State Health Improvement Plan: Chronic Disease Prevention and Self-Management Workgroup

Meeting Minutes: Tuesday, September 10, 2019, 2-3:30 PM, via GoToMeeting

Workgroup Lead:

Maureen Ward, Injury Prevention Coordinator, MT DPHHS

Workgroup Facilitator:

Anna Bradley, DPHHS PHSIO Plans Coordinator

Workgroup Members Present:

- Borneman, Patti
- Cozzie, Sheila
- Root, Erin
- McCully, Jenn
- Carlson-Thompson, Dan (Guest Presenter)
- Vandjelovic, Jordan
- Yang, Hannah (Presenter)
- Huck, Kira
- Wier, Lora
- Ellis, Cindia
- Babiarz, Giselle
- Kiesel, Tracie
- Keefe, Mark
- Dusko, Kevin
- Hryszko, Davida
- Olson Hansen, Wendy
- Schmidt, Steve

Welcome and introductions

10:05 to 10:15 AM

Anna Bradley reviewed the agenda for today's call, and then asked attendees to state their name, their organization, and answer the question: "What is one thing that helps you when you are on a conference call to feel connected and stay interested?"

Responses included:

- Having visuals up on the screen, like PowerPoint slides;
- Being called on to present or speak;
- Becoming more comfortable with the technology being used;
- Reviewing what other people are doing in relation to the topics being discussed to help ground the call in "real world" applications and program work;
- Using a webcam;

- When slides are provided in advance so that they can be printed and used as a hard copy resource during the call;
- Bringing in outside presenters;
- Interest in the topic; and
- When people on the call engage in discussion.

Adverse Childhood Experiences (ACEs) presentation

10:15 to 10:30 AM

Dan Carlson-Thompson, LCSW, ACEs master trainer with Children's Mental Health Bureau, Developmental Services Division, MT DPHHS. DCarlson-Thompson@mt.gov.

Note: If you haven't had the opportunity to attend a full ACEs training, Dan encourages everyone to do so. This presentation has been edited for our timeframe and is typically much longer.

- The memory of childhood experiences is stored in our bodies and our minds and have an impact throughout our lifespan.
- The central nervous system connects us with other people and the world around us through our brain and spinal cord, which integrate all our senses and information from receptors throughout the body, regulates internal body functions, and manages elaborate chemical and electrical signals. This happens almost instantaneously and determines our understanding of and response to the world we live in.
- TED Talk: Nadine Burke Harris, California's Surgeon General:
    - Children are especially sensitive to repeated stress anticipation and adversity because their brains and bodies are still developing.
    - Analogy of your fight or flight system activating in response to seeing a bear in the woods—useful if you're in the woods and you see a bear, not if you live in a situation where you are constantly living in anticipation of "the bear coming home every night."
- Risks for poor health are consistently seen clustered in some populations and not as much so in others. This helped lead to the hypothesis of the ACEs study: adverse childhood experiences lead to impaired neurodevelopment, which in turn leads to social, emotional, and cognitive adaptations that can lead to risk factors for major causes of disease and disability, social problems, and early death.
- Some of the brain functions that have been shown to be affected by ACEs include (and, consider how these can relate to motor vehicle crashes):
    - Affect regulation (panic reactions, depression, anxiety, hallucinations)
    - Somatic issues (sleep disturbances, severe obesity, pain)
    - Substance use (smoking, alcoholism, illicit drug use, IV drug use)
    - Sexuality (early intercourse, promiscuity, sexual dissatisfaction)
    - Memory (amnesia from childhood)
    - Arousal (high stress, problems with anger, perpetuating domestic violence)
- 10 types of ACEs were included in the study:
    - Household dysfunction (substance abuse, parental separation or divorce, mental illness, battered mothers, criminal behavior)
    - Neglect (emotional, physical)
    - Abuse (emotional, physical, sexual)
    - ACEs are highly interrelated—the study found that if you've experienced one, it is likely you've experienced others.

- People can be assigned an ACE "score" to show how many categories of ACEs they've experienced.
    - As ACE scores increase, the percentage of people with health and social problems also goes up. There is a dose-response relationship.
    - For example, a person with an ACE score of 4 or higher is 242% more likely than a person with an ACE score of 0 to smoke, 222% more likely to have obesity, 357% more likely to have depression, and 1,525% more likely to attempt suicide.
- 3 ACE types were significantly associated with higher odds of being involved in a Motor Vehicle Crash in young adulthood.
    - If a person had been physically abused, their odds of being in an MVC were increased by 53%
    - If a family member had attempted suicide or they had been emotionally neglected as a child or adolescent, they had higher odds of being in a motor vehicle crash as well
- A high ACE score does not mean a person is destined to poor health outcomes—resiliency is a key component of discussing ACEs
- Resilience is made of three systems:
    - Capabilities
    - Attachment and belonging with caring and competent people
    - Community, culture, and spirituality
- People do best when the three systems are nested within each other, instead of having just one or two of the three resiliency components.
- Resources for further understanding:
    - www.aceinterface.com/index.html
    - https://criresilient.org/
    - https://acestoohigh.com/
    - Healthychildren.org
    - National Child Traumatic Stress Network

Examples of SHIP MVC Workgroup members incorporating ACEs into their work:

- Safe Kids Missoula: Implement ACEs as a lens throughout work by incorporating it in education and messaging with families.
- Custer County Public Health: Ensuring home visitors are trained in ACEs to help them be more aware when they are working with families.

Data presentation

10:30 to 11:05 AM

Hannah Yang, Epidemiologist, Chronic Disease Prevention and Health Promotion Bureau, MT DPHHS. Hannah.Yang@mt.gov.

Data presentations will be regularly occurring in the SHIP workgroups to ensure we are able to share new data sources or analyses that have been done and increasingly add to what we know in the state about this topic area. The data do not have to solely come from DPHHS and MDT. All workgroup members who are collecting data to help inform the work in this area will have an opportunity to volunteer to share.

Update on MVC objectives in the SHIP, and the incorporation of new objectives to monitor MVCs that result in traumatic injuries.

- General updates: some metrics have been redefined either by changing the data source or the inclusion criteria of ICD codes used in the datasets. Also, targets have been re-established to match the HP2020 target setting methods.
- Slides with specific data details will be shared with the meeting minutes, and updated data will be reported in the SHIP Annual Report.
- Questions and feedback period:
    - Objectives for all Montanans:
        - Working to set a target for objective 4: Decrease the proportion of traffic fatalities that involve alcohol-impaired drivers. Pending discussion with MDT data partners.
        - Also, regarding objective 4: The target has been re-established at 40% instead of 60% because of a new data source being used. It is now being monitored using FARS, which is national fatality reporting database where deaths are toxicology confirmed to be connected to blood alcohol content levels instead of MDT crash data, which does not include confirmed toxicology. FARS data also excludes crashes where the blood alcohol content was less than .08.
        - Objective 6: Decrease age-adjusted rate of non-fatal ED visits related to MVCs from 389 per 100,000 people to 370 per 100,000. This metrics comes from the Montana Hospital Discharge Data System (MHDDS) and does not include federal facilities, including the VA or IHS. Working with partners from IHS and Rocky Mountain Tribal Epidemiology Center to fill in the gaps.
    - Objectives for Health Equity:
        - Decrease age-adjusted mortality rate due to MVCs from American Indians from 55 deaths per 100,000 people to 52 deaths per 100,000. This data comes from the Office of Vital Statistics, which includes death certificates. There is a problem nationally with misclassifying race on death certificates, up to 40% of cases nationwide. However, in Montana, race is identified correctly in about 95% of Montana residents, so Montana does much better than other states.
            - By 100,000, we mean American Indian population, not general population. We use the National Center for Health Statistics standardized population files where they have population estimates with bridged race categories.
    - Is there a reason why youth seatbelt use is so low?
        - One factor that has been shown to be influential is whether or not the person a student is riding with is wearing a seatbelt and social acceptance or influence.
    - The percentage shown for American Indian adults seems high for people who do observational studies on reservations—a baseline of 69% from the 2016 BRFSS and 72.5% in 2018 is higher than what observational studies show, which is closer to 30 or 35%.
        - Continue conversation around the data for seatbelt use
        - 2 different types of forms used for observational studies, one by IHS and one by MDT, both showing levels closer to 30% than 72.5%.

        - Could invite BRFSS Coordinator to talk about sampling in American Indian communities.

Focused strategy conversation
11:00 to 11:25 AM

Prevention and Health Promotion (PHP) Strategy 4: Support improved surveillance of Motor Vehicle Crashes through data linkages.

- Rocky Mountain Tribal Epidemiology Center is working to improve American Indian racial classification and Montana data and promote timeliness of reported motor vehicle crash data. Produce an annual report focused on mortality using information from the Office of Vital Statistics and morbidity using a prepared dataset that comes from the national data warehouse where IHS and tribal health facilities report. There has been some discussion about racial misclassification studies and will be looking at opioid prevention and racial misclassification. All 12 tribal epidemiology centers across the country are thinking about opening up conversations about getting identifiable data from the data warehouse to facilitate these linkage projects.

PHP Strategy 3: Increase awareness of high-risk driving behaviors.

- Combine the Buckle Up programs into one group in the workplan, as they work done across the programs is similar and has similar goals and objectives.
- What gaps exist in the work?
    - Data gaps, topic or issue gaps, etc.
    - In regards to data, it can be difficult to get localized data to identify specific areas to focus on. Areas outside of our urban counties can be difficult to find information on.
    - Regarding resource gaps, access to car seats for families can be limited. You need to have processes in place to identify families in need to make sure that car seats are available for those families. This includes awareness of car seat importance and education for proper use and installation.
    - Most programs we are aware of right now for car seat distribution go through local health departments and home visiting referrals.
    - How do we get to people who aren't already connected to those services or are in an area where those services are limited or not available?

Wrapping up
11:20 to 11:30 AM

- Communication—share information about the SHIP with your programs, organizations, partners, and stakeholders to help them stay informed on this work. Don't feel the need to wait until a SHIP workgroup meeting to reach out to other organizations in the state and talk to them about the strategies in the SHIP and where opportunities could be to partner on projects.
- Respect the contact information you've been provided. People have agreed to participate in the conversations around the SHIP but haven't necessarily agreed to sign up for various listservs or have their contact information shared widely with other groups.
- Evaluation—we'll be using the Results-Based Accountability (RAB) framework to ask the following three questions:
    - How much did we do?

    - How well did we do it?
    - Is anyone better off?
    - Also, continuously improving our process of implementation and what that looks like and how to generate benefits to participation.

Action steps:

- Bring up the concept of ACEs with your programs and organizations. Where can ACEs fit in, if they aren't already? Are you interested in having an ACE master trainer work with your and your team or stakeholders? Reach out to Anna for help connecting to an ACE master trainer—there are lots of organizations participating in the SHIP with the capacity to share their trainers.
- Follow-up on items from the conversation about the strategies that resonated with you or your organizational or programmatic goals.
- Reach out if you have suggestions for implementing the SHIP to add value for your or your organization.
- Continue the conversation around data linkages: seatbelt usage, filling gaps in current data sources, establishing morbidity objectives for American Indians.