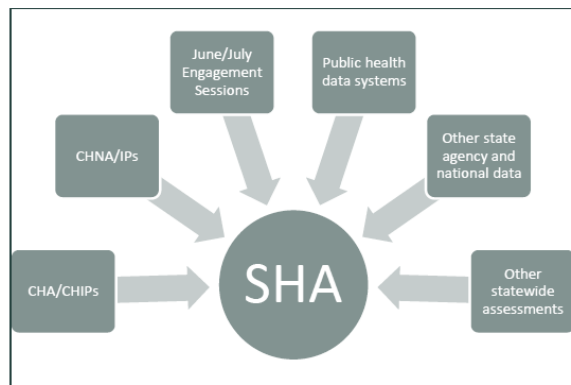


## State Health Assessment Engagement and Design Period

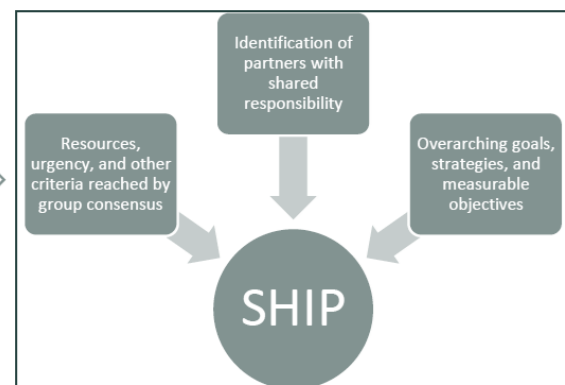
The State Health Assessment, or SHA, is a report on Montanan's health published every five years. The SHA analyzes and communicates health concerns; these concerns are then used to identify key priorities in the resulting State Health Improvement Plan. The SHA incorporates several data sources (figure 1). The most important of these are community health assessments (CHAs) and health improvement plans (CHIPs) completed by local and Tribal health departments, community health needs assessments (CHNAs) and implementation plans (IPs) from non-profit hospitals, and community member engagement and feedback. These data sources help identify the needs established by Montanans and are critical to ensuring that the SHA speaks to the concerns most pressing in Montana communities.

Figure 1: Processes for a healthier Montana

First, identify the health concerns in the SHA.



Then, identify the main priorities in the SHIP.



Three main questions needed to be answered before work could begin on the 2023 State Health Assessment.

1. How can the State Health Assessment be designed to be most useful as a tool?
2. What questions does the State Health Assessment need to answer for an effective resulting State Health Improvement Plan?
3. To what extent should the State Health Assessment incorporate the social determinants or foundations of health, and which ones would it focus on?

### Methods: Equity Action Lab (EAL) framework

A cohort of eight Public Health and Safety Division staff from the Chronic Disease Prevention and Health Promotion, Communicable Disease Prevention and Control, and Epidemiology and Scientific Support Bureaus participated in the 2022 Root Causes of Health Inequities (RoCHI) cohort hosting by the Institute for Healthcare Improvement (IHI) and the National Association of Chronic Disease Directors (NACDD). This cohort modified the Equity Action Lab (EAL) methodology (figure 2) promoted by the cohort to fit Montana's operating environment and the SHA's needs; this method is best described as an "adaptive hybrid" model of the EAL, in which some phases of the project were highly structured and others were intended to be flexible and responsive to the project's needs as it progressed. The cohort team followed the structure of the two to three month "prep phase" but replaced the one and a half day "action lab" with eight

total listening sessions with community members. Additionally, the 100-day sprint was extended to include six total design team sessions following the engagement period. The momentum lab will take place over one to two additional design team sessions to support data interpretation in the SHA draft report. Table 1 includes a project timeline with Montana edits to the EAL structure.

Figure 2: Equity Action Lab structure diagram, IHI and NACDD, 2022

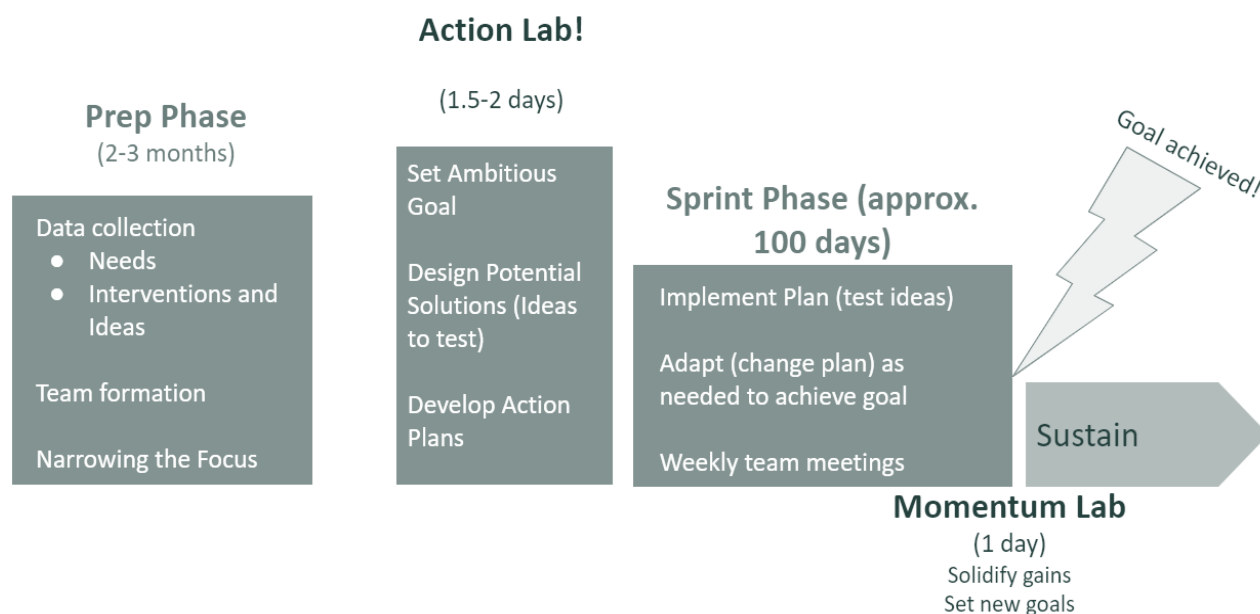


Table 1: Engagement and design timeline with corresponding modified Equity Action Lab components

Phase and month	Activities
EAL Prep Phase: January 2022-April	Applied for the RoCHI Cohort and assembled internal team of PHSD staff. Participated in RoCHI monthly meetings to plan for the engagement period activities.
EAL Action Lab (modified): May	Held one pilot engagement session to test the discussion questions for clarity.
EAL Action Lab (modified): June-July	Held 7 partner and community engagement sessions to collect qualitative and quantitative data (for a total of 8 sessions including the May pilot) and attended one American Indian Health Leaders meeting to provide an update on our progress and invitation to participate.
EAL Sprint Phase (modified): August	Attended Fort Peck Executive Board meeting and held first SHA Design Team meeting.
EAL Sprint Phase (modified): September	Attended Little Shell Tribal Council meeting to invite feedback and held second SHA Design Team meeting.
EAL Sprint Phase (modified): October	Attended second American Indian Health Leaders meeting to provide an update on our progress and invitations to participate. Held third SHA Design Team meeting.
EAL Sprint Phase (modified): November	Held fourth SHA Design Team meeting.
EAL Sprint Phase (modified): December	Held fifth SHA Design Team meeting and four topic-specific community engagement sessions to invite feedback on our progress.
EAL Sprint Phase (modified): January 2023	Held sixth SHA Design Team meeting.

## Data collection

Both qualitative and quantitative data were collected during the engagement and design period. Interpretation of the data was supported by the SHA Design Team members.

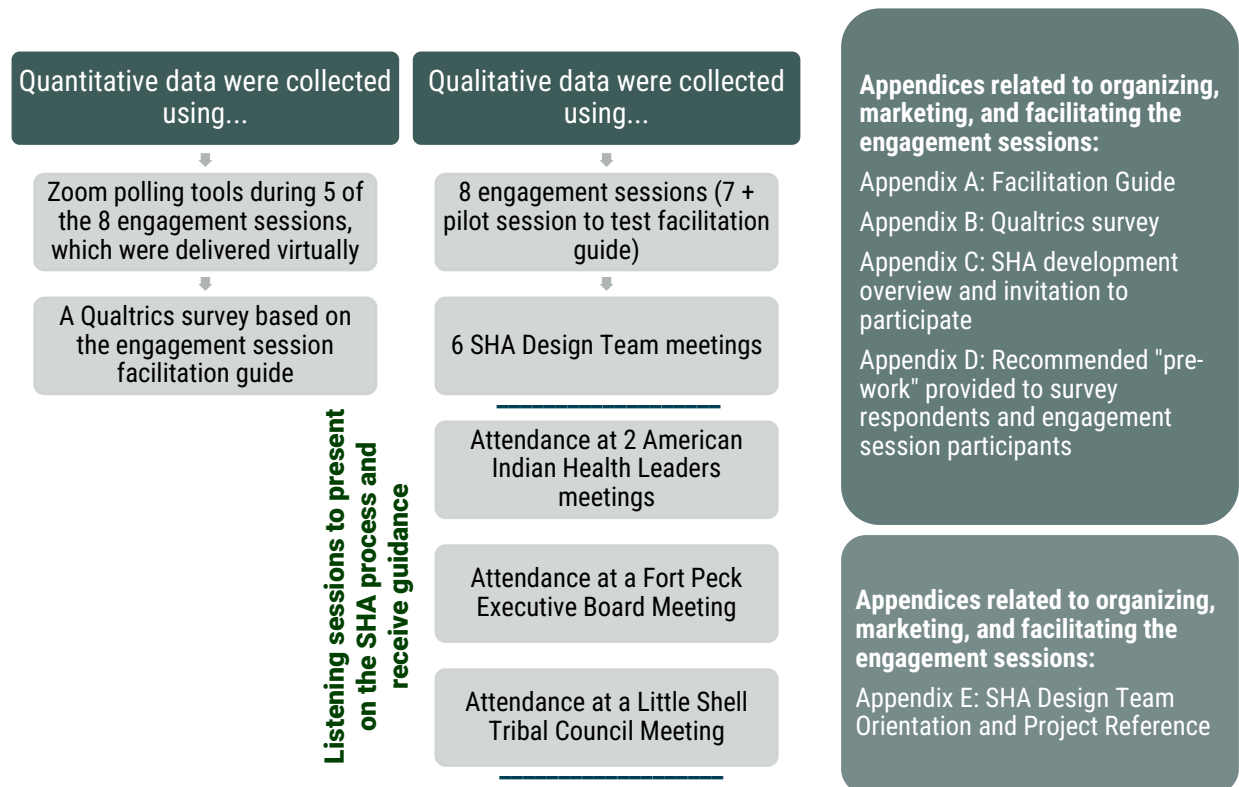


Table 2: Data collection activities

Activity	Type of activity	Dates completed (2022)
Engagement sessions (8)	Qualitative and quantitative data collected	May-July
Qualtrics survey	Quantitative data collected	May-July
American Indian Health Leaders meeting	Requested guidance, listening session	July
Fort Peck Executive Board	Requested guidance, listening session	August, October
State Health Assessment Design Team meetings	Qualitative data collected, requested guidance, supported data interpretation	August-January
Little Shell Tribal Council	Requested guidance, listening session	October
2019 State Health Improvement Plan Community of Practice meetings (4)	Qualitative data collected	December

Table 3: Details of the eight engagement sessions

Engagement sessions	Participants	In person, virtual, or combined	Polling data collected via Zoom
Friday, May 6, 2022: Pilot session	Montana Asthma Advisory Group (MAAG) members	Combined	No
Tuesday, June 7: Local and Tribal Health Department session	Local and Tribal Health Department staff	Virtual	Yes
Tuesday, June 14: General engagement session 1	Community members and partners	Virtual	Yes
Wednesday, June 15: General engagement session 2	Community members and partners	Virtual	Yes
Wednesday, June 15: Montana Disability Health Program session	Montana Disability Health program partners	Virtual	No
Thursday, June 16: General engagement session 3	Community members and partners	Virtual	Yes
Monday, June 20: State employee session	Montana state government employees	Virtual	Yes
Friday, July 15: Million Hearts Session	Million Hearts workgroup members	Combined	No

An estimated 200 people attended between all eight engagement sessions.

The polling data collected from the 5 virtual engagement sessions identified above in table 2 represent a total of 142 responses. Please note these data are limited to the 5 of 8 sessions that participated in Zoom polling and excludes the MAAG, Million Hearts, and Montana Disability Health Program meeting participants as a result.

The Qualtrics survey remained open throughout the entire engagement period. It received a total of 90 responses.

Figure 3: Participation through Qualtrics and Zoom polling during the May-July engagement period, participant self-reported topic(s) of interest.

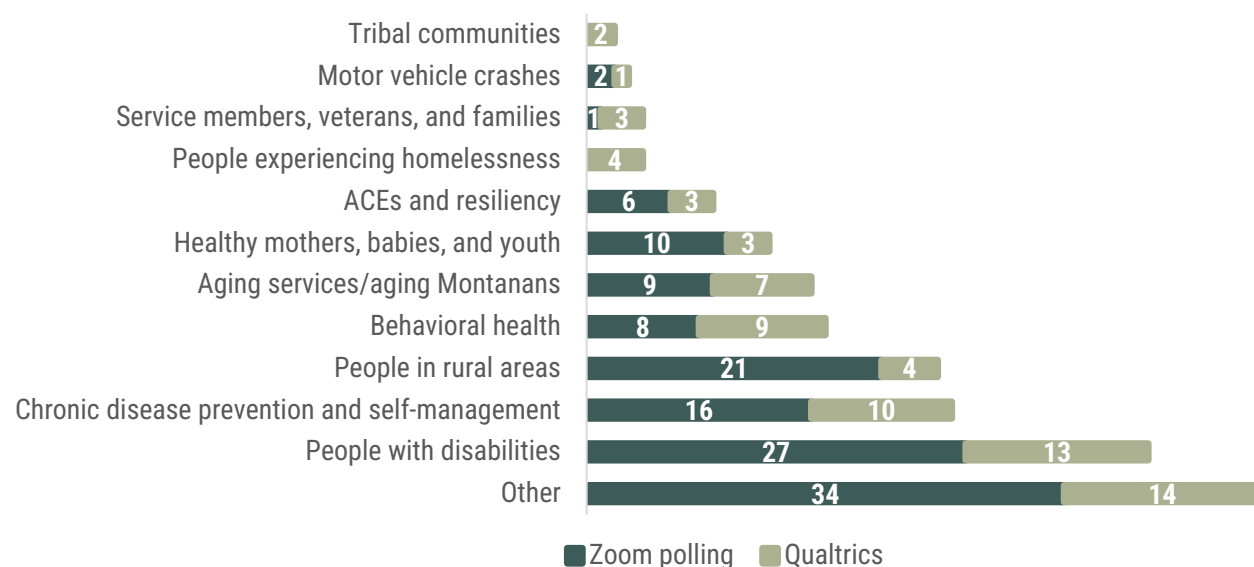
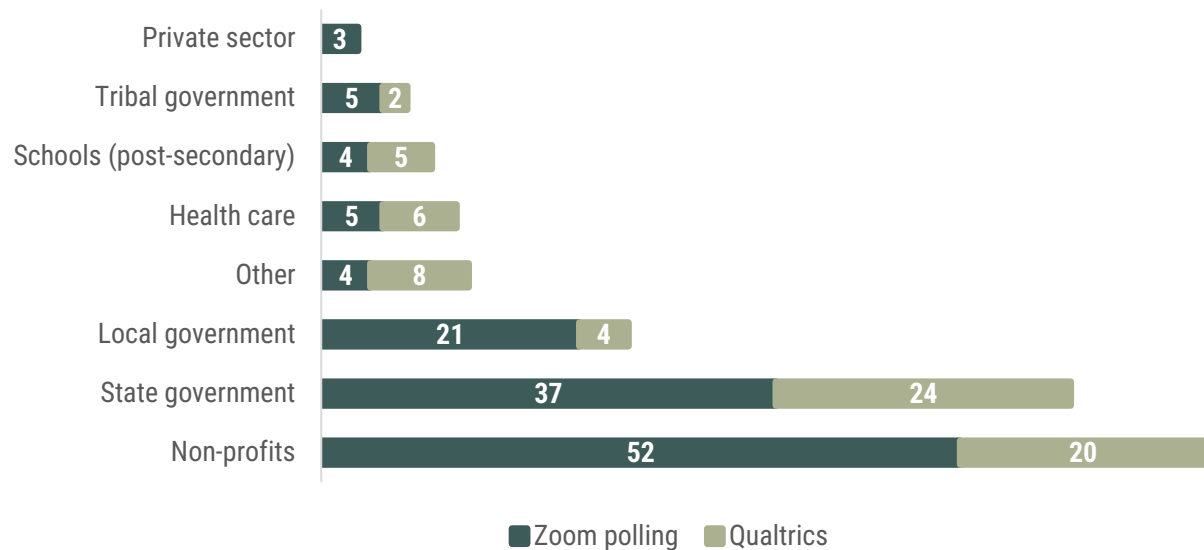


Figure 4: Participation through Qualtrics and Zoom polling during the May-July engagement period, participant self-reported sector.



### Data analysis and interpretation

Zoom polling and Qualtrics survey data were analyzed using descriptive statistics in Excel and the Qualtrics platform. Qualitative data from the engagement sessions were subjected to thematic analysis by three Public Health and Safety Division staff participating in the RoCHI Cohort and presented back to the rest of the participating staff for interpretation support. SHA Design Team meeting feedback were collected in notes and housed on the A Healthier Montana website for transparency and availability. Guidance provided during listening sessions through the American Indian Health Leaders meetings and Tribal government meetings were compiled in separate summaries before being shared with the SHA Design Team to maintain clarity that the input was collected from unique settings and does not represent the entirety of Tribal Nations in Montana. The SHA Design Team monthly meetings were the primary filtering point for all data through structured conversation and breakout rooms to result in a final table of contents for the 2023 SHA.

### Limitations

- Limited participation from some groups.
- Zoom polls during the engagement sessions were difficult to customize and analyze.
- Not all community engagement sessions collected the same polling information.
- Most community engagement sessions were 90 minutes, but not all.
- A computer and internet access were required for participation in engagement sessions.
- Staff did not follow a strict Equity Action Lab framework timeline and methodology.
- Staff only visited two of the eight Tribal governments in Montana for guidance during this period; visits to learn from Tribal nations are going to be an ongoing priority.

## Results Summary

### How can the State Health Assessment be designed to be most useful as a tool?

Through the engagement session and Qualtrics data and the iterative rounds of interpretation from the SHA Design Team members, three non-mutually exclusive design concepts were identified. These design concepts arose primarily in responses to the following open-ended question in the engagement sessions and Qualtrics survey:

*How can the SHA best equip you with data and information to address emerging priorities?*

These design concepts were exposed to multiple rounds of feedback to discuss benefits, concerns, solutions for the concerns, and ultimately a recommendation to either proceed or discontinue with the idea in SHA Design Team meetings. Each received a recommendation to proceed and will be incorporated into the SHA Table of Contents.

Design Concept 1	• Include a calendar as an appendix to the State Health Assessment to guide future analyses and annually enhance the SHA.
Design Concept 2	• Develop health profiles for specific communities of interest, like veterans.
Design Concept 3	• Hyperlink to existing reports, like needs assessments and strategic plans, and resources or tools that speak to the various health concerns.

### What questions does the State Health Assessment need to answer for an effective resulting State Health Improvement Plan?

The evaluation questions for the 2023 State Health Assessment primarily arose from the following two open-ended questions collected in the engagement sessions and Qualtrics survey and were also exposed to multiple rounds of conversation by the SHA Design Team.

*What public health data you wish you had?*

*What priority health needs do you predict seeing in the next 3-5 years?*

Additionally, two multiple-choice question that were included in the Qualtrics survey and Zoom polling during the engagement sessions.

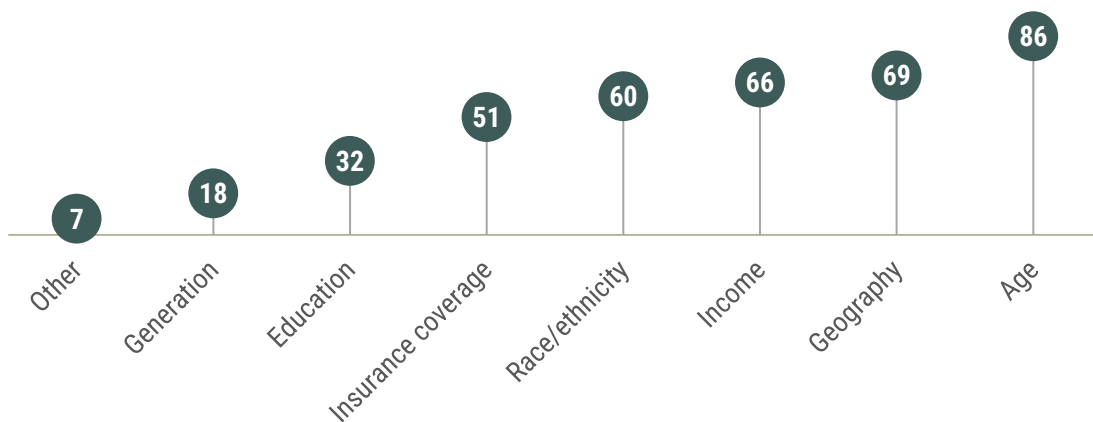
*Which social determinants of health are most relevant to your work?*

*What subgroupings of data are most helpful to you?*

Figure 5: Which social determinants of health, according to Healthy People 2030 categories, were most relevant to participants, Zoom polling and Qualtrics.



Figure 6: Subgroupings of data reported as most helpful to participants, Zoom polling and Qualtrics.



Evaluation Question 1	•How has the health of Montanans changed since 2017?
Evaluation Question 2	•What are the issues impacting health, according to Montanans?
Evaluation Question 3	•To what extent do the data support continued focus on the 2019 SHIP priorities?
Evaluation Question 4	•What additional issues emerge that should be considered in the next SHIP?

To what extent should the State Health Assessment incorporate the foundations of health, and which ones would it focus on?

The feedback from participants in the SHA design and engagement period has shown that inclusion of the foundations of health is an important piece of understanding health in Montana. Figure 7 shows that most respondents in the engagement sessions and Qualtrics verified that yes, they often or sometimes refer to the foundations of health in their work.

Figure 7: Participants reporting how often they use the foundations of health in their work, Zoom polling and Qualtrics.

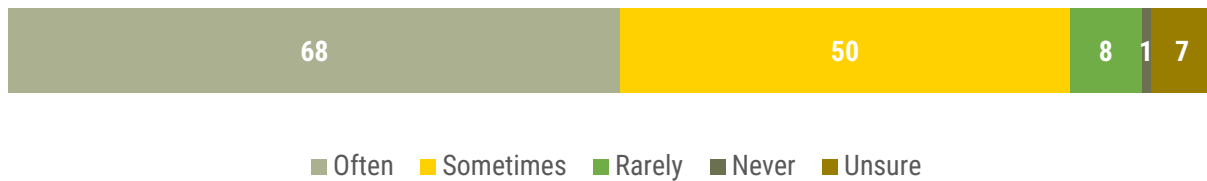


Figure 5 showed the three primary foundations of interest based on the Healthy People 2030 framework: 1) social and community context, 2) health care access and quality, and 3) economic stability. These were confirmed by the SHA Design Team as appropriate for focusing analysis and describing the health status of Montanans in the SHA.

To further refine those categories, feedback from the engagement sessions, listening sessions with American Indian Health Leaders and two Tribal governments, and 2019 SHIP community of practice discussions were used to help identify four main themes of importance to Montanans. These themes went through two cycles of review and confirmation with the SHA Design Team and changed accordingly to reflect feedback and concerns.

Health Theme 1	• Adverse childhood experiences and resiliency.
Health Theme 2	• Availability and affordability of health care.
Health Theme 3	• Basic needs.
Health Theme 4	• Substance use.

## Conclusion

The design period for the 2023 State Health Assessment demonstrates an improvement from the previous cycles in incorporating community members and external partners into the development of the SHA. Several important questions were posed that will continue to inform the epidemiological work of the Public Health and Safety Division, particularly around defining rural and frontier areas in analysis and the inclusion of various foundations of health and indices, such as the Social Vulnerability Index, as appropriate. Additionally, the challenges of adequately describing health in areas with small populations, for which data are not regularly collected, or data are collected with limited information, such as with limited race and ethnicity categories or without gender and sexual orientation. The resulting table of contents and framework for the upcoming SHA cycle is included in Appendix F.

**Acknowledgments:** Thank you to the PHSD RoCHI Cohort for your participation and support in completing the engagement sessions and supporting the SHA Design Team: Stacy Campbell, Jessie Fernandes, Trina Filan, Lauren White, Mackenzie Jones, Justin Sell, and Lauren White.



## **Appendix A: Facilitation guide for engagement sessions**

1. Welcome and overview
  - a. Define the State Health Assessment (SHA)
  - b. Define the State Health Improvement Plan (SHIP)
  - c. Explain the connection between the SHA and the SHIP
  - d. Demonstrate how the 5-year cycle of improvement works and what improvements have been made in this current cycle
  - e. Overview of the timeline for developing the SHA
2. Introduce Round 1, Social Determinants of Health
  - a. Define the Healthy People 2030 framework for the SDoH
  - b. Open Zoom polling, 2 questions:
    - i. How often do you use the SDoH in your work? (Often, Sometimes, Rarely, Never, Unsure)
    - ii. Which SDoH are most important in your work? Choose up to 3. (Social & Community Context, Economic Stability, Education Access & Quality, Health Care Access & Quality, and Neighborhood & Built Environment)
3. Breakout Rooms: Round 1
  - a. How might organizing the SHA into topic areas related to the SDoH be helpful to your work?
  - b. What concerns might you have about organizing the SHA by the SDoH?
4. Introduce Round 2, Data
  - a. Open Zoom polling, 2 questions:
    - i. What subgroupings of data are most useful to you? (Age, Generation, Income, Geography, Education, Health insurance coverage type, Race/ethnicity, Other (please describe).)
    - ii. What sources for data do you turn to most often? (I don't current access data sources to inform my work; Reports or needs assessments published by state government agencies; Local or Tribal Health Department Community Health Assessments (CHAs) and/or Community Health Improvement Plans (CHIPs); Hospital Community Health Needs Assessments (CHNAs) and/or Implementation Plans (IPs); Reports or needs assessments produced by other local or Tribal government agencies; Reports or needs assessments produced by other groups or organizations, like a non-profit agency; Reports or needs assessments produced by my own organization or group; Other (please describe).)
5. Breakout Rooms, Round 2
  - a. What public health data do you wish you had?
6. Breakout Rooms, Round 3
  - a. As you look to the next 3-5 years, what do you think will be the priority health needs for the people and organization(s) you work with?
  - b. How might the SHA best equip you with data and information you need to address these emergent needs?
7. Thank you and next steps

## Appendix B: Survey tool

The [State Health Assessment](#) provides a foundation for advancing conditions for health in Montana. The SHA gives a broad overview of the health of Montanans, from birth to death, physical health to mental health, and communicable disease to chronic disease. It also includes information about how where we live, work, and play impacts our health and wellbeing and is updated every five years.

We deeply value the addition of your voice into this important work for the well-being of all Montanans. As public servants, we want to gather and analyze data to provide a user-friendly report that embodies accessible and inclusive public health practice. Working together, we can ensure that people living in Montana are able to fully enjoy the beauty of the place where they live and make healthy choices for themselves and their families.

**This survey may take up to 10 minutes to complete and will be open until the end of June 2022.** Please contact Anna Bradley at [abradley@mt.gov](mailto:abradley@mt.gov) with questions.

This survey is an opportunity to provide feedback if you aren't able to attend a live engagement session. Engagement sessions are scheduled for the dates below; registration is required in advance and limited to 30 people per session. If you are attending a session, please don't complete this online survey.

### Local & Tribal Health Department Session

- Tuesday, June 7
- 2 to 3 PM
- [Register here](#)

### State Employee Session

- Monday, June 20
- 10:30 AM to 12 PM
- [Register here](#)

### Partners and Stakeholders

Live captioning will be available for each of the calls listed below where a registrant has indicated the service is necessary.

- Session 1: Tuesday, June 14
- 1:30 to 3 PM
- [Register here](#)
- Session 2: Wednesday, June 15
- 10 to 11:30 AM
- [Register here](#)

· Session 3: Thursday, June 16

· 1:30 to 3 PM

· [Register here](#)

**Optional “pre-work” that may help provide context for the survey questions:**

1. [Advancing Health Literacy through Inclusive Communication](#)
2. [Community Health Data Resource Guide](#)
3. [Public Health Surveillance: A Brief Overview](#) (video, ~8 minutes)
4. [Social Determinants of Health: An Introduction](#) (video, ~6 minutes)
5. [Bay Area Regional Health Inequities Initiative \(BARHII\) Framework](#)
6. [Impact of Unresolved Trauma on American Indian Health Equity](#) (video, ~90 minutes)

Question 1. In what sector or setting do you primarily work?

- a. State government
- b. Local government
- c. Tribal government
- d. Private sector
- e. Non-profit
- f. Schools (K-12)
- g. Schools (post-secondary)
- h. Religious organization
- i. Law enforcement
- j. Health care
- k. Media
- l. Other (enter a response)

Question 2: In what topic area and/or with what community do you primarily work?

- a. Behavioral health
- b. Chronic disease prevention and/or self-management
- c. Healthy mothers, babies, and youth
- d. Motor vehicle crashes
- e. Adverse childhood experiences and resiliency
- f. People living with disabilities and/or their families
- g. Service men and women, veterans, and/or their families
- h. Aging services and/or aging Montanans
- i. People experiencing homelessness
- j. People living in rural areas
- k. Tribal communities
- l. Other (enter a response)

We are considering aligning the State Health Assessment to the Healthy People 2030 social determinants of health (SDoH) domains, which include:

- social & community context,
- economic stability,

- education access and quality,
- health care access & quality, and
- neighborhood & built environment.

SDoH are the conditions in our lived environments where we are born, live, learn, work, and play. These conditions affect a wide range of health and quality-of-life risks and outcomes.

Question 3: To what extent do you currently refer to the social determinants of health in your work?

- a. Often
- b. Sometimes
- c. Rarely
- d. Never
- e. Unsure

Question 4: Of the five domains, which one(s) are most relevant to your work? Please select up to three (3) of the options below.

- a. Social and community context
- b. Economic stability
- c. Education access and quality
- d. Health care access and quality
- e. Neighborhood and built environment

Question 5: How might this way of organizing information in the SHA be helpful to your work? (Open-ended question with a free text box.)

Question 6: What concerns might you have about organizing information this way in the SHA? (Open-ended question with a free text box.)

Question 7: Please help us understand what data source(s) you turn to regularly to inform your work. Select all that apply.

- a. I don't current access data sources to inform my work.
- b. Reports or needs assessments published by state government agencies.
- c. Local or Tribal Health Department Community Health Assessments (CHAs) and/or Community Health Improvement Plans (CHIPs)
- d. Hospital Community Health Needs Assessments (CHNAs) and/or Implementation Plans (IPs)
- e. Reports or needs assessments produced by other local or Tribal government agencies
- f. Reports or needs assessments produced by other groups or organizations, like a non-profit agency
- g. Reports or needs assessments produced by my own organization or group
- h. Other (please describe)

Question 8: Is there a particularly impactful statewide report or needs assessment that you would like to bring our attention to? If so, please attach it here. You can also send a file or hyperlink to [HHSAHealthierMontana@mt.gov](mailto:HHSAHealthierMontana@mt.gov).

Question 9: What subgroupings of data are most useful to you? In other words, how would you like to see information organized? Please select up to three (3) from the list below.

- a. Age
- b. Generation
- c. Income
- d. Geography
- e. Education
- f. Health insurance coverage type
- g. Race/ethnicity
- h. Other (please describe)

Question 10: What public health data do you wish you had? (Open-ended question with free text box.)

Question 11: As you look to the next 3-5 years, what do you think will be the priority health needs for the people and organization(s) you work with? (Open-ended question with free text box.)

Question 12: How might the State Health Assessment best equip you with the data and information you need to address these emergent needs? (Open-ended question with free text box.)

Thank you for your time spent taking this survey. Your response has been recorded.

## Appendix C: Factsheet



### Plan to Draft the State Health Assessment

#### Opportunities to participate

Live captioning will be available for each of the calls listed below for which a registrant indicates the service is needed.

##### Local & Tribal Health Dept Session

- Tuesday, June 7
  - 2 to 3 PM
  - [Register here](#)

##### State Employee Session

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  - 10 to 11:30 AM
  - [Register here](#)
- Session 3: Thursday, June 16
  - 1:30 to 3 PM
  - [Register here](#)

If you are unable to attend any of the sessions, please feel free to respond to the [online survey](#) instead.

The [State Health Assessment](#) provides a foundation for advancing conditions for health in Montana. The SHA gives a broad overview of the health of Montanans, from birth to death, physical health to mental health, and communicable disease to chronic disease. It also includes information about how where we live, work, and play impacts our health and wellbeing and is updated every five years.

We deeply value the addition of your voice into this important work for the well-being of all Montanans. As public servants, we want to gather and analyze data to provide a user-friendly report that embodies accessible and inclusive public health practice. Working together, we can ensure that people living in Montana are able to fully enjoy the beauty of the place where they live and make healthy choices for themselves and their families.

#### 2022 Timeline

- **May and June:** Partner and stakeholder engagement sessions
  - 3 facilitated sessions for partners and stakeholders external to state government
  - 1 session for state employees
  - 1 session for local/tribal health department staff
  - 1 session at the American Indian Health Leaders meeting
- **July to December:** Using the engagement sessions to design the overall evaluation questions and analysis structure for the State Health Assessment and developing the draft using the following, among others:
  - Public health surveillance data systems,
  - May-June engagement session feedback,
  - Community Health Assessments, Health Needs Assessments, Health Improvement Plans, and Implementation Plans (CHAs, CHNAs, CHIPs, and IPs) from local and tribal health departments and non-profit hospitals, and
  - Other statewide needs assessments.

#### Contact

Anna Bradley, MS, CHES  
State Health Improvement Coordinator  
(406) 444-5968  
[ABradley@MT.gov](mailto:ABradley@MT.gov)

#### Visit

[dphhs.mt.gov/ahealthiermontana](https://dphhs.mt.gov/ahealthiermontana)

#### Optional "pre-work" that may help provide context for our conversations

1. [Advancing Health Literacy through Inclusive Communication](#)
2. [Community Health Data Resource Guide](#)
3. [Public Health Surveillance: A Brief Overview](#) (video, ~8 minutes)
4. [Social Determinants of Health: An Introduction](#) (video, ~6 minutes)
5. [Bay Area Regional Health Inequities Initiative \(BARHII\) Framework](#)
6. [Impact of Unresolved Trauma on American Indian Health Equity](#) (video, ~90 minutes)

Updated May 25, 2022



## **Appendix D: Recommended engagement session pre-work**

1. [Advancing Health Literacy through Inclusive Communication](#)
2. [Community Health Data Resource Guide](#)
3. [Public Health Surveillance: A Brief Overview](#) (video, ~8 minutes)
4. [Social Determinants of Health: An Introduction](#) (video, ~6 minutes)
5. [Bay Area Regional Health Inequities Initiative \(BARHII\) Framework](#)
6. [Impact of Unresolved Trauma on American Indian Health Equity](#) (video, ~90 minutes)

# Appendix E: SHA Design Team Orientation Guide

Updated January 20, 2023

## State Health Assessment Design Team Orientation

### Ground Rules and Expectations

1. Extend flexibility and grace to all participants.
2. Respect, listen to, and support each other.
3. Don't be afraid to speak up and challenge ideas in respectful ways, ask a question, or make a comment.
4. Remember that we are all learning from each other.
5. Equal sharing/reporting by everyone—be mindful of the time and space we are sharing to take turns speaking.
  - a. Listen, listen, listen.
6. Assume positive intent, but also acknowledge the impact.
7. Acknowledge everyone's unique perspectives.

We share a responsibility to:

- Advance the health of all Montanans, regardless of life circumstances.
- Engage in conversation about where Montanans live, learn, work, play, worship, and age and how those places impact health.
- Ensure that Montanans have equal opportunity to make choices that lead to good health for them and their families.
- Provide information and services that all people can find, understand, and use to inform health-related decisions and actions for themselves and others.
- Liaise with the communities, organizations, and groups that we are representing to create dialogue.

### Communication

We will communicate back to the organizations and communities we are here representing. Ideas from the group for effective communications included:

- Virtually (Zoom, Teams)
- Face-to-face
- Emails
- Social media (Facebook)
- Conference calls
- One-on-one conversations
- Newsletters
- Monthly and weekly staff, leadership, tribal council, convening, committee, and coalition meetings
- Webinars
- Sharing notes from the design team to various groups
- Keep as an agenda item on standing meetings
- Grassroots communication via word of mouth

SHA Design Team members will be communicating with groups and organizations relevant to their work in between meetings to collect feedback as needed. See the SHA Design Team Membership List for a full list of sectors/organizations/groups represented.

The project coordinator will provide the following between meetings:

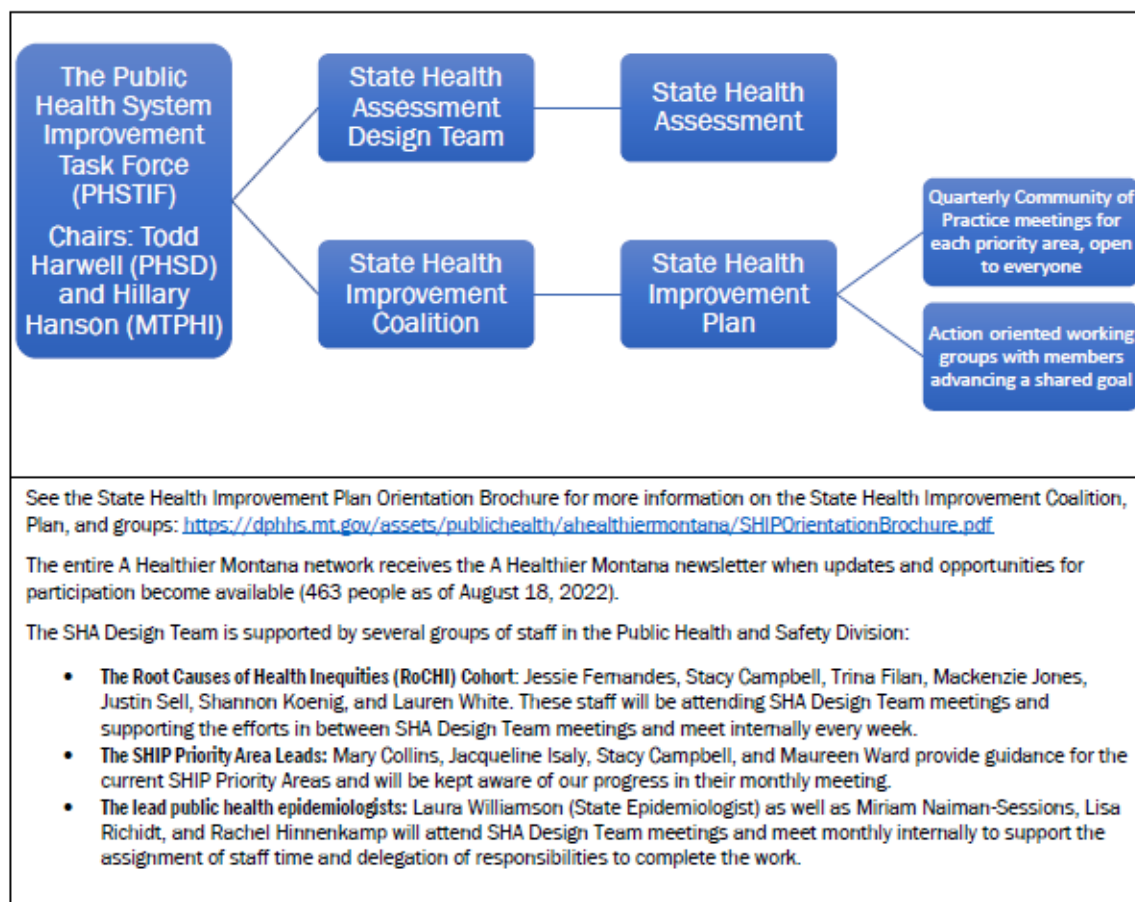
- Sending agenda and meeting information ahead of the meeting for participants to review.
- A meeting summary document for feedback from the participants. Participants can share the document with their networks as needed to collect feedback in between meetings.
- Reminders in between meetings for action items.
- Invitations to have one-on-one meetings with participants between meetings to support the project.
- Regularly checking in and providing summaries at the start of meetings to stay aligned with the timeline and project goals.



## Project Reference

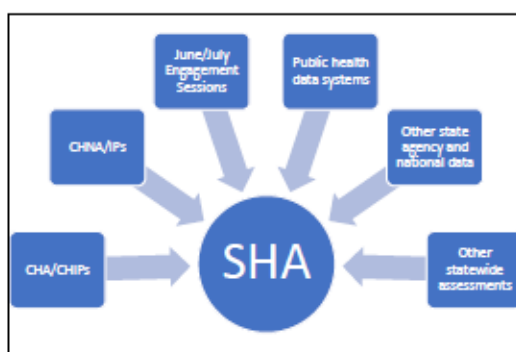
### Terminology

- **A Healthier Montana:** The name of the Public Health and Safety Division program that houses the SHA and SHIP. Resources and more information about these processes are available at the A Healthier Montana website.
  - <https://dphhs.mt.gov/ahhealthiermontana>
- **Community Health Assessment (CHA):** Like the State Health Assessment but conducted by local or Tribal health departments. Analyzes health concerns of a community.
- **Community Health Improvement Plan (CHIP):** Like the State Health Improvement Plan but conducted by local or Tribal health departments. Establishes health improvement priorities from the concerns identified in the CHA.
- **Community Health Needs Assessment (CHNA):** Like CHAs and the SHA but conducted by non-profit hospitals. Analyzes health concerns of a community.
- **Health Equity:** Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This is accomplished by removing obstacles to health that create unfair conditions and can be changed.
- **Implementation Plan (IP):** Like CHIPs and the SHIP but conducted by non-profit hospitals. Establishes health improvement priorities from the concerns identified in the CHNA.
- **Montana Public Health Data Resource Guide:** This guide is organized by public health program area and the type of data collected. Each of these programs describe the strengths and limitations of the data, the items collected, and the means to gain access to the data. Programs differ in the type of information collected and the manner in which they can release the data.
  - <https://dphhs.mt.gov/assets/publichealth/Epidemiology/MTResourceGuide.pdf>
- **Public Health Accreditation Board (PHAB):** The Public Health Accreditation Board is a national organization that maintains standards for the voluntary accreditation process for public health departments. The Public Health and Safety Division collaborates with the Early Childhood and Family Support Division in Montana DPHHS to maintain its status as an accredited public health department.
- **Public Health System Improvement Task Force (PHSITF):** The Public Health System Improvement Task Force is a group of public health and health care sector professionals working together to advance Montana's public health system and serves in an oversight capacity to the A Healthier Montana work, specifically the SHA and the SHIP.
- **SHIP Communities of Practice:** SHIP Communities of Practice meet quarterly and are open to anyone who would like to attend. There is one Community of Practice for each of the four main topics in the SHIP: Behavioral Health, Chronic Disease Prevention and Self-Management, Healthy Mothers, Babies, and Youth, and Motor Vehicle Crashes.
- **SHIP Working Groups:** SHIP Working Groups convene to collaborate on shared projects of interest. Groups are currently convening to work on Adverse Childhood Experiences (ACEs) and resiliency, alcohol-impaired driving prevention, and obesity prevention.
- **Social Determinants of Health:** Our life circumstances and experiences in places where we live, work, play, age, learn, and worship that influence our health and wellbeing.
- **State Health Assessment (SHA):** A broad overview of the current state of the health of Montanans to inform health improvement efforts. Analyzes health concerns statewide and uses data from CHAs, CHNAs, CHIPs, IPs, community engagement sessions, public health data systems, other state agency and national data, and other statewide assessments in its development.
- **State Health Assessment Design Team:** This group began convening in August 2022 and will meet monthly until January 2023 to support drafting the updated State Health Assessment.
- **State Health Improvement Coalition:** Like the SHA Design Team, this Coalition meets to guide implementation and evaluation of the SHIP. After the SHA is written, SHA Design Team participants will have the opportunity to continue their participation with the development of the next SHIP. At that time, the Coalition and Design Team will merge. This is the result of an ongoing quality improvement process and is subject to change.
- **State Health Improvement Plan (SHIP):** A system-wide "call to action" to address health priorities identified in collaboration with cross-sector partners and community members using the information in the SHA.

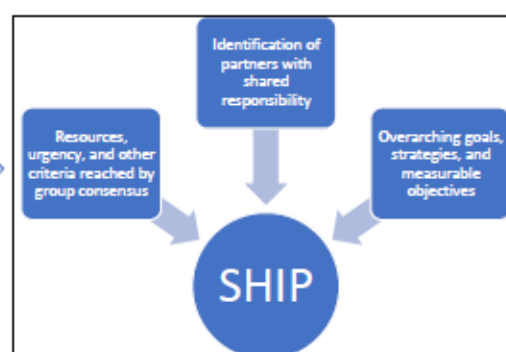


#### Process

First, identify the health concerns in the SHA.



Then, identify the main priorities in the SHIP.



Updated January 20, 2023

## PHAB Requirements for a State Health Assessment

### PHAB Measure 1.1.1: Develop a community health assessment

“The community health assessment tells the community story and provides a foundation to improve the health of the population. It is the basis for priority setting, planning, program development, policy changes, coordination of community resources, funding applications, and new ways to collaboratively use community assets to improve the health of the population.”

The final State Health Assessment must include:

- A list of participating partners
- The process for how partners collaborated in developing the SHA
- Comprehensive, broad-based data that must include primary and secondary data from 2 or more sources
- A description of the demographics of the population, including:
  - The percent of the population by race and ethnicity
  - Languages spoken
  - Other characteristics as appropriate
- A description of health challenges experienced by the population served, including an examination of disparities between subpopulations or subgeographic areas:
  - Health status
  - Health behaviors
- A description of the inequities in the factors that contribute to health challenges, which must include social determinants of health
- Community assets or resources beyond the health department that can be mobilized to address health challenges

#### Timeline

- **January-May: Planning**
- **June-July: Engagement sessions to help us focus the analyses**
- **August-January: Development with help of a design team, general schedule below.**
  - August focus: Overview of the SHA process, review overall design concepts from engagement sessions
  - September focus: Overview of the SHA/SHIP groups and organizational structure, review design concept benefits, concerns, and potential solutions
  - October focus: Reviewed table of contents, evaluation questions, and state/community connections
  - November focus: Reviewed thematic elements for table of contents and community engagement plan
  - December focus: Finalized the Table of Contents structure
  - January focus: Wrap up and identify next steps.
    - January represents the end of the first 6-month series of SHA Design Team meetings.
- **February-April: Draft the State Health Assessment**
  - SHA Design Team members will be invited to provide feedback and support interpretation of the data in March and April.
- **May: Publish the State Health Assessment**
  - SHA Design Team members will be invited to continue on as members of the State Health Improvement Coalition to begin designing the State Health Improvement Plan (SHIP).

#### Key Accomplishments through January 2023

- A completely redesigned process of completing the SHA;
  - Early and ongoing engagement, enhanced structure, and revisiting long-standing methods for communication and analyzing data;
- Established a phased approach for the State Health Improvement Planning Process;
  - First complete the SHA, then the SHIP;
- New partnerships with more communities and sectors represented;
- New tools that can be used again and again.

Updated January 20, 2023

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## **Appendix F: Proposed 2023 SHA Table of Contents**

- 1) Introduction
  - a) History and purpose of the SHA
  - b) Process and methodology
  - c) Limitations
- 2) Demographics
  - a) Foundations of health/social determinants of health
    - i) ACEs and resiliency
    - ii) Availability and affordability of care
    - iii) Basic needs
    - iv) Substance use
- 3) Populations in Focus
- 4) Fundamental health statistics
  - a) General health, birth, and death data
- 5) Behavioral Health
- 6) Chronic Disease Prevention and Self-Management
- 7) Motor Vehicle Crashes
- 8) Healthy Mothers, Babies, and Youth
- 9) Emerging Issues
- 10) Conclusion
- 11) Appendix A: Calendar of future analyses