



# Montana State Health Improvement Plan 2024-2028



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

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DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

CHARLIE BRERETON  
DIRECTOR

# Letter from the Director

Greetings,

The Montana Department of Public Health and Human Services (DPHHS) continues serving Montanans in their communities to improve health, safety, well-being, and empower independence. We do this by increasing access to health services, supporting prevention programs, and championing legislation that best promotes good health for our citizens.

To address the long-term health needs of our state, DPHHS undertakes a State Health Assessment every five years to gauge the health status of Montanans. The most recent assessment identified several key health challenges facing Montana. A group of state and local public health leaders and community members utilized these data to identify three priority health areas the State Health Improvement Plan will focus on over the next five years to improve the health of Montanans. Those priority areas include behavioral health, cardiovascular health, and maternal health.

DPHHS acknowledges that Montanans face a variety of health challenges. These priority health areas were selected because they significantly contribute to many of our community members' poor health and well-being. Additionally, if the entire public health system collectively prioritized work in these areas over the next five years, we could make meaningful improvements to empower all Montanans to attain good health and independence.

This State Health Improvement Plan outlines cross-cutting strategies that DPHHS will champion over the next five years. Working with partners throughout Montana, the department aims to improve mental well-being, decrease substance use, support heart health, and connect mothers and infants to care and support resources. We know that moving the needle on these health priorities will take a hands-on approach, and we look forward to creatively collaborating with organizations and individuals across Montana to accomplish the goals of this plan.

Sincerely,

Charles T. Brereton  
Director

DIRECTOR'S OFFICE

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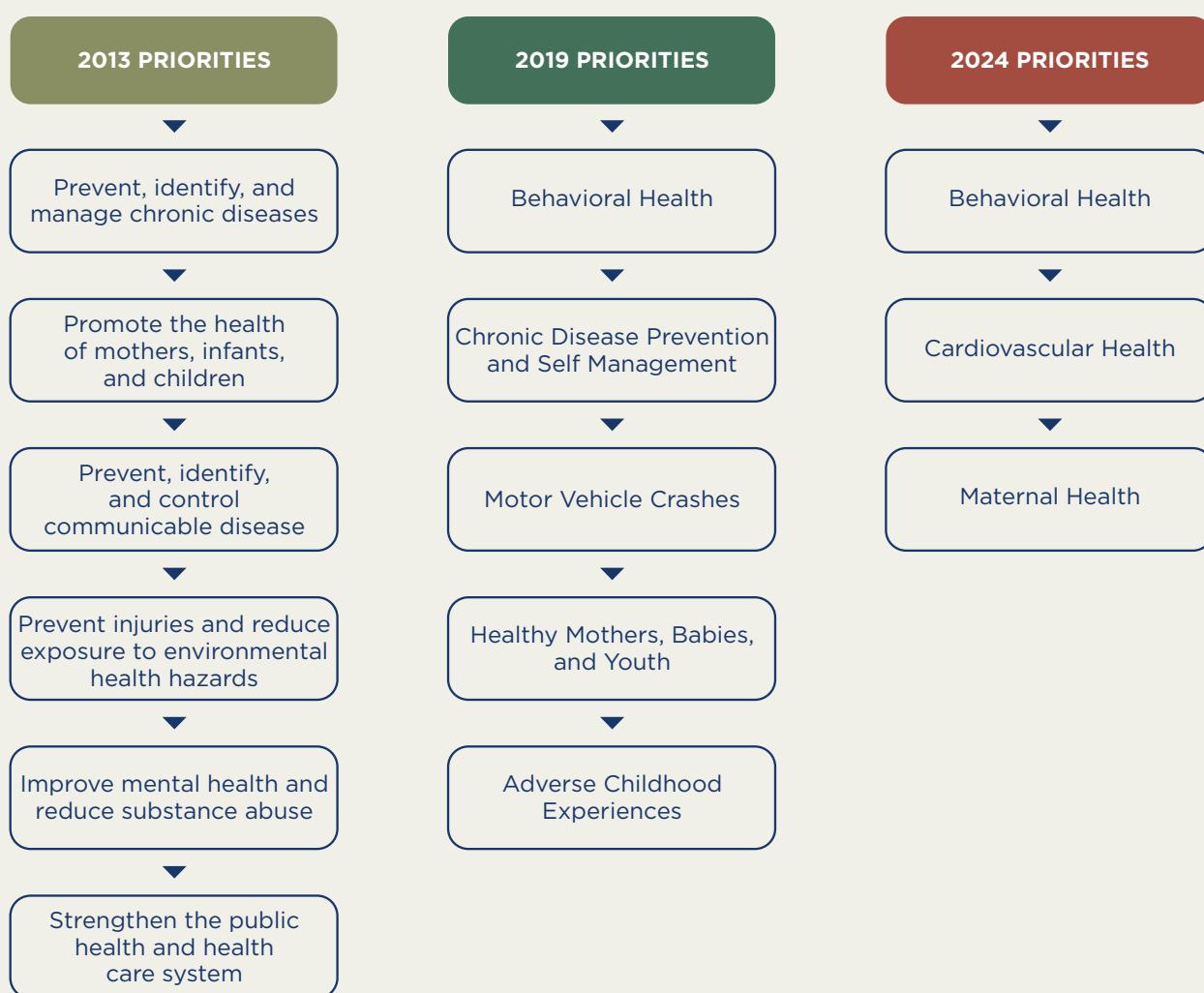
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# Introduction

## HISTORY

The state public health agency has been assessing and planning strategies to advance health in Montana for over 100 years. In the last decade, this process has been formalized as a five-year health improvement planning cycle that begins with documentation of health concerns in the State Health Assessment (SHA) followed by the State Health Improvement Plan (SHIP), which prioritizes shared statewide goals to improve the health of Montanans. The SHIP includes objectives for measuring change over time and strategies for advancing health. Through each iteration of the planning cycle, staff document lessons learned to embed continuous improvement in the process.

In 2013, Montana published its first official State Health Assessment (SHA) and State Health Improvement Plan (SHIP), inaugurating a five-year cycle of systematic health assessment followed by health improvement planning and implementation at the state level, bolstered by structured stakeholder input and community feedback. The process was repeated in 2019 and again in 2024.



The Public Health and Safety Division (PHSD) of the Montana Department of Public Health and Human Services (DPHHS) leads this process as part of their commitment to providing quality services to Montanans through voluntarily maintaining their status as an accredited public health department. The SHIP's success relies on collaboration across sectors and between partners; every organization, from statewide agencies to community-level advocacy groups and coalitions, can take part in the SHIP by incorporating it into their own strategic plans. Aligning resources to achieve shared goals for a healthier Montana is a vital part of population health improvement.

PHSD also supports local and Tribal public health jurisdictions to regularly complete their own community level planning and prioritization processes. These community-level assessments and plans, as well as similar reports produced by non-profit hospitals, are available online at the [Montana Local Plans Dashboard](#). Findings from the community-level assessments and plans inform the State Health Improvement Plan.

You can learn more about the collaborative work to create a healthier Montana and access related resources on the [A Healthier Montana](#) website.

## DESIGNING THE PLAN

To design this plan, the PHSD convened SHIP Design Team meetings monthly from September 2023 to February 2024. The SHIP Design Team consisted of over 50 individuals from diverse organizations statewide who provided guidance on the prioritization criteria and implementation framework of this plan. Using the agreed upon framework and criteria, the group was led through a data-driven, participatory process to select the health priorities for this plan. The three primary sources of data used by the SHIP Design Team were:

- **The 2023 Montana SHA**, which provided a broad, quantitative overview of the current state of the health of Montanans, including the social determinants of health, health issues across the lifespan, physical and mental health, communicable disease, chronic disease, and injury (see the SHA Engagement and Design Period Summary Report online);
- **Local and Tribal Health Assessments and Health Improvement Plans**, which indicate the health topics that are considered most pressing and impactful to health locally; and
- **Five community engagement sessions** hosted by the Healthier Montana Network in September 2023 in which 71 total participants gave feedback on the SHA findings and detailed their own health priorities based on lived experience.

The SHIP Design Team operated according to the following guiding principles and expectations:

We share a responsibility to...

- Advance the health of all Montanans, regardless of life circumstances;
- Engage in conversation about where Montanans live, learn, work, play, worship, and age and how those places impact health;
- Ensure that Montanans have equal opportunity to make choices that lead to good health for them and their families;
- Provide information and services that all people can find, understand, and use to inform health-related decisions and actions for themselves and others; and
- Liaise with the communities, organizations, and groups that we are representing to create dialogue.

The SHIP Engagement and Design Period Summary Report is available online, as well as the discussion summaries and presentations from each of the six Design Team meetings. Visit the [A Healthier Montana Network](#) webpage to access these resources.

The SHIP Design Team used the following criteria in their prioritization of health issues in Montana.



#### WEIGHT 1

##### MAGNITUDE

How many people are affected?  
Are people in Montana suffering more due to this issue relative to other places?

##### SERIOUSNESS

How much does this issue affect quality of life and life expectancy?  
To what degree do local communities perceive this issue to be affecting health?



#### WEIGHT 1.5

##### FEASIBLE STRATEGY

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?

##### EMERGENCE/URGENCY

Is this a new or growing topic that needs to be addressed in the near future?



#### WEIGHT 2

##### INTERSECTION

Is the topic amplified by other factors to create a greater issue?  
Will addressing this issue also positively impact other health concerns?

##### HEALTH EQUITY

Does the issue affect some population groups more than others in ways that can be changed?  
Are there policies and practices that could be changed to create better outcomes for groups experiencing disparities?

# The Montana State Health Improvement Plan

The Montana SHIP identifies four cross-cutting strategies that should be implemented across the three priority areas to improve health in Montana. To support these cross-cutting strategies, Montana will utilize the collective action framework with backbone support from DPHHS. At the heart of the SHIP are strategies that advance health for all Montanans.

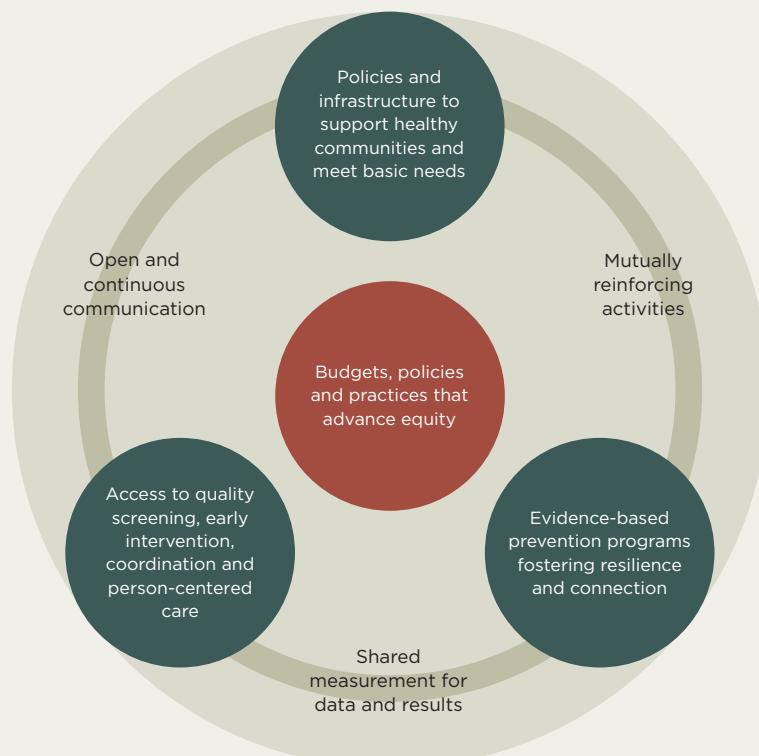
## The SHIP framework: Collective Action to Improve Health in Montana

BEHAVIORAL HEALTH

CARDIOVASCULAR HEALTH

MATERNAL HEALTH

**The SHIP creates a common agenda for change**, with key cross cutting strategies in four strategy areas. Cross sector coalitions, workgroups and local organizations implement mutually enforcing activities in strategy areas. DPHHS provides backbone support and technical assistance.



*A Healthier Montana* program staff will work closely with existing cross sector and collective action coalitions in Montana to implement SHIP strategies, monitor Montana's progress toward advancing health, and evaluate implementation to continuously improve. Many of these existing groups have their own strategic plans and strategies that they are leading alongside their partners to improve health in the SHIP priority areas. The *A Healthier Montana* program will come alongside these groups and provide support and facilitate alignment, not duplicate their efforts. Examples of the key cross sector partners currently leading statewide collaborations are included in the list of assets and resources under each priority area.

MEANINGFUL AND ONGOING COMMUNITY INPUT AND ENGAGEMENT

BACKBONE COORDINATION FROM DPHHS

# Addressing Health Inequities

As described in the SHA, there are significant health disparities between Montanans overall and specific communities, including:

- Adolescent and late adolescent Montanans.
- American Indian or Alaska Native Montanans,
- LGBTQ+ Montanans,
- Montanans experiencing poverty,
- Montanans living in counties classified as experiencing more disadvantage than others,
- Montanans living in rural areas,
- Montanans living with disability,
- Older Montanans, and
- Veterans.

There are also health disparities for certain health conditions and behaviors between men and women. Organizations working to improve population health should:

1. **Review data with the community** to identify measurable health disparities using a variety of sources, including the 2023 SHA,
2. Identify upstream factors of health disparities that can be changed or avoided,
3. Work with the community to learn whether the data are true to their experience,
4. **Promote organizational and personal health literacy** when communicating about health, and
5. Collaborate with the community to create change.

Populations experiencing health inequities will require population-specific goals, objectives, and activities. We encourage organizations who work with populations who experience disparities to partner with the *A Healthier Montana* network to share resources, connect, and collaborate to advance health and align with statewide public health priorities.

*Health inequity* exists when avoidable inequalities lead to an uneven distribution of the resources and opportunities for health.

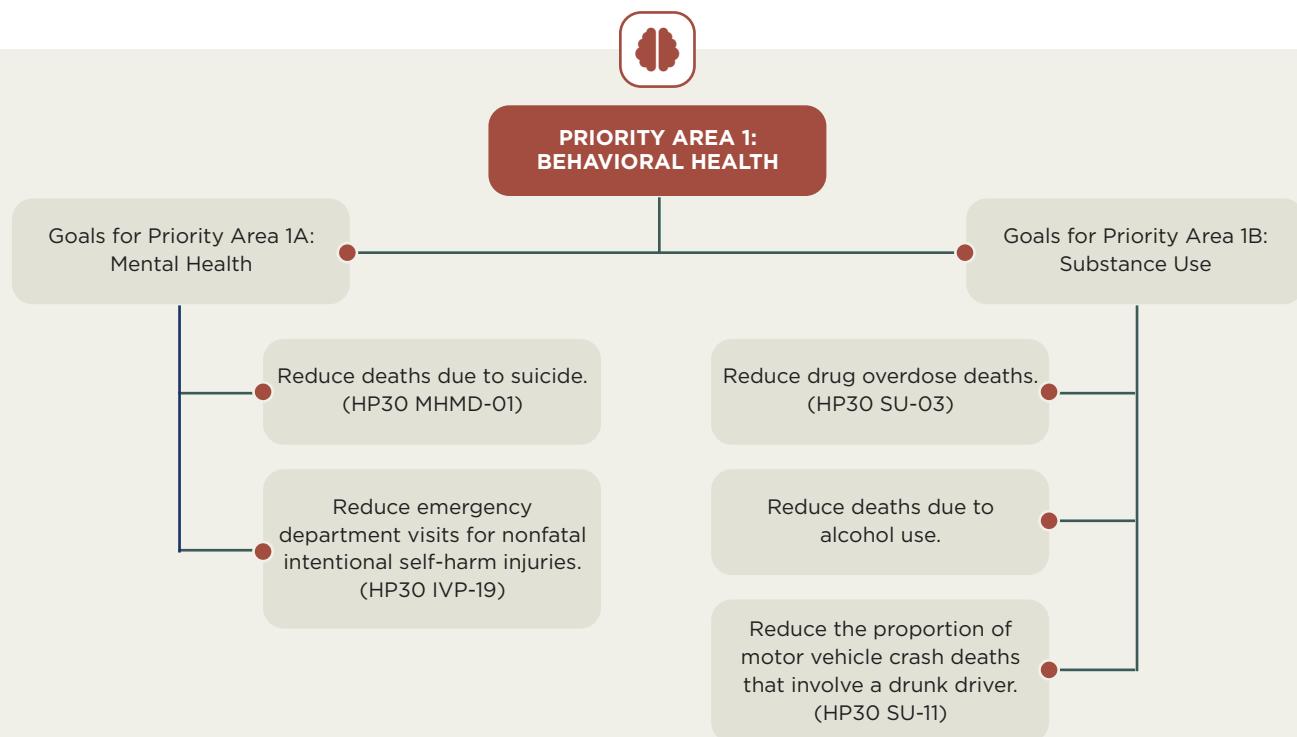
*Health disparities* are statistical differences in health that occur between groups of people. These could be from any cause.

[\*\*Source\*\*](#)

# **Priority Areas: Assets & Resources, Goals & Objectives**

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# Priority Area 1: Behavioral Health



## Assets and resources:

- DPHHS Behavioral Health and Developmental Disabilities Division and Public Health and Safety Division
- Local Area Councils and regional Service Area Authorities
- Montana Dept of Transportation Comprehensive Highway Safety Plan
- Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative
- Behavioral Health System for Future Generations Commission
- Substance Use Disorder Task Force
- DPHHS Office of American Indian Health
- Crisis Coalitions and Behavioral Health Crisis Coordinator Network
- Tribal Nations joint investment in regional healing center through American Indian Health Leaders and Treatment Centers
- Perinatal Mental Health Coalition

Objectives for adult Montanans by 2028	Objectives for adolescent Montanans by 2028
<ul style="list-style-type: none"> <li>• Increase the proportion of people with a substance use disorder who got treatment in the past year. (HP30 SU-01) <i>Source: National Survey on Drug Use and Health (NSDUH).</i> <i>Baseline: 5.78%</i></li> <li>• Reduce the proportion of people who had alcohol use disorder in the past year (HP30 SU-13). <i>Source: NSDUH.</i> <i>Baseline: 10.97%</i></li> <li>• Reduce the proportion of people who had drug use disorder in the past year (HP30 SU-15). <i>Source: NSDUH.</i> <i>Baseline: 11.50%</i></li> <li>• Reduce the proportion of adults experiencing frequent mental distress. <i>Source: Montana Behavioral Risk Factor Surveillance System (BRFSS).</i> <i>Baseline: 17.80%</i></li> <li>• Reduce the proportion of adults who engaged in binge drinking in the past month (HP30 SU-10). <i>Source: BRFSS.</i> <i>Baseline: 19.50%</i></li> </ul>	<ul style="list-style-type: none"> <li>• Increase the proportion of adolescents who have an adult they can talk to about serious problems. <i>Source: Montana Prevention Needs Assessment (PNA).</i> <i>Baseline: 87.00%</i></li> <li>• Reduce the proportion of adolescents who seriously considered attempting suicide in the past year. <i>Source: Montana Youth Risk Behavior Survey (YRBS).</i> <i>Baseline: 26.10%</i></li> <li>• Reduce the proportion of adolescents who drank alcohol in the past month (HP30 SU-04). <i>Source: YRBS.</i> <i>Baseline: 26.20%</i></li> <li>• Increase the proportion of adolescents who think marijuana use is risky. <i>Source: PNA.</i> <i>Baseline: 30.20%</i></li> </ul>

Healthy People 2030 objectives are marked by HP30 and the objective number used by Healthy People.

# Priority Area 2: Cardiovascular Health



## Assets and resources:

- DPHHS Public Health and Safety Division
- Stroke Workgroup and Cardiovascular Learning Collaborative
- Telestroke Initiative
- Joy in Healthy Living SHIP Working Group
- DPHHS Office of American Indian Health
- Bike Walk Montana
- Montana Partnership to End Childhood Hunger
- Alternative Energy Resources Organization

Objectives for adult Montanans by 2028	Objectives for adolescent Montanans by 2028
<ul style="list-style-type: none"><li>• Reduce current tobacco use in adults. <i>Source: BRFSS.</i> <i>Baseline: 22.60%</i></li><li>• Increase the proportion of adults with high blood pressure who are currently taking prescription medication for high blood pressure. <i>Source: BRFSS.</i> <i>Baseline: 73.40%</i></li><li>• Reduce the proportion of adults with obesity. <i>Source: BRFSS.</i> <i>Baseline: 30.50%</i></li></ul>	<ul style="list-style-type: none"><li>• Reduce current tobacco use in adolescents. <i>Source: YRBS.</i> <i>Baseline: 25.50%</i></li><li>• Reduce the proportion of children and adolescents with obesity. <i>Source: YRBS.</i> <i>Baseline: 14.00%</i></li><li>• Increase the proportion of children and adolescents who receive care in a medical home (HP30 MICH-19). <i>Source: National Survey of Children's Health (NSCH).</i> <i>Baseline: 50.50%</i></li><li>• Increase the proportion of adolescents who do enough physical activity. <i>Source: YRBS.</i> <i>Baseline: 51.70%</i></li></ul>

Healthy People 2030 objectives are marked by HP30 and the objective number used by Healthy People.

# Priority Area 3: Maternal Health



## GOALS FOR PRIORITY AREA 3: MATERNAL HEALTH

Reduce preterm births.  
(HP30 MICH-07)

Reduce congenital syphilis.  
(HP30 STI-04)

Reduce maternal depression before,  
during, and after pregnancy.

### Assets and resources:

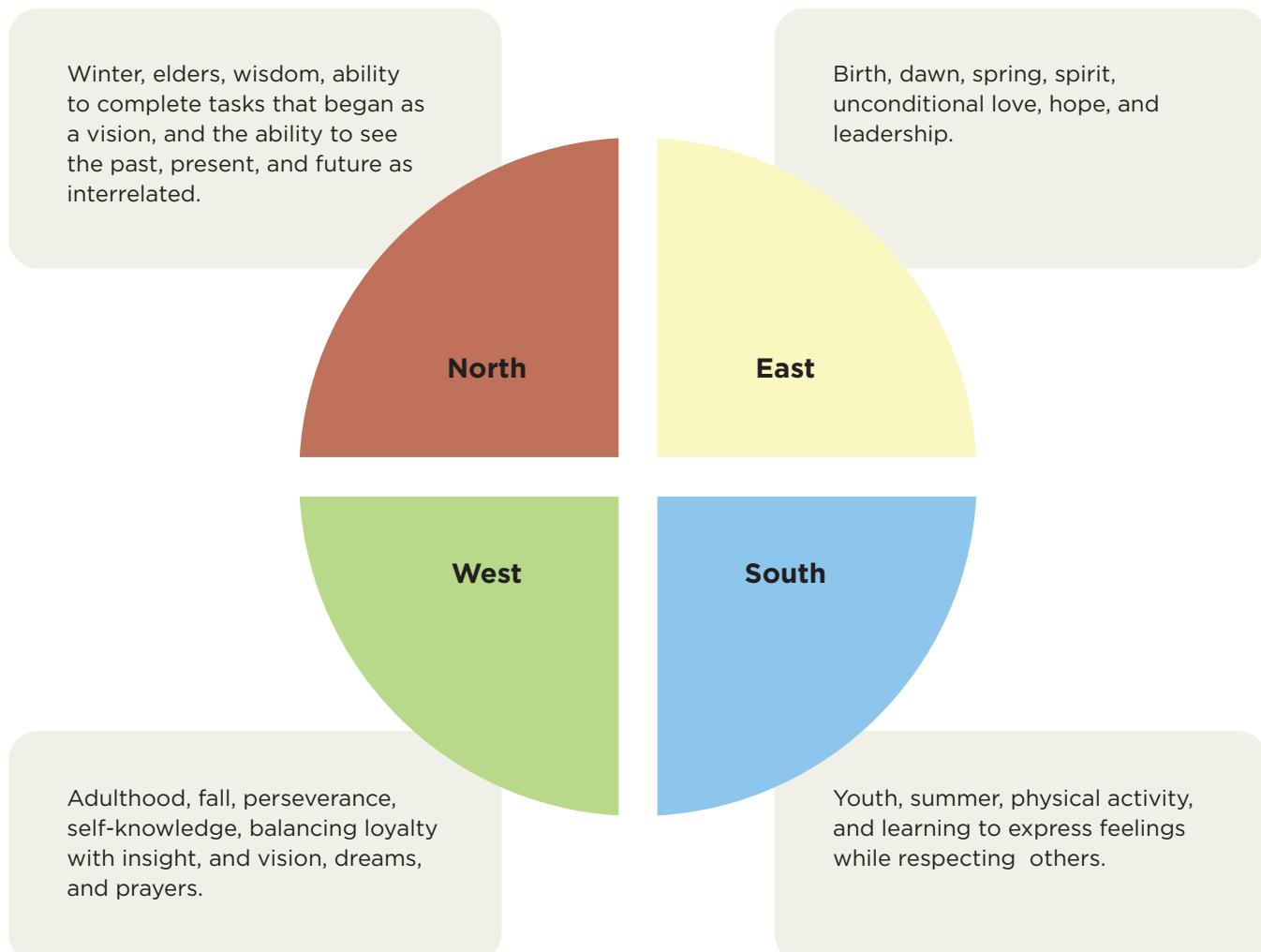
- DPHHS Early Childhood and Family Support Division and Public Health and Safety Division
- Adverse Childhood Experiences and Resiliency SHIP Working Group
- Local early childhood coalitions
- DPHHS Office of American Indian Health
- Maternal Health Leadership Task Force
- Montana Home Visiting Coalition
- Meadowlark Initiative®
- Healthy Mothers, Healthy Babies

Objectives for adult Montanans by 2028	Objectives for adolescent Montanans by 2028
<ul style="list-style-type: none"><li>• Increase the proportion of pregnant people who receive early and adequate prenatal care (HP30 MICH-08). Source: Vital Statistics. Baseline: 78.10%</li><li>• Reduce the syphilis rate in females (HP30 STI-03). Source: Montana Infectious Disease Information System (MIDIS). Baseline: 75.1 per 100,000</li><li>• Increase abstinence from cigarette smoking among pregnant women (HP30 MICH-10). Source: Vital Statistics Baseline: 92.30%</li><li>• Increase the proportion of women who get screened for postpartum depression (HP30 MICH-D01). Source: Montana Pregnancy Risk Assessment Monitoring System (PRAMS) Baseline: 90.10%</li></ul>	<ul style="list-style-type: none"><li>• Increase the proportion of adolescents who have never had sex (HP30 FP-04). Source: YRBS. Baseline: 60.20%</li><li>• Reduce pregnancies in adolescents. (HP30 FP-03). Source: Vital Statistics. Baseline: 619 in CY2023</li><li>• Increase the proportion of adolescents who spoke with their doctor privately without an adult in the room during their last medical visit in the past 12 months (HP30 AH-02). Source: NSCH Baseline: 57.60%</li></ul>

# Cross Cutting Strategies

The SHIP framework supports cross cutting strategies in four key areas. To symbolize the SHIP strategies in these four areas, we use graphics based on the Medicine Wheel, the Native American representation of cycles of life and healing embodied by the four directions, seasons, and stages of life (National Library of Medicine, 2023 and North Dakota Tribal Community Prevention Resource and Media Center, 2023). These graphics were developed with support of the DPHHS Office of American Indian Health to highlight the pursuit of a healthier Montana through embracing the lessons of balance, resiliency, and healing taught by Indigenous communities that have overcome generations of barriers to health and wellness. While each Tribe interprets the Medicine Wheel differently, the graphics provided below have been developed using general lessons and gifts connected with each of the four quadrants.

DPHHS staff hope that these graphics will create opportunities for continued conversation, feedback, and learning from Native American culture and health in Montana, including through the refinement of these images as appropriate.



## POLICIES AND INFRASTRUCTURE TO SUPPORT COMMUNITIES AND MEET BASIC NEEDS

Protect and bolster coverage and reimbursement for Medicaid.

Enroll low-income uninsured/under-insured women in the WISEWOMAN Program.

Develop scope of practice and reimbursement structures for community health workers, peer support specialists, care coordinators, case managers, doulas, and community pharmacists.

**Ensure health care is available and affordable.**

**Pursue sustainable models for health care extender services.**

**Ensure that all Montanans can meet the basic needs for themselves and their families.**

**Advance the conditions for making healthy choices.**

Improve public assistance application and recertification process to ensure Montanans who qualify receive and maintain coverage.

Develop resources and policies to make physical activity and nutritious food affordable and available and prevent substance use across the lifespan.

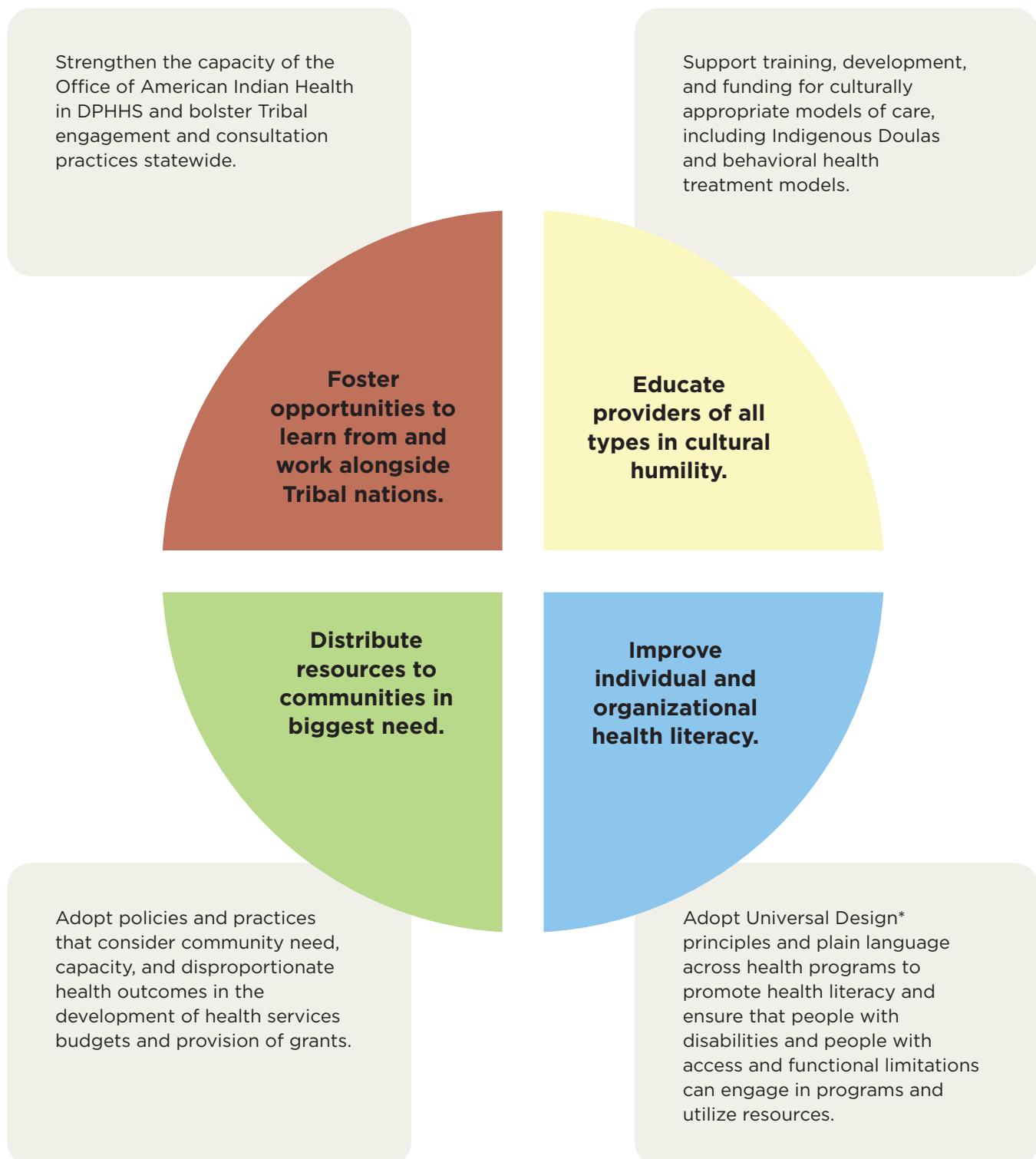
## EVIDENCE-BASED PROGRAMS FOSTERING RESILIENCE AND CONNECTION



## ACCESS TO QUALITY SCREENING, EARLY INTERVENTION, AND PERSON-CENTERED CARE



## ORGANIZATIONAL AND INSTITUTIONAL PRACTICES THAT SUPPORT HEALTH FOR ALL MONTANANS



\***Universal design** is a concept in which products and environments are designed to be usable by all people, to the greatest extent possible, without the need for adaption or specialized design.”

# Implementation for Collective Impact

To implement the SHIP, DPHHS's *A Healthier Montana* staff will support existing cross sector coalitions and work groups as well as local organizations across the state to implement SHIP strategies using the collective action framework. DPHHS will serve as the backbone agency for the work, providing the strategic communication and shared measurement required to engage partners, maintain the *A Healthier Montana Network* and monitor progress. DPHHS will work with partners to support meaningful and ongoing community input and engagement strategies for the SHIP priority areas and provide technical assistance to partner groups and community organizations on how their organization can participate in the SHIP.

## Collective Impact Implementation Strategies

Backbone Support		
Strategy	Lead	Timeline
Maintain the <i>A Healthier Montana Network</i> and email list for use in open and continuous communication	DPHHS	Ongoing
Adequately resource the <i>A Healthier Montana</i> program	DPHHS	Ongoing
Convene all <i>A Healthier Montana Network</i> partners for SHIP updates and strategic engagement	DPHHS	At least twice through 2028

A Common Agenda for Change		
Strategy	Lead	Timeline
Track progress on SHIP strategies	DPHHS with cross sector workgroup leads	Ongoing
Revise and update the SHIP	DPHHS	At least twice before 2028
Publish SHIP progress report	DPHHS	Annually until 2028

Shared Measurement and Data for Results		
Strategy	Lead	Timeline
Maintain a data dictionary to ensure consistent monitoring and data collection practices and publish progress on objectives in SHIP annual report	DPHHS	Annually until 2028
Conduct regular evaluation using the Results-Based Accountability framework to identify areas for continuous quality improvement, also to be published in the SHIP annual report	DPHHS	Annually until 2028
Track any quantitative or qualitative data available to measure SHIP strategies	DPHHS with cross sector workgroup leads	Ongoing, publish annually

<b>Open and Continuous Communications</b>		
<b>Strategy</b>	<b>Lead</b>	<b>Timeline</b>
Send quarterly SHIP updates to <i>A Healthier Montana Network</i> email list	DPHHS	Ongoing through 2028
With partners, develop a robust community engagement strategy for each of the four SHIP priority areas	DPHHS with cross sector workgroup leads	Timeline based on strategy
Create a report for the state of findings, successes, and challenges from the community engagement work	DPHHS	By 2027, one report per priority area

<b>Mutually Reinforcing Activities Led by Cross Sector Partners</b>		
<b>Strategy</b>	<b>Lead</b>	<b>Timeline</b>
Coordinate with cross sector coalitions and work group leads to ensure alignment with the SHIP and between priority areas	DPHHS	Ongoing
Provide technical assistance to statewide and local partners to understand the SHIP and encourage them to participate in implementation	DPHHS	Ongoing, at least 10 trainings annually

## ACKNOWLEDGMENTS

The Public Health and Safety Division would like to thank the individuals who participated in the SHIP Design Team.

### Design Team Members

*In alphabetical order by last name*

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