

York District Public Health Systems Assessment

Overall Summary

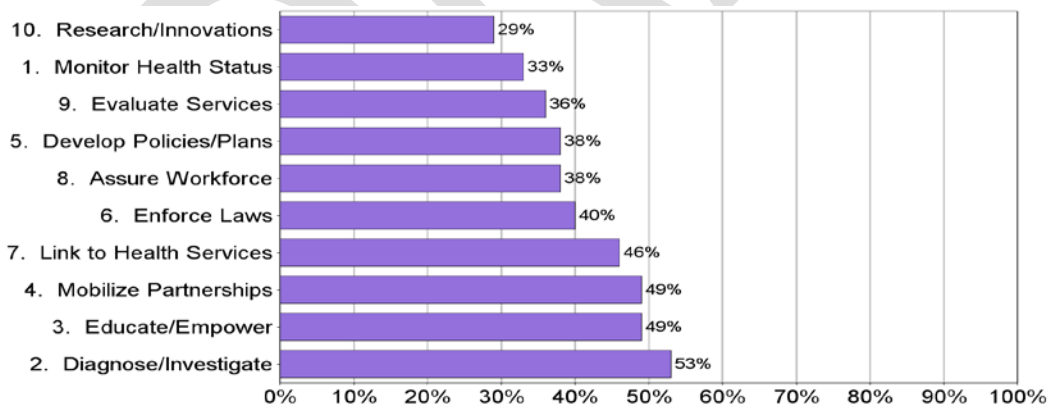
Overview

York District Public Health Systems Assessment took place on May 25, June 2 and June 10 meeting for approximately 3.5 hours each time. A total of 57 individuals participated in at least one of the three meetings. 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, media, 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	33
2	Diagnose And Investigate Health Problems and Health Hazards	53
3	Inform, Educate, And Empower People about Health Issues	49
4	Mobilize Community Partnerships to Identify and Solve Health Problems	49
5	Develop Policies and Plans that Support Individual and Community Health Efforts	38
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	46
8	Assure a Competent Public and Personal Health Care Workforce	38
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	36
10	Research for New Insights and Innovative Solutions to Health Problems	29
Overall Performance Score		41

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

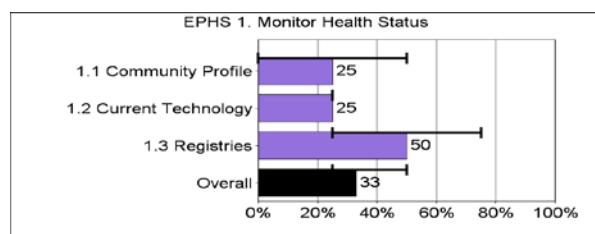


York District Local Public Health System Assessment

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 33: – This service ranked 9 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

- A state-developed district health assessment is available.
- A community health profile has been developed by HMPs in the past, but no comprehensive district health profile exists.
- There has not been community wide promotion of the district assessment and 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.

EPHS 1. Monitor Health Status To Identify Community Health Problems	33
1.1 Population-Based Community Health Profile (CHP)	25
• Community health assessment	50
• Community health profile (CHP)	25
• Community-wide use of community health assessment or CHP data	0
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

District Context

- There are limited assessments that have been done in the district – schools and Head Start – gaps in data include children's mental health, people who receive health care services in New Hampshire, and ability to track health trends by race, gender or age.
- The district is engaged in the MAPP process where assessment data district wide is being collected.
- There are plans in place to create a district-wide HMP website that could be used to promote the use of assessment data and house assessments.
- There are gaps in use of technology and GIS mapping is available but rarely used for public health issues with the exception of lead poisoning and water quality.
- There are state and local registries in the district and the information has been generally used for internal planning rather than community wide use. These include H1N1, immunizations, diabetes, Lyme disease, and lead poisoning.

Possible Action Steps

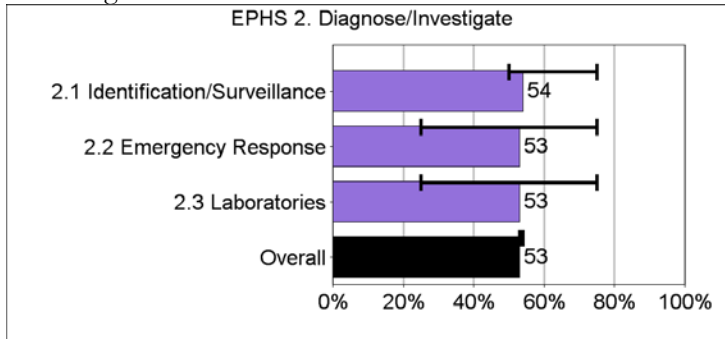
- Develop community health profile – include data on disparate populations, environmental health and other identified gaps and ensure access to the profile in multiple formats including GIS mapping
- Coordinate data sources and topics across the district to identify gaps, increase awareness of what is available and ensure data is easily accessible in one place (e.g. a website)
- Increase data dissemination and use overall

York 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 53: – This was the highest scoring essential service overall. This score is in the low 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	53
2.1 Identification and Surveillance of Health Threats	54
• Surveillance system(s) to monitor health problems and identify health threats	63
• 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	53
• Written protocols for case finding, contact tracing, source identification, and containment	50
• Current epidemiological case investigation protocols	75
• Designated Emergency Response Coordinator	44
• Rapid response of personnel in emergency / disasters	72
• Evaluation of public health emergency response	25
2.3 Laboratory Support for Investigation of Health Threats	53
• Ready access to laboratories for routine diagnostic and surveillance needs	50
• Ready access to laboratories for public health threats, hazards, and emergencies	38
• Licenses and/or credentialed laboratories	50
• Maintenance of guidelines or protocols for handling laboratory samples	75

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, but lower on evaluation of the effectiveness of their response activities.

District Context

- Extensive data from the district is collected as part of surveillance systems using surveys, claims data, vital statistics and by collecting data on the 42 reportable conditions.
- Some health concerns in the district (e.g. lice and autism) are not tracked and are not a reportable condition.
- Information is not always reported back quickly and is often not user friendly.
- Many providers do submit reportable disease information, including Head Start and public health nurses, but there are gaps in knowledge about what gets reported.
- The district has an infectious disease epidemiologist that is co-located in the public health unit.
- Although protocols for exposures and hazards have been identified at the state level, there are some glitches that have occurred when responsibilities were not clear or back up individuals are not identified.
- Emergency response coordinator is identified, but some community leaders are not part of the planning and better communication between local, county and state is needed.
- County level response to emergencies is more coordinated than town level and there are many towns without police departments to assist in emergencies.
- United Way and 211 assist in coordination of volunteers but more volunteer training and testing of the system is needed. Planning does not extend beyond professional level volunteers.

Possible Action Steps

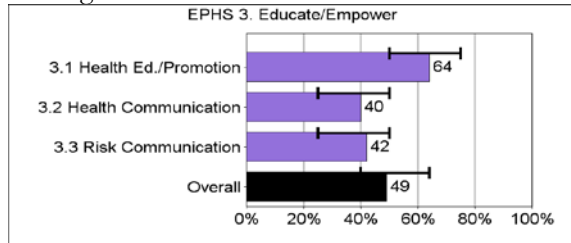
- Coordinate surveillance data reporting to make it more user friendly
- Work with providers to increase number and timeliness of reportable disease and immunization data
- Increase epidemiology capacity within the district beyond infectious disease
- Engage additional community leaders in emergency response planning and address communication gaps between local, district and state

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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 49: – This was tied for the 2nd highest scoring essential service overall. This score is in the high-moderate range indicating that there are several district wide activities.



Range of scores within each model standard and overall

EPHS 3. Inform, Educate, And Empower People about Health Issues	49
3.1 Health Education and Promotion	64
• Provision of community health information	75
• Health education and/or health promotion campaigns	67
• Collaboration on health communication plans	50
3.2 Health Communication	40
• Development of health communication plans	25
• Relationships with media	50
• Designation of public information officers	44
3.3 Risk Communication	42
• Emergency communications plan(s)	44
• 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.
- There are some district-wide health promotion efforts tailored to populations at higher risk and/or within specific settings.
- There is not a district-wide communication plan or identified and trained spokespersons for the district although there are relationships with the media 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 offices including communication “Go Kits.”

District Context

- There are a number of district wide health promotion efforts on substance abuse, physical activity, chronic disease and other topics through HMPs, hospitals, schools, Area Agency on Aging, home care agencies, the media, among others
- Targeted efforts reach women, elderly, low income groups and through a number of settings including worksites, homeless shelters, faith-based groups. Some gaps include people in small businesses, homeless people, and people at high risk for substance abuse.
- There is significant collaboration and coordination among organizations in the district to plan and deliver health promotion/education programs.
- There are numerous strategies for communicating health issues in the district. Some examples include: posting H1N1 information in papers, fire station, bean suppers; use cable TV and town web pages; through schools; through organization and state websites; through the Health Alert Network. Gaps include communication to providers that is often not connected or coordinated, connecting to schools without school health coordinators or reaching people not part of a system.
- Efforts have been made by HMPs and others in the district to establish media relationships and some partnerships with the media for health messages have been developed (e.g. “Be Well” program in Kennebunkport)
- There are public information people at different organizations but the messages are not always in sync with the state messages – H1N1, Hepatitis A case, and the 2008 ice storm revealed some communications problems.

Possible Action Steps

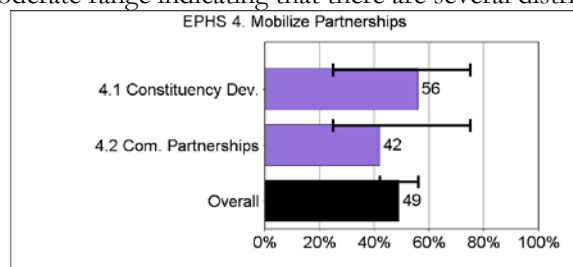
- Develop collaborative district-wide health promotion campaigns targeted to individuals at higher risk of negative health outcomes.
- Include media representative on district coordinating council and hold training on working with the media
- Increase coordination of health communication to providers and schools without school health coordinators and address communication gaps experienced by the county in recent incidents

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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: 49 – This essential service tied for 2nd highest out of the 10 essential services overall. This score is in the high-moderate range indicating that there are several district wide activities.



Range of scores within each model standard and overall

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	49
4.1 Constituency Development	56
• Identification of key constituents or stakeholders	75
• Participation of constituents in improving community health	75
• Directory of organizations that comprise the LPHS	50
• Communications strategies to build awareness of public health	25
4.2 Community Partnerships	42
• Partnerships for public health improvement activities	75
• Community health improvement committee	25
• 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.
- A directory of organizations that has been developed, but is not complete.
- 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

- While the formation of the district has led to the identification of key stakeholders, there have been a significant number of collaborations in the county for many years – the DCC can help further coordinate and weave them together.
- Some gaps include involvement of local police and fire fighters in some areas and the faith based community.
- The MAPP process in the district is focused on the involvement of many constituents through community surveys and forums, community visioning, and other methods and use of volunteers in the district is extensive.
- 211 provides information and referral to many agencies in the district and EMA has a extensive network list but it is not shared.
- There are many partnerships in the district and they have collaborated on a number of projects over the last year. A partnership between EMA and public health is building.
- The District is reviewing data and will use the community health assessment process to develop improvement plans.

Possible Action Steps

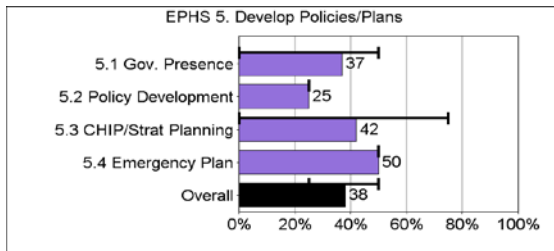
- Consolidate and make available lists of current partnerships and strategic alliances
- Assess effectiveness of current partnerships and strategic alliances to strengthen and improve capacity
- Develop a district wide communication strategy for promoting public health using available town resources

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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: 38 – This essential service ranked 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

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 it is not coordinated across the district.
- There is significant community health improvement planning through MAPP district-wide, but strategies to address objectives have not yet been identified.
- There has been some district-wide coordination and planning for public health emergencies in the district.

EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	38
5.1 Government Presence at the Local Level	37
• Governmental local public health presence	25
• Resources for the local health department	35
• LHD work with the state public health agency and other state partners	50
5.2 Public Health Policy Development	25
• Contribution to development of public health policies	25
• Alert policymakers/public of public health impacts from policies	25
• Review of public health policies	25
5.3 Community Health Improvement Process	42
• Community health improvement process	75
• Strategies to address community health objectives	25
• Local health department (LHD) strategic planning process	25
5.4 Plan for Public Health Emergencies	50
• Community task force or coalition for emergency preparedness and response plans	50
• All-hazards emergency preparedness and response plan	50
• Review and revision of the all-hazards plan	50

District Context

- A district public health system is being formed with MaineCDC positions co-located in the district and the creation of the District Coordinating Council but funding is an issue. Kennebunkport is the only town with a board of health in the district and the role of the local health officers is evolving.
- HMPs in the district work on a number of policies at the local and state level and provide fact sheets, background information, constituent contact, information to policy makers, etc. e.g. Biddeford tobacco free recreation policy
- There is not a single place to go to view policies on the state or local level.
- The district is working together on the MAPP process for community health improvement. Faith based organizations, managed care organizations and environmental groups need additional cultivation. A community health improvement plan will be developed as a result of this process and will include health objectives.
- Emergency preparedness response plans have been developed with broad representation but an ongoing committee does not exist and there are some gaps that have been identified in the plans (e.g. mass casualty care plan.)
- There is some confusion about the chain of command for public health emergencies and on the implementation of the strategic national stockpile. The role of the Poison Control Center has also not been communicated clearly.
- A hazard vulnerability assessment on the local level would be useful and overall there is good coordination across town lines although drills and exercises do not include all organizations and agencies that would like to participate.

Possible Action Steps

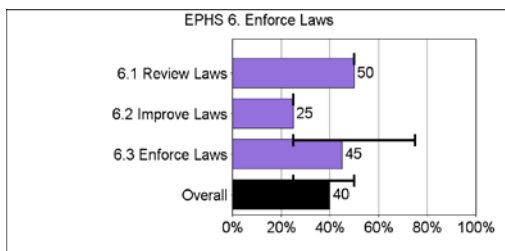
- Use MAPP process to identify and address local public health policy needs across the district. Inform and educate local policy makers on public health impact of such policies.
- Identify organizations/groups not involved in emergency preparedness planning and develop strategies to engage them
- Conduct local Hazard Vulnerability Assessments

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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 5th out of 10 essential services. This score is in the moderate range indicating that there are some district wide activities.



Range of scores within each model standard and overall

Scoring Analysis

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

District Context

- Identification of public health issues that could be addressed by laws is not done proactively except around tobacco, physical activity and nutrition.
- Environmental zoning and other issues lag behind although in Biddeford the issue of sustainable communities has increased discussions around walkable communities, trails, etc.
- Many towns don't want to go beyond state laws and there has been a lack of involvement of local health officers. Many health officers don't know what authority they have for enforcement.
- Need for greater involvement of local residents to educate and advocate for changes in laws.
- Some successful enforcement efforts have included: the hospitals require car seats before babies leave the hospital; water testing requirements for permits have identified arsenic problems; proactive efforts on the part of towns such as York to identify sources of pollution.
- Environmental health groups need greater coordination, advocacy, and community ownership e.g. around the Saco River Corridor Commission efforts.
- Number of restaurant inspectors is inadequate for the number of establishments and the seasonal issues in the district.

Possible Action Steps

- Provide central location for information on public health laws and ensure training of local health officers on their role in enforcement
- Create a forum for environmental health groups to share and coordinate information on laws, regulations and enforcement issues

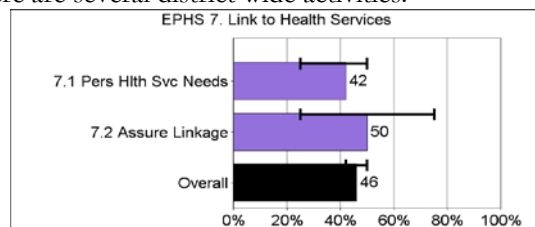
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	40
6.1 Review and Evaluate Laws, Regulations, and Ordinances	50
• Identification of public health issues to be addressed through laws, regulations, and ordinances	50
• Knowledge of laws, regulations, and ordinances	50
• Review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

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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 46: – This service ranked 4th of the 10 essential services. This score is in the high-moderate range indicating that there are several district wide activities.



Range of scores within each model standard and overall

Scoring Analysis

- There are district-wide activities to identify populations and personnel health service needs.
- There is limited assessment of the availability of services to people who experience barriers to care.
- Linking and coordination of health care services occurs district-wide, although assistance to vulnerable populations across the entire district is limited.
- There are significant district-wide initiatives to enroll people eligible for public benefit programs.

District Context

- The district identifies and links populations in need of health services through a number of channels including: hospital community health connection, free clinics, HeadStart, community health centers, shelters, SMAAA, Cooperative Extension, home health providers, town general assistance, schools/school nurses, 211, town libraries – but not a coordinated system across the entire district and people need to first enter the system to be identified.
- Gaps in services that have been identified include: oral health for pregnant women, in-patient substance abuse treatment, transportation services, services for LGBT youth, youth mental health services, services for frail elderly, OT and PT for kids with disabilities in the northern part of the county
- Barriers include: travel, limited capacity/understanding on how to access services, ability of providers to keep up to date on services and resources available, low literacy, lack of FQHC in the county.
- There is some co-location of services occurring in the district including: outreach clinics with laboratories; on-site lead poisoning screening; Head Start and oral health screening.

Possible Action Steps

- Expand to all parts of the county and coordinate across the district current successful initiatives to reach populations in need of services
- Coordinate an assessment across the district on health services and identify gaps (e.g. oral health) and barriers (e.g. transportation) and identify strategies to address the gaps
- Provide central location (e.g. website, resource book) to link services and resources available

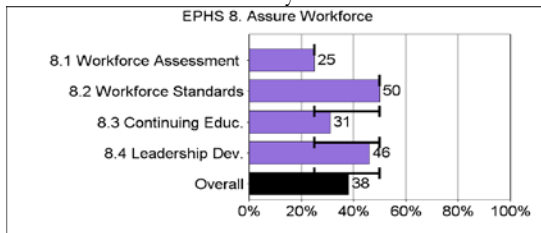
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	46
7.1 Identification of Populations with Barriers to Personal Health Services	42
<ul style="list-style-type: none"> • Identification of populations who experience barriers to care 	50
<ul style="list-style-type: none"> • Identification of personal health service needs of populations 	50
<ul style="list-style-type: none"> • 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	50
<ul style="list-style-type: none"> • Link populations to needed personal health services 	50
<ul style="list-style-type: none"> • Assistance to vulnerable populations in accessing needed health services 	25
<ul style="list-style-type: none"> • Initiatives for enrolling eligible individuals in public benefit programs 	75
<ul style="list-style-type: none"> • Coordination of personal health and social services 	50

York 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: 38 – This service ranked 6th out of 10 essential services. This score is in the moderate range indicating that there is some district-wide activity.



Range of scores within each model standard and overall

Scoring Analysis

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

District Context

- While statewide assessments for the health care workforce have been done, there are limited assessments of the public health workforce with some done by academic institutions.
- EMA has identified jobs that require certification and most agencies have job descriptions with standards.
- Distance technology has been scaled back due to the economic situation but organizations try to bring outside experts for training and/or offer trainings for their staff or constituents.
- Academic institutions look at training needs, but not on a local level, and few organizations identify training needs.
- There is a need for basic public health science/essential services, community dimensions of practice training, and multiple determinants of health. UNE public health program includes all public health competencies.
- A number of barriers exist to training including time and money.
- UNE and other academic institutions have connections with some community groups (e.g. joint grants.) The relationships are often episodic and more strategic alliances could be developed. There is not a good system to inform the public about events and seminars at UNE.
- The DCC process has led the way in promoting collaborative leadership and good communication systems are in place to encourage participation and informed decision making.

Possible Action Steps

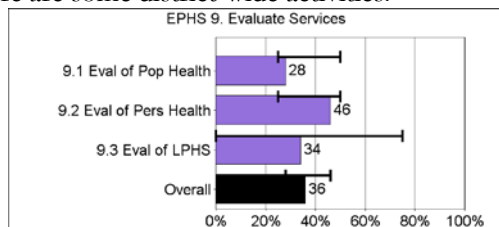
- Work with academic institutions to identify local public health training needs; combine resources and expertise in the district to deliver training programs
- Develop a district-wide calendar or listserv of training opportunities including appropriate audience

EPHS 8. Assure a Competent Public and Personal Health Care Workforce	38
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	50
• Awareness of guidelines and/or licensure/certification requirements	50
• Written job standards and/or position descriptions	50
• Annual performance evaluations	50
• LHD written job standards and/or position descriptions	50
• LHD performance evaluations	50
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	31
• 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	50
8.4 Public Health Leadership Development	46
• Development of leadership skills	47
• Collaborative leadership	50
• Leadership opportunities for individuals and/or organizations	50
• Recruitment and retention of new and diverse leaders	38

Essential Service 9—Evaluate Effectiveness, Accessibility and Quality of Personal and Population-Based Health Services

This essential service measures the evaluation activities of the District Public Health System (DPHS) related to personal and population-based services and the use of those findings to modify plans and program. This service also measures activity related to the evaluation of the DPHS.

Overall Score: 36— This service scored 8th 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

- Most grants require evaluation but there is no overall look or compilation of all evaluation results.
- Most hospitals and some programs (e.g. SMAAA, United Way) assess satisfaction with programs but generally the information is not shared outside the organization.
- The district would like to see a comprehensive way to assess services and is beginning to identify some quality indicators.
- Personal health services are generally assessed for satisfaction using established standards.
- EMRs are not widespread in the district.
- The MAPP process is currently assessing the linkages among the partners in the district. This information will be used to develop improvement plans.

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

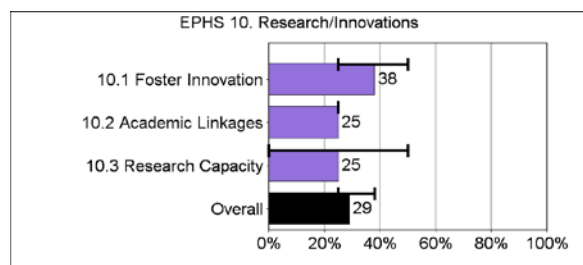
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	36
9.1 Evaluation of Population-based Health Services	28
• Evaluation of population-based health services	38
• Assessment of community satisfaction with population-based health services	25
• Identification 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	46
• In Personal health services evaluation	38
• 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	44
• Use of personal health services evaluation	50
9.3 Evaluation of the Local Public Health System	34
• Identification of community organizations or entities that contribute to the EPHS	75
• Periodic evaluation of LPHS	25
• Evaluation of partnership within the LPHS	13
• Use of LPHS evaluation to guide community health improvements	25

York 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: 29 – This service ranked last 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

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.
- 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 but these activities are minimal.
- The DPHS does have access to researchers but there is minimal or no involvement in research.
- There are some affiliations with academic institutions and organizations in the district.

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	29
10.1 Fostering Innovation	38
<ul style="list-style-type: none"> Encouragement of new solutions to health problems 	50
<ul style="list-style-type: none"> Proposal of public health issues for inclusion in research agenda 	25
<ul style="list-style-type: none"> Identification and monitoring of best practices 	50
<ul style="list-style-type: none"> Encouragement of community participation in research 	25
10.2 Linkage with Institutions of Higher Learning and/or Research	25
<ul style="list-style-type: none"> Relationships with institutions of higher learning and/or research organizations 	25
<ul style="list-style-type: none"> Partnerships to conduct research 	25
<ul style="list-style-type: none"> Collaboration between the academic and practice communities 	25
10.3 Capacity to Initiate or Participate in Research	25
<ul style="list-style-type: none"> Access to researchers 	50
<ul style="list-style-type: none"> Access to resources to facilitate research 	50
<ul style="list-style-type: none"> Dissemination of research findings 	0
<ul style="list-style-type: none"> Evaluation of research activities 	0

District Context

- There are a number of innovative programs that have been established in the district (e.g. food pantry collaboration, SMAAA activities, Head Start oral health, 5210 mini-grant, lead paint testing, prescription program.)
- Universities encourage organizations to approach them with research ideas, but that has been done infrequently.
- Organizations stay current on best practices in a number of ways, but it is generally up to individuals and there is limited access to national conferences.
- UNE and Muskie have relationships with organizations, but may not be substantive. Research is often community-based but not participatory.
- There is public health research happening in the universities (e.g. tobacco, determinants of health, domestic violence, health economics) and universities have co-sponsored continuing education.
- Many organizations in the district have student interns, and there is some faculty exchange in the district.

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