

Winning the Vote for Public Health in Yellowstone County

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When public health's wake-up call rang in 2001, it left many in the field questioning our capacity to manage both our expanding role and our existing obligations. As federal officials and newscasters advised people to "contact local health departments for more information," it raised an unsettling question—Who would be there to answer the phone? In the realm of resource scarcity in which public health has evolved, resourcefulness and creative problem solving have enabled those in the field to maintain steady progress toward better health for our communities. However, the rapid changes in 2001 confirmed the suspicions of the Yellowstone City-County Health Department and Board of Health. We had reached a point in which our resources could no longer be stretched to meet our community obligations.

Yellowstone County is located in south-central Montana. The population is slightly over 130,000. Agriculture is an important industry in the rural areas of the county. Billings is the county seat with a population of approximately 100,000. Service industries, including hospitals, schools, and restaurants, are the predominant employers. Yellowstone City-County Health Department is located within Billings, but serves the entire county. The health department provides 23 different programs.

Although the events of 2001 served as a catalyst for acknowledging our deficiencies, infectious disease management and bioterrorism were only two of our concerns. Compared to twenty years ago, we have half as many sanitarians inspecting twice as many restaurants, daycare centers, and other public facilities. Our immunization staff has been cut in half, but the numbers of immunizations and individuals to be immunized have doubled. Although these changes demonstrated our increased efficiency, it also meant we were not able to offer the depth of service we once provided. Sadly, the public no longer expected that a public health nurse would conduct a home visit for newborns or that permits for new subdivisions would be processed in a reasonable time period.

Yellowstone citizens did, however, expect that a basic level of enforcement and preparedness existed—that restaurants were being inspected with the level of scrutiny that was once common-

place and that basic family services were available to those most in need. Years of diminishing funding, however, had eroded our capacity to manage these basic functions of public health and provide the services we were legally obligated to provide. We were no longer in a position to, even grudgingly, reduce services as funds disappeared. We had to find a way to convince voters to increase our funding.

The Board of Health approached a mill levy proposal cautiously, since the local political climate was unsupportive of such proposals. No new taxes and a general disenchantment with increased government were thematic. But staff involvement with multiple anthrax threats, communicable disease trends, and legal advice convinced the board to empower the executive staff to pursue an assessment of the community and legal options for presenting a levy proposal in the next election.

Assessing community expectations

The health department contracted with a local university in June 2002 to assess the attitudes and knowledge of county voters regarding public health issues and the department. In a random survey of registered voters in the county, a total of 403 surveys were completed, resulting in a margin of error of +/- 5 percent. When asked in open-ended question format about services or programs offered by the department, 44.8 percent of respondents were unable to name a service. This lack of public knowledge about public health programs was discouraging but not completely unexpected. Public health has a history of non-recognition by communities.

Although respondents lacked knowledge about specific programs, they acknowledged the importance of programs such as immunizations, communicable disease, helping senior citizens and families, restaurant inspections, public food service inspections, bioterrorism coordination and preparation, and hazardous spill response.

Of the respondents, 87.1 percent were unaware of the size of the public health budget. When told that the budget for these activities was \$304,000, and that the department was experiencing difficulties running these programs, 38.5

percent reported that they would be likely to vote for the levy, 25.8 percent said they would be very likely to vote for the levy, 20.8 percent did not know, and 14.9 percent were unlikely or very unlikely to vote positively.

Campaigning for public support

Weighing not only survey results but necessity, timing, and commitment to public health, the Board of Health voted to proceed with the mill levy proposal. Because a county entity is prohibited by Montana law to lobby for funding proposals, various board members, health care professionals, and citizens formed the Citizens for Public Health and Safety Committee to manage the levy campaign. The committee decided that the key message to voters would be safety. The anniversary of September 11 was a reminder to citizens of our vulnerabilities.

The committee received consent from the Yellowstone County Commissioners for the mill levy to be on the November ballot. The committee was led by non-health department citizens. Money was raised through personal contacts and group events, including a fund-raising dinner. Given the limited time frame of August-November, the committee implemented a very minimalist campaign of targeted mailings, yard signs, and posters of support.

Although the group was committed to the proposal, it lacked experience in working together and working on mill levy campaigns. In particular, members were reluctant to participate in fund raising. Most committee members worked full-time, and some were limited by Hatch Act provisions. This meant the group had to hold very early morning meetings that did not conflict with work hours.

The committee planned a bipartisan strategy, since two-thirds of the voters in Yellowstone County were registered as Republicans, with fewer than one-third Democrats. Visits to both party organizations garnered needed support. Although Billings has a population of 100,000, for successful passage of the levy, support of small communities in the county was necessary. Fortunately, grassroots approaches in western rural areas are often effective in political processes.

The committee sought key representatives from specific community sectors and obtained support from key businesses for public education purposes. For example, a restaurateur offered to put tabletop information in his restaurants as well as contact other restaurant owners.

The group identified a list of key local organizations to target both for support and for

community education purposes. It also developed media programs, among other activities, placing posters on buses to promote awareness about public health.

With a budget of only \$9,000, the committee had limited resources for advertising so it purchased no television time. It also decided to send limited mailings, focusing primarily on people who were already on department mailing lists and people who lived within precincts that had a history of voting positively for mill levies. The committee also printed yard signs and placed them in high traffic areas.

A speakers' bureau was organized to deliver presentations to community groups, and the committee created pamphlets for distribution at speaking engagements. In less than 90 days, speakers went to more than 200 meetings to discuss the proposition and the important work of the health department. Responses, for the most part, were exceedingly supportive, although we also heard indifference and opposition.

The local television and newspapers were extremely supportive, contributing time and space to public health efforts, including such stories as "a day in the life of a public health nurse" and hospice program efforts.

The committee's intensive efforts paid off. In spite of the fact that five other propositions were also on the ballot, the mill levy passed by a margin of 28 votes! Tallied votes included 23,121 against the proposal and 23,149 in favor of the proposal. Given the extensive history of mill levy rejections in this county, we were pleased with our victory, despite the narrow margin. The vote was also influenced by our affiliation with a separate mill levy request for fluoridation of water. This proposal was overwhelmingly defeated for the third time in recent history. Other local government groups trying to pass similar mill levies should keep in mind the importance of being associated with only one issue.

The passage of this mill levy has promoted program expansion and our mandate to the core functions of public health. More important, it has promoted education and interest in public health throughout the county. 🍷

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