

Program Information

Program Name: **District Health Improvement**

Healthy People 2030 Objective:

Increase the proportion of local jurisdictions that have a health improvement plan — PHI-05

Recipient Health Objective for this Program:

Maine's eight geographical Public Health Districts will improve the overall health of their residents in priority areas by December 31, 2025.

Details about Program Funding

1. **Amount of funding allocated to this program: \$433,935**
2. Amount of funding to populations disproportionately affected by the problem: **0**
3. Amount of funding to local agencies or organizations: **\$0**
4. Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? **Yes**
5. What was the funding role of the PHHS Block Grant for this program?
 - Supplement other existing funds**
6. What percentage of the funding for this program is PHHS Block Grant funding?
 - 10-49% - Partial source of funding**
7. (What existing funding source(s) will PHHS Block Grant funds supplement?
 - State or local funding**
 - Funding from NGO or non-profit organization**
8. Role of PHHS Block Grant Funds in Supporting this Program:
 - Maintain Existing Program (as is)**

Define the Problem this Program will Address

1. One-sentence summary of the problem this program will address:

Maine has limited local public health agencies, making coordination of local public health activities more challenging.
2. One-paragraph description of the problem this program will address:

Maine has eight geographical Public Health Districts and one population based Tribal Health District that bring together local organizations to improve the health of District residents. These organizations include health care providers, social service agencies, local and county governments, and community-based organizations. These District Coordinating Councils (DCCs) and stakeholders identify priority issues specific to the District and use a collective impact model to better address these issues. In 2020, previous District Public Health Improvement Plans (DPHIPs) expired, and due to COVID, planned system assessments, conducted using the National Public Health System Assessment were postponed.
3. How was the public health problem prioritized? **Select all that apply*
 - Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment)**
 - Legislature established as a priority**
4. Describe in one paragraph the key indicator(s) affected by this problem:

Number of Maine Public Health Districts who have updated, active District Public Health Improvement Plans adopted by the District Coordinating Council.

5. Baseline value of the key indicator described above: **0**
6. Data source for key indicator baseline: **District Coordinating Councils**
7. Date key indicator baseline data was last collected: **2021**

Program Strategy

1. One-sentence program goal:
Improve the health of Maine people through coordinated actions at the local level.
2. Is this program specifically addressing a Social Determinant of Health (SDOH)? **No**
3. One-paragraph summary of program strategy:
Maine CDC will convene District Coordinating Councils (DCCs) and interested parties to assess local public health systems, identify public health priorities, select strategies to address the priorities, and implement District Public Health Improvement Plans. Maine CDC will provide assessment and development assistance to all Public Health Districts. In Maine, the Tribal nations are sovereign nations and the Tribal nations choose to follow a similar or separate process for the Tribal Public Health District assessment and development of a DPHIP.
4. List of primary strategic partners:
DCCs include a wide variety of local advocates for public health, including, but not limited to: health care partners, municipal officials, emergency management agencies, Area Agencies on Aging, school personnel, Maine CDC employees, representatives of community-based organizations, social service agencies, university personnel, and interested members of the public.
5. Planned non-monetary support to local agencies or organizations:
 - Technical Assistance**
 - Other (please specify) staff support for the District Coordinating Councils**
6. One-paragraph summary of evaluation methodology:
New DPHIPs will be documented, along with the priorities chosen, and the level of local engagement in the DPHIPs. This will include active committee and council membership and completed activities. The successful implementation of the DPHIPs will be measured according to objectives established for each DPHIP.
7. Program Setting(s): **Select all that apply*
 - Community based organization**
 - Local health department**
 - State health department**
 - Other, please specify: Public Health Districts**

Positions Funded by PHHS Block Grant

1. Position Title: **Community Based Prevention Manager**
 - Staff Name in Position: **Andrew Finch**
 - Percent of staff member's time (funded with PHHS Block Grant dollars):
 - i. State-level: **100%**
 - ii. Total: **100%**
2. Total Positions in this program Funded by the PHHS Block Grant: **1**
3. Number of FTEs in this Program funded by the PHHS Block Grant: **1**

Target Population of Program

1. Target population data source (Include Date): **District Coordinating Council membership and interested parties lists, updated 2021**
2. Number of people served: **1231**
3. Ethnicity: **all**
4. Race: **all**
5. Age: **over 18**
6. Sexual Orientation: **all**
7. Gender Identity: **all**
8. Geography: **both rural and urban**
9. Location (e.g. close to a factory, specific zip code, county): **all areas of the State**
10. Occupation: **District Coordinating Council members, other public health, health care, social services professionals, and community members**
11. Educational Attainment: **all**
12. Health Insurance Status: **all**
13. Primarily Low Income: **no**
14. Are members of this target population disproportionately affected by the problem? **no**

Program Objective 1

1. Name of Program SMART Objective (this is the SMART Objective at the program level): **District Public Health Improvement Plan Development**
2. Program SMART Objective: **Between 10/2021 and 09/2022, District Coordinating Councils (DCCs) will develop 8 District Public Health Improvement Plans (DPHIPs).**
3. Describe in one paragraph the key health indicator(s) affected by this Problem: **Number of Maine Public Health Districts who have updated, active District Public Health Improvement Plans (DPHIPs) adopted by the DCC. Plans should reflect the current coordinated activities of the DCCs, with documented actions and progress over time.**
 - a. Baseline value for the key indicator described above: **0**
 - b. Data source for key indicator baseline: **District Coordinating Councils**
 - c. Date key indicator baseline data was last collected: **2021**

Intervention Information

1. One-sentence summary of intervention: **Maine's eight geographically based DCCs will each develop a District Public Health Improvement Plan (DPHIP) based on the most recent Maine Shared Community Health Needs Assessment and the Local Public Health System Assessment.**
2. One-paragraph description of intervention: **Maine's eight geographically based District Coordinating Councils (DCCs) will each develop a District Public Health Improvement Plan. DCC members, representing a diverse group of organizations and sectors within each sector, will select priorities, objectives and strategies based on information gathered in the most recent Maine Shared Community Health Needs Assessment (MSCHNA) and the Local Public Health System Assessment (LPHSA). The population-based Tribal Public health District will be offered the same guidance and support**

in the assessment process and development of a DPHIP. Because Maine's Tribal nations are sovereign nations, they may choose to participate or conduct a different process.

3. Is this an evidence-based intervention, or an innovative/promising practice? **Choose one*
 - Evidence-Based Intervention**
4. Evidence Source for Intervention: **Select all that apply*
 - Other (describe) PHAB standards**
5. Rationale for choosing the intervention:

Coordination across each public health district is essential for the effective and efficient use of public health resources. By having a Health Improvement Plan for the District, stakeholders can more effectively determine the best way to focus collaborative effort to address both infrastructure gaps and the most pressing public health problems in their communities.
6. Item to be Measured: **Completed District Health Improvement Plans adopted by the DCC.**
 - a. Unit of Measurement: **number**
 - b. Baseline value for the item to be measured: **0**
 - c. Data source for baseline value: **DCC reports to the State Coordinating Council for Public Health**
 - d. Date baseline was last collected: **6/1/2021**
 - e. Interim target value to be achieved by the Annual Progress Report (2/1/22): **0**
 - f. Final target value to be achieved by the Final Progress Report (9/30/22): **8**

Target Population of Objective 1

1. Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population?
 - a. **Same as the Program**
2. Are any members of this target population disproportionately affected by the Problem described above?
 - No**

Activities for Objective 1

1. Activity Title: **Local Public Health Systems Assessments**
 - 1.1. One-sentence summary of the Activity:

Each DCC will complete a Local Public Health System Assessment (LPHSA) for their District.
 - 1.2. One-paragraph description of the Activity:

Using the local instruments from the National Public Health Systems Assessment program, each DCC will recruit additional stakeholders for a series of 2-3 meetings to complete the LPHSAs that had begun prior to the COVID-19 public health emergency. Previously collected data will be updated to reflect changes made during and after the COVID-19 public health response.
 - 1.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 1.3.1. Does the data collection involve public health data? **No**
 - 1.4. Additional information about the activity:

PHHS BG support for this activity will be staffing support for the DCC's via a contract with Medical Care Development and direction and technical support from the Community-based Prevention Manager. Data collected during this activity is the knowledge and opinions of stakeholders about the capacity within each District to meet each of the 10 essential public

health services. This information is not personal health information and will be collected in public meetings. As such it is not restricted. Data collection is expected between 10/1/2021 and 3/31/2022.

2. Activity Title: **District Public Health Improvement Plans**
 - 2.1. One-sentence summary of the Activity:
Each DCC will complete a District Public Health System Improvement Plan (DPHIP).
 - 2.2. One-paragraph description of the Activity:
DDC members, representing a diverse group of organizations and sectors within each sector, will select priorities, objectives and strategies based on information gathered in the most recent Maine Shared Community Health Needs Assessment and the Local Public Health System Assessment.
 - 2.3. Does the activity include the collection, generation, or analysis of data? **No**
 - 2.4. Additional information about the activity:
PHHS BG support for this activity will be staffing support for the DCC's via a contract with Medical Care Development and direction and technical support from the Community-based Prevention Manager.

End of District Health Improvement Program

Program Information

Program Name: **Informatics**

Healthy People 2030 Objective:

Enhance the use and capabilities of informatics in public health — PHI-R06

Recipient Health Objective for this Program:

Maine CDC will increase its capacity to drive its public health mission via up-to-date informatics and epidemiology by December 31, 2025.

Details about Program Funding

1. **Amount of funding allocated to this program: \$409,109**
2. Amount of funding to populations disproportionately affected by the problem: **0**
3. Amount of funding to local agencies or organizations: **\$0**
4. Were PHHS Block Grant funds used to respond to an emerging need or outbreak as part of the program? **Yes**
5. What was the funding role of the PHHS Block Grant for this program?
 - Supplement other existing funds**
6. What percentage of the funding for this program is PHHS Block Grant funding?
 - 10-49% - Partial source of funding**
7. (If the answer to question 10 was “Total Source of Funding”, skip this question, if it was “Supplement other existing funds”, answer this question) What existing funding source(s) will PHHS Block Grant funds supplement?
 - Other federal funding (CDC);** please specify: Environmental Public Health Tracking Network, Epidemiology and Laboratory Capacity (ELC), Behavioral Risk Factor Surveillance System
8. Role of PHHS Block Grant Funds in Supporting this Program:
 - Enhance or expand the program**

Define the Problem this Program will Address

1. One-sentence summary of the problem this program will address:
Easy access to public health data for agency staff, leadership, stakeholders, partners, and the public is essential to the successful planning, implementation and evaluation of public health programs.
2. One-paragraph description of the problem this program will address:
Strong informatics capabilities improve the effectiveness and efficiency of Maine CDC’s programs. This capability is continuously assessed, and specific gaps in the collection, analysis and dissemination of data have been identified. Gaps include outdated data systems for program management, lack of linkages between operational information systems, cumbersome processes to access public health data, and limited resources for key data collection activities, such as population-based health surveys.
3. How was the public health problem prioritized? **Select all that apply*
 - Identified via surveillance systems or other data sources**
 - Other (please specify): Agency leadership and program staff identified as a priority**
4. Describe in one paragraph the key indicator(s) affected by this problem:

Number of internal and external tableau-based interactive dashboards active on the Maine CDC Tableau Servers.

5. Baseline value of the key indicator described above: 4 (**COVID, Opioids, PFAS, DDP tableau checker**)
6. Data source for key indicator baseline: **Maine CDC Tableau Server.**
7. Date key indicator baseline data was last collected: **2021**

Program Strategy

1. One-sentence program goal:
Maine CDC will increase internal and external access to data via improved informatics capacity.
2. Is this program specifically addressing a Social Determinant of Health (SDOH)? **No**
3. One-paragraph summary of program strategy:
Maine CDC will increase internal and external access to data. Strategies include enhancing public access to public health data via interactive dashboards, improving internal communication of performance data, integrating internal operational data, and maintaining high quality survey data at the state and county levels. Maine CDC will use staff resources as well as contracts with the University of Southern Maine for epidemiology support and with a vendor to be determined via RFP for Tableau support.
4. List of primary strategic partners:
Maine CDC program staff, Maine DHHS and OIT staff, contracted epi and Tableau support.
5. One-paragraph summary of evaluation methodology:
Maine CDC will measure the increased informatics capacity by the number of new tools launched, the timeliness of data updates to various interactive dashboards, documentation of data usage.
6. Program Setting(s): **Select all that apply*
 - State health department**

Positions Funded by PHHS Block Grant

1. Position Title: **Accreditation and Performance Improvement Manager**
 - 1.1. Staff Name in Position: **Nancy Birkhimer**
 - 1.2. Percent of staff member's time spent working in each area (funded with PHHS BG dollars):
 - 1.2.1.State-level: 40%
 - 1.2.2.Total: 40%
2. Position Title: **Performance Improvement Specialist**
 - 2.1. Staff Name in Position: **Melissa Thornton**
 - 2.2. Percent of staff member's time spent working in each area (funded with PHHS BG dollars):
 - 2.2.1.State-level: 50%
 - 2.2.2.Total: 50%
3. Total Positions in this program Funded by the PHHS Block Grant: 2
4. Number of FTEs in this Program funded by the PHHS Block Grant: 0.9

Target Population of Program

In the target population section, only answer the questions that apply to your overall target population of the Program. You will be able to specify your target population to each Program SMART Objective in the Objectives and Activities UIC.

1. Target population data source: **ASTHO 2020 State Health Agency Profile for Maine CDC**
2. Number of people served: 347
3. Location (e.g. close to a factory, specific zip code, county): Maine CDC offices
4. Occupation: State and contracted employees
5. Are members of this target population disproportionately affected by the problem? No

Program Objective 1

4. Name of Program SMART Objective (this is the SMART Objective at the program level):
Increasing informatics capacity
5. Program SMART Objective:
Between 10/2021 and 09/2022, Maine CDC will create, update or enhance 8 informatics tools.
6. Is the Problem for this Objective the same as the Problem for the program as a whole, or is it a subset of the larger problem?
The SMART Objective focuses on a subset of the larger problem
7. One-sentence summary of the problem this program will address:
Updated data applications create efficiencies and ensure effective use of agency resources.
8. One-paragraph description of the problem this program will address:
Public Health Informatics tools help to make data more accessible by automating processes and calculations and providing easy-to-use interfaces for staff at all levels of the agency. Because of the many different types of public health and operational data, too often these data are siloed: data for different public health programs are collected, stored and analyzed separately. Each data system needs to be maintained to ensure the integrity of the data. Integration of data systems assist in more efficient and effective use of the data.
9. Describe in one paragraph the key health indicator(s) affected by this Problem:
Informatics tools include up-to-date data systems, additional modules or functions for existing data systems, and new displays of public health data that can inform the public and help Maine CDC staff and leadership make resource and program decisions. In this case the indicator includes those systems that have been identified as a priority for creation, updating or enhancing, and does not include all tools that are in use.
10. Baseline value for the key indicator described above: **0**
11. Data source for key indicator baseline: **Maine CDC program reports and website.**
12. Date key indicator baseline data was last collected: **2021**

Intervention Information

1. One-sentence summary of intervention:
Maine CDC will create, update or enhance its data systems and displays.
2. One-paragraph description of intervention:
Maine CDC will focus on integration of two types of data systems: (1) An operations database that integrates personnel, contract, and grant data will be created, designed to also integrated financial, policy, and workforce development data. (2) Maine CDC's use of Tableau Server will be expanded to increase data sharing across the agencies while expanding access to various types of public health data for both partners and the public.
3. Is this an evidence-based intervention, or an innovative/promising practice? **Choose one*
 Innovative/Promising Practice
4. Rationale for choosing the intervention:

Return on Investment analyses and assessment by the Maine Office of Information Technology have framed the need for better integration of data via the interventions chosen.

5. Item to be Measured: **Data systems that need updating or enhancing.**
 - a. Unit of Measurement: **number**
 - b. Baseline value for the item to be measured: **0**
 - c. Data source for baseline value: **Information Technology assessment of relevant data sources, Maine CDC Tableau Server shared data.**
 - d. Date baseline was last collected: **6/1/2021**
 - e. Interim target value to be achieved by the Annual Progress Report (2/1/22): **0**
 - f. Final target value to be achieved by the Final Progress Report (9/30/22): **6**

Target Population of Objective 1

1. Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population?
 - a. **Same as the Program**
2. Are any members of this target population disproportionately affected by the Problem described above?
 - No

Activities for Objective 1

1. Activity Title: **Interactive Dashboard Development**
 - 1.1. One-sentence summary of the Activity:
Maine CDC will develop Interactive dashboards for internal and external use.
 - 1.2. One-paragraph description of the Activity:
Using an internal Tableau Server, Maine CDC program staff will develop and maintain internal dashboards that provide program staff and leadership with user-friendly displays of data that assist with program and agency decision-making. Using an external Tableau Server, Maine CDC will develop and embed in the Maine CDC website data that the public and external partners can use to support their health decisions and public health activities.
 - 1.3. Does the activity include the collection, generation, or analysis of data? **No**
 - 1.4. Additional information about the activity:
While this activity involved data, it does not involve the collection or analysis of new data, only its dissemination, which will follow Maine CDC's data release policies.
2. Activity Title: **Integrated Database for Maine CDC Operations**
 - 2.1. One-sentence summary of the Activity:
Maine CDC Operations will develop a single database to actively manage Maine CDC personnel, grants, contracts, and workforce development.
 - 2.2. One-paragraph description of the Activity:
While the State of Maine and DHHS does have a few management tools for managing core operational functions, there is limited integration with restricted detailed information. In collaboration with Maine Office of Information Technology, Maine CDC will develop a single database with role-based access that assists both program and leadership to manage the agency's operational activities.
 - 2.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 2.3.1. Does the data collection involve public health data? **No**

2.4. Additional information about the activity:

Data collected during this activity is operational data, and thus not public health data. All data, except for that pertaining to individual employees with restrictions governed by State of Maine personnel policies, is considered public. Data collection is on-going throughout the project period.

Program Objective 2

1. Name of Program SMART Objective (this is the SMART Objective at the program level): **Health Equity Data**
2. Program SMART Objective: **Between 10/2021 and 10/2022, Maine CDC will update and enhance available public health data for 12 populations with known health disparities or unique cultural differences, including recently arrived asylum seekers and refugees.**
3. Is the Problem for this Objective the same as the Problem for the program as a whole, or is it a subset of the larger problem? **The SMART Objective focuses on a subset of the larger problem**
4. One-sentence summary of the problem this program will address:
Comprehensive data will provide opportunities for health disparities to be effectively addressed.
5. One-paragraph description of the problem this program will address:
Informatics tools have limited utility in addressing health disparities unless the data in them is complete and reflects all populations that may experience disparities. Historically, Maine's surveillance systems have provided limited data on racial and ethnic minorities, immigrants, refugees, and asylum seekers, gay, lesbian, bisexual, and transgender individuals, the older adults (especially their cognitive health and caregiving burdens), rural versus urban residents, Tribal members, those who have had multiple adverse childhood experiences, people with substance use disorders, people with disabilities, and people who experience other disparate social determinants of health, such as lower incomes, educational attainment, and affordable access to health care. Some data limitations include analyzing populations with small numbers and disaggregating data by counties or sub-county geographies.
6. Describe in one paragraph the key health indicator(s) affected by this Problem:
The number of cultural and other groups experiencing health disparities within Maine who are included in our data collection systems and reports, as well as being meaningfully represented in the planning, collection, analysis and dissemination of this data.
7. Baseline value for the key indicator described above: **8**
8. Data source for key indicator baseline:
Maine Shared Community Health Needs Assessments (MSCHNA) data and reports, Behavioral Risk Factor Surveillance System (BRFSS), stakeholder feedback.
9. Date key indicator baseline data was last collected: **2019**

Intervention Information

6. One-sentence summary of intervention:
Maine CDC will maintain or enhance health equity data collections and analyses.
7. One-paragraph description of intervention:
Maine CDC will maintain or enhance health equity data collections and analyses. This will include working with MSCHNA partners, the newly formed Office of Population Health Equity, Community based representatives with lived experience and other public health partners to

seeks new data sources, improve or maintain existing data sources, conduct analyses and disseminate finding in collaboration with the above partners.

8. Is this an evidence-based intervention, or an innovative/promising practice? **Choose one*
 - Innovative/Promising Practice**
9. Rationale for choosing the intervention:

Data that is trusted by the populations it represents is essential to developing strong partnerships to address health disparities.
10. Item to be Measured: **Populations who are represented in public health data reports.**
 - a. Unit of Measurement: **number**
 - b. Baseline value for the item to be measured: **6**
 - c. Data source for baseline value: **MSCHNA website and reports.**
 - d. Date baseline was last collected: **2019**
 - e. Interim target value to be achieved by the Annual Progress Report (2/1/22): **9**
 - f. Final target value to be achieved by the Final Progress Report (9/30/22): **12**

Target Population of Objective 2

1. Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population?
 - a. **Same as the Program**
2. Are any members of this target population disproportionately affected by the Problem described above?
 - No

Activities for Objective 2

1. Activity Title: **Epidemiology support for Maine Shared Community Health Needs Assessment (MSCHNA)**
 - 1.1. One-sentence summary of the Activity:

Maine CDC staff and contracted epidemiologists will analyze data and update the MSCHNA Dashboard with the most recent available data.
 - 1.2. One-paragraph description of the Activity:

Quantitative data for the MSCHNA was analysed in 2021 and a dashboard on this data will be launched in August 2021. University of Southern Maine Epidemiologists and Maine CDC staff will update data on this dashboard as new datasets become available.
 - 1.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 1.3.1. Does the data collection involve public health data? **No**
 - 1.4. Additional information about the activity:

No data is collected during this activity. Data analyzed during this activity, including from internal and external data sources, such as vital records, hospitalizations, and cancer incidence, notifiable conditions, immunizations and health behavior survey data, is subject to Maine CDC's data release policies to prevent direct or indirect identification of personal information.
2. Activity Title: **Support for health equity data via the Maine Behavioral Risk Factor Surveillance System (BRFSS).**
 - 2.1. One-sentence summary of the Activity:

Maine CDC staff and contracted epidemiologists work with the Maine BRFSS coordinator to ensure that the BRFSS is inclusive of all populations.

- 2.2. One-paragraph description of the Activity:

Maine CDC staff and contracted epidemiologists work with the Maine BRFSS coordinator to ensure that the BRFSS is inclusive of all populations, including transgender individuals, and includes key questions that reflect sexual orientation and gender identity, social determinants of health such as violence, adverse childhood experiences, and older adult health issues.

- 2.3. Does the activity include the collection, generation, or analysis of data? **Yes**

2.3.1. Does the data collection involve public health data? **Yes**

- 2.4. Additional information about the activity:

BRFSS data collection occurs throughout the year. The individual survey responses are restricted, and some analyzed results are suppressed based on US CDC guidance. The Maine BRFSS has an existing data management plan.

Program Objective 3

1. Name of Program SMART Objective (this is the SMART Objective at the program level):
Increasing Epidemiology Capacity
2. Program SMART Objective: **Between 10/2021 and 09/2022, Maine CDC Accreditation and Performance Improvement team and USM contracted Epidemiologists will provide up to 0.5 FTE to maintain the agencies capacity to collect and analyze critical public health data.**
3. Is the Problem for this Objective the same as the Problem for the program as a whole, or is it a subset of the larger problem? **The SMART Objective focuses on a subset of the larger problem**
4. One-sentence summary of the problem this program will address:
Useful informatics tools must contain up-to-date and accurate data.
5. One-paragraph description of the problem this program will address:
Public Health Informatics tools help to make data more accessible by automating processes and calculations. To ensure that the data are presented accurately, public health program must have expertise of epidemiologists who can collect data accurately, analyze it using the field's best practices and interpret it. The role of epidemiologists ranges from infectious disease investigations to complex data analyses and data presentations to policy setting. At times, this work may require staff or contractors to be able to set aside specific projects and assist the Agency with their expertise on ad hoc projects.
6. Describe in one paragraph the key health indicator(s) affected by this Problem:
Maine CDC uses a combination of staff and contractors to fulfill its epidemiology capacity. Since contracts are mostly designed based on deliverables, it is also necessary to set aside time for needs that come up during the course of a year. This indicator is measured in FTE of staff time normally focused on other projects within Maine CDC who are asked to support general epidemiology support. F2021 was an unusual year, and we expect this indicator to go down from the baseline.
7. Baseline value for the key indicator described above: **1**
8. Data source for key indicator baseline: **Maine CDC timesheet task coding and USM contract reports**
9. Date key indicator baseline data was last collected: **2021**

Intervention Information

1. One-sentence summary of intervention:
2. One-paragraph description of intervention:
Maine CDC Accreditation and Performance Improvement staff with training in Epidemiology and USM contracted Epidemiologist will accept assignments to assist in maintain the capacity to respond to public health emergent and agency wide needs. This may include COVID-19 case investigations, special data analyses beyond the planned work, and collaboration on data policies and standardized practices.
3. Is this an evidence-based intervention, or an innovative/promising practice? **Choose one*
 Evidence-based Intervention
4. Evidence Source for Intervention: **Select all that apply*
 MMWR Recommendations and Reports.
5. Rationale for choosing the intervention:
Flexibility to respond to emerging needs and work across program areas is essential for a public health agency to be able to respond to new needs.
6. Item to be Measured: **assignments to address emerging needs.**
 - a. Unit of Measurement: **number**
 - b. Baseline value for the item to be measured: **1**
 - c. Data source for baseline value: **Maine CDC records for staff and contractor assignments.**
 - d. Date baseline was last collected: **6/1/2021**
 - e. Interim target value to be achieved by the Annual Progress Report (2/1/22): **0**
 - f. Final target value to be achieved by the Final Progress Report (9/30/22): **2 (note: examples may include: data release rule, data release SOP, COVID-19 assignments, other data analyses requests.)**

Target Population of Objective 3

1. Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population?
 - a. **Same as the Program**
2. Are any members of this target population disproportionately affected by the Problem described above?
 No

Activities for Objective 3

1. Activity Title: **Supplemental staffing for case investigations and contact tracing**
 - 1.1. One-sentence summary of the Activity:
Up to 1 FTE of Maine CDC staff and contract epidemiologists may assist with COVID-19 case investigations and contact tracing.
 - 1.2. One-paragraph description of the Activity:
Maine CDC will provide up to 1 FTE of Maine CDC staff and contract epidemiologists funded via the PHHS BG to supplement other COVID-19 specific funding to assist with case investigations and contact tracing. To the extent that funds have been available, Maine CDC has hired additional staff and funded reallocated personnel via COVID-related grants. However, at times, the need has exceeded available funding and staff. Therefore, staff

normally engaged in other PHS BG programs have been asked to dedicate some time to these activities, SUPPLEMENTING COVID funding.

- 1.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 1.3.1. Does the data collection involve public health data? **Yes**
- 1.4. Additional information about the activity:

Data collection during case investigations is ongoing. The data is managed by the Maine CDC Infectious Disease program. Individual level information is restricted, and data release is governed by Maine’s notifiable conditions rules and data release policy.
2. Activity Title: **Epidemiology assistance for Maine CDC leadership requests.**
 - 2.1. One-sentence summary of the Activity:

Maine CDC contracted Epidemiologists will respond to data requests from Maine CDC leadership.
 - 2.2. One-paragraph description of the Activity:

Maine CDC’s contract with the University of Southern Maine for Chronic Disease, Injury, and Maternal and Child Health Epidemiology includes specific deliverables by program area. However, at time, requests from Maine CDC leadership in response to emerging needs may require this expertise beyond fulfilling established deliverables.
 - 2.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 2.3.1. Does the data collection involve public health data? **No**
 - 2.4. Additional information about the activity:

No data is collected during this activity. Data analyzed during this activity, including from internal and external data sources, is subject to Maine CDC’s data release policies to prevent direct or indirect identification of personal information.
3. Activity Title: **Epidemiology assistance for Maine CDC-wide data initiatives**
 - 3.1. One-sentence summary of the Activity:

Maine CDC contracted Epidemiologists will participate in Maine CDC workgroups on data-related issues.
 - 3.2. One-paragraph description of the Activity:

Maine CDC utilizes the expertise of both staff and contractors to develop policies and procedure that are consistent across the agency, while adhering to various public health laws and being responsive to the needs of the agency and its public health partners. These policies need to be reviewed and refined on a regular basis. Examples may include the agency’s data release policy and standard operating procedures, posting data on Maine CDC’s website, and procedures to releasing data on interactive dashboards.
 - 3.3. Does the activity include the collection, generation, or analysis of data? **No**

End of Informatics Program

Program Information

Program Name: **Accreditation**

Healthy People 2030 Objective:

Increase the proportion of state public health agencies that are accredited — PHI-01

Recipient Health Objective for this Program:

Maine CDC will maintain accredited status with the Public Health Accreditation Board through December 31, 2025.

Details about Program Funding

1. **Amount of funding allocated to this program: \$468,859**
2. Amount of funding to populations disproportionately affected by the problem: 0
3. Amount of funding to local agencies or organizations: \$0
4. Were PHHS Block Grant funds used to respond to an emerging need or outbreak as part of the program? **No**
5. What was the funding role of the PHHS Block Grant for this program?
 - Supplement other existing funds**
6. What percentage of the funding for this program is PHHS Block Grant funding?
 - 25-49% - Partial source of funding**
7. What existing funding source(s) will PHHS Block Grant funds supplement?
 - State or local funding**
 - Other federal funding (CDC): please specify: National Initiative to Address COVID-19 Health Disparities**
8. Role of PHHS Block Grant Funds in Supporting this Program: **Choose one*
 - Enhance or expand the program**

Define the Problem this Program will Address

1. One-sentence summary of the problem this program will address:

Public health accreditation has been documented to promote high quality services and performance improvement in public health agencies.
2. One-paragraph description of the problem this program will address:

As the state public health agency, with only two local public health agencies in the state, Maine CDC carries the major responsibility of providing the ten essential public health services for the entire state. Demonstrating that the agency meets all Public Health Accreditation Board (PHAB) standards builds confidence and credibility for the agency. Accreditation emphasizes performance management, planning and quality improvement, healthy equity, and workforce development, all of which helps to assure that Maine CDC's programs are of the highest possible quality. Originally scheduled for June 2020, reaccreditation has been postponed due to COVID-19 and recent updates to PHAB's reaccreditation standards.
3. How was the public health problem prioritized? **Select all that apply*
 - Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment)**
 - Prioritized within a strategic plan**
 - Legislature established as a priority**
 - Other (please specify): Agency leadership and program staff identified as a priority**

4. Describe in one paragraph the key indicator(s) affected by this problem:
Number of Public Health Accreditation Board (PHAB) Standards that Maine CDC meets (baseline data includes those “fully demonstrated.”)
5. Baseline value of the key indicator described above: **67**
6. Data source for key indicator baseline: **PHAB site visit report**
7. Date key indicator baseline data was last collected: **2016**

Program Strategy

1. One-sentence program goal:
The Maine CDC will maintain its accredited status with the Public Health Accreditation Board.
2. Is this program specifically addressing a Social Determinant of Health (SDOH)? No
3. One-paragraph summary of program strategy:
The Maine CDC will form internal teams for each accreditation domain to collect and review documentation for each PHAB reaccreditation standard. The agency will continue its participation in the MSCHNA, work with the State Coordinating Council for Public Health to use the MSCHNA and the State Public Health Systems Assessment to renew the State Health Improvement Plan, support the creation of the Office of Population Health Equity, participate in the Public Health Workforce Interests and Needs Survey (PH WINS) and use this in the updating of a workforce development plan, and renew efforts in evidence-based quality improvement and performance management.
4. List of primary strategic partners:
Maine CDC staff, the State Coordinating Council for Public Health, Partners in the Maine Shared CHNA, Maine CDC’s Office of Population Health Equity
5. One-paragraph summary of evaluation methodology:
Maine CDC will self-assess its adherence to current PHAB standards, using an internal peer-review model.
6. Program Setting(s): **Select all that apply*
 - State health department**

Positions Funded by PHHS Block Grant

1. Position Title: **Accreditation and Workforce Development Coordinator**
 - 1.1. Staff Name in Position: **Erik Gordon**
 - 1.2. Percent of staff member’s time spent working in each area (funded with PHHS BG dollars):
 - 1.2.1.State-level: 100%
 - 1.2.2.Total: 100%
2. Position Title: **Accreditation and Performance Improvement Manager**
 - 2.1. Staff Name in Position: **Nancy Birkhimer**
 - 2.2. Percent of staff member’s time spent working in each area (funded with PHHS BG dollars):
 - 2.2.1.State-level: 40%
 - 2.2.2.Total: 40%
3. Position Title: **Performance Improvement Specialist**
 - 3.1. Staff Name in Position: **Melissa Thornton**
 - 3.2. Percent of staff member’s time spent working in each area (funded with PHHS BG dollars):
 - 3.2.1.State-level: 50%
 - 3.2.2.Total: 50%

4. Position Title: **Associate Director of Population Health Equity**
 - 4.1. Is this position vacant? Yes
 - 4.2. Describe the recruitment/hiring plan to fill the vacant position: **This position was posted the Maine DHHS job listings on April 4, 2021, and staff and stakeholders were encouraged share the posting. The recruitment period closed, and candidates are being evaluated and interviewed.**
 - 4.3. Percent of staff member's time spent working in each area (funded with PHHS BG dollars):
 - 4.3.1.State-level: 60%
 - 4.3.2.Total: 60%
5. Total Positions in this program Funded by the PHHS Block Grant: 4
6. Number of FTEs in this Program funded by the PHHS Block Grant: 2.5

Target Population of Program

1. Target population data source (Include Date): **ASTHO 2020 State Health Agency Profile for Maine CDC**
2. Number of people served: **347**
3. Location (e.g. close to a factory, specific zip code, county): **Maine CDC offices**
4. Occupation: **Maine CDC employees**
5. Are members of this target population disproportionately affected by the problem? **no**

Program Objective 1

1. Name of Program SMART Objective: **Accreditation Maintenance**
2. Program SMART Objective:
Between 10/2021 and 10/2022, Maine CDC will update documentation for 127 PHAB reaccreditation requirements.
3. Is the Problem for this Objective the same as the Problem for the program as a whole, or is it a subset of the larger problem? **The SMART Objective focuses on a subset of the larger problem**
4. One-sentence summary of the problem this program will address:
Since Maine CDC's original accreditation, PHAB standards have been updated.
5. One-paragraph description of the problem this program will address:
Maine CDC was grated accreditation under Version 1.0. PHAB standards have been updated twice since then. In addition, some examples used in the initial accreditation documentation have become outdated. Maine CDC will need to review the updated standards and requirements, identify more recent examples, and ensure our documentation continues to meet PHAB standards. Because the latest version of the reaccreditation standards is due to be released in 2022, Maine CDC is requesting permission to delay our process to use the most up-to-date set of standards.
6. Describe in one paragraph the key health indicator(s) affected by this Problem:
The number of PHAB measures fully documented and reviewed. The current version of the PHAB Reaccreditation Standards has 127 measures that will need to be documented. Since the new version is not yet final, this target may change.
7. Baseline value for the key indicator described above: **11**
8. Data source for key indicator baseline:
Maine CDC Accreditation files
9. Date key indicator baseline data was last collected: **2021**

Intervention Information

1. One-sentence summary of intervention:
Maine CDC's Accreditation Coordinator and Domain Teams will review and update all accreditation standards.
2. One-paragraph description of intervention:
Maine CDC's Accreditation Coordinator will reconvene Domain Teams. Each team will review the latest standards, identify gaps, collect new documentation where needed, and submit for peer review.
3. Is this an evidence-based intervention, or an innovative/promising practice? **Choose one*
 Evidence-Based Intervention
4. Evidence Source for Intervention: **Select all that apply*
 Other (describe) PHAB standards
5. Rationale for choosing the intervention:
Demonstrating that the agency meets all Public Health Accreditation Board (PHAB) standards builds confidence and credibility for the agency.
6. Item to be Measured: **Number of PHAB measures with complete documentation.**
 - a. Unit of Measurement: **number**
 - b. Baseline value for the item to be measured: **11**
 - c. Data source for baseline value: **Maine CDC Accreditation files.**
 - d. Date baseline was last collected: **2021**
 - e. Interim target value to be achieved by the Annual Progress Report (2/1/22): **20**
 - f. Final target value to be achieved by the Final Progress Report (9/30/22): **127**

Target Population of Objective 1

1. Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population?
a. **Same as the Program**
2. Are any members of this target population disproportionately affected by the Problem described above?
 No

Activities Objective 1

1. Activity Title: **Reaccreditation Documentation**
 - 1.1. One-sentence summary of the Activity:
Domain teams will identify documents and examples and write narrative descriptions according to the PHAB reaccreditation requirements.
 - 1.2. One-paragraph description of the Activity:
Domain teams will identify existing documents and examples. Gaps will be identified, and new documentation will be sought as needed. Domain Team members will write narrative descriptions according to the PHAB reaccreditation requirements.
 - 1.3. Does the activity include the collection, generation, or analysis of data? **No**
 - 1.3.1. Does the data collection involve public health data? **No**
2. Activity Title: **State Health Assessment (SHA)**
 - 2.1. One-sentence summary of the Activity:

Maine CDC will work with the Maine Shared Community Health Assessment (MSCHNA) partners to engage stakeholders throughout the state in community dialogues about health priorities, assets and resource gaps.

- 2.2. One-paragraph description of the Activity:
The Maine Shared CHNA will have health profiles completed by September 30 and will hold forums in all counties, community events for several populations who experience health disparities, and a verbal survey for people who do not speak English as a first language. This data will be combined with our quantitative data for final MSCHNA reports. This serves as Maine's SHA.
- 2.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 2.3.1. Does the data collection involve public health data? **Yes**
- 2.4. Additional information about the activity:
Data will be collected between 10/1/2021 and 12/31/2021. Most data will consist of opinions about community health priorities, resources, assets and gaps. There will be unrestricted public access to this data. Any personal health data collected will be subject to Maine CDC's data release policies to prevent direct or indirect identification of personal information.
3. Activity Title: **State Health Improvement Plan (SHIP)**
 - 3.1. One-sentence summary of the Activity:
Maine CDC will work with stakeholders, including the State Coordinating Council for Public Health (SCC) to create a new SHIP.
 - 3.2. One-paragraph description of the Activity:
Using the results of the State Public Health Systems Assessment and the MSCHNA, the Maine CDC and SCC members will establish priorities for the SHIP. Strategies to make this document more than a reporting mechanism will be implemented.
 - 3.3. Does the activity include the collection, generation, or analysis of data? **No**
 - 3.3.1. Does the data collection involve public health data? **No**

Program Objective 2

1. Name of Program SMART Objective: **Performance Management and Quality Improvement**
2. Program SMART Objective:
Between 10/2021 and 10/2022, Maine CDC will update its Performance Management System with new measures and data.
3. Is the Problem for this Objective the same as the Problem for the program as a whole, or is it a subset of the larger problem? **The SMART Objective focuses on a subset of the larger problem**
4. One-sentence summary of the problem this program will address:
Over time, Maine CDC's Performance Management System has evolved, but needs to be updated.
5. One-paragraph description of the problem this program will address:
Since Maine CDC's original accreditation, leadership changes have resulted in changes in expectations for Maine CDC's Performance Management System. In addition, during COVID-19 public health emergency, many Maine CDC staff were redeployed, and not able to maintain the attention to this system. As Maine CDC returns to normal operations, new goals and expectations for this system will need to be established.
6. Describe in one paragraph the key health indicator(s) affected by this Problem:

The number of actively monitored performance measures. This means that the data will be updated regularly and reviewed by program staff and leadership, and that quality improvement projects will be developed if progress does not meet established performance targets.

7. Baseline value for the key indicator described above: **0**
8. Data source for key indicator baseline: **Maine CDC performance management system**
9. Date key indicator baseline data was last collected: **2021**

Intervention Information

1. One-sentence summary of intervention:
Maine CDC's Accreditation Team will work with leadership and program staff to re-establish a Performance Management System.
2. One-paragraph description of intervention:
Leadership will be engaged to develop a methodology. Program staff will identify performance measures with existing data or identify new data sources for measuring critical functions. The Performance Improvement Specialist will develop interactive dashboards to display the data for programs and leadership. All staff at Maine CDC will review measures relevant to them and engage in quality improvement activities when indicated by the level of progress.
3. Is this an evidence-based intervention, or an innovative/promising practice? **Choose one*
 - Evidence-Based Intervention**
4. Evidence Source for Intervention: **Select all that apply*
 - Other (describe) PHAB standards**
5. Rationale for choosing the intervention:
Performance measures hold programs accountable, communicate progress to leadership and identify areas for improvement.
6. Item to be Measured: **Performance measures in Maine CDC's Performance Management System.**
 - a. Unit of Measurement: **number**
 - b. Baseline value for the item to be measured: **1**
 - c. Data source for baseline value: **Maine CDC Performance Management System.**
 - d. Date baseline was last collected: **2021**
 - e. Interim target value to be achieved by the Annual Progress Report (2/1/22): **4**
 - f. Final target value to be achieved by the Final Progress Report (9/30/22): **12**

Target Population of Objective 2

3. Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population?
 - a. **Same as the Program**
4. Are any members of this target population disproportionately affected by the Problem described above?
 - No

Activities Objective 2

1. Activity Title: **Performance Measure Establishment**
 - 1.1. One-sentence summary of the Activity:

Maine CDC program staff will define performance measures that are actionable and timely.

- 1.2. One-paragraph description of the Activity:

Maine CDC Accreditation and Performance Improvement (API) team will engage leadership in planning for new performance measures. Once standards and expectations are set, the API Team will assist program staff in defining performance measures that are actionable and timely. The measure will be documented with a definition, data source, frequency and Maine CDC actions that will impact the measure.
- 1.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 1.3.1. Does the data collection involve public health data? **No**
- 1.4. Additional information about the activity:

Data collected during this activity is operational program data, and thus not public health data. All data is considered public. Data collection is on-going throughout the project period. Some outcome data may be analyzed (not collected). This data will be released according to Maine CDC's data release policies to prevent direct or indirect identification of personal information.
2. Activity Title: **Performance Dashboard**
 - 2.1. One-sentence summary of the Activity:

Update data display for all performance measures based on the established frequency of each measure.
 - 2.2. One-paragraph description of the Activity:

Create displays of agency performance measures for various audiences and purposes (e.g. Commissioner, Maine CDC Director, Division Directors, Program Managers, Public Reporting). Update data on all performance measures monthly, quarterly, or annually based on the established frequency of each measure.
 - 2.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 2.3.1. Does the data collection involve public health data? **No**
 - 2.4. Additional information about the activity:

Data collected during this activity is operational program data, and thus not public health data. All data is considered public. Data collection is on-going throughout the project period. Some outcome data may be analyzed (not collected). This data will be released according to Maine CDC's data release policies to prevent direct or indirect identification of personal information.
3. Activity Title: **Quality Improvement (QI) Plan**
 - 3.1. One-sentence summary of the Activity:

The Maine CDC Accreditation Coordinator will engage with the QI team on a monthly basis to implement and update as needed the QI plan.
 - 3.2. One-paragraph description of the Activity:

The QI team will use information from the Maine CDC Strategic Plan and input from leadership and program staff to update Maine CDC's QI Plan.
 - 3.3. Does the activity include the collection, generation, or analysis of data? **No**
 - 3.3.1. Does the data collection involve public health data? **No**
4. Activity Title: **Quality Improvement Projects**
 - 4.1. One-sentence summary of the Activity:

Maine CDC staff will complete QI projects to address established performance measures.

- 4.2. One-paragraph description of the Activity:

Maine CDC programs will identify areas of improvement via performance measures and/or program planning. The API Team will facilitate the use of quality improvement best practices to conduct Plan, Do, Study, Act (PDSA) cycles.

- 4.3. Does the activity include the collection, generation, or analysis of data? **Yes**

4.3.1. Does the data collection involve public health data? **No**

- 4.4. Additional information about the activity:

Data collected during this activity is operational program data, and thus not public health data. All data is considered public. Data collection is on-going throughout the project period. Some outcome data may be analyzed (not collected). This data will be released according to Maine CDC's data release policies to prevent direct or indirect identification of personal information.

Program Objective 3

1. Name of Program SMART Objective: **Workforce Development**
2. Program SMART Objective:
Between 10/2021 and 10/2022, Maine CDC will provide create and implement 1 new workforce development plan.
3. Is the Problem for this Objective the same as the Problem for the program as a whole, or is it a subset of the larger problem? **The SMART Objective focuses on a subset of the larger problem.**
4. One-sentence summary of the problem this program will address:
Over time, Maine CDC's workforce has changed, and its workforce development plan as become outdated.
5. One-paragraph description of the problem this program will address:
In the past year, Maine CDC staff changes have resulted in many new staff who on-boarded during the pandemic. Orientation and training were highly focused on critical job functions. Workforce development best practice is to look at all staff training needs and future development. A Workforce Development Plan that assists with maximizing staff accomplishments and provides for future growth opportunities will assist with job satisfaction and retention as well.
6. Describe in one paragraph the key health indicator(s) affected by this Problem:
The number of staff supported with workforce development activities. This may include assisting programs to identify workforce development needs, facilitating access to external training, providing in-house training, or supporting staff in the development of their training tools.
7. Baseline value for the key indicator described above: **0**
8. Data source for key indicator baseline:
Maine Accreditation and Workforce Coordinator's records (new data collection tool to be developed)
9. Date key indicator baseline data was last collected: **2021**

Intervention Information

1. One-sentence summary of intervention:
Maine CDC's Accreditation and Workforce Development Coordinator will assess Maine CDC workforce development needs and assist staff in meeting those needs.

2. One-paragraph description of intervention:
Maine CDC's Accreditation and Workforce Development Coordinator will facilitate Maine CDC's involvement in the Public Health Workforce Interests and Needs Survey (PH WINS), use this and pre-existing assessment information, meet with Maine CDC leadership and managers to discuss priority needs and create an agency-wide Workforce Development Plan, and implement that plan by facilitate connections to external training and providing internal training on key topics such as quality improvement.
3. Is this an evidence-based intervention, or an innovative/promising practice? **Choose one*
 Evidence-Based Intervention
4. Evidence Source for Intervention: **Select all that apply*
 Other (describe) PHAB standards
5. Rationale for choosing the intervention:
Ensuring workforce development opportunities are maximized increases staff effectiveness and assists with staff retention.
6. Item to be Measured: **Workforce Development needs met with assistance from the Accreditation and Performance Improvement Team.**
 - a. Unit of Measurement: **number**
 - b. Baseline value for the item to be measured: **0**
 - c. Data source for baseline value: **Maine CDC Accreditation and Performance Improvement Team files**
 - d. Date baseline was last collected: **2021**
 - e. Interim target value to be achieved by the Annual Progress Report (2/1/22): **33**
 - f. Final target value to be achieved by the Final Progress Report (9/30/22): **100**

Target Population of Objective 3

1. Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population?
a. Same as the Program
2. Are any members of this target population disproportionately affected by the Problem described above?
 No

Activities Objective 3

1. Activity Title: **Workforce Needs Assessment**
 - 1.1. One-sentence summary of the Activity:
Maine CDC's Accreditation and Workforce Development Coordinator will facilitate Maine CDC's involvement in the Public Health Workforce Interests and Needs Survey (PH WINS).
 - 1.2. One-paragraph description of the Activity:
The de Beaumont Foundation is once again implementing a national survey of public health staff. Maine CDC staff will be encouraged to participate so that the survey can inform our workforce development planning.
 - 1.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 1.3.1. Does the data collection involve public health data? **No**
 - 1.4. Additional information about the activity:

Data collected during this activity is for an internal needs assessment and thus not public health data. Data collection is anticipated to be complete by 12/31/2021. Maine CDC will only receive a de-identified summary of the data collected by de Beaumont.

2. Activity Title: **Workforce Development Planning**
 - 2.1. One-sentence summary of the Activity:
The Accreditation and Workforce Development Coordinator will update Maine CDC's Workforce Development Plan that meets management and staff needs.
 - 2.2. One-paragraph description of the Activity:
Maine CDC's Accreditation and Workforce Development Coordinator will meet with Maine CDC leadership to discuss goals and strategic direction for this plan. He will also meet with Maine CDC's programs to better understanding needs and gaps in staff training. This information will be used to develop the plan, which will then be reviewed and potentially revised by Maine CDC managers prior to full implementation.
 - 2.2.1. Does the activity include the collection, generation, or analysis of data? **No**
3. Activity Title: **Digital Library**
 - 3.1. One-sentence summary of the Activity:
Maine CDC will subscribe to the National Public Health Digital Library.
 - 3.2. One-paragraph description of the Activity:
The National Public Health Digital Library provides economical access for all Maine CDC staff to the latest research and evidence-based practices via public health related journals and publications. Maine CDC purchases a subscription to the library to reduce the need for individual subscriptions and to augment what is available through the Maine State Library system.
 - 3.3. Does the activity include the collection, generation, or analysis of data? **No**
4. Activity Title: **Staff Training**
 - 4.1. One-sentence summary of the Activity:
Maine CDC will offer in-house training or partner with other organizations to offer Maine-based virtual trainings.
 - 4.2. One-paragraph description of the Activity:
Based on identified gaps in public health competencies, internal training opportunities will be developed. DHHS Staff Education and Training Unit (SETU) resources will also be promoted. When internal expertise is not available, Maine CDC will partner with external subject matter experts. Anticipated training opportunities include advanced MS Office functions, Tableau, plain language and numerical literacy health equity, social determinants of health, and implicit bias, performance measurement, quality improvement, contract management, and finances in state government.
 - 4.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 4.3.1. Does the data collection involve public health data? **No**
 - 4.4. Additional information about the activity:
Data collected during this activity is operational training data, and thus not public health data. All data is considered public. Individual level data will be anonymous, except for attendance records. Data collection is on-going throughout the project period.
5. Activity Title: **Internships**
 - 5.1. One-sentence summary of the Activity:

Maine CDC will host interns and practicum students.

5.2. One-paragraph description of the Activity:

Graduate and under-graduate programs at Maine's higher education institutional are often looking for opportunities for students to get hands on experience in public health. Maine CDC program may also recruit interns and fellows from national sponsored programs. Nursing programs regularly place students with our Public Health Nursing program.

5.3. Does the activity include the collection, generation, or analysis of data? **No**

Program Objective 4

1. Name of Program SMART Objective: **Health Equity**

2. Program SMART Objective:

Between 9/2021 and 10/2022, Maine CDC will promote health equity via 1 newly established Office of Population Health Equity (OPHE).

3. Is the Problem for this Objective the same as the Problem for the program as a whole, or is it a subset of the larger problem? **The SMART Objective focuses on a subset of the larger problem**

4. One-sentence summary of the problem this program will address:

Maine CDC cannot meet its goals without addressing health equity.

5. One-paragraph description of the problem this program will address:

Public health goals cannot be met without addressing the unique needs and concerns of populations that experience health disparities due to social determinants of health, and cultural or other barriers to health. Maine CDC recently created an Office Population Health Equity (OPHE) to focus on these issues. It is still in the development phase with recruitment of a Director and other staff still ongoing. PHAB standards have been updated and now include a greater focus on Health Equity, which will also help direct the new Office's activities. In addition, disparities in the effect of COVID-19 on some populations in Maine have highlighted a need for greater engagement with stakeholders with lived experience of health disparities. Finally, a dedicated OPHE communicates to stakeholders and the public a commitment to achieving health equity.

6. Describe in one paragraph the key health indicator(s) affected by this Problem:

The key indicator for this problem is the establishment of an organizational unit with a focus on health equity. Because the establishment of this office is still in early stages, other measures of progress have yet to be established.

7. Baseline value for the key indicator described above: **0**

8. Data source for key indicator baseline: **Maine CDC's organizational chart**

9. Date key indicator baseline data was last collected: **2020**

Intervention Information

1. One-sentence summary of intervention:

Maine CDC will establish an Office of Population Health Equity (OPHE).

2. One-paragraph description of intervention:

Maine CDC's OPHE will identify additional resources and provide new services, improve data and reporting, expand community capacity to advance health equity. Resources are needed to increase services that are informed and directed by those with lived experiences. Improve data and reporting, including better data collection and analysis to increase the understanding

of existing health disparities, as well as better reporting of existing data to increase awareness of health disparities. Many community-based organizations that serve populations with health disparities are small and have limited resources. Infrastructure that supports community-led interventions is essential in delivering the right services in the right ways.

3. Is this an evidence-based intervention, or an innovative/promising practice? **Choose one*
 - Innovative/Promising Practice
4. Rationale for choosing the intervention:

Poor data on health disparities reduces Maine's ability to accurately identified needs and solutions. In addition, health equity is directly related to discrimination and oppression, both current and historical. It cannot be achieved without the involvement of those who have experienced inequities.
5. Item to be Measured: **Office of Population Health Equity**
 - a. Unit of Measurement: **number**
 - b. Baseline value for the item to be measured: **0**
 - c. Data source for baseline value: **Maine CDC Organizational Chart**
 - d. Date baseline was last collected: **2020**
 - e. Interim target value to be achieved by the Annual Progress Report (2/1/22): **1**
 - f. Final target value to be achieved by the Final Progress Report (9/30/22): **1**

Target Population of Objective 4

1. Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population?
 - a. **Same as the Program**
2. Are any members of this target population disproportionately affected by the Problem described above?
 - a. No

Activities Objective 4

1. Activity Title: **Health Equity Advisory Groups**
 - 1.1. One-sentence summary of the Activity:

Maine's OPHE will establish health equity advisory groups, including an evaluation process to obtain input/feedback from Black, Indigenous, and People of Color (BIPOC) providers and organizations.
 - 1.2. One-paragraph description of the Activity:

State and local health equity groups will be established to create ongoing community engagement. This engagement would be used to obtain community knowledge, support greater public health activities with a focus on health equity, and improve state systems.
 - 1.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 1.3.1. Does the data collection involve public health data? **No**
 - 1.4. Additional information about the activity:

PHHS BG support for this activity will be the direction and technical support from the Associate Director of the Office of Population Health Equity. Data collected during this activity is the knowledge and opinions of health equity advisors about the health concerns and needs within their communities. This information is not personal health information and will be collected in public meetings. Data collection will occur throughout the project period.

2. Activity Title: **Improved Data Collection**

2.1. One-sentence summary of the Activity:

The OPHE will engage community stakeholders in determining desired approaches to gather data on ethnicity, sexual orientation, gender identity, and other indicators of demographics that we have not historically collected.

2.2. One-paragraph description of the Activity:

Involvement of community members is needed to ensure that efforts to improve data collection address the concerns and needs of these communities and are therefore accepted. DHHS offices, District Coordinating Councils and other public health stakeholders would be encouraged to participate in improving health data systems and to use data collected to inform public health activities. May encompass work with partners to develop and implement training for staff and providers on best practices for data collection and reporting (especially around demographic questions).

2.3. Does the activity include the collection, generation, or analysis of data? **Yes**

2.3.1. Does the data collection involve public health data? **Yes**

2.4. Additional information about the activity:

PHHS BG support for this activity will be the direction and technical support from the Associate Director of the Office of Population Health Equity. Initial data collected during this activity is the knowledge and opinions of stakeholders about the health concerns and needs within their communities. This information is not personal health information and will be collected in public meetings. Results from this data collection may result in changes to other data collected by Maine CDC, Maine DHHS and their partners. Any personal health data collected will be subject the rules and regulations of the entity collecting the data, including HIPAA where applicable. The release of data shared with Maine CDC will be subject to data sharing agrees and Maine CDC's data release policies to prevent direct or indirect identification of personal information. Data collection will occur throughout the project period.

3. Activity Title: **Improved Data Interpretation and Reporting**

3.1. One-sentence summary of the Activity:

The OPHE will engage community stakeholders in determining desired approaches to data interpretation and reporting.

3.2. One-paragraph description of the Activity:

In collaboration with DHHS offices, the OPHE will increase reporting on health disparities, increasing public awareness, especially those related to race/ethnicity and aging, to optimize disease prevention. This activity may include the creation of an equity dashboard with community-developed metrics across different offices.

3.3. Does the activity include the collection, generation, or analysis of data? **Yes**

3.3.1. Does the data collection involve public health data? **Yes**

3.4. Additional information about the activity:

PHHS BG support for this activity will be the direction and technical support from the Associate Director of the Office of Population Health Equity. No data will be collected. Data analyzed during this activity, including from internal and external data sources, such as vital records, hospitalizations, and cancer incidence, notifiable conditions,

immunizations and health behavior survey data, is subject to Maine CDC's data release policies to prevent direct or indirect identification of personal information.

4. Activity Title: **Community-led and Developed Needs Assessments**
 - 4.1. One-sentence summary of the Activity:
Maine OPHE will contract Community-based organizations (CBOs) among targeted communities to conduct community-led and developed needs assessments.
 - 4.2. One-paragraph description of the Activity:
CBOs will develop and propose their own design for assessments, with technical assistance provided by an organization with existing experience in community-led needs assessments. Assessments will inform future equity projects in the Department and may cover COVID-19 impact, public health outreach, social service accessibility, and social determinants of health. These assessments will be done in a variety of underserved communities, including but not limited to minority communities, LGBTQIA communities, immigrant communities, rural communities, single mothers/women, and individuals with serious and persistent mental illnesses and substance use disorders. Assessments will also evaluate state and local capacity to serve these populations.
 - 4.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 4.3.1. Does the data collection involve public health data? **Yes**
 - 4.4. Additional information about the activity:
PHHS BG support for this activity will be the direction and technical support from the Associate Director of the Office of Population Health Equity. Release of data collected and analyzed during this activity, including from internal and external data sources, will be determined jointly by the CBOs and Maine CDC to ensure that personal information is not released and that community members shared ownership of the data.
5. Activity Title: **Inclusive Public Health Workforce Development**
 - 5.1. . One-sentence summary of the Activity:
OPHE will work with CBOs to build and expand public health workforce to be more inclusive.
 - 5.2. One-paragraph description of the Activity:
OPHE will develop and provide resources and training to CBOs on healthcare disparities, epidemiology concepts, and other aspects of healthcare systems and design. This activity aims to encompass: (1) field epidemiology training modules to potentially upgrade the epidemiological and epidemic response capacity of regional partners and agencies and (2) provide public health education opportunities for community-based organizations who serve individuals who experience poorer health outcomes. Through the staff development in CBOs, the public health work force will be expanded to be inclusive of people from diverse communities.
 - 5.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 5.3.1. Does the data collection involve public health data? **No**
 - 5.4. Additional information about the activity:
PHHS BG support for this activity will be the direction and technical support from the Associate Director of the Office of Population Health Equity. Data collected and analyzed during this activity will be for program evaluation. Its release will be determined jointly

by the CBOs and Maine CDC to ensure that personal information is not released and that community members shared ownership of the data.

End of Accreditation Program

Program Information

Program Name: **Sexual Violence Response**

Healthy People 2030 Objective:

Reduce contact sexual violence — IVP-D05

Recipient Health Objective for this Program:

Maine DHHS will reduce sexual violence and support sexual violence survivors by December 31, 2025.

Details about Program Funding

1. Amount of funding to populations disproportionately affected by the problem: \$29,701
2. Amount of funding to local agencies or organizations: \$29,701
3. Type of supported local agency/organization: **Choose one*
 - Local Organization**
4. Were PHHS Block Grant funds used to respond to an emerging need or outbreak as part of the program? **No**
5. What was the funding role of the PHHS Block Grant for this program?
 - Supplement other existing funds**
6. What percentage of the funding for this program is PHHS Block Grant funding?
 - Less than 10% - Minimal source of funding**
7. What existing funding source(s) will PHHS Block Grant funds supplement?
 - State or local funding**
 - Other federal funding (CDC); please specify Rape Prevention and Education**
 - Other federal funding (non-CDC)**
8. Role of PHHS Block Grant Funds in Supporting this Program: **Choose one*
 - Maintain existing program (as is)**

Define the Problem this Program will Address

1. One-sentence summary of the problem this program will address:
Sexual violence continues to be a significant health and safety issue for women in the Western Public Health District of Maine.
2. One-paragraph description of the problem this program will address:
The Western Public Health District of Maine is comprised of Androscoggin, Franklin and Oxford Counties. Franklin and Oxford Counties are primarily rural, while Androscoggin has the second largest community of immigrants in the state. Both rural residents and immigrants have known health disparities and challenges accessing services, including services related to sexual assault and the prevention of sexual violence. In all three counties, a slightly greater proportion of women report experiencing non-consensual sex that women in all of Maine. While the key indicator focuses on the primary population (women) who experience rape, the target population is wider, since it is essential that prevention starts early and includes both males and females.
3. How was the public health problem prioritized? **Select all that apply*
 - Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)**
 - Other (please specify): _PHHS BG Requirement**

4. Describe in one paragraph the key indicator(s) affected by this problem:
Rape is under-reported in public safety statistics. The Behavioral Risk Factor Surveillance System (BRFSS) provides an alternative confidential reporting mechanism. Maine BRFSS has included questions on unwanted sexual contact every other year since 2012 and yearly since 2016. The most recent data available is 2017. The specific indicator that will be used is women who have experience rape or non-consensual sex in their lifetime.
5. Baseline value of the key indicator described above: **18.3% (Western District data)**
6. Data source for key indicator baseline: **Maine BRFSS**
7. Date key indicator baseline data was last collected: **2017**

Program Strategy

1. One-sentence program goal:
Reduce sexual violence and its negative consequences via prevention education and support for sexual assault victims.
2. Is this program specifically addressing a Social Determinant of Health (SDOH)? **Yes**
3. Which SDOH are you addressing with this program? **Select all that apply*
 - Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)**
4. One-paragraph summary of program strategy:
Maine CDC collaborates with the Maine DHHS Office of Child and Family Services (OCFS) to contract with the Maine Coalition Against Sexual Assault (MeCASA) for rape prevention education and sexual assault response services. While MeCASA works with community partners across the state, PHHS BG funds are allocated to Sexual Assault Prevention & Response Services (SAPARS), which serves the western Public Health District of Maine. SAPARS provides services to victims of sexual assault and partners with school districts across the Public Health District to provide prevention education.
5. List of primary strategic partners:
Maine DHHS Office of Child and Family Services, Maine Coalition Against Sexual Assault (MeCASA), Sexual Assault Prevention & Response Services (SAPARS), schools in Androscoggin, Franklin and Oxford Counties.
6. One-paragraph summary of evaluation methodology:
SAPARS tracks the number of students served and requests that students complete a self-assessment of increased knowledge skills and confidence after educational sessions. SAPARS also tracks the number of sexual assault victims they support, and the types of support provided (crisis calls, safety planning, support groups, accompanying victims to health care visits and legal proceedings).
7. Program Setting(s): **Select all that apply*
 - Community based organization**
 - Rape crisis center**
 - Schools or school district**

Positions Funded by PHHS Block Grant

1. Are there any positions funded by the PHHS Block Grant? **No**

Target Population of Program

1. Target population data source (Include Date): **US Census population estimates July 1, 2019**

2. Number of people served: 196,451 (all people in the Western District)
3. Ethnicity: all
4. Race: *all*
5. Age: *all*
6. Sexual Orientation: *all*
7. Gender Identity: *all*
8. Geography: **Choose one*
 - Both**
9. Location (e.g. close to a factory, specific zip code, county): The Counties of Androscoggin, Franklin, and Oxford Counties, which make up the Western Public Health District.
10. Occupation: all
11. Educational Attainment: *all*
12. Health Insurance Status: *all*
13. Primarily Low Income: No
14. Are members of this target population disproportionately affected by the problem? Yes
15. Is the entire target population disproportionately affected by the problem, or only part?
 - Part
16. Target population data source (Include Date): US Census population estimates July 1, 2019
17. Number of people served: 99,927
18. Ethnicity: all
19. Race: *all*
20. Age: *all*
 -
21. Sexual Orientation: *all*
22. Gender Identity: *female*
23. Geography: **Choose one*
 - Both**
24. Location (e.g. close to a factory, specific zip code, county): The Counties of Androscoggin, Franklin, and Oxford Counties, which make up the Western Public Health District.
25. Occupation: all
26. Educational Attainment: *all*
27. Health Insurance Status: *all*
28. Primarily Low Income: No

Program Objective 1

1. Name of Program SMART Objective: **Sexual Violence Prevention**
2. Program SMART Objective: **Between 10/2021 and 9/2022, Sexual Assault Prevention & Response Services staff will provide educational sessions to 5,000 students in K-12 in schools within Androscoggin, Franklin and Oxford Counties.**
3. Is the Problem for this Objective the same as the Problem for the program as a whole, or is it a subset of the larger problem? **The SMART Objective focuses on a subset of the larger problem**
4. One-sentence summary of the problem this program will address:
Addressing sexual violence with school-aged children using evidence-based prevention principles is reducing sexual violence.
5. One-paragraph description of the problem this program will address:

Sexual violence, including sexual harassment, sexual assault, sex trafficking, and sexual exploitation is a persistent problem. Addressing sexual violence with school-aged children using evidence-based prevention principles is critical to reducing this in our society. Awareness, skills towards building healthy relationships, protecting themselves, and safely intervening when witnessing sexual violence all need to be taught to all children and youth in age-appropriate curricula.

6. Describe in one paragraph the key health indicator(s) affected by this Problem:
Students who receive sexual assault prevention educations from SAPARS. While girls, women and transgender individuals are more likely to be victims of sexual assault, all students can be affected by sexual violence. Therefore, best practice in sexual assault prevention is to provide information and healthy relationship skills to all students.
7. Baseline value for the key indicator described above: **4,500**
8. Data source for key indicator baseline: MECASA database
9. Date key indicator baseline data was last collected: **10/1/2020 – 5/31/2021**

Intervention Information

1. One-sentence summary of intervention:
Sexual Assault Prevention & Response Services staff will provide educational sessions students in K-12 in schools within Androscoggin, Franklin and Oxford Counties.
2. One-paragraph description of intervention:
Maine Educators are not all comfortable teaching the topic of sexual violence. However, Sexual Assault Prevention & Response Services has developed relationships with most schools in Androscoggin, Franklin and Oxford Counties, allowing them to bring their subject matter expertise and increase awareness of their support services to the students in these schools. The educations sessions follow CDC prevention principles, and are multi-session throughout multiple grade levels, ensuring that students can build knowledge and skills over time.
3. Is this an evidence-based intervention, or an innovative/promising practice? **Choose one*
 Evidence-Based Intervention
4. (If answer to question 12 was “Innovative/Promising Practice, skip this question) Evidence Source for Intervention: **Select all that apply*
 Other (describe) US CDC Violence Prevention Education Principles.
5. Rationale for choosing the intervention:
This intervention is in line with the state-wide Rape Prevention Education program administered by MeCASA.
6. Item to be Measured:
Students who receive sexual violence prevention education in the Western Public Health District
 - a. Unit of Measurement: **number**
 - b. Baseline value for the item to be measured: **4500**
 - c. Data source for baseline value: **MeCASA program database**
 - d. Date baseline was last collected: **10/1/2020-5/31/2021**
 - e. Interim target value to be achieved by the Annual Progress Report: **2000**
 - f. Final target value to be achieved by the Final Progress Report: **5000**

Target Population of Objective 1

1. Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population?
 - Sub-set of the Program
2. Target Population Data Source (Include Date): Maine Department of Education student enrollment by county, 2021
3. Number of People Served: 27432
4. Ethnicity: all
5. Race: *all*
6. Age: **Select all that apply*
 - 5 - 14 years**
 - 15 - 24 years**
7. Sexual Orientation: *all*
8. Gender Identity: *all*
9. Geography: Both
10. Location (e.g. close to a factory, specific zip code, county): **schools within Androscoggin, Franklin and Oxford Counties**
11. Occupation: **students**
12. Educational Attainment: *n/a*
13. Health Insurance Status: all
14. Primarily Low Income: **Choose one*
 - No
15. Are any members of this target population disproportionately affected by the Problem described above?
 - No

Activities for Objective 1

1. Activity Title: **School-based Sexual Violence Prevention Education**
 - 1.1. One-sentence summary of the Activity:

In collaboration with local schools, sexual assault educators will provide age appropriate sexual violence prevention curricula.
 - 1.2. One-paragraph description of the Activity:

In collaboration with local schools, sexual assault educators will provide age appropriate sexual violence prevention curricula that follows US CDC violence prevention education principles. The school-based curricula will focus on increasing knowledge regarding sexual violence, sex trafficking, and sexual exploitation and skills that promote protective factors associated with healthy relationships and reduce risk factors associated with sexual violence and exploitation.
 - 1.3. Does the activity include the collection, generation, or analysis of data? **Yes**
 - 1.3.1. Does the data collection involve public health data? **No**
 - 1.4. Additional information about the activity:

Data collected and analyzed during this activity will be for program evaluation. Personal information will not be released. Data will be collected throughout the program period

Program Objective 2

16. Name of Program SMART Objective: **Support for Victims of Sexual Violence**
17. Program SMART Objective:
From 10/1/2021 to 9/30/2021, 1800 victims of sexual violence as well as their concerned, non-offending family and friends will receive the support and advocacy services they request.
18. Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem?
 This Program SMART Objective focuses on a subset of the larger problem.
19. Please provide a one-sentence summary of the problem for this objective:
Until Sexual violence has been eliminated, support for victims is critical.
20. Please provide a one-paragraph description of the problem for this objective:
Sexual assault is traumatizing, and survivors often feel isolated. Navigating services while dealing with the trauma of sexual violence can be particularly challenging. Until Sexual violence has been eliminated, support for victims is critical.
21. Describe in one paragraph the key indicator(s) affected by this problem:
Victims of sexual assault who seek services. While not all victims may seek services, all who do must receive support.
22. Baseline value for the key indicator described above: **1626**
23. Data source for key indicator baseline: **MeCASA program database**
24. Date key indicator baseline data was last collected: **10/01/2019-9/30/2020**

Intervention Information

1. One-sentence summary of intervention:
Sexual assault prevention educators, advocates and volunteers will provide confidential support and assistance via support groups and one-on-one advocacy services.
2. One-paragraph description of intervention:
Services to be provided include crisis intervention, including 24/7 access, referrals to community services and resources, accompaniment to events or proceedings, assistance applying for State and/or federally funded benefits and completing and filing forms for legal protections, and facilitating support groups.
3. Is this an evidence-based intervention, or an innovative/promising practice? **Choose one*
 Innovative/Promising Practices
4. Rationale for choosing the intervention:
Until Sexual violence has been eliminated, support for victims is critical. This intervention is in line with the state-wide Sexual Assault Services and Violence against Women programs administered by MeCASA.
5. Item to be Measured: **Clients served by Sexual Assault Prevention & Response Services**
6. Unit of Measurement: **number**
7. Baseline value for the item to be measured: **1626**
8. Data source for baseline value: **MeCASA program database**
9. Date baseline was last collected: **10/01/2019-9/30/2020**
10. Interim target value to be achieved by the Annual Progress Report: **450**
11. Final target value to be achieved by the Final Progress Report: **1800**

Target Population of Objective 2

1. Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population?
 - a. **Same as the Program**
2. Are any members of this target population disproportionately affected by the Problem described above?
 - Yes
3. Does the entire target population experience health disparities, or only part? **Choose one*
 - Part** (Present a disparate population form that contains the same fields as the target population)
4. Target population data source (Include Date): US Census population estimates July 1, 2019
5. Number of people served: 99,927
6. Ethnicity: all
7. Race: *all*
8. Age: *all*
 -
9. Sexual Orientation: *all*
10. Gender Identity: **female**
11. Geography: **Choose one*
 - Both**
12. Location (e.g. close to a factory, specific zip code, county): The Counties of Androscoggin, Franklin, and Oxford Counties, which make up the Western Public Health District.
13. Occupation: all
14. Educational Attainment: *all*
15. Health Insurance Status: *all*
16. Primarily Low Income: No

Activities for Objective 2

1. Activity Title: **Support for Victims of Sexual Assault**
 - 1.1. One-sentence summary of the Activity:

Sexual assault prevention educators, advocates and volunteers will provide confidential support and assistance via support groups and one-on-one advocacy services.
 - 1.2. One-paragraph description of the Activity:

Sexual assault prevention educators, advocates and volunteers will provide confidential support and assistance. Services to be provided include: twenty-four (24) hour access through toll-free phone contact with immediate response or a return call within fifteen (15) minutes of the original contact; access for Victims with limited English proficiency or who are hearing impaired; crisis intervention; referrals to community services and resources, such as law enforcement, civil legal services, medical providers, dental providers, substance and available therapeutic support services; accompaniment to events or proceedings, such as criminal or civil court proceedings and interviews or meetings with law enforcement or civil legal services; assistance applying for State and/or federally funded benefits, the Address Confidentiality Program, and the Victims' Compensation Program; assistance completing and filing Complaints for Protection from Abuse; providing support groups that are held in safe, accessible locations; providing

information and resources regarding Sexual Violence and Sex Trafficking and Sexual Exploitation, reducing isolation and build peer and community support systems; developing and maintain coping skills, and provide education on life skills (e.g. decision-making, parenting, goal setting, etc.), where appropriate.

1.3. Does the activity include the collection, generation, or analysis of data? **Yes**

1.3.1. Does the data collection involve public health data? **No**

1.4. Additional information about the activity:

Data collected and analyzed during this activity will be for program evaluation. Personal information will not be released. Data will be collected throughout the program period.

End of Sexual Violence Response Program