

State Health Improvement Coalition Meeting Minutes

October 23, 2019 in Helena, MT and online via GoToMeeting

Attendance

In-person attendees (in alphabetical order):

- Bradley, Anna (Public Health and Safety Division, MT DPHHS)
- Branscum, Jean (Montana Medical Association)
- Campbell, Stacy (Public Health and Safety Division, MT DPHHS)
- Carlson-Thompson, Dan (Developmental Services Division, MT DPHHS)
- Ellis, Cindia (Custer County Public Health)
- Geary, Dana (Addictive and Mental Disorders Division, MT DPHHS)
- Hanson, Hillary (Flathead County Public Health)
- Harwell, Todd (Public Health and Safety Division, MT DPHHS)
- Henson, Michele (Montana Healthcare Foundation)
- Holzman, Greg (Public Health and Safety Division, MT DPHHS)
- McCully, Jenn (Lincoln County Public Health)
- Moseman, Tracy (Health Enhancement and Safety Division, OPI)
- O'Hara, Heather (Montana Hospital Association)
- Pride, Kerry (Public Health and Safety Division, MT DPHHS)
- Ray, Terry (Public Health and Safety Division, MT DPHHS)
- Sandoval, Kevin (Helena Indian Alliance)
- Schultz, Jamie (Montana Hospital Association)
- Ward, Maureen (Public Health and Safety Division, MT DPHHS)
- Wier, Lora (Montana Public Health Association)

Remote:

- Juliar, Kris (Montana Office of Rural Health/Area Health Education Center)
- Sullivan, Karen (Butte-Silver Bow Public Health)
- Ward, Tony (University of Montana)
- White, Jody (Montana Primary Care Association)

Welcome and introductions, 10:05 to 10:25 AM

Attendees introduced themselves and the organizations or groups they represent. We reviewed the agenda for the day; the meeting minutes follow this same agenda outline:

- Welcome and introductions
- Update on SHIP implementation since the last meeting (October 2018)
- SHIP workgroup feedback session with workgroup leads
- Break for lunch
- Large group discussion on the Social Determinants of Health (SDoH)
- Partner updates

The group revisited the Collective Impact framework, which is the model for SHIP implementation. Successful Collective Impact has five components:

- Backbone organization (DPHHS serves as the backbone organization for the SHIP)
- A common agenda for change (provided by the SHIP itself)
- Shared measurement for data and results (SHIP objectives or metrics)
- Mutually reinforcing activities (all partner efforts)
- Open and continuous communication (the SHIP implementation process)

The mission of the State Health Improvement Coalition is *to protect and improve the health of every Montanan through evidence-based action and community engagement.*

The guiding principles of the State Health Improvement Coalition are:

- *Use evidence-based strategies to address health priorities;*
- *Use strategies and actions that encourage connections across our communities;*
- *Promote health equity and value differences in cultures, attitudes, and beliefs; and*
- *Strengthen our public health system to deliver results.*

The mission and guiding principles of the State Health Improvement Coalition are also listed in the introduction to the SHIP.

The group discussed the last guiding principle, and how the [public health system](#) includes more than public health departments. It includes health care providers of all kinds, non-profit organizations, law enforcement, and more; it is the network of entities who have a role to play in the overall health and wellbeing of their communities.

Update on SHIP implementation, 10:25 to 11:00 AM

Update 1: Public comment period

The SHA and SHIP were distributed for public comment from December 7 to 23, 2018 via the A Healthier Montana email list, the Health in the 406 Facebook page and email list, the Coalition members and professional organizations, contacts in the Addictive and Mental Disorders Division of DPHHS, and lead local health official communications.

Summary points from the public feedback included:

- People wanting to see photos in the documents that were Montana-specific;
- The information in the documents did generally reflect what people see in their own communities and what they were expecting;
- Requests to add information into the SHIP about how it will be monitored and evaluated over time; and
- One issue that could use more information in the SHA and SHIP would be the conversation about aging communities and elderly care.

Update 2: SHIP workgroups established

There are four topical SHIP workgroups with 125 total participants representing 88 unique organizations, programs, or groups. The workgroups focus on the main four chapters of the SHIP, with ACEs being primarily addressed in the Healthy Mothers, Babies, and Youth workgroup.

- Behavioral Health: Currently has 46 members
- Chronic Disease Prevention and Self-Management: 29
- Motor Vehicle Crashes: 25
- Healthy Mothers, Babies, and Youth/ACEs: 51

SHIP workgroup agendas heavily feature data updates, both from DPHHS epidemiologists and from partner organizations, and a discussion of strategies from the SHIP chapters.

We are attempting, and have so far been successful at maintaining, a quarterly meeting schedule.

Workgroups were first convened in spring 2019. Workgroup members took surveys to identify what strategies their organizations or programs were currently working to address to develop a comprehensive workplan that members could use tools to help promote conversation. Each workgroup has a workplan.

Update 3: SHIP annual report

We are in the process of developing a SHIP annual report that we are hoping to release in January 2020. The annual report will include an overview of implementation thus far and updated data for each of the objectives or metrics in the SHIP.

Update 4: Evaluation framework

The SHIP evaluation framework is based on Results-Based Accountability, which asks the following questions:

- How much did we do?
- How well did we do it?
- Is anyone better off?

Group discussion on evaluation included the following comments and recommendations:

- Consider using a short monthly survey about how people are using the SHIP, similar to the Youth Mental Health First Aid reporting system, to keep the SHIP on people's minds;
- Ask how CHIP's at the local level are being linked to the SHIP;
- Consider both the total number of people involved and also the diversity of participants;
- Consider conversations and projects initiated in addition to the completion or follow-through of those conversations into tangible results to track the expansion of work in relation to the SHIP;
- Ask how the SHIP funnels to other types of planning documents, such as strategic plans; and
- Consider the type and level of partnership between organizations: are they cross-sector partnerships, are they formalized with documents like an MOU or more informal, etc.

Update 5: Healthy People 2030

The planned release date for Healthy People 2030 is March 2020. A summary of 2019 Advisory Committee meetings was provided along with meeting materials. Full meeting materials can be accessed at [HealthyPeople.gov](https://www.healthypeople.gov). Notable items that were discussed in this meeting include:

- The data subcommittee had conversations around how to help people use and interpret data at the state, territorial, tribal, and local levels and how to best use data related to climate change;
- 355 objectives were proposed to US HHS for consideration, which was a reduction from over 1,200. The subcommittee working on objectives sent recommendations to US HSS noting the following items:
 - Not enough emphasis on health equity, health literacy, well-being, and structural or upstream determinants of health
 - Not enough emphasis on structural and systemic discrimination

- Law and policy-focused objectives should be broader than what was currently in the objectives being considered

Healthy People did send out a new definition for health literacy for public comment to emphasize the systems and contexts that influence a person's ability to interpret health information:

- Health literacy occurs when a society provides accurate health information and services that people can easily find, understand, and use to inform their decisions and actions.

It is assumed that an updated health literacy definition will be included with other Healthy People 2030 materials.

Additional work in progress

Proposed webinar series and newsletter

- Could develop an archive or library of enduring resources, such as SDoH. Attendees recommended considering infographics and easy-to-use handouts for sharing with stakeholders.
- Attendees suggest that a webinar series could be “hit or miss” depending on the topics chosen
- A SHIP/SHA 101 series would be helpful for Coalition members to share
- Information that would be helpful to share includes:
 - Recommending training topics for Coalition members to consider adding to their various conference agendas based on SHIP workgroup conversations
 - Growing the A Healthier Montana email list: providing opportunities and reminders to Coalition members and stakeholders to share the information, including suggestions on how they could share or link to the information
 - Short notes or summaries from the meetings and location of meeting minutes

Letters in development to send to tribal health partners

We will be mailing a hard copy update of the SHIP and Annual Report to tribal health partners with a letter asking for feedback on ways to help tribal health partners stay updated and provide feedback on the SHIP. One method we will propose is a semi-annual meeting specifically for tribal health partners.

SHIP workgroup feedback session, 11:00 to 11:45 AM

Chronic Disease Prevention and Self-Management Workgroup with Stacy Campbell

Discussion centered around the need for more conversation and partnership support around the area of nutrition and physical activity to make an impact on the obesity metrics in the SHIP. Strong partnerships that allow work to continue when funding is decreased are really important.

- Other Coalition members have seen similar decreases in federal funding for nutrition and physical activity-related work, although obesity remains a key health concern.
- Need to continue to reach out to more partners doing obesity prevention work across the state.
- Continuing to explore how to best encourage people to follow up on the ideas from the workgroups and then share with the group if anything came from those ideas.

Motor Vehicle Crashes with Maureen Ward

Discussed the metrics in the SHIP and the focus of the workgroup in ensuring the data being used by both MDT and DPHHS are representative of the population and useful. The workgroup continues to refine its metrics. Some examples include adding morbidity metrics for monitoring traumatic injuries and adding a metric to reflect observational, instead of solely self-report, data on seatbelt usage.

Some resources have just been released by national partners that offer guidance on how public health can meaningfully contribute to the traffic safety and motor vehicle crash conversation, including the items linked below:

- [Strategies to Address Shared Risk and Protective Factors for Driver Safety](#) from the Safe States Alliance
- [Linking Information for Nonfatal Crash Surveillance \(LINCS\)](#) from the CDC

You can also access the [Comprehensive Highway Safety Plan](#) from the Montana Department of Transportation as a resource to learn more about work going on in the state on this subject.

Behavioral Health with Bobbi Perkins

One of the most valuable parts of these meetings has been information sharing among members to help everyone stay updated and to give workgroup members an opportunity to provide an overview of their work related to the strategies being discussed and identify opportunities for partnering or further participation. This workgroup has a need for additional facilitation in between meetings to help move the work forward, as there are quite a few focus areas in Behavioral Health: suicide prevention, opioid and substance use prevention, mental health access, etc.

- Communication on this topic amongst all the players continues to be an issue in this topic area: people don't always know who to contact or how to reach out to learn more about what people are doing.

The Behavioral Health workgroup had a lot of conversations about the data from OPI related to the most recent YRBS findings, which you can find here (particularly, the report on youth suicide):

<https://opi.mt.gov/Leadership/Data-Reporting/Youth-Risk-Behavior-Survey>

There was a question from the group on the court cases currently in progress related to opioid misuse: Is there going to be money coming to the states for prevention work?

- Coalition members in attendance have heard money awarded from the court case may be distributed similarly to the tobacco master settlement agreement
- Bobbi Perkins got additional information after the meeting from the following Montana Standard article and recommends it as the most recent information available on this topic: https://mtstandard.com/news/local/fox-butte-other-montana-cities-should-share-any-opioid-settlement/article_74b3e59e-e550-5e17-8114-e814caee48f1.html?utm_medium=social&utm_source=email&utm_campaign=user-share

Healthy Mothers, Babies, and Youth/ACEs

This workgroup has had good conversations around ACEs and home visiting so far and identified some potential shared interests among members. The bulk of the ACEs conversation will occur in this workgroup, with the goal to then share the ACEs-related information out with the other workgroups. The other workgroups have also had, and will continue to have, opportunities to talk about ACEs. Dan Carlson-Thompson, one of DPHHS's master trainers, has given mini ACE trainings to the Healthy Mothers, Babies, and Youth/ACEs and Motor Vehicle Crashes workgroups.

Partner feedback: How have you been using the SHIP, or how would you like to in the future?

- A tool for strategic planning and the development of strategic planning documents, such as organizational strategic plans and Community Health Improvement Plans (CHIPs)
- Coalition members have plugged their program managers or topic-specific staff into the workgroups to participate in the conversations
- Would like to use the SHIP more going forward, particularly with sharing information out to stakeholders more often to make other people more aware of the SHIP

Break for lunch, 11:45 AM to 12:25 PM

Discussion on the Social Determinants of Health (SDoH), 12:25 to 1:40 PM

Shared a brief presentation on the SDoH to ensure all Coalition members were on the same page. A commonly used definition on the SDoH is:

- Conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes (CDC, 2018)
- The SDoH are the “upstream” factors that influence whether people are likely to participate in risky behaviors that can lead to disease, injury, and early death. These factors could include social inequities, institutionalized power differences, and living conditions. The SDoH include our interactions with each other and within systems (culture, quality of education, social support and norms, etc.), as well as environmental conditions like built environment, exposure to toxins, and housing and community design.
- An article published in the American Journal of Public Health in 2011 ([Estimated Deaths Attributable to Social Factors](#)) estimated that in 2000, approximately 245,000 deaths were attributable to low education, in comparison to 192,898 deaths caused by acute myocardial infarction, which was the leading cause of death in 2000.

Small group discussion #1: Who is working to address the SDoH in their organizations, and what successes or lessons learned can you share?

Some examples shared include:

- Montana Primary Care Association: Partnership with Montana Legal Services at 6 of their sites to connect patients with legal assistance as needed.
- Helena Indian Alliance: Helena Resource Advocate positions, documenting ICD-10 codes on SDoH in their EHR, providing patient transportation to help improve access to care and services, stating that direct relationships with partners is key.
- Montana Medical Association: Health Information Exchange set to go live in April 2020. Potential for the HIE to build upon CONNECT program and connect patients with more SDoH referrals.
- Association of Montana Public Health Officials: Working with partners on training public health leaders to prepare for public health 3.0 and bringing the topic of SDoH to the table in community health improvement discussions.
- Montana Office of Rural Health/Area Health Education Center: Leading the development of the Healthy Communities conference (April 28-30) to encourage conversation across sectors on the SDoH.
- Montana Hospital Association: Sees Medicaid Expansion as a big collective success. Believes more comprehensive focus on SDoH could be made for MHA members.

Small group discussion #2: What next steps should the Coalition consider in relation to SDoH?

Some examples shared included:

- Engage EMS Community Paramedicine program and Tribal Health Improvement Program (THIP) in conversations more broadly
- Look into THIP areas that may be tapping into the CHAT model from Alaska, where practitioners are able to go out into the community and provide billable services outside of the clinic setting
- Continue to define common frameworks and develop resources to increase discussion around SDoH
- Share information about CONNECT and its usefulness/purpose
- Have the conversation about SDoH within the workgroups—who in the workgroups is working on SDoH related to that specific chapter?
- Consider how to engage with SDoH partners without overburdening. Perhaps introduce a group across the workgroups: specific ad hoc groups on a root cause issue. Common themes like “housing is health care.” Also look into Complete Streets and Health in All Policies initiatives.
- The Coalition should help identify top issues and invite their cross-sector partners to help us have those conversations
- Narrow the conversation to a doable place—SDoH can be overwhelming
- Collect trends across the workgroup areas and lead conversations about partner engagement, policy recommendations, etc.
- The SHIP talks about policies already, but could provide more resources for people on how to update policies and talk about policy change
- Educate people about the impact they have on health, which they may not be aware of already
- Create opportunities to share successful projects to help highlight cross-sector work
 - MHA example of hospitals that have started food pantries in their communities to help with healthy food availability upon discharge

Partner updates, 1:40 to 1:50 PM

Additional upcoming projects or recent developments shared by partners include:

- Office of Public Instruction: See the reports based on the recent YRBS data at <https://opi.mt.gov/Leadership/Data-Reporting/Youth-Risk-Behavior-Survey>. The [Screen Time Report](#) in particular has information about the mental wellness conversation and how to mitigate at the local level.
- Spring Montana Hospital Association summit will have a track on population health.
- MORH/AHEC Healthy Communities conference will be April 28-30.