



DEPARTMENT OF  
**PUBLIC HEALTH &  
HUMAN SERVICES**

## Discussion Summary | Meeting 4 SHIP Design Team

### January 11th, 2023 1 pm-2:30

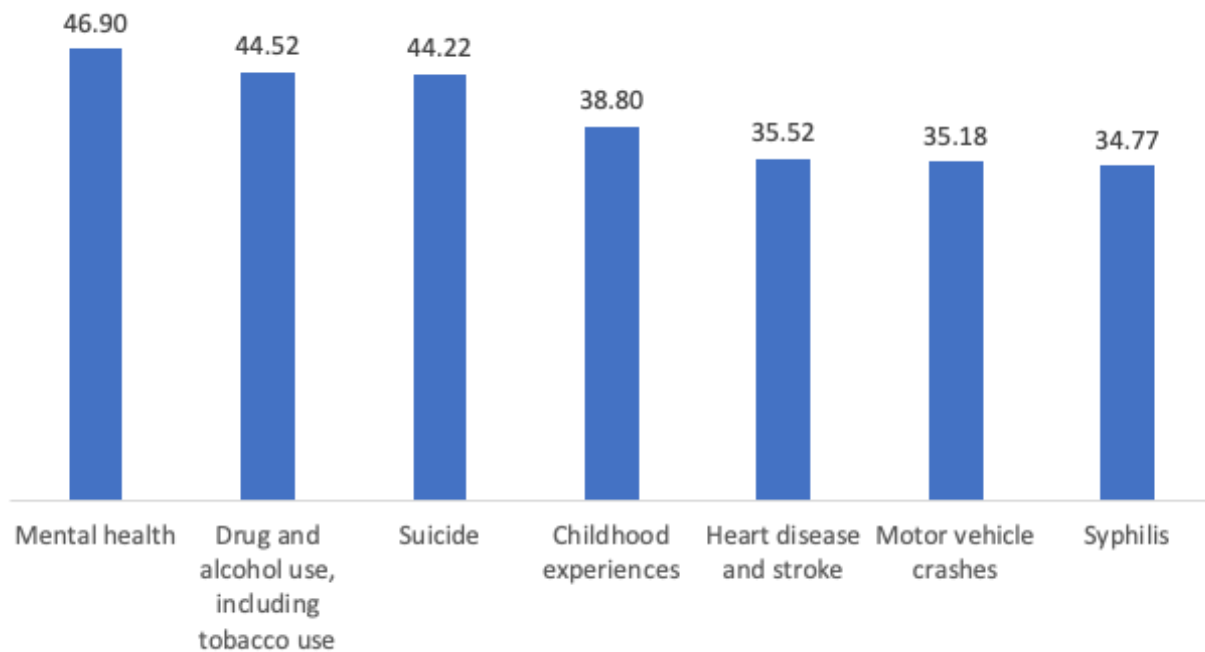
#### Prioritization Criteria for Priority Issues for Montana SHIP 2023

<b>Magnitude: Weight 1</b>	<b>Seriousness: Weight 1</b>
How many people are affected? Are people in Montana suffering more due to this issue relative to other places?	How much does the issue affect quality of life and life expectancy? To what degree do local communities perceive this health concern to be affecting health?
<b>Feasible Strategy: Weight 1.5</b>	<b>Emergent/Urgent Issues: Weight 1.5</b>
Are there resources, funding and partners available to address this concern? Where can we move the needle? Will this issue benefit from a collective action approach? Are there policy or environmental changes that could affect the outcome?	Is this a new or growing topic that needs to be addressed in the near term?
<b>Intersection: Weight 2</b>	<b>Equity: Weight 2</b>
Is the topic amplified by other factors to create a greater issue? Will addressing this issue, also positively impact other health concerns?	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 create better outcomes for groups experiencing disparities?

## Results of Round 1 of Prioritization:



## Health Issues to Prioritize in Round 2 (top half or Round 1)



## Discussion of Top 7 Health Topics through the Lens of Equity and Intersection

Discussion Questions:

INTERSECTION

1. Looking at the top health issues prioritized in round 1, what do these health concerns have in common? Are there any obvious groupings we should consider for the SHIP?
2. What are the upstream factors that relate to multiple issues in this list?
3. Will addressing any of these issues also positively impact other health concerns?

## EQUITY

1. Do the listed health issues affect some population groups more than others in ways that can be changed?
2. Are there institutional, environmental, policy or systems changes that could be changed to create better outcomes for groups experiencing disparities

### **Group comments on 7 Topics: Mental Health, Drug and Alcohol Use (including Tobacco Use), Suicide, Childhood Experiences, Heart Disease and Stroke Motor Vehicle Crashes, Syphilis**

<b>Intersection: Commonalities</b>	<ul style="list-style-type: none"><li>• Childhood experiences are at the root of all these health issues.<ul style="list-style-type: none"><li>○ Drug and alcohol use and Suicide are subcategories of mental health</li><li>○ Heart Disease and Stroke are also related to mental health and drug use b/c people with mental health concerns are also at higher risk of chronic conditions</li><li>○ Physical health, behavioral health tied into alcohol and drug use, and motor vehicle accidents</li><li>○ Risky behavior</li></ul></li></ul> <p>Access to care also tied to everything: mental health, substance use, heart disease and stroke and syphilis</p> <ul style="list-style-type: none"><li>• They all intersect in certain ways with cause and effect.</li><li>• Mental health and heart disease/stroke: Our lifestyle can impact our environment, which can lead to cardiac/stroke/long term medications. Prescription medications can influence our health over the years.</li><li>• When you have a chronic condition, the relationship between stress and mental health challenges.</li><li>• Chronic disease coaching (heart disease, respiratory, etc.) include mental health component.</li><li>• Mental health and MVCs—a part of many experiences along a line or continuum. Mental health and MVCs could be linked by other experiences that are related to both.</li><li>• Decision making is impacted by mental health. Another layer on top of traffic, weather conditions, etc.</li><li>• Mental health and substance use.</li><li>• If a person is in a MVC it creates outcomes that influence mental health.</li><li>• Mental health and syphilis: STIs can be very stigmatizing, which can cause mental health challenges. Neurosyphilis can affect your mental health and behaviors.</li><li>• Syphilis in general: Did you know, that many young people with disabilities, do not get to go to health class in high school? Adults sometimes choose that the information is too hard or not right for them, and they are excused from the class. They do not get to learn from the beginning. They don't hear about health concerns for teenagers. They don't hear about healthy eating. On Fridays, in one of my special education classes, we always cooked. It was supposed to be real life learning and fun. We always cooked from packaged mixes. I told them, I don't eat that food. We don't use mixes at home. I don't like how they taste. I</li></ul>
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	<p>didn't matter. I was told it is easier, and that is what matters. We didn't learn about healthy food, we learned about easy food. I never ate at school. I packed my own food, and extra for anyone who wanted real food. Back to health class. If I didn't get to go to health class. It never happened, that people thought, I needed the base, of knowing my health as a person with a disability. A health class specific to people with disabilities. I had to look for it and learn on my own. It still comes up. My doctor or health care providers, don't usually know how my disability changes, what we need to do. I have to offer ideas or ask. It is hard to even know what to ask.</p> <ul style="list-style-type: none"> <li>• Depression from experiencing an acute event and from the resulting changes, like less physical activity.</li> <li>• Consequences of syphilis leading to suicidality: resulting infant death, for example, and the impact on the mother and family.</li> <li>• Consequences of MVCs in a similar way.</li> <li>• Prescription drug influence on the mother.</li> <li>• Suicide and childhood experiences: health of the mother.</li> <li>• Our childhood experience effect all of the above. Decision making, lifestyle choices, health risk behaviors and protective factors.</li> <li>• Resource standpoint: making sure that if someone has a stroke or change in their motor abilities then we are getting them the adaptive equipment for driving that they need.</li> <li>• MVC pedestrian injuries and fatalities are connected to poorly designed streets. A community with built environment issues might also be a community with more sedentary behavior.</li> <li>• Connection between MVC and syphilis: Not an obvious connection, but probably the same upstream factors somewhere along the way. For example, childhood experiences → mental health → substance use → the risky behaviors that lead to alcohol-impaired driving crashes and unsafe sex</li> <li>• Adverse childhood experiences are strongly going to connect with mental health and co-occurring issues, like suicide. That bucket could be connected in a web to other buckets.</li> <li>• ACEs, mental health, suicide AND substance use as a bucket.</li> </ul>
<b>Intersection: Shared Upstream Factors and other positive impacts</b>	<ul style="list-style-type: none"> <li>• Obesity is an upstream factor for heart disease</li> <li>• Sexual violence is upstream to many</li> <li>• Aces to care (both mental and physical healthcare) is upstream to all of these</li> <li>• Poverty (not FPL per say) just below a living wage is also upstream to many as well</li> <li>• Misinformation that is so widely available online</li> <li>• Rurality and how that limits access to care and many other resources</li> <li>• Cost of groceries in rural areas (specifically the HiLine) is a huge barrier</li> <li>• Housing</li> <li>• Economic stability</li> <li>• Food insecurity</li> <li>• There are a lot of considerations related to living wage and its different in different parts of the state</li> <li>• Access to reliable transportation</li> <li>• ACE and mental health feed into each other and both are upstream of all other top health concerns</li> <li>• Remember that childhood experiences are both positive and negative</li> <li>• Remember to not stigmatize people living with mental illness</li> <li>• Adverse childhood experiences/family history</li> </ul>

	<ul style="list-style-type: none"> <li>• Access to services</li> <li>• Education on health behaviors</li> <li>• Stigma/reducing stigma</li> <li>• Income/Living conditions</li> <li>• Focusing on childhood experience will impact several health issues and mental health</li> <li>• Access to care: Many people with a disability do not have a health care provider so they may use drugs and alcohol to help manage their condition.</li> <li>• Health care providers don't always connect drug and alcohol use with a person with a disability and other health conditions. There is a myth that people with a disability don't have other aspects to their health beyond the disability.</li> <li>• Primary care medical home: Access to health care with a trusted provider and opportunities to build patient advocacy and health literacy about who you are and what you need to be healthy, from prenatal/birth to adulthood. Care plan ahead of time with a shared decision making model.</li> <li>• Being your own advocate.</li> </ul>
<b>Equity: Groups more impacted</b>	<ul style="list-style-type: none"> <li>• Mental health care transitioning to mostly 1:1 outpatient care and losing access to home-based supports for people with chronic mental health issues and cannot live independently</li> <li>• Homeless or housing insecure populations</li> <li>• People with disabilities</li> <li>• American Indian population. Perhaps especially urban AI who may not have access to tribal resources</li> <li>• LGBTQ populations more affected by mental health issues</li> <li>• Women are more affected by sexual violence</li> <li>• Rural (frontier) populations are more affected by access to care issues with closing hospitals.</li> <li>• People who need long term care and cannot access them. The family members become care givers and also have higher needs while trying to work and care for their family.</li> <li>• Economic stress/lower economic status (inflation etc)</li> <li>• American Indians</li> <li>• Elderly</li> <li>• Youth</li> <li>• Rural Communities</li> <li>• LGBTQ+</li> <li>• Minority communities</li> <li>• Individuals with disabilities: Resiliency factors and positive childhood experiences. Segregation of students with disabilities in schools negatively impacts social support networks.</li> <li>• Kiddos using substances at a young age. Compounds mental health and suicide</li> <li>• This is why I want to work with young people. Change how they are getting access to information in the beginning. It will help, people with disabilities and all youth.</li> <li>• If people with disabilities do not have a health care provider, who believes them or listens to them, they might use drugs or alcohol to help manage their condition. What the doctor gave them did not help, and they are trying for something. Even it is just to make it go away for a while.</li> <li>• Poverty, low education, Tribal communities (where many issues come together at once), domino effect on different demographics.</li> </ul>

	<ul style="list-style-type: none"> <li>• Different forms of oppression: racism, ablism, etc. The expectations for health are different or less for some groups. There is an assumption that the group is less healthy and too hard to tackle or improve.</li> <li>• All of the health concerns, are pieces that have impact, to people with disabilities. How we experience them, can be different because of where you start. Solutions need to also be different to be effective. My disability is a part of who I am. It is where I start from. I have to understand my disability and how it impacts my health, to understand if it is a part of the disability, or another piece that is on its own. I always start with is this related to my disability? Does how it will impact me change because of my disability? Breathing is different. All my muscles are impacted by my cerebral palsy. What is usual for me, might not be ok for someone else. Each of the health concerns does impact people with disabilities in ways that can be changed.</li> </ul>
<b>Equity: Institutional policies or practices that could affect</b>	<ul style="list-style-type: none"> <li>• Applying for SNAP, TANF, Medicaid etc. is terrible and nobody helps with that process</li> <li>• Applying for SSDI is also terrible. Need to make this process better</li> <li>• Primary care office encourages providers to practice in the state</li> <li>• Help for one-time housing emergencies that might allow them to stay in their home.</li> <li>• Ways to ensure that help gets to the people who need it because so much time and money is spent on the process</li> <li>• Policies related to not prosecuting people who seek help with substance abuse or mental health treatment &gt;&gt;&gt; Stigma both socially and in policy</li> <li>• Payment model for mental health support that prevents mental illness &gt;&gt;&gt;&gt;only short-term programs that come and go and never become systematic</li> <li>• Medicaid expansion sunset in 2025-need to protect coverage</li> <li>• Sexual health education standards statewide&gt;&gt;&gt;&gt;including healthy relationships and intimate partner violence prevention &gt;&gt;&gt;&gt; state laws requiring parental consent for sexual health education</li> <li>• Trauma informed care</li> <li>• Reimbursement rates for healthcare/long term care are too low-facilities are closing because they can't keep staff with the insurance reimbursement rates they get</li> <li>• Transition to value-based payments that will pay for preventative services- obesity prevention etc.</li> <li>• Medicaid program funding</li> <li>• Optional/required education on health issues</li> <li>• Access to care, telehealth etc</li> <li>• Tobacco, nicotine and marijuana tax</li> <li>• Policies that create enforcement towards driving laws/roadways</li> <li>• Law enforced</li> <li>• Cross-sector policies, public transportation</li> <li>• Housing, zoning requirements</li> <li>• State legislature, policy towards LGBTQ+</li> <li>• If I get to do one thing. I want everyone to understand disability as a population that experiences health equity different. On their own a population that needs specific attention.</li> <li>• Health Equity for People with Disabilities   CDC</li> <li>• Yes, people with disabilities are considered a population with health disparities. They face many challenges to achieving optimal health and accessing high-quality health care. Compared to people without disabilities, people with disabilities</li> </ul>

	<p>have less access to health care, have more depression and anxiety, engage more often in risky health behaviors such as smoking, and are less physically active. Discrimination, inequality and exclusionary structural practices, programs and policies inhibit access to timely and comprehensive health care, which further results in poorer health outcomes. The WHO has reported that persons with disabilities have the right to the highest attainable standard of health as those without disabilities. A recent article in Health Affairs reviews estimates of disability prevalence in the US and presents evidence of differences in prevalence by race, ethnicity, and sexual orientation; health disparities by disability status and type of disability; and health disparities for people whose disability intersects with other forms of marginalization . Now add access to information. People with Intellectual or Developmental Disabilities I/DD need the accommodation of information presented in a way they can access it. Understand what it says and how that impacts them. Visuals and real-life experiences can help in this. How is it tied to what you understand already?</p>
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## Top Health Issues After Discussion

### Group 1:

- Access to care >>> need to make it specific enough to actually be able to move the needle
- Housing/economic stability
- Mental health
- Adverse childhood experiences

### Group 2:

- Mental health and substance abuse among youth, ACEs
- Access to healthcare: Rural communities/tribal
- Mental health/Youth Prevention/Education
- Workforce shortages, mental health providers

### Individual voting:

- Access to care, poverty
- Mental health, funding stability and sustainability
- Mental Health, ACEs
- Access to care, childhood experiences
- Access to care for rural and triable populations (including streamlining applications, forms and providing support) and SUD
- Mental health (upstream), Access (specific to some health topics-mental health, syphilis)
- Mental health, funding prevention sustainably
- Mental health, SUD, ACEs
- Substance use disorders, mental health
- SUD, Mental health
- Mental Health, access to care
- Mental Health and childhood experiences
- Mental health and substance use. Upstream: Access to care
- Mental Health, Substance Use Disorders

