State Health Assessment Design Team

October 12, 2022 @ 1 PM via Zoom

Agenda

- Introductions
  - Name, role/organization
  - What thing from nature, excluding animals, best describes you today?
- Two-way communication check in
- SHA and community level evaluations
- Initial feedback on the Table of Contents
- Breakout groups
  - Group 1: Prioritization criteria for future analyses calendar (Design Concept 1)
  - Group 2: Guiding evaluation questions
- Report out
- Next steps

Ground rules and expectation setting

1. Extend flexibility and grace to all participants.
2. Respect, listen to, and support each other.
3. Don’t be afraid to speak up and challenge ideas in respectful ways, ask a question, or make a comment.
4. Remember that we are all learning from each other.
5. Equal sharing/reporting by everyone—be mindful of the time and space we are sharing to take turns speaking.
    a. Listen, listen, listen.
6. Assume positive intent, but also acknowledge the impact.
7. Acknowledge everyone’s unique perspectives.

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.

2-way communication

Poll and group sharing

Community-level data, 1 of 2

The best community-level data will be collected, analyzed, and communicated **by** the community **for** the community.

During the June/July engagement period, we received a lot of feedback that people want specific information about their communities, sometimes at the county or Tribal jurisdiction level, but sometimes even more in depth.

Consider– what is the role of the State Health Assessment in this work? How can the SHA best support this request?

Community-level data, 2 of 2

1. Encouraging people to get involved with local and tribal health departments and non-profit hospitals in their area:
    1. Community Health Assessments and Community Health Improvement Plans (CHAs and CHIPs)
    2. Community Health Needs Assessments and Implementation Plans (CHNAs and IPs)
2. Reference other statewide assessments and plans (Design Concept 3)
3. Montana Community Health Insights dashboard and county health profiles (pending completion date)
4. Others?

Table of Contents, 1 of 3

- Reviewed 4 states who are moving in the same direction as Montana with incorporation of equity and social determinants of health AND were less than 90 pages.
  - Colorado, Vermont, Ohio, and Minnesota
- Identified 4 overarching evaluation questions for the report to answer:
  a. How is Montana's health different from 2017?
  b. What are the themes impacting health, according to Montanans?
  c. To what extent do the data support continued focus on the 2019 SHIP priorities?
  d. What additional issues emerge that should be considered in the next SHIP prioritization process?

Table of Contents, 2 of 3

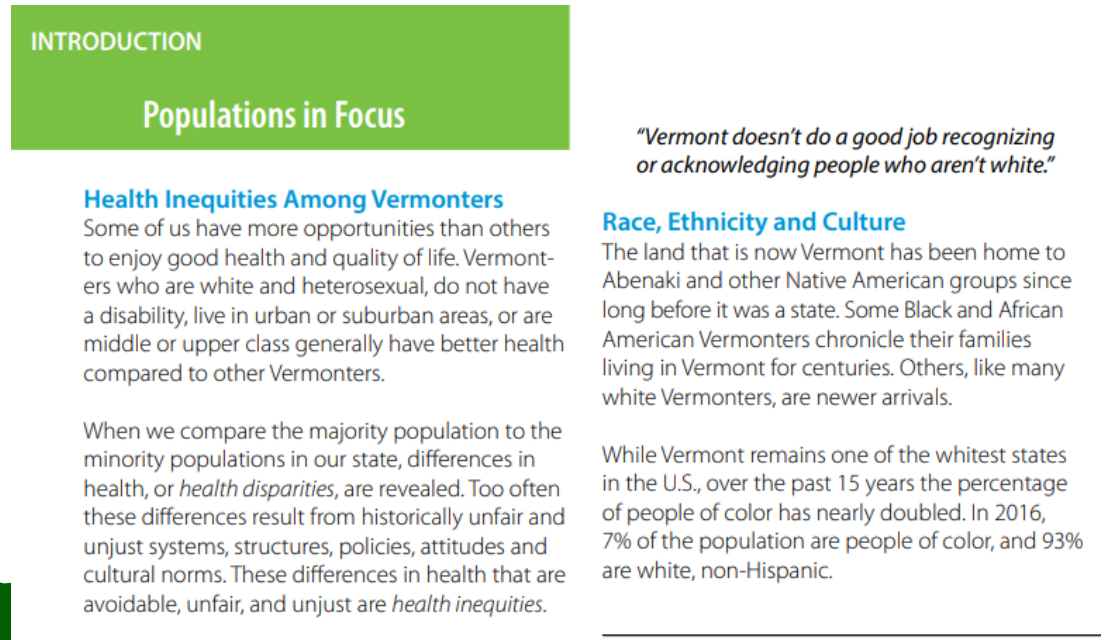
- Introduction
  - Include the limitations of a State Health Assessment

What information is *not* included?

This report cannot display all meaningful health and well-being indicators, comparisons or populations. We have tried not to duplicate existing reports, and instead pulled highlights from many different topics and data sources. Although this report presents some geographic analysis, more population data for counties, health districts and hospital service areas is available in the Public Health Data Explorer and the Agency of Human Services' *Community Profiles*. Because this is a comprehensive assessment, no topic area goes into significant depth, and may not represent the most up-to-date data. More information is available in program and disease-specific reports at **healthvermont.gov** and websites of our partners. For current data on a wide range of health indicators, see  link below to our Performance Scorecards.

Table of Contents, 3 of 3

- Key demographics: How has the state changed since 2017?
  - Will use feedback from September discussion to lead development
- Fundamental health statistics: mortality, birth, leading causes of death, years of life lost, etc.
- “Populations in Focus” (Design Concept 2)



INTRODUCTION

Populations in Focus

Health Inequities Among Vermonters

Some of us have more opportunities than others to enjoy good health and quality of life. Vermonters who are white and heterosexual, do not have a disability, live in urban or suburban areas, or are middle or upper class generally have better health compared to other Vermonters.

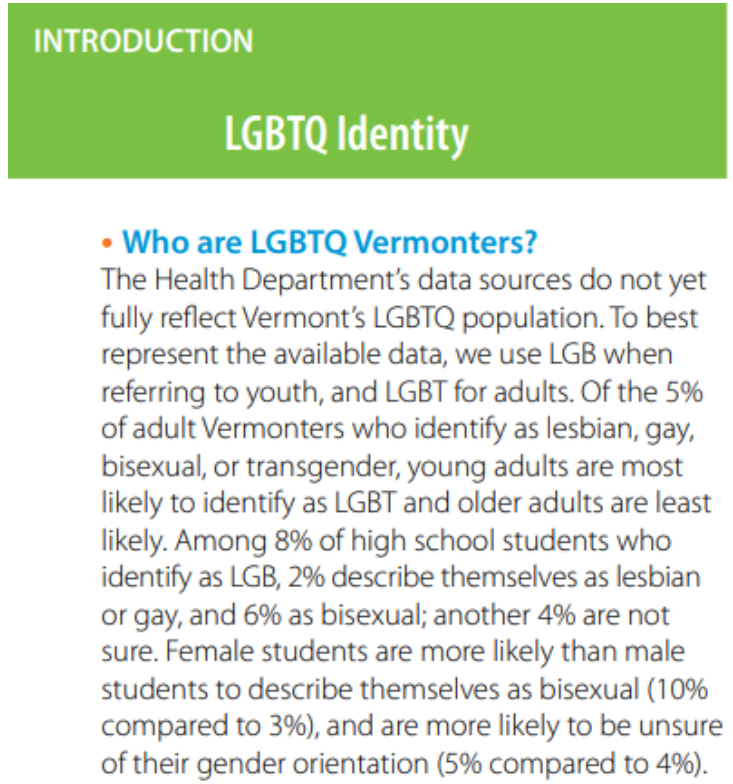
When we compare the majority population to the minority populations in our state, differences in health, or *health disparities*, are revealed. Too often these differences result from historically unfair and unjust systems, structures, policies, attitudes and cultural norms. These differences in health that are avoidable, unfair, and unjust are *health inequities*.

“Vermont doesn’t do a good job recognizing or acknowledging people who aren’t white.”

Race, Ethnicity and Culture

The land that is now Vermont has been home to Abenaki and other Native American groups since long before it was a state. Some Black and African American Vermonters chronicle their families living in Vermont for centuries. Others, like many white Vermonters, are newer arrivals.

While Vermont remains one of the whitest states in the U.S., over the past 15 years the percentage of people of color has nearly doubled. In 2016, 7% of the population are people of color, and 93% are white, non-Hispanic.



INTRODUCTION

LGBTQ Identity

- **Who are LGBTQ Vermonters?**

The Health Department’s data sources do not yet fully reflect Vermont’s LGBTQ population. To best represent the available data, we use LGB when referring to youth, and LGBT for adults. Of the 5% of adult Vermonters who identify as lesbian, gay, bisexual, or transgender, young adults are most likely to identify as LGBT and older adults are least likely. Among 8% of high school students who identify as LGB, 2% describe themselves as lesbian or gay, and 6% as bisexual; another 4% are not sure. Female students are more likely than male students to describe themselves as bisexual (10% compared to 3%), and are more likely to be unsure of their gender orientation (5% compared to 4%).

Breakout Groups

- Group 1: What criteria could be used to determine priority for analyses of interest and place them on a calendar for after the SHA is published? (Design concept 1)

- Group 2: What are your comments, questions, or concerns about the four proposed overarching evaluation questions?

Report out

Next steps

Asks from everyone:

- Report back to the groups with which you are liaising
- Keep an eye on your emails
- Next meeting on Nov 9 from 1 to 2:30 PM
    - Any requests for live captioning or other accommodations?

Anna Bradley
abradley@mt.gov
(406) 444-5968

HHSAHealthierMontana@mt.gov