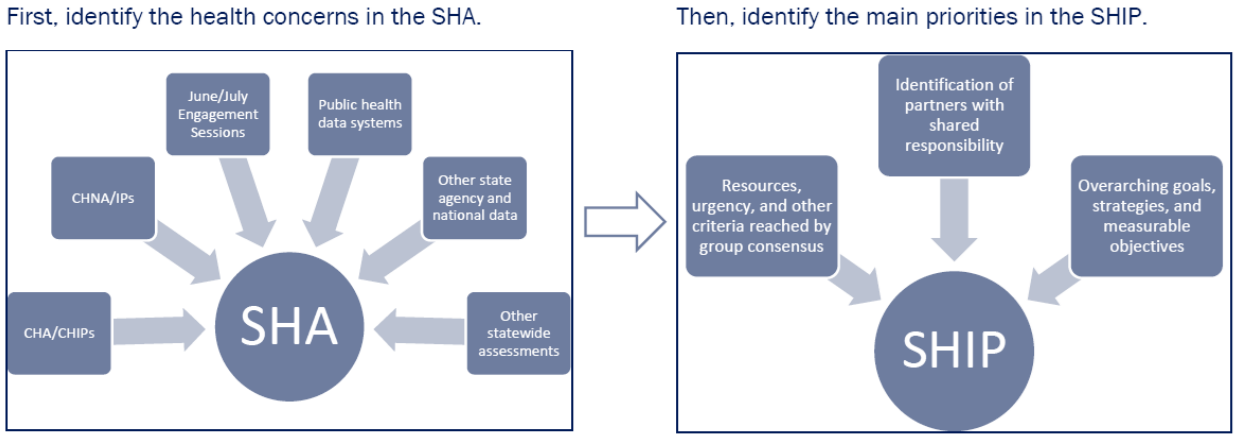
Contact HHSAHealthierMontana@mt.gov
dphhs.mt.gov/ahealthiermontana

State Health Improvement Plan Engagement and Design Period

The State Health Improvement Plan (SHIP) represents shared public health priorities to improve the health of Montanans. These priorities are selected from concerns identified and analyzed in the State Health Assessment (SHA).

Figure 1: Processes for a healthier Montana



For more information on the 2023 State Health Assessment, see the SHA Engagement and Design Period Summary Report.

Initial engagement period

After Montana's health concerns had been identified through the 2023 State Health Assessment process, there were five main questions that needed to be answered before work could begin on the 2024 State Health Improvement Plan.

1. Do these data reflect what Montanans see in their communities?
2. What are the strengths and trends reflecting health improvement in the data?
3. What are the weaknesses and trends reflecting health worsening in the data?
4. What health concerns contribute the most to differences in health status between groups in Montana communities?
5. What health topics do you think have the most opportunity to be changed with collective action and additional focus?

Data collection

Five virtual listening sessions took place in September 2023: three for community partners, one for Tribal health leaders and Tribal members, and one for state employees. Live captioning services were provided for all five sessions.

Table 1: Details of the five engagement sessions

Engagement sessions	Participants
September 7, 2023 at 2 PM	Partners external to state government
September 8, 2023 at 10 AM	Partners external to state government
September 8, 2023 at 1:30 PM	Tribal health and public health leaders
September 11, 2023 at 10 AM	Partners external to state government
September 11, 2023 at 1 PM	State government employees

State employees were asked to try and attend the session designated for their participation if possible in recognition that many state programs are funding sources for partners external to state government; facilitators wanted everyone in attendance to be able to speak honestly about their health concerns and priorities.

104 people registered for one of the five sessions and 71 ultimately attended.

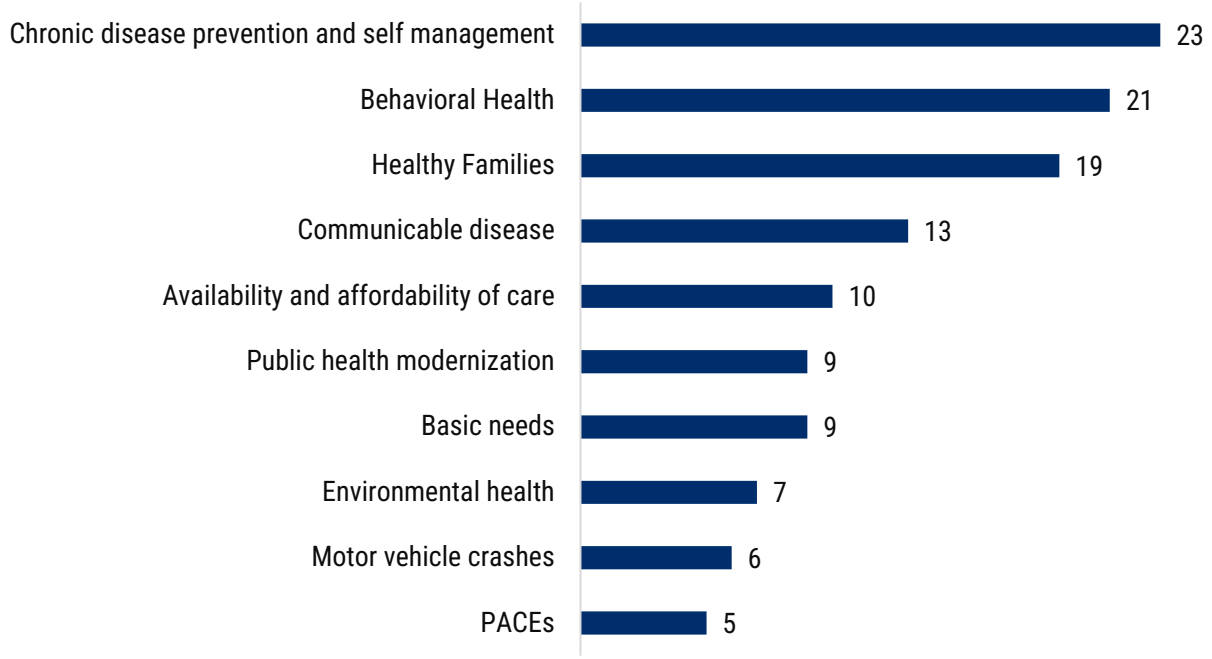
Most attendees were from Helena (n=41), followed by Billings (10), Bozeman (10), and Missoula (8), with additional representation from another 18 cities and towns in Montana.

Most attendees were either very familiar (n=20) or somewhat familiar (45) with the SHIP. 21 registrants were unfamiliar with the SHIP but aware, and 17 were unaware of the SHIP before the opportunity to participate in a listening session.

Polling information

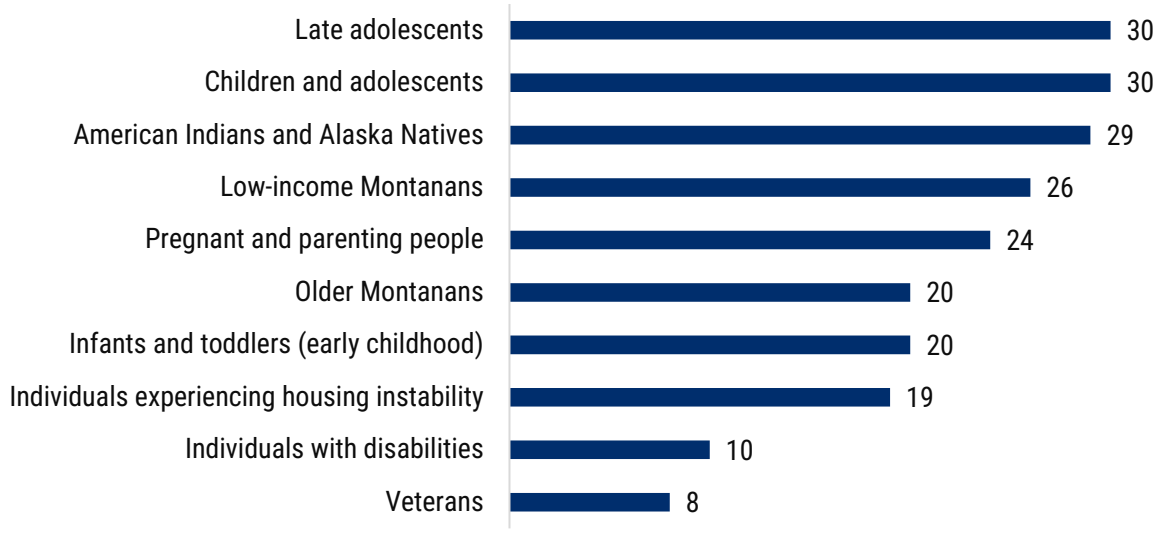
Zoom polls were used to learn more about who was in attendance at each session and attendees could choose to opt out. See figure 1 for an overview of topic areas represented by attendees and population groups with which attendees work or identify; attendees could select more than one option for each poll.

Figure 2: Topic areas addressed by engagement session participants.



Note: PACEs refers to Positive and Adverse Childhood Experiences.

Figure 3: Population groups with which engagement session participants worked or identified.



Discussion summary

Community and State Employee Sessions

Do these data reflect what you see in your community?

Attendees felt that yes, in general, the initial SHA data presentation included information that reflected their communities. Topics that stood out to participants are included in table 2.

Table 2: Data from the 2023 SHA that are reflective of what participants experience in their communities

Health conditions and behaviors	Populations	Settings, systems, & foundations of health
Tobacco and e-cigarette use	Adolescent and child health	Economic stability and the influence of poverty on health outcomes
Behavioral health: mental health, suicide, and substance use, including opioids and alcohol use	American Indian and Alaska Native health disparities and health improvements	Emerging issues slides: communicable diseases, syphilis, public health modernization, and environmental health (particularly superfund sites and air quality)
Syphilis	Disparities in rural and frontier areas	Improvements in and the persistent problems with perinatal health care
ACE and HOPE scores and their influence on health outcomes	Family dynamics, including grandparents as primary caregivers	Receipt of primary care and preventive services
		Availability and affordability of health care
		Physician shortages
		ACE and HOPE scores and their influence on health outcomes

Attendees were surprised by the data reported on physician shortages, postpartum care, syphilis rates, public health workforce turnover, and proximity to superfund sites. Additionally, attendees wanted to emphasize the following SHA findings:

- The influence of substance use disorder on syphilis,
- The important differences between urban, rural, frontier, and Tribal communities,
- The relationship between chronic disease and both built environment and environmental health, and
- The improvements on the healthy families slide when maternal mortality is still so much higher in Montana than other states.

"We don't have the infrastructure in our health system to accommodate everyone for a yearly check-up."

Additionally, attendees commented on the following aspects of the data presented:

- With so much data included in the SHA, it is hard to choose priorities.
- What data do we not have and who isn't included in the data?
- There can be a mismatch between the data and lived experience; however, it feels even more concerning to have the data validating anecdotal evidence and lived experience.
- It is important to keep context in mind when reviewing the data. How much of it is an improvement, how much is statistical "noise," how much is due to improved data collection and reporting, etc.
- The data about youth are alarming.

What are the strengths and trends reflecting health improvement in the data?

Attendees felt Montana is trending in a healthier direction on the following topics, some of which came from personal experience and not the data presented during the sessions:

- **Chronic disease:** Mortality due to cardiovascular disease and cancer are both lower than national averages, improvements in smoking while pregnant and other tobacco-related data and other chronic disease indicators.
- **Behavioral health**: Less stigma and more conversation, collaborative work is picking up steam, alcohol use during pregnancy is improving as is alcohol use in other groups.
- **Unintentional injury:** Improvements in Motor Vehicle Crash (MVC) mortality rate.
- **Child and adolescent health:** Gradual improvements in child injury trends over decades, immunization rates (particularly for Tribal clinics), increases in accessing prenatal care among American Indian women, gradual improvement in youth substance use, and youth civic engagement.
- **Systems:** Increase in Medicaid rates and more understanding on how to implement telehealth effectively.

Additionally, attendees commented on perceived strengths of this cycle's State Health Assessment (SHA) based on the 30-minute presentation that provided an overview of data collected, provided in table 3.

Table 3: Perceived strengths of the 2023 State Health Assessment

Overall document	Analytical decisions	Specific topics
Compilation of data from a variety of sources on diverse topics	Not comparing demographic groups against each other	Inclusion of ACEs/HOPE scores and their influence on health
Comprehensive assessment of health in Montana	Provides information on the intersectionality of populations and health issues	Analysis of American Indian/Alaska Native life expectancy and other health issues
Use of Healthy People 2030 language and categories	Feels like it has more of a focus on health of a whole person than in the past	Includes information about suicide
Strength in communities coming together and it helps to have organization(s) leading statewide efforts	Includes strengths-based data	Includes information about environmental health
Recognizing and acknowledging limitations and barriers		Includes information about older adults
Will help support decisions and new relationships across the state		Approaches chronic disease from a preventive standpoint
Including external resources and sources to DPHHS		

What are the weaknesses and trends reflecting health worsening in the data?

Health topics that appear to be trending in unhealthier directions in Montana, both from the data and from attendee personal experience, included:

- **Health care availability and affordability**: Insurance coverage (Medicaid), lack of physicians and specialists, primary care, prenatal and postpartum care.
- **Behavioral health**: Mental health, suicide, youth, veterans, ACEs/HOPE differences between men and women, the influence of SUD on health outcomes, marijuana, meth, and opioid overdose.
- **Environmental health**: Air quality.
- **Communicable disease**: Syphilis and congenital syphilis.
- **Foundations of health**: Schools providing education and health care (overwhelmed), median home values, lack of stable housing, transportation planning policies, and disability rights.
- **Chronic disease**: Increasing incidence of chronic disease and the top causes of death including preventable chronic diseases.

Questions and comments about the 2023 SHA findings are provided below. These questions and comments will be reviewed by the staff compiling the SHA so that improvements can be made when possible.

"Poverty in Montana looks different from the Federal Poverty Limit and it should be measured differently."

Comments about the content presented from the State Health Assessment	Questioning the title of the "Healthy Families" chapter. Data don't reflect the total family: different kinds of families, child protective services, etc. Might not be the right description of what the SHA is providing, but the focus on families and taking care of families after the baby is born is still important.*
	How to use the data (specifically ACEs/HOPE) to make improvements?[1]
	Are there other providers that aren't physicians in the counties without a physician?*
	Is there more information about child mortality by rurality?+
	Federal Poverty Limit (FPL) is always used but outdated because someone can be unable to qualify for public assistance programs but still unable to "keep their heads above water." Is there another way to describe poverty?+
	Are the data about older adults limited in their ability to describe AI/AN health because of the differences in life expectancy between AI/AN and White Montanans?+
	Can we rely on 2021 YRBS data since school was so disrupted during COVID?[2]
	Why are counties included in the American Lung Association report receiving failing grades for air quality?*
	Can we improve the communication about people who fall into multiple groups/cross-sectionality in the populations in focus?*
	Where does Montana rank in these areas against the nation?*
	Can we find a better way to describe basic needs that doesn't compartmentalize to one SDoH? Food insecurity plus poverty, housing, and others—it is the system as a whole.+
	Describe the limitations of self-reported data sources.*
	Include Alaska Native in the titles with the American Indian population when data is about both groups.*
	The public needs digestible data. The SHA is too technical.*
	Address the mixed message in the economic stability data. People are employed but living at a poverty limit? Employment and wage rate comparisons with the nation are confusing.*
	Heart disease and cancer mortality rates are still high, does it matter that they are lower than the nation?
	How have you included resources from other agencies and providers?*
	The constraints around the most recent data available. These data are all already so far in the past.*
	Will addressing SUD address the root causes that lead to substance use and mental health outcomes?
	Strengths-based perspectives are good, but the American Indian median age of death is still alarming, even if it is improving slowly.
	More clarity and transparency on data limitations.*
	Can you measure whether people know how to access resources?[3]

*Where possible, data and/or resources were added to the State Health Assessment based on feedback from these sessions. These additions are noted above with an asterisk. Some topics have been added to the calendar of proposed future analyses to enhance the SHA, and these are noted with a +.

1. Using the data to drive health improvement will be a focus of the implementation period.

2. Many data sources were impacted during the pandemic. Additional years of data will give more insight into the impacts on population health and data collected during pandemic years should be interpreted within that context.

3. Individual public health programs and service providers should continue to evaluate and improve awareness about the resources they offer. Many community-level health assessments do include this quality, and health communication is the top priority across community-level improvement plans as of publication.

Attendees were interested in many topics that either are included in the SHA but were not included in the presentation or not included in the SHA currently. Planners should consider how to communicate the available data when the SHA is complete. Methods like topic-specific recorded webinars and other resources might be a good tool. Planners should also review the requests for data not currently included in the SHA for opportunities and to provide transparency around requests that cannot be completed at this time.

Table 4: Data requested that are included in the 2023 SHA but were not included in the presentation.

Data sources	Foundations of health topics	Health topics
Inclusion of data and resources beyond the public health sector.	Housing availability and affordability More information about rurality and comparing geographic areas of the state. More information about childcare. More information about SDoH. Healthcare workforce issues. More economic information.	More information about ED visits related to behavioral health and substance use crises. More trend data over time. More chronic disease information. More information about suicide. E-cigarettes and other substances connected with mental health outcomes. More information about alcohol use. More information about morbidity. More information about ACEs/HOPE scores. More information about Motor Vehicle Crashes as a public health topic, not just a transportation topic. Data about MVCs from more sources, specifically MT Dept of Transportation data on seatbelt usage.

Table 5: Data requested that were not included in the 2023 SHA at the time of the presentation.

Data limitations	SDoH topics	Health topics
COVID impacts still being made in 2021-2022 aren't captured.*	Strengths and weaknesses of relying on telehealth: broadband, age of users, learning curves, etc.+	Air quality information for more counties.[3]
Population-specific data that are generalizable: ranchers, caretakers, etc.[1]	Inflation impacting health: level funding is a decrease because everything costs more.*	Zoonotic disease.[4]
	Food insecurity is about more than poverty, it is also about rurality and other SDoH. There isn't enough information about food insecurity in the SHA.*	Information about more STDs than just syphilis.[4]
	The time burden to seek health care.+	Perceived safety of marijuana use.*
	Information about stigma.*	Information about screen time and health outcomes.*
	Loss of community when families choose to stay sober.+	Diabetes.+[2]
		Define binge drinking for men and women, look more at gender differences.+
		More information about older adults.*
		Information about social media use and mental health.+

*Where possible, data and/or resources were added to the State Health Assessment based on feedback from these sessions. These additions are noted above with an asterisk. Some topics have been added to the calendar of proposed future analyses to enhance the SHA, and these are noted with a +.

1. There are not currently population-level data sources about many populations of interest. However, there are 7 populations in focus in the 2023 SHA: American Indians and Alaska Natives, veterans, people living at or below 138% of the federal poverty level, people with disabilities, Montanans aged 18 to 24 years, Montanans aged 55 years and older, and LGBTQ+ Montanans.

2. Data and statistics on chronic disease in Montana, including diabetes, are available through the Chronic Disease Prevention and Health Promotion Bureau. Diabetes was not included in the SHA as it is not one of the four leading causes of death due to chronic disease in Montana. However, links to the diabetes data are included in the SHA as a related topic to cardiovascular health and obesity.

3. Air quality information is provided for all counties with air quality monitors. Most counties in Montana do not report air quality data.

4. Communicable diseases described in the SHA include COVID-19, MIS-C, and a general overview of notable events since 2017. Zoonotic disease and STDs are mentioned within that timeline and hyperlinks are provided to communicable disease annual reports.

What health topics are contributing most to differences in health status for groups in your community?

"People want to find help, but they can't."

Engagement session participants referred primarily to the foundations of health and the availability and affordability of health care (table 5). However, references were also made to COVID outcomes, substance use disorder, health literacy, self-advocacy in health care settings, Positive and Adverse Childhood Events (PACEs), and family values.

Table 6: Health concerns mentioned by participants that contribute the most to differences in health status.

Foundations of Health	Availability & Affordability of Care	Specific Health Concerns
Income and poverty	Rural communities: transportation, the impact of losing a single provider, distance to care, after hours and weekend care, health care deserts.	Vaccination rates
Inflation and economic impacts	Lack of providers and specialists	Substance use disorder
Housing	Health care workforce: housing, lack of support network for new providers, recruitment and retention	Mental health
Unemployment	Lack of funding for comprehensive behavioral health services, especially SUD services	Rates of sexually transmitted infections
Food access	Affordable prescriptions	Obesity
Improve awareness of the influence of SDoH on health outcomes	Lag time for conditions that start slow but get worse over the 6-8 months or more it takes to find care	Chronic disease
Data accuracy due to existing issues with collection and analysis among populations of focus	STD testing	Unintentional injury
Racial bias, systemic racism, and prejudice	Health insurance	Impaired driving
Stigma		Trauma
Educational attainment		
Living on or off reservations, accessing Urban Indian Health Centers		
Rurality		
Complete street policies, sidewalks, and other transportation infrastructure		
Opportunities to participate in physical activity		
Settings and systems: relationships and collaboration between state agencies		
Policy development: what we value versus what our policies support		
Schools and teacher burnout		
Environmental health: wildfire smoke, poor air quality, winter, etc.		

What health topics do you think have the most opportunity to be changed with collective action and additional focus? Where can we move the needle?

Feedback from attendees could be grouped into health topic categories from Healthy People 2030: health behaviors, health conditions, populations, settings and systems, and the foundations of health.

- **Health behaviors:** Injury prevention, tobacco use, vaping, alcohol use, seeking vaccines, primary prevention of chronic disease, sexual violence prevention, suicide, and putting off care.
- **Health conditions:** Substance use and mental health, syphilis, chronic disease management, and promoting positive mental health before crises.
- **Populations:** Older adults, youth, American Indians and Alaska Natives, frontier areas, human trafficking, and supporting caregivers.
- **Settings and systems:** Public health practice and workforce, health care workforce, health care availability and affordability, access to testing, use of Community Health Workers, working with schools, integration of traditional culture, work directly with community members, Community Paramedicine and other alternatives to in-person care visits, reducing duplication of work to advance each other's efforts, high quality and evidence-based program offerings, and both primary seat belt and distracted driving laws.
- **Foundations of health:** Wages, resiliency, health communication and education, awareness of resources, improving protective factors, upstream prevention, self-advocacy, decreasing stigma, brief interventions that people can access more easily, poverty, transportation, weather, and air quality.

"Some things won't change without a fix to a topic like transportation."

Participants also made recommendations for how to proceed with the 2024 SHIP design. These recommendations could be grouped into four design considerations.

Design Consideration 1	• Be intentional about including upstream solutions and primary prevention strategies.
Design Consideration 2	• Pick specific health concerns for key priority areas instead of more general categories of health topics.
Design Consideration 3	• Design with transparency and inclusivity in mind to support restoring trust in public health practice.
Design Consideration 4	• Create a foundation that can foster collaboration across sectors, populations, and health topics.

Tribal Health Engagement Session

Topics and recommendations that came from the Tribal health engagement session included working directly with community members. Community members should be asked to lead conversations about data and health in their communities and design community events and projects that are of interest to their communities. Additionally, encourage active discussion during data presentations between community members about how they want to use data.

Participants also identified food insecurity as a current gap in data and questioned data accuracy and availability about impaired driving-related motor vehicle crashes in Tribal communities.

Challenges and Assets in Montana

Some of the comments from the engagement sessions pointed towards existing challenges and assets in Montana's public health system that influence health outcomes. While facilitators did not directly ask about challenges and assets in Montana overall, these comments will help start the conversation about which assets to include in the State Health Improvement Plan for the SHIP Design Team and how to intentionally design a SHIP that can overcome challenges.

Challenges	Assets
Reaching rural areas with health improvement efforts	Federally Qualified Health Center network and other similar networks of health care providers and settings
Funding variability and instability	Interest in devoting resources to youth programming
Reliance on a computer/broadband access for health improvement	Montana home visiting programs
Lack of a single adolescent health focus (programs scattered throughout DPHHS and other state agencies)	Supports are available for environmental health that were not active at the start of the last implementation cycle, like the EPA wildfire smoke in communities grant
Lack of providers (specifically behavioral health providers)	
Navigating Medicaid as a patient and a provider (reimbursement, billing, etc.)	
Siloed work	
Keeping track of all the resources and partnership opportunities that could be available.	

State Health Improvement Plan Design Team

The SHIP Design Team met monthly from September 2023 to February 2024. By February, there were 61 members representing 37 unique groups, coalitions, or organizations.

Table 7: Percent of members in attendance at each SHIP Design Team meetings

Session	Attendance
September 2023	65%
October 2023	61%
November 2023	47%
December 2023	39%
January 2024	44%
February 2024	36%

All presentation materials and discussion summaries, along with an orientation document provided to SHIP Design Team members, are available on the A Healthier Montana network webpage. Agenda topics for each meeting were as follows and are further summarized in the January 2024 Design Team presentation slides.

- **Meeting 1:** Introduction to the SHA and SHIP cycle and agreement on ground rules, commitments, and expectations.
- **Meeting 2:** An overview of data from local, Tribal, and hospital health assessments and plans, the SHA, and the community engagement sessions.

- **Meeting 3:** Drafting the prioritization criteria and the 2024 SHIP framework.
- **Meeting 4:** First round of prioritization from among a list of health concerns.
- **Meeting 5:** Second round of prioritization from among the refined list of health concerns.
- **Meeting 6:** Discussion of the proposed priorities, goals, policy strategies, and activities for implementation.

Summary

Feedback from the SHIP engagement sessions and Design Team that were elevated to the 2024 SHIP include:

- The four design considerations compiled from participants in the engagement sessions (see page 9 of this report),
- Priority health concerns: behavioral health, cardiovascular health, and maternal health,
- Inclusion of cross-cutting strategies that were of consistent interest to participants, such as (but not limited to): wildfire smoke and environmental health, objectives specific to adolescent health improvement, a focus on sustainable health care extender services, supporting access to public assistance programs.

Additionally, when specific comments and questions regarding the 2023 SHA could be addressed through adding available data, resources, or citations, those changes were made to improve the final product. The items that could be addressed are indicated throughout this report (see pages 6 and 7).

Moving forward, staff supporting this implementation cycle should keep the four design considerations in mind when planning activities, as well as the requests for continued data sharing in plain language and accessible methods, such as one-page factsheets and brief topic-specific recorded webinars on 2023 SHA findings and 2024 SHIP priorities, goals, objectives, and strategies.

Acknowledgements:

Thank you to all the engagement session participants for sharing their perspectives, lived experiences, and expertise. Support from Public Health and Safety Division staff were an important piece of both organizing and supporting the sessions: Jessie Fernandes, Trina Filan, Meagan Gillespie, Mackenzie Jones, Rich Knecht, Neva Loney, and Heather Zimmerman. Katie Loveland from Loveland Consulting facilitated the sessions.

Thank you to the Design Team members for your commitment to supporting the health improvement planning process, and to Heather Zimmerman, Rich Knecht, and Katie Loveland for your facilitation of the team.

Appendix A: Facilitation guides for engagement sessions

External partner sessions 1-3 and state employee session

Opening polls: Who is here?

First question, single choice: In which setting or sector do you primarily work?

- ☐ Health care
- ☐ Local government
- ☐ State government
- ☐ Tribal government
- ☐ Non-profit
- ☐ Private
- ☐ Schools
- ☐ Other(s)

Second question, multiple choice: In what topic area(s) do you work? Select all that apply. If none apply to you, please feel free to answer in the chat box.

- ☐ Behavioral health
- ☐ Chronic disease prevention and self-management
- ☐ Motor vehicle crashes
- ☐ Healthy families
- ☐ Positive and/or Adverse Childhood Experiences (PACES)/resiliency
- ☐ Communicable disease
- ☐ Environmental health
- ☐ Public health modernization
- ☐ Basic needs: poverty, housing insecurity, transportation, etc.

Third question, multiple choice: Does your work focus on any of the following population groups highlighted in the State Health Assessment (SHA)? Select all that apply.

- ☐ Pregnant and parenting people
- ☐ Infants and toddlers (early childhood)
- ☐ Children and adolescents
- ☐ Late adolescents (aged 18-24 years)
- ☐ Older Montanans (aged 55+)
- ☐ American Indians and Alaska Natives
- ☐ Veterans
- ☐ Low-income Montanans
- ☐ Individuals experiencing housing insecurity
- ☐ Individuals with disabilities

Breakout Room Questions: Discussion and reflection

- Do these data reflect what you see in your community? Why or why not? What most resonated with you? What might we be missing?
- Based on your experience in your community and the data shared, what are the health issues that you think Montana is doing well in? Where are we trending in the right direction?

- Based on your experience in your community and the data shared, what are your biggest concerns currently related to health in Montana?
- What health topics are contributing most to differences in health status for groups in your community?
- What health topics do you think have the most opportunity to be changed with collective action and additional focus? Where can we move the needle?

Tribal health session

Opening polls: Who is here?

First question, single choice: In which setting or sector do you primarily work?

- ☐ Health care
- ☐ Local government
- ☐ State government
- ☐ Tribal government
- ☐ Non-profit
- ☐ Private
- ☐ Schools
- ☐ Other(s)

Second question, multiple choice: In what topic area(s) do you work? Select all that apply. If none apply to you, please feel free to answer in the chat box.

- ☐ Behavioral health
- ☐ Chronic disease prevention and self-management
- ☐ Motor vehicle crashes
- ☐ Healthy families
- ☐ Positive and/or Adverse Childhood Experiences (PACES)/resiliency
- ☐ Communicable disease
- ☐ Environmental health
- ☐ Public health modernization
- ☐ Basic needs: poverty, housing insecurity, transportation, etc.

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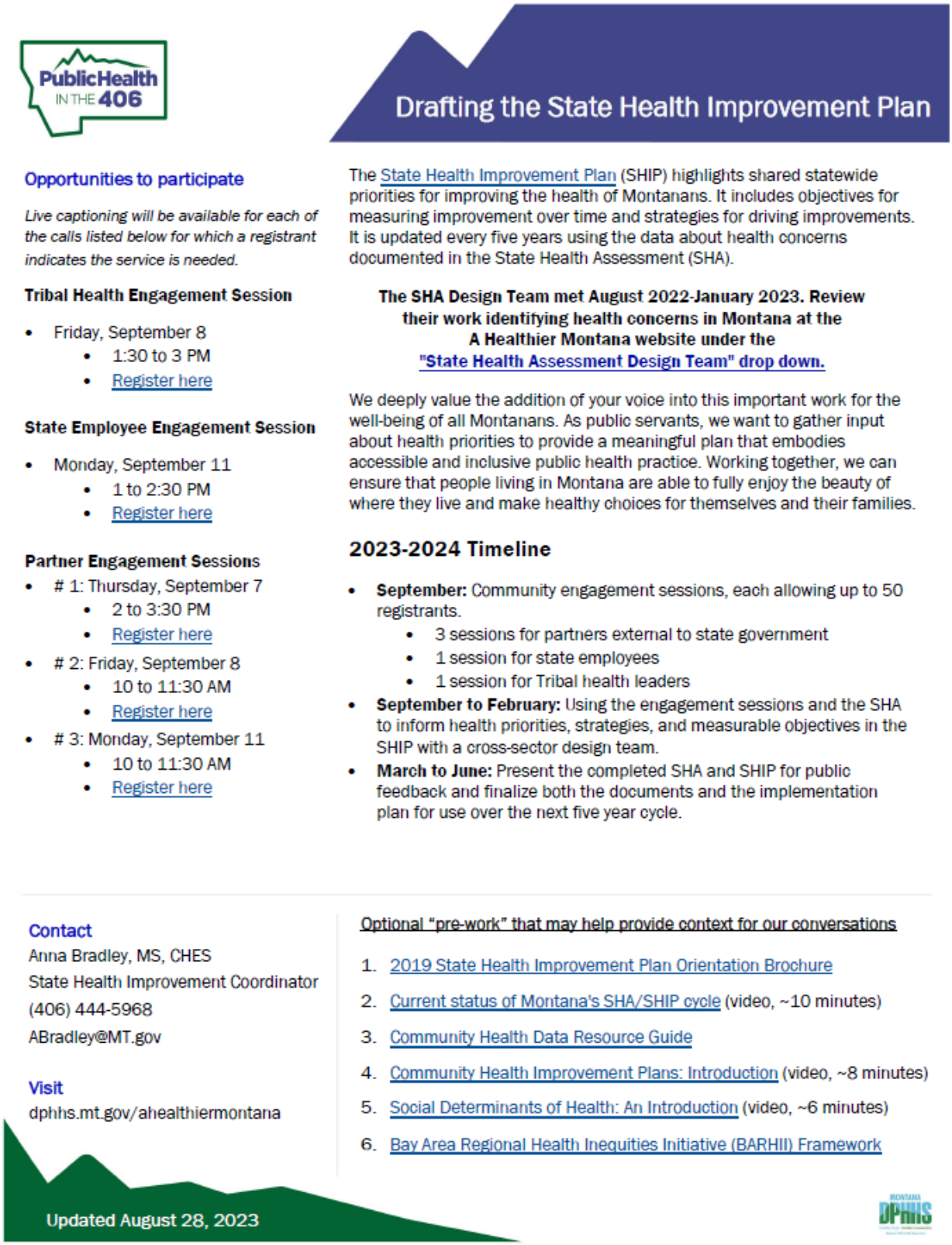
- ☐ Older Montanans (aged 55+)
- ☐ American Indians and Alaska Natives
- ☐ Veterans
- ☐ Low-income Montanans
- ☐ Individuals experiencing housing insecurity
- ☐ Individuals with disabilities

Breakout Room Questions: Discussion and reflection

- Do these data reflect what you see in your community? Why or why not? What most resonated with you? What might we be missing?
- Do you have suggestions on how this data should be presented and shared with Tribal communities?
- Based on your experience in your community and the data shared, what are the health issues that you think Montana is doing well in? Where are we trending in the right direction, especially for American Indian/Alaska Natives?
- Based on your experience in your community and the data shared, what are your biggest concerns currently related to health in Montana, especially for American Indian/Alaska Natives?
- As we move into a health planning processes, what should we do to ensure that we are elevating Tribal leadership and strengthening the good already being done to improve the health of American Indian/Alaska Native populations?
- What needs to be done to make our public health and healthcare systems better serve Native people?

Appendix B: Factsheet about engagement sessions



Public Health IN THE 406

Drafting the State Health Improvement Plan

Opportunities to participate

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

Tribal Health Engagement Session

- Friday, September 8
  - 1:30 to 3 PM
  - Register here

State Employee Engagement Session

- Monday, September 11
  - 1 to 2:30 PM
  - Register here

Partner Engagement Sessions

- # 1: Thursday, September 7
  - 2 to 3:30 PM
  - Register here
- # 2: Friday, September 8
  - 10 to 11:30 AM
  - Register here
- # 3: Monday, September 11
  - 10 to 11:30 AM
  - Register here

The State Health Improvement Plan (SHIP) highlights shared statewide priorities for improving the health of Montanans. It includes objectives for measuring improvement over time and strategies for driving improvements. It is updated every five years using the data about health concerns documented in the State Health Assessment (SHA).

The SHA Design Team met August 2022-January 2023. Review their work identifying health concerns in Montana at the A Healthier Montana website under the "State Health Assessment Design Team" drop down.

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 input about health priorities to provide a meaningful plan 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 where they live and make healthy choices for themselves and their families.

2023-2024 Timeline

- **September:** Community engagement sessions, each allowing up to 50 registrants.
  - 3 sessions for partners external to state government
  - 1 session for state employees
  - 1 session for Tribal health leaders
- **September to February:** Using the engagement sessions and the SHA to inform health priorities, strategies, and measurable objectives in the SHIP with a cross-sector design team.
- **March to June:** Present the completed SHA and SHIP for public feedback and finalize both the documents and the implementation plan for use over the next five year cycle.

Contact

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Visit

dphhs.mt.gov/ahealthiermontana

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

1. 2019 State Health Improvement Plan Orientation Brochure
2. Current status of Montana's SHA/SHIP cycle (video, ~10 minutes)
3. Community Health Data Resource Guide
4. Community Health Improvement Plans: Introduction (video, ~8 minutes)
5. Social Determinants of Health: An Introduction (video, ~6 minutes)
6. Bay Area Regional Health Inequities Initiative (BARHII) Framework

Updated August 28, 2023

Appendix C: Recommended engagement session pre-work

1) 2019 State Health Improvement Plan Orientation Brochure
2) Current status of Montana's SHA/SHIP cycle (video, ~10 minutes)
3) Montana Community Health Data Resource Guide
4) Community Health Improvement Plans: Introduction (video, ~8 minutes)
5) Social Determinants of Health: An Introduction (video, ~6 minutes)
6) Bay Area Regional Health Inequities Initiative (BARHII) Framework

Appendix D: SHIP Design Team Orientation & Project Reference

Updated March 6, 2024

State Health Improvement Plan 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.

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.

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

SHIP Design Team members are asked to 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

See the SHIP Design Team Membership List for a full list of sectors/organizations/groups represented.

The project coordinator will provide the following between meetings:

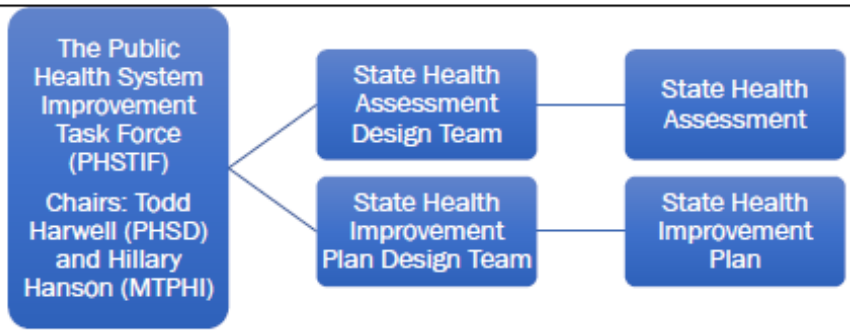
- Sending agenda and meeting information ahead of the meeting for participants to review.
- A meeting summary document for feedback from the participants. Participants can share the document with their networks as needed to collect feedback in between meetings.
- Reminders in between meetings for action 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/ahealthiermontana
- **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 fain 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 SHP.
- **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 met monthly until January 2023 to support drafting the updated State Health Assessment. See the A Healthier Montana website, specifically the "Network" page available in the gray navigation bar on the left side, for past materials.
- **State Health Improvement Design Team:** Like the SHA Design Team, this team meets to guide development of the SHIP. Meeting materials will also be available on the A Healthier Montana website "Network" page.
- **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.

Figure 1: A Healthier Montana Network



See the State Health Improvement Plan Orientation Brochure for more information on the 2019 State Health Improvement Plan implementation and groups: https://dphhs.mt.gov/assets/publichealth/ahealthiermontana/SHIPOrientationBrochure.pdf

The entire A Healthier Montana network receives the A Healthier Montana newsletter when updates and opportunities for participation become available (567 people as of September 19, 2023).

PHAB Requirements for a State Health Improvement Plan

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."

The final State Health Improvement Plan must include:

1. At least 2 health priorities,
2. Measurable objectives for each priority,
3. Improvement strategy(ies) or activity(ies) for each priority that has a timeframe and designated organizations or individuals that hold responsibility,
    a) 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.
4. A list of assets and resources that will be used to address at least one of the priority areas, and
5. An outline of what the implementation process will look like.

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

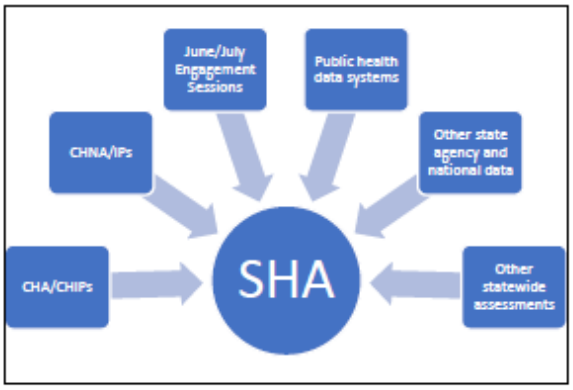
"Any plan is useful only when it is implemented and provides guidance for activities and resource allocation. Effective community health improvement plans should not be stagnant, but dynamic to reflect the evolving needs of the population served. Health departments should continuously work with multi-sector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

The SHIP must be a living document that continues to evolve after it is released.

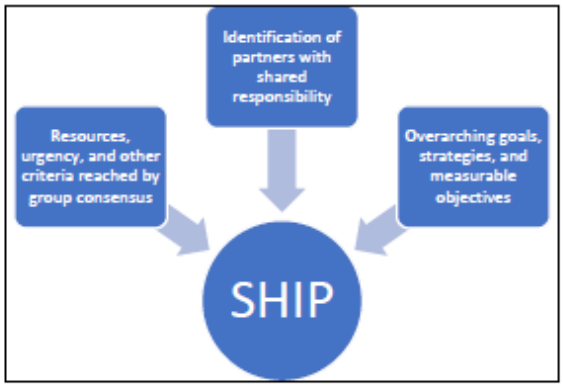
1. Updates to the activities or strategies could be necessary because:
    a. Activities or strategies have been completed,
    b. There is an emerging health issue that must be addressed,
    c. There has been a change in resources and assets.
2. Changes will be developed in collaboration with partners and stakeholders.

Process

First, identify the health concerns in the SHA.



Then, identify the main priorities in the SHIP.



2019 SHIP Frameworks

Implementation: Collective Impact

Evaluation: Results-Based Accountability (RBA)

1. How much did we do?
2. How well did we do it?
3. Is anyone better off?

Timeline

- **October 12th**: Data overview-State SHA, locals CHAs, listening session findings
- **November 9th**: Selecting prioritization criteria + building a framework
- **December 14th**: First round of prioritization from among health concerns
- **January 11th**: Second round of prioritization
- **February 8th**: Review and give feedback on priorities, goals, strategies, and implementation

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Appendix E: Draft 2024 SHIP Framework