

Meeting Minutes and Action Plan

August 22, 2018 Public Health System Improvement Task Force Meeting

Members Present: **Todd Harwell** (DPHHS, PHSD Administrator), **Kristi Aklestad** (Toole County Health Department—Small County Member), **Hillary Hanson** (AMPHO), **Trisha Gardner** (Cascade City-County Health Department—Large County Member), **Natalie Claiborne** (Montana State University Office of Rural Health), **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), **Alexis Wolf** (PHSD, System Improvement Office), **Jessica Miller** (PHSD, System Improvement Office)

Excused Members: **Kim Cuppy** (Fallon County Health Department—Frontier County Member), **Jennifer McCully** (Lincoln County Health Department—Medium County Member), **Janet Runnion** (Rocky Boy Health Board—Tribal Health Department Member)

Attachments: PHSITF August 22nd PowerPoint, August 22nd Agenda

MEETING AGENDA			ACTION PLAN		
Agenda Item	Who	Discussion	Steps to Action	Assigned to Whom	Date Due
1. Review and Approve June 6, 2018 minutes	Todd Harwell, Lora Wier	<ul style="list-style-type: none"> Todd Harwell opened the floor for any comments or edits on June 6 PHSITF draft minutes. No comments, Todd Harwell moved to approve the minutes, Hillary Hanson seconded. 	Any additional comments/edits on draft June's minutes can be sent to Jessica Miller at JMiller5@mt.gov		

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2. SHA/SHIP Update	Todd Harwell	<ul style="list-style-type: none"> Todd Harwell reviewed some updates to the SHA and SHIP. DPHHS has added objectives and strategies specifically related to Medicaid and AI populations. DPHHS will be contacting the SHA/SHIP Coalition for some possible dates for their next in-person meeting. 	<ul style="list-style-type: none"> Jessica Miller will send out an invite for the next SHA/SHIP Coalition meeting. Provide additional feedback on both plans and approve/finalize. 	Jessica Miller	
3. PHSITF System Improvement Priorities	Jessica Miller	<ul style="list-style-type: none"> Jessica Miller reviewed the PH system improvement priorities from the June 6 meeting and activities conducted within the PHSITF to support those priorities. Feasible objectives were suggested to measure success of each priority. Priority 1--Strengthen partnerships between the health care sector and public health agencies <ul style="list-style-type: none"> Todd suggested that we could add behavioral health in this priority area. The group agreed. Priority reworded to “Strengthen partnerships between the health care and behavioral health sector and public health agencies” Objective- Increase the number of LHDs that collaborate with local hospital/FQHC and behavioral health partners to develop CHA and CHIP. 			

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		<ul style="list-style-type: none"> • Priority 2--To improve coordination between public health partners to promote effective public health systems and adequate public health funding <ul style="list-style-type: none"> ○ This priority area relates to the joint-advocacy committee for MPHA, MEHA, and AMPHO. Kristi Aklestad added that she doesn't think that all possible public health partners are involved in this group. Todd Harwell commented that some of the work recently conducted by the Healthcare Foundation could add to the work being done in this priority area. Regional coordination conducted by Chronic Disease is also an activity that can be added to this priority. • Objective: Determine baseline and increase the opportunities and awareness for epidemiological assistance • Objective: Research and analyze the possible roles of the joint-advocacy committee and partners currently involved. • Added activities: Regional coordination work conducted by Chronic Disease 			

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		<ul style="list-style-type: none"> • Priority 3--Improve the quality of public health services • Objective: Increase the number of LHDs and THDs that have developed CHAs, CHIPs, and Strategic Plans from 44, 35, and 26 to 52, 50, and 54 respectively. • Objective: Increase the number of LHDs and THDs that have QI plans or have adopted QI methods into their agency guidelines/standards • Added activity: Conduct key informant interviews with Tribal, frontier, small, medium, and large county health departments to determine most utilized and attainable PHAB standards to promote. • Hillary added that it might be worth consider other objectives for those that have already achieved accreditation. Kerry stated that this is a two-fold objective; one-making sure that health departments have those basic core documents (CHA, CHIP, Strategic Plan, QI, Workforce Development), and then making sure that we continue to promote re-accreditation. 			
		<ul style="list-style-type: none"> • Priority 4--Develop Montana’s public health workforce • Objective: Determine baseline and increase the percent of public health managers that agree or strongly agree that they can effectively lead community health improvement processes and are viewed as the community health strategist for their community to 80%. • Objective: Increase the percent of LHDs and THDs that have workforce development plans • Todd added that we may rephrase the question to does your organization have the capacity to effectively lead community health improvement processes and are viewed as the community health strategist for their community. • Added Activity: Hillary added MPHA’s annual conference and PH 101 learning as an activity. 			

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		<ul style="list-style-type: none"> • Priority 5--Strengthen local boards of health • Objective: Increase the number of LHD survey respondents that meet with BOH regularly per statutory requirements • Kerry added that she found a 2003 PHSITF document that refers to developing a guide and conducting trainings to improve BOH function across the state. Key highlights from this document will be sent out. Maybe this document can bring up some activities that could be used to support BOH improvement efforts. Todd added that there may be some way to include support for Tribal Health Departments with their Tribal Council or sub-committee that they answer to for this priority area. 	Kerry send out key highlights from PHSITF report on BOH from 2003	Kerry Pride	
		<ul style="list-style-type: none"> • Priority 6--Improve targeting of PH interventions to address social determinants of health • Possible objectives: Research targeting of PH interventions over the next five years. Todd added that some local health departments are conducting great work on researching social determinants of health. The objective could be providing training to our PH workforce to improve their KSA (knowledge, skills, and abilities) about how to target interventions to address social determinants of health and what are the interventions available that address social determinants of health. Other objective could be working with partners that deal directly with those issues: schools, housing, public transportation. 			
4. AMPHO's Leadership Training at Summer Institute	Hillary Hanson	Hillary Hanson reviewed the Summer Institute's AMPHO leadership training and next steps. This year long training aligns with the standards established by the Chief Health Strategist document. The Summer Institute training was a day long training with the morning session focusing on Boundary Spanning Leadership from the Center for Creative Leadership. This morning session helped reflect on challenges and current	Todd will follow up with Jane Smilie to gather the assessment (when finalized) and the article to share with health departments	Todd Harwell	When NACCHO self-assessment is finalized

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		<p>roadblocks, and how to navigate through those challenges. The afternoon session focused on individual assessments and skills as a leader. Everyone was grouped into teams of 5-6 people to serve as a support system and networking group for the next year.</p> <p>Todd asked if Hillary thought it might be useful for him to send out some of the learning materials to share with those health departments that could not attend. Hillary stated that some of the material might not be useful for people to use without the supplementary resources, however, the article on becoming a community health strategist would be a great item to send out. Todd also asked if the self-assessment might be appropriate to send out. Hillary stated that the self-assessment was adapted from NACCHO and it is currently still in draft form. It may be better to wait until they finalize the assessment in the next couple of months.</p>	not able to participate in training.		
5. New Employee Orientation Grant Opportunity	Lora Wier	Lora Wier gave an update on the grant opportunity to develop a new learning opportunity for new employees called PH 101. There is a grant committee to help write this grant, which includes Hillary Hanson, Shawn Heinz, and Alexis Wolf. The final grant call will be in the first week of September and is due on September 23. Approval and grant awards will be released near the end of October. We are asking for about \$5 million.	Grant will be submitted by September 23	Lora Wier	
6. University of Montana Update	Tony Ward	University of Montana hired a new assistant professor two weeks ago. Her background is in vaccinations, pediatric health, working with electronic health records research. She is an epidemiologist by trade and enjoys working with vaccination data records. The university of Montana currently has five certificate programs: global health, environmental sciences, generalist (12 credits), public health administration, and epidemiology.			
7. CPH 2019	Terry Ray	The Task Force has historically helped decide the course curriculum for the CPH program. Terry proposed that the CPH	Send out listing of courses offered for	Jessica Miller	October 24

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		<p>course discussion be moved as a responsibility to the Workforce Development Group. After discussing the CPH courses and guidelines, they can take their discussion back to the Task Force for approval and finalization. We are considering offering multiple certificate tracks to staff, but are concerned that it may limit the peer-peer support that students gain in working together in one cohort. Hillary Hanson added that she has a staff member that is currently involved in the program and would be willing to share her perspective on the program. Based on her insight, connecting with peers may not be a priority for students. One other issue may be that not all certificates will finish within the one-year time span. Alexis commented that there will be a survey sent out after the CPH 2017 program has ended, asking about the student's perspectives on the program in general. Todd added that it might be good to send out a listing of the courses for the Task Force to review. The Workforce Development group will discuss the course list and certificate tracks and bring their decisions back to the Task Force at their October meeting.</p> <p>Terry reviewed the emerging projects and opportunities from the Public Health System Improvement Office displayed in the activities report pdf.</p>	<p>the CPH program to Task Force for more information</p> <p>Review CPH 2019 decision for course tracks</p>		

FOLLOW-UP ITEMS

Topic	Follow-Up Due
Develop SMART objectives, baselines, and action steps for each priority goal	October 24
Lessons learned from year 1 of Chronic Disease's regionalization evaluation	October 24
Review CPH 2019 decision for course tracks	October 24
Presentation for Local Boards of Health upcoming concepts	October 24

Next Meeting: October 24, 2018 10:00-2:00pm (in-person, Helena, MT.)

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

Minutes Drafted: 8/31/2018

2018-2023 Public Health System Improvement Plan for the Public Health System

Improvement Task Force

Goal 1-- Strengthen partnerships between the health care and behavioral health sector and public health agencies

Objective 1.1: Increase the number of LHDs that collaborate with local hospital/FQHC and behavioral health partners to develop CHAs and CHIPs

Activities:

- LHDs and THDs—Educate local providers on services provided and collaborate with hospital, FQHC, local behavioral health partners to coordinate services and complete CHA and CHIP
- University of Montana—Advertise and promote CPH and MPH opportunities
- PHSIO—Sponsor grants requiring collaborative work to develop CHAs and CHIPs, coordinate SHA/SHIP Coalition and PHSITF, provide technical assistance to low-capacity health departments to improve collaborative work to develop a CHA and CHIP
- Communicable Disease Bureau—Promote coordination through policies and contracts. Preparedness efforts to develop healthcare coalitions

Goal 2-- Improve coordination between public health partners to promote effective public health systems and adequate public health funding

Objective 2.1: Determine baseline and increase the opportunities and awareness for epidemiological assistance

Objective 2.2: Research and analyze the possible roles of the joint-advocacy committee and partners currently involved

Activities:

- PHSD—Regional coordination work conducted by Chronic Disease
- LHDs and THDs—meet with local and state legislators to educate on public health topics
- University of Montana—Participate in and support statewide coordination through technical support, trainings, and workshops on program evaluation and epidemiology
- AMPHO, MPHA, and MEHA—Collaborate through joint advocacy committee, workforce development committee, and leadership group with Montana Healthcare Foundation
- PHSIO—Coordinate the PHSITF, and CHA and CHIP grants

Goal 3—Improve the quality of public health services

Objective 3.1: Increase the number of LHDs and THDs that have developed CHAs, CHIPs, and Strategic Plans from 44, 35, and 26 to 52, 50, and 54 respectively

Objective 3.2: Increase the number of LHDs and THDs that have QI plans or have adopted QI methods into their agency guidelines/standards

Activities:

- Conduct key informant interviews with Tribal, frontier, small, medium, and large county health departments to determine most utilized and attainable PHAB standards to promote
- Look at ways to promote re-accreditation for those LHDs and THDs that have already completed initial accreditation
- LHDs and THDs—Establish a QI team and accreditation committee working to continually meet PHAB standards
- University of Montana—Training on Program Evaluation
- AMPHO—Programs to improve LLPHO's competency, advocate for funding for health programs at the legislature
- PHSIO— (planned activities) Provide technical assistance for PHAB, and online resources, offer reoccurring state-wide training on planning, evaluation, performance management, and QI.

- Communicable Disease Bureau—Provide quantitative feedback and support to LHDs and THDs to carry out improvements

Goal 4—Develop Montana’s public health workforce

Objective 4.1: Determine baseline and increase the percent of public health managers that agree or strongly agree that they can effectively lead community health improvement processes and are viewed as the community health strategist for their community to 80%

Objective 4.2: Increase the percent of LHDs and THDs that have workforce development plans

Activities:

- MPHA—Annual conference, grant for PH 101 e-learn class
- LHDs and THDs—Encourage employees to attend learning venues such as conferences and webinars, host nursing students and interns
- University of Montana—Serve as a leader by training the next generation of professionals through CPH and MPH programs, offer new undergraduate degree in population/public health in the next 2 years
- AMPHO—Offer programs to develop public health leaders (mentorship program, community health strategist program), participate in development and implementation of workforce development plan and workforce development group
- PHSIO—Support AMPHO leadership programs and MPHA annual conference, sponsor professional development opportunities related to public health science and management, coordinate and support the Montana public health workforce development group and plan
- Communicable Disease Bureau—Conduct training needs assessments, and opportunities for training public health workforce

Goal 5—Strengthen local boards of health

Objective 5.1: Increase the number of LHD survey respondents that meet with BOH regularly per statutory requirements

Activities:

- LHDs—Participate in BOH training, consult board for decisions regarding regulatory requirements, local ordinances, outbreaks/flooding
- AMPHO—Support improvement of LLPHO’s ability to engage their BOH through trainings offered, support legislation to strengthen BOH
- PHSIO—Provide BOH trainings, maintain a MT BOH handbook for use at the local level. (planned) Provide a follow-up to the basic BOH based on NALBOH’s six functions of a local board of health
- Communicable Disease Bureau—Support and manage PHEP’s contracts with jurisdictions that require public health staff to share information and obtain sign-off of the BOH on key protocols

Goal 6—Improve targeting of PH interventions to address social determinants of health

Objective 6.1: Increase training to PH workforce to improve their knowledge, skills, and abilities on how to target interventions to address social determinants of health and what are the interventions available to LHDs and THDs to address social determinants of health

Activities:

- LHDs and THDs—Develop strategic plans, CHAs and CHIPs to identify disparate populations for improvement or health issues that need improvement
- University of Montana—Serve as a technical resource for entities developing PH interventions, add a research component if/when needed

- AMPHO—Support and manage community health strategist program, work with RWJ to disseminate County Health Ranking results
- Communicable Disease Bureau—Target resources to tribal and urban areas impacted by higher prevalence of conditions