

Local Board of Health Guidebook

Part Three:

Public Health Priorities and History

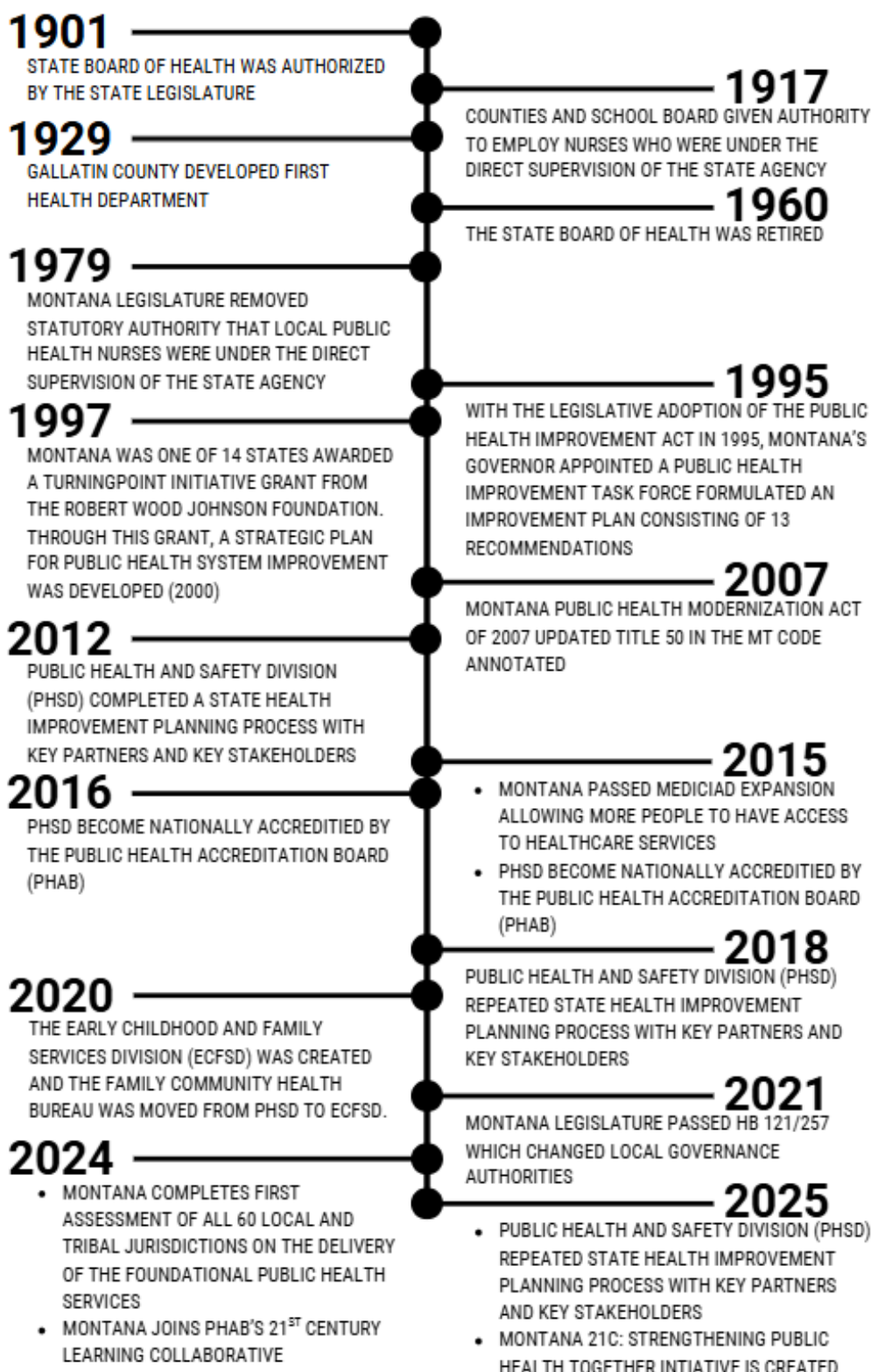
PUBLIC HEALTH AND SAFETY DIVISION

Public Health System Improvement Office
(PHSIO)

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HISTORY OF PUBLIC HEALTH IN MONTANA HIGHLIGHTS



LOCAL PRIORITIES

COMMUNITY HEALTH PLANNING

WHAT IS A COMMUNITY HEALTH ASSESSMENT (CHA)?

A Community Health Assessment (CHA) is a systematic process of collecting, analyzing, and interpreting data about the health status, needs, and assets of a community. The purpose of the CHA is to identify key health issues and factors that affect the well-being of residents, ranging from chronic diseases and injury rates to social determinants such as housing, education, and access to care.

Through the CHA, public health departments and partners:

- Build a shared understanding of community strengths and challenges.
- Use data to prioritize health issues and inequities.
- Engage residents and stakeholders to ensure the assessment reflects lived experiences, not just statistics.

In essence, the CHA answers the question: “Where are we now?” in terms of community health.

WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)?

A Community Health Improvement Plan (CHIP) is the next step following the CHA. It is a long-term, strategic plan that outlines specific goals, strategies, and measurable objectives to improve health outcomes and address the priorities identified in the CHA.

The CHIP is developed collaboratively among the local public health department, hospitals, community-based organizations, and residents. Often including:

- Clear priorities (e.g., reducing obesity, improving mental health access, addressing health inequities).
- Actionable strategies and evidence-based interventions.
- Accountability measures, timelines, and evaluation plans.
 - The health department is not the sole party responsible for implementing.

In short, the CHIP answers: “Where do we want to go, and how will we get there?”

THE ROLE OF LOCAL BOARDS OF HEALTH

Local boards of health play a critical leadership and governance role in both processes:

- Ensure the CHA and CHIP are community-driven, evidence-based, and aligned with local priorities.
- Support collaboration across sectors (healthcare, education, housing, business, and government).
- Use CHA and CHIP findings to inform policy, allocate resources, and guide public health programs.
- Advocate for solutions that address root causes of poor health outcomes.

CONNECTION TO THE FOUNDATIONAL PUBLIC HEALTH SERVICES (FPHS)

Both the CHA and CHIP are integral to the Foundational Public Health Services (FPHS) framework. FPHS defines the core components of an effective public health system, what every community should expect from its health department, no matter where they live.

THE CHA AND CHIP DIRECTLY SUPPORT SEVERAL FPHS AREAS:

Foundational Service

Assessment (Monitor Health Status & Investigate Health Problems)

Policy Development & Support

Community Partnership Development

Accountability & Performance Management

Connection to CHA/CHIP

The CHA fulfills the foundational assessment function by collecting and analyzing data to understand health trends and disparities.

CHIP strategies inform evidence-based policies that address identified health priorities.

Both processes engage cross-sector partners and residents, strengthening the local public health system.

Progress on CHIP goals is tracked and reported, promoting transparency and continuous improvement.

Together, the CHA and CHIP form the evidence base and strategic direction for all other foundational services, ensuring that public health efforts are coordinated, data-driven, and aligned with community needs.

LEADING HEALTH CONCERNS IDENTIFIED IN 52 COMMUNITY HEALTH ASSESSMENTS AND COMMUNITY HEALTH NEEDS ASSESSMENTS, 2024

- Healthcare access and quality
- Mental health and mental disorders
- Drug and alcohol use
- Healthcare access and quality
- Chronic condition prevention
- Access to EMS services
- Physical activity
- Nutrition and healthy eating

PUBLIC HEALTH ACCREDITATION

Accreditation and Pathways Recognition provide a means for health departments to build capacity in key public health areas. The [Public Health Accreditation Board \(PHAB\)](#) offers two programs for health departments to be recognized for meeting national public health standards.

Accreditation and Pathways Recognition support performance improvement efforts and can be part of a health department's transformation journey. Each is built on evidence-based standards that allow health departments to demonstrate performance and accountability to communities, policymakers, and other stakeholders. The Public Health System Improvement Office can help interested jurisdictions determine which program is right for them.

Montana has eight accredited health departments and twelve health departments that have participated in the Montana Pathways to Recognition Learning Collaborative, which is a step to help departments get ready for the formal Pathways Recognition.

WHAT IS PUBLIC HEALTH DEPARTMENT ACCREDITATION?

A formal recognition that a public health department meets national standards of quality and performance. Conducted by an accrediting body, the Public Health Accreditation Board (PHAB)).

PURPOSE AND BENEFITS

- Improves quality and performance of public health services.
- Enhances accountability and credibility within the community.
- Promotes continuous improvement and evidence-based practices.
- Strengthens partnerships with other agencies and stakeholders.

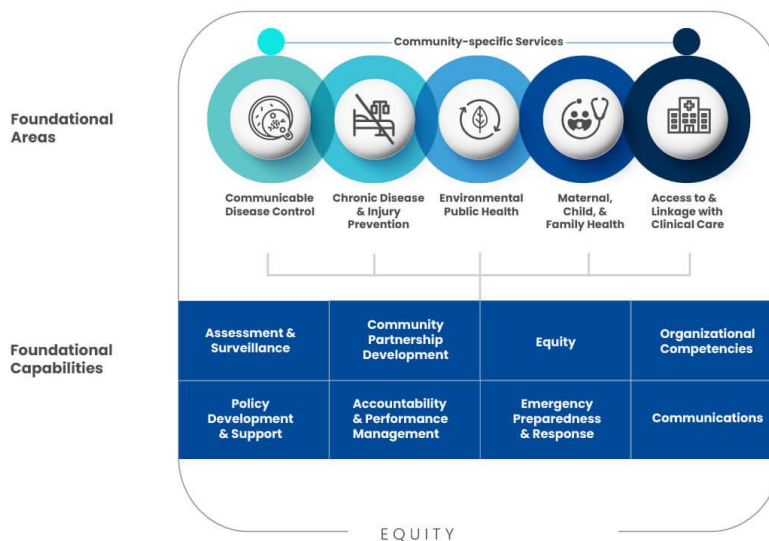
ACCREDITATION PROCESS

1. Preparation and Self-Assessment: Department reviews its performance against accreditation standards.
2. Application and Documentation: Submits evidence showing it meets each standard.
3. Site Visit: Review team evaluates operations and practices.
4. Decision and Recognition: Accreditation awarded if standards are met; feedback provided for improvement.
5. Reaccreditation: Departments must maintain standards and reapply periodically.

WHAT IS PUBLIC HEALTH DEPARTMENT PATHWAYS RECOGNITION?

Designed to support performance improvement efforts, strengthen infrastructure, and facilitate public health system transformation for public health departments not yet ready for accreditation. Pathways Recognition program has 34 measures divided into two tracks: Services and Partnerships and Health Department Systems. The measures are assess health department's ability to deliver the Foundational Capabilities in the Foundational Public Health Services (FPHS).

Foundational Public Health Services



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MAINTAINING AND ADVANCING RECOGNITION

- Commit to continuous quality improvement (CQI).
- Regularly measure performance and outcomes.
- Share success stories and lessons learned to sustain accreditation status.

ALTERNATIVE OR COMPLEMENTARY RECOGNITION PATHWAYS

- State-level certification programs for smaller or rural health departments.
- Specialized recognitions (e.g., for environmental health, emergency preparedness, or equity initiatives).

INITIAL STEPS

- Build foundational capabilities (data systems, workforce, policies).
- Align operations with national standards (e.g., Foundational Public Health Services).
- Conduct self-assessment and quality improvement projects.

SEEKING ACCREDITATION

After completing the Pathways Recognition, a recognized health agency may elect to work towards full accreditation

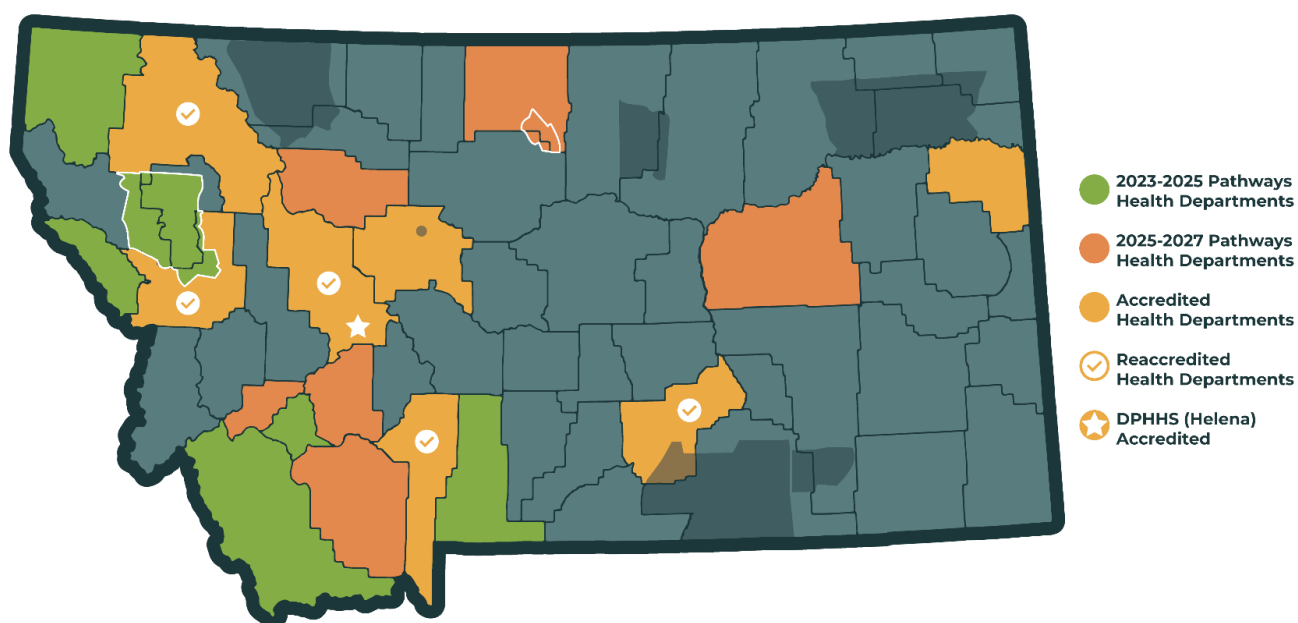
MONTANA ACCREDITED HEALTH DEPARTMENTS

Montana, like many states across the nation, saw initial interest in accreditation with the state health department and seven local health departments achieving initial accreditation between 2014 and 2018. Despite this success, many of Montana's small, rural, and frontier local and tribal health departments opted not to seek accreditation due to their unique challenges and capacity constraints. With the introduction of [PHAB's Pathways Recognition](#) program in 2022 (essentially a "lite" version of accreditation), Montana saw renewed interest in accreditation, but health departments still expressed hesitation in moving forward. To overcome this, the Montana Department of Public Health and Human Services Public Health and Safety Division (DPHHS PHSD) and the [Montana Public Health Institute](#) (MTPHI) are collaborating on an innovative program that seeks to address challenges and build capacity in local and tribal health departments.

The Montana Pathways Learning Collaborative is a two-year, voluntary program for local and tribal health departments in Montana. The program systematically reviews the Pathways Recognition requirements and identifies areas where participating health departments need support and technical assistance to meet these requirements. The technical assistance provided by the DPHHS PHSD and MTPHI aims to go beyond "checking a box" and instead seeks to help the health department implement sustainable improvements. The program also provides a venue for participating health departments to learn from each other, crowdsource solutions, and collaborate in-person on a regular basis. In addition, the program includes a virtual learning community where health departments can access and share resources with each other. At the end of the two-year program, participating health departments will be well-positioned to pursue PHAB's Pathways Recognition, if desired.

For more Montana specific resources and information see: [Building Healthy Systems](#).

MAP OF ACCREDITED HEALTH DEPARTMENTS IN MONTANA, 2025



MONTANA PRIORITIES

STATE HEALTH ASSESSMENT AND IMPROVEMENT PLAN:

A State Health Assessment (SHA) looks at the health of people in a state and the factors that affect their health, like access to care, income, and living conditions. It identifies health problems, differences between groups, and community needs using data and input from residents and local organizations. A State Health Improvement Plan (SHIP) uses the SHA to set priorities and goals to make people healthier. It outlines clear steps, strategies, and ways to track progress, helping state agencies, local health departments, tribal partners, and communities work together to improve health for everyone.

The SHA/SHIP development followed a structured, inclusive process:

1. Data Collection:
 - Quantitative: vital statistics, public health surveillance, hospital and clinical data
 - Qualitative: focus groups, key informant interviews, community surveys, referring completed Community Health Assessments and Improvement Plans
2. Stakeholder Engagement:
 - Involvement of tribal health departments, local public health agencies, community organizations, healthcare providers, and state partners
 - Multiple opportunities for input and review
3. Assessment & Analysis:
 - Identification of health disparities and social determinants of health
 - Evaluation of public health system capacity, strengths, and gaps
4. Prioritization:
 - Community-driven selection of priority health areas based on data, stakeholder input, and feasibility
5. Planning & Implementation:
 - Development of measurable objectives, evidence-based strategies, and performance metrics
 - Alignment with state and national health goals (Healthy People 2030)

Montana State Health Assessment (SHA) Key Findings, 2023

- **Population & Community:** Montana has a largely rural population with diverse tribal communities; challenges include access to care, transportation, and economic disparities.
- **Health Status:** Leading issues are chronic disease, behavioral health concerns, and maternal/child health outcomes.
- **Social Determinants & Equity:** Health disparities exist by geography, income, and tribal affiliation; social determinants like housing, food security, and education impact health outcomes.
- **Public Health Infrastructure:** Strengths include engaged partners and surveillance systems; gaps include workforce shortages and rural access limitations.
- **Priority Areas Identified:** Behavioral health, cardiovascular health, maternal health.

Montana Leading Causes of Death, 2023 SHA

Leading causes of death among American Indian or Alaska Native adults and white adults in Montana, by age group.

AI/AN MONTANANS, RATE PER 100,000 POPULATION		WHITE MONTANANS, RATE PER 100,000 POPULATION	
Aged 25 to 54 years			
Unintentional injuries	204.3	Unintentional injuries	52.2
Chronic liver disease and cirrhosis	179.6	Suicide	34.5
Diseases of the heart	95.7	Cancer	32.2
COVID-19	63.2	Diseases of the heart	29.5
Diabetes mellitus	53.3	Chronic liver disease and cirrhosis	12.8
Aged 55 to 74 years			
Cancer	588.6	Cancer	351.7
Diseases of the heart	566.2	Diseases of the heart	271.7
COVID-19	476.7	Chronic lower respiratory disease	89.8
Chronic lower respiratory disease	183.5	COVID-19	77.2
Diabetes mellitus	176.8	Unintentional injuries	59.6
Aged 75 years or older			
Diseases of the heart	2,215.5	Diseases of the heart	1,825.3
Cancer	1,639.8	Cancer	1,201.7
COVID-19	1,214.2	Chronic lower respiratory disease	503.8
Chronic lower respiratory disease	588.3	COVID-19	415.7
Cerebrovascular diseases	525.7	Cerebrovascular diseases	385.0

Source: MT Vital Statistics, 2017-2021.

Montana State Health Improvement Plan (SHIP) Priority Areas, 2024

1. Behavioral Health: Improve access to mental health and substance use services.
2. Cardiovascular Health: Reduce morbidity and mortality through prevention and management.
3. Maternal Health: Improve maternal and infant outcomes through care access and support programs.



Cross-Cutting Strategies:

- Strengthen public health infrastructure and workforce
- Address social determinants and health equity
- Enhance data-driven monitoring and continuous improvement

Implementation & Monitoring:

- Multi-sector partnerships with state, local, and tribal agencies
- Defined objectives, measurable indicators, and timelines
- Annual reporting and evaluation for continuous refinement

For a complete report on the health of Montanans, the full SHIP, and the annual reports detailing the progress, visit: <https://dphhs.mt.gov/healthiermontana>

NATIONAL PRIORITIES

National public health priority frameworks in the United States—such as Healthy People 2030, the U.S. Department of Health and Human Services (HHS) Strategic Plan, and the Centers for Disease Control and Prevention (CDC) Strategic Framework and Priorities provide coordinated guidance for improving population health, reducing disparities, and strengthening public health infrastructure.

HEALTHY PEOPLE 2030

Healthy People was developed in 1979 when Surgeon General Julius Richmond issued a landmark report titled: “Healthy People: The Surgeon General’s Report on Health Promotion and Disease Prevention”. Healthy People 2030 is the fifth iteration of the initiative. Healthy People 2030 set a decade-long agenda with five overarching goals: attaining healthy, thriving lives free of preventable disease; eliminating health disparities; creating environments that promote well-being; strengthening policies and public health infrastructure; and engaging leadership across sectors. For more information, visit: <https://health.gov/healthypeople>

HHS STRATEGIC PLAN

The HHS Strategic Plan is updated every four years which describes how the agency will work to address complex, multifaceted, and evolving health and human service issues. The HHS Strategic Plan (2022–2026) focuses on five priority areas: equity, behavioral health, public health capacity, science and data, and social determinants of health aimed at enhancing health outcomes through coordinated federal action. For more information visit: <https://www.hhs.gov/about/strategic-plan/2022-2026/index.html>

CDC STRATEGIC FRAMEWORK AND PRIORITIES

The CDC Strategic Framework and Priorities (2022–2027) centers on improving outbreak preparedness and response, addressing chronic diseases, promoting health equity, modernizing data systems, and strengthening the public health workforce. For more information visit: [CDC Strategic Framework and Priorities | About | CDC](#)

Together, these frameworks guide national efforts to protect and promote health across all communities, ensuring that policy, practice, and research align toward a healthier, more resilient nation.