MidCoast District Public Health Systems Assessment
## Overall Summary

Overview

MidCoast District Public Health Systems Assessment took place on April 30, May 20, and June 3, 2009 meeting for approximately 3.5 hours each time. A total of 30 individuals participated in at least one of the three meetings with an average attendance of 22. 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, island communities, social service agencies, community organizations, substance abuse programs, law enforcement, town government and schools. Emergency management agencies and environmental health groups are two potential gaps in representation.

Summary of Scores

EPHS		Score
1	Monitor Health Status to Identify Community Health Problems	33
2	Diagnose and Investigate Health Problems and Health Hazards	58
3	Inform, Educate, and Empower People about Health Issues	41
4	Mobilize Community Partnerships to Identify and Solve Health Problems	31
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	36
8	Assure a Competent Public and Personal Health Care Workforce	25
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	35
10	Research for New Insights and Innovative Solutions to Health Problems	17
Overall Performance Score		**36**

Rank ordered performance scores for each Essential Service, by level of activity
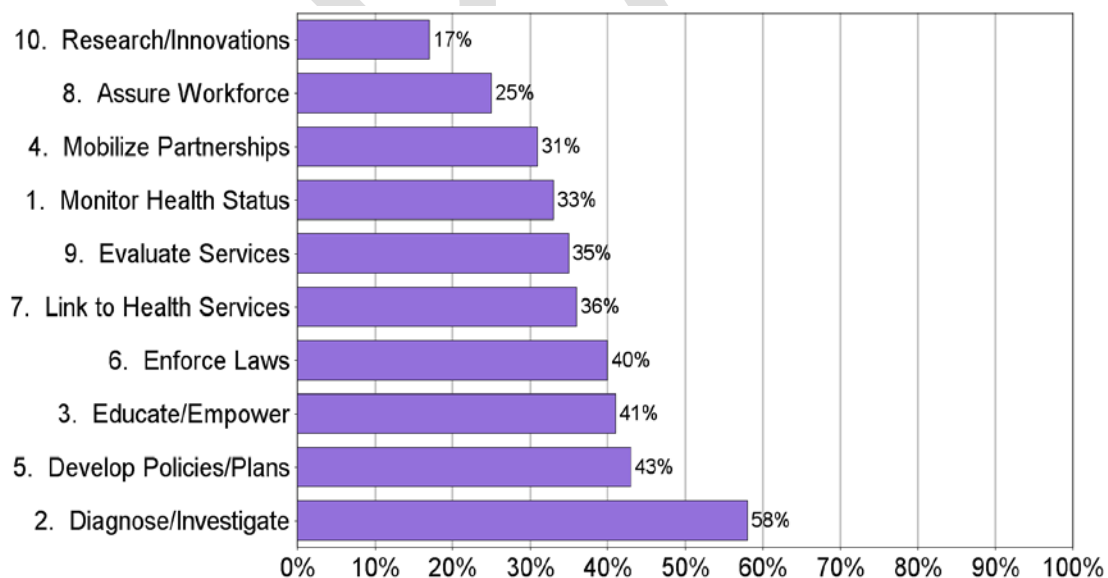
Essential Service 1 –Monitor Health Status to Identify Community Health Problems
This essential service evaluates to what extent the District Public Health System (DPHS) conducts regular community health assessments to monitor progress towards health-related objectives. This service measures: activities 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: 33 – This service ranked 7th 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	33
1.1 Population-Based Community Health Profile	**25**
• Community health assessment	50
• Community health profile (CHP)	0
• 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 health assessment is available.
- The lowest score (0) is the lack of a comprehensive community health profile for the district or other service area.
- The district assessment was distributed to district 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
- A number of agencies in the district are collecting data including hospitals/health systems, schools, social service and CAP agencies. The health systems plan to conduct a state-wide health assessment.
- The HMPs are engaged in an assessment process but it is not a coordinated effort across the district, with the exception of the public health system assessment.
- The district health assessment was distributed to partners and data is used in media pieces and grants but there is not one repository of district data.
- No community health profiles in the district have been developed although this will be done upon completion of the MAPP process by each HMP.
- GIS is available through UMaine Farmington, local planning offices and the state for potential use by the district.
- Local registries for diabetes or obesity are available in the district but they are used primarily for internal purposes and not for population based programming or policies.

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 (e.g. a website)
- Increase data dissemination overall including outreach to different socio-economic and cultural groups
- Develop community health profile – include data on disparate populations, environmental health and other identified gaps and ensure access to the profile in multiple formats including GIS mapping
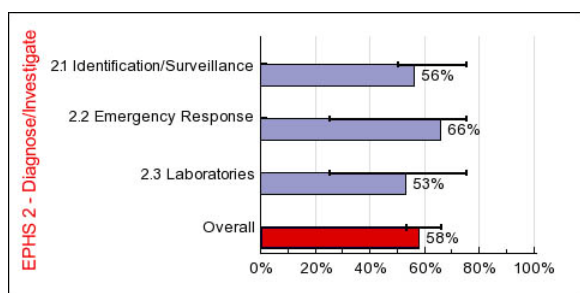
Essential Service 2 –Diagnose and Investigate Health Problems and Health Hazards

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: 58 – 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

EPHS 2. Diagnose And Investigate Health Problems and Health Hazards Green=scored the same for all districts	58
2.1 Identification and Surveillance of Health Threats	**56**
• Surveillance system(s) to monitor health problems and identify health threats	75
• 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	**66**
• Written protocols for case finding, contact tracing, source identification, and containment	50
• Current epidemiological case investigation protocols	75
• *Designated Emergency Response Coordinator*	*75*
• *Rapid response of personnel in emergency/disasters*	*75*
• *Evaluation of public health emergency response*	*75*
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	50
• Licenses and/or credentialed laboratories	50
• Maintenance of guidelines or protocols for handling laboratory samples	75

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

- Surveillance data is used by many members of the public health district for planning, tracking (e.g. substance abuse) and grant writing.
- Data limitations cited included city/town or county, mental health and race/ethnicity data.
- Overall disease reporting by providers could be improved and immunization reporting was a particular area of concern.
- Linkages between county emergency response coordinators and multi county trainings/exercises are increasing particularly those that share a boarder.
- Role of the local health officers is developing and historically support has been limited although Sagadahoc County has been meeting/training regularly with local health officers.
- The district can quickly respond to emergencies although how to triage a mass influx of volunteers needs additional planning.

Possible Action Steps

- Coordinate surveillance needs and identify resources for additional data through multiple sources
- Work with providers to increase number and timeliness of reportable disease and immunization data
- Increase capacity within the district to analyze and interpret data
- Provide district-level training and support for local health officers as roles in emergency preparedness are further defined

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: 41 – This was the 3rd highest scoring essential service overall. This score is in the moderate range indicating that there are some district wide activities.
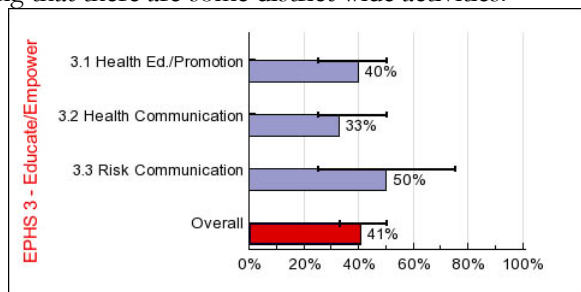
Range of scores within each model standard and overall

EPHS 3. Inform, Educate, And Empower People about Health Issues	41
3.1 Health Education and Promotion	**40**
• Provision of community health information	50
• Health education and/or health promotion campaigns	50
• Collaboration on health communication plans	25
3.2 Health Communication	**33**
• Development of health communication plans	25
• Relationships with media	50
• 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

Scoring Analysis

- There are district-wide health promotion campaigns and the district informs the public and policy makers about health needs.
- Individual communities tailor health promotion efforts to populations at higher risk and/or within specific settings 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 there are relationships with the media in each part 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 preparedness communication "Go Kits."

District Context

- There are many health promotion efforts in the district and numerous channels for information dissemination including hospitals, community agencies, public health nurses, libraries, food pantries, YMCA, community colleges, schools, preschools, town halls and websites but little coordination across the district. A new district-wide effort on lead poisoning prevention is beginning. Evaluation of these efforts is limited.
- Gaps identified include reaching people with disabilities, those in the fishing industry and people who are not in systems such as worksites, schools or health care. Coordination among faith based organizations could be a greater source for health information in the community.
- Each HMP and many agencies have relationships with their local media and cable TV stations but communications plans may exist only within some agencies. H1N1 response identified communication gaps.
- Coordinated health emergency communication plans with connections to most agencies and across the district have been developed. A gap may be the involvement of diverse populations and island communities in the planning.

Possible Action Steps

- Develop collaborative district-wide health promotion campaigns targeted to individuals at higher risk of negative health outcomes.
- Develop coordinated communication plans and provide training to information officers and/or spokespersons, including the development of "Go Kits" to assist in emergency response.
- Increase collaboration among faith based organizations as a channel for health promotion programs and messages

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: 31 – This essential service ranked 8th out of the 10 essential services overall. This score is in the moderate range indicating that there are some district wide activities.
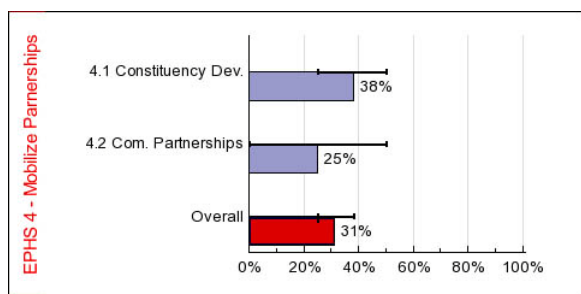
Range of scores within each model standard and overall

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	31
4.1 Constituency Development	**38**
• Identification of key constituents or stakeholders	50
• Participation of constituents in improving community health	50
• Directory of organizations that comprise the LPHS	25
• 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.
- An accessible and comprehensive directory of organizations that are part of the public health system 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

- The process of recruiting a District Coordinating Council has been a first step in identifying key public health stakeholders across the district and there have been extensive efforts within each HMP to reach out to many organizations.
- Each HMP has a list of partners and the EMA has a comprehensive list, but these lists are not coordinated and accessible.
- Gaps in partnerships may exist such as organizations serving disparate populations, faith based organizations, environmental health, social service providers and civic organizations such as fraternal organizations.
- Challenges exist in engaging health care providers and town officials.
- Using local cable TV may be a communication strategy to more widely promote public health as well as attending town meetings and school board meetings, and working with local health officers to engage town officials.
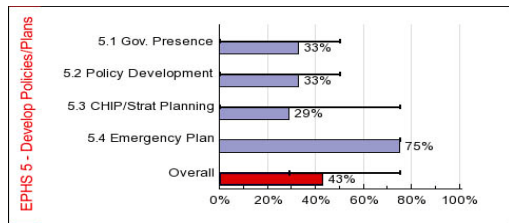
Possible Action Steps

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

of scores within each model standard and overall   *Range*

EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	43
5.1 Government Presence at the Local Level	**33**
Note: This indicator was the scored the same for all districts	
• Governmental local public health presence	25
• Resources for the local health department	25
• LHD work with the state public health agency and other state partners	50
5.2 Public Health Policy Development	**33**
• Contribution to development of public health policies	50
• Alert policymakers/public of public health impacts from policies	50
• Review of public health policies	0
5.3 Community Health Improvement Process	**29**
• Community health improvement process	50
• Strategies to address community health objectives	25
• Local health department (LHD) strategic planning process	0
5.4 Plan for Public Health Emergencies	**75**
• 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

Scoring Analysis

- The district has begun to develop a governmental presence at the local level through the Public Health Unit.
- 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

- The MidCoast District Public Health Unit has recently been established where state public health staff are co-located. The Sagadahoc County Board of Health engages in a number of county-wide public health activities and meets regularly with their Local Health Officers.
- The district HMPs have engaged in a number of successful policy efforts including: Smoke-free housing, universities, hospitals and worksites; School policies around tobacco, physical activity and substance abuse; Connecting town planning efforts to health; Using the HMP worksite framework tool to engage businesses. Substance abuse prevention specialists in the district have worked together on responsible retailing efforts.
- Policy makers have been engaged through legislative breakfasts although not all policy makers are aware of their role in public health policy
- All HMPs are engaged in a community health improvement process through MAPP that has included broad participation. Gaps may include culturally diverse populations, primary care providers, farmers/migrant workers and island communities.
- Many organizations came together to develop pandemic flu plans but there are some gaps identified including faith based organizations, substance abuse groups, and small businesses.

Possible Action Steps

- Use MAPP process to identify and address local public health policy needs beyond tobacco, physical activity, nutrition and substance abuse (e.g. fluoridation). Inform and educate local policy makers on public health impact of such policies
- Identify organizations/groups not involved in emergency preparedness planning (e.g. ethnic and cultural groups) and develop creative strategies to engage them beyond participation on a committee
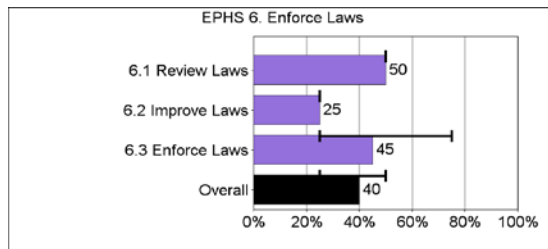
Essential Service 6 – Enforce Laws and Regulations that Protect Health and Ensure Safety

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 4th out of 10 essential services. This score is in the moderate range indicating that there are some district wide activities.

EPHS 6. Enforce Laws

6.1 Review Laws	50
6.2 Improve Laws	25
6.3 Enforce Laws	45
Overall	40

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 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.
- Local officials have enforcement authority 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
- There are a number of enforcement challenges within the district including too few food inspectors and liquor enforcement officers, few towns with their own police force, low priority of public health laws for over-stretched law enforcement officers, lack of knowledge about the laws, issues of jurisdiction (local police, Dept. of Environmental Protection, state, Local Health Officer, etc.), lack of prosecution for tobacco and substance abuse by juveniles, and the complexity of enforcement of issues such as air and water quality and zoning laws in town comprehensive plans.
- Enforcement of seat belt laws has been going well and community action agencies and state websites are available to assist tenants if there are environmental health issues in housing.
- A number of actions in the district were taken to inform parents on the new smoking in cars laws such as providing information to schools and day care centers and educational materials for law enforcement officers.
- Sagadahoc County Board of Health meets with Local Health Officers bi-monthly and provides training on public health laws. Hospitals, law enforcement agencies, and town governments review laws regularly.
- Some additional gaps identified include lack of enforcement of laws to report age and ethnicity by health care facilities collecting federal funds (OMB15).

Possible Action Steps
- Provide training on public health laws for law enforcement personnel including emergency preparedness table top exercises that clarify roles
- Coordinate a resource for the district on where to go for enforcement of building codes, environmental concerns, civil rights, and other health related issues
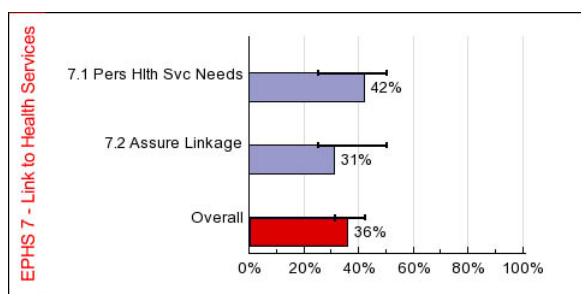
Essential Service 7 – Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

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 36:** – This service ranked 5th 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

EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	36
7.1 Identification of Populations with Barriers to Personal Health Services	**42**
• Identification of populations who experience barriers to care	50
• Identification of personal health service needs of populations	50
• 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	**31**
• 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	50
• Coordination of personal health and social services	25

Scoring Analysis
- There are district-wide activities to identify populations and personal health service needs.
- 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 district-wide initiatives to enroll people eligible for public benefit programs.

District Context
- There are a number of activities in the district to identify populations that experience barriers to services conducted by organizations including hospitals, town general assistance offices, agencies on aging, food pantries, county EMA, CAP agencies, WIC, public health nurses, churches, mental health agencies, among others. Identifying people who are isolated, middle income without insurance, people with addictions and mental illness, LGBT, families with children under 5, people with language barriers and homeless are gaps.
- Service gaps exist in a number of areas including oral health, child psychiatry, services for deaf individuals, geriatrics, substance abuse, mental illness, and care management. Limitations in the number of providers who accept MaineCare was also identified as a gap.
- Transportation is a significant barrier, especially for those in the counties without services or for people who live in the outlying areas of the district. Island communities experience barriers in obtaining services.
- Some examples of initiatives in the district to address personal health care needs include: Sweetser connects people in emergency rooms with needed mental health services, Food Security Councils provide education and referral, Waldo Hospital connects people in emergency rooms to primary care, Mid Coast Hospital established a primary care clinic open to all but specifically to address needs of MaineCare patients, Neighbor to Neighbor program and postal service programs to identify people at risk.
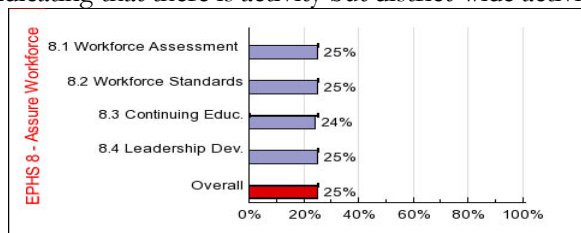
Possible Action Steps
- Expand to all counties and coordinate across the district current successful initiatives to reach populations in need of services
- Coordinate an assessment across the district on health service gaps (e.g. oral health) and barriers (e.g. transportation)and identify strategies to address the gaps

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 25: – This service ranked near the bottom – 9th out of 10 essential services. This score is in the minimal range indicating that there is activity but district-wide activities do not occur.

Range of scores within each model standard and overall

EPHS 8. Assure a Competent Public and Personal Health Care Workforce	25
8.1 Workforce Assessment Planning, and Development	**25**
• 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
8.2 Public Health Workforce Standards	25
• Awareness of guidelines and/or licensure/certification requirements	25
• Written job standards and/or position descriptions	25
• Annual performance evaluations	25
• LHD written job standards and/or position descriptions	25
• LHD performance evaluations	25
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	**24**
• 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
8.4 Public Health Leadership Development	**25**
• 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

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
- While a state level assessment of the health care workforce has been done and used for academic institutions to plan, no assessment of the public health workforce has been completed.
- Hospital and health care personnel adhere to rigorous licensure requirements for credentialing.
- There are no public health certification requirements by employers (eg. CHES, local health officers certification, etc). An effort is underway by the State Coordinating Council to define competencies for the Healthy Maine Partnerships.
- Funding cuts have severely restricted training opportunities for most agencies and the cost to travel and distance are barriers to attending training.
- From Bath to Belfast there are no academic programs available, except distance learning. Some DPHS members have attended cultural competency, communication, leadership, program management and financial planning training and some have used MEMIC management training program.
- More in-depth training is needed on program planning, epidemiology, analytical skills for assessment, multiple determinants of health, and keeping up with technology.
- Leadership programs are available throughout the state and in the district but many have a significant financial cost.
- Translating learning from the training/workshop to the workplace is a challenge.

Possible Action Steps
- Combine resources and expertise in the district to deliver training programs; inventory distance learning capabilities; use webinars as appropriate
- Develop a district-wide calendar or listserv of training opportunities including appropriate audience
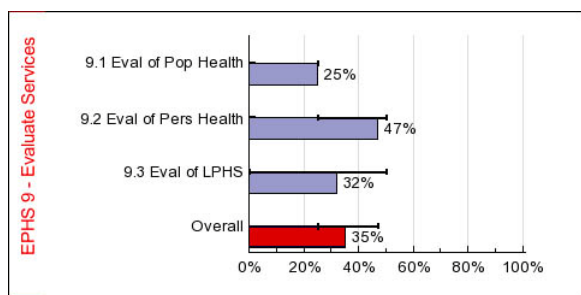
Essential Service 9—Evaluate Effectiveness, Accessibility and Quality of Personal and Population-Based Health Services

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 35: – This service scored 6th 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

EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	35
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	**47**
• Personal health services evaluation	50
• 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	50
• Use of personal health services evaluation	50
9.3 Evaluation of the Local Public Health System	**32**
• Identification of community organizations or entities that contribute to the EPHS	50
• Periodic evaluation of LPHS	25
• 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.

District Context

- In the past, several agencies within the district have done community surveys to evaluate existing programs and identify needs.
- Some program specific evaluations are being done and generally it is tied to funding requirements.
- Because of accreditation, health care facilities do satisfaction surveys and other agencies evaluate cost and quality of health care services such as Maine Quality Forum and the Maine Health Management Coalition.
- Satisfaction surveys have many limitations and individuals with low literacy many not accurately complete the form.
- HEDIS data is available and should be used more by public health.
- While use of EMRs is growing in the district, HIPPA requirements may be a barrier to using the information for evaluation purposes.
- The public health system assessment process has identified many members of the DPHS, but some gaps include faith-based groups and social justice/advocacy groups.
- Training for evaluation is needed.

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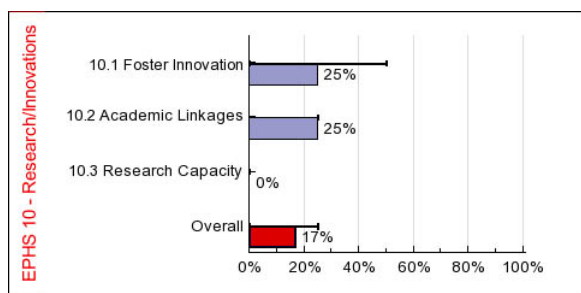
Essential Service 10—Research for New Insights and Innovative Solutions to Health Problems

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 17: – This service ranked the lowest 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

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	17
10.1 Fostering Innovation	**25**
• Encouragement of new solutions to health problems	50
• Proposal of public health issues for inclusion in research agenda	0
• Identification and monitoring of best practices	50
• Encouragement of community participation in research	0
10.2 Linkage with Institutions of Higher Learning and/or Research	**25**
• Relationships with institutions of higher learning and/or research organizations	25
• Partnerships to conduct research	25
• Collaboration between the academic and practice communities	25
10.3 Capacity to Initiate or Participate in Research	**0**
• 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.
- No organizations in the district have proposed 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

- Many organizations feel that there are some opportunities for innovation and to think of new ways to solve problems, although the HMPs feel that there are fewer opportunities and OSA requires grantees to follow specific best-practice programs.
- Listservs, hospital libraries are two ways that organizations stay current on best practice but time is the most significant barrier.
- Greater understanding of research and how organizations can collaborate with researchers is needed as well as knowledge the cost involved in collaborating on research.
- Most collaboration with researchers now is for clinical service projects.

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