

State Public Health System Assessment

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Statewide Coordinating Council Meeting: March 17, 2022



Process for Conducting Assessment Meetings

- Conducted virtually in 2021.
 - August 10, 11, 12 and 17, 18, 19.
- Assessed ten essential public health services.
- Utilized national assessment instrument.
- Assessment Team
 - Facilitators: MCD Staff
 - Support: Two district liaisons
 - IT Support and Notes: Council Coordinators
- Core Group (about ten) invited to all ten sessions.
- Invited Participants per session based on subject matter expertise and organizational sector.

Acknowledgements

State Public Health Systems Assessment Planning Committee

Kalie Hess, SCC Chair	Patty Hamilton, SCC	James Markiewicz, MECDC
Denise Delorie, SCC	Betsy Kelly, SCC	Melissa Fochesato, SCC
Becca Boulos, MPHA	Christine Lyman, Community Member	Heather Drake, MPHA
Kristine Jenkins, MECDC	Stacy Boucher, MECDC	Jamie Paul, MECDC
Al May, MECDC		

State Public Health Systems Assessment Core Group

Elizabeth Foley, MCDPH	Danielle Louder, MCDPH	Barbara Leonard, MeHAF
Anthony Ronzio, Governor's Office of Policy, Innovation and Future	Sara Gagne-Holmes, DHHS	Nancy Beardsley, MECDC
Patty Hamilton, SCC	Becca Boulos, MPHA	Veronica Robichaud, MECDC
Nancy Birkhimer, MECDC	Stacy Boucher, MECDC	Al May, MECDC

Ten Essential Public Health Services

1. Monitor health status to identify state health problems.
2. Diagnose and investigate health problems and health hazards in the state.
3. Inform, educate, and empower people about health issues.
4. Mobilize state partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and state health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Perspective of Public Health Systems Assessment: MAPP Process

Public Health Systems Assessment asks the following:

What are the activities, competencies, and capacities of our public health system?

How are the ten Essential Public Health Services being provided to our communities?

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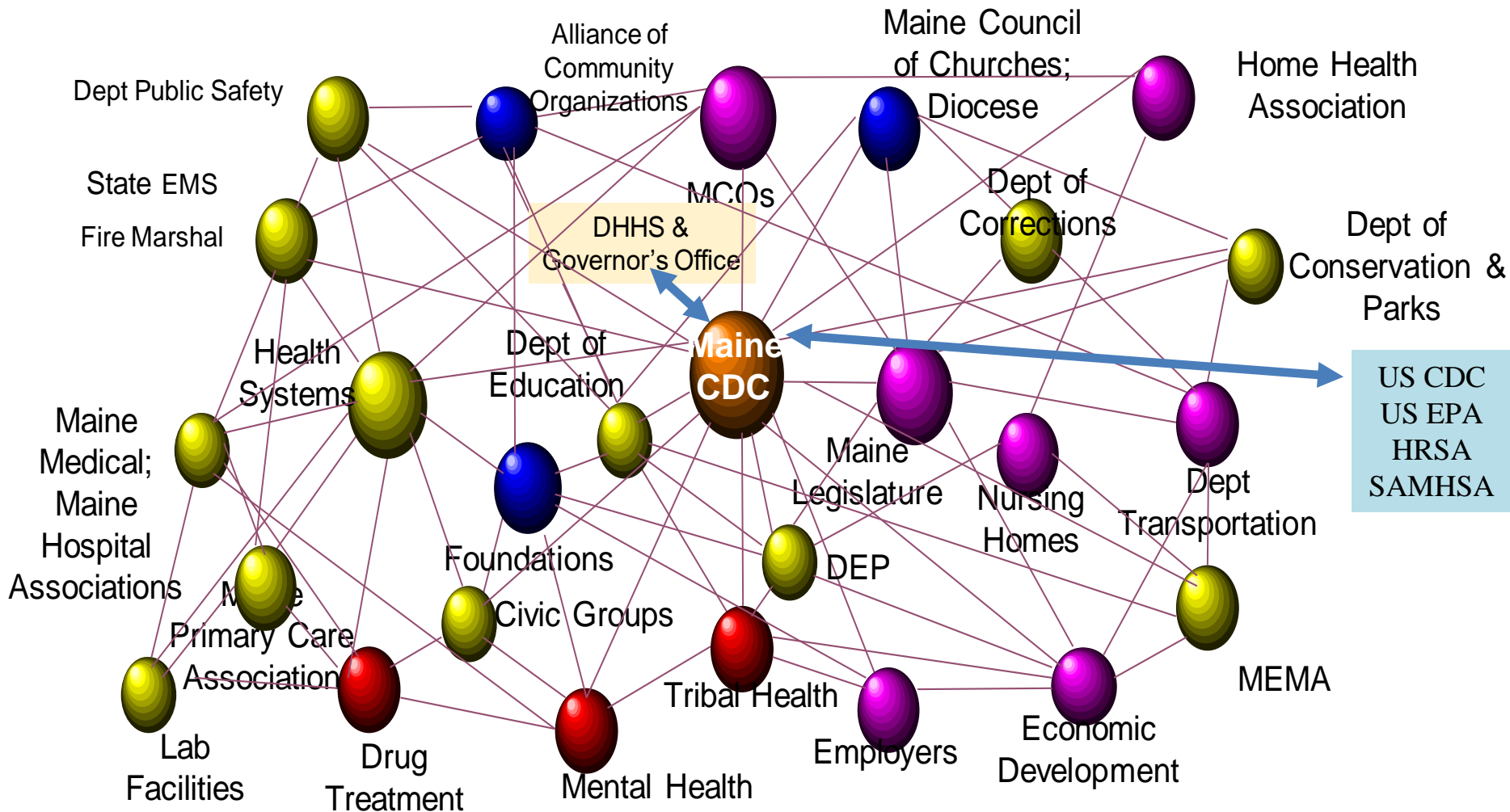
The MAPP Process supports the public health system in formulating goals, objectives, and outcomes for a prescribed time period and an Action Plan to implement and evaluate .

MAPP – Mobilizing for Action through Planning and Partnerships, (2001)



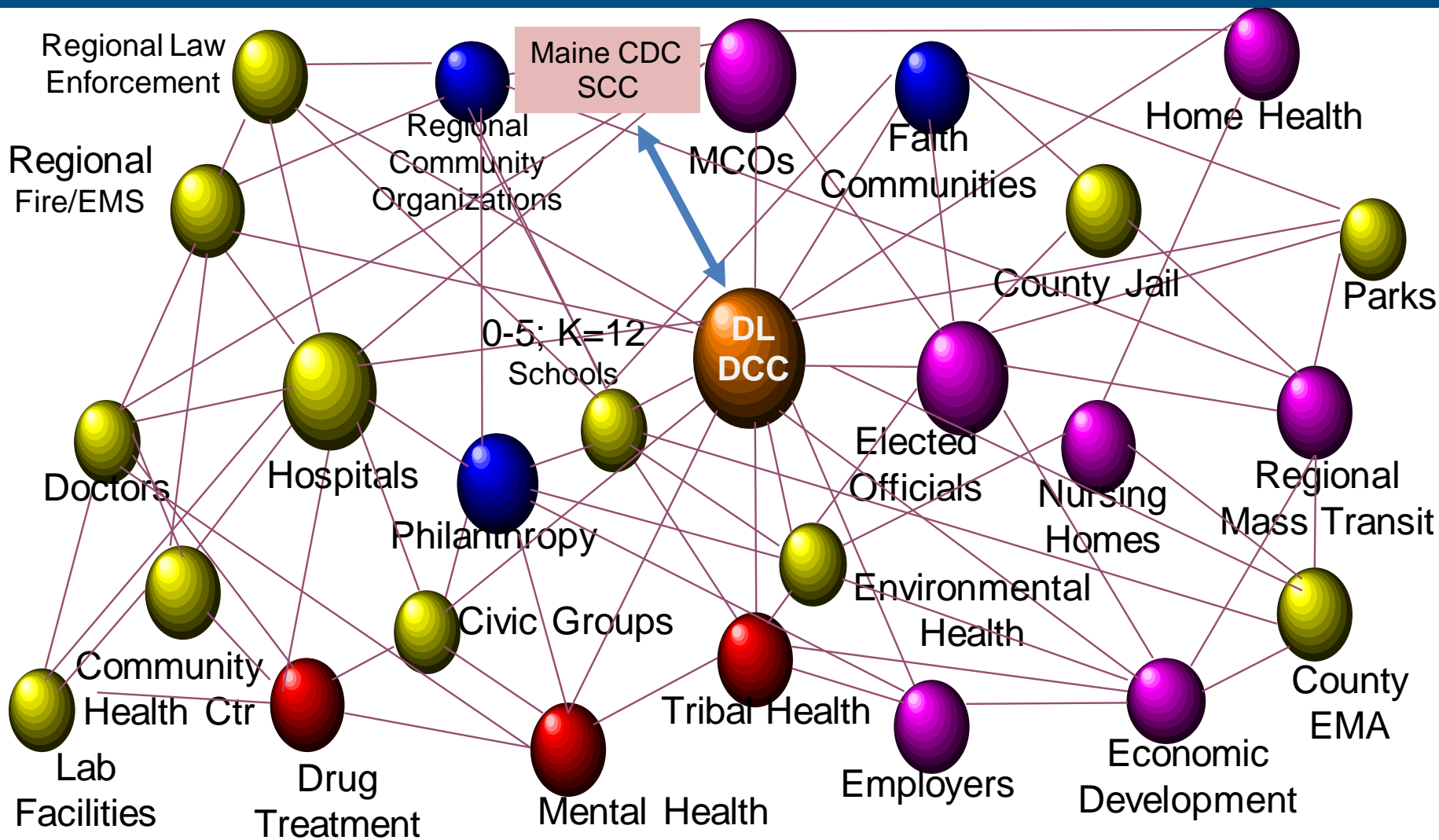
State Public Health System

<Maine CDC and Public and Private Partners>



Regional District Public Health System

<District Liaison, District Coordinating Council, and Partners>



Comparison of Assessment Data

Quantitative

Each EPHS broken down by sub-standards.

Focus Areas:

- Planning and Implementation
- State-Local Relationships
- Performance Management and Quality Improvement
- Capacity and Resources

Consensus Scoring based on Activity Level (Optimal)

Qualitative

Active Chat Usage

Discussion/Comments

Transcript from Recording

Coordinator Notes

SWOP (Strengths,

Weaknesses, Opportunities,

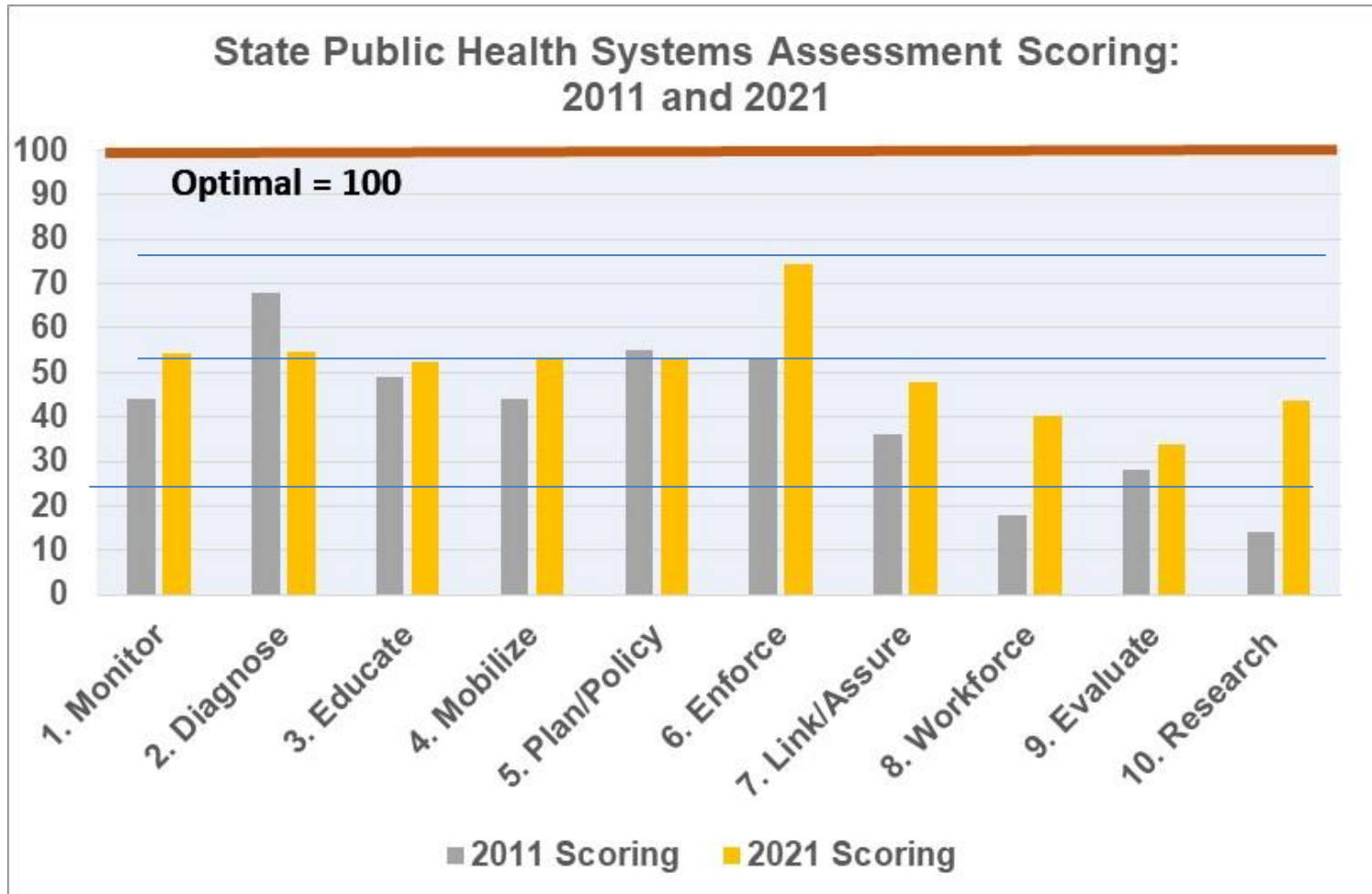
Priorities)

Assessment Voting

- Consensus-building process
- Scoring tool: Zoom Polls
- Based on Optimal Performance

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

Scoring: 2011 and 2021 Assessments

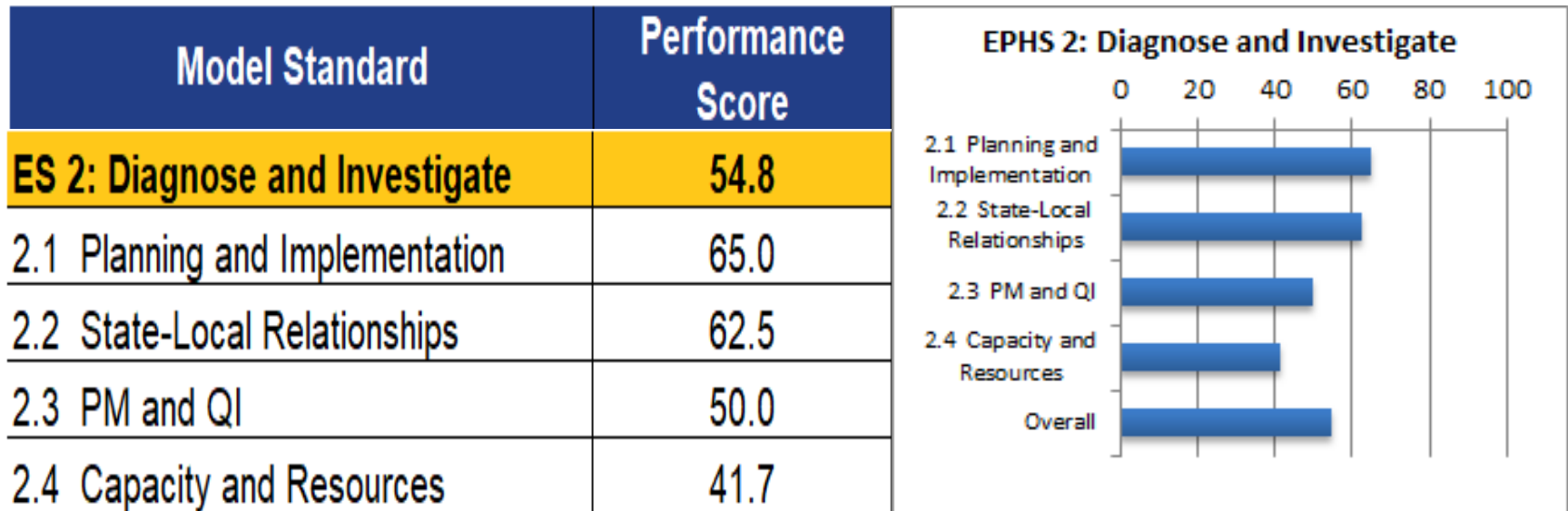


Optimal 76-100
Significant 51 - 75
Moderate 26 – 50
Minimal 1 - 25
No Activity

EPHS 2: Diagnose and Investigate

Health Problems and Health Hazards

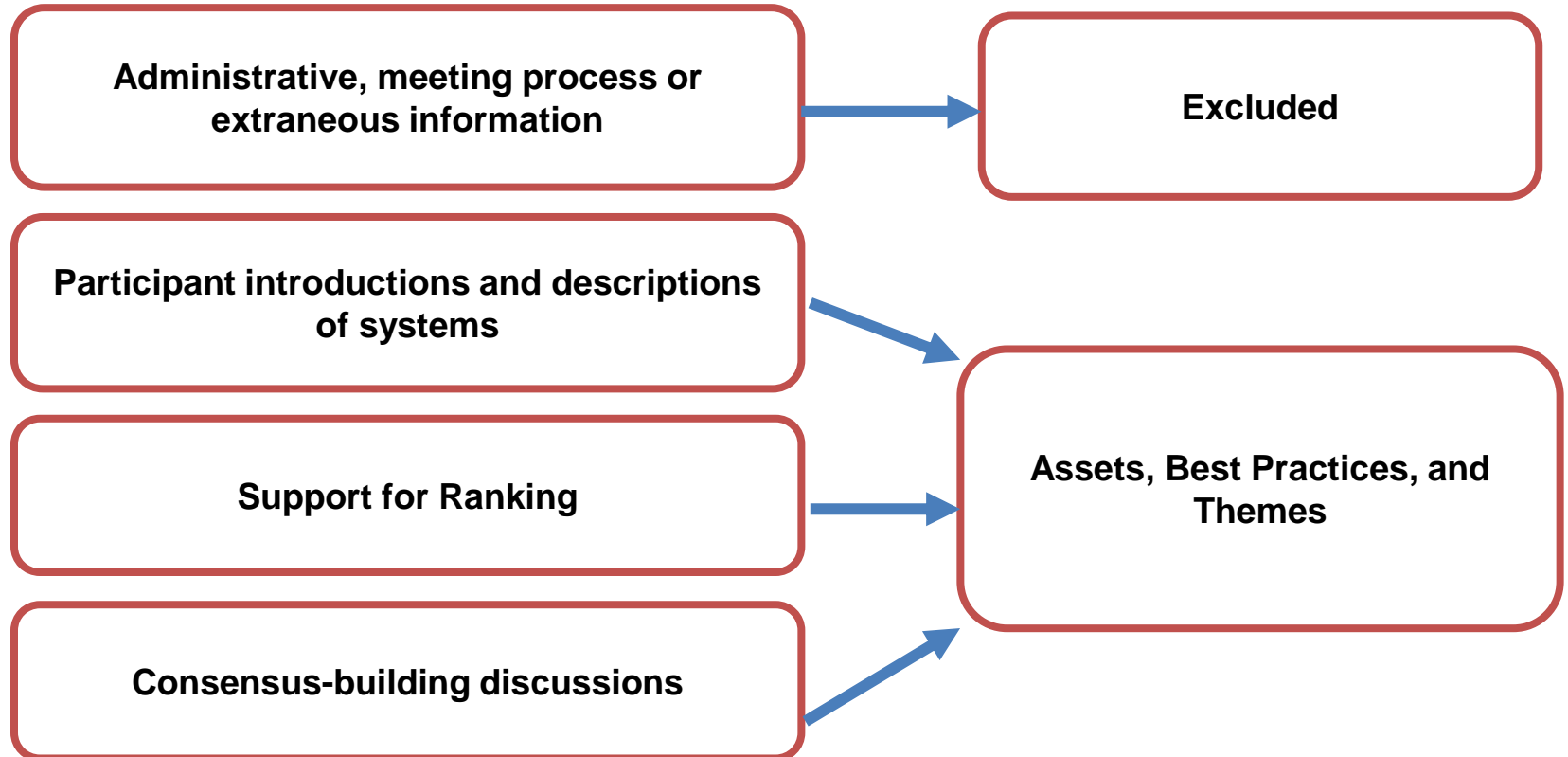
- Epidemiologic surveillance and investigation of disease outbreaks and patterns of infectious and chronic diseases, injuries and other adverse health conditions.
- Population-based screening, case finding, investigation, and the scientific analysis of health problems.
- Rapid screening, high volume testing, and active infectious disease epidemiologic investigations.



Qualitative Data Analysis

- Process allowed good data collection in a way that in-person limits
- Rankings stand on their own
 - Some rankings may need a deeper dive...or not
- Opportunities to inventory assets and comprehensiveness of existing activities with collected data, but not in thematic analysis
- Opportunities to gather stakeholder voices to illuminate understanding e.g., by policy/resource decision-makers
- Group size varied, smaller groups with specific technical expertise and broader groups for common functions (e.g., health promotion)

Data Review



Drafting Themes from Data

Example: EPHS 2: Diagnose & Investigate Health Problems & Health Hazards

Quality of current state assets, best practices & gaps

State-Local Partnerships

COVID Expansions Need Sense-making and Planning

**Interagency Collaboration/ and Coordination
(includes Interoperability and Integrated Communications)**

**Social Determinants of Health Challenges:
Data and Access**

Funding Shapes and Sustains Work

Data Quality and Quality Improvement

Drafting Themes from Data: Example One

Example: EPHS 2: Diagnose & Investigate Health Problems & Health Hazards



Drafting Themes from Data: Example Two

Example: EPHS 2: Diagnose & Investigate Health Problems & Health Hazards

**Interagency Collaboration
and Coordination**

**Examples of Strong
and Successful
Collaboration With
Local Partners**

**Communication
Fractures Persist,
Even with Sufficient
Tools (e.g., HAN)**

**Silos: Lab Systems
Cannot Talk to Each
Other**

**Many Organizations
Still Working
Independently**

**Strong Private Sector
and Out of State
Partnerships Essential**

Timeline

- Qualitative Analysis: March – April, 2022
- Report Writing: March – May 2022
- Internal Review: May – June 2022
 - Maine CDC
 - DHHS
- Final Report: June 2022

Discussion

Thank You

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