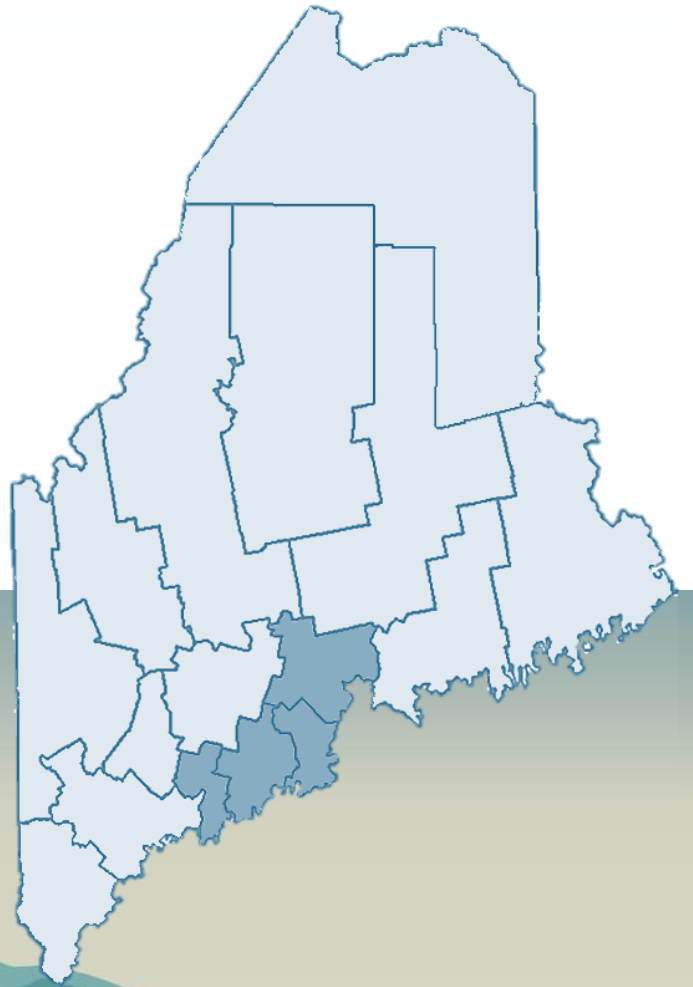# Midcoast Public Health District

Knox, Lincoln, Sagadahoc, and Waldo Counties Public Health System Assessment Report

2022

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

June 1, 2023

Dear Reader,

As Acting Director for the Maine Center for Disease Control and Prevention (Maine CDC), I am pleased to present this Local Public Health System Assessment (LPHSA), written in conjunction with the local district coordinating council (DCC).

The LPHSA provides a platform for partners to discuss the public health system's performance in planning, implementing, and evaluating public health initiatives with a goal of achieving optimal performance across the 10 essential public health services.

This document showcases and guides the work of the Maine CDC and the DCC as we continue to build a public health system that is inclusive of all Maine people. The collaboration reflected in this document helps to strengthen state and local relationships, making it possible to promote continuous quality improvement and highlight how Maine's public health system can strive to meet national standards.
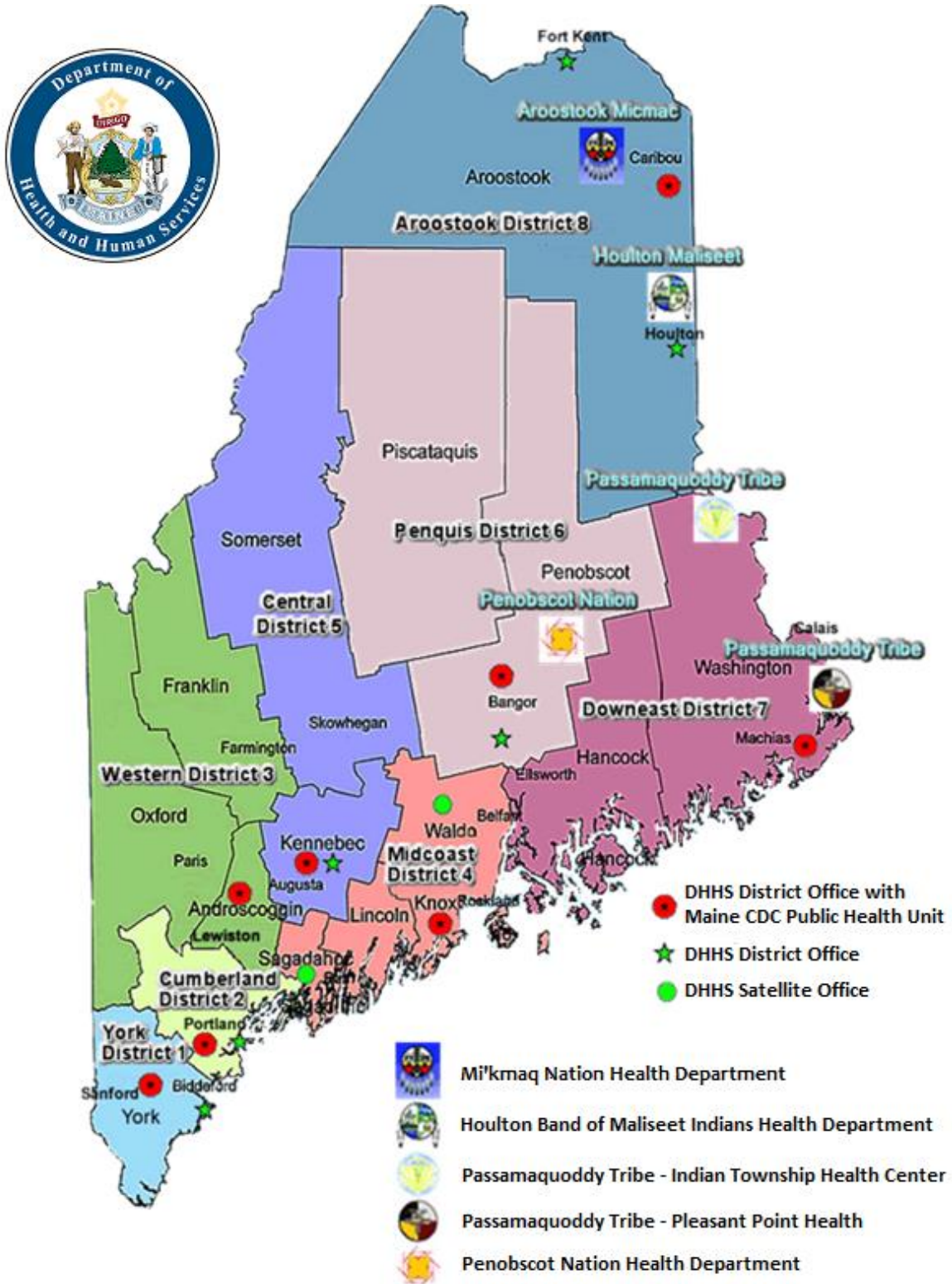
I'm grateful to everyone who participated in this assessment and look forward to continuing our shared work on behalf of the people of Maine.

Regards,

Nancy Beardsley
Acting Director
Maine Center for Disease Control and Prevention

Maine Public Health Districts

Fort Kent

Aroostook Micmac

Aroostook   Caribou

Aroostook District 8

Houlton Maliseet

Houlton

Piscataquis

Passamaquoddy Tribe

Somerset

Penquis District 6

Penobscot

Central
District 5   Penobscot Nation

Franklin   Calais

Skowhegan   Washington   Passamaquoddy Tribe

Farmington   Bangor

Western District 3   Downeast District 7

Oxford   Machias

Paris   Kennebec   Belfast   Hancock
                    Waldo   Ellsworth
Androscoggin   Midcoast
Augusta   District 4   Hancock

Lewiston   Lincoln   Knox Rockland

Sagadahoc

Cumberland
District 2

York
District 1   Portland

Sanford   Biddeford
York

**DHHS District Office with
Maine CDC Public Health Unit**

DHHS District Office

DHHS Satellite Office

Mi'kmaq Nation Health Department

Houlton Band of Maliseet Indians Health Department

Passamaquoddy Tribe - Indian Township Health Center

Passamaquoddy Tribe - Pleasant Point Health

Penobscot Nation Health Department

Date of Report

July 1, 2023

Dates of Assessment

Date	EPHS
September 26, 2022	1 and 9
October 3, 2022	2 and 6
October 17, 2022	3 and 5
October 31, 2022	4 and 10
November 14, 2022	7 and 8

Prepared for

Maine Center for Disease Control and Prevention
286 Water Street, State House Station 11
Augusta, ME 04333

Prepared by

This report was prepared by Alfred May, MPH and Stacy Boucher, MSHS in 2023 for the Division of Public Health Systems at the Maine Center For Disease Control and Prevention.

Formatted by

Public Consulting Group, LLC
148 State Street, 10th Floor
Boston, MA 02109

Contents

Acknowledgements

The 2022 Midcoast Local Public Health System Assessment (LPHSA) is based on the contributions of a diverse variety of district council partners, both within and outside of the public health district. We offer our sincerest appreciation to all those who committed time and knowledge of local activities, resources, gaps, and challenges over five sessions during the Fall of 2022 to participate in this assessment, sharing their expertise and providing a broad system's approach to this process.

LPHSA Planning Committee: Planning for the LPHSA was undertaken by staff in the Maine CDC Division of Public Health Systems, District Public Health.

Local Public Health System Assessment Planning Committee			
Maine CDC Project Leadership and Funding Support		**District Liaisons**	
James Markiewicz	Associate Director, Division of Public Health Systems	Adam Hartwig	York District (1)
		Kristine Jenkins	Cumberland District (2)
		Emily Theriault	Western District (3)
Andrew Finch	Sr. Health Program Manager	Drexell White	Midcoast District (4)
		Paula Thomson	Central District (5)
Nancy Birkhimer	Preventive Health & Health Services Block Grant	Jessica Fogg	Penquis District (6)
William Jenkins	Public Health Preparedness & Response Fund	Alfred May	Downeast District (7)
Jamie Bourque	Maternal / Child Health Block Grant	Stacy Boucher	Aroostook District (8)

Maine CDC, Division of Public Health Systems, District Public Health contracted with MCD Global to support the LPHSA efforts. As the facilitation partner in the State Public Health System Assessment, MCD Global brought process experience and qualified staff to the technical and logistical support for the LPHSA sessions. Special thanks to **Elizabeth Foley**, Co-Director, MCD Global, **Valerie Jackson**, lead facilitator and planner, **Denise Delorie**, Co-Facilitator, **Pat Hart**, Co-Facilitator, **Joe Demartin**, IT design and support, **Meghan Richards** and **Emilee Winn Caradonna**, administrative support.

The local public health system assessment process benefitted from the foundational planning work conducted by the State Public Health Assessment Planning Committee. This committee included members of the Statewide Coordinating Council for Public Health (SCC), Maine CDC District Liaisons, staff from the Maine Public Health Association, and a community member with experience in these types of assessments.

The arrival of COVID-19 in early 2020 resulted in a shifting of personnel and priorities and the reduction/elimination of in-person meetings. The Committee, charged with conducting the assessment in a way that fostered open and participatory dialogue while also ensuring the safety and health of attendees, made the decision to conduct the assessment in a virtual format. We believe this is the first time such an assessment has been conducted virtually. We thank the SPHSA planning committee for its persistence in ensuring this assessment was conducted with fidelity and with maximum engagement, despite the challenges of the COVID-19 pandemic. As a result, the local public health districts were able to proceed using similar approaches to meaningful community engagement in virtual venues.

The LPHSA report also utilizes demographic data and tables originally presented in the Midcoast District Health Profile. That profile is the result of extensive effort conducted on behalf of the **Maine Shared Community Health Needs Assessment (Maine Shared CHNA)** planning and engagement staff, vendors

and committees. Copies of the Profile and Midcoast District performance regarding selected public health indicators are available online at the Maine Center for Disease Control and Prevention (Maine CDC) webpage for the Maine Shared CHNA (www.mainechna.org).

LPHSA Core Group: The LPHSA instrument recommends a core group of participants come to each of the assessment meetings to provide knowledge of statewide public health activities and policies and have a connection to all ten assessment sessions. The LPHSA Core Group was established in June 2022 and was comprised of experts, who are both knowledgeable about the district's public health system and represent key organizational components of that system. The Core Group members (or their representative) were invited to all 10 two-hour assessment sessions. We thank the core group for their participation and leadership.

Note from the Department of Health and Human Services

The recommendations herein reflect the work of contributors within and outside of state government. They do not reflect policy commitments of the Maine Department of Health and Human Services or Maine Center for Disease Control and Prevention, and further do not confer support from the Executive Branch for specific legislative initiatives. Policy proposals will be reviewed and commented on as they arise.

Background

Beginning in September of 2022, Maine CDC began conducting a series of local public health system assessments (LPHSA) throughout the eight (8) geographic public health districts across the state. The population-focused tribal district utilizes an alternate assessment process. However, tribal participation and perspective was sought across the State with greatest emphasis in geographic districts where federally recognized tribes are located. The LPHSA is a nationally recognized instrument, developed by the National Public Health Performance Standards (NPHPS), to improve the practice of public health and the performance of public health systems. Using the standards for each of the Essential Public Health Services (EPHS), the instrument guides local systems in evaluating their current performance against a set of optimal standards. Through this participatory process, each partner can consider the activities of all public health system members, capturing the work of all public, private, and voluntary entities that contribute to public health at the local level.

The instrument establishes a defined list of system partner organizations by sector, who are involved in each of the ten essential public health services. Sectors are defined as partners who fit under general categories, like county government, hospitals, health systems, emergency management, and community-based organizations. Based on this guidance, the LPHSA Planning Committee created various matrices to create the invite lists for each EPHS by sector and by organization within the sector to optimize participation in this process. These lists were then reviewed by the Executive / Steering Committee of the respective public health district.

Assessment Process

Transitioning from the in-person model to five (5) two and one half-hour virtual sessions challenged the LPHSA Facilitation Team to find new ways to leverage technology while maintaining group participation and engagement, and ensuring every voice was heard and all input was recorded. To maintain consistency throughout the meetings, we developed a standard script and process for each session that maximized efficiency, anticipated and reduced technical glitches, and captured participants' comments. The virtual meeting platform Zoom was used in all sessions. For each session, we utilized the following activities:

- **Pre-Reading:** Model Standards were sent to participants in advance of the meeting.
- **Ground Rules & Tech Support:** Established ground rules and had a team ready to answer any technical issues during the assessment meetings.
- **Chat Function:** The Zoom chat function was encouraged to allow participants to provide key points to the discussion as well as links to appropriate resources.
- **Closed Captioning and Recording:** All sessions were recorded and provided closed captioning, with transcripts of the sessions saved for capturing important conversations.
- **Recordkeeping:** Notetaking was done during all sessions by designated recorder.
- **Consensus Voting:** At the time for voting on a standard question, a Zoom poll was launched with a timed countdown and then shared and recorded.
- **Strengths, Weaknesses, Opportunities, Priorities (SWOP):** The online collaboration tool IdeaBoardz offered a live, interactive visual to collect SWOP entries during the meeting and was left open for entries post-meeting.
- **Evaluation & Follow-Up:** Links to the session evaluation and the SWOP IdeaBoardz were sent to each participant post meeting.

Analysis

Quantitative: The LPHSA is constructed using the ten EPHS as a framework. Each EPHS includes model standards that describe the key aspects of an optimally performing public health system.

Each model standard is followed by assessment questions that serve as measurements of performance. When each model standard is discussed and then scored, these scores indicate how well the system is meeting the model standard at the optimal level of public health system performance. The scoring rubric is consistent throughout the process and relies on discussion, engagement, and examples provided during each of the model standards sessions. Activity classification is based on definitions of optimal, significant, moderate, minimal and no activity (see below). Using consensus voting for each model standard and then recorded in an algorithm, a score is generated for each model standard within an EPHS and one overall assessment score per EPHS. Scores were then weighed through a process for each question so that a more exact score could be determined, based on range of scores per question, and then entered into the algorithm.

Optimal Activity (76–100%)	**Greater than 75% of the activity described within the question is met.**
Significant Activity (51–75%)	**Greater than 50% but no more than 75% of the activity described within the question is met.**
Moderate Activity (26–50%)	**Greater than 25% but no more than 50% of the activity described within the question is met.**
Minimal Activity (1–25%)	**Greater than zero but no more than 25% of the activity described within the question is met.**
No Activity (0%)	**0% or absolutely no activity.**

Qualitative: Conducting this assessment virtually enabled participants to easily share information with the facilitation team. Data were collected via notetaking, session recordings and transcripts, and chat transcripts. These data were then combined into one document per EPHS, creating large files (greater than 50 pages). These documents were then reviewed and reorganized so that different types of data were collated. Non-response data such as facilitator instructions and chat comments were cleaned so that what was left were only responses related to the assessment. Our qualitative analysis approach reviewed these data for common themes, key descriptive points, and key examples showing activity. The results of the qualitative analysis were then used to inform the Key Findings: Strengths, Weaknesses, and Opportunities sections for each EPHS.

Next Steps

The primary purpose for conducting an LPHSA is to promote continuous improvement that will result in positive outcomes for system performance. This report is designed to facilitate communication and sharing among and within programs, partners, and organizations, based on a common understanding of how a high performing and effective public health system can operate. This shared frame of reference provides an opportunity to build commitment and focus for setting priorities and improving overall public health systems functions. Public health systems must strive to deliver the ten (10) EPHS at optimal levels.

It is anticipated that this assessment will identify opportunities for supporting a more cohesive public health system, including increased collaboration among organizations and community partners as well as

increased awareness of quality improvement (QI) efforts. Data provide cross-sectional information about Maine's public health system and it is anticipated that findings will provide benchmarks for future public health improvement efforts.

In conjunction with the State Public Health System Assessment, which was completed during Summer 2021, results should provide data and key findings to inform state and district public health planning, including identifying systems priorities for short- and long-term implementation plans.

Benefits and Limitations of Assessment

Results of the previous LPHSA conducted in 2010 are provided for review. However, it should be noted that direct comparison of the data must be undertaken with restraint. There are many variables that have impacted findings, including pandemic-influenced changes, meetings occurring well beyond the recommended assessment interval, and participant invitations based upon expertise and tool recommendation instead of self-selection to specific domains. Each of these conditions has the potential to impact assessment findings. Inferences that any apparent changes occurred as a direct result of actions undertaken based upon the 2010 report are inconclusive. Furthermore, there were no data available to compare each of the EPHS model standards to other state assessment scores.

Presentation of Data in this Report

An overall score for each of the 10 EPHS is displayed to show the range of scores and the performance level of each one. All graphics will have the optimal score of 100 shown as a means of comparison for optimal performance. There is a graphic presentation comparing the 2010 and 2022 LPHSA overall scores for the ten EPHS. Graphs are also used to show the scores of each EPHS within a model standard. Similar figures show the scores of the ten EPHS in meeting the other model standards.

Each of the 10 EPHS has their own summary that includes:

- The description of the EPHS.
- A figure showing the scores of the standards for that EPHS with the overall score (dotted line), the optimal score of 100 (dotted line), and how the scores are categorized by activity (optimal, significant, moderate, minimal, or no).
- A table showing all the scores for the model standards and questions within the standard (for the full content of these questions, these tables are shown in Appendix I).
- Key Findings: A compilation of content themes and direct comments from participants of the virtual sessions.

Midcoast District Characteristics

How the District is organized

- The Midcoast Maine Public Health District encompasses Lincoln, Knox, Sagadahoc, and Waldo counties and is home to 73 municipal governments (i.e., cities, towns and plantations).

- The District's geography is diverse, and the lives of its people are tied to the land and the sea.

- Bordered by the Atlantic Ocean to the east, the District include over three thousand coastal islands. The islands are home to six communities and countless year-round and seasonal inhabitants.

- Midcoast District partners and stakeholders closely collaborate to achieve public health goals and improve quality of life.

- The Midcoast Public Health Council serves as a focal point for District public health, and its members and stakeholders partner with the Maine CDC to inform public health improvement activities in the District.

- The Maine CDC contracts with local entities for the provision of certain public health functions.

- The Maine CDC District Public Health Unit located in Rockland Maine includes a district liaison, public health nurses, a field epidemiologist, drinking water protection specialists, health inspectors, a public health educator, the State's Local Health Officer (LHO) Coordinator, and the Midcoast Public Health Council coordinator.

Midcoast
Public Health District
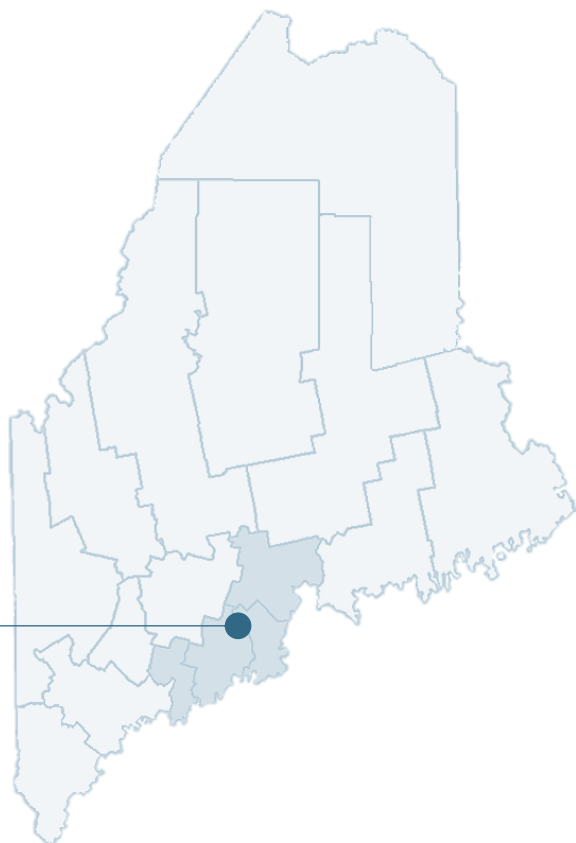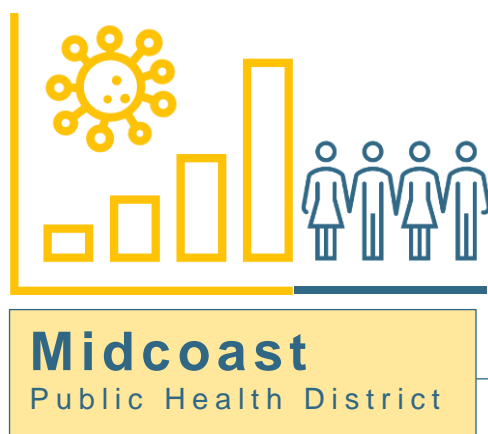
Who we are (demographics)

	MIDCOAST DISTRICT[1]	MAINE
Median household income	Knox: $57,751 Lincoln: $57,720 Sagadahoc: $63,694 Waldo: $51,931	$58,924
Unemployment rate	5.1%	5.4%
Individuals living in poverty	11.8%	10.9%
Children living in poverty	16.0%	13.8%
65+ living alone	27.8%	29.9%

MIDCOAST DISTRICT POPULATION

148,951

STATE OF MAINE POPULATION

1,344,212

	MAINE[1]	
	PERCENT	NUMBER
American Indian/Alaskan Native	0.7%	9,419
Asian	1.1%	15,323
Black/African American	1.6%	21,983
Hispanic	1.7%	23,067
Some other race	0.4%	5,442
Two or more races	2.1%	28,536
White	94.0%	1,263,287

Health Determinants Characteristic to Midcoast Public Health District

	MIDCOAST[2]	MAINE
Uninsured (2015 – 2019)	9.3%	7.9%
Sad/hopeless for two weeks in a row (high school students - 2019)	33.0%	32.1%
Primary care visit to any primary care provider in the past year (2015-2017)	67.0%	72.0%
Ambulatory care sensitive dental emergency department rates for adults per 10,000 population (2016-2018)	176.2	136.9
Lyme disease new cases per 100,000 population (2020)	202.7	83.8
Fall-related injury (unintentional) emergency department rate per 10,000 population (2016 – 2018)	332.5	307.4
Overall death rate per 100,000 population (2015-2019)	721.5	764.9

Leading Causes of Death in Midcoast Public Health District

Rank	Condition[2]
1	Cancer
2	Heart Disease
3	Chronic Lower Respiratory Disease

Rank	Condition
4	Unintentional Injury
5	Alzheimer's Disease

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[1] Data from the US Census Bureau, American Community Survey 2015–2019, with the exception of *the unemployment rate* (US Bureau of Labor Statistics, 2017–2019) and *children living in poverty* (US Census Bureau, Small Area Income and Poverty Estimates).
[2] Data are from the 2021 Maine Shared Community Health Needs Assessment Health Profile.

Age Distribution in Midcoast District, 2021

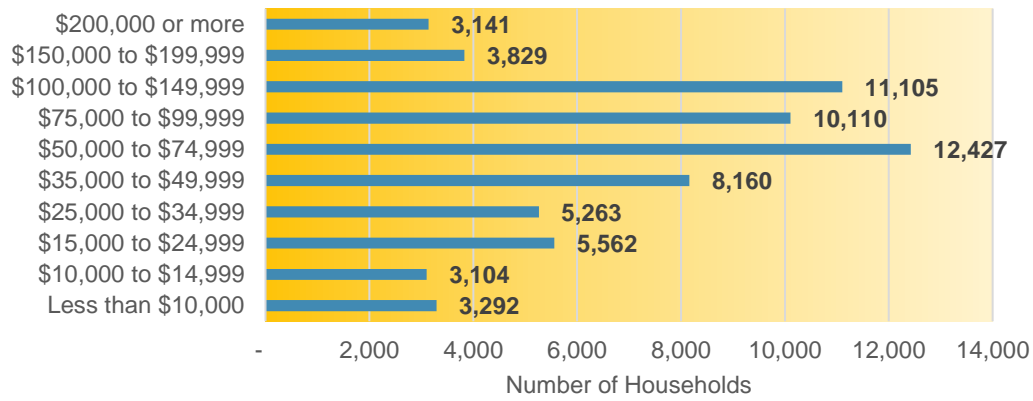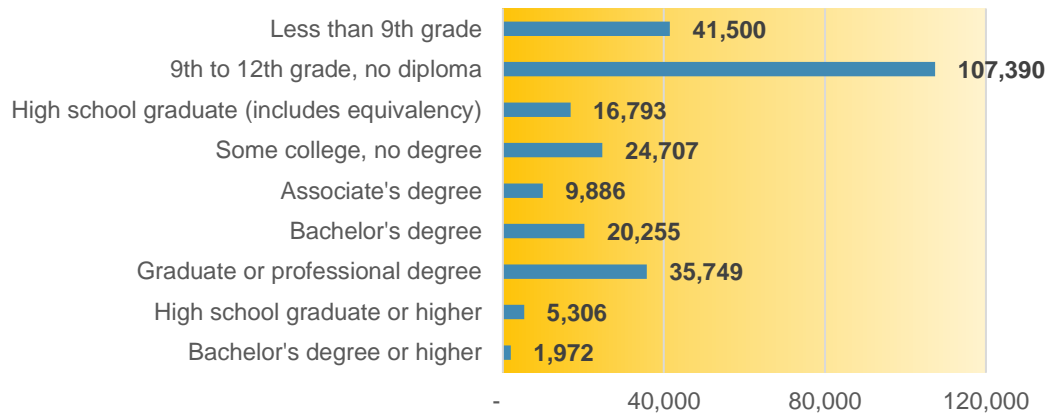| Age Group	Population
Under 5 years	6,733
5 to 9 years	7,228
10 to 14 years	8,457
15 to 19 years	7,834
20 to 24 years	6,812
25 to 34 years	16,205
35 to 44 years	16,870
45 to 54 years	19,289
55 to 59 years	10,861
60 to 64 years	14,116
65 to 74 years	22,890
75 to 84 years	10,446
85 years and over	3,991
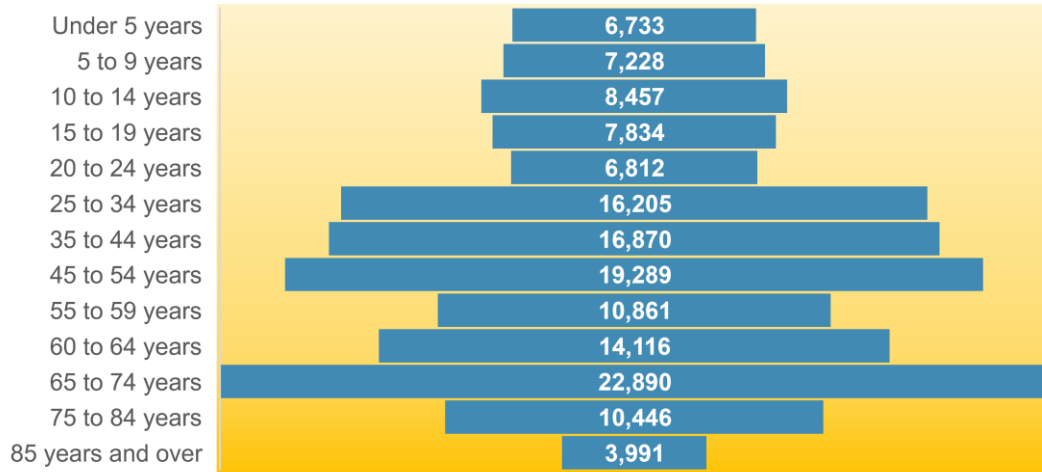
Midcoast District Household Income and Benefits, 2021 (in 2021 Dollars)

Income Range	Number of Households
$200,000 or more	3,141
$150,000 to $199,999	3,829
$100,000 to $149,999	11,105
$75,000 to $99,999	10,110
$50,000 to $74,999	12,427
$35,000 to $49,999	8,160
$25,000 to $34,999	5,263
$15,000 to $24,999	5,562
$10,000 to $14,999	3,104
Less than $10,000	3,292

Number of Households

Educational Attainment in Midcoast District, 2021 (Age 25 and Over)

| Attainment	Count
Less than 9th grade	41,500
9th to 12th grade, no diploma	107,390
High school graduate (includes equivalency)	16,793
Some college, no degree	24,707
Associate's degree	9,886
Bachelor's degree	20,255
Graduate or professional degree	35,749
High school graduate or higher	5,306
Bachelor's degree or higher	1,972

All data on this page are from the US Census Bureau,
American Community Survey 2017–2021.

SUMMARY OF RESULTS

For the 2022 Assessment (Figure 1), the Midcoast District's overall performance score was 51.8 (optimal performance = 100) with a range of 68.1 (EPHS 2) to 33.3 (EPHS 10). The top-performing EPHS include *Diagnose and Investigate Health Problems and Health Hazards* (68.1), *Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable* (65.6), and *Develop Policies and Plans* (56.3).

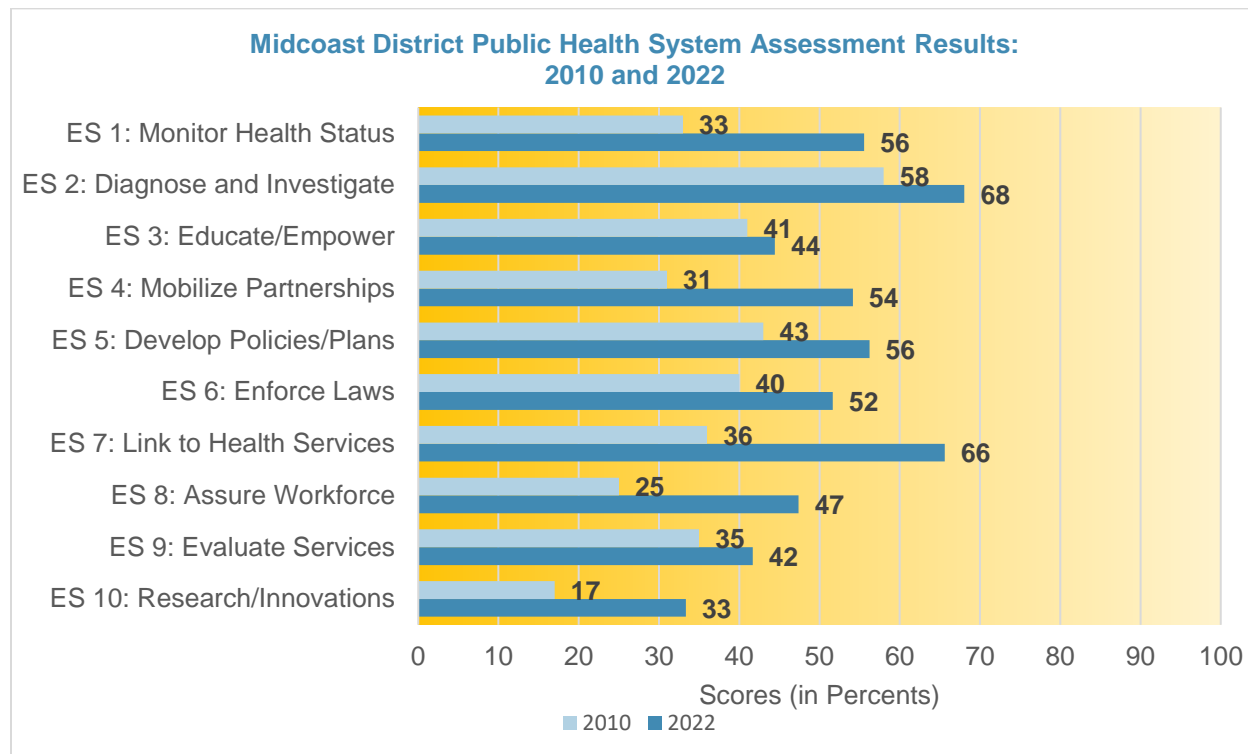*Figure 1. Scores for All Essential Public Health Services (EPHS)*

Midcoast District Public Health System Assessment Results: 2022
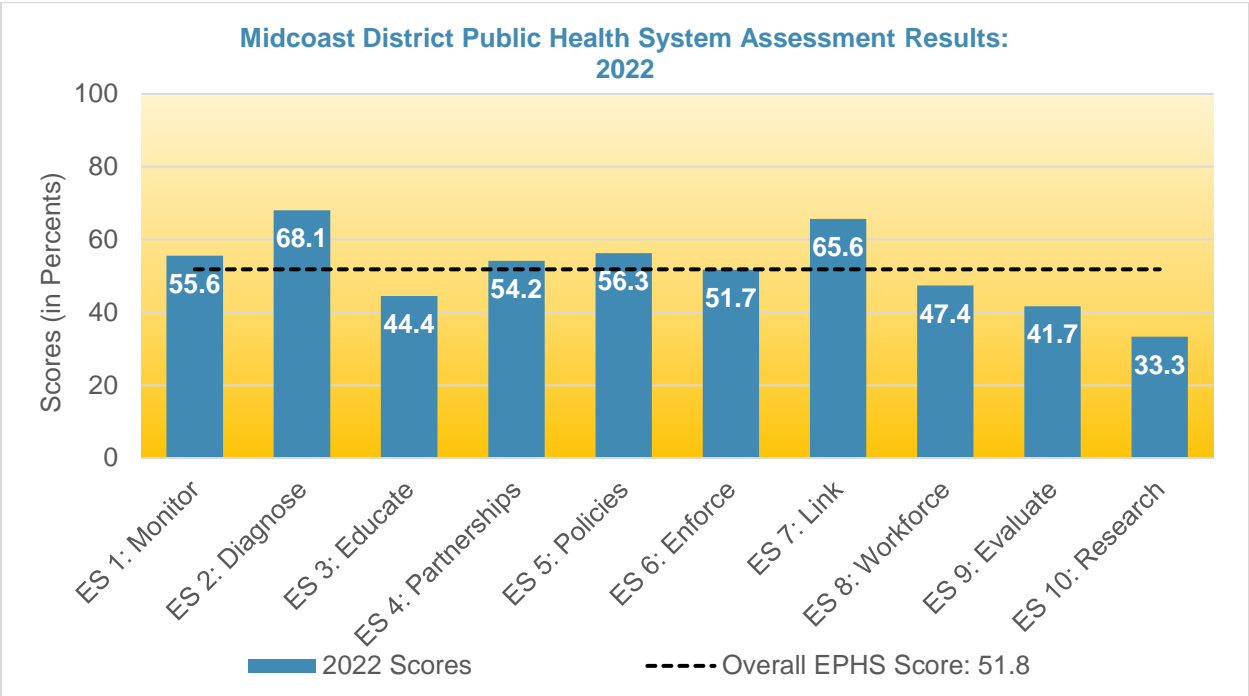
Essential Public Health Services and Scores

EPHS	Score
1. Monitor health status to identify and solve community health problem.	55.6
2. Diagnose and investigate health problems and health hazards in the community.	68.1
3. Inform, educate, and empower people about health issues.	44.4
4. Mobilize community partnerships and action to identify and solve health problems.	54.2
5. Develop policies and plans that support individual and community health efforts.	56.3

EPHS	Score
6. Enforce laws and regulations that protect health and ensure safety.	51.7
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	65.6
8. Assure competent public and personal health care workforce.	47.4
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	41.7
10. Research for new insights and innovative solutions to health problems.	33.3

Maine 2010 and 2022 Scores: Figure 2 presents the scores of the Midcoast LPHSA conducted in 2010 and 2022. Due to the time difference between the two assessments and changes in the district's public health infrastructure over that period, a direct comparison of the scores should not be done. This graph does provide an opportunity for an open discussion and review of what has occurred over that time.

Figure 2: Midcoast LPHSA Scores from 2010 and 2022

Midcoast District Public Health System Assessment Results: 2010 and 2022

Essential Service	2010	2022
ES 1: Monitor Health Status	33	56
ES 2: Diagnose and Investigate	58	68
ES 3: Educate/Empower	41	44
ES 4: Mobilize Partnerships	31	54
ES 5: Develop Policies/Plans	43	56
ES 6: Enforce Laws	40	52
ES 7: Link to Health Services	36	66
ES 8: Assure Workforce	25	47
ES 9: Evaluate Services	35	42
ES 10: Research/Innovations	17	33

Scores (in Percents)

Results at a Glance: Essential Public Health Service 1

EPHS 1: MONITOR HEALTH STATUS TO IDENTIFY AND SOLVE COMMUNITY HEALTH PROBLEMS

This EPHS includes:

- Assessing, accurately and continually, the community's health status.

- Identifying threats to health.

- Determining health service needs.

- Paying attention to the health needs of groups that are at higher risk than the total population.

- Identifying community assets and resources that support the public health system in promoting health and improving quality of life.

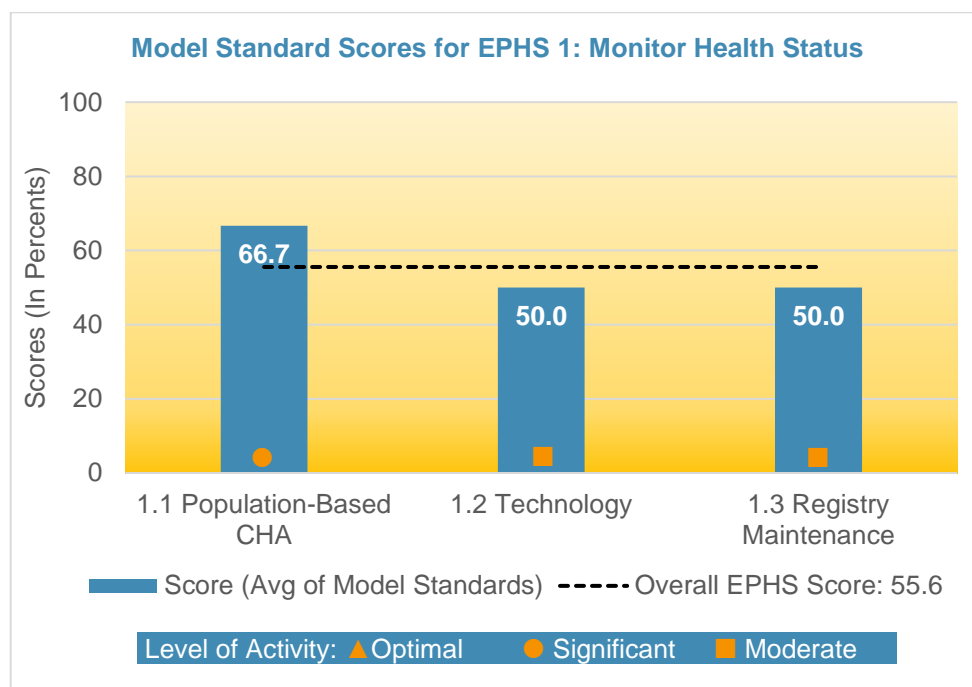- Using appropriate methods and technology to interpret and communicate data to diverse audiences.

Table 1: Scores for Essential Service 1 (Composite Score = 55.6)

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	75
1.1.2	Continuously update the community health assessment with current information?	75
1.1.3	Promote the use of the community health assessment among community members?	50

1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	50
1.2.2	Analyze health data to see where health problems exist?	50
1.2.3	Use software to create charts, graphs, and maps to display complex public health data?	50
1.3	Model Standard: Maintenance of Population Health Registries *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns?	50
1.3.2	Use information from population health registries?	50

See Appendix I for the full wording of the model standards and questions.

Strengths[3]

- Availability and participation in the Maine Integrated Youth Health Survey (MIYHS) - having school/county/district & State data to trend and compare is extraordinary - esp. in a rural state.

- Several data sets are available to the Midcoast District through the State of Maine.

Weaknesses

- Make data more accessible (e.g., teen friendly).

Opportunities

- Leverage local community partners to share information to get broader community engagement and/or access to information.

- Work to do - share the assessments and data that we have.

- Midcoast Public Health Council informs municipal and county government leaders about available public health data and promotes its use in decision-making processes.

Key Findings
EPHS 1

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[3] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 2

EPHS 2: DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS

This EPHS includes:

- Assessing a public health laboratory capable of conducting rapid screening and high-volume testing.

- Establishing active infectious disease epidemiology programs.

- Creating technical capacity for epidemiologic investigation of disease outbreaks and patterns of the following:

    o Infectious and chronic diseases

    o Injuries, and

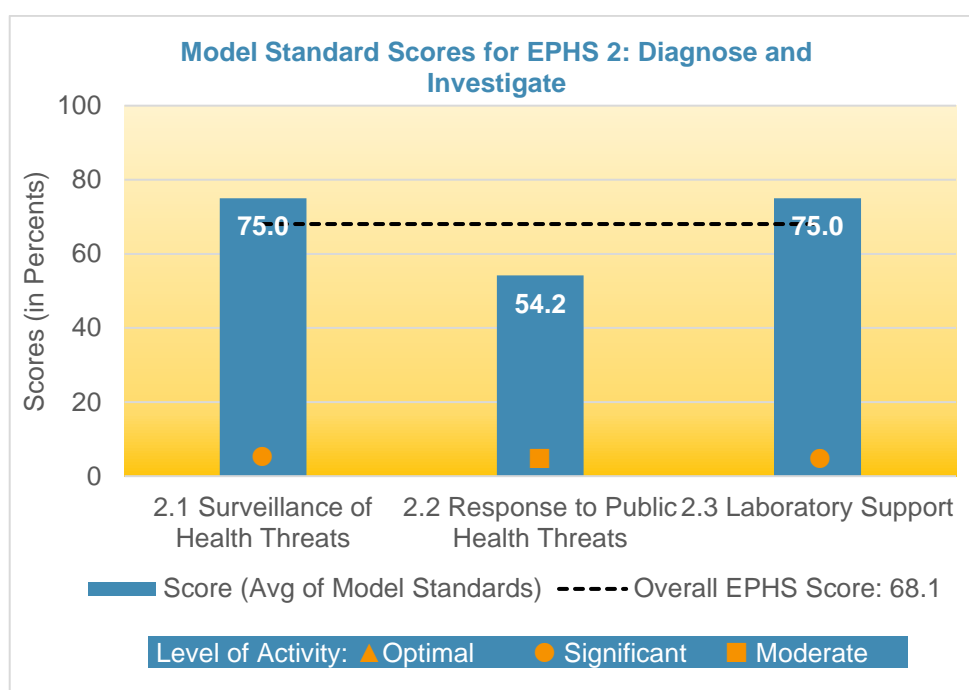   o Other adverse health behaviors and conditions.

Table 2. Scores for Essential Service 2 (Composite Score = 68.1)

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*	
2.1.1	Participate in a comprehensive surveillance system?	75
2.1.2	Provide and collect timely and complete information on potential emergencies?	75
2.1.3	Assure that the best available resources are used to support surveillance systems?	75
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks?	75

2.2.2	Develop written rules to follow in the investigation of public health emergencies?	50
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	50
2.2.4	Prepare to rapidly respond to public health emergencies?	50
2.2.5	Identify personnel with the technical expertise to rapidly respond to emergencies?	50
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	50
2.3	**Model Standard: Laboratory Support for Investigation of Health Threats** *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs?	75
2.3.2	Maintain 24/7 access to laboratories that can meet emergent public health needs?	75
2.3.3	Use only licensed or credentialed laboratories?	75
2.3.4	Maintain a written list of rules for handling samples?	75

See Appendix I for the full wording of the model standards and questions.

Strengths[4]

- Availability of expertise and systems (e.g., State Disease Surveillance; Health Inspection Program; State Health Environmental Testing Laboratory).

- Public access to Statewide Disease Reporting Line.

- Midcoast District has well-developed emergency response communications.

Weaknesses

- Cross agency, and public awareness and emerging threats communication.

- Use of acronyms that only the agency knows the meaning of leaving community organizations and the general-public scrambling.

Opportunities

- Develop a planning/resource guide that can be distributed to all local EMA directors.

- Table top exercises for emergencies and planning.

- Availability of unfiltered after-action reports with boots-on-the-ground staff.

Key Findings
EPHS 2

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[4] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 3

EPHS 3: INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES.

This EPHS includes:

- Creating community development activities.

- Establishing social marketing and targeted media public communication.

- Providing accessible health information resources at community levels.

- Collaborating with personal health care providers to reinforce health promotion messages and programs.

- Working with joint health education programs with schools, churches, worksites, and others.
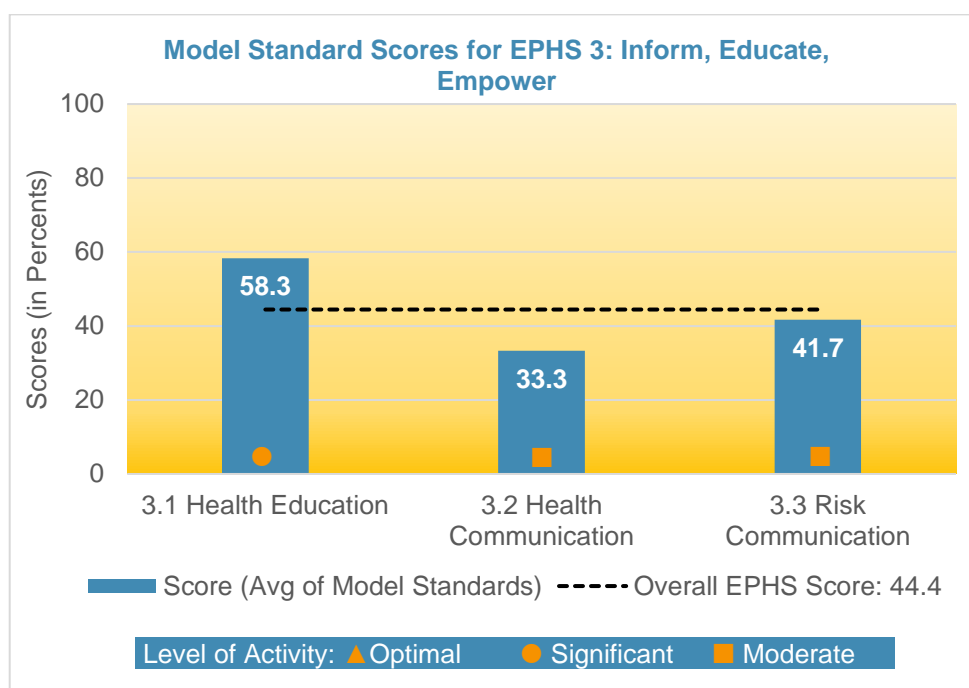

Table 3. Scores for Essential Service 3 (Composite Score = 44.4)

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	**Model Standard: Health Education and Promotion** *At what level does the local public health system:*	
3.1.1	Provide analyses of community health status and policy recommendations?	75
3.1.2	Coordinate health promotion and health education activities?	50
3.1.3	Engage the community throughout the process of setting priorities, plans and activities?	50
3.2	Model Standard: Health Communication *At what level does the local public health system:*	
3.2.1	Develop health communication plans for sharing information?	25

3.2.2	Use relationships with different media to share health information?	50
3.2.3	Identify and train spokespersons on public health issues?	25
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency?	50
3.3.2	Make sure resources are available for a rapid emergency communication response?	50
3.3.3	Provide risk communication training for employees and volunteers?	25

See Appendix I for the full wording of the model standards and questions.

Strengths[5]

- Partners are available, and we work together to communicate very well.
- Renewed focus and funding thanks to Federal COVID-19 response.
- Local policy work is strong, in our area.

Weaknesses

- Lack of state-provided infrastructure for coordination.
- The tie between Public Health and Emergency Management could be closer.
- Post event follow-up is not well exercised for public health emergencies.
- Need for increased communication between public health groups and the Legislature.

Opportunities

- Engagement with non-hospital local healthcare providers - such as Community Health Centers/FQHCs - that play a great role in day-to-day community-based work.
- Create formal plans and roles internally and as a local public health system.
- As a "centralized PH" state, improve collaboration between State PH stakeholders and local stakeholders.
- Better utilization of existing public health volunteers in "blue skies" activities to provide for their training and relationship-building with locals.

Key Findings
EPHS 3

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[5] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 4

EPHS 4: MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH PROBLEMS

This EPHS includes:

- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health related).

- Undertaking defined health improvement planning process and health projects, including:

  o Preventive

  o Screening

  o Rehabilitation, and

  o Support programs.

- Building a coalition to draw on the full range of potential human and material resources to improve community health.
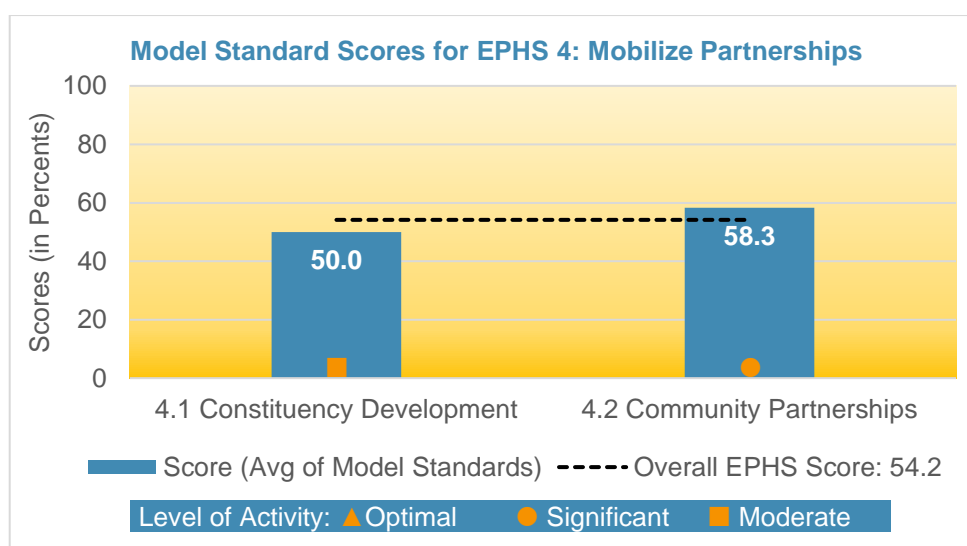

Table 4. Scores for Essential Service 4 (Composite Score = 54.2)

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*	
4.1.1	Maintain a complete and current directory of community organizations?	50
4.1.2	Follow an established process for identifying key constituents?	50
4.1.3	Encourage constituents to participate in activities to improve community health?	50
4.1.4	Create forums for communication of public health issues?	50
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*	
4.2.1	Establish partnerships and alliances to improve health in the community?	50

4.2.2	Establish a broad-based community health improvement committee?	75
4.2.3	Assess how well partnerships and alliances are working to improve community health?	50

See Appendix I for the full wording of the model standards and questions.

Strengths[6]

- Midcoast Public Health Council Steering Committee.
- Willingness to review and adjust activities/goals periodically to keep the Midcoast Public Health Council work meaningful and pulling in other organizations/people.
- Sagadahoc County Board of Health.
- District (partners) participation in Community Health Needs Assessments.
- Partnerships with community organizations like TRIAD and Aging Well initiatives.

Weaknesses

- Relying on a decentralized approach to disseminate info, and not evaluating impact.
- Information and resources available within the MaineHealth System not available to other organizations within the community.
- Small number of people participating in this and other components of this review.
- No central clearing house for programs ,activities and events in the community.

Opportunities

- Strengthening our district website to strengthen district capacity for outreach.
- Leveraging the stakeholders identified during the pandemic/volunteers that came forward to support public health in communities.
- If we ever get mini grants, offer a round to strengthen local key partnerships in every county to conduct outreach so they are not competing.
- Formalizing some of the tasks lists in this service, e.g., formal evaluation; strengthening our list of district level key stakeholders, would be useful.
- There seem to be several "lists" of community partners - it would be great to have one central resource.
- Strengthen district partnerships with municipal, school, and college libraries as information hubs.
- Invite Midcoast Public Health Council members to become formal District public health ambassadors to expand local reach (e.g., distribute Public Health newsletter, know the local newsletters.
- Strengthen Local Health Officer (LHO) trainings to improve communication of District event/messages.
- Diversify District membership in terms of community sectors and vis-à-vis gender, race, ethnicity, class, etc. to bring new social networks.
- Use resources available effectively and market their existence, e.g., FindHelp, use of Midcoast Public Health Council website.

Key Findings
EPHS 4

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[6] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 5

EPHS 5: DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

This EPHS includes:

- Ensuring leadership development at all levels of public health.

- Ensuring systematic community-level and state-level planning for health improvement in all jurisdictions.

- Developing and tracking measurable health objectives from the health improvement plan as a part of a continuous quality improvement plan.

- Establishing joint evaluation with the medical health care system to define consistent policies regarding prevention and treatment services.

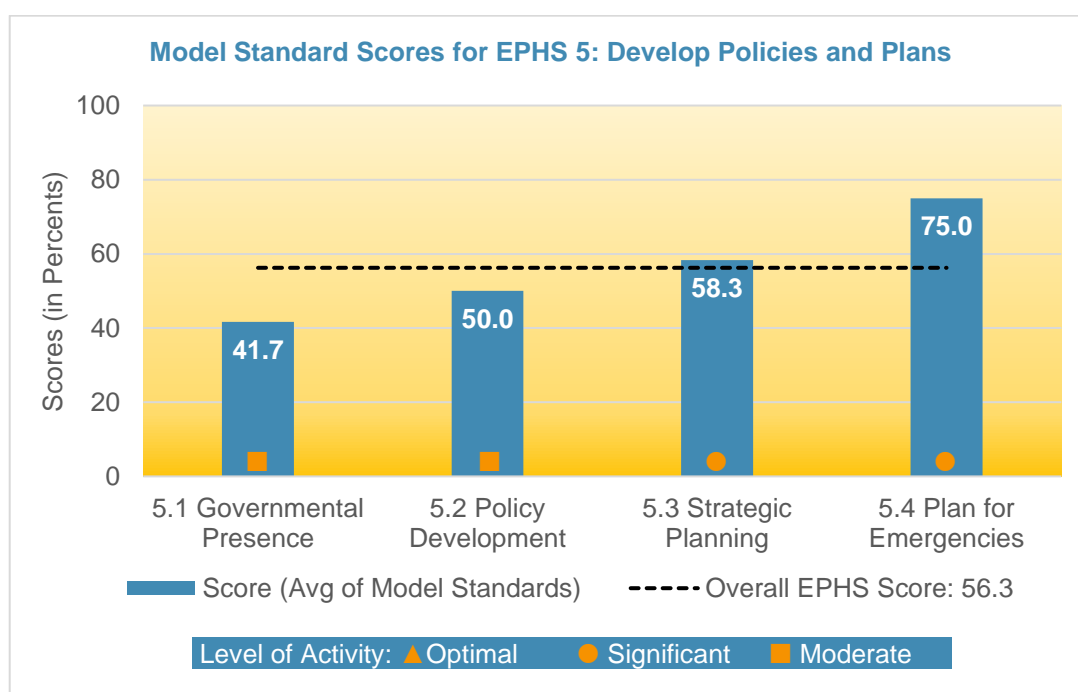- Developing policy and legislation to guide the practice of public health.

Table 5. Scores for Essential Service 5 (Composite Score = 56.3)

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*	
5.1.1	Support the work of a local health department?	25
5.1.2	See that the local health department is accredited?	50
5.1.3	Assure that the local health department has enough resources?	50

5.2	Model Standard: Public Health Policy Development *At what level does the local public health system:*	
5.2.1	Contribute to public health policies?	50
5.2.2	Alert policymakers and the community of the possible public health impacts of policies?	50
5.2.3	Review existing policies at least every three to five years?	50
5.3	Model Standard: Community Health Improvement Process and Strategic Planning *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process?	50
5.3.2	Develop strategies to achieve community health improvement objectives?	50
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	75
5.4	Model Standard: Plan for Public Health Emergencies *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	75
5.4.2	Develop a response plan?	75
5.4.3	Test and revise the plan as needed, at least every two years?	75

See Appendix I for the full wording of the model standards and questions.

Strengths[7]

- Community Action Partners (CAP) agency, and Area Agencies on Aging (AAA), assessments.
- Greater focus on Social Determinants of Health.
- Significant District work concerning marijuana, vaping, and flavored tobacco products.
- Ongoing policy reviews such as school tobacco policies.
- County Emergency Management Agencies support of Public Health Emergency.

Weaknesses

- Missing perspectives of other sectors such as housing and homelessness.
- Local emergency management directors are stretched thin.
- Not a lot of opportunities to highlight essential public health services.

Opportunities

- Ensure representation from other sectors.
- Strengthen local public health and emergency preparedness.
- District focus on essential public health services.

Key Findings
EPHS 5

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[7] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 6

EPHS 6: ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE SAFETY.

This EPHS includes:

- Enforcing sanitary codes, especially in the food industry.

- Protecting drinking water supplies.

- Enforcing clean air standards.

- Initiating animal control activities.

- Following-up hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings.

- Monitoring quality of medical services (*e.g.,* laboratories, nursing homes, and home health care providers).

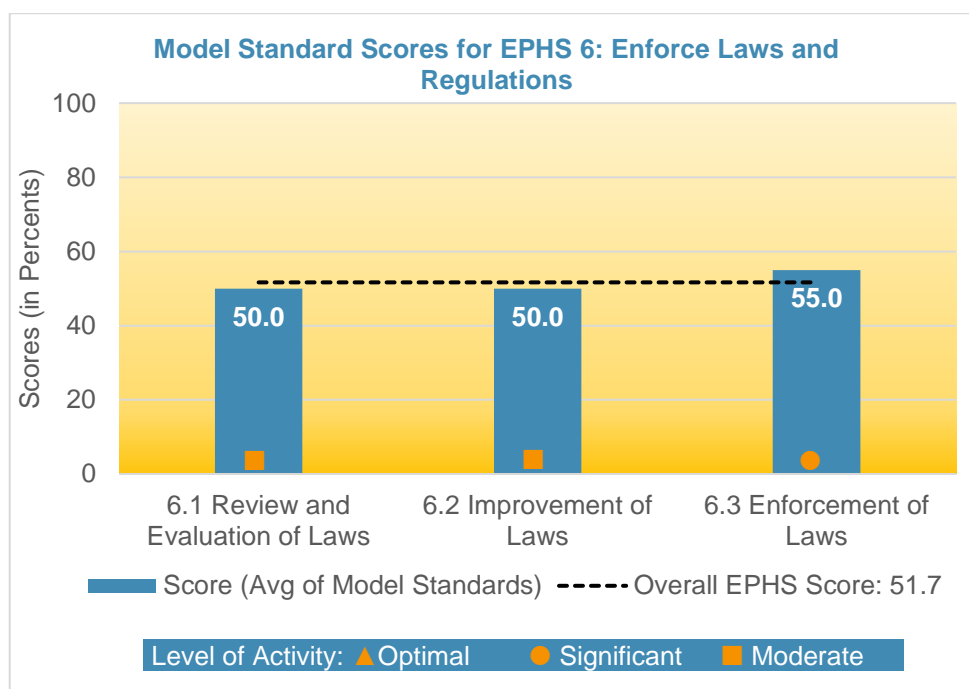- Reviewing new drug, biologic, and medical device applications.

Table 6. Scores for Essential Service 6 (Composite Score = 51.7)

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws?	50
6.1.2	Stay up-to-date with current laws that prevent, promote, or protect public health?	50
6.1.3	Review existing public health laws at least once every five years?	50

6.1.4	Have access to legal counsel for technical assistance?	50
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws?	50
6.2.2	Participate in changing existing laws, and/or creating new laws?	50
6.2.3	Provide technical assistance in drafting proposed changes or new laws?	50
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws?	50
6.3.2	Assure that a local health department has the authority to act in emergencies?	50
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	75
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	50

See Appendix I for the full wording of the model standards and questions.

Strengths[8]

- Willingness of law enforcement to assist when there isn't a lack of enforcement authority.
- Municipalities and Local Health Officers address public health complaints locally.

Weaknesses

- Communication and interactions amongst the town leaders of the 73 District municipalities and regional planning commissions is lacking.
- Disconnect between all the organizations involved with laws and regulations. Working in silos.
- Reliance on law enforcement when public doesn't recognize public health authority.

Opportunities

- Incorporate a review of local laws relevant to our DPHIP plan to have a better understanding for authority.
- Review of applicable Statutes (not an easy thing to find, review and understand).
- Incorporate public health into municipal comprehensive plans.
- Strengthen the role of Local Health Officer for municipalities.
- Public promotion of local public health and municipal local health officers.

Key Findings
EPHS 6

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[8] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 7

EPHS 7: LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES AND ASSURE THE PROVISION OF HEALTH CARE WHEN OTHERWISE UNAVAILABLE

This EPHS includes:

- Ensuring effective entry for socially disadvantaged and other vulnerable person into a coordinated system of clinical care.

- Providing culturally and linguistically appropriate materials and staff to ensure linkage to services for special population groups.

- Ensuring ongoing care management.

- Ensuring transportation services.

- Orchestrating targeted health education, promotion, and disease prevention to vulnerable population groups.
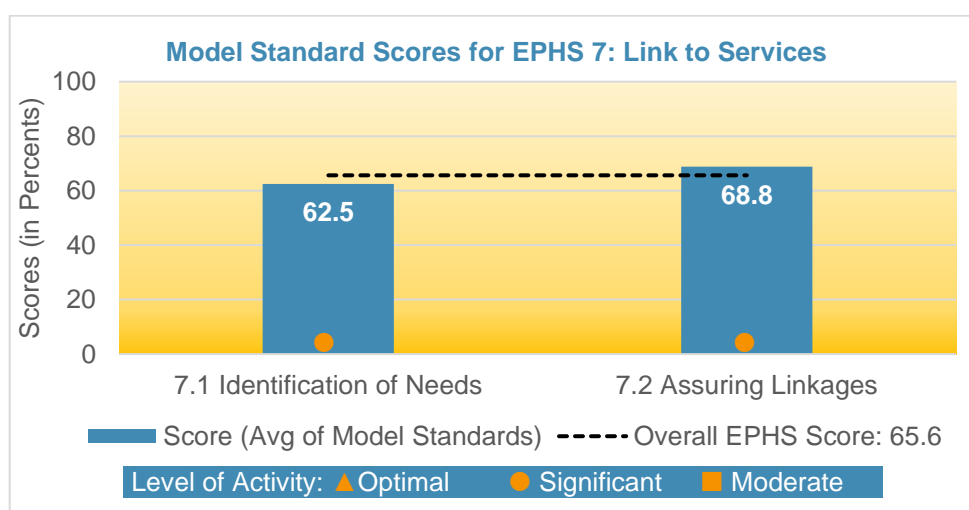

Table 7. Scores for Essential Service 7 (Composite Score = 65.6)

	ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** *At what level does the local public health system:*	
7.1.1	Identify groups in the community who have trouble accessing personal health services?	75
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to unmet needs?	50
7.1.4	Understand the reasons that people do not get the care they need?	75
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*	
7.2.1	Connect (or link) people to organizations that can provide personal health services?	75
7.2.2	Help people access personal health services?	50
7.2.3	Help people sign up for public benefits that are available to them?	75
7.2.4	Coordinate the delivery of personal health and social services?	75

See Appendix I for the full wording of the model standards and questions.

Strengths[9]

- Resources available at Community Health Centers (FQHCs).
- In Waldo County, we have a strong support of networking community service.
- Aging and disability counseling from Area Agencies on Aging (AAA).
- Connecting those in need of services using MaineHealth Care Partners.
- Community Action Partners (CAP) links works with people to identify health insurance and healthcare opportunities.
- CAP Assessments
- In Sagadahoc County there is a great deal of collaboration happening through the Working Communities Challenge Grant.
- LincolnHealth's County's Community Navigators in Waldoboro, AOS 93 catchment area and on the Boothbay Peninsula.
- Knox and Waldo Counties' re-entry programs.

Weaknesses

- Silos - healthcare systems and social services providing services but not in partnership or fully coordinated.
- Roles were not clearly defined during the public health emergency (i.e., who does what at the local level).
- We don't have enough services to connect with in our community.
- Lack of resources to address major Social Determinants of Health (SDOH) challenges - transportation and housing being the most significant.
- Pursuing funded needs vs. focus on programs that are needed the most.
- Lack of providers to address the needs.
- Lack of centralized information.
- Relying on technology to solve how community members learn about resources.

Opportunities

- Enhance engagement with Community Health Centers (FQHCs) to better integrate/coordinate PH efforts.
- Engage social service organizations to enhance service access not duplicate services already in existence.
- Midcoast Hospital has a new fund that will be focusing on youth mental health and well-being. They will be investing significant resources.
- Enhanced engagement with social services and community organizations that are not directly connected with the healthcare system.
- Partnerships and coordination between healthcare systems and social service organizations.
- Strengthen the linkages between services.
- Support training & workforce needs to address the issues brought up in Essential Public Health Service 7
- Networking and knowing our resources we already have and expand upon them.

Key Findings
EPHS 7

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[9] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 8

EPHS 8: ASSURE A COMPETENT PUBLIC HEALTH AND PERSONAL HEALTH CARE WORKFORCE

This EPHS includes:

- Educating, training, and assessing personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.

- Establishing efficient processes for professionals to acquire licensure.

- Adopting continuous quality improvement and lifelong learning programs.

- Establishing active partnerships with professional training programs to ensure community-relevant learning experiences for all students.

- Continuing education in management and leadership development programs for those charged with administrative and executive roles.
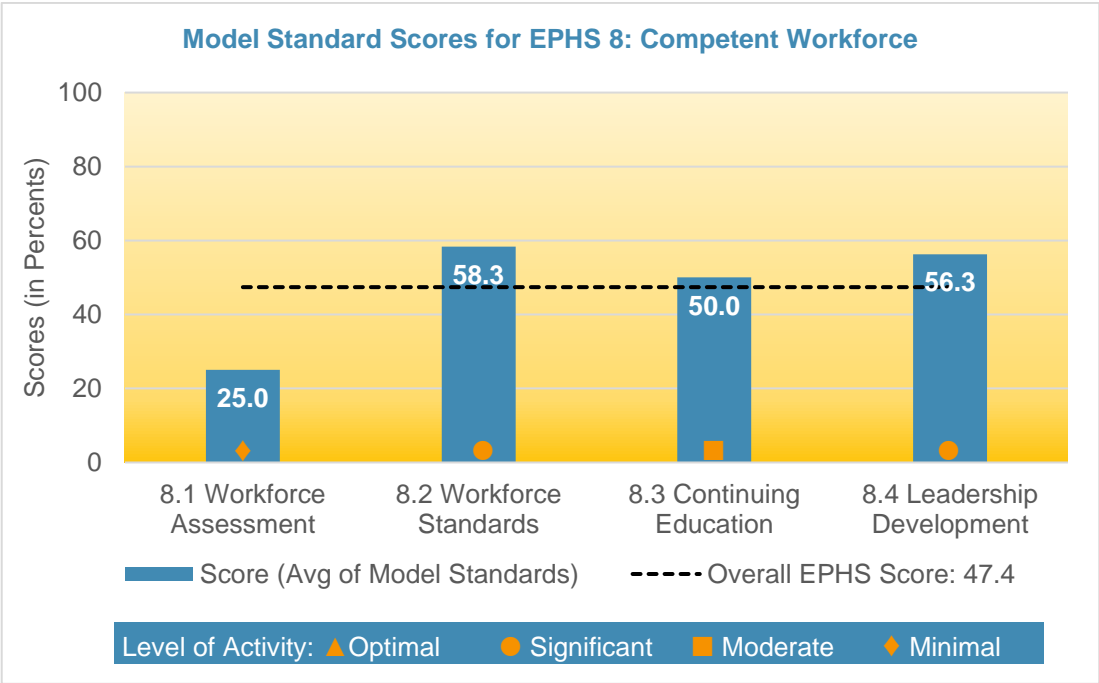

Table 8. Scores for Essential Service 8 (Composite Score = 47.4)

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*	
8.1.1	Set up a process to track LPHS jobs and the knowledge, skills, and abilities required?	25
8.1.2	Review the information from the workforce assessment and use it to address gaps?	25
8.1.3	Provide information from the workforce assessment to other community organizations?	25
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*	

8.2.1	Make sure that the workforce has the required certificates, licenses, and education?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	50
8.2.3	Base the hiring and performance review in public health competencies?	50
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*	
8.3.1	Identify education/training needs and encourage participation in education/training?	50
8.3.2	Provide ways for workers to develop core skills?	50
8.3.3	Develop incentives for workforce training?	50
8.3.4	Create and support collaborations between organizations?	50
8.3.5	Continually train workforce in cultural competency and social determinants of health?	50
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*	
8.4.1	Provide access to leadership development opportunities for employees?	50
8.4.2	Create a shared vision of community health and the public health system?	75
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership?	50
8.4.4	Provide opportunities for the development of diverse leaders?	50

See Appendix I for the full wording of the model standards and questions.

Strengths[10]

- Gap analysis.
- Diversity of knowledge within the Midcoast Public Health District.
- Certification, licensing and continuing education standards and oversight in Maine.

Weaknesses

- Workforce assessment is needed across sectors.
- Finding volunteers who are willing to step up and take leaderships roles.
- Workforce housing shortage.
- Public health trainings may only be available to those who are "plugged in" to the information networks that promote the trainings.

Opportunities

- Unlikely partnerships and skills formed through the pandemic.
- Bring new leaders across all sectors and generations into the fold.
- Advocacy to allow asylum seeking/immigrant with prior public health experience to work in the sector.

Key Findings
EPHS 8

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[10] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 9

EPHS 9: EVALUATE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF PERSONAL AND POPULATION-BASED HEALTH SERVICES

This EPHS includes:

- Assessing program effectiveness through monitoring and evaluating implementation, outcomes, and effect.

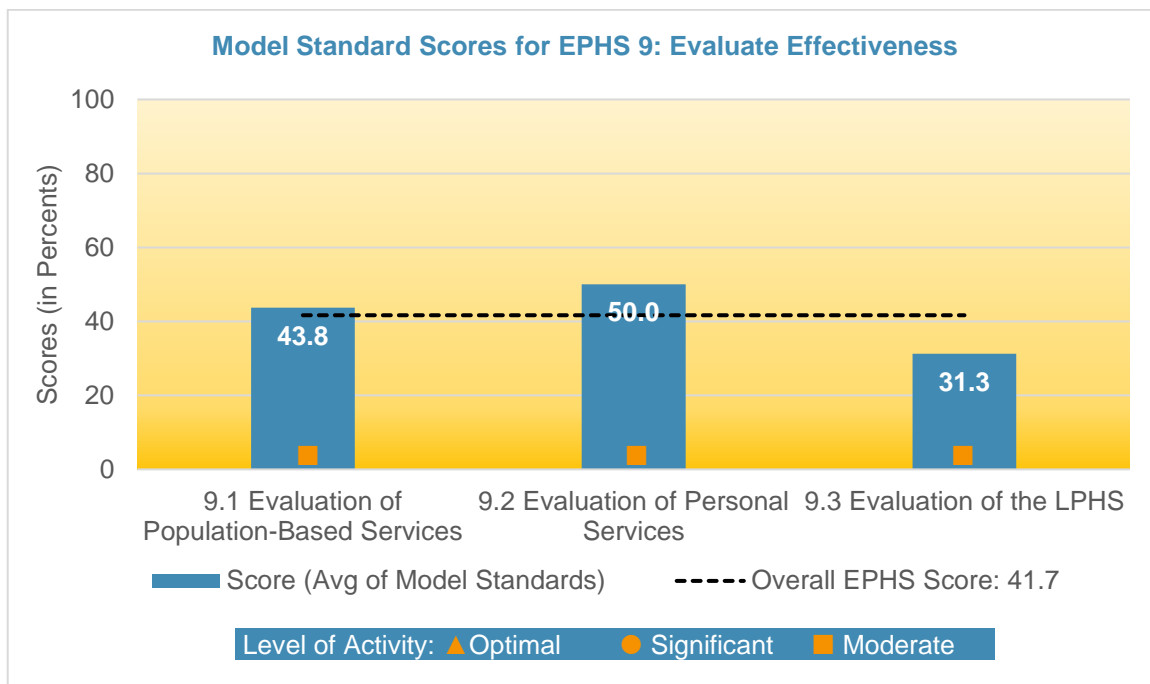- Providing information necessary for allocating resources and reshaping programs.

Model Standard Scores for EPHS 9: Evaluate Effectiveness

Score (Avg of Model Standards) — — — Overall EPHS Score: 41.7

Level of Activity: ▲ Optimal ● Significant ■ Moderate

Table 9. Scores for Essential Service 9 (Composite Score = 41.7)

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working?	50
9.1.2	Assess whether community members are satisfied with preventative approaches?	25
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	50
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	50
9.2.2	Compare the quality of personal health services to established guidelines?	50

9.2.3	Measure satisfaction with personal health services?	50
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	50
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*	
9.3.1	Identify all organizations that provide essential public health services?	50
9.3.2	Evaluate how well LPHS activities meet the needs of the community?	25
9.3.3	Assess how well the organizations in the LPHS are coordinating services?	25
9.3.4	Use results from the evaluation process to improve the LPHS?	25

See Appendix I for the full wording of the model standards and questions.

Strengths[11]

- Dedicated core of organizations and individuals throughout the District.
- District Council use of Community Health Needs Assessment to establish District Public Health Priorities.

Weaknesses

- Identification of gaps and weaknesses occur in pockets throughout the District, but there is not systematic, comprehensive approach.
- Not enough people know what the Essential Public Health Services are.
- Need more intersectionality in thinking about public health. For example, need more environmental participation on our District Coordinating Council and more diversity of agency representatives.
- Unclear as to how a small island communities can engage with the Local Public Health System.

Opportunities

- Use clinical and social service systems to increase preparedness activities, especially for our most vulnerable populations.
- Promote community collaborations to accomplish goals they can't do by themselves.
- Make better use of community partners to reach more of our local vulnerable populations.

Key Findings
EPHS 9

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[11] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Results at a Glance: Essential Public Health Service 10

EPHS 10: RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

This EPHS includes:

- Establishing full continuum of innovation, ranging from practical field-based efforts to fostering change in public health practice to more academic efforts that encourage new directions in scientific research.

- Continually linking with institutions of higher learning and research.

- Creating internal capacity to mount timely epidemiologic and economic analyses and conduct health services research.
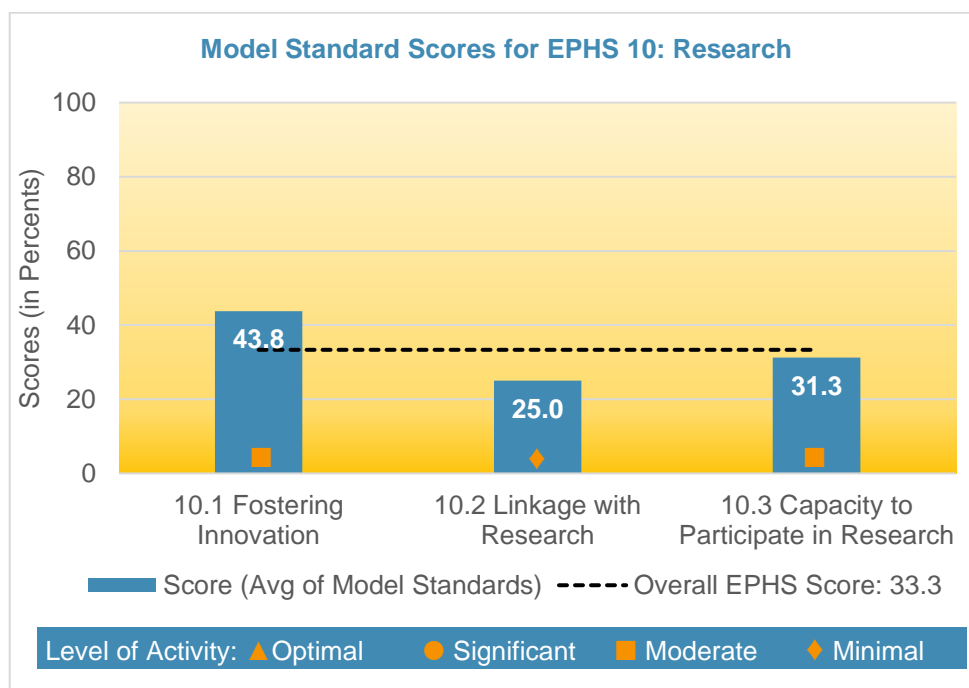

Table 10. Scores for Essential Service 10 (Composite Score = 33.3)

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies?	25
10.1.2	Suggest ideas about what currently needs to be studied in public health?	25
10.1.3	Keep up with information from other agencies and organizations?	75
10.1.4	Encourage community participation in research?	50
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research *At what level does the local public health system:*	
10.2.1	Develop relationships with colleges, universities, or other research organizations?	25

10.2.2	Partner with research organizations to do public health research?	25
10.2.3	Encourage research organizations to work with LPHS organizations?	25
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*	
10.3.1	Collaborate with researchers?	25
10.3.2	Support research with the necessary infrastructure and resources?	25
10.3.3	Share findings with public health colleagues and the community broadly?	50
10.3.4	Evaluate public health systems research efforts?	25

See Appendix I for the full wording of the model standards and questions.

Strengths[12]

- There may be research conducted by unlinked resources, e.g., Boothbay Institute, Cooperative Extension, etc. related to environment, but less re, say, chronic disease.

- Work being done in the areas of extreme temperature.

- Efforts to improve oral health in the District.

Weaknesses

- No discussion of this broad topic to date. could put out a request to area students doing field work in Public Health Nursing, Social Work, and Planning, to attend.

- Basic lack of primary campuses [vs satellites] on the Midcoast that have enough faculty to draw on. Midcoast is a higher education desert.

Opportunities

- Conduct outreach to institutions to let them know Midcoast District wants to support researchers.

- Hold District Coordinating Council quarterly meeting with university researchers to discuss our needs/partnerships.

- Conduct an environmental scan to assess scope of workforce development research.

- So many organizations need a community needs assessment. How can we collaborate so that we share information and don't waste resources?

- Because research often doesn't make the top of the list, this District Coordinating Council will need to prioritize this topic to get the ball rolling.

Key Findings
EPHS 10

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[12] Key findings are a compilation of content themes and direct comments from participants of the virtual sessions.

Appendix I. Full Wording of Model Standards

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems	
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*
1.1.1	Conduct regular community health assessments?
1.1.2	Continuously update the community health assessment with current information?
1.1.3	Promote the use of the community health assessment among community members and partners?
1.2	**Model Standard: Current Technology to Manage and Communicate Population Health Data** *At what level does the local public health system:*
1.2.1	Use the best available technology and methods to display data on the public's health?
1.2.2	Analyze health data, including geographic information, to see where health problems exist?
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?
1.3	**Model Standard: Maintenance of Population Health Registries** *At what level does the local public health system:*
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?
1.3.2	Use information from population health registries in community health assessments or other analyses?
ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards	
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?

2.2.3	Designate a jurisdictional Emergency Response Coordinator?
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?
2.3	**Model Standard: Laboratory Support for Investigation of Health Threats** *At what level does the local public health system:*
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?
2.3.3	Use only licensed or credentialed laboratories?
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?
ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues	
3.1	**Model Standard: Health Education and Promotion** *At what level does the local public health system:*
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?
3.2	**Model Standard: Health Communication** *At what level does the local public health system:*
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?
3.2.2	Use relationships with different media providers (*e.g.,* print, radio, television, and the internet) to share health information, matching the message with the target audience?
3.2.3	Identify and train spokespersons on public health issues?
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?
3.3.2	Make sure resources are available for a rapid emergency communication response?

3.3.3	Provide risk communication training for employees and volunteers?
ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems	
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*
4.1.1	Maintain a complete and current directory of community organizations?
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?
4.1.3	Encourage constituents to participate in activities to improve community health?
4.1.4	Create forums for communication of public health issues?
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?
4.2.2	Establish a broad-based community health improvement committee?
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?
ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts	
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?
5.2	**Model Standard: Public Health Policy Development** *At what level does the local public health system:*
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?
5.2.3	Review existing policies at least every three to five years?

5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?
ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety	
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?

6.3.3	Assure that all enforcement activities related to public health codes are done within the law?
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?
6.3.5	Evaluate how well local organizations comply with public health laws?

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** *At what level does the local public health system:*
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?
7.1.2	Identify all personal health service needs and unmet needs throughout the community?
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?
7.1.4	Understand the reasons that people do not get the care they need?
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?
7.2.3	Help people sign up for public benefits that are available to them (*e.g.,* Medicaid or medical and prescription assistance programs)?
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce	
8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?

8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?
8.3.2	Provide ways for workers to develop core skills related to essential public health services?
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?
8.3.4	Create and support collaborations between organizations within the public health system for training and education?
8.3.5	Continually train the public health workforce to deliver services in a culturally competent manner and understand social determinants of health?
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?
ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?
9.1.3	Identify gaps in the provision of population-based health services?
9.1.4	Use evaluation findings to improve plans and services?
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?

9.2.2	Compare the quality of personal health services to established guidelines?
9.2.3	Measure satisfaction with personal health services?
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?
9.2.5	Use evaluation findings to improve services and program delivery?
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?
9.3.4	Use results from the evaluation process to improve the LPHS?
ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems	
10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?
10.2	**Model Standard: Linkage with Institutions of Higher Learning and/or Research** *At what level does the local public health system:*
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?

10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?