State Public Health Systems Assessment

Alfred May, MPH Maine CDC Statewide Coordinating Council Meeting June 18, 2020



SPHSA: Public Health System Performance

SPHSA Usage

- System Strengths and Weaknesses
- Improve Coordination of programs and partnerships
- Understand PH Systems Performance
- Stimulate Ongoing Quality Improvement
- Inform Policy
- Inform Resource Decisions

Perspective of SPHSA: Maine Conceptual Model

Healthy People 2030 Define ten year outcomes	State Health Assessment (CHNA) Define population health	Evaluate Performance Standards Ten EPHS
State Health Agency <maine cdc=""> Environmental Infectious</maine>	County Health Rankings Trust in America	State Public Health Systems Assessment
Chronic/Population Health Promotion Occupational Injury	State Health Plan State Health Improvement Plan	Accreditation Quality Improvement
Laboratory Emergency Preparedness	Public Health System Partners	
DHHS Mandates Laws/Funding/Outcomes	Governor/Legislature Mandates Laws/Funding/Outcomes	Federal/CDC Mandates Laws/Funding/Outcomes

Maine's Current Plan

- Large Face to Face Meeting in Augusta: September 17 Develop an invitation list based on sectors for each EPHS Have an introductory overview of process and purpose Conduct small group facilitated discussions per EPHS Do an evaluation and overview of next steps Report is written (basic information or analysis?) Sharing of report with participants for input and comments Final report ready to send to legislative committee Final report ready for DHHS and ME CDC planning and implementation
- Timeframe: Legislative Resolve: January 2021

Public Health System Partners

State Partners for SPHSA: Governmental Agencies (DEP, MEMA, DMR, etc.), Statewide Health Organizations (MPCA, MHA, MMA), Professional Organizations (MPHA, Nursing), Academic Institutes, AARP, Tribal, Other.

Regional/District Partners for LPHSA: County Planners, Towns, Hospitals, Hospital Systems, FQHCs, Mental Health, Substance Use, Economic Development, Environmental/Conservation Organizations.

Community/Municipal: Local Health Department (Bangor and Portland), Municipal/Towns, others similar to regional but just at the local level.

New Mexico Model

Methodology

Native American Assessment: Purpose==how the public health system was serving Native American communities.

Phase 1: SPHSA: Public Health System defined as all public, private, and voluntary entities that contribute to delivery of PH Services.

- Two day session: what is health system and who are partners
- Five groups of fifteen people, each group assigned two EPHS.
- Timeframe: 3.5 hours per each EPHS discussion

Phase 2: LPHSA process

Illinois Model

Methods

- Performance Standards Planning Committee
- Assure representation; prepare participants in advance
- Two day retreat: EPHS, performance standards, state of health
- Five groups of fifteen people, each assigned two EPHS
- Wrap up plenary session: feedback and reflections
- Preparation: parts of assessment were distributed to participants prior to assessment: concepts were complex and difficult to measure.

Oregon Model

- State Public Health System Assessment
- Local Public Health System
- Health Care Delivery System
- Health Care Reform
- Community Resources and Strengths

Oregon Model

Questionnaire sent out prior to SPHSA EPHS 1 – 10

1. To what extent are you aware of the state Public Health Division's activities in this area?

2. Please tell us about what works well at the state level for this essential service

3. Please identify gaps you have observed or areas for improvement for this essential service.

Maine Process in 2010

Activities Prior to Assessment

- Maine CDC programs receive survey about partners/relationships.
- Call governmental programs when no response via emails
- Invite List compiled; Letter signed by Maine CDC Director sent out with invitations

Implementation

- 110 participants attend one full day meeting
- Five groups with participants pre-assigned: each address two three EPHS
- Each session about 2.5 hours long with voting criteria
- Facilitation, note taking and report writing conducted by USM contract (Muskie)

After Action Meeting

- SPHSA participants and LPHSA participants attend keynote speaker
- Review draft report and select top three EPHS priorities for action (clicker vote)

Final Report

• USM Muskie compiles final report: <u>https://www.maine.gov/dhhs/mecdc/public-health-</u> systems/scc/documents/sphsa-final-2010.pdf

Maine Process: 2020

Plan for Face to Face Meeting, or Plan for Virtual Meeting?
If Virtual, some questions:

- Do we consider some type of questionnaire to capture information prior to assessment? What information?
- For September and October: we have ten EPHS—do we set up ten zoom meetings, with a facilitator and recorders in one room with charts, etc. and keep the size of the participants to 20; 15?
- Do we have some type of preliminary education about the instrument==a webinar that could be recorded that participants are recommended to view?
- Other logistical thoughts?

Committee Input

- Plan for virtual meeting (keep face to face meeting available).
- Educate participants about the process, purpose and instrument prior to assessment meeting (webinar, training, FAQ)
- Gather SWOT (partners-relationships, what is working well in delivering services, gaps in services) through survey prior to assessment meeting.
- Invite List: based on sectors but also consider the participants who responded to the survey
- Logistics: one room with facilitator, support, recorders, technology support; participants join via computer.

Contact Information

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