



# State Health Assessment Design Team

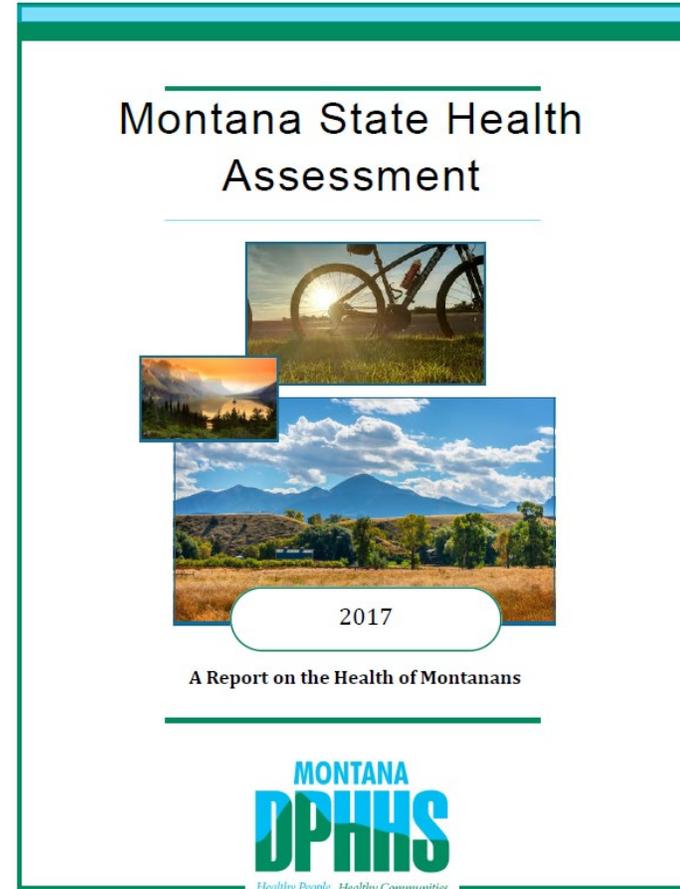
August 10, 2022 @ 1 PM via Zoom

# Agenda

- Introductions
  - Name, role/organization, and a word that describes your day
- Orientation
  - Overview of the SHA/SHIP process
  - Timeline
- Ground rules and expectation setting
- Review engagement period feedback
- Next steps

# State Health Assessment

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.



# State Health Improvement Plan

A system-wide “call to action” to address health needs.

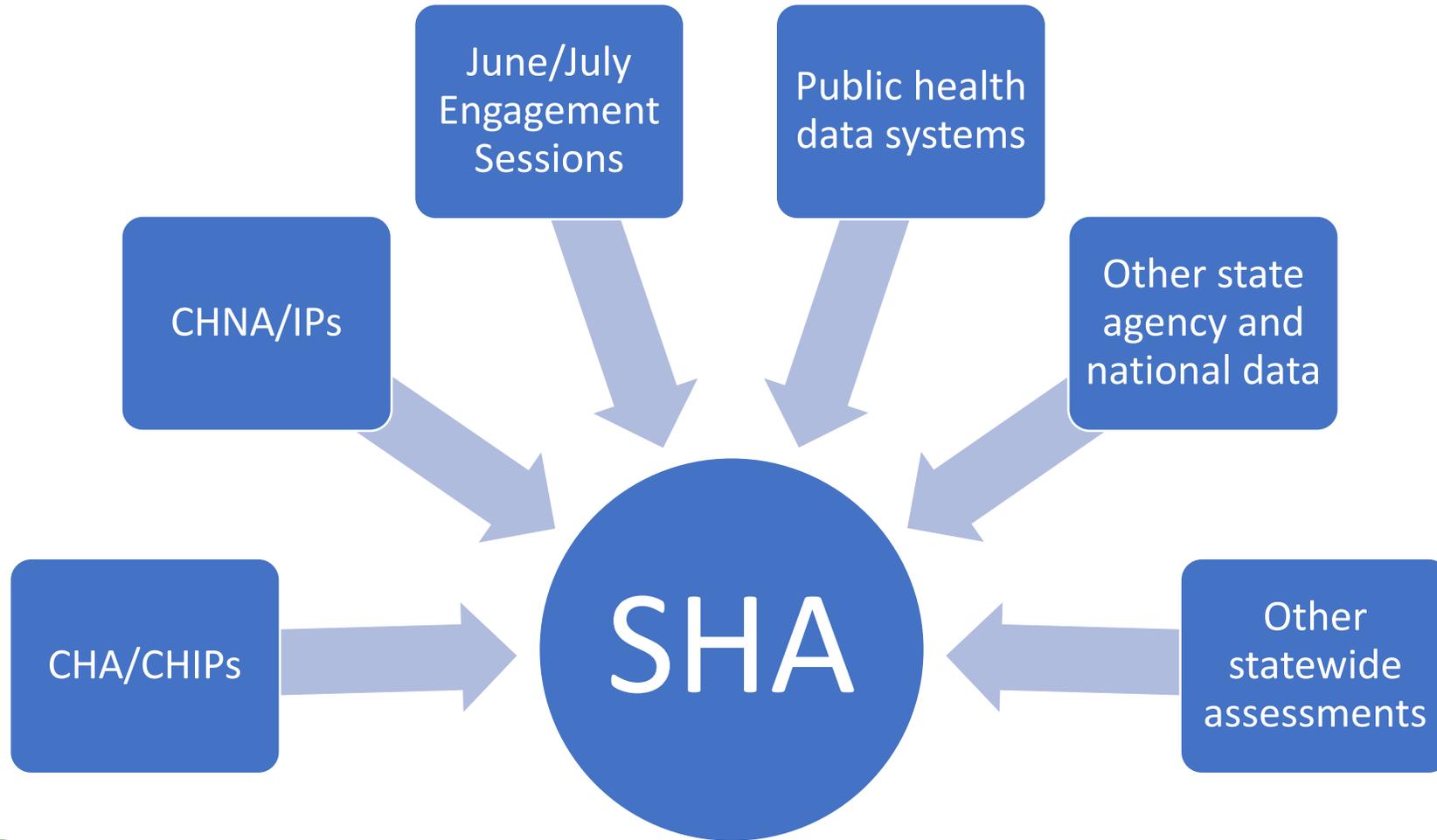
- 5 key priority areas identified by the State Health Improvement Coalition and a public comment period.
- **Mission:** *to protect and improve the health of every Montanan through evidence-based action and community engagement*

[dphhs.mt.gov/ahealthiermontana](https://dphhs.mt.gov/ahealthiermontana)



# SHA/SHIP Process

First, identify the health concerns.



Then, identify the main priorities for the State Health Improvement Plan, or SHIP (2023).

# Basic requirements for the SHA, 1 of 2

## PHAB Measure 1.1.1: Develop a community health assessment

“The community health assessment tells the community story and provides a foundation to improve the health of the population. It is the basis for **priority setting, planning, program development, policy changes, coordination of community resources, funding applications, and new ways to collaboratively use community assets** to improve the health of the population.”

# Basic requirements for the SHA, 2 of 2

1. A list of participating partners
2. The process for how partners collaborated in developing the SHA
3. Comprehensive, broad-based data that must include primary data and secondary data from 2 or more sources
4. A description of the demographics of the population
  1. The percent of the population by race and ethnicity
  2. Languages spoken
  3. **Other characteristics as appropriate**
5. **A description of health challenges experienced by the population served, including an examination of disparities between subpopulations or subgeographic areas:**
  1. Health status
  2. Health behaviors
6. **A description of the inequities in the factors that contribute to health challenges, which must include social determinants of health**
7. **Community assets or resources beyond the health department that can be mobilized to address health challenges**

# A 5-year cycle of improvement

- Planned quality improvement activities for the 2022 State Health Assessment include:
  - Early and continuous engagement starting in June
  - Convene a design team to meet August through December to support analysis and interpretation
  - Use of a database tool to support a shared analysis between the Office of Rural Health and the Public Health and Safety Division of concerns and priorities identified in the CHA, CHNA, CHIP, and IPs.

By helping to identify a focused list of health concerns to investigate, we can then prioritize among those concerns for a focused State Health Improvement Plan with key priority areas and strategies for focused collaborative effort.

# Timeline

- **January-May:** Planning
- **June-July:** Engagement sessions to help us focus the analyses
- **August-January:** Development with help of a design team
  - Additional public comment opportunities throughout this time
  - Monthly meetings
    - Review feedback from the engagement sessions
    - Help establish the overall structure and evaluation questions
    - Support interpretation of analysis as it progresses through meaningful and focused conversation
    - Commit to consistent participation to support the development of the draft by the end of December 2022
    - Wrap up and next steps in January: State Health Improvement Plan process begins

# Ground rules and expectation setting

Flexibility and grace for all, please.

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
- Liaise with the communities, organizations, and groups that we are representing to create dialogue

# Ground rules and expectation setting

## Breakout rooms

1. How and with who will you communicate with between meetings to spread awareness about our work and collect feedback?
2. What do you need from the project coordinators in order to communicate effectively and stay engaged?
3. What ground rules or guidance would you recommend this group adopt for the rest of our work together?

# Engagement Period Feedback, 1

- 9 in-person sessions
  - Includes trip to Fort Peck on Monday, August 8
  - Future visits to reservations planned
- 90 responses to an online survey
  - 24 state government
  - 20 non-profit
  - 8 “other”
    - RMTEC, Urban Indian Health Center, retired, substance abuse and recovery, Montana School for the Deaf and Blind, Family to Family Health Information Center
  - 6 health care
  - 5 schools (post-secondary)
  - 4 local government
  - 2 Tribal government

# Engagement Period Feedback, 2

- How often do people refer to the social determinants of health in their work?
  - Often, n=68
  - Sometimes, n=50
  - Rarely, n=8
  - Never, n=1
  - Unsure, n=7

# Engagement Period Feedback, 3

Of the five Healthy People 2030 domains, which are most relevant to your work?

- Social and community context
- Health care access and quality
- Economic stability
- (The remaining 2 are neighborhood and built environment and education access and quality.)

What subgroupings of data are most useful to you?

- Age
- Geography
- Race/ethnicity
- Income

# Engagement Period Feedback, 4

- Benefits of organizing information in the SHA using the SDoH?
  - Provide a common language and framework
  - Puts data into context
  - Will help explain why we sometimes focus on the projects that we do
  - Help build more effective services for our communities
- Concerns
  - Information might not be as accessible as possible
  - We might miss things, other indicators might be obscured
  - It might not be specific enough
  - Will it use language that everyone can understand?
  - There is a lot of overlap between each domain

# Design considerations

Breakout room discussions centered on the following 3 concepts:

Design concept 1: Writing an initial State Health Assessment that is accompanied by a calendar of future analyses and evaluation questions for PHSD epidemiologists and partners to collaborate on to continue to enhance the work and answer key questions.

Design concept 2: Attempt to identify a suite of metrics that can speak to multiple subpopulations that can be used to create “health profiles” for specific communities, like people experiencing homelessness, Veterans, families, etc.

Design concept 3: Include existing reports (like needs assessments, strategic plans, etc.) and resources (like programs, organizations, and tools) that speak to the health concern in the SHA.

# Next steps

Asks from everyone:

- Send in statewide assessments(?)
- Report back to the groups with which you are liaising
- Keep an eye on your emails
- Next meeting on Sept 14 from 1 to 2:30 PM
  - Any requests for live captioning or other accommodations?

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