

STRATEGIC DIRECTIONS: FY 07, 08 & 09

Special Meeting of the Missoula City-County Board of Health
March 10, 2006

Board Members Present: Vice Chairman Garon Smith and Board Members Jean Curtiss, Dr. Alan Gabster, Dick Haines, Sandy Kuntz, and Eileen Sansom

Board Members Absent: Chairman Bill Rossbach

Health Department Staff Present: Health Officer Ellen Leahy, Director of Environmental Health Jim Carlson, Supervisor Ed Franceschina (Animal Control), Supervisor Shannon Therriault (Environmental Health), Supervisor Peter Nielsen (Water Quality District), Director of Health Promotion Greg Oliver, Emergency Preparedness Specialist Dana McMurray (Health Promotion), Supervisor Vicki Dundas (Nursing), Supervisor Trudy Mizner (Nursing), Supervisor Mary Pittaway (Wellness Program, Nutrition Services/WIC), and Administrative Aide Julie Mohr (Health Administration)

MEETING CALLED TO ORDER

Director Leahy called the meeting to order at 10:06 a.m.

ITEM 1. INTRODUCTION TO TODAY'S PROCESS AND GOALS

Director Leahy introduced Dana McMurray as the meeting facilitator, followed by introduction of all participants. During the overview of the intended meeting process, Ms. Leahy identified three goals for the session: 1) Discover: orient and update board members and managers on recent public health trends, particularly as they affect Missoula's public health and public health system; 2) Discuss and debate: exchange viewpoints and ideas between the policy-makers and the administrators charged with carrying out policy and priorities; and 3) Direct: determine the strategic—not tactical—directions the Board and Department should work toward over the next three-year period. The output from the meeting will be compiled and recommendations will be presented at the regular Board of Health meeting on March 10, 2006 for discussion and approval, if deemed appropriate.

ITEM 2: OVERVIEW OF EXISTING STRATEGIC PLAN AND PROGRESS

Director Leahy provided a brief history of the development of the existing plan (**Attachment A, Health Board Strategic Plan 2002—2005 – Strategic Goals: FY06 Proposed Revisions**) and the mission and core values statements (**Attachment B, the 2004 Missoula City-County Health, Air and Water Boards Mission Statement & Core Values**). Planning started four years ago with a “blank sheet.”

Once the mission and core values were established, community profile indicators were examined to develop the plan goals. Thereafter, annual updates were prepared by a committee and approved by the Board. This meeting is to restart a three-year plan period. The plan is divided into three core areas: “Population Health”, “Environmental Health”, and “Governance”. A brief discussion followed regarding their subtopics.

Recommendation: *The group accepted the recommendation to change the category “Environmental Health” to read “Environmental Conditions.”*

ITEM 3. MODIFY OR REAFFIRM MISSION STATEMENT AND CORE VALUES

The group discussed the mission statement and agreed that its breadth is appropriate. Director Leahy noted that national guidance emphasizes use of the word “conditions”.

Recommendation: *No changes to the mission statement are proposed.*

Dana McMurray opened the discussion regarding the core values by asking each participant to identify the items of greatest importance or concern, which—if any—items are missing, are no longer appropriate, require revision, and so forth. Responses are summarized in **Attachment C, Review of Core Values.**

Recommendations: *Change the title from “Core Values” to “Guiding Principles”. Move and incorporate action items into the plan goals. Proposed changes in language, order of items listed, and so forth are documented in **Attachment D**, the newly proposed Missoula City-County Health, Air and Water Boards Mission Statement & Guiding Principles.*

ITEM 4. SWOT (STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS ANALYSIS)

Dana McMurray separated the committee into two groups and explained the procedure to conduct a SWOT exercise. One group was instructed to identify internal strengths and weaknesses of the Board and Health Department. The other group was asked to identify external opportunities and threats. See **Attachment E, SWOT Exercise.** Each group’s results were then summarized for the committee as a whole.

ITEM 5. 10 ESSENTIAL PUBLIC HEALTH SERVICES AND THEIR RELEVANCE TO THIS PROCESS

According to Dana McMurray, the main goal of the National Public Health Performance Standards Program (NPHPSP) is to provide measurable standards for public health systems nationwide. One of the three tools available is the Local Public Health System Performance Assessment. In May 2005, a diverse group from various sectors of the Missoula County public health system completed this self assessment by rating our community’s performance on the 10 Essential Public Health Services. The summary results of this assessment are available in **Attachment F, Essential Public Health Service Summary Scores.**

Although the areas of measurement are good, the assessment tool itself could be improved. Mr. McMurray stressed again that the tool measures the entire Missoula County public health system. Consequently, the scores are not specific to the Health Department—though there are separate data that reflects the participants’ estimation of the Health Department’s contribution within each specific service area. The results might best be used, not as hard facts, but as a set of prompts to

guide the group when setting strategic directions and goals. Once goals are prioritized, it could be useful to compare how they reflect back on the assessment results.

ITEM 6. COMMUNITY HEALTH PROFILE INDICATORS

Greg Oliver led discussion regarding the Community Health Profile Indicators (Attachment G) and also made reference to the US DHHS Healthy People 2010, the complete book of indicators, which seeks to provide a national consensus on how the health of the public is faring. This type of tool is not an assessment. Whereas an assessment is larger and involves more depth, indicators are like a dashboard. They give a sense of how public health is doing.

Ten indicators were submitted to the Board and Management Team. Mr. Oliver stressed that many other important indicators were not included, such as “child abuse”. The indicators chosen were partly selected because their data appears to be reliable. In the case of child abuse, for example, the problem is significant but current data is unreliable. Trudy Mizner and Vicki Dundas noted that the safety net provided by Adult Protective Services and Child Protective Services is breaking down in Montana. Only seven percent (7%) of Montana’s abuse claims are substantiated, ranking it lowest in the nation. However, lack of substantiation does not mean that abuse levels are low. Greg Oliver confirmed that changes made by other agencies as to how abuse is tracked result in data that gives the misleading sense that abuse levels are lower than is true.

Although the group is capable of making its own judgments, from his perspective as Director of Health Promotion, Mr. Oliver advised the group that the trends of the profile indicators are as follows:

- Improving: Tobacco use, teen pregnancy, air quality, immunizations, and first trimester PG visits
- Worsening: Physical activity, obesity, responsible sexual behavior, traffic crashes, and diabetes
- Same but Teetering: Poverty, needs associated with aging, youth substance abuse, depression and suicide, and mental health care access

As the group updates and revises the plan goals, it may be useful to ask a number of questions related to the indicators: 1) How is the public health system responding to these concerns?; 2) Where does the Health Department fit in?; 3) How big are certain problems?; 4) To what extent are any problems under-addressed?; 5) In which areas can the Health Department make the most impact?

This blended review of the existing plan, the mission and core values, the ten essential services and the indicators is intended to serve as a mechanism that enables the group to establish a vision for the next three years.

Dr. Gabster asked if the Health Department is confident that these indicators are based on reliable data or if any—like child abuse—involve data that misconstrues the true level of severity. Mr. Oliver confirmed that the indicators chosen were partly selected based on

confidence in the data. Sandy Kuntz asked if, besides examining all indicators, there are two or three that particularly require the attention of the Health Department and the health care system in the next three years. Director Leahy indicated that there may be specific process indicators that will be observable, but cautioned against seeing major changes in the population's health status within three years' time. The affects of process changes might not be evidenced until four or five years from now. Mary Pittaway noted that dental outcomes are not yet improved but local resources to work toward prevention are improving. Ms. Kuntz stated she was more interested in how our indicators and work connect to the national indicators. Ellen Leahy said that in some areas—MCH for example—the connections are there, in others, they are not due to the nature of the programs.

ITEM 7. NEW AND MODIFIED GOALS AND SUB-GOALS

In order to facilitate the process of modifying the existing plan's goals and sub-goals, signs listing the three core areas ("Population Health", "Environmental Health", and "Governance") were posted on one wall. The corresponding main subcategories were listed on separate signs below each entry. Mr. McMurray distributed three large cards to the meeting participants. They were instructed to write down what they perceived to be the most important goals and sub-goals. They were allowed to add new items at any level, show support for existing items, modify existing items, or specify items that should be removed, and so forth. Individuals then added their cards to those already posted on the wall. Once finished, like items were grouped, if appropriate.

ITEM 8. PUBLIC COMMENT

No members of the public offered comment verbally or in writing. The result of this meeting will be in front of the health board at its March 16, 2006 meeting for debate and action. Public comment opportunity will again be provided at that time.

ITEM 9. SELECT PRIORITIES

During this phase of the meeting, each participant was given five blue stickers and then allowed to vote for his/her priority items by affixing one or more stickers to the appropriate card(s) posted on the wall. The intent of the process was to provide a timely means of identifying which items rise to the top, i.e., which are important areas to address during the next three years and to provoke discussion.

Following the exercise, Mr. McMurray noted that the four topics that received the most votes are reflective of what is currently happening in the population. The top areas were: 1) Obesity and physical activity; 2) Child and adult protection; 3) Transportation and the built environment; and 4) Social marketing and communication. **Follow-up:** Director Leahy advised that the results will be ranked, compiled and incorporated into a draft revised plan, which will be submitted at the regular Board meeting on March 16, 2006 for discussion, review, and approval, if deemed appropriate.

Recommendation: *The group accepted the recommendation to change the name of the revised document produced from today' session from "Strategic Plan" to "Strategic Directions" and to present the document at the next Board meeting for further consideration. See Attachment H, Missoula City-County Board of Health & Health Department Proposed Strategic Directions: FY07 – FY09. The*

*group also proposed documenting the Health Department's ongoing efforts related to the strategic plan for fiscal years 2002 through 2005. See **Attachment I, Missoula City-County Board of Health & Health Department Strategic Plan 2002-2005: Ongoing Efforts.***

ITEM 10. DISCUSS PROPOSED STRATEGIC DIRECTIONS

Obesity, fitness, and nutrition were identified as the top area of concern during the goals/sub-goals activity. Director Leahy asked Mr. Oliver to provide a short overview of programs or areas of focus already planned or underway that take a population-based approach to address these problems. He stated that five arenas in which improvements in physical activity can be made include schools, worksites, within families, and through community-wide strategies related to the built environment. As one example, the Health Department currently is working with the Maternal Child Health Advisory Council and the school system to develop a model wellness policy.

Director Leahy noted that, in general, the Health Department currently is not getting into the various venues with sufficient depth. She proposed that there is a strategic need to identify venues, to take a more long-term approach, and to become more involved in broad community-wide campaigns. Vice Chairman Smith shared that the University of Montana is identifying and seeking funding opportunities in order to make a commitment to establish service learning courses. Once available, this will build a cadre of student to involve in community-wide campaigns. Ms. Leahy noted that the Department, the University, and other agencies all share the same need for long-term funding.

The group agreed that increased community involvement is important. Sandy Kuntz pointed out that someone has to mobilize the community—to be the leader that spurs on other agencies and organizations. Dr. Gabster added that Public Health's traditional role was to provide surveillance and enforcement but is shifting now to social marketing. Mary Pittaway identified that the dilemma for many is that the unhealthy choice is also the easiest and most affordable choice. A paradigm shift must occur in which environmental changes are made so that the healthy choice is also available and affordable. It is not sufficient to simply hand out brochures and tell people to change their behaviors. Public Health must do more than point fingers at those who create problems. It must also help to identify workable solutions. Ms. Pittaway shared the example of breastfeeding. Increased use of this practice has been identified as the single most effective means to reduce future obesity. The Health Department needs to work with the University and other organizations to enhance its existing activities and proposed future activities to promote breastfeeding. Vice Chairman Smith suggested using college and high schools students is a more effective means of spreading messages to middle school students. Ellen Leahy emphasized that the approaches being discussed fit with at least two of the ten essential services that Missoula scored lower on: mobilizing community and informing community. By focusing in this way, we can address both the actual health of the public and strengthening the public health system.

Mr. McMurray pointed out that the "ten essentials" appear to be well represented by the priorities documented in the goals/sub-goals exercise. He asked if any key items were missing. Board Member Curtiss noted that none of the cards address needs of the aging population, although Mr. Oliver shared earlier that the indicator for this area suggests the potential for increasing and emerging public health concerns. Board Member Sansom is a strong advocate for

the aging population. However, she was not able to stay for the goals/sub-goals exercise. The group agreed that, had she been able to stay, the cards would have included something related to this segment of the population.

The group discussed what significance should be attached to items that received no votes and agreed that the votes may not in every instance correlate with the need to retain certain goals or activities. For example, Ed Franceschina and Jim Carlson noted that issues related to animal control received no votes. They saw no need to vote on these areas because they must be addressed, regardless of the overall voting outcome.

Shannon Therriault provided input to explain why she added a card on PM_{2.5}. Tougher federal standards have been proposed, which may impact Whitefish, Libby, Lincoln, and Missoula. It is important to assess how the proposed standards may impact Missoula.

Although the group has ranked priorities, funding is an ongoing concern that will impact the goals and sub-goals proposed. Director Leahy noted, for example, that some resources were dedicated last year to childhood and adult obesity. However, there is a need to ask for new resources. In the areas of chronic disease and injury prevention, the Department cannot continue to rely on just grant funding. Board Member Kuntz stressed that the success of the proposal involves having the will to act, the funds to act, and the mechanism required to act.

Lastly, Ms. Leahy reminded the group that the best effort would be made to capture today's output in draft documents to submit for review at the regular Board meeting on March 16, 2006. The Board does not have to approve the plan at that time. Additional discussion and revision may be required.

Recommendations: Approved recommendations for the strategic directions document include:

1. *Keep the three broad categories used to group goals/sub-goals.*
2. *Accept Mr. Oliver's proposal to either create a new category "Continuing Efforts" or to create a separate document with this information.*
3. *Add brief anecdotal elements to each category.*
4. *Accept the proposal by Mr. McMurray and Mr. Carlson to list items within each category in a manner that distinguishes between new items versus mandated items.*
5. *Accept Ms. Leahy's proposal to adjust "Governance" in the revised strategic directions document to reflect a shift toward building capacity for mobilizing the community.*
6. *Accept the proposal from Director Leahy and Mr. McMurray to remove the list of cross-cutting issues and instead add the use of a cross-cutting approach to the guiding principles document.*

No decision was made regarding Ms. Leahy's proposal to accept a recommendation that the Board should complete the Local Public Health Governance Assessment Instrument within the next year. This is one of the three tools offered by the National Public Health Performance Standards Program (NPHPSP) to provide measurable standards for public health systems nationwide.

ITEM 11. ADJOURNMENT

Director Ellen Leahy expressed her thanks for each person's participation and input to make the meeting a success and declared the meeting adjourned.

Respectfully submitted,

Ellen Leahy
Health Officer

Garon Smith
Vice Chairman