

2024 State Health Improvement Plan (SHIP)

Design Team Meeting, 1 of 6
September 14 @ 1 PM

As we get started, please enter your name and organization into the chat box.



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Agenda

- Welcome and introductions
- Overview of the SHIP process and Public Health Accreditation Board (PHAB) Standards and Measures
- History of the SHA/SHIP process in Montana
- Planning for the SHIP Design process
- Timeline and next steps

Updated September 8, 2022

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.

Welcome and introductions

*Poll questions in Zoom– help us learn more about
your experience with the SHA/SHIP process.*



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

The SHIP Process and PHAB Standards

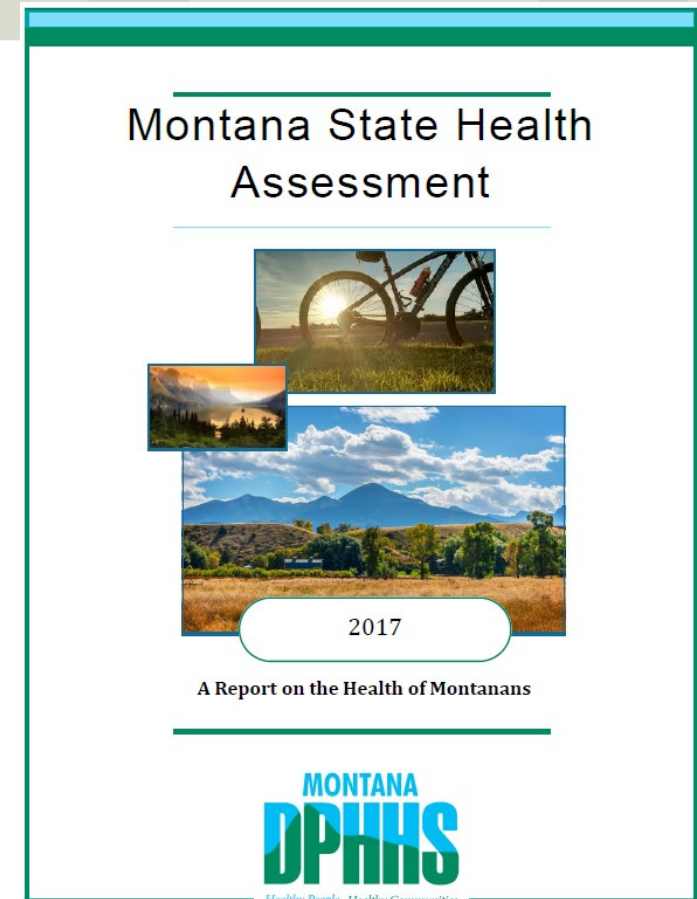


DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

The State Health Assessment (SHA)

A broad overview of the current state of the health of Montanans (from birth to death, physical health to mental health, and communicable disease to chronic disease) to inform health improvement efforts.

~10-minute video is available on YouTube about the [SHA design and development process](#) and the current process for SHIP design. Anna will drop the link in the chat box.



The State Health Improvement Plan (SHIP)

A system-wide “call to action” to address health needs that includes cross-sector participation and commitments to strategies for improvement.

Find the SHIP online at
<https://dphhs.mt.gov/ahealthiermontana>.

2019 Key Priority Areas:

- Behavioral Health
- Chronic Disease Prevention and Self-Management
- Motor Vehicle Crashes
- Healthy Mothers, Babies, and Youth

Cross-cutting topic: ACEs



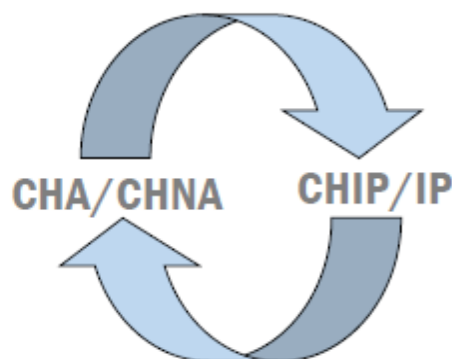
DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Every 5 years

- ◆ Summary of CHA, CHIP, CHNA, and IPs
- ◆ Community voice
- ◆ Public health data
- ◆ Other state and national data
- ◆ Other statewide assessments

SHA

Every 3-5 years



SHIP

Local and Tribal Health Depts and
non-profit hospitals

Statewide

State-level processes:

SHA: State Health Assessment

SHIP: State Health Improvement Plan

Tribal and Local Health Departments:

CHA: Community Health Assessment

CHIP: Community Health Improvement Plan

Nonprofit hospitals:

CHNA: Community Health Needs Assessment

IP: Implementation Plan

- ◆ Resources, urgency, and other criteria determine goals
- ◆ Identification of partners with shared responsibility
- ◆ Overarching goals, strategies, and measurable objectives

Process Timeline

- Completing the analysis and formatting of the SHA
 - The SHA underwent a community engagement period and utilized a cross-sector Design Team that met for 6 months to inform its development
 - Review the Design Team's discussion on the [A Healthier Montana Network](#) webpage using the "State Health Assessment Design Team" drop down.
 - It will be released for a final round of public comment alongside the SHIP in Spring 2024
- Community engagement for the 2024 SHIP in September 2023
- ➔ • Cross-sector SHIP Design Team to meet for 6 months from September 2023 to February 2024



Basic Requirements for the SHIP, 1 of 2

PHAB Measure 5.2.1: Adopt a community (state) health improvement plan.

“The health improvement plan **provides guidance to the health department, its partners, and stakeholders** for improving the health of the population within the health department’s jurisdiction. The plan **reflects the results of a collaborative planning process** that includes significant involvement by key sectors. Partners can use a health improvement plan to prioritize existing activities and set new priorities. The plan can **serve as the basis for taking collective action and can facilitate collaborations.**”



Basic Requirements for the SHIP, 2 of 2

1. A SHIP must contain:

- a) At least 2 **health priorities**,
- b) Measurable **objectives** for each priority,
- c) Improvement strategy(ies) or activity(ies) for each priority that has a **timeframe and designated organizations or individuals** that hold responsibility,

Note: At least 2 of the strategies must include **a policy recommendation**, and at least 1 of those must be aimed at alleviating causes of health inequities.

- d) A list of assets and resources that will be used to address at least one of the priority areas, and
- e) An outline of what the implementation process will look like.

*We will revisit PHAB Standards and Measures *for implementation* later in the meeting today.



SHA & SHIP History in Montana: 5-year Cycles of Improvement



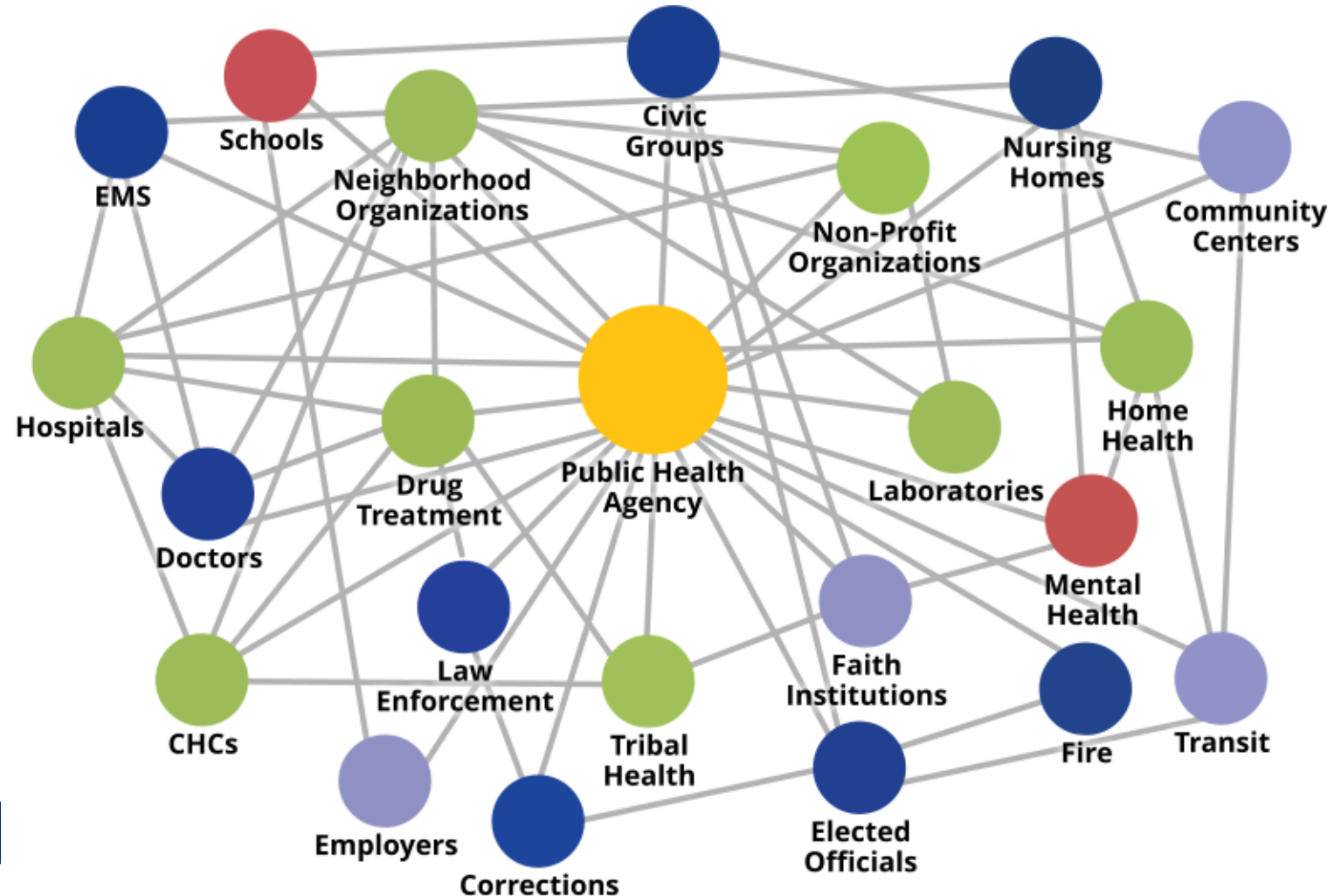
DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Assessing and improving health

The state public health agency has been assessing and planning for advancing health in Montana for over 100 years.

The SHA and SHIP cycle terminology was first used in Montana in 2013.

Image source: CDC, Center for State, Tribal Local, and Territorial Support, 2018



Key Improvements: By 2020...

- Assigned state employee leaders as workgroup leads for implementation and provided training on Collective Impact.
- Focused on improving communication.
- Conducted evaluation activities and completed an annual report.
- Grew the implementation network to include new cross-sector partners that had not been included in the past.
- Started action-oriented and ad hoc working groups to complete projects of shared interest.
- Updated the A Healthier Montana website.
- Established a data dictionary for routine monitoring and tracked necessary changes over time.



Key Improvements: By 2021...

- Ad hoc action-oriented working groups grew.
- Continued to focus on communication: refined materials.
- COVID-19 addendum: telehealth and partnerships were the two areas of biggest interest, but shared priority areas from 2019 were still areas of concern aside from COVID.
- Engaged with other states and highlighted Montana's work nationally.
- Published another annual report.



Key Improvements: By 2022...

- Tying the SHA and SHIP more and more into PHSD planning processes, like the Montana Community Health Insights dashboard.
- Developed new resources with the SHA and SHIP in mind and added them to the implementation library.
- A Healthier Montana newsletter email list had grown to over 500 recipients.
- Began to improve communication with Tribal Nations through Stephanie Iron Shooter's guidance and support.
- Improved communication with other states to start preparing for 2023 cycle.
- 2 mailers for working group products went out!
- Early and continuous engagement for the updated SHA– brand new process.



Lessons Learned

- Maintaining all the different groups and messaging the purpose of the different groups was a challenge. Moving target in an attempt to rapidly improve usefulness.
- Messaging how to implement such a large document (“building the SHIP as we’re sailing it”) with so many priorities and strategies: a roadmap of mostly existing work.
- Capacity, especially during COVID. Last annual report was produced in 2021, although data collection continued
- Spent a lot of time trying to answer the question: What does implementation mean for Montana? What is the SHIP best at?
- The importance of funding and partnership to get the work done.
- Behavioral Health as a topic never “got off the ground” in the same way as the others (what was the SHIP adding to the conversation, besides for emphasizing the importance?)



What was the 2019 SHIP best at?

- Facilitating new partnerships and relationships between groups and organizations who participated in the quarterly meetings and/or the working groups.
- Completing shared projects of interest to advance our work.
- Transitioned working groups successfully either out of commission (project/goal accomplished) or to established staff or programs (Joy in Healthy Living) as needed.
- Creating capacity and conversations where support was needed: focus on obesity, a statewide comprehensive conversation about ACEs, etc.
- Highlighting the importance of an issue.
- Increased awareness of projects across the state– routine opportunities for updates and sharing.



Mural Board

Feedback on lessons learned from the previous SHA/SHIP cycles.



Intentional Design for Implementation and Evaluation



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Intentional Design, 1 of 4

Our **implementation framework** for the 2019 SHIP was the Collective Impact Framework.

- *The SHIP*: a common agenda for change and shared measurements
- *All stakeholders*: mutually reinforcing activities and open, continuous communication
- *Various MT DPHHS staff*: open, continuous communication and a 'backbone' coordinator

Image source: University of Southern California, 2017



Intentional Design, 2 of 4

Our **evaluation framework** for the 2019 SHIP was Results-Based Accountability (RBA).

1. How **much** did we do?
2. How **well** did we do it?

3. Is anyone better off?



Intentional Design, 3 of 4

PHAB Measure 5.2.2: Encourage and participate in collaborative implementation and revision of the community health improvement plan.

“Any plan is useful only when it is implemented and provides guidance for activities and resource allocation. Effective community health improvement plans should not be stagnant, but dynamic to reflect the evolving needs of the population served. Health departments should continuously work with multi-sector partnerships to evaluate and improve the community health improvement plan.”



Intentional Design, 4 of 4

1. The SHIP must be a **living document** that continues to evolve after it is released.
2. Updates to the activities or strategies could be necessary because:
 - a) Activities or strategies have been completed,
 - b) There is an emerging health issue that must be addressed,
 - c) There has been a change in resources and assets.
3. Changes will be developed **in collaboration** with partners and stakeholders.



Mural Board

Feedback on what you want, need, expect from PHSD in order to successfully participate in the SHIP design process.



Ground Rules and Expectations



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Expectations

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; and
- Liaise with the communities, organizations, and groups that we are representing to create dialogue.



Ground Rules

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



Katie's Commitments

- I will not waste your time.
- We will not wordsmith.
- You will have opportunities for meaningful input.
- We will be relentlessly committed to creating a plan that is useful and operational.



Timeline and Next Steps



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Tentative Timeline

October 12th: Data overview-State SHA, locals CHAs, listening session findings

November 9th: Selecting prioritization criteria + building a framework

December 14th: Selecting health priorities for the SHIP

January 11th: Designing strategies

February 8th: Finalize and review



Mural Board

What data would be most helpful for you to receive in October to kick off this process?



Thank you!

Katie Loveland, Loveland Consulting
lovelandk@gmail.com

PHSD Point of Contact:

Rich Knecht, Accreditation Coordinator, Richard.Knecht@mt.gov



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES