

MT Public Health System Improvement Task Force Meeting Notes Wednesday October 23, 2019

Task Force Members Present: Cindia Ellis Small Health Department Member, Hillary Hanson – AMPHO, Andy Hunthausen – MACo, Karen Sullivan – Large Health Department Member*, Lois Leibrand – Frontier Health Department, Kristin Juliar – MORH/AHEC*, Lora Wier – MPHA, Jennifer McCully – Medium Size Health Department Member.

Task Force Members Absent: Kari Smith – DEQ, Rosemary Cree Medicine – Tribal Health Department Member, Todd Harwell – MT DPHHS, Dustin Schreiner – MEHA, Tony Ward – UM.

Other attendees: Michele Henson – MHCF, Kerry Pride – Local and Tribal Support Program PHSIO, Alexis Wolf – MT Workforce Development Group Coordinator, Terry Ray - PHSITF Coordinator.

*Attended remotely.

Welcome, announcements, introductions, administration – Chairs

Task Force approved 2020 schedule meeting topics. Terry will distribute a doodle poll to determine the best dates and times for the 2020 meetings, with-in the weeks proposed. The Task Force is interested in discussing some of the nation-wide topics and how they apply to Montana. Examples are the Healthy People 2030 and the 10 Essential Public Health Services discussion.

The Task Force will invite the Public Health Institute planning group to discuss plans at the January or April meeting.

Preventive Health and Health Services Block Grant 2020 Budget – Terry Ray

The Task Force reviewed the proposed budget for the 2020 Block Grant. One correction was made to the budget. Office of Epidemiology and Scientific Studies will be apportioned \$47,000 for the BRFSS questions versus \$22,000 as depicted on the worksheet.

Program managers do not plan on changing their funded activities for next year. In February 2020, each program manager will present on their activities progress and the activities proposed for next year.

Healthy People 2030 objectives have not been released yet so the new plan will be based on 2020 objectives.

Funding levels from CDC should maintain the same.

The Task Force reviewed each program on the proposed budget worksheet.

The Task Force approved Block Grant planning budget is attached to these notes.

Mini-grants and TA – Kerry Pride

The PHSIO is providing Board of Health (BOH) trainings as requested by the Counties. Kerry described what is covered at the face to face trainings and discussed the on-line training opportunities for BOH. The on-line 10 minute BOH orientation covering Montana Law is still being used. The PHSIO was able to sponsor two individuals from Flathead County to attend the NALBOH conference. The PHSIO will try to

send two more groups to the NALBOH conference next year in Grand Rapids. Hillary Hanson provided comments on the benefits of having one of her board of health members attend the Conference. Having her Board chair attend and hear the public health message from others really helped.

To help ensure compliance with the State law, Public Health Emergency Preparedness section will require local BOH meetings schedules as a cooperative agreement deliverable.

PHSD will continue to try to support BOH trainings and will conduct a survey of BOH members next year. Hillary mentioned to be careful with sending staff to some locations unless they are prepared. Some staff may not be prepared to engage local BOHs which include County Commissioners.

PHSIO will survey Boards of Health on their training needs. Jen and Hillary noted that her boards need training on septic systems since variances are passed through the Boards of Health. Lora asked about how information will be announced related to the BOH member survey of needs and wants.

Kerry provided an update on local and tribal grants. The PHSIO will continue to offer monetary grants in addition to technical assistance. The PHSIO is currently offering more direct Technical Assistance. Many in the PHSIO are helping-out with technical assistance. The Office is also trying to add a grant for Crow Agency this year.

The PHSIO is supporting a multi-jurisdictional technical assistance project. Anna Bradley and Kerry Pride are both supporting this group. The group has already a few times. This is the first project of this type. Six Counties are working together in North Central Montana. Hillary asked that, in the future, the PHSIO write the 6-county collaboration into a story and share lessons learned. Lora noted that personalities can help with building collaborations. Hillary noted with some of the funding from Chronic Bureau, there is no meaningful collaboration, just funneling of funds through their health department to the others. Kerry noted the intent is to increase collaboration.

The PHSIO is working with AMDD on the Communities that Care grant/project. The PHSIO is also working with the MHCF on examining how to start a Public Health Institute in Montana. Lastly, the PHSIO is doing some exploration on what it would take to start a State Association of Local Boards of Health in Montana.

Kerry mentioned that we need to continue to offer training on CHA/CHIP processes as lead locals change over across Montana. New lead locals need training on these processes.

Cross-jurisdictional/cross-sector collaboration grant– Terry Ray

PHSIO submitted a grant to the Healthcare Foundation for \$100,000 over two years. \$25,000 of it supports the SHIP processes. \$75,000 to cross jurisdiction or cross-sector collaboration projects. Approval for this grant from DPHHS is pending. The grants are tied to improving the Social Determinants of Health and improving local services through cross jurisdiction collaboration. Idea is to strengthen connections where some connection already exists. The PHSIO is considering 3-4 collaborations, each would receive around \$20,000. This effort supports the PHSITF Plan. Cross jurisdictional work could include collaboration on a health issue or sharing of services cross jurisdiction. For both grants, some sort of relationship would need to currently exist. The funding would not go to just meetings, but would require programmatic activities also.

Terry noted the grant, if received, would include a learning community component. The PHSIO is looking at an equitable distribution of grants to small to large health departments.

Future grants will be promoted with other parts of local and tribal governments such as community planning divisions and city managers, not just to the health departments. Health Departments will need to the lead coordination, however.

MPHWFDG/PHTC activities – Alexis Wolf and Emily Weiler

The PHSIO and the University of Montana have officially established the Montana Public Health Training Center. Emily described the Training Center. 22 trainings over the next 5 years in addition to a series of webinars. MHC funding requires the Center to conduct a Healthcare industry assessment which will lead to 5 additional trainings.

Much of the activities proposed are based on the Workforce Development Plan. Trainings will be based on availability of instructors. Alexis discussed the current UM graduate certificate cohort.

Hillary asked about promotion. Emily noted that this may be first they have heard about the Training Center. Communication about the Center is forthcoming.

Alexis discussed Training Center branding, website, and development of business practices. Lora asked if the Center could do a message for their newsletter. Alexis and Emily will discuss and see if a message could be put together for the newsletter in January with a coming soon in the current newsletter.

Official launch date is December 1st. The Center is not trying to replace RMPHTC but to create a space that is Montana focused. Alexis described communication about Center and ways to improve communication to health department staff about trainings. The Center is starting out the known training needs.

MT PH workforce survey results – Alexis Wolf

For the past few years the Montana Public Workforce Development Group (MPHWFDG) has been working toward addressing assessed needs across Montana. MPHWFDG plan will be updated based on the workforce survey data.

Alexis presented primary data from the survey. Final survey results will be released in December. 50 out of 58 health departments participated.

Only 75% or greater completed surveys were used. 686 surveys taken which made it about 70% of Public Health Department employees completed the assessment. The assessment or survey was based on tier. Entry level, mid-level, upper management levels.

The survey asked about competency in a specific domain and how motivated they are to attend related training.

Information presented was very preliminary. The sub-competencies will need to be reviewed to identify exactly what training is needed. Survey validated the current focus areas for training plus added a couple. The only two areas that are new from the last plan are *cultural competency and public health science skills*.

Hillary noted the best part about the survey is that the locals will not need to administer their own survey.

Public Health demographics notes: Majority front-line staff, entry level. A significant portion are administrative. Majority of Montana PH is white female. Majority 30-39 age. Specific department programs- majority are health promotion and education staff, second is admin and support staff, third is communicable disease staff. Over 23% of staff wear more than one hat. Some staff are all tiers or two tiers. There are a lot of new PH staff, but it is not their first job. Smallest group is 20-29 years old. Significant portion of staff do not have traditional PH education. There is a significant portion of survey respondents that have Nursing credentials and licenses, but a majority do not have professional licenses. About 17% will be retiring in the next 5 years. Tribal populations are underrepresented in the survey.

By December 31 each health department will receive their dashboard and raw data.

Processes lessons learned- communication was the main challenge. How can we communicate better to reach everyone? Incentives were offered, Amazon gift cards. Maybe in the future do a brief webinar with the lead locals to communicate the survey and importance.

MT PH 101 – New PH employee orientation to the MT PH system – Lora Wier

Lora reviewed the progress on MT PH 101. The planning group used focus groups to collect information on the modules versus a survey.

Member Organizations Announcements

MACo – PHSD presented at the last MACo Conference and discussed what Commissioners can do to help their Health Department transition to public health 3.0. PHSD will try to get on the agenda for the Spring conference, to talk to the entire assembly. Andy agreed that many commissioners need education or training in what Public Health does and responsibilities of their Boards of Health. In September MACo will take action on the Legislative session agenda.

ORH/AHEC- Long list of trainings related to Mental and Behavioral Health available to both health care and public health professionals. Working with MSU College of Nursing about a new grant for Rural Ready Nurses. Supporting a Doctor of Nursing degree at MSU. Need to have a separate meeting between ORH and the MPHTC, set-up a conference call to coordinate trainings. Could incorporate trainings into MPHA conference.

MPHA- Discussed successes with the last MPHA conference. Discuss the paperless effort and use of a conference app.

AMPHO – Discussed the year-long leadership program and the Summer Institute Wednesday session.

Next meeting is December 4th, 10am-12pm, Helena MT. Web based meeting

2020-2021 Preventive Health and Health Services Block Grant
Budget Total: Approx. \$1M – Award Amount is Unknown

Activity	Planning Budget	Description
Nutrition and Physical Activity	\$125,000	\$100,000 to increase the number of Baby-Friendly Designated Facilities. \$25,000 to support increasing the number of Montana communities that develop and/or adopt a pedestrian or transportation master plan.
Prevention of Deaths from Poisonings	\$170,000	Emergency Medical Services and Trauma Systems Section funds 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	Emergency Medical Services and Trauma Systems Section to implement strategies from the Emergency Care Strategic Plan related to workforce, education and public education. Implement strategies to address workforce leadership challenges, especially for volunteers.
Office of Epidemiology and Scientific Support	\$22,000	Continue to support the Montana Behavioral Risk Factor Surveillance System.
Public Health System Improvement Office	\$426,000	-In conjunction with the MT Public Health Training Center, provide conduct professional development training and education opportunities for state, local, and tribal health departments. -Conduct an annual face-to-face meeting to review progress towards State Health Improvement Plan objectives and support priority focus area workgroups throughout the year. -Support grant opportunities and technical assistance for local and Tribal health departments in the completion of community health assessments, community health improvement plans, health department strategic plans, and other activities associated with national public health accreditation. -Approximately ½ of budget supports three staff salaries.
Sexual Violence Prevention and Victim Support *	\$22,123	Prevention of sexual assault-rape and victim Support which will fund activities to engage adult and youth leaders who work with people ages 13-19 creating a Youth-Focused Leadership Network and will support a Youth Summit and/or Regional Institutes.
Latent Tuberculosis Infection Treatment	\$10,000	Provides TB medications to high risk Montanans.
Grant administration and cost allocation	\$101,000	Division cost allocation and grant administration to include required conferences, meetings, and products.

*Required funding

As of 10.22.2019