

Public Health System Improvement Task Force Minutes
August 16, 2017
10:00am-12:15pm
Public Health and Safety Division's Cogswell Building
1400 Broadway, Helena, MT.
Room C205 & C207

Task Force Attendees:

- **Todd Harwell** (DPHHS, PHSD Administrator)-Co-Chair
- **Kathy Moore** (Lewis and Clark City-County Public Health Department—MEHA)
- **Heather Jurvakainen** (Park County Public Health Department—Medium County Member)
- **Jean Curtiss** (Montana Association of Counties)
- **Melanie Reynolds** (Lewis and Clark City-County Public Health Department—Large County Member)
- **Kristin Juliar** (Montana State University Office of Rural Health)
- **Tony Ward** (School of Public and Community Health Sciences)
- **Rosemary Cree Medicine** (Blackfeet Tribal Health Department—Tribal Health Department Member)
- **Kari Smith** (Department of Environmental Quality)
- **Hillary Hanson** (Flathead City-County Health Department—AMPHO)
- **Janet Runnion** (Rocky Boy's Health Board—Tribal Health Department Member)
- **Kristi Aklestad** (Toole County Health Department—Small County Member)

Other Attendees:

- **Kerry Pride** (System Improvement Office, PHSD)
- **Natalie Claiborne** (Montana State University Office of Rural Health)
- **Blair Lund** (Family and Community Health Bureau, PHSD)
- **Jane Smilie** (AMPHO)
- **Terry Ray** (System Improvement Office, PHSD)
- **Laura Williamson** (State Epidemiologist, PHSD)
- **Jessica Miller** (Plans Coordinator)

Excused Task Force Members:

- **Kim Cuppy** (Fallon County Public Health Department—Frontier County Member)
- **Lora Wier** (MPHA)-Co-Chair

Review of Previous Meeting Minutes

- No comments on previous minutes. Jean Curtiss made a motion to approve the minutes, Kathy Moore seconded. Minutes were approved.

Point of Contact for this document: Jessica Miller, Office of Public Health System Improvement, 406-444-5968 or JMiller5@mt.gov

State-Wide Public Health Workforce Development Workgroup Update

Terry Ray from the Public Health and Safety Division's System Improvement Office gave an update on the Workforce Development workgroup. The workgroup came up with five initial project objectives based on the workgroups charter. So far, this group has accomplished the first three objectives. They have increased communication, coordination, and collaboration among statewide organizations. Examples of these organizations include Montana Environmental Health Association (MEHA), Montana Public Health Association (MPHA), and Association of Montana Public Health Officials (AMPHO).

One of the issues that we have encountered in trying to improve collaboration that involves funding with statewide organizations is the amount of planning required to provide funds. Typically, a grant will require you to apply several months in advance or even a year. This has become a hindrance for agencies to apply for funds, if that agency is unable to plan that far out in advance due to low workforce capacity or other challenges. One of the goals of the workforce development group is to help health departments develop standards and processes so they can plan up to two years in advance. The standards that we are developing for our health departments are recognized by federal accreditation standards. Part of this planning process requires States to plan three years in advance so that local health departments are able to then plan two years ahead of time. Todd Harwell commented that we are at a place we have never been before in that MEHA, AMPHO, MPHA, the State Health Department, and Local and Tribal Health Departments are all doing assessments on workforce development and there is more training and activity going towards this area of focus. All of these things happening together make it easier for us to plan ahead enabling easier access to program funding. Todd Harwell commented that if there are things we can do as a workgroup or as the Public Health System Improvement Task Force to make it easier to conduct workforce assessments in either local or tribal health departments, please let us know.

One objective that the Workforce Development Workgroup is focusing on currently is objective five, to address systemic public health infrastructure issues that can be addressed through training and education. One of the issues surrounding this was that it had not previously been a priority. We are looking at putting emphasis on training, in the updated five year State Health Improvement Plan's Implementation Plan.

The Workforce Development Workgroup will be focusing on the following training areas: Performance Management and Improvement, Program Planning and Evaluation, Community Health Planning, and Leadership and Management. Jane Smilie stated that AMPHO is developing a mentorship program for new lead local public health officials. The program has 11 new lead local public health officials participating. She indicated it is not likely we will have that many each year, and we could provide this program every other year. AMPHO could offer a leadership and management series on the other years. Todd Harwell asked the Task Force members if there were any training areas missing from the workforce development workgroup. Melanie Reynolds asked how recently were the Public Health competencies, that the workforce development group follows, created. Terry commented that they were recent, approximately 2014. Melanie Reynolds discussed Public Health (PH) 3.0. This is talking about how PH is evolving and how local health departments are considered Chief Health Strategists. As we move forward, PH continues to become less service oriented and more training focused. We want to make sure training is made available to local health departments. The County's Workforce Development plan always seems to be out of date by the time they are published and it is difficult for some employees to plan with what they need when they are living in the moment of what they need now. Hillary Hanson and the NACCHO workforce development committee are working to look at the competencies and the Chief Health Strategist and which competencies rise to the top. With the idea that they would focus on the competencies that would enable local health departments to get to that Chief Health

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Strategist goal. Todd Harwell requested that Hillary Hanson present NACCHO's draft plan at the next meeting. Janet Runnion commented that her concern for small Tribal Health Departments is the training and who would receive those trainings. There are many professions in this situation that would benefit from trainings, such as Board of Health, County Commissioners, and Public Health Officials. Every year, the workforce development plan will be updated to meet the changing needs of the public health system.

Terry Ray discussed the Workforce Development Group Logic Model for Workforce Training and Development Project. Melanie Reynolds asked about the Long-term Outcome 1.2 "improved performance measurement". Does this outcome refer to process? Terry Ray stated that this outcome comes from the 2013 State Health Improvement Plan section F, monitoring and measuring performance. This relates to the grant that we are doing, establishing performance management systems at health departments. Jane Smilie mentioned that the wording regarding AMPHO providing performance management training is "one webinar offered as part of the Mentorship Program," and requested that the wording be changed in the logic model. Jean Curtiss moved that they approve the drafted logic model with the previously mentioned changes. Melanie Reynolds seconded Jean's motion. The group voted and approved the logic model with changes unanimously.

Maternal and Child Health Block Grant Update

Blair Lund discussed the Maternal and Child Health Block Grant's Title V 2018 Application & 2016 Annual Report. This application was submitted on July 17, 2017. There will be a federal review panel conducted in Denver on August 22, 2017. The executive summary can be used to locate those areas of interest for review. Every five years, DPHHS is required to do a Statewide Needs Assessment. The last one was completed in 2015. The state-selected priorities and performance measures are solidly based in the Statewide Needs Assessment and the five-year SHIP. There are 13 performance measures that the Family and Community Health Bureau is currently implementing. Breastfeeding is one of the seven performance measures counties can choose. Jean Curtiss asked if the breastfeeding performance measure includes counties that want to add breastfeeding centers at work. Blair Lund stated that supporting breastfeeding in the workplace is currently one of the priority activities. Hillary Hanson commented that one of the issues she struggles with is choosing a performance measure for her county. Other counties working on the same measure may track the data differently, so she would like more guidance. For example, for improving immunization rates, Flathead may choose Montana's Immunization Information System (imMTrax), but other counties might use ACIP. Todd Harwell commented that we would look into ways of improving this challenge. Blair Lund requested that anyone who has comments on the annual report and application email them to her at BLund@mt.gov or Jessica Miller at JMiller5@mt.gov.

Public Health System Support Unit Update

Kerry Pride gave an update on the latest System Support Unit grant and reviewed the previous grant cycle. This grant started in 2015 with funding from the Montana Healthcare Foundation. The 2016 and 2017 grants are funded through the Preventive Services Block Grant. The map shows a few counties that have not taken advantage of any of these grants. Kerry Pride asked the PHSITF members if they could think of ways to gain more participation in these grant funded activities. Melanie Reynolds asked what the barriers are to participating in these grants. Heather Jurvakainen commented that some barriers are the workload and workforce capacity. Kerry Pride commented that two smaller counties with part-time employees have put in for this grant and have been able to complete a Community Health Assessment (CHA) and are working towards their Community Health Improvement Plans (CHIP). Melanie Reynolds asked if it would be possible to work

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with other counties on these CHIPs and CHAs. Jane Smilie commented that there is a special PHAB application option for multi-jurisdictional counties, and that there may be a way to incentivize this approach. There is also a logic model that establishes short-term outcomes with a focus on community health planning. Kerry Pride requested that the PHSITF members review the logic model and send Jessica Miller at JMiller5@mt.gov any comments they might have.

AMPHO Workforce Development and Support Activities Update and Lessons Learned

Jane Smilie reviewed the 2017 Summer Institute's Leadership Summit. Some major accomplishments in public health in Montana over the last 20 years that were discussed during the Summit were the Clean Indoor Air Act, Medicaid Expansion, the creation of Emergency Preparedness, and Accreditation. For future work, the group discussed increasing the age for purchasing tobacco to 21, and a primary seatbelt law. Some key public health challenges discussed during the session were access to mental health and substance use disorder services; workforce recruitment, development, and retention; suicide and suicide prevention; and health equity. Some programmatic challenges included improving access to mental health coverage, state and regional work coordination, public health involvement with MACo, and relationship building with the medical community. Some key leadership challenges discussed were workforce and funding, regionalization, and grant writing.

Jane announced that AMPHO would be kicking off the mentorship program on August 17, and they have 11 new lead local health officials being mentored by nine experienced ones. The biggest challenge in the mentorship program was securing mentors. We have two people mentoring two mentees. Those are John Felton and Judy LaPan. Many thanks to them.

Follow-Up Items

- Hillary Hanson will give a presentation on NACCHO's drafted workforce development competencies at the next meeting on October 11th.
- Terry Ray will reword his workforce development group logic model for workforce training and development project based on the suggestions mentioned during the PHSITF meeting.
- Blair Lund requested that anyone who has comments on the annual report and application, that they email her at BLund@mt.gov or Jessica Miller at JMiller5@mt.gov the comments.
- Kerry Pride requested that the PHSITF members review the logic model and send Jessica Miller at JMiller5@mt.gov any comments they might have.
- The next meeting will be on October 11th in person from 10am-12:30pm.

Agenda
Public Health System Improvement Task Force
August 16, 2017
10:00am-12:15pm
Public Health and Safety Division Cogswell Building
Room C205 and C207
1400 Broadway St., Helena, MT. 59620

10:00am	Roll call of members Introductions (visitors and new members) Approval of previous meeting minutes and announcements Announcements from members	Jessica Miller Jessica Miller Jessica Miller Chair
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Old Business

10:10am	State-wide Public Health Workforce Development workgroup update - Vote on approval of workgroup's logic model	Terry Ray (System Improvement Office Coordinator)
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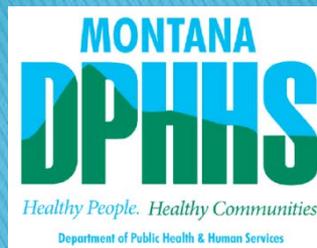
New Business

10:30am	Maternal and Child Health Block Grant Update	Blair Lund
10:45am	Public Health System Support Unit updates - System support grants lessons learned and feedback from grantees.	Kerry Pride
10:55am	Training Opportunities/Conference Update	Kathy Moore
11:05am	AMPHO workforce development and support activities update and lessons learned.	Jane Smilie
11:20am	MPHA workforce development and support activities update and lessons learned.	Kristi Aklestad
11:35am	Working lunch - discussion of opportunities for PHHS BG funded activities	Terry Ray
12:15pm	Adjourn	Chair

For more information, contact Jessica Miller at 406-444-5968 or JMiller5@mt.gov

Office of Public Health System Improvement, Public Health and Safety Division, MT DPHHS

Montana Public Health Workforce
Development Group Update
to the
Public Health
System Improvement Task Force



Outline

- ▶ Represented organizations
 - ▶ Initial Project Objectives
 - ▶ Activities overview
 - ▶ Project Update
 - ▶ Challenges
 - ▶ Next Steps
 - ▶ Discussion
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Represented Organizations

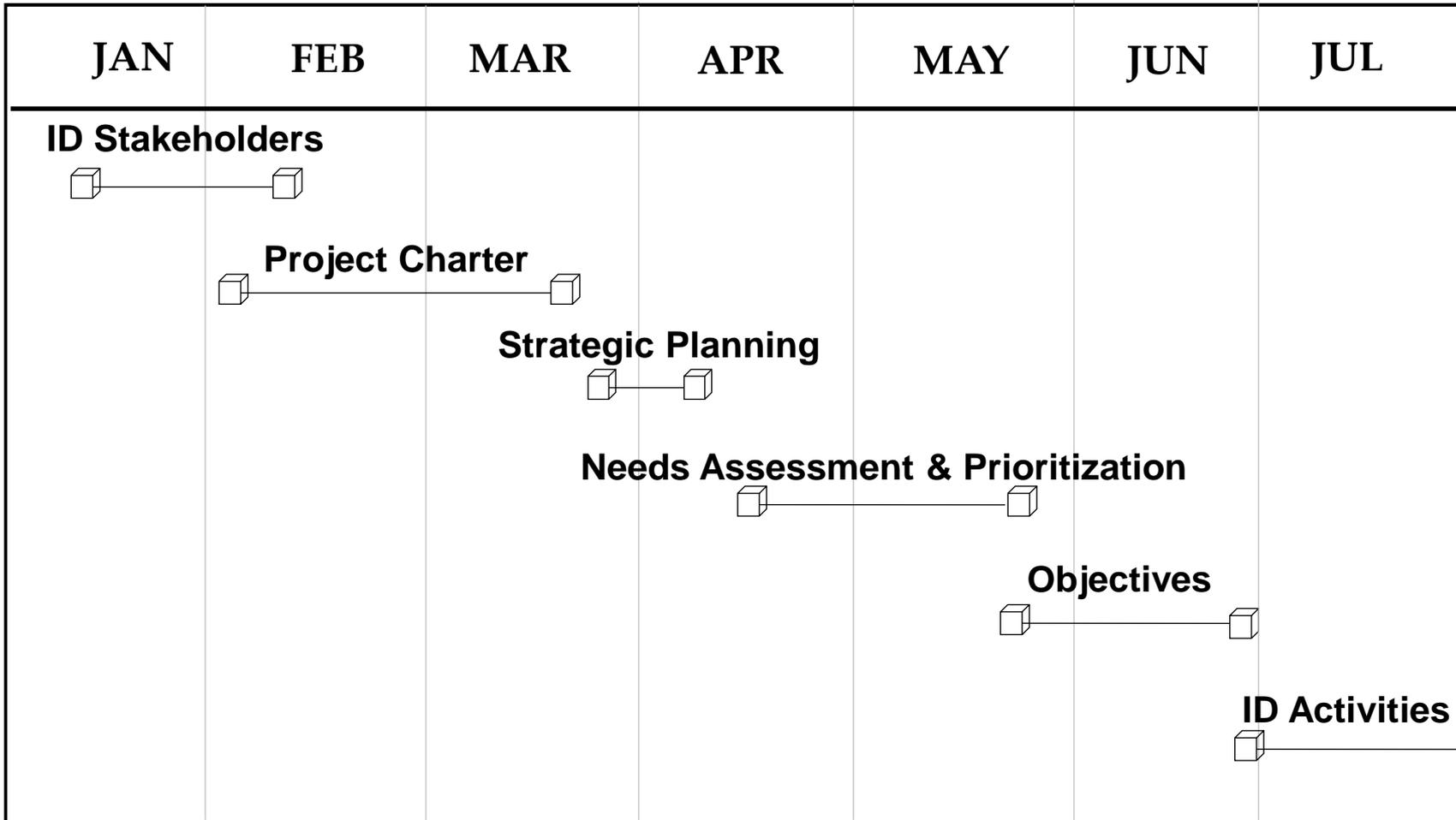
- ▶ MPHA - Kristi Aklestad,
Lora Wier, Shawn Heinz
 - ▶ Office of Rural Health - Natalie Claiborne
 - ▶ AMPHO – Jane Smilie
 - ▶ UM – Tony Ward
 - ▶ PHSIO – Kerry Pride, Terry Ray,
Jackie Tunis
 - ▶ MEHA – Hannah Groves
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Initial Project Objectives

(from charter)

- ▶ 1. Increase communication, coordination, and collaboration among state-wide organizations that promote public health workforce development.
- ▶ 2. Focus the effort of state-wide organizations that promote public health workforce development.
- ▶ 3. Provide state-level priority focus areas for local and tribal health departments to consider when developing their organizations' workforce development plans.
-  4. Develop state-wide public health workforce skills and abilities to meet existing or emerging priority health conditions.
-  5. Address systemic public health infrastructure issues that can be address through training and education.

Activities Overview

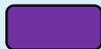




Financial Planning



Management and Leadership



CHA/CHIP



Strategies or Activities (not competency) ★

Performance management/Improvement (incl. QI)



Policy Development and Enforcement



Program Planning and Evaluation



**Those in white are priority areas not identified in other data sources

Training Focus Areas

- ▶ Performance Management and Improvement
 - ▶ Program Planning and Evaluation
 - ▶ Community Health Planning
 - ▶ Leadership and Management
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Challenges

- ▶ Organizations are only planning up to a year out.
 - ▶ Difficult to add training opportunities or change current methods of conducting training.
 - ▶ Schedule will need to be updated on a routine/annual basis as organizations plan training or education events.
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Next Steps

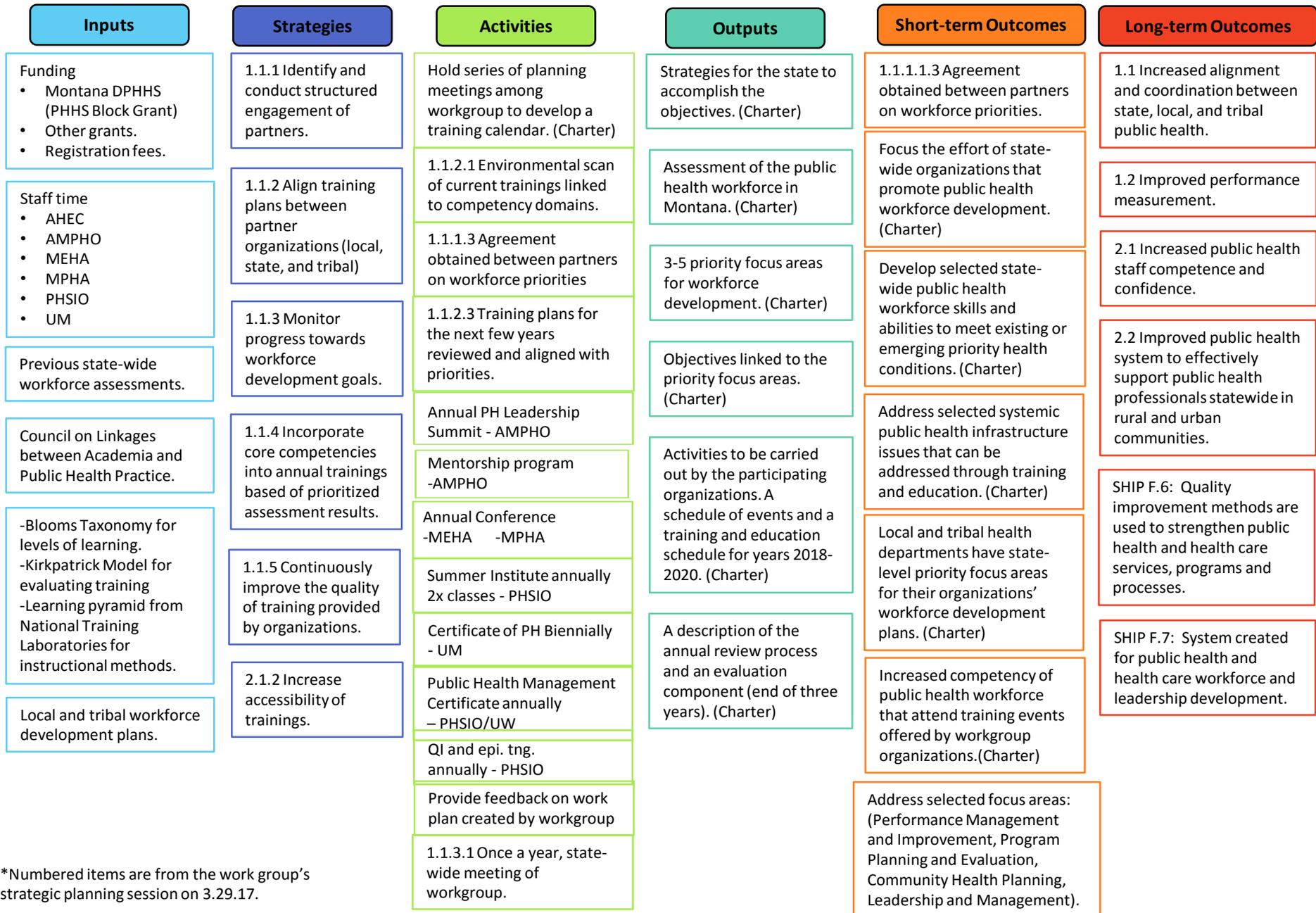
- ▶ Finalizing a list of activities to be carried out by the participating organizations.
 - ▶ Identify resources needed for any new activities.
 - ▶ Complete plan that includes a 3 year training schedule.
 - ▶ Communicate the plan and group's work at the MPHA conference.
 - ▶ Define the annual review process and an evaluation component (end of 3 years).
 - ▶ Next Project – Statewide workforce assessment tool(?)
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Questions

Montana Public Health Workforce Development Group Logic Model for Workforce Training and Development project

Vision: A confident and competent public health workforce supporting a strategic public health system.

Mission: The Montana Public Health Workforce Development group supports Montana's health through a sustainable and competent public health workforce as part of a strategic, coordinated public health system



*Numbered items are from the work group's strategic planning session on 3.29.17.

