



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Discussion Summary | Meeting 3 SHIP Design Team

November 9th, 2023 1 pm-2:30

DRAFT Prioritization Criteria for Priority Issues for Montana SHIP 2023

Magnitude	Seriousness
How many people are affected? Are people in Montana suffering more due to this issue relative other places?	How much does the issue affect quality of life and life expectancy?
Community Concern	Equity
To what degree do local communities perceive this health concern to be affecting health?	Does the issue affect some population groups more than others in ways that can be changed? Are there institutional policies and practices that could be changed to better address these inequalities?
Feasibility	Strategy
Are there resources, funding and partners available to address this concern?	Where can we move the needle? Will the issue be responsive to direct multilevel intervention? Are there policy or environmental changes that could affect the outcome?
Emergent/Urgent Issues	Intersection
Is this a new or growing topic that needs to be addressed in the near term?	Is the topic amplified by other factors to create a greater issue? Will addressing this issue, also positively impact other health concerns?

Feedback on Draft Prioritization Criteria

<p>Magnitude</p> <ul style="list-style-type: none"> • Magnitude and seriousness are similar • Does it matter if MT is worse versus just a big problem in general? Maybe yes because there is room for improvement. • Just wanted to make sure problems don't get lost because it wasn't worse in Montana but it is still big • Maybe need to look at why it's worse 	<p>Seriousness</p> <ul style="list-style-type: none"> • Need to think about how some issues may be more serious for specific populations • Is there a good why to measure quality of life? • Weigh seriousness more than magnitude
<p>Community Concern</p> <ul style="list-style-type: none"> • Community concern may not match what the data tells us • Don't want to prioritize an issues when concern doesn't match data • Is the "community" the general public or public health staff or disparate population 	<p>Equity</p> <ul style="list-style-type: none"> • Access to care, telehealth, transportation • What data is used to track SHIP objectives? Experience focused/people focused- data equity • ACES/Trauma • Generational poverty/trauma, mental health and substance abuse • Want this to be central to the prioritization • Clarifying language "...ways that can be changed" may undercut the ability to make institutional change
<p>Feasibility</p> <ul style="list-style-type: none"> • Strategy and feasibility, similar • Political feasibility, community stigma • Use feasibility as a prioritization criteria is hard because we can see both sides. Need to consider if change is possible but also if there aren't resources it may need to be prioritized more. Maybe focus on attainable, not just available. • Is there a clear partner in this priority area that has the capacity to lead and organize work statewide? 	<p>Strategy</p> <ul style="list-style-type: none"> • Maybe add capacity, maybe the same as feasibility. • We may need to re-visit the strategy as a work in progress. Maybe re-phrase as "is there a best practice or evidence based intervention?" • Could strategy be grouped with feasibility?
<p>Emergent/Urgent Issues</p> <ul style="list-style-type: none"> • Emergency/urgent issues should be weighted higher • Aging and growing population, lack of local providers • How will we rank/rate emergent/ urgent when the data is not yet available (e.g. Medicaid unwinding) 	<p>Intersection</p> <ul style="list-style-type: none"> • Intersection should be weighted higher • Clarify that 'intersection' will include preventative issues/ upstream / root causes

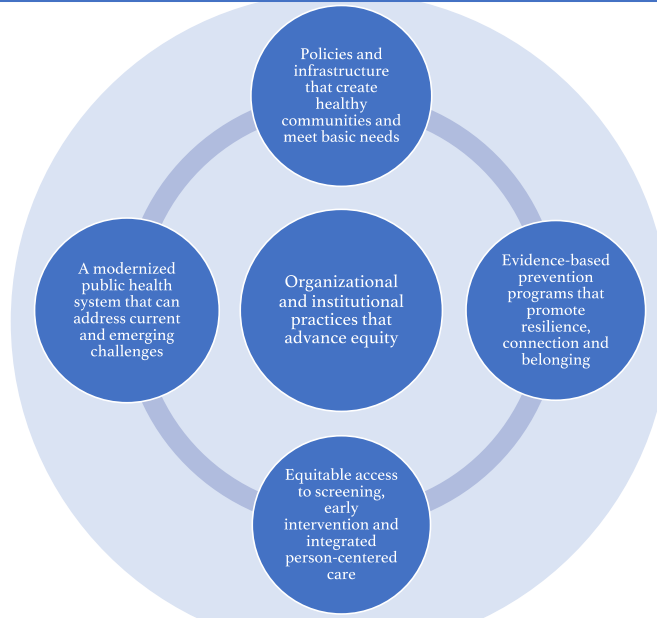
Draft Framework for the Montana State Health Improvement Plan 2023

MISSION

To protect and improve the health of every Montanan through evidence-based action and community engagement.

PRIORITY ISSUES	TARGET OUTCOMES
To be determined	Montana fosters social conditions that promote health Montanans are thriving in healthy relationships Montanans experience mental and physical wellbeing The lives and health of all Montanans are valued and supported

COLLECTIVE ACTION STRATEGIES TO IMPROVE HEALTH



Ongoing community input and engagement

Backbone support, data analysis, evaluation and technical assistance from the Public Health and Safety Division

Feedback on Framework

Mission	<ul style="list-style-type: none"> • Leave the mission as is and focus on being more specific in other areas • Or maybe “advancing evidence based action and community engagement to establish vibrant, healthy communities” • Current mission is too long and needs plain language • Evidence-based clarification. Result, proven, practices • Add “through equitable, evidence based action” • Prefer vision over mission
Target Outcomes	<ul style="list-style-type: none"> • Maybe remove? • Target outcomes need to be more measurable • Maybe the first one should be more specific to problematic social conditions (ie transportation) • I don’t understand these-too broad and that makes them confusing • Sometimes health can’t be improved but everyone can have goals for quality of life and specific functions they want • Last outcomes is more applicable and important • Foster social conditions

	<ul style="list-style-type: none"> • Breaking down barriers to health • Providing resources to promote health and break down barriers • Montanans live in environments that promote health • Montanans foster, change wording to remove burden from community • Keep the phrase mental health due to stigma • Currently these read as vision statements-what is measurable (do metrics go here or in work groups?) • Can we reframe around communities-rather than individual Montanans?
Collective Action Strategies	<ul style="list-style-type: none"> • Where does communication fit?
Policies and infrastructure	<ul style="list-style-type: none"> • “Create” support or facilitate or improve • Public investments (\$\$\$) • Power sharing and feedback loops at the local level
Evidence based prevention programs	<ul style="list-style-type: none"> • “Culturally and linguistically” • In every community • Emerging strategies are also important • Center around equity and patient experience, remember to use plain language
Equitable access to care	<ul style="list-style-type: none"> • Person-centered care is a positive highlight • Add quality and coordination • Equity and engagement from priority populations is the most important thing to focus on.
A modernized public health system	<ul style="list-style-type: none"> • Think about education system, justice system or other partners as well as public health. Think about if all critical partners are involved and working together for health. • “Modernized well resources” • “Staffing” • Transparency • Engaging others systems (education, commerce etc) in public health issues/lens
Organizational and institutional practices that advance equity	<ul style="list-style-type: none"> • Like the equitable access strategy the best. Agree that equity should be in the middle maybe add some circles to these. They seem to be to be focused on healthcare organizations. • Concentrated effort towards equity based practices. Practices that center equity. • And policies and budgets!
Ongoing community input and engagement	<ul style="list-style-type: none"> • Think about calling out consistent inclusion of patients with lived experience and members of most vulnerable populations. What community are we talking about? • Meaningful community engagement • How do we move from static to ongoing feedback? • What is the state’s commitment to engage and use feedback?
Backbone support	<ul style="list-style-type: none"> • Is there capacity to provide this support within PHSD? • Only PHSD or all of DPHHS? Other partners? • Evidence based programs and strategies

Overall:

- Like this visual over past hierarchical structures
- Plain language
- I would add the word "transparency" or figure out how to embed it
- Fundamentals
- The need to engage sectors outside the public health system in order to move upstream
- Innovation
- Identify that it is not just health systems, but education systems, justice systems, and everyone so that no one can say "well that's not my issue"
- Two or three priority issues?
- Making public health documents and information useful to those they affect.
- The need to include communications about the work and also to name money/resources where possible (name "investments" "budgets")