

# State Health Assessment Design Team Orientation

## Ground Rules and Expectations

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.

## Communication

We will communicate back to the organizations and communities we are here representing. Ideas from the group for effective communications included:

- Virtually (Zoom, Teams)
- Face-to-face
- Emails
- Social media (Facebook)
- Conference calls
- One-on-one conversations
- Newsletters
- Monthly and weekly staff, leadership, tribal council, convening, committee, and coalition meetings
- Webinars
- Sharing notes from the design team to various groups
- Keep as an agenda item on standing meetings
- Grassroots communication via word of mouth

SHA Design Team members will be communicating with groups and organizations relevant to their work in between meetings to collect feedback as needed. See the SHA Design Team Membership List for a full list of sectors/organizations/groups represented.

The project coordinator will provide the following between meetings:

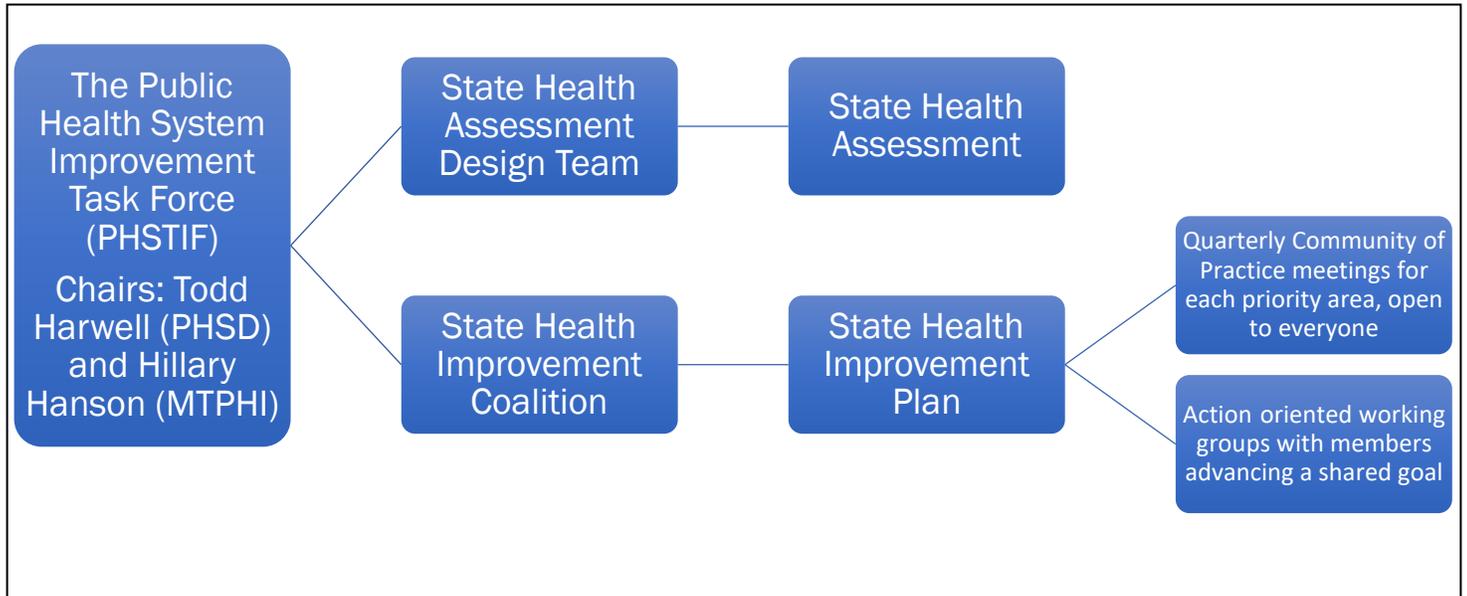
- Sending agenda and meeting information ahead of the meeting for participants to review.
- A meeting summary document for feedback from the participants. Participants can share the document with their networks as needed to collect feedback in between meetings.
- Reminders in between meetings for action items.
- Invitations to have one-on-one meetings with participants between meetings to support the project.
- Regularly checking in and providing summaries at the start of meetings to stay aligned with the timeline and project goals.

## Project Reference

### Terminology

- **A Healthier Montana:** The name of the Public Health and Safety Division program that houses the SHA and SHIP. Resources and more information about these processes are available at the A Healthier Montana website.
  - <https://dphhs.mt.gov/ahealthiermontana>
- **Community Health Assessment (CHA):** Like the State Health Assessment but conducted by local or Tribal health departments. Analyzes health concerns of a community.
- **Community Health Improvement Plan (CHIP):** Like the State Health Improvement Plan but conducted by local or Tribal health departments. Establishes health improvement priorities from the concerns identified in the CHA.
- **Community Health Needs Assessment (CHNA):** Like CHAs and the SHA but conducted by non-profit hospitals. Analyzes health concerns of a community.
- **Health Equity:** Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This is accomplished by removing obstacles to health that create unfair conditions and can be changed.
- **Implementation Plan (IP):** Like CHIPs and the SHIP but conducted by non-profit hospitals. Establishes health improvement priorities from the concerns identified in the CHNA.
- **Montana Public Health Data Resource Guide:** This guide is organized by public health program area and the type of data collected. Each of these programs describe the strengths and limitations of the data, the items collected, and the means to gain access to the data. Programs differ in the type of information collected and the manner in which they can release the data.
  - <https://dphhs.mt.gov/assets/publichealth/Epidemiology/MTResourceGuide.pdf>
- **Public Health Accreditation Board (PHAB):** The Public Health Accreditation Board is a national organization that maintains standards for the voluntary accreditation process for public health departments. The Public Health and Safety Division collaborates with the Early Childhood and Family Support Division in Montana DPHHS to maintain its status as an accredited public health department.
- **Public Health System Improvement Task Force (PHSITF):** The Public Health System Improvement Task Force is a group of public health and health care sector professionals working together to advance Montana's public health system and serves in an oversight capacity to the A Healthier Montana work, specifically the SHA and the SHP.
- **SHIP Communities of Practice:** SHIP Communities of Practice meet quarterly and are open to anyone who would like to attend. There is one Community of Practice for each of the four main topics in the SHIP: Behavioral Health, Chronic Disease Prevention and Self-Management, Healthy Mothers, Babies, and Youth, and Motor Vehicle Crashes.
- **SHIP Working Groups:** SHIP Working Groups convene to collaborate on shared projects of interest. Groups are currently convening to work on Adverse Childhood Experiences (ACEs) and resiliency, alcohol-impaired driving prevention, and obesity prevention.
- **Social Determinants of Health:** Our life circumstances and experiences in places where we live, work, play, age, learn, and worship that influence our health and wellbeing.
- **State Health Assessment (SHA):** A broad overview of the current state of the health of Montanans to inform health improvement efforts. Analyzes health concerns statewide and uses data from CHAs, CHNAs, CHIPs, IPs, community engagement sessions, public health data systems, other state agency and national data, and other statewide assessments in its development.
- **State Health Assessment Design Team:** This group began convening in August 2022 and will meet monthly until January 2023 to support drafting the updated State Health Assessment.
- **State Health Improvement Coalition:** Like the SHA Design Team, this Coalition meets to guide implementation and evaluation of the SHIP. After the SHA is written, SHA Design Team participants will have the opportunity to continue their participation with the development of the next SHIP. At that time, the Coalition and Design Team will merge. This is the result of an ongoing quality improvement process and is subject to change.
- **State Health Improvement Plan (SHIP):** A system-wide "call to action" to address health priorities identified in collaboration with cross-sector partners and community members using the information in the SHA.

Figure 1: A Healthier Montana Network



See the State Health Improvement Plan Orientation Brochure for more information on the State Health Improvement Coalition, Plan, and groups: <https://dphhs.mt.gov/assets/publichealth/ahhealthiermontana/SHIPOrientationBrochure.pdf>

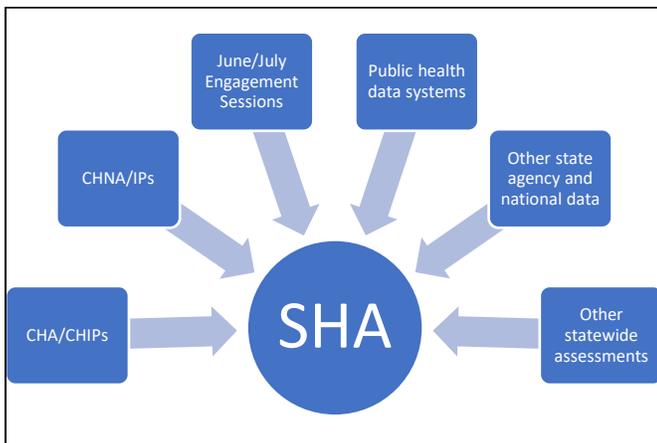
The entire A Healthier Montana network receives the A Healthier Montana newsletter when updates and opportunities for participation become available (463 people as of August 18, 2022).

The SHA Design Team is supported by several groups of staff in the Public Health and Safety Division:

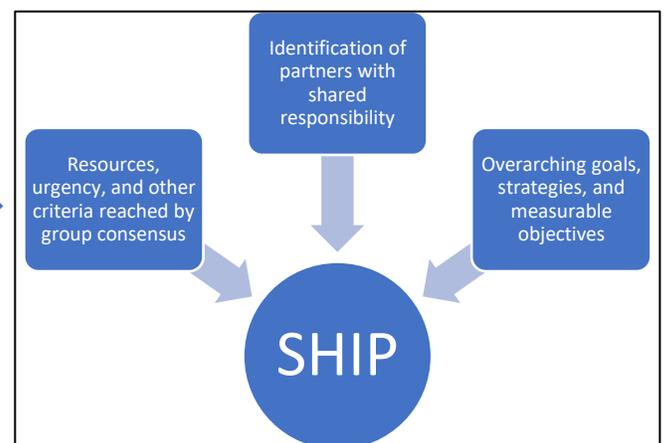
- **The Root Causes of Health Inequities (RoCHI) Cohort:** Jessie Fernandes, Stacy Campbell, Trina Filan, Mackenzie Jones, Justin Sell, Shannon Koenig, and Lauren White. These staff will be attending SHA Design Team meetings and supporting the efforts in between SHA Design Team meetings and meet internally every week.
- **The SHIP Priority Area Leads:** Mary Collins, Jacqueline Isaly, Stacy Campbell, and Maureen Ward provide guidance for the current SHIP Priority Areas and will be kept aware of our progress in their monthly meeting.
- **The lead public health epidemiologists:** Laura Williamson (State Epidemiologist) as well as Miriam Naiman-Sessions, Lisa Richidt, and Rachel Hinnenkamp will attend SHA Design Team meetings and meet monthly internally to support the assignment of staff time and delegation of responsibilities to complete the work.

Process

First, identify the health concerns in the SHA.



Then, identify the main priorities in the SHIP.



“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.”

The final State Health Assessment must include:

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

### Timeline

- **January-May:** Planning
- **June-July:** Engagement sessions to help us focus the analyses
- **August-January:** Development with help of a design team, general schedule below.
  - **August focus:** Overview of the SHA process, review overall design concepts from engagement sessions
  - **September focus:** Overview of the SHA/SHIP groups and organizational structure, review design concept benefits, concerns, and potential solutions
  - **October focus:** Reviewed table of contents, evaluation questions, and state/community connections
  - **November focus:** Reviewed thematic elements for table of contents and community engagement plan
  - **December focus:** Finalized the Table of Contents structure
  - **January focus:** Wrap up and identify next steps.
    - **January represents the end of the first 6-month series of SHA Design Team meetings.**
- **February-April:** Draft the State Health Assessment
  - SHA Design Team members will be invited to provide feedback and support interpretation of the data in March and April.
- **May:** Publish the State Health Assessment
  - SHA Design Team members will be invited to continue on as members of the State Health Improvement Coalition to begin designing the State Health Improvement Plan (SHIP).

### Key Accomplishments through January 2023

- A completely redesigned process of completing the SHA;
  - Early and ongoing engagement, enhanced structure, and revisiting long-standing methods for communication and analyzing data;
- Established a phased approach for the State Health Improvement Planning Process;
  - First complete the SHA, then the SHIP;
- New partnerships with more communities and sectors represented;
- New tools that can be used again and again.

## Membership

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