

**Building and Implementing  
“Full-use” Public Health  
Infrastructure in Maine:  
Practical lessons and policy implications**

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# “Full-Use” of PHEP Funding:

- Necessary to achieve true emergency preparedness
- Practical & political benefits
- Requires “braiding, not blending”

Present today: Maine policy and practice experience

# Maine is:

- Large, poor rural state (1.2 m residents)
- No county or regional health departments
- 2 municipal health departments
- 39 private hospitals
- Primary care shortage areas across state
- EMS services largely volunteer staffed
- No School of Public Health

# Background: 2001 and 2002

Enhance/Build public health infrastructure in Maine:

- Framework: 10 Essential Services
- Capacity building: Systems and human resources

Groundwork:

- Maine Turning Point Project
- Work-in-progress on surveillance capacity

# Policy Issues: “Full-Use” PHEP

- Emergency preparedness is *part* of public health
- Internal & external alignment
- New partners on multiple levels
- Organization placement

# Practical Issues: “Full-Use” PHEP

- Barriers to “braiding”
- New partners
- New (or seemingly new) roles
- Rapid implementation

# Approach

- Orientation: Customer-focused & capacity-building
- Ongoing performance management through formative evaluation

# Purpose

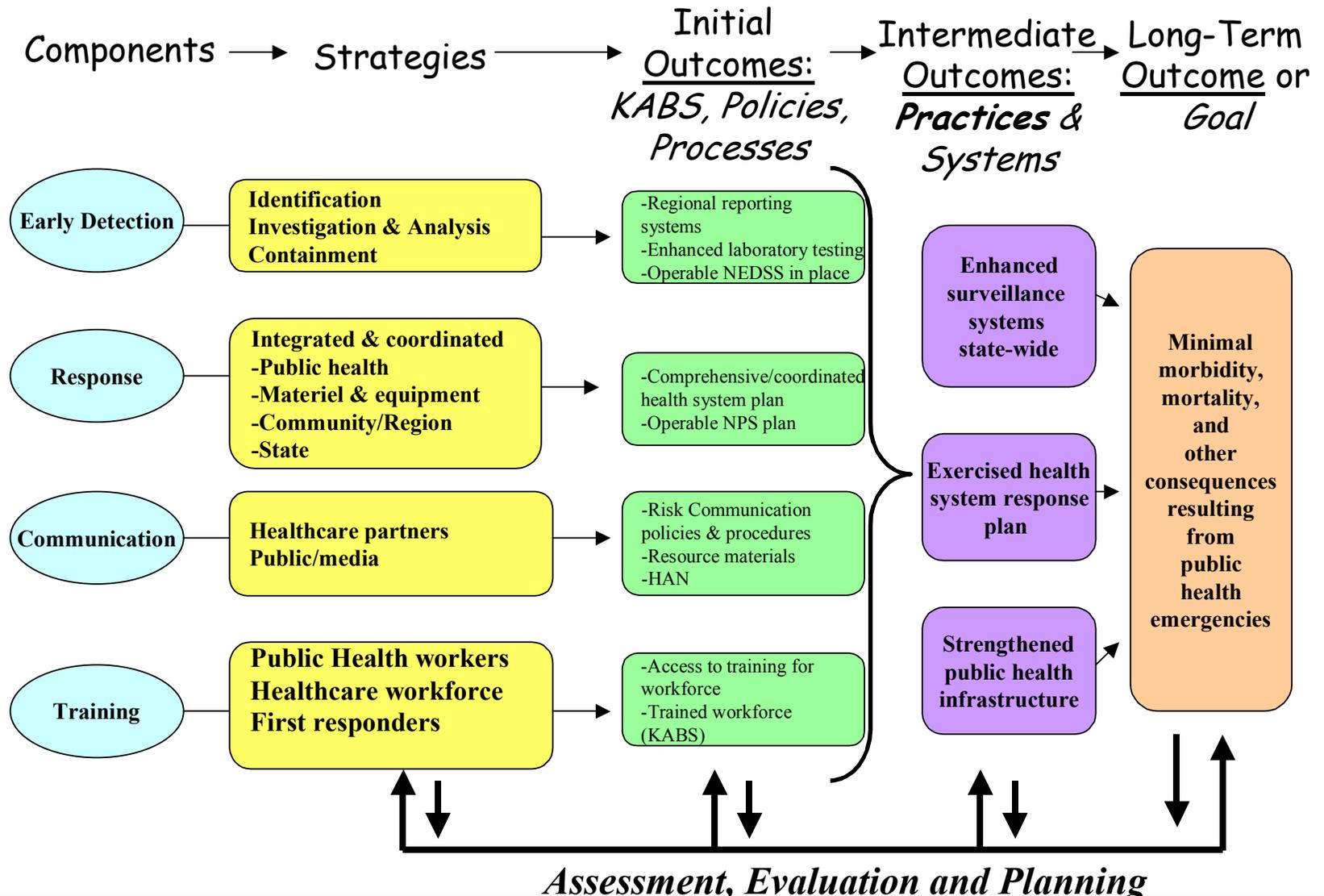
- To provide actionable data to stimulate continuous progress toward program objectives
- To track the key indicators for a coordinated community-based system of early detection & response

# Stakeholder involvement

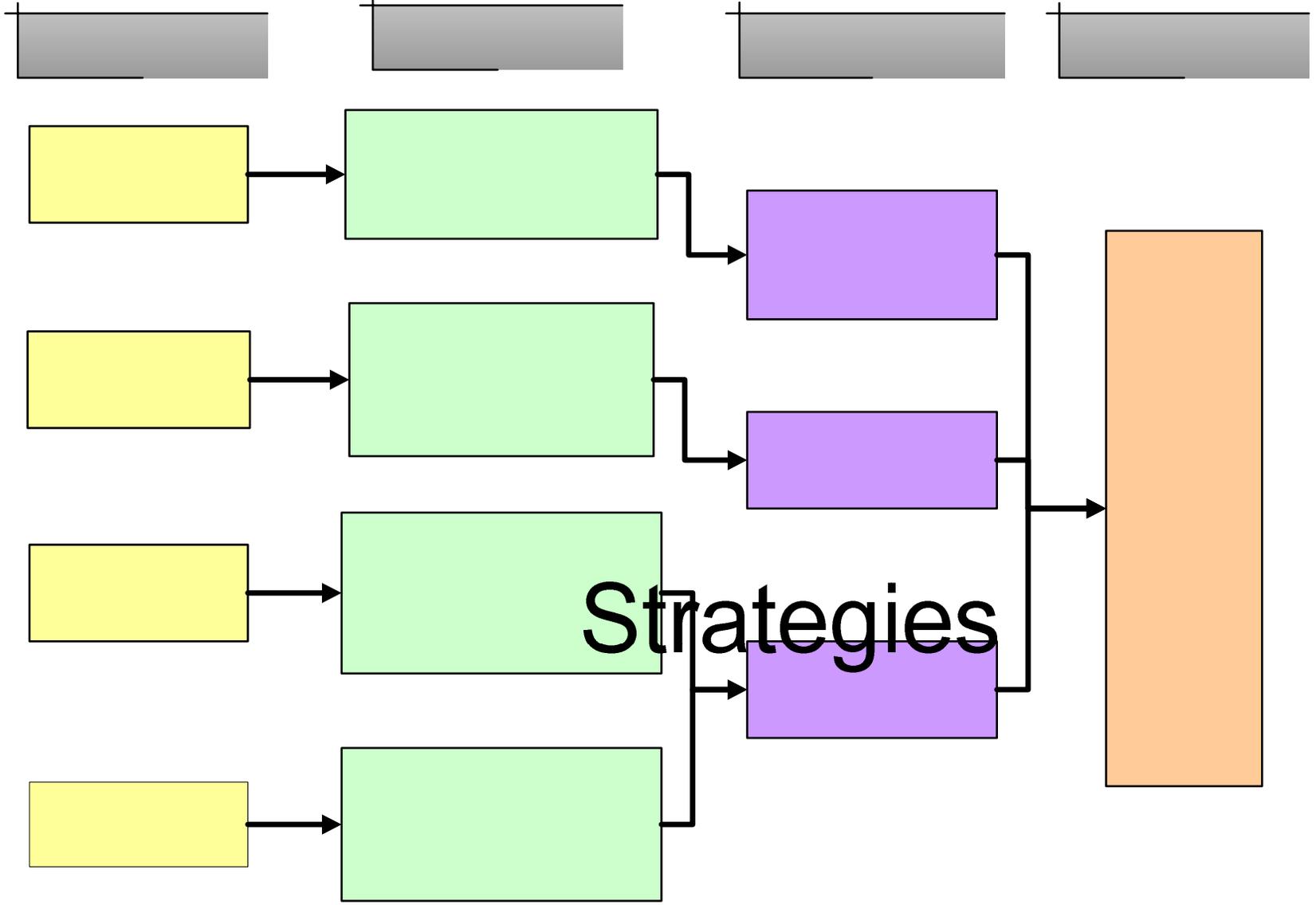
Stakeholders/Customers are **KEY**

- Developing a common vision
- Identifying strategies
- Identifying indicators & measures
- Buying-in to mutual accountability

# PHEP Logic Model



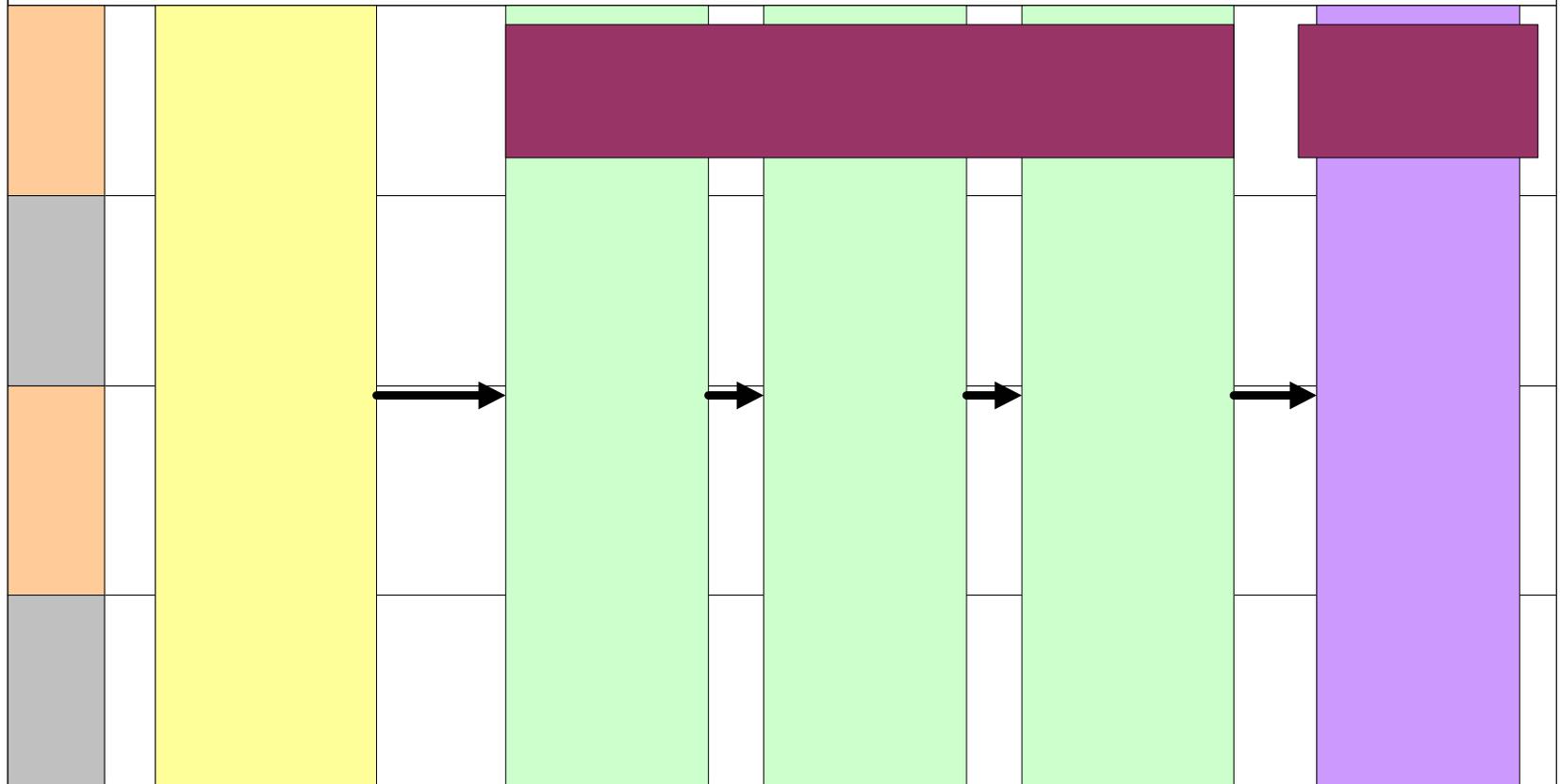
# Maine PHEP Early Detection Model



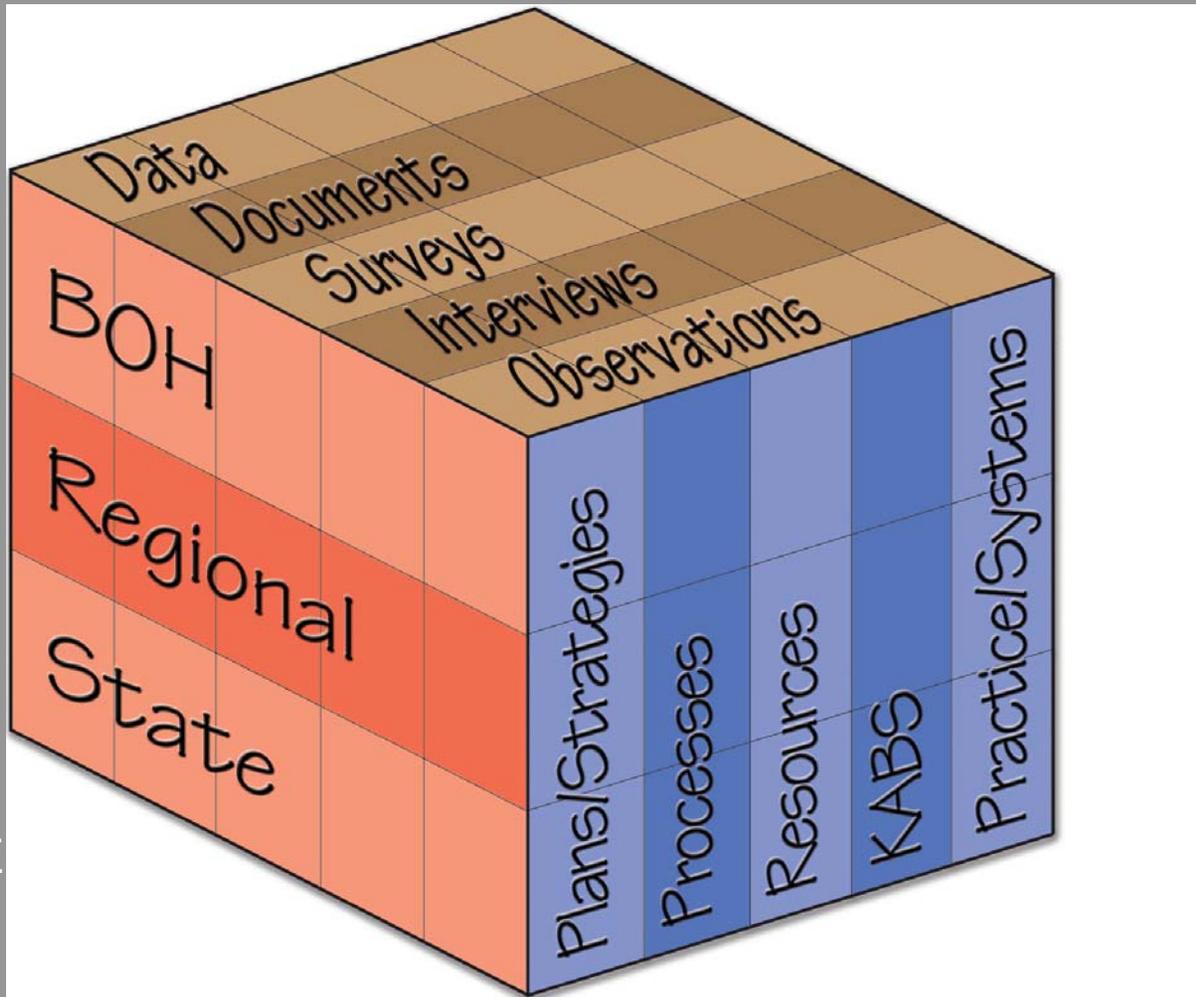
Strategies

Epidemiology

# Maine PHEP Indicator Framework



# PHEP INDICATORS



LEVEL

# Workplan Example

Objective	Activities/ Strategies	Measure/ Deliverable		Progress
<p><u>Objective #1:</u> Organize project management and develop a plan to address grantee recipient activities (RFP Objective: A.a)</p>	<p>1. Hire Project Coordinator</p>	<p><b>Resources:</b></p>	<p>HR</p>	<ul style="list-style-type: none"> <li>• Position advertised on 6/20/04</li> <li>• Interviews commenced on 9/8/04</li> <li>• Project coordinator began on 10/25/04</li> </ul>
<p><b>Responsible Party:</b></p>	<p>Program Manager</p>	<p><b>Measure(s):</b></p>	<p>Employment Contract</p>	
<p><b>Timeline:</b></p>	<p>By 10/04</p>			

# Maine PHEP Evaluation Quarterly Report Card

*EXAMPLE*

Plan

Operations

Resources

KABS

Practice

Early Detection

MET

Response

PARTIAL  
Y  
MET

Risk Communication

NOT  
MET

Training

Early Detection	MET				
Response			PARTIAL Y MET		
Risk Communication					NOT MET
Training					

Quarter 2 Summary (February 29th, 2004)		Plan	Ops	Resource	KABS	Practice
<b>I. EARLY DETECTION</b>						
<b>1A Infectious Disease reporting &amp; identification systems</b>						
1A1	<b>Epidemiology services infrastructure</b>					
1A1a	Epidemiology services structure	Red	Yellow	Yellow	Green	Green
1A1b	Regional Epi structure	Yellow	Yellow	Green	Green	Green
1A1c	Strategic Epi leadership capability	Green	Yellow	Green	Green	Red
1A1d	Epi management capability	Green	Green	Green	Grey	Grey
1A1e	Epi staffing (all units)	Yellow	Yellow	Red	Yellow	Grey
1A1f	Epi QA plan/process	Red	Red	Grey	Grey	Grey
1A2	<b>Passive ID surveillance is timely and complete</b>					
1A2a	Documented system for receiving & processing ID reports	Green	Green	Red	Green	Grey
1A2b	Infectious Disease reporting promotion--statewide	Yellow	Yellow	Grey	Grey	Grey
1A2c	Infectious Disease reporting promotion--regional	Green	Green	Green	Green	Green
1A3	<b>Active Surveillance system</b>					
1A4	<b>Enhanced state lab ID surveillance (HETL)</b>					
1A4a	HETL routine monitoring for selected diseases	Green	Green	Green	Green	Yellow
1A4b	Electronic access to HETL reports	Green	Red	Red	Green	Grey
1A4c	24/7 Access by DDC to Lab expert	Green	Green	Green	Grey	Grey
1A4d	Inter-lab coordination & collaboration	Green	Green	Grey	Grey	Grey
1A4e	Adequate laboratory capacity (pers, mat, eqpt, facil.)	Green	Green	Yellow	Grey	Grey
1A5	<b>Enhanced electronic data systems (Epi)</b>					
1A5a	NEDSS	Green	Grey	Grey	Grey	Grey
1A5b	Integration of Epi & HETL data systems	Grey	Grey	Grey	Grey	Grey
1A5c	Integrated public health information system (IPHIS)	Grey	Grey	Grey	Grey	Grey
<b>1B Infectious Disease report investigation &amp; analysis</b>						
1B1	Triaging of ID reports	Yellow	Yellow	Grey	Yellow	Red
1B2	Timely & early report investigation	Yellow	Yellow	Grey	Green	Red
1B3	Coordination & communication during ID report investigation	Yellow	Yellow	Yellow	Yellow	Yellow
1B4	ID report investigation & analysis staffing is adequate	Yellow	Yellow	Yellow	Green	Yellow
1B5	Infectious disease trends are monitored regularly	Grey	Grey	Grey	Grey	Grey
1B6	ID investigation--coordination with CDC & other federal agencies	Grey	Grey	Green	Grey	Grey
<b>1C Action on ID reports meets standards</b>						

# Mission Statement

Office of Public Health Emergency Preparedness

Bureau of Health

Maine Department of Health & Human Services

The Office of Public Health Emergency Preparedness protects the health and lives of people in Maine by strengthening the ability of health agencies and partner organizations to detect, contain and manage public health threats and emergencies.