

## ***Western District Public Health Systems Assessment***

### ***Overall Summary***

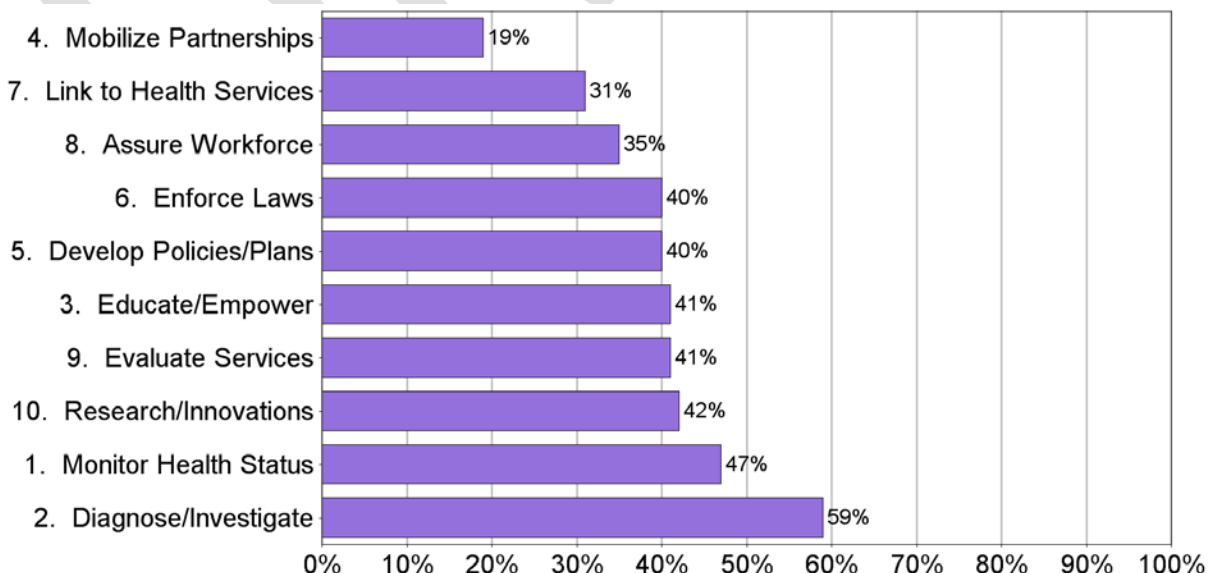
#### **Overview**

Western District Public Health Systems Assessment took place on September 25, October 23 and 30 meeting for approximately 3.5 hours each time. A total of 49 individuals participated in at least one of the three meetings with an average attendance of 26. 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 agencies, homecare/hospice, social service/CAP agencies, state agencies, universities/colleges, municipalities, mental health agencies, schools/adult education, senior agencies, local health officers, first responders, and community organizations. 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	47
2	Diagnose And Investigate Health Problems and Health Hazards	59
3	Inform, Educate, And Empower People about Health Issues	41
4	Mobilize Community Partnerships to Identify and Solve Health Problems	19
5	Develop Policies and Plans that Support Individual and Community Health Efforts	40
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	31
8	Assure a Competent Public and Personal Health Care Workforce	35
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	41
10	Research for New Insights and Innovative Solutions to Health Problems	42
Overall Performance Score		40

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

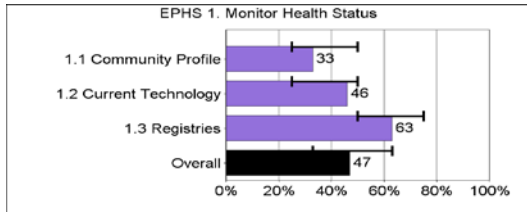


## *Western District Local Public Health System Assessment*

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

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

**Overall Score: 47** – This service ranked 2<sup>nd</sup> out of 10 essential services. This score is in the moderate range indicating that some district wide activities have occurred.



*Range of scores within each model standard and overall*

#### **Scoring Analysis**

- District health assessments have been developed.
- There is no district-level comprehensive health profile.
- Assessments have been distributed to partners but there is not a district wide media strategy for data dissemination.
- State-of-the-art technology including GIS is available in the district.
- There are state and local registries on many health issues, and that data has been used by organizations.

<b>EPHS 1. Monitor Health Status To Identify Community Health Problems</b>	<b>47</b>
<b>1.1 Population-Based Community Health Profile (CHP)</b>	<b>33</b>
• Community health assessment	50
• Community health profile (CHP)	25
• Community-wide use of community health assessment or CHP data	25
<b>1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data</b>	<b>46</b>
• State-of-the-art technology to support health profile databases	38
• Access to geocoded health data	50
• Use of computer-generated graphics	50
<b>1.3 Maintenance of Population Health Registries</b>	<b>63</b>
• Maintenance of and/or contribution to population health registries	75
• Use of information from population health registries	50

#### **District Context**

- In addition to the state-developed district assessment, there have been a number of other assessments completed by other organizations including: Healthy Androscoggin, Healthy Community Coalition, United Way, Tri County Mental Health, the CAP agency, Western Mountain Alliance. MaineHealth will be doing an assessment in the future.
- Community health profiles were completed for Androscoggin County and for the River Valley Area that included health data, demographics, socio-economic indicators, some environmental health, social and mental health, and some maternal child health data.
- The district has not yet looked at data for the district or identified those contributing as possible data sources. HMPs are compiling their own data now. How to compile and analyze district data and how to fund such an effort has not been determined.
- Assessment data have been used by a number of agencies in the district for planning services, grant writing, allocation of funds and strategic planning.
- GIS is used throughout the district including: Franklin County has used GIS mapping extensively; some have attended the GIS summer institute; GIS mapping is being used for the district lead poisoning prevention program; a community food security assessment uses GIS, Maine schools map some data, Senior's Plus mapped home delivered meals and identified pockets of people over 65, EMA/first responders map residences and other locations. GIS has not been used in the district to map race, gender or poverty. The Council of Governments for the 3 counties now has GIS capacity.
- There are a number of registries in the district including trauma, chronic disease, immunizations, lead, rabies and Lyme disease. Data from these registries has been used in planning (e.g. pandemic flu), programs (e.g. lead) and grant proposals (e.g. cancer and other chronic diseases.)

#### **Possible Action Steps**

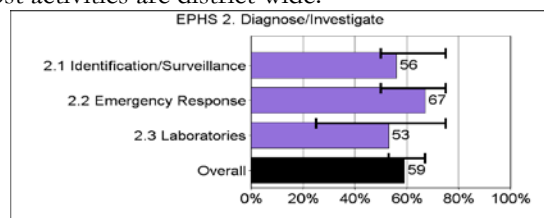
- Coordinate data sources and topics across the district to create a district health profile that includes HMP collected data as well as assessment data from other sources
- Develop a district-wide strategy to disseminate assessment data and increase use
- Build on existing GIS projects to map district health disparities

## Western District Local Public Health System Assessment

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

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

**Overall Score: 59** – 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 (all areas in green), with the exception of emergency response ability.
- The district scored high on its emergency response to disasters, access to needed personnel, and evaluation of the effectiveness of response activities.

#### District Context

- Surveillance activities in Maine are coordinated at the state level by MaineCDC and other agencies and with the support of the NE Poison Control Center for after hours.
- Most data is reported at the county level.
- The all-payer claims data base could be useful but there is a cost to obtain the data. Access to disparities data has been identified as a gap.
- Reporting by health professionals works well if it goes through the lab or by homecare providers– not as well if individual physician offices must report.
- There is a regional infectious disease epidemiologists in the district and some staff in the HMPs have epi training and skills.
- There is significant collaboration among the three County EMA Directors and the District Liaison and there is coordination with community leaders.
- The district EMAs have access to needed personnel to respond within two hours with a few exceptions. There has been an enormous amount of work to address hospital surge capacity and develop networks of alternate sites.
- The system to identify, train, and do background checks on volunteers is progressing and is being coordinated out of the Southern Maine Regional Resource Center. A number of district agencies have recruited medical volunteers.
- Emergency response plans have been tested but not fully evaluated at a local level for the ability to carry on operations if 30-40% for the workforce is out sick.
- The capacity of the state lab to confirm H1N1 cases has been an issue in the district.

#### Possible Action Steps

- Coordinate surveillance needs and identify sources for disparities data
- Work with providers to increase number and timeliness of reportable disease
- Evaluate the capacity of organizations to respond to a public health emergency with a high percentage of workers out sick and make changes to plans as needed

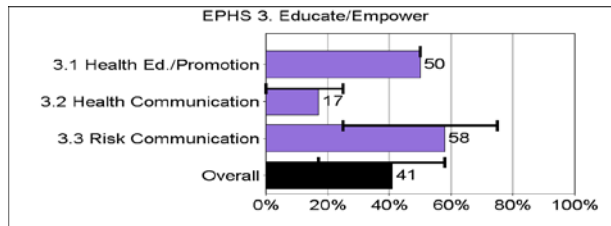
<b>EPHS 2. Diagnose And Investigate Health Problems and Health Hazards</b>	<b>59</b>
<b>2.1 Identification and Surveillance of Health Threats</b>	<b>56</b>
• Surveillance system(s) to monitor health problems and identify health threats	67
• Submission of reportable disease information in a timely manner	50
• Resources to support surveillance and investigation activities	50
<b>2.2 Investigation and Response to Public Health Threats and Emergencies</b>	<b>67</b>
• 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	72
• Evaluation of public health emergency response	63
<b>2.3 Laboratory Support for Investigation of Health Threats</b>	<b>53</b>
• Ready access to laboratories for routine diagnostic and surveillance needs	50
• Ready access to laboratories for public health threats, hazards, and emergencies	38
• Licenses and/or credentialed laboratories	50
• Maintenance of guidelines or protocols for handling laboratory samples	75

## *Western District Local Public Health System Assessment*

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

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

**Overall Score: 41** – This was the 5<sup>th</sup> highest scoring essential service overall. This score is in the moderate range indicating that there are some district wide activities.



*Range of scores within each model standard and overall*

<b>EPHS 3. Inform, Educate, And Empower People about Health Issues</b>	<b>41</b>
<b>3.1 Health Education and Promotion</b>	<b>50</b>
• Provision of community health information	50
• Health education and/or health promotion campaigns	50
• Collaboration on health communication plans	50
<b>3.2 Health Communication</b>	<b>17</b>
• Development of health communication plans	0
• Relationships with media	25
• Designation of public information officers	25
<b>3.3 Risk Communication</b>	<b>58</b>
• Emergency communications plan(s)	69
• Resources for rapid communications response	69
• Crisis and emergency communications training	50
• Policies and procedures for public information officer response	44

### **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 and there are some 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.

### **District Context**

- District-wide health promotion/education efforts include: lead paint, tobacco control, worksite wellness, access to local food, substance abuse prevention, Living Well, A Matter of Balance. Hospitals have collaborated on promoting consistent messages for flu.
- Health promotion campaigns reach people in many different settings. There could be greater collaboration with faith based organizations and recreational facilities.
- Many programs in the area are evaluated and many funders require evaluation when doing evidence based programs.
- A number of district agencies work with advocates and provide educational forums on health issues and the HCC does a Health Beat radio show.
- The EMAs have very mature communication plans to reach the public and health care organizations and a telephone network to disseminate information. The information sharing capabilities are growing (e.g. webinars, IM.)
- Challenges exist in the L/A area due to the number of non-English speaking residents and there is concern about the ability to communicate effectively with this group in an emergency. Homecare reaches some non-English speaking individuals and has a contract for interpreters. Getting messages to low SES groups or individuals who are not connected to providers, schools or other groups also presents logistical challenges.

### **Possible Action Steps**

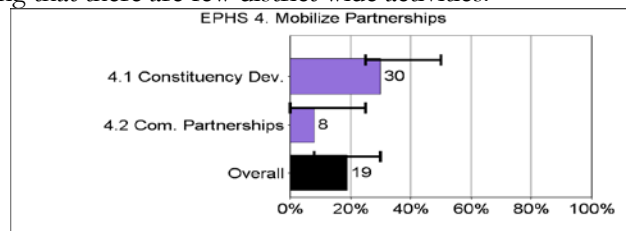
- Identify priority health issues and develop collaborative district-wide health promotion campaigns targeted to individuals at higher risk of negative health outcomes and involve new partners (e.g. faith based organizations)
- Develop coordinated communication plans and provide training to information officers and/or spokespersons
- Enhance current communications plan to increase ability of the district to reach non-English speaking and low SES individuals in an emergency

## *Western District Local Public Health System Assessment*

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

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

**Overall Score: 19**– This essential service ranked last of all 10 essential services overall. This score is in the minimal range indicating that there are few district wide activities.



*Range of scores within each model standard and overall*

#### **Scoring Analysis**

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

#### **District Context**

- A list has been compiled of key constituents for building the DCC and the Steering Committee reviews the list and identifies gaps. This process is an “inside-out” process -- few people outside of the DCC are aware of its purpose. Involvement of 211 coordinators would be beneficial because of their connection with many organizations. Many organizations in the district do significant constituency building.
- Each of the HMPs has had participation of constituents in their work but this has not been coordinated district-wide.
- Most organizations are listed in the 211 directory. For refugee and immigrant issue, 211 is not as helpful. Businesses are generally not included. The DCC list has gaps including colleges/universities, and economic development groups. Some people want to be involved in DCC but can’t come to meetings.
- There are challenges in this district because there are 3 counties with both rural and urban areas. As the governance structure for the DCC evolves, these issues will be addressed. There has been great evolution of the EMA structure over many years and public health “needs to move in that direction.”
- There are some activities in the district to build awareness about public health including: HMP participation in MPHA’s “This is public health” campaign; a district-wide newsletter now being produced by the HMPs; L/A Public Health Committee is bringing issues to the city councils; and through fairs.
- Although not coordinated across the district, there are examples of partnerships to improve public health including: L/A trying to improve public health for immigrant and refugee populations, efforts to integrate services, dental health clinic is now in all 3 counties, home health agency is collaborating with physicians for ways to improve acute care.

#### **Possible Action Steps**

- Consolidate and make available lists of current partnerships and strategic alliances then identify gaps and strategies to engage new partners, particularly those unable to attend meetings
- Assess effectiveness of current partnerships and strategic alliances to strengthen and improve capacity
- Develop a district wide communication strategy for promoting public health
- Create a public health improvement committee

<b>EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems</b>	<b>19</b>
<b>4.1 Constituency Development</b>	<b>30</b>
• Identification of key constituents or stakeholders	44
• Participation of constituents in improving community health	25
• Directory of organizations that comprise the LPHS	25
• Communications strategies to build awareness of public health	25
<b>4.2 Community Partnerships</b>	<b>8</b>
• Partnerships for public health improvement activities	25
• Community health improvement committee	0
• Review of community partnerships and strategic alliances	0

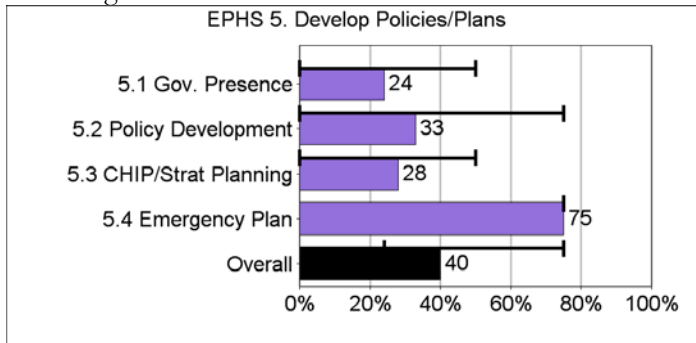


## Western District Local Public Health System Assessment

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

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

**Overall Score: 40** – This essential service rated 6th of the 10 essential services. This score is in the moderate range indicating that there are a number of district wide activities.



*Range of scores within each model standard and overall*

<b>EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts</b>	<b>40</b>
<b>5.1 Government Presence at the Local Level</b>	<b>24</b>
• Governmental local public health presence	21
• Resources for the local health department	28
• LHD work with the state public health agency and other state partners	25
<b>5.2 Public Health Policy Development</b>	<b>33</b>
• Contribution to development of public health policies	75
• Alert policymakers/public of public health impacts from policies	25
• Review of public health policies	0
<b>5.3 Community Health Improvement Process</b>	<b>28</b>
• Community health improvement process	47
• Strategies to address community health objectives	25
• Local health department (LHD) strategic planning process	13
<b>5.4 Plan for Public Health Emergencies</b>	<b>75</b>
5.4.1 Community task force or coalition for emergency preparedness and response plans	75
5.4.2 All-hazards emergency preparedness and response plan	75
5.4.3 Review and revision of the all-hazards plan	75

#### Scoring Analysis

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

#### District Context

- Many district groups participate in the development of policies including: tobacco, physical activity, nutrition, substance abuse, chickens in urban areas, farm to school, Work Healthy, household hazardous waste, wind power and climate change, prescription drug issue.
- Some district organizations inform policy makers of the health impact of policies (e.g. FCHN took a lead in advocating against reduction in mental health funds.)
- The MAPP process is underway with individual HMPs taking the lead in their area. The process includes broad participation although some gaps may be business, faith based organizations, transportation, managed care.
- Strategies to address community health objectives for the district will be established but the geographic area of this district and the diverse populations will make it difficult.
- There are emergency preparedness committees in the district that are knit together by the Regional Resource Center. LHOs have not all been involved and HMPs have only recently been part of the planning. Some vulnerable populations have been hard to reach and involve for many reasons.
- The alignment of hospital plans and county plans is closer now than it has been in past years. One gap in planning has been procedures for deployment from Strategic National Stockpile.

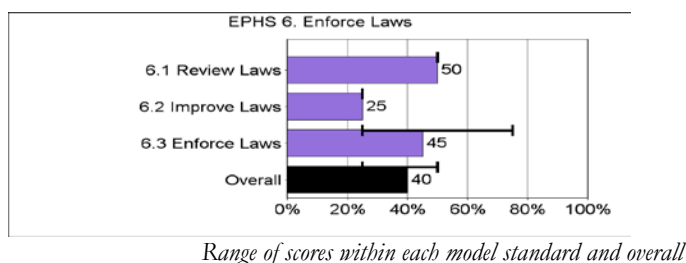
#### Possible Action Steps

- Use MAPP process to identify and address local public health policy needs beyond tobacco, physical activity, nutrition and substance abuse. 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 tied for 6<sup>th</sup> out of 10 essential services. This score is in the moderate range indicating that there are some district wide activities.



### Scoring Analysis

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

### District Context

- Organizations (e.g. HMPs) have identified issues to be addressed through laws/regulations/ordinances in some local areas for issues such as tobacco control and planning for trails and bikes/pedestrians.
- Some barriers to addressing issues through laws/regulations/ordinances at a local level include: public health issues compete with high visibility issues such as property taxes so rarely get on town meeting agendas; local elected officials often believe public health problems are being address by someone else; process for handling some issues is not effective (e.g. property management sanitation issues are require selectmen review in order to go to court.)
- Not all local health officers are aware of their role (e.g. assess problems v.s. enforcement) but the new formal training will help. Often knowledge about laws/regulations/ordinances is “on-time learning”.
- There is concern about the ability to enforce quarantine. Some local law enforcement officials don’t feel it is their job to enforce public health laws and sheriffs do not enforce local ordinances.
- HMPs work to support enforcement efforts on issues such as: sales to minors, breastfeeding and worksite laws, tobacco control, and other substance abuse prevention initiatives.

### Possible Action Steps

- Provide training on public health laws for law enforcement personnel and enhance partnerships to support enforcement
- Identify opportunities to enhance collaboration with local health officers across the district
- Identify one or more issue that is not adequately addressed by existing laws/regulations/ordinances across the district and provide technical assistance to communities and elected officials to pass/change laws.

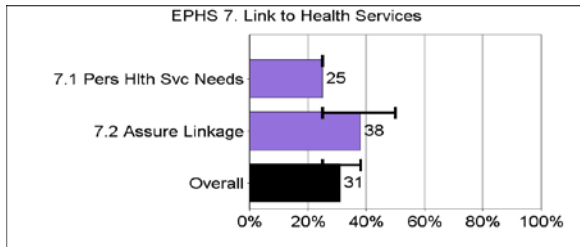
<b>EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety</b>	<b>40</b>
<b>6.1 Review and Evaluate Laws, Regulations, and Ordinances</b>	<b>50</b>
• Identification of public health issues to be addressed through laws, regulations, and ordinances	50
• Knowledge of laws, regulations,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

## Western District Local Public Health System Assessment

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

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

**Overall Score: 31** – This service ranked 9<sup>th</sup> 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 are few district-wide activities to identify populations and personnel health service needs.
- There is no district-wide assessment of the availability of services to people who experience barriers to care or district-wide activities to link people to services.
- There are some district-wide efforts to coordinate health care services and social services.
- There are some district-wide initiatives to enroll people eligible for public benefit programs.

#### **District Context**

- There are a number of gaps in services in the district that have been identified: dental health, mental health services for children, family planning services, services for people near the NH border or far from service centers, services for trauma survivors, substance abuse treatment, chronic disease management services.
- Barriers to obtaining services have been identified: transportation, lack of family physician, language and culture, lack of knowledge about eligibility for services, ability to navigate the health system, few residential beds for youth, elders won't go to doctors they can't understand or are unwilling to see other health providers (e.g. NP), reimbursement issues (e.g. for home health services), waiting time for MaineCare services.
- Population groups that have difficulty accessing services are: immigrants/refugees in rural area, homeless youth, people who come out of correctional facilities, veterans, people who recently lost their job, migrant farm workers.
- There has not been a district wide assessment to look at needs and service gaps but many organizations are looking at the needs of the people they service including: schools and school based health centers, rural health centers, United Way, hospitals, HeadStart, home health services, mental health providers, senior agencies. Most of these efforts are not linked.
- Some efforts in the district to link services to people in need include: several organizations are working on homeless adult and youth issues; coordination between schools and mental health providers for kids who can't get to services; expansion of Community Dental Health throughout the district; efforts to link immigrant community to services.
- Some co-location of services has occurred: behavioral health with health centers, schools and health care facilities; mobile van travels to health centers and provides social services and other services; the B Street clinic has co-location of services.

#### **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. substance abuse treatment) and barriers (e.g. transportation) and identify strategies to address the gaps

<b>EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable</b>	<b>31</b>
<b>7.1 Identification of Populations with Barriers to Personal Health Services</b>	<b>25</b>
• Identification of populations who experience barriers to care	25
• Identification of personal health service needs of populations	25
• Assessment of personal health services available to populations who experience barriers to care	25
<b>7.2 Assuring the Linkage of People to Personal Health Services</b>	<b>38</b>
• Link populations to needed personal health services	25
• Assistance to vulnerable populations in accessing needed health services	25
• Initiatives for enrolling eligible individuals in public benefit programs	50
• Coordination of personal health and social services	50

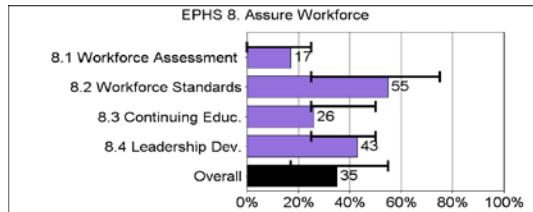


## Western District Local Public Health System Assessment

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

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

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



*Range of scores within each model standard and overall*

#### **Scoring Analysis**

- There has been no assessment across the district of the public health workforce.
- 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 and there are some interactions with academic institutions within the DPHS.
- Leadership development is available in the district.

#### **District Context**

- Organizations in the district look at their own workforce including assessment of training needs (e.g. HMPs, Androscoggin Home Health) and the School of Applied Technology has done a survey of needs in the community to guide their curriculum.
- There has not been a coordinated assessment across the district of the workforce or of training needs.
- Health care agencies are aware of, and comply with, licensure and certification requirements.
- Not all local health officers in the district have completed the required training.
- The Healthy Community Coalition works with UMaine Farmington on their community health curriculum to prepare undergraduate students for the workforce and mental health organizations have brought in national speakers for training.
- Agencies in the district provide field placement for students at UNE, Tufts, UMaine Farmington, USM, CMMC. Placement of interns in rural communities are often more difficult.
- There are a number of opportunities for training and leadership development in the district. Possible gaps/training needs include: basic public health science skills, additional comprehensive cultural competency (e.g. in schools), multiple determinants of health. There is no coordination of training in the district.
- The district promotes collaborative decision making. Not all activities and decisions go beyond the DCC members. Communication expectations need to be clarified.

#### **Possible Action Steps**

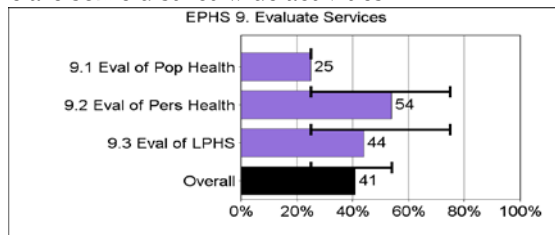
- Identify or develop training programs including webinars, conferences, etc. to address priority training needs
- Develop a district-wide calendar or listserv of training opportunities
- Develop strategies to reach out to local health officers to encourage 100% participation in the LHO training

<b>EPHS 8. Assure a Competent Public and Personal Health Care Workforce</b>	<b>35</b>
<b>8.1 Workforce Assessment Planning, and Development</b>	<b>17</b>
• Assessment of the LPHS workforce	25
• Identification of shortfalls and/or gaps within the LPHS workforce	25
• Dissemination of results of the workforce assessment / gap analysis	0
<b>8.2 Public Health Workforce Standards</b>	<b>55</b>
• Awareness of guidelines and/or licensure/certification requirements	75
• Written job standards and/or position descriptions	25
• Annual performance evaluations	25
• LHD written job standards and/or position descriptions	75
• LHD performance evaluations	75
<b>8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring</b>	<b>26</b>
• Identification of education and training needs for workforce development	28
• Opportunities for developing core public health competencies	25
• Educational and training incentives	25
• Interaction between personnel from LPHS and academic organizations	25
<b>8.4 Public Health Leadership Development</b>	<b>43</b>
• Development of leadership skills	47
• Collaborative leadership	50
• Leadership opportunities for individuals and/or organizations	50
• 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: 41** – This service scored 4th out of the 10 essential services. This score is in the moderate range indicating that there are some district-wide activities.



Range of scores within each model standard and overall

### Scoring Analysis

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

### District Context

- Some population based services in the district are evaluated (e.g. worksites, HMPs, substance abuse prevention programs) and most grant funded programs require evaluation. Evaluation is not coordinated across the district and programs are created but not evaluated.
- There are established criteria that could be used for evaluation (e.g. Healthy Maine 2010) and grants have evaluation criteria. United Way will be using community impact for funding decisions.
- Most personal health services are evaluated using standards but most of the information is not shared widely. Client satisfaction surveys are done, but also not shared, and potential clients are generally not surveyed.
- When numbers of acute care beds comes up for discussion, the district could use data to help inform the discussion.
- EMRs are becoming widespread in the district although they don't always talk to each other. Examples where technology has worked well include: mental health workers access EMR from primary care provider; Network of Care has a web based portal for people to put in their own health stories and health information.
- Many organizations have been identified for the public health system stakeholder assessment but faith based organizations, advocacy groups and environmental groups are potential gaps.

### Possible Action Steps

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

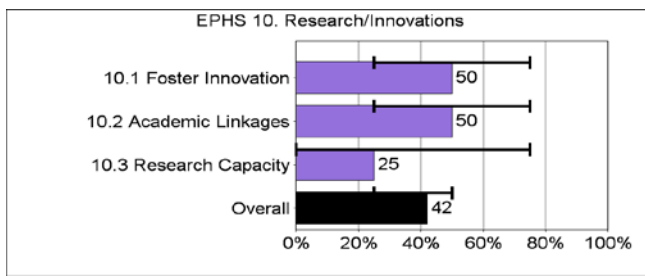
<b>EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</b>	<b>41</b>
<b>9.1 Evaluation of Population-based Health Services</b>	<b>25</b>
• Evaluation of population-based health services	25
• Assessment of community satisfaction with population-based health services	25
• Identification of gaps in the provision of population-based health services	25
• Use of population-based health services evaluation	25
<b>9.2 Evaluation of Personal Health Care Services</b>	<b>54</b>
• Personal health services evaluation	75
• Evaluation of personal health services against established standards	75
• Assessment of client satisfaction with personal health services	25
• Information technology to assure quality of personal health services	44
• Use of personal health services evaluation	50
<b>9.3 Evaluation of the Local Public Health System</b>	<b>44</b>
• Identification of community organizations or entities that contribute to the EPHS	75
• Periodic evaluation of LPHS	50
• Evaluation of partnership within the LPHS	25
• Use of LPHS evaluation to guide community health improvements	25

## Western District Local Public Health System Assessment

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

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

**Overall Score: 42** – This service ranked 3<sup>rd</sup> of the 10 essential services. This score is in the moderate range indicating that there are few 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.
- Some organizations in the district have proposed public health issues for inclusion in the research agenda of research organizations and have participated in the development of research.
- There are some affiliations with academic institutions and organizations in the district.
- The DPHS has minimal access to researchers.

#### **District Context**

- There have been opportunities for innovative solutions to problems (e.g. MeHAF mental health integration project)
- District organizations have worked with researchers on research projects (e.g. Maine Hospice Council with Muskie, USM and Bates worked on community foods CBPR project, River Valley Health Community internet health information project.)
- There are relationships with institutions of higher learning including: University of Mass., UMF, Tufts, UNE, Dartmouth, community colleges.
- There has not been an exchange of faculty but academic sites have partnered in education programs (e.g. CMMC mini-medical school, University of Maine Cooperative Extension SNAP training.)
- The district does not have formal relationships to access researchers, but some may be available – health economics may be a gap in terms of researcher focus.

#### **Possible Action Steps**

- Develop an ongoing formal district-wide collaboration with one or more academic institutions
- Develop a district-wide research agenda and identify possible academic institutions and researches interested in collaboration

<b>EPHS 10. Research for New Insights and Innovative Solutions to Health Problems</b>	<b>42</b>
<b>10.1 Fostering Innovation</b>	<b>50</b>
• Encouragement of new solutions to health problems	50
• Proposal of public health issues for inclusion in research agenda	50
• Identification and monitoring of best practices	75
• Encouragement of community participation in research	25
<b>10.2 Linkage with Institutions of Higher Learning and/or Research</b>	<b>50</b>
• Relationships with institutions of higher learning and/or research organizations	75
• Partnerships to conduct research	25
• Collaboration between the academic and practice communities	50
<b>10.3 Capacity to Initiate or Participate in Research</b>	<b>25</b>
• Access to researchers	25
• Access to resources to facilitate research	75
• Dissemination of research findings	0
• Evaluation of research activities	0