Public Health Assessment

A Systems Approach

Portland Public Health System Final Assessment Report

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Prepared For:

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EXECUTIVE SUMMARY

Background

The City of Portland's Public Health Division (PHD) contracted with the Maine Center for Public Health (MCPH) to lead a formal assessment process during January and February, 2005. The assessment was designed to identify the strengths, limitations, gaps, and needs of the current public health system in the City of Portland. The results depicted in this report are intended to serve as the impetus for the development of a system-wide strategic improvement plan.

Format of Report

This report provides a description of Portland's assessment process and a comprehensive review of the quantitative and qualitative results. National aggregate findings and select comparison scores are also included to help provide additional context to the Portland-specific data. Assessment findings should be used as the basis to identifying strategic direction for enhancing performance. The intended audience for this report includes:

- Participants involved in the formal assessment process
- Public health practitioners and stakeholders
- Others interested in supporting local public health system-based efforts

Assessment Results

The overall assessment score for the Portland Public Health system was 48.53% (see Table 1). Based on criteria established by the CDC for Healthy People 2010 objective 23-11, jurisdictions with overall scores of 60% or higher are classified as having "met" the performance standards. Currently, less than 40% of participating LPHS have met this standard. Portland results for each essential public health service ranged from 23.60% to 66.65% suggesting room for improvement in all areas.

Table 1. Assessment Scores by Essential Public Health Service

Essential Public Health Service	Portland Score
1: Monitor Health Status	23.61%
2: Diagnose and Investigate Health Problems	59.20%
3: Inform, Educate, and Empower People	56.15%
4: Mobilize Community Partnerships	23.60%
5: Develop Policies and Plans	54.17%
6: Enforce Laws and Regulations	59.97%
7: Link People to Needed Health Services	66.65%
8: Assure a Competent Workforce	43.78%
9: Evaluate Effectiveness, Accessibility & Quality	33.30%
10: Research for New Insights	64.92%
Average Total Performance Score	**48.53%**

Recommendations

The recommendations are based on the findings of the assessment and framed within the context of the essential public health services. The following list of recommendations is not exhaustive. Each recommendation reflects opportunities for enhancing performance of the local public health system based on specific language and measures identified in nationally recognized public health model standards. These performance standards served as the basis for this assessment.

EPHS 1: Monitor Health Status

1. Put into place (or begin to build) a system to collect data about the community for health assessment purposes. Define the steps, timeframe, partners, and resources needed.

2. Develop a community health profile that:
   a. Identifies community priorities and goals
   b. Tracks trends and progress
   c. Is widely disseminated across the local public health system
   d. Is reviewed and updated regularly

3. Identify and utilize state of the art technology to collect, analyze and display health assessment information.

4. Identify all population health registries and develop a system to utilize information from registries to develop programs or policies or for research.

EPHS 2: Diagnose and Investigate Health Problems and Health Hazards

5. Develop a comprehensive surveillance system for Portland that integrates local, state and national surveillance systems.

6. Develop a more comprehensive emergency preparedness and response plan that builds on the current plan but adds:
   a. Descriptions of organizational roles and responsibilities across all public health entities participating in the plan
   b. Communication and information networks available within the local system
   c. Community assets to be mobilized
   d. A description of how the local plan connects to the state plan (not yet available)
   e. A method for wider distribution of the plan.

7. Designate an Emergency Response Coordinator for the local public health system and encourage involvement in the system's Regional Resource Center.

8. Evaluate public health emergency response incidents for effectiveness and opportunities for improvement.

9. Clarify and disseminate protocols for transporting and handling samples to be sent to labs.

Recommendations (continued)

EPHS 3: Inform, Educate, and Empower People about Health Issues

10. Every two years assess the quality and appropriateness of health education programs through a systematic and coordinated effort.

11. Every two years assess the quality and appropriateness of health promotion programs through a systematic and coordinated effort.

EPHS 4: Mobilize Community Partnerships to Identify and Solve Health Problems

12. Identify and implement strategies for encouraging community constituents to participate in identifying health issues and provide volunteer opportunities to help in community health improvement.

13. Develop and maintain a comprehensive directory of organizations that comprise the local public health system.

14. Develop regularly scheduled mechanisms or events to facilitate communication with the community at large about public health services and health issues.

15. Establish a broad based community health improvement committee responsible for developing, disseminating, and updating a Community Health Improvement Plan (CHIP). Evaluate the effectiveness of the committee and the impact of the committee's work.

EPHS 5: Develop Policies and Plans that Support Health Efforts

16. Clarify statutory responsibilities of the local public health agency for the delivery of the essential public health services. Review model statutes and define Portland's role.

17. Encourage the participation of all relevant stakeholders in the development and implementation of a Community Health Improvement Plan.

18. Complete the Local Public Health Governance Performance Assessment Instrument.

19. Review public health-related policies (e.g., workplace policies, City ordinances, etc) every two years to assess outcomes, impact and unintended consequences.

20. Establish a formal community health improvement process (e.g. Mobilizing for Action through Planning and Partnerships - MAPP) that includes broad participation of the community and results in a community health improvement plan.

21. Once a community health improvement plan is completed, organizations should align their own strategic plans with the community health improvement plan.

Recommendations (continued)

EPHS 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

22. Conduct a systematic review of public health laws and regulations every five years to determine:
    a. Whether laws and regulations provide the authority to carry out the essential services
    b. The impact of existing laws and regulations on the health of the community and the opinion of the community of such laws
    c. The need to update and the level of compliance.

23. Identify and clarify the authority and enforcement roles and responsibilities of organizations in the local public health system and the state public health system for the enforcement of all public health laws, regulations and ordinances that impact the community and assure that enforcement activities are conducted in a timely manner.

24. Conduct a review to assess the compliance of organizations (e.g. schools) with laws, regulations and ordinances designated to ensure the public's health.

EPHS 7: Link People to Needed Services and Assure the Provision of Health Care

25. Define the personal health service needs of the community and assess, in a coordinated way, the extent to which personal health services are accessible, acceptable and available.

26. Support efforts to assure the coordinated delivery of personal health services to populations that may encounter barriers with responsibility assumed by multiple partners in the system.

27. Conduct an analysis of risk appropriate (e.g., age-specific) participation in preventive services.

EPHS 8: Assure a Competent Public and Personal Health Care Workforce

28. Conduct a coordinated assessment of the local public health system workforce to determine composition, size, competencies, training needs and gaps.

29. Identify opportunities and encourage participation in educational programs that develop core public health competencies including an understanding of the essential public health services, the multiple determinants of health and cultural competence.

30. Develop opportunities for the local public health system workforce to be mentored by faculty from academic and research institutions.

31. Identify or develop opportunities for the local public health system workforce to obtain leadership training, participate in collaborative leadership, provide leadership in areas of expertise, and be mentored by public health leaders.

Recommendations (continued)

EPHS 9: Evaluate Effectiveness, Accessibility, and Quality of Health Services

32. Conduct a coordinated system-wide assessment of population-based health services within the local public health system that establishes evaluation criteria, determines the extent to which goals are achieved, assesses community satisfaction, identifies gaps and utilizes results for strategic planning.

33. Enhance use of information technology (e.g., registries, electronic medical records) to assure quality of personal health services.

34. Share results of evaluation efforts and encourage use by organizations in the local public health system in strategic planning efforts.

35. Conduct a comprehensive evaluation of the local public health system that is based on established criteria, involve broad based organizations, assesses linkages and relationships among organizations and uses the results to guide community health improvements.

EPHS 10: Research for New Insights and Innovative Solutions to Health Problems

36. Encourage research institutions (e.g., hospitals, universities, others) to include public health issues in their research agenda as proposed by the local public health system.

37. Work with local public health system researchers to publish findings and/or disseminate results.

38. Evaluate the development, implementation and impact of research activities in the local public health system.

BACKGROUND

The City of Portland's Public Health Division (PHD) contracted with the Maine Center for Public Health (MCPH) to lead a formal assessment process during January and February, 2005. MCPH was responsible for facilitating the formal assessment using nationally recognized public health performance standards. The Center was selected to lead the assessment process given their training and experience in this area. This project was funded by the Maine Bureau of Health, Office of Public Health Emergency Preparedness through an existing contract with MCPH.

Format of the Report

This report begins by defining the key terms used throughout the document and by providing a brief overview of national public health performance standards. This overview is then followed by a description of Portland's assessment process, including the purpose, tool, participants, benefits and limitations. The report also provides a comprehensive review of the quantitative and qualitative results. National aggregate findings and select comparison scores are also included to help provide additional context to the Portland-specific data.

This document is intended to be used as a springboard for discussion for phase two of this initiative known as the improvement planning process; a process that will be led by Portland's public health agency. Assessment findings should be used as the basis to begin identifying next steps, future strategies, suggestions for enhancing performance, and priority areas.

The intended audience for this report includes:

- Participants involved in the formal assessment process
- Public health practitioners and stakeholders
- Others interested in supporting local public health system-based efforts

Terms and Definitions

Several key terms used throughout the text of this document are described below. The definitions are based on those provided in a glossary disseminated by the Centers for Disease Control and Prevention's (CDC) National Public Health Performance Standards Program.

- **Jurisdiction:** Any area within geo-political boundaries within which a governmental agency has legal authority to perform a clearly defined function. The jurisdiction for this assessment was the City of Portland.
- **Local public health system (LPHS):** The collection of public, private and voluntary entities, as well as individuals and informal associations, that contribute to the public's health within a jurisdiction.
- **Public health infrastructure:** The systems, competencies, relationships, and resources that enable performance of public health's core functions and essential services in every community.

Overview of Public Health Performance Standards

The Centers for Disease Control and Prevention spearheaded a national partnership initiative to develop public health performance standards in an effort to strengthen public health practice, systems-based performance, and public health infrastructure.[1] As part of this initiative, three assessment tools were created to help delineate model standards and evaluate performance. The tools include the following:

- State Public Health System Performance Assessment Instrument
- Local Public Health System Performance Assessment Instrument
- Local Public Health Governance Performance Assessment Instrument

Essential Public Health Services

For each tool, performance is assessed through a series of questions based on the 10 Essential Public Health Services (EPHS) Framework.[2] This framework delineates the practice of public health. The essential services include:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community 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.

National Database

To date, nearly 300 local jurisdictions across 21 states have completed the local public health system assessment process and submitted their responses to be included in a national database. This database is managed by the CDC and includes information on the local public health agency, the jurisdiction, the governing structure, entities represented during the assessment, and the final assessment scores.

[1] Centers for Disease Control and Prevention,2005. National Public Health Performance Standards Program. Accessed: March 23, 2005. Available at: http://www.phppo.cdc.gov/nphpsp/index.asp

[2] Developed by the Core Public Health Functions Steering Committee, 1994

ASSESSMENT PROCESS

The formal assessment was conducted during a series of six meetings held on consecutive Thursdays in the months of January and February, 2005. In addition, an orientation meeting was held prior to the assessment meetings in an effort to familiarize systems partners to the process, framework, tool, and timeframe.

Purpose of Assessment

This assessment was designed to identify the strength, limitations, gaps, and needs of the current public health system in the City of Portland. The results are intended to serve as the impetus for the development of a system-wide strategic improvement plan. Although it is anticipated that the local public health agency may take the lead role regarding improvement in certain areas, the overall assessment and quality improvement efforts require participation and a commitment from all levels and components of the system.

The findings detailed in this report were designed to be framed in what we hope is a constructive manner. The comments captured during the assessment process and the final scores should not be used to lay blame or find fault with any one entity within the local public health system.

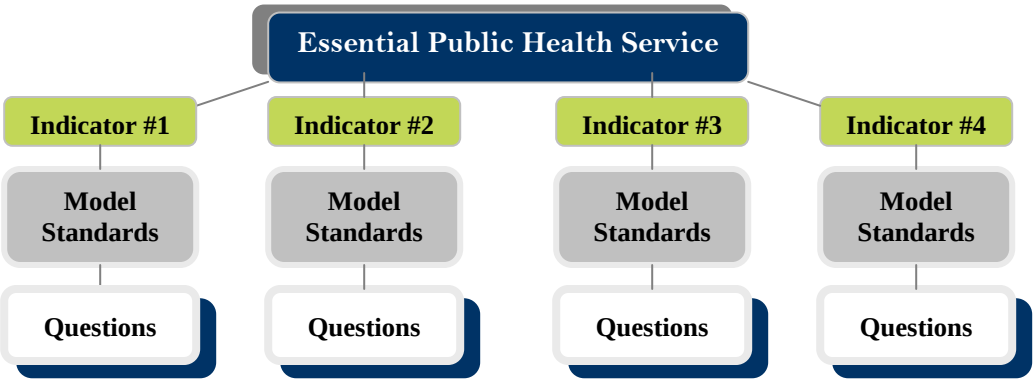
Stakeholder Participation

Invitations were sent to a broad range of systems partners representing the local public health agency, state agencies, community based organizations, academic institutions, hospitals, health systems, insurers, research institutes, school systems, foundations, and non-profit organizations. Additionally, invitations were sent to first responders, elected officials, social service providers, administrators, diversity advocates, and others representing local governmental or quasi-governmental entities (e.g., Portland Parks and Recreation, Portland Housing Authority). Approximately 40 individuals participated in the assessment meetings. Systems partners were encouraged to commit to participate in the entire process.

Assessment Tool

The 78-page assessment tool was developed by the CDC and other national partners. The tool is comprised of a total of 691 questions assessing the major activities, components, and practice areas of the local public health system. The assessment questions serve as the measure and all questions are preceded by model standards which represent the optimal levels of performance based on a set of indicators that are unique to each essential service. The layout of the tool is depicted below in Figure 1.

Figure 1. Framework of the Assessment Instrument



Response Options

There were four response options available to classify the percent of activity that was met within the local public health system. They include the following:

- Yes (76 – 100%)
- High Partially (51-75%)
- Low Partially (26-50%)
- No (25% or Less)

Two summary questions at the end of each section assessed the overall contribution of the local public health system and the contribution specific to the local public health agency. The response options for these summary questions included:

- 0 - 25%
- 26-50%
- 51-75%
- 76-100%

Scoring, Data Entry, and Data Analysis

An algorithm, developed by the CDC, was utilized to develop scores for every essential public health service. Each question was assigned a point value and given a weight depending on the number of questions and tiers. The score range was 0 to 100 with higher scores depicting greater performance in a given area. The scoring scheme and algorithm are available upon request. Each response was entered into the CDC database for analysis. A report was generated highlighting the quantitative results.

In addition to the scores that were collectively assigned by the core group, qualitative information was recorded and assessed. The comments by participating sectors of the system were captured on a laptop computer and a voice recorder throughout the meetings for each question that was addressed. This data was analyzed and organized into two major themes reflecting the strengths and limitations of the local public health system.

Benefits & Limitations

The benefits of this type of assessment process have been well documented by the CDC and other partners. This process served as a vehicle to:

- Improve communication and collaboration by bringing partners to the same table.
- Educate participants about public health, the essential services, and the interconnectedness of activities.
- Identify strengths and weaknesses that can be addressed in quality improvements through the use of a nationally recognized tool.
- Collect baseline data reflecting the performance of the local public health system.

Despite the advantages of an assessment such as this, there are limitations related to the process, tool, data collection, and generalizability of results that warrant attention. They include the following:

Process Limitations:

- Although attempts were made to encourage participation from multiple stakeholders, some representatives were missing from the process including those from the school system, business community, media, and faith institutions.
- The assessment format and anticipated commitment level during the assessment process may have precluded some participants from engaging in the series of meetings. The group process may have deterred introverted individuals who prefer less interactive approaches. The time commitment may have hindered the ability of some to participate due to lack of employer support or conflicting priorities.

Tool Limitations:

- The lengthy tool was detailed and cumbersome to complete in a consensus-building process. Reaching true consensus on each question was deemed to be unattainable in the given timeframe. Majority vote was used to capture individual item scores when consensus was not achieved.

Data Collection Limitations:

- The response options delineated in the tool were awkward. Participants were frequently reminded that a response of "no" did not connote zero activity, but rather reflected limited activity classified as less than 25%.
- The scores were subject to the biases and perspectives of those who participated in the core group and who engaged in the group dialogue.
- Although dissenting statements were recorded, the majority vote may not have adequately reflected the view point of many participants.
- The comments made during the assessment may have been difficult to accurately capture due to multiple people speaking at once, individuals who could not be heard, or comments that were spoken too quickly. Every attempt was made to capture the qualitative comments, yet gaps exist.

Generalizability of Results:

- The results of this assessment were based on a facilitated group process during a specific time period. Changes to the local public health system at all levels constantly occur. This assessment provides a snapshot approach.
- The assessment process was subjective based on the views of those who agreed to participate.

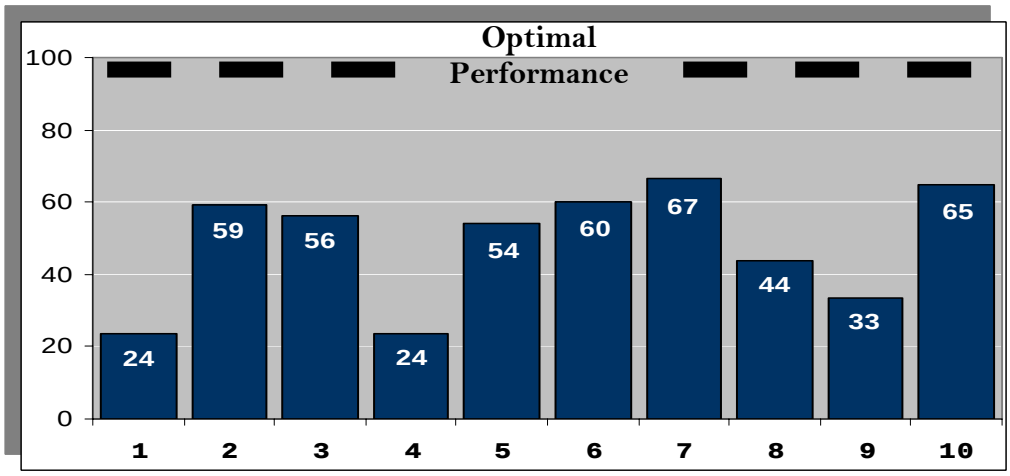
ASSESSMENT RESULTS

This section details the quantitative and qualitative results. Scores are reported in terms of percentages, with a score of 100% indicating optimal level of performance. As described earlier, the response options were based on intervals of 25 so a high rating included a range of 75-100%.

Essential Public Health Service Scores

Chart 1 depicts the overall scores for each essential public health service. The scores range from 24% to 67%, suggesting room for improvement in all areas. The top ranking essential service (#7) was related to linking people to needed personal health services and assuring the provision of health care when otherwise unavailable. This is a strength of Portland's public health system.

Chart 1. Essential Public Health Service Scores*



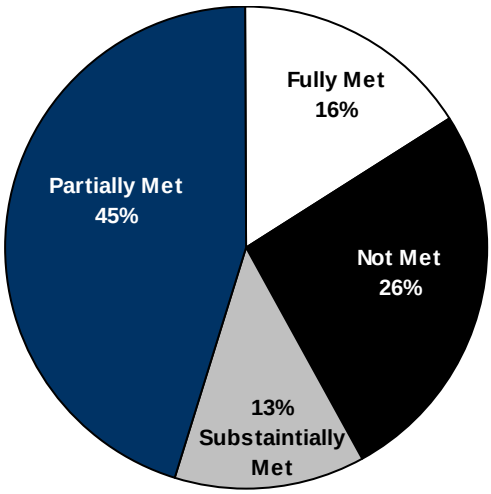
Legend:
1. Monitor health status
2. Diagnose and investigate
3. Inform, education, empower
4. Mobilize community partnerships
5. Develop policies and plans
6. Enforce laws and regulations
7. Link people to needed services
8. Assure a competent workforce
9. Evaluate health services
10. Research for new insights

*Note: Scores are rounded up

Performance Standards Met

Figure 2 depicts the extent to which performance standards were met. Overall, 16% of the standards were fully met and nearly one in four performance standards were not met.

Figure 2. Performance Standards Results



Comparison Communities and Data

In an effort to provide context to the Portland-specific scores, results from several comparison sites and national aggregate findings have been included. This data is intended to generate discussion. Generalizations based on this data should be made with caution due to a number of noteworthy caveats.

Caveats to Comparing Findings:

There are several issues deserving comment which pose challenges when comparing data generated from an assessment process such as this. They include:

- The assessment process is subjective. Results may vary based on:
  - Those who participate in the assessment
  - The process for reaching consensus or determining a group's response
  - The way questions are interpreted
  - The format for conducting the assessment
- National aggregate scores are based on all participating jurisdictions regardless of:
  - Total number of full time equivalents (FTEs)
  - Total budget
  - Governance structure
  - Jurisdiction
- Maine's public health infrastructure is unique.

Comparison Sites

Three comparison sites were selected from among the list of those who have recently (e.g., within the past two years) completed the local assessment tool. The selection was based on similarities in select demographic and community characteristics. One site was selected from the east coast, one site was chosen from the mid-west, and one community is located on the west coast. The communities include: 1) the City of Stamford, Connecticut, 2) the City of Fargo, North Dakota, and 3) Benton County, Oregon.

Representatives from the local public health agency within each community agreed to share their assessment findings. Table 2 provides demographic and other information on each comparison site. When compared to the other communities, the City of Portland has:

- Fewer residents
- Fewer married residents
- More families living below the poverty level
- Fewer housing units and more units that are vacant
- A smaller land mass

Despite these differences, there are several similarities including the:

- Percent of males and females in each jurisdiction
- Age of the population
- Racial and ethnic background of residents (with the exception of Stamford)
- Median income (with the exception of Stamford and Benton County)
- Educational attainment
- Percent of residents in the labor force and commute times

Table 2. Select Characteristics of Comparison Communities[3]

Characteristics	Portland City	Stamford City	Fargo City	Benton County
Total Population	**64,249**	**117,083**	**90,599**	**78,153**
Gender				
• Male	48%	48%	50%	50%
• Female	52%	52%	50%	50%
Age				
• Median Age (years)	36	36	30	31
• Under 5 years	5%	7%	6%	5%
• 18 - 64 years	81%	78%	79%	79%
• 65 +	14%	14%	10%	10%
Race and Ethnicity				
• White	91%	70%	94%	89%
• Hispanic (any race)	2%	17%	1%	5%
Household				
• Married (age 15+)	40%	52%	48%	50%
• Median household income	$35,650	$60,556	$35,510	$41,897
• Families below poverty level	10%	5%	7%	7%
• Average family size	2.89	3.13	2.91	2.95
• Total housing units	31,862	47,317	41,200	31,980
• Vacant housing units	7%	4%	5%	6%
Education (age 25+)				
• High school grad or higher	88%	82%	91%	93%
• Bachelor's degree or higher	36%	39%	34%	47%
Workforce				
• In labor force (age 16+)	69%	68%	75%	64%
• Mean time to work- minutes (age 16+)	19	24	15	18
• Land mass (square miles)	26	37	42	676
Local Assessment				
• Date completed	Feb-05	Jul-04	May-03	Feb-04
Health Department Characteristics				
• Jurisdiction	City	City	City-County	County
• Budget	$3.3 million	$8 million	$4.5 million	$8.2 million
• FTEs	77	110	70	82
• Part time employees	22	10	34	24
• Total employees	88	120	104	126
• Governing body (reports to)	City Council	City Manager	Local Brd Health	County Commiss.

As noted in the table above, the local health departments located in each jurisdiction report to different governing bodies. Another noteworthy distinction between Portland and the comparison communities is related to the health department's total budget. The health department in Portland has a budget that is $1 million less than Fargo and nearly $5 million less than Stamford and Benton County.

[3] Based on US Census Data, 2000

Comparison Findings

Table 3 provides the EPHS scores for each comparison community and the national aggregate scores. Overall, Portland's total performance score (48.53%) was lower than all other areas, due in part to especially low scores for essential services one and four. This overall score is used to assess one of the objectives delineated in Healthy People 2010:

> Objective 23-11: Increase the proportion of State and local public health agencies that meet national performance standards for essential public health services.[4]

Based on criteria established by the CDC for Healthy People 2010 objective 23-11, jurisdictions with overall scores of 60% or higher are classified as having "met" the performance standards. Currently, less than 40% of participating LPHS have met this standard.[5] Based on the results of this assessment, there are several opportunities for Portland's public health system to increasing performance.

The three lowest scores for each system are highlighted in yellow. Essential service nine consistently ranked as one of the lowest scores across *all* sites. Essential service one also ranked low for all sites, with the exception of Stamford.

The three highest scores depicted below suggest that enforcement is a strength of local public health systems, including Portland's system. The diagnosis and investigation of health problems also appears to be a strength of many LPHS throughout the country.

Table 3. Comparison Scores

Essential Public Health Service	Portland Score	Stamford Score	Fargo Score	Benton Score	National Score
1. Monitor Health Status	23.61	82.17	39.96	52.64	46.70
2. Diagnose and Investigate Health Problems	59.20	100.00	81.18	88.75	77.49
3. Inform, Educate, Empower People	56.15	69.81	64.56	78.32	61.82
4. Mobilize Community Partnerships	23.60	66.22	27.53	47.69	49.31
5. Develop Policies and Plans	54.17	70.22	44.03	67.33	47.98
6. Enforce Laws and Regulations	59.97	86.24	96.73	97.02	67.20
7. Link People to Needed Health Services	66.65	59.40	66.24	75.43	61.51
8. Assure a Competent Workforce	43.78	50.31	61.98	69.20	55.67
9. Evaluate Effectiveness, Accessibility, Quality	33.30	48.91	37.63	58.92	39.08
10. Research for New Insights	64.92	71.76	48.34	94.44	42.32
Total Performance Score	**48.53**	**70.50**	**56.82**	**72.97**	**54.91**

Legend:

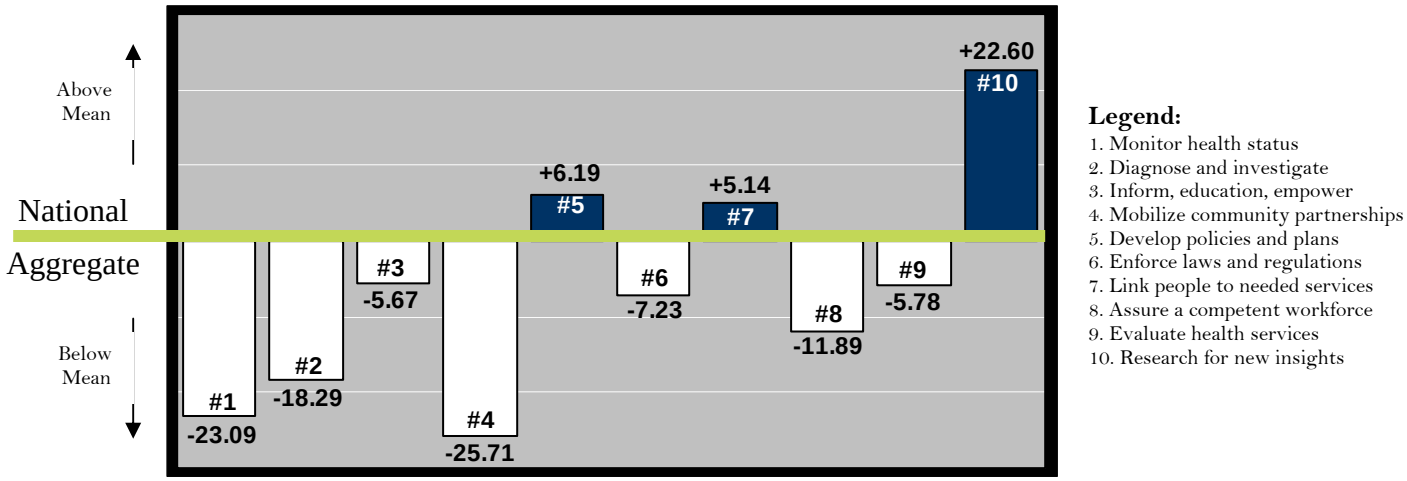
= 3 lowest scores = 3 highest scores

[4] U.S. Department of Health and Human Services. Healthy People 2010.
[5] Based on personal communication with Liza Corzo, March 30, 2005.

Portland Versus National Aggregate Data

When Portland data are compared to national aggregate data, Portland's score are lower in all but three areas (see Chart 2). The three areas with the greatest amount of difference are essential services one (monitor health status), four (mobilize community partnerships), and ten (research for new insights). With regard to EPHS ten, Portland's local public health system scored nearly 23 percentage points higher than the national figure suggesting that this is a strength of the system. Whereas essential services one and four received scores over 23 percentage points lower than the national average. This finding implies that improvement may be warranted in each of these areas.

Chart 2. Portland Results Compared to National Aggregate Data



One interesting finding is related to essential service six. This EPHS was ranked as one of Portland's top three performers, yet the score fell below the national average. While there are many likely explanations for this, including all of the caveats mentioned above, one additional explanation may be the lack of authority granted to Portland's local public health system to assure the delivery of the enforcement activities encompassed within this essential service. Unlike many other governmental public health entities at the local level, there is no statutory authority for the local health department or other entity within the system to enforce many of the existing public health laws and regulations.

Analysis of Each Essential Service and Indicator

The next section of this report focuses on the individual services including the strengths and limitations of each based on the scores and qualitative data. This information may help to further explain differences in scores within the LPHS and also differences in the results when Portland is compared to other systems that have completed this process. Recommendations based on each indicator are provided. The list of recommendations is not exhaustive. All recommendations are framed in the context of the essential public health services and designed to enhance performance of the local public health system. Appendix B provides a synopsis of the summary questions assessing the contributions of the system and specific contributions of the local public health agency.

ESPH #1: Monitor Health Status
Indicator 1: Community Health Profile

Portland	Stamford	Fargo	Benton	National
20.11	91.44	67.85	61.13	52.47

Strengths:

- A comprehensive assessment was conducted in 1992 and 2000.

Limitations:

- There are no locally established health priorities; however, specific programs have their own health objectives.
- The data included in the last community health profile is 7-8 years old. A current profile does not exist.
- There is no local surveillance system that can be utilized for the development of a community health profile.
- State and local data collection efforts are not coordinated and data collected at the state level is typically not able to be compiled into a community health profile for the City of Portland.
- Adequate resources do not exist for developing and maintaining a Community Health Profile, and this issue is not a priority in public health based on the current funding streams.
- Other states mandate that local public health systems collect local data. There is no mandate in Maine, and, although municipalities do collect some data (e.g., births, deaths) this information must be sent to the state in order to be aggregated.
- Several entities at the local level are collecting data (e.g., police, hospitals, health systems, insurers) but there is no systematic approach to coordinate the data collection efforts or to compile the information into a Community Health Profile. Although some of the data are available upon request, the incentives for partners to provide this information are unclear, and the current capacity of the system to routinely develop and maintain a Community Health Profile is uncertain.

Recommendations:

- Put into place (or begin to build) a system to collect data about the community for health assessment purposes. Define the steps, timeframe, partners, and resources needed.
- Develop a community health profile that:
  - Identifies community priorities and goals
  - Tracks trends and progress
  - Is widely disseminated across the local public health system
  - Is reviewed and updated regularly

ESPH #1: Monitor Health Status
Indicator 2: Access to and Utilization of Current Technology

Portland	Stamford	Fargo	Benton	National
8.67	62.83	24.72	19.92	26.19

Strengths:

- The LPHS has access to some state-of-the art technology to support health profile databases and develop graphics to identify trends and compare data by relevant categories.

Limitations:

- The LPHS does not collect, maintain, integrate, or display health profile databases, although some programs and entities keep separate databases.
- Limited geocoded data exists for the LPHS jurisdiction.
- Community health data are not available in an electronic format due to a lack of data at the local level and the absence of an updated Community Health Profile.

Recommendation:

- Identify and utilize state of the art technology to collect, analyze, and display health assessment information.

ESPH #1: Monitor Health Status
Indicator 3: Maintenance of Population Health Registries

Portland	Stamford	Fargo	Benton	National
42.04	92.22	27.30	76.88	61.44

Strengths:

- The LPHS contributes to population health registries maintained by the state including child immunizations and cancer diagnosis.
- Standards exist for data collection and priorities and processes have been established for reporting health events to a registry or registries.
- The LPHS has used information from one or more population-based registries maintained by the state. This information has been used, in part, to design and implement programs.

Limitations:

- The LPHS does not maintain a registry for:
  - Immunization status of children or adults
  - Cancer (although hospitals maintain this data on patients)
  - Syphilis serology (this information is not collected system-wide)
  - Newborn screening (state level only)
  - Birth defects and developmental disabilities (state level only)
  - Trauma (state level only)
  - Occupational injury (state level only)
  - Environmental exposures (state level only)
- There is no system in place to ensure timely reporting to population health registries.
- Information from one or more population health registries has been used infrequently by the LPHS to inform policy decisions and conduct population research.

Recommendation:

- Identify all population health registries and develop a system to utilize information from registries to develop programs or policies or for research.

ESPH #2: Diagnose and Investigate

Indicator 1: Identification and Surveillance of Health Threats

Portland	Stamford	Fargo	Benton	National
24.86	100.00	74.17	62.50	71.76

Strengths:

- Providers are required to submit reportable disease information to the state.
- The LPHS has (or has access to) masters or doctoral level epidemiologists and/or statisticians to assess, investigate, and analyze public heath threats and health hazards.

Limitations:

- Providers are not required to submit reportable disease information to the local public health agency.
- The state will contact the local public health agency regarding reportable disease information for their jurisdiction "if they see something important."
- The LPHS does not adequately monitor changes in the occurrence of health problems and hazards, with the exception of lead.
- Agencies within the LPHS are not linked with each other for rapid electronic communication to respond to health threats.
- The LPHS does not have a formal procedure to alert communities about possible health threats or disease outbreaks.

Limitations (continued):

- Local statistics (Portland specific) are not readily available for:
  - Communicable diseases (individual reports may be received by the state but there is no aggregate data for the Portland community)
  - Chronic diseases (data are currently available at county level)
  - Injuries (limited data is currently collected by hospitals)
  - Environmental hazards (the state collects radon and lead data)
- The LPHS does not have a comprehensive surveillance system.

Recommendation:

- Develop a comprehensive surveillance system for Portland that integrates local, state, and national surveillance systems.

ESPH #2: Diagnose and Investigate
Indicator 2: Plan for Public Health Emergencies

Portland	Stamford	Fargo	Benton	National
75.00	100.00	79.88	100.00	76.60

Strengths:

- The LPHS has identified public health disasters and emergencies that might trigger implementation of the local emergency response plan.
- The emergency response plan has been reviewed or revised within the past two years.
- One or more parts of the local emergency response plan have been tested through simulations of mock events.

Limitations:

- The LPHS does not have a final emergency preparedness and response plan that has been disseminated system-wide. The existing draft plan may not be comprehensive or sufficiently oriented to public health. In addition, the draft plan may not adequately:
  - Describe the LPHS communications and information networks
  - Connect, where possible, to the state emergency response and preparedness plan (the state's plan in under development)
  - Identify current community assets that could be mobilized to respond to an emergency
  - Outline protocols for slowly developing emergencies (e.g., SARS)
- Mock events have not included all of the partners that could be mobilized to respond to an emergency.

Recommendations:

- Develop a more comprehensive emergency preparedness and response plan that builds on the current plan but adds:
  - Descriptions of organizational roles and responsibilities across all public health entities participating in the plan
  - Communication and information networks available within the local public health system
  - Community assets to be mobilized
  - A description of how the local plan connects to the state plan (not yet available)
  - A method for wider distribution of the plan

ESPH #2: Diagnose and Investigate

Indicator 3: Investigate and Respond to Public Health Emergencies

Portland	Stamford	Fargo	Benton	National
47.60	100.00	73.18	94.83	74.96

Strengths:

- Current epidemiological case investigation protocols to guide immediate investigations of public health emergencies exist (often at the state level) and are utilized by the LPHS.
- Written protocols for implementing a program of source and contact tracing for some communicable diseases and toxic exposures exist at the state level and are utilized by the LPHS.
- The LPHS maintains a roster of personnel with the technical expertise to respond to potential public health emergencies and the system has access to key personnel within one hour.

Limitations:

- There is a lack of consensus on who is the designated Emergency Response Coordinator.
- State and local ordinances are vague in terms of the definition of local health officers. The designation of local emergency response coordinators is not based on statutory authority.
- Although the LPHS evaluates public health emergency response incidents for effectiveness and opportunities for improvement, the systems overall evaluation capacity is low.

Recommendations:

- Designate an Emergency Response Coordinator for the local public health system and encourage involvement in the system's Regional Resource Center.
- Evaluate public health emergency response incidents for effectiveness and opportunities for improvement.

ESPH #2: Diagnose and Investigate
Indicator 4: Laboratory Support for Investigation of Health Threats

Portland	Stamford	Fargo	Benton	National
89.33	100.00	97.50	97.67	86.64

Strengths:

- Laboratories within the LPHS are licensed and/or credentialed. This documentation is maintained by the individual laboratories.
- The LPHS maintains ready access to laboratories capable of meeting routine diagnostic and surveillance needs.
- The LPHS maintains current guidelines or protocols for handling laboratory samples.

Limitations:

- Although the LPHS has ready access to laboratory services available to support investigations of public health problems, hazards, and emergencies, some individuals may not be aware of the protocols for transporting and handling laboratory samples.

Recommendation:

- Clarify and disseminate protocols for transporting and handling samples to be sent to labs.

ESPH #3: Inform, Educate, Empower
Indicator 1: Health Education

Portland	Stamford	Fargo	Benton	National
52.83	64.60	64.40	66.24	61.55

Strengths:

- The LPHS frequently provides the general public and policy leaders with information on health risks and behaviors that improve health, particularly for specific health issues.
- The LPHS uses media (e.g., print, radio, television) to communicate health information to specific populations. This may be due in part to the strong media base in Portland.
- The LPHS sponsors health education programs that are often based on issues identified by the community. These programs often target health risks and provide guidance on developing skills and adopting healthful behaviors.

Limitations:

- While the LPHS may provide health risk and behavior information to the general public, this information is often:
  - Limited to specific segments of the population (e.g. WIC recipients, non-immigrants)
  - Based on identified health needs derived from county-level or state-level data.
- The use of media to communicate health information and collaborative opportunities with the local media are not routinely tracked or evaluated.
- The lack of community-level data poses challenges in identifying priority health education programs.
- Public health education activities are not routinely evaluated to assess the appropriateness of the health issues addressed, the population served, the education materials, the setting, and the impact.

Recommendation:

- Every two years assess the quality and appropriateness of health education programs through a systematic and coordinated effort.

ESPH #3: Inform, Educate, Empower
Indicator 2: Health Promotion Activities

Portland	Stamford	Fargo	Benton	National
59.47	75.01	64.72	90.41	62.08

Strengths:

- Within the past year, the LPHS has implemented health promotion activities for the general public that are based on best-practice models and interventions that enhance community capacity to enable healthy behaviors (e.g. snow removal on sidewalks).
- Collaborative networks for health promotion are used to plan and implement health promotion activities as well as to provide resources.

Limitations:

- Health promotion activities have not been formally assessed using a coordinated and systematic approach.

Recommendation:

- Every two years assess the quality and appropriateness of health promotion programs through a systematic and coordinated effort.

ESPH #4: Mobilize Partnerships
Indicator 1: Constituency Development

Portland	Stamford	Fargo	Benton	National
30.17	76.87	46.54	65.94	58.20

Strengths:

- The LPHS is able to identify key constituents for specific health concerns because the community is small enough to know those that are relevant to the issue.
- The LPHS uses various communication strategies to strengthen organizational linkages and inform community constituents about public health issues including
  - Newsletters
  - Websites
  - Health fairs
  - City Council meetings
  - Other events

Limitations:

- The LPHS does not maintain a master list of the names and contact information of individuals and groups for constituency building purposes.
- Although some opportunities exist for volunteers to help in community health improvement, mechanisms for recruitment and retention may not be adequate and existing opportunities may not be well publicized.
- The LPHS does not maintain a current directory of the organizations that comprise the system. Multiple lists exist, yet no one directory currently houses all of this updated information for the entire system.
- An established frequency for communicating with organizations and the community-at-large through planned events does not exist system-wide and the communication is typically not evaluated.

Recommendations:

- Identify and implement strategies for encouraging community constituents to participate in identifying health issues and provide volunteer opportunities to help in community health improvement.
- Develop and maintain a comprehensive directory of organizations that comprise the local public health system.
- Develop regularly scheduled mechanisms or events to facilitate communication with the community at large about public health services and health issues.

ESPH #4: Mobilize Partnerships
Indicator 2: Community Partnerships

Portland	Stamford	Fargo	Benton	National
17.04	55.56	8.52	29.44	40.43

Strengths:

- Numerous partnerships exist within the LPHS.

Limitations:

- Despite the existing partnerships, the LPHS lacks a coordinated and comprehensive approach to improving community health.
- The LPHS does not have a broad-based community health improvement committee that meets regularly and participates in the community assessment and improvement process, assists with monitoring progress, and leverages community resources.
- The LPHS does not systematically and routinely assess the effectiveness of community partnerships developed to improve community health.

Recommendation:

- Establish a broad based community health improvement committee responsible for developing, disseminating, and updating a Community Health Improvement Plan (CHIP). Evaluate the effectiveness of the committee and the impact of their work.

ESPH #5: Develop Policies and Plans
Indicator 1: Governance Presence at the Local Level

Portland	Stamford	Fargo	Benton	National
52.02	87.08	87.40	86.04	73.14

Strengths:

- The LPHS includes a local governmental public health entity.
- The local governmental public health entity maintains current documentation describing its mission and assists in providing resources to assure the delivery of the Essential Public Health Services to the community.
- Oversight for the local public health agency is provided by a governing agency.
- The local governmental public health agency works with the state public health system and state public health agency to assure the provision of public health services.

Limitations:

- The local governmental public health agency lacks statutory authority to assure the delivery of the Essential Public Health Services to the community.
- The chartered and legal responsibilities of the local public health agency are unclear, despite the recognition that a charter exists.
- Inadequate funding and limitations placed on existing funding streams (e.g., categorical requirements) pose challenges related to the delivery of the EPHS.
- The local governmental public health entity does not *assure* the participation of all relevant stakeholders in the implementation of a community health improvement plan because such a plan does not currently exist.

Recommendations:

- Clarify statutory responsibilities of the local public health agency for the delivery of the essential public health services.
- Encourage the participation of all relevant stakeholders in the development and implementation of a Community Health Improvement Plan.
- Complete the National Public Health Performance Standards Program Local Public Health Governance Performance Assessment Instrument.

ESPH #5: Develop Policies and Plans

Indicator 2: Public Health Policy Development

Portland	Stamford	Fargo	Benton	National
70.56	70.00	55.39	100.00	43.46

Strengths:

- The LPHS routinely contributes to the development of public health policies and routinely advocates for those who bear disproportionate burdens of mortality or morbidity.
- The LPHS has been involved in specific activities that have influenced or informed the public health policy process including: preparing issue briefs, giving public testimony, participating on local/state/national boards or advisory panels, and meeting with elected officials. Many of these activities have resulted in changes to policy.

Limitations:

- The LPHS does not routinely review all public health policies (e.g. local and state) that affect constituents to assess outcomes and unintended consequences.

Recommendation:

- Review public health-related policies (workplace policies, City ordinances, etc.) every two years to assess outcomes, impact, and unintended consequences.

ESPH #5: Develop Policies and Plans
Indicator 3: Community Health Improvement Process

Portland	Stamford	Fargo	Benton	National
39.11	62.40	0.00	22.44	36.77

Strengths:

- The LPHS has developed strategies to address community health objectives based, in part, on organizational goals.

Limitations:

- The LPHS does not have an established community health improvement process (e.g., MAPP) or committee in place despite attempts made by the local governmental public health agency.
- Strategies to address community health objectives are often based on categorical issues. No formal process currently exists to set priorities through a comprehensive, coordinated, and collaborative approach.

Recommendation:

- Establish a formal community health improvement process (e.g., Mobilizing for Action through Planning and Partnerships - MAPP) that includes broad participation of the community and results in a community health improvement plan.

ESPH #5: Develop Policies and Plans
Indicator 4: Strategic Planning and Alignment

Portland	Stamford	Fargo	Benton	National
55.00	61.42	33.33	60.83	38.55

Strengths:

- Organizations within the LPHS conduct strategic planning processes, including the City of Portland's health department.
- The Portland Public Health agency's strategic planning efforts assess organizational strengths and weaknesses.
- Portland Public Health's strategic plan is reviewed annually and integrated into the budget and work plans.

Limitations:

- Organizational strategic plans, including the local public health agency's plan, are not aligned with the community health improvement process because such a process does not currently exist.
- The City of Portland's public health strategic planning process is limited in its ability to adequately identify trends due to a lack of jurisdiction-specific data.

Recommendation:

- Once a community health improvement plan is completed, organizations should align their own strategic plans with the community health improvement plan.

ESPH #6: Enforce Laws

Indicator 1: Review and Evaluate Laws, Regulations, Ordinances

Portland	Stamford	Fargo	Benton	National
68.52	96.50	92.70	98.83	73.28

Strengths:

- The LPHS has identified issues that can be addressed through laws, regulations, and ordinances.
- The LPHS has access to a current compilation of federal, state, and local laws, regulations, and ordinances that protect the public's health. Much of this information is available electronically.

Limitations:

- The LPHS does not systematically review public health laws and regulations on a routine basis (e.g., at least once every five years).
- Previous attempts to review existing public health laws and regulations have not adequately assessed: 1) issues of authority to carry out the EPHS, 2) the impact of the laws or regulations on the health of the community, 3) the opinions of constituents, 4) compliance, 5) identification of those laws and regulations requiring updating.

Recommendations:

- Conduct a systematic review of public health laws and regulations every five years to determine:
  - Whether laws and regulations provide the authority to carry out the essential public health services,
  - The impact of existing laws and regulations on the health of the community and the opinion of the community of such laws
  - The need to update and the level of compliance

ESPH #6: Enforce Laws
Indicator 2: Involvement in Improvement of Laws and Regulations

Portland	Stamford	Fargo	Benton	National
96.67	77.78	100.00	92.22	52.92

Strengths:

- The LPHS has identified many local public health issues that were not adequately addressed through existing laws, regulations, and ordinances (e.g., lead, tobacco). This identification led to action and the development of new or enhanced laws, regulations, and ordinances.
- Multiple organizations within the LPHS have been involved in the development or modification of laws, regulations, or ordinances and this involvement has included technical assistance, communication with legislators and regulatory officials, as well as participation in public hearings.

Limitations:

- None reported.

Recommendation:

- No recommended actions.

ESPH #6: Enforce Laws
Indicator 3: Enforce Laws, Regulations, Ordinances

Portland	Stamford	Fargo	Benton	National
14.72	84.44	97.50	100.00	75.40

Strengths:

- The LPHS maintains authority for select enforcement activities (e.g. inspections, food service establishments, waste disposal, sidewalks, alcoholic beverages, etc).
- Those engaged in select enforcement activities (e.g. inspectors, code enforcement officers) receive training.

Limitations:

- A formal document does not exist that identifies the roles and responsibilities of each organization with enforcement authority (excluding the City's inspection program).

Limitations (continued):

- Organizations within the LPHS often do not have the authority to enforce *many* public health laws, regulations, or ordinances (e.g., quarantine).
- Although training is provided to those who currently serve as code enforcement officers, this training is not adequately integrated with other public health activities.
- The LPHS does not assure that all enforcement activities are conducted in a timely manner (some exceptions apply).
- The LPHS does not adequately provide information to individuals and organizations about public health laws, regulations, and ordinances with which they are required to comply (with the exception of a few select examples).
- During the past five years, the local governmental public health agency has not reviewed the activities of institutions and businesses in the community to assess their compliance with laws, regulations, and ordinances designed to ensure the public's health.

Recommendations:

- Identify and clarify the authority and enforcement roles and responsibilities of organizations in the local public health system and the state public health system for the enforcement of all public health laws, regulations, and ordinances that impact the community and assure that enforcement activities are conducted in a timely manner.
- Conduct a review to assess the compliance of organizations (e.g. schools, food establishments, day care facilities) with laws, regulations, and ordinances designated to ensure the public's health.

ESPH #7: Link People to Services

Indicator 1: Identification of Population Barriers to System

Portland	Stamford	Fargo	Benton	National
100.00	95.33	93.00	100.00	82.68

Strengths:

- The LPHS identifies populations who may encounter barriers to the receipt of personal health services including: 1) children and the elderly, 2) persons who may encounter barriers due to a lack of education, geographic location, race, or ethnicity, 3) persons with low income, cultural or language barriers, physical disabilities, or mental illness, and 4) uninsured and under-insured persons.

Limitations:

- None reported.

Recommendation:

- No recommended actions.

ESPH #7: Link People to Services
Indicator 2: Personal Health Service Needs of Populations

Portland	Stamford	Fargo	Benton	National
58.41	34.89	68.74	68.96	48.75

Strengths:

- The LPHS has assessed the extent to which personal health services are being provided for some areas (e.g. mental health) including accessibility and availability issues.
- The LPHS has identified the personal health services (e.g., preventive, curative, and rehabilitative) available to diverse populations who may encounter barriers to services.

Limitations:

- The LPHS has not adequately defined personal health service needs for all of its catchment areas due, in part, to a lack of data.
- There is a lack of coordination regarding existing data to assess health services.

Recommendation:

- Define the personal health service needs of the community and assess, in a coordinated way, the extent to which personal health services are accessible, acceptable, and available.

ESPH #7: Link People to Services
Indicator 3: Assuring Linkage of People to Personal Health Services

Portland	Stamford	Fargo	Benton	National
41.53	47.97	36.97	57.32	53.11

Strengths:

- The LPHS assures the provision of needed personal health services through existing systems of care (e.g., hospitals, free clinics).
- The LPHS provides outreach and linkage services for the community in select areas (e.g., breast and cervical health, oral health).
- The LPHS has initiatives designed to enroll eligible beneficiaries in state Medicaid or medical assistance programs.

Limitations:

- Activities to assure the provision of needed personal health services are not coordinated throughout the LPHS for the diverse populations who may encounter barriers to care.
- The LPHS may not adequately assure linguistically appropriate staff and materials to assist population groups in obtaining personal health services.
- The LPHS does not assure the coordinated delivery of personal health services to populations who may encounter barriers to obtain health care.
- The LPHS has not recently conducted an analysis of age-specific participation in preventive services.

Recommendations:

- Coordinate the delivery of personal health services to populations that may encounter barriers with responsibility assumed by multiple partners within the system.
- Conduct an analysis of participation in preventive services.

ESPH #8: Competent Workforce

Indicator 1: Workforce Assessment

Portland	Stamford	Fargo	Benton	National
0.00	11.11	0.00	21.93	19.36

Strengths:

- Data on the number of licensed health professionals may be available through licensure boards.

Limitations:

- The LPHS has not recently (e.g., in past three years) conducted a workforce assessment.
- Gaps within the public and personal health workforce have not been adequately identified based on a formal process.
- Organizational strategic, operational, and evaluation plans may not adequately integrate opportunities to address workforce gaps due to the lack of a formal workforce assessment.

Recommendation:

- Conduct a coordinated assessment of the local public health system workforce to determine composition, size, competencies, training needs, and gaps.

ESPH #8: Competent Workforce
Indicator 2: Public Health Workforce Standards

Portland	Stamford	Fargo	Benton	National
97.33	69.44	96.59	96.33	86.89

Strengths:

- Organizations within the LPHS are aware of and in compliance with guidelines and other requirements (e.g., licensure) for personnel contributing to the EPHS.
- Written job standards and position descriptions exist for all personnel within the LPHS contributing to the EPHS, including those employed by the local public health agency.
- The local public health agency specifies job competencies, education and experience, certification or licensure requirements, and performance expectations for all positions. These job standards and position descriptions are reviewed periodically and include employee and supervisory input.
- The local public health agency conducts performance evaluations annually based on performance goals, competencies specific to a position, and based on direct observations.

Limitations:

- Performance evaluations conducted by the local public health agency are not based on the demonstration of core public heath competencies.
- Evaluators or supervisors may not be trained in techniques for performance appraisal as part of an overall performance improvement process.

Recommendation:

- No recommended actions.

ESPH #8: Competent Workforce
Indicator 3: Continuing Education, Training, and Mentoring

Portland	Stamford	Fargo	Benton	National
53.82	63.26	100.00	88.68	65.23

Strengths:

- Several training modalities are utilized including distance learning technology, conferences, cross-training, coaching, and mentoring.

Strengths (continued):

- Some incentives are provided to those who participate in educational and training opportunities (e.g., tuition reimbursement, time off for conferences, and recognition by supervisors).

Limitations:

- The LPHS does not adequately identify education and training needs.
- The LPHS does not encourage opportunities for public health workforce development based on identified education and training needs (with the exception of a few efforts by select organizations).
- Portland Public Health does not provide opportunities for all personnel to develop core public health competencies.
- Limited career advancement opportunities may exist for those who participate in public health education and training experiences.
- There are limited opportunities for interaction between staff of LPHS organizations and faculty from academic and research institutions, particularly those connected with schools of public health.

Recommendations:

- Identify opportunities and encourage participation in educational programs that develop core public health competencies including an understanding of the essential public health services, the multiple determinants of health, and cultural competence.
- Develop opportunities for the local public health system workforce to be mentored by faculty from academic and research institutions.

ESPH #8: Competent Workforce
Indicator 4: Public Health Leadership Development

Portland	Stamford	Fargo	Benton	National
23.98	57.41	51.32	69.86	51.23

Strengths:

- There are a few select efforts to promote leadership within some of the organizations that comprise the LPHS.

Limitations:

- Organizations within the LPHS do not adequately promote the development of leadership skills and there are limited educational opportunities in this area.
- There is no Public Health Leadership Institute in Maine.

Limitations (continued):

- Organizations within the LPHS do not adequately promote collaborative leadership through the creation of a shared vision and participatory decision-making.
- The LPHS does not adequately assure that organizations and/or individuals have opportunities to provide leadership in areas where their expertise or experience can provide insight, direction, or resources.
- The LPHS does not adequately provide opportunities to develop community leadership through coaching and mentoring.

Recommendation:

- Identify or develop opportunities for the local public health system workforce to obtain leadership training, participate in collaborative leadership, provide leadership in areas of expertise, and be mentored by public health leaders.

ESPH #9: Evaluate Services

Indicator 1: Evaluation of Population-Based Services

Portland	Stamford	Fargo	Benton	National
0.00	65.21	26.36	62.29	38.07

Strengths:

- The system has recently increased its epidemiological capacity which may, at some point, serve as a resource for conducting systematic public health evaluation.

Limitations:

- Limited data exists at the local level to help evaluate population-based health services including community satisfaction and gaps in the provision of services.
- Although evaluation efforts exist in some areas, much of the evaluation is not coordinated or specific to the City of Portland.
- There are no established criteria used to evaluate population-based health services.
- Due to the limited amount of evaluation activities, organizations within the LPHS do not typically use the results of evaluation to guide their strategic and operational plans.

Recommendation:

- Conduct a coordinated system-wide assessment of population-based health services within the local public health system that establishes evaluation criteria, determines the extent to which goals are achieved, assesses community satisfaction, identifies gaps, and utilizes results for strategic planning.

ESPH #9: Evaluate Services
Indicator 2: Evaluation of Personal Health Care Services

Portland	Stamford	Fargo	Benton	National
52.40	64.87	69.87	55.98	41.72

Strengths:

- Organizations within the LPHS have evaluated personal health services for the community based on established criteria. These evaluations have assessed quality, access, client satisfaction, and areas for improvement.
- Organizations within the LPHS use information technology to assure the quality of personal health services.

Limitations:

- Evaluation efforts within the LPHS rarely assess the effectiveness of health services.
- Existing evaluation efforts may not adequately assess primary care services, specialty care services, outpatient surgery services, hospice care services, behavioral health services, the scope of services offered, the personal health needs of clients, or the level of satisfaction regarding payment of services.
- Evaluation results are not routinely used in the development of strategic plans.

Recommendations:

- Enhance use of information technology (e.g., registries, electronic medical records) to assure quality of personal health services.
- Share results of evaluation efforts and encourage use by organizations in the local public health system in strategic planning efforts.

ESPH #9: Evaluate Services
Indicator 3: Evaluation of Local Public Health System

Portland	Stamford	Fargo	Benton	National
47.50	16.67	16.67	58.48	37.46

Strengths:

- The LPHS has identified community organizations that contribute to the delivery of the EPHS through the assessment process.

Limitations:

- The LPHS does not conduct an evaluation of the system every three to five years.
- Linkages and relationships among organizations that comprise the LPHS are not routinely or comprehensively assessed.
- There is no formal evaluation process in place to guide community health improvements (with the exception of specific program-based evaluation efforts).

Recommendation:

- Conduct a comprehensive evaluation of the local public health system that is based on established criteria, involve broad based organizations, assesses linkages and relationships among organizations and uses the results to guide community health improvements.

ESPH #10: Research for New Insights

Indicator 1: Fostering Innovation

Portland	Stamford	Fargo	Benton	National
66.67	46.11	31.39	95.56	40.66

Strengths:

- Select organizations within the LPHS have strong health research components and staff members are supported in their efforts.
- The LPHS has implemented innovations to improve public health practice in the area of health services (e.g., homeless clinic, school based clinics).
- LPHS organizations encourage community participation in the development or implementation of research.
- Organizations within the LPHS monitor best practices developed by other public health entities.

Limitations:

- Limited funding exists to support the implementation of innovative solutions to health problems within the community.
- Organizations within the LPHS do not frequently advocate for research organizations to add specific public health issues in their research agendas.

Recommendation:

- Encourage research institutions (e.g., hospitals, universities, others) to include public health issues in their research agenda as proposed by the local public health system.

ESPH #10: Research for New Insights
Indicator 2: Linkage with Institutions of Higher Learning

Portland	Stamford	Fargo	Benton	National
92.87	100.00	89.63	100.00	49.18

Strengths:

- The LPHS partners with at least one institution of higher learning or research organization to conduct research related to the EPHS.
- The LPHS has relationships with institutions of higher learning and research organizations that include consultation services, formal and informal affiliations, and technical assistance.
- The LPHS encourages proactive interaction between the academic and practice communities including opportunities for field training and co-sponsored continuing education.

Limitations:

- While teaching and faculty exchange opportunities may exist, there are few examples of joint appointments with research and practice-based organizations.

Recommendations:

- No recommended actions.

ESPH #10: Research for New Insights
Indicator 3: Capacity for Research

Portland	Stamford	Fargo	Benton	National
35.21	69.17	24.00	87.78	37.13

Strengths:

- The LPHS has access to individuals with research skills including those employed at research institutes, academic centers, insurance agencies, and local hospitals. The researchers have training or experience in epidemiology, health policy, health economics, health services, and health systems.

Strengths (continued):

- The new "All Claims" database may provide an opportunity for research specific to Portland.

Limitations:

- There are limited resources within the community to facilitate research within the LPHS.
- There is no plan to disseminate research findings to public health colleagues within the LPHS and findings are typically not published.
- The LPHS does not adequately evaluate its research activities. Some programs assess the impact of their research (e.g., Peer Program). However, most of the research within the system is driven by interests of individual researchers and there is no consistency regarding evaluation.

Recommendations:

- Work with local public health system researchers to publish findings and/or disseminate results.
- Evaluate the development, implementation, and impact of research activities in the local public health system.

SUMMARY

The findings of this assessment revealed a number of strengths within Portland's public health system. The current system has done a superb job of identifying populations who may encounter barriers to health services and addressing issues related to workforce standards. The system has also achieved great success in developing linkages with institutions of higher learning and research entities as well as improving laws, regulations, and ordinances to support public health efforts. Laboratory capacity was also found to be an additional strength of this system. Within the City of Portland, there are several laboratories able to assist in the investigation of health threats.

Based on the limitations identified during the assessment, there are several themes that were common across many essential public health services. They include:

- Lack of data (particularly for the Portland jurisdiction)
- Lack of coordination
- Lack of evaluation
- Lack of authority
- Limited opportunities for partnerships

Addressing one or more of the limitations listed above may have a significant impact on performance. Once an improvement planning process has been developed and implemented, the CDC recommends conducting a follow-up assessment (three years from now) to compare the new findings to the baseline data depicted in this report.

Appendix A
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Appendix B
Summary of Contributions

SUMMARY OF CONTRIBUTIONS

Description	Portland Score	Percent of Model Standard Achieved By System				Percent of Model Standard Contributed By LPHA			
		0-25%	26-50%	51-75%	76-100%	0-25%	26-50%	51-75%	76-100%
EPHS 1: Monitor Health Status	23.61								
Community Profile	20.11	X				X			
Access Technology	8.67	X				X			
Health Registries	42.04	X				X			
EPHS 2: Diagnose Health Problems	59.20								
Identification Surveillance	24.86	X				X			
Plan for Emergencies	75.00	X				X			
Respond to Emergencies	47.60		X			X			
Laboratory Support	89.33			X			X		
EPHS 3: InformPeople	56.15								
Health Education	52.83	X				X			
Health Promotion	59.47			X			X		
EPHS 4: Mobilize Partnerships	23.60								
Constituency Development	30.17		X				X		
Community Partnerships	17.04		X					X	
EPHS 5: Develop Policies	54.17								
Governance Presence	52.02		X						X
Policy Development	70.56			X			X		
Improvement Process	39.11	X					X		
Strategic Planning	55.00		X				X		
EPHS 6: Enforce Laws	59.97								
Review Laws	68.52		X				X		
Improve Laws	96.67			X				X	
Enforce Laws	14.72	X				X			
EPHS 7: Link People to Services	66.65								
Identification of Barriers	100.00				X				X
Identifying Service Needs	58.41			X			X		
Assuring Linkages	41.53		X					X	
EPHS 8: Assure Workforce	43.78								
Workforce Assessment	0.00	X				X			
Workforce Standards	97.33				X		X		
Continuing Education	53.82			X			X		
Leadership Development	23.98		X				X		
EPHS 9: Evaluate Services	33.30								
Population Services	0.00	X				X			
Health Care Services	52.40		X			X			
Local System	47.50	X				X			
EPHS 10: Research for New Insights	64.92								
Fostering Innovation	66.67			X			X		
Linkage with Universities	92.87			X			X		
Capacity for Research	35.21		X			X			