics	25
1.3 Maintenance of Population Health Registries	**50**
• Maintenance of and/or contribution to population health registries	75
• Use of information from population health registries	25

Scoring Analysis

- A state-developed district community health assessment is available.
- The lowest score is the lack of a district comprehensive community health profile.
- The district assessment was distributed to coalition partners 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

- The HMPs are undergoing the MAPP process where a number of assessments by HMP region are being done, but only the public health systems assessment is happening on a district level.
- The Tribal health service has significant health data, but it is not shared with the district or state at this time.
- Although not done in a coordinated fashion across the district, a number of agencies are collecting data including the tribal health services, EMHS, schools, state programs, environmental groups, among others.
- Gaps in data that were identified include accurate identification of Native Americans, suicide data, and comprehensive environmental assessments.
- Data has been disseminated in a number of ways including posted on the EMHS website and as an insert in the paper, but it was not widely disseminated and not accessible to people with low literacy or disabilities.
- There is GIS capacity in the district but it has not been used for health related purposes and there is limited availability of personnel with that expertise. EMS and UMaine Machias are potential resources.
- There are a number of registries in the district and there is expertise in the district to help collect, use (e.g. change policy) and report state information. However, immunization data collection issues exist and use of local registry data is limited to the specific health care setting.

Possible Action Steps

- Inventory assessments, identify an accessible designated place for data and include data from the tribes
- Develop a community health profile – collaborate to include tribal health assessments and other identified gaps and ensure access to the profile in multiple formats including GIS mapping
- Provide training so district is able to accurately capture data on Native American health indicators (e.g. on death certificates)
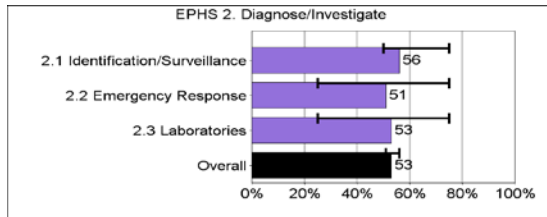
Essential Service 2 –Diagnose and Investigate Health Problems and Health Hazards

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

Overall Score 53:   – This was the highest scoring essential service overall. This score is in the 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 in the low-significant range on its emergency response ability and on its response to disasters, and access to needed personnel, but moderate on evaluation of the effectiveness of their response activities.

District Context

- The district participates in multiple state level surveillance systems but don't often get reported back to the county/district level. Many are unaware of where to find data.
- District agencies collect data for numerous programs but these data bases are not linked to the state or other data systems.
- Some data gaps identified include mental health, substance abuse, prevention, and tribal data.
- Infectious disease epidemiologists are a valued resource in the district but there is not a similar position for chronic disease.
- State developed protocols for communicable disease or toxic exposures are not well known by district agencies. The district could help improve process and coordinate information for state, schools, tribes, law enforcement, environmental agencies, the public and others.

EPHS 2. Diagnose And Investigate Health Problems and Health Hazards Note: Areas in green were scored the same for all districts	53
2.1 Identification and Surveillance of Health Threats	**56**
• 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
2.2 Investigation and Response to Public Health Threats and Emergencies	**51**
• Written protocols for case finding, contact tracing, source identification, and containment	50
• Current epidemiological case investigation protocols	75
• *Designated Emergency Response Coordinator*	*56*
• *Rapid response of personnel in emergency/disasters*	*50*
• *Evaluation of public health emergency response*	*25*
2.3 Laboratory Support for Investigation of Health Threats	**53**
• Ready access to laboratories for routine diagnostic and surveillance needs	50
• Ready access to laboratories for public health threats, hazards, and emergencies	38
• Licenses and/or credentialed laboratories	50
• Maintenance of guidelines or protocols for handling laboratory samples	75

- Not all towns have emergency response plans and many in the district are unaware of existing plans. There are gaps in the plans (e.g. who needs meds) and in groups involved in emergency response planning including local health officers, mental health agencies, and home health agencies. There may be a gap in the ability to respond quickly in Washington County and islands.
- Access to state laboratories in a timely fashion and getting information back quickly is an issue in the district.

Possible Action Steps

- Annually review data collected by the state and district to coordinate and link where possible and identify resources within the district to improve capacity to analyze and interpret data, particularly chronic disease data
- Share state protocols for communicable disease and toxic exposures and, if appropriate, develop recommendations to improve local level implementation and coordination
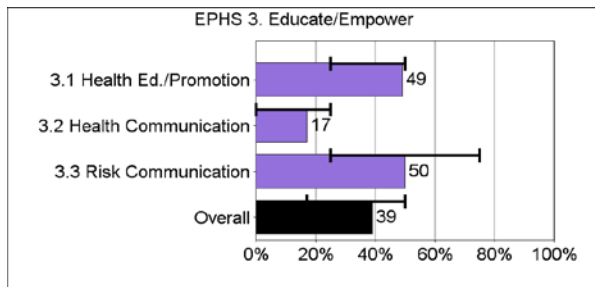- Identify gaps in town emergency response plans and increase input and involvement of agencies and the public

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 39: – 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 district-wide health promotion campaigns and the district informs the public and policy makers about health needs.
- There are district-wide activities to reach populations in specific settings.
- Activities tailored to populations at higher risk occur in the district but there are no coordinated district-wide efforts.
- There is not a district-wide communication plan or identified and trained spokespersons for the district, although relationships with the media exist in parts of the district.
- The highest score was for the district's coordinated emergency communication plans but the district scored lower on having policies and procedures for public information officers including communication "Go Kits."

EPHS 3. Inform, Educate, And Empower People about Health Issues	39
3.1 Health Education and Promotion	**49**
• Provision of community health information	50
• Health education and/or health promotion campaigns	48
• Collaboration on health communication plans	50
3.2 Health Communication	**17**
• Development of health communication plans	0
• Relationships with media	25
• Designation of public information officers	25
3.3 Risk Communication	**50**
• 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

District Context
- The district organizations have a number of channels for getting information out about community health including through HMP activities, schools, correctional facilities, health fairs, mailings to food stamp recipients, HeadStart, agencies for seniors, family planning, faith-based organizations, among others.
- While organizations do work together on health related activities, district-wide messages and activities are not coordinated there are differences in resources in the two counties.
- There are a number of initiatives to reach higher risk groups such as migrant populations, children who have hearing disabilities, low income populations, Native Americans, among others but gaps exist particularly for adults with disabilities, young adults not in schools, people with mental illness and substance abuse.
- Some evaluation of health education and health promotion activities occur, and it is generally driven by funding sources.

Possible Action Steps
- Develop collaborative and coordinated district-wide health promotion initiatives with consistent messaging used across organizations and counties and targeted to higher risk individuals not currently being reached.
- Develop coordinated communication plans and provide training to information officers and/or spokespersons, including the development of "Go Kits" to assist in emergency response.
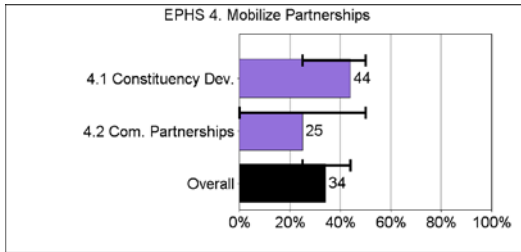
Essential Service 4 –Mobilize Community Partnerships to Identify and Solve Health Problems

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: 34– This essential service ranked 5th 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

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	34
4.1 Constituency Development	**44**
• 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
4.2 Community Partnerships	**25**
• Partnerships for public health improvement activities	50
• 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.
- Directories of organizations is available, although not comprehensive across the district.
- 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

- Agencies across the district have knowledge and connections to most organizations and the EMAs have a comprehensive list of many organizations, although no single consolidated list exists for the district.
- In some regions of the district, the local newspaper publishes a community register and 211 is an additional source for identifying groups and agencies although keeping information current is a challenge.
- The MAPP process has encouraged the participation of district constituents and town hall meetings and forums, household mailings and print media have been used to build importance of public health issues such as substance abuse.
- The public health systems assessment has been a vehicle for creating partnerships across the district and the HMPs in the district have been meeting for a year to have a more coordinated approach to their activities.
- A community health improvement committee will be established by the District Coordinating Council as part of the assessment process.
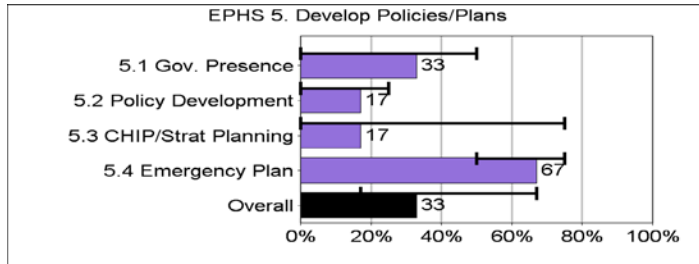
Possible Action Steps

- 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
- Develop a district wide communication strategy for promoting public health using available town resources (e.g. town cable, meetings, media, etc.)

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: 33 – This essential service ranked 6 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

- 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 those activities are not coordinated across the district.
- The district 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

- The district is in the process of creating a public health unit where state services are co-located although there is not a local governance body and limitations of the structure will make it difficult to address all 10 public health services.
- Agencies in the district have been involved in development of a number of policies including: underage drinking, prescription monitoring, physical activity resources, asthma identification in schools, tobacco use on hospital grounds, Head Start tobacco policies, among others.
- HMPs have convened policy makers on an annual basis and some legislators have attended the DCC meeting.
- MAPP process for community health improvement is underway and includes broad participation. Some potential gaps in participation include: the tribes; transportation providers, faith-based institutions, clients of services and some social service providers.
- Emergency preparedness committees exist in the district and coalitions in Hancock County formed an organization that networked on a number of issues and connected to EMA. Response plans exist but could be improved and gaps may include reaching people with disabilities and town evacuation plans. EMAs do not have all school or municipal plans.

Possible Action Steps

- Use MAPP process to identify and address in a coordinated way local public health policy objectives across the district
- Ensure coordination among and between EMAs, schools, municipalities and others and identify and engage organizations/groups not involved in emergency preparedness planning (e.g. tribes, people with disabilities)
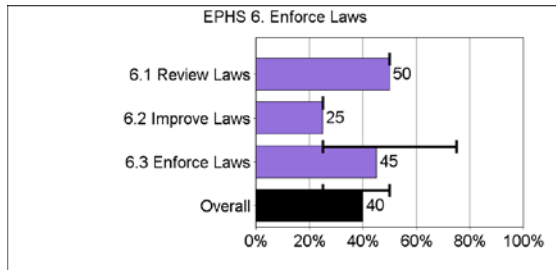
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	33
5.1 Government Presence at the Local Level *Note: This indicator was scored the same for all Districts.*	33
• Governmental local public health presence	21
• Resources for the local health department	28
• LHD work with the state public health agency and other state partners	50
5.2 Public Health Policy Development	17
• Contribution to development of public health policies	25
• Alert policymakers/public of public health impacts from policies	25
• Review of public health policies	0
5.3 Community Health Improvement Process	17
• Community health improvement process	52
• Strategies to address community health objectives	0
• Local health department (LHD) strategic planning process	0
5.4 Plan for Public Health Emergencies	67
• Community task force or coalition for emergency preparedness and response plans	75
• All-hazards emergency preparedness and response plan	50
• 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 2nd 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

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

Scoring Analysis

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

District Context

- Town comprehensive plans are a way to review laws every 10 years, particularly environmental laws.
- Agencies in the district distribute information about new laws to families (e.g. smoking in cars) and help monitor second hand smoke and underage drinking laws. However, trainings on alcohol purchasing laws are not well attended.
- Often policies work best through state law e.g. schools were reluctant to change tobacco policy until the state law passed.
- The district identified a number of challenges to enforcing public health laws including: lack of police officers, weak enforcement provisions in laws, lack of support from local elected officials to enforce laws, unclear authority in tribal areas, minimal restaurant inspectors, need for police to act as "social workers", lack of training for sheriff on public health laws, among others.
- A medical reserve corps team would be helpful in a public health emergency, but that is not yet in place. There is not clarity on the role of the local health officer and the ability of law enforcement to enforce a quarantine.

Possible Action Steps

- Assess compliance with existing laws and ordinances and develop strategies to increase enforcement, if necessary
- Identify priority areas within the district that are currently not addressed through existing laws and provide technical assistance in developing laws, regulations or ordinances to address those issues
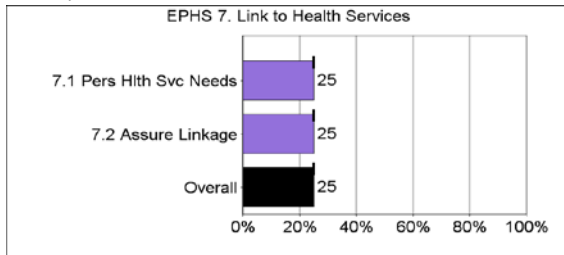- Support additional training of local health officers as their role is clarified

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 last of the 10 essential services. This score is in the minimal range indicating that there are many local activities but no district- wide activities to address this essential service.

Range of scores within each model standard and overall

EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	25
7.1 Identification of Populations with Barriers to Personal Health Services	**25**
• 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
7.2 Assuring the Linkage of People to Personal Health Services	**25**
• 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

Scoring Analysis

- There are activities in the district 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 those services with social services occurs but is not connected across the district and is limited in scope.
- There are some initiatives to enroll people eligible for public benefit programs.

District Context

- There are a number of barriers to accessing health services: turnover/lack of primary care doctors; lack of services for working uninsured people; need to travel to Bangor for services not available in the county (e.g. cancer treatment, detox facilities); lack of services for people with addictions; lack of adult dental and mental health services; services for non-English speaking groups; limited tribal health services; lack of transportation (particularly for trips to Bangor.)
- Populations not reached or difficult to reach include: those working in the fishing/lobster industry; people who are underinsured; people in remote areas of the counties or without phones, island communities, people who are victims of domestic violence; people with disabilities; homeless youth.
- Many organizations in the district work with low income and other groups to link people to services but there is not a systematic process across the district to identify populations with barriers to health services.
- There are MaineCare and Medicare outreach efforts, FQHC, and sliding fee scale services in the district. Other channels to reach people include 211, HMPs for prevention services, Project Launch, libraries and town offices.
- There are gaps in chronic disease services and many providers do not know what is available in their community and better coordination of all services is needed. Co-location of services is not always possible so "virtual" co-location may hold more promise for a particular service area.
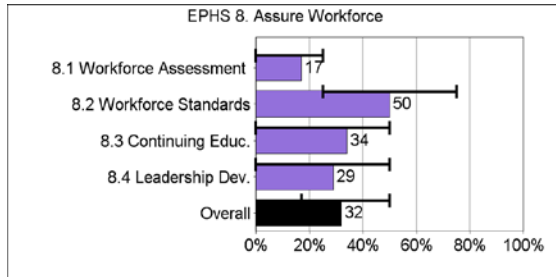
Possible Action Steps

- Expand and coordinate across the district current successful initiatives (e.g. Project Launch, rural network initiatives) to reach populations in need of services
- Coordinate an assessment across the district on health service gaps (e.g. oral health, other chronic disease services) and barriers (e.g. transportation)and identify strategies to address the gaps
- Provide information to health care providers on services available in the community and support those linkages

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: 32 – This service ranked 8th out of 10 essential services. This score is in the moderate range indicating that there some district-wide activities occur.

Range of scores within each model standard and overall

Scoring Analysis

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

District Context

- Some agencies (e.g. Head Start, AHEC) in the district have assessed health care workforce (e.g. oral health care providers) and health provider shortages have been identified.
- Not all local health officers have attended required training and certification for local health officers is voluntary.
- Often difficult to get training that goes beyond entry level in the district and travel to training is usually required. Limited funds for some organizations (e.g. HMPs, hospitals, public health nurses) are available for education and training including limited access to national trainings but some of those funds have been cut in this economic time.
- Training needs include: multiple determinants of health, cultural competency (e.g. *Unnatural Causes*), new technology, population health approaches for health care providers.
- Agencies in the district interact with academic institutions including UMO, Husson, Stanford, College of the Atlantic for projects and student placement.
- There are a number of organizations that provide leadership training and new leadership initiatives are being developed in the district and participation on coalitions encourages leadership development.

Possible Action Steps

- Develop a district-wide calendar or listserv of leadership training opportunities including appropriate audience
- Support and ensure training of local health officers
- Provide training for health care providers on a population approach to health
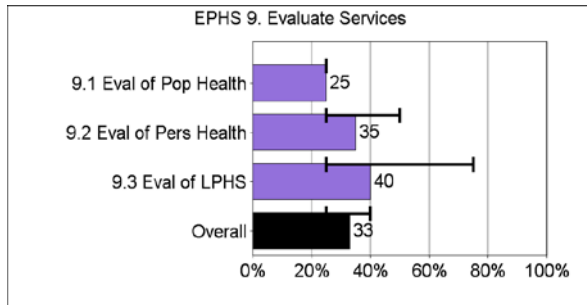- Identify distance learning training opportunities to reduce travel barriers

EPHS 8. Assure a Competent Public and Personal Health Care Workforce	32
8.1 Workforce Assessment Planning, and Development	**17**
• 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	0
8.2 Public Health Workforce Standards	**50**
• Awareness of guidelines and/or licensure/certification requirements	50
• Written job standards and/or position descriptions	75
• Annual performance evaluations	75
• LHD written job standards and/or position descriptions	25
• LHD performance evaluations	25
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	**34**
• Identification of education and training needs for workforce development	50
• Opportunities for developing core public health competencies	25
• Educational and training incentives	13
• Interaction between personnel from LPHS and academic organizations	50
8.4 Public Health Leadership Development	**29**
• Development of leadership skills	41
• Collaborative leadership	25
• Leadership opportunities for individuals and/or organizations	25
• Recruitment and retention of new and diverse leaders	25

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 33: – This service scored 7th 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 in 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

- Most program evaluation is done at the state level.
- Tribes do a good job using established criteria for evaluation and there is an opportunity to collaborate with them on common criteria.
- Long term care facilities, FQHCs and hospitals do patient satisfaction surveys and assessment results have been used to improve hospital services (e.g. Washington County increased resources for transportation services.)
- Use of electronic medical records in the district is limited.
- Gaps in services have been identified.

EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	33
9.1 Evaluation of Population-based Health Services	**25**
• 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
9.2 Evaluation of Personal Health Care Services	**35**
• In Personal health services evaluation	25
• Evaluation of personal health services against established standards	50
• Assessment of client satisfaction with personal health services	50
• Information technology to assure quality of personal health services	25
• Use of personal health services evaluation	25
9.3 Evaluation of the Local Public Health System	**40**
• Identification of community organizations or entities that contribute to the EPHS	50
• Periodic evaluation of LPHS	58
• Evaluation of partnership within the LPHS	25
• Use of LPHS evaluation to guide community health improvements	25

Possible Action Steps

- Identify district-wide evaluation priorities and develop the expertise and strategies needed to plan, implement and analyze the evaluation results. Collaborate with tribes to use established criteria for evaluation.
- 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
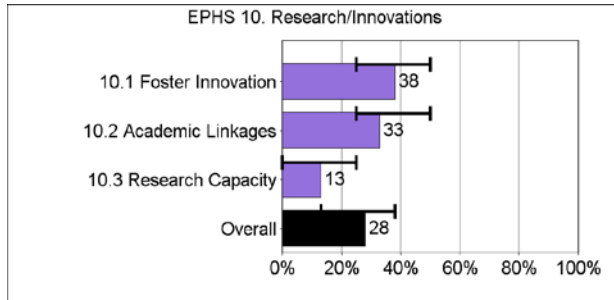
Essential Service 10—Research for New Insights and Innovative Solutions to Health Problems
This essential services measures how the District Public Health System (DPHS) fosters innovation to solve public health problems and uses available research. It also assesses the DPHS's linkages to academic institutions and capacity to engage in timely research.

Overall Score 28: – This service ranked 9th of all the 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
- 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 minimal opportunities for agencies in the district to propose public health issues for inclusion in the research agenda of research organizations and participate in the development of research.
- There are some affiliations with academic institutions and organizations in the district.
- The DPHS has limited access to researchers.

District Context
- Agencies in the district have developed innovative solutions to health problems. Examples include: HMP activities, Helping Partners, school-based projects related to behavioral issues, and NAMI end of life issues for veterans.
- Connections to academic institutions include Harvard (Washington County disparities project, NAMI), University of Maine (alcohol and the elderly, MAPP assessment) and USM (rural health, chronic disease self management) but there is no research institution in the district.
- Barriers to working with academic institutions include the small population, lack of funding and few researchers in the area.
- Agencies in the district use publications, emails, websites, conferences etc. to stay current with best practice.
- There are agreements between some agencies and academic institutions for student interns (nursing and social work) and school faculty are on coalition boards. Some agency staff teach in the social services program.

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	28
10.1 Fostering Innovation	**38**
• Encouragement of new solutions to health problems	50
• Proposal of public health issues for inclusion in research agenda	25
• Identification and monitoring of best practices	50
• Encouragement of community participation in research	25
10.2 Linkage with Institutions of Higher Learning and/or Research	**33**
• Relationships with institutions of higher learning and/or research organizations	50
• Partnerships to conduct research	25
• Collaboration between the academic and practice communities	25
10.3 Capacity to Initiate or Participate in Research	**13**
• Access to researchers	25
• Access to resources to facilitate research	25
• Dissemination of research findings	0
• Evaluation of research activities	0

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