



Creating a Vision for a Healthier Montana:

Strengthening the Montana Public Health System Study

FINAL REPORT AND RECOMMENDATIONS



National Network
of Public Health Institutes



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This study is informed by the experience of many Montana leaders in public health, federal, state and local government, academia, philanthropy, hospitals, healthcare, elected officials, tribal health, community-based organizations and other sectors. We are grateful for their time and participation in the activities of this study. See Appendix A for a complete listing of the roundtable meeting participants and Appendix B for key informant interviewees.

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Disclaimer: Findings presented in this report do not necessarily represent the official position or endorsement by the Montana Healthcare Foundation, Study Steering Committee or other participants in the study.

EXECUTIVE SUMMARY

Montana is the fourth largest state in landmass in the US and has a population of just over one million residents.ⁱ It has almost 28 million acres of breathtaking public land that include Glacier National Park and parts of Yellowstone. While Montanans are fortunate to live against a backdrop of tremendous natural beauty, the state faces significant public health challenges. As part of this study, we identified the health issues most frequently prioritized for action among state and local public health and healthcare organizations, and study participants. These are:

- Behavioral health including mental health, substance use disorders and suicide
- Social determinants of health
- Chronic disease prevention and health promotion
- Adverse childhood experiences and trauma
- Health equity
- Maternal, infant and early childhood care, education and safety
- Access to healthcare

Montana's local governmental public health system has limited capacity to address these substantial challenges. The system is decentralized with 58 county, city-county, multi-county and tribal agencies providing public health programs, services and protections and the array of public health services provided across the state varies widely. With more than half of public health agencies employing fewer than 5 full-time equivalents (FTEs) and only four employing more than 50 FTEs,ⁱⁱ there is limited capacity at the local level to support Public Health 3.0 activities, such as multi-sector partnerships, strategies to address the social determinants of health, and providing timely and locally relevant data for community decision making.ⁱⁱⁱ Fragmentation exists among the many components of the public health system and in some cases, local health departments struggle to engage meaningfully environmental health professionals, healthcare and other system partners. The Public Health and Safety Division within Department of Public Health and Human Services (DPHHS) provides state-level coordination of key public health services to support the health of communities.

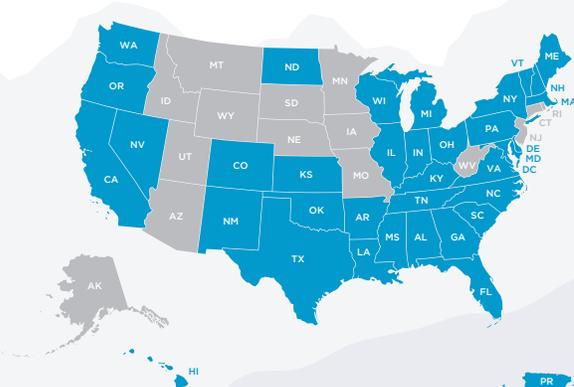
In general, there is a lack of understanding of the critically important role of public health among local and state elected officials. Public health is repeatedly under threat from special interests, including an aggressive campaign in 2018 to reject a citizen's initiative to increase the tax on tobacco products. Public health experts anticipate an increase in the anti-vaccine proposals in upcoming legislative sessions, as well as continued attempts to legalize unsafe food products and to undermine Medicaid expansion.

In 2018, the Montana Healthcare Foundation (MHCF) made a commitment to explore options for increasing collaboration, coordination and the capacity of the public health system to improve health and wellness for all Montanans. MHCF invested in the *Strengthening the Montana Public Health System Study*, an initiative to explore:

1. Strengthening existing non-profit public health organizations (Montana Public Health Association (MPHA), Association of Montana Public Health Association (AMPHO) and Montana Environmental Health Association (MEHA), and improving coordination among them and with other health leadership groups, and
2. The feasibility of creating a Montana public health institute (PHI). PHIs are non-profit organizations dedicated to advancing public health practice and making systematic improvements in population health through multi-sector collaboration.

MHCF selected a consultant team comprised of an independent local consultant and the National Network of Public Health Institutes (NNPHI) to design and implement the study. Jane Smilie, Principal, Population Health Partners, LLC was selected as the local consultant given her years of experience as a public health leader with Montana DPHHS and ongoing consultancy role supporting several state and local initiatives. NNPHI is dedicated to improving public health structures, systems and outcomes and is the leading organization developing existing and emerging public health institutes. NNPHI mobilizes more than 40-member (as of this writing 45) public health institutes—along with university-based public health training centers to support national public health improvement initiatives (see Figure 1 for a map of NNPHI members). Vincent Lafronza, President and CEO of NNPHI and Erin Marziale, Director of Network Engagement supported the design and implementation of the study in close coordination with Ms. Smilie.

FIGURE 1: NNPHI MEMBERS AS OF 2019



The consultant team used a mix of methodologies that included regional roundtable meetings, key informant interviews, an extensive document review, and research into effective models for rural capacity building, to capture the needs and gaps in the Montana public health system. The study developed three key recommendations:

Recommendation 1: Develop an institute to support the public health system and invest in strategies that demonstrate value to rural, frontier and tribal communities

Our findings indicate a public health institute model is feasible and a good fit for the state if the new vehicle addresses gaps in capacity identified in our research. Additionally, stakeholders expressed interest in increasing new, innovative resources for health that would otherwise not likely be available to Montana-based organizations given the significant number of opportunities that are missed due to low resource development capacity among existing organizations. Currently no entity exists in the state that can serve as a public health institute. Further, several leaders expressed tangible project and partnership ideas that an institute could support that **do not currently exist** in the state.

1a. Create a design team to develop the mission, vision and strategic plan for the institute –

As shared above, there are several leaders in Montana that are passionate about the utility of a PHI. These leaders should form a design team to design a framework for the PHI and guide the development of a formal mission and vision, anticipating that the institute will become a full 501(c)(3) within three to five years.

1b. Incubate the institute within the Montana Healthcare Foundation, utilizing the infrastructure, expertise and guidance of the foundation –

Successful public health institutes are typically incubated by an existing organization to support their initial start-up and financing while they develop the entrepreneurial muscle to bring in new resources, shore up finance and operations staff capacity, and establish independence. The consultants recommend that MHCF incubate the institute for a period of three to five years, providing core operating support and establishing a separate charitable organization that will eventually become independent.

1c. Develop a detailed plan for long term financing – Successful public health institutes have diverse sources of funding; multi-year funding; and two or more funders such as the federal government and a national foundation. The long-term financing strategy for a Montana institute should include robust proposal development with multi-sector partners and a special focus on support for rural, frontier and tribal communities.

Recommendation 2: Complete a process to reach a conclusion about realignment of the non-profit public health organizations (MPHA, AMPHO, MEHA)

The consultant team outlined a meeting strategy for the three public health organizations from July 1 to December 31, 2019 to determine a realignment strategy for better capacity and collaboration. The meeting strategy will include learning exchanges with other states and a process for determining the optimal structure moving forward. Among an unlimited number of options, we offer three options for organizations to consider in their deliberations.

Option 1: Create a structure to improve coordination and communication – MPHA, AMPHO and MEHA could retain their separate organizations and create a formal memorandum of understanding (MOU) to convene regularly the leadership of each organization and strengthen coordination and communication among memberships.

Option 2: Hire one full-time executive director to serve three separate organizations – PHA, AMPHO and MEHA could retain their separate legal entities and hire one full-time Executive Director to serve all three. A MOU or joint management agreement could be developed to determine board collaboration and a structure to support a joint ED.

Option 3: Merge the three organizations into one – MPHA, AMPHO and MEHA could create one new organization or subsume into an existing one. The new structure could be designed to preserve the unique roles of the existing organizations as membership sections or affiliates (e.g. a section for environmental health professionals, local health department officials, etc.). A single strategic plan could be developed to address the needs of each section.

Recommendation 3: Strengthen relationships with local elected officials, their associations and key health leadership groups

To impact public health policy and programming, the organizations should first prioritize strengthening relationships within the governmental public health system: County Commissioners; Boards of Health; and statewide associations of local elected officials. Next, MPHA, AMPHO and MEHA should develop a strategy for partner engagement that includes outreach to the following key partners: Montana Primary Care Association; Montana Hospital Association; Behavioral Health Alliance of Montana; Tribal Health Leaders; and Montana Medical Association.

BACKGROUND

The Montana Healthcare Foundation (MHCF, the Foundation) has made significant investments in strengthening the Montana public health system over the past five years. It has provided nearly \$1.5M in funding and technical assistance to more than 45 local and tribal health departments to complete Community Health Assessments (CHAs), Community Health Improvement Plans (CHIPs), organizational strategic plans and for implementation of plan objectives.

In July 2017, the MHCF with the Association of Montana Public Health Officials sponsored a Public Health Leadership Summit in Billings that was attended by more than 100 public health professionals from state, tribal and local agencies. The purpose of the Summit was to discuss needed public health system improvements and how to better coordinate leadership within the system. After the Summit, the Foundation convened a Public Health Systems Working Group with leaders from the Montana Department of Public Health and Human Services (DPHHS), University of Montana, School of Public and Community Health (UM), Montana Public Health Association (MPHA), Association of Montana Public Health Officials (AMPHO) and Montana Environmental Health Association (MEHA). The group utilized the information gathered at the Summit, along with results of a survey of public health leaders to prioritize needed and desired system improvements. Based on the deliberations of this group, the Foundation choose to fund and conduct this study.

What is Public Health?

Public health is often defined as promoting, protecting and improving the health of communities through education, promotion of healthy lifestyles, disease prevention, detection and response.^{iv} The release of the Institute of Medicine's 1988 report, *The Future of Public Health*, greatly influenced the growth and development of the field of public health when it highlighted the critical need to strengthen the public health infrastructure.^v In 1994, the 10 Essential Public Health Services framework was developed to form the basis for describing the public health activities that ought to be undertaken in all communities. These have also provided the foundation for a national public health accreditation program. More recently, public health practice has shifted to a broader systems approach as a more effective way to address the social determinants of health as defined by the Public Health 3.0 framework.^{vi} A systems approach is one in which multiple stakeholders, including governmental and non-governmental entities, work in partnership to assure conditions in which people can be healthy. Such conditions often include, but are not limited to, social, economic, educational and environmental factors that either contribute to or hinder community wellness.

What is the Montana Public Health System?

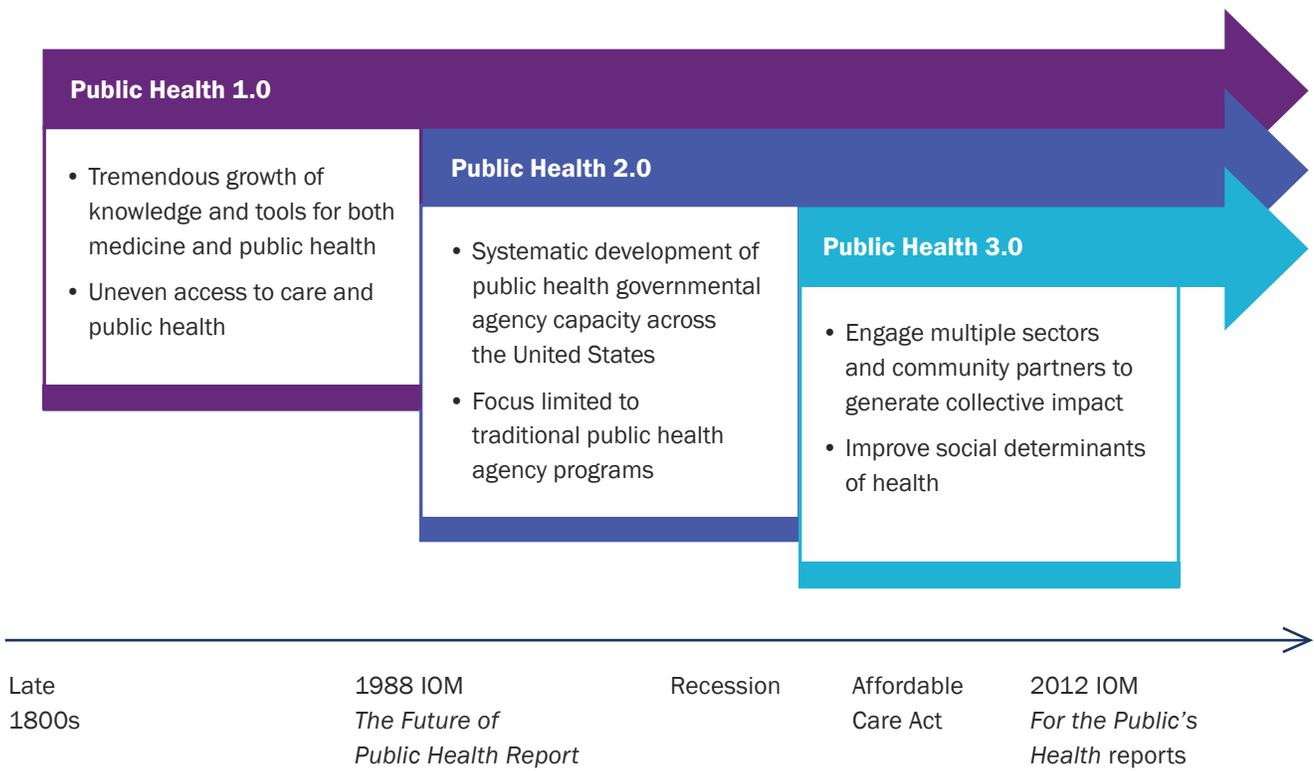
The governmental public health system in Montana includes a mix of state, local and tribal health departments, along with federal agencies, the university system. These are supported by three public health serving non-profit organizations (MPHA, AMPHO and MEHA). Since it is widely recognized that sectors such as early childhood providers, housing, behavioral health, education, transportation, law enforcement, community-based organizations and many others also have an important role in promoting health and wellness, Montana's governmental public health system has increasingly worked with a variety of state and local partners. Consistent with Public Health 3.0 and recognizing this approach needs to develop further, the 2019-2024 Montana Department of Public Health and Human Services Strategic Plan identified a need to strengthen the public health system and to enhance multi-sector collaboration to address the social determinants of health and sources of health disparities.^{vii} Additionally, addressing priorities identified in the *2019-2023 State Health Improvement Plan* will increasingly depend on systems approaches that include robust cross-sector partnerships and collaboration.^{viii}

What are Public Health Institutes?

Public health institutes are nonprofit organizations dedicated to advancing public health practice and making systematic improvements in population health. NNPHI public health institutes drive the kind of improvements that impact the health outcomes of groups (as opposed to just individuals) and help all people to access the conditions and resources they need to live healthy, happy lives. They improve the public's health by:

1. Addressing current and emerging health issues
2. Building partnerships across different sectors (government, business community, academia)
3. Expanding competencies and capacity
4. Focusing on population health
5. Fostering innovation
6. Leveraging resources

FIGURE 2: PUBLIC HEALTH 3.0



METHODOLOGY

From July 1, 2018 to May 31, 2019, the consultants worked with stakeholders in Montana and experts across the country to gather the information that is included in this report. Figure 4 is a map of the travel activity of the study, in which study consultants and public health leaders traveled over **57,000 miles**.

The consultant team was diligent in assuring that form should follow function as we explored needed system improvements, including the possibility of a PHI. Toward that end, we examined both stakeholder interests and the health and systems issues that have been prioritized for action, and therefore, employed a mix of study methodologies that included:

- Regional roundtable meetings in Helena, September 11, 2018; Billings, September 12, 2018 and Glendive, September 13, 2018. The objectives were to: 1) listen to the vision for healthier communities; 2) provide

information and education regarding public health institutes and gauge the level of need and support for development of an institute in Montana; and 3) seek input into the possible roles a one could serve. More than 135 individuals attended the meetings from a variety of health, human service, education, community-based and other organizations, and included elected officials, policymakers, community leaders, and government officials from the local, county,

state and federal levels. Health department leaders represented 22 Montana counties and representatives of several organizations serving tribal members attended. A full list of meeting participants is included as Appendix A.

- Attendance at a meeting of Montana Tribal Health Leaders convened by the Montana Healthcare Foundation on November 13, 2018 at the Doubletree Hotel, Helena at which a team member presented information about 1) the study, 2) key findings from the Regional Roundtable Meetings held and 3) public health institutes and some of the roles they play in other parts of the country.
- Twenty semi-structured interviews with representatives of organizations that would potentially: 1) realize the benefits of a public health institute; 2) contribute to the development of an institute; 3) contract for services

from an institute; and 4) provide the perspective of leaders and influencers in the healthcare and public health systems. Interviewees were from universities, local governments, statewide healthcare provider organizations, state government, hospitals, health systems, tribal and local public health agencies, and public health and other non-profit organizations. A list of interviewees is included as Appendix B.

- Review of key strategic planning documents from a wide array of public health and healthcare agencies, organizations and collaboratives, as well as previous analyses of community health planning documents to identify the most frequently prioritized health and system improvement priorities (a full list is provided as Appendix C).
- Research into effective public health institute models in rural/frontier states and development of case studies.
- Review of the capacities, strategic objectives and funding of the Montana non-profit public health organizations (MPHA, AMPHO, MEHA).
- Site visits to Kansas Public Health Institute and Southwest Center for Health Innovation in New Mexico to learn how they support and interact with state and local public health agencies, public health non-profit organizations and other stakeholders.
- Participation by Montana public health leaders in a meeting with the Michigan Public Health Institute at the 2019 NNPHI Annual Conference in Washington, DC.
- Research into the financial feasibility of creating an institute in Montana.
- Guidance and direction provided by a steering committee and a stakeholder group that conference calls and in-person meetings to provide: feedback on study design; insights regarding study findings; options for strengthening the Montana public health non-profit organizations, and feedback on draft recommendations. Study Steering Committee meetings were on November 7, 2018; December 6, 2018; January 24, 2019; and March 14, 2019. In-person meetings were on May 9, 2018 at the Great Northern Hotel, Helena; March 13, 2019 at the Delta Colonial Hotel, Helena; and June 6, 2019 at the Hilton Garden Inn, Bozeman.



FIGURE 3: Participants at the Glendive roundtable on September 13, 2018



STUDY FINDINGS

Health and System Improvement Priorities

In this section of the report, we highlight the most frequently prioritized health issues, factors affecting health, and public health and healthcare system improvements that were identified through a document review, regional roundtable meetings and key informant interviews.

We reviewed community health assessments and health improvement plans as well as several analyses of recent ones completed in Montana. These involve community leaders, service providers and other stakeholders to identify and analyze community health needs and develop action plans to address them and are usually led by the local or tribal health department and/or the local hospital. In addition, we reviewed health improvement planning documents created by statewide health agencies and organizations that engage in similar processes at the state level. Regional roundtable meeting participants were asked to identify critical health improvement priorities for their communities and the state, and key informants were also queried about their organizations health improvement priorities.

Table 1 displays the health issues most often prioritized in plans and that emerged as themes across the regional roundtable meetings and key informant interviews. These are not in rank order, with one exception. Behavioral health, including mental health, substance abuse and suicide, is the most frequently prioritized health issue in both community and state planning documents, and was most frequently identified across our methodologies. Of note, access to healthcare was also prioritized in both community and statewide plans, and while community plans included a greater focus on disease prevention and health promotion, statewide plans tended to focus more on factors influencing health status such as the social determinants of health, health equity and early childhood issues.

Many local and tribal health departments, hospitals and statewide health agencies and organizations also complete strategic plans to improve the functioning of an organization and/or the system in which it operates. Table 2 summarizes the system improvement issues most often prioritized in public health and healthcare organization planning documents and that emerged as themes in regional roundtable meetings and key informant interviews (not in rank order). System improvements aligned nearly perfectly among the document review, interviews and themes from the meetings. Of note, public health system partners identified

a particular need to strengthen the environmental health system and better connect it with other public health functions, while healthcare partners prioritized integration of behavioral health with other services.

TABLE 1:

Health Issues Most Often Prioritized, Montana, 2019
Behavioral Health (mental illness, substance use disorders, suicide)
Social Determinants of Health (in particular poverty and housing)
Chronic Disease Prevention and Health Promotion (in particular cancer, overweight and prevention/health promotion)
Adverse Childhood Experiences and Trauma
Health Equity (American Indians, rural/frontier, low income)
Maternal, Infant and Early Childhood (care, education and safety)
Access to Healthcare

TABLE 2:

System Improvements Most Often Prioritized, Montana, 2019
Workforce and Leadership Development
Organizational Excellence (quality improvement, use of IT, data analytics, evidence-based practices)
Partnership Development
Financial Sustainability & Additional Support for Local and State Priorities (including grant writing support for local/tribal public health and other organizations)
Capacity for Policy Work
Basic Capacity Building and Administrative Support (for local/tribal public health and other organizations)
Environmental Health (capacity issues, disconnect with other public health functions)
Clinical Integration (especially behavioral health)

Need, Support and Potential Roles for an Institute

Regional meetings and key informant interviews also provided an opportunity to gather information and learn from participants and interviewees about: 1) the current functioning of the public health system; 2) the need and potential roles an institute could serve; 3) support for and concerns about development of an institute; 4) how concerns might be addressed; and 5) organizations that are serving a role similar to that of an institute. In this section of the report, we present our synthesis of themes and observations on these topics.

Current functioning of the public health system

While there is dedicated leadership, the public health system lacks capacity, infrastructure and resources.

- There is pride in current collaborations, but interest in and a need to strengthen multi-sector collaboration to address factors that influence health including the social determinants of health and behavioral health.
- In order to strengthen the system, local elected officials, governing bodies and other policymakers need to become better informed about and involved in public health issues and the public health system.
- The environmental health component of the system needs to be bolstered and better connected with other public health functions at the state and local level.

Need and potential roles for an institute in Montana

The following are among the gaps and roles an institute could fill.

- Convener of multi-sector partnerships to impact health issues.
- Conduct policy analysis and development, including conducting research and data analysis with neutrality and credibility.
- Educate elected officials about health issues and the public health and healthcare systems.
- Leverage funding, re-grant locally, and provide grant writing support.
- Provide much-needed backbone administrative support for public health and other organizations.
- Serve as a resource to a variety of organizations that is flexible and unencumbered by government.
- Bring greater focus to rural, frontier and tribal needs, disparities and data.
- Assist local agencies to navigate shared services and regional approaches to providing public health services and functions.
- Convene partners to examine and address environmental health system issues.
- Build public health system capacity with a variety of strategies including those above.



FIGURE 5: Participants at the Helena roundtable on September 11, 2018

Support for and concerns about development of an institute

Among study participants, there is strong support for development of an institute. The concerns that were raised by study participants about development of an institute during our research were:

- Competition for resources, funding, mission, work, and the erosion of identities of existing organizations.
- Duplication of effort and initiatives already in place
- Assuring adequate funding not only to develop and sustain an institute and to guarantee its success.
- The ability of an institute to address rural, frontier and tribal communities' issues and not become focused on populated regions of the state, particularly given the lack of experience with institutes in this region of the country.
- Interference with long-standing and productive collaborations.

How concerns might be addressed:

- ✓ Engage partners in the design and development of an institute
- ✓ Leverage what exists, rather than creating something completely new
- ✓ Assure a strong rural, tribal and statewide focus
- ✓ Build capacity rather than bricks and mortar
- ✓ Tribal representatives expressed interest in assuring American Indian people are involved in a meaningful way, in the design and development of an institute.

These quotes from study participants are provided to help convey themes that emerged in our research.

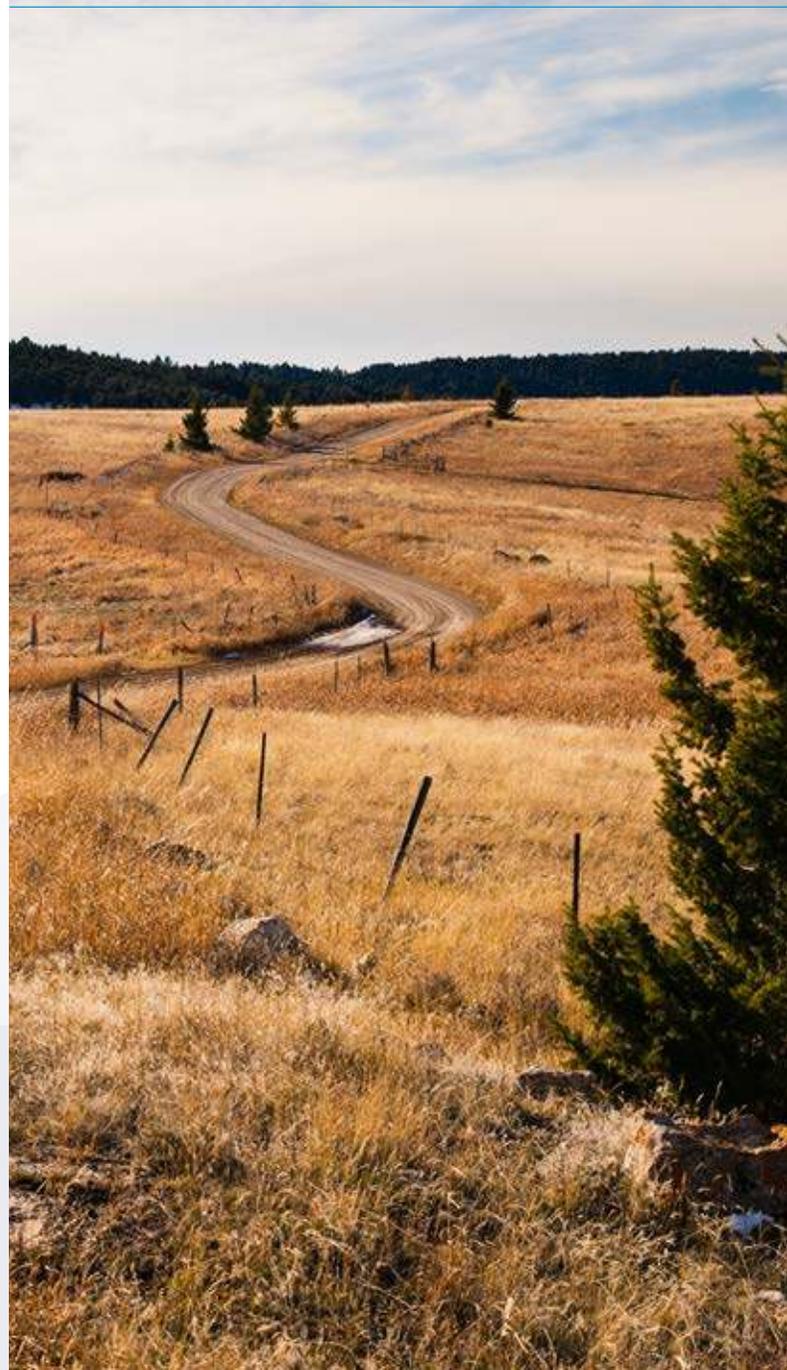
- “Having something of this nature [an institute] would allow us to collaborate with other organizations to work on larger scope projects and to go after more significant amounts of funding, as in the million-dollar range. This type of organization could help coalesce multiple partners to solve a significant problem.”
- “This is a place where new efforts could be seeded, explored and developed. An institute could also bring the whole state together around a unified public health agenda.”
- “We support each other in Montana. We wouldn’t want something that tried to take over but would want something supportive of the infrastructure that already exists.”
- “The only way it would work is if an institute had someone on the ground doing the gopher work, helping us get things done. At the end of the day in rural communities, you just have to do it yourself at the local level.”

Organizations serving roles similar to an institute

The Montana Healthcare Foundation, Office of Rural Health/Area Health Education Centers/Rural Health Initiative and public health advocacy organizations were those most often identified to the consultants as organizations serving in roles similar to ones a public health institute might serve. The consultant team interviewed leaders from these organizations and conducted a full analysis of the capacities of the three public health advocacy organizations, MPHA, AMPHO and MEHA (outlined later in this report). **It is our assessment that while the functions of these organizations match some of the roles and services a public health institute provides, they do not have a mission or structure that is consistent with the model.** These organizations would need to fundamentally change their missions and structures to serve in a flexible and multisector capacity-building role throughout Montana. In the case of the Montana Healthcare Foundation, the structural requirements of how foundations function, particularly in regard to funding and fiscal management, prevent them from serving as the public health institute. It is critical that a public health institute have a structure that is nimble and entrepreneurial in its approach to leveraging funding. MHCF as currently structured, could not provide that capacity. They are not alone; many private foundations in other states have explored the potential of serving as a public health institute, but also acknowledged that their mission and structure are not the right fit. Many of them supported the development of an independent non-profit entity to support these functions. An example is shared in the next section of the Kansas Health Foundation creating the Kansas Health Institute.



“The politics and how others can feel connected to an institute must be thought about strategically. Partners really need to be brought in and made to feel like they are part of the design of it, or it will step on turf. It somehow needs to leverage what exists in Montana.”



Potential Models for Rural Capacity Building in Montana: Case Study Examples

The consultant team identified several examples of public health institutes that have significant initiatives and relationships in rural and frontier communities, including:

- Southwest Center for Health Innovation (SWCHI), located in Silver City, New Mexico
- Kansas Health Institute (KHI), located in Topeka, Kansas

A team of Montana leaders attended site visits in New Mexico and Kansas to learn more about the capacities of these organizations and their potential application in Montana. The site visits were held May 6-9, 2019 and included the following leaders:

- Montana Public Health Association - Sue Hansen
- Association of Montana Public Health Officials - Hillary Hanson
- Montana Department of Public Health and Human Services- Laura Smith, Deputy Director and Economic Services Branch Manager; Bobbi Perkins, Prevention Bureau Chief, Addictive and Mental Disorders Division; Terry Ray, Public Health Systems Improvement Coordinator, Public Health and Safety Division
- Montana Healthcare Foundation - Michele Henson
- Indian Health Service, Billings Area Office - LeeAnn Bruised Head
- University of Montana - Tony Ward
- Consultants - Jane Smilie and Erin Marziale



FIGURE 6: Site Visit Team with SWCHI Staff

Highlights from the visits

NEW MEXICO

- SWCHI was started by Hidalgo Medical Services (HMS), a federally qualified health center. Charlie Alfero, Executive Director of SWCHI, was a key leader in the creation of HMS over 20 years ago and he worked closely with the Board of HMS to support the development of SWCHI. Charlie shared, “We created HMS and the Center to discuss good policy and give a voice for our communities. [For creative solutions for community health] The question isn’t can we do this? It’s how do we change the rules so we can do it.” In the beginning, HMS set aside funding for SWCHI. After three years of core support, SWCHI transitioned to full financial independence from HMS through a mix of grants, contracts and a legislative appropriation accomplished in the 2019 legislative session.
- In 2015, a leader of the New Mexico Public Health Association (NMPHA) was interested in exploring the development of a public health institute for New Mexico. The NMPHA explored becoming an institute itself, but decided it was not a good fit for its mission and capacity. At the time, SWCHI had significant work statewide but was primarily known for its work in the southwestern part of the state. NMPHA asked SWCHI to lead a process to explore the public health institute concept. SWCHI secured a planning grant from the W.K. Kellogg Foundation to develop a statewide leadership group to identify an organization to serve as a public health institute for New Mexico. After a two-year process that engaged many stakeholders and reviewed several organizational options, SWCHI was selected to be the public health institute for New Mexico.
- The New Mexico public health system is centralized. Health councils are the main mechanism at for local public health. A critical role of SWCHI is to streamline and coordinate a voice for policy making and financing for local needs, and to support regional and local infrastructure and capacity building to meet public health needs.

KANSAS

- The Kansas Health Foundation (KHF), created in 1985, recognized that many decisions at the state legislature were being made without credible, unbiased information. The Kansas Health Foundation explored developing its own capacity to be a credible, unbiased source of information but determined that they would need to significantly restructure their mission, location and other core aspects to serve in this role. KHF also explored other existing entities such as universities but determined that they either lacked capacity or were not seen as credible and unbiased. KHF decided to create an independent entity to provide this capacity for the state. KHF committed to be a primary funder as they recognized the need for core funding to protect an unbiased, policy-focused mission which is difficult to accomplish through a financial model that is dependent on short-term grants and contracts. KHF created the Kansas Health Institute (KHI) and provided them with a 10-year grant of \$30 million (\$3 million a year) which has now been renewed twice. KHI develops a strategic plan in collaboration with KHF every three years.
- KHI provides in-depth policy analysis, timely data and expert testimony for over 20 topics each legislative session. The topics are both proactively identified and responsive to immediate legislative requests during the session itself. KHI staff think three years ahead about the research that will be needed for the legislature and attempt to anticipate questions the legislature will have. KHI has a comprehensive strategy for identifying topics which includes:
 - Hosting an “emerging issues luncheon” with statewide policymakers, key stakeholders and other partners
 - Groups ask KHI to consider a topic
 - KHI is diligent in building relationships with policymakers and their staff. Their offices are located directly across the street from the Capitol, and KHI staff regularly participate in-person in meetings, spend time with state health department leaders and attend other partner meetings.
- Secretary Lee Norman of the Kansas Department of Health and Environment shared that KHI is approachable. If the health department needs research on a particular topic, KHI is helpful and neutral. The health department knows they will take a disciplined and scholarly approach with sound data and it will have a distinct Kansas trademark (it’s by Kansas, for Kansas). He commented that they are a brain trust with a diversity of experts to aid the state health department.



FIGURE 7: Site Visit Team with KHI Staff

The consultant team recommends that a Montana public health institute learn from and utilize the expertise and resources from the SWCHI and KHI in its design and development. These organizations offered ongoing support for Montana and stated there are capacities in Montana that they could learn from, specifically meaningful engagement on the local county level and partnership with tribal communities. The consultant team also recommends that the institute connect with the Colorado Health Institute and Trailhead Institute (also in Colorado) as well as the Georgia Health Policy Center and the Tennessee Institute of Public Health. These NNPHI members have extensive relationships and funding to support rural capacity building in their states and regions. Colorado public health professionals have relationships in Montana and could be a source of regional support.

Financial Feasibility of a Public Health Institute in Montana

Developing a public health institute is an entrepreneurial enterprise; institutes bring in new resources for population health, rather than compete for existing resources in their states. There are several funding options for a public health institute to serve Montana's public health system capacity and multi-sector collaboration needs. Recommendations for financial feasibility were developed from Module 4 of the *Guide for Developing and Thriving as a Public Health Institute*,^{ix} and the evaluation of the Fostering Emerging Institutes Program with RWJF (2006-2014) which invested significant direct funding for 12 institute start-ups as well as multi-year, relationship-based technical assistance and mentorship. Other data sources for financial feasibility include:

- 2015 and 2017 990s from public health institutes as well as annual reports
- Recent membership applications
- 2012 and 2017 member surveys
- The Bridgespan Group's 2014 profiles of public health institutes

Institute's funding requirements vary depending on organizational maturity, purpose/vision, the local context of public health funding and by capacity or appetite for growth. Ultimately, the financial goal of a public health institute for Montana would be to maintain an annual budget of around \$2,000,000 with a diversity of public and private funders, at least one multi-year project and several initiatives that re-grant to local partners, such as local health departments and community-based organizations. Ideally, the organization will bring in new resources from national, regional and local partners to support the public health priorities of rural, frontier and tribal communities. Successful public health institutes leverage each project to build additional business AND grow the infrastructure of the organization (e.g. if an opioid overdose prevention program has robust communications support, hire skilled communications staff with an eye towards sharing capacity with other organizations and advancing the overall organizational communications needs). Successful institutes have a mix of project funding with the following characteristics.

1. Multi-year project initiatives - many public health institutes built their capacity through grant programs that spanned three to five years.

2. Diversity of funders - Successful institutes have a mix of at least two or more public and private funding sources, including state or local government contracts, private philanthropic grants, national federal funding, etc. Many institutes are now advancing fee-for-service

initiatives that build in loaded hourly rates and provide a modest "profit" margin. Fee-for-service work requires estimating costs for services that can be challenging to estimate, such as facilitation, meeting planning, communications, etc. NNPHI can offer some national benchmarking, but a Montana institute will need to conduct its own in-state benchmarking as well.

3. Diverse funding vehicles - Many institutes have had success securing multi-year Indefinite Delivery, Indefinite Quantity (IDIQ) mechanisms, cooperative agreements, master contracts and other contracting vehicles that allow for multiple projects.

Other institute sustainability strategies could include the following:

- **Develop umbrella or backbone model of support for other organizations** - One of the themes in our research that is shared in the "Study Findings" section of this report, was the need for capacity support for smaller organizations, including health departments, Montana's non-profit public health organizations, and community-based entities. A Montana institute could offer administrative and operational support for smaller entities and charge a modest management fee for these services.
- **Multi-year contracting vehicle with the state health department and other government agencies** - As mentioned above, many institutes support their sustainability through long-term, contracting relationships with state or local health departments. Some have contracted for coordination of implementation of all or some components of the state health improvement plan. For example, the Illinois Public Health Institute (IPHI) is the home of the Illinois Alliance to Prevent Obesity, which was created in response to the recommendations of the State Health Improvement Plan. The Alliance leads both a short-term and long-term policy agenda, supports five workgroups, and coordinates over 140 organizations across the state that are part of the State Obesity Action Roadmap. IPHI uses a collective impact model and ensures inclusion of multi-sector partners, as well as qualitative and quantitative evaluation of the effort. Others have contracted to implement statewide public health initiatives, providing services such as hiring on behalf of an agency for technical and program expertise, providing support for sub-award/contracting agreements with community-based organizations and other partners on behalf of the government, and providing infrastructure needs such as communications, IT and developing relevant trainings for agency needs.

- **Core support from philanthropic partnership** - KHI, Colorado Health Institute, Health Policy Institute of Ohio and the Center for Mississippi Health Policy all have core organizational support from one or more state-based foundations that are committed to the mission of the organization. For some, like Colorado or Ohio, this is a mix of five to eight funders that provide \$50,000-\$250,000 a year to support the mission of the institute. Again, for KHI this is approximately \$3,000,000 a year from the Kansas Health Foundation.
- **Fee for service contracts on key public health competencies** - Several institutes are national leaders in key competencies such as accreditation and quality improvement, conducting health impact assessments, training community health workers, and many other areas.

Additional guidance on financial feasibility can be found in the “Recommendations” section of this report. NNPHI recommends start-up funding for a public health institute in Montana at a minimum of **\$750,000 each year for three years**. These funds would be a hybrid of core organizational support that would cover limited salary (full-time executive director), limited benefits, some direct costs such as equipment, teleconferencing, office supplies, rent and some contractual costs for administrative, communications and technical expertise as well as some direct programmatic work with deliverables. Ideally, this would be a mix of funding from public and private sources in the state such as the MHCF, Headwaters Health Foundation, a hospital or health care system such as Billings Clinic, and the DPHHS. Given the unique challenges of starting a public health institute in a large rural state, it is recommended that the public health institute for Montana utilize an administrative home or incubating organization for the first three to five years and share resources with other organizations such as office space, contracting for some staffing, etc.

Review of Montana Non-profit Public Health Organizations

The consultant team reviewed capacities, services, strategic objectives and funding for Montana Public Health Association (MPHA), Association of Montana Public Health Officials (AMPHO) and Montana Environmental Health Association (MEHA), the non-profit public health organizations in Montana. Specifically, we examined 990 financial information publicly available and as provided by each organization; websites, strategic plans and other key documents; policy and funding accomplishments; and partnerships and collaborations. We interviewed two leaders from each organization, created detailed organizational

profiles and a comparative analysis of the organizations (Table 4 below). On March 13, 2019, we presented the results of our research to the MHCF-convened Public Health Systems Working Group and gathered information from leaders to assist in formulating our recommendations for strengthening these organizations. In this section, we present our synthesis of themes and observations. feasibility include:

- While these organizations have dedicated leadership, each has limited funding and core capacity and therefore, limited ability to impact public health policy, programming and funding.
- There is considerable alignment in strategic priorities with all three organizations providing workforce development and training activities and advocating for effective public health policies. While relationships among them are generally good, there is interest in and a need to create even greater alignment.
- There is significant collaboration among the organizations with a joint legislative effort every other year and an MPHA/MEHA conference annually, at which AMPHO also holds a membership meeting.
- There is overlap among the membership of the three organizations, but each has a somewhat different core constituency – MPHA membership includes any public health worker; AMPHO members are health department directors/health officers; MEHA members are environmental health professionals.
- AMPHO was created to strengthen the ability of the public health system to impact policy and to create a venue for a more formal relationship among local public health agencies and the DPHHS. It is unique among the three with its 501(c)(6) tax exempt status which allows more leeway for political activity than if it were a 501(c)(3). This also makes it more heavily dependent on membership for revenue, since it is not able to accept charitable contributions and is less likely to receive foundation grant funding. In contrast, MPHA and MEHA have 501(c)(3) tax exempt status, with the ability to accept charitable contributions and foundation grants, but also placing some limitations on political activity.
- There is a perception that MPHA and AMPHO are somewhat redundant in the services and capacities they provide to public health agencies and professionals. There is a need for clarification of these roles.
- To impact public health policy and build capacity, these organizations need to strengthen relationships among themselves, their memberships, their local elected officials and the associations of those elected officials.

- Organization leaders want to better support the needs of rural and frontier members given the challenge of providing services efficiently in sparsely populated areas and delivering training when staffing is minimal.
- The environmental health system is strained. Montana has sanitarian shortages and no accredited academic program. Leaders have challenges in working with the Board of Sanitarians and County Attorneys and need to strengthen relationships with Department of Environmental Quality. As well, in some locations environmental health is disconnected from other public health functions.
- Organization leaders want to and need to expand multi-sector work in order to address behavioral health, the social determinants of health and adverse childhood experiences, but lack the capacity to do so.

These quotes from MPHA, AMPHO and MEHA leaders are provided to help convey themes from our research:

- “There’s drive, motivation and talent [among members] but no time.”
- “We are ready to think outside of the box but need capacity to do it.”
- “It is not easy to find people who will work on advocacy. People lack confidence to step up and lead.”
- “How do we train the workforce if they can’t ever leave the office?”
- “Any entity that can draw the partners together and help all three organizations would only be a good thing.”
- “Regionalizing might be part of the answer, and an institute could push it. If the state pushed it, it wouldn’t work. Things need to boil up from the bottom a bit.”
- “An institute could come from a place of authority and can show elected officials what public health should look like. It could help with elected officials, but we wouldn’t them to step in the middle.”

Table 3. Comparative Analysis of Montana Health Non-Profit Organizations

	MPHA	AMPHO	MEHA
Mission	<ul style="list-style-type: none"> MPHA is a diverse organization seeking optimal health and working to shape public health policy for all Montanans. 	<ul style="list-style-type: none"> To lead and advocate for effective policies, programs and local public health systems. 	<ul style="list-style-type: none"> To maintain and improve the standards of performance for professionals in the field of environmental health in Montana through education and outreach.
Primary focus of activity and partnerships	<ul style="list-style-type: none"> Public health (PH) workforce development, networking and recognition Advocacy on a broad array of PH policy and funding issues 	<ul style="list-style-type: none"> Advocacy and lobbying on a broad array of PH policy and funding issues Leadership development 	<ul style="list-style-type: none"> Environmental health (EH) workforce development Advocacy on EH policy and funding issues
Membership size and composition	<ul style="list-style-type: none"> 309 PH professionals and students from many disciplines; no organizational members 	<ul style="list-style-type: none"> 40 local health department directors/health officers 	<ul style="list-style-type: none"> 107 EH professionals, students, retirees; no organizational members
Management and staffing	<ul style="list-style-type: none"> .5 FTE Executive Director employed by MPHA Use the services of an accountant for tax prep and oversight 	<ul style="list-style-type: none"> .5 FTE Executive Director contracted through association management/government relations firm Bookkeeping and tax prep are done internally as part of the contract; accountant prepares 990s 	<ul style="list-style-type: none"> All volunteer
Tax Exempt Status	<ul style="list-style-type: none"> 501(c)(3) 	<ul style="list-style-type: none"> 501(c)(6) 	<ul style="list-style-type: none"> 501(c)(3)
Board composition and representation of membership	<ul style="list-style-type: none"> Combination of officers and regional positions, tribal position Provides geographical representation 	<ul style="list-style-type: none"> Combination of officers and positions based on the population of jurisdiction, plus tribal positions (never filled) Provides representation from urban, rural and frontier counties 	<ul style="list-style-type: none"> Combination of officers and directors at large The structure is not based on geographical representation or size/type of jurisdiction
Major sources of revenue	<ul style="list-style-type: none"> Conference fees, sponsorships and exhibits Dues Grants for capacity building and training 	<ul style="list-style-type: none"> Dues Contracts for lobbying and leadership development 	<ul style="list-style-type: none"> Dues

	MPHA	AMPHO	MEHA
Financial information for most recent year provided	<ul style="list-style-type: none"> Fiscal Year Ending June 30, 2018 	<ul style="list-style-type: none"> Calendar Year to Date – December 18, 2018 	<ul style="list-style-type: none"> Fiscal Year Ending June 30, 2018
Revenue	<ul style="list-style-type: none"> \$97,814 	<ul style="list-style-type: none"> \$56,203 	<ul style="list-style-type: none"> \$20,757
Expenses	<ul style="list-style-type: none"> \$86,478 	<ul style="list-style-type: none"> \$49,687 (Fiscal Yr. ending 6/30/18) 	<ul style="list-style-type: none"> \$13,083
Net assets	<ul style="list-style-type: none"> \$53,768 	<ul style="list-style-type: none"> \$78,593 	<ul style="list-style-type: none"> \$24,287
Focus of partnerships	<ul style="list-style-type: none"> Other PH organizations State agencies Academic partners 	<ul style="list-style-type: none"> Other PH organizations State agencies Other health leadership groups 	<ul style="list-style-type: none"> Other PH organizations State agencies Academic partners
Major current contracting/grant relationships	<ul style="list-style-type: none"> Provide funding to AMPHO to hire a lobbyist on their behalf MOA with UM and PHSD for practicum placements Grant from MHCf for online public health training modules, MPHA will hire a consultant to lead the work 	<ul style="list-style-type: none"> Hire lobbyist through another firm on behalf of MEHA and MPHA Contract with DPHHS for leadership development and subcontract to provide the services 	<ul style="list-style-type: none"> Provide funding to AMPHO to hire a lobbyist on their behalf

RECOMMENDATIONS

Recommendation 1: Develop an institute to support the public health system and invest in strategies that demonstrate value to rural, frontier and tribal communities

The public health institute model is feasible and a good fit for the state, given the gaps in capacity identified in this study and the interest in increasing new, innovative resources for health expressed by participants in the study. There is not another existing entity in the state that can serve as a public health institute. A majority of Montana leadership that participated in the study expressed strong interest in the PHI model and a commitment to support the design and development of an entity. Further, several leaders expressed tangible project and partnership ideas that an institute could support that **do not currently exist** in the state.

1a. Create a design team to develop the mission, vision and strategic plan for the institute

As shared above, there are several leaders in Montana that are passionate about the utility of a PHI. These leaders should form a design team to design a framework for the PHI and guide the development of a formal mission and vision, anticipating that the institute will become a full 501(c)(3) within three to five years. Leaders should represent a cross-section of the public health system, including environmental health and rural, frontier and American Indian representation. The consultant team identified PHIs in New Mexico, Kansas and Colorado as excellent models of capacity building that could inform this work in Montana.

1b. Incubate the institute within the Montana Healthcare Foundation, utilizing the infrastructure, expertise and guidance of the foundation

Successful public health institutes are typically incubated by an existing organization to support their initial start-up and financing while they develop the entrepreneurial muscle to bring in new resources and establish independence. The MHCF was identified as one of three organizations in the state that has an active role increasing capacity for the public health system. MHCF has excellent relationships and is well respected in the state of Montana, however it cannot be the public health institute itself. By nature of being a foundation, it is not positioned to support flexible leveraging of resources or comprehensively engage in the roles identified through the study. The consultants recommend that MHCF incubate the institute for a period of three to five years, providing core operating support and establishing a separate 501(c)(3) that will eventually become independent.

1c. Develop a detailed plan for long term financing

Successful public health institutes have diverse sources of funding; multi-year funding; and two or more funders such as the federal government and a national foundation. They also re-grant funds to other partners, such as local health departments and community-based organizations. The consultants recommend that the leadership (both Board and Executive Director/CEO) of the institute aggressively engage in entrepreneurial activities to build new lines of business that increase resources for health in the state of Montana, rather than compete for the scarce resources that already exist. The long-term financing strategy should include robust proposal development with multi-sector partners, with a special focus on support for rural, frontier and tribal communities.

Recommendation 2: Complete a process to reach a conclusion about realignment of the public health organizations (MPHA, AMPHO, MEHA)

Our research highlighted dedicated leadership but low funding and organizational capacity among the non-profit public health organizations in Montana (MPHA, MEHA, AMPHO), and the impressive impact of the organizations, despite these capacity challenges. The leadership of these organizations have used strong relationships and intensive collaboration to deliver a range of services and are particularly proud of their joint annual conference and joint legislative efforts. Preserving these while moving forward will be of paramount importance.

Public health leaders have articulated the goal of better aligning priorities among the three organizations in order to strengthen the public health system, implement effective public health policies and programs, and improve the health of Montanans. Additional goals for realignment of the organization identified in our research include to: realize efficiencies; build capacity; strengthen partnerships; and increase influence. To achieve these goals, we recommend the organizations explore a range of options from specific activities to improve coordination to consolidation — to potentially achieve efficiencies and economies of scale, stabilize the organizations during upcoming changes in leadership and continue to build capacity. We present three options below, recognizing it is not possible to articulate the full range of options.

The consultant team recommends organization leaders take advantage of the momentum that has been created with this study, as well as the planned, upcoming retirement of one association ED. To that end, we have outlined a meeting strategy for the organizations from July 1 through December 31, 2019 (see “Blueprint for Moving Forward” section of this report) to determine a realignment strategy. The consultant team identified three states, Colorado, Ohio and Vermont, that are models of strong collaboration among public health organizations. The meeting strategy will include learning exchanges with these states and a process for determining the optimal structure moving forward.

Option 1: Create a structure to improve coordination and communication

- Maintain three organizations and create a structure and calendar for regular convening of the leadership of the three organizations (consider officers and EDs). Formalize the structure with a memorandum of understanding (MOU).
- Take advantage of existing meetings such as the annual conference or Summer Institute to meet.
- Align strategic plans or create a joint plan
- Clarify and document in writing, the roles and responsibilities of each organization.
- Develop joint communications to the memberships of all three organizations that stress collaboration and mutual support among them. Consider a joint newsletter.
- Explore opportunities for sharing, including hiring shared staff, co-location, jointly funding initiatives and more.
- Continue the dialogue about how best to restructure and/or better coordinate the organizations to create economies of scale and efficiencies while building capacity.
- Partner with other health leadership groups, increase visibility of public health and have influence.

Option 2: Hire one full-time executive director to serve three separate organizations.

- Hire an executive director but maintain each organization’s unique identity and tax-exempt status.
- Structure strong board collaboration and coordination, as well as staffing with a MOU or joint management agreement (JMA). Avoid competing priorities that could potentially make the ED position unsuccessful.
- Create a set of shared strategic priorities, potentially a joint strategic plan, and clarify the role of each organization in implementing the shared priorities.
- The ED would be responsible for all administrative functions, coordinating leadership and governance, strategic planning, communication with memberships,

overseeing contractors and reducing duplication of effort. Consider a joint newsletter.

- Contract for annual conference planning services, biennial legislative lobbying and for implementing specific initiatives of the organizations.
- Leverage all possible alignment and efficiencies.
- A similar alternative would be to contract for ED and administrative services under an umbrella organization. This is a potential function that an institute could serve.

Option 3: Merge the three organizations into one

- The organizations could consolidate or subsume into an existing organization and create a structure to preserve the unique roles of each. For example, there could be “sections” for the various types of professionals that were previously members of one or another of the organizations (i.e., lead local public health officials, environmental health professionals).
- A single strategic plan could articulate goals, objectives and strategies that address the needs of the various membership sections.
- Hire a single ED to be responsible for all administrative functions, coordinating leadership, and governance, strategic planning, communication with members and overseeing contractors.
- Contract for annual conference planning services, biennial legislative lobbying and for implementing specific initiatives of the organizations.
- Leverage all possible alignment and efficiencies.
- A merger could involve creation of a new organization or subsuming all of them into one of the existing organizations. Consideration would need to be given to assure political activity is not limited by a particular tax-exempt status.

Recommendation 3: Strengthen relationships of the non-profit public health organizations with local elected officials, their associations and key health leadership groups

To impact public health policy and programming, the organizations should first prioritize strengthening relationships within the governmental public health system: County Commissioners; Boards of Health; and statewide associations of local elected officials. Next, MPHA, AMPHO and MEHA should develop a strategy for partner engagement that includes outreach to the following key partners: Montana Primary Care Association; Montana Hospital Association; Behavioral Health Alliance of Montana; Tribal Health Leaders; and Montana Medical Association.

BLUEPRINT FOR MOVING FORWARD

The consultant team recommends the following next steps to support the development of a public health institute.

PHI DEVELOPMENT NEXT STEPS			
Activity	Entities Engaged	Timeline	Support from consultant team
1. Presentation of findings to the MHCF Board of Trustees	Consultant team and staff of MHCF	July 15, 2019	Presentation of findings
2. Form a Design Team to design PHI planning phase activities and additional stakeholder engagement strategy	Volunteers from Study Steering Committee plus additional recommended stakeholders and MHCF	August 31, 2019	Recommendations for planning phase
3. Submit planning phase project plan to MHCF and map out MHCF role in the PHI development process	Design Team and MHCF	October 31, 2019	Planning phase proposal developed with additional recommendations after next Design Team meeting
4. Implement planning phase for PHI development which includes: <ul style="list-style-type: none"> • Develop mission, vision, strategic plan • Stakeholder engagement strategy • Communications planning • Create a 501(c)(3) to be incubated at MHCF • Identify leadership for the PHI including initial Executive Director and Board for the new 501(c)(3) • Funding/Business Development strategy that includes substantive commitments from Montana DPHHS and Headwaters Foundation 	Institute Design Team, MHCF, additional stakeholders such as Montana DPHHS, Headwaters Foundation	December 1, 2019 – November 30, 2020	NNPHI to provide ongoing technical assistance in the form of participating in Design Team meetings, providing sample missions/visions/strategic plans, communications products (one-pagers, website copy, etc.), 501(c)(3) development, Board and ED recruitment, etc.

INITIAL FOCUS FOR THE MONTANA PUBLIC HEALTH INSTITUTE

Based on our observations, the consultant team recommends that Montana PHI possess the following qualities:

- Be a network that coalesces and weaves together organizations involved in health improvement. This includes partners that impact social determinants of health such as education, transportation, housing, corrections and criminal justice, labor and others. It also includes engaging healthcare and hospitals systems in meaningful ways.
- The institute should include the voices of rural and frontier communities from a broad cross-section of the state as well as tribal communities, either on the advisory group or Board or intentionally in program and service design. Rural and tribal priorities should be reflected in the strategies of the institute. Initiatives and programs that focus on building capacity, sharing resources and addressing the needs of rural and tribal communities should be prioritized.
- This network should emerge from and leverage infrastructure that already exists, rather than being or even being perceived as a new, separate, standalone entity.
- Similarly, it should be an institute that supports and builds on Montana's already strong collaborations, which are a source of great pride.
- The institute should have an immediate, initial and tangible focus on providing support to public health agencies and other partners, rather than on bricks, mortar and branding.
- It should seek not to duplicate existing functions, but rather to fill gaps and enhance functions currently being provided by others.

In the "Study Findings" section of this report, we outlined several potential gaps and needs for support in Montana. For the start-up phase of the PHI, it is important to demonstrate capacity building for the most pressing needs. We recommend in the first three to five years of PHI development, the institute should focus on adding value in the following areas.

A. Build the capacity of the public health system

- Provide surge capacity and backbone support for local, state and tribal agencies, as well as private sector organizations
- Support capacity building for newer priorities in public health
 - Behavioral health, SDOH, ACEs

- Support organizational excellence
 - Data sharing, IT systems, performance management, QI, accreditation
- Provide leadership to strengthen the strained environmental health system

B. Support policy analysis and development

- Be a neutral credible source of information and data
- Conduct research, prepare reports and briefs in anticipation of and in real-time during biennial legislative sessions
- Provide an unbiased, non-partisan home for advancing policy recommendations

C. Convene multi-sector collaborations

- Maintain relationships with cross-sector partners
 - Be prepared to engage them for funding opportunities, strategy discussions, implementation of project
- Support local public health agencies to
 - Engage with multi-sector partners to address newer PH priorities
 - Strengthen public health and healthcare collaborations to address disease prevention, health promotion, system-building and other priorities

D. Leverage funding and re-grant locally

- Take an entrepreneurial approach to support itself
- Increase overall funding for public health in Montana
- Design initiatives that include a re-granting component, with specific attention to rural, frontier and tribal communities

E. Educate and engage elected officials

- Support unbiased legislative education, such as a Health Policy Fellows Program (this institute would be an entity that would not lobby)
- Engage with and offer educational opportunities for local elected officials' statewide associations
- Engage directly with and offer educational opportunities for county commissioners and local boards of health - in close coordination with local and state public health officials

PUBLIC HEALTH ORGANIZATION NEXT STEPS

The consultant team recommends the following next steps to support realignment of Montana public health non-profit organizations.

PUBLIC HEALTH ORGANIZATIONS NEXT STEPS		
Activity	Entities Engaged	Timeline
<p>1. Create Public Health Alignment Committee, determine representation from each organization.</p> <p>Create tentative schedule for three meetings by December 31, 2019.</p> <p>Complete tasks via conference call.</p>	<p>MEHA, AMPHO and MPHA representatives on the PH Systems Working Group, Facilitator, MHCF</p>	<p>July 31, 2019</p>
<p>2. Recruit colleagues from 2-3 locales (likely OH, CO and VT) and finalize meeting schedule based on their availability for Meeting #1.</p>	<p>Public Health Alignment Committee, Facilitator, Colleagues from other states</p>	<p>August 15, 2019</p>
<p>3. Conduct three meetings of the Public Health Alignment Committee as follows:</p> <ul style="list-style-type: none"> • Meeting #1: Learn – videoconference with two or three locales with innovative structures and collaborations among the non-profit PH orgs. • Meeting #2: Brainstorm – develop 2 potential models for Montana. Use information from the study options and meeting #1. Take these to each Board for feedback. • Meeting #3: Refine – finalize a model to propose to the Boards. 	<p>Public Health Alignment Committee, Facilitator, MPHA, MEHA, AMPHO Boards, Colleagues from other states for Meeting #1.</p>	<p>November 30, 2019</p>
<p>4. Present final model to each association’s Board for consideration and action.</p>	<p>MPHA, MEHA and AMPHO Boards</p>	<p>December 31, 2019</p>
<p>5. Realigned organizations develop strategy for relationship-building with County Commissioners; Boards of Health; statewide associations of local elected officials; Montana Primary Care Association; Montana Hospital Association; Behavioral Health Alliance of Montana; Tribal Health Leaders; and Montana Medical Association.</p>	<p>Re-aligned PH organizations</p>	<p>March 31, 2020</p>

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Left to Right: Kerry Pride, MT DPHHS, Erin Marziale, NNPHI, Michele Henson, MHCF, Jane Smilie, Population Health Partners LLC and Vincent Lafronza, NNPHI

About Population Health Partners, LLC

Population Health Partners, LLC, is a health and human service consulting firm based in Helena, Montana. The firm provides research, needs assessment, evaluation, project management, facilitation and planning services for clients in the private, government and non-profit sectors.

About the National Network of Public Health Institutes

National Network of Public Health Institutes (NNPHI) represents and mobilizes more than 40-member public health institutes—along with university-based public health training centers to create health. We connect more than 8,000 subject-matter experts with organizational partners across the United States and its territories, engaging our member institutes and partners at the local, state, tribal, territorial and national levels in efforts that result in measurable improvements in population health. Our mission: To support national public health system initiatives and strengthen public health institutes to promote multi-sector activities resulting in measurable improvements of public health structures, systems, and outcomes.



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APPENDICES

Appendix A. *Regional Roundtable Meeting Participants*

Helena, September 11, 2018

- Kerry Pride, Public Health and Safety Division, Montana Department of Public Health and Human Services (DPHHS)
- Natalie Claiborne, Montana Office of Rural Health
- Connie Winner, Montana Department of Corrections
- Rebecca Richards, Parents Let's Unite for Kids
- Heidi Blossom, MORN
- Tanya Houston, Cascade City-County Health Department
- Leah Martin, Montana Health Co-op
- Shawna Talles, PacificSource Health Plans
- Kelly Green, CHSC-Montana State University/WIT
- Sue Higgins, CAIRHE-INBRE, Montana State University
- Ellen Guyer, Children's Trust Fund
- Joan VanDuynhoven, Jefferson County Public Health
- Robyn Madison, Office of U.S. Senator Jon Tester
- Melissa Moyer, Teton County Health Department
- Colleen Smith, Youth Connections
- Matt Furlong, Local Advisory Council on Mental Health
- Jen Hensley, PacificSource Health Plans
- Michele Sare, MFMIF
- Tara Preston, Montana Medical Association
- Vicki Turner, Prevention Resource Center, DPHHS
- Terry Ray, Public Health and Safety Division, DPHHS
- Jill Steeley, PureView Health Center
- Madeline Boehm, Montana Department of Labor and Industry
- Shani Rich, Area Health Education Center/MHA
- Sarah Burton, Carroll College
- Victoria Fiebig, Carroll College
- Kathy Rich, Head Start, DPHHS
- Greg Holzman, Director's Office, DPHHS
- Gilda Clancy, Office of U.S. Senator Steve Daines
- David Smith, Helena YMCA
- Erin McGowan, Association of Montana Public Health Officials
- Cynthia O'Leary, UUHP, MHC
- Casey Blumenthal, Montana Hospital Association
- Barb Reiter, Jefferson County Health Department
- Kyle Hopstad, Broadwater Health Center
- Kristin Page-Nei, American Cancer Society, Cancer Action Network
- Sheila Hogan, DPHHS
- Mary Windecker, Behavioral Health Alliance of Montana
- Kathy Moore, Lewis and Clark Public Health
- Tina Randall, Butte-Silver Bow City-County Health Department
- Marci Butcher, Montana Diabetes Program, DPHHS
- Amy Royer, Montana Officer of Rural Health
- Gerald Schafer, Carroll College
- Lora Weir, Montana Public Health Association
- Kristi Aklestad, Toole County Health Department
- Amelea Kim, Montana State Library
- Todd Harwell, Public Health and Safety Division, DPHHS
- Lisa Troyer, PacificSource Health Plans
- Kelly Parsley, Carroll College
- Katie Brewer, Cascade City-County Health Department
- Karen Lane, Lewis and Clark Public Health
- Barbara Burton, Florence Crittenton
- Anna Attaway, Cascade City-County Health Department
- Niki Graham, University of Montana, School of Public and Community Health Sciences
- Brie Oliver, Healthy Mothers Healthy Babies
- Patty Kosednak, Mountain Pacific Quality Health Foundation
- Andrew Gilbert, St. Peter's Health
- Amy Emmert, St. Peter's Health
- Amanda Eby, Mountain Pacific Quality Health Foundation
- Kelley Hubbard, Office of Attorney General Tim Fox
- Hillary Hanson, Flathead City-County Health Department
- Drenda Neimann, Lewis and Clark Public Health
- Natascha Robinson, MHA/AHEC
- Ben King, Best Practices Medicine
- Kris Kelley, Best Practices Medicine
- Brenda Solorzana, Headwaters Health Foundation
- Marcia Levitan, Department of Corrections
- Traci Clark, Senior and Long-Term Care Division, DPHHS
- Alison Munson, United Way of Lewis and Clark County
- Erin Butts, Great Falls Public Schools
- Lynn Price, Boulder
- Charles Robinson, United States Department of Agriculture
- Stephanie Morton, Healthy Mothers Healthy Babies
- Ellen Livers, Shodair Hospital
- Julia Leidtka, Ravalli Head Start
- Suzin Kratina, Women's Opportunity Resource Development, Inc.
- Susan Good Geise, Lewis and Clark County Commissioner
- Lisa Beczkiewicz, Missoula City-County Health Department

Billings, September 12, 2018

- Amy Mackenzie-Sanders, RiverStone Board of Health
- Melissa Henderson, Healthy By Design Coalition
- Jeff Nadens, Montana Department of Justice
- Claire Oakley, RiverStone Health
- Heather Fink, RiverStone Health
- Denise Johnson, Montana Primary Care Association
- Mary Helgeson, Eastern Montana AHEC/RiverStone
- Doug Anderson, RiverStone Health
- Jeanne H. Manske, Billings Clinic
- Nick Fonte, AmeriCorps VISTA County Development Division
- Amy Trad, AmeriCorps VISTA
- Martha Stahl, Planned Parenthood of Montana
- Shawn Hinz, RiverStone Health
- April Keippel, St. Vincent Healthcare
- Kelly Santiago, Montana Child Protection Alliance
- Todd Harwell, DPHHS
- Sue Wood, Central Montana Health District
- Chris Piccione, Rocky Mountain Tribal Leaders Council, Epi Center
- Tina Has the Eagle, Rocky Mountain Tribal Leaders Council
- Mary Hernandez, Parents Let's Unite for Kids
- Kristin Lundgren, United Way of Yellowstone County
- Kathy Kelker, Montana State Representative, House District 47
- Lenette Kosovich, Rimrock
- Lita Pepion, Rocky Mountain Tribal Leaders Council, TRAC
- Alma McCormick, Messengers for Health
- Cathy Grott, Montana State University, Billings
- JJ Carmody, Billings Clinic
- Janice King, Explorers Academy/Head Start
- Barbara Schneeman, RiverStone Health
- Annette Darkenwald, Billings Clinic
- Anne Millard, Frances Mahon Deaconess Health, Glasgow
- Britt Lake, Mountain Pacific Quality Health Foundation
- Jim Swan, RJS
- Robert Apgar, Indian Health Service
- Sara Mahoney, MHC
- Kristianne Wilson, Billings Clinic
- Dyani Bingham, Rocky Mountain Tribal Leaders Council-TEC-PHI

Glendive, September 13, 2018

- Jim Squires, Ministerial Association
- Crystal Alvarado, Valley County Health Department
- Margareta Walstad, Valley County Health Department
- Cindia Ellis, OneHealth/Custer County Health Department
- Lois Leibrand, Daniels County Health Department
- Jill Domek, Glendive Medical Center
- Jen Doty, Sidney Health Center
- Shannon Kadrmas, Montana Registered Apprenticeship
- McKenZ Ramus, District II Alcohol and Drug
- Teddy Robertson, Garfield County Commissioner
- Landon Dybdal, Garfield County Health Center
- Timber Dempewolf, Dawson County Health Department
- Michele Seadeek, District II Alcohol and Drug
- Nancy Rosaaen, McCone County Health Center
- Mary Fassett, Glendive Medical Center
- Bruce Peterson, Valley County Commissioner
- Lucy Corbett, Eastern Montana Community Mental Health Center
- Kathy Helmuth, Richland County Health Department
- Derek Gibbs, Watch East
- Carol Condon, Glendive Medical Center

Appendix B. *Key Informant Interviewees*

- Brenda Solorzano, CEO, Headwaters Health Foundation
- Cherie Taylor, CEO, Northern Rockies Medical Center
- Randall Gibb, MD, CEO, Billings Clinic
- Kristin Juliar, Director, Montana Area Health Education Center and Office of Rural Health, Montana State University
- Tony Ward, Chair, School of Public and Community Health Sciences, University of Montana
- Bruce Peterson, Valley County Commissioner
- Cheryl Ground, Coordinator, Blackfeet Tribal Health Improvement Program
- Anna Whiting Sorrell, former Director of Operations, Policy and Planning, Confederated Salish and Kootenai Tribes; former Director, Billings Area Indian Health Service; former Director, Montana Department of Public Health and Human Services
- Kenny Smoker, Director, Health Promotion and Disease Prevention Program/Health Program Specialist, Fort Peck Tribe
- Judy LaPan, Director, Richland County Health Department
- Todd Harwell, Administrator, Public Health and Safety Division, Montana Department of Public Health and Human Services
- Sheila Hogan, Director, Montana Department of Public Health and Human Services
- Cindy Stergar, Chief Executive Officer, Montana Primary Care Association
- Lora Weir, Executive Director, Montana Public Health Association (MPHA)
- Erin McGowan, Executive Director, Association of Montana Public Health Officials (AMPHO)
- Kristi Aklestad, Board Chair, AMPHO, and Director, Toole County Health Department
- Shawn Hinz, President, MPHA Board President, and Vice President, Public Health Services, Riverstone Health
- Alisha Johnson, Board Past President and President-Elect, Montana Environmental Health Association (MEHA), and Environmental Health Specialist, Missoula City-County Health Department
- Corinne Rose, Past Treasurer and current member, MEHA, and Pondera County Sanitarian

Appendix C. *Planning Documents Reviewed*

2017 DRAFT Montana State Health Assessment retrieved from <https://dphhs.mt.gov/Portals/85/ahealthiermontana/SHADraftPublicComment.pdf>

2018-2023 DRAFT Montana State Health Improvement Plan retrieved from <https://dphhs.mt.gov/Portals/85/ahealthiermontana/SHIPDraftPublicComment.pdf>

2019-2024 Montana Department of Public Health and Humans Services Strategic Plan retrieved from <https://dphhs.mt.gov/Portals/85/Documents/DPHSSStrategicPlan2019-2024.pdf>

2018-2023 Public Health and Safety Division Strategic Plan retrieved from <https://dphhs.mt.gov/Portals/85/ahealthiermontana/2019PHSDStrategicPlan.pdf?ver=2018-11-02-105119-683>

2019-2023 Montana Public Health System Improvement Plan retrieved from <https://dphhs.mt.gov/Portals/85/ahealthiermontana/PHSITF/2019PHSITFImprovementPlan.pdf?ver=2018-12-20-092157-453>

2019 Montana Public Health Workforce Development Plan retrieved from <https://dphhs.mt.gov/Portals/85/ahealthiermontana/2018WorkforceDevelopmentPlan.pdf?ver=2018-07-30-122005-613>

MHA Montana Health Improvement Strategic Plan, December 22, 2015 retrieved from <https://www.mtha.org/wp-content/uploads/2016/09/MHA-Montana-Health-Improvement-Strategic-Plan-v8-12-22-15.pdf>

2018-2021 Montana Public Health Association Strategic Plan Map retrieved from <https://www.mtpha.com/page/MapStratPlan>

2018-2020 Association of Montana Public Health Officials Strategic Plan, provided by email.

2015-2018 Montana Environmental Health Association Strategic Membership Plan provided by email.

Montana Primary Care Association Strategic Plan, 2017-2020, provided by email.

Montana Healthcare Workforce Strategic Plan, 2017 retrieved from <http://healthinfo.montana.edu/Strategic%20Plan%202017.pdf>

Montana Healthcare Foundation 2019 Program Plan, provided by email.

Headwaters Strategic Framework 2018-2023: Focusing Upstream to Improve the Health of Western Montana and Guiding Principles document, provided by email.

2019 Legislative Summary: Department of Public Health and Human Services, provided by email.

School of Public and Community Health Sciences, University of Montana, Council on Education for Public Health (CEPH), Accreditation Self Study, March 27, 2017, provided by email.

Current Functioning of the Public Health System, slide presentation by Jane Smilie, presented at “Introducing the Strengthening the Montana Health System Study Regional Roundtable Meetings, September 2018.

Gallatin City-County Health Department Strategic Plan, July 1, 2017-June 30, 2020 retrieved from <http://healthygallatin.org/wp-content/uploads/2018/02/Strategic-Plan-2017-2020-Final.pdf>

Flathead City-County Health Department Strategic Plan, FY2018-FY2020 retrieved from http://flatheadhealth.org/wp-content/uploads/2015/01/Plan_Strategic-Plan-Flathead-2018-Final-.pdf
2019-2021 Richland County Health Department Strategic Plan draft, provided by email.

Daniels County Health Department Five Year Strategic Plan, 2018-2023, May 2018, provided by email.

RiverStone Health: Public Health Services Division Strategic Plan, 2018-2021, provided by email.

Northern Rockies Medical Center Strategy Map FY2018-2020, retrieved from <http://nrmcinc.org>

Billings Clinic Strategy Map, Cornerstone Principles and Compact Overview, provided by email.

Madison Valley Medical Center Strategic Plan, September 2013 retrieved from <https://www.mvmedcenter.org/documents/MVMC-Strategic-Plan.pdf>

Providence Health & Services, 2016-2018 Strategic Plan retrieved from <https://www.youtube.com/watch?v=YrqJE7n6RZQ>

The Future of St. Peter's: 2017-2019 Strategic Initiatives for Helena's Community Health System retrieved from <https://www.spehealth.org/sites/default/files/2017%20-%202019%20Strategic%20Priorities.pdf>

Montana Healthcare Foundation repository of local health department planning documents <https://mthcf.org/2017/04/community-health-assessments/> accessed 1/27/19.

Office of Rural Health CHNA data hub http://healthinfo.montana.edu/morh/chsd_data_hub.html

2017 spreadsheet of CHA, CHNA, CHIP, IP priorities representing 52 counties prepared by Public Health and Safety Division, Montana Department of Public Health and Human Services, provided by email.

2018 spreadsheet of CHA, CHNA priorities representing 52 counties prepared by Office of Rural Health, provided by email.

Addressing Health Needs in Rural Montana, April 2018, slide presentation by Amy Royer, Office of Rural Health.

2019 spreadsheet of CHA, CHNA priorities representing 52 counties prepared by Public Health and Safety Division, Montana Department of Public Health and Human Services, provided by email.

2019 spreadsheet of CHIP, IP priorities representing 46 counties prepared by Public Health and Safety Division, Montana Department of Public Health and Human Services, provided by email.

Montana Healthcare Foundation repository of local health department planning documents <https://mthcf.org/2017/04/community-health-assessments/>

Office of Rural Health CHNA data hub http://healthinfo.montana.edu/morh/chsd_data_hub.html access 1/27/19.

Public Health and Safety Division, Montana Department of Public Health and Human Services, spreadsheet of

2018 Strategic Plan: Preventing Child Abuse and Neglect in Montana access 1/8/19: <https://dphhs.mt.gov/Portals/85/Documents/2018ChildAbusePreventionStrategicPlan.pdf>

2019 Suicide Prevention Strategic Plan accessed 1/8/19: <https://dphhs.mt.gov/Portals/85/suicideprevention/StateSuicidePlan2019.pdf>

Montana Native Youth Suicide Reduction Strategic Plan <https://dphhs.mt.gov/Portals/85/suicideprevention/MontanaNativeYouthSuicideStrategicPlan.pdf> accessed 1/27/19.

Addressing Substance Use Disorder in Montana, Strategic Plan: Interim Draft Report accessed 1/4/19: <https://dphhs.mt.gov/Portals/85/Documents/AddressingSubstanceUseDisorderInMontana.pdf>

Montana Temporary Assistance for Needy Families Program Strategic Plan accessed 1/4/19: <https://dphhs.mt.gov/Portals/85/hcsd/documents/TANFStrategicPlanning/TANFStrategicPlanFinal.pdf>

Best Beginnings Advisory Council Strategic Plan, March 22, 2013 accessed 1/4/19: <https://dphhs.mt.gov/Portals/85/hcsd/documents/ChildCare/BBAC/EarlyChildhoodNeedsAssessment.pdf>

Montana Comprehensive Cancer Control Plan, 2016-2021 https://ftp.cdc.gov/pub/publications/cancer/ccc/montana_ccc_plan.pdf accessed 1/27/19.

Madison Valley <https://www.mvmedcenter.org/documents/MVMC-Strategic-Plan.pdf>

References

- ⁱ U.S. Bureau of Census, 2018 National and State Population Estimates: <https://www.census.gov/newsroom/press-kits/2018/pop-estimates-national-state.html> accessed June 17, 2019.
- ⁱⁱ 2018 Survey of Montana Lead Local Public Health Officials, Montana Department of Public Health and Human Services, Public Health and Safety Division.
- ⁱⁱⁱ U.S. Department of Health and Human Services, *A Call to Action to Create a 21st Century Public Health Infrastructure*: <https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf> accessed June 17, 2019.
- ^{iv} American Public Health Association, What is Public Health?: <https://www.apha.org/what-is-public-health> accessed June 19, 2019.
- ^v Institute of Medicine Brief on The Future of Public Health in the 21st Century: <http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2002/The-Future-of-the-Publics-Health-in-the-21st-Century/Future%20of%20Publics%20Health%202002%20Report%20Brief.pdf> accessed June 17, 2019.
- ^{vi} U.S. Department of Health and Human Services, *A Call to Action to Create a 21st Century Public Health Infrastructure*: <https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf> accessed June 17, 2019.
- ^{vii} Montana Department of Public Health and Human Services, Department Strategic Plan, 2019-2024: <https://dphhs.mt.gov/Portals/85/Documents/DPHSSStrategicPlan2019-2024.pdf> accessed June 17, 2018.
- ^{viii} Montana Department of Public Health and Human Services, *2019-2023 State Health Improvement Plan*: <https://dphhs.mt.gov/Portals/85/ahealthiermontana/2019SHIPFinal.pdf> accessed June 17, 2019.
- ^{ix} National Network of Public Health Institutes, *Modular Guide for Developing and Thriving as a Public Health Institute*: <https://nnphi.org/network-engagement/the-guide/> accessed June 18, 2019.