

# State Health Improvement Plan: Chronic Disease Prevention and Self-Management Workgroup

Meeting Minutes: Friday, May 31, 2019, 2:00-3:30 PM, via GoToMeeting

## **Workgroup Lead:**

Stacy Campbell, DPHHS PHSD Chronic Disease Bureau Chief

## **Workgroup Facilitator:**

Anna Bradley, DPHHS PHSIO Plans Coordinator

## **Workgroup Members Present:**

- Kristin Juliar
- BJ Biskupiak
- Leah Merchant
- Stacy Campbell
- Mandi Zanto
- Melissa House
- Kara Hughes
- Cindia Ellis
- Nikki Campbell
- Jody White
- Tracy Moseman
- Kris Minard
- Paula Carter

## Discuss workgroup purpose

2:05 to 2:15 PM

Anna Bradley reviewed the agenda for today's call, and then provided information about the development of the State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The SHA is a state-level community health assessment that utilizes data collected in 2017 from national, state, and local sources. Local Community Health Assessments (CHAs) and Community Health Needs Assessments (CHNAs) were also used, which represented 54 of 56 counties and 3 tribal health departments. Findings from the SHA were shared at 12 meetings and conferences across Montana to collect feedback on the content and data in the assessment.

The State Health Improvement Plan contains what were ranked as the top five health concerns in Montana, selected by a steering committee known as the State Health Improvement Coalition. The SHIP was shared in tribal consultations and underwent a public feedback period.

Both documents can be accessed at <https://dphhs.mt.gov/healthiermontana>.

The State Health Improvement Coalition is a subcommittee of the Public Health System Improvement Task Force, which has 14 members appointed by the Director of DPHHS to ensure implementation of the SHIP and provide input on and contribute to the improvement of the public health system in Montana. The State Health Improvement Coalition consists of an additional 12

members. The four priority area workgroups are subcommittees of the State Health Improvement Coalition, containing subject matter experts to guide implementation and regular updates of the SHIP.



The purpose of the workgroup is to:

- Promote alignment of resources and activities to improve the health of Montanans and promote strong partnerships;
- Provide recommendations to the State Health Improvement Coalition on what, if anything, to edit during annual SHIP updates; and
- Collaboratively implement a shared workplan.

Clarified that the goal is more to document the implementation of the SHIP and create shared action items, but not necessarily to create new interventions, programs, or activities.

Workgroups members provided feedback on what they would like to get out of the workgroup, which included:

- Ensure the workgroup is also supporting the efforts of the other SHIP workgroups, like Behavioral Health;
- Consider how workforce development is a factor for the workgroup; and
- Work as a team to create impact.

A few members from outside of state government were appreciative of having been invited to the conversation.

### Discuss workgroup structure

2:15 to 2:40 PM

Anna Bradley led a conversation about how the workplan is currently structured, the proposed meeting schedule, and reviewed membership of the group.

### Workgroup Goals:

- Would it be appropriate to include language about vaping in the first goal, “Prevent commercial tobacco use among youth and adults?”

- We are seeing e-cigarette use rise, and there needs to be more conversation about it. E-cigarette use among youth is definitely a big focus of our state effort, and we are starting to get more data on it.
- The goals are all worded broadly, and if we make this goal more specific we might want to do that with others as well. It would be better to address it more specifically later on in the strategies and ensure it is included there.

### Workgroup membership:

Depending on the strategy, members recommend reaching out to the following additional partners:

- Insurance partners are potentially missing, besides for Medicaid
- Mountain Pacific Quality Health
- Injury Prevention/Safety
- Environmental Health
- Prevention Resource Center
- MT Disability Health Program

### Workplan content:

Discussion around adding more detail to the workplan, so members can describe briefly in what way they are addressing the strategies they've identified in the workplan. Members agreed that this would provide more opportunity to create "some synergy around the different strategies."

### Workgroup meeting schedule:

Members agreed it was reasonable to come back in September and then look for 60 to 90-minute meetings moving forward on a quarterly basis to discuss one strategy area at a time.

### Workplan review

2:40 PM to 3:20 PM

Discussion around the Prevention & Health Promotion and Health Equity strategies for the remainder of the meeting.

### Prevention and Health Promotion Strategies:

Strategy #1: Implement evidence-based programs that facilitate chronic disease prevention and self-management and increase referrals to those programs.

- Should it include language like "promising practices" or "best practices?" Members agree that evidence-based practices represent a higher level of programming, but they aren't always available. The change in language could allow for more innovation and creativity. We don't always have the evidence yet for working in newer areas, like with e-cigarettes, but we have to start with promising practices.
- Recommend State Health Improvement Coalition update to include "promising practices"

Strategy #3: Increase cancer screening using nationally-recognized guidelines for breast, cervical, and colorectal cancers.

- This objective could fall under Objective #2, but cancer screening was specifically mentioned because we have specific objectives that identify cancer screening rates as a top health issue in the SHIP.

Discussion around the fact that not all objectives have explicitly linked strategies, and vice versa, although broad chronic disease prevention strategies should lead to decreases in the rates of cancer, obesity, and commercial tobacco use, which are the top tier objectives in this section of the SHIP.

### Health Equity Strategies:

Strategy #2: Increase access to evidence-based programs for chronic disease prevention and self-management.

- Work going on in the Chronic Disease Bureau with pharmacists and EMTs (community paramedicine), as well as with other organizations to provide education to the workforce to offer those services and build up the number of healthcare professionals in the workforce.
- Using the language “team-based care” would convey that effectively.
- Include language about training for healthcare professionals, which is a component of being able to do this work effectively.
- Engage with the Community Paramedicine program as a potential partner.
- What resources can be provided to rural hospitals who find, through their Community Health Needs Assessments, that they need more support in providing chronic disease prevention and self-management education? What could they use in their implementation plans? Work with the Critical Access Hospitals through the Montana Hospital Association network.

### Action steps:

- Anna will set a meeting date for September 2019
- Workgroup members will update the workplan to include the ways in which they are addressing the strategies in their organization to provide a more complete picture
  - Send the updates to Anna, who will compile into one workplan document
- Anna and Stacy will review recommendations for additional workgroup members to invite and send invitations
- Follow up on how to better connect rural hospitals with chronic disease-related resources for use in their implementation plans