

**Environmental Public Health Tracking Workshop
October 13-15, 2004 San Francisco, California**

Poster Abstract

Submitted by Corresponding Author:

Christine Deveny, B.S. Environmental Health Microbiology, Registered Sanitarian
Environmental Public Health Consultant, Private Practice
626 2nd Street, Helena, Montana 59601
cdeveny@onewest.net
406-443-3462 (phone)

Applicable Poster Session Topic Area:

Stakeholders & Collaborations (Local and Broader Level)

- Involvement of advocates and community partners
- Training needs of diverse audiences

Title: Involving Tribal and County Public Health Partners in
Environmental Public Health Tracking in Montana

Keyword(s):

Advisory Groups, Assessment Methodology, Assessment Teams, Community
Environmental Health Assessment, Community Outreach, County and Tribal Health
Departments, Environmental Health Concerns, Health Boards, Local Capacity, Montana,
Prioritization Criteria, Training/Technical Assistance.

Background:

The Montana Environmental Public Health Tracking Project (EPHT) obtained local input into their state-wide environmental health (EH) concerns assessment using a variety of approaches. One approach included funding County and Tribal Health Departments to conduct local assessments that identified priority EH concerns within their jurisdictions.

Objective(s):

Obtain local input through County and Tribal Health Departments for identifying priority EH concerns in Montana.

Build county/tribal support for integrating public health and environmental data.

Raise awareness about how environmental factors influence community health.

Provide training/technical assistance to improve local capacity for assessment and tracking work.

Method(s):

EPHT contracted with Health Departments from nine counties and two American Indian Reservations for Community Environmental Health Assessments. Health Boards or Assessment Teams served as local Advisory Groups. EPHT provided training/technical assistance to improve local skills and capacity. The contractors implemented assessment methodologies that they thought would best obtain EH concern information from their population. Results were organized and concerns ranked. Advisory Groups set prioritization criteria and objectively selected their top concerns for local action.

Result(s):

The contractors obtained community input through various assessment methodologies and generated a list of local EH concerns. The Advisory Groups helped prioritize the top concerns for local action. Final reports were submitted to EPHT. The 11 contracted jurisdictions covered 50.6% of Montana's population and 51.5 % of Montana's American Indians.

Conclusion(s):

Involving Tribal and County partners with Montana's EPHT provided deep community input, increased local support for integrating public health and environmental data, increased awareness about EH issues, allowed local Health Departments to be proactive, and increased local-level assessment skills and capacity. EPHT plans to provide follow-up support to sites to help them identify resources to address identified concerns.

Evaluation:

Each contractor documented their assessment process, findings, and recommended actions in a report. A project-wide Process Evaluation was also conducted.