

# MT Public Health System Improvement Task Force

## Meeting Notes

Wednesday April 17, 2019

**Task Force Members Present:** Lois Leibrand, Cindia Ellis, Andy Hunthausen, Karen Sullivan, Lora Wier, Todd Harwell, Tony Ward, Dustin Schreiner, Kari Smith, Jennifer McCully, Kristen Juliar, Hillary Hanson

**Task Force Members NOT Present:** Rosemary Cree Medicine

**Non-Task Force Members Present:** Terry Ray, Alexis Wolf, Anna Bradley, Emery Byrd, Leah Merchant, Kate Chapin, Romana Allison, Kerry Pride

### Workforce Assessment Project Review- Alexis Wolf (PHSD) and Kate (UM)

Discussed the purpose of the workforce assessment to include the intent and expected outcomes.

Used the Council on Linkages standard questions and modified for clarity and readability.

Goal is to have the survey and analysis completed by the MPHA conference in September.

Alexis and Kate described the methodology and reviewed the demographics section and layout of the survey in Qualtrics.

Questions were modified to the first person and some wording changed with the attempt to maintain the spirit of the assessment.

The survey will be voluntary. There is an opt-in question at the beginning.

Did not use the Census 2020 demographics questions, used a more progressive model.

The group discussed using buttons versus drop down. Both methods had a pros and cons. No decision was made on which format to use but for speed it was recommend using the radial buttons versus pull down menus.

Alexis requested the TF to review the questions in more detail and provide feedback via email.

Lora asked that Alexis assign tiers or groups of questions to individuals due to time.

Kari asked about marketing of the survey. How will the survey be presented to employees?

Discussed having a free text at the end of the survey or end of each section for recommendations and comments.

Discussed the questions related to licenses. May want to specify the differences between licenses and professional certification. Some certifications require licenses, some are just a license with no certification, some certifications do not require a license.

Lora mentioned that the results could contribute to the development of the MT Public Health 101 online course.

Group discussed outreach to the Lead Local Public Health Officials.

Todd discussed strategic communication. Two methods ask for emails or have lead locals distribute. The group agreed that working through the lead locals is the best method.

Process discussed-

1) Send survey to LLPHO to share with their staff. Email will describe level of importance. Terry mentioned that an example of resources dedicated to training could be used. Resources that will be targeted using the results of this survey.

2) LLPHO would send back the total number of employees. This will allow emails indicating percent completed.

Goal is to get the survey out in May for 5 weeks.

Time to complete the survey – 30-45 min. If familiar with the questions and topics, could be completed in 20 minutes.

Karen mentioned that LLPHO sanctioning the survey will help increase participation.

## Lead Local Public Health Survey Results Presentation

Kerry reviewed the data and outcomes from the survey.

46 out of 58 lead locals participated in the survey. 78%.

Majority of lead locals are under 5 years on the job.

28% of responding jurisdictions have a mill levy

Governance- 82% of jurisdictions are meeting MCA requirements for BOH.

Some BOH need to work on by-laws.

Health improvement planning - Todd recommend having sharing or templates for the BOH to use.

Significant gains in all plans and assessments. Jurisdictions are implementing activities identified in their Strategic Plans and CHIPs.

Accreditation is a challenge for the very small health departments. Reoccurring theme.

## Anna Bradley on the L.L. Survey

### Discussion session

Attendees were split into small groups and asked to discuss three questions:

- 1) What surprised you about the findings?
- 2) What do you see as a potential challenge in addressing the findings?
- 3) What action steps can we take?

### Surprising findings

- The number of new lead locals in recent years
- The number of people who report having a mill levy doesn't match MPHA findings—could there be confusion over what a mill levy is?
- Improvements in the numbers of CHAs, CHIPs, SPs, and related documents indicate that dedicated funding and support make a difference
- There are a large number of future training opportunities that could be explored by UM and workforce development partners
- The number of health departments interested in accreditation

### Potential challenges

- Sustainable and continued funding to support growth in accreditation-related planning and implementation processes
- Continued interest—when planning materials “expire,” ensuring people are encouraged to go through the process again
- Meeting the number of training needs
- Overcoming barriers to accreditation and explaining why to pursue processes like the CHA, CHIP, SP, etc. even if you aren't interested in accreditation
- Volunteerism and competing interests

- Continuing to work on reducing duplication of offerings and communication
- How to increase the number of Boards of Health meeting requirements and receiving education on their roles

### **Potential action items**

- Sharing best practice documents, templates, and examples on Mill Levy, BoH, and accreditation-related plans (supported by PHSITF Strategic Plan goals 3 and 5)
- Continuing to share and support statewide resources like the SHIP and the AHEC database of CHNAs, with the message that alignment matters (goal 2)
- Promote the benefit of PHAB-related activities aside from just accreditation status (goal 1)
- Improve and continue workforce development to address training needs, particularly for new lead local and tribal health officials and board of health members (goal 4)
- Sustainable and continued funding for CHA, CHIP, SP, etc. development and implementation (goals 1 and 3)

Tony pointed out that there are training opportunities identified in the survey results that they could focus on.

Todd and the group discussed using the PHAB standards to manage or operate a health department. Accreditation is a recognition while the standards and measures should be used when considering PH management systems and planning.

Group discussed volunteerism and how our community is so dependent on volunteers.

Leah Merchant provided a presentation on the Chronic Disease Prevention and Health Promotion Bureau's coordinated contracts process.

Lora described how the process helped her county when she was a Lead Local. Improved communication and cooperation between the counties.

### **Legislative Session**

Todd discussed the large number of public health bills presented during this session. The PHSD had most bills related to DPHHS operations, upwards of 75%.

Todd discussed advocacy groups. Desire to be better organized for the next session and discuss agency or PH bills the group or DPHHS could propose.

Desire across the group to be more proactive versus reactive.

The group will explore at the next meeting in June the possibility of a pre-MPHA conference session with the PH community to discuss actions for next session.

Discussion on gaining more information on legislators, local politicians, etc. supporting or opposing public health related bills. AMPHO and MEHA strategies need to start now. Need to do meetings and coordination on a regular basis. We can plan for the routine bills, such as opt-out and unsafe milk.

Andy – Calling representatives helps. They need more support from locals. Providing a message and talking points makes it easy.

### **Member Organization Updates**

MPHA- September 17-18 Conference in Bozeman. Will use a conference app this year to help with networking and communication. Save on printing and paper.

UM – 2<sup>nd</sup> Preparing the second Cohort for the certificate programs. Working on the PH101 project with

MPHA. Curriculum Committee meeting to discuss three new degree focus areas: Community Health, Population Health, Global Health. Establishing a BS in Public Health.

### Public Health 101

MPHA reviewed project that is being completed in partnership with the MHCF, UM, MPHA, and the PH System Improvement Office.

Focus is on new employees understanding of Public Health in Montana. Would be appropriate for anyone who wants a better understanding of MT PH.

\$75,000 grant from the MHCF. 5 Modules. Could be used to support PHAB Domain 8.

The workforce survey will help support content for the modules.

Karen- the orientation should have a PH 3.0 feel. Lora mentioned there would be modules for some functional areas such as PH nurses and sanitarians/environmental health.

### PHSIO Grants and TA

The next round will require submission of a budget. This will require more detailed planning prior to submission.

The Grant and TA will not be competitive for those that have not received a grant in the past.

Direct TA is a new activity. TA is being used to continue to support, with less financial resources.

**Next Meeting is a web meeting on June 5<sup>th</sup> from 9:30am-12pm.**