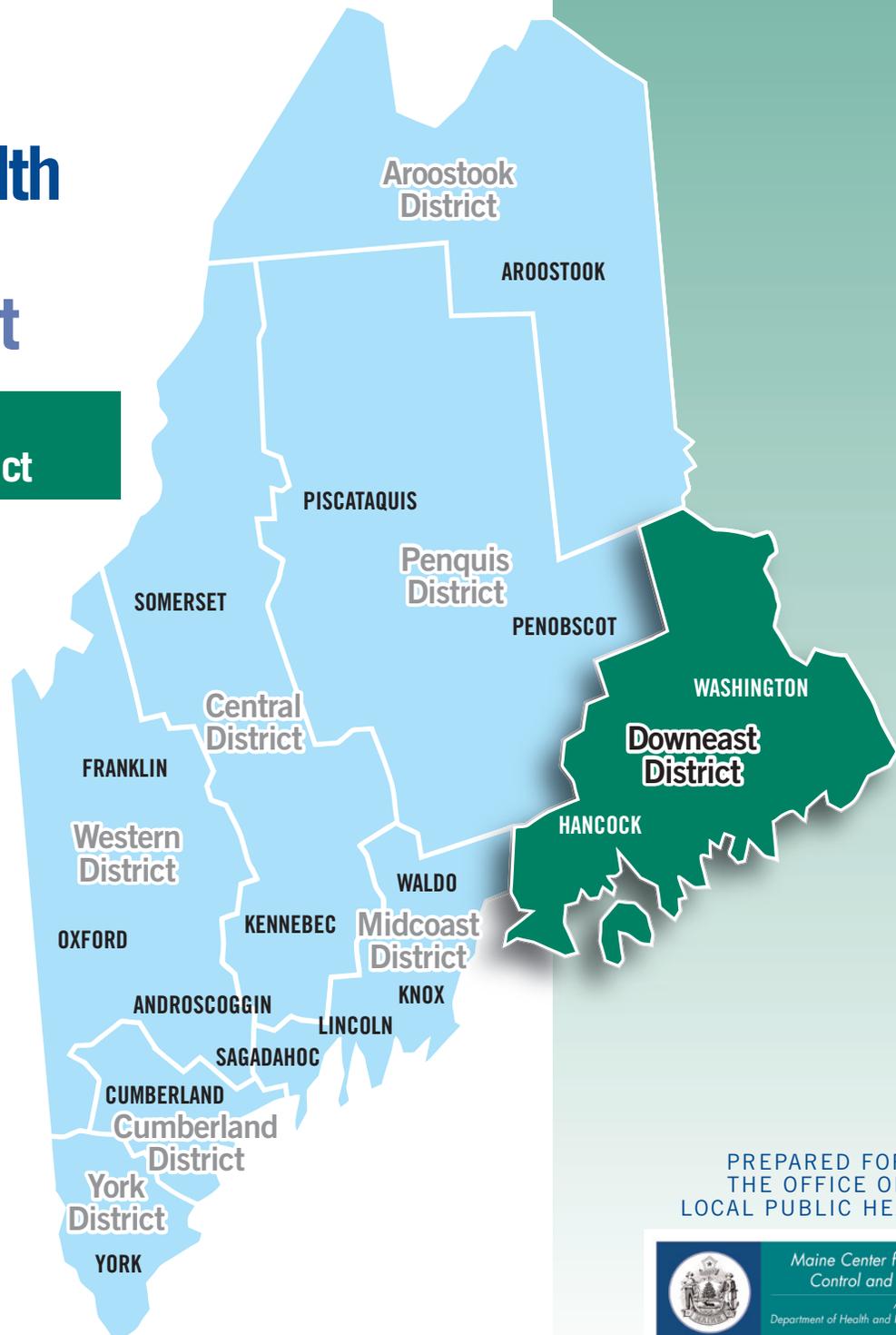


Local Public Health System Assessment

Downeast Public Health District



PREPARED FOR
THE OFFICE OF
LOCAL PUBLIC HEALTH

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

Paul R. LePage, Governor Mary C. Mayhew, Commissioner

BY



November 2010

Dear Colleague:

This report constitutes a systematic look at how public health services are coordinated, aligned and delivered by organizations of this District on behalf of the people who live, work, study and visit here. It sets a baseline from which to measure progress in aligning and coordinating the delivery of services provided by the District's public and private public health stakeholders.

The Department of Health and Human Services' Maine Center for Disease Control and Prevention provided federal funds to support the use of a national public health tool to assess the emerging public health systems in Maine's eight health districts. Over 352 public health stakeholders participated throughout Maine. All District Public Health System Assessment Reports are available at www.mainepublichealth.gov.

Working in partnership we can be more efficient, effective and focused in use of our resources within the District, and make Maine the healthiest state in the nation. We appreciate your interest and support for this vital work.

Sincerely,

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

Downeast District Characteristics

How the District is organized

- The Downeast Public Health District covers Hancock and Washington counties.
- There are 83 municipal governments, including a city, towns, and plantations.
- The Passamaquoddy are a federally recognized tribe with its own governments at Indian Township and Pleasant Point.
- The District serves all parts of its jurisdiction, including its townships, some of which have year-round or seasonal residents.
- The District's regional infrastructure included a District Liaison, District Public Health Unit, and District Coordinating Council.

Who we are*

- 85,636 people with 15.3 persons per square mile. (Census 2008 est.)
- 4,425 of us are less than 5 years old, 16,805 are 18 years old, and 14,408 are over 65 years old.
- 44.1% of our children are eligible for free or reduced school lunch.
- 15.3% of us are adults with a lifetime status of having less than a high school degree.
- We are enriched by the number of Native Americans, Hispanics, and Franco-American heritage.
- Much more data on who we are can be found at www.mainepublichealth.gov.

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



This report is a snapshot in time that can serve as a roadmap to improve the delivery of public health services in our District. We had not appreciated how much all sectors of our community, not only health care organizations, can and do play a role in protecting and improving community health and quality of life. We came together to start a conversation about becoming more systematic about how we work together. We want to create the conditions that support everyone's chance to make healthy choices as live, learn, work and play.

Please feel free to use the information in this report in your own organization, either to leverage resources for your own organization or to find a place to contribute to our collective efforts in the vision we have for our District's emerging public health system. Now we have a baseline for measuring our progress!

We would appreciate your questions and feedback. Please tell us if this report has helped or influenced your organization. To contact us by phone or email, find our District's information at www.mainepublichealth.gov.

Alfred May
Downeast District Liaison/
Downeast Public Health Unit

Kathie Norwood
Downeast DCC Elected Representative to the
State Coordinating Council for Public Health

Background

Strong and effective public health systems have the ability to...

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

The Instrument used to develop these scores comes from the National Public Health Performance Standards Program (NPHPSP) of the US CDC. It uses performance standards that represent the optimal level of performance that needs to exist so that the essential public health services provided will achieve the results we need and want.

The Maine Center for Disease Control and Prevention (MCDC) contracted with the Maine Center for Public Health (MCPH) to lead a formal District assessment process in 2009 for all eight Districts, including this one. This work required three meetings and a check-back meeting attended by a broad range of disparate partners representing the District jurisdiction, state and regional public health agency, community-based organizations, academic institutions, hospitals, health centers, public safety, school systems, environmental and social service organizations.

Scores were developed by submitting information on the local public health agency, the jurisdiction, the governing structure and entities represented during the assessment to the US CDC's online reporting system.

Participants were surveyed for their responses to the experience. Here as elsewhere the experience provided education about public health services, the interconnectedness of different sectors in contributing to public health, and opportunities for networking and new partnerships. The results will be used in the development of a District Health Improvement Plan and will inform Community Health Improvement Plans currently under development by the District's Healthy Maine Partnerships.

The full District report can be found at www.mainepublichealth.gov. It provides a brief overview of the ten essential public health services and the performance standards, and covers the purpose, tool, benefits and limitations. The report provides an overview of both the quantitative and qualitative results for each essential service.



Results

Overview

The Downeast Public Health Systems Assessment took place on April 6, April 27 and May 4 meeting for approximately 3.5 hours each time. A total of 41 individuals participated in each with an average attendance of 24. Because a limitation of this process is that the scores are subject to the biases and perspectives of those who participated in each meeting, the planning group attempted to recruit broadly across the district. Individuals at the meetings represented HMPs, health centers, hospitals, social service agencies, mental health organizations, tribes, land use planners, state agencies, local government, local health officers, emergency management agencies, law enforcement, schools and academic institutions.

Summary of Scores

EPHS	SCORE	EPHS	SCORE
1. Monitor Health Status to Identify Community Health Problems	36	6. Enforce Laws and Regulations that Protect Health and Ensure Safety	40
2. Diagnose and Investigate Health Problems and Health Hazards	53	7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	25
3. Inform, Educate, and Empower People about Health Issues	39	8. Assure a Competent Public and Personal Health Care Workforce	32
4. Mobilize Community Partnerships to Identify and Solve Health Problems	34	9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	33
5. Develop Policies and Plans that Support Individual and Community Health Efforts	33	10. Research for New Insights and Innovative Solutions to Health Problems	28
Overall Performance Score 35			

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

