

2024 State Health Improvement Plan (SHIP)

Design Team Meeting, 2 of 6
October 12th @ 1 PM



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Housekeeping + Recording

- Find the materials from all sessions at:
<https://dphhs.mt.gov/ahealthiermontana/shipnetwork>
- At the last meeting, ~90% of you said “yes” or “you decide” to recording
- We recorded the last meeting and will record this meeting, but not the final 4 Design team meetings



Agenda

- Welcome and introductions
- Data overview
 - CHA/THA + CHIP/THIP findings
 - Overview of State Health Assessment: High level findings
 - Feedback from Community Engagement Sessions
- Discussion and next steps



Welcome and introductions

Please enter your name and organization into the chat box.

Congratulations to Anna and her family! For the next few months, please direct all SHIP design team questions to Katie Loveland at lovelandk@gmail.com



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The SHIP Process

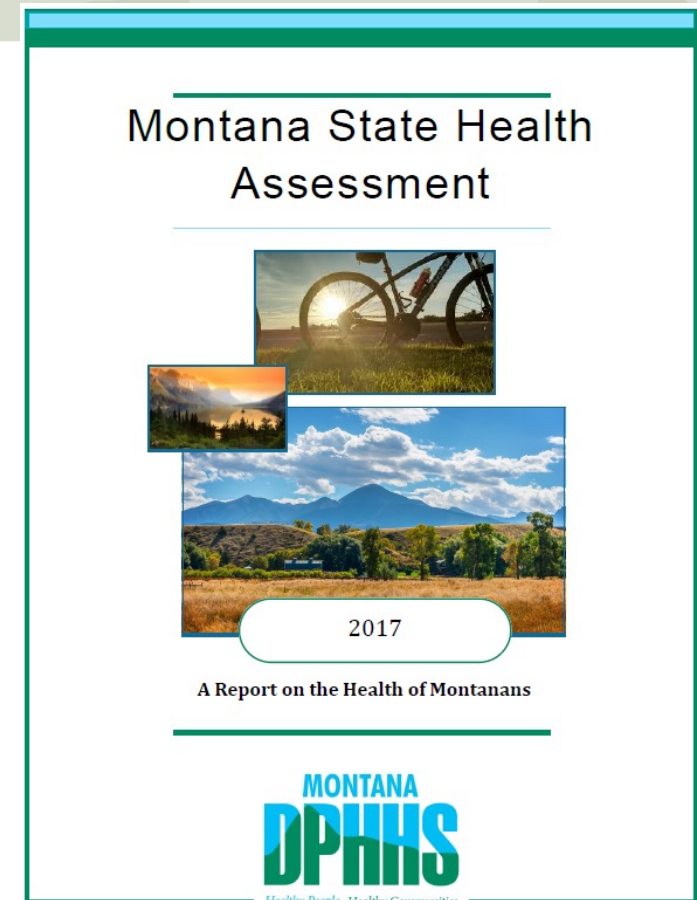


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The State Health Assessment (SHA)

A broad overview of the current state of the health of Montanans (from birth to death, physical health to mental health, and communicable disease to chronic disease) to inform health improvement efforts.

~10-minute video is available on YouTube about the [SHA design and development process](#) and the current process for SHIP design. Anna will drop the link in the chat box.



The State Health Improvement Plan (SHIP)

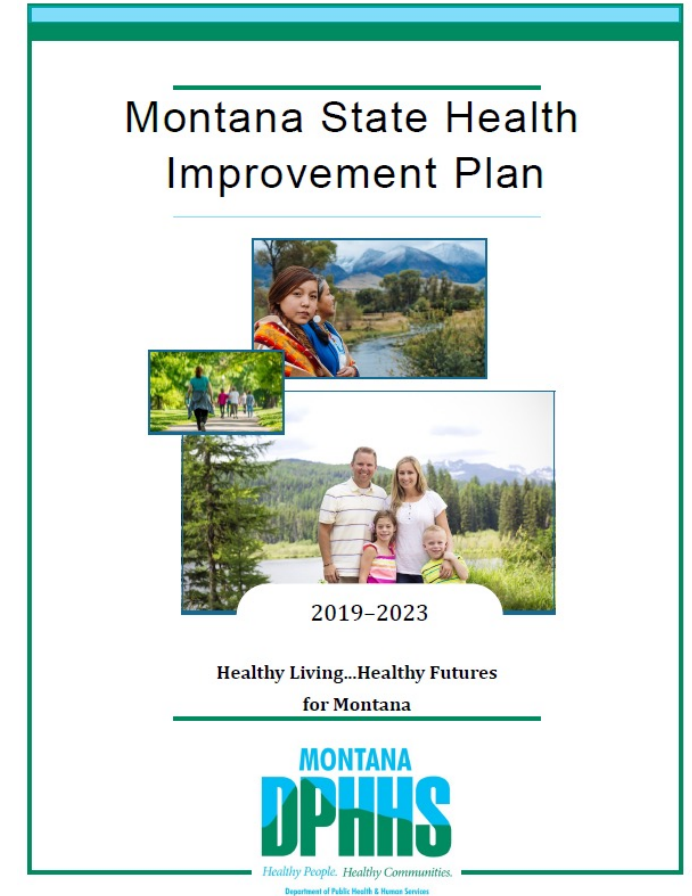
A system-wide “call to action” to address health needs that includes cross-sector participation and commitments to strategies for improvement.

Find the SHIP online at
<https://dphhs.mt.gov/ahealthiermontana>.

2019 Key Priority Areas:

- Behavioral Health
- Chronic Disease Prevention and Self-Management
- Motor Vehicle Crashes
- Healthy Mothers, Babies, and Youth

Cross-cutting topic: ACEs



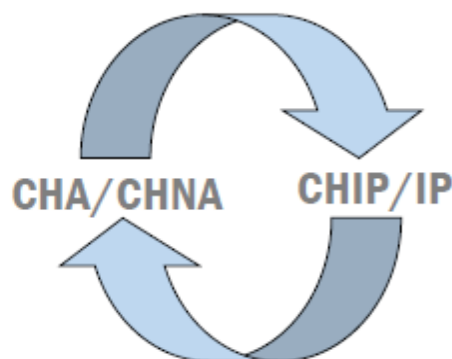
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Every 5 years

- ◆ Summary of CHA, CHIP, CHNA, and IPs
- ◆ Community voice
- ◆ Public health data
- ◆ Other state and national data
- ◆ Other statewide assessments

SHA

Every 3-5 years



SHIP

Local and Tribal Health Depts and
non-profit hospitals

Statewide

State-level processes:

SHA: State Health Assessment

SHIP: State Health Improvement Plan

Tribal and Local Health Departments:

CHA: Community Health Assessment

CHIP: Community Health Improvement Plan

Nonprofit hospitals:

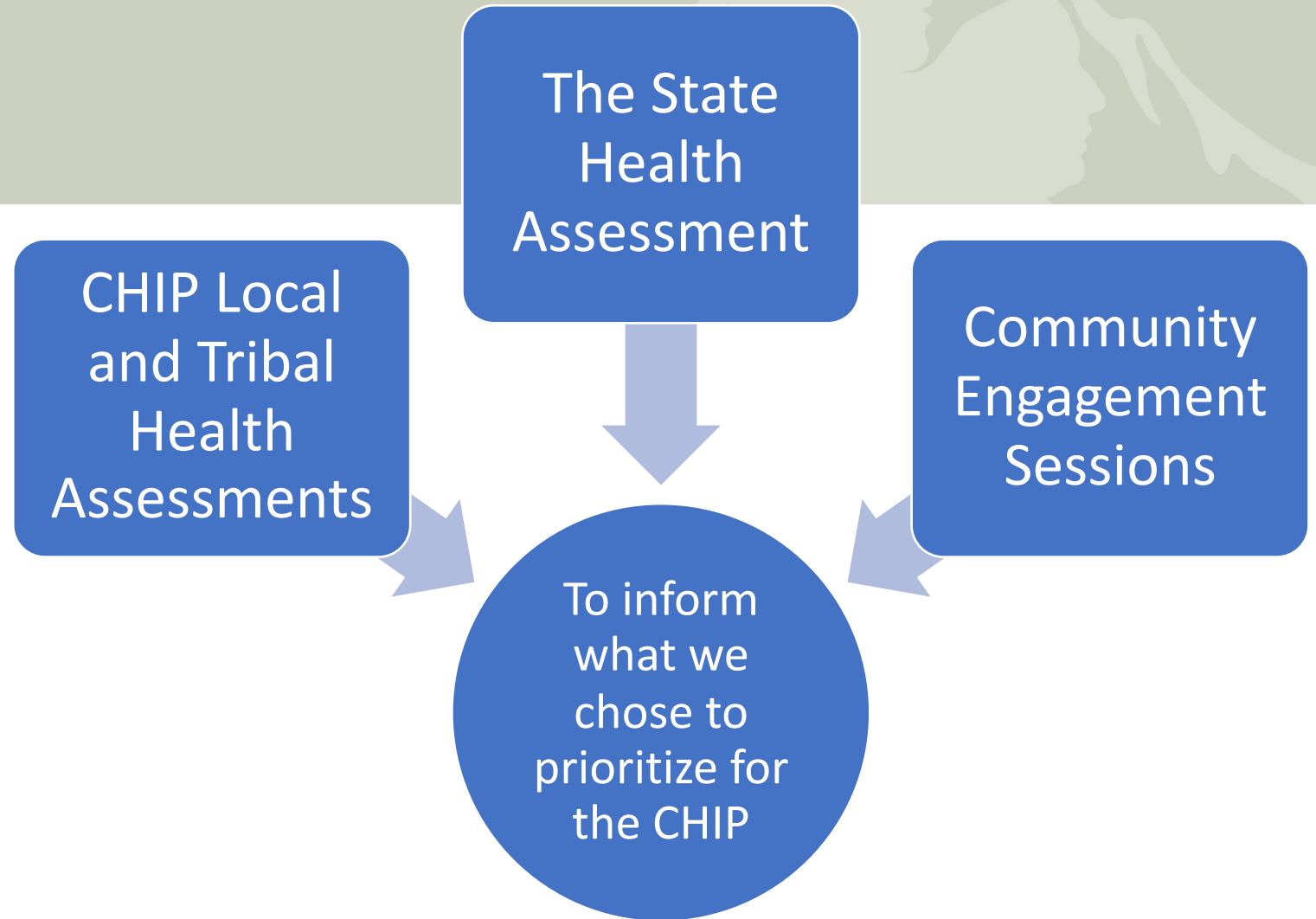
CHNA: Community Health Needs Assessment

IP: Implementation Plan

- ◆ Resources, urgency, and other criteria determine goals
- ◆ Identification of partners with shared responsibility
- ◆ Overarching goals, strategies, and measurable objectives

Today

We are sharing
data from



A word about prioritization criteria

We will settle on final prioritization criteria next month! But, as you listen today, consider....

Where are Montanans experiencing excess disease and death?



What is underlying this excess suffering?



Of these issues, where could we move the needle through additional collaboration, coordination and alignment?



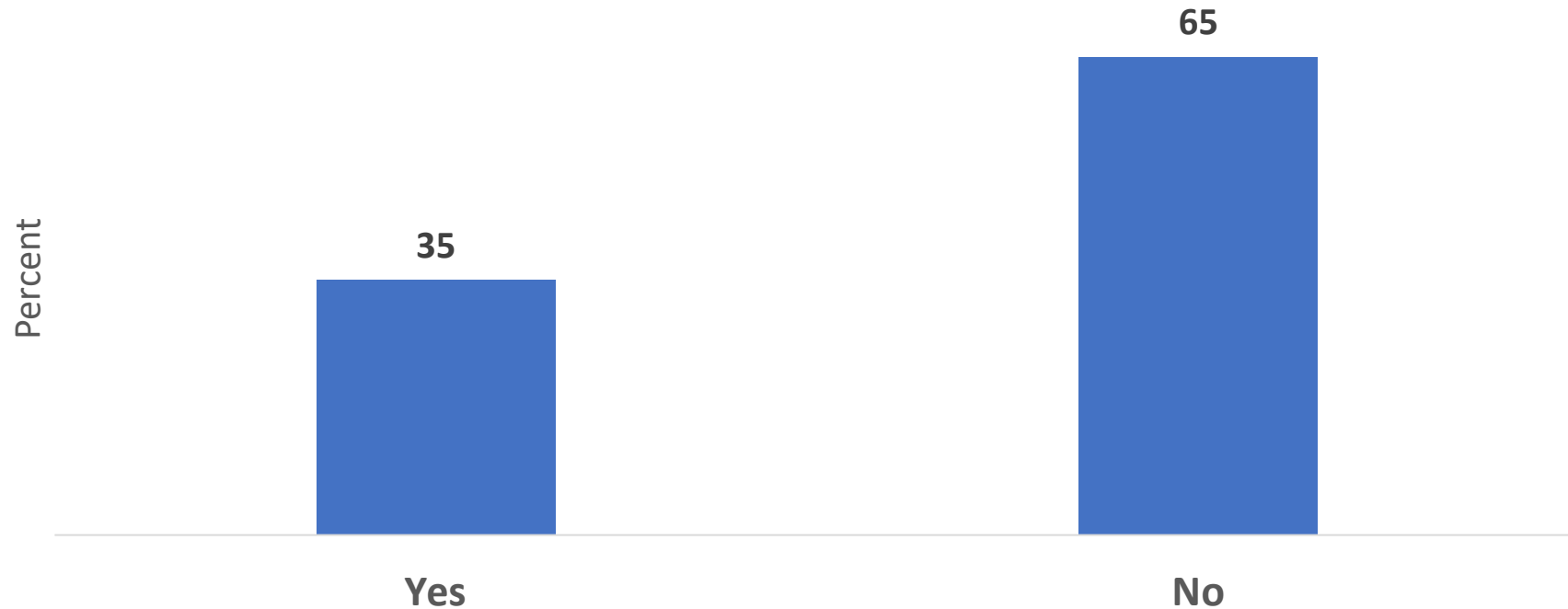
Findings from Local and Tribal Community Health Assessments



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SHIP Design Team members: Experience with local or Tribal CHA

From Design Team Meeting 1: Have you been involved in a local or Tribal Community Health Assessment?



Community Health Assessment Dashboard

<https://chronicdiseasedata.org/Dashboard>



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Categories: Based on Healthy People 2030

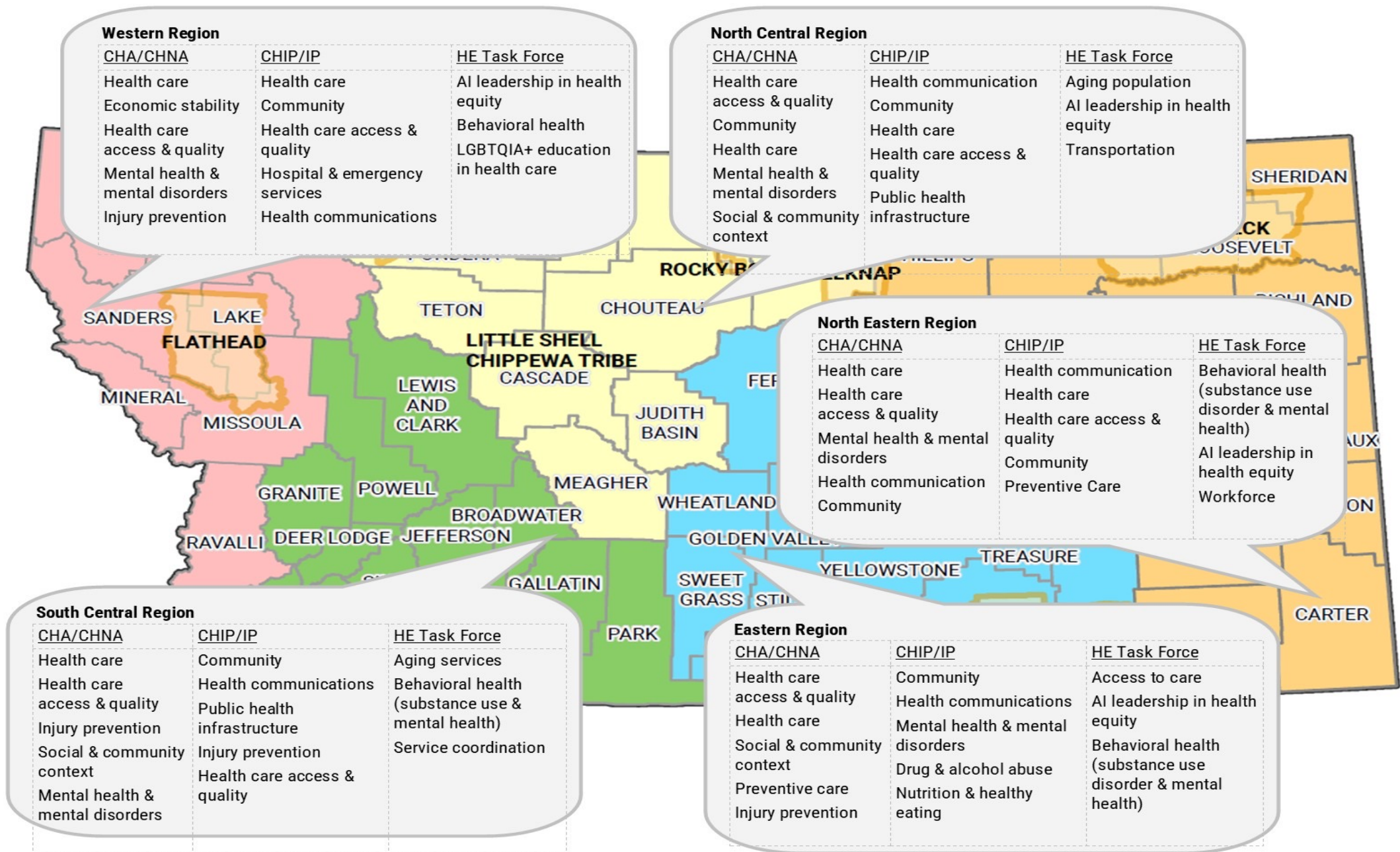
Health Care: Topics focused on improving health care— prevention and educational/counseling activities, like cancer, depression, and developmental screenings, formal diabetes education, etc.

Health Care Access and Quality: Topics with the goal of increasing access to comprehensive, high-quality health care services. Reducing wait time for services, increasing availability of treatment for substance use disorders, increasing publicly-funded health care services, prevention of STIs. There is a lot of overlap between Health Care and Health Care Access and Quality.

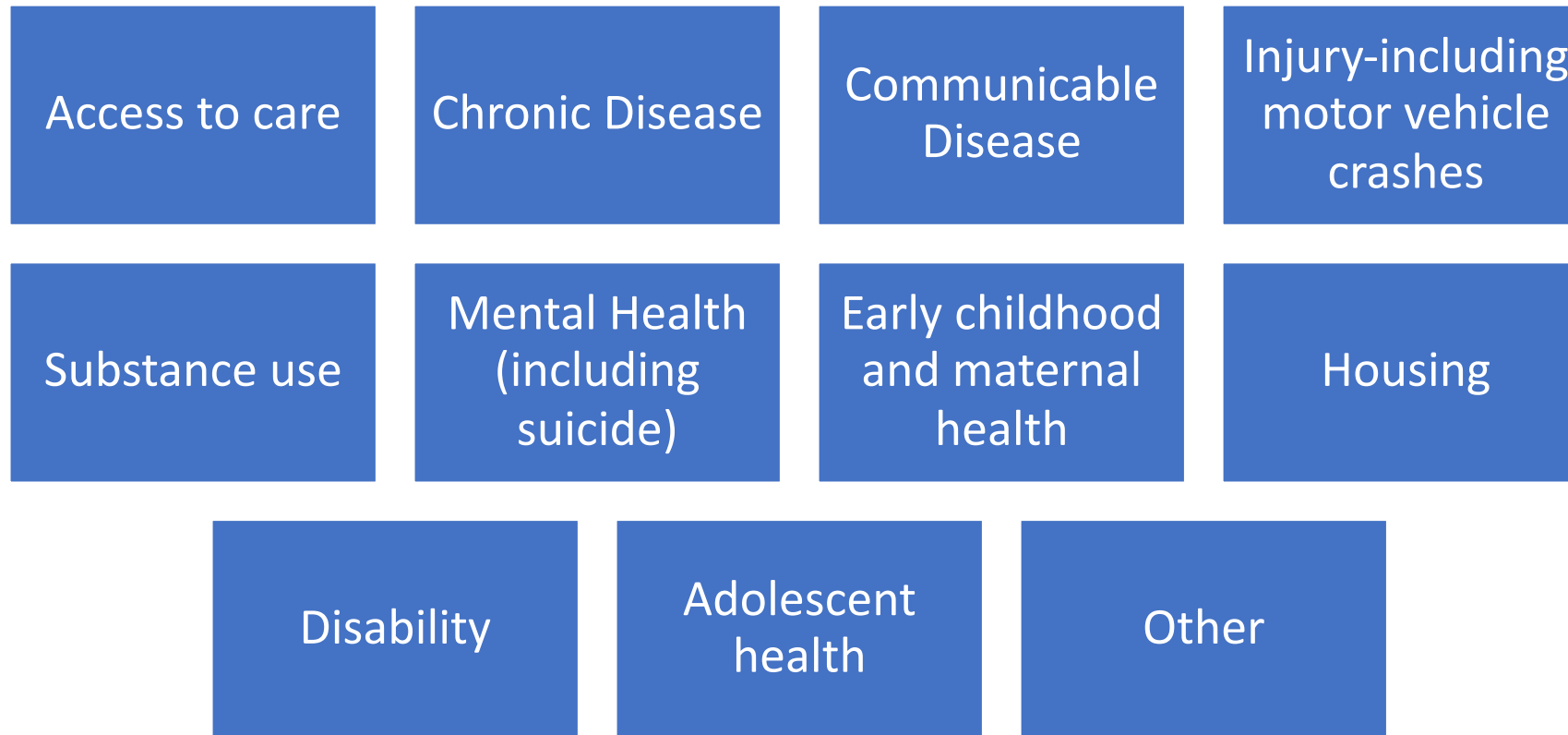
Community: Goal is to promote health and safety in community settings. Bystander involvement in cardiac arrests, physical activity, public health modernization, occupational health, food safety. A lot of overlap between Social and Community Context and Community.

Social and Community Context: Goal is to increase social and community support. Caregiver health, voting, caregiver and child/adolescent communication/bonds, food insecurity, reducing bullying.





Poll: What health issues were identified as issues of concern in your latest local or tribal health assessment?



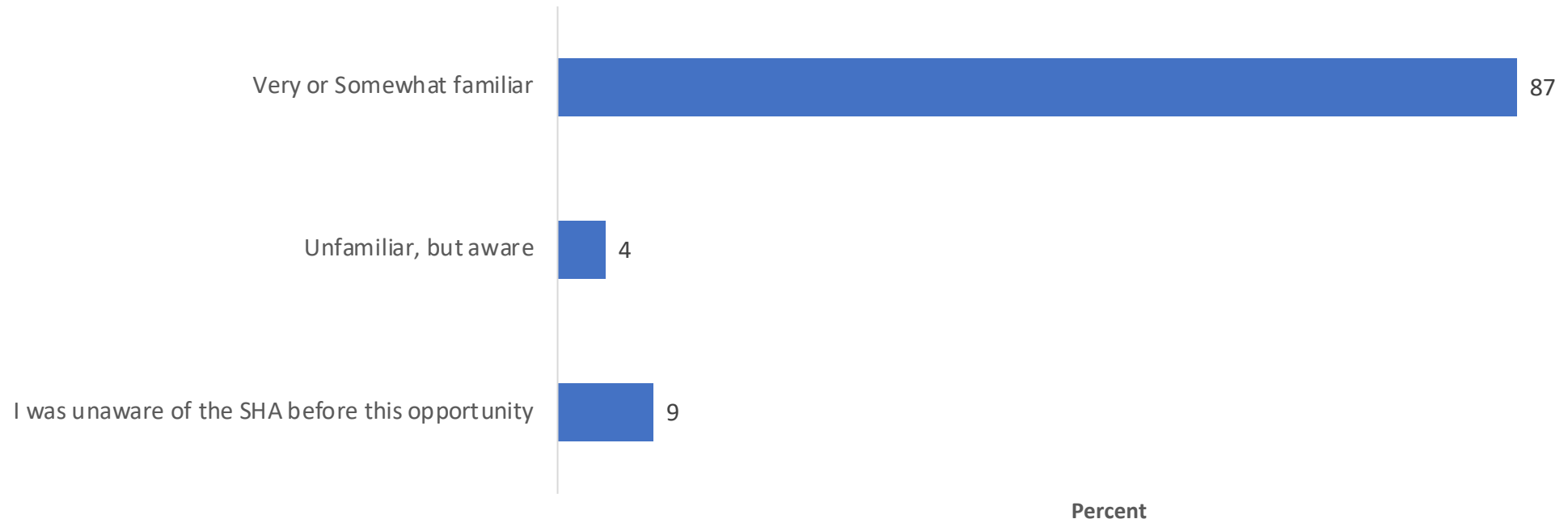
Montana State Health Assessment: High level findings



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SHIP Design Team: Knowledge of the SHA

How familiar are you with the State Health Assessment (SHA)?



Agenda

- Demographics
 - Social and Community Context
 - Economic Stability
 - Healthcare Access and Quality
 - Populations in Focus
- Fundamental Health Statistics
- Behavioral Health
- Chronic Conditions
- Motor Vehicle Crashes
- Healthy Families
- Emerging Issues



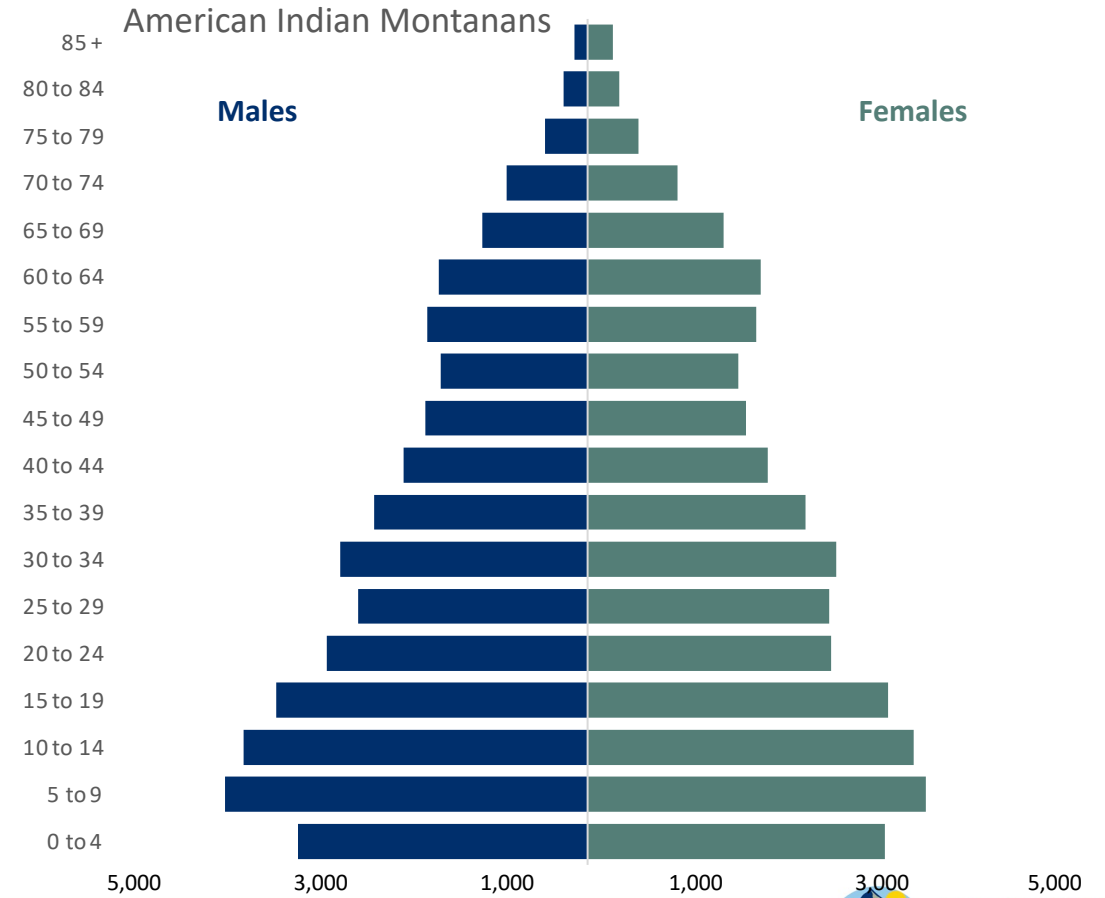
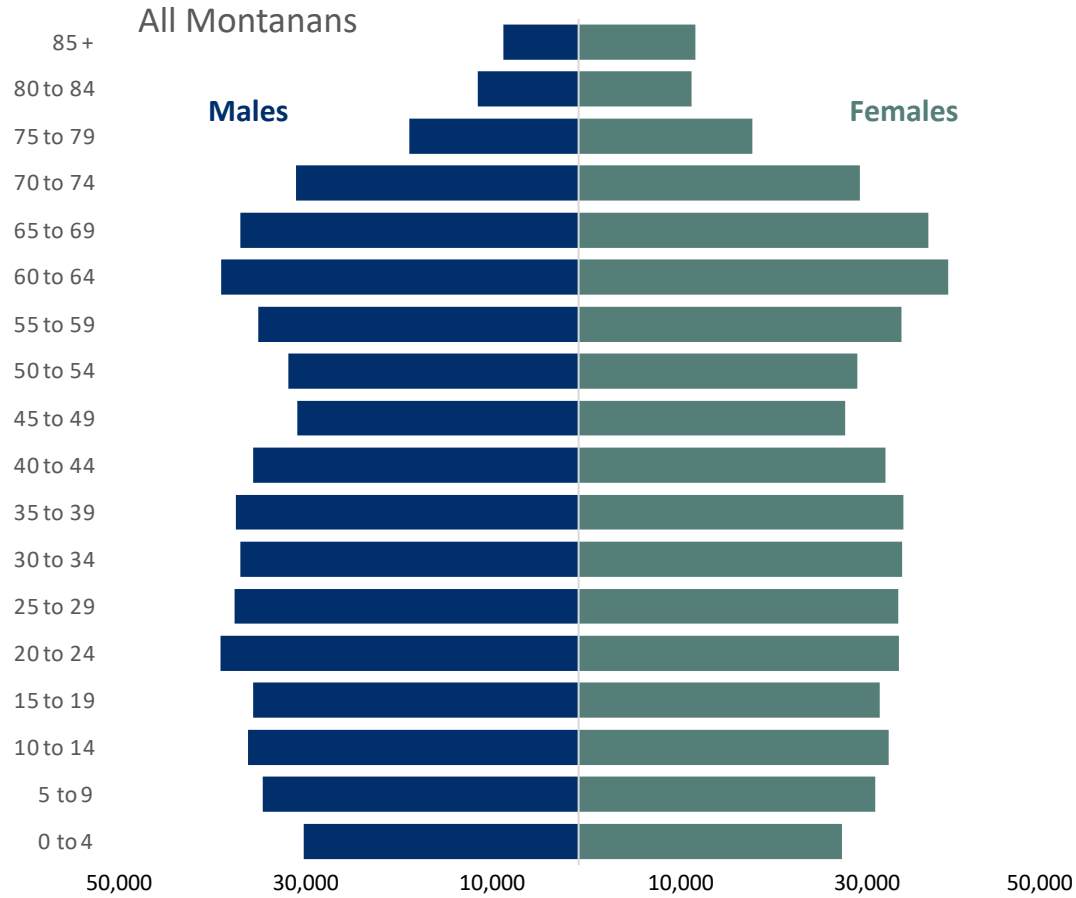
Demographics



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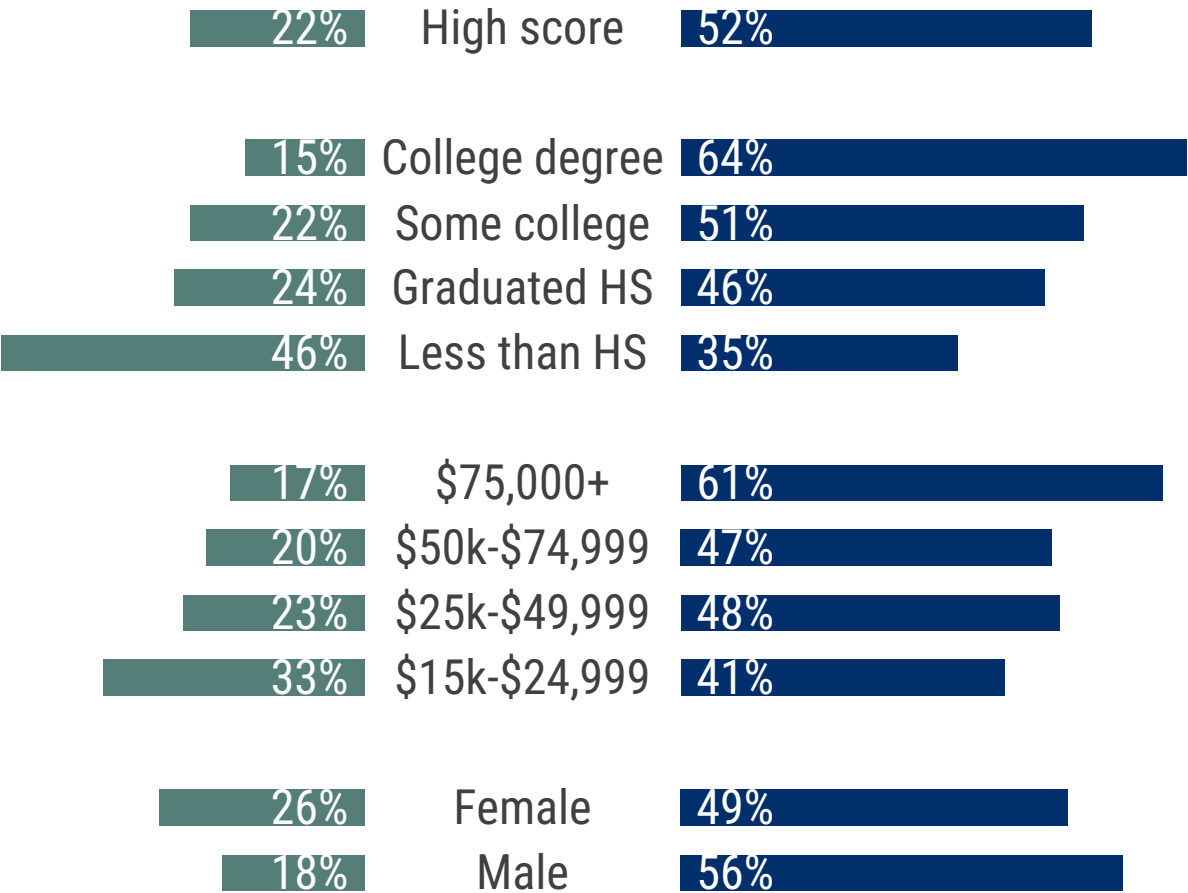
About 1,078,000 people live in Montana.

The 2 largest racial groups are non-Hispanic White (87%) and American Indian (6%). Among the 4.5% of Montanans that identified as two or more races, almost half (1.8%) identified as white and American Indian.



Social & Community Context

About 1 in 5 Montanans reported a high ACE score (4-8) in 2019 and about half reported a high HOPE score (6-7) in 2020.



High ACE score is **negatively** correlated with income and education level

High HOPE score is **positively** correlated with income and education level.

Sources: MT BRFSS 2019, MT BRFSS 2020, & ACS 2017-2021

Economic Stability

- Montana has a **lower unemployment rate** than the national average (2.3% vs 3.7%)
 - Montana has a **lower median household income** than the national average (\$60,560 vs \$69,021).
- Living wage for 1 adult in Montana with no children: \$15.72 per hour
 - Minimum wage in Montana: \$9.95 per hour
- Montana has a **higher ratio of median home values to median household income** than the national average
 - Average home value in 2016 was \$199,700 in Montana and it had increased to \$263,700 by 2021.
- 21.5% of Montana adults live at or below 138% of the Federal Poverty Limit (FPL)
 - 43.5% of Montana children enrolled in k-12 schools were eligible to receive free or reduced-price lunch in the 2022-2023 school year

Sources: MT Economy at a Glance Dashboard 2023, MIT Living Wage Calculator 2023, MT Wages Dashboard 2023, MT Minimum Wage Dashboard 2022, MT Housing Affordability Dashboard 2021.



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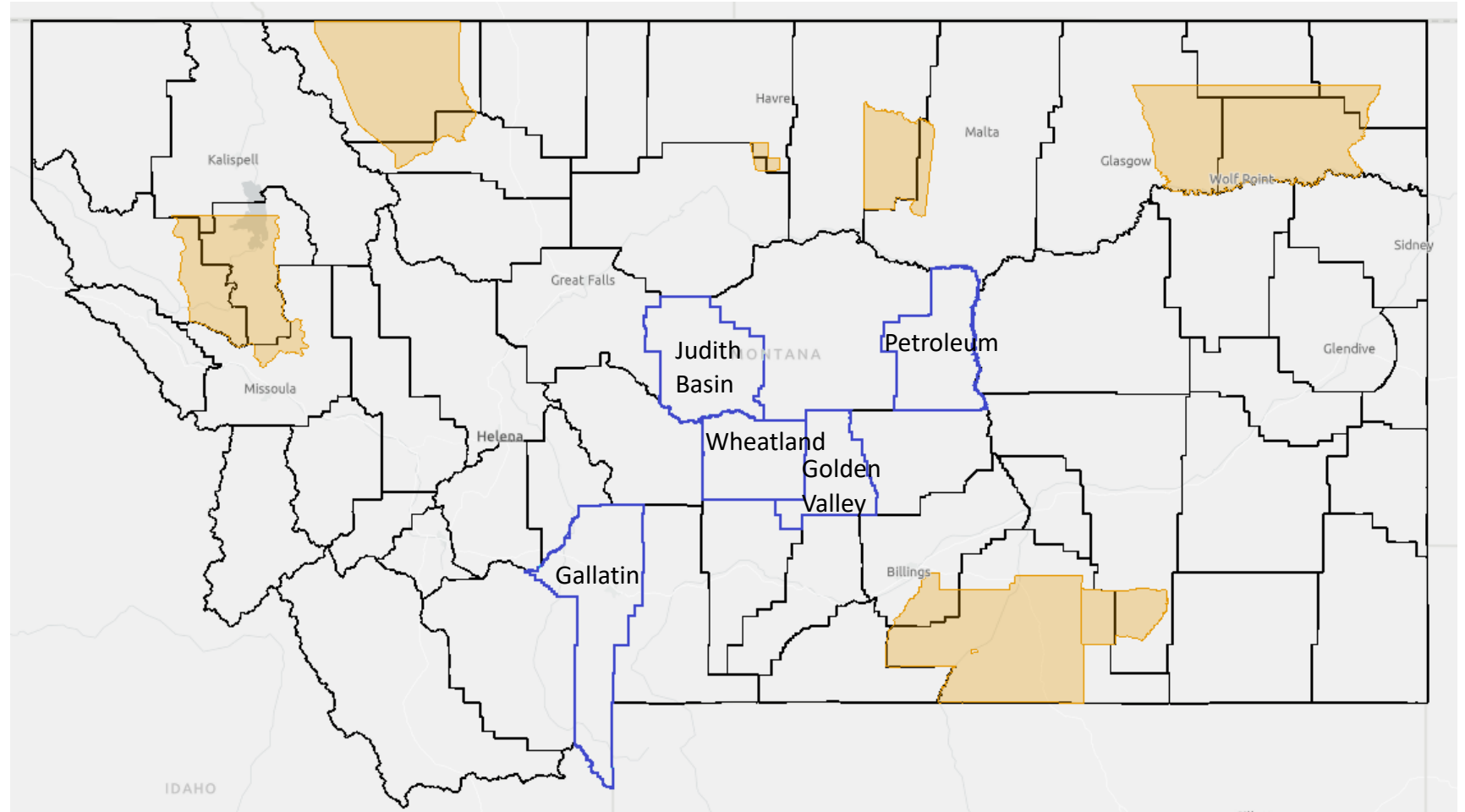
Health Care Access & Quality

Every Montana county **except** the ones shown here are both primary care and mental health professional shortage areas (HPSAs)

Many rural counties had high percentages of physicians aged 55 and older as of 2021

13 counties had no practicing physicians:

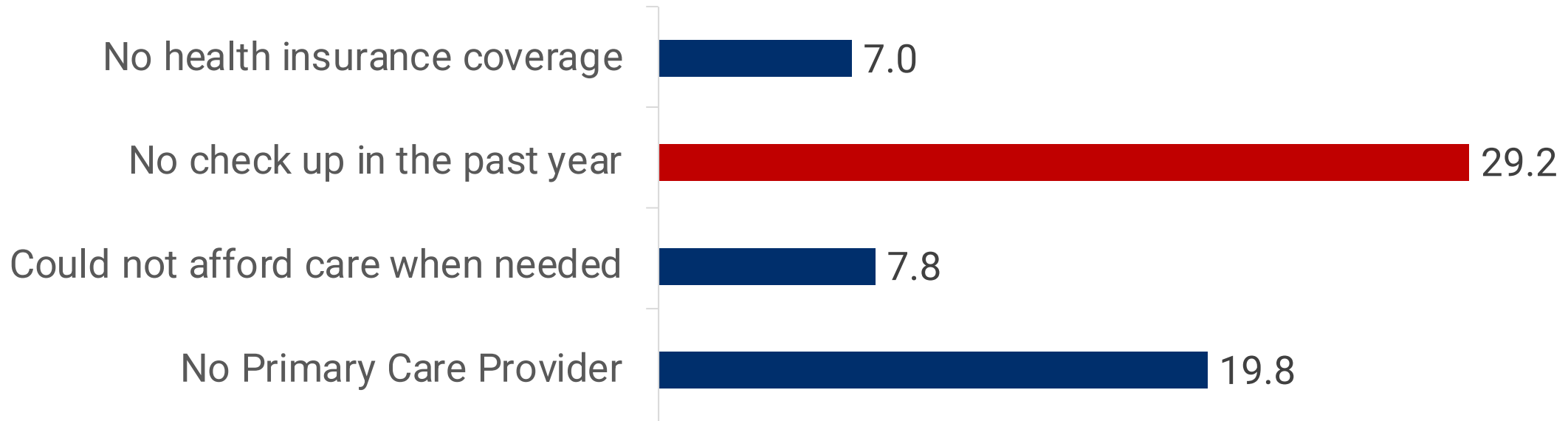
- Carter, Chouteau, Daniels, Garfield, Judith Basin, McCone, Petroleum, Powder River, Prairie, Teton, Treasure, Wheatland, and Wibaux



Sources: MT Primary Care Office 2022

Health Care Access & Quality

In 2021, **3 in 10 Montana adults** reported they hadn't had a check up in the past year.



Sources: MT Primary Care Office 2022, MT BRFSS 2021, Center for Health Workforce Studies at University of Washington



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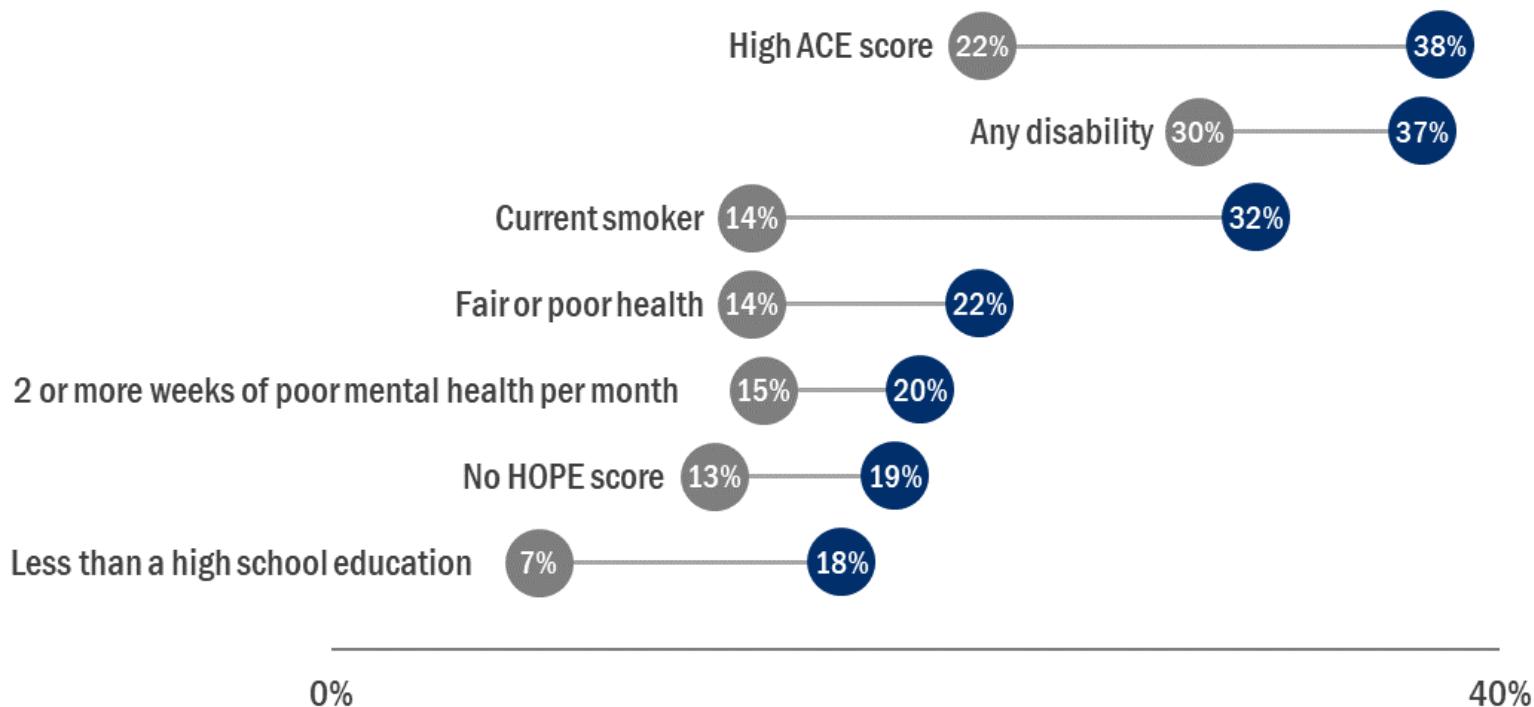
Populations in Focus

- American Indians and Alaska Natives
- Veterans
- Late adolescents (18-24)
- Older adults (55+)
- People living with a disability
- People living at or below 138% of the federal poverty limit



American Indians and Alaska Natives

Notable disparities were seen in multiple Social Determinants of Health categories among **American Indians and Alaska Natives** compared to all Montanans.



In 2021

Fewer American Indian and Alaska Natives adults (4 in 10) in Montana reported drinking any alcohol in the past 30 days than all Montana Adults (6 in 10)

AI/AN students were less likely to report alcohol use or binge drinking behavior in the past month (1 in 4) than students in **Montana overall** (1 in 3).

Source: MT BRFSS 2021, MT YRBS 2021



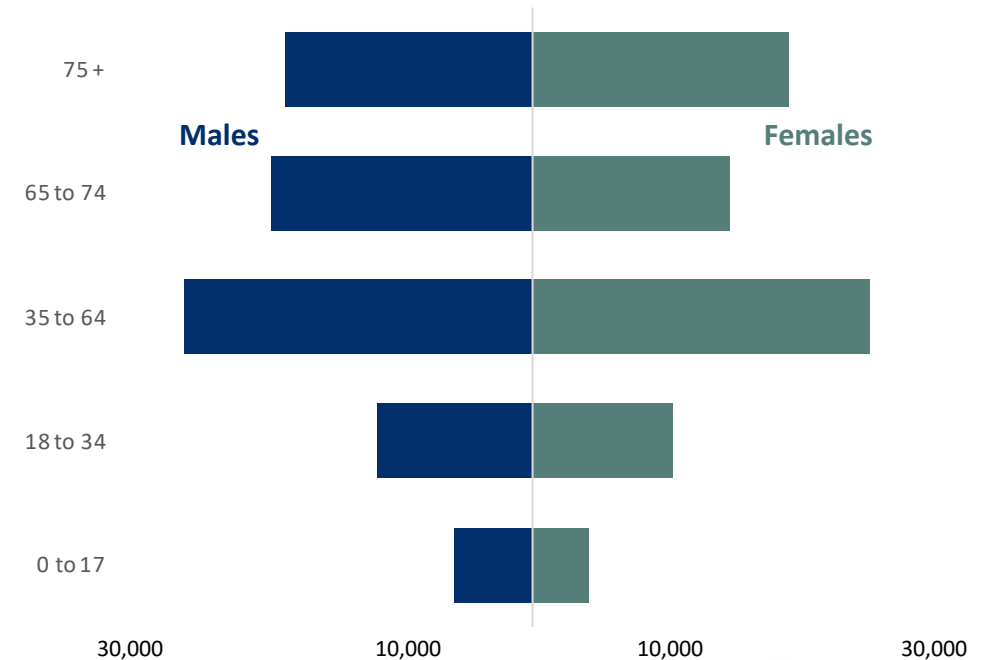
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Veterans

- 13% of Montana adults are veterans
- The U.S. Department of Veterans Affairs reports the Veteran suicide rate in Montana in 2020 **was significantly higher** than the national Veteran suicide rate and **significantly higher** than the national general population rate.
- Of the 288 deaths due to suicide in Montana in 2020, 53 were Veterans, or **almost 30%. 3 out of every 4** involved firearms.

People living with a disability

- 14% of Montanans live with a disability
- Adults with a disability reported poor physical and mental health more frequently than all MT adults



Source: MT BRFSS 2021, MT Veterans Suicide Data Sheet 2022



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Late Adolescents (18-24 years of age)

- **More late adolescents self-reported a high ACE score** in 2019 (29%) than Montanans overall (22%).
- **Fewer late adolescents self-reported a high HOPE score** in 2020 (45%) than Montanans overall (52%).
- About 20%, or **2 in 10, late adolescents** self-report use of e-cigarettes, compared with **less than 1 in 10** (6%) of Montanans overall.
- **About 1 in 3** late adolescents self-report binge drinking behavior, compared with **1 in 5** Montanans overall.

Older Adults (55+ years of age)

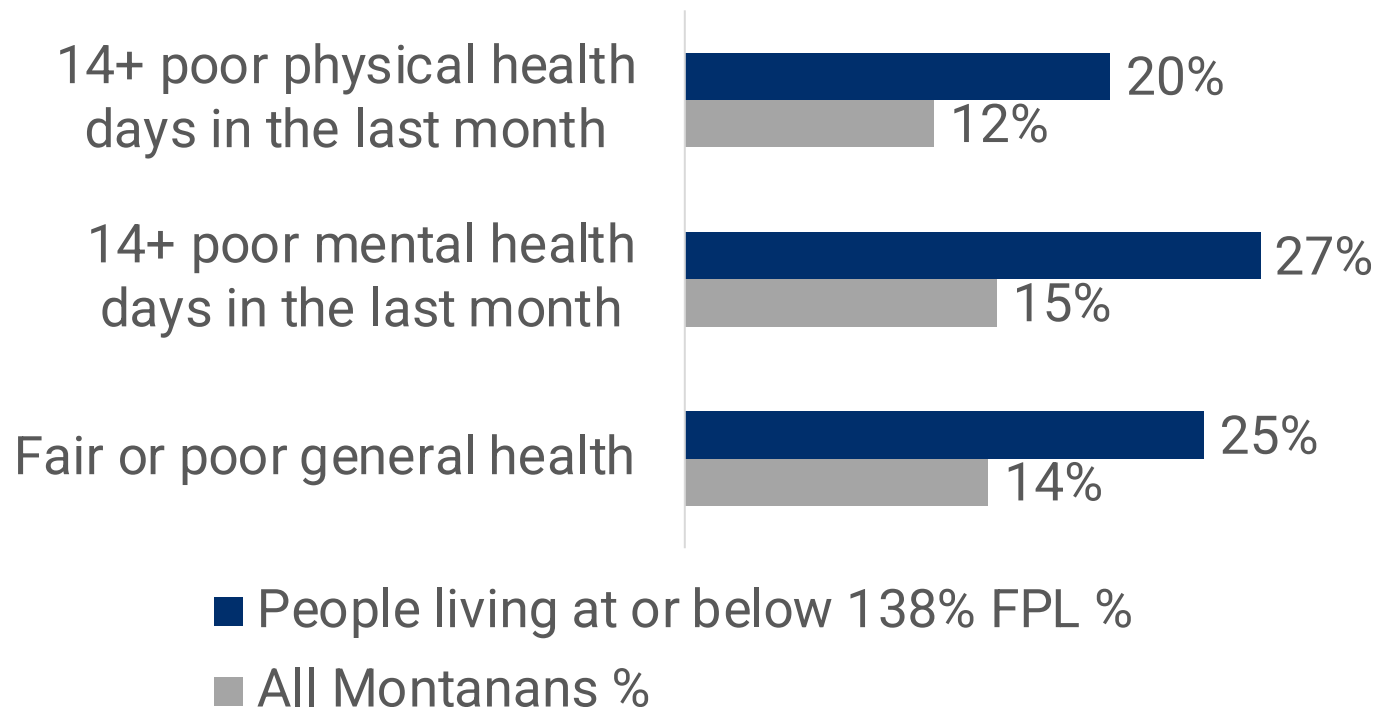
- Older Montanans reported poor general health and frequent poor physical health more often than all Montana adults
- There are significantly more Montanans aged 55 years and older that are Veterans (19%) than in Montana's population overall (14%).
- Older Montanans are more likely to report living with any disability (37%) than Montanans overall (30%), specifically **hearing and mobility limitations**.



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People living at or below 138% FPL

General Health Status



In 2021, **almost 1 in 5** people living at or below 138% FPL were 18 to 24 years old.

Twice as many people living at or below 138% FPL self report having less than a high school education (15%) than Montanans overall (7%).

14% of this population are unable to work, compared with **5%** of Montanans overall and **almost half** report having any disability.

Almost 4 in 10 people with a disability live at or below 138% FPL

Source: MT BRFSS 2021



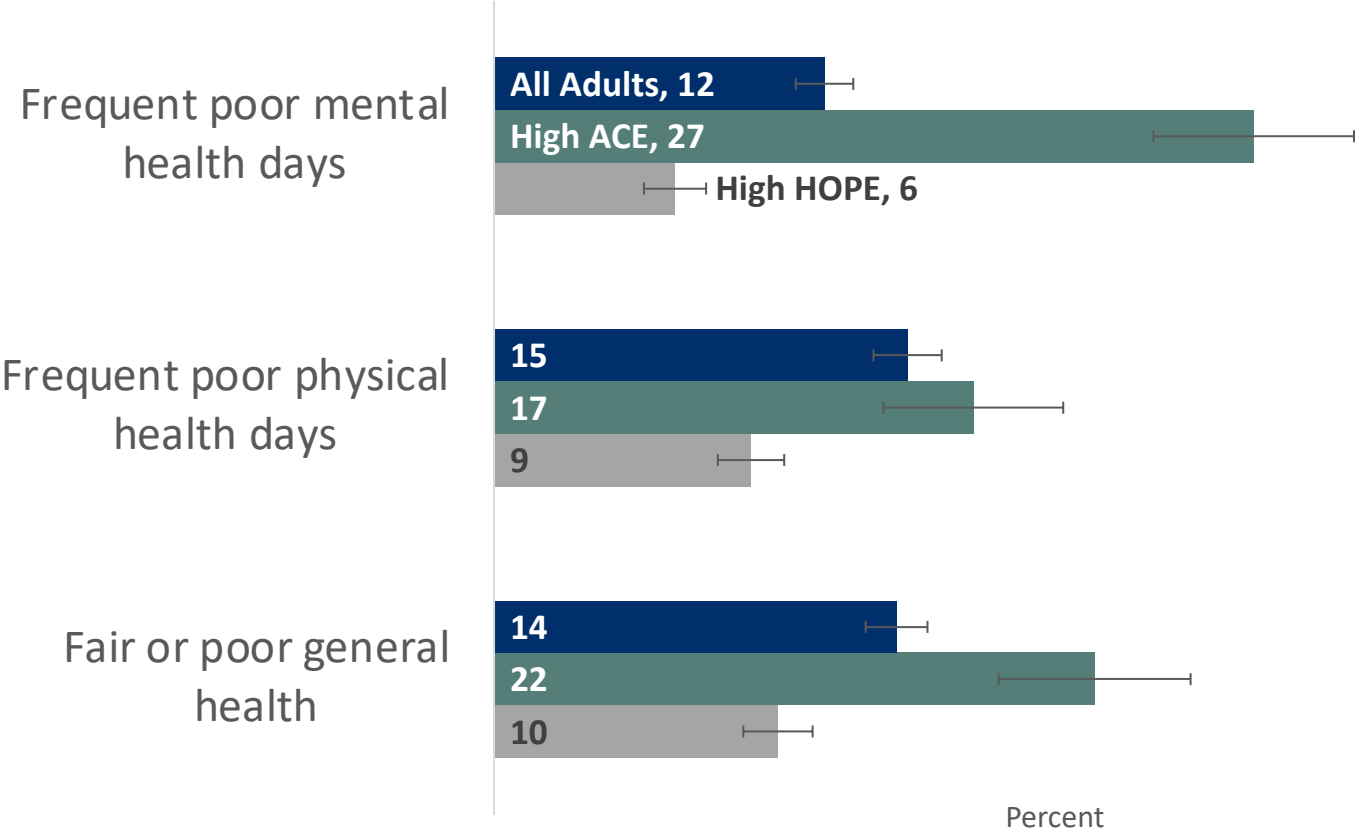
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Fundamental Health Statistics



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General Health Measures

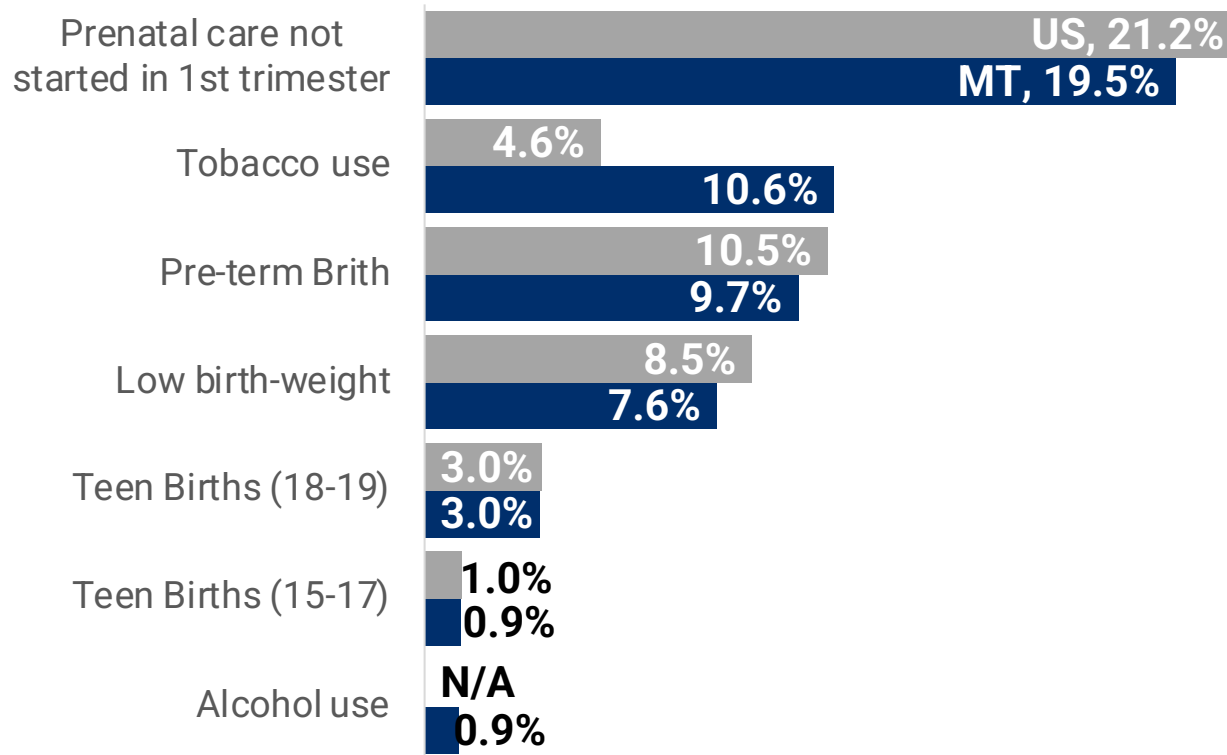


General Health Measures varied significantly depending on whether adults reported a high number of Adverse Childhood Experiences (ACE) or a high number of positive childhood experiences (HOPE).

Source: MT BRFSS 2019, MT BRFSS 2020

Birth rates

Tobacco use during pregnancy was much more common among **Montana** births than in the **US** overall but all other risk factors were about the same in 2021.



The rate of live births in Montana in 2021 was **10.17 per 1,000 people**, compared with 11.04 per 1,000 people nationally.

The birth rate of American Indians in Montana is **13.96 per 1,000 people**, which is higher than both the state and national averages.

- A higher % of births were to teens among AI mothers: 4.6% to mothers ages 15 to 17 and 8.8% to 18 to 19
- A higher % of births were pre-term (14%) among AI mothers
- Almost half of AI women who gave birth in 2021 did not start prenatal care in the 1st trimester of their pregnancy

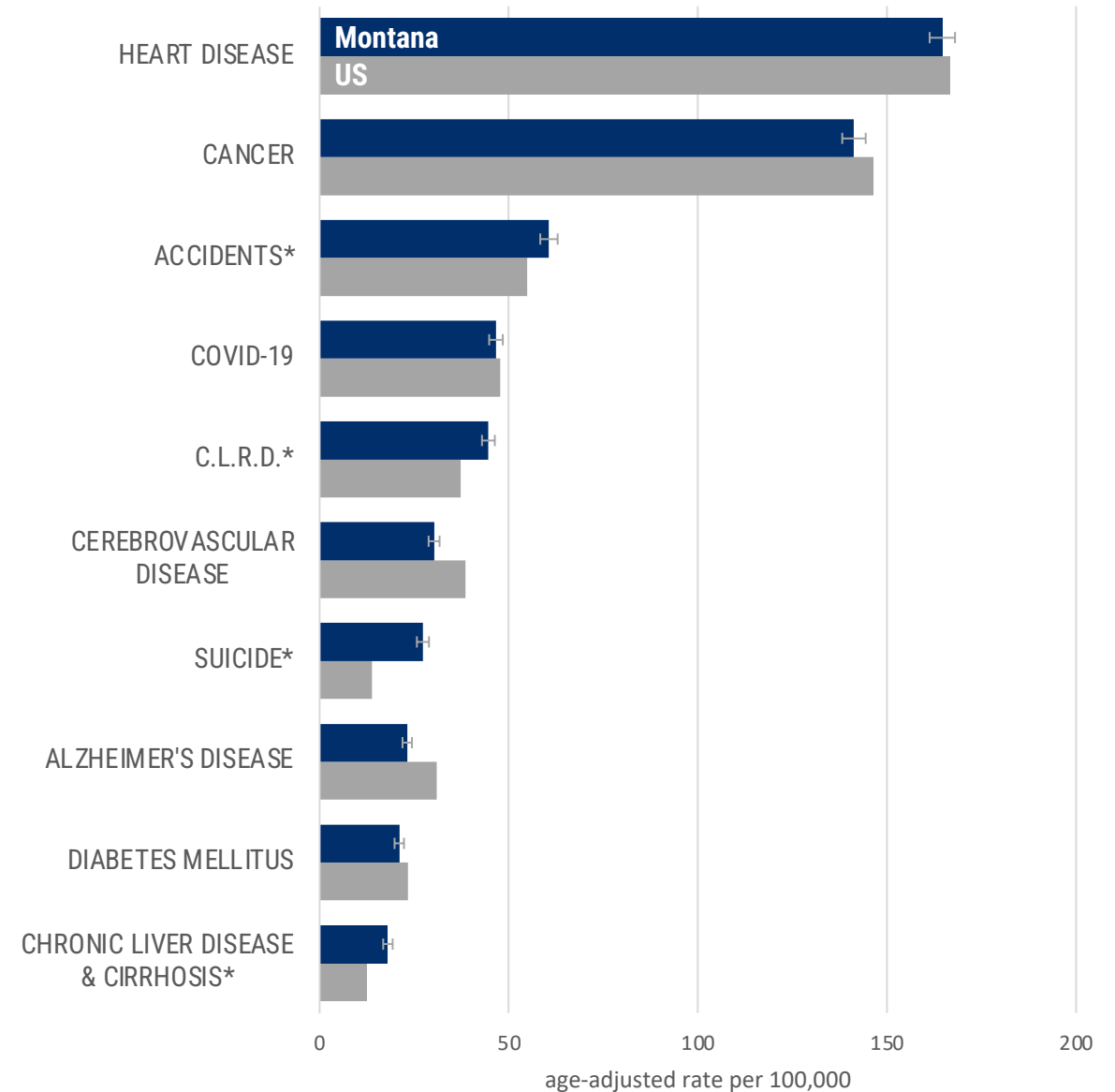
Leading causes of death

The two leading causes of death in Montana in 2021 were heart disease and cancer. However, rates of death in Montana from cancer were lower than in the U.S. overall.

Montanans had significantly higher rates of death due to **accidents, chronic lower respiratory disease (CLRD), suicide, and chronic liver disease** than in the U.S. overall.

Median age of death, all cause, 2017-2021:

- White Montanans
 - Male: 75 years
 - Female: 81 years
- American Indian Montanans
 - Male: 60
 - Female: 64



Source: MT Vital Statistics 2021



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Leading causes of death

Mortality rate among **Montanans aged 5 to 14 and 15 to 24 years old** are **significantly higher in Montana** than in the U.S. overall (17 vs 13.7 per 100,000 people and 85.9 vs 78.3 per 100,000 people, respectively).

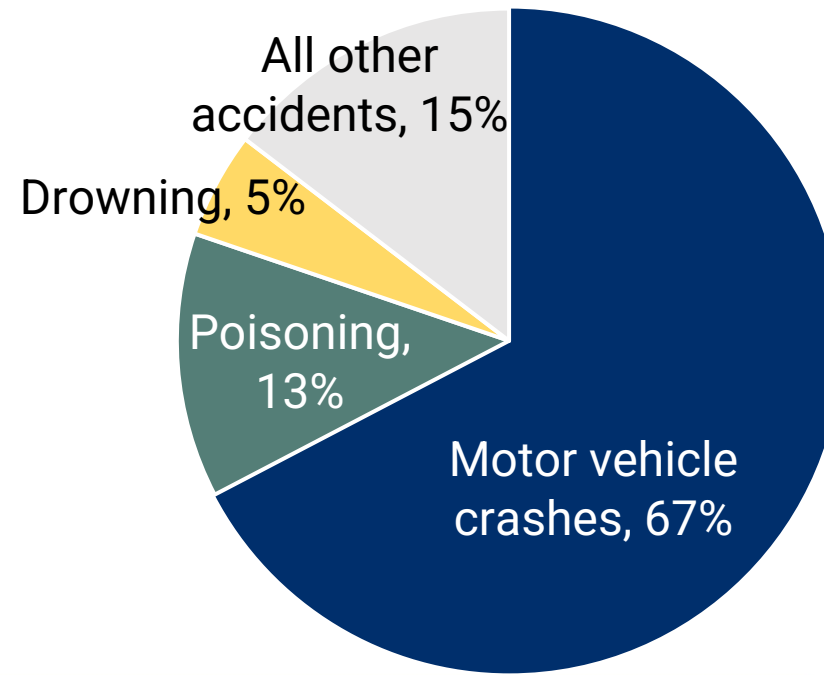
Deaths among children and young adults (aged 1 to 24)

Accidents	349 (40%)
Suicide	264 (30%)
All deaths(N)	876

Mortality rates among AI youth are even higher than the overall MT rates
39.9 per 100,000 5 to 14 year olds
309.1 per 100,000 15 to 24 year olds

Source: MT Vital Statistics 2017-2021

Motor vehicle crashes account for **nearly 70% of accidental deaths** among young Montanans.



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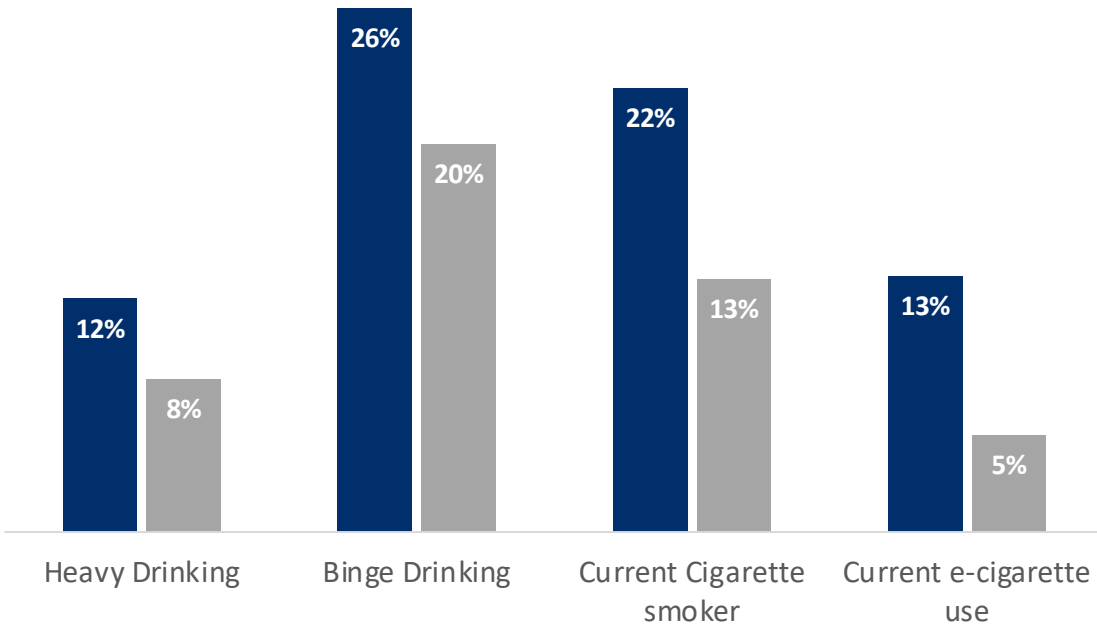
Priority Health Issues



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Behavioral Health

Tobacco and alcohol use is more common among Montana adults who reported **frequent mental distress** than among adults **without frequent mental distress**.



Montana high school students who report feeling sad or hopeless almost every day for 2 weeks has increased: **31% in 2017 to 41% in 2021**.

Between 2018 and 2021, mental disorders accounted for 6,516 inpatient hospital admissions per year. **Almost 8 in 10** were classified as non-drug or alcohol-related mental disorders.

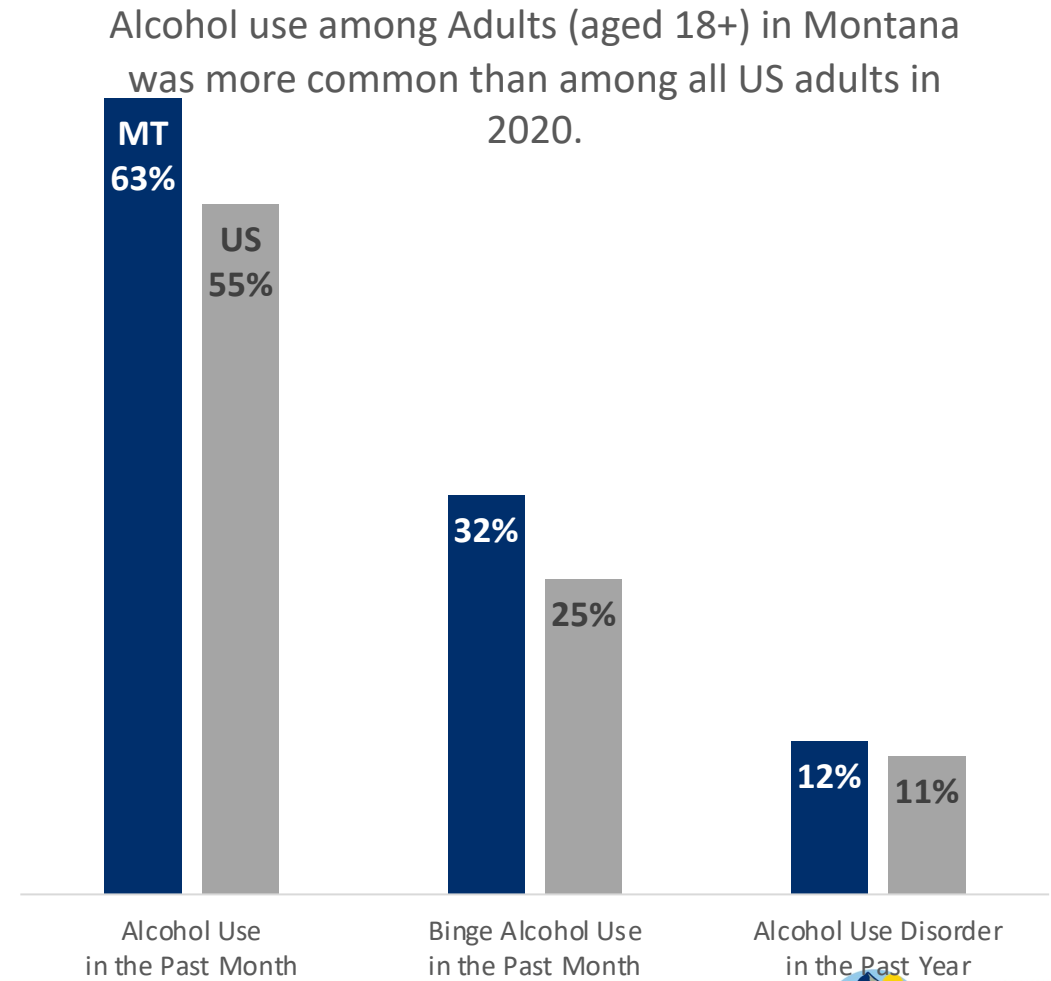
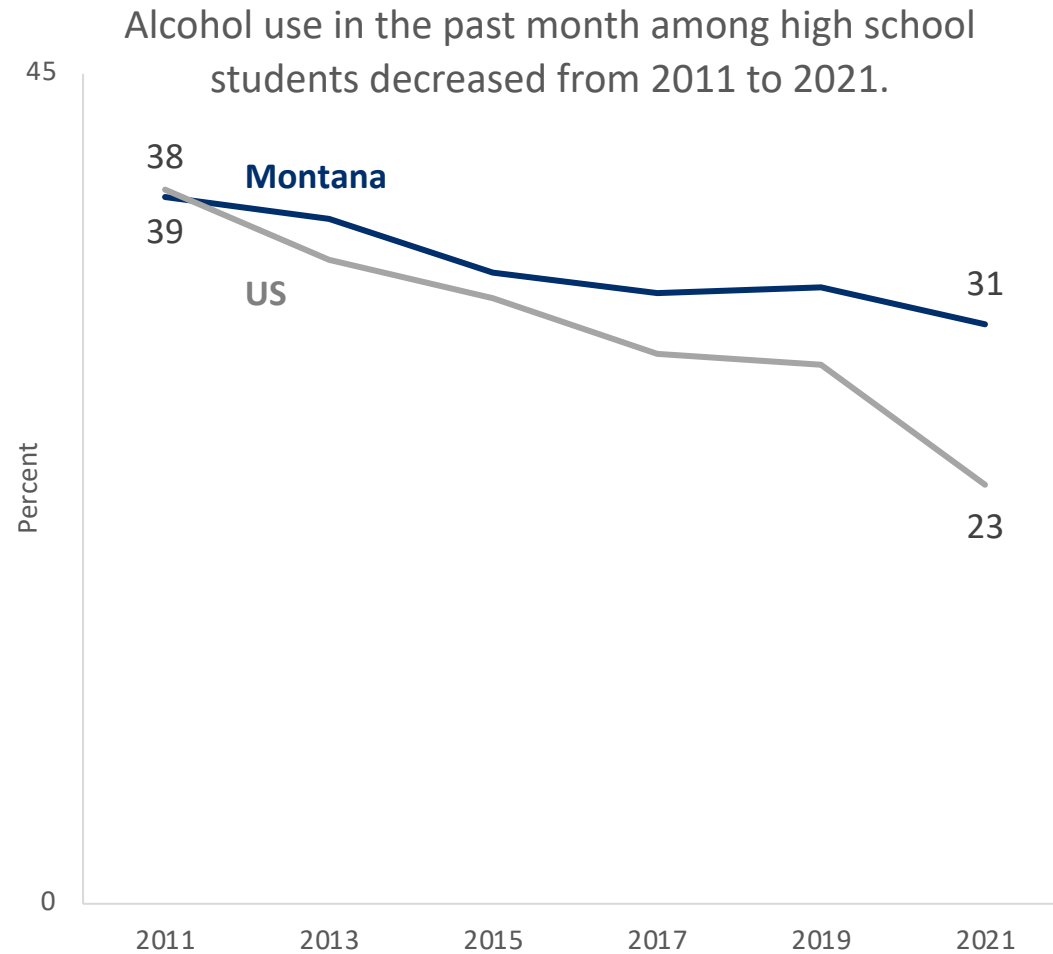
1,460 emergency department visits annually were reported on average for intentional self harm.

Suicide is the 2nd leading cause of death for young Montanans



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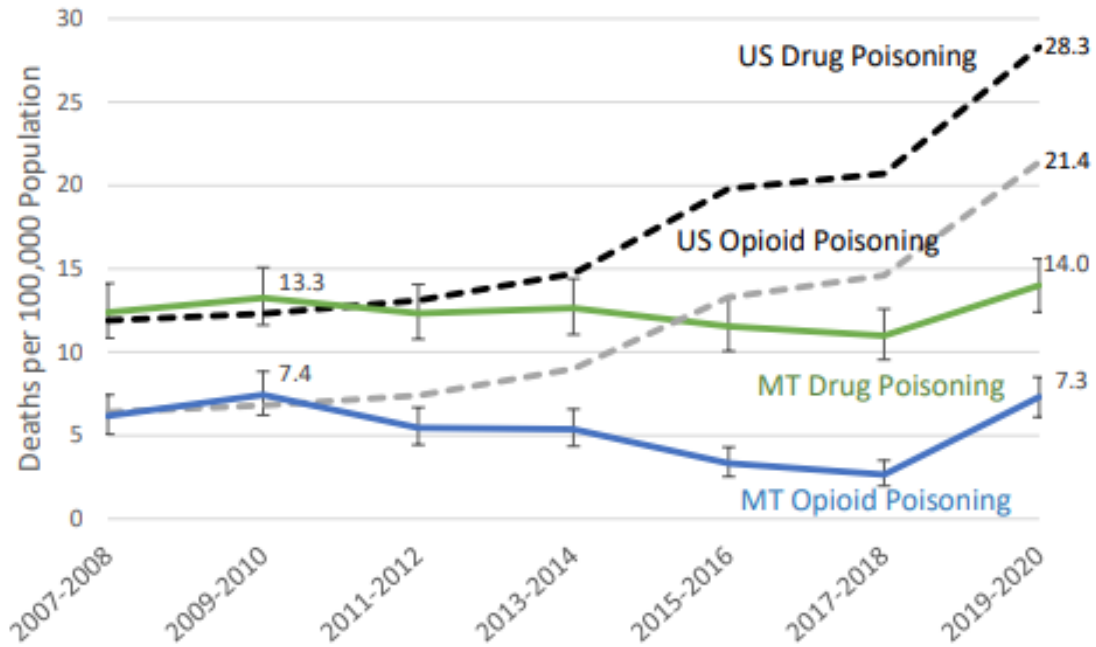
Substance Use: Alcohol



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Substance Use: Other Drugs

Figure 1. US and Montana Drug and Opioid Poisoning Age-adjusted Death Rates, 2007-2020



Drug poisonings were the fourth-leading cause of injury deaths in Montana but tend to be lower than the U.S. overall.

- In 2020, methamphetamine was found in 48% of all drug overdose deaths in Montana, and 23% of all overdoses in the state were due to methamphetamine alone.
- From 2017-2018, the opioid overdose death rate **was 2.7 per 100,000 people** and it almost tripled to **7.3 per 100,000 people** in 2019-2020.

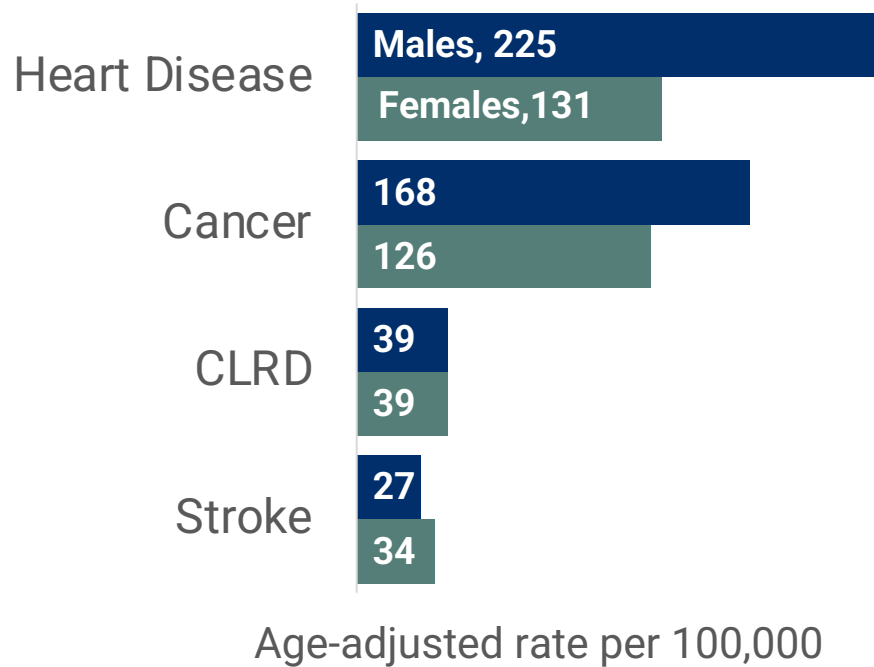
Source: NSDUH 2019-202, SAMHSA Health Data Archive 2022



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Chronic Diseases Prevention

In 2021, **men** died from heart disease and cancer at significantly higher rates than **women**.



Chronic diseases account for 6 of the 10-leading cause of death

The 2 most significant modifiable risk factors are **current tobacco use** and **obesity**.

More than **1,600 Montanans** die each year from tobacco-related disease

Obesity among adults in Montana has increased since 2017 (going from 25% to 32%),

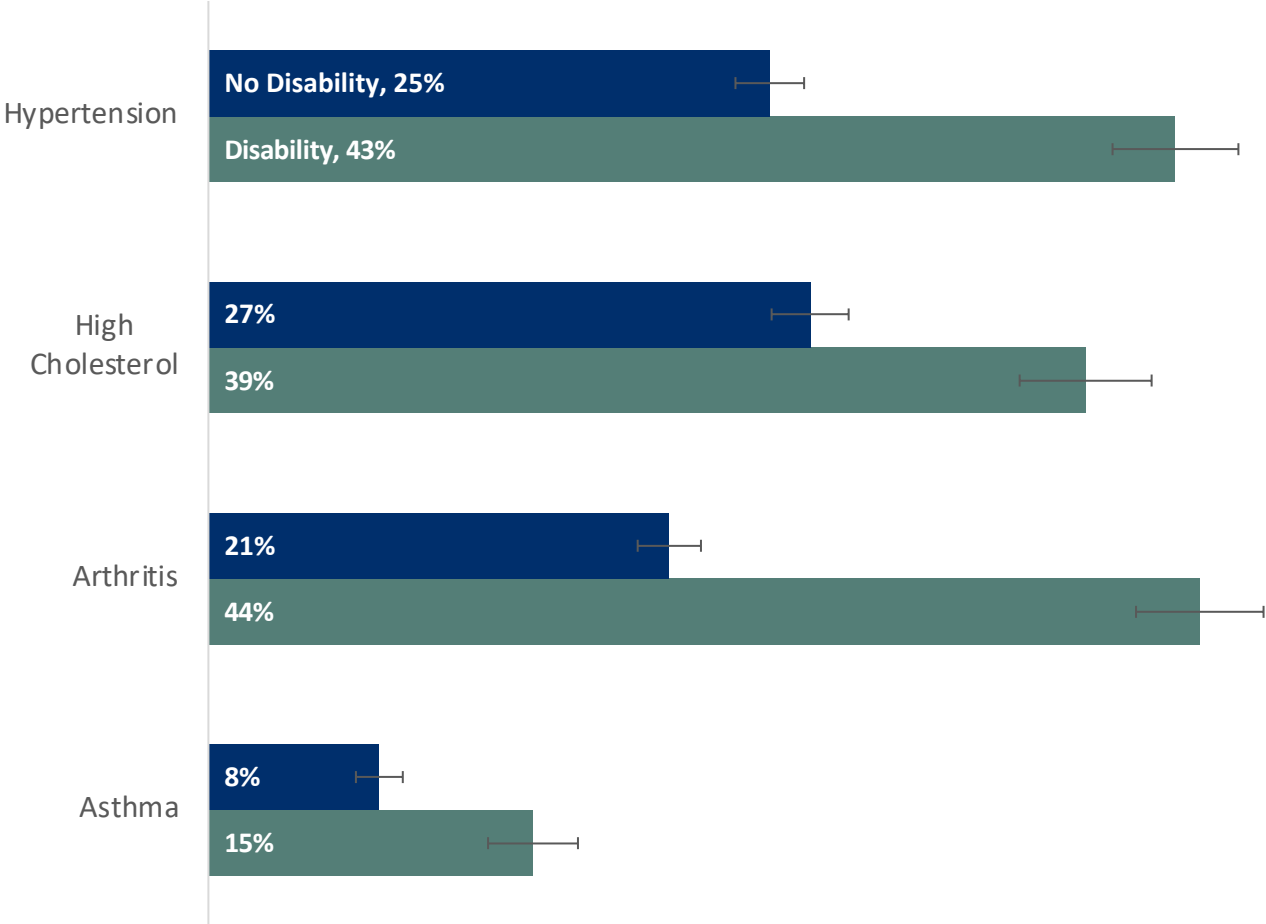
Source: MT Vital Statistics 2021



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Most adults live with at least one chronic disease

Chronic conditions were significantly more common among **Montanans with a Disability** than among **those with no disability**.



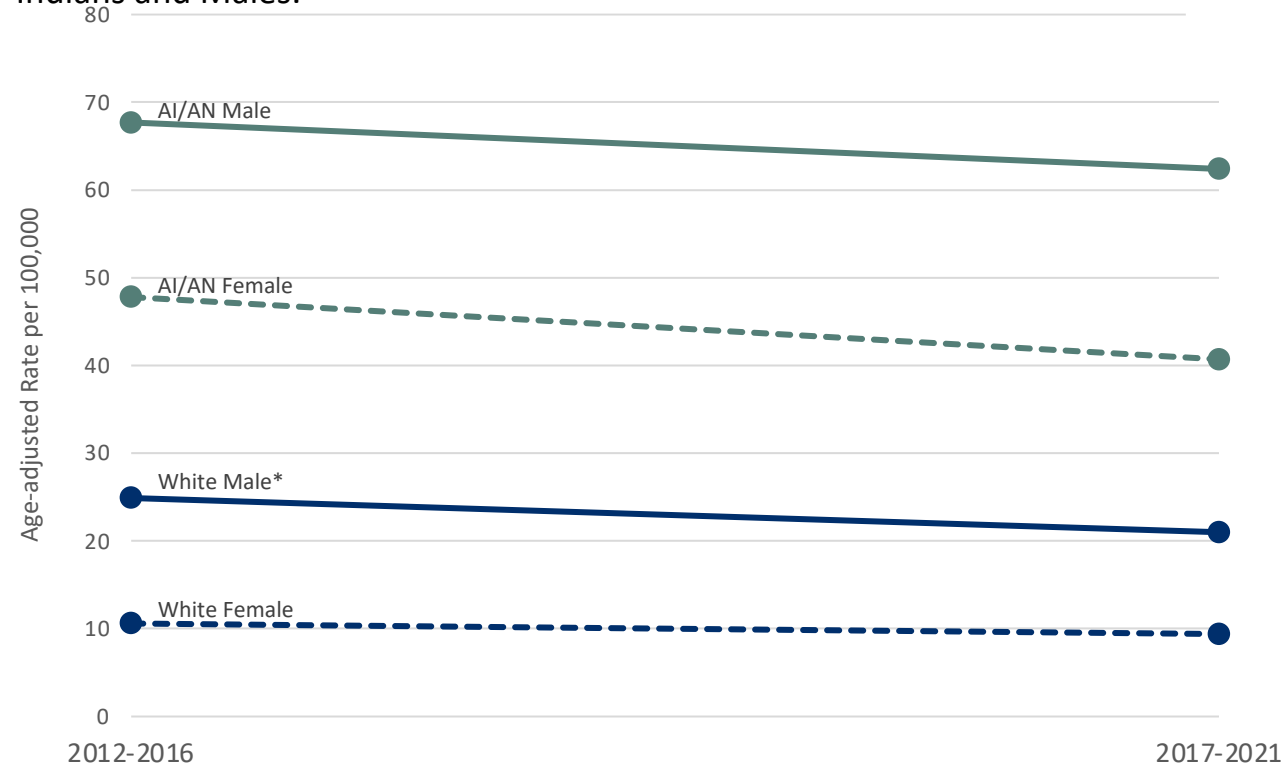
59% of Montana adults have at least one chronic disease.

35% have 2 or more chronic diseases.

Source: MT BRFSS 2021

Motor Vehicle Crashes

Motor Vehicle Crash Death Rates decreased among both **American Indian** and **White** Montanans but there were still significantly higher rates among American Indians and Males.



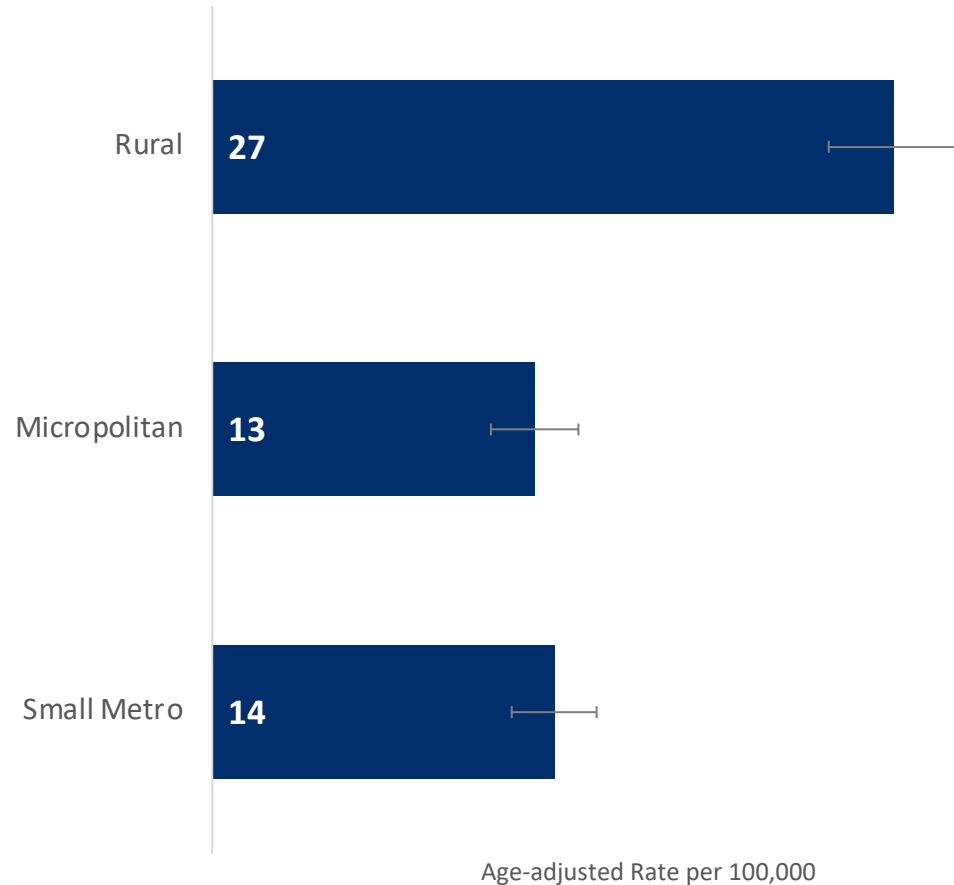
Top risk factors include:

- Seat belt use: 76% of Montanans overall self-report using their seat belts
- Impaired driving: 40% of MVC fatalities from 2016-2020 involved alcohol
- Distracted driving: 54.2% of MT high school students reported texting or emailing while driving in 2017 and 57.1% reported the same in 2021.



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Motor Vehicle Crashes



- Motor Vehicle Crash Death Rates are significantly higher in rural counties compared to more populated counties in Montana



Healthy Families

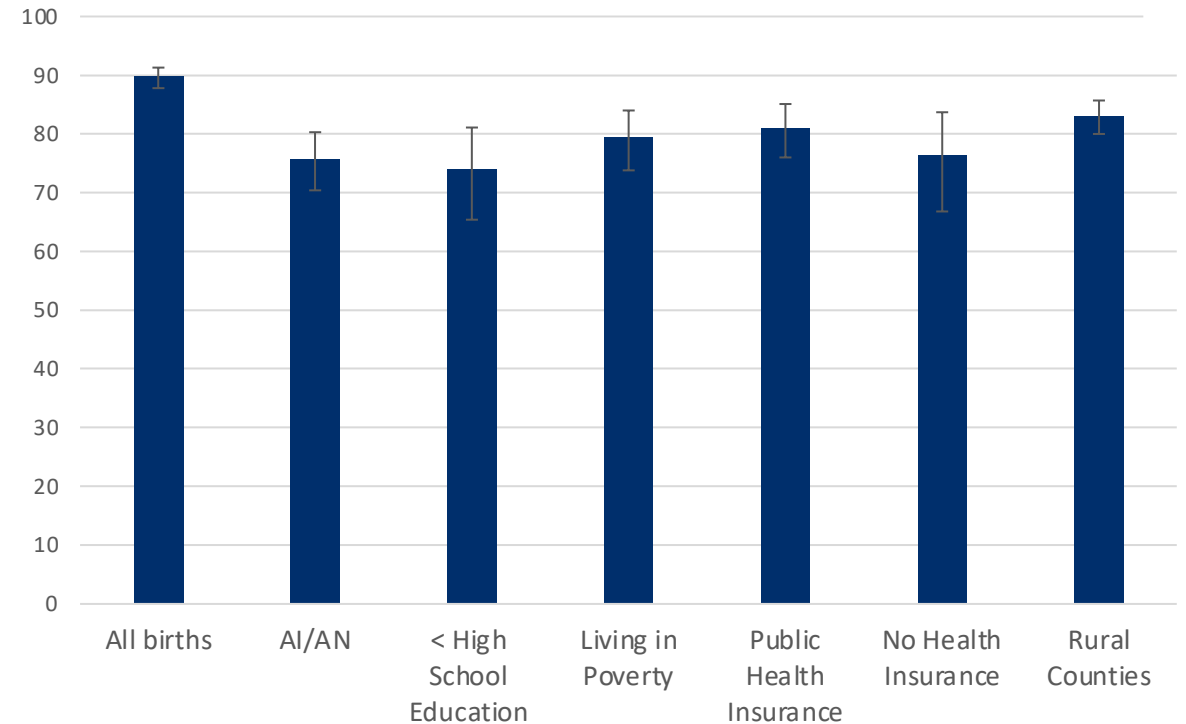
Alcohol use among all Montana women during pregnancy dropped from 10.5% in 2017 to 8.9% in 2021.

- In 2021, AI/AN women reported lower alcohol use during pregnancy than Montanans overall (4.7% vs 8.9%).

In 2021, **almost 1 in 10 Montana mothers overall** did not attend a postpartum visit.

- **Twice as many AI/AN mothers** did not attend a postpartum visit.

Almost 90% of Montana mothers report receiving prenatal care in the first trimester of their pregnancy in 2021 but some mothers were less likely to start care early.

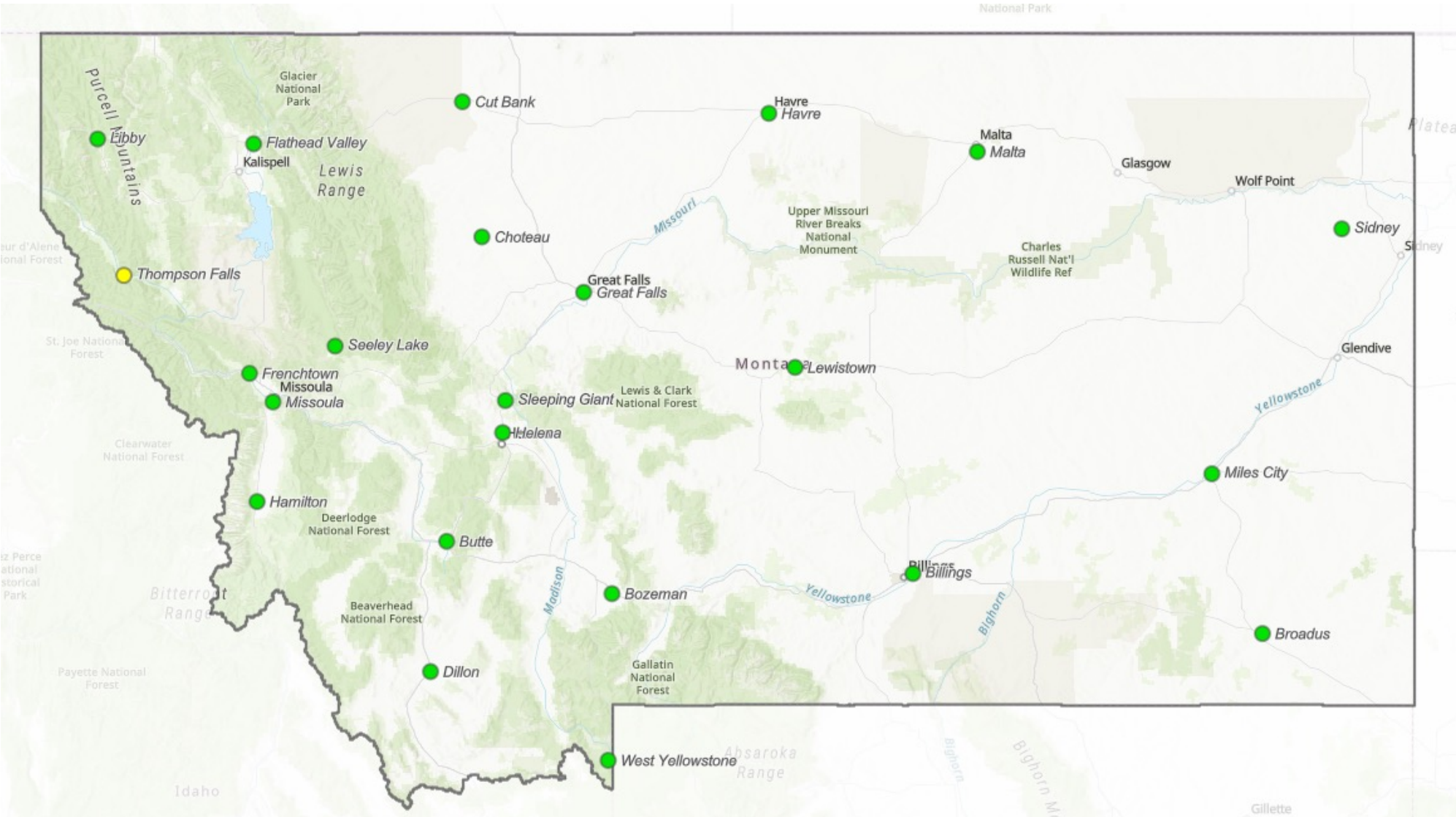


Emerging Issues

- Environment
- Communicable Disease
- Syphilis
- Public Health Modernization



Environmental Health



13 counties in MT
have air quality
monitors:

C in ALA air quality
in 2022:

Phillips
Richland

F:

Fergus, Flathead,
Gallatin, Lewis and
Clark, Lincoln,
Missoula, Powder
River, Ravalli,
Rosebud, Silver Bow,
and Yellowstone

Communicable Disease: COVID

Health care setting	Number of Outbreaks		
	2020	2021	2022
Long-term care	120	262	346
Assisted Living	190	257	369
Critical Access Hospital	10	18	62
Other health care facility	0	2	19
Overall	320	539	796

Montana's COVID-19 response began in 2020, with the first case of COVID-19 identified on March 13, 2020.

From 2020 to 2022 there were:

- 327,148 COVID-19 cases
- 14,023 hospitalizations
- 3,682 deaths

In 2020 and 2021 COVID was the 3rd leading cause of death

Outbreaks in health care settings remain a concern.

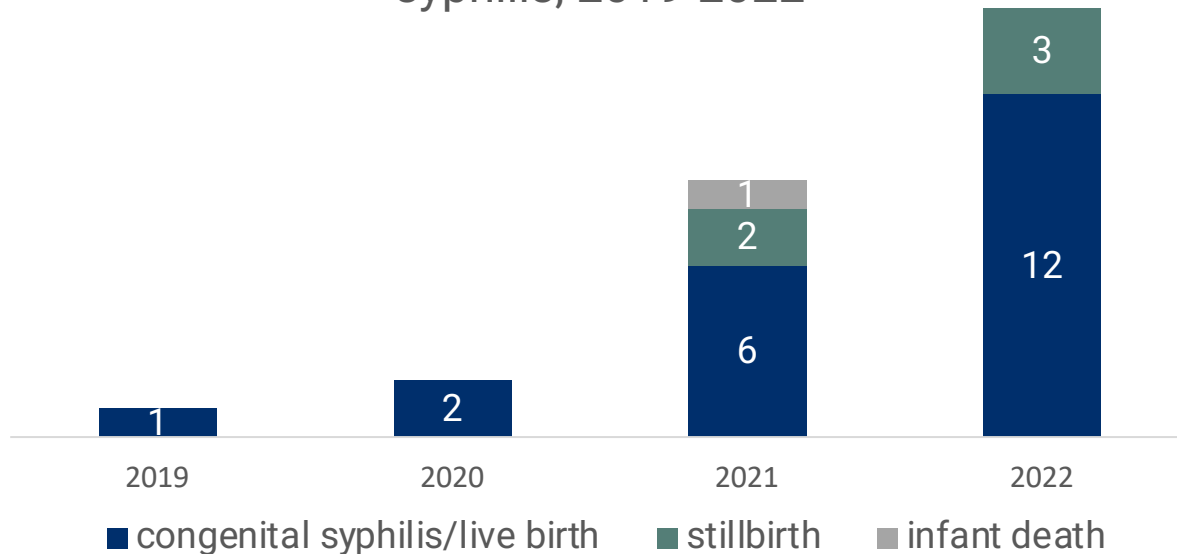


Communicable Disease: Syphilis

Since 2017, reported syphilis cases in Montana and the U.S. overall have increased significantly.

- 2017: **8.5 per 100,000 people** in Montana
- 2022: **56.9 per 100,000 people** in Montana

Montana congenital syphilis, syphilitic stillbirth, and infant death due to congenital syphilis, 2019-2022



Of congenital syphilis cases from 2019-2022:

- 89% of mothers are American Indian
- 73% of mothers had unknown duration or latent syphilis
- 47% did not receive prenatal care

Counties with the highest burden of primary and secondary syphilis cases in 2022 included:

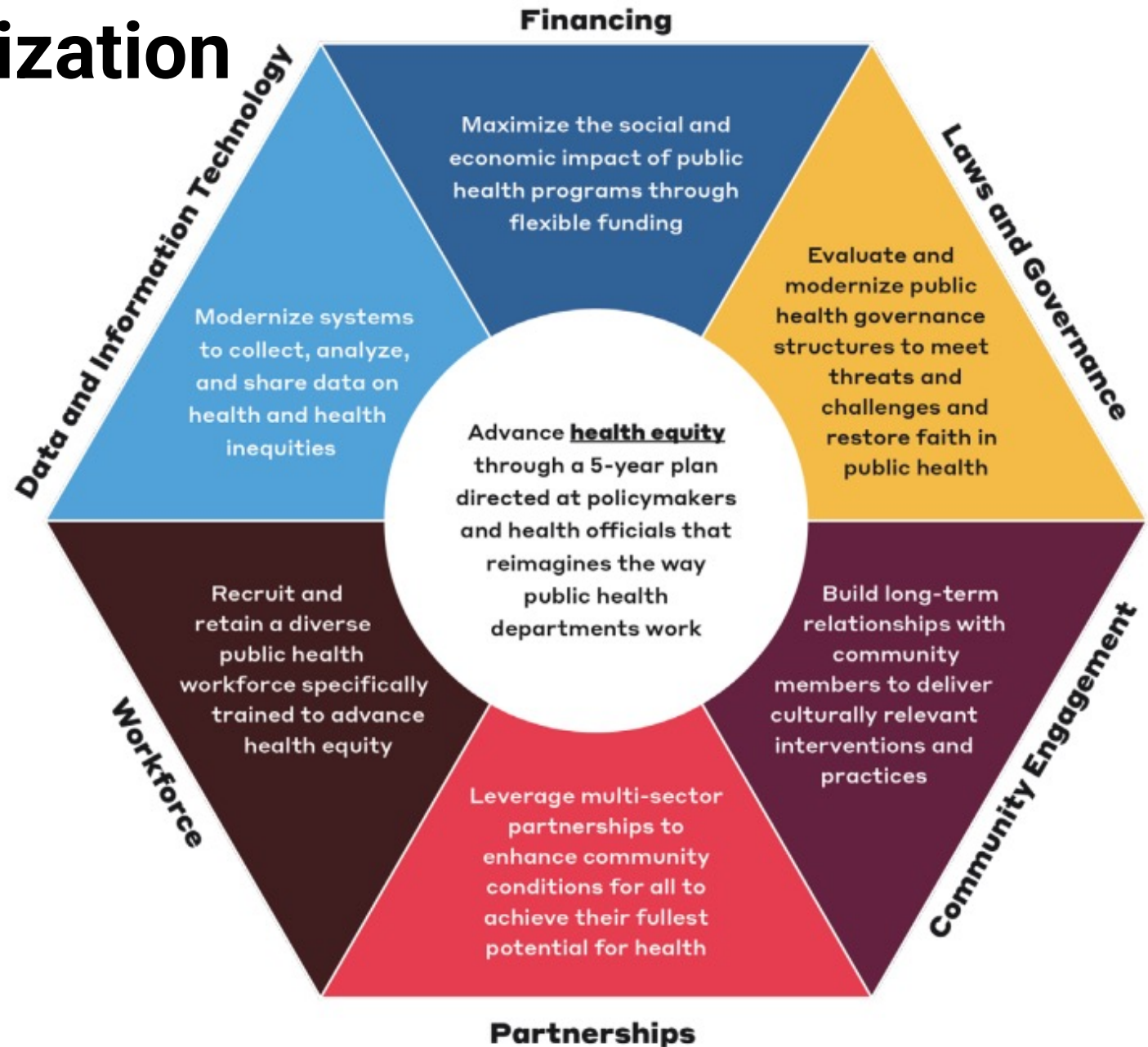
- Yellowstone (96 cases)
- Big Horn (56)
- Roosevelt (57)
- Cascade (19)
- Rosebud (14)
- Gallatin (12)

Public health modernization

The COVID-19 emergency took a toll on the public health practice and the workforce.

- The number of current Community Health Assessments (CHAs) has dropped from 44 in 2019 to 26 in 2022,
- Current Community Health Improvement Plans (CHIPs) from 31 to 20, and
- Organizational Strategic Plans (SPs) from 18 to 14.

As of 2022, 1 in 3 public health workers in Montana have been in their organizations for 2 years or less.



Community Engagement Sessions: Key Take Aways



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5 held in September | 71 attendees total

3 Open
Community
Engagement
Sessions

1 Tribal
Leaders
Session

1 Session
for State
Employees



Sampling of feedback

Consider what the data aren't telling us: what data do we not have and who isn't included in the data?

There are important differences between urban, rural, frontier, and Tribal communities



Sampling of feedback

There can be a mismatch between the data 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.



Sampling of feedback

Good that we are including strengths-based data and looking at the whole person

It is helpful to use the Healthy People 2030 definitions and categories



Sampling of feedback

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?

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.



Sampling of feedback

Will addressing SUD address the root causes that lead to substance use and mental health outcomes?

“Some things won’t change without a fix to a topic like transportation.”



Mural Board

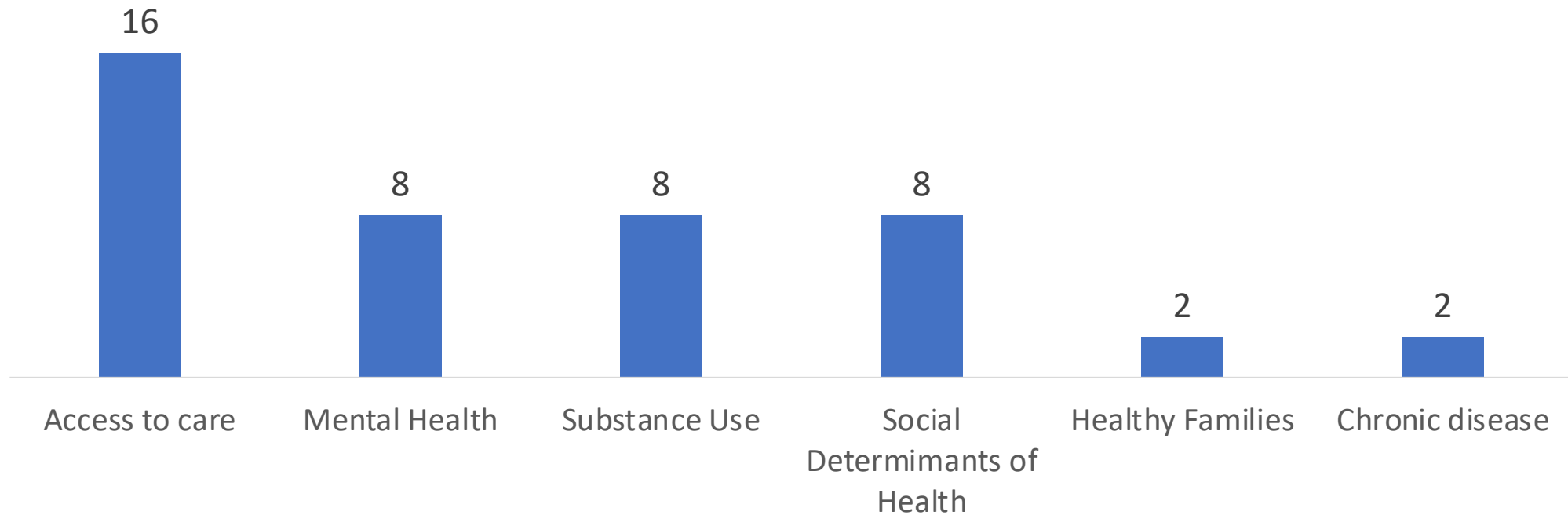
Based on today's presentations...

What one topic would you prioritize for collective action to improve health over the next 5 years in Montana?



From the community engagement sessions

What one topic would you prioritize for collective action to improve health over the next 5 years in Montana?



Next steps



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Tentative Timeline

Last Month: Introduction to the SHIP-materials available at the A Healthier Montana Website

TODAY: Data overview-State SHA, locals CHAs, listening session findings

November 9th: Selecting prioritization criteria + building a framework

December 14th: Selecting health priorities for the SHIP

January 11th: Designing strategies

February 8th: Review and next steps



Thank you!

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