

**Vital Signs:
Assessing Montana's State Public Health System with the National
Public Health Performance Standards
September 2-3, 2003, Helena, Montana**

Assessment Report

**Montana Department of Public Health and Human Services
February 2004**

Table of Contents

Executive Summary	1
Background	5
Methods	5
Results	6
Discussion	18
Next Steps	19
Acknowledgements	19
Appendices	
A. Record of Participants and Participant Discussions for each Essential Public Health Service	
B. Assessment Meeting Agenda	
C. Centers for Disease Control & Prevention Summary Report of Montana Results	

EXECUTIVE SUMMARY

On September 2-3, 2003, the Montana Department of Public Health and Human Services coordinated an assessment of the state-level public health system's performance of the ten essential public health services (below) using the National Public Health Performance Standards. Public health professionals and a wide array of system partners representing public and private organizations that actively participate in and contribute to Montana's state public health system (SPHS) assisted in completing the assessment instrument.

Public Health In America

Vision: Healthy People in Healthy Communities

Mission: Promote Physical and Mental Health and Prevent Disease, Injury, and Disability

Public Health:

- Prevents epidemics and the spread of disease.
- Protects against environmental hazards.
- Prevents injuries.
- Promotes and encourages healthy behaviors.
- Responds to disasters and assists communities in recovery.
- Assures the quality and accessibility of health services.

Essential Public Health Services:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Adopted: Fall 1994, Source: Public Health Functions Steering Committee Members (July 1995)

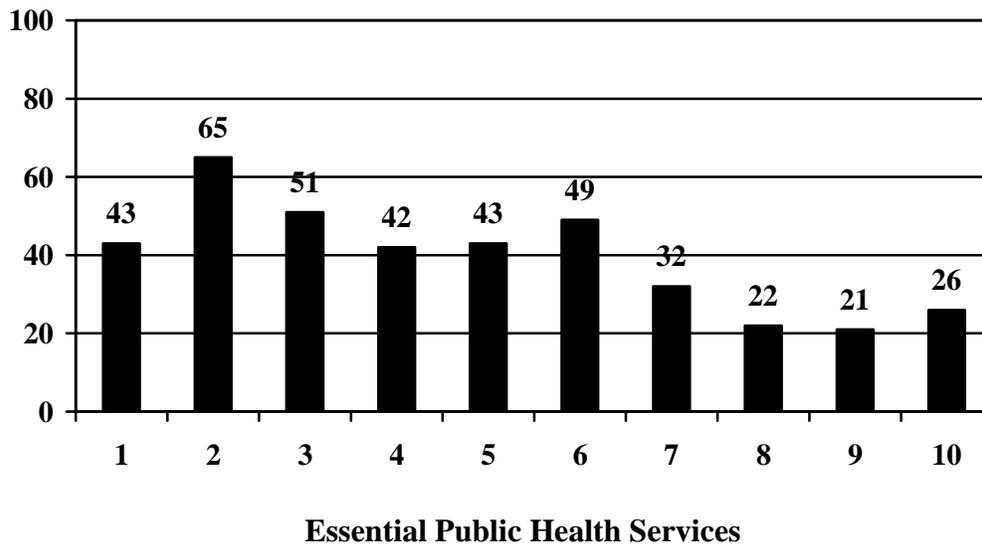
As reflected in Figure 1, Montana’s SPHS scored highest for performance of:

- EPHS 2, diagnose and investigate health problems and hazards
- EPHS 3, inform, educate and empower people about health issues
- EPHS 6, enforce laws and regulations that protect health and ensure safety.

Montana’s SPHS scored lowest for its performance of:

- EPHS 9, evaluate effectiveness, accessibility and quality of personal and population-based health services
- EPHS 8, assure a competent public and personal health care workforce
- EPHS 10, research for new insights and innovative solutions to health problems.

Figure 1. Summary Scores for the Essential Public Health Services, Montana State Public Health System, 2003



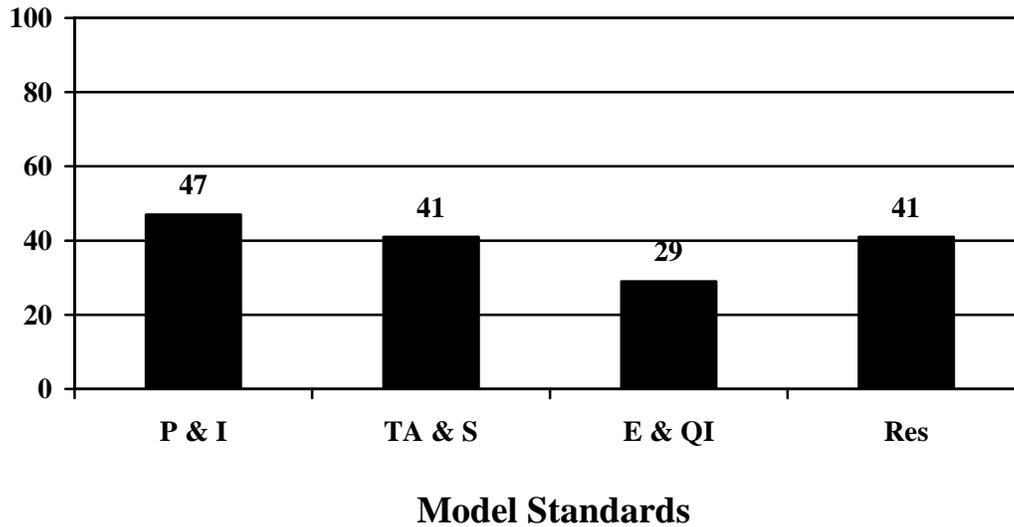
The SPHS Performance Assessment Tool includes four model standards for each essential service. As reflected in below in Table 1, Montana’s SPHS is meeting 30 of 40 model standards to some extent, although only one standard was considered “fully met” and two “substantially met,” according to Centers for Disease Control and Prevention’s (CDC) scoring criteria. The SPHS is not meeting 10 of the 40 model standards provided in the assessment.

Table 1. Performance of the 40 Model State Public Health Standards, Montana State Public Health System, 2003

Extent met	Number of standards
Fully met	1
Substantially met	2
Partially met	27
Not met	10
Fully Met ≥ 80; Substantially Met 61-79; Partially Met 26-59; Not Met ≤ 25 of 100 total points	

The model standards for each essential service relate to: 1) planning and implementation (P & I), 2) technical assistance and support (TA & S), 3) evaluation and quality improvement (E & QI), and 4) resources (Res). Across the essential services, performance scores were highest for the model standards related to planning and implementation and lowest for those related to evaluation and quality improvement.

Figure 2. Average Performance Scores by Model Public Health Standard Across Essential Services, Montana State Public Health System, 2003



Assessment participants also analyzed the system’s strengths and weaknesses and made recommendations for improving the capacity and performance of the system (See pages 8-17 and Appendix A). Key participant recommendations included:

- securing funding for essential public health services
- engaging in system-wide strategic planning and policy development
- developing a comprehensive workforce development system
- engaging in public information and awareness efforts to increase the visibility of public health.

Next Steps

Montana is the first state to complete an assessment of its state public health system using the final version of National Standards instrument, although five states field-tested an earlier version. While health care and other arenas have operated with standards of performance for years, the National Public Health Performance Standards were recently released nationally. The system standards are set high to provide a benchmark to which systems can strive to achieve.

Results of the assessment indicate that Montana has a basic public health infrastructure that is attempting to address the essential public health services, however, there exist significant opportunities to improve performance of the essential services by Montana’s state-level public health system.

The next steps in this process are perhaps, the most important – initiating quality improvement activities. Participants must reconvene and use these results to generate specific recommendations, strategies and action steps for improving the delivery of each essential public health service by Montana’s SPHS. Meanwhile, Montana’s public health system partners can celebrate this assessment as a positive step toward strategic planning and state health improvement activities!

BACKGROUND

In 2000, Montana's Public Health Improvement Task Force completed *A Strategic Plan for Public Health System Improvement*. The plan calls for development of a system of public health performance standards based on the core functions – assessment, policy development, assurance - and essential public health services. A comparison of the state's public health system with the appropriate national standards was also specified. Toward these goals, on September 2-3, 2003 the Montana Department of Public Health and Human Services coordinated an assessment of the state-level public health system's capacities and its performance of the core functions and 10 essential public health services using the National Public Health Performance Standards.

These standards were developed by the American Public Health Association, Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health, Public Health Foundation, and Centers for Disease Control and Prevention using an extensive peer review and field-testing process. They are based on the following concepts:

- The standards are designed around the Ten Essential Public Health Services, which represent the foundation of any public health action and describe the full range of public health responsibilities.
- The standards focus on the overall public health system, rather than a single organization. A state public health system (SPHS) is defined as the state public health agency, such as the DPHHS, working in partnership with other state government agencies, private enterprises, and voluntary organizations that operate statewide to provide services essential to the health of the public.
- The standards describe an optimal level of performance, rather than provide minimum expectations.
- The standards are intended to support a process of quality improvement.

Seventy-five (75) public health system partners from a diverse mix of public and private agencies and organizations throughout Montana assisted in completing the assessment instrument. Agencies and organizations represented included state and local public health agency personnel, voluntary health organizations, public health and county government associations, health care professionals, health care provider associations, Indian Health Service, tribal representatives, Montana's university system and a number of state government agencies. Participants also discussed the system's strengths and weaknesses and made recommendations for improving the capacity and performance of Montana's state-level public health system.

METHODS

The state assessment was undertaken to:

1. Compile information to describe the strengths and weaknesses of Montana's state-level public health system in terms of the 10 essential public health services.
2. Develop recommendations, strategies and action steps to improve the system.

The planning team, consisting of national, state and local public health professionals, discussed the optimal means of assessing Montana public health system's performance. The team selected and invited the participants, and choose a two-day meeting format that included plenary sessions on the purpose and logistics of the assessment, other state efforts to improve public health systems, state-of-the-art practices in performance measurement and management, viewpoints on the future of public health, summaries highlighting group discussions, and a discussion of how the data would be used in shaping policy and programs.

The National Public Health Performance Standards Program, State Public Health Performance Assessment tool includes four model standards for each essential service. These standards describe the following areas: 1) planning and implementation, 2) technical assistance and support, 3) evaluation and quality improvement, and 4) resources. In general, the first three model standards are related to optimal performance of the SPHS,

while the model standards for resources are more related capacities needed for the SPHS to perform at optimal levels. Each model standard is followed by a series of questions designed to identify the elements of the model standards that the SPHS is achieving.

The assessment instrument was completed in break-out sessions by five teams of approximately 15 participants, each addressing two essential public health services. Participants were assigned to groups based on their area of expertise, interest, and diversity. Three hours were allotted to complete the assessment of each essential service. The breakout process began with a group vote on the extent to which the participants perceived the SPHS is providing each essential public health service, using a scale of 0-100%. Group members then worked through the assessment measures with a collective response. The measures elicit information on the extent to which particular capacities are in place or activities are being performed. The four response options are: 1) 76-100%, 2) 51-75%, 3) 26-50%, and 4) 0-24%. Summary questions at the end of each section ask: 1) what proportion of the model standard is achieved by the SPHS collectively and 2) what proportion is a direct contribution of the state public health agency.

After proceeding through voting on the questions related to each essential service, the group was asked to discuss SPHS' strengths and weaknesses and provide recommendations to improve its performance relative to the particular essential public health service. Each group collectively consolidated their ideas, voted on priority issues, and summarized their findings.

The DPHHS calculated the median collective response to each of the 882 assessment questions. These data were then provided electronically to CDC. The CDC completed an analysis of the data and provided summary performance scores for each essential services, model standard and key activity areas related to each model standard.

The CDC report is attached in Appendix B and data is displayed in a variety of text and graphic formats. Performance scores for each essential service, model standard and key activity areas are on a 100 point scale. For the model standards, CDC has used the following scale for gauging the extent to which they are being met:

- Fully Met \geq 80 points
- Substantially Met = 61-79 points
- Partially Met = 26-59
- Not Met \leq 25 points

There are a number of limitations to these data. These results reflect self-reported data, based on perceptions and differences of knowledge, and based on the viewpoints of only those public health system partners that participated in the assessment. While the planning team attempted to select a representative sample of system participants, the extent to which the group is truly representative of the entire system is not known. Second, the concepts embodied in the core functions and EPHS are complex and difficult to measure precisely. Performance scores are based on processes that are unique and still in development. The assessment methods are not yet fully standardized and survey administration can introduce measurement variations. Results and discussion associated with the reported data are for quality improvement with the overall public health enterprise and performance improvement for public health systems.

RESULTS

Overall results of Montana's assessment with the national public health performance standards are summarized in the Executive Summary. What follows is a summary of results for each essential public health service that includes information from the both the Centers for Disease Control and Prevention's analysis and from participant discussions. The summaries provide:

- 1) a description of the essential public health service;
- 2) a summary performance score and rank for each essential service;

- 3) performance scores for each model standard;
- 4) a list of the activity areas with the highest and lowest performance scores; and
- 5) a summary of assessment participants' discussions.

EPHS #1: Monitor health status to identify health problems:

Assessment of statewide health status and its determinants, including identification of health threats and determination

of health service needs. Attention to the vital statistics and health status of specific groups at higher risk for health threats than the general population. Identification of community assets and resources that support the SPHS in promoting health and improving quality of life. Utilization of technology and other methods to interpret and communicate health information to diverse audiences in different sectors. Collaboration in integrating and managing public health related information systems.

Overall Score for EPHS 1: 43 (of 100 points)
Rank among the 10 EPHS: 4/5th highest (tied with EPHS 5)

Performance Scores by Model Standard for EPHS #1		
Standard	Score (100 possible)	Extent met
1.1 Planning and Implementation - The SPHS measures, analyzes and reports on the health status of the state. The state's health status is monitored through data describing critical indicators of health, illness and health resources that are collected in collaboration with local PH systems and other state partners.	57	Partially Met
1.2 Technical Assistance and Support - The SPHS provides assistance, capacity building and resources to local PH systems and other state partners to monitor health status and to identify health problems.	42	Partially Met
1.3 Evaluation and Quality Improvement - The SPHS reviews its activities to monitor health status and to identify health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.	22	Not Met
1.4 Resources - The SPHS effectively invests, manages and utilizes its human, information, technology and financial resources to monitor health status and to identify health problems in the state.	50	Partially Met
Fully Met \geq 80; Substantially Met 61-79; Partially Met 26-59; Not Met \leq 25 of 100 total points		

Activity area(s) with performance scores \geq 80 points

- Enforce laws and use protocols to protect personal info (90)

Activity area(s) with performance scores \leq 25 points

- Compile and provide data to organizations for surveillance (22)
- Information is used in continuous improvement of data and data systems (0)

Summary of assessment participants' discussion: EPHS #1		
Strengths	Weaknesses	Recommendations
<ul style="list-style-type: none"> • System-wide collaboration • Small, strong workforce • Established surveillance systems 	<ul style="list-style-type: none"> • Insufficient human resources • Public health disconnect • Limited resources 	<ul style="list-style-type: none"> • Strategic planning • Address human resource issues • Market public health

EPHS #2: Diagnose and investigate health problems and health hazards:

Epidemiologic investigation of disease and patterns of infectious and chronic diseases, injuries and other adverse health conditions. Population-based screening, case finding, investigation, and the scientific analysis of health problems. Rapid screening, high volume testing and active infectious disease epidemiology investigations.

Overall Score for EPHS 2: 65 (of 100 points)

Rank among the 10 EPHS: highest

Performance Scores by Model Standard for EPHS #2		
Standard	Score (100 possible)	Extent met
2.1 Planning and Implementation - The SPHS works collaboratively with local PH systems & other partners to identify & respond to PH threats, including infectious disease outbreaks, chronic disease prevalence, incidence of serious injuries, environmental contaminations, the occurrence of natural disasters, risk of exposure to chemical & biological hazards and other threats.	71	Substantially Met
2.2 Technical Assistance and Support – The SPHS provides assistance capacity building and resources to local PH systems and other state partners in their efforts to identify, analyze and respond to PH threats.	85	Fully Met
2.3 Evaluation and Quality Improvement – The SPHS reviews its activities to diagnose & investigate health problems on a predetermined, periodic basis & uses results from its reviews to improve the quality & outcome of its efforts.	41	Partially Met
2.4 Resources – The SPHS effectively invests, manages and utilizes its human, information, technology and financial resources to diagnose and investigate health problems that affect the state.	64	Substantially Met
Fully Met ≥ 80; Substantially Met 61-79; Partially Met 26-59; Not Met ≤ 25 of 100 total points		

Activity area(s) with performance scores ≥ 80 points

- Provide trained on-site personnel to assist communities with investigations (100)
- Use laboratory facilities with capacity to identify diseases required by the state or included in the National Notifiable Disease Surveillance System. (100)
- Collaborate with laboratories with capacity to analyze specimens (91)
- Use in-state laboratories to investigate key diseases and conditions (86)
- Provide laboratory assistance to the local public health systems and state partners (84)
- Provide local public health systems and state partners with information about possible health threats (80)

Activity area(s) with performance scores ≤ 25 points

None

Summary of assessment participants' discussion: EPHS #2		
Strengths	Weaknesses	Recommendations
<ul style="list-style-type: none"> • Strong infrastructure/existing integrated system • Small strong workforce/networks • New resources 	<ul style="list-style-type: none"> • Lack of leadership • Lack of coordination of minimal resources • Competing/unrealistic demands 	<ul style="list-style-type: none"> • Develop strategic planning process to resolve inadequacies in SPHS & capitalize on strengths • Address public perception issues through coordinated PH marketing approach

EPHS #3: Inform, educate, and empower people about health issues:

Health information, health education, and health promotion activities designed to reduce health risk and promote better health. Health communication plans and activities such as media advocacy and social marketing. Accessible health information and educational resources. Health education and promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages.

Overall Score for EPHS 3: 51 (of 100 points)
Rank among the 10 EPHS: 2nd highest

Performance Scores by Model Standard for EPHS #3		
Standard	Score (100 possible)	Extent met
3.1 Planning and Implementation – The SPHS supports its health improvement objectives and responds to PH issues with health communication and health education/promotion initiatives that are based on evidence of effectiveness whenever possible. Culturally and linguistically appropriate initiatives are delivered through multiple media channels to enhance their effectiveness.	57	Partially Met
3.2 Technical Assistance and Support – The SPHS provides assistance, capacity building and resources to local PH systems and other state partners in their efforts to inform, educate and empower people about health issues.	47	Partially Met
3.3 Evaluation and Quality Improvement - The SPHS reviews its activities to inform, educate and empower people about health issues on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.	48	Partially Met
3.4 Resources - The SPHS effectively invests, manages and utilizes its human, information, technology and financial resources to inform, educate and empower people about health issues.	51	Partially Met
Fully Met \geq 80; Substantially Met 61-79; Partially Met 26-59; Not Met \leq 25 of 100 total points		

Activity area(s) with performance scores \geq 80 points

None

Activity area(s) with performance scores \leq 25 points

None

Summary of assessment participants' discussion: EPHS #3		
Strengths	Weaknesses	Recommendations
<ul style="list-style-type: none"> MT PH system integrity, knowledge, commitment Willing collaborative partners Engaged public 	<ul style="list-style-type: none"> Lack of resources (\$, staff) Effective performance management Siloed system 	<ul style="list-style-type: none"> System change through partnerships Develop or communicate a statewide system plan Assure stable funding base for PH

EPHS #4: Mobilize partnerships to identify and solve health problems:

The organization and leadership convenes, facilitates, and collaborates with statewide partners (including those not typically considered to be health-related) to identify public health priorities and create effective solutions to solve state and local health problems. The building of statewide partnerships to collaborate in the performance of public health functions and essential services in an effort to utilize the full range of available human and material resources to improve the state's health status. Assistance to partners and communities to organize and undertake actions to improve the health of the state's communities.

Overall Score for EPHS 4: 42 (of 100 points)

Rank among the 10 EPHS: 5th lowest

Performance Scores by Model Standard for EPHS #4		
Standard	Score (100 possible)	Extent met
4.1 Planning and Implementation – The SPHS conducts a variety of statewide community-building practices to identify and to solve health problems. These practices include community engagement, constituency development and partnership mobilization, which is the most formal and potentially far-reaching of these practices.	54	Partially Met
4.2 Technical Assistance and Support - The SPHS provides local PH systems and other state partners with training and technical assistance for constituency development and partnership facilitation based on current research, effective community mobilization models, and group facilitation processes.	37	Partially Met
4.3 Evaluation and Quality Improvement - The SPHS reviews its activities to mobilize partnerships to identify and solve health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.	37	Partially Met
4.4 Resources - The SPHS effectively invests, manages and utilizes its human, information, technology and financial resources to assure that its mobilization of partnerships meets the needs of the state's population.	39	Partially Met
Fully Met \geq 80; Substantially Met 61-79; Partially Met 26-59; Not Met \leq 25 of 100 total points		

Activity area(s) with performance scores \geq 80 points

None

Activity area(s) with performance scores \leq 25 points

None

Summary of assessment participants' discussion: EPHS #4		
Strengths	Weaknesses	Recommendations
<ul style="list-style-type: none"> • Partnership opportunities • Community engagement • Building blocks 	<ul style="list-style-type: none"> • Trust • Communication • Visioning 	<ul style="list-style-type: none"> • Outreach & communication • Strategic issues • Training • Partnership developments

EPHS #5 Develop policies and plans that support individual and statewide health efforts:

Systemic health planning that relies on appropriate data, develops & tracks measurable health objectives, & establishes strategies and actions to guide community health improvement at the state and local levels. Development of legislation, codes, rules, regulations, ordinances, and other policies to enable performance of the essential public health services, supporting individual, community, and state health efforts. The democratic process of dialogue and debate between groups affected by the proposed health plans and policies is needed prior to adoption of such plans or policies.

Overall Score for EPHS 5: 43 (of 100 points)
Rank among the 10 EPHS: 4/5th highest (tie with EPHS 5)

Performance Scores by Model Standard for EPHS #5		
Standard	Score (100 possible)	Extent met
5.1 Planning and Implementation – The SPHS implements comprehensive health improvement planning and policy development that integrates health status information, public input, analysis of policy options, recommendations for action based on proven interventions, and information for policymakers.	48	Partially Met
5.2 Technical Assistance and Support - The SPHS provides assistance, capacity building and resources to local PH systems and other state partners in their efforts to develop policies and plans that support individual and statewide health efforts.	30	Partially Met
5.3 Evaluation and Quality Improvement - The SPHS reviews its activities to develop policies and plans that support individual and statewide health efforts on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.	39	Partially Met
5.4 Resources - The SPHS effectively invests, manages and utilizes its human, information, technology and financial resources to assure that its health planning and policy practices meet the needs of the state’s population.	55	Partially Met
Fully Met \geq 80; Substantially Met 61-79; Partially Met 26-59; Not Met \leq 25 of 100 total points		

Activity area(s) with performance scores \geq 80 points

None

Activity area(s) with performance scores \leq 25 points

- Provide technical assistance to integrate health issues & strategies into local community development plans (0)

Summary of assessment participants’ discussion: EPHS #5		
Strengths	Weaknesses	Recommendations
<ul style="list-style-type: none"> • Resources: expertise, data, PH prep \$\$, state and fed models, strong constitutional foundation • Systems change • Local governance & services 	<ul style="list-style-type: none"> • Lack of funding for core PH • Lack of legislative support • PH: disconnect between PH & environmental health • No state PH policymaking body 	<ul style="list-style-type: none"> • Core funding for PH • Strategies to close gap between environmental health and PH at all levels • Educate legislature & public on PH • PH policymaking vehicle

EPHS #6 Enforce laws and regulations that protect health and ensure safety:

The review, evaluation, and revision of laws and regulations designed to protect health and safety to assure that they reflect current scientific knowledge and best practices for achieving compliance. Education of persons and entities obligated to obey or to enforce laws and regulations designed to protect health and safety in order to encourage compliance. Enforcement activities in areas of public health concern.

Overall Score for EPHS 6: 49 (of 100 points)

Rank among the 10 EPHS: 3rd highest

Performance Scores by Model Standard for EPHS #6		
Standard	Score (100 possible)	Extent met
6.1 Planning and Implementation - The SPHS assures that their current enforcement activities are based on current PH science and best practice. The SPHS emphasizes collaboration between regulators, enforcers, and those who are obligated to obey laws and regulations and provides education to those who enforce and are affected by the laws and regulations.	51	Partially Met
6.2 Technical Assistance and Support - The SPHS provides assistance, capacity building and resources to local PH systems and other state partners in their efforts to enforce laws and regulations that protect health and ensure safety.	38	Partially Met
6.3 Evaluation and Quality Improvement - The SPHS reviews its activities to enforce laws and regulations that protect health and ensure safety on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.	58	Partially Met
6.4 Resources - The SPHS effectively invests, manages and utilizes its human, information, technology and financial resources to enforce laws and regulations that protect health and ensures safety of the state's population.	49	Partially Met
Fully Met \geq 80; Substantially Met 61-79; Partially Met 26-59; Not Met \leq 25 of 100 total points		

Activity area(s) with performance scores \geq 80 points

None

Activity area(s) with performance scores \leq 25 points

- Provide local governing bodies with assistance to develop ordinances (22)

Summary of assessment participants' discussion: EPHS #6		
Strengths	Weaknesses	Recommendations
<ul style="list-style-type: none"> • Legal & administrative framework • Strong local regulatory & enforcement foundation • Collaboration 	<ul style="list-style-type: none"> • Political environment not conducive to PH enforcement • Lack of funding for core PH • Lack of systemwide TA and training 	<ul style="list-style-type: none"> • Develop a strategy to educate public and policymakers on regulatory aspects of PH • Create a systemwide training and TA program • Funding for core PH

EPHS #7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable:

Assessment of access to and availability of quality personal health care services for the state's population. Assurances that access is available to a coordinated system of quality care that includes outreach services to link populations to preventive and curative care, medical services, case management, enabling social and mental health services, culturally and linguistically appropriate services, and health care quality review programs. Partnership with public, private, and voluntary sectors to provide populations with a coordinated system of health care.

Overall Score for EPHS 7: 32 (of 100 points)
Rank among the 10 EPHS: 4th lowest

Performance Scores by Model Standard for EPHS #7		
Standard	Score (100 possible)	Extent met
7.1 Planning and Implementation - The SPHS assesses the availability of personal health care services for the state population and works collaboratively with statewide partners and local PH systems to help assure that the entire state population has access to quality care.	49	Partially Met
7.2 Technical Assistance and Support - The SPHS provides assistance to local PH systems & state partners in their efforts to identify medically underserved pops & develop innovative approaches to meet health care needs.	42	Partially Met
7.3 Evaluation and Quality Improvement - The SPHS reviews its performance in identifying barriers to health care access and gaps in the availability of personal health care, as well as its ability to assure the state's population receives appropriate and timely health care.	22	Not Met
7.4 Resources - The SPHS effectively invests, manages and utilizes its human, information, technology and financial resources to assure the provision of health care to meet the needs of the state's population.	14	Not Met
Fully Met \geq 80; Substantially Met 61-79; Partially Met 26-59; Not Met \leq 25 of 100 total points		

Activity area(s) with performance scores \geq 80 points

None

Activity area(s) with performance scores \leq 25 points

- Provide technical assistance to safety-net providers (18)
- Share system-wide resources to effectively provide needed personal health care (18)
- Incorporate perspectives of those who experience problems with accessibility & availability of health care (0)
- Entity responsible for monitoring state-wide personal health care delivery (0)
- Use workforce skills in reviewing health care services (0)
- Use a workforce skilled in the analysis of health services (0)
- Provide health care services at the local level when they cannot be satisfactorily delivered by others (0)

Summary of assessment participants' discussion: EPHS #7		
Strengths	Weaknesses	Recommendations
<ul style="list-style-type: none"> • A PH infrastructure exists • Maximize public/federal resources <p>Basic provider system in place (a. we use creative approaches and b. public/private relationships exist.</p>	<ul style="list-style-type: none"> • Lack of funding • Lack of strategic planning • Acceptance of health disparities 	<ul style="list-style-type: none"> • Use standards & assessment to drive PH • Increase PH funding to address disparities • Increase support for screening & prevention (tie \$ to eval)

EPHS #8 Assure a competent public and personal health care workforce:

Education, training, development, and assessment of health professionals, including partners, volunteers, and other lay community health workers, to meet statewide needs for public and personal health services. Efficient processes for credentialing technical and professional health personnel. Adoption of continuous quality improvement and life-long learning programs. Partnerships with professional workforce development programs to assure relevant learning experiences for all participants. Continuing education in management, cultural competence, and leadership.

Overall Score for EPHS 8: 22 (of 100 points)

Rank among the 10 EPHS: 2nd lowest

Performance Scores by Model Standard for EPHS #8		
Standard	Score (100 possible)	Extent met
8.1 Planning and Implementation - The SPHS identifies the PH workforce needs of the state and implements recruitment and retention policies to fill those needs. The SPHS provides training and continuing education to assure that the workforce will effectively deliver the EPHS.	30	Partially Met
8.2 Technical Assistance and Support - The SPHS provides assistance, capacity building and resources to local PH systems and other state partners in their efforts to assure a competent public and personal care workforce.	30	Partially Met
8.3 Evaluation and Quality Improvement - The SPHS reviews its activities to assure a competent public and personal care workforce on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.	9	Not Met
8.4 Resources - The SPHS effectively invests, manages and utilizes its human, information, technology and financial resources	16	Not Met
Fully Met \geq 80; Substantially Met 61-79; Partially Met 26-59; Not Met \leq 25 of 100 total points		

Activity area(s) with performance scores \geq 80 points

None

Activity area(s) with performance scores \leq 25 points

- Use performance appraisal programs to stimulate workforce quality improvement (18)
- Use a system of life-long learning for workforce (17)
- Supportive initiatives that encourage life-long learning (16)
- Assess achievements of workforce development plan (10)
- Review workforce assessment activities (0)
- Share system-wide resources to conduct workforce activities (0)
- Use programs to develop cultural competencies among statewide and personal workforce (0)
- Invest in statewide recruitment and retention of qualified health professionals (0)

Summary of assessment participants' discussion: EPHS #8		
Strengths	Weaknesses	Recommendations
<ul style="list-style-type: none"> • Good technology infrastructure on which to build ed content • Workforce development programs are available • Core system for continuing education for PH is emerging 	<ul style="list-style-type: none"> • What system? • Lack of support by policymakers • Limited resources for workforce and workforce education • Lack of resources or agency direction to develop educational programs 	<ul style="list-style-type: none"> • Develop a SPHS workforce system • Use a meaningful evaluation for personal & org improvement • Use a variety of methods to provide quality life-long learning

EPHS #9 Evaluate effectiveness, accessibility, and quality of personal and

population-based health services:

Evaluation and critical review of health programs, based on an analysis of health status and service utilization data are conducted to determine program effectiveness and to provide information necessary for allocating resources and reshaping programs for improved efficiency, effectiveness, and quality. Assessment of quality improvement in the state public health system's performance and capacity.

Overall Score for EPHS 9: 21 (of 100 points)

Rank among the 10 EPHS: lowest

Performance Scores by Model Standard for EPHS #9		
Standard	Score (100 possible)	Extent met
9.1 Planning and Implementation – The SPHS plans and implements evaluation processes to identify strengths and weaknesses and to improve the effectiveness of population-based and personal health services within the state. The SPHS assures that the state's communities are served by appropriate and timely personal and population-based services.	36	Partially Met
9.2 Technical Assistance and Support - The SPHS provides assistance, capacity building and resources to local PH systems and other state partners in their efforts to evaluate effectiveness, accessibility, and quality of population-based and personal health services.	16	Not Met
9.3 Evaluation and Quality Improvement - The SPHS reviews its activities to evaluate the effectiveness, accessibility and quality of population-based and personal health services on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.	11	Not Met
9.4 Resources - The SPHS effectively invests, manages & utilizes its human, information, technology & financial resources to evaluate the effectiveness, accessibility & quality of population-based and personal health services.	23	Not Met
Fully Met \geq 80; Substantially Met 61-79; Partially Met 26-59; Not Met \leq 25 of 100 total points		

Activity area(s) with performance scores \geq 80 points

None

Activity area(s) with performance scores \leq 25 points

- Establish and use standards to assess performance of the state health system (23)
- Provide technical assistance in evaluating performance of the Essential Public Health Services (18)
- Share system-wide resources to effectively conduct evaluation activities (10)
- Offer consultation service and guidance to conduct consumer satisfaction studies (0)
- Share results of performance evaluations with partners for health improvement and strategic planning (0)
- Review evaluation and quality improvement (0)
- Use results of reviews for improvement of evaluation and quality improvement activities (0)
- Manage current evaluation resources and develop new resources (0)

Summary of assessment participants' discussion: EPHS #9		
Strengths	Weaknesses	Recommendations
<ul style="list-style-type: none"> • Workforce • Communications & relationships • Data & technology 	<ul style="list-style-type: none"> • Minimal interdependence or standards • Lack of resources • Lack of public awareness of PH 	<ul style="list-style-type: none"> • Public health education • More resources • Data standardization

EPHS #10 Research for new insights and innovative solutions to health

problems:

A full continuum of research ranging from field-based efforts to foster improvements in public health practice to formal scientific research. Linkage with research institutions and other institutions of higher learning. Internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.

Overall Score for EPHS 10: 26 (of 100 points)

Rank among the 10 EPHS: 3rd lowest

Performance Scores by Model Standard for EPHS #10		
Standard	Score (100 possible)	Extent met
10.1 Planning and Implementation - The SPHS contributes to public health science by identifying and participating in research activities that address new insights in the implementation of the EPHS.	13	Not Met
10.2 Technical Assistance and Support - The SPHS provides assistance, capacity building & resources to local PH systems & state partners in their efforts to research for new insights & innovative solutions to health problems.	40	Partially Met
10.3 Evaluation and Quality Improvement - The SPHS reviews its activities to research for new insights and innovative solutions to health problems on a predetermined, periodic basis and uses results from its reviews to improve the quality and outcome of its efforts.	0	Not Met
10.4 Resources - The SPHS effectively invests, manages & utilizes its human, information, technology & financial resources for the conduct of research to meet the needs of the state's population. The SPHS allocates existing resources to highest needs & plans development of new resources.	49	Partially Met
Fully Met \geq 80; Substantially Met 61-79; Partially Met 26-59; Not Met \leq 25 of 100 total points		

Activity area(s) with performance scores \geq 80 points

None

Activity area(s) with performance scores \leq 25 points

- Have a public health research agenda (3)
- Have statewide communication process for sharing research findings on innovative public health practices (0)
- Review its ability to engage in public health research (0)
- Review its ability to communicate information on research findings (0)
- Review ability to provide technical assistance with application of research findings in the delivery of Essential Services (0)
- Review relevance of research activities (0)
- Use findings from reviews to improve research activities (0)

Summary of assessment participants' discussion: EPHS #10		
Strengths	Weaknesses	Recommendations
<ul style="list-style-type: none"> • Competent workforce • Potential for collaboration • Technical support & database (flexibility) 	<ul style="list-style-type: none"> • Lack of strategic planning & communication (internal & external) • Lack of funding • Lack of public knowledge of public health 	<ul style="list-style-type: none"> • Develop a strategic plan for research • Improve partnerships • Communicate about PH projects & research findings

After completing the actual assessment tool, participants engaged in a discussion about the SPS strengths and weaknesses and offered recommendations for system improvements related to each essential public health service. A full transcript of the flipchart discussion records is included in Appendix A.

Generally, the strengths of the system were viewed by participants to include:

- a culture of collaboration and community engagement among system partners
- a wealth of resources within the system, in particular its competent workforce, technology, data and surveillance systems and recent public health emergency preparedness funding
- a locally-based legal and administrative public health framework, governance and services
- maximization of the use of public/federal resources for public health and medical care
- system improvement efforts underway, including public health training.

System weaknesses as discussed by participants can be summarized as follows:

- fragmentation and lack of formalized linkages among and between state and local public health agencies
- limited system-wide policy development, strategic planning, program evaluation and standard setting
- acceptance of health disparities
- limited understanding by the public and policy makers of the importance of the public health system
- lack of funding for essential public health services
- a weak system for workforce recruitment, development and retention.

Recommendations offered for system improvements most commonly cited include:

- secure funding for essential public health services
- engage in system-wide strategic planning and policy development
- develop a comprehensive workforce development system
- provide public information to increase the visibility of public health

DISCUSSION

A fundamental duty of government is to promote and protect the health of the public. In order to provide this responsibility, the state health agency and its public health partners engaged in this assessment to determine the public health system's adequacy and capacity. While Montana has a basic infrastructure that is attempting to address the essential public health services, the results of this assessment and participant recommendations indicate there are significant opportunities to improve performance of the ten essential public health services by Montana's state-level public health system.

The state's health cannot be assured by governmental public health agencies alone. Individuals, communities, and various social institutions can form powerful collaborative relationships. Together, a public health system can be structured to provide the basic public health services, and also be prepared to address the challenges created by the inadequacies of our health care system, unequal opportunities for achieving health, the lack of focus on prevention and new threats including emerging infectious diseases, the potential for bioterrorism and toxic environments.

Assessments of this nature are essential to keep policy makers and the public apprised of the important role public health performs in providing essential services and emergency preparedness. Continued self-assessment and quality improvement efforts must be encouraged for optimal performance of the public health system. These results should serve as a call to action to strengthen, modernize and systematize the existing infrastructure.

NEXT STEPS

Montana is the first state to complete an assessment of its state public health system using the final version of National Standards instrument, although five states field-tested an earlier version. While health care and other arenas have operated with standards of performance for years, the National Public Health Performance Standards were recently released nationally, so there is little experience beyond the testing phase. The system standards are set high to provide a benchmark to which systems can strive to achieve. The assessment process is not intended to precisely score model standards, but to give a point-in-time, self-reported indication of general areas of the SPHS strengths, weaknesses and improvement possibilities.

The next steps in this process are perhaps, the most important – initiating quality improvement activities. Participants must reconvene and use these results to generate specific recommendations, strategies and action steps for improving the delivery of each essential public health service by Montana’s SPHS.

Meanwhile, Montana’s public health system partners can celebrate this assessment as a positive step toward strategic planning and state health improvement activities!

ACKNOWLEDGEMENTS

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APPENDIX A

RECORD OF PARTICIPANTS AND PARTICIPANT DISCUSSIONS FOR EACH ESSENTIAL PUBLIC HEALTH SERVICE

**Vital Signs:
Assessing Montana's State Public Health System
Participation List EPHS 1&2**

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Monitor Health Status to Identify Health Problems

Strengths

1. System-wide collaboration (9 votes)
 - Committed staff (compulsive)
 - Inclusion of local users in design of systems
 - Strengthening relations (local-state)
 - Collaborative work between state partners (e.g. state and IHS)
 - Collaboration of state and local public health departments
 - Partnerships between local county health departments and DPHHS
 - Established relationships
2. Small, strong workforce (8 votes)
 - Dedicated/knowledgeable workforce
 - Rural communities
 - Efforts integrated at all levels out of necessity
3. Established surveillance systems (7 votes)
 - Active communicable disease surveillance system
 - Syndrome surveillance begun
 - Infectious disease monitoring
 - Ability to monitor health status
 - Many good surveillance activities going
4. Current opportunities (5 votes)
 - Existing information technology exists to link and warehouse data
 - Current increased public awareness of public health
 - Grants/resources (opportunity)
5. Progressive thinking (1 vote)
 - Progressive thinking

Weaknesses

1. Insufficient human resources (10 votes)
 - Workforce is overworked/stressed
 - Insufficient workforce
 - Too few people to do too much work
 - Workforce is small, difficult to recruit and keep qualified staff due to pay
2. Public health disconnect (8 votes)
 - Lack of integration between agencies and programs
 - “What is public health”?
 - Poor understanding of public health role (among policy makers and public)
 - Lack of strategic direction (shared vision)
 - Lack of understanding of what public health is supposed to do
3. Limited resources (5 votes)
 - Unfunded mandates
 - Limited resource \$\$
 - Competition for resources
 - Lack of general fund and legislative support for public health in general
4. Resistance to change (4 votes)
 - Fear of change
 - Local politics
 - Resistance to systemization
5. Health disparities in population (yellow – 2 votes)
6. Data gaps (1 vote)
 - Lack of registries for health conditions
 - Gaps in SPHS (e.g. hospital discharge data)
 - Data to information often underutilized/not

Recommendations to Enhance SPHS

1. Strategic planning (9 votes)
 - Encourage “systems thinking”
 - Develop a coordinated strategic plan
 - Strategic plan (vision, mission)
 - Development of a shared vision of public health that can be tailored to local needs
 - Define SPHS and promote benefit
2. Marketing public health (9 votes)
 - Public health 101 required for decision makers
 - Get legislative sponsors for strengthening public health authority
 - Strong public relations campaign (a public health version of “ER” or “CSI”)
 - Do more public relations to overcome resistance
 - Awareness campaign to engage all partners (providers, agencies, local health departments, tribes)
3. Address human resource issues (8 votes)
 - Address workforce issues
 - Adequately fund public health functions
 - Additional human resources
4. Public health data plan (2 votes)
 - New vision for integrating data from multiple sources
 - Outline data gaps and set priorities to address
5. Ongoing evaluation (2 votes)
 - Evaluate and be realistic

**Essential Public Health Service #1
Monitor Health Status to Identify Health Problems**

Summary

Strengths

- System-wide collaboration
- Small, strong workforce
- Established surveillance systems

Weaknesses

- Insufficient human resources
- Public health disconnect
- Limited resources

Recommendations

- Strategic planning
- Addressing human resource issues
- Marketing public health

Strengths

1. Strong infrastructure/existing integrated system (10 votes)
 - MT public health lab
 - Lab systems
 - Lab network in place – runs well
 - Adequate lab capabilities
 - Have existing network in place
 - System in place works well with current resources

2. Small, strong workforce/networks (8 votes)
 - Intimate network
 - State agency collaboration with locals
 - Small staff and versatile expertise
 - Small group of dedicated folks keep this afloat

3. New resources
 - Increase in federal funds (6 votes)
 - The beginning of a system with enough funding!

4. Sparse population (3 votes)
 - Sparse population

5. Public and providers recognize need (3 votes)
 - Concern (public and provider)

Essential Public Health Service #2

Diagnose and Investigate Health Problems And Health Hazards In The Community

Weaknesses

1. Lack of leadership (9 votes)
 - Need to strengthen QI
 - Lack of state-wide policy making group

2. Lack of coordination of minimal resources (5 votes)
 - Resources may be scarce
 - Competition for funding
 - Funds available for emergencies
 - Public health threats?
 - Screening and treatment
 - Funding for public health screening process is lacking

3. Competing/unrealistic demands (5 votes)
 - Limited number of staff to cover whole state
 - Generalist duties limit time
 - Knowledge updates
 - Sensory overload
 - Hard to find time to stay up to date
 - Too little time to develop while keeping up with the funding
 - Increasing mandated requirements
 - Integration of various grants' activities with other programs
 - HIPAA

4. Data gaps (4 votes)
 - Monitoring of chronic diseases need improvement
 - Collecting data on chronic disease injuries and environmentally caused health effects

5. Public resistance (4 votes)
 - Strong independent streak among citizens
 - Public perceptions of risk
 - Infectious disease, chronic disease, environmental injury

6. Interagency awareness (yellow – two votes)

Recommendations

- Develop strategic planning process to resolve inadequacies in SPHS and capitalize on existing strengths
- Address public perception issues through coordinated public health marketing approach (There were no yellow or blue attachments. Therefore this list is the same as the final recommendations on the following page)

Essential Public Health Service #2

Diagnose and Investigate Health Problems And Health Hazards In The Community

Summary

Strengths

- Strong infrastructure/existing integrated system
- Small strong workforce/networks
- New resources

Weaknesses

- Lack of leadership
- Lack of coordination of minimal resources
- Competing/unrealistic demands

Recommendations

- Develop strategic planning process to resolve inadequacies in SPHS and capitalize on existing strengths
- Address public perception issues through coordinated public health marketing approach

Participation List EPHS 3&4

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Essential Public Health Service #3
Inform, Educate, And Empower People About Health Issues

Strengths

1. Montana workforce integrity/knowledge and commitment (9 votes)
 - Integrity of staff
 - Committed people
 - Staff expertise
 - Dedicated knowledgeable workforce
 - Their commitment to programs/issues such as tobacco
 - Commitment of staff
 - Personnel and their work ethic

2. Willing, collaborative partners (8 votes)
 - Partnerships – broad
 - Interested and engaged partners
 - Infrastructure
 - State, local, DES, university partnerships
 - Willingness to collaborate

3. Accessibility and utilization of resource (5 votes)
 - Programs (system)
 - Overall utilizes the latest evidence-based approaches – for design/implementation
 - CDC resources
 - Access to technical expertise
 - Neighborly (share)
 - Health alert network
 - Available media channels

4. Rural expertise (4 votes)
 - Rural expertise

5. Engaged public (4 votes)
 - MT citizens are demanding more education and information (technical expertise)

6. Flexible, responsive systems (2 votes)
 - Creative/responsive
 - Ability to quickly adapt and act

Essential Public Health Service #3
Inform, Educate, And Empower People About Health Issues

Weaknesses

1. Siloed (7 votes)
 - Resources are program specific – limited support for general public health
 - Under-utilization of federal \$\$
 - Legislative restraints

2. Lack of monetary and human resources (7 votes)
 - Techno infrastructure
 - Limited funds for in-state development/reliance on feds
 - Non-competitive wages
 - Lack of \$\$
 - Lack of financial resources
 - Never enough money

3. Effective performance management (7 votes)
 - Evaluation
 - Evaluation of effectiveness
 - Program evaluation
 - Communication with evaluation
 - Need for evaluation/follow-thru
 - Lack of baseline data
 - Development of evaluation indicators “upfront” before public health education

4. Human resource challenges (5 votes)
 - Staff turnover – reinvent programs
 - Training
 - Limited human resources (too few trained bodies)
 - Limited staff for multiple programs
 - Stretched workforce
 - State level “networking” – combining efforts for local level programming

5. Expand and improve partnerships (3 votes)
 - Engagement of nontraditional partners
 - Partner linkages
 - NGO
 - Public

6. Inclusion of target population (1 vote)
 - Lack of linguistically, culturally appropriate materials
 - Insensitivity to low income groups

Recommendations to Enhance SPHS

1. "The Bridge" (6 votes)
 - Develop and communicate a statewide system plan for essential public health service #3
 - Improve use of federal dollars
2. Assure a stable funding base for public health (5 votes)
 - Seek stable funding base for state and local public health
 - Develop an external (outside government) entity (foundation) to funnel resources for health priorities
3. System change through partnerships (5 votes)
 - Increased partnerships
 - Work on expanding nontraditional partnerships
 - Create linkages with nontraditional partners
 - Utilize outside partners for expertise and monetary help for all populations
 - Communication of "the system" to system partners
 - Enhance partnerships; expand partner base – NGO partners
 - Increase partnerships and efforts (avoid duplication)
 - Combine \$\$ resources of silos "to create an enhanced public health infrastructure" throughout the entire state
 - Review duplication of forms for clients
4. Evaluation (5 votes)
 - Training on evaluation/do evaluation
 - Include citizen partners in planning, implementation and evaluation
 - Determine baseline data
 - Provide training on evaluating effectiveness for programs
 - Focus the critical evaluation components
 - Budget and utilize \$\$ for evaluation of programs. Accountability is essential
5. Strategic communication and advocacy (2 votes)
 - Highlight successes promptly
 - Publicize
 - Generate awareness
 - Make legislators aware
 - Current
 - Anticipate and be prepared to respond to public
 - In general
 - In crisis
 - More political acuity/strategy in developing and orchestrating health issues
6. Workforce training
 - Provide more training opportunities in development, design and evaluation of educational materials
 - Continue to work on workforce development and training

**Essential Public Health Service #3
Inform, Educate, And Empower People About Health Issues**

Summary

Strengths

- MT public health system integrity, knowledge, commitment
- Willing collaborative partners
- Engaged public

Weaknesses

- Lack of resources (monetary, human staff)
- Effective performance management
- Siloed systems

Recommendations

- System change through partnerships
- Develop or communicate a statewide system plan
- Assure stable funding base for public health

Strengths

1. Partnership opportunities (10 votes)
 - Inclusion of varied groups
 - A committed group of people working for all the health groups
 - Engaged workforce
 - Partnership facilitation
 - Framework to build from (models, experiences)
 - Extends invitations for partnerships (opportunity)
 - Work together routinely and share assets – team approach
 - Desire to network
 - Wide variety of expertise
 - Respectful → collaborative
 - Creates public health constituencies
 - State/local partnerships
 - Common ground

2. Community engagement (9 votes)
 - Community size allows for increased knowledge of potential partners
 - Because of smaller size of Montana (SPHS) easier to get to key decision makers and stakeholders - “collaborative efforts”
 - Know many of the players – generally good relationship

3. Building blocks (8 votes)
 - Advocates mobilized around priority areas
 - The need and directional pull to great advocacy and media relationships
 - Priority “topics” doing better job than SPHS average
 - State level activities ...raising awareness of value of partnering
 - Public discontent with fragmented services

4. Resources support partnership and mobilization (4 votes)
 - Federal grants more prevalent
 - Broad base funding with collaborations required
 - Leverage system resources

5. Good staff (1 vote)
 - Persistence to keep trying when frustrations arise (attitude)

Essential Public Health Service #4 Mobilize Community Partnerships To Identify And Solve Health Problems

Weaknesses

1. Visioning (7 votes)
 - Reactive vs. proactive
 - Shared vision
 - Too little “proactive” planning - visioning (see Qs 4.3 series)
 - Appropriately not a higher priority because of all the other demands
2. Trust (7 votes)
 - Partners not all equally valued
 - Lack of a “buy-in”
 - What is in it for me? Not answered
 - Lack of trust
 - Difficulty getting some desired partners engaged
3. Communication (7 votes)
 - Lack of an overall message (one voice)
 - Communication to self and public
 - Media and social marketing
 - Breakdown in communication
 - Lack of legislative support – buy-in
4. Training (4 votes)
 - Lack of training for constituency - bldg.
 - Higher education (curriculum) deficits: knowledge and skills of collaboration (new workforce)
 - Knowledge and skills of partnering/collaboration (workforce)
 - Lack of training
 - In effective use of partnership
 - Community engagement-dialogue
 - Maintaining engagement
5. Resources (3 votes)
 - Great distance, busy schedules, short budgets – to be able to meet (even non-face-to-face)
 - Partnering takes lots of time (one more thing)
 - Overburdened staff
 - Our diversity is large; our resources small
 - Program-specific approaches
 - Varied – fragmented levels of partnership mobilizing (by individual programs)
 - Categorical infrastructure
6. Accountability (1 vote)
 - Accountability
 - Evaluation and models of effective MT partnerships

Recommendations to Enhance SPHS

1. Outreach and Communication (10 votes)

- Improve communication of the public health message
 - Clear, concise, consistent
- Education, awareness and inclusion of policymakers
- Speak with one voice
- Develop annual public health report/profile of MT health – similar to Labor and Industry Labor Day report
- Increase public awareness on public health issues
 - Media and social policy
- Begin work earlier on media and public information campaign of legislative issues
- Share the essential services with system partners (hospitals, NGO)
- Develop sensible links to communicate program and strategic visions

2. Strategic issues (9 votes)

- Organize structure to function
- Mainstream infrastructure deconstruct silos
- Focus resources to priorities
 - Apportion a part of all grant funding to strategic issues
- Strategic planning – “visioning”
- A strategic planning (trust) group (including all faction) envisioning where “health” is going (our grandchildren’s future)
- Working with partners - develop a vision (plan) for public health – evaluate/update 1-2 years
- Strategic planning with constituencies
- Centralize the public health system:
 - Equalizes resources
 - Streamlines decisions
 - Eliminates turf/jurisdictional issues
 But not realistic
- Create system changes that utilize existing resources to provide the core functions for everyone (regionalize services)
- Process not necessary. The strategic issues - product
 - Organizational structure
 - Prioritize
 - Visioning with constituents
 - Mission
 - Evaluation

3. Training (6 votes)

- Increase training and education (current workforce)
- Encourage curriculum addition (system partnering and collaboration) in health services programs

- Training on all 4.2.2 sub-topics
 - Training
 - Developing partnerships
 - Expanding partnerships and influence
 - Training in advocacy and media relations (communication)
 - Develop case studies of successful partnership experiences
 - Research effective partnership models...other rural states evaluation methods
4. Partnership development (5 votes)
- Utilize expertise at all levels for implementation/partnership development
 - Make developing/strengthening partnerships a priority
 - Intra/Inter agency collaborative discussion groups and facilitation
 - Increase trust; increase communication
 - Reward participation and involvement of players...or penalize conversely

Essential Public Health Service #4
Mobilize Community Partnerships To Identify And Solve Health Problems

Summary

Strengths

- Partnership opportunities
- Community engagement
- Building blocks

Weaknesses

- Trust
- Communication
- Visioning

Recommendations

- Outreach and communication
- Strategic issues
- Training
- Partnership developments

**Vital Signs:
Assessing Montana's State Public Health System
Participation List EPHS 5&6**

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**Essential Public Health Service #5
Develop Policies And Plans That Support
Individual And Community Health Efforts**

Strengths

1. Resources (8 votes)
 - A. Expertise
 - Broad range of expertise to draw from

- Expert workforce
- B. Data
- Tries to use the best data available
 - Data collection
 - Access to better data and tracking methods that is available statewide
- C. PH preparedness funding
- Public health preparedness plan
 - BT funding is helping with building public health capacity
 - Recent (past year) statewide and local (community) collaborative emergency preparedness planning efforts
- D. State and federal models
- We are getting good models of policies from work on national level and the relationships we have with other states
- E. Strong constitutional foundation
- Strong existing constitutional statutory and regulatory basis, at least on state level, on which to base future action
2. Systems change (7 votes)
- Small but strong collective energy to change
 - Continuation of public health system improvement activities
 - Helps: local jurisdictions in organization purpose
 - Provide stimulus for training and knowledge of public health
 - Provide for tech support in cooperating agencies
3. Local governance and services (7 votes)
- Local control
 - Integrated government public health system at local level
4. Open, inclusive and accessible process (5 votes)
- Attempts to include all involved parties
 - More communication between state and local (including tribes) and with untraditional partners
 - Tries to listen to public needs

**Essential Public Health Service #5
Develop Policies And Plans That Support
Individual And Community Health Efforts**

Weaknesses

1. Lack of funding for core public health (6 votes)
- Funds for policy related issues
 - Need funding to accomplish plans such as public health preparedness

- Important problems are not always properly funded
 - Low pay attracts under-qualified staff
 - Very few technical assistance people
 - General funding monies
 - Never enough funding
 - Planning follows available funding (e.g. bioterrorism) rather than responding to carefully planned overall objective need priorities
2. Public health disconnect between public health and environmental health (5 votes)
 - On state level separation between environmental and other public health programs
 - Lack of involvement with environmental health
 3. No state public health policy-making body (5 votes)
 - No vehicle for statewide policymaking
 - No state board of health
 - No (single or coordinated) policymaking vehicle
 - Board of public health
 - Coordination with local jurisdiction leadership
 4. Lack of Legislative Support (5 votes)
 - Legislative priority
 - Legislative limitations
 - Legislative deconstructionism
 5. Lack of awareness of public health (2 votes)
 - Lack of recognition (by public and policymakers) of importance of public health
 - Lack of involvement of local service providers
 6. Crisis mode planning and policymaking (1 vote)
 - Prevention gets lost in response planning
 - Response is often a reaction rather than a planned action

**Essential Public Health Service #5
Develop Policies And Plans That Support
Individual And Community Health Efforts**

Recommendations to Enhance SPHS

1. Core Funding (8 votes)
 - Stable funding for core public health functions
 - Core funding
 - Fund planning efforts to enhance the SPHS
 - Regular state funding for core public health functions

- Forced planning based upon funding
2. Strategies to close the gap between EH and PH at all levels (6 votes)
 - Leadership to “connect” PH and EH
 - Recognize environmental health as a core public health function
 3. Educate legislature and public on PH (5 votes)
 - Successfully educate legislators and the public on importance of PH
 4. PH policymaking vehicle (5 votes)
 - Policymaking vehicle
 - PH policymaking body

**Essential Public Health Service #5
Develop Policies And Plans That Support
Individual And Community Health Efforts**

Summary

Strengths

1. Resources: expertise, data, PH prep \$\$, state and federal models, strong constitutional foundation
2. Systems change
3. Local governance and services
(#2 and #3 tied)

Weaknesses

1. Lack of \$\$ for core public health
2. Lack of legislative support
3. PH: disconnect between PH and environmental health
4. No state PH policymaking body
(#2, #3 and #4 tied)

Recommendations

1. Core funding for PH
2. Strategies to close gap between EH and PH at all levels
3. Educate legislature and public on PH
4. PH policymaking vehicle
(#3 and #4 tied)

Essential Public Health Service #6 Enforce Laws And Regulations That Protect Health And Ensure Safety

Strengths

1. Legal and Administrative framework (10 votes)
 - State constitution
 - Good administrative process for obtaining required permits, etc.
 - Strong legal support
 - World events since 9/11 emphasize need to enforce laws/regulations
 - Institutional memory
 - Basically strong legal structure upon which to base enforcement
 - Stronger enforcement “mindset” or “culture” over time
 - Strong statutes
 - Attempt to improve existing laws and regulations

2. Strong local regulatory and enforcement foundation (10 votes)
 - “Ownership” at local/county level – desire to get compliance
 - Local “service” mindset
 - Local control (Bott’s are quasi-legislative and judicial)
 - Articulate and vocal locals
 - Provides good local support
 - Major population centers adequately covered/supported
3. Collaboration (3 votes)
 - Good industry participation
 - Collaborative approach to enforcement activities
 - Public input solicited in rulemaking
4. Resource management (2 votes)
 - Well trained enforcement workforce
 - Ability to manage existing resources
 - Good management of resources
5. Good science (1 vote)
 - Good science to support best practices
6. Advocates for system improvement (1 vote)
 - Attempt to improve the system to enforce and protect public health
 - Reviews and advocates for changes to improve the health and safety of Montanans

**Essential Public Health Service #6
Enforce Laws And Regulations That Protect Health And Ensure Safety**

Weaknesses

1. Political environment not conducive to effective PH enforcement (9 votes)
 - Public apathy to improve laws and regulations
 - Political disinterest in improving laws and regulations
 - There is a reluctance to enforce due to a “fear” of legislative or legal retaliation
 - Lack of policymaking from state agencies
 - More systematic review of law/regulations
 - Local resistance to share in enforcement – occasionally
 - Legislative ideology counters public health safeguards
2. Lack of funding for core PH (7 votes)
 - Lack of resources to enforce laws and regulations
 - Lack of resources (staff and \$\$)
 - Shortage of resources dedicated to training

3. Lack of system-wide TA and training programs (6 votes)
 - Lack of system-wide TA (education) programs
 - Enforcement training and TA
 - Availability of well-trained and adequate enforcement workforce spotty
 - Review of TA/training systems
 - Lack of technical experts (toxicologists)
 - Need to involve other groups/agencies in education and technical assistance on issues and needs
 - Assure people/organizations have training needed
 - Variable expertise with conflict management and communication skills
4. Lack of education for public and policymakers (5 votes)
 - Need to educate general public and public officials
 - Lack of legislative knowledge about PH and EH needs
 - Need greater effort toward educating personnel and public
 - Lack of public education regarding public health issues
 - Lack of understanding by public/policymakers re: public health basis of laws/regs
5. Quality assurance is lacking in PH regulatory environment (2 votes)
 - Lack good feedback /evaluation mechanism
 - Evaluation/quality assurance
 - Quality assurance steps not in place state-wide
6. Separation of DEQ and DPHHS (1 vote)
 - Separation of DEQ and DPHHS along with “separation” of missions

**Essential Public Health Service #6
Enforce Laws And Regulations That Protect Health And Ensure Safety**

Recommendations to Enhance SPSHS

1. Develop a strategy to educate public and policymakers on regulatory aspects of PH (9 votes)
 - Deliberate increased public education/information regarding public health problems and role of public health system in solving them – protecting the public
 - Educate legislators and public policymakers
 - Better effort to explain reasons for enforcing laws and regulations
 - Educate! Strategy – public and policymakers
 - Develop a marketing plan to educate and provide TA...remember we are a business as well as a service
2. Create a system-wide TA and training program (8 votes)
 - Create system-wide TA training program
 - Evaluate and implement a training/TA system
 - More training on enforcement system-wide
 - Increase resources dedicated to training

- Provide adequate training
 - Include enforcement-related training in institute or through state
3. Funding for core PH (8 votes)
 - DPHHS requires increased funding for core PH function of assurance (enforcement)
 - Estimate state funding stream for core PH
 - Improving funding methods for core PH
 4. Comprehensive PH law review and follow-up (5 votes)
 - Update and clarify statutes related to public health
 - Clarify and strengthen local public health authority and responsibilities – law changes
 - PH law review with all partners

**Essential Public Health Service #6
Enforce Laws And Regulations That Protect Health And Ensure Safety**

Summary

Strengths

1. Legal and administrative framework
2. Strong local regulatory and enforcement foundation
(#1 and #2 tie)
3. Collaboration

Weaknesses

1. Political environment is not conducive to effective PH enforcement
2. Lack of funding for core PH
3. Lack of system-wide TA and training

Recommendations

1. Develop a strategy to educate public and policymakers on regulatory aspects of PH
2. Create a system-wide training and TA program

3. Funding for core PH
 (#2 and #3 tie)

**Vital Signs:
 Assessing Montana’s State Public Health System
 Participation List EPHS 7&8**

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**Essential Public Health Service #7
Link People To Needed Personal Health Services And Assure
The Provision Of Health Care When Otherwise Unavailable**

Strengths

1. A public health infrastructure exists (8 votes)
 - There is a state public health agency that does some things – has responsibility
 - Dedicated public servants
 - Knowledge of public health system and political climate
 - Knowledge of geographical barriers to care
2. We maximize federal/fiscal resources (7 votes)
 - Federal resources acquisition – able to do a lot with small amount of resources
 - Financial support of many programs
 - Funding Medicaid and CHIP
3. Public/private relationships exist (4 votes)
 - General availability of local providers
 - PHPs referral/advisory services
 - Linkages between CHCs and LPH
 - Small population

- We have the ability to know each other
 - Multiple partnerships between private/public
 - Strong advocates
4. We use creative approaches (4 votes)
 - Capacity for innovation
 - Willingness to work outside the box
 - Never say never or “it’s impossible”
 5. Basic provider system is in place (4 votes)
 - Committed providers
 - Diversity of providers
 - There are safety net providers
 - Hospital uncompensated care
 - Contracts/relationship with large number of providers
 6. We want good health outcomes (3 votes)
 - (We know) research documents show best practices
 - Interest in improvement

Essential Public Health Service #7
Link People To Needed Personal Health Services And Assure
The Provision Of Health Care When Otherwise Unavailable

Weaknesses

1. Lack of funding (7 votes)
 - Limited funding
 - Lack of \$\$
 - Lack of state \$\$ support
 - Lack state resources
 - Few resources available at local level for public health
 - Don’t re-think our allocation of resources periodically
 - No – or very little state general fund support for public health
 - Poor legislative support for funding
2. Lack of strategic planning (5 votes)
 - Inadequate assessment and evaluation of personal health care
 - Lack of focus on what we are trying to achieve
 - Don’t change what does not work or is of little value
 - Lack of future planning – react to problems
 - Lack comprehensive assessment and strategic planning/implementation
3. Acceptance of health disparities (4 votes)

- Lack of commitment for universal access to personal health care
 - General complaisance with poor outcomes for vulnerable population
 - Minimal understanding of issues by lawmakers
 - High number of uninsured
4. Inadequate information systems (3 votes)
 - Lack of coordinated information systems
 - Need comprehensive information system and coordination
 5. Lack of a standards-based SPHS (3 votes)
 - Lack of required standards for local public health system
 - Poor capacity to evaluate health indicators, some of which are going down
 6. Lack of prepared providers (2 votes)
 - Lack of knowledge of best practices
 - Scarcity of prepared health care providers
 - Lack of PH staffing with specialized knowledge-related education and \$\$ deficiency
 - Lack of staff skilled in assessment/analysis and forecasting
 7. Geographic population challenges of a frontier state (2 votes)
 - Lack of providers in some regions/places
 - Large geographic area to be served
 - Lack of transportation
 - State too big with limited population
 8. Inadequate marketing of public health system/services (1 vote)
 - People often do not know what is available
 - Lack of public's understanding of what we do

Recommendations to Enhance SPHS

1. Use standards and assessments to drive public health (7 votes)
 - Define roles for CHDs and partner?
 - Funded minimum standards adopted and used by county commissioners for public health
 - Implement state program to assess and evaluate routinely based on indicators
 - Better data analysis capability to improve decision making
2. Increase and diversify public health funding (5 votes)
 - Win the lottery
 - Bake sale
 - Raise taxes and allocate \$\$ to PH
 - Legislation support as evidenced by general funds targeted for prevention
 - Willingness to assist people who can't afford personal health care
3. Tie funding to evaluation (4 votes)
 - Require proof of effectiveness before establishing/renewing programs
 - Redistribute funds more effectively
 - Re-evaluate use of all funding at least once

4. Increase support for screening and prevention (4 votes)
 - Universal screening (start at age 0) for behavioral problems
 - More state support for preventive practices
5. Broaden the availability of statewide capacity to use information systems effectively (3 votes)
 - Build public health informatics capacity at state and local levels
 - Regular computer/hardware etc. updates
 - Better information system on services available
6. Develop the public health workforce (2 votes)
 - Train providers in best practices
 - Measure outcomes
 - Mentoring programs required for new PH employees
 - More assistance for local health departments (financial and organizational)
 - Support PH educational opportunities
 - Address health care worker shortage
7. Step up PH marketing efforts (2 votes)
 - Educate the consumer
 - Create public support/awareness of SPHS
 - Recognition of importance of prevention (by everyone)

Essential Public Health Service #7
Link People To Needed Personal Health Services And Assure
The Provision Of Health Care When Otherwise Unavailable

Summary

Strengths

1. A public health infrastructure exists
2. Maximize public/federal resources
3. Basic provider system in place (tie)
 - a. We use creative approaches
 - b. Public/private relationships exist

Weaknesses

1. Lack of funding
2. Lack of strategic planning
3. Acceptance of health disparities

Recommendations

1. Use standards and assessment to drive public health
2. Increase + diversity public health funding
3. Increase support for screening and prevention (tie)
 - a. Tie funding to evaluation

Essential Public Health Service #8
Assure A Competent Public Health And Personal Health Care Workforce

Strengths

1. Good technology infrastructure on which to build educational content (10 votes)
 - Distance learning can work
 - Distance learning program
 - Infrastructure of interactive video sites
 - Telemedicine and long distance education revolution
 - Technology base is expanding (slowly)
2. Workforce development programs are available (9 votes)
 - Some efforts on workforce assessment
 - Marge
 - Federal programs to assist with workforce development
 - Workforce R & R incentive programs
3. Core system for continuing education for public health is emerging (7 votes)
 - Public health training instruction
 - Summer institute for public health – good support of University of Washington
 - N.W.C.P.H.P. at UW and summer institute for PH
 - Public health improvement efforts
 - TP experiences and knowledge
 - Fall and spring MPHHA meetings

4. Minimum regulatory personnel standards are in place (6 votes)
 - Infrastructure i.e./licensure, accreditation programs, boards
 - Strong rules and regulations
 - Required certifications
 - RN, LPN, DC, LM
 - Licensing boards to develop and enforce standards
 - Also DPHHS QA department
 - Professionals will sign up for needed training if credit is offered
5. Competency and dedication in the available workforce (3 votes)
 - Community health centers – using retired/volunteer providers
 - Many competent, committed people to draw from
 - Good K-12 education
 - Well qualified PH workers and leaders at SPHS
 - Believe that continuing education is important
 - Pride in providing quality
 - Not much competition from other industries for workers
 - Dedication
6. Executive attention of health care workforce shortage (1 vote)
 - Governor’s Task Force on Health Care Worker Shortage

Essential Public Health Service #8
Assure A Competent Public Health And Personal Health Care Workforce

Weaknesses

1. What system? (9 votes)
 - Complacency – just assume the PH workforce is competent
 - Apathy w/m agencies (what system)
 - Lack of coordination between public and private
 - No “umbrella” system. What system?
 - No worker retention and recruitment for entire system
 - Partnerships – consolidation of agency (state) dollars/efforts
2. Lack of support by policymakers (9 votes)
 - Lack support for minimum standards for small local county health departments
 - Lack of support by policymakers – view “training” as perk
 - Lack continuing life-long learning opportunities and incentives
3. Limited resources for workforce and workforce education (7 votes)
 - Lack of money
 - Dollars
 - Lack resources to support adequate public health resources
 - Minimal limited financial support for health care education
 - Lack of legislative and executive support
4. Lack of resources or agency direction to develop educational programs (5 votes)
 - No personnel to develop training i.e., subject matter experts and curriculum developers

- Need stronger public health component in academic programs
5. Human resistance to meaningful performance evaluation (3 votes)
 - Resistance to meaningful “performance evaluation”
 6. Inconsistent licensing standards for continuing education (2 votes)
 - No continuing education credits required for registered nurses in public health
 7. Distance learning may not be the only solution needed to overcome geographic barriers (1 vote)
 - Using distance learning may be too difficult (too “technical”)
 - Rural conditions
 - Large geographic area and small population
 - Great distances separate practitioners in Montana

Essential Public Health Service #8
Assure A Competent Public Health And Personal Health Care Workforce

Recommendations to Enhance SPHS

1. Develop a SPHS workforce system (12 votes)
 - Develop incentives for development of workforce and lifelong learning
 - Support initiatives that encourage lifelong learning for all workforce members (no barriers)
 - Definition of who exactly falls under PH category – then track and offer training p.d.
 - Make workforce development a priority in the state
 - PH advisory committee to work at academic programs
 - Appoint a “health workforce development czar”
 - Overseeing body – representatives of state agencies, sanitation, nurse’s associations – something to serve as umbrella. Take seriously.
 - Mandatory cooperation between public and private
 - Administrative rules supporting minimum standards
 - Stabilize then extend public health institute
 - Develop and enhance a state public health system – and support it
2. Use meaningful evaluation for personal and organizational improvement (10 votes)
 - Base workforce development on assessment and performance evaluation and personal satisfaction
 - Link inservice programs to system feedback from QI
 - Establish meaningful evaluations of all workers and organizations
 - Encourage system of training followed by outcomes (performance) evaluation
3. Use a variety of methods to provide quality life-long learning (7 votes)
 - Make training exciting, interesting, satisfying in a diversity of areas
 - Train workers in use of distance learning tools

- Link preservice/in-service training to evidence-based practice
4. Improve social marketing (5 votes)
 - Interest kids in PH careers
 - Education of Montanans regarding health system definition and use of same
 - Greater awareness/education on value of PH workforce
 5. Minimum qualifications of elected officials (2 votes)
 - Minimum qualifications of county commissioners

**Essential Public Health Service #8
Assure A Competent Public Health And Personal Health Care Workforce**

Summary

Strengths

1. Good technology infrastructure on which to build educational content
2. Workforce development programs are available
3. Core system for continuing education for public health is emerging

Weaknesses

1. What system?
Lack of support by policymakers
(tie)
2. Limited resources for workforce and workforce education
3. Lack of resources or agency direction to develop educational programs

Recommendations

1. Develop a S.P.H.S. workforce system
2. Use a meaningful evaluation for personal and organizational improvement
3. Use a variety of methods to provide quality life-long learning

**Vital Signs:
Assessing Montana's State Public Health System
Participation List EPHS 9&10**

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**Essential Public Health Service #9
Evaluate Effectiveness, Accessibility, And Quality
Of Personal And Population-Based Health Services**

Strengths

1. Communication and Relationships (7 votes)
 - Established lines of communication between partners
 - Good county/state work relations
 - Relationships – know each other personally
 - Small enough numbers across the state
2. Workforce (7 votes)
 - Dedicated workforce
 - Interested workforce
 - Core of caring individuals
 - Committed workforce
 - Cooperative spirits
3. Expertise acquisition (3 votes)
 - Ability to attract new blood
 - Experience in accessing consultants with expertise

Weaknesses

1. Minimal interdependence or standards (8 votes)
 - Compartmentalization
 - Dependence on silos
 - Data confidentiality or proprietary restrictions
 - No central data collection
 - Failure to become interdependent
 - Lack of uniform standards between counties
 - Lack of standards

2. Lack of resources (8 votes)
 - Lack of know-how and experience
 - Inadequate personnel resources
 - Lack of time and \$\$
 - Lack of adequate funding
3. Public awareness of public health (6 votes)
 - Lack of public commitment to public health
 - Lack of awareness of benefits of public health
4. Short attention spans (2 votes)
 - Short attention spans

**Essential Public Health Service #9
Evaluate Effectiveness, Accessibility, And Quality
Of Personal And Population-Based Health Services**

Recommendations to Enhance SPHS

1. Public health education (9 votes)
 - Increase awareness in legislature of needs/resources
 - Legislator education in campaign
 - Develop public health reporting by legislative district
 - Comprehensive social marketing campaign for PH
 - Raise public awareness
 - Governor's office of health system development
 - Increase visibility of public health benefits
 - Establish networks or teams
2. More resources (7 votes)
 - Increase ear-marked funding for evaluation
 - Find dedicated funding source for PH (state-wide)
 - Enhance public health skills of existing personnel
 - Increase staffing
 - Rural recruitment incentives
 - Competitive salaries
3. Data standardization (7 votes)
 - Fix PHDS data system
 - Standardize public health departments for services and evaluation
 - Mandatory health data system
4. Strategic grants planning (1 vote)
 - Develop a plan at the departmental level for determining which grants we will and will not go after

**Essential Public Health Service #9
Evaluate Effectiveness, Accessibility, And Quality
Of Personal And Population-Based Health Services**

Summary

Strengths

1. Workforce
2. Communication and relationships
3. Data and technology

Weaknesses

1. Minimal interdependence or standards
2. Lack of resources
3. Lack of public awareness of public health

Recommendations

1. Public health education
2. More resources
3. Data standardization

Essential Public Health Service #10
Research For New Insights And Innovative solutions To Health Problems

Strengths

1. Capable workforce (7 votes)
 - Capable workforce
 - We have expertise in the workforce
 - Workforce expertise/commitment
 - Lots of upper level expertise
 - Trained, educated, experienced individuals
 - Diverse population of well trained professionals
 - We are slowly acquiring the technical expertise to interpret what we know
2. Potential for collaboration (6 votes)
 - Available research partners – UM, MSU, NIH
 - University system available (resources)
 - Good lines of communication between professionals
 - A few collaborative efforts e.g. FICMR
 - Lots of potential partners
3. Technical support and database (3 votes)
 - Computer and database ready
 - Good support services i.e. library, equipment
 - We have several collection mechanisms
 - Birth defects registry
 - Trauma registry
 - BRFSS
 - Vital statistics
 - Others
4. Flexibility (3 votes)
 - Opportunistic
 - Visibility of PH problems
5. Opportunities abound (2 votes)
 - There is a big need...

Essential Public Health Service #10
Research For New Insights And Innovative solutions To Health Problems

Weaknesses

1. Lack of strategic planning and communication (internal and external)
(7 votes)
 - No proactive PH strategy
 - Strategies are funding-driven
 - Lack of pre-emptive strategy/plan
 - Silos drive resources
 - Research agenda absent
 - Lack of coordination of data collection
 - Too many of us are obsessed with “our own” data (numeric and qualitative) to the exclusion of all other sources
 - We don’t consult with and ask the opinions of professionals outside of our own programs
 - We can’t stick with a decision or program
 - Personal agendas and turf issues

2. Lack of funding (6 votes)
 - Lack of funding
 - Lack of financial resources
 - Too much busy work to allow intellectualism
 - No school of public health

3. Lack of public knowledge of public health (6 votes)
 - No administrative recognition of need and importance
 - Lack of administrative support
 - Lack of public/governmental commitment
 - Confusion about who public health is and does – to general public
 - Weak promotion mechanisms
 - Lack of understanding or appreciation of value of research
 - Legislative – public health disconnect

4. Lack of dissemination of results (2 votes)
 - Lack of ability to widely and regularly disseminate research findings and recommendation

Essential Public Health Service #10
Research For New Insights And Innovative solutions To Health Problems

Recommendations to Enhance SPHS (there are no recorded votes for these recommendations so they have been presented in order from left to right on the original paper)

1. Develop a strategic plan for research
 - Develop a strategic plan
 - Use results from meeting to look at developing a systems plan
 - Use this report to develop a strategic plan
 - Identify leaders to develop PH research agenda
 - Make research an integral part of daily activity
 - Inventory our data collection systems and review what we currently gather and what we should gather in the future

2. Improve partnerships
 - Assist health departments in becoming interdependent
 - SPHS leadership dialogue with research leaders
 - Use the university system for our evaluation resource and communications e.g. periodic polling

3. Communicate better about research projects and findings
 - Educate the public about public health
 - Educate the public on the importance of research
 - Develop a plan for communicating with the public. These should be coordinated:
 - News releases
 - Reports
 - Polling
 - Make a communication instrument a high priority
 - Streamline communication among partners
 - Publicize outcome (findings) of “vital signs” meetings to PH partners/policymakers

Essential Public Health Service #10
Research For New Insights And Innovative solutions To Health Problems

Summary

Strengths

1. Competent workforce
2. Potential for collaboration
3. Technical support and database
 - a. Flexibility

Weaknesses

1. Lack of strategic planning and communication (internal and external)
2. Lack of funding
3. Lack of public knowledge of public health

Recommendations

1. Develop a strategic plan to research
2. Improve partnerships
3. Communicate better about PH projects and research findings

APPENDIX B

ASSESSMENT MEETING AGENDA

Vital Signs: Assessing Montana's State Public Health System

Red Lion Colonial Inn, Helena, Montana
September 2-3, 2003

The purpose of this meeting is to convene representatives of organizations that constitute Montana's "public health system" to develop a position paper that:

1. Describes the strengths and weaknesses of Montana's state-level public health system using the National Public Health Performance Standards, and
2. Makes concrete recommendations to enhance that system.

Tuesday, September 2

- Noon **Introduction to the Conference and Luncheon**
Robert Moon and Marshall Kreuter, Consultants
- 12:50 PM **Welcome**
Gail Gray, Director, Montana Department of Public Health & Human Services (DPHHS) and
Maggie Bullock, Administrator, Public Health & Safety Division, DPHHS
- 1:00 PM **Developing Public Health Systems, What States Can Do**
Bruce Miyahara, Miyahara & Associates, Former Secretary of Health, State of Washington
- 1:30 PM **Process and Logistics of Assessment**
Robert Moon, Marshall Kreuter, Rebekah Hoffaker, Centers for Disease Control & Prevention
- 2:00 PM **Assessment Breakouts** for 5 Essential Services
- 3:30 PM Break
- 3:45 PM **Continue Breakouts**
- 5:15 PM **End of Day**
Marshall Kreuter
- 5:30 PM **Closure**

Wednesday, September 3

- 8:15 AM **Opening**
Marshall Kreuter
- 8:30 AM **From Silos to Systems: Performance Management in Public Health**
Laura Landrum, Association of State and Territorial Health Officials

- 9:00 AM **Vision for Public Health in Montana**
Marshall Kreuter, Moderator and Maggie Bullock, DPHHS, Stephanie Nelson, Gallatin City-County Health Department, Judy LaPan, Richland County Health Department, Jane Smilie, DPHHS, Panelists
- 9:45 AM Break
- 10:00 AM **Assessment Breakouts** for remaining 5 Essential Services
- 12:15 PM **Networking lunch**
- 1 PM** Continue Breakouts
- 2:15 PM **Putting the Pieces Together**
Marshall Kreuter and Breakout Facilitators
- 3:15 PM **Next Steps for Montana: Using the Assessment Results**
Maggie Bullock
- 3:30 PM **Closure**

APPENDIX C

CDC REPORT OF MONTANA RESULTS

**STATE PUBLIC HEALTH SYSTEM
PERFORMANCE ASSESSMENT**