

District Public Health Improvement Plan (DPHIP)

Healthy Maine Partnership Kick Off
June 22, 2011
Augusta Civic Center

Office of Local Public Health



Background of DPHIP

- Public Health Work Group Report 2007
 - Envisioned a district health plan as a deliverable
- 2008-2009 State Health Plan
 - Develop a Health Improvement Plan for eight public health districts
- District-wide plan that is sole responsibility of the DCC, their collaborators, partners, and consumers.

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First Data Source

Local Public Health Systems Assessment

- Nationally Accepted and Consistent Instrument
 - Assess ten Essential Public Health Services
- Prioritization Process
- Build infrastructure
- Utilize committee and/or work groups

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Second Data Source

State Health Plan

- Call to Action for each district
- Prevention Quality Indicators (reduce avoidable hospitalizations)
 - Respiratory (Asthma, COPD, Pneumonia)
 - Diabetes
 - Heart Failure
- Population Health Indicators (measures that if improved, will impact the PQIs).

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Other Data Sources

MAPP

- Community Themes and Strengths Assessment
- Forces of Change Assessment

Tribal Considerations

Other Local Data Sources

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Essential Public Health Services

	Aroostook	Central	Cumberland	Doweast	Midcoast	Penquis	Western	York
Essential Public Health Services								
1. Monitor health status								x
2. Diagnose health problems								
3. Inform, educate and empower	x	x	x	x	x			x
4. Mobilize community partnerships	x	x	x		x	x	x	
5. Policies and plans								
6. Enforce laws and regulations								
7. Link people to needed personal health services	x	x	x	x	x	x	x	x
8. Assure competent health care workforce				x				
9. Evaluate effectiveness, accessibility, and quality of health services				x				
10. Research opportunities for new insights								

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Health Status Focus Areas

	Aroostook	Central	Cumberland	Downeast	Midcoast	Penquis	Western	York
Health Status Focus Areas								
Obesity in adults and youth	x					x		x
Percent of adults smoking 100 cigarettes currently	x							
Adolescent smoking prevalence (6 - 12th graders)	x							
Adult Immunization / Flu and Pneumococcal vaccination			x			x	x	x
High Blood Pressure and High Cholesterol			x					
Tobacco			x					
Access to Care			x		x			x
Public Health Preparedness			x					
Cardiovascular Health (obesity, physical activity, nutrition)				x				
Diabetes prevention and management				x				
Create/enhance local networks of information, specific to prevention screenings				x				
Substance Abuse prevention						x		

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Timeframe for DPHIP

- LPHSA == Spring 2009
- Call to Action == Spring 2010
- Prioritization Process == 2009 – 2010
- Report Draft == September 2010
- Final Reports Accepted == January 2011
- Report Implementation == January 2011 – December 2012 (two years)

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How to Implement

- Set measurable and manageable goals for each work team/committee
- Determine who will take responsibility and monitor success
- Build an implementation timeline based on quarterly expectations (match to DCC meetings)
- Report out to full DCC to get feedback and clarification

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Is our district health improving?

Qualitative Measures

- Improve coordination and partnerships
- Build infrastructure

Quantitative Measures

- Build DCC membership
 - Through committee/specific projects
- Metrics built into Health Status Areas
 - Example: Survey providers on use of standard interview for patient self management of diabetes

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District-Wide Health Promotion

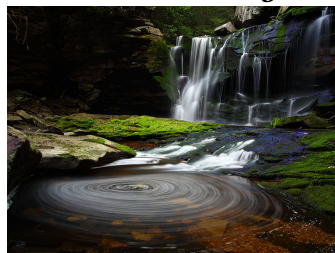
Take an evidence-based intervention and pilot it through the whole district

- Evaluate and enhance Communication plan
- Assess similar existing interventions that may complement this new one
- Focus on a health services gap
- Focus on a specific population
- Document process, lessons learned

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Thank You for Your Attention

“Life is a swirling pool of infinite potential at every single moment, and we ourselves either activate or refuse to activate the mystical fertility of the universe.”



Marianne Williamson

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