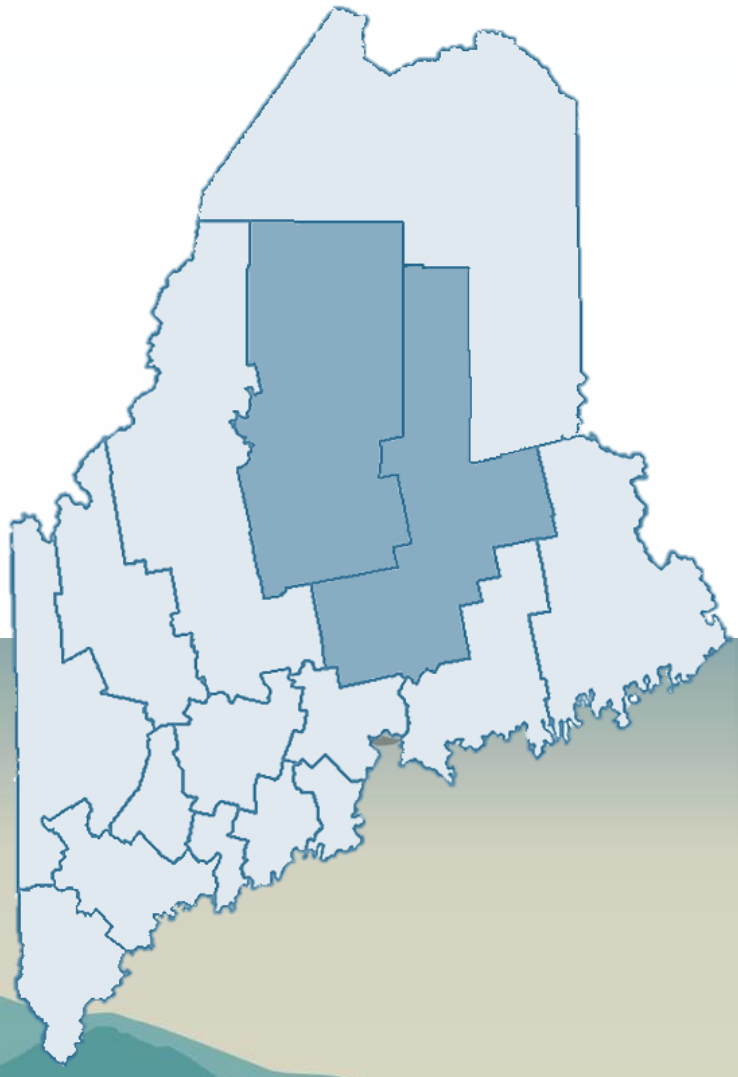
Penquis Public Health District

Penobscot and Piscataquis Counties Public Health System Assessment Report

2022



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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.

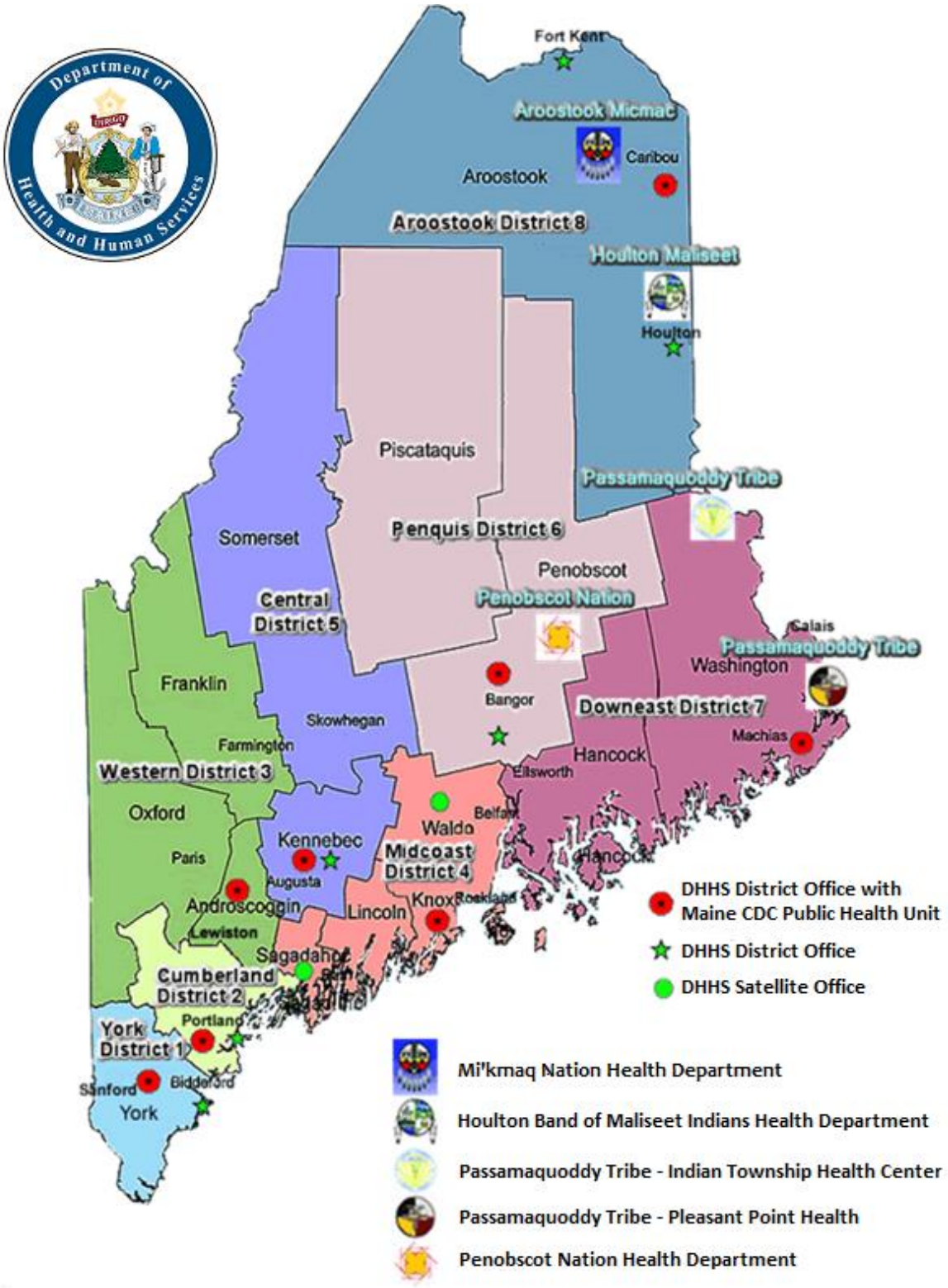
I'm grateful to everyone who participated in this assessment and look forward to continuing our shared work on behalf of the people of Maine.

Regards,

Nancy Beardsley

Nancy Beardsley
Acting Director
Maine Center for Disease Control and Prevention

Maine Public Health Districts



Date of Report

July 1, 2023

Dates of Assessment

Date	EPHS
September 28, 2022	1 and 9
October 5, 2022	2 and 6
October 19, 2022	3 and 5
November 2, 2022	4 and 10
November 16, 2022	7 and 8

Prepared for

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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.

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Contents

Acknowledgements

The 2022 Penquis 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 Penquis 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 Penquis 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.

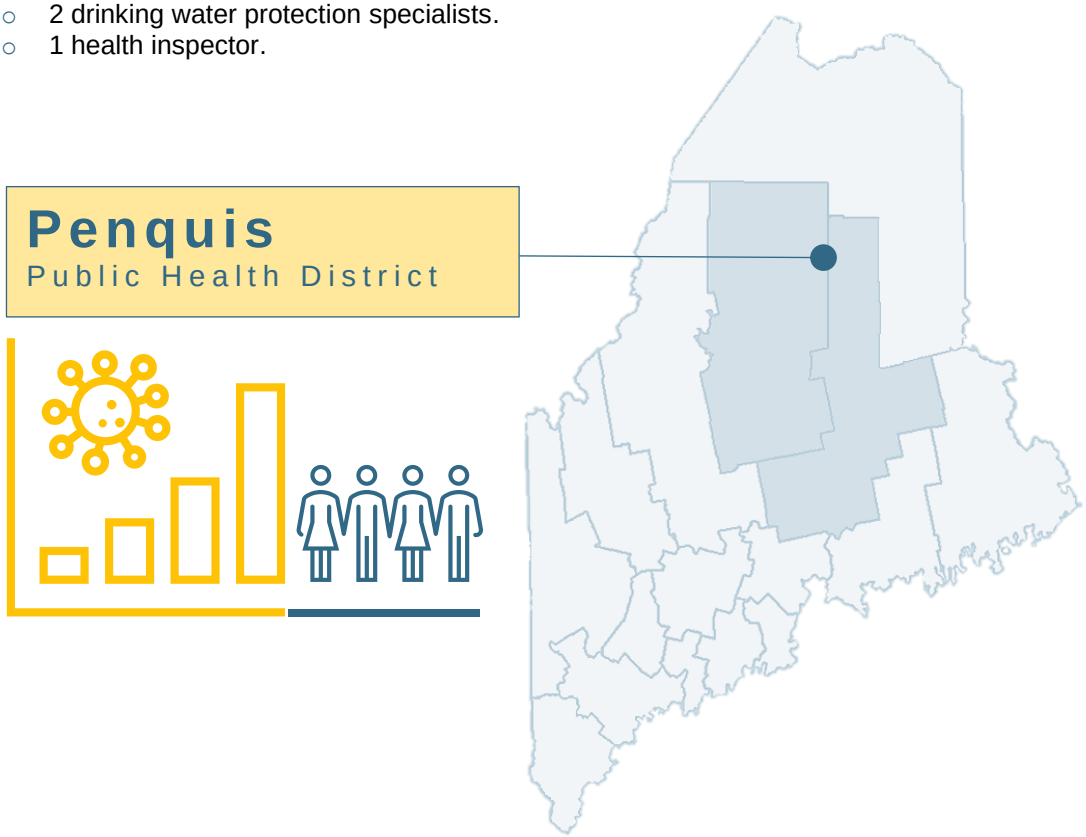
Each of the 10 EPHS has their own summary that includes:

- 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.

Penquis District Characteristics

How the District is organized

- The Penquis Public Health District covers Penobscot and Piscataquis counties.
- There are 60 municipal governments, including a city, towns, plantations and townships.
- The Penobscot Nation is a federally recognized Tribe with its own government and homeland.
- The District serves all parts of its jurisdiction, including its townships, some of which have year-round or seasonal residents.
- We are enriched by our numbers of Native American, Hispanic, and Franco-American heritage.
- Each municipality must appoint a Local Health Officer, technical assistance and support provided by the Maine CDC District Liaison.
- The Penquis Public Health Council is the multi-sector representative body for collaborative public health infrastructure development for the District.
- The governmental District Public Health Unit includes the district liaison plus:
  - 7 public health nurses.
  - 1 field epidemiologist.
  - 2 drinking water protection specialists.
  - 1 health inspector.



Who we are (demographics)

	PENQUIS DISTRICT[1]	MAINE
Median household income	**Penobscot: $50.808 Piscataquis: $40,890**	$58,924
Unemployment rate	**5.40%**	5.40%
Individuals living in poverty	**15.20%**	10.90%
Children living in poverty	**14.80%**	13.80%
65+ living alone	**29.10%**	29.90%

PENQUIS DISTRICT POPULATION

168,610

	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

STATE OF MAINE POPULATION

1,344,212

Health Determinants Characteristic to Penquis Public Health District

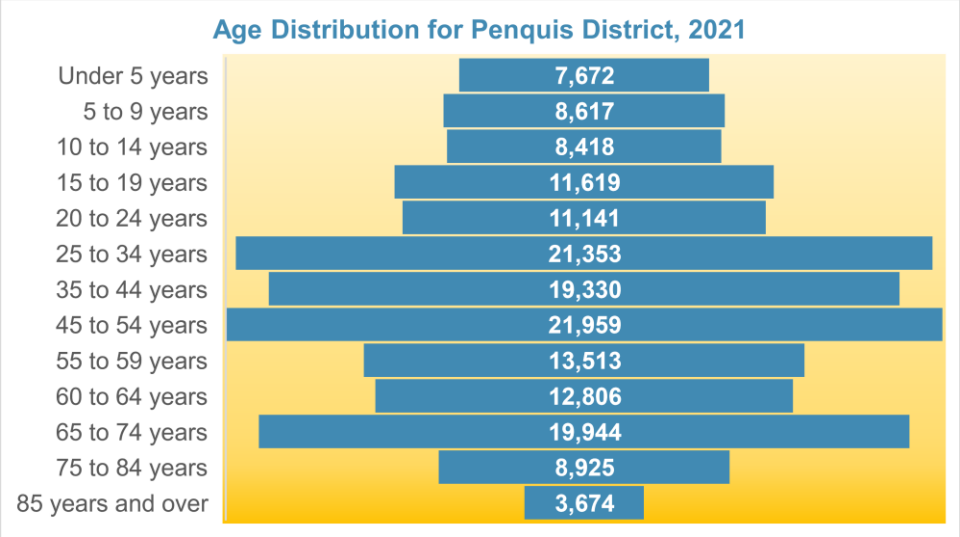
	PENQUIS[2]	MAINE
14 or more days lost due to poor physical health	**16.2**	12.8
All cancer deaths per 100,000 population	**178.9**	168.0
Cardiovascular disease deaths per 100,000 population	**208.5**	37.3
Overdose deaths per 100,000 population	**61.7**	15.6
Ambulatory care sensitive condition emergency department rate per 10,000 population	**77.9**	61.4

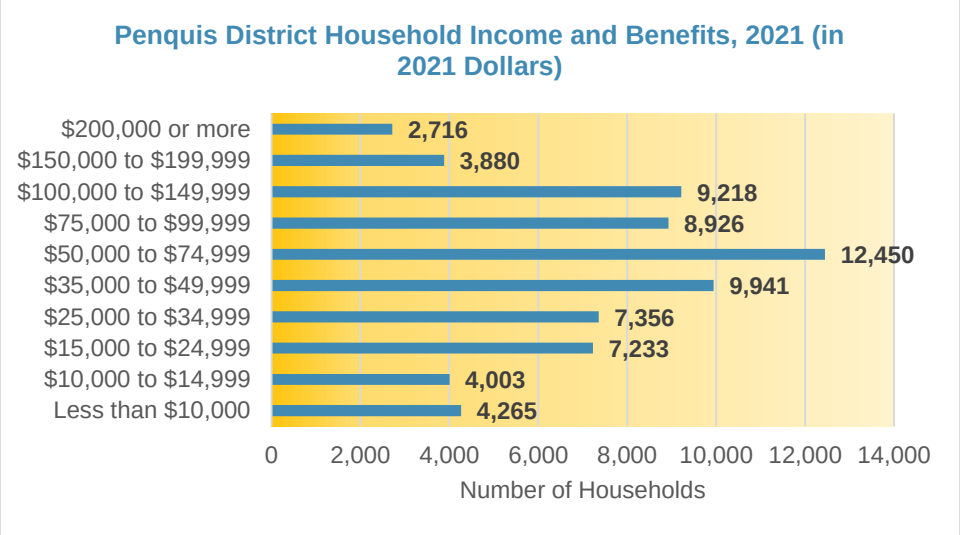
Leading Causes of Death in Penquis Public Health District

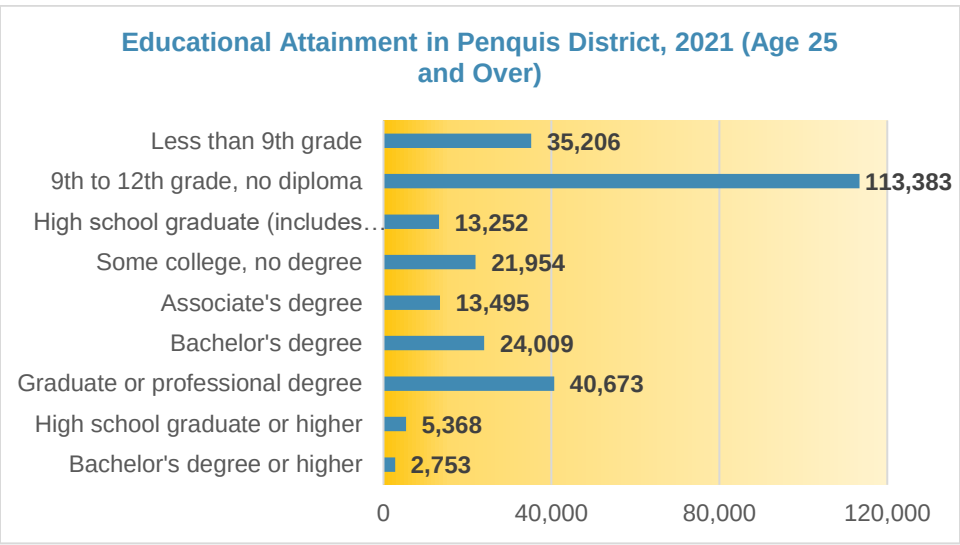
Rank	Condition[2]
1	**Cancer**
2	**Heart Disease**
3	**Unintentional Injury**

Rank	Condition
4	**Chronic Lower Respiratory Disease**
5	**Stroke**

[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.





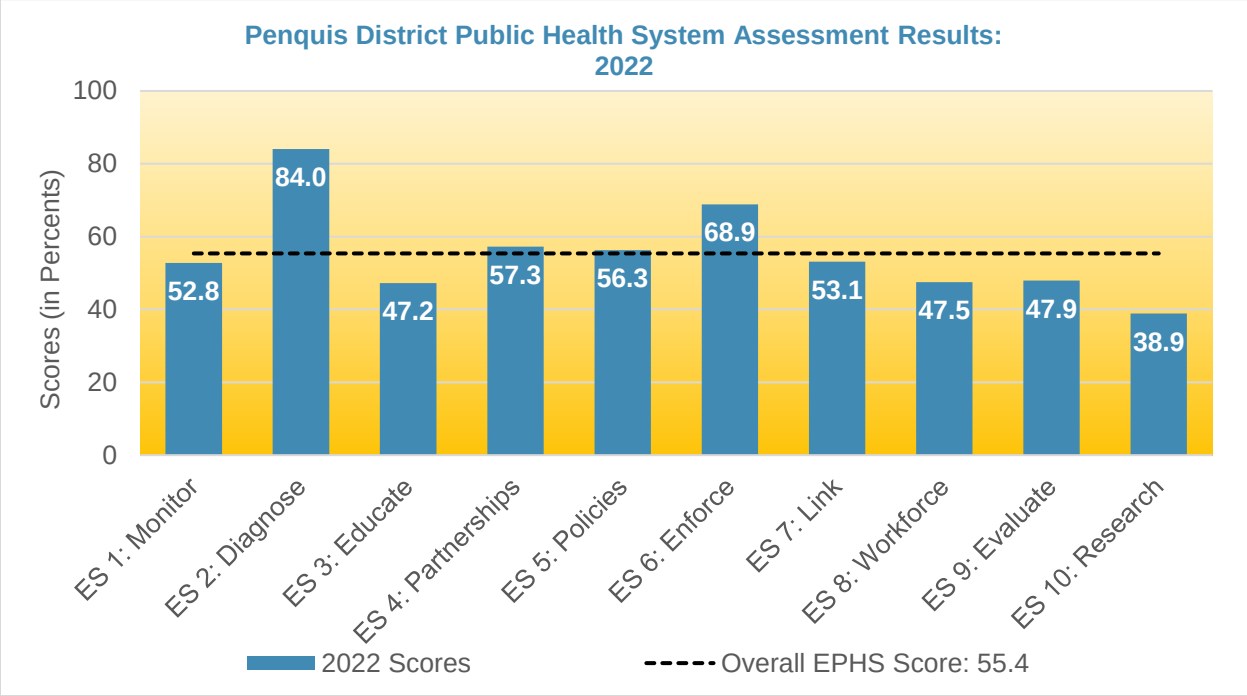


All data on this page are from the US Census Bureau, American Community Survey 2017–2021.

SUMMARY OF RESULTS

For the 2022 Assessment (Figure 1), the Penquis District's overall performance score was 55.4 (optimal performance = 100) with a range of 38.9 (EPHS 10) to 84.0 (EPHS 2). The top-performing EPHS include *Diagnose and Investigate Health Problems and Health Hazards* (84.0), *Enforce Laws and Regulations that Protect Health and Ensure Safety* (68.9), and *Mobilize Community Partnerships to Identify and Solve Health Problems* (57.3).

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



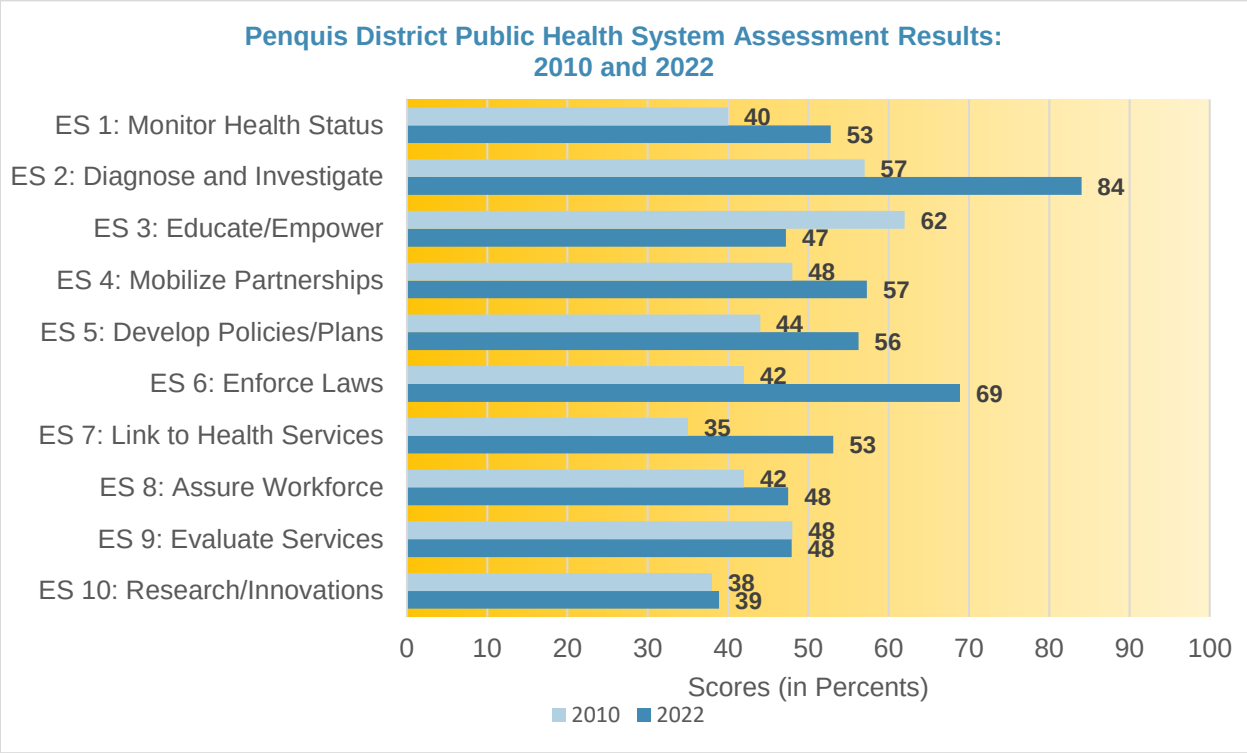
Essential Public Health Services and Scores

EPHS	Score
1. Monitor health status to identify and solve community health problem.	**52.8**
2. Diagnose and investigate health problems and health hazards in the community.	**84.0**
3. Inform, educate, and empower people about health issues.	**47.2**
4. Mobilize community partnerships and action to identify and solve health problems.	**57.3**
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.	**68.9**
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	**53.1**
8. Assure competent public and personal health care workforce.	**47.5**
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	**47.9**
10. Research for new insights and innovative solutions to health problems.	**38.9**

Maine 2010 and 2022 Scores: Figure 2 presents the scores of the Penquis 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: Penquis LPHSA Scores from 2010 and 2022



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.

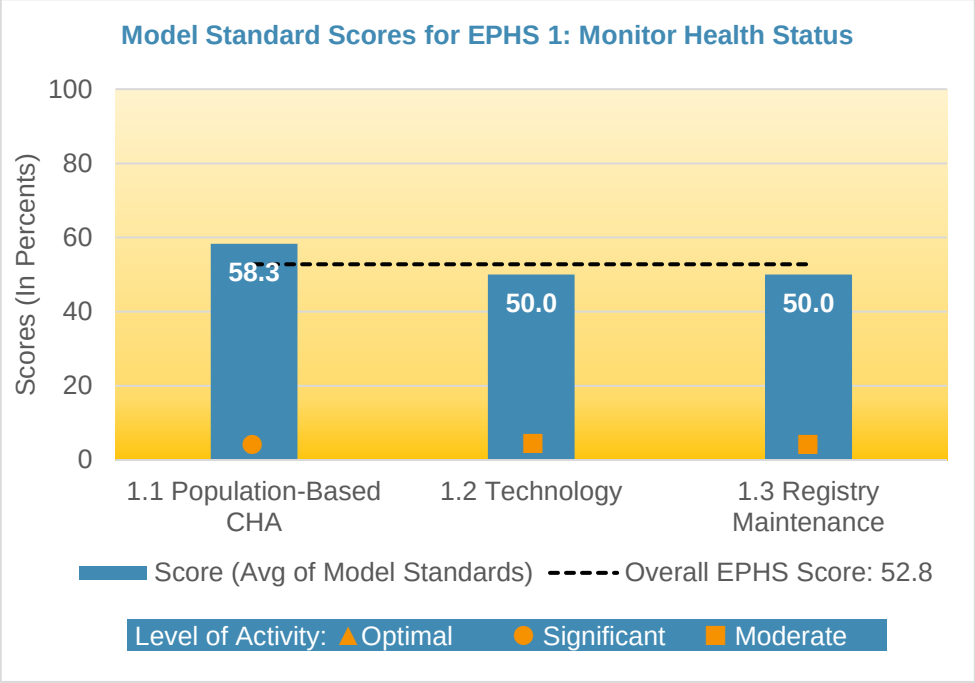


Table 1: Scores for Essential Service 1 (Composite Score = 52.8)

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?	50
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]

- Maine CDC has population health data available at the county and district level on the website (Maine CDC Shared Community Health Needs Assessment).
- Municipalities, Maine CDC and planning commissions do have GIS capabilities.

Weaknesses

- Disabilities are not included in the LPHSA.
- Need to break out Piscataquis County from Penobscot County. Piscataquis needs are muted when combined with Penobscot County.
- Online access is an issue for our more rural communities in terms of data.
- We do not have qualitative information about quantitative data. In other words, we can tell you what is happening, but we can't tell you why.

Opportunities

- Stories to make public health data easier to understand.
- Link data to impact on "typical" people. What does this mean to me? Limited resources, increased opportunities, etc.

Key Findings
EPHS 1

[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:
    - Infectious and chronic diseases.
    - Injuries.
    - Other adverse health behaviors and conditions.

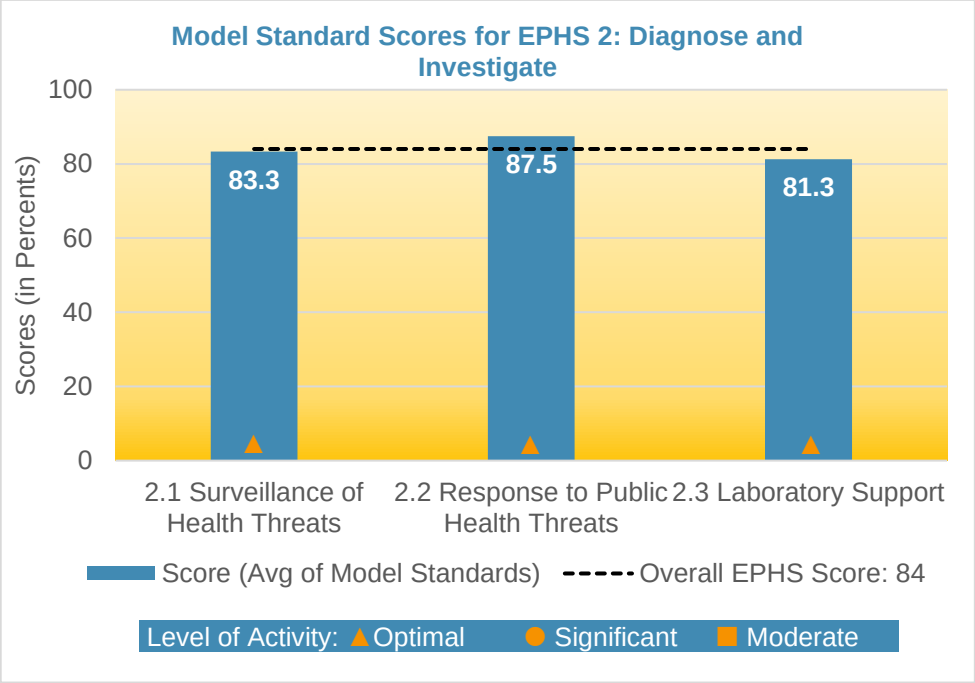


Table 2. Scores for Essential Service 2 (Composite Score = 84.0)

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?	100
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?	100

2.2.2	Develop written rules to follow in the investigation of public health emergencies?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	75
2.2.4	Prepare to rapidly respond to public health emergencies?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
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?	100
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]

- Due to the pandemic, we have more experience locally to respond to a disaster or public health crisis and a better understanding of who our key partners are.
- Maine CDC monitors direct reporting of notifiable conditions; the infectious Disease Lab is licensed by the Clinical Laboratory Improvement Amendments (CLIA), the auditing body of the Centers for Medicare & Medicaid Services (CMS).
- City works with CDC to treat and respond to, for example, Hep A outbreaks.
- Agencies such as HIP, EPI, MEMA, and the National Guard, which has the 11th Civil Support group designed to address biological [*sic*].
- County EMA is there to provide resources and support the identified mission.

Weaknesses

- Participation in after actions are not as good at the local level.
- Some assets or resources for emergencies are in Bangor.

Opportunities

- Better awareness of the activities so the local people know it's there.

Key Findings
EPHS 2

[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.

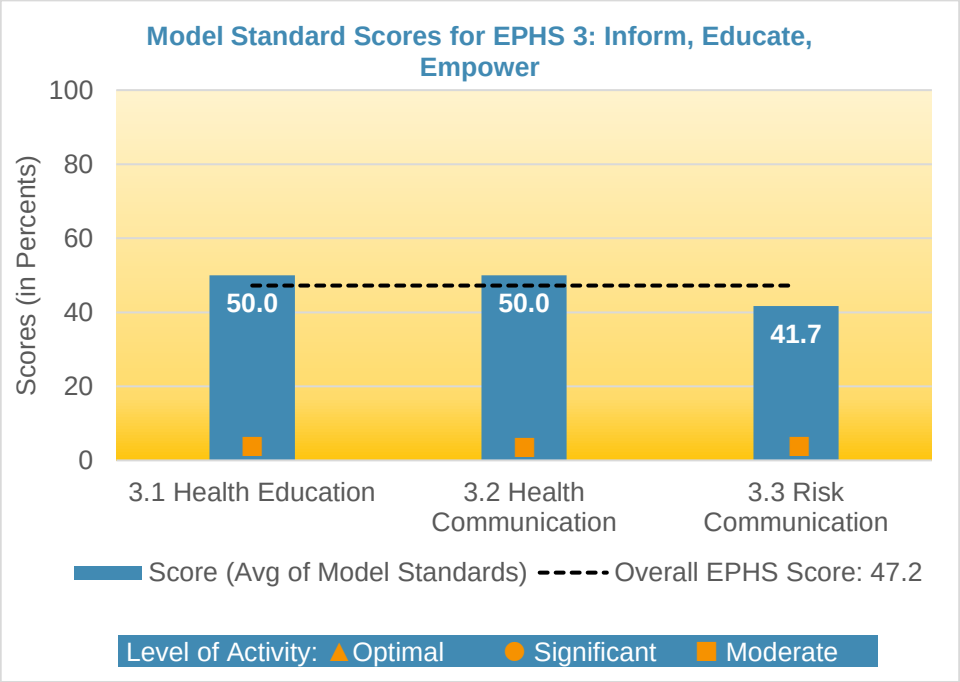


Table 3. Scores for Essential Service 3 (Composite Score = 47.2)

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?	50
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?	50

3.2.2	Use relationships with different media to share health information?	50
3.2.3	Identify and train spokespersons on public health issues?	50
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]

- Public Health Nursing.
- Shared Community Health Assessment.
- Bangor has an emergency communication plan; State has an emergency communication plan. COVID has been a period of excellent and proactive (usually) communication. Tribally (Maliseet) we have a system that we put out things. Not sure on the other tribes yet. States and municipalities have resources for emergency communications.

Weaknesses

- The size of this region and diversity between the two counties (resources, especially) is a real challenge and affects Piscataquis directly where there is no local public health department or formally coordinated approach to public health.
- Cost is a very limiting factor here for more than 25% of our population.
- Related to broadband access, use of social media.

Opportunities

- Individual entities likely have communication plans, but we don't have an overarching communication plan to coordinate this.

Key Findings
EPHS 3

[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:
    - Preventive
    - Screening
    - Rehabilitation, and
    - Support programs.
- Building a coalition to draw on the full range of potential human and material resources to improve community health.

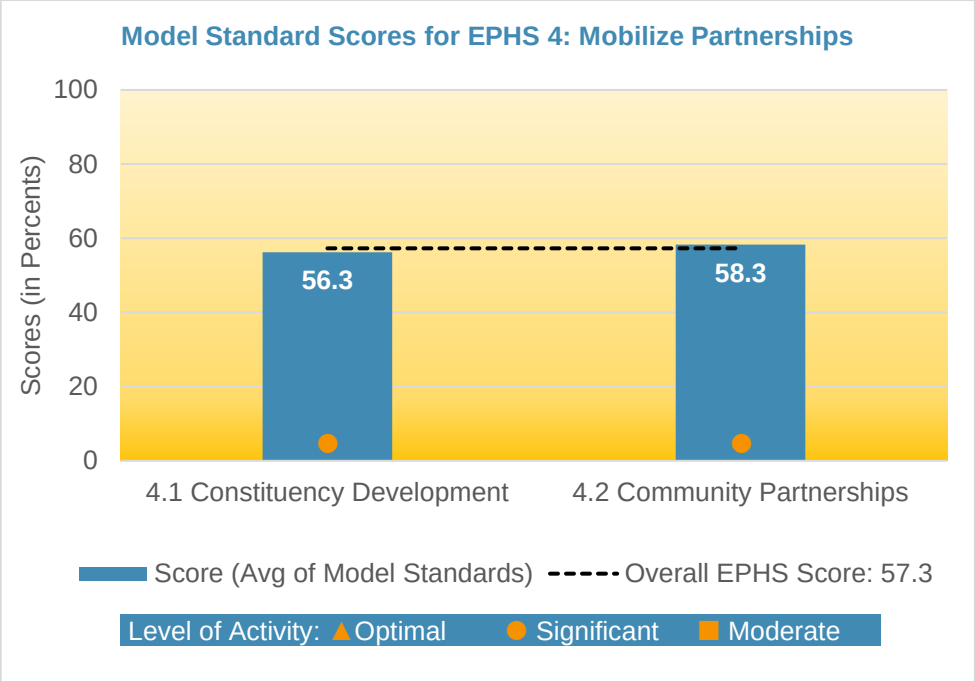


Table 4. Scores for Essential Service 4 (Composite Score = 57.3)

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?	75
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?	75
4.2.2	Establish a broad-based community health improvement committee?	50
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]

- District Coordinating Council (DCC) and DCC Steering Committee plans how to engage with stakeholders and brings them to the table.
- Coalition models help engage community members.
- Bangor Public Health and MECDC working with Maine Multicultural Center to ensure New Mainers have access to care they need.

Weaknesses

- Keeping directories up to date is a huge task. Individual organizations have developed resource directories, etc., but it's hard to keep them complete and current!
- Public health services are offered in hundreds of settings across the county.
- There is no identifiable comprehensive set of generally agreed-upon priorities and intervention strategies. The "formal" public health agencies have little leverage to reduce fragmentation and to improve the alignment of funding. The State CDC does not require grantees to adequately assure that programs are conducted in ways to assure improved collaboration. Funding is often provided to multiple organizations for similar services without adequate work being done to assure that the funds will be leveraged by better alignment.

Opportunities

- None noted for the session.

Key Findings
EPHS 4

[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.

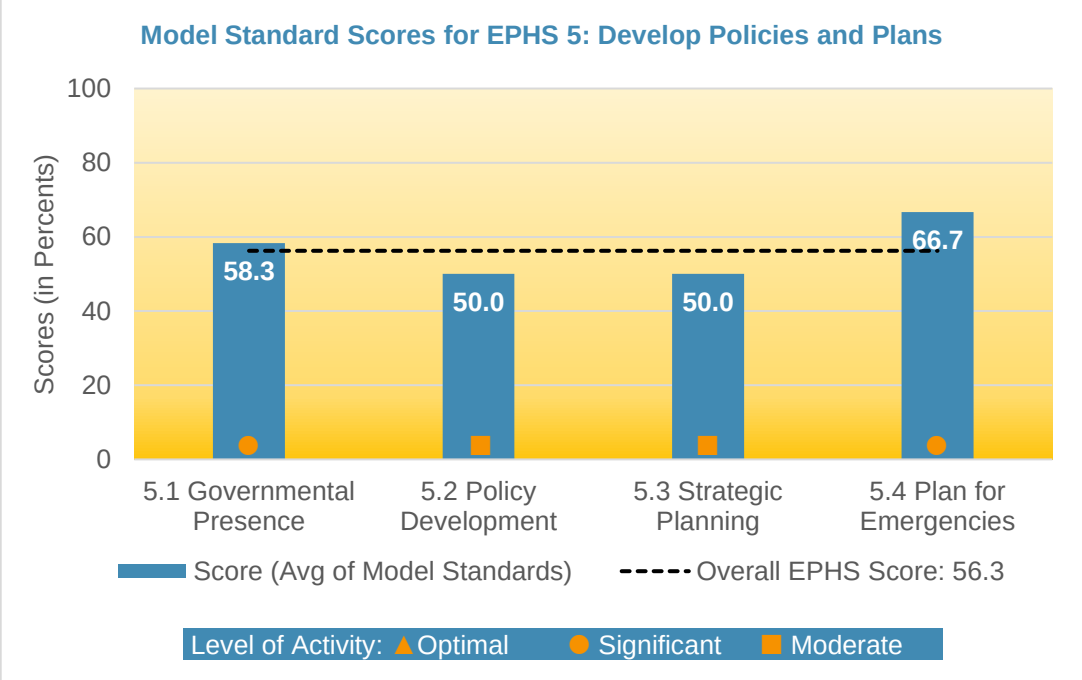


Table 5. Scores for Essential Service 5 (Composite Score = 56.3)

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?	50
5.1.2	See that the local health department is accredited?	75
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?	50
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?	50

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

Strengths[7]

- Epidemiologists are helpful and CDC staff very responsive.
- The State of Maine is an accredited health department that covers the 10 essential services. Bangor is working towards becoming an accredited health department with funding from Maine CDC.
- *Helping Hands with Heart* does a lot of public health work and coordinates with the District Liaison as we need to, as well as with the healthcare community.
- People can engage in policy development by providing written or oral feedback to influence policies at the State level. Federal-level policy is also informed by input from the local level.

Weaknesses

- Funding is always a concern and an ongoing issue for public health.
- Piscataquis County has essentially no public health "department" but rather a scattershot response system. There should be a public health department in each county along with a shelter and resources, such as a DHHS syringe exchange.

Opportunities

- Organizations will work on own priorities first before aligning with others' plans on priorities.
- Our public health system does a good job alerting the public of possible consequences, although that doesn't always sway the outcome.
- Limited resources to implement the community health improvement plan (CHIP).

Key Findings
EPHS 5

[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.

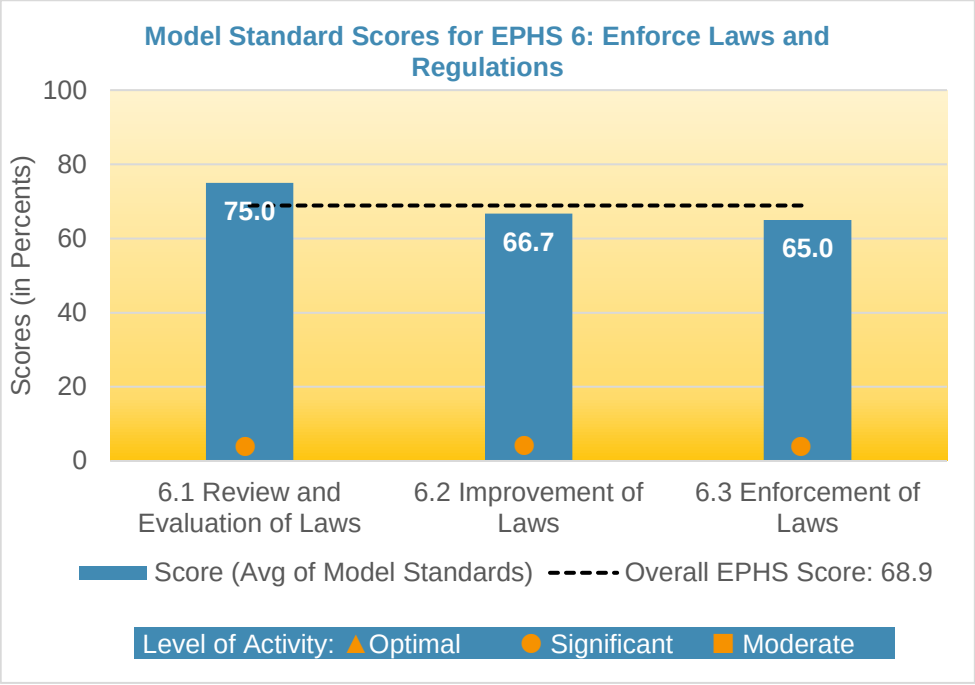


Table 6. Scores for Essential Service 6 (Composite Score = 68.9)

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?	75
6.1.2	Stay up-to-date with current laws that prevent, promote, or protect public health?	75
6.1.3	Review existing public health laws at least once every five years?	75

6.1.4	Have access to legal counsel for technical assistance?	75
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?	75
6.2.3	Provide technical assistance in drafting proposed changes or new laws?	75
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?	75
6.3.2	Assure that a local health department has the authority to act in emergencies?	75
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	50
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	75
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]

- We experienced considerable success together as a District during the COVID-19 pandemic – it required continued focus and some state-level support.
- This positive experience gives us a model for collaboration and individuation based upon our differences for other things.
- The DCC has had several successes and would be able to be more of a leader with guidance, etc. in some of these critical issues.

Weaknesses

- The significant differences between the counties in this region really make this process difficult, as Penobscot County has considerably more resources.
- Enforcement of the laws equitably; clarification on the availability of the CDC experts to local municipalities.

Opportunities

- Clarify the role of the DCC in some of these efforts - we have taken on SUD [substance use disorders] and vaping, prevention, etc. This housing issue is huge.

Key Findings
EPHS 6

[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.

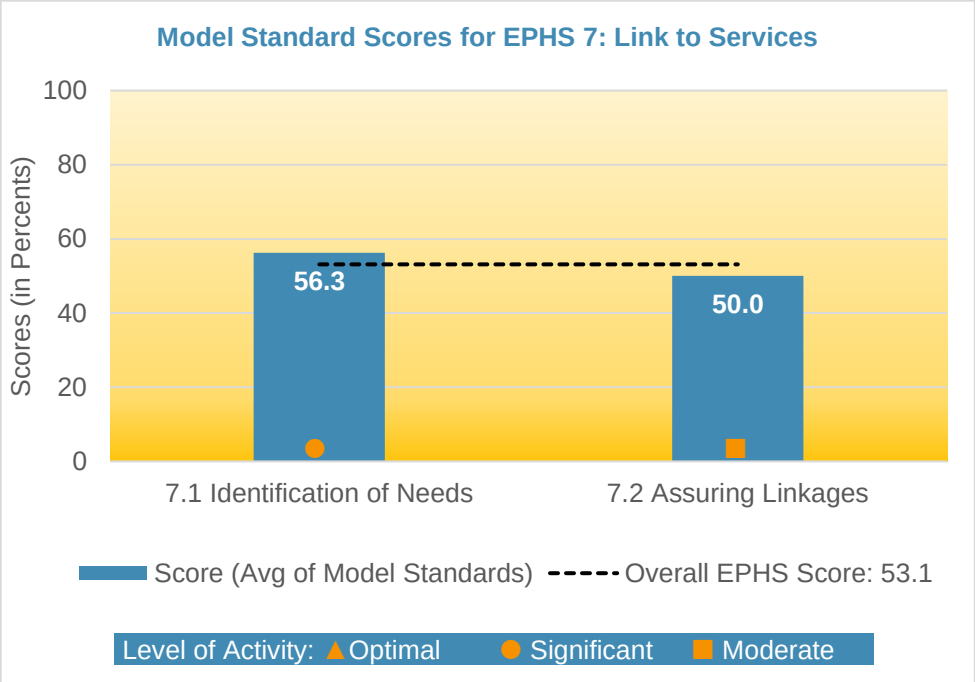


Table 7. Scores for Essential Service 7 (Composite Score = 53.1)

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?	50
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?	50
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?	50
7.2.4	Coordinate the delivery of personal health and social services?	50

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

Strengths[9]

- We do have a solid core of committed people who are concerned and meeting regularly to problem solve, share resources, and help out sometimes (Piscataquis County).
- Millinocket Memorial Library has established a program at the library to talk with a resource navigator that links people to resources regarding the SDOH [social determinants of health].
- There are more Age-Friendly initiatives in communities that are striving to meet the needs of older adults in a coordinated way.

Weaknesses

- Availability and consequently access to services is very limited and sometimes unreliable or of poor quality, if you can find anything.
- Often willingness by consumers to ask for or accept help - it is a pride thing but also being overtaken by repeated failure of the system.
- Limited broadband, technical ability especially in older population
- Minimal data, and thus evidence-based specific approaches, targeting core minority populations who struggle to access equitable care locally.

Opportunities

- Volunteers to address social isolation - phone calls, a visit, a meal, etc. People like to do this kind of stuff.
- We have to become more creative, comfortable doing things/making effort within our region and coordinating what we “have” and advocate ... [*sic*]

Key Findings
EPHS 7

[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.

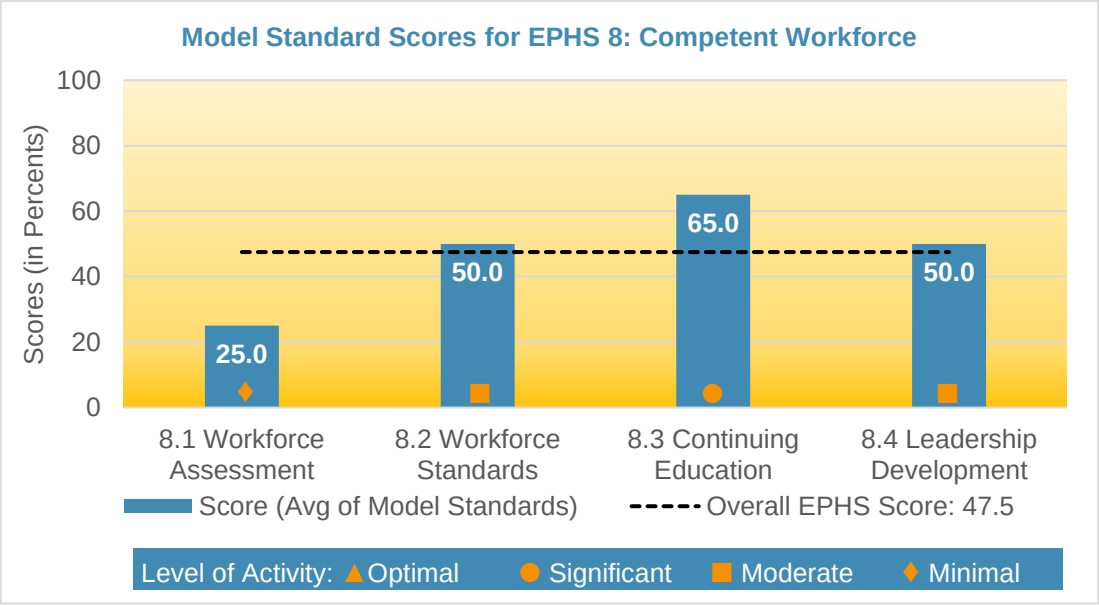


Table 8. Scores for Essential Service 8 (Composite Score = 47.5)

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?	25
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?	75
8.3.2	Provide ways for workers to develop core skills?	75
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?	75
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?	50
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]

- Serious push has been made to progress towards optimizing workforce incentivization in various areas for employee growth that also has some crossover with employee retention efforts.
- Hanley Health Leadership and other Leadership Programs have diversity equity and inclusion committees.
- People keep their licenses up to date, a lot of continuing education offered to us at no cost that we could, and we usually do take advantage of those.
- I think Maine CDC does a good job providing trainings to the population that are free, which is great. So that's a nice benefit.

Weaknesses

- Estimating workforce is in the academic sense, is a very tricky business, very controversial about the methodology you use, and we get into endless arguments about the tedium of how to do that. But there's no comprehensive what I'm aware of.

Opportunities

- Developing diverse leaders and leadership programs.
- Opening up closed networks to people who are leaders already, who represent those diverse communities, and making sure they're the ones who have access to those opportunities.

Key Findings
EPHS 8

[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.

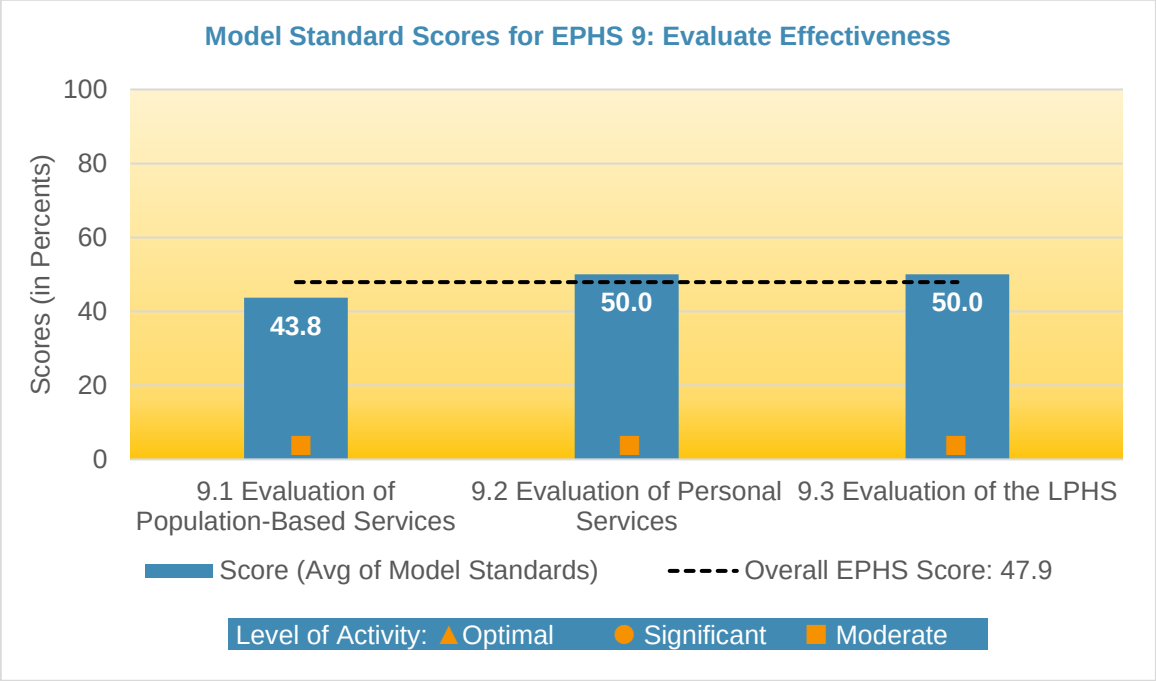


Table 9. Scores for Essential Service 9 (Composite Score = 47.9)

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?	50
9.3.3	Assess how well the organizations in the LPHS are coordinating services?	50
9.3.4	Use results from the evaluation process to improve the LPHS?	50

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

Strengths[11]

- *Helping Hands with Heart* uses data to drive our priorities as a region and the funds we seek through grants/distribution to local entities who do this work (depending upon the topic). The three years between the update of the CHNA doesn't really capture these smaller but potent efforts.
- PRFC is working to fill a gap among disabled adults, with home deliveries.
- *Help Me Grow* submits both national- and state-level annual reporting on performance indicators around effectiveness of services/goals being [*sic*].
- Most of the major tertiary healthcare providers have publicly available data on adherence to national benchmarks for quality.
- District Liaison and District Coordinating Councils make a valiant effort to identify and engage volunteer agencies.

Weaknesses

- Transportation needs in Piscataquis are significant all around (workforce, after school, older residents).
- Urgent care facilities, or capabilities, so that they are not gumming up the Emergency Departments.
- Mental health services for all are sorely needed. Need new models of service delivery.
- Long wait lists for assisted living and nursing home-level care; no beds in Maine.
- Housing needs are acute now across several areas: rentals; need for accessibility-related and other improvements on existing housing; need to address health and safety issues including mold, lead exposure, and hoarding.
- Lots of data available but it's not routinely made public or a topic of conversation outside of our monthly meetings from my perspective. Stuff still feels siloed.

Opportunities

- Transportation needs still a challenge, behavioral mental health services so minimally available, outreach for homeless, substance use.
- More responsive "portal" so people can communicate with patients.
- Report gap results and link new or increased efforts to those discovered gaps. Often new initiatives are not directly tied to the assessment.

Key Findings
EPHS 9

[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.

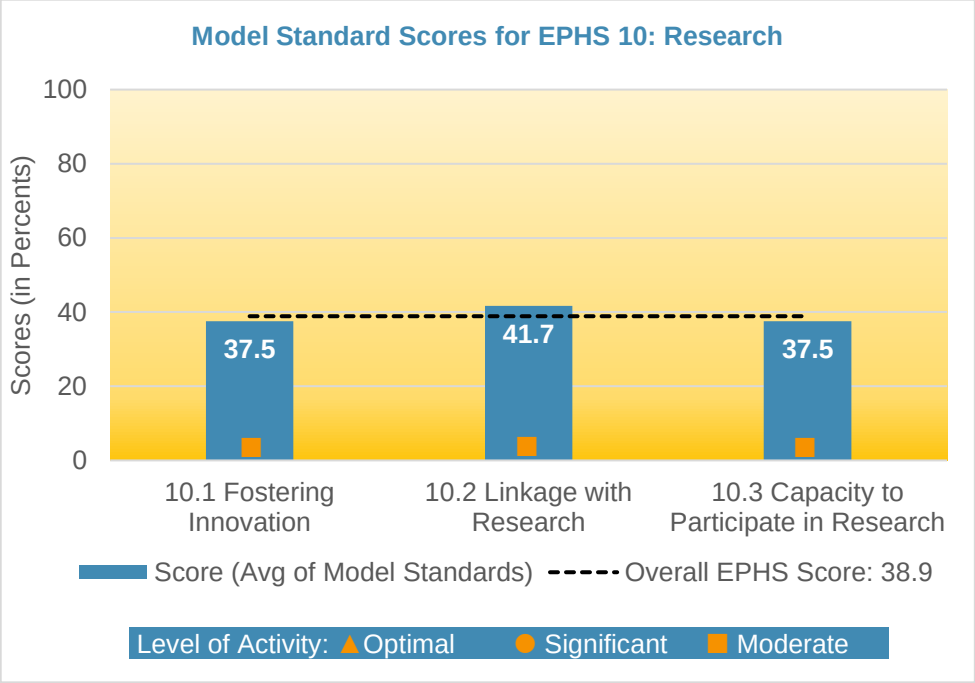


Table 10. Scores for Essential Service 10 (Composite Score = 38.9)

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?	50
10.1.3	Keep up with information from other agencies and organizations?	50
10.1.4	Encourage community participation in research?	25
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?	50

10.2.2	Partner with research organizations to do public health research?	25
10.2.3	Encourage research organizations to work with LPHS organizations?	50
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?	50
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]

- David Wihry of the University of Maine Center on Aging helped us design a project for PHNs [Public Health Nurses].
- Bangor PH working with Husson and University of Maine on joint research projects.
- Bangor PH MEHLF work with University of Maine; Bangor PH host students for field training.

Weaknesses

- Limited amount of public health activity in research.

Opportunities

- Look at how we disseminate and share information; potential opportunities to partner with higher educational institutions in our region.
- There is some social media use to share information but more media could be used by more partners.

Key Findings
EPHS 10

[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?