
Strategic Plan

Public Health and Safety Division



2019-2023

PublicHealth
IN THE **406**

A MESSAGE FROM THE ADMINISTRATOR

This Public Health and Safety Division (PHSD) strategic plan represents our continued commitment to our mission, which is to improve and protect the health and safety of Montanans by advancing conditions for healthy living. Our commitment is to the people of Montana and to the many partner organizations who we work with in order to achieve the goals and objectives highlighted in this plan. This plan sets the direction for strengthening our organization over the next five years by working intensively in six priority areas:



1. Policy Development and Enforcement
2. Disease and Injury Prevention and Control, and Health Promotion
3. Health Services, Particularly Clinical Preventive Services
4. Assessment and Surveillance
5. Public Health System Capacity
6. Internal Operations and Financial Systems

The PHSD Strategic Plan describes our approach to achieve our mission and goals, and focuses on strategies that are likely to bring the greatest impact across our Division and through collaborating with our partners. Successful implementation of the plan will lead to continued improvements in the health status of Montanans and to a stronger public health system.

A driving force behind this approach is voluntary public health accreditation. In 2016, Montana was the twentieth state to achieve accreditation through the national Public Health Accreditation Board. This demonstrates our Division's commitment to continuous improvement and to providing high quality public health programs and services to the people of Montana.

A handwritten signature in black ink that reads "Todd Harwell". The signature is written in a cursive, slightly stylized font.

Todd Harwell, MPH
Administrator
Public Health and Safety Division
Montana Department of Public Health and Human Services

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EXECUTIVE SUMMARY

This plan presents the strategic direction for the Public Health and Safety Division (PHSD) to improve and protect the health of Montanans by creating the conditions for healthy living. The plan describes key aspects of the work of the PHSD.

1. How we improve the health of Montanans

The PHSD engages in specific strategies to achieve goals in six Priority Areas that are aligned with our vision and mission. Measures are monitored over time to determine if the PHSD has met the targets outlined in the objectives, holding the PHSD accountable for achieving health improvements in Montana's population.

— [Vision: Healthy People in Healthy Communities] —

— [Mission: Improve and protect the health of Montanans by advancing conditions for healthy living] —

Key Priority Areas	Goal	Objective	Strategy
<ol style="list-style-type: none"> 1. Policy Development and Enforcement 2. Disease and Injury Prevention and Control, and Health Promotion 3. Health Services, Particularly Clinical Preventive Services 4. Assessment and Surveillance 5. Public Health System Capacity 6. Internal Operations and Financial Systems 	<p>A general statement of a program's intended effect on one or more health problems¹</p>	<p>Targets for achievement through interventions. Objectives are time limited and measurable¹</p>	<p>Collection of activities and strategies linked together²</p>

2. Who we are

The PHSD leads public health efforts in Montana and provides state-level coordination of key public health services to local and Tribal public health agencies. The Division includes 40 programs organized into five bureaus and two support offices. The Division serves a diverse group of customers and stakeholders and is committed to protecting the health of Montanans and serving all of our customers and stakeholders with excellence.

Organizational Values	Guiding Principles
1. Evidence-Based Decision Making	Use current scientific evidence to select and implement programs and interventions.
2. Collaboration	Engage in collaborations to improve the health of Montanans.
3. Equal Access and Individual Rights	Address and reduce health disparities.
4. Accountability	Focus efforts on improving customer satisfaction and quality of service in everyday work.
5. Quality	Conduct operations in accordance with PHAB's standards and measures.

1. Public Health Accreditation Board Acronyms and Glossary of Terms. Retrieved July 5, 2018, from http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf
 2. Developing a State Health Improvement Plan: Guidance and Resources. Retrieved July 5, 2018, from <http://www.astho.org/accreditation/SHIP/>



Priority Area 1: Policy Development and Enforcement

Goal

Strategy

1.1 Develop and support policies to promote and protect health

- 1.1.1** Lead and support worksites, healthcare organizations, schools, childcare agencies, and other settings to implement policies that promote and protect health (e.g. policies that promote tobacco-free lifestyles, healthy eating, and increased physical activity)
- 1.1.2** Collaborate with Medicaid and other health plans to improve coverage of preventive and self-management services
- 1.1.3** Promote and support the implementation of local community active transportation policies
- 1.1.4** Educate the community and decision makers on the risks associated with exposure to e-cigarette aerosol and the importance of including e-cigarettes in state and local smoke free laws
- 1.1.5** Provide model policy language and technical assistance for effective implementation and enforcement of legislation, such as the Clean Indoor Air Act (CIAA)
- 1.1.6** Work in partnership with strategic partners such as Highway Traffic Safety to reduce the number of serious and fatal motor vehicle injuries

1.2 Support the implementation of public health laws and regulations to promote and protect health

- 1.2.1** Enforce public health laws and regulations including the Montana Clean Indoor Air Act, disease reporting requirements, food and consumer safety regulations, and immunization requirements
- 1.2.2** Maintain up-to-date regulations requiring selected vaccines recommended for children and adolescents by the Advisory Committee on Immunization Practices (ACIP)
- 1.2.3** Document the annual review and recommendations for updating state regulations after conducting a review of Montana immunization requirements and national recommendations for best practices
- 1.2.4** Ensure licensure and timely inspection of licensed establishments
- 1.2.5** Support State and Federal legislation that protects and improves the health of Montanans (e.g. tobacco use prevention and motor vehicle safety)

Objective: By 2023

1	Increase percent of schools that identify and track students with chronic conditions that may require daily or emergency management from 97.1% to 100%
2	Increase the percent of renters in multi-unit housing that report having a smoke-free policy in their complex from 27% to 35%
3	Increase the number of plans and policies that are pedestrian- and bicycle-friendly that have been passed/revised in Montana communities from 23 to 30
4	Increase the number of localities that include e-cigarettes in their Clean Indoor Air Act Protocol from 10 to 20
5	Decrease the number of serious and fatal motor vehicle injuries from 917 to 825
6	Ensure 100% of valid complaints in the Clean Air Reporting System are reviewed and addressed within a 2-week time frame
7	Increase the percentage of children age 19-35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and pneumococcal conjugate vaccine (PCV) from 66% to 74%.
8	Increase the percentage of adolescents aged 13-17 years who have one dose each of Tetanus, Diphtheria, and Pertussis (Tdap), Meningococcal (MCV4), and Human Papillomavirus (HPV) from 90% (Tdap), 71% (MCV4), and 49% (HPV) to 93%, 80%, and 70% respectively
9	Increase the percentage of people immunized against influenza in all children aged 6 months to 17 years from 49% to 60%, adults aged 19 to 64 years from 33.5% to 60%, and adults aged 65 and older from 64.5% to 70%
10	Maintain laboratory certification schedule to audit Montana drinking water laboratories at least once every 36 months
11	Increase the percentage of inspections of licensed establishments conducted by local public health partners from 92% to 95%

High risk driving behaviors, such as not using a seatbelt consistently, are highly prevalent in Montana.





Priority Area 2: Disease and Injury Prevention and Control, and Health Promotion

Goal

Strategy

2.1 Utilize and encourage the use of evidence-based health promotion and prevention programs/interventions

2.1.1 Support and implement evidence-based interventions to: facilitate chronic disease prevention and self-management, communicable disease prevention and control, injury prevention, and maternal, infant, child, and adolescent health improvement; address the social determinants of health; and promote self-efficacy

2.1.2 Provide training and technical assistance to community partners on implementing evidence-based interventions to promote and protect health

2.1.3 Promote health care professional patient referrals to evidence-based interventions

2.1.4 Implement a comprehensive statewide education campaign to increase awareness of evidence-based home visiting program services, goals, and outcomes among the public and stakeholders

2.1.5 Promote home visiting services through outreach to health clinics, American Indian Reservations, Women, Infants and Children (WIC) offices, birthing hospitals, and local Child Protective Services (CPS) (“First Years Initiative” project)

2.1.6 Collaborate with local public health partners and health care systems to increase and document the implementation of control measures in response to public health events through quality improvement efforts

2.1.7 Promote the use of effective methods of birth control, targeting youth, low-income, and native women

2.1.8 Implement evidence-based teen pregnancy prevention programs throughout the state

2.2 Promote health by providing information and education to help people make healthy choices

2.2.1 Increase awareness of the benefits of adopting a healthy lifestyle, reducing risk for preventable conditions, and disease self-management strategies through public education

2.2.2 Promote and increase the number of home visiting sites, local health departments, Child Protective Services (CPS), Fetal, Infant and Child Mortality Review (FICMR) teams, Women, Infants, and Children (WIC) offices, birthing hospitals and prenatal clinics that are providing education, support, and “Pack ‘n Play” cribs or other materials for the statewide “Safe-Sleep Initiative”

2.2.3 Provide Breastfeeding Peer Counseling at local WIC offices and Breastfeeding Learning Collaborative training at the Baby Friendly Hospitals

Objective: By 2023

1	Decrease the percent of youth who are current tobacco users from 33% to 29%
2	Decrease the percent of adults who currently use tobacco from 26% to 24%
3	Decrease the percent of women who smoke during pregnancy from 17% to 14%
4	Increase the percent of infants born in Baby-Friendly designated facilities from 28% to 50%
5	Increase the number of Early Care and Education (ECE) facility staff trained in the implementation of best practices for nutrition and physical activity from 500 to 800
6	Increase participation in American Diabetes Association (ADA)-recognized/American Association of Diabetes Educators (AADE)-accredited Diabetes Self-Management Education and Support (DSMES) programs by people with diabetes from 7.7% to 10%
7	Increase percent of people with prediabetes enrolled in a CDC-recognized lifestyle change program who have achieved 5-7% weight loss from 47% to 51%
8	Increase the percentage of reportable diseases where evidence-based control measures are implemented within three days from 75% to 85%
9	Increase the number of health departments with regional electronic bi-directional referral systems from 0 to 13
10	Increase the number of families in Montana who receive home visiting services from 9% to 14%
11	Establish a baseline and increase the number of children known to CPS and part of the First Years Initiative who are referred to and enroll in home visiting services to 50%
12	Increase the percent of child mortality review and prevention teams that implement an evidence-based injury prevention activity from 35% to 70%
13	Increase the percent of communicable diseases and conditions that are reported to local public health departments from health care providers within 24 hours of identification from 71% to 85%
14	Decrease the proportion of unintended pregnancy from 31.8% to 26.8%
15	Decrease teen pregnancy rate among teens aged 15-19 years from 21.3% to 19.7%
16	Decrease the percent of adults who report they engage in no leisure time physical activity from 20% to 17%
17	Decrease the percent of adults who are overweight or obese from 63% to 57%
18	Increase the percent of adults who are aware of the Montana Quit Line from 76% to 84%
19	Increase the percent of infants who are ever breastfed from 82% to 90%
20	Increase the percent of infants who are breastfed at six months from 58% to 64%
21	Increase breastfeeding initiation rates of WIC participating infants from 77.6% to 81.5%
22	Decrease the number of sleep-related infant deaths from 53% to 43%



Priority Area 3: Health Services, Particularly Clinical Preventive Services

Goal

Strategy

3.1 Support the delivery of clinical preventive and self-management services

3.1.1 Implement evidence-based clinical interventions in collaboration with health care systems, providers, and other partners that promote prevention, increase the delivery of clinical preventive services, and increase the use of clinical practice guidelines and self-management services

3.1.2 Use technology to improve the delivery of clinical preventive services (e.g., electronic health records and telehealth)

3.1.3 Expand the use of off-site rapid tests for sexually transmitted diseases in areas with greatest incidence

3.1.4 Expand data dissemination regarding sexually transmitted disease (STD) trends using social media and other non-traditional outlets monthly

3.1.5 Provide targeted training and assistance to areas experiencing increases in STD transmission

3.1.6 Recruit primary care providers to practice in areas with health professional shortages in the fields of primary care, dental and mental health

3.2 Support use of appropriate health services, particularly by underserved and at-risk populations

3.2.1 Facilitate health care providers ability to identify and refer eligible women and children to WIC, home visiting, Children's Special Health Services, and other public health services

3.2.2 Increase public awareness and understanding of how to access programs such as WIC, home visiting, and Children's Special Health Services

3.2.3 Provide timely newborn screening services to facilitate referral for diagnosis and treatment

Objective: By 2023

1	Increase the percent of adult Montanans who report they are up-to-date with colorectal, breast, and cervical cancer screening from 62%, 74% and 81%, respectively, to 80%, 81% and 93%
2	Increase the percent of pregnant women who report they received adequate prenatal care from 86% to 91%; and increase adequate prenatal care for American Indians from 41% to 43%
3	Increase the percent of adults age 18 to 85 with diagnosed hypertension whose blood pressure is adequately controlled (140/90 mmHg) from 62.5% to 65.8%
4	Decrease the percent of patients 18 to 75 years with diagnosed Type I or Type II Diabetes whose hemoglobin A1C is poorly controlled (>9%) from 31.4% to 29.8%
5	Increase percent of adults with well-controlled asthma from 43% to 46%
6	Increase the percentage of youth who receive an annual preventive healthcare visit from 78% to 85%
7	Decrease the rate of hospital-onset Clostridium difficile infections (CDI) from 0.9 to 0.7
8	Decrease the annual incidence of gonorrhea and syphilis in Montana from 103/100,000 and 5/100,000 to 80/100,000 and 4/100,000 respectively
9	Increase the number of healthcare professionals practicing in Health Professional Shortage Areas from 1,246 to 1,308
10	Decrease the prevalence of premature births for all Montanans from 9% to 7%, and decrease prematurity for American Indians from 12.6% to 10.6%
11	Increase the number of newborn screening specimens reaching the public health laboratory within 48 hours of specimen collection from 78% to 85%



Low birth weight and preterm births are associated with health conditions later in life such as diabetes, heart disease, high blood pressure, developmental disabilities, and obesity.



Priority Area 4: Assessment and Surveillance

Goal

4.1 Monitor health status, health-related behaviors, disease burdens, and environmental health concerns

Strategy

4.1.1 Conduct epidemiologic investigations in collaboration with partners to identify public health problems and implement public health actions

4.1.2 Maintain, evaluate, improve, and use 24/7 surveillance systems that receive and respond to health problems and threats in a timely manner

4.1.3 Maintain, evaluate, improve, and use disease surveillance systems to ensure the collection, analysis, and reporting of timely, accurate and complete information, including information on social determinants of health, to direct public health programs and actions

4.1.4 Produce and disseminate regular surveillance reports and other communications that describe health status, health related-behaviors, health equity, disease burdens, and environmental health concerns related to all PHSD programs

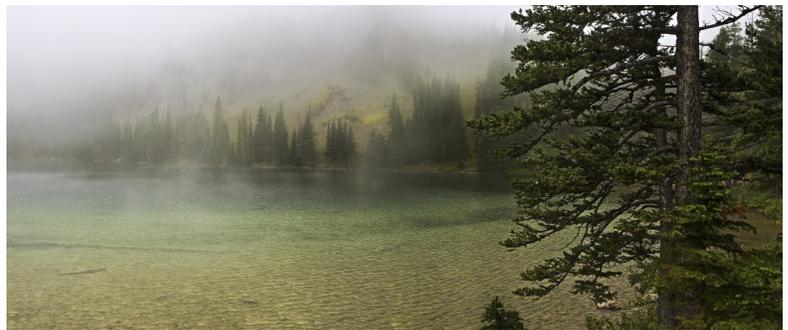
4.1.5 Support local and Tribal health departments in data analysis and epidemiological support

4.1.6 Build capacity to monitor and respond to environmental health concerns in Montana communities

4.1.7 Maintain and use evidence-based protocols for the containment and mitigation of public health problems and environmental public health hazards

Objective: By 2023

1	Increase the percentage of outbreak investigations resulting in an outbreak report from 95% to 100%
2	Establish a baseline and increase the percent of surveillance systems evaluated for accuracy, timeliness, completeness, and other appropriate measures
3	Establish a baseline and increase the percent of programs that produce and disseminate assessments and/or surveillance reports annually
4	Increase the number of public health program analyses or evaluations resulting in a manuscript submitted to a journal for peer review and publication or accepted for presentation at a state, regional, or national conference to a minimum of 2 per year per bureau/office
5	Establish a baseline and increase the number of health risk assessments of state and national Montana superfund sites and environmental health consultations provided to partners





Priority Area 5: Public Health System Capacity

Goal

Strategy

5.1 Lead by engaging the community and partners to identify and solve health problems

5.1.1 Conduct activities that improve communication and collaboration between health department leaders related to public health management, planning, implementation, and evaluation

5.1.2 Provide training and technical assistance opportunities to advance planning, quality, and performance within public health departments, including the adoption of the national Public Health Accreditation Board's standards and measures

5.2 Strengthen public health practice to improve population-based services

5.2.1 Utilize strategies on quality improvement (QI) champions, leadership commitment, celebrating successes, and customer satisfaction, from National Association of County and City Health Officials (NACCHO) Roadmap to a Culture of Quality Improvement

5.2.2 Continuously improve services through the standardized process for assessing customer satisfaction and developing, implementing, and reporting on action plans

5.2.3 Prepare public health and health care systems at the state, local, and tribal levels to plan for and respond to significant public health events and emergencies

5.2.4 Maintain and use laboratory systems that respond to biological and chemical threats to public health in a timely manner

5.3 Recruit, retain, develop, and support a highly effective public health workforce

5.3.1 Assess state and local workforce needs every three years, and deliver training and professional development opportunities accordingly

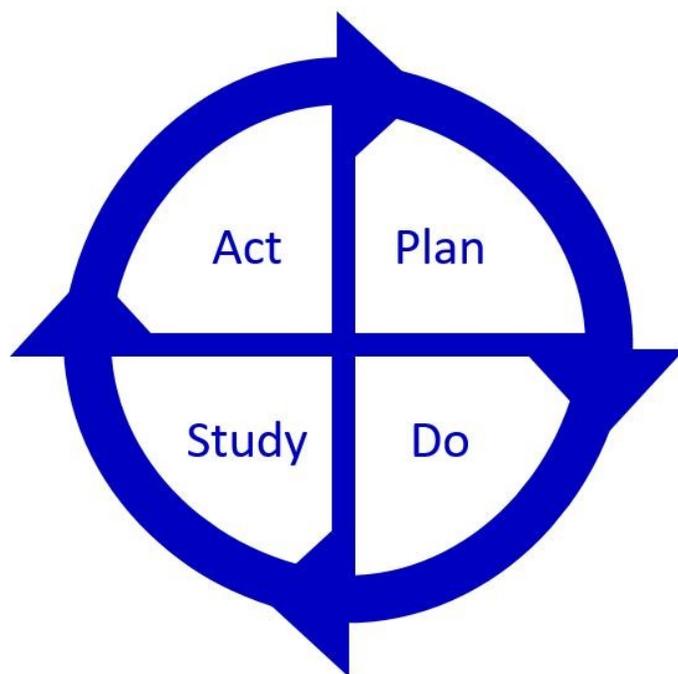
5.3.2 Provide training and technical assistance to the public health workforce on quality improvement models and tools

5.3.3 Provide training and technical assistance to public health agencies to support their local boards of health

5.3.4 Develop career ladders to allow for employee advancement and retention

Objective: By 2023

1	Establish a baseline and increase the percent of lead local health officials who report communication and assistance from the PHSD supports their ability to lead to 80%
2	Increase the number of local and tribal health departments that have up to date Community Health Assessments (CHAs), Community Health Improvement Plans (CHIPs), and Strategic Plans from 44, 35, and 26 to 51, 43, and 40 respectively
3	Increase the number of local and tribal health departments working with key local health partners to address behavioral health in their community from 65% to 75%
4	Move PHSD from Level 4: "Formal QI in Specific Agency Areas" to Level 5: "Formal Agency-Wide QI," based on NACCHO's Roadmap to a Culture of Quality Improvement
5	Increase percent of PHSD programs that complete annual customer satisfaction assessments from 40% to 100%
6	Establish a baseline and increase the percentage of local health departments and DPHHS programs with current Continuity of Operations Plans (COOP) in place
7	Maintain appropriate laboratory certifications (e.g., Clinical Laboratory Improvement Amendments (CLIA), Environmental Protection Agency (EPA), and Select Agents)
8	Establish a baseline and increase MT public health workforce's ability to apply principles of performance improvement, program planning, community health planning, leadership, and management



*PDSA is the adopted model for
conducting quality improvement
across the Division*



Priority Area 6: Internal Operations and Financial Systems

Goal

Strategy

6.1 Maintain effective, efficient, and responsible use of public funding

6.1.1 Provide training opportunities and technical assistance to PHSD staff regarding budgeting, contract management, procurement, and financial management systems

6.1.2 Develop policies and procedures defining the process for developing contracts and financial management

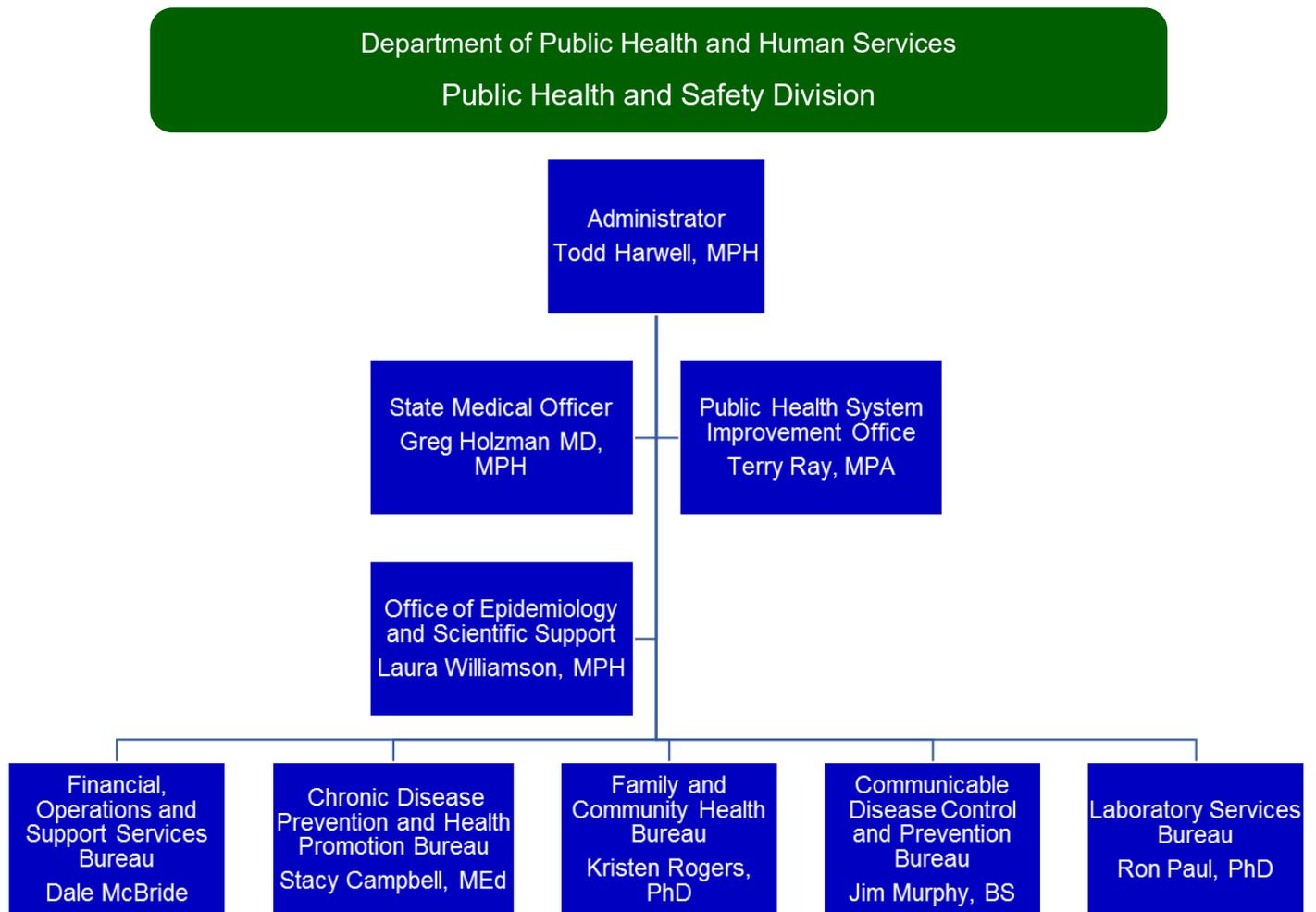
6.1.3 Maintain and seek resources to support public health programs and the public health system

Objective: By 2023

1	Establish a baseline and increase the number of annual trainings provided to PHSD staff on budgeting, contract management, procurement, and financial management systems
2	Establish a baseline and increase the percent of all audits free of deficiency findings to 100%

OUR ORGANIZATIONAL STRUCTURE

The Public Health and Safety Division (PHSD) leads public health efforts in Montana and provides state-level coordination of key public health services to local and tribal public health agencies. Public health services are delivered primarily through contracts with local and tribal public health agencies, as well as with private providers, clinics, hospitals, and other organizations. Without the centralized resources, expertise, and support the PHSD provides, many areas of the state would be unable to provide basic public health services. The Division includes 40 programs organized into five bureaus that are supported by two offices.



OUR ORGANIZATIONAL STRUCTURE

Chronic Disease Prevention and Health Promotion Bureau

The PHSD is charged with preventing chronic disease and promoting health. This is accomplished with activities that promote healthy behaviors, including physical activity, seat belt use, fall prevention, healthy eating, cancer screening, abstinence from tobacco, and tobacco cessation. The PHSD also addresses chronic conditions such as asthma, cardiovascular disease, stroke, diabetes, arthritis and injury. Preventable risk factors and chronic conditions such as those listed above place a major burden on Montanans due to reduced quality of life, high costs of health care, and death.

The Chronic Disease Prevention and Health Promotion Bureau has programs that serve youth and adults statewide. For example, the Cancer Screening Program has provided breast and cervical cancer screenings to more than 32,000 low-income women. Since its inception in 2004, more than 95,000 Montanans have enrolled in the Montana Tobacco Use Prevention Program Quit Line (866-Quit-Now), and approximately 32,300 (34%) have quit using tobacco with this statewide resource. Our chronic disease prevention programs also collaborate with and support health care professionals, health care facilities, local and tribal health departments, and numerous other organizations across the state. The Emergency Medical Services (EMS) Section licenses and regulates more than 150 emergency medical services across Montana, providing education for EMS technicians and working to improve the quality of care provided for trauma patients.

Communicable Disease Control and Prevention Bureau

To prevent and control the spread of communicable disease, the PHSD conducts disease surveillance and control activities, regulatory activities for public establishments, and the coordination of immunization and HIV/AIDS treatment programs. These programs are responsible for assisting with the approximately 6,000 cases of communicable diseases reported each year, working with providers and local and tribal public health agencies to ensure that proper treatment and investigation are conducted to prevent additional illnesses. Recent activity includes continued high levels of pertussis, gonorrhea, and syphilis; each requires significant coordination of state, local, and tribal resources.

Additional communicable disease prevention and control activities include providing life-extending therapies and case management to over 550 individuals living with HIV in Montana and providing over 170,000 doses of vaccine to local health care providers and health departments for use annually. In addition, the Food and Consumer Safety Section of the Division coordinates with local sanitarians to ensure that approximately 11,500 public establishments that provide food services and lodging in Montana are inspected to protect the public's health and safety. DPHHS and local and tribal public health agencies work together to continue to develop and test a variety of public health emergency response plans.

OUR ORGANIZATIONAL STRUCTURE

Family and Community Health Bureau

Improving the health of Montana's maternal, infant, child and adolescent population is a priority for the PHSD. This population encompasses women of childbearing age (15-44 years), pregnant women, infants, children, adolescents, and youth with special health care needs and their families. Annually, the Family and Community Health Bureau (FCHB) supports reproductive health and clinical preventive services to approximately 27,000 women, men, and adolescents through family planning visits in all 56 Montana counties. The Bureau provides sexual violence prevention programs and training on five college campus in Montana. The new Adolescent Health Program in FCHB provides services to prevent teen pregnancy, support parenting youth, and improve services for pregnant women who are victims of violence. The WIC program provides nutrition screening and education, referrals to health and human services, and nutritious food to about 17,000 participants each month. These services are provided at about 85 sites, including seven American Indian Reservations.

The Title V/Maternal and Child Health Block Grant (MCHBG) is administered by the FCHB. Many FCHB and PHSD programs are key contributors and partners in the work, along with 50 local health departments. Funding from the MCHBG supports multiple program activities including the Children's Special Health Services (CSHS); the Fetal, Infant, Child & Maternal Mortality Review (FICMMR) Teams; MCH epidemiology; access to care; oral health; breastfeeding; infant safe sleep; and teen pregnancy prevention. The CSHS program provides resources, referrals and support to families with children and youth with special health care needs. This program also manages the Montana newborn screening program, which provides screening for hearing impairment, critical congenital heart disease, and 28 metabolic and genetic conditions. The Bureau also oversees the Healthy Montana Families Home Visiting (HMFHV) program which provides voluntary, evidence-based home visiting services for at-risk families via 27 sites in 19 counties, including four tribes. HMFHV has provided over 45,000 home visits to over 6,000 families with children under 6 years of age since 2012. Known as the "First Years Initiative," HMFHV and Children and Family Services Division (CFSD) have created a partnership to provide dedicated home visitors to local Child Protective Services' referred cases.

Financial Operations and Support Services Bureau

The Financial Operations and Support Services Bureau (FOSSB) provides budget and financial support to the Division, including monitoring budgets and expenditures for more than 100 funding sources, and preparing state and federal financial reports. Every year, the Bureau develops more than 500 contracts for services with local and tribal public health agencies, health care providers and facilities, and community-based organizations, as well as budget requests for presentation to the legislature. The FOSSB staff serve a vital role in coordinating with Department-level support services including financial, facility maintenance, and human resource services. Finally, the Office of Vital Records issues over 16,000 birth and death certificates each year and maintains records of vital events including all marriages and divorces back to 1860.

OUR ORGANIZATIONAL STRUCTURE

Laboratory Services Bureau

Montana's clinical public health and environmental laboratories provide testing to support disease prevention and control. In 2012, residents and health care providers from 54 counties in Montana submitted samples for laboratory testing services. Staff at the state laboratories performed over 247,000 tests last year. Laboratory tests performed include both medical tests in support of disease control programs (such as for tuberculosis and HIV) and environmental tests in support of clean drinking water (such as for bacterial contamination and heavy metals). In addition, newborn screening for 28 metabolic and genetic tests are done at the laboratory for the 12,000 babies born in Montana each year.

Test results are used by clinicians to aid in diagnosing and treating their patients and by local and tribal public health officials to enhance response to disease outbreaks or water contamination, and to track disease trends. In 2012, Montana experienced the most pertussis cases since 2005. Outbreaks like these cause clinicians, and local and tribal public health agencies to look to the PHSD for needed testing. Timely and accurate testing is also important to track and respond to influenza. During the 2012 influenza season, testing was performed on 1,683 specimens from throughout the state, of which 28% were confirmed positive. Approximately 42% of the positive specimens were further typed and subtyped, providing important information about strains circulating this season and strains to consider for inclusion in next year's vaccine.

Office of Epidemiology and Scientific Support

The Office of Epidemiology and Scientific Support (OESS) is responsible for monitoring and tracking the health of Montanans and for evaluating environmental health hazards. OESS maintains a variety of public health data sources including birth and death records, hospital discharge data, and survey information. By managing and analyzing these data sources, the OESS provides technical assistance to the PHSD bureaus as well as external programs, helping them to use the best available data to make programmatic and budgetary decisions.

OESS's Montana Environmental Health Education and Assessment Program assesses potential human exposure to toxic substances at hazardous waste sites. The toxicologist and public health risk assessor on staff provide technical assistance to local and regional agencies or citizens to interpret environmental data as it relates to human health. The environmental health program coordinate with the CDC's Agency for Toxic Substances and Disease Registry (ATSDR), the Environmental Protection Agency (EPA), the Montana Department of Environmental Quality, and local government.

OUR ORGANIZATIONAL STRUCTURE

Public Health System Improvement Office

The Public Health System Improvement Office (PHSIO) supports the PHSD, and local and tribal public health departments, with training the workforce and creating plans and processes to ensure efficient and effective public health system management. As a measure of excellence, the Public Health Accreditation Board established a national voluntary accreditation program for state, local, and tribal public health agencies. The PHSIO actively promotes and supports health departments with meeting accreditation standards. The PHSIO's support of local and tribal health departments continues to improve collaboration between health departments, local hospitals, and community stakeholders. The PHSIO was instrumental in forming the Montana Public Health Workforce Development Group; as part of this work, the PHSIO provides numerous training and professional development opportunities through universities and professional associations.

Within the Division, the PHSIO is working with each program to develop and implement performance and quality improvement activities, as well as increase the use of evidence-based interventions. These activities are focused on bringing all public health programs and practices into alignment with national public health standards and measures.

Acknowledgements

The creation of the 2019-2023 PHSD Strategic Plan was a collaborative effort involving the expertise and input from the Montana public health system stakeholders, employees throughout the Public Health and Safety Division, and the management team for the Public Health and Safety Division.

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OUR CUSTOMERS AND STAKEHOLDERS

The PHSD serves a diverse group of customers and stakeholders while working to protect the health of Montanans. As such, our top priority is customer service. Our customers include the individuals or organizations that directly use our services. PHSD stakeholders are organizations and individuals that have an interest in our mission to improve health, but that may or may not use our services directly. To successfully serve our customers and stakeholders, we must manage these relationships carefully and be aware of their needs, wants, and expectations.

Customers

Needs, Wants and Expectations

Billings Area Indian Health Service
 Businesses
 Community-based organizations
 Emergency planners and responders
 Federal Agencies
 Healthcare Providers and Facilities
 Local and Tribal Health Departments
 Montana Citizens
 Montana Legislature
 Other State Agencies and DPHHS Divisions
 Regulated Entities
 The Governor
 Tribal Entities
 Universities

Cost-effective services and operations
 Credible and competent services
 Data and information
 Effective communication
 Effective services and operations
 Rapid response to public health events
 Responsive, courteous customer services
 Scientific support
 Timely and accurate service

Key Stakeholders

Needs, Wants and Expectations

Businesses
 Community-based organizations
 Federal Agencies
 Health Advocates
 Healthcare Providers and Facilities
 Local and Tribal health Departments
 Media
 Montana Citizens
 Montana Legislature
 Other State Agencies and DPHHS Divisions
 Public and Private Health Care Payers
 Regulated entities
 DPHHS Director
 The Governor

Accountability
 Credible information
 Effective communication
 Effective use of money
 Integrity
 Responsiveness
 Return on investment
 Timely and accurate data and information
 Transparency

OUR ORGANIZATIONAL ENVIRONMENT

The PHSD operates within a complex system of policies, practices, and partnerships. As part of the strategic planning process in 2018, the PHSD leadership team conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis to better understand this complex organizational environment so as to better operate within it. The PHSD leadership team analyzed strengths and weaknesses within the PHSD and opportunities and threats external to the PHSD.

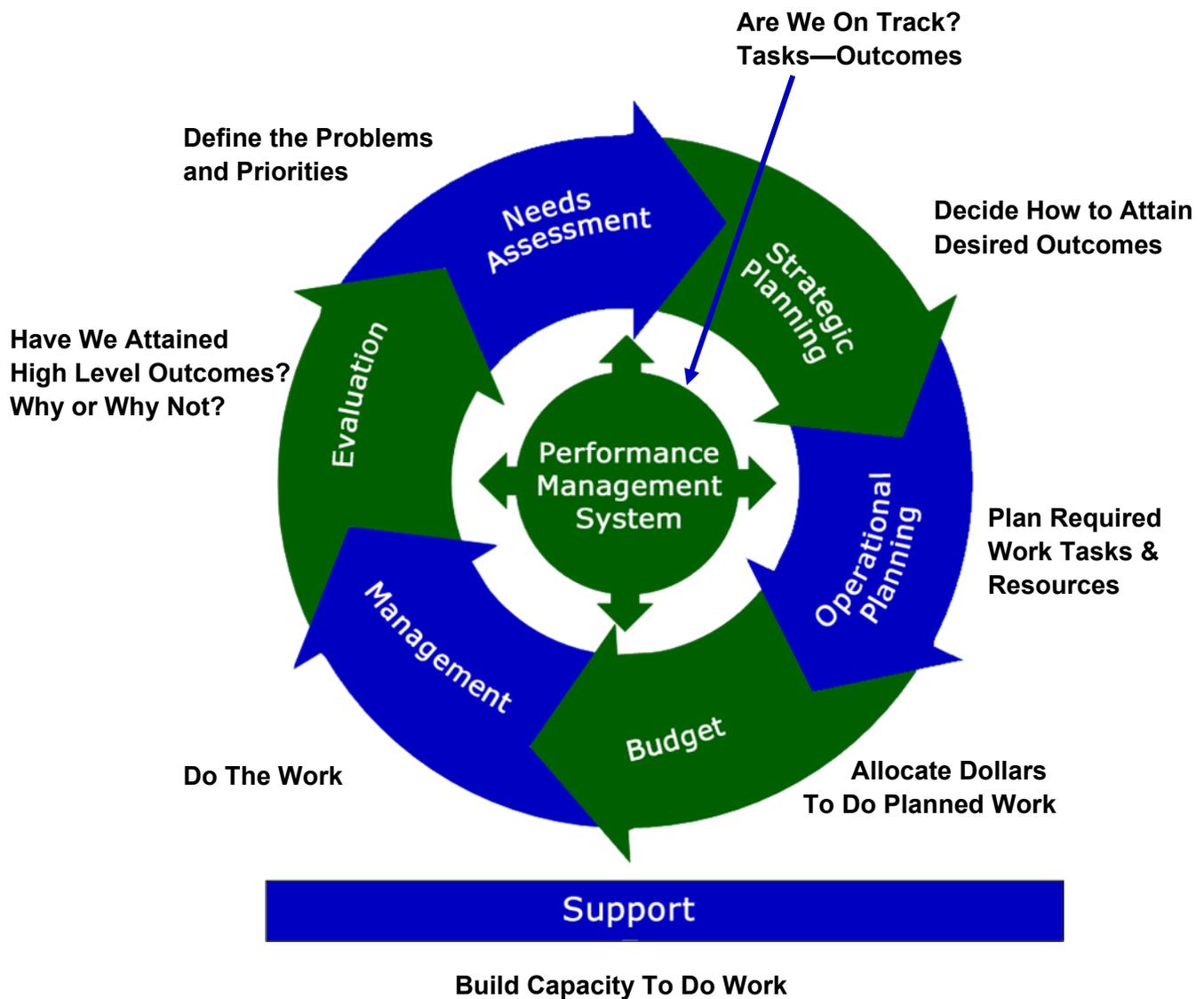
SWOT Analysis Summary

<p>Internal Strengths</p> <ul style="list-style-type: none"> • High functioning, dedicated staff • Positive support from governing entities • Good collaboration within the Department and within the Division • Strong epidemiology capacity • Established management systems • Accredited 	<p>Internal Weaknesses</p> <ul style="list-style-type: none"> • Limited/unpredictable funding for core functions • Need more succession planning • Communications for customers are not aligned/synchronized
<p>External Opportunities</p> <ul style="list-style-type: none"> • Public health seen as a convener • Regional sharing of services • Improve services through technology • Relationships with other organizations • Strengthening local boards of health • Engaging tribal partners 	<p>External Threats</p> <ul style="list-style-type: none"> • Changes in political leadership • Failure to retain employees • Loss of institutional knowledge and experience due to retirement • Keeping information technology up-to-date when dependent on state funding

TRACKING AND MONITORING

The Public Health and Safety Division (PHSD) developed the 2019 strategic plan through a three month planning process. The management team met for three 2 to 4 hour meetings, led by the Office of Public Health System Improvement, to identify priority areas. Goals, Strategies and Objectives were established for each priority area and are included in this plan. The 2019-2023 PHSD Strategic Plan will be continually tracked and monitored through our performance management system.

The system, called HealthSTAT, ties program-specific metrics to the PHSD vision, mission, strategic plans and desired highest level outcomes. The graphic below depicts the finalized system. It includes a cyclical process to manage work and promote constant, iterative improvements in performance.



HEALTHSTAT IN ACTION

State Health Assessment—Identifies Health Problems and Priorities

The PHSD worked with stakeholders to assess the health needs of Montanans and prioritize critical health issues using a process based on Mobilizing for Action through Planning and Partnerships (MAPP), developed by the National Association of County and City Health Officials. The 2017 Montana State Health Assessment, summarizes data that was presented to partners and stakeholders during the state assessment process and that continue to be used to guide community health improvement, assessment, and planning.

State Health Improvement Plan—Establishes how to Address Documented Health Needs

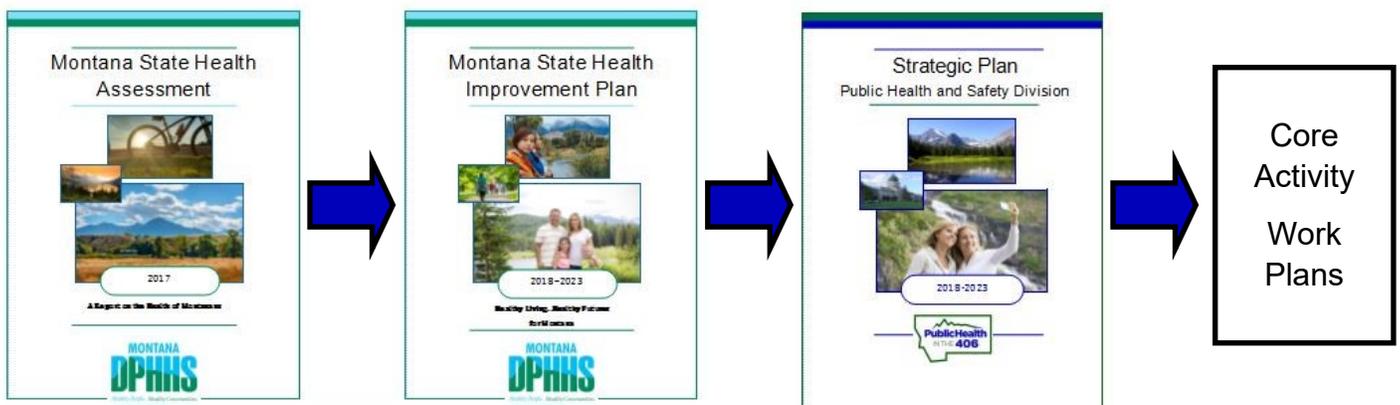
The state health assessment process led to the development of a state health improvement plan (SHIP). The plan outlines evidence-based strategies to address documented health needs and establishes health objectives to track progress. It provides a common agenda for health improvement in Montana. The SHIP Coalition oversees implementation of the plan in collaboration with a wide variety of partners and stakeholders from across the state.

Strategic Plan—Decide how to Obtain Desired Outcomes

This strategic plan articulates the Division vision, mission, guiding principles, priority areas, goals, objectives and strategies. It describes the specific strategies and objectives the Division will lead to fulfill its roles and obligations as set forth in the SHIP, as well as articulating priorities for improvement of the Division as an organization.

Operational Planning (Core Activity Work Plans)

Each program in the Division has a set of operational plans, or core activity work plans that align with this strategic plan and with the SHIP. These include metrics to monitor progress toward short, intermediate and high level outcomes, and describe specifically who is going to do what, over what time period, in what sequence, and with what resources. In addition, these operational plans align with other program plans, such as grant work plans and disease- or issue-specific plans that are required by funders.



THE BALANCED SCORECARD

Recognizing the value of a business-like approach to our planning, we used the Balanced Scorecard model in our strategic planning process. The Balanced Scorecard is a strategic planning and management tool used to visualize organizational and business processes alongside strategic goals. Using this approach, our programmatic activities and business processes must both be represented and “balance” one another, as both are needed for the success of the organization. Each layer from the bottom must be high-functioning in order to drive the layer above it and ultimately achieve the mission of the Division.

Consumer/Constituent

Priority Area 1: Policy Development and Enforcement

- Develop and support policies to protect and promote health
- Enforce public health laws and regulations to protect and promote health

Priority Area 2: Disease and Injury Prevention and Control, and Health Promotion

- Implement evidence-based health promotion and prevention programs
- Promote health by providing information and education to help people make healthy choices

Priority Area 3: Health Services, Particularly Clinical Preventive Services

- Improve delivery of clinical preventive services
- Increase use of appropriate health services, particularly by underserved and at-risk populations

Internal Processes and Capacity Building

Priority Area 6: Internal Operations and Financial Systems

- Implement effective internal management and service delivery processes

Priority Area 5: Public Health System Capacity

- Provide leadership to strengthen the public health system
- Lead by engaging the community and partners to identify and solve health problems
- Strengthen public health practice to improve population-based services

Priority Area 4: Assessment and Surveillance

- Monitor health status, health-related behaviors, disease burdens, and environmental health concerns

Governance/Legislature

