

Meeting Minutes and Action Plan

April 18, 2018 Public Health System Improvement Task Force Meeting

Members Present: **Todd Harwell** (DPHHS, PHSD Administrator), **Kristi Aklestad** (Toole County Health Department—Small County Member), **Jean Curtiss** (MACo), **Hillary Hanson** (AMPHO), **Kristin Juliar** (Montana State University Office of Rural Health), **Jennifer McCully** (Lincoln County Health Department—Medium County Member), **Rosemary Cree Medicine** (Blackfeet Tribal Health Department—Tribal Health Department Member), **Dustin Schreiner** (Montana State University—MEHA), **Kari Smith** (Department of Environmental Quality), **Tony Ward** (University of Montana—School of Public and Community Health Sciences), **Lora Wier** (MPHA)

Support Staff: **Terry Ray** (PHSD, System Improvement Office), **Kerry Pride** (PHSD, System Improvement Office), **Alexis Wolf** (PHSD, System Improvement Office), **Jessica Miller** (PHSD, System Improvement Office)

Guests: **Jason Butcher** (DPHHS, PHSD), **Natalie Claiborne** (Montana State University Office of Rural Health), **Jim Detienne** (DPHHS, PHSD), **Kimberly Koch** (DPHHS, PHSD), **Blair Lund** (DPHHS, PHSD), **Kathy Moore** (Lewis and Clark City-County Health Department), **Susan Reeser** (DPHHS, PHSD), **Laura Williamson** (DPHHS, PHSD), **Mandi Zanto** (DPHHS, PHSD)

Excused Members: **Kim Cuppy** (Fallon County Health Department—Frontier County Member), **Melanie Reynolds** (Lewis and Clark City-County Health Department—Large County Member), **Janet Runnion** (Rocky Boy Health Board—Tribal Health Department Member)

Attachments: PHSITF April 18th PowerPoint, April 18th Agenda

MEETING AGENDA			ACTION PLAN		
Agenda Item	Who	Discussion	Steps to Action	Assigned to Whom	Date Due
1. Review and Approve February 28, 2018 minutes	Todd Harwell, Lora Wier	<ul style="list-style-type: none"> Todd Harwell opened the floor for any comments or edits on February’s PHSITF draft minutes. No comments, Todd Harwell moved to approve the minutes, Lora Wier seconded. 	Any additional comments/edits on draft February’s minutes can be sent to Jessica Miller at JMiller5@mt.gov		

MEETING AGENDA			ACTION PLAN		
Agenda Item	Who	Discussion	Steps to Action	Assigned to Whom	Date Due
2. PH Nursing Professional Development	Susan Reeser, Kristi Aklestad	<ul style="list-style-type: none"> • MPHA and Public Health Nursing Section at DPHHS partnering to produce an orientation to Public Health Nurses • Some preliminary steps include <ol style="list-style-type: none"> 1. Partnering with MPHA, MT. Nurses Association, and DPHHS to create a standardized orientation 2. Model after core competencies as a frame work • Which organization would house this training? <ul style="list-style-type: none"> ○ Todd Harwell asked if this could live under the Nurses group at MPHA? Kristi Aklestad commented that this has been on their to do list for about three years however, everyone has been too busy to make progress on this as they are all volunteers. It would be good for this group to help out but not be the main group working on this. Susan added that it would take multiple agencies to coordinate together to standardize this training. Jen McCully stated that she would want to look at how different size health departments would train their nurses differently based on their different roles. ○ Todd Harwell added that the Public Health Nursing Consultants group at PHSD, after presenting it to the Bureau Chiefs, may have the support of the Division to move forward on this project. 	<p>Coordinate with MPHA, MT. Nurses Association, and DPHHS to standardize training for Public Health Nurses</p> <p>Design trainings to serve different size health departments and their different roles</p> <p>Susan Reeser will present to the PHSITF to gather further feedback once the project has moved forward</p>	Susan Reeser, Kristi Aklestad, Public Health Nurses group at MPHA	

MEETING AGENDA			ACTION PLAN		
Agenda Item	Who	Discussion	Steps to Action	Assigned to Whom	Date Due
3. Overview of Request for Proposal (RFP) for Substance Use Prevention Funding	Christine Steel and Bobbi Perkins	<ul style="list-style-type: none"> • There are two requests for proposals. <ul style="list-style-type: none"> ○ The first is for regional technical assistance for a contractor for the entire state prior to October 1, 2018. ○ The second is for community based prevention. This is setup to reflect the five healthcare planning regions. 1 contract per region. • Todd Harwell added that AMDD also shared a 1 pager overview of funding opportunities with lead local public health officials on April 18th. • Bobbi Perkins also added that there is a plan to do task orders with each American Indian Reservation in Montana 	AMDD will schedule a conference call prior to RFP releases for information and additional questions.	Bobbi Perkins and Christine Steel	
4. Public Hearing on the Preventive Health and Health Services Block Grant Federal Fiscal year 2018 Workplan	Terry Ray, Jim Detienne, Jason Butcher, Laura Williamson, Kerry Pride, and Kimberly Koch	<p>Copies of the workplan and PowerPoint presentation were provided to attendees at the beginning of the meeting. Terry Ray provided an overview of the accomplishments of the Federal Fiscal Year (FFY) 2017 grant funds and what is planned for the FFY 2018 grant funds</p> <ul style="list-style-type: none"> • Each program manager reviewed their program's activities and 2017 outcomes <ul style="list-style-type: none"> ○ Jim Detienne reviewed the Emergency Medical Services and Trauma System's 2017 Outcomes and 2018 Objectives ○ Jason Butcher reviewed the Nutrition and Physical Activity Program's 2017 Outcomes and 2018 Objectives <ul style="list-style-type: none"> ▪ Todd Harwell asked if we are doing any more marketing to gather more baby friendly hospitals? Mandi Zanto 	Terry Ray will submit the PHHS BG FFY 2018 application.	Terry Ray	

MEETING AGENDA			ACTION PLAN		
Agenda Item	Who	Discussion	Steps to Action	Assigned to Whom	Date Due
		<p>commented that there is one more hospital applying to gain baby friendly status. With this hospital we will be up to 14 baby-friendly hospitals. Which covers about 50% of Montanan births</p> <ul style="list-style-type: none"> ○ Jim Detienne reviewed the Prevention of Deaths from Poisoning Program’s 2017 Outcomes and 2018 Objectives ○ Laura Williamson reviewed the Community Health Data for Community Health Improvement Planning 2017 Outcomes and 2018 Objectives ○ Terry Ray reviewed the Public Health System Improvement Program’s 2017 Outcomes and 2018 Objectives ○ Kerry Pride reviewed the Public Health System Support Unit’s 2017 Outcomes and 2018 Objectives ○ Kimberly Koch reviewed the Rape and Sexual Assault Prevention program’s 2017 Outcomes and 2018 Objectives <ul style="list-style-type: none"> ▪ Todd Harwell commented that it might be good to look at a different measure that is more applicable to the campuses you are measuring. ● Todd Harwell opened the meeting for the Public Hearing. There was no public present for the meeting. Todd Harwell closed the public hearing. 			

MEETING AGENDA			ACTION PLAN		
Agenda Item	Who	Discussion	Steps to Action	Assigned to Whom	Date Due
5. Maternal and Child Health Block Grant annual application review	Blair Lund	Blair Lund provided an overview of the performance measures that will be included in the 2019 Maternal and Child Health Block Grant application as well as an overview of the 2017 report.	Blair Lund will send out the MCHBG 2019 Application to the Task Force at the end of July. Look at the areas of interest to your work and provide feedback to either Blair Lund or Jessica Miller	Task Force members	End of July
6. PH System Support Grant Updates and Discussion on plan for FFY 2019 grants	Kerry Pride	<p>Kerry Pride reviewed the Public Health System Support Unit 2017 Grant outcomes.</p> <ul style="list-style-type: none"> • Kerry Pride proposed that we continue the \$10,000 grants for CHAs, CHIPs, and Strategic Plans. The goal was not reached but specific targeted outreach would help overcome barriers to completing CHAs, CHIPs, and SPs for those smaller health departments. • Todd Harwell opened the floor to vote for continuing these grants. The Task Force was in consensus for approval. There were no opposed. 			

Next Meeting: In -Person meeting June 6, 2018 10am-12:30pm (1400 Broadway, Helena, MT. 59620; Public Health and Safety Division Room C205)

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

Minutes Drafted: 4/26/2018

Agenda

Public Health System Improvement Task Force

April 18, 2018

2:30-4:00pm

Location: *State Law Library*

215 N. Sanders St, Helena MT. 59601

Rm. 234

or WebEx: [Webinar](#)

Roll call of members and Review of Agenda	Jessica Miller
Approval of previous meeting minutes and announcements	Jessica Miller
Announcements from members and any additions to agenda	Chair

Old Business

2:35pm	PH Nursing Professional Development/Training discussion	Susan Reeser & Kristi Aklestad
<i>If time</i>	Training for BOH 1.0 live demo	Kerry Pride
2:50pm	Overview of Request for Proposal (RFP) for Substance Use Prevention Funding	Bobbi Perkins & Christine Steele

New Business

3:00pm	Public Hearing on the Preventive Health and Health Services Block Grant Federal Fiscal Year 2018 Workplan	Terry Ray
3:30pm	Maternal and Child Health Block Grant annual application review	Blair Lund
3:40pm	PH System Support Grant Updates and Discussion on plan for FFY 2019 grants	Kerry Pride
	Updates from Associations and UM	AMPHO, MEHA, MPHA, UM
	Other topics of discussion	Chair
4:00pm	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

Public Health System Improvement Task Force

April 18th Webinar

2:30-4:00pm

Agenda

- ▶ PH Nursing Professional Development/Training
- ▶ Overview of RFP for Substance Use Prevention Funding
- ▶ PH System Support Unit Grant updates for FFY 2019
- ▶ PHHS Block Grant 2017 Outcomes and 2018 Objectives (Public Hearing)
- ▶ Maternal and Child Health Block Grant annual application review
- ▶ Training for BOH 1.0 live demo (*if time*)

PUBLIC HEALTH NURSING: PROFESSIONAL DEVELOPMENT AND TRAINING

SUSAN REESER RN, BSN

NURSE CONSULTANT



MONTANA
IMMUNIZATION
PROGRAM

OVERVIEW

- History of PHN Orientation
- Montana PHN Survey Data
- Workforce Development
- Opportunities and Challenges
- Discussion

HISTORY TO CURRENT

- Request for public health and/or nursing orientation from both
 - Local jurisdictions and
 - State personnel/programs
- Last PHN Orientation Manual was created in 2004
 - No longer utilized
 - Many changes have occurred
 - Author to be interviewed

HISTORY TO CURRENT (CONTINUED)

Current Status:

- MPHA PHN Section
 - Goal was set to produce an orientation to PHN 3 years ago, started gaining steam in the last year
- DPHHS Nurse Consultants
 - Partnering: MPHA, Montana Nurses Association (MNA)
 - Preparing online training: communicable disease section
 - Plan to reach out to higher education nursing schools
 - Systems Improvement Office-Workforce Development Training discussion

MONTANA PUBLIC HEALTH NURSES SURVEY– K.AKLESTAD

Quantitative Data

Qualitative Data

MONTANA PUBLIC HEALTH NURSES: QUANTITATIVE DATA

- 51% are bachelor prepared (2016)
 - 41% have an associate's degree, 8% are LPNs
- 21% planned to retire in 5 years (2016)
- 17% planned to leave their job in the next year (2016)
 - 13% intended to leave their job for a non-public health related job (2016)
- 62% of public health nurses stated they were not provided orientation to public health nursing (2016)
- 81% stated they would have benefitted from an orientation (2016)
- Size of jurisdiction was associated with the likelihood of being provided orientation.
 - 80% of nurses in large jurisdictions were provided orientation, while only 41% in frontier, 32% in small, and 25% in medium were provided orientation. (2016)

MONTANA PUBLIC HEALTH NURSES: QUALITATIVE DATA

- Workforce Development Strengths
 - Passionate workforce
- Workforce Development Weaknesses
 - Lack of public health experience upon entry into workforce
 - Lack of standardized system for continuing education
 - No clear way to determine differences in experience (novice vs. expert)
 - Difference in resources between counties

WORKFORCE DEVELOPMENT AND SCOPE AND STANDARDS OF PHN PRACTICE

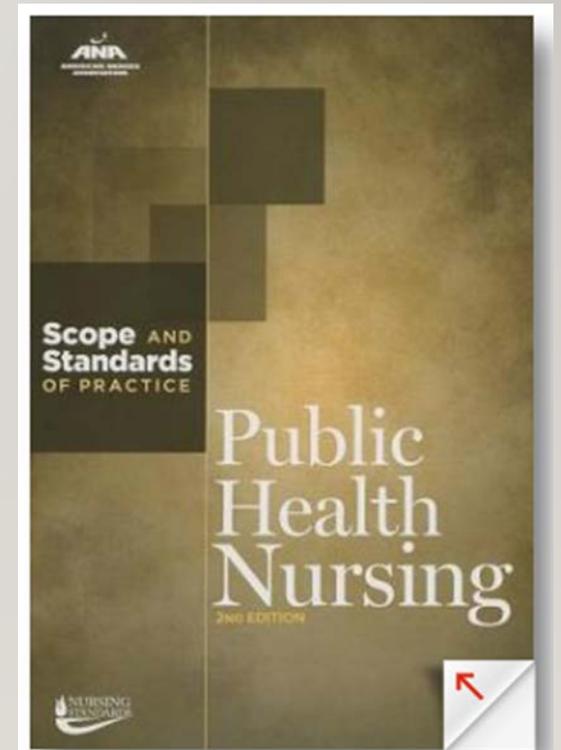
Approach to PHN professional development:

- Core Competencies for Public Health Professionals
- Quad Council Competencies for Public Health Nursing

SCOPE AND STANDARDS OF PRACTICE

Evidenced-based

- *Scope and Standards of Practice for Public Health Nursing, 2nd Edition*
American Nurses Associations (ANA)



CORE COMPETENCIES

- Domain 1: Analytic and Assessment skills
- Domain 2: Policy Development/Program Planning Skills
- Domain 3: Communications Skills
- Domain 4: Cultural Competencies Skills
- Domain 5: Community Dimensions of Practice
- Domain 6: Public Health Science Skills
- Domain 7: Financial Planning and Management Skills
- Domain 8: Leadership and Systems Thinking Skills

CURRENT IDEAS FOR TRAINING



NURSING PROFESSIONAL DEVELOPMENT VIA MULTIPLE MODES OF COMMUNICATION*

- In-person
- Webinars
- Online training (self-paced)
- Mentoring

*Continuing nursing education credits are required for nursing license

OPPORTUNITIES

Partnering (MNA, DPHHS, MPHA, etc.) to design and create

- PHN Orientation (standardized)
- Ongoing Continuing Education
 - Planned with progression
 - Model with current Workforce Development Training Plan (framework)

CHALLENGES

- Buy-in is needed from multiple agencies and organizations for a program to be successful
- Ownership – no organization or agency is required to provide orientation and ongoing education for PHN
- Expectations – vary based on the organization
- Accountability –

END GOAL:

...A Competent and Qualified
Public Health Nurse Workforce

QUESTIONS/DISCUSSION



SUMMARY

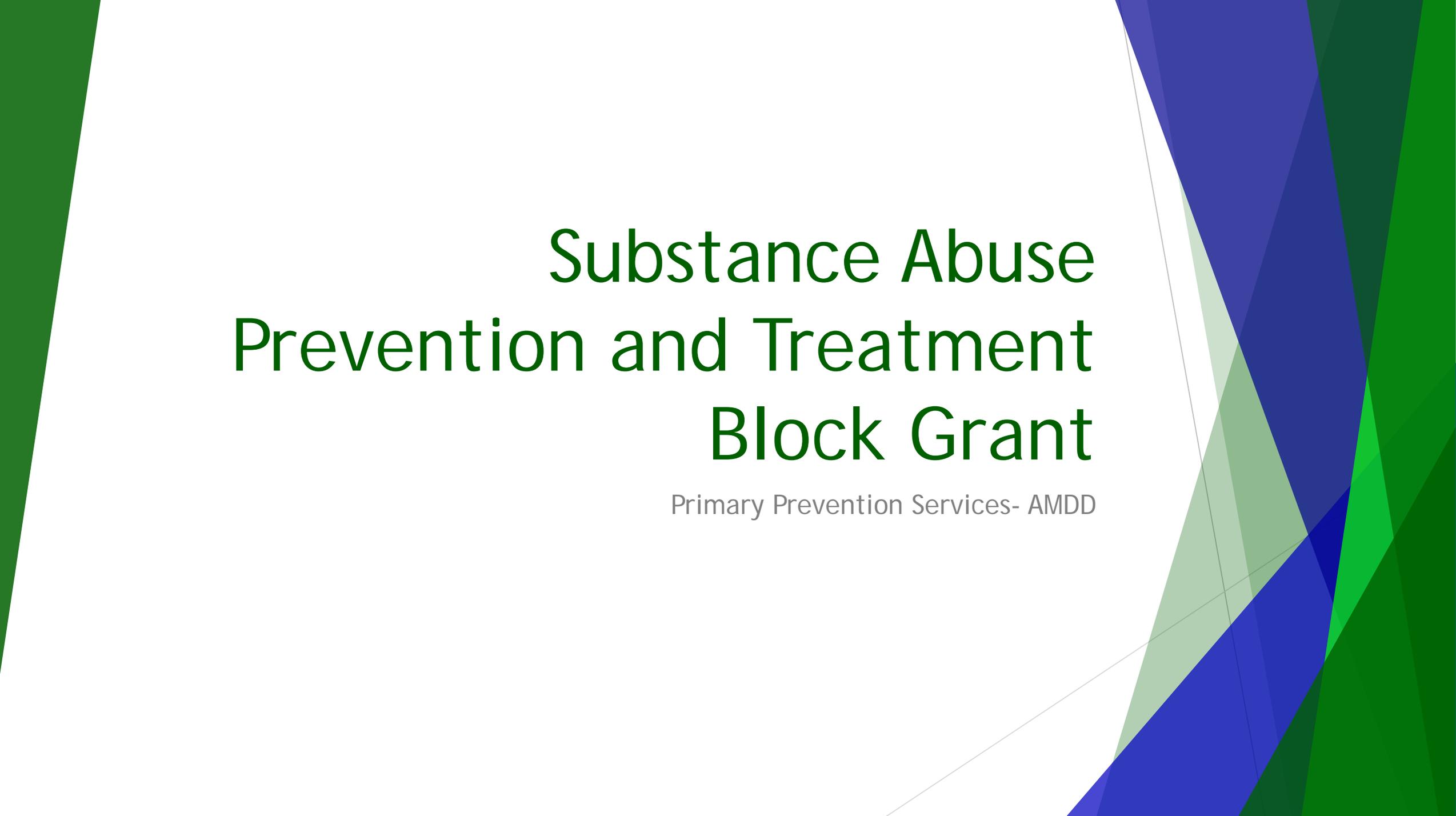
PHN professional development and training

- History
- Partners
- Methods
- Next Steps

THANK YOU

- Susan Reeser
 - sreeser@mt.gov
 - (406) 444-1805



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Substance Abuse Prevention and Treatment Block Grant

Primary Prevention Services- AMDD

Goal

- ▶ Both PHSD & AMDD exist to promote/improve the health of all Montanans by supporting community driven solutions.
- ▶ The purpose of this presentation is inform Public Health on the concepts and structures being utilized in Substance Use Primary Prevention.
- ▶ Inform on the upcoming *Requests for Proposals*

Federal Funding Streams Samples

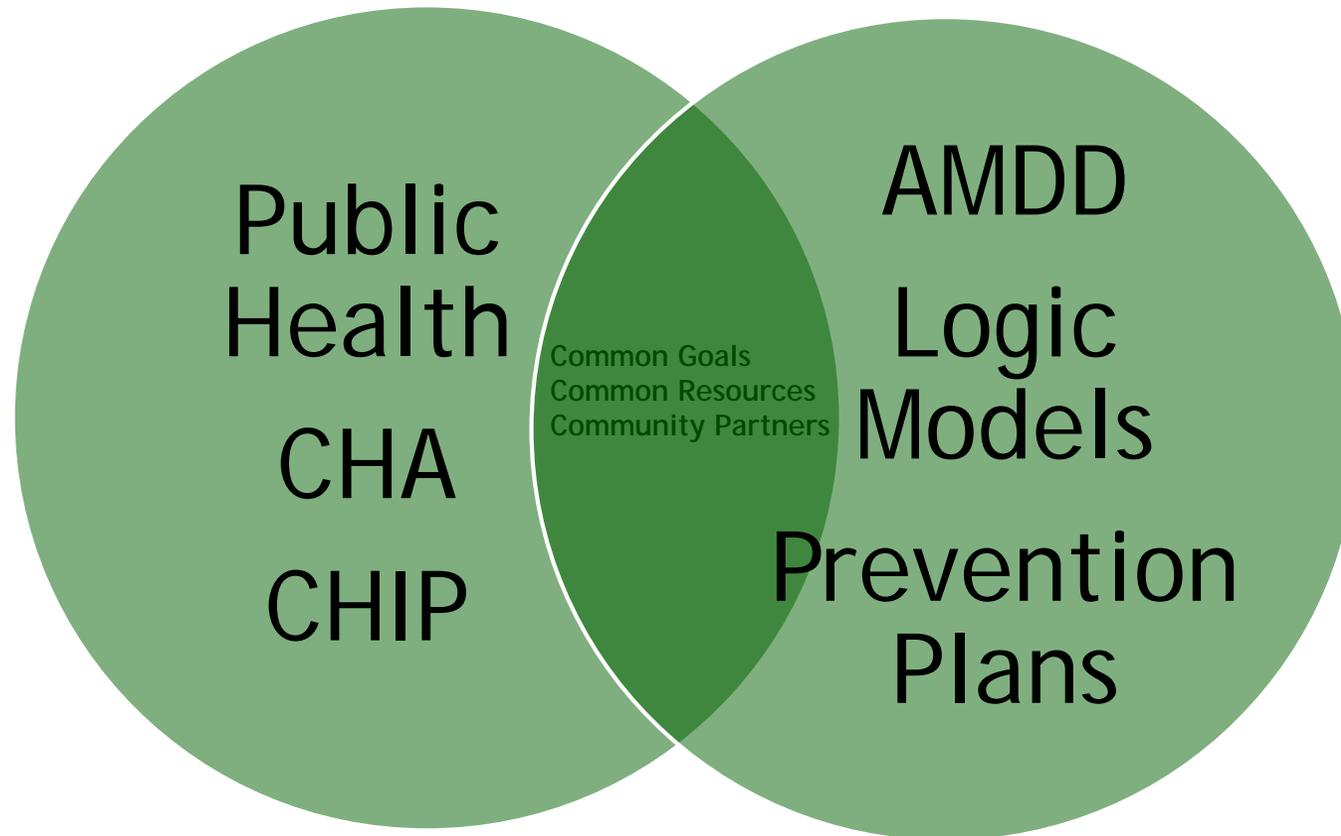


Partnering & Collaborating through the Communities that Care(CTC) Program



State Level Funding has same commonalities

Commonalities - Identification and Implementation of Strategies



AMDD Prevention Requirements

Code of Federal Regulations

- ▶ Primary Prevention - State shall develop and implement a comprehensive prevention program which includes a broad array of prevention strategies **directed at individuals not identified as needing treatment**.
- ▶ Provided in a variety of settings for both the general population, as well as targeting sub-groups who are at high risk for substance abuse (CFR 96.125 (a))

Main Components of the Grant

- ▶ Use of the SAMHSA *Strategic Prevention Framework*
- ▶ Use of the (6) *Center for Substance Abuse Prevention (CSAP) strategies*
- ▶ Use of *Risk and Protective Factors* - Prevention Needs Assessment
- ▶ Surgeon General Chapter 3: Prevention

<https://addiction.surgeongeneral.gov/sites/default/files/chapter-3-prevention.pdf>



FACING ADDICTION IN AMERICA

*The Surgeon General's Report on
Alcohol, Drugs, and Health*

U.S. Department of Health & Human Services

(2) Requests for Proposals- Tentative Dates

- ▶ Regional Technical Assistance - 1 contractor for entire State- Contract begins sometime prior to 10/1/2018
- ▶ Community-Based Prevention - 5 Contracts - 1 Per health care planning region- Contract begins 10/1/2018

Any Questions?

- ▶ Comments
- ▶ Concerns



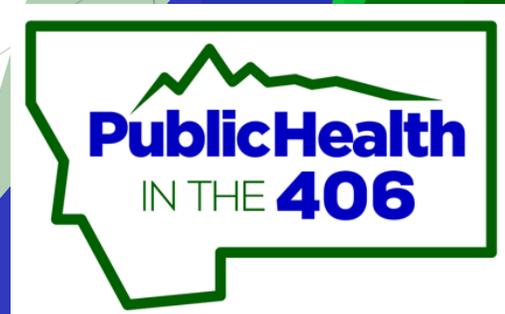
PHHS Block Grant

2017 Outcomes and 2018 Objectives

April 18, 2018

Agenda

- Emergency Medical Services and Trauma Systems – **Jim Detienne**
- Nutrition and Physical Activity– **Jason Butcher**
- Prevention of Deaths from Poisoning – **Jim Detienne**
- Provide Community Health Data for Community Health Improvement Planning - **Laura Williamson**
- Public Health System Improvement– **Terry Ray**
- Public Health System Support Unit- **Kerry Pride**
- Rape and Sexual Assault Prevention - **Kimberly Koch**



Emergency Medical Services and Trauma Systems

(1 of 3)

Develop and Improve Systems of Care - 2017 Outcomes

Between 10/2016 and 09/2017, the EMS program will implement 3 strategies from the Emergency Care Strategic Plan related to workforce, education and public education.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, the EMS program implemented 3 strategies from the Emergency Care Strategic Plan related to workforce, education and public education.

Develop and Improve Systems of Care - 2018 Objectives

Between 10/2017 and 09/2018, the EMS program will implement 3 strategies from the Emergency Care Strategic Plan related to workforce, education and public education.



Emergency Medical Services and Trauma Systems

(2 of 3)

System Surveillance and Evaluation – 2017 Outcomes

Between 10/2016 and 09/2017, the Emergency Medical Services program will distribute the new NEMISIS version 3.45 ePCR surveillance system to 50% of all licensed ambulance services.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, the Emergency Medical Services program distributed the new NEMISIS version 3.45 ePCR surveillance system to 68% of all licensed ambulance services.

System Surveillance and Evaluation – 2018 Objectives

Between 10/2017 and 09/2018, the Emergency Medical Services program will distribute the new NEMISIS version 3.45 ePCR surveillance system to 95% of all licensed ambulance services.



Emergency Medical Services and Trauma Systems

(3 of 3)

Workforce Development – 2017 Outcomes

Between 10/2016 and 09/2017, the EMS program will implement **3** strategies to address workforce leadership challenges, especially for volunteers. This will include reports about the status of Montana volunteer workforce.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, the EMS program implemented **3** strategies to address workforce leadership challenges, especially for volunteers. This will include reports about the status of Montana volunteer workforce.

Workforce Development – 2018 Objectives

Between 10/2017 and 09/2018, the EMS program will implement three **3** strategies to address workforce leadership challenges, especially for volunteers.



Nutrition and Physical Activity

(1 of 2)

Community Plans – 2017 Outcomes

Between 10/2016 and 09/2017, The Montana Nutrition and Physical Activity Program will increase the number of Communities that develop and/or adopt a pedestrian or transportation master plan from 22 to 25.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, The Montana Nutrition and Physical Activity Program increased the number of Communities that develop and/or adopt a pedestrian or transportation master plan from 22 to 23.

Community Plans – 2018 Objectives

Between 10/2017 and 09/2018, The Montana Nutrition and Physical Activity Program will increase the number of Communities that develop and/or adopt a pedestrian or transportation master plan from 23 to 26.



Nutrition and Physical Activity

(2 of 2)

***NEW-* Breastfeeding Promotion and Support– 2018**

Objectives

Between 10/2017 and 09/2018, The Montana Nutrition and Physical Activity Program will increase the number of Baby-Friendly Designated facilities from 10 to 12.

***NEW-* Farmers Markets (Increase Access to Healthy Foods)– 2018 Outcomes**

Between 10/2017 and 09/2018, The Montana Nutrition and Physical Activity Program will increase the number of farmers markets or CSA farms that accept Supplemental Nutrition Assistance Program (SNAP) benefits from 28 to 30.



Prevention of Deaths from Poisoning

(1 of 2)

Data and Evaluation – 2017 Outcomes

Between 10/2016 and 09/2017, the Emergency Medical Service and Trauma System section will implement 2 mitigation and prevention strategies utilizing poison control data to inform stakeholders of the burden of poison.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, the Emergency Medical Service and Trauma System section implemented 2 mitigation and prevention strategies utilizing poison control data to inform stakeholders of the burden of poison.

Data and Evaluation – 2018 Objectives

Between 10/2017 and 09/2018, the Emergency Medical Service and Trauma System section will implement 2 mitigation and prevention strategies utilizing poison control data to inform stakeholders of the burden of poison.



Prevention of Deaths from Poisoning

(2 of 2)

Support and Promote MT Poison Center – 2017 Outcomes

Between 10/2016 and 09/2017, the Poison Control System will maintain 1 24-hour, toll-free poison control line to manage poison emergencies.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, the Poison Control System maintained 1 24-hour, toll-free poison control line to manage poison emergencies.

Support and Promote MT Poison Center – 2018 Objectives

Between 10/2017 and 09/2018, the Poison Control System will maintain 1 24-hour, toll-free poison control line to manage poison emergencies.



Provide Community Health Data for Community Health Improvement Planning

(1 of 3)

Data System Implementation - 2017 Outcomes

Between 10/2016 and 09/2017, the Office of Epidemiological Studies will increase the number of surveillance systems accessible via the Montana Indicator-Based Information System (MT IBIS) from 3 to 5.

Impact/Process Objective Status

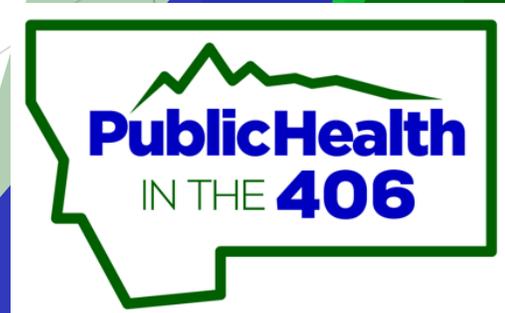
Not Met

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, the Office of Epidemiological Studies increased the number of surveillance systems accessible via the Montana Indicator-Based Information System (MT IBIS) from 3 to 4.

Data System Implementation- 2018 Objectives

Between 10/2017 and 09/2018, the Office of Epidemiological Studies will increase the number of surveillance systems accessible via the Montana Indicator-Based Information System (MT IBIS) from 4 to 5.



Provide Community Health Data for Community Health Improvement Planning

(2 of 3)

Data System Usage

Between 10/2016 and 09/2017, the Office of Epidemiological Studies and Support will decrease the percent of data requests to epidemiologists that could be answered using IBIS from 50% to 35%.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, the Office of Epidemiological Studies and Support decreased the percent of data requests to epidemiologists that could be answered using IBIS from **50%** to 27.5%.

NEW Data System Usage - 2018 Objectives

Between 10/2017 and 09/2018, the Office of Epidemiological Studies and Support will increase the percent of customers that use IBIS from 35% to 50%.



Provide Community Health Data for Community Health Improvement Planning

(3 of 3)

NEW – BRFSS Data Collection - 2018 Objective

Between 10/2017 and 09/2018 the Montana Behavioral Risk Factor Surveillance System will collect, via a contract with the University of Missouri, **500** completed landline and cell phone interviews each month.



Public Health System Improvement

(1 of 3)

Public Health Workforce Professional Development - 2017 Outcomes

Between 10/2016 and 09/2017, training and education providers, universities, and state and national associations will provide professional development training and education focusing on developing public health science skills, and increasing public health services delivery efficiency, effectiveness, and accountability by developing core management functions- workforce development, public health planning, organizing work, budgeting, and performance improvement within a public health system to 75 public health professionals from state, local, and tribal health departments.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, training and education providers, universities, and state and national associations provided professional development training and education focusing on developing public health science skills, and increasing public health services delivery efficiency, effectiveness, and accountability by developing core management functions- workforce development, public health planning, organizing work, budgeting, and performance improvement within a public health system to over 150 public health professionals from state, local, and tribal health departments.

Public Health Workforce Professional Development - 2018 Objectives

Between 10/2017 and 09/2018, training and education providers, universities, and state and national associations will provide professional development training opportunities focusing on developing public health science skills, and increasing public health services delivery efficiency, effectiveness, and accountability by developing core management functions- workforce development, public health planning, organizing work, budgeting, and performance improvement within a public health system to 200 public health professionals from state, local, and Tribal health departments.

Public Health System Improvement

(2 of 3)

Strategic Planning- 2017 Outcomes

Between 10/2016 and 09/2017, Public Health and Safety Division and stakeholders will review 2 strategic plans (State Health Improvement Plan and the Division's Strategic Plan).

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, Public Health and Safety Division and stakeholders reviewed 2 strategic plans (State Health Improvement Plan and the Division's Strategic Plan).

Strategic Planning- 2018 Objectives

Between 10/2017 and 09/2018, Public Health and Safety Division and stakeholders will **update** 2 strategic plans (State Health Improvement Plan and the Division's Strategic Plan).



Public Health System Improvement

(3 of 3)

Quality Improvement Training - 2017 Outcomes

Between 10/2016 and 09/2017, Public Health and Safety Division, Public Health System Improvement Office will increase the percent of program staff in the Public Health and Safety Division that state they are familiar with the quality improvement methodology Plan, Do, Study, Act. from 65.5 to 75%.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, Public Health and Safety Division, Public Health System Improvement Office increased the percent of program staff in the Public Health and Safety Division that state they are familiar with the quality improvement methodology Plan, Do, Study, Act. from 65.5 to 86.8%.



Public Health System Support

(1 of 2)

Community Health Planning – 2017 Outcomes

Between 10/2016 and 09/2017, 6 local and Tribal health departments will develop 6 community health assessments or community health improvement plans.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, 6 local and Tribal health departments developed 9 community health assessments or community health improvement plans.

Community Health Planning - 2018 Objectives

Between 10/2017 and 9/2018 6 local and Tribal health departments will develop 6 community health assessments or community health improvement plans.



Public Health System Support

(2 of 2)

Public Health Accreditation

Between 10/2016 and 09/2017, the Public Health System Support unit along with local and Tribal Health Departments will develop 14 plans consisting of an organizational Strategic Plan, Quality Improvement Plan, or Workforce Development Plan.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, the Public Health System Support unit along with local and Tribal Health Departments developed 9 plans consisting of an organizational Strategic Plan, Quality Improvement Plan, or Workforce Development Plan.

Community Health Planning - 2018 Objectives

Between 10/2017 and 9/2018 6 local and Tribal health departments will develop 9 plans consisting of an organizational Strategic Plan, Quality Improvement Plan, or Workforce Development Plan.



Rape and Sexual Assault Prevention

Rape and sexual assault awareness training – 2017

Outcomes

Between 10/2016 and 09/2017, The Rape and Sexual Assault Program will decrease the percent of incidence of rape and sexual assault from 38.0 to 36.1.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2016 and 09/2017, The Rape and Sexual Assault Program decreased the percent of incidence of rape and sexual assault from 38.0 to 40.38.

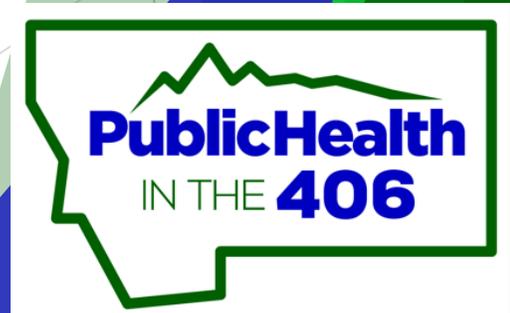
Rape and sexual assault awareness training - 2018

Objectives

Between 10/2017 and 09/2018, The Rape Prevention and Education Program (RPE) will decrease the percent of incidence of rape and sexual assault from 40.38 to 38.0



Next Steps and Questions



Maternal & Child Health Block Grant: PHSITF Update – April 2018
Performance Measure and Contract Changes, and
Current Status of 2019 Application & 2017 Report



Overall State-Level Performance Measure Changes (1 of 2)

- HRSA releases new MCHBG guidance every three years
- The number of required National Performance Measures (NPMs) has been reduced from 8 to 5
- There is no longer a minimum or maximum number of State Performance Measures (SPMs) (was previously at least 3)
- The guidance still requires at least one NPM in each of the following population domains: *Women & Maternal, Perinatal & Infant, Children, Adolescent, and Children & Youth with Special Health Care Needs (CYSHCN)*

Overall State-Level Performance Measure Changes (2 of 2)

Montana's Performance Measures, starting 10/1/18:

- NPM 5: Infant Safe Sleep*
- NPM 7: Child Injuries*
- NPM 10: Adolescent Preventive
Healthcare
- NPM 11: Medical Home
- NPM 13: Oral Health*
- SPM 1: Access to Care & Public Health Services*
- SPM 2: Family Support & Health Education*



* Options for County Public Health Department Activities

MCHBG – County Public Health Department Task Order Changes

As a **one-time occurrence**, the upcoming MCHBG CPHD Task Orders will cover a **15-month timeframe**: July 1, 2018 to September 30, 2019. State-level reporting to the Health Resources and Services Administration (HRSA) is on a federal fiscal year. After this adjustment, county reporting information will be in alignment. The federal fiscal year runs from October 1st to September 30th.

The main changes to deliverable due dates (*after* August 2018) are as follows:

- **Annual trainings**, whether in-person or by webinar, will take place in **May**
- The **Pre-Contract Survey** will move to **June**
- The **components of the annual report** will be due on **November 15th**.

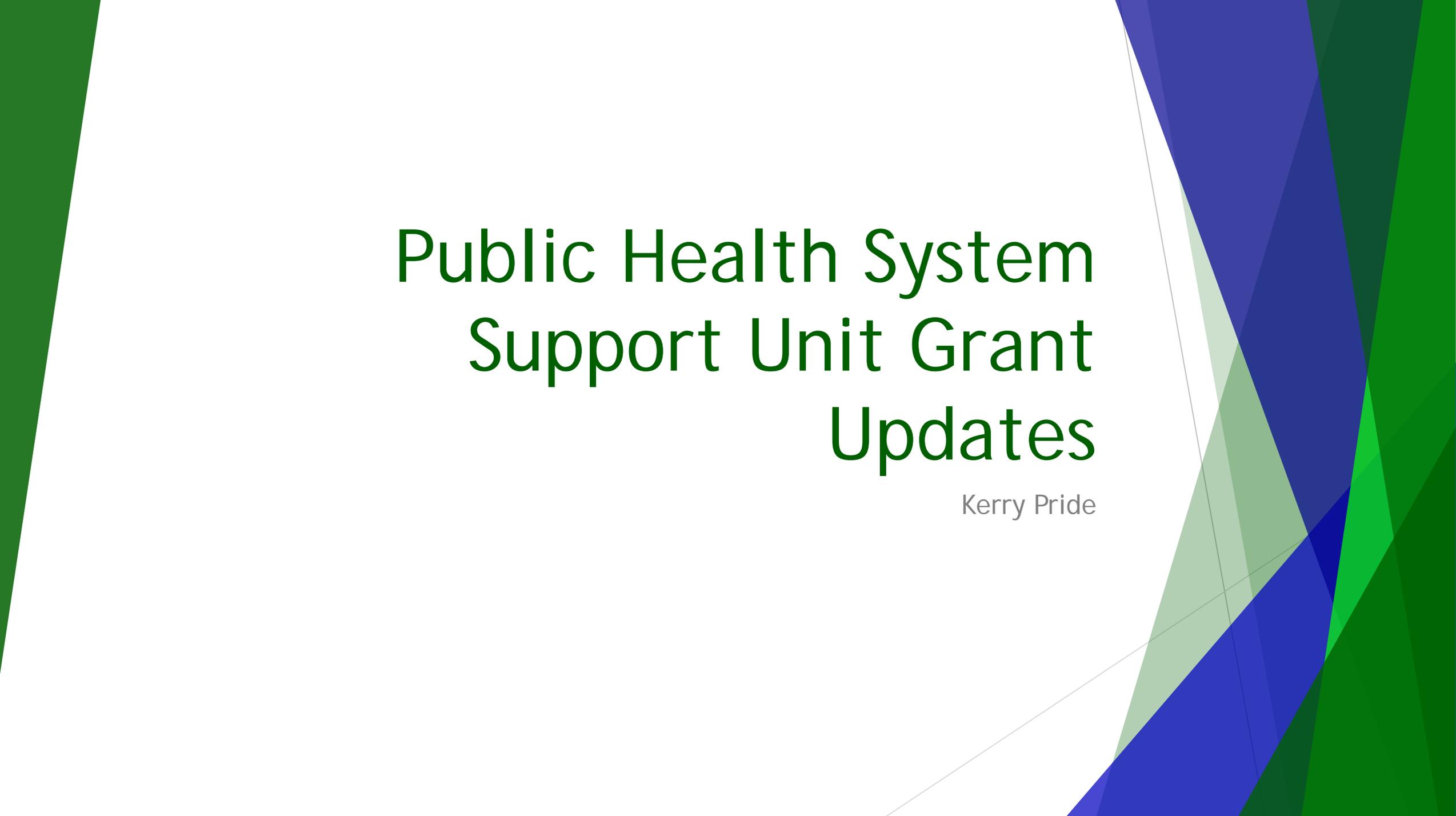
MCHBG 2019 Application & 2017 Report – Components & Timeline

The annual process is underway – assembling needed information and data, and writing narratives:

- **Twenty–six** separate narrative sections
- **Four** financial forms
- **Eight** data forms
- **Three** required supporting forms
- Plus supporting documents to provide additional detail and insight, last year **Nineteen** were included

Pertinent Dates:

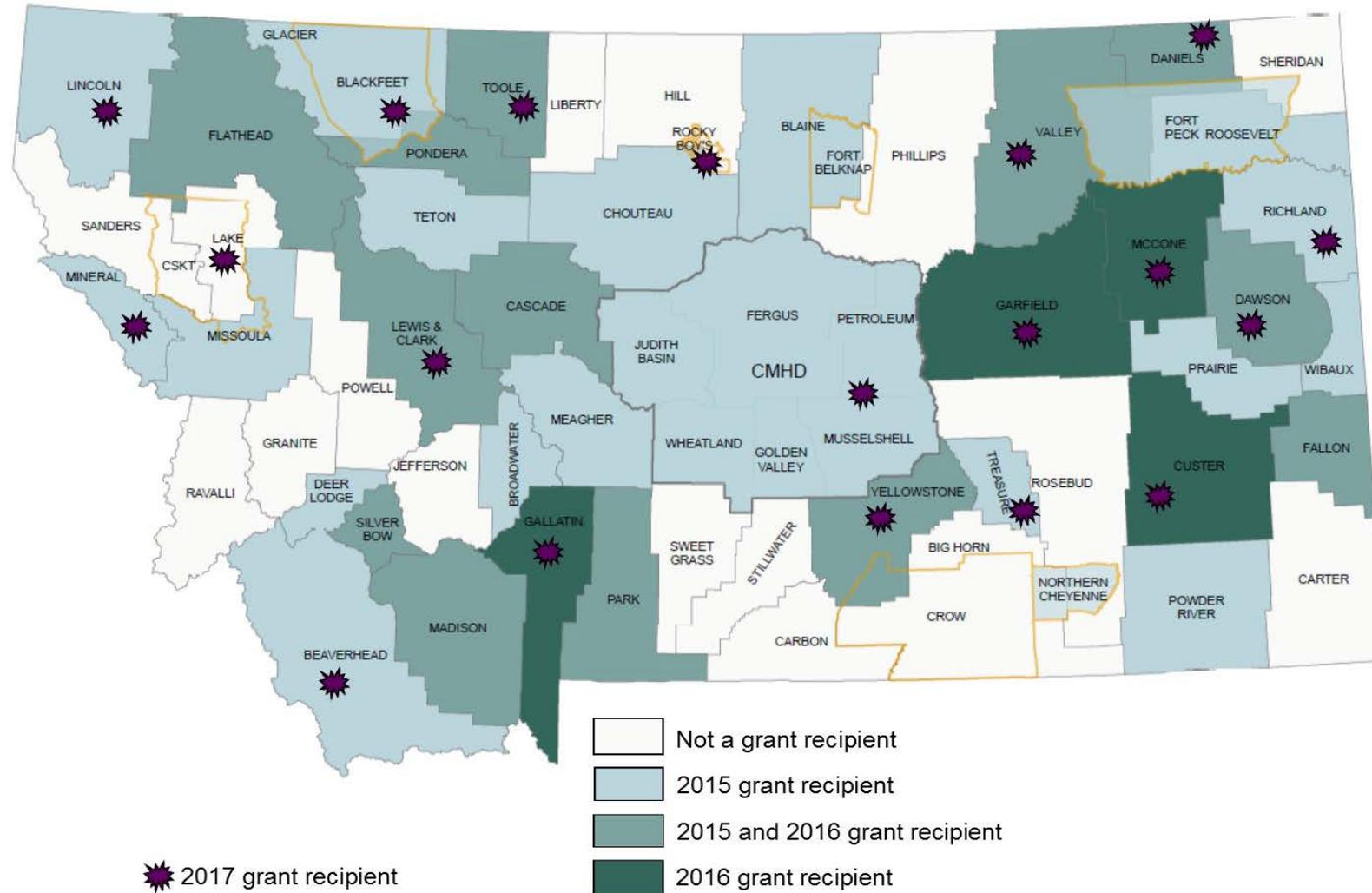
- **July 15** – deadline to submit initial application and report to HRSA. A copy of this document will be made available to PHSITF members by July 25th. Please email feedback, questions and comments to Blair Lund, at blund@mt.gov
- **August 10** – HRSA Review Panel in Denver
- ~ **September 28** – Final version submitted: usually about six weeks is given to upload additional information and clarification requested by the review panel.

The background features abstract geometric shapes in various shades of green and blue, primarily on the right side, with a white background on the left.

Public Health System Support Unit Grant Updates

Kerry Pride

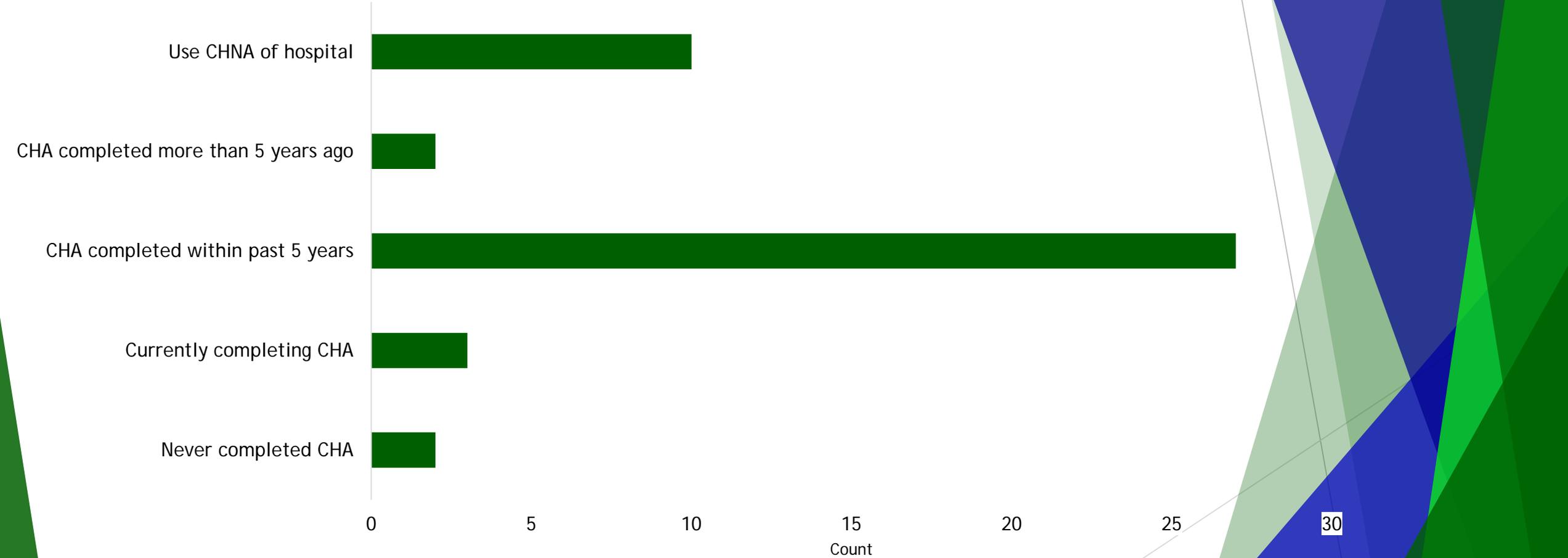
Local and Tribal Public Health System Improvement Grant Montana



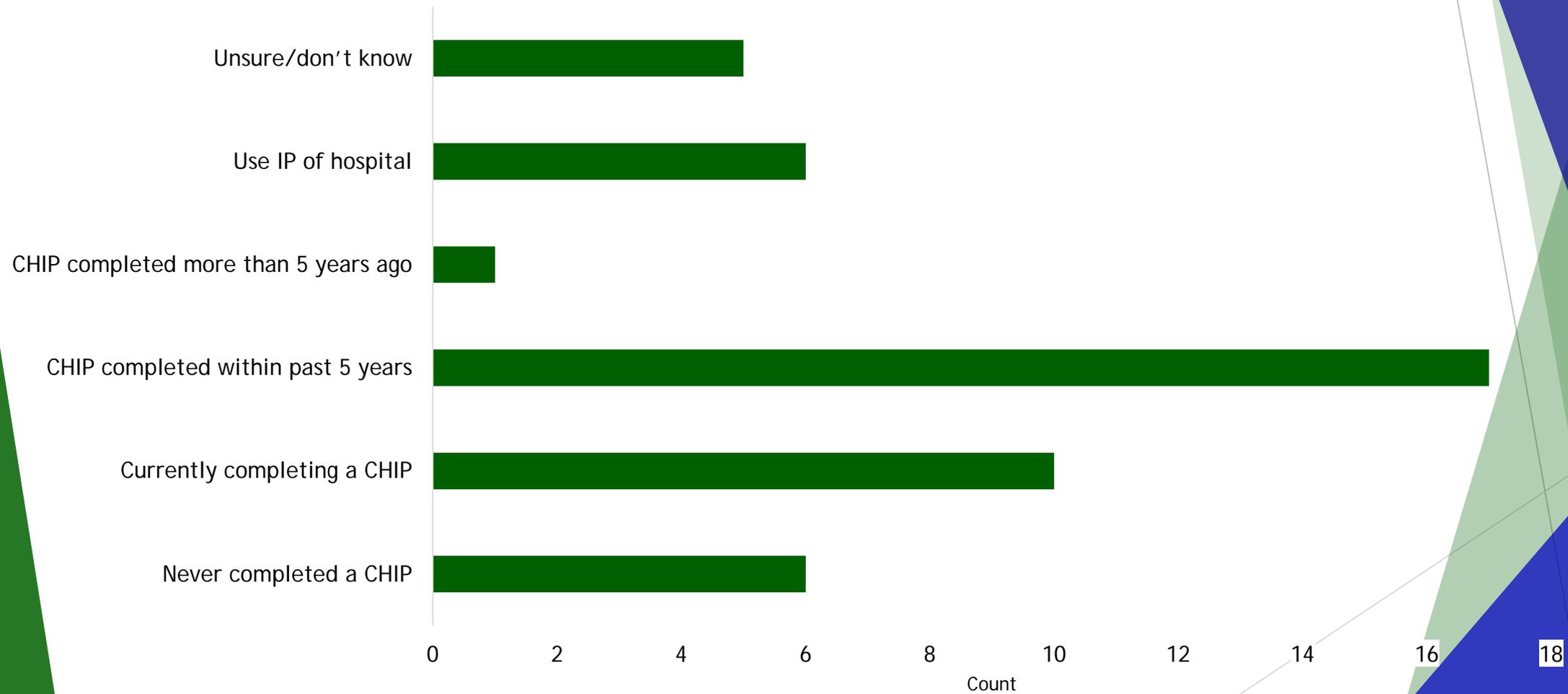
★ 2017 grant recipient

- Not a grant recipient
- 2015 grant recipient
- 2015 and 2016 grant recipient
- 2016 grant recipient

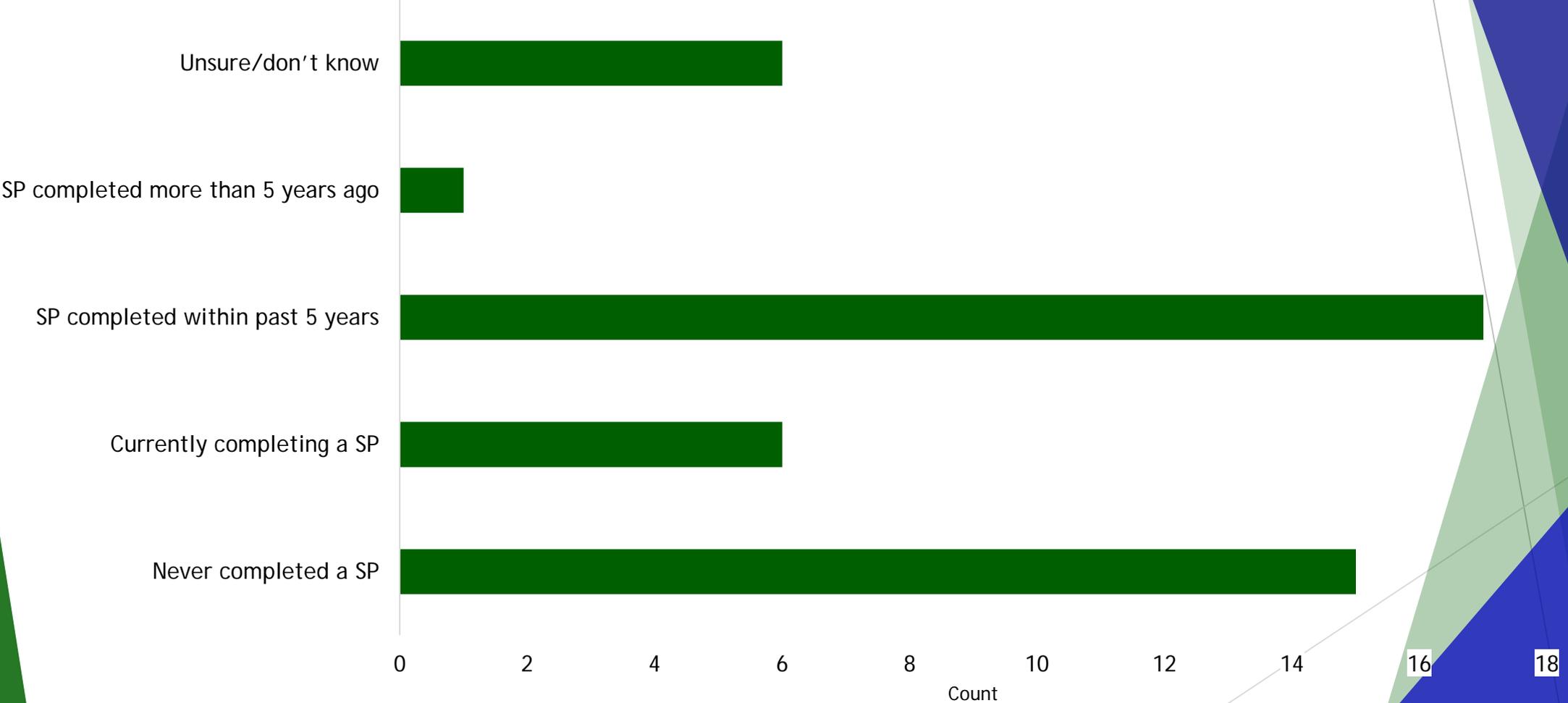
Community Health Assessment (n=46)



Community Health Improvement Plan, (n=46)



Strategic Plan, (n=46)



Community Health Planning, 2015–2018

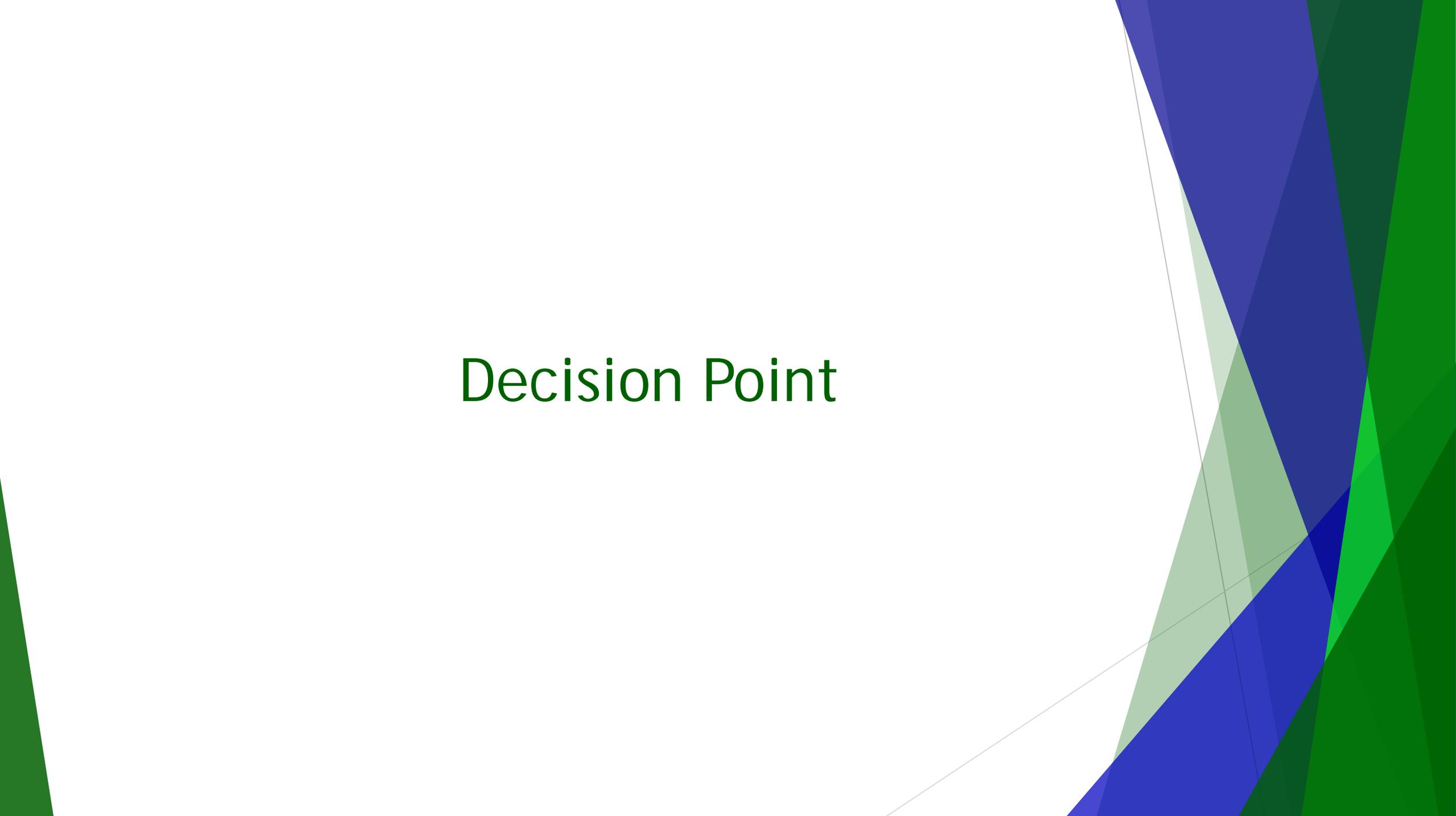
2015

- ▶ 10 CHAs
- ▶ 7 CHIPs
- ▶ 7 SPs

2018

- ▶ 44 CHAs
- ▶ 35CHIPs
- ▶ 26 SPs

Decision Point

The background features a series of overlapping, semi-transparent geometric shapes in shades of blue and green. These shapes are primarily located on the right side of the frame, creating a dynamic, layered effect. The colors range from deep navy blue to vibrant lime green, with some lighter, more translucent areas where the shapes overlap.

Proposed Grant Opportunities, 2018

- ▶ Continue \$10,000 grants for CHAs, CHIPs, and SPs
- ▶ Specific targeted outreach to jurisdictions who haven't participated
 - ▶ Determine barriers to applying
 - ▶ Offer technical assistance and/or direct assistance
- ▶ Non-competitive for CHAs
- ▶ Competitive for CHIPs and SPs
 - ▶ Based on funding available
- ▶ Discontinue grants for QI, WFD, and Performance Management

Feedback on proposal

Vote

Training for BOH 1.0

Kerry Pride

The background features abstract geometric shapes in various shades of green and blue. On the left, a solid dark green shape curves upwards. On the right, there are overlapping, semi-transparent shapes in dark blue, light blue, and various shades of green, creating a layered, dynamic effect.

Updates from Associations and UM?

**Montana FY 2018
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2018

Submitted by: Montana

DUNS: 051659352

Printed: 4/17/2018 4:14 PM

Governor: Steve Bullock

State Health Officer: Todd Harwell

Block Grant Coordinator:

Terence Ray

P.O. Box 202951

Helena MT 59620-2951

Phone: 406-444-9352

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CDC Work Plan ID: MT 2018 V0 R0

Created on: 3/19/2018

Submitted on:

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Executive Summary

This is the **Draft** Preventive Health and Health Services Block Grant (PHHSBG) work plan for Federal Fiscal Year 2018. It is submitted to the Centers for Disease Control and Prevention by the MT Department of Public Health & Human Services as the designated state agency for the allocation and administration of PHHSBG funds.

On October 11, 2017, the Advisory Committee reviewed and recommended programs for funding, contingent upon the receipt of funding for FY 2018.

On April 18, 2018 the Advisory Committee met to hear public comment on the proposed activities.

Funding Assumptions: The total award for the FY 2018 Preventive Health and Health Services Block Grant is **expected** to be around \$1,038,435. This amount will be based on an allocation table distributed by CDC. Funding for FY 2018 Sexual Assault-Rape Crisis (HO IPV 40) activities detailed in the Work Plan is **expected** to be around \$22,123 of this total and is a mandatory allocation to the *Rape Prevention Program (RPE)* which will fund primary prevention of sexual assault training to at least four colleges that are located in rural areas and will provide direct training to at least 400 individuals across Montana.

Nutrition and Physical Activity. \$100,000 for the *Nutrition and Physical Activity Program (NAPA)* to fund Montana NAPA Program to accomplish three objectives: (1) increase the number of Baby-Friendly Designated facilities in Montana from 10 to 12; (2) support increasing the number of Montana communities that develop and/or adopt a pedestrian or transportation master plan from 23 to 26; and (3) increase the number of farmers' markets or Community Supported Agriculture (CSA) farms that accept Supplemental Nutrition Assistance Program (SNAP) benefits from 28 to 30.

Prevention of Deaths from Poisonings. \$196,000 for the *Emergency Medical Services and Trauma Systems Section* to fund a contract with the Denver-based Rocky Mountain Poison and Drug Center (RMPDC) and the distribution of information to inform stakeholders of the burden of poison.

Emergency Medical Services. \$124,000 for the *Emergency Medical Services and Trauma Systems Section* to accomplish three objectives: (1) distribute new NEMISIS version 3.45 ePCR surveillance system to 95% of all licensed ambulance services; (2) implement three strategies from the Emergency Care Strategic Plan related to workforce, education and public education; (3) implement three strategies to address workforce leadership challenges, especially for volunteers.

Provide Community Health Data for Community Health Improvement Planning. \$72,000 is allocated to the *Office of Epidemiology and Scientific Support (OESS)* to continue to develop and implement the Internet Based Information System for Public Health (IBIS-PH) and the Montana Behavioral Risk Factor Surveillance System will collect 500 completed interviews each month.

Public Health System Improvement. \$160,000 to the *Public Health System Improvement Office* to provide professional development training and education opportunities to 200 public health professionals from state, local, and tribal health departments and update two strategic plans (State Health Improvement Plan and the Public Health and Safety Division's Strategic Plan).

Public Health System Support \$294,312 is allocated to the *Public Health System Support Unit* to fund operational expenses and support grant opportunities for local and Tribal health departments in the completion six community health assessments or community health improvement plans and nine plans consisting of organizational strategic plans, quality improvement plans, or workforce development plans.

Administrative costs associated with the Preventive Health Block Grant: \$45,000 is cost allocated to administrative costs based on agency estimates and historical cost allocation. These costs include funding for the Fiscal Bureau to track and monitor Block Grant appropriations, budgets, and actual /obligated expenditures. A maximum of 10% is authorized by CDC; approx 4% is allocated to administrative costs. This grant application is prepared under federal guidelines which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020.

Funding Priority: Under or Unfunded, State Plan (2013), Data Trend

Statutory Information

Advisory Committee Member Representation:

Advocacy group, American Indian/Alaska Native tribe, College and/or university, County and/or local health department, Environmental organization, Schools of public-health, State health department

Dates:

Public Hearing Date(s):

Advisory Committee Date(s):

10/11/2017

Current Forms signed and attached to work plan:

Certifications: No

Certifications and Assurances: Yes

Budget Detail for MT 2018 V0 R0	
Total Award (1+6)	\$1,038,435
A. Current Year Annual Basic	
1. Annual Basic Amount	\$1,016,312
2. Annual Basic Admin Cost	(\$45,000)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$971,312
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$22,123
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$22,123
(9.) Total Current Year Available Amount (5+8)	\$993,435
C. Prior Year Dollars	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
13. Total Available for Allocation (5+8+12)	\$993,435

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$971,312
Sex Offense Set Aside	\$22,123
Available Current Year PHHSBG Dollars	\$993,435
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
C. Total Funds Available for Allocation	\$993,435

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Emergency Medical Services and Trauma Systems	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$124,000	\$0	\$124,000
Sub-Total		\$124,000	\$0	\$124,000
Nutrition and Physical Activity	PA-15 Built Environment Policies	\$100,000	\$0	\$100,000
Sub-Total		\$100,000	\$0	\$100,000
Prevention of Deaths from Poisonings	IVP-9 Poisoning Deaths	\$196,000	\$0	\$196,000
Sub-Total		\$196,000	\$0	\$196,000
Provide Community Health Data for Community Health Improvement Planning	PHI-15 Health Improvement Plans	\$72,000	\$0	\$72,000
Sub-Total		\$72,000	\$0	\$72,000
Public Health System Improvement	PHI-2 Continuing Education of Public Health Personnel	\$160,000	\$0	\$160,000
	PHI-15 Health Improvement Plans	\$25,000	\$0	\$25,000
Sub-Total		\$185,000	\$0	\$185,000
Public Health System Support	PHI-15 Health Improvement Plans	\$219,312	\$0	\$219,312
	PHI-17 Accredited Public Health Agencies	\$75,000	\$0	\$75,000
Sub-Total		\$294,312	\$0	\$294,312
Rape and Sexual Assault Prevention	IVP-40 Sexual Violence (Rape Prevention)	\$22,123	\$0	\$22,123
Sub-Total		\$22,123	\$0	\$22,123
Grand Total		\$993,435	\$0	\$993,435

State Program Title: Emergency Medical Services and Trauma Systems

State Program Strategy:

GOAL

Provide leadership to strengthen the public health and healthcare system. Goal 5.1 Public Health and Safety Division Strategic Plan 2013-2018.

Recruit, retain, develop, and support a highly effective workforce. Goal 6.4 Public Health and Safety Division Strategic Plan 2013-2018.

HEALTH PRIORITIES:

- Develop and Improve Systems of Care: Implement leadership and system improvement by engaging in collaborations with multi-disciplinary stakeholder bodies that provide advice about implementation of emergency care strategic plans. Monitor and identify the burden of injury and illness and provide programs to address issues.
- System Surveillance and Evaluation: Maintain, evaluate, improve and use surveillance systems to ensure the collection, analysis, and reporting of timely, accurate and complete information to direct system improvements. Utilize data systems to support system performance indicators and attributes in order to gauge effectiveness of the emergency care system.
- Workforce Development: Assure the availability of emergency medical and trauma care services, particularly in rural and frontier areas. Provide for organized processes for workforce assessment as well as strategies to improve recruitment, retention and education as needed.

PRIMARY STRATEGIC PARTNERSHIPS: Local healthcare providers and facilities, EMS services and related organizations, and state advisory groups such as the Emergency Care Council, Trauma Care Committee and Injury Prevention Coalition.

EVALUATION METHODOLOGY: Develop benchmarks and assess reports from the trauma register, EMS patient record and other data sources. Conduct and evaluate surveys related to emergency care issues. Continue to meet recommendations from the National Highway Traffic Safety Administration EMS system evaluation; trauma system evaluation; and a recent injury prevention program evaluation.

State Program Setting:

Home, Medical or clinical site, State health department, Tribal nation or area, Work site, Other: Montana roads and highways

State Program Setting:

Community based organization, Medical or clinical site, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)

State Health Objective(s):

Between 01/2016 and 12/2020, decrease the proportion of fatalities due to motor vehicle crashes that involve alcohol or drug impaired drivers from the 2016 rate of 67% to 60% (FARS data), and increase the percent of

motor vehicle occupants in Montana that report they wear seat belts from 73% to 83% by 2020.

Baseline:

In 1999, the unintentional death rate in Montana was 56 per 100,000. The 2015 unintentional death rate for Montana was 62/100,000 people and the overall injury death rate was 96/100,000 people. The observed rate of seatbelt use in Montana in 2015 was 77% The 2016 rate of alcohol or drug involved fatalities was 67%.

Data Source:

CDC Statistics - FARS

State Health Problem:

Health Burden:

In Montana, there are approximately 900 deaths from injury each year, two-thirds of which are unintentional. Unintentional injury also results in approximately 3,900 hospital admissions and 57,000 ED visits per year. (Montana Office of Vital Records, 2011-2015; Montana Hospital Discharge Data System, 2011-2015). In 2015, the age adjusted death rate due to unintentional injury was 56 per 100,000 Montanans, 29% higher than the US rate of 43 per 100,000. (Montana Office of Vital Statistics, 2015; National Center for Health Statistics, 2015). Even though American Indians represent only 7.2% of Montana's population, they experience 11.9% of unintentional injury deaths. In 2015, the age adjusted death rate due to unintentional injury was 119.1 per 100,000 among American Indians, which is more than double the overall Montana rate. (Montana Office of Vital Records, 2015)

Target Population:

Number: 1,023,579

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 77,792

Ethnicity: Non-Hispanic

Race: American Indian or Alaskan Native

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: Montana 2010 US Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Other: Institutionalized evidence-based approaches to achieve results-based accountability. Support

effective and safe practices that can be used by practitioners.
Improve methods and analytical capacity to collect, evaluate and disseminate data that can be translated into actionable information and outcomes in population health.
Foster systems strategies by analyzing problems using data with capacity and improve emergency care systems components.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$124,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Rapid Response
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Develop and Improve Systems of Care

Between 10/2017 and 09/2018, the EMS program will implement **3** strategies from the Emergency Care Strategic Plan related to workforce, education and public education.

Annual Activities:

1. Emergency Care Council

Between 10/2017 and 09/2018, hold four (4) quarterly meetings of the Emergency Care Council to provide advice about implementation of the Emergency Care System Strategic plan.

2. State Trauma Care Committee

Between 10/2017 and 09/2018, hold four (4) quarterly meetings of the State Trauma Care Committee to provide advice about the development and implementation of a State Trauma Care System plan.

3. EMS Service of Pediatric Care Recognition

Between 10/2017 and 09/2018, assist (6) ambulance services to receive formal recognition as EMS services of excellence for pediatric care.

4. Cardiac Ready Community Recognition

Between 10/2017 and 09/2018, assist (3) communities to received recognition as Cardiac Ready Communities.

5. Participation in National System Related Activities and Strategies

Between 10/2017 and 09/2018, support staff participation in (2) national meetings and activities of significance related to system development such as the National Association of State EMS Officials (NASEMSO).

Objective 2:

System Surveillance and Evaluation

Between 10/2017 and 09/2018, the Emergency Medical Services program will distribute the new NEMISIS version 3.45 ePCR surveillance system to **95%** of all licensed ambulance services.

Annual Activities:

1. Systems Reports

Between 10/2017 and 09/2018, engage the services of a program epidemiologist to analyze data and develop (4) system reports and data linking opportunities.

2. Online Prehospital Information System

Between 10/2017 and 09/2018, implement the EMSTS Section's new online prehospital information system and assist EMS service managers and medical directors from six (6) EMS services to utilize the data system to implement performance improvement projects.

Objective 3:

Workforce Development

Between 10/2017 and 09/2018, the EMS program will implement **3** EMS program will implement three 3 strategies to address workforce leadership challenges, especially for volunteers.

Annual Activities:

1. Educational Opportunities

Between 10/2017 and 09/2018, provide at least six (6) educational opportunities for EMS providers in rural Montana that increase their skills and knowledge on EMS support for trauma, pediatrics and other essential subjects.

2. Service Leadership Education

Between 10/2017 and 09/2018, provide at least two (2) leadership education opportunities for EMS service managers and/or service medical directors.

State Program Title: Nutrition and Physical Activity

State Program Strategy:

Goal:

Promote health by providing information and education to help people make healthy choices. Goal 2.2 Public Health and Safety Division Strategic Plan. 2013-2018.

This initiative will focus on funding work to create healthy communities by promoting and supporting early nutrition efforts in breastfeeding; engaging communities in pedestrian or transportation master plans, and policy initiatives; and increasing access of healthy foods. The program will provide expertise from local professionals and partners on how to create and enhance community environments so that people of all ages, ability and income levels can access healthy nutrition and live actively.

Health Priorities:

The health priorities that will be focused on are:

Disease and injury prevention and control, and health promotion. "Public Health and Safety Division Strategic Plan." 2013-2018.

Prevent, identify and manage chronic diseases. "Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans", Montana Department of Public Health and Human Services." June 2013.

Primary Strategic Partners:

The Montana Nutrition and Physical Activity Program will partner with a Built Environment Consultant, a Breastfeeding Consultant, Montana State Disability and Health Program, the Action Institute, Bike Walk Montana, America Walks, Sonoran Institute, Western Transportation Institute, National Center for Appropriate Technology (NCAT), Supplemental Assistance Program Education (SNAP-Ed), No Kid Hungry, other community organizations, and Local and Tribal public health departments.

Evaluation Methodology:

This program is using CDC resources from the office of Environmental Public Health to evaluate the effectiveness of this strategy as well as to use best practices provided from that office.

State Program Setting:

Community based organization, Local health department, Schools or school district, State health department, University or college

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Cathy Costakis

Position Title: Built Environment Consultant

State-Level: 25% Local: 50% Other: 0% Total: 75%

Position Name: Breastfeeding Consultant

Position Title: Terry Miller

State-Level: 25% Local: 50% Other: 0% Total: 75%

Total Number of Positions Funded: 2
Total FTEs Funded: 1.50

National Health Objective: HO PA-15 Built Environment Policies

State Health Objective(s):

Between 01/2013 and 12/2018, decrease the proportion of adults who report they are overweight or obese from 60% to 54% and decrease the proportion of adults who engage in no leisure time physical activity from 24% to 22%.

Baseline:

Through BACI work, 23 Montana communities have received funding and technical assistance to create effective and sustainable active community environments and implementation plans. The Montana NAPA Program has conducted 5 Action Institutes to bring communities together to create community specific action plans and to educate communities on larger multi-sector collaborative partnerships. The 2016 Action Institute took on a multi sector approach among state agencies with Dept. of Commerce, Dept. of Labor, Dept. of Transportation, and Fish Wildlife and Parks helping to fund and plan the 3 day Institute. The 2018 institute will focus on bringing on new interested Montana communities while continuing to build on multi sector relationships that have been established. The Institute will cover topics on walkability/bikeability, healthy community design, local foods, recreational trails, place making, and accessibility. NAPA's Built Environment Consultant and the BACI advisory council will assist these new communities in writing community environment enhancement policies and creating effective and sustainable implementation and evaluation plans.

According to the Centers for Disease Control (CDC), "infants who are breastfed have reduced risks of: asthma, obesity, type 2 diabetes, ear and respiratory infections, and sudden infant death syndrome (SIDS)." Through breastfeeding promotion and support, the number of Baby-Friendly designated birthing facilities has increased from 1 in 2012 to 10 in 2018. Currently, there are four other facilities working toward designation and with help from NAPA, two more will be designated in 2018.

Farmers markets and community supported agriculture groups (CSAs) help increase public access to and consumption of healthy foods like fruits and vegetables. Accepting Supplemental Nutrition Assistance Program (SNAP) at farmers markets and CSAs helps low-income families overcome the barriers of cost and availability of healthy foods. Through the work of the NAPA program and their partner, the National Center for Appropriate Technology (NCAT), the number of farmers markets and CSAs has almost doubled. There were 15 in 2014 and currently there are 28 in 2018.

Data Source:

Montana Active Transportation Local Policy Survey, December 2012

Webpage to breastfeeding benefits: <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html>

Webpage to farmers market information: <http://agr.mt.gov/Farmers-Markets>

State Health Problem:

Health Burden:

Montana is a rural state with just over 1,000,000 people living in an area that covers 147,040 square miles. According to the most recent BRFSS data (2016) the most common chronic disease reported by both American Indians and White residents was arthritis, followed by diabetes for American Indian residents and asthma in White residents. As was mentioned above, the HP 2020 national objective is to decrease the proportion of adults who engage in no leisure time physical activity from 24% to 22%. According to BRFSS, in 2016, Montana was

below the national objective at 19.9%. As result, we would like to establish a goal of decreasing the proportion of adults from 19.9% to 18.5%. Physical activity plays an important role in controlling and/or preventing these conditions from decreasing the quality of life for residents. Access to pedestrian and bicycle friendly transportation methods as well as safer and more accessible transportation options for persons of all ability levels are promising practices for increasing physical activity and community engagement.

Target Population:

Number: 100,000

Ethnicity: Non-Hispanic

Race: American Indian or Alaskan Native, White

Age: 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 3,000

Ethnicity: Non-Hispanic

Race: American Indian or Alaskan Native

Age: 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: Montana Behavioral Risk Factor Surveillance Survey

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Promising Practices Network (RAND Corporation)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$100,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Breastfeeding Promotion and Support

Between 10/2017 and 09/2018, Montana Nutrition and Physical Activity Program will increase the number of number of Baby-Friendly Designated facilities from 10 to 12.

Annual Activities:

1. Technical Assistance

Between 10/2017 and 09/2018, Montana NAPA Program and Breastfeeding Consultant will provide technical assistance and support to the four currently engaged Baby-Friendly facilities as they work towards and show progress through the 4-D Pathway to Baby-Friendly Designation. The program will also provide technical assistance and support to the existing 10 designated facilities to ensure sustainability and best practices. Technical assistance will include monthly conference calls, face-to-face work groups, on-going email correspondence, and site visits.

2. Partnership and Collaboration

Between 10/2017 and 09/2018, Montana NAPA Program will partner with the Montana State Breastfeeding Coalition (MSBC) through quarterly meetings to support and promote statewide breastfeeding-related activities including Baby Friendly hospital designation and to increase the number of and access to Certified Lactation Counselors.

3. Support and Outreach

Between 10/2017 and 09/2018, provide support for local breastfeeding promotion activities in communities with existing and new Baby Friendly seeking hospitals to create more linkages with WIC, health professionals and worksites who engage with postpartum moms and babies at 3 days, 3 months, 6 months and one year.

Objective 2: Community Plans

Between 10/2017 and 09/2018, The Montana Nutrition and Physical Activity Program will increase the number of Communities that develop and/or adopt a pedestrian or transportation master plan from 23 to **26**.

Annual Activities:

1. Building Active Communities Initiative

Between 10/2017 and 09/2018, the Montana Nutrition and Physical Activity Program will provide up to 6 new communities interested in built environment initiatives to attend the spring 2018 Action Institute.

2. Statewide Annual Conference

Between 10/2017 and 09/2018, Montana NAPA Program will provide 1 statewide conference (The Action Institute) to provide expertise from national and local professionals on how to create and enhance community environments so that people of all ages, ability and income levels can safely walk, bike or take public transportation to places they need to go. The conference will build on previous Action Institutes and requests from communities to build multi-sector collaborative partnerships.

3. Healthy Built Environment Planning Technical Assistance

Between 10/2017 and 09/2018, the Montana NAPA Program will contract with Montana State University (MSU) Office of Rural Health to fund a .75 FTE Built Environment Consultant. The consultant will provide training and technical assistance to 23 existing communities and up to 6 new communities that will attend the 2018 Action Institute on built environment strategies such as complete streets designs and pedestrian transportation plans and conduct community site visits throughout the year. The consultant will also work with NAPA and MSU staff to plan and execute the Action Institute for communities working on bike-pedestrian infrastructure and other built environment initiatives.

Objective 3: Increase Access to Healthy Foods

Between 10/2017 and 09/2018, Montana Nutrition and Physical Activity Program will increase the number of farmers markets or CSA farms that accept Supplemental Nutrition Assistance Program (SNAP) benefits from 28 to 30.

Annual Activities:

1. Outreach and Marketing

Between 10/2017 and 09/2018, contract with EBT technical assistance provider to conduct outreach to Farmers Market Masters and Community Supported Agriculture (CSA's), recruit those not currently accepting EBT and provide TA to support acceptance and implementation of EBT.

2. Technical Assistance and Training

Between 10/2017 and 09/2018, host a 2018 spring networking meeting to train farmers markets and CSA's in SNAP EBT implementation, regulations, resources, and other farmers' market programs.

State Program Title: Prevention of Deaths from Poisonings

State Program Strategy:

GOAL:

Reduce the effect of poisonings (unintentional and intentional) in Montana through provision of poison center services and evidence-based prevention strategies.

HEALTH PRIORITIES:

Develop and Improve Systems of Care: Implement leadership and system improvement by engaging in collaborations with multi-disciplinary stakeholder bodies that provide advice about implementation of emergency care strategic plans. Monitor and identify the burden of injury and illness and provide programs to address issues.

System Surveillance and Evaluation: Maintain, evaluate, improve and use surveillance systems to ensure the collection, analysis, and reporting of timely, accurate and complete information to direct system improvements. Utilize data systems to support system performance indicators and attributes in order to gauge effectiveness of the emergency care system.

Workforce Development: Assure the availability of emergency medical and trauma care services, particularly in rural and frontier areas. Provide for organized processes for workforce assessment as well as strategies to improve recruitment, retention and education as needed.

PRIMARY STRATEGIC PARTNERS:

Local healthcare providers and facilities, EMS services and related organizations, and state advisory groups such as the Emergency Care Council, Trauma Care Committee and Injury Prevention Coalition.

EVALUATION METHODOLOGY:

Develop benchmarks and assess reports from the trauma register, EMS patient record and other data sources. Conduct and evaluate surveys related to emergency care issues. Continue to meet recommendations from the National Highway Traffic Safety Administration EMS system evaluation; trauma system evaluation; and a recent injury prevention program evaluation.

State Program Setting:

Child care center, Community based organization, Home, Local health department, Medical or clinical site, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO IVP-9 Poisoning Deaths

State Health Objective(s):

Between 01/2013 and 12/2020,

- decrease the age-adjusted mortality rate from 15.9 per 100,000 population during years 2007-2011 to 12.7 by 2020.

- decrease the mean years of potential life lost before age 75 years from 31.1 years during years 2007-2010 to 29 years by 2020.

Baseline:

The fatality rate for unintentional poisoning between 2008 and 2010 was 10.8 per 100,000, slightly higher than the US fatality rate of 10.4. Between 2008 and 2013, the poison center averaged approximately 19,000 calls each year. Seventy-five percent (75%) of the exposure calls are managed by the poison center and are not referred to a healthcare provider.

Data Source:

CDC Statistics- Montana Indicator Based Information System

State Health Problem:

Health Burden:

Montana’s unintentional poisoning fatality rate is slightly higher than the US fatality rate and disproportionately higher for American Indians in MT. The fatality rate for unintentional poisoning is three times higher for American Indians as compared to White population (25.5, 8.2 respectively). Poisoning continues to be the third leading cause of unintentional-related death following traffic crashes and falls (CDC WISQARS, 2008-2010). An estimated \$3.4 million in healthcare costs are saved in Montana annually by utilizing the Poison Center to evaluate and manage poisoning cases at the site of exposure rather than in an emergency department or doctor’s office. Fifty-four percent of the calls were for children aged less than 5 years of age. For every dollar spent on poison center services, \$13.39 is saved in medical expenses.

Target Population:

Number: 15,000
 Ethnicity: Hispanic, Non-Hispanic
 Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
 Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
 Gender: Female and Male
 Geography: Rural and Urban
 Primarily Low Income: No

Disparate Population:

Number: 3,500
 Ethnicity: Hispanic, Non-Hispanic
 Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
 Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
 Gender: Female and Male
 Geography: Rural and Urban
 Primarily Low Income: No
 Location: Entire state
 Target and Disparate Data Sources: Rocky Mountain Poison and Drug Center

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Evidence for the efficacy of poison control centers includes research and data provided through the American Association of Poison Control Centers. Data that complements Montana's data collection is also collected through other poison control centers and in a national data repository.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$196,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Data and Evaluation

Between 10/2017 and 09/2018, the Emergency Medical Service and Trauma System section will implement **2** mitigation and prevention strategies utilizing poison control data to inform stakeholders of the burden of poison.

Annual Activities:

1. Distribute information

Between 10/2017 and 09/2018, utilize data from the Rocky Mountain Poison Center to develop and disseminate 1 surveillance report. It will highlight the burden of poisoning including trending information and demographics of poison exposures.

2. Burden of Poisoning Report

Between 10/2017 and 09/2018, develop one (1) focused report on poison issues (e.g. poisonings from opiate and other medications) to be presented to State Trauma Committee, EMS for Children committee and the Injury Prevention Coalition. Enhanced data utilizing CDC ESSENCE data populated with hospital discharge information.

Objective 2:

Support and Promote MT Poison Center

Between 10/2017 and 09/2018, the Poison Control System will maintain **1** 24-hour, toll-free poison control line to manage poison emergencies.

Annual Activities:

1. Poison Information

Between 10/2017 and 09/2018, Contract with the Rocky Mountain Poison and Drug Center to provide poison information and distribute approximately 30,000 poison information and prevention materials to Montana citizens.

State Program Title: Provide Community Health Data for Community Health Improvement Planning

State Program Strategy:

Goal:

Goal 4.1 Public Health and Safety Division Strategic Plan 2013-2018 : Monitor health status, health-related behaviors, disease burdens, and environmental health concerns.

Health Priorities:

Maintain, evaluate, improve and use disease surveillance systems to ensure the collection, analysis, and reporting of timely, accurate and complete information to direct public health programs and actions. Strategy 4.1.1. Public Health and Safety Division Strategic Plan 2013-2018.

Conduct epidemiologic investigation in collaboration with partners to identify public health problems and implement public health actions. Public Health and Safety Division Strategic Plan 4.1.3. Public Health and Safety Division Strategic Plan 2013-2018.

Primary Strategic Partners:

Local and Tribal public health departments, Montana DPHHS Technology Services Division, Software Technology Group, Montana Office of Epidemiology and Scientific Support

Evaluation Methodology:

Customer satisfaction surveys and usage analytics data will be used to evaluate the effectiveness and user-friendliness of the data being shared.

State Program Setting:

Community based organization, Local health department, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 01/2013 and 12/2018, Increase the number of local and Tribal health assessments and community health improvement plans from 8 to 20. State Health Objective 5.B- Public Health and Safety Division Strategic Plan.

Baseline:

There were 8 local community health improvement plans that were completed in the State as of 2014. There was no online access to health data for local and Tribal health departments in 2014.

Data Source:

Survey of Local and Tribal public health officials done in March 2014.

State Health Problem:

Health Burden:

Montana is the fourth largest state in the nation, encompassing over 146,522 square miles. A rural state with a population of around one million people, Montana boasts a population density of just 6.7 persons per square mile; 45 of its 56 counties are defined as frontier. It is also a decentralized state with each county determining how public health services are delivered. The capacity for health data and epidemiological analysis does not exist in many of the health departments and the state health department must provide this assistance. Additionally, there are new demands on non-profit hospitals and public health departments to develop community health assessments and health improvement plans.

Target Population:

Number: 1,000,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions

Disparate Population:

Number: 200,000

Infrastructure Groups: State and Local Health Departments, Community Based Organizations, Health Care Systems, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Other: Public Health Accreditation Board Standards and Measures V.1.0 - Standard 1.2.4S

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$72,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Start-up

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

BRFSS Data Collection

Between 10/2017 and 09/2018, Montana Behavioral Risk Factor Surveillance System (BRFSS) will, via a contract with the University of Missouri, will collect **500** completed landline and cell phone interviews each month.

Annual Activities:

1. Collect landline completes

Between 10/2017 and 09/2018, the University of Missouri will complete at least 250 monthly landline

interviews to remain on track to reach this target sample size this year. The Montana BRFSS has an established target sample size of 6,000 respondents per survey year, with 3,000 of these respondents being reached through the landline sample.

2. Collect cell phone completes

Between 10/2017 and 09/2018, the University of Missouri will complete at least 250 monthly cell phone interviews to remain on track to reach this target sample size this year. The Montana BRFSS has an established target sample size of 6,000 respondents per survey year, with 3,000 of these respondents being reached through the cell phone sample.

3. Edit and transfer data to CDC monthly

Between 10/2017 and 09/2018, the University of Missouri will continue to edit and transfer data to CDC monthly and as according to CDC protocol. This will ensure that CDC is able to release accurate and timely data to the Montana BRFSS program. This will also enable the Montana BRFSS Coordinator to periodically review the data and to disseminate results to internal and external partners effectively.

Objective 2:

Data System Implementation

Between 10/2017 and 09/2018, the Office of Epidemiological Studies will increase the number of surveillance systems accessible via the Montana Indicator-Based Information System (MT IBIS) from 4 to 5.

Annual Activities:

1. Data System Implementation

Between 10/2017 and 09/2018, MT IBIS project coordinator will coordinate with Software Technology Group (STG) to prepare two surveillance systems to be uploaded to MT IBIS. These surveillance systems are the Behavioral Risk Factor Surveillance System and the Montana Central Tumor Registry.

2. IBIS Community of Practice

Between 10/2017 and 09/2018, MT IBIS project coordinator will participate with the IBIS Community of Practice to make improvements to the IBIS system.

3. Trainings to user groups

Between 10/2017 and 09/2018, provide training on MT IBIS to user groups, namely epidemiologists and staff working in the Public Health and Safety Division and local health department staff. Statewide events such as the Summer Institute and Montana Public Health Association Annual Meeting will be targeted as opportunities to train local health department staff on MT IBIS.

Objective 3:

Data System Usage

Between 10/2017 and 09/2018, the Office of Epidemiological Studies and Support will increase the percent of customers that use IBIS from 35% to 50%.

Annual Activities:

1. Training on Information System

Between 10/2017 and 09/2018, provide training to MT IBIS user groups, namely epidemiologists and staff working in the Public Health and Safety Division and local health department staff. Statewide events such as the Summer Institute and Montana Public Health Association Annual Meeting will be targeted as opportunities to train local health department staff on MT IBIS.

2. Queries Assessment

Between 10/2017 and 09/2018, conduct a customer satisfaction survey of MT IBIS will assess how customers use MT IBIS, for what purposes, and suggestions for further improvement of MT IBIS.

State Program Title: Public Health System Improvement

State Program Strategy:

Goals:

Goal 6.4 Public Health and Safety Division Strategic Plan 2013-2018 : Recruit, retain, develop, and support a highly effective workforce :

Goal 6.5 : Use information systems that support the Division mission and workforce.

Goal 5.3 Public Health and Safety Division Strategic Plan 2013-2018 : Strengthen public health practice to improve population-based services.

Health Priorities:

The aging public health workforce has led to a high rate of turnover in executive leadership positions at the state, local and tribal level. This turnover has highlighted the need for public health training of new staff that comes from various backgrounds with little formal public health training. Such training will be aimed at prevention strategies and population-based health improvement. Another priority is modernization our workforce by providing training on information technology and systems to improve information management and work efficiency and effectiveness. Our aim is to integrate Public Health Informatics into all of our business practices.

Funding for internal operations and workforce development will be used to work on the following strategies in the Public Health and Safety Division Strategic Plan 2013-2018:

- 1) Promote the use of quality improvement methods to strengthen public health and health care services, programs, and processes.
- 2) Support a system for public health and health care workforce and leadership development.
- 3) Conduct information technology needs assessments and develop or improve information systems to meet needs.
- 4) Use the national Public Health Accreditation Board standards to improve public health practice by state, local and Tribal public health agencies.

Strategic Partners:

This work will be done by partnering with the University of Montana, the University of Washington Northwest Center for Public Health Practice, and other organizations to provide the Public Health education services and professional development, and 58 autonomous local and tribal health departments. Additional internal partners include state health department program managers to assist in development of meaningful metrics.

Evaluation Methodology:

A workforce assessment was conducted by the Northwest Center for Public Health Practice in 2013 using the Council on Linkages Between Academia and Public Health Practice's Core Competencies for Public Health Professionals. Another workforce survey was conducted in April 2016 by a practicum student which helped determine the level of progress in public health workforce development. These assessments will continue to be used to measure the impact of the above initiatives and to identify the competencies that need the most focus for improvement. The workforce assessment will be repeated every 2-3 years and results will be used to measure impact.

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Carda Taylor

Position Title: Program Support Specialist

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO PHI-2 Continuing Education of Public Health Personnel

State Health Objective(s):

Between 10/2017 and 12/2020, Provide training and education opportunities to public health workers across Montana in accordance with the Montana Public Health Workforce Development Plan focused on the following development priorities:

- 1) Performance Management and Improvement – 90% of public health workers surveyed agree or strongly agree that opportunities provided by the organizations involved in the Montana Public Health Workforce Development Workgroup have improved their ability to measure, evaluate, and improve performance of their organization, program, or work activities;
- 2) Program Planning and Evaluation – 90% of public health workers surveyed agree or strongly agree that opportunities offered by the organizations involved in the Montana Public Health Workforce Development Workgroup have improved their ability to conduct program planning and evaluate program success using an evidence based model;
- 3) Community Health Planning – 90% of public health workers surveyed agree or strongly agree that opportunities offered by the organizations involved in the Montana Public Health Workforce Development Workgroup have improved their ability to conduct or coordinate the activities associated with creating a Community Health Assessment and Community Health Improvement Plan;
- 4) Leadership and Management – 90% of public health workers surveyed agree or strongly agree that opportunities offered by the organizations involved in the Montana Public Health Workforce Development Workgroup have improved their ability to lead or manage tasks, programs, or organizations.

Baseline:

Statewide PH workforce rated the following Domains as top areas for improvement: 1) Community Health Improvement Planning, Performance Management and Improvement, Program Planning and Evaluation, and Public Health Leadership and Management

PHSD program staff rated their proficiency as less than 3 points out of 4 points for Domains 1) Analytic and Assessment Skills, 2) Public Health Policy and Sciences, and 3) Leadership and Systems Thinking.

PHSD program staff rated the importance of the following Domains as greater than 3 out of 4 for 1) Public Health Sciences Skills 2) Financial Planning and Management Skills and 3) Leadership and Systems Thinking skills.

Data Source:

Public Health and Safety Division Workforce Assessment – 2016

Statewide Workforce Assessment - 2016: 1) Statewide Workforce Analysis Survey – 2016; 2) Lead Local Public Health Surveys – 2015, 2016, 2017; 3) Local Workforce Development Plans – Cascade, Missoula, Gallatin, Toole, Valley, Lewis and Clark, and Hill Counties

State Health Problem:

Health Burden:

Lead Local Public Health Official 2015 Survey. The top five priority areas identified in order of highest to lowest priority included: (1) Board of Health Training, (2) Statistic Training, (3) Developing and implementing a performance management system, (4) Other public health accreditation training, and (5) Developing a community health assessment.

When viewing jurisdiction size, the following priority areas were identified:

- i. Frontier (population <5,000 people): (1) Developing a strategic plan, (2) Board of Health Training, (3) Developing a community health improvement plan
- ii. Small (population 5,001-10,000 people): (1) Developing and implementing a performance management system, (2) Board of Health training, (3) Questionnaire development, (3) Other public health accreditation training
- iii. Medium (population 10,001-40,000): (1) Statistics training, (2) Media and risk communication, (2) Developing and implementing a performance management system, (2) Questionnaire development, (2) Other public health accreditation training, (2) Board of Health training, (2) Developing a strategic plan, (2) Conducting a community health assessment
- iv. Large (population >40,000 people): (1) Developing and implementing a performance management system, (2) Statistic training, (2) Other public health accreditation training, (3) Outbreak investigation training, (3) Board of Health training

Lead Local Public Health Official 2016 Survey. The top five priority areas as identified in order of highest to lowest priority included: (1) Regulations and Enforcement, (2) Quality improvement, (3) Address health inequities, (4) Evidence-based practice, and (5) Performance management. Other areas that were further identified included community health assessment status, community health improvement plan status, strategic plan status, and engagement with accreditation. An additional priority area identified was community health improvement plan.

Lead Local Public Health Official 2017 Survey. The top five priority areas identified in order of highest to lowest priority included: (1) Development of policies and procedures, (2) Quality improvement, (3) Lead local training/orientation, (4) Community health improvement plan, and (5) Performance management. Only one tribal health department responded to the survey and the following priority areas were identified: Board of Health training, Human Resources, Lead local training/orientation, Northwest Center for Public Health Practice and Northwest Public Health Leadership Institute, Northwest Center for Public Health Practice and Management Certificate, Performance Management, Public Health 101, Quality Improvement, Risk Communications Policy, Strategic Plan, and Understanding and Using Data. The following results were the priority areas found based upon jurisdiction size:

- i. Frontier: (1) Development of policies and procedures, (2) Lead local training/orientation, (2) Public Health 101
- ii. Small: (1) Performance Management, (2) Quality Improvement, (3) Development of Policies and Procedures, (3) Lead local training/orientation
- iii. Medium: (1) Performance Management, (2) Strategic Plan, (2) Development of Policies and Procedures, (2) Understanding and Using Data
- iv. Large: (1) Cultural Competency/Health Disparities, (1) Northwest Center for Public Health Practice and Northwest Public Health Leadership Institute, (1) Northwest Center for Public Health Practice and Management Certificate

Statewide workforce assessment survey. Five priority areas were identified: health communication, community dimensions, cultural competency, policy development, and public health sciences. Four of these areas addressed whether an individual would attend a training on a specific area within each individual competency as well as the individual's desire to attend a training on one of the learning objectives within each competency. The domains rated with the highest competencies were health communication, community dimensions of practice, and leadership. The domains rated with the least competency were financial, policy development, and analysis and assessment. The domains rated as the most desired for training were policy development, health communication, financial and leadership.

Target Population:

Number: 40

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 40

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Model Practices Database (National Association of County and City Health Officials)

Other: Council on Linkages between Academia and Public Health Practice.

Kirkpatrick training evaluation model.

Bloom's taxonomy

Knowles' adult learning model

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$160,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Public Health Workforce Professional Development

Between 10/2017 and 09/2018, training and education providers, universities, and state associations will provide professional development training and education opportunities to **200** public health professionals from state, local, and tribal health departments.

Annual Activities:

1. Public Health Management Certificate

Between 10/2017 and 09/2018, in partnership with PHSD, the Northwest Center for Public Health Practice will provide instruction for 6 PHSD employees to develop the knowledge and skills to manage public health programs and organizations in Montana.

2. Montana Public Health Summer Institute

Between 10/2017 and 09/2018, Public Health and Safety Division will conduct a week long, resident, public health summer training session (Montana Public Health Summer Institute) for local and Tribal health officials. The focus of the institute is on contemporary issues in Montana Public Health, fundamental public

health competencies, and leadership. All courses are tailored to the unique public health conditions founds in Montana.

3. Public health planning, networking, and collaboration

Between 10/2017 and 09/2018, Public Health and Safety Division will offer opportunities for public health officials to attend State and national public health conferences and seminars such as the Montana Public Health Association conference, National Association of City and County Health Officials conference, American Public Health Association, National Network of Public Health Institutes conferences, and Public Health Informatics Institute conferences and trainings.

4. Public Health Leadership Training

Between 10/2017 and 09/2018, partnering with the Association of Montana Public Health Officials, the Public Health and Safety Division will offer a year-long leadership development program for up to 30 lead local or tribal public health officials, deputies, and local or tribal health officers.

5. Training Events in support of Workforce Development Plans

Between 10/2017 and 09/2018, the Public Health and Safety Division will offer 4 core training opportunities for state, local, and Tribal public health officials on program evaluation, data collection, performance management, and quality improvement, as well as a series of 6 trainings on communication, program management, and leadership. The training provided will focus on improving competencies in the following domains, identified as priority areas of improvement by the PHSD Workforce Assessment (2016) and Statewide Workforce Assessment (2016): analytic and assessment, policy development/program planning, leadership and systems thinking, and communication. Trainings will be provided in partnership with the University of Montana, the University of Washington Northwest Center for Public Health Practice, the State Professional Development Center and other public health associations and organizations in Montana. PHSD will also be supporting the recruitment and training of 5 public health interns, practicum students, fellows, and associates, to increase public health capacity, enhance public health education and training, and increase the likelihood of recruiting highly trained public health workers.

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2013 and 12/2018, Public Health and Safety Division will accomplish the goals found in the Division's Strategic Plan version 2.0. Progress will be measured by routine monthly reviews of program performance and by management level annual reviews of metrics found in the Division's Strategic Plan.

The three overarching objectives of the PHSD Strategic Plan include:

Increase the number of adult Montanans who report their health is good or excellent from 83% (+/-1%) in 2011 to 86% by 2018.

Decrease the age-adjusted mortality rate from 7.6 per 1,000 population during 2007-2011 to 6.0 by 2018.

Decrease the mean years of potential life lost before age 75 years from 18.7 years during 2007-2011 to 16.7 years by 2018.

Baseline:

Baseline data for metrics is located in the 2013 PHSD Strategic Plan.

% of Montanans who report their health is good or excellent- 83% (2011)

Age-adjusted mortality rate in 2011 = 7.6 per 1000 population

The mean years of potential life lost before age 75 in 2011 = 18.7 years.

Data Source:

BRFSS
YRBS
Program Surveillance

State Health Problem:

Health Burden:

More than half of all Montana residents die of two broad classes of chronic disease: cardiovascular disease (heart disease and stroke) and cancer. The PHSD Strategic Plan defines ways for the division to address these issues and others conditions that affect the health and safety of Montanans. For the population as a whole, the leading causes of death in 2011 were:

Leading Causes of Death (entire population)

- Cardiovascular disease 28%
- Cancer 22%
- Respiratory Diseases 7%
- Unintentional Injury 6%
- Infants under 1 year of age
 - Conditions arising from the perinatal period. 36%
 - Congenital malformations and chromosomal anomalies. 30%
 - Sudden Infant Death Syndrome 17%
- Adolescents age 15 to 19 years
 - Unintentional injury. 45%
 - Suicide 26%

Children age 1 to 14 years

- Unintentional injury. 44%
- Cancer. 12%
- Suicide 10%
- Unintentional injury. 45%
- Suicide 26%

Young adults age 20-34 years

- Unintentional injury. 44%
- Suicide 24%

Target Population:

Number: 1,032,949
Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 159,047
Infrastructure Groups: Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Model Practices Database (National Association of County and City Health Officials)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$25,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Strategic Planning

Between 10/2017 and 09/2018, Public Health and Safety Division and stakeholders will update **2** strategic plans (State Health Improvement Plan and the Public Health and Safety Division's Strategic Plan).

Annual Activities:

1. Public Health System Improvement Task Force

Between 10/2017 and 09/2018, The Public Health and Safety Division will conduct two face-to-face meetings of the Public Health System Improvement Task Force. The objectives of these meetings are to review progress and challenges associated with the Montana Public Health Improvement Plan, to assess public health workforce competencies, identify gaps, identify training opportunities, and to work to draft the 5 year update of the State Health Improvement Plan and Public Health System Improvement priorities.

2. Health Department Strategic Planning

Between 10/2017 and 09/2018, The Public Health and Safety Division will conduct an update of the Health Department's strategic plan.

State Program Title: Public Health System Support

State Program Strategy:

Program Goal: Strengthen public health practice to improve population-based services. Goal 5.3. Public Health and Safety Division Strategic Plan 2013-2018.

Program Priorities:

The health priorities that will be focused on include:

Use the national Public Health Accreditation Board standards to improve public health practice by state, local, and Tribal public health agencies. Public Health and Safety Division Strategic Plan 2013-2018.

Provide training and technical assistance to local boards of health to support and strengthen local public health practice. Public Health and Safety Division Strategic Plan 2013-2018.

Strengthen the public health and health care system as stated in Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans. June 2013.

Primary Strategic Partners:

Montana Public Health Association
Montana Environmental Health Association
Association of Montana Public Health Officials
Montana Association of Counties (MACo)
58 Local and Tribal Health Departments across Montana

Montana Health Care Foundation
Public Health Accreditation Board
Public Health Foundation
University of Montana School of Public and Community Health Sciences
Montana State University Office of Rural Health
University of Washington- Northwest Center for Public Health Practice

Evaluation methodology:

PHSD has developed an integrated performance management system to assist in monitoring, managing, and improving the work of all programs. The system utilizes a standard work plan for all program planning. The standard work plan format will be used by all health departments to apply for this funding opportunity.

The work plan template includes metrics to monitor progress towards short, intermediate, and high level outcomes. Having awardees establish standardized measures of performance at the initiation of this funding cycle will allow for optimal data collection and tracking of overall performance and progress. The use of a standardized data collection tool will allow for alignment with state health improvement plan strategies and PHSD strategic plan strategies. This alignment will ensure there is a coordinated effort to improve the health of Montanans.

At the conclusion of the funding opportunity, the PHSD will complete an evaluation of the grant activities to determine 1) best practices for completing the grant activities, 2) understand any challenges or barriers to completing activities, and 3) assess any outcomes in the jurisdictions.

State Program Setting:

Local health department, Tribal nation or area

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHS Block Grant funds.

Position Name: Kerry Pride

Position Title: Epidemiologist

State-Level: 50% Local: 50% Other: 0% Total: 100%

Position Name: TBD

Position Title: Strategic Planning Analyst

State-Level: 30% Local: 70% Other: 0% Total: 100%

Total Number of Positions Funded: 2

Total FTEs Funded: 2.00

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 01/2013 and 12/2018, increase the number of local and Tribal health assessments and community health improvement plans from 8 to 20. State Health Objective 5.B- Public Health and Safety Division Strategic Plan.

Baseline:

The PHSD surveys all lead local public health officials annually to determine how many health departments have a current Community Health Assessment (CHA) and a Community Health Improvement plan (CHIP). So far from 2015 to January 2018, the number of CHAs have increased from 10 to 44 and the number of CHIPs have increased from 7 to 35.

Data Source:

National Public Health Accreditation Board and the National Association of County City Health Officials

State Health Problem:

Health Burden:

The public health system is the collection of public, private, and voluntary entities, as well as individuals and associations that protect and promote the public's health. As the steering committee for the development of this plan, the State's Public Health System Improvement Task Force believes that a specific focus on strengthening the public health system, including the environmental health component, is essential to support the work outlined in the State Health Improvement Plan and to accomplish positive population health results.

Target Population:

Number: 58

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Disparate Population:

Number: 30

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: National Public Health Accreditation Board and the National Association of County City Health Officials

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$219,312

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Community Health Planning

Between 10/2017 and 09/2018, 6 local and Tribal health departments will develop 6 community health assessments or community health improvement plans.

Annual Activities:

1. Community Health Assessments

Between 10/2017 and 09/2018, local and Tribal health departments will be supported in the development of a comprehensive community health assessment based on NACCHO best practices and PHAB standards and measures

2. Community Health Improvement Plans

Between 10/2017 and 09/2018, Local and Tribal health departments will be supported in the development of a Community Health Improvement Plan based on NACCHO best practices and PHAB standards and measures.

National Health Objective: HO PHI-17 Accredited Public Health Agencies

State Health Objective(s):

Between 01/2013 and 12/2018, Increase the number of local and tribal Montana health departments that have applied for PHAB accreditation, or are accredited by PHAB from 3 to 20 by completing prerequisite

plans.

Increase the number or proportion of Tribal, state, and local public health agencies that are accredited.
(PHI-17)

Baseline:

The PHSD surveys all lead local public health officials annually to determine how many health departments have a current CHA, CHIP, and strategic plan. In 2017, 11 state, local and Tribal health departments have a current CHA, 8 state, local and Tribal health departments have a current CHIP, and 8 state, local and Tribal health departments have a current strategic plan. We are gathering baseline data on QI or workforce development plans.

Data Source:

Public Health and Safety Division Lead Local Public Health Official Surveys completed in 2014 and 2016.

State Health Problem:

Health Burden:

The public health system is the collection of public, private, and voluntary entities, as well as individuals and associations that protect and promote the public's health. As the steering committee for the development of this plan, the State's Public Health System Improvement Task Force believes that a specific focus on strengthening the public health system, including the environmental health component, is essential to support the work outlined in the State Health Improvement Plan and to accomplish positive population health results.

Target Population:

Number: 58
Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 30
Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: National Public Health Accreditation Board and the National Association of County City Health Officials

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$75,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Public Health Accreditation

Between 10/2017 and 09/2018, the Public Health System Support unit along with local and Tribal Health Departments will develop **9** plans consisting of an organizational Strategic Plan, Quality Improvement Plan, or Workforce Development Plan.

Annual Activities:

1. Local and Tribal Health Department Strategic Planning

Between 10/2017 and 09/2018, 6 local and Tribal health departments will be supported in the development of an organizational strategic plan based on best practices and PHAB Standards and Measures.

2. Local and Tribal Health Department Quality Improvement Planning

Between 10/2017 and 09/2018, two local health departments will complete a quality improvement plan for the organization based on best practices and PHAB Standards and Measures.

3. Local and Tribal Health Department Workforce Development Planning

Between 10/2017 and 09/2018, one local or Tribal health departments will receive support in the production of workforce development plan based on best practices and PHAB Standards and Measures.

State Program Title: Rape and Sexual Assault Prevention

State Program Strategy:

GOAL:

Lead by engaging the community and partners to identify and solve health problems. Goal 5.2 Public Health and Safety Division Strategic Plan 2013-2018.

HEALTH PRIORITIES:

- Decrease the incidence of rape and sexual assault, Montana communities must be educated about the issues surrounding rape and sexual assault, especially in college-aged youth.
- Provide technical assistance and education to community service agencies that are charged with prevention education in their communities.

PRIMARY STRATEGIC PARTNERS:

The Montana Rape Prevention Education Program has fostered collaborative relationships primarily with external partners:

- Montana Coalition Against Sexual Assault and Domestic Violence
- Montana University System
- University of Montana
- University of Montana Western
- Montana State University Billings
- Montana State University Northern
- Salish Kootenai College
- Montana Tech
- Montana State University

EVALUATION METHODOLOGY:

Montana will evaluate the success of its educational efforts by 1) counting the number of people trained using block grant funds and 2) by reviewing training session topics to ensure that they focus on improving the knowledge level of those working with college level sexual violence.

State Program Setting:

University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 01/2013 and 12/2018, Between January 1, 2013 and December 31, 2018 reduce the incidence of rape and sexual assault by 5 percent in the state of Montana.

Baseline:

Year	Number of Offenses	Rate per 100,000
1986	130	16.72
1996	203	27.16
2006	383	41.20
2013	319	32.66
2014	398	40.27
2015	391	38.76
2016	424	40.91
2017	429	40.84

Data Source:

Department of Corrections, Office of Justice Relations, Crime Control Bureau. 2017 Estimates

State Health Problem:

Health Burden:

Montana has been limited in its success in preventing sexual violence. Prior to 1995, Montana had no resources to deal with sexual violence. With the reauthorization of VAWA in 1995, Rape Prevention and Education funds were allocated to states and Montana used these funding for victim services until 2005 when work was shifted to primary prevention of sexual violence at seven local programs. With little knowledge of primary prevention, minimal infrastructure, and few tools to assist, slow progress was made in preventing first time perpetration. Today, Montana is primed to launch a comprehensive sexual violence prevention program for area colleges which dovetails well with the national plan for violence prevention. Because sexual violence in Montana happens to victims at young ages (CDC's National Intimate Partner and Sexual Violence Survey 2010 estimates that 80% are victimized before age 25), Montana has chosen to focus its prevention efforts on young adults within a college setting.

Summary reports on the national prevalence of sexual violence, intimate partner violence and stalking through the National Intimate Partner and Sexual Violence Survey are available at cdc.gov/violenceprevention/nisvs/index.html

The NISVS survey was last implemented in 2010. The survey has undergone some changes and will be implemented again in the fall of 2014. This survey may provide the most accurate accounting of sexual assault in the state.

NISVS 2010: Lifetime Prevalence of Sexual Violence by Any Perpetrator				
	Rape		Other unwanted sexual contact	
	Weighted %	Estimated Number of Victims	Weighted %	Estimated Number of Victims
Montana Women	18.4	70,000	40.2	153,000
Montana Men	Estimates of rape among men are not included due to small numbers resulting in unreliable estimates.		28.7	108,000

NISVS 2010: Lifetime Prevalence of Stalking Victimization by Any Perpetrator

	Weighted %	Estimated Number of Victims
Montana Women	18.5	70,000
Montana Men	Data on stalking victimization for Montana men not reported due to small numbers resulting in unreliable estimates.	

NISVS 2010: Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner		
	Weighted %	Estimated Number of Victims
Montana Women	39.2	149,000
Montana Men	32.6	122,000

The Crime in Montana Report, published by the Montana Board of Crime Control

Year	Number of Offenses	Rate per 100,000
1986	130	16.72
1996	203	27.16
2006	383	41.20
2013	319	32.66
2014	398	40.27
2015	391	38.76
2016	424	40.91
2017	429	40.84

The average number of rapes per year since 1986 is 208. The highest reported number of rapes is 429 (2017 estimates) and the lowest being 124 (1988). Since 1986 the rape rate has tended to trend upward. This may be due to an increased willingness of victims to report these offenses to law enforcement. The rape rate has now risen to the highest number of reported rapes since 1986.

Target Population:

Number: 744,312

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 744,312

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Specific Counties
Target and Disparate Data Sources: US Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: A guide to the Continuum of Evidence of Effectiveness - Intimate Partner Violence and Sexual Assault.
www.preventioninstitute.org.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$22,123
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Rape and sexual assault awareness training

Between 10/2017 and 09/2018, The Rape and Sexual Assault Program will decrease the percent of incidence of rape and sexual assault from from 40.84 to **38.0**.

Annual Activities:

1. Training at Colleges

Between 10/2017 and 09/2018, Rape Prevention and Education Program (RPE) will work with the RPE Contractors to provide primary prevention of sexual assault training to at least 400 individuals. The primary prevention trainings will focus on improving individual knowledge, beliefs and behaviors to decrease perpetration and victimization.

2. Training on Sexual Assault Prevention

Between 10/2017 and 09/2018, University of Montana and Montana State University will provide primary prevention of sexual assault training to at least 4 colleges that are located in rural areas throughout Montana and are not already funded through the RPE program. The primary prevention trainings will focus on improving individual knowledge, beliefs and behaviors to decrease perpetration and victimization.