

# Department of Public Health and Human Services

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Steve Bullock, Governor

Richard H. Opper, Director

## Public Health System Improvement Task Force Minutes

April 27, 2016

10:00 a.m. – 3:00 p.m.

### Task Force Attendees:

- **Todd Harwell** (DPHHS, PHSD ) – Co-Chair
- **Lora Wier** (MPHA Representative) – Co-Chair
- **Craig Molgaard** (University of Montana — Montana University System Representative)
- **Janet Runnion** (Rocky Boy’s Health Board — Tribal Health Department Representative)
- **Kathy Moore** (Lewis and Clark Public Health — MEHA)
- **Kristi Aklestad** (Toole County Health Department — Small County Representative)
- **Melanie Reynolds** (Lewis and Clark Public Health — Large County Representative)

### DPHHS Attendees:

- **Jim DeTienne** (Emergency Medical Services and Trauma Section, PHSD)
- **Kerry Pride** (System Improvement Office, PHSD)
- **Kimberly Koch** (Men’s and Women’s Health Program, PHSD)
- **Sarah Brokaw** (Montana Diabetes Program, PHSD)
- **Terry Ray** (System Improvement Office, PHSD)
- **Tia Hunter** (System Improvement Office, PHSD)

### Excused Task Force Members:

- **Bonnie Lovelace** (DEQ — Ad Hoc Member)
- **Heather Jurvakainen** (Park County Public Health Department – Medium County Representative)
- **Jean Curtiss** (County Commissioner — MACo/Local Boards of Health Representative)
- **Joe Russell** (Flathead City-County Health Department — AMPHO Representative)

## Review of Previous Meeting Minutes

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- No comments on previous minutes.

## Announcements

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- Todd Harwell provided some legislative updates. The Montana Medical Association (MMA) is interested in a bill to raise the minimum legal age to purchase tobacco products to 21 years old.
- The Director's office and other organizations, including MACo and MMA, are supporting an immunization registration bill.
- There will most likely be a raw milk bill.
- Todd Harwell spoke about a funding opportunity from the Centers for Disease Control and Prevention (CDC) and Substance Abuse and Mental Health Services Administration (SAMHSA) for opiate use and abuse. DPHHS applied for a grant to gather partners, enhance surveillance, and implement some interventions. This grant could prepare DPHHS for future funding opportunities. The Public Health System Improvement Task Force may be tapped for partners.
- Terry Ray announced the new Frontier County representative on the Task Force Kim Cuppy.
- The MCHBG 2017 Application and 2015 Annual Report is due on July 15th. PHSITF members will receive a copy of these two documents and any comments/feedback should be sent to Blair Lund, blund@mt.gov.

## Preventive Health and Health Services Block Grant (PHHS)

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- Kerry Pride, Public Health System Support Unit supervisor, presented on public health system support. Block grant funding will be used to continue work on CHAs, CHIPs, and strategic plans. In addition, funding will be for the development of QI and workforce development plans. In addition, funding will be for the development of QI and workforce development plans. Many of the health departments see the planning and procedures development funded through the grants as a way to begin the PHAB accreditation process.
- Kerry mentioned work with the Rocky Mountain Public Health Training Institute and the use of the Echo Community software to augment technical assistance activities.
- Janet Runnion asked about tribes receiving the grants. Kerry mentioned that Northern Cheyenne, Blackfeet, and Fort Peck are involved in grant funded activities.
- Terry Ray provided an update on the IBIS- Health Data system and noted that the system has not been fielded yet. It is in partial testing at the moment.
- Todd Harwell explained some of the functionality that is being tested. The system is expected to be fielded in the near future, after a few delays.
- Jim DeTienne, Emergency Medical Services (EMS) and Trauma section supervisor, presented on poison control and emergency medical services. Montana contracts with Rocky Mountain Poison Control. The 24 hour, toll-free, poison control hotline goes to Rocky Mountain Poison Control in Denver, Colorado. There were about 13,500 calls last year. 70% of the calls were handled at home. The calls cost approximately \$13.50 per call. About \$700.00 is saved each time a caller does not go to the emergency room, which saves about 13 million dollars.
- Jim DeTienne, Emergency Medical Services (EMS) and Trauma section supervisor, presented on emergency medical services (EMS). Funding will be used for data collection and education and training. Specifically, funding will be used to hold four quarterly meetings of the Emergency Care Council. Funding will also be used to implement the Emergency Medical Services and Trauma Systems section's new online pre-hospital information system and develop a new EMS system to collect timely and valid data. The data can be used to implement performance improvement strategies. Additionally, the EMS workforce may be brought up at the legislature. If EMS workforce comes up, it would be beneficial to have data to present.  
EMS can help with health care access too. Paramedicine would help fill gaps in rural communities. The gaps are generally the elderly and others who have fewer resources or no insurance. Paramedicine can also help prevent the

overuse of ambulances. Community health needs assessments can help find gaps in communities. Paramedicine is not meant to replace nurses, but enhance the workforce. The new data system will be able to get better data. It will answer questions about who is reporting to calls, when are they reporting, and why are they responding.

Jim DeTienne also spoke about the Helmsley grant. The grant was awarded to the State a couple of years ago and it has funded three EMS projects. The projects include the following: the Mission Lifeline project, a project to improve STEMI enhanced ECG transmission capabilities in ambulances, the Cardiac Ready Communities project, a project that purchases and distributes automatic compression device, and the MobileSim Montana program, a program that purchases mobile simulation training trucks and high definition simulation manikins for training.

- Sarah Brokaw, Montana Diabetes Program Manager, presented on diabetes prevention. The program is focused on pre-diabetes, which are people at risk for type-2 diabetes. There are two sites funded by the block grant. One is a local health department and the other is a hospital partnering with the YMCA. The program is a lifestyle intervention and lifestyle coaches work with participants to make healthy lifestyle changes. Participants to weekly classes for the first sixteen weeks and then monthly classes for the next six months. The participants learn about healthy eating and physical activity. They track what they eat and work to have 150 minutes of physical activity per week. Participants also learn coping skills and stress management. There is a 7% weight loss goal. Participants work to lose the weight in the first half of the class and then maintain the weight loss in the second half of the class. The sites have a goal of recruiting 40 participants per fiscal year per site. Attrition is still a challenge.

The Montana Diabetes Prevention Program (DPP) provides technical assistance, monthly conference calls, and two face-to-face meetings with the lifestyle coaches. The October meeting was about motivational interviewing skills. The May meeting will continue to train on motivational interviewing skills and provide training on curriculum and data updates. DPP also provides annual site visits. DPP tracks monthly data and gives quality feedback to the sites. There will be a web-based data system in the fall to improve data collection. DPP is working on improving marketing and materials, including brochures, TV ads, radio ads, and flyers to increase referrals. There is also outreach to providers to increase participation. In 2012, Medicaid started reimbursing for the pre-diabetes program. Medicaid can also help with transportation issues. Some employers' insurance will cover the program and some employers promote the program for employees.

The Montana Diabetes Prevention Program has used data collected to create two posters to be presented at the American Diabetes Association. Montana is also providing technical assistance to other states.

- Kim Koch gave an update on the Rape Prevention Education Program (RPE). As of February 1st, the Women's and Men's Health Section took over RPE. RPE is mainly funded by the CDC and it is a requirement in the block grant funding. There are five campuses that participate in the program. The program works on primary prevention of sexual assault. The RPE facilitates standard training on Title IX, prevention of sexual assault, and policy development. The funds target specific areas on college campuses to enhance primary prevention strategies. The funding is also used to provide travel to national conferences for additional training. The program has also worked with the Office of the Commissioner of Higher Education to provide HAVEN training to staff and students.
- Terry Ray presented on the Workforce Development. This funding is about one-third of the block grant. Funding will be used for the Certificate of Public Health. This certificate will be provided by the University of Montana. Students will be able to choose to earn college credits for the certificate. The credits can be used for students who want to continue on to earning a MPH. Courses will be selected with input from the task force. There will be funding for about 20 people. There will need to be some type of co-pay from the health departments. Funding is also used for the Summer Institute Wednesday Symposium. The funding pays for the speaker and materials. The funding also allows for people to attend national conferences from the State, local or Tribal health departments.
- The Quality Improvement (QI) training funding is at a professional level and is mostly for State employees. The Rocky Mountain Training Center is going to provide an ECHO learning community on QI in the fall. This training is going to be for local and Tribal health department employees.
- Todd Harwell, Public Health and Safety Division Administrator, spoke about the built environment. County governments and health departments are working to make accessible communities and create policies to promote

physical activities. Funding is used to pay for a Built Environment Consultant, Cathy Costakis, who provides one-on-one technical assistance and training for counties. Cathy covers the entire state. Funding also supports an annual statewide conference, Action Institute 2.0, for both current sites and new sites. The program is adding new communities. There are sixteen communities tracking smart growth. Ten local government employees were able to attend the conference. The program is open to any community and there needs to be more promotion of the program.

## Preventive Health and Health Services Block Grant (PHHS) Discussion

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- How long has the poison control hotline been funded with block grant money?
  - The hotline has been funded with block grant money for a long time. There have been several attempts to get the legislature to fund the hotline. Two sessions ago there was a proposal to get the legislature to approve contingency funding for the hotline if the block grant funding was cut.
- The poison control hotline helps the hospitals. The hospitals don't need to hire a full time toxicologist.
- Someone needs to fund the hotline, but it would be nice if the funding didn't come from the block grant.
- Is the paramedicine veterans' ballot initiative funded by the block grant?
  - The initiative is not funded by the block grant. It is a form of paramedicine, but the veterans' initiative model goes beyond paramedicine presented in the block grant proposal.
- One concern is that paramedicine will not address all the gaps. There is also a need for case management.
  - There can be a team approach. For example in a community in Colorado, nurses and paramedics sit down together and decide who will care for which patients.
  - In Havre, MT most EMS personnel are through the fire department. There is a small group looking at placing nurses on ambulances because of the cost of helicopter transport.
- Is the \$100,000 for diabetes prevention only for two sites?
  - The State funds other diabetes prevention sites with the Master Tobacco funding. The block grant funds two more sites. There were originally six successful applicants for diabetes prevention sites. The State could only fund four of the sites and the other two sites were funded by the block grant.
- Does the Montana Diabetes Prevention Program communicate with the Tribes?
  - The program interacts with the Tribal diabetes educators and management. The program is working to continue to build the relationship. In 2010, there was training for all the Tribal health departments. The program also provides resources to Rocky Boy's, Fort Belknap, and the Missoula Urban Indian Health Center.
- Will there be any more diabetes prevention sites be opened?
  - An RFP was released last summer. The program was prepared to fund three more sites. 5-10 sites expressed interest, but only one applied. The one site was funded. Two other sites are interested in telehealth. There are funds to reach out to eight rural and frontier sites with telehealth in 2016.
  - The program will work to make sure that all lead locals know about the opportunity to become a site in the future.
- In the internal operations and workforce development funding it states there is funding for training opportunities at national conferences. National trainings (National Association of City and County Health Officials, National Network of Public Health Institutes, American Public Health Association) are great, but they are very expensive. Who would be going to them?
  - Funding was used to send two locals to the National Network of Public Health Institutes conference last year. It can be difficult to for locals to attend conferences, because it can be hard for them to take time away from their job. There were five spots available for locals last year, but only two applied. The Office

of System Improvement will work on advertising the spots. The Office of System Improvement would also like feedback on which conferences would be the most beneficial to locals. The funding also allows Office of System Improvement employees to attend training events.

- Could people with Masters' degrees take a few courses in the certificate of public health program, but not actually get certificate?
  - The Office of System Improvement has a meeting with the University of Montana on Friday and will ask about that.
- It would be a good idea to rotate the University of Montana Public Health Certificate and the Management Certificate.
- There is a need for psychiatrists and other mental health providers as we move forward with integrated health. Integration of behavioral health should be reflected in the state plan going forward.
  - Mental health is coming up as a top priority in the community health assessments and community health improvement plans around the state. There will be an EPP request to ask for the state to match federal funding for a Health Resources and Services Administration (HRSA) grant. The funding can be used to pay for psychiatrists, mental health counselors, and primary physicians in designated health areas.
- It would be good to see a map of the counties participating in the built environment program. There would probably be few rural and frontier counties participating. There are great disparities in small communities and funding can be hard to obtain when it is hard to show data.

## **Public Comment**

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- The co-chair made an announcement for public comment and opened the public hearing. There was no public comment. No members of the public attended the hearing.

## **Preventive Health and Health Services Block Grant (PHHS) Approval**

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- The Public Health System Improvement Task Force recommended approval of the Public Health and Health Services Block Grant work plan.

## **The Montana Local and Tribal Public Health Workforce: Assessment and Recommendations**

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- Kristi Aklestad presented on the Montana Local and Tribal Public Health Workforce Assessment.
- The 47 question survey was distributed March-April 2016. 206 surveys were returned. The returned surveys represented all the regions and jurisdictions in Montana. Eight returned surveys were from Tribes. Seven interviews were also conducted in March-April 2016.
- The survey focused on public health competencies, job satisfaction, and other job related factors. It was a hybrid survey that took questions from both the Public Health Workforce Interest and Needs Survey and Hawaii's Public Health Training Hui.
- Higher levels of education are associated with higher levels of competency. 46% of the workforce reported a 4 year degree. Less than half of the participants responded to the question about formal public health education. Of the 89 people who responded: 43% reported a certificate. In regard to public health training, 83% reported on the job training, including mentoring or orientation, and 73% reported continuing education in the form of webinars and conferences.
- The survey looked at years in public health. The mean number of years in current position is near the same as the mean number of years in current agency. This potentially indicates that there is not a lot of movement within public health practice at the local level. While there are differences in the lengths of time the workforce has been in public health, with their current agency, and in their current position – there are not large differences.
- In looking at the salary of the public health workforce, the difference that stood out the most was the in salary differences between males and females. Salary pay tends to be higher for males than females. One of the limitations of the survey is that there were significantly fewer males who responded to the survey – and are potentially in the public health workforce – than females. This makes it harder to draw conclusions from these numbers.

- The survey also examined job satisfaction. It appears that the public health workforce is reasonably satisfied with their job and organization, closer to neither satisfied nor dissatisfied with job security. The workforce is the least satisfied with pay. When Kristi broke up job satisfaction by level of education, she found that, of the groups, those with a 4 year degree were most satisfied with their job and organization, those with a master's degree were most satisfied with their pay, and job security. Of the groups, those with a 2 year degree were least satisfied in all categories. 36% of the workforce believes that their workload is somewhat reasonable.
- Three percent of the public health workforce indicated that they plan to retire in the next year, 8% in the next one to three years, and 16% in three to five years. In all, twenty-seven percent of the workforce indicated that they intend to retire in the next five years. 21% intend to leave in the next year, 6% of those for retirement – 15% for other reasons. 15% plan to leave public health in the next year. This becomes more significant in light of 27% planning to retire in the next 5 years. Not only will we lose 27% in the next 5 years for retirement, we will likely lose another 15% due to attrition. This costs the public health system in experience and training.
- The competencies assessed included the following: health communication, community dimensions of practice, cultural competency, policy development, public health services, analysis and assessment, financial, and leadership. The most competent competency domains were health communication, community dimensions of practice, and leadership. The least competent competency domains were financial, policy development, and analysis and assessment. The lead local health officials rated all domains higher than other respondents.
- The most desired domains for continued education were policy development, health communication, financial, and leadership. Though all domains were fairly similar. There were specific topics within these domains that were the most popular. This topic also varied based on side of jurisdiction. Frontier counties overall had the lowest desire for education, large counties the next lowest, and small and medium rated their interest in trainings higher, with medium counties rating their desire the greatest. The number one desire for small and frontier was health communication, the top desire for medium counties was financial, and the top desire for large counties was policy development.
- In looking at competencies, it was most interesting to compare between sizes of jurisdiction. One qualitative interview noted that they felt there may be disparities between sizes of jurisdictions in training and education of employees as well as competency levels. In all competencies, it can be seen that the Frontier size counties self-rated the lowest, large counties self-rated that highest, and small and medium were fairly well matched.
- Large counties had a higher percent of workforce with a Master's degree, followed by medium counties, small counties, frontier counties, and Tribal jurisdictions. It is more difficult to attract high educated employees to rural areas.
- Montana public health nurses are the single largest group that makes up public health workforce. 25% of the survey respondents were public health nurses. 51% of the public health nurses are educated at the bachelor's level, 49% are educated at an associate's degree level or are LPNs. In 2011, Royer performed a survey in 10 states and found that in those 10 states; only 31% of the nurses were educated at less than a bachelor's degree. Large counties are more likely to offer a public health orientation. In the interviews, people stated that some on-boarding would be helpful. 17% of PHNs are planning to leave their jobs in the next year. 13% plan to leave public health.
- Qualitative interview themes included the following: communication, collaboration, difficulty recruiting and retaining an educated workforce, compensation, funding, and training. The interviewees listed communication as a strength, but then came back and said that it was an area that needed work as well. Some of the statements were "local public health is not just another contractor with the state health department, we are part of a system and we need to work together better, communication should be two way, a dialogue. If we communicated more often, it may become more of a two-way dialogue." Interviewees listed collaboration as a strength of our local public health system, and stated that we work well together and share what works. There is a low sense of proprietorship. Interviewees said that it is difficult to recruit and retain an educated workforce – we do not have a lot of resources. We also do not have a system that promotes a culture of learning. We are dependent on an intrinsic desire to do better rather than a system that rewards or incentivizes competency. Pay is a major issue, specifically for public health nurses. Compensation – again, a major issue that is locally controlled. This creates some disparities in pay as well. Funding – some of our funding sources from DPHHS barely pay enough to hire staff, this adds to the compensation issue. Training – we love the opportunities that we get, we are appreciative of MPHA's conference every year and other opportunities like Summer Institute. However, it is not systematic – we also have little choice in what is offered. None of the training is linked to competencies – many of the interviewees stated that it would make sense to link all training to specific competencies. It would help us know

what to expect and what we are getting, and it would help LLHOs know when they should send staff. Also, a lot of it does not appeal to those with higher educations – we need to feed and grow everyone.

- Recommendations include the following: offer public health orientation for new employees with special components for LLHOs and Public Health Nurses, develop a tiered curriculum with specific education that professionals can take from a distance and in person to increase competency level, partner with MACo, MPHA, and AMPHO to create a tiered career ladder based on experience, education, and continued competency education that would influence compensation, work with MPHA to link competencies to education provided at annual conference, work with DPHHS programs to link competencies to mandatory trainings and meetings, and work with MACo to increase the understanding of qualifications desired when hiring Public Health Nurses and other public health employees.
- Kristi will focus on one recommendation in the next year.

### **Montana Local and Tribal Public Health Workforce Discussion**

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- The Office of System Improvement is working to develop a training plan for competencies. The task force will be used to review the training plan.
- It is important that training leads to something or that it moves someone forward.
- At the MPHA conference, the number one reason that people attend is networking.
  - Training is also needed at conferences. This assessment can be used to identify areas of interest for training.
- There should be links to MACo. MACo could be used to help navigate salary issues with county commissioners.
  - There is not really anyone else who could work on this issue. The Public Health and Safety Division can help affect change, but cannot create change.
  - It is difficult because tax bases are different in different areas.
  - It is also difficult because county commissioners may not see the value of public health.
- What about unionizing?
  - It may help to take another look at unionizing.
  - Unionizing may not make much of a difference.
  - Would it be a statewide union?

### **University of Montana (UM) Professional Development Program Discussion**

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- The certification program is 12 credits. There are four core classes or three core classes and one elective. The credits can be transferred to the MPH program.
- The four core classes are negotiated with each student. They select classes based on their interests. The faculty will help students select classes.
- There would be one class per semester. It would be two fall semesters, a spring semester, and a summer semester. April 30<sup>th</sup> is the fall deadline, and September 30<sup>th</sup> is the spring deadline.
- Is a GRE needed to take the certificate?
  - No the MPH program does not require a GRE score.
- Would the students go through as a cohort or separately?
  - Students wouldn't have to take the same classes, but they would go through the program together.
  - The students could be in a group for a year and then select individual classes.
- How does the curriculum evaluate, coordinate, and develop related to the needs in the field.
  - There are five standing committees. If there is an idea for a new class it is passed along to the correct committee to see if it is feasible. The program committee will then pass the idea along to the chair. UM coordinates around workforce development. UM needs to know what you would like to see.
- Workforce development data and survey data should be shared with UM. Coordination needs to happen to make things run smoothly. A local workforce development workgroup needs to work on it.
- There is a need to coordinate workforce development at a state level.
- The State needs to work with universities to assess training needs etc.
- The State should establish an MOU with UM for students to do practicums at the State. State employees should teach parts of the classes at UM.
- Montana State University has a community health program that puts students in non-profits and health departments. Carroll College also has programs.



## Montana Public Health Association (MPHA) Updates

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- The Montana Public Health Association will be holding their Annual Meeting and Conference in Billings on September 27 – 28 at the Crowne Plaza. MEHA will be participating again this year. The theme of the conference is “The Power of Story”
- MPHA recently surveyed their members regarding their level of engagement in policy and advocacy work. This information will be used to develop an agenda at the annual conference to meet the needs of the members determined by the results of the survey.
- A private MPHA Facebook page is being developed to enhance communication amongst the MPHA members.

## Follow-up Items

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1. PHSD will provide a map of the communities participating in the built environment program to task force members.
2. Todd Harwell will send out some information about strategies and successes to increase pay to help reduce high turnover.
3. Terry Ray will send out the list of UM Certificate of Public Health courses.
4. The Office of System Improvement will provide updates from the meeting with the University of Montana about the Public Health Certificate.

**The next meeting will be a conference call on June 22, 2016.**