

## Meeting Notes

### MT Public Health System Improvement Task Force

*Todd Harwell DPHHS, Hillary Hanson MTPHI – Co-Chair*

Wednesday, December 20, 2023, 10:00 am – 12:00 pm

1h 26m

#### Attendees

Shannan Piccolo – Park County Health Department  
Todd Harwell – Public Health and Safety Division  
Hillary Hanson – Montana Public Health Institute  
Kaitlan Mock – MT Office of Rural Health  
Lisa Dworak – Confluence PH Alliance  
Jen McCully – Association of Montana Public Health Officials  
Andy Hunthausen – Montana Association of Counties  
Neva Loney – PHSD Local and Tribal Support Program  
Kerry Pride – PHSD Local and Tribal Support Program  
Terry Ray – PHSD System Improvement Office  
Allison Scheeler – PHSD Workforce Program

#### Meeting Objectives

- Discuss annual lead local public health official survey results. Identify areas for improvement.
- Review information requirements for annual PH System Improvement Plan review.
- Review and advise on proposed statewide training events.
- Discuss additional topics as placed on the agenda and time permits.

#### Meeting Agenda

|  |                          |
|--|--------------------------|
| 10:00 am - Welcome and Announcements                                   | - Co-Chair               |
| 10:05 am - Lead tribal and local public health official survey results | - Kerry Pride PHSIO      |
| 10:30 am - Workforce development activities and plan                   | - Allison Scheeler PHSIO |
| 10:50 am - PH System Improvement Plan annual review                    | - Terry Ray PHSIO        |
| 11:20 am - Updates from member organizations                           | - Representatives        |
| 12:00 pm – Adjourn   | - Co-Chair               |

Annual Lead Local Public Health Official Survey results – Neva Loney PHSD Local and Tribal Support Program



Lower responses than in previous years.

# Key Areas

- Health Department Capacity and Planning
- Board of Health/Tribal Council
- 10 Essential Public Health Services (new)
- Satisfaction- PHSD and SIO



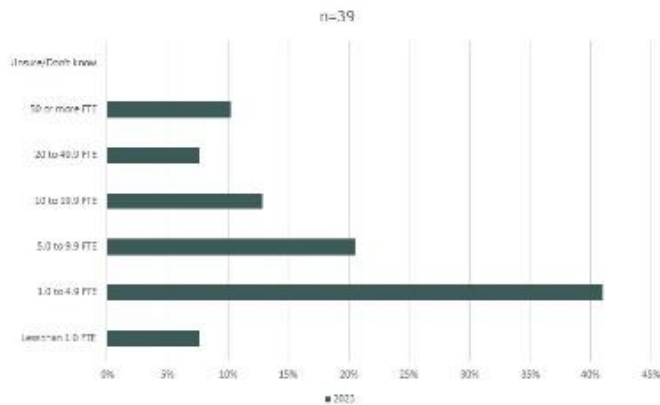
Changed the format of this year's survey from previous years.

In previous years, program asked about CHA and CHIPS, Strategic Plans and similar topics. This year the program used other information sources such as health department capacity, planning, boards of health, added some questions around the 10 essential public health services, some satisfaction questions for the PH and Safety Division and the Public Health System Improvement Office.

## Health Department Capacity and Planning

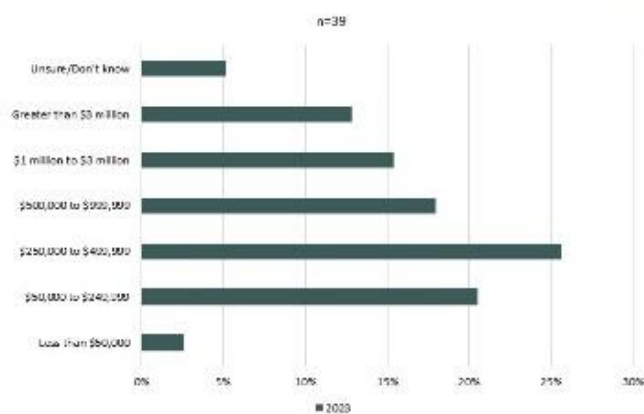


## Full Time Equivalent Staff



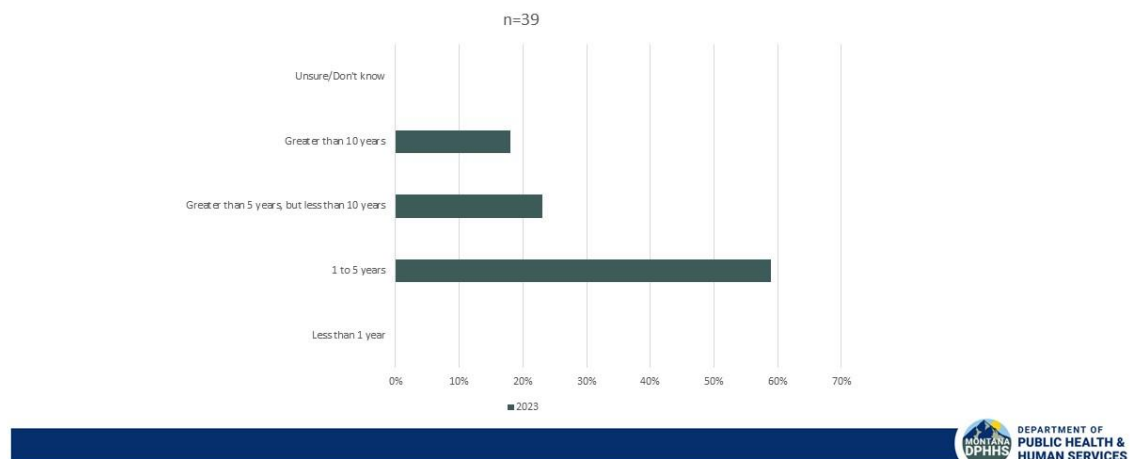
About 60% of those surveyed answered that they had less than 10 full time staff.

## Fiscal Year Health Department Budget



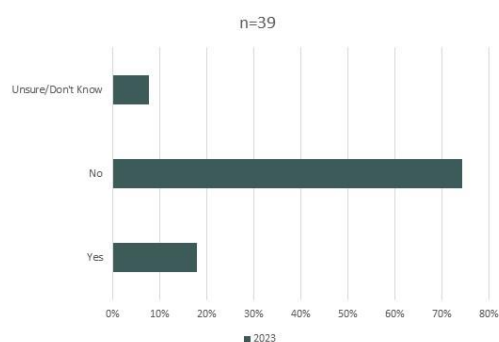
Not all answered the fiscal year budget question. Amounts shifted higher some, probably due to some COVID funding that was changed around from last year.

## Length of Time as Lead Local/Tribal Health Official



This changed quite a bit over a period of years. We used to see more with greater than 10 years. Significant number are fairly new to their positions.

## Planning to Leave Position

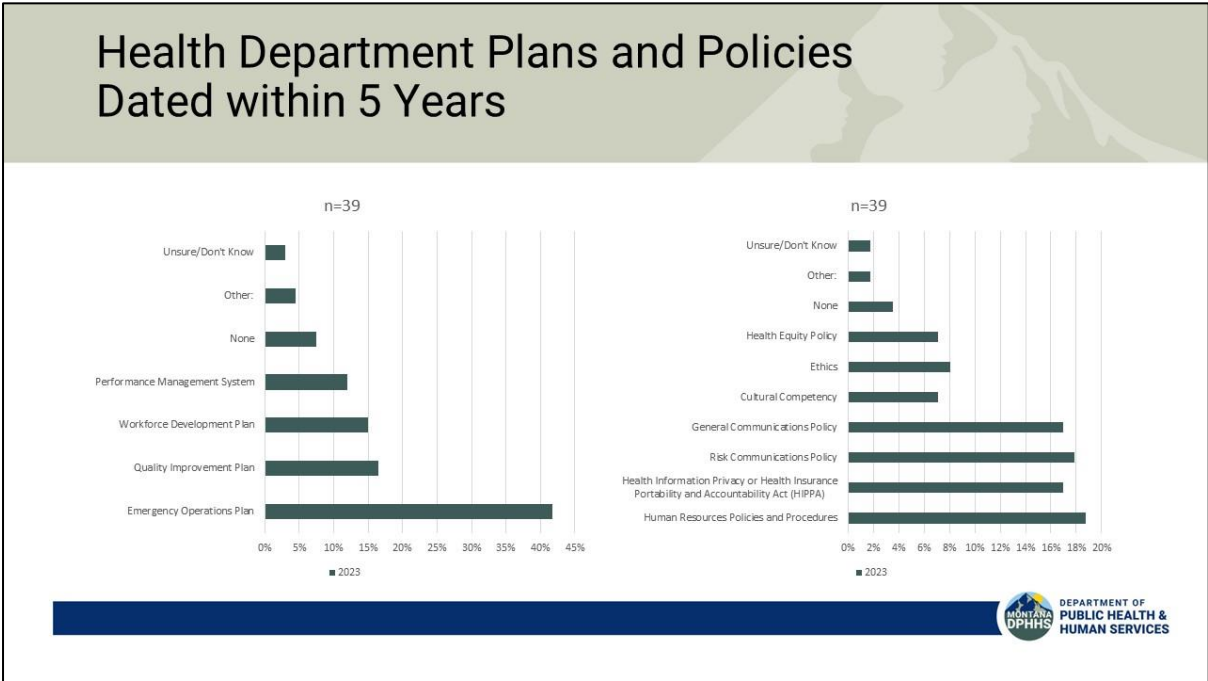
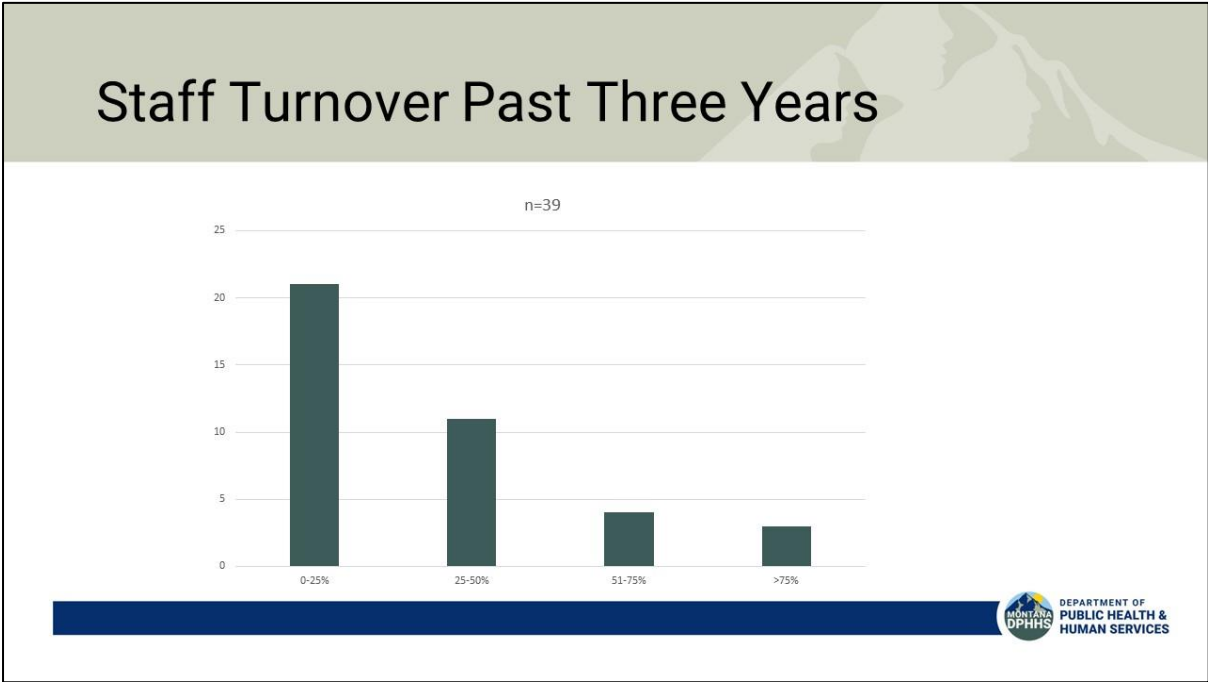


### 2023 Top Reasons for Leaving

- Lack of Support- 6
  - Elected officials/BOH/community
- Burnout- 4
- Retirement- 3

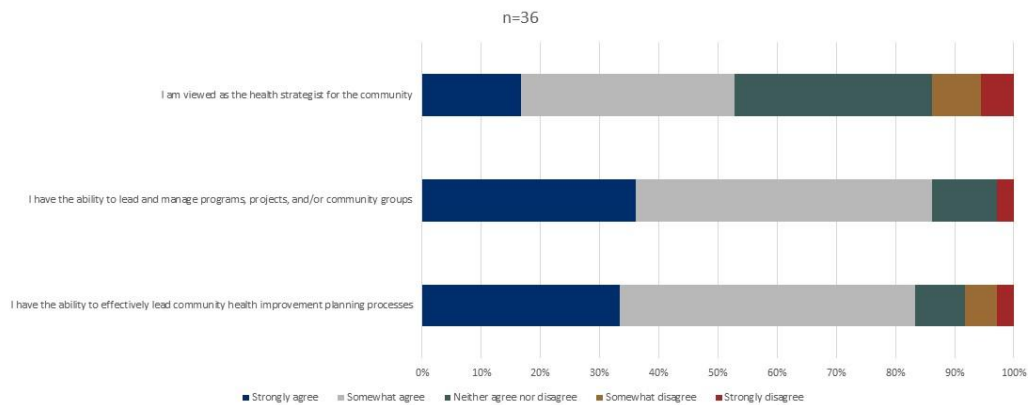
Biggest reason for leaving was lack of support and then there were some mixed responses. These were separate questions, but all centered around a lack of support from elected officials, boards of health, and/or the community. Burnout is also cited as a reason for leaving and a couple folks are retiring. There were other

answers, such as leaving to support family or similar things.

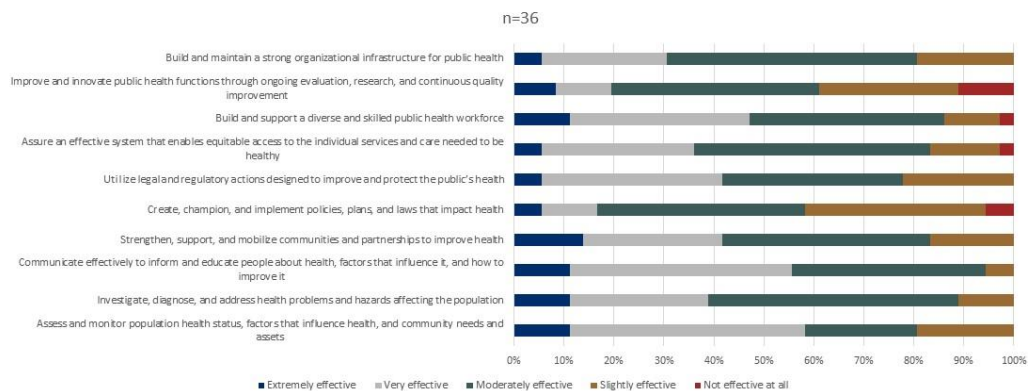


Survey asked about the different plans that they have in place and different policies. So some of these, such as the emergency operations plan and HIPAA plans may need consideration looking further into whether these plans exist because having an emergency operations plan is required by law. Possibly respondents didn't realize that there was a plan or policy in place.

## As the lead local public health official:



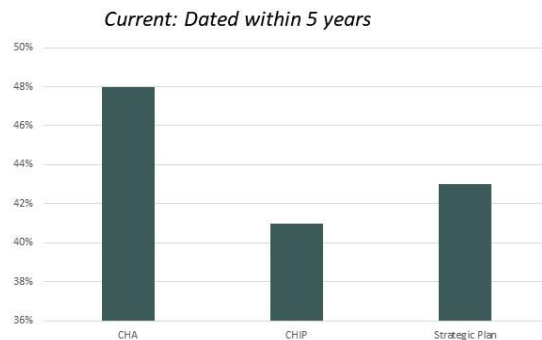
## How effective is your health department:



## Health Department Strategies- Current/In Progress

\* collected via other sources

| Plan           | 2023<br>n=59 |
|----------------|--------------|
| CHA            | 48%          |
| CHIP           | 41%          |
| Strategic Plan | 43%          |



This was the area that in previous years we had asked questions as part of the lead local survey, and this year we did not. It was a block of questions that was taken out, but the program instead reached out directly to local health departments to assess one on one where they are with these different plans.

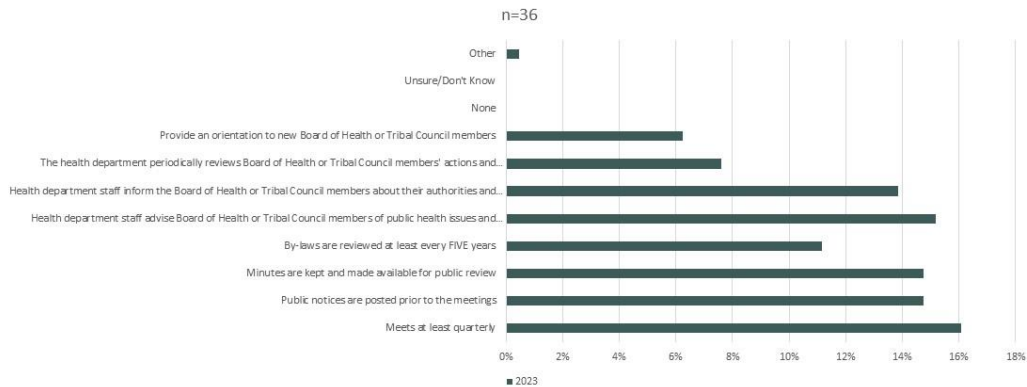
The information here should be accurate, more accurate than it was when people self-reported.

## Boards of Health and Tribal Councils





# Health Board Interactions

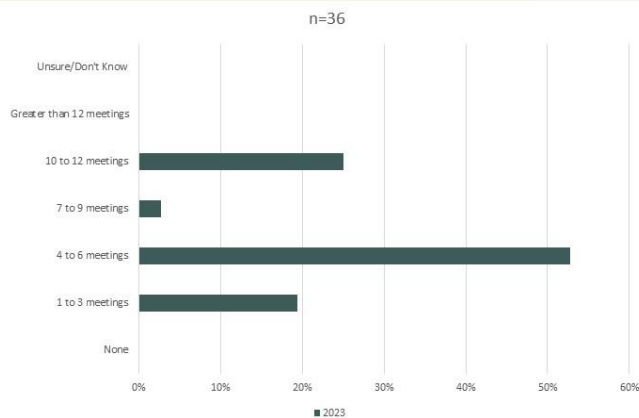


100% of the people that took the survey and they meet at least quarterly, so that is good and then showing some positive numbers in other areas as well.

Public notices are posted prior to meetings over 90%.

The Health department staff advised Board of Health and tribal Council members of public health issues and priorities.

# How many times did your BOH meet in 2023?



There's a discrepancy in between this and the last slide. Maybe in the future should define "quarterly".

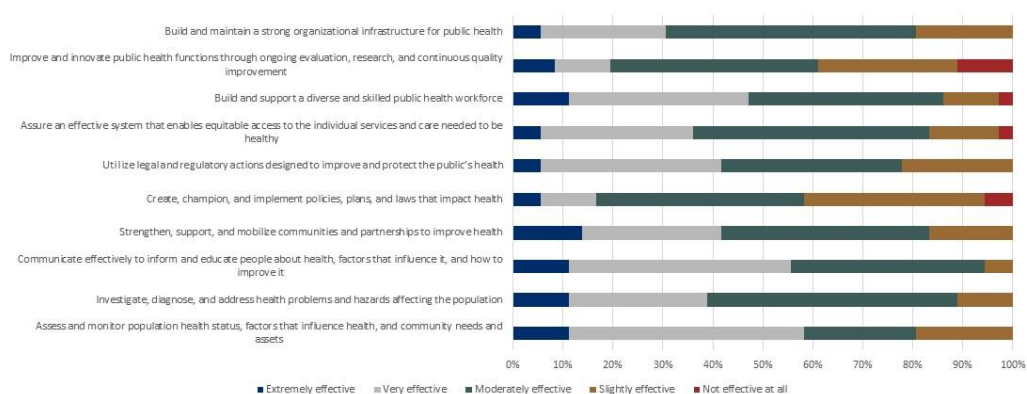
# 10 Essential Public Health Services

*\* new 2023 question set*



Survey asked how effective your health department is and then broke down each of those 10 public health services.


## 10 Essential Public Health Services – How effective is your health department in:



Opportunities around improving and innovating public health functions through ongoing evaluation research and continuous quality improvement. Also, opportunity in assuring an effective system that enables equitable access to the individual services and care needed to be healthy and to create and champion policies, plans, and laws that impact health. Showing more confidence in areas such as “assess and monitor population health status

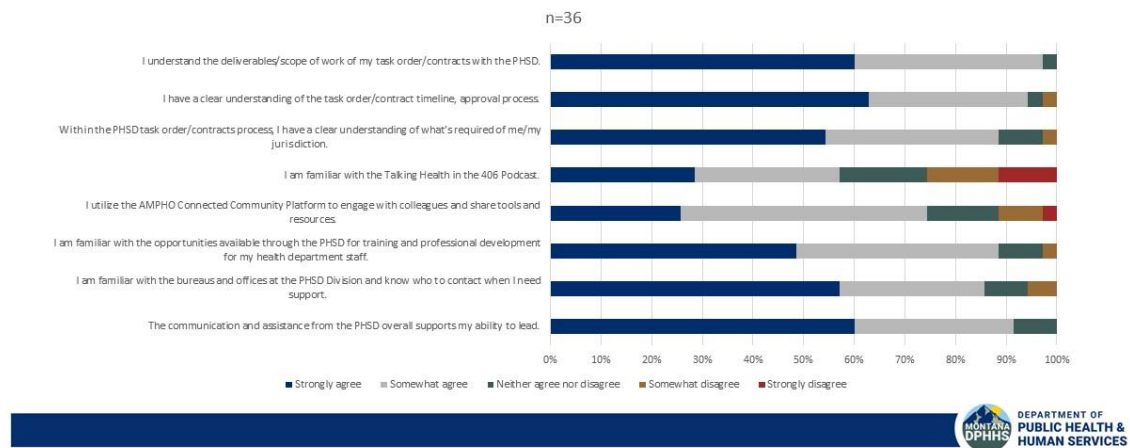
factors that influence health and community health”.

# PHSD/SIO



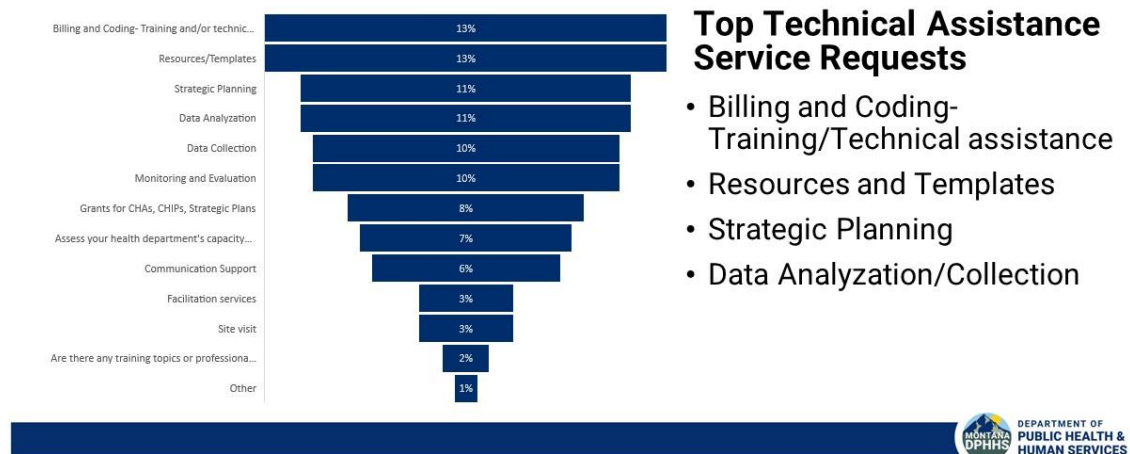


## PHSD Resources and Services



PHSD task order and contracts was a new question and understanding their contract timeline.

## PHSIO Technical Assistance



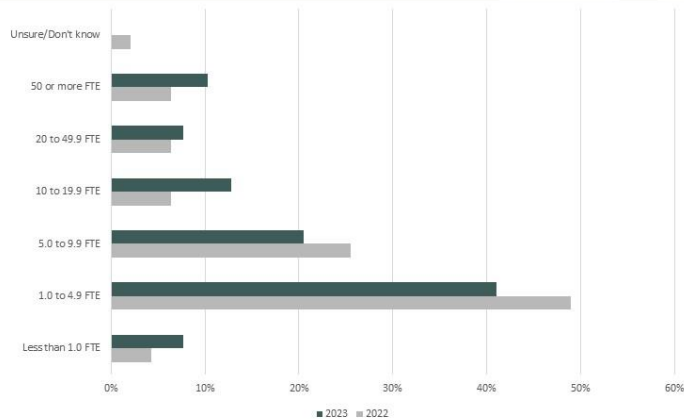
Need to work on understanding what the PHSIO does and how it can support health departments.

# Comparisons

- Slides past this point compare 2023 and 2022 data

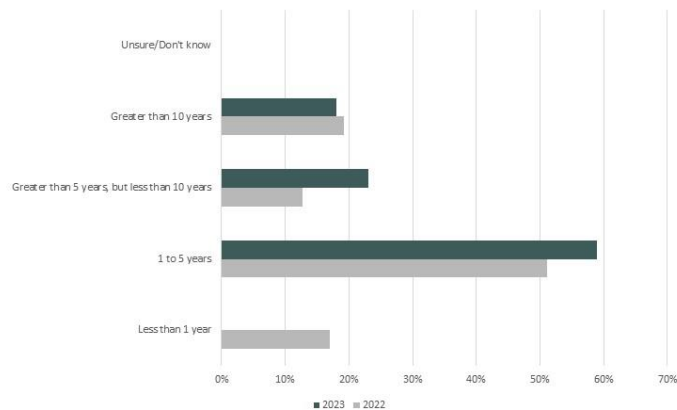


## Full Time Equivalent Staff

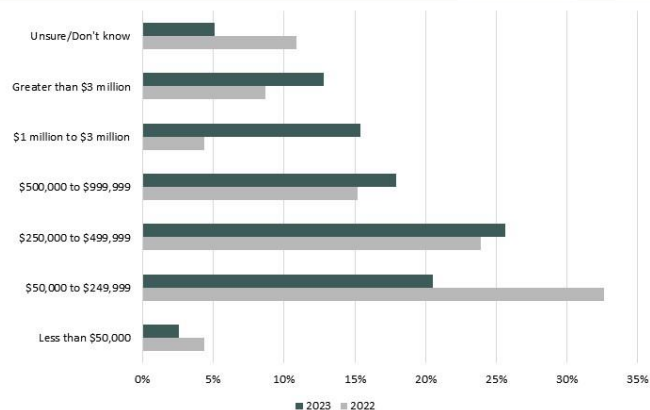


The greenish showing this year's information, in the Gray is last year's information, so a little bit of a shift there.

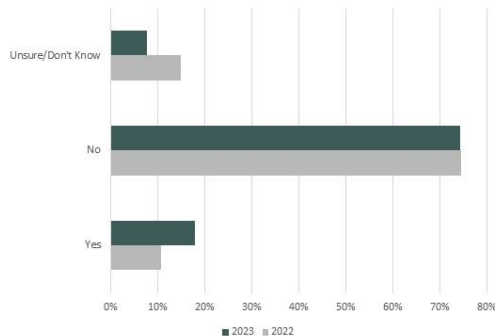
## Length of Time as Lead Local/Tribal Health Official



## Fiscal Year Health Department Budget



## Planning to Leave Position



### 2023 Top Reasons for Leaving

- Lack of Support- 6
  - Elected officials/BOH/community
- Burnout- 4
- Retirement- 3

Showing these top 2023 questions. Not again, not that much change.

## Health Department Strategies- Current/In Progress

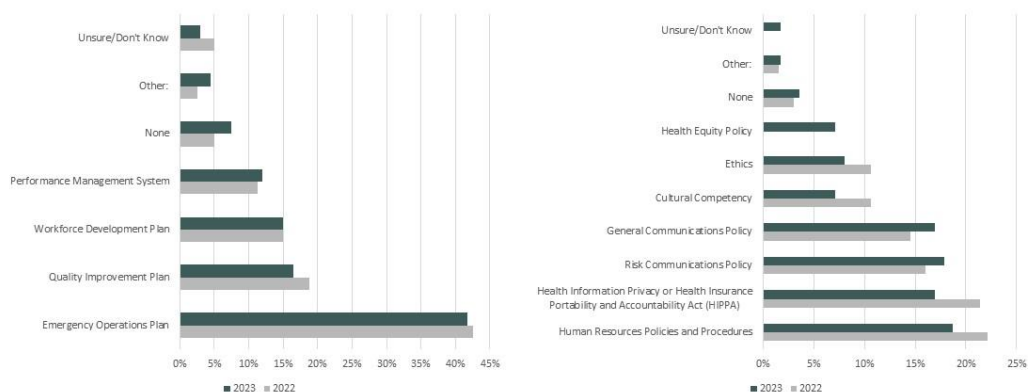
\* collected via other sources

| Plan           | 2022<br>n=42 | 2023<br>n=59 |
|----------------|--------------|--------------|
| CHA            | 62%          | 48%          |
| CHIP           | 48%          | 41%          |
| Strategic Plan | 33%          | 43%          |

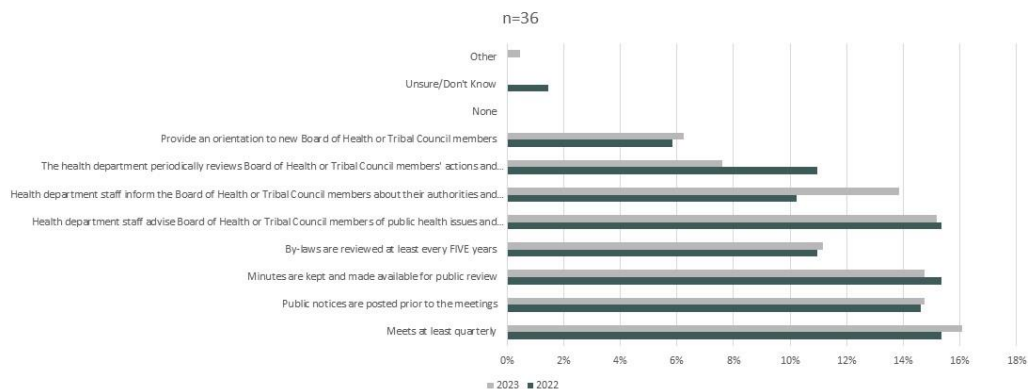
*Current: Dated within 5 years*

And in terms of the comparison, this was information that was collected via the survey and for 2023 this was collected through the other methods.

## Health Department Plans and Policies Dated within 5 Years



## Health Board Interactions







# Takeaways

Continue support/training for public health leaders

Continue support for planning activities (CHA, CHIP, Strategic Plans)

Promote PHSD/PHSIO roles and activities

Provide templates/resources

Evaluation of plans and policies



**Hillary Hanson – MTPHI.** Curious about the templates and resources. Is there additional info on kinds of templates and resources you're going to be providing?

**Neva Loney –L&T Support Program.** We haven't chosen a focused area.

**Kerry Pride – L&T Support Program.** It's going to be all those things. We've always done the CHIP and Strategic Plan. Looking at Quality Improvement planning, at workforce plans, and performance management.

**Todd Harwell – PHSD.** Pointed out a few items in the survey. Noted that when on road trips he will ask questions to get more specifics. 1. 58% of the lead locals have been in the position one to five years and they need to support and orient those folks to get up to speed and feel comfortable. 2. Public health leaders do not totally understand what the System Improvement Office does. 3. Email marketing and other opportunities to reinforce messages and opportunities available through the PHSIO. 4. The Board of Health interaction-comparison data is good and a little surprising, positive news. 5. Locals identified as one of the highest needs, although only 13%, was that of billing and coding.

**Hillary Hanson – MTPHI** has been working with Becky from Communicable Disease Bureau on coding training. In working with Becky, MTPHI is planning those meetings, and the Bureau has staff and there's the connected Community group. The group has met twice, kind of just starting. Not really anyone at either the state health department or the other organizations that are experts on this topic.

During the Small County Call, Big Horn and Anaconda Deer Lodge talked quite a bit about simple low-cost solutions that they've identified and they're different products, but they

cost less and meet the needs of the smaller health departments. Maybe someone could do some demos or a session at the Confluence Conference on that topic.

**Shannan Piccolo – Local HD Representative.** Seems like a lot of the smaller counties are now looking at Medicare Plan B reimbursement especially since the cost of COVID shots. Could do training or something on that topic. Shannan discussed problems with the Task Order signing process and health directors not receiving a copy of the Task Order before going to the Commissioners, and not receiving a final signed copy.

**Lisa Dworak - Confluence PH Alliance.**

Lisa wants to get the information back to the Boards and some members, and get their input.

Confluence does not have a plan to do the lead local mentorship program as it has existed again, but they had conversations with the PHSD WF Program who manages their contract about other ways Confluence can support lead locals. Also supporting those in the mid-career phase, not completely new, but still needs support.

### **Workforce Development Update**

**Allison Scheeler – PHSD WF Program.**

*WF Development Group-* The workforce development group that was previously convening, and which was created in part to provide input and guidance on both the workforce assessment and then the subsequent plan was essentially disbanded when it transitioned from the training center back to the System Improvement Office.

The Program is currently working to identify individuals that will make up the workforce development group going forward, and a number are in the meeting.

Allison appreciates thanks all for being willing to participate and share their knowledge and expertise.

*MT WF Development Plan-* The Program is currently working to update the plan based on the priority competency areas that you all voted on back in June when we met in person and then other necessary updates.

For the draft review, the Program will be contacting individuals for review and their goal is for early to mid-January, and then to have finalized and ready for distribution before the end of February.

*Montana TRAIN fielding.*

Still very much in the early stages of development for our affiliate site.

The Program has had a few calls with the developer, and they've got the site in progress and access should be soon. Then the program can make some changes.

Fielding will be a soft launch and then= the plan is to have a hard launch of the site at the Confluence Conference. The Program will provide some in person training and support.

#### **Sanitarian Work - Todd Harwell – PHSD**

Todd discussed the issues with the Sanitarian pipeline and recruiting sanitarian environmental health staff in Montana. It's a problem across the U.S. Some of the health departments are not able to hire sanitarian staff. Issue with licensing requirements, pay, and availability, but more due to pay issues.

Kicked off planning meeting with Tony and Leigh and staff at UM and three faculty members down at MSU, Bozeman from the Environmental Health Program, and our Food and Consumer Safety staff. The group is brainstorming some ideas about how it can address the issues. Setting up a work group on that and going to do some outreach to invite some local health department leadership and or sanitarians to that. Hillary asked if the group will look at requirements or just recruiting. The group will look at all aspects to include State requirements. The Microbiology requirements is a barrier.

The group is brainstorming ideas about covering an online course or a course on microbiology and paying for it, to help the locals cover that. Sanitarian in training program idea.

**Terry Ray – PHSD PH System Improvement Office.** Discussed a funding opportunity available in January through the CDC's Infrastructure Center.

<https://www.cdc.gov/publichealthgateway/partnerships/national-partnerships-cooperative-agreement.html>

*PH System Improvement Plan* - annual progress review presentation. Terry provided the following slides on the survey that has been released already to Task Force members.

## PH System Improvement Plan Annual Review

Montana Public Health  
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### Purpose and Process

- Collect information for the annual review of **Montana's Public Health System Improvement Plan**.
- The survey collects information to monitor and report **level of effort**.
- PH System Improvement Task Force Member organizations respond to questions related to activities that support the **Plan's strategies and goals** between **December 1st, 2022, to November 30th, 2023**.
- Organizations report work on **implementing** activities found in the PH System Improvement Plan logic models. Multiple organizations may report on the same activity if work is a collaborative effort.
- Only work that benefits or support the governmental public health system is considered.

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## Information Collected

(1 of 3)

1. Funding or technical assistance program to complete any of the following
  - a. Community Health Assessments (**CHA**)
  - b. Community Health Improvement Plans (**CHIP**)
  - c. **Quality Improvement** plan or program
  - d. **Performance Management** plan or system
  - e. **Workforce Development** plan
2. Funding or technical assistance program that resulted in **cross sector** work in the following areas
  - a. Sharing of **financial** resources.
  - b. **Information** sharing related to SDoH, health information, etc.
  - c. Health improvement programmatic area **strategies**.

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## Information Collected

3. Funding or technical assistance program related to **a new health promotion program or improvement of an existing program.**
4. Funding or technical assistance program related obtaining **Pathways Recognition** or **PHAB National Accreditation status**
5. Technical assistance and activities provided to support **workforce recruiting.**
  - a. Shared information on **open health department positions**
  - b. Assisted health departments with **drafting job descriptions** and/or job opening **announcements**
  - c. Provided training or technical assistance to health departments on **best practices** for recruiting
  - d. Conducted **information sessions** on public health as a career choice to groups of **Montana high school or college students**
  - e. Hosted a **conference table** or display at a Montana conference that promoted Public Health as a government function or as a career choice
  - f. Produced and distributed **information products** promoting Public Health as a career choice

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## Information Collected

(3 of 3)

6. Sponsorship of **networking/peer-learning** opportunities.
7. Technical assistance and activities provided to support **workforce retention**.
  - a. Training on ways to improve employee retention and **reduce turn-over**
  - b. Drafting **policies and/or processes** to provide employee support related to **wellness and job satisfaction**
  - c. **Offered** employee **wellness and support** opportunities
8. Work towards transition to Public health 3.0/ Health Department as the Community's Chief Health Strategist
  - a. Training, Technical Assistance, Coaching, etc. to **mid to upper-level** public health personnel to **improve leadership and management** effectiveness
  - b. Training, Technical Assistance, Coaching, etc. to **Boards of Health or Tribal Health Councils** to **improve leadership and decision-making** effectiveness
  - c. Activities to **inform, advocate, or lobby** on a public health issue.

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### High School students' engagement project- Tony Ward University of Montana

University of Montana has a grant with National Institute of Health that is working with high schools throughout Montana, Idaho, Alaska and Hawaii on educating high school students about public health and climate change.

The University also has a collaboration with Montana DEQ where they are putting in air samplers inside and outside of 100 high schools throughout Montana and this primarily focused on addressing wildfire smoke issues and what the tell communities when there's smoke events.

UM is asking to leverage funding to support these projects and use it to engage with schools to get more public health into middle schools and also high schools.

When the School of Public and Community Health Sciences talks to incoming students that are coming to UM, even in some of our professional degrees like School of pharmacy, they've never even heard of what Public Health is. If you ask them what is public health?, they usually think about mask mandates and COVID-19 stay at home orders. It's a very negative connotation. The School would love to change that narrative through training and education at all levels. at that was Shannon, but that was awesome.

Focusing on middle schools, early high school, getting public health messaging to them and seeing if a difference occurs downstream with the workforce. Just the very preliminary idea of what the School is thinking.

Kailyn Mock from MORH noted that they would be willing to work with the School because MORH/AHECs engage with high school students at an annual health camp (Medstart Camp).

### **Montana Public Health 101 Orientation Modules – Lisa Dworak CPHA**

Terry briefly discussed the background of the project from an award from MT Healthcare Foundation that the PHSIO helped MPHA apply for. Discussion on Small County Calls shows that the modules are being used. UM currently manages the modules and has 404 individuals registered since it started and 4 individuals recently registered.

It was a significant amount of money to produce those modules and it was a community effort to provide the narratives and the text. The task force was instrumental in the content of what should be included in it.

Modules haven't been getting updated, and some are already out of date.

Some of the tribal modules are out of date, so there is some bad information in there.

A look at the current modules needs to be conducted to see what's how much needs to be updated.

Lisa would have to go back to the MPHA board. She has to defer to them for all major programmatic decisions that they currently have ownership of.

It was launched at the 2022 conference, so it did include 2021 legislative changes to public health authority. Lisa recently took it and some concerns with the trial information. She believes someone needs to thoroughly go through it to improve the content and take some of the feedback from the locals into considerations.

### **Member organizations updates**

**Public Health and Safety Division – Terry Ray.** The Department received notification of more data modernization funding, which is under the infrastructure grant.

PHSD is waiting for Congress to approve the Federal budget and is not sure where CDC is getting the funding. For the first year PHSD received \$257,000 for data monetization for the core funding. For the second year about \$649,000 will be provided for core funding. PHSD has also received other funding for the whole five years, \$1,000,000 to accelerate DMI which can be distributed over the five years.

PHSD received about \$750,000 for laboratory data exchange improvements.

PHSD received foundational capabilities improvement funding. The first year PHSD received about \$600,000 and then the second year, which started December 1st, PHSD received \$1,054,000.

CDC asked PHSD what would they do if more data monetization funding was available.

Spending the funding has been difficult, but now PHSD has to anticipate that funding levels will continue to go up.

There's a lot more going on with PH infrastructure, which means a lot more planning,

coordination, and synchronization. The meeting coordinated by the MPHI every two weeks helps.

We also have some items that need to be funded that isn't currently being funded, like the public Health 101 probably needs some funding and other activities in the work plan like internships and work study programs.

**Montana Public Health Institute - Hillary Hanson.** MTPHI continues to work with the six regional hubs on opioid epidemic and naloxone distribution. There might be more funding for the hubs through another grant through the Chronic Disease Bureau.

MTPHI continues work with the Public Health Emergency Preparedness Program with in-person meetings planned in January.

MTPHI continues to work with the public health System Improvement Office on the Pathways Recognition program and accreditation.

MTPHI is working with DPHHS on taking some of the work the Institute has done related to public health medical directors. So that's been a group that's been meeting every other month and been getting orientation to public health in different programs. Now working to put some of that into a structured orientation process that could be used as new public health medical directors come on.

**Confluence Public Health Alliance (MEHA, MPHA, AMPHO) - Lisa Dworak.**

Confluence is preparing for the Conference and abstract application deadline is January 19th. Confluence wants to elevate the exciting work that's happening throughout the state and especially at the local levels. The conference is in Missoula.

**Montana Office of Rural Health , Kailyn Mock.** The Office has a Request for Proposal out to build an American Indian Area Health Education Center, and it would serve the full state, rather than being a regional center like the other five. That application closes at the end of January.

On the same page of that website request for folks to serve on the selection committee, the Framing Committee and Advisory Committee for that new Center. If any Task Force members are interested, or know of other partners who might want to a part building out the plans for how to develop the healthcare workforce for American Indian populations, the MORH encourages a look at that.

MORH is also building out sustainability pathways and exploring what pathways there could be for the community paramedics and community health workers since CDC funding that was mentioned earlier. It's 2103 funding that was contracted through the MORH and other partners across the state to support Community Health Workers for two years. Funding ends in May 2024. MORH has been working with the organizations who have employed



CHW's and organizations planning on keeping those positions. What pathways are available for sustainability and their role or can they be cross-trained to serve in a different role. MORH is constantly recruiting health profession students to be part of the AHEC Scholars training program. That's the National Certificate program for students in any health professions degree to be able to have additional didactic education. AHECs brings them together monthly, virtually, with a speaker and do team-based education so that they're more familiar with other health professions by the time they are graduating. It's been successful with over 400 participants. Students from all over the state are connected through AHEC scholars. *RFP link included in the chat.*

**University of Montana - Tony Ward.** The School of Public and Community Health Sciences is undergoing reaccreditation which is due in April. After that we get comments and then there's a site visit and in September. Goal is to get the max seven years reaccreditation from Council on Education for Public Health like last time.

The Academic Health Department arrangement with Missoula Public Health is tackling the issue of homelessness here in Missoula and we are having a meeting in January to talk about how we can get our classes and our social work school involved with data collection in the community and helping to inform the Missoula Public Health. The Academic Health Department hopes to identify some strategies that other counties can use throughout the state.

16 students that are funded through the Public Health and Safety Division in Public Health Certificate program. These are our local health department, state health department and tribal health department. This group just finished their first semester and the School is working with them to start their second semester in spring. They're taking our graduate level classes and everything is going well.

**MACo Updates- Andy Hunthausen** discussed concerns from the Lead Public Health Official survey about support provided to the lead locals from local elected county officials. Believes many elected officials don't understand what Public Health is and what it does for the community. Many relate public health to the Pandemic, masks, interruptions of conveniences.

Believes there are opportunities to educate elected officials on how public health is funded and purposes. Public health 101 might be something that would be helpful to integrated into the newly elected officials training.

Elected officials in the last year or two are educated on how to do budgets, and similar things, but Public Health surely could be a component. What is public health? How is it funded? What is your role? How do you support that? I think there's just a real lack of understanding for some. And many are looking at everything through that political lens,

public health was in the crosshairs and remains there for some. May be time to create or renew that relationship with public health.

Andy Hunthausen offered to discuss the topic further and identify some ways ahead.

Kerry Pride asked about engaging MACo and welcomed discussion on how to do this better through the L&T Support Program. Andy Hunthausen agreed to help carry the discussion forward. Terry Ray mentioned the activities are funded in current work plans.

Terry asked for parting comments and the Chair adjourned the meeting.

Next meeting is on **February 28th, 2024, 10:00am-12:00pm** - Remote meeting.

Contact is Terry Ray, Public Health System Improvement Coordinator, at 406-444-9352 or [Terenceray@mt.gov](mailto:Terenceray@mt.gov) if you have **additions to the agenda prior to February 20<sup>th</sup>, 2024.**