

Improvement Runs Through Montana's Public Health System

Big Sky Country is vast enough to encompass mountains and plains, ranchers and entrepreneurs, tranquil small towns and vibrant cities. So, when it comes to public health in Montana, one size does not fit all.

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*Preparedness is
public health.*

In a state that spans the Continental Divide and measures 500 miles from east to west, Montana's 56 local and 7 tribal health departments form the backbone of its public health system. Montana's public health system begins at the community level, where local boards of health govern, and public health nurses, sanitarians, and other professionals ply their professions. These local public health agencies can range from frontier and rural, staffed by a part-time public health nurse, to relatively urban, with as many as 200 people on staff. Yet, local departments of all types and sizes share a broad range of challenges—from preparing for potential biological, chemical, and radiological terrorism or emerging infectious diseases such as West Nile virus and SARS to reducing rates of chronic diseases.

Montana's public health system improvement effort has been underway for a number of years, but the Montana Department of Public Health and Human Services (DPHHS) has recently placed greater emphasis on building its system. The new Public Health System Improvement and Preparedness Bureau of the DPHHS is charged with continuing to improve the system, developing the public health workforce, ensuring public health emergency preparedness, and connecting the state's local and tribal jurisdictions.

System improvement is an evolving, synergistic work in progress. And, it is not just about individual local health departments. In large part, it is about building relationships and providing coordination among all the players—state and local health departments, community-based organizations, hospitals, EMTs, police, fire, and other emergency responders—so we can share and stretch as efficiently as possible the resources that the players bring to the table.

Montana has taken the recent influx of public health emergency preparedness funds as an opportunity to rebuild its long-neglected system. These funds have provided much needed public health training, which has enhanced our abilities in disease surveillance and control, laboratory services, and communicating about health risks. Our information technology systems are also much more current now. We are better prepared,

on both sides of the Continental Divide, to do our work every day, and not just during an emergency.

Public health on the frontier

Richland County is frontier country, the "badlands," with fewer than five people per square mile. "If you've ever seen an old western you've seen the badlands," says Judy LaPan, health administrator for the Richland County Health Department in northeastern Montana. "Just think of John Wayne and rugged individualists. People don't realize they need public health out here. It is amazing to me how many people don't understand that we have the same issues as big cities. Teen pregnancy, methamphetamine and other drug use, poverty, low literacy, high drop-out rate, and lower average income all factor into a lower health status for our county," says LaPan.

LaPan's health department, housed in the old hospital building in Sidney, the county seat, employs a staff of 19 people and serves a population of 10,000 tops. About six years ago, the department offered a number of individual health care services, such as maternal and child health care, immunizations, a home-visiting program for infants, well child and adult clinics, limited home visiting for seniors, senior screening, and foot care. Now, LaPan's department partners with the local hospital to provide many of those services. "We don't need to deliver individual health care services, such as home health services, but we do need to provide access to the services that the hospital provides." LaPan considers partnerships with the hospital and other community organizations, such as the Boys and Girls Club, as key to protecting the public health and safety of her community. "When you put partners together, you get more bang for your buck," she adds.

In recent years, the Richland County Health Department has focused on providing more population-based services, such as disease surveillance, preparedness, and prevention. Her department is now organized into four teams: health assurance, prevention, chronic disease management, and volunteer services. "Surveil-

lance and disease control and public health preparedness planning are things we do every day. Preparedness *is* public health.”

Although LaPan is a full-time administrator, two-thirds of Montana’s local health jurisdictions serve fewer than 10,000 residents and operate without a full-time administrator. Some departments function without any full-time staff, and the part-time public health nurse has to close the office just to attend trainings. As a result, rural public health workers welcome the increasing number of distance-learning opportunities via satellite broadcast, video, and webcast.

Urban cowboys and public health

Although small agencies make up the majority of Montana’s health departments, a handful of larger health departments serve 60 percent of Montana’s population. Health Officer Ellen Leahy leads the Missoula City-County Health Department, the state’s second-largest health jurisdiction serving the second-highest county population in the state—92,000 people. For Montana, that’s urban, and Missoula’s a big city. “We serve a large geographical area,” says Leahy. “It’s larger than the state of Delaware, and the outskirts of this area are very rural and sparsely populated. So, in comparison to other urban health jurisdictions in the U.S., we are often considered rural.”

Leahy works with the state and other local health departments to strengthen public health efforts across Montana. The relationship between state and local health departments (including the state’s seven tribal health departments), which she describes as collegial, not competitive, is largely contractual. Although the tribes are sovereign nations, they have the same state contract requirements to advance preparedness and system improvement as the local health departments. All are considered local health jurisdictions instead of differentiating between local and tribal health departments.

Leahy believes that Missoula’s large proportion of the state population (10 percent) probably accounts for its influence on public health in Montana. “I hope our leadership and failures are useful for other jurisdictions and to form state policy. For example, Missoula has led the way in air pollution control during the last two decades. But we’re also fortunate to have borrowed from other local jurisdictions, such as Billings, in creating a community health center, and from Butte in developing a lead-abatement program,” says Leahy.

In public health system improvement, Leahy says DPHHS, and collaboratives such as the Public Health Improvement Task Force and the UW Northwest Center for Public Health Practice, are the engines for this improvement,


and workforce development fuels the engines. “Public health, unlike many public services, relies primarily on people, not capital projects,” says Leahy. “To improve the public health system, you have to improve the workforce—we are the capital.”

At a recent emergency preparedness training, public health nurses learned side-by-side with emergency responders about topics such as weapons of mass destruction. These community partners train, plan, and work together to prepare for emergencies and unified response. “We can’t use police power, taxes, technical fixes, or simple cause-effect thinking to combat today’s public health problems,” says Leahy. “We need various sectors of the community to be right at the table, and we need to get invited onto others’ turf, too.”

In the midst of reform, Montana’s public health system grapples with staff turnover and an aging workforce, which threaten to rob Montana of an adequate cadre of experienced public health practitioners to take leadership positions. Some public health departments are adding high-school and college students to their work force by participating in programs that promote public health as a career choice. Fresh, young faces, some new to public health and some just exploring public health as a possible career, joined more experienced public health professionals at the 2004 Montana Public Health Summer Institute to learn about new developments in public health.

Like the work of a Montana rancher, that of a public health professional is a way of life that doesn’t stop at 5 o’clock. “What I like about my work is that I do not have typical days—every day is different. Just the wide scope of public health practice in Missoula is in itself compelling and interesting,” says Leahy. “I suppose my day is much like that of any other local health department in that it includes largely unplanned responses to budget crises, citizen forums, fulfilling moments hearing from a staff member who completed a project or handled a problem, and the guaranteed report of a communicable disease cluster occurring in a food service facility at 4:45 every Friday,” says Leahy.

LaPan echoes Leahy’s sentiments, “You may physically leave the building, but you are working all the time. The other constant is that most people in a small community know who you are, and you become a resource person for just about anything.”

Public health professionals are resource persons and protectors of the public’s health. And in Montana, system improvement and preparedness run through public health, continually building collective capacity among our diverse health jurisdictions and meeting the challenge to keep Montanans healthy and safe in an ever-changing world. 

Authors

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