

Kathy Jensen is a farmer's wife and a public health nurse. At dawn, when her husband is already out tilling the fields, she drives 25 miles to open the doors of the only public health office in Sheridan County, population 4,000. Kathy—with some help from a WIC specialist, a roaming sanitarian, and a part-time nurse—embodies the entire county health staff. When an emergency hits, Kathy Jensen is the responder. When public health efforts are launched, she is the initiator. For Kathy, obtaining the skills and knowledge necessary to deal with the challenges of contemporary public health is vital to the health and safety of the community. But how can she get adequate training out in rural Sheridan County?

Montana Turning Point Brick by Brick

Attending public health conferences and seminars in Helena means a 10-hour road trip or two commuter planes — and that's just to get there. While she's gone, the Sheridan County office closes. In the rural communities of Montana, the public health system is only as strong as its workers, and in Sheridan County, Kathy Jensen is the public health system.

When Montana first set out to improve its public health system in the mid-1990s, it was not with workforce training in mind; the focus was initially outward. Montana's public health reformers wanted policy makers and citizens to recognize the value and role of the public health system, in hopes of obtaining some funding. Through unsuccessful attempts to reach the public, a more immediate problem was discovered that demanded a more inward focus: consistent, high-quality training.

Through the support of the Turning Point Initiative, Montana established a Public Health Training Institute. The institute provides Internet-based and satellite training programs which are especially beneficial for rural communities that don't have university resources or public health colleges. The institute also developed a Summer Institute that, although sometimes held in Bozeman or Helena, provides unbeatable training and education in a

few days versus traveling out-of-state several weeks a year.

Now, Kathy has options for enhancing her public health skills. Last June, she attended the Summer Institute for Public Health, where she learned new techniques in communicating the public health message and tracking communicable diseases. The county sanitarian participated in a public health practice module offered through distance learning and was able to

network with other public health professionals without leaving town. County Health staff can enroll in computer courses designed specifically for public health professionals just a few miles from their homes. Today, training opportunities are

marketed through the Institute's Web site and soon a new feature will allow Kathy and others to track their learning by using the Institute's new learning management system. The Institute's courses are continuing to evolve and are meeting the needs of Montana's public health workforce. "Almost everyday in this office, Turning Point has affected this community" says Kathy, "and will continue to impact our community forever. It's for real!"

In the rural communities of Montana, Kathy Jensens are everywhere. Increasing the capacity of the worker increases the capacity of the state's public health system, community by community. Together, they build a healthier Montana, brick by brick.

In the rural communities of Montana, Kathy Jensens are everywhere. Increasing the capacity of the worker increases the capacity of the state's public health system, community by community.

At a Glance: *Montana*



Aim of Montana Turning Point

Montana's Turning Point Initiative has defined the public health system to include traditional state and local public health agencies and a wide variety of community partners. These partners are engaged in implementing a strategic plan to improve Montana's public health system and the health of Montana residents.

Montana's Public Health Challenges

In 2000 Montana had one of the highest percentages of residents without health care coverage and had the lowest average annual pay of any state in the country. At the same time, obesity is on the rise, bringing increases in diabetes, heart disease, disabilities, and rising health care costs throughout the state. Montanans do not have access to a consistent set of public health services across the state. Fifty percent of Montana's local health departments reported they were meeting half or fewer of their communities needs related to the ten essential public health services.

Montana Turning Point's Contribution to Improving Public Health

The Montana Turning Point Partnership developed a strategic plan that guides its work. Accomplishments and areas of major focus include:

- Establishing the Bureau of Public Health System Improvement (assessment, health planning, training, preparedness, and informatics) to provide a focal point for public health system improvement and coordination, and to be a resource on public health system issues
- Implementing the Montana Public Health Training Institute, which is a career-long learning center for public health workers
- Enhancing communication and coordination among statewide and local public health programs
- Ensuring that public health emergency preparedness activities are consistent and coordinated with the Strategic Plan for Public Health System Improvement
- Coordinating health planning efforts such as county health profiles and the Montana Health Agenda
- Reviewing Montana's public health statutes with the Turning Point Model Statute and the Model Emergency Powers Act
- Completing a state assessment using the CDC National Public Health Performance Standards

For More Information

Melanie Reynolds, Montana Turning Point Coordinator
Department of Public Health and Human Services
1400 Broadway, Cogswell Bldg C305
Helena, MT 59620-2951
tel: (406) 444-4474 e-mail: mreynolds@state.mt.us