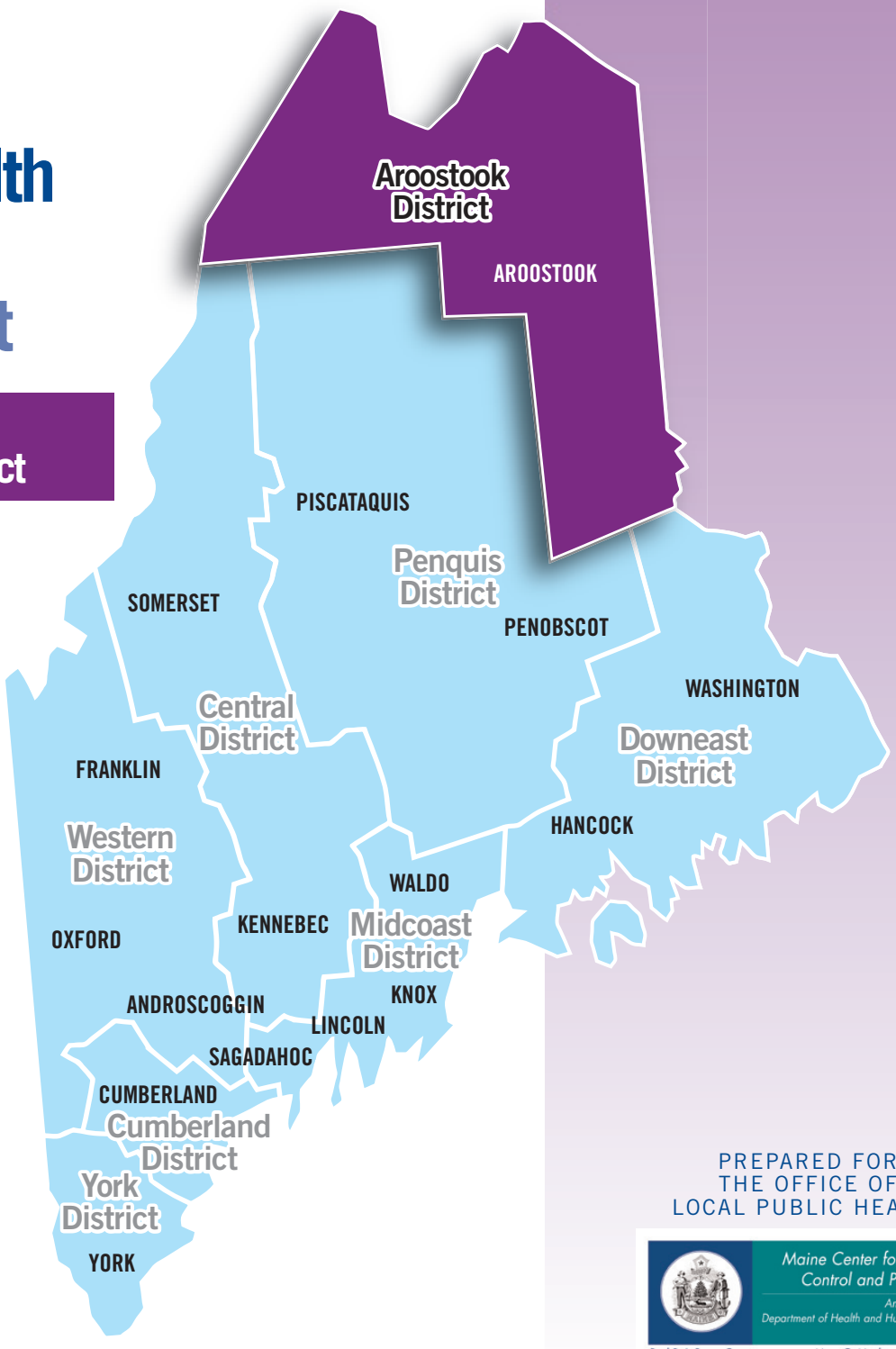
2010

Local Public Health System Assessment

Aroostook Public Health District

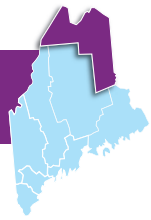


PREPARED FOR
THE OFFICE OF
LOCAL PUBLIC HEALTH

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

BY

MAINE CENTER for Public Health



Acknowledgements

This report was prepared by Karen O'Rourke, MPH and Joan Orr, CHES from the Maine Center for Public Health in 2010 for the Office of Local Public Health at the Maine Center for Disease Control and Prevention.

District Public Health System Assessment Team:

Maine Center for Public Health team
Office of Local Public Health/Maine CDC team

Office of Primary Care/Maine CDC:
Division of Family Health/Maine CDC

Funding Support

Preventive Health & Health Services Block*
Public Health Preparedness and Response*
Fund for a Healthy Maine^

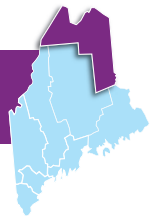
Healthcare Research & Services Agency*
Maternal/Child Health Block Grant*

**federal grant funds*
^State funds (Tobacco Settlement)

We would like to express our sincere gratitude to Mark Griswold and Chris Lyman for their leadership and vision of public health in Maine. Also to the District Liaisons for their creative ideas, constructive advice and assistance which was invaluable in the assessment process.

Aroostook . . . . . Stacy Boucher
Central . . . . . Paula Thomson
Cumberland . . . . . Becca Matusovich
Downeast . . . . . Alfred May
Midcoast . . . . . Jennifer Gunderman-King
Penquis. . . . . .Jessica Fogg
Western. . . . . MaryAnn Amrich
York. . . . . .Sharon Leahy-Lind

We want to convey a special thank you to the District's public health stakeholders who committed their time and knowledge of local areas activities, resources, gaps and challenges. Without their participation, we would not have been able to develop this snapshot in time.



November 2010

Dear Colleague:

Public health's core functions include assessment, policy development, and assurance. This report constitutes a systematic look at how public health services are coordinated, aligned and delivered by organizations of this public health District for the people who live, work, study and visit here.

The Department of Health and Human Services' Maine Center for Disease Control and Prevention provided funding support for the use of a nationally recognized public health system tool to assess regional public health systems in Maine's eight health districts.

These DHHS Districts were codified in state statute by the Legislature in 2009, based on the work of the Governor's Office of Health Policy and Finance, in partnership with a host of local, regional, and state-level public health stakeholders. The legislation describes the different components of Maine's emerging public health infrastructure, and within this description were the seeds of necessary public health steps that produced the report you see before you.

All District Public Health System Assessment Reports are available for downloading at www.mainepublichealth.gov. A limited number of paper copies have been made available to your District Health Liaison and Coordinating Council, as well as your nearest Healthy Maine Partnership, whose contact information can also be located at the link above.

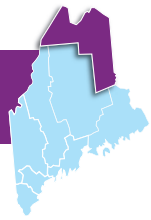
If you have comments or questions about the findings, please contact the District Liaison whose contact information is available inside.

The Assessment findings are a snapshot in time. It sets a baseline from which to measure progress and collaborative work to improve and to protect District community health and quality of life. It is a qualitative tool, but a necessary one to move forward. It is one step in many innovative efforts to better support local efforts to protect and improve community health and quality of life, reduce disparities in health status among groups in the District, and make Maine the healthiest state in the nation.

Thank you for your interest in the health of Maine's people.

Sincerely,

Dora Anne Mills, MD, MPH
State Health Officer
Director, Maine Center for Disease Control and Prevention
Maine Department of Health and Human Services



From the Office of Local Public Health:

Local knowledge and perspective of participants built the picture you have before you of the District's public health system's assets. Part of the fun and challenge was to capture an understanding of *where* in this district services are being delivered. For a single county District, this might not be a challenge. But in a multi-county District, stakeholders had to look at services across all parts of a wider geography and meet more stakeholders than usual.

Our shared experience in applying the Local Public Health System Performance Assessment tool allowed us all to develop a better awareness of public health terms, definitions, and expectations for what a public health system can do. It helped everyone think in terms of systems, rather than one organization or sector. We looked at relationships *between organizations,* not only the people in them, and considered how to serve groups of people rather than individuals.

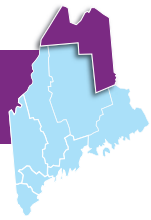
The results of this Assessment are being integrated into two types of planning documents. Healthy Maine Partnership coalitions are using the results to look at what's happening in their own local service areas as part of developing Community Health Improvement Plans. District stakeholders and members of the District Public Health Coordinating Councils are using the results to identify action steps for District System quality improvement priorities as part of District Health Improvement Plans.

Having District Public Health System Assessments will help Maine work towards achieving national public health agency accreditation, which is an objective of the 2010 State Health Plan.

The organizations and people who came together to create this report took a major step in strengthening their District public health system. More than ever, we appreciate that public health happens at the local level.

Mark Griswold
MPH Director, OLPH

Christine Lyman, MSW, CHES
Senior Advisor, OLPH



We of the Aroostook District Public Health System

Thanks to all who participated and contributed to our successful first Local Public Health System Assessment for the Aroostook Public Health District.

Special thanks go to the following for hosting the meetings:

The Aroostook Medical Center/Healthy Aroostook

Northern Maine Medical Center/Power of Prevention

Cary Medical Center/Pines Health Services

Sharon Leahy-Lind, who as part-time acting District Liaison at the time, organized the early planning, correspondence and follow-up

Jessica Miller, for administrative support in organizing all of the logistics for the meetings and refreshments.

The LPHSA Planning Committee included:

Sharon Leahy-Lind, Acting District Liaison

Stacy Boucher, Power of Prevention

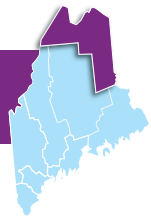
Carol Bell, Healthy Aroostook

Connie Sandstrom, Aroostook County Action Program

Martin Bernstein, Northern Maine Medical Center

Joy Barresi Saucier, Aroostook Medical Center

Thanks to all!



Aroostook District Characteristics

How the District is organized

- The Aroostook Public Health District covers the Aroostook county.
- There are 69 municipal governments, including towns and plantations.
- The Aroostook Band of Micmacs and the Houlton Band of Maliseets are 2 federally recognized Tribes with their own governments at Presque Isle and in Houlton.
- The District serves all parts of its jurisdiction, including its townships, some of which have year-round or seasonal residents.

Who we are*

- 71,696 people with 10.7 persons per square mile (Census 2008 est.).
- 3,527 of us are less than 5 years old, 14,029 are 18 years old, and 12,669 over 65 years old.
- 49.4% of our children are eligible for free or reduced school lunch.
- 23.1% of us are adults with a lifetime status of having less than a high school degree.
- We are enriched by the number of us with Native American and Franco-American heritage.
- Much more data on who we are can be found at www.mainepublichealth.gov.

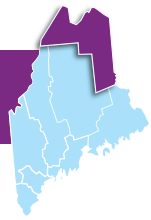
How the public/private Public Health System of the District is organized

- The District has its own webpage: www.mainepublichealth.gov, under *Local Public Health Districts.*
- A multi-sector District Coordinating Council and its leaders partner with the District Liaison.
- A DCC-elected District representative sits as a voting member of the State Public Health Coordinating Council.
- 2 Healthy Maine Partnership (HMP) coalitions each serve their local service areas in the District.
- Both HMPs are members of the District Coordinating Council.
- Each town can appoint a Local Health Officer (LHO), who is trained/certified by Maine CDC.
- A District Liaison serves the whole District and is located in Caribou at the DHHS office.
- The District Liaison provides oversight of LHOs, and technical assistance to LHOs and HMPs.

The governmental District Public Health Unit includes the District Liaison plus

- 7 public health nurses
- 1 field epidemiologist
- 1 drinking water protection specialist
- 1 health inspector

**see updated data from the new census at www.census.gov*



List of Aroostook Local Public Health Assessment Participants*

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Sue Bouchard
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Cary Medical Center, Caribou

Patty Carson
Maine CDC/DHHS, Caribou

Michelle Plourde Chasse
Community Voices, Fort Kent

Rachel Charette
Power of Prevention, Fort Kent

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ACAP, Presque Isle

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Pines Health Services, Caribou

Joseph Davis
Tribal Representative
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Presque Isle

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Chris Hamilton
Caribou School System

Jerolyn Ireland
Tribal Public Health Liaison, Houlton

John Labrie,
NMMC, Fort Kent

Sharon Leahy-Lind*
Acting District Liaison, MCDC

Bridget Morningstar
Community Representative, Caribou

Vernon Ouellette
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Derek Pelletier
Aroostook County EMA

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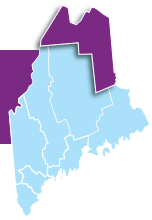
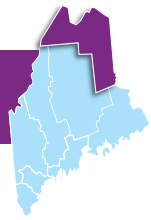
Power of Prevention, Fort Kent

Melissa York
Maine Winter Sports Center, Caribou

**representing these organizations at the time*





Background

The Maine Center for Disease Control and Prevention (MCDC) contracted with the Maine Center for Public Health (MCPH) to lead a formal assessment process during 2009. The assessment was designed to identify the strengths, limitations, gaps, and needs of the current public health system in each of the eight newly forming public health districts. The results depicted in this report are intended to serve as the impetus for the development of a district strategic improvement plan building up to coordinated statewide strategies as appropriate.

MCPH was responsible for facilitating the formal assessment using a nationally recognized public health performance standards tool. The Center was selected to lead the assessment process given their training and experience in this area.

Overview of Public Health Performance Standards

The Centers for Disease Control and Prevention spearheaded and established in 1998 a national partnership initiative, the National Public Health Performance Standards Program [NPHPSP], to improve and strengthen the practice of public health, enhance systems-based performance, and support public health infrastructure.[1] To accomplish this mission, performance standards for public health systems have been collectively developed. These standards represent an optimal level of performance that needs to exist to deliver essential public health services within a public health system.

The NPHPSP is intended to improve the quality of public health practice and the performance of public health systems by:

1. Providing performance standards for public health systems and encouraging their widespread use;
2. Engaging and leveraging state and local partnerships to build a stronger foundation for public health;
3. Promoting continuous quality improvement of public health systems; and
4. Strengthening the science base for public health practice improvement.

As part of this initiative, three assessment instruments were created to help delineate model standards and evaluate performance. The tools include the following:

- State Public Health System Performance Assessment Instrument focuses on the "state public health system" and includes state public health agencies and other partners that contribute to public health services at the state level.

[1]Centers for Disease Control and Prevention—National Public Health Performance Standards Program. Available at: http://www.cdc.gov/od/ocphp/nphpsp/

- Local Public Health System Performance Assessment Instrument focuses on the "local public health system" or all entities that contribute to the delivery of public health services within a community. This system includes all public, private, and voluntary entities, as well as individual and informal associations.
- Local Public Health Governance Performance Assessment Instrument focuses on the governing body ultimately accountable for public health at the local level. Such governing bodies may include boards of health or county commissioners.

Public Health Core Functions

The three core public health functions include assessment, policy development, and assurance.

■ ASSESSMENT

This function includes the regular collection, analysis and sharing of health information about risks and resources in a community. The purpose of it is to identify trends in illness, injury, and death, including the factors that lead to these conditions.

■ POLICY DEVELOPMENT

Information collected during the assessment phase is often used to develop state health policies. Good public policy development involves the community and takes into account political, organizational, and community values.

■ ASSURANCE

This function includes the assurance of the availability of quality and educational programs and services necessary to achieve the agreed-upon goals.

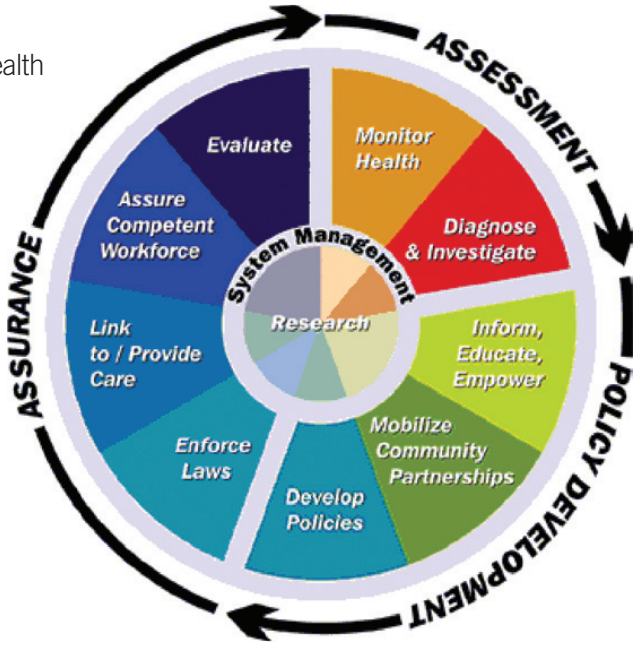
Concepts Guiding Performance Standards Development and Use

Four concepts have helped to frame the National Public Health Performance Standards into their current format.

I. For each tool, performance is assessed through a series of questions **based on the 10 Essential Public Health Services (EPHS)** Framework. This framework delineates the practice of public health. The essential services include:

Assessment

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.



Policy Development

3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.

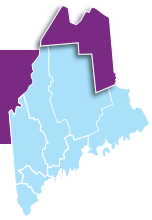
Assurance

6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Serving All Functions

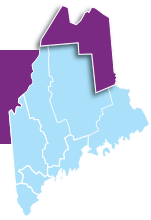
10. Research for new insights and innovative solutions to health problems.

II. The standards **focus on the overall District Public Health System,** rather than a single organization. By focusing on the District Public Health System, the contributions of all entities are recognized that play a role in working to improve the public's health.



III. The standards **describe an optimal level of performance,** rather than provide minimum expectations. This assures that the standards provide benchmarks which can be used for continuous quality improvement and stimulate higher achievement.

IV. The standards are explicitly intended to **support a process of quality improvement.** System partners should use the assessment process and results as a guide for learning about public health activities and determining how to improve services.



Assessment Process

The formal assessment was conducted during a series of three meetings followed by a report-back meeting to present preliminary results and ensure content accuracy.

This report provides a description of the district assessment process and a comprehensive review of the quantitative and qualitative results. Assessment findings should be used as the basis to identifying strategic direction for enhancing performance.

The intended audience for this report includes:

- Participants involved in the formal assessment process
- District and State Public Health Coordinating Councils
- Public health practitioners and stakeholders
- Others interested in supporting local public health system-based efforts

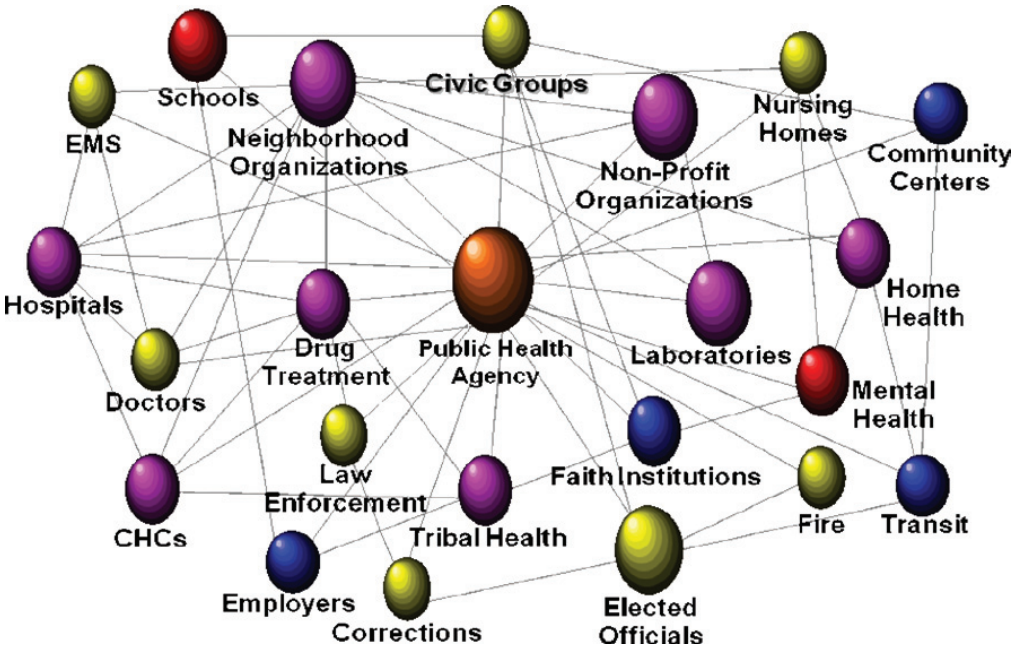
This report begins by providing a brief overview of national public health performance standards. This overview is then followed by a description of the district assessment process, including the purpose, tool, benefits and limitations. The report also provides a comprehensive review of the quantitative and qualitative results.

This document is intended to be used as a spring-board for discussion in the second phase of this initiative known as the system improvement planning process; a process that will be led by each District Coordinating Council. Assessment findings will be used as the basis to begin identifying next steps, future strategies, suggestions for enhancing performance, and priority areas. Additionally, districts might engage in more coordinated decision making, leverage system partners for identified priorities, and pool resources to achieve shared objectives.

Stakeholder Participation

Invitations were sent to a broad range of disparate partners representing the District jurisdiction, including municipal public health agency, county government, regional offices of state agencies, community-based organizations, academic institutions, hospitals, health systems, community health centers, school systems and nonprofit organizations such as United Way, YMCAs, environmental organizations, anti-poverty agencies' substance abuse and mental health services, area aging agencies, etc. Additionally, invitations were sent to first responders, elected officials, social service providers, librarians, administrators, diversity advocates, and others representing local governmental or quasi-governmental entities such as planning commissions, police departments and adult education programs.

The Public Health System



Benefits of a Strong System

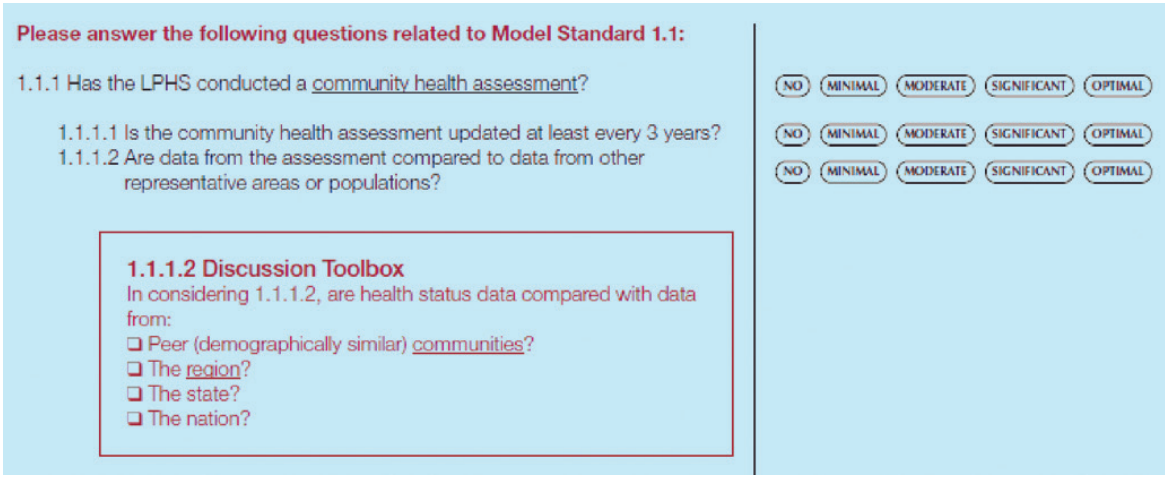
Strong and effective public health systems have the ability to…

- Improve the health of the public
- Protect the public's health
- Carry out the essential public health services
- Advocate on behalf of what's in the best interest of the public's health
- Work collaboratively with stakeholders, communities, volunteers, and others
- Decrease rising health care costs
- Secure federal funds and foundation dollars for public health activities

Assessment Tool

Intention of the tool is to help improve organizational and community communication, bring partners to the same table, promote cohesion and collaboration, provide a systems view of public health and provide a baseline for Maine's emerging district public health system.

The 69-page assessment tool was developed by the CDC and other national partners. The tool was revised in 2008 and is comprised of a total of 325 questions and 30 model standards assessing the major activities, components, and practice areas of the ten essential services within the District public health system. The assessment questions serve as the measure and all questions are preceded by model standards which represent the optimal levels (gold standard) of performance based on a set of indicators that are unique to each essential service. The tool can found at: http://www.cdc.gov/od/ocphp/nphpsp/TheInstruments.htm



Please answer the following questions related to Model Standard 1.1:

1.1.1 Has the LPHS conducted a community health assessment? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

1.1.1.1 Is the community health assessment updated at least every 3 years? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

1.1.1.2 Are data from the assessment compared to data from other representative areas or populations? — NO | MINIMAL | MODERATE | SIGNIFICANT | OPTIMAL

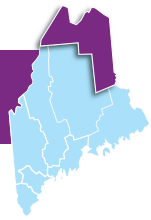
1.1.1.2 Discussion Toolbox

In considering 1.1.1.2, are health status data compared with data from:

- ❑ Peer (demographically similar) communities?
- ❑ The region?
- ❑ The state?
- ❑ The nation?

National Database

To complete the local public health system assessment process, responses are submitted to a national database. This database is managed by the CDC and includes information on the local public health agency, the jurisdiction, the governing structure, entities represented during the assessment, and the final assessment scores.



Response Options

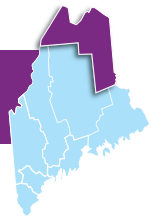
There were five response options available to classify the activity that was met within the District public health system. Because the assessment was completed in eight newly formed DHHS administrative jurisdictions, MCPH, Maine CDC, and a group of stakeholders further defined the response options to help ensure consistency across all eight that address the needs of a newly forming system. For this same reason and because some functions are provided at a state level in Maine, selected questions within essential services 2, 5, and 6 were scored the same in all Districts statewide (see results section). The response options were defined as follows:

SCORE	DEFINITION
No 0%	No activity.
Minimal >0 and 25% or less	Some activity by an organization or organizations within a single service/ geographic area. Not connected or minimally connected to others in or across the District.
Moderate >25% but no more than 50%	Activity by one or more agency or organization that reaches across the District and is connected to other organizations in the District but limited in scope or frequency.
Significant >50% but no more than 75%	Activity that covers the entire district [is dispersed both geographically and among programs] and is connected to multiple agencies/organizations within the District Public Health System.
Optimal Greater than 75%	Fully meets the model standard for the entire district.

Scoring, Data Entry, and Data Analysis

An algorithm, developed by the CDC, was utilized to develop scores for every Essential Public Health Service. Each question was assigned a point value and given a weight depending on the number of questions and tiers. The score range was 0 to 100 with higher scores depicting greater performance in a given area. The scoring scheme and algorithm are available upon request. Each response was entered into the CDC database for analysis, with a report generated highlighting the quantitative results.

In addition to the scores that were collectively assigned, qualitative information was recorded and assessed by MCPH. The comments by participants were captured on a laptop computer throughout the meetings for each question addressed. While not an inventory of activities, the comments were used to identify themes, provide a context for scores, and identify strengths, weaknesses, gaps and recommendations for improvement or collaboration for the District.



Assessment Benefits and Limitations

THE BENEFITS of this type of assessment process have been well documented by the US CDC and other partners. This process served as a vehicle to:

- Improve communication and collaboration by bringing partners to the same table.
- Educate participants about public health, the essential services, and the interconnectedness of activities.
- Identify strengths and weaknesses that can be addressed in quality improvements through the use of a nationally recognized tool.
- Collect baseline data reflecting the performance of the district public health system.

Despite the advantages of an assessment such as this, there are limitations related to the process, tool, data collection, and generalizability of results that warrant attention. They include the following:

PROCESS LIMITATIONS

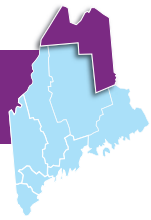
- Although attempts were made to encourage participation from multiple stakeholders, some representatives were missing from the process as noted on the summary page of results. The assessment format and anticipated commitment level during the assessment process may have prevented some participants from engaging in the series of meetings.
- The group process may have deterred introverted individuals who prefer less interactive approaches.
- The time commitment may have hindered the ability of some to participate due to lack of employer support or conflicting priorities.
- Additionally, differences in knowledge can create interpretation issues for some questions.

TOOL LIMITATIONS

- The tool was detailed and cumbersome to complete in a consensus-building process. Reaching true consensus on each question was deemed to be unattainable in the given timeframe. After discussion of each question, facilitators suggested a score and asked for participant agreement.

DATA COLLECTION LIMITATIONS

- The response options delineated in the tool were awkward to grasp by the newly forming infrastructure. Participants were frequently reminded of the district context.
- The scores were subject to the biases and perspectives of those who participated and engaged in the group dialogue.
- The comments made during the assessment may have been difficult to accurately capture due to multiple people speaking at once, individuals who could not be heard, or comments that were spoken too quickly. Every attempt was made to capture the qualitative comments, yet gaps exist. The intent of the report-back session was to improve on these limitations.



GENERALIZABILITY OF RESULTS

- The results of this assessment were based on a facilitated group process during a specific time period. Changes to the District public health system at all levels constantly occur. This assessment provides a snapshot approach.
- The assessment process was subjective, based on the views of those who agreed to participate.

Quality Improvement

The NPHPSP assessment instruments are intended to promote and stimulate quality improvement. As a result of the assessment process, the respondents identified strengths and weaknesses within District public health systems. This information can pinpoint areas that need improvement. To achieve a higher performing health system, system improvement plans must be developed and implemented. If the results of the assessments are not used for action planning and performance improvement, then the hard work of the assessments will not have its intended impact.

A few possible action steps are outlined at the end of the results section of each Essential Service. These steps are not meant to be a comprehensive nor inclusive list. Prioritization, additions, omissions, or edits to these action steps are open to the discretion of the OLPH and the DCC. Criteria for the possible action steps cited include:

- Must be actionable at a District level
- Must come from the data
- Will improve the District score (i.e. address one of the Model Standards)

Results

Overview

Aroostook District Public Health Systems Assessment took place on June 12, 19 and 25, meeting for approximately 3.5 hours each time. A total of 36 individuals participated in at least one of the three meetings with an average attendance of 21. 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 agencies, state agencies, Tribal members, community organizations, and schools. Law enforcement, mental health/substance abuse agencies and environmental health groups are potential gaps in representation.

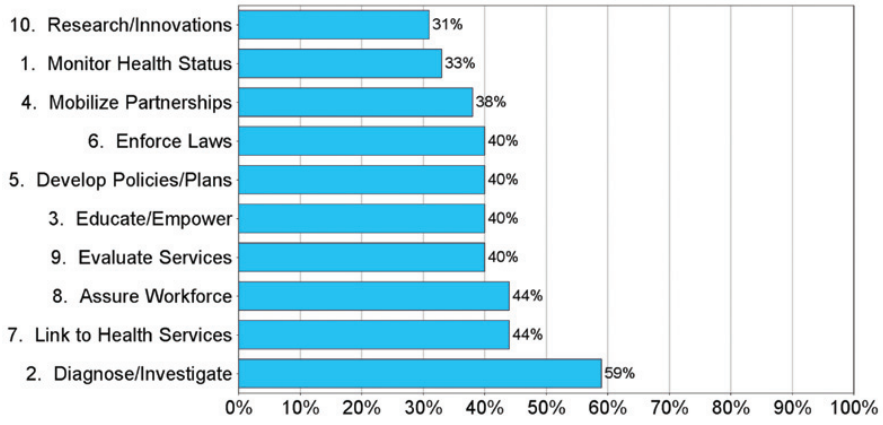
Summary of Scores

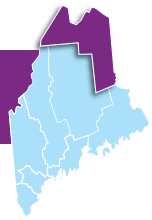
EPHS	SCORE
1. Monitor Health Status to Identify Community Health Problems	33
2. Diagnose and Investigate Health Problems and Health Hazards	59
3. Inform, Educate, and Empower People about Health Issues	40
4. Mobilize Community Partnerships to Identify and Solve Health Problems	38
5. Develop Policies and Plans that Support Individual and Community Health Efforts	40

EPHS	SCORE
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	44
8 Assure a Competent Public and Personal Health Care Workforce	44
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	40
10. Research for New Insights and Innovative Solutions to Health Problems	31

Overall Performance Score 41

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





Essential Service 1

Monitor Health Status to Identify Community Health Problems

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

Overall Score: 33

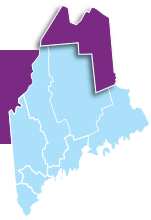
This Service ranked out ninth of 10 Essential Services. This score is in the moderate range indicating that some district-wide activities have occurred.

Scoring Analysis

- Community health assessments have been developed by HMPs. State-developed community health assessments and District health data comparison tables are available, but they do not have all the components to meet the full definition of a comprehensive Health Profile.
- Assessments have been distributed to coalition partners, but there is not a media strategy for data dissemination.
- The lowest score is the lack of a comprehensive District community health profile.
- The District has limited use of state-of-the-art technology including GIS.
- There are state and local registries on many health issues, but there is minimal use of the data.

District Context

- A number of agencies in the District collect health data including Eastern Maine Health, schools, Head Start, United Way, and the Tribes. Data is not always shared or coordinated in the District.
- The HMPs in the District are working together on their MAPP process and will be pulling assessment data together to develop a district-wide community health profile.
- Assessment data are promoted by schools, through press releases, on the EMHS website, in newsletters and used in writing grant proposals, but there is not a coordinated dissemination strategy.
- Some GIS mapping has occurred for moose-related crashes and rabies cases. UMaine Presque Isle has recently received a grant to develop and use GIS.

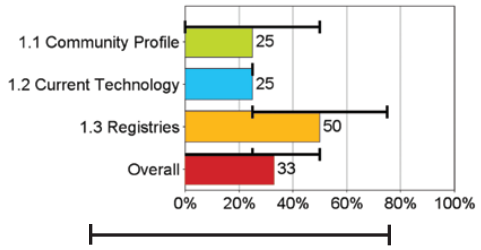


• There are a number of local registries in health care settings, but the clinical data cannot be merged across the District and are not being used outside of the health care setting. Some settings are moving away from registries and using EMRs in their place.

Possible Action Steps

- Develop community health profile and partner with UMaine Presque Isle to utilize GIS to map District activities (e.g., HMP-initiated policies) and health related priorities (e.g., immunization rates) to identify gaps and areas for improvement.
- Develop a coordinated media strategy for dissemination of district-wide assessment data and the community health profile.
- Promote more consistent use of the State Immunization Registry among providers so schools have access to more accurate information.

EPHS 1. Monitor Health Status

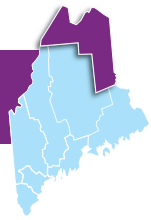


Range of scores within each model standard and overall

EPHS 1. Monitor Health Status to Identify Community Health Problems: Overall Perfomance Score	33
★ 1.1 Population-Based Community Health Profile (CHP)	25
Community health assessment	50
Community health profile (CHP)	0
Community-wide use of community health assessment or CHP data	25
★ 1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	25
State-of-the-art technology to support health profile databases	25
Access to geocoded health data	25
Use of computer-generated graphics	25
★ 1.3 Maintenance of Population Health Registries	50
Maintenance of and/or contribution to population health registries	75
Use of information from population health registries	25

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components

"I thought it was a great process and an opportunity to learn what others know about different areas of the public health arena."



Essential Service 2

Diagnose and Investigate Health Problems and Health Hazards

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

Overall Score: 59

This was the highest scoring Essential Service overall. This score is in the significant range indicating that most activities are district-wide.

Scoring Analysis

- Because most surveillance activities and laboratory oversight occur at the state level, these areas were scored the same for all Districts, with the exception of emergency response ability.
- The District scored high on its emergency response ability and on its response to disasters, access to needed personnel, and evaluation of the effectiveness of their response activities.

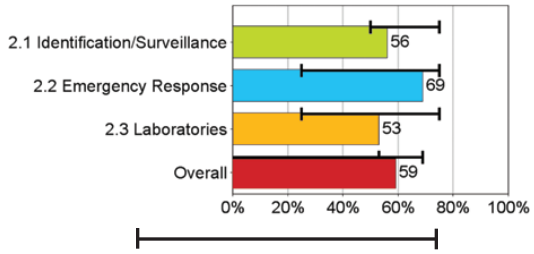
District Context

- Agencies in the District use some surveillance data for planning. There are plans to begin sharing Tribal surveillance data with the State.
- It is not clear to all District agencies what surveillance data is available and how to access it.
- Regional epidemiologists have regular conference calls to monitor surveillance data and discuss any case investigations. There is a weather station in the District which tracks any airborne toxins.
- The County EMA coordinates emergency response planning with a number of agencies including Area Agency on Aging, schools, health care settings, universities and, most recently, HMPs. Once a designated District Liaison is hired that person will be the primary public health contact. (Note: Liaison now in place.)
- The District has access, at least by phone, to needed response personnel within a short period of time, but challenges exist in mobilizing volunteers in a disaster. Training for Community Emergency Response Teams (CERT) volunteers is only held in the central part of the District.
- Area hospitals have laboratories that are open 24/7, but personnel capacity may be limited. The District has experienced transport issues related to the timeliness and reporting of specimens that need to be sent to Augusta.

Possible Action Steps

- Coordinate surveillance needs, identify data sources and how to effectively access that data, and work with Tribal Liaisons on potential inclusion of Tribal data in District reports.
- Work with the State to improve transport capacity for timeliness and reporting of specimens that need to be sent to Augusta.
- Work with the American Red Cross to provide CERT training in areas of the District that need additional volunteers.

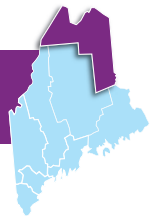
EPHS 2. Diagnose/Investigate



Range of scores within each model standard and overall

EPHS 2. Diagnose and Investigate Health Problems and Health Hazards	59
★ 2.1 Identification and Surveillance of Health Threats	56
Surveillance system(s) to monitor health problems and identify health threats	75
Submission of reportable disease information in a timely manner	50
Resources to support surveillance and investigation activities	50
★ 2.2 Investigation and Response to Public Health Threats and Emergencies	69
Written protocols for case finding, contact tracing, source identification, and containment	50
Current epidemiological case investigation protocols	75
Designated Emergency Response Coordinator	75
Rapid response of personnel in emergency/disasters	75
Evaluation of public health emergency response	75
★ 2.3 Laboratory Support for Investigation of Health Threats	53
Ready access to laboratories for routine diagnostic and surveillance needs	50
Ready access to laboratories for public health threats, hazards, and emergencies	50
Licenses and/or credentialed laboratories	50
Maintenance of guidelines or protocols for handling laboratory samples	75

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



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: 40

This was tied for third highest score for all Essential Services. This score is in the moderate range indicating that there are a number of district-wide activities.

Scoring Analysis

- There are district-wide health promotion campaigns and the District informs the public and policy makers about health needs.
- There are health promotion efforts to reach populations at higher risk and/or within specific settings, and there are a significant number of coordinated district-wide efforts.
- Collaboration across the District to communicate health messages received the highest score for this Essential Service.
- There is not a district-wide communication plan, but some agencies do have identified and trained spokespersons and relationships with the media exist across the District.
- The District has coordinated emergency communication plans, but the District scored lower on having policies and procedures for public information officers including communication "Go Kits."

District Context

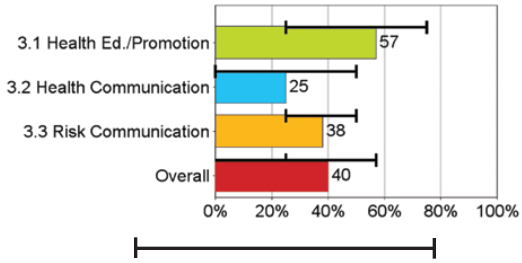
- Because of the rural and often isolated nature of Aroostook County, agencies in the District have historically worked together and the restructuring of the HMPs has allowed for better coordination of health information.
- The District uses many channels to get information out, including newspapers, health fairs, websites, resource guides, Adult Education, Head Start, newsletters, Live Well Chat, churches, worksites, daycare, beauticians, among others. Significant efforts have occurred to reach French-speaking groups. The HMP partnered with communication classes at UMaine Fort Kent to put information on Facebook for college-age groups.
- District hospitals have a number of educational efforts and a new program through Carey Medical Center will send health promotion staff to six remote communities in Aroostook for several weeks on different health topics.

- While the Health Alert Network is being utilized more in the District, the H1N1 flu identified some gaps in communication between the different agencies involved.
- Training on emergency communications for information officers has occurred, but ability to mobilize Local Health Officers (LHOs) to attend trainings is a gap.

Possible Action Steps

- Identify the most effective channels for reaching individuals at higher risk of negative health outcomes and develop collaborative District-wide health promotion campaigns that are evidence-based.
- Provide training to information officers, LHOs and/or spokespersons, including the development of "Go Kits" to assist in emergency response.

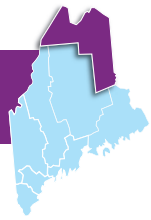
EPHS 3. Educate/Empower



Range of scores within each model standard and overall

EPHS 3. Inform, Educate, and Empower People About Health Issues	40
★ 3.1 Health Education and Promotion	57
Provision of community health information	50
Health education and/or health promotion campaigns	50
Collaboration on health communication plans	75
★ 3.2 Health Communication	25
Development of health communication plans	0
Relationships with media	50
Designation of public information officers	50
★ 3.3 Risk Communication	38
Emergency communications plan(s)	50
Resources for rapid communications response	50
Crisis and emergency communications training	25
Policies and procedures for public information officer response	25

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



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 and 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: 38

This Essential Service was the third lowest score of all Essential Services. This score is in the moderate range indicating that there are some district-wide activities.

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 complete directory of organizations is not available, although directories do exist.
- There are few communications strategies used in the District to build awareness of the importance of public health.
- The formation of a community health improvement committee is beginning.
- No systematic review and assessment of the effectiveness of community partnerships and strategic alliances has occurred in the District.

District Context

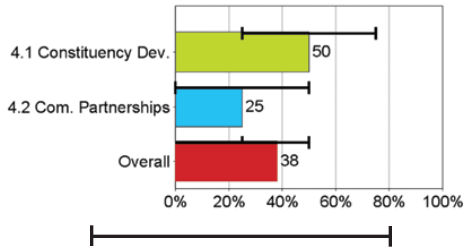
- The Healthy Maine Partnerships have identified organizations and review the list annually and reach out to organizations that are unable to participate in meetings.
- The development of the District Coordinating Council (DCC) and planning for this Public Health System Assessment was another opportunity to identify various stakeholder organizations.
- The EMA has a list of organizations that it makes available and EMA will be funding a 211 person to help improve coordination and comprehensiveness of the directory.
- There are no district-wide strategies to build awareness for public health, but this is critical role for the DCC. Information about the 10 Essential Public Health Services is new in the District.
- Gaps include faith-based organizations, media organizations and transportation.

- The infrastructure in the District is minimal, but there are improvements in communication and exchange of information. Let's Go Aroostook, the colon cancer screening program and prescription exchange program are positive examples of improvement.

Possible Action Steps

- Consolidate and make available lists of current partnerships and strategic alliances then identify gaps and strategies to engage new partners.
- Assess effectiveness of current partnerships and strategic alliances to strengthen and improve capacity.
- Develop a district-wide communication strategy for promoting public health and communication action team.

EPHS 4. Mobilize Partnerships

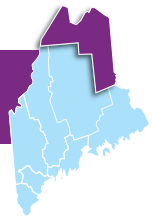


Range of scores within each model standard and overall

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	38
★ 4.1 Constituency Development	50
Identification of key constituents or stakeholders	75
Participation of constituents in improving community health	50
Directory of organizations that comprise the LPHS	50
Communications strategies to build awareness of public health	25
★ 4.2 Community Partnerships	25
Partnerships for public health improvement activities	50
Community health improvement committee	25
Review of community partnerships and strategic alliances	0

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components

"Everyone had an opportunity to share and discuss, so it was great."



Essential Service 5

Develop Policies and Plans that Support Individual and Community Health Efforts

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

Overall Score: 40

This Essential Service tied for the third highest score of the 10 Essential Services. This score is in the moderate range indicating that there are a number of district-wide activities.

Scoring Analysis

- The District has a governmental public health presence now that the Aroostook District Public Health Unit is being established.
- The District contributes to the development of public health policies, but has minimally engaged policy makers and has not systematically reviewed the impact of public health policies that exist.
- The process for community health improvement planning through MAPP is underway and is significantly coordinated across the District, but strategies to address objectives have not yet been identified.
- There has been significant planning for public health emergencies in the District.

District Context

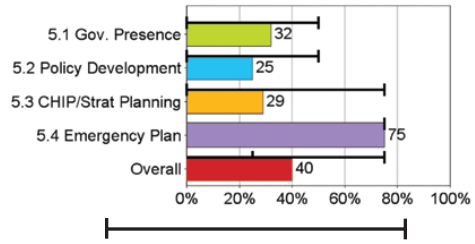
- The Aroostook Public Health Unit is being established and co-located with the regional epidemiologist, public health nursing, drinking water inspector and health inspector.
- The District has done a great deal of dissemination of information to gain support for state level public health policies, as well as provide assistance to the community in implementing policies (e.g., worksite breastfeeding law).
- Several policy efforts have been initiated on the local level (e.g., tobacco policies, school wellness policies, school vending policies, heart-safe community) and these often require significant public education and organization to prepare fact sheets, recruit people to testify, etc.
- Legislators are invited to gatherings but they don't always attend.

- The District is engaged in a coordinated and comprehensive MAPP process that will result in a plan. Gaps in participation so far may include school systems, faith-based organizations, police, legislators, neighborhood organizations and transportation.
- There are 14 organizations participating in an ongoing emergency preparedness committee. Gaps include veterans groups, coroner office and nursing homes.
- The District has an all-hazards emergency preparedness and response plan that is reviewed and tested. Clearer information about how the Strategic National Stockpile operates is needed.

Possible Action Steps

- Use MAPP process to identify/address district-wide priorities for policies that influence health and develop a coordinated strategy to engage policy makers.
- Identify organizations/groups not involved in emergency preparedness planning and develop strategies to engage them.

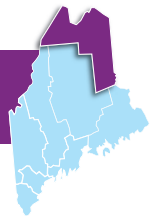
EPHS 5. Develop Policies/Plans



Range of scores within each model standard and overall

EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	40
★ 5.1 Government Presence at the Local Level *(Note: This indicator was scored the same for all Districts.)*	32
Governmental local public health presence	25
Resources for the local health department	25
LHD work with the state public health agency and other state partners	50
★ 5.2 Public Health Policy Development	25
Contribution to development of public health policies	50
Alert policy makers/public of public health impacts from policies	25
Review of public health policies	0
★ 5.3 Community Health Improvement Process	29
Community health improvement process	75
Strategies to address community health objectives	0
Local health department (LHD) strategic planning process	25
★ 5.4 Plan for Public Health Emergencies	75
Community task force or coalition for emergency preparedness and response plans	75
All-hazards emergency preparedness and response plan	75
Review and revision of the all-hazards plan	75

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



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, as the District Public Health Unit is the District link to Maine CDC related to official local and regional health protection. District Liaisons interface with Local Health Officers RE: public health nuisances and disease outbreaks, and/or county EMA(s) for regional emergencies whenever hazards to public health is a concern. This service tied for fourth out of 10 Essential Services. This score is in the moderate range indicating that there are some district-wide activities.

Scoring Analysis

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

District Context

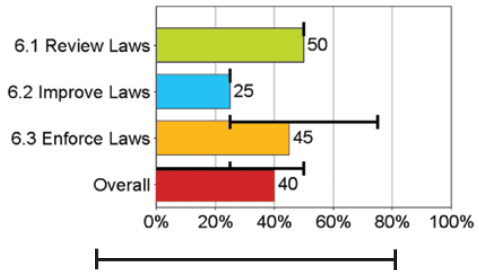
- Within the District there are enforcement-related activities such as HMP support of state level efforts to inform the public of new laws (e.g., smoking in cars), safety training for businesses, substance abuse retailer training, among other activities. Cooperative Extension works with farmers to ensure compliance with laws to prevent spread of disease.
- Police coverage in the District is thin, particularly in many small towns and townships. They meet regularly to identify opportunities to prevent problems.
- Police have been integrated into schools and coordinate among jurisdictions to help address substance abuse.
- New agreements allow jurisdiction lines to be crossed and more help is expected to cover borders.
- There are no longer liquor inspectors in the District so this now falls to local law enforcement.

- Enforcement is often difficult with laws or policies that have no strong enforcement language, e.g., the University's designated smoking area policy. Signage often helps.
- Many Local Health Officers are unaware of their authority to enforce laws.

Possible Action Steps

- Assess compliance with existing laws and ordinances and develop strategies to increase enforcement, if necessary.
- Identify priority areas within the District that are currently not addressed through existing laws and provide technical assistance in developing laws, regulations or ordinances to address those issues.
- Support additional training of Local Health Officers as their role is clarified.

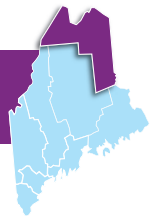
EPHS 6. Enforce Laws



Range of scores within each model standard and overall

EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	40
★ 6.1 Review and Evaluate Laws, Regulations, and Ordinances	50
Identification of public health issues to be addressed through laws, regulations, and ordinances	50
Knowledge of laws, regulations, and ordinances	50
Review of laws, regulations, and ordinances	50
Access to legal counsel	50
★ 6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	25
Identification of public health issues not addressed through existing laws	25
Development or modification of laws for public health issues	25
Technical assistance for drafting proposed legislation, regulations, or ordinances	25
★ 6.3 Enforce Laws, Regulations, and Ordinances	45
Authority to enforce laws, regulations, 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

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



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 DPHS' efforts to coordinate and link services and address barriers to care.

Overall Score: 44

This service ranked third of the 10 Essential Services. This score is in the high-moderate range indicating that there are a number of District-wide activities.

Scoring Analysis

- There are district-wide activities to identify populations and personal health service needs.
- There is some district-wide assessment of the availability of services to people who experience barriers to care.
- Linking and coordination of health care services occurs across the District.
- There are significant district-wide initiatives to enroll eligible people for public benefit programs.
- Linkage of health care with social services occurs but is not connected across the District and is limited in scope.

District Context

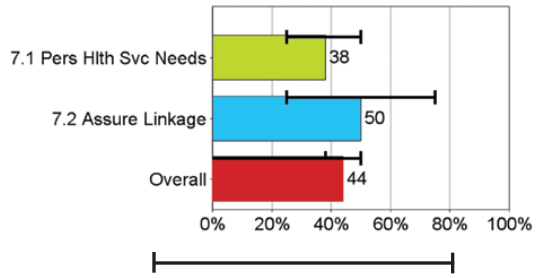
- The District has a number of initiative/agencies that reach out to people to connect them to services; i.e., Child and Family Services, Head Start, public health nurses, Area Agency on Aging, Tribes (Maliseet and Micmac), the hospitals, health centers, 211, among others.
- Some gaps include: services for people who come out of correctional facilities, homeless people with mental illness or disabilities, availability of mental health services (especially for children) and drug addiction services, access to dental care (especially since "Miles for Smiles" is no longer funded), services for LGBT, transportation and other costs related to getting services not available in the county (e.g., Hepatitis C). There are mental health and primary care silos (although there are some initiatives to improve that), middle income people those aged 55-64 without insurance and, residential hospice services; nursing home availability; availability of information and interpreting services for non-English speakers (some speak but don't read French). Some individuals in the county travel to Canada for services.
- Initiatives are in some schools to provide vaccines to children, but not all schools are on board yet – new RSU will help.
- Only Maliseet and Micmac tribes have full health services in the District. Members from other Tribes have access to limited services because the Health Center of their own Tribe is far away.

- Some creative partnerships have developed to link services, e.g., fuel assistance with breast and cervical health program.
- There are linkages that have been created between HMPs, recreation centers and police departments and through MaineCare case management, but providers often are unaware of services outside of the health care setting.
- The ability to collect and maintain complete information on referral services and develop those linkages is a challenge without the infrastructure to support it.

Possible Action Steps

- Partner with providers to create and expand new and existing linkages between health care and other services.
- Coordinate an assessment across the District on health service gaps (e.g., oral health) and barriers (e.g., transportation) and identify strategies to address the gaps.

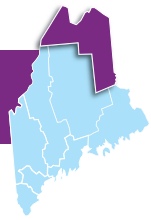
EPHS 7. Link to Health Services



Range of scores within each model standard and overall

EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	44
★ 7.1 Identification of Populations with Barriers to Personal Health Services	38
Identification of populations who experience barriers to care	25
Identification of personal health service needs of populations	50
Assessment of personal health services available to populations who experience barriers to care	50
★ 7.2 Assuring the Linkage of People to Personal Health Services	50
Link populations to needed personal health services	50
Assistance to vulnerable populations in accessing needed health services	50
Initiatives for enrolling eligible individuals in public benefit programs	75
Coordination of personal health and social services	25

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



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: 44

This service ranked second out of 10 Essential Services. This score is in the moderate range indicating that there are a number of district-wide activities.

Scoring Analysis

- There has been no assessment across the District of the public health workforce.
- Many organizations link job descriptions and performance evaluations to public health competencies.
- Organizations in the District assess training needs but there are limited resources or incentives for training.
- Some training programs on core competencies exist and there is significant interaction with academic institutions within the District.
- Leadership development opportunities are available.

District Context

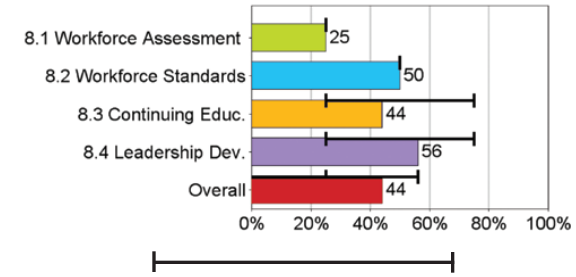
- There have been a few assessments in the District for specific health care workforce members.
- Not all Local Health Officers have completed the required training, but there are efforts to engage them locally.
- For more than 20 years, SHARE (Share County Health Associations Resource and Education) has been meeting to identify, via surveys and other tools, training needs in the county and using local experts to address those needs to reduce travel barriers. At least one training is held each year.
- Most organizations experience reduced availability of funds for travel to training.
- Gaps in training include: basic public health science, community dimensions of public health practice, leadership and systems thinking. Some training is available on analytic assessment, cultural competency, policy development and program planning.

- Technology is available at the hospitals and university to do distance education, but it has not been utilized to its full extent and there are some issues regarding compatibility of systems. Many statewide trainings don't offer distance education opportunities.
- District public health stakeholders have multiple connections with academic institutions.
- There are multiple opportunities for leadership training and coalitions work under a collaborative leadership model.

Possible Action Steps

- Build on the resources and expertise of SHARE to deliver public health training programs that have been identified as gaps in core public health competencies.
- Work with statewide training providers to ensure use of distance education technology to reduce the travel barriers.

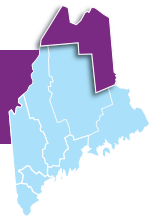
EPHS 8. Assure Workforce



Range of scores within each model standard and overall

EPHS 8. Assure a Competent Public and Personal Health Care Workforce: Overall Perfomance Score	44
★ 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	44
Identification of education and training needs for workforce development	50
Opportunities for developing core public health competencies	25
Educational and training incentives	25
Interaction between personnel from LPHS and academic organizations	75
★ 8.4 Public Health Leadership Development	56
Development of leadership skills	25
Collaborative leadership	75
Leadership opportunities for individuals and/or organizations	75
Recruitment and retention of new and diverse leaders	50

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



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: 40

This service tied for fourth out of the 10 Essential Services. This score is in the moderate range indicating that there are some district-wide activities.

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.
- This Public Health System Assessment evaluates the system.

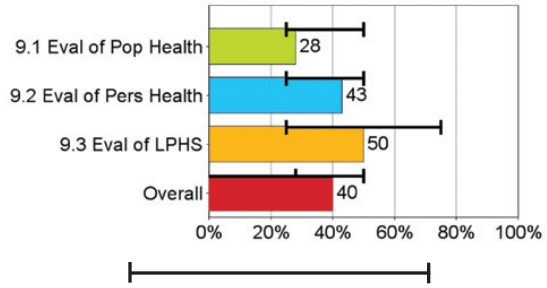
District Context

- There have been a few activities in the District to evaluate population-based services, including an evaluation of the tobacco helpline, tobacco use among delivering mothers, immunization rates, and BMI in schools. Most evaluation is done by the state for state-funded programs.
- Hospitals and other agencies have surveyed the community about community needs for services, but may not ask about services they don't have funding to provide.
- More could be done to incorporate results from community surveys into operational and strategic plans.
- Hospitals, community health centers, home health and long term care all use client satisfaction surveys, but the information is not coordinated or connected across the District and the current technology makes sharing of information difficult, although organizations in the District are looking at ways to overcome this barrier.
- Most agencies do not survey potential users of services.
- There has been significant effort to identify organizations that contribute to the local public health system, and the District is in the process of relationship mapping of the health-related organizations.

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 by incorporating results into operational or strategic plans.
- Use the results of the Public Health System Assessment to improve linkages with community organizations and to create or refine community health programs.

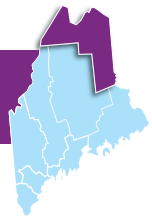
EPHS 9. Evaluate Services



Range of scores within each model standard and overall

EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	40
★ 9.1 Evaluation of Population-Based Health Services	28
Evaluation of population-based health services	50
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	42
Personal health services evaluation	50
Evaluation of personal health services against established standards	50
Assessment of client satisfaction with personal health services	50
Information technology to assure quality of personal health services	25
Use of personal health services evaluation	50
★ 9.3 Evaluation of the Local Public Health System	50
Identification of community organizations or entities that contribute to the EPHS	75
Periodic evaluation of LPHS	75
Evaluation of partnership within the LPHS	25
Use of LPHS evaluation to guide community health improvements	25

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components



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: 31

This service ranked the lowest of all the Essential Services. This score is in the moderate range indicating that there are some district-wide activities.

Scoring Analysis

- Agencies in the District are encouraged to develop new solutions for public health issues and have various methods of monitoring research and best practice.
- No organizations in the District have proposed public health issues for inclusion in the research agenda of research organizations, and they have had limited participation in the development of research.
- There are many affiliations with academic institutions and organizations in the District.
- District stakeholders have limited access to researchers.

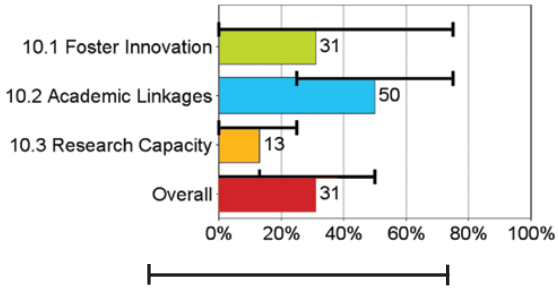
District Context

- Identifying solutions to health problems is often a band-aid approach with not enough time or emphasis on down-stream interventions, although some activity on developing new solutions has occurred (e.g., prescription drug return programs).
- University libraries, on-line journals, conferences, and webinars are ways that organizations use to keep current on best practice. Some resources such as MARVEL and EBSCO Host virtual libraries could be utilized to a greater extent.
- Some agencies in the District are participating in state or national research projects (e.g., Area Agency on Aging, Chronic Care Technology, Maine Youth Overweight Collaborative).
- Many District partners have associations with academic institutions as guest lecturers, internships, nursing students placement in hospitals, project support and cosponsoring continuing education.
- There are some opportunities to access researchers through the EMH system.

Possible Action Steps

- Develop a district-wide research agenda and identify possible academic institutions and researchers interested in collaboration.
- Build on and expand existing relationships with academic institutions to enhance capacity of the District public health system to identify innovative solutions to help.

EPHS 10. Research/Innovations

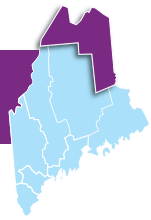


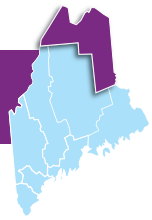
Range of scores within each model standard and overall

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	31
★ 10.1 Fostering Innovation	31
Encouragement of new solutions to health problems	25
Proposal of public health issues for inclusion in research agenda	0
Identification and monitoring of best practices	75
Encouragement of community participation in research	25
★ 10.2 Linkage with Institutions of Higher Learning and/or Research	50
Relationships with institutions of higher learning and/or research organizations	75
Partnerships to conduct research	25
Collaboration between the academic and practice communities	50
★ 10.3 Capacity to Initiate or Participate in Research	13
Access to researchers	25
Access to resources to facilitate research	25
Dissemination of research findings	0
Evaluation of research activities	0

★ = Model Standard Score
❖ = Items scored the same across all districts
Impact of possible action steps on model standard components

"Very democratic and thought provoking, good medicine."

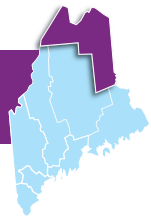




Appendices

Acronyms

ACAP	Aroostook Community Action Program
AHEC	Area Health Education Center
BMI	Body Mass Index
CAP	Community Action Program Agencies
CBPR	Community-Based Participatory Research
CEO	Code Enforcement Officer
CERT	Community Emergency Response Team
CHES	Community Health Education Specialist
COAD	Community Organizations Active in Disasters
COG	Council of Governments
CTI	Center for Tobacco Independence
DCC	District Coordinating Council
DPHS	District Public Health System
EAAA	Eastern Area Agency on Aging
EBSCO	see www.ebsco.com
ED	Emergency Department
EMA	Emergency Medical Associates
EMHS	Eastern Maine Health System
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EPI	Epidemiologist
GIS	Geographic Information System
GLBT	Gay, Lesbian, Bisexual, Transgender
HAN	Health Alert Network
HAZMAT	Hazardous Materials (e.g., Team, supplies, protocols)
HEDIS	Healthcare Effectiveness Data Information Set
HIPAA	Health Insurance Portability and Accountability Act
HMPs	Healthy Maine Partnerships
IM	Instant Messaging
ImmPact	Maine Information Immunization Registry
IO	Information Officer
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LGBT	Lesbian, Gay, Bisexual, Transgender
LHO	Local Health Officer
LPHSA	Local Public Health System Assessment
MAPP	Mobilizing for Action through Planning and Partnerships
MARVEL	State Library access portal to health journals, books
MCDC	Maine Center for Disease Control
MCH	Maternal/Child Health
MCPH	Maine Center for Public Health
Meds	Medications
MeHAF	Maine Health Access Foundation
MEMIC	Maine Employers' Mutual Insurance Company
MOU	Memorandum of Understanding
MPH	Masters in Public Health
MPHA	Maine Public Health Association
NAMI	National Alliance on Mental Illness
NNE Poison	Northern New England Poison Control Center
NIMS	Training National Incident Management System
NP	Nurse Practitioner
OSA	Office of Substance Abuse
OT	Occupational Therapy
Ped Paths	Pedestrian Paths
PT	Physical Therapy
RSU	Regional School Unit
RSVP	Regional Seniors Volunteer Program
SES	Socioeconomic Status
SNAP	Supplemental Nutrition Assistance Program
STD	Sexually Transmitted Disease
UMF	University of Maine-Farmington
UMO	University of Maine-Orono
UNE	University of New England
USM	University of Southern Maine
VA	Veterans Administration
VNA	Visiting Nurse Association
WIC	Women, Infants & Children



Glossary and Reference Terms

Community Health Assessment	Community health assessment calls for regularly and systematically collecting, analyzing, and making available information on the health of community, including statistics on health status, community health needs, epidemiologic and other studies of health problems.
Community Health Profile	A comprehensive compilation of measures representing multiple categories, or domains, that contributes to the description of health status at a community level and the resources available to address health needs. Measures within each domain may be tracked over time to determine trends, to evaluate health interventions or policy decisions, to compare community data with peer, state, national or benchmark measures, and to establish priorities through an informed community process.
District Public Health Unit	"District Public Health Unit" means a unit of State public health staff set up whenever possible in each district in department offices. These staff shall include, when possible, public health nurses, field epidemiologists, drinking water engineers, health inspectors, and district public health liaisons.
Go Kits	Packages of records, information, communication and computer equipment, and other items related to emergency operation. They should contain items that are essential to support operations at an alternate facility.

Results of Participant Evaluations

District	# Participants
Aroostook	36
Central	32
Cumberland	64
Downeast	41
MidCoast	30
Penquis	43
Western	51
York	65
Total	**362**

Response rate 39% (141 out of 362 universe)
responses/% of total

"The assessment findings can be used in the future to help guide and direct policy, funding determinations, and collaborative approaches."

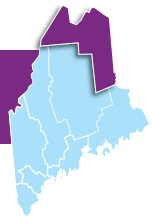
HIGHLIGHTS

85% said meeting organization was good/excellent

83% thought meeting facilitation was good/excellent

74% found the process to be a good/excellent opportunity to learn about the DPHS

"Comprehensive, inclusive, educational!"



DID YOU PARTICIPATE IN THE ASSESSMENT MEETINGS?

Yes	No	Skipped
137/97%	4/3%	0

DID YOU PARTICIPATE IN THE ORIENTATION SESSION AS PART OF THE FIRST MEETING?

Yes	No	Skipped
79/56%	50/35%	12/9%

BASED ON YOUR INVOLVEMENT IN THE ASSESSMENT MEETINGS, PLEASE RATE THE ITEMS BASED ON THE SCALE BELOW

Skipped	Very Poor	Poor	Fair	Good	Excellent
Meeting Organization					
9/6%	0	1/1%	11/8%	74/52%	46/33%
Meeting Facilitation					
9/6%	2/1%	2/1%	12/9%	71/51%	45/32%
Meeting Format					
11/8%	0	3/2%	20/14%	78/55%	29/21%
Opportunity to provide input about the District system					
9/6%	2/1%	4/3%	7/5%	77/55%	42/30%
Opportunity to learn about the District system					
9/6%	1/1%	4/3%	22/16%	76/53%	29/21%
Opportunity to learn more about District resources					
9/6%	0	2/1%	30/21%	74/53%	26/19%
Opportunity to learn more about public health					
9/6%	2/1%	5/4%	31/22%	71/51%	23/16%

DO YOU FEEL AS A RESULT OF THE PROCESS THAT YOU IDENTIFIED POTENTIAL NEW RELATIONSHIPS AND OPPORTUNITIES FOR COLLABORATION?

Yes	No	Skipped
108/77%	24/17%	9/6%

DO YOU FEEL A PART OF THE DISTRICT PUBLIC HEALTH SYSTEM?

Yes	No	Skipped
113/80%	18/13%	10/7%

"I enjoyed meeting with different resources in the area and look forward to making them more united."