Penquis District Public Health Systems Assessment
Overall Summary

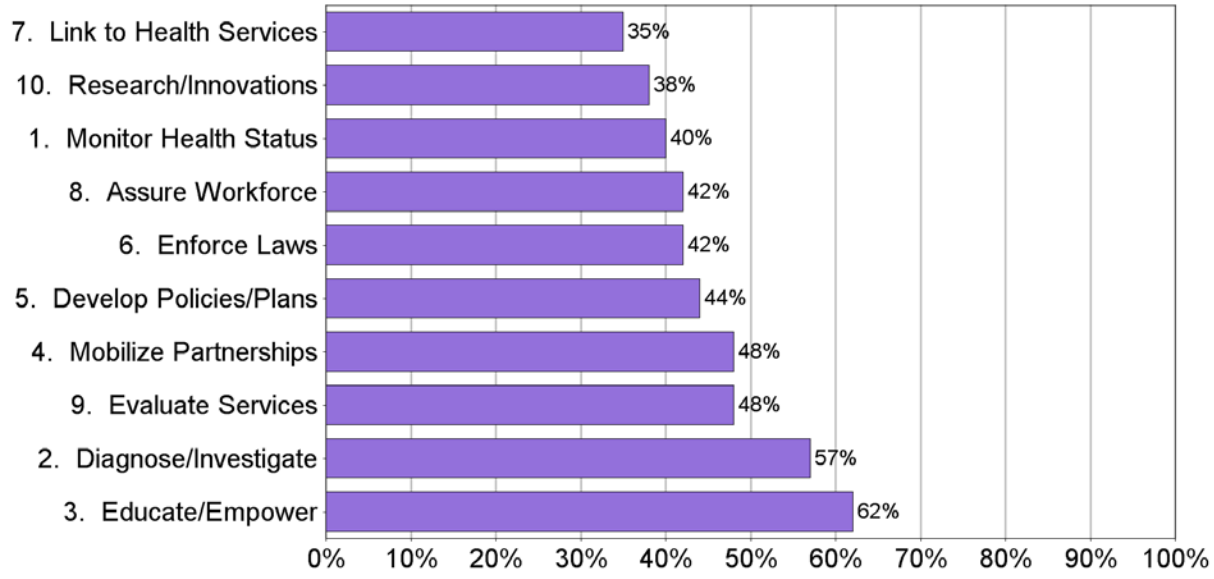
Overview

Penquis District Public Health Systems Assessment took place on September 2, 16 and 30 meeting for approximately 3.5 hours each time. A total of 44 individuals participated in at least one of the three meetings with an average attendance of 27. 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, community health center, emergency management agency, social service/CAP agencies, state agencies, universities/colleges, municipalities, local health department, mental health agencies, businesses, senior agencies, local health officers, first responders, community organizations, and schools. Environmental health groups and faith-based organizations are potential gaps in representation.

Summary of Scores

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	40
2	Diagnose And Investigate Health Problems and Health Hazards	57
3	Inform, Educate, And Empower People about Health Issues	62
4	Mobilize Community Partnerships to Identify and Solve Health Problems	48
5	Develop Policies and Plans that Support Individual and Community Health Efforts	44
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	42
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	35
8	Assure a Competent Public and Personal Health Care Workforce	42
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	48
10	Research for New Insights and Innovative Solutions to Health Problems	38
Overall Performance Score		**46**

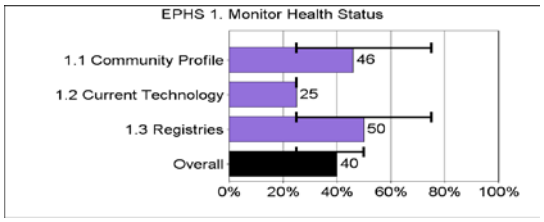
Rank ordered performance scores for each Essential Service, by level of activity



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: 40 – This service ranked 8 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	40
1.1 Population-Based Community Health Profile (CHP)	46
• Community health assessment	69
• Community health profile (CHP)	28
• Community-wide use of community health assessment or CHP data	42
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

- Some health assessments in the district have been developed.
- There is not a comprehensive community health profile for the district.
- The district assessments have been distributed and used across the district but there is not a media strategy.
- 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

- There are a number of assessments that have been conducted in the district including: United Way, schools, HMPs as part of the MAPP process, FQHCs, Penquis CAP, and EMHS. Other county or district level data is available through Kids Count, environmental public health tracking and other state sources.
- The health systems will be conducting a statewide assessment by county and will include some primary data collection. This process will include more public involvement and will be more widely promoted and accessible than past assessments.
- Data not in current assessments include environmental health and domestic violence.
- Sebasticook Valley HMP did use assessment data to compile a community health profile but there is not one for the district or other areas of the district.
- Use of assessment data has been promoted by EMHS in 2007. That data was put on the web site and community forums were held about the data but there is not a current media strategy to promote use of assessment data and knowledge about data availability is limited.
- In some cases data is available on a number of websites and websites are linked. HMPs are working to join their data but data on websites that is accessible is sometimes cumbersome to extract when needed.
- There are organizations in the district beginning to use GIS in limited capacity related to a cancer cluster.
- In addition to state registries, there are a number of local registries for immunizations, diabetes, asthma but most data is used for internal organizational purposes only.

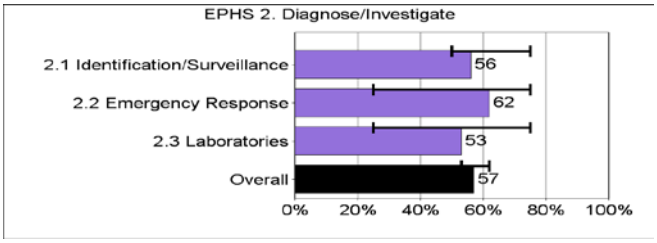
Possible Action Steps

- Ensure that assessment data is easily accessible (e.g. a website or linked websites) and in a format that is useable
- Develop a district health profile – include data on identified gaps, ensure access to the profile in multiple formats including GIS mapping and develop a media strategy to promote its use

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: 57 – This was the 2nd 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	**57**
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	**62**
• Written protocols for case finding, contact tracing, source identification, and containment	50
• Current epidemiological case investigation protocols	75
• Designated Emergency Response Coordinator	63
• Rapid response of personnel in emergency / disasters	47
• 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	38
• 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 (in green), with the exception of emergency response ability.
- The district scored high on its emergency response ability and evaluation of the effectiveness of their response activities. Rapid response of personnel in an emergency scored somewhat lower.

District Context

- The district organizations use surveillance data but not everyone was aware of what was available or how to access it.
- The technology to use GIS mapping for state surveillance data is available but limited in use.
- A number of key partners in the district have been involved with the Regional Resource Center in the development of protocols for case finding, contact tracing, etc. for communicable diseases or toxic exposures.
- Most organizations in the district have had NIMS training and many people have been brought to the table to discuss emergency response. Some but not all community leaders are involved in emergency response.
- There are a limited number of HAZMAT teams in the district and they cover multiple areas so could not respond adequately if they are needed in more than one location.
- Protocols are in place to respond and they are adapted to Maine's rural nature.
- CERT teams are not in place in the district and more planning is needed on what to do with untrained volunteers who show up on site in an emergency.
- Not all towns have updated emergency response plans and not everyone is aware of what is in the plans.
- There is adequate training in the district and after action reports are required and used to modify plans. Surge capacity needs to be enhanced.
- Notification time by the state lab in H1N1 was long. The state lab does not have the capacity to deal with all issues (e.g. the UMaine Orono swimming pool contamination incident.)

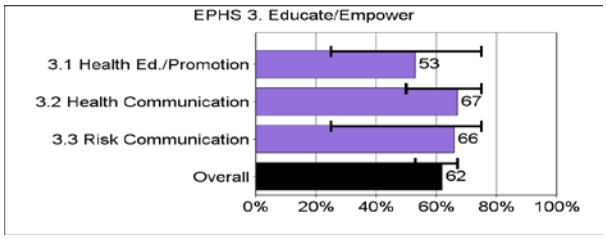
Possible Action Steps

- Coordinate dissemination and use of surveillance data for organizations in the district
- Encourage the recruitment and training of CERT teams in the district
- Support the updating and dissemination of town emergency response plans

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: 62– This was the highest scoring essential service overall. This score is in the significant range indicating that there are many district wide activities.



Range of scores within each model standard and overall

EPHS 3. Inform, Educate, And Empower People about Health Issues	**62**
3.1 Health Education and Promotion	**53**
• Provision of community health information	50
• Health education and/or health promotion campaigns	60
• Collaboration on health communication plans	50
3.2 Health Communication	**67**
• Development of health communication plans	50
• Relationships with media	75
• Designation of public information officers	75
3.3 Risk Communication	**66**
• Emergency communications plan(s)	75
• Resources for rapid communications response	50
• Crisis and emergency communications training	75
• Policies and procedures for public information officer response	63

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.
- There are communication plans or identified and trained spokespersons for the district and significant media relationships.
- The highest score was for the district's coordinated emergency communication plans.

District Context

- Organizations in the district have informed policy makers and the public on health issues (e.g. Senior Spectrum, MaineGeneral, EMHS, Eastern Maine Aids Network, Mable Wadsworth Center.)
- The HMPs have continually improved efforts to coordinate messages across the district.
- Agencies in the district use evidence based programs (e.g. a falls-prevention collaborative.)
- The radio program "What You Do Matters" reaches across the district with messages on public health and health promotion including mental health and addiction. Hits to the website increase after each program.
- Health promotion/health education efforts reach people in specific settings: The Wellness Council of Maine works with worksites; numerous school based initiatives; substance abuse treatment/prevention efforts in jails and homeless shelters; tobacco prevention and control efforts at the fairs.
- Some gaps in programs include domestic violence and reaching people who do not access the web. For many programs the outer areas of the counties are harder to reach although public health nurses go out to the rural communities and have been working with town offices to reach those populations.
- Not all health promotion programs are evaluated.
- Many agencies collaborate on health promotion efforts but there are some silos (e.g. food pantry activities, Wellness Council.) Agencies work together with advocacy groups.
- In the Bangor area all public information officers connect on messaging (e.g. H1N1) but not district-wide. Agencies and hospitals have communication plans and connect with the emergency management system.
- There are established relationships with the media.
- Emergency communication planning has been extensive (including for the homeless) and they are in accordance with NIMS.
- There is no reverse 911. Schools all have emergency contact lists. Low literacy materials have been developed and people with disabilities have been involved in the planning.
- Crisis and emergency communications training occurs for public information officers and health communication specialists but not all other staff are included (e.g. health educators, HMP staff.)
- Many organizations have rapid response lists but these are not linked. Local health officers have not been connected for the most part.
- EOCs and hospitals have communication Go Kits but not all information is electronic.

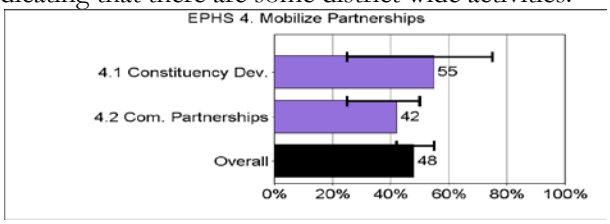
Possible Action Steps

- Develop collaborative district-wide health promotion campaigns targeted to geographic areas and high risk groups that have been identified but not yet reached
- Coordinate and link contact lists to ensure rapid response in a public health emergency and connect local health officers, if appropriate

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: 48 – This essential service ranked 4th 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	48
4.1 Constituency Development	55
• Identification of key constituents or stakeholders	50
• Participation of constituents in improving community health	44
• Directory of organizations that comprise the LPHS	50
• Communications strategies to build awareness of public health	75
4.2 Community Partnerships	42
• Partnerships for public health improvement activities	50
• Community health improvement committee	50
• Review of community partnerships and strategic alliances	25

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.
- Accessible and lists of organizations in the district is available.
- There are significant 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.
- There has been limited review and assessment of the effectiveness of community partnerships and strategic alliances in the district.

District Context

- The formation of the DCC has led to the identification of key stakeholders. That information is posted on the web and each HMP has a list that is easily accessible to others although there is no central data base.
- In rural areas, the phone book is the source to access all agencies and organizations and there are booklets of community resources that have been developed and shared.
- The MAPP process has required involvement of constituents to identify community issues. This is also being done by EMHS.
- Volunteers are used by agencies across the district but some issues were identified: organizations in rural areas have limited capacity to engage in volunteer efforts; volunteers are hard to recruit because most have limited time; hard to get volunteers to participate in training.
- The district uses a number of channels to communicate about public health: newsletters, press releases, media campaigns (district wide campaign is being developed), "What you do matters" radio program, listservs.
- The DCC will be the district public health improvement committee.
- The City of Bangor created a Public Health Advisory Committee that includes representation of organizations that cross the district although some towns like Greenville and Millinocket are not on the advisory board. The development of a public health infrastructure has created some confusion in the district. Many feel that it appears there are two systems – HMP and public health infrastructure.

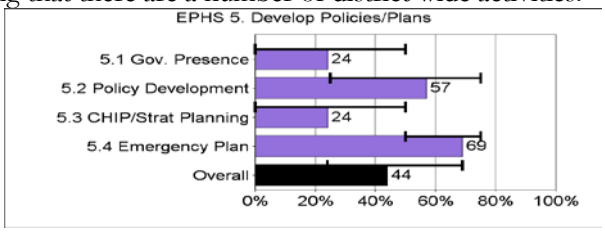
Possible Action Steps

- Assess effectiveness of current partnerships and strategic alliances to strengthen and improve capacity
- Develop a plan to recruit, retain, train and engage volunteers that includes creative strategies to overcome existing barriers
- Use the district public health improvement process to clarify roles in addressing the 10 Essential Public Health Services

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: 44 – This essential service rated 5th of the 10 essential services. This score is in the high-moderate range indicating that there are a number of district wide activities.



Range of scores within each model standard and overall

EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	44
5.1 Government Presence at the Local Level	**24**
• 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
5.2 Public Health Policy Development	**57**
• Contribution to development of public health policies	71
• Alert policymakers/public of public health impacts from policies	75
• Review of public health policies	25
5.3 Community Health Improvement Process	**24**
• Community health improvement process	47
• Strategies to address community health objectives	25
• Local health department (LHD) strategic planning process	0
5.4 Plan for Public Health Emergencies	**69**
• Community task force or coalition for emergency preparedness and response plans	75
• All-hazards emergency preparedness and response plan	71
• Review and revision of the all-hazards plan	63

Scoring Analysis

- The district has begun to develop a governmental presence at the local level and there is a local health department in the district.
- 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 public health unit in the Penquis District includes the District Liaison, public health nursing, epidemiologist, drinking water, and health inspection.
- The district has a municipal health department at Bangor although they are often called upon to serve a much larger geographic area. Although municipal health departments were recognized in the public health infrastructure legislation, clarification on roles, responsibilities and resource allocation is needed as well as on how HMPs, the Public Health Advisory Board, the DCC and MaineCDC relate to each other.
- The Public Health Advisory Board in the district has been actively involved in local and state policy issues including tobacco use and behavioral health and created strategic alliances that allowed them to be successful (e.g. the Chamber of Commerce with tobacco policy.)
- Although the number of advocates has increased, more resources are needed to adequately advocate for policy issues such as substance abuse or co-occurring issues.
- The HMPs are actively engaged in the MAPP process and there has been broad participation. Faith based organizations, managed care, and environmental groups are gaps.
- There is a task force of community partners for planning emergency response which has broad representation. Active planning around H1N1 exists and EMA recently received funds for a planner. Hospitals also have task forces to work with EMA for planning. Gaps include private sector especially small businesses. Additional coordination and planning with schools and around mass casualty planning is needed.
- Emergency response plans have been tested with a number of partners and counties work together on drills.

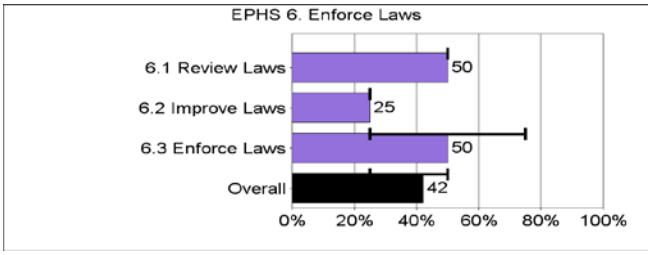
Possible Action Steps

- Use the public health improvement planning process to clarify roles and responsibilities of all agencies (state/local/regional) for implementing strategies to address community health objectives
- Identify gaps in local emergency response plans and work with entities to improve/create plans and involve additional stakeholders

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 6th 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	**42**
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	**50**
• Authority to enforce laws, regulation, ordinances	50
• Public health emergency powers	75
• Enforcement in accordance with applicable laws, regulations, and ordinances	75
• Provision of information about compliance	25
• Assessment of compliance	25

Scoring Analysis *(note: all districts received the same score)*

- 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, and 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

- In the district some code enforcement officers, emergency planning committees, and some health officers are aware of public health issues that can only be addressed through laws/regulations/ordinances.
- Grant funded projects in the district inform the public about new laws including: smoking in cars, smoke-free outdoor dining, and underage drinking.
- New local public health infrastructure will provide greater opportunity to look at public health laws/ regulations/ ordinances in smaller communities and not just at a state level.
- An important local issue not being addressed is the need for beds for mental health patients – hospitals don't have the capacity and the jails continue to send mental health patients to the ED. Bangor now has police officers in the hospitals as a result and the jails are where people with mental health issues end up.

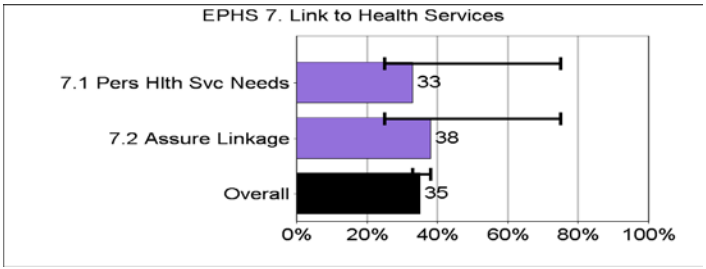
Possible Action Steps

- Advocate for policies across the district to increase access to hospital beds for patients with mental health needs
- Identify priority issues in specific communities that can be addressed through local laws/regulations/ordinances and provide information to policy makers and the public on the impact of a policy change

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: 35 – This service ranked last of the 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

EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	**35**
7.1 Identification of Populations with Barriers to Personal Health Services	**33**
• Identification of populations who experience barriers to care	25
• 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	**38**
• 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	75
• Coordination of personal health and social services	25

Scoring Analysis

- There are district-wide activities to identify population and personnel 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 occurs but is not connected across the district
- There are significant district-wide initiatives to enroll people eligible for public benefit programs.

District Context

- Some assessment of service needs have been done for seniors, the homeless population, low income, and people with mental illness. Services change so assessments need to occur often and need to assess those who don't show up for care, not just those who seek services.
- Health services gaps include: transportation (especially for secondary and tertiary care), mental health for low income people, dental health beyond what the health centers provide, pain management, services for people with mental illness and addiction, women's health for MaineCare recipients, chronic disease management (for those not on MaineCare), medication access, transgendered health care, home health for people on IV antibiotics.
- Populations with difficulty accessing services include: isolated in rural areas, language or literacy barriers, low income childless adults, low income men with disabilities, people released from correctional facilities, youth in transition (16-24 years old), victims of domestic violence and abuse.
- Methadone clinic users often need to travel great distances so can't have a job and it is very disruptive in their lives.
- Coordination and case management is lacking. People still use emergency room because there is no cost even though the FQHC has a low cost.
- Patients at FQHC are often very transient and don't have one place they always go for services.
- Groups that work to provide people with information on services and public benefits programs include: public health nurses, FQHC, Eastern AAA, VA, social service groups, United Way, Welfare Dept. in Bangor, hospitals. Not all available services are accessed.
- There are some mental health and primary care integration efforts (MeHAF funded) in the district.

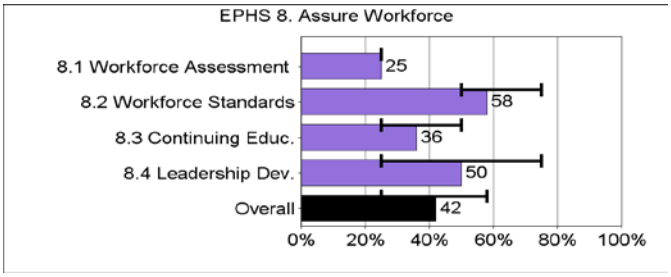
Possible Action Steps

- Expand and coordinate across the district current successful initiatives to link priority populations to needed services
- Coordinate an assessment across the district on health service gaps (e.g. chronic disease management) 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: 42 – This service ranked 7th 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 8. Assure a Competent Public and Personal Health Care Workforce	42
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	**58**
• Awareness of guidelines and/or licensure/certification requirements	50
• Written job standards and/or position descriptions	50
• Annual performance evaluations	75
• LHD written job standards and/or position descriptions	63
• LHD performance evaluations	50
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	**36**
• Identification of education and training needs for workforce development	38
• Opportunities for developing core public health competencies	33
• Educational and training incentives	25
• Interaction between personnel from LPHS and academic organizations	50
8.4 Public Health Leadership Development	**50**
• Development of leadership skills	50
• Collaborative leadership	50
• Leadership opportunities for individuals and/or organizations	75
• Recruitment and retention of new and diverse leaders	25

Scoring Analysis

- There has been no assessment across the district of the public health workforce.
- Some organizations connect job descriptions and performance evaluations to public health competencies.
- There are assessments of training needs but few resources or incentives available for training
- Some training programs on core competencies exist and there is interaction with academic institutions.
- Leadership development is available in the district, but recruitment and retention of new and diverse leaders is minimal.

District Context

- The hospitals have done assessments of the health care workforce but no assessment of the public health workforce exists.
- There are very few trained public health applicants (e.g. MPH) for public health positions.
- New health programs (e.g. pharmacy, dental, nursing) are being created as a result of the gaps.
- Where licensure and certification requirement exist, organizations assure compliance.
- Although the statutes outline the local health officer responsibilities, there is not a uniform job description.
- Many groups look a training needs and available trainings are disseminated on listservs across the district. Distance learning is available but may not be used as much as it could be and travel to national conferences is limited.
- Availability of funds for all training is a limitation, especially now, and most training money is for categorical programs.
- Basic public health science skills may be a gap that is not readily available. Trauma informed care training is a gap.
- Many organizations engage in collaborative leadership. Leadership programs are available, but in rural area agencies find it difficult to find leaders, which they believe is a cultural issue. Recruitment and training of low income individuals for leadership positions is often difficult.

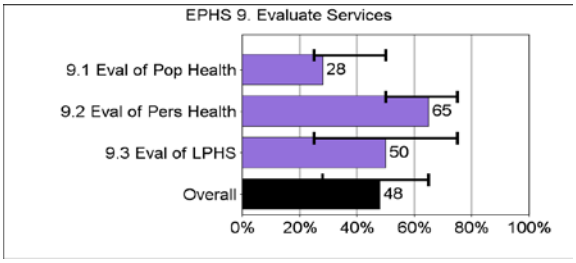
Possible Action Steps

- Combine resources and expertise in the district to deliver priority training programs; inventory distance learning capabilities; use low-cost/free webinars as appropriate to reduce barriers to training
- 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: 48 – This service scored 3rd 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	**48**
9.1 Evaluation of Population-based Health Services	**28**
• Evaluation of population-based health services	38
• Assessment of community satisfaction with population-based health services	25
• Identification of gaps in the provision of population-based health services	25
• Use of population-based health services evaluation	25
9.2 Evaluation of Personal Health Care Services	**65**
• Personal health services evaluation	50
• Evaluation of personal health services against established standards	75
• Assessment of client satisfaction with personal health services	50
• Information technology to assure quality of personal health services	75
• Use of personal health services evaluation	75
9.3 Evaluation of the Local Public Health System	**50**
• Identification of community organizations or entities that contribute to the EPHS	75
• Periodic evaluation of LPHS	75
• 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 use.
- 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 have done evaluation of their programs (e.g. Ciambro and other worksites) although many evaluations are done at the state level. There is no overall assessment of satisfaction with population based health services.
- Hospitals, FQHCs, homeless health programs and other health care organizations evaluate their services using state or national standards. Client satisfaction is also assessed in these facilities but not for potential clients. Information is not shared or coordinated across the district.
- There is significant connection in the district using EMRs except for long term care facilities.

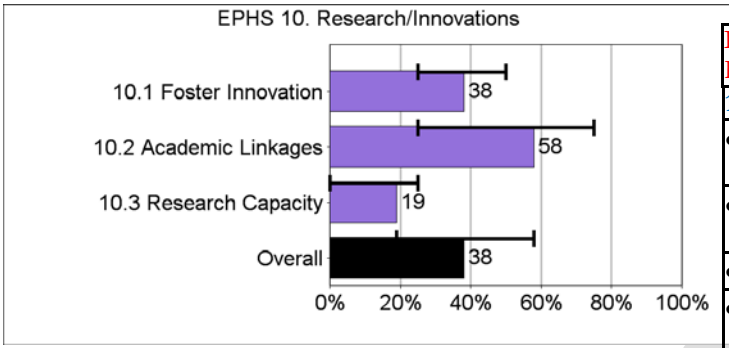
Possible Action Steps

- 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 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: 38 – 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

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	**38**
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	**58**
• Relationships with institutions of higher learning and/or research organizations	75
• Partnerships to conduct research	25
• Collaboration between the academic and practice communities	75
10.3 Capacity to Initiate or Participate in Research	**19**
• Access to researchers	25
• Access to resources to facilitate research	25
• Dissemination of research findings	25
• 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.
- Few organizations in the district have proposed public health issues for inclusion in the research agenda of research organizations or participated in development of research.
- There are significant affiliations with academic institutions and organizations in the district.
- The DPHS has minimal access to researchers.

District Context

- There have been a number of innovative solutions to problems in the district including: Bangor region began the Wellness Council, some businesses set aside time and money to do this (e.g. Cianbro), and Keep Me Well was piloted in this district. It is harder for non-profits with grant funds for specific deliverables.
- Identification and monitoring of best practice is done through monthly periodicals, attending trainings, email lists, etc.
- Research institutions that have connections in the district include: Maine Center for Human Genetics and Health (cancer), UMaine Orono, Jackson Labs, Husson College and Yale.
- Academic institutions do not provide sufficient technical assistance to community organizations and there is not a lot of research dollars available locally. Without a school of public health there is a lack of capacity in the state for public health research.
- Many organizations have connections for student placements.

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 researchers interested in collaboration