

## SHA/SHIP COALITION

Meeting Summary, Wednesday, April 26, 2017

12:30 – 4 pm, Great Northern Hotel, Helena

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### Meeting Purpose:

- To review the DRAFT Montana State Health Assessment.
- To describe the current context in which the public health system in Montana is operating.
- To discuss and clarify the role of the SHA/SHIP coalition, and create a vision for the health of Montanans, and a mission and guiding principles for the group.
- To review criteria that will be used to determine SHIP priorities.

### SHA/SHIP members present:

- **Todd Harwell** (DPHHS, PHSD) – Co-Chair
- **Lora Wier** (MPHA Representative) – Co-Chair
- **Joe Russell** (Flathead City-County Health Department — AMPHO Representative)
- **Kathy Moore** (Lewis and Clark Public Health — MEHA)
- **Kristi Aklestad** (Toole County Health Department — Small County Member)
- **Melanie Reynolds** (Lewis and Clark Public Health — Large County Member)
- **Kari Smith** (Department of Environmental Quality)
- **Janet Runnion** (Rocky Boy's Health Board — Tribal Health Department Member)
- **Jean Curtiss** (Montana Association of Counties)
- **Karin Olsen Billings** (Office of Public Instruction)
- **Tressie White** (Helena Indian Alliance)
- **Gina Bruner** (Montana Hospital Association)
- **Katie Hawkins** (Health Resources Division, DPHHS)
- **Eric Higginbotham** (Developmental Services Division, Children's Mental Health Bureau, DPHHS)
- **Bonnie Lorang** (Montana Medical Association)
- **Bobbie Perkins** (Addictive and Mental Disorders Division)
- **Aaron Wernham** (Montana Healthcare Foundation)
- **Gregory Holzman** (State Medical Officer, DPHHS)

### SHA/SHIP members absent/excused:

- **Kim Cuppy** (Fallon County Public Health — Frontier County Member)
- **Heather Jurvakainen** (Park County Public Health Department – Medium County Member)
- **Rosemary Cree Medicine** (Blackfeet Tribal Health Department—Tribal Health Department Member)
- **Kristin Juliar** (Montana State University Office of Rural Health)
- **Tony Ward** (School of Public and Community Health Sciences)

### Other attendees:

- **Natalie Claiborne** (Montana State University Office of Rural Health)
- **Terry Ray** (System Improvement Office, PHSD)
- **Laura Williamson** (State Epidemiologist, PHSD)
- **Tia Hunter** (System Improvement Office, PHSD)
- **Jessica Miller** (Plans Coordinator, PHSIO, PHSD)

### Facilitator:

- **Jane Smilie** (Population Health Partners, LLC)

## Opening and Introduction

<p><b>Introduction</b></p>	<p>Todd Harwell opened the meeting and reviewed the goal for the SHA/SHIP Coalition. The goal is to redevelop our state health assessment (SHA) by using all accessible data to define what the key health issues are that affect the health status of Montanans. This goal will direct us to the next step of developing an updated State Health Improvement Plan (SHIP). Five or six key priority areas will be identified with the aim of having all of the health-focused organizations within Montana focused on impacting them.</p> <p>Jane Smilie added that we want to make sure that we have a SHA and SHIP that are grounded in data and science, and a SHIP that is actionable and operational. We want to make sure that this new SHIP document gets traction and makes an impact.</p>
<p><b>Review of goals for the meeting</b></p>	<p>Jane Smilie</p> <ul style="list-style-type: none"> <li>• Gave an overview of strategic planning</li> <li>• Reviewed the SHA/SHIP timeline, process and opportunities for stakeholder input.</li> <li>• Reviewed the goals and agenda for the day – see purpose above.</li> <li>• See attached slides.</li> </ul>

## Background data and need to improve the health of the population

<p><b>Presentation of assessment data and Q&amp;A</b></p>	<p>Laura Williamson presented data that has been compiled for the DRAFT SHA related to social determinants of health, access to care, mortality, chronic disease, injury, behavioral health, maternal and child health, immunization and communicable disease, and environmental health. For each topic area, she also provided information about additional data that will be included, and populations that need to be addressed in each area. The department has reviewed available County Health Assessments and Tribal Health Assessments -- 49 documents, giving an overview of 52 counties and 2 reservations. The leading health concerns identified by communities are alcohol and substance abuse, cancer, overweight and obesity, and mental health in that order.</p> <p>Aaron Wernham asked if perinatal drug use would be included in the SHA. Laura said she planned to look at this issue using hospital discharge data. Melanie Reynolds asked if Laura could analyze the immunization data by poverty and also asked if STIs would be included. Laura said she would look into the immunization data by poverty and that STIs will definitely be included. Laura requested that the members of the group send her any additional data or feedback from the presentation.</p>
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## Part 1 - Current context of the Public Health System in Montana – Forces of Change - Opportunities and Threats

<p><b>Forces of change assessment</b></p>	<p>Jane Smilie presented slides that depict the breadth of partners considered to be part of the public health system, and gave an overview of the three types of forces of change: trends, factors, events with definitions and examples. Groups were assigned to identify “Forces of change” within one or two of these categories: economic, political, technological, environmental, societal, scientific, ethical and legal.</p> <p>Each group worked to identify the trends, factors, events that are influencing health and our public health system in Montana. The flipchart recordings by category were then rotated around the room and each group added to the work of the other groups. In addition, the group was asked to brainstorm and record threats and opportunities presented by the Forces of Change (see below in SWOT table).</p>
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**The Forces of Change Assessment helps to answer the question...**

What are the trends, factors, events that are influencing the health of Montanans and our public health system in Montana?

**Technological...** increased individual use of technology is affecting community dynamics; technology has allowed easier access and increased access to consultation and care (telehealth, tele consults, behavioral health); proliferation of information (positive and negative) with anonymity; events become permanent yet interpretable; technology has increased social pressures; electronic health records - increased information, both questionable and trusted information

**Environmental...** wildfires and climate change; decreased space between humans and animals/zoonotic diseases; the Bakken oil boom and its environmental, social and economic impacts; funding for environmental protections; housing shortages and the lack of data about this issue; lack of transportation; geographic issues related to workforce; environmental hazards education - what is a person’s risk and how can they mitigate it

**Economic...** hunger - 43% of school kids qualify for free and reduced lunch; outmigration from rural counties; unemployment and poverty among American Indian and Alaska Native populations; ACA and Medicaid Expansion; reimbursement rates affect availability of services and workforce; prescription drug and healthcare costs; salary stagnation; training, recruitment and retention of healthcare providers; the cost of education; fewer people with most of the wealth

**Scientific...** anti-science; funding cuts for the National Institutes of Health (NIH) and public health; no tracking of climate change or place to address it; major cut to the Environmental Protection Agency (EPA); addiction efforts are too “siloed” and should not be; the science and evidence-base for public health; public health is data driven; use of return on investment (ROI) calculations to demonstrate cost-effectiveness; effectiveness of prevention and its ROI

**Societal...** independence and anti-government sentiment; the information technology age; social acceptance of alcohol and tobacco; opioid use; populism; immigration; social pressures; multiple communities and alienation; resistance to home visits

**Political...** possible repeal of ACA/Medicaid expansion and risks for public health and other services; weak uninformed leadership; anti-science and issues such as vaccine, climate change and gun violence; anti-government sentiments (bi-partisan); political decisions are not necessarily based on data and science; lack of non-partisan collaboration

**Ethical and legal...** congressional mandate to repeal and replace the Prevention and Public Health Fund; make up of supreme court (US); personal freedoms and independence vs the health of the population (disregard of seat belt laws, food freedom, immunizations, assisted suicide); President’s proposed budget cuts to federal agencies (NIH, EPA, HHS, HRSA, CDC, FDA, USDA) can disproportionately affect particular populations; the balance between right to know and privacy; the state level environment affecting public health; EPA could stop funding less stringent states; progressive food codes are threatened by funding cuts to FDA; women’s health issues - Title X and choice; ACA Coverage and threats to it (required maternity care, birth control); lack of corporate responsibility (health insurance, benefits, wages)

**Part 2 - Current context of the Public Health System in Montana – Strengths and Weakness of the PH system**

<b>Strengths and Weaknesses</b>	Jane Smilie asked the group to reflect on the Forces of Change analysis and the health issues Laura Williamson presented, and to identify “Strengths” and “Weaknesses” of the current public health system. Coalition members wrote one idea per page and posted these on the sticky wall. The group then identified themes and categorized the strengths and weaknesses. These are presented below with the threats and opportunities identified in the Forces of Change assessment.
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## SWOT Analysis

Strengths	Weaknesses
<p><b>WORKFORCE</b>            Desire to meet and achieve community health goals            Passion            The PHSD local/tribal support team (Kerry and Tia) is making huge strides to support and strengthen local health officials            Knowledge of needs at local levels            Informed state and local leaders            Very professional PH staff            Dynamic, engaging, passionate PH workforce            Leadership            Accessible and trained (competent) workforce (healthcare, public health, behavioral health) (2)            New leadership            Workforce commitment            Epi capacity (state-level)</p> <p><b>PARTNERSHIP RELATIONSHIPS</b>            Community Relationships “everyone knows everyone” (2)            This partnership            Opportunities for collaboration w/ other health partners            Local champions of public health            Small community partnerships leverage our small population (2)            We get along and work well together            We get stuff done when we work together            High expectations            Visiting nurse - case management that drives a whole community approach</p> <p><b>DATA AND EPIDEMIOLOGY</b>            Accurate and accessible data (4)            Data driven, accountable, evidence-based practices            Lessons from the past that can be used            Strong epidemiology programs at DPHHS</p> <p><b>POLICY</b>            Bike lanes            ACA and Medicaid Expansion are good for the public’s health (3)            Whole health approaches            Relatively lower obesity/overweight rates            Healthcare transformation            More primary prevention and early intervention, and knowing the difference            Food safety is a public health program            CPC and other value-based payment methodologies will gradually lead to more payment for prevention</p>	<p><b>STIGMA</b>            Aid to pregnant drug addicted moms            Fear prevents moms from accessing appropriate prenatal care            American Indian health disparities            Drug addiction stigma</p> <p><b>BIG GEOGRAPHY AND LIMITED POPULATION</b>            Big state with many levels of capacity per county            Transportation            Epi/data/evaluation capacity at local level            Environmental monitoring and access to data            No medical school</p> <p><b>ADVOCACY</b>            Lack of predictability (politically driven)            We can improve our messaging            Tiny population of some counties makes it challenging to design and implement a full suite of PH services            Underutilized by those in need            Communication</p> <p><b>WORKFORCE (2)</b>            May lose leaders, institutional knowledge with retirements            Low socioeconomic status of our workforce            Recruiting and retaining talent            Workforce shortage            Hard to attract people to rural counties</p> <p><b>COORDINATION/INTEGRATION</b>            Lack of coordinated program development            Need to increase access to substance abuse and mental health treatment            Education of public health value (with county officials, state, federal, community)            Bombardment of escalating challenges            Alternative science            Lack of coordination between public health and mental health systems            Integration among physical, behavioral and public health            Information flow and sharing            Competing visions and solutions            Challenges to collaboration            Information overload            Often organized by job description vs. problem            Funding silos            Lack of coordination between entities, organizations, jurisdictions</p> <p><b>FUNDING</b></p>

	<p>Lack of funding for public health infrastructure</p> <p>Medicaid reimbursement for good outcomes (performance based)</p> <p>Funding targeted to issues such as suicide and air quality</p> <p>Salaries</p> <p>Public health services are not evenly provided throughout the State of Montana</p> <p>Lack of flexible funding</p> <p>Limited resources with a decreased state GDP</p> <p>Too much to do; not enough people/funding to do it</p> <p>Lack of funding requires careful prioritization of needs</p>
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Opportunities	Threats
<p><b>TECHNOLOGICAL</b></p> <p>Social media (public health advertising, exchange information)</p> <p>Electronic lab reporting shares data much more quickly or health in general</p> <p>Electronic medical records easier to access in timely fashion</p> <p>Enhanced and quicker response to emergencies</p> <p>Technological imperative of health care system</p> <p>Being strategic in health messaging to combat fake news</p> <p>Prescription drug registry - maximize visibility and policy</p> <p>Opportunities for patients to feel more informed and engaged with providers (patient portals)</p> <p>Opportunities for care coordination</p> <p><b>ENVIRONMENTAL</b></p> <p>Increased screening for lead in kids</p> <p>Enhanced opportunities to work with DEQ/OPI to react to wildfire smoke</p> <p>Environmental hazards education</p> <p><b>ECONOMIC</b></p> <p>ACA/Medicaid Expansion</p> <p><b>SCIENTIFIC</b></p> <p>PH is science and evidence based</p> <p>--Figure out messaging (i.e., contraception prevents abortions and teen births, planned parenting)</p> <p>We use and share data</p> <p>--Accountable, assess performance</p> <p>Demonstrate cost effectiveness with ROI</p> <p>Prevention equals ROI</p> <p><b>SOCIETAL</b></p> <p>Social Media</p> <p>Urban vs rural (i.e. telemedicine)</p> <p>Integration of healthcare</p> <p>Health information exchange</p> <p>Able to find your niche</p> <p>Parenting classes</p>	<p><b>TECHNOLOGICAL</b></p> <p>Social Media (bullying, personal health information)</p> <p>Technology (hacking, overuse among youth leading to depression)</p> <p>Availability is inconsistent and inequitable</p> <p>HIE (interoperability concerns)</p> <p><b>ENVIRONMENTAL</b></p> <p>Wildfires and climate change</p> <p>Decreased space between humans and animals/zoonotic diseases</p> <p>The Bakken oil boom and its environmental, social and economic impacts</p> <p>Funding for environmental protections</p> <p><b>ECONOMIC</b></p> <p>Hunger</p> <p>Outmigration from rural counties</p> <p>Unemployment and poverty among American Indian and Alaska Native populations</p> <p>Reimbursement rates affect availability of services and workforce</p> <p>Prescription drug and healthcare costs</p> <p>Salary stagnation</p> <p>Training, recruitment and retention of healthcare providers</p> <p>The cost of education</p> <p>Fewer people with most of the wealth</p> <p><b>SCIENTIFIC</b></p> <p>Anti-science</p> <p>Funding cuts for the National Institutes of Health (NIH) and public health</p> <p>No tracking of climate change/place to address it</p> <p>Major cuts to the Environmental Protection Agency (EPA)</p> <p>Addiction efforts are too "siloes"</p> <p><b>SOCIETAL</b></p> <p>Social media</p>

<p>ACES and trauma-informed care  Personal responsibility or accountability for health  <b>POLITICAL</b>  Protect ACA/Medicaid expansion and freedom  Educate elected officials and public  Integrate and collaborate including on messaging  <b>ETHICAL AND LEGAL</b>  Opportunity to educate law makers</p>	<p>Urban vs rural disconnect  Desire for privacy  Independence, anti-government sentiments and libertarianism  Breakdown of communities  Blurred lines between work, family, life  Lack of resilience skills  <b>POLITICAL</b>  Possible repeal of ACA/Medicaid and risks for public health and other services  Weak/uninformed leadership  Anti-Science impacts on public health issues such as vaccine, climate change and gun violence  Anti-government sentiments (bi-partisan) Political decisions are not necessarily based on data and science  Lack of non-partisan collaboration  <b>ETHICAL AND LEGAL</b>  Repeal and replace the Prevention and Public Health Fund  Make up of supreme court (US)  Personal freedoms/independence vs the health of the population (disregard of seat belt laws, food freedom, immunizations, assisted suicide)  President’s proposed budget cuts to federal agencies (NIH, EPA, HHS, HRSA, CDC, FDA, USDA) can disproportionately affect particular populations  The balance between right to know and privacy State level environment affecting public health  EPA could stop funding less stringent states Progressive food codes are threatened by funding cuts to FDA  Women’s health issues - Title X and choice  ACA Coverage and threats to it (required maternity care, birth control)  Lack of corporate responsibility (health insurance, benefits, wages)</p>
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<p><b>Debrief on SWOT</b></p>	<p>At the end of the exercise, Jane debriefed the group and asked for:  -Observations, insights and concerns from the exercise?  -How might the forces of change influence development of the SHIP?  -Did this bring to mind any additional data that should be considered for inclusion in the SHA?  -What do we need think about in terms of our PH system strengths and weaknesses as we not only develop, but implement the SHIP?</p> <p>Greg Holzman commented that in regards to technology, electronic health records have completely changed our society in both positive and negative ways. Telemedicine has also played a strong role in changing public health.</p> <p>Bonnie Lorang commented that the activity showed a lot of intermingling, that the lines between and among the columns of strength and weakness are soft lines.</p>
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	<p>Jane Smilie added that this can be seen in that the strengths and weaknesses cover a lot of the same topics.</p> <p>Aaron Wernham commented that in regard to Medicaid expansion, although we are more of a prevention oriented group, it provides some of the strongest tools to combat substance abuse. Together with the rest of the ACA there is a gradual movement toward value-based healthcare which means paying for outcomes instead of paying for services. This will allow prevention to become more important.</p> <p>Joe Russell commented that there is still a lack of incongruence between public health and primary prevention. We want to spend less money and have better health outcomes in the end. However, in the short run we spend more money because we have not changed the insurance paradigm to understand that we have this tremendous opportunity to change health outcomes but our insurance companies provide challenges.</p> <p>Greg Holzman added in that we need to change the outcome so that we are looking at the same thing. In the medical world, they are trying to change to a value-based outcome. As a result, in public health we should discuss the same thing.</p> <p>Gina Bruner commented that when you look at the system there is this high expectation with increased demand and challenges when it comes to public health, but decreased resources.</p> <p>Kristi Aklestad added that this is also shown in the workforce columns. They are seen as both positive and negative. We see a great workforce, they are passionate and have good leadership, but this is also a struggle because we are poor in resources and that leads to an imbalance.</p> <p>Joe Russell commented that he sees that passion in parts of the public health workforce, but in turn sees a lack of passion in other departments. The poor attitudes are a result of not seeing a big impact over the years. We had some great successes in the legislative session this year, everyone was able to come together to communicate and work together for a common goal.</p>
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**Role of the SHA/SHIP coalition, vision for the health of Montanans, and mission and guiding principles for work of this group**

<p><b>Presentation on role, vision, mission, guiding principles</b></p>	<p>Todd Harwell provided a description of the role DPHHS envisions for the SHA/SHIP coalition in 1) development of the plan; 2) implementation, and 3) tracking of outcomes.</p> <p>Jane Smilie provided background for group work below with slides that provided definitions and basic information that is conveyed with 1) vision statements, 2) mission statements, and 3) guiding principles.</p>
<p><b>Brainstorm vision, mission, guiding principles</b></p>	<p>Jane provided a handout with sample vision statements – for Montana and other locales - with a vision for the health of a population, sample mission statements and sample guiding principles. The handout provided instructions for small group work to brainstorm ideas for each (see attached handout). She emphasized that wordsmithing is not important. We are looking to capture the concepts important to the SHA/SHIP Coalition members and will work with what they give us and will provide them with something to finalize at the next meeting.</p>

<p><b>Vision</b></p>	<ul style="list-style-type: none"> <li>• Healthy people, healthy communities, strong economy</li> <li>• A healthy Montana for all of us takes all of us</li> <li>• A culture of health, our lives, our health, cultivating health</li> <li>• Montana is...healthy, thriving, productive, working</li> <li>• One of the top 10 healthiest states</li> <li>• Safe and healthy environment</li> <li>• Montana: Healthy every day</li> <li>• Big Sky...healthy communities</li> <li>• Ideas: independence; choice; healthier Montana/healthier you; healthy communities; live, work, play; safe; collaboration; value, economy; hope; improvement; education; healthy environment</li> </ul>
<p><b>Mission</b></p>	<ul style="list-style-type: none"> <li>• The mission of this group is to mobilize engaged stakeholders to implement evidence-based solutions for priority health issues</li> <li>• We improve the health of every Montanan through community engagement and other evidence-based action</li> <li>• Shape the processes that build better health outcomes in Montana</li> <li>• Create a bridge from/between Montanan's health needs and available resources</li> <li>• Assess, plan and act to achieve health, well-being, resilience</li> <li>• Leadership, guidance, representing our communities broad range of perspectives, focus, smart, evidence-based strategies, backbone or foundation to address health</li> <li>• Value; economy; healthy (well-being, self-reliance, happiness); people of Montana; protection, strengthen, improve, empower; physical, mental health synergy; safety; without destroying the environment; partnership; collective impact; priority health areas</li> <li>• Other words: leveraging, collaboration, networking, connecting, maximize</li> </ul>
<p><b>Guiding principles</b></p>	<ul style="list-style-type: none"> <li>• Value differences (cultural, attitudes, beliefs)</li> <li>• Value connection to the people</li> <li>• Evidence-based strategies/decision making (4)</li> <li>• Data driven</li> <li>• Doable, feasible – can show progress (do not need to solve the problem)</li> <li>• Value open communication and collaboration</li> <li>• Respect</li> <li>• Engage in collaboration (3)</li> <li>• Buy-in = success, sustainability</li> <li>• Value all voices</li> <li>• We value connection – we are committed to strategies and actions that reflect and encourage connections across our communities</li> <li>• We acknowledge the importance of delivering results with the resources we are given</li> <li>• Reducing disparities</li> <li>• Look good while we are doing it</li> <li>• Building systems that support our goals</li> <li>• Respect what matters to Montanans – Montana values</li> <li>• Science, data, research</li> <li>• Accountability to report back to colleagues</li> <li>• Get results &gt; forward moving</li> <li>• Systems thinking</li> <li>• Not all public health priorities will be ranked as winnable</li> </ul>

	<ul style="list-style-type: none"> <li>• Population health significance</li> <li>• Improvement Native American outcomes</li> <li>• Equity in opportunity – rural, urban, etc.</li> </ul>
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**Review criteria that will be used to determine SHIP priorities, thank you, next steps**

<b>Presentation of initial ideas</b>	<p>Laura Williamson reviewed initial ideas for review criteria that could be used to determine SHIP priorities and seek initial feedback. She let the group know there will be additional opportunities for feedback as this work evolves. She reminded the group we want to focus on choosing five or so top health priorities for the State of Montana. ASTHO has identified some evidence-based activities that groups can work through to identify priorities. We will be using these activities as we design a process for this group to rank and then select priority health conditions, health behaviors and/or social determinants to address. One thing to consider is whether or not there is available data to track progress on a particular issue. Criteria may include consideration of impact, importance, and feasibility of addressing an issue. Additionally, we will need to consider health equity.</p>
<b>Thank you and next steps</b>	<p>Todd Harwell thanked the group and reminded everyone that the next meeting will be a face-to-face meeting on June 28<sup>th</sup> at the Montana Hospital Association in Helena, MT. 2625 Winne Ave, Helena, MT 59601.</p>

**SHA/SHIP COALITION MEETING**  
**Punchlines from the Forces of Change/SWOT analysis**  
**APRIL 26, 2017**

- Our public health workforce is competent, committed, professional
- Our workforce challenges are the aging of our professionals, recruitment & retention, and organizational changes
- Our community and organizational relationships are strong....but sometimes we lack decision-maker involvement among our partners and stakeholders
- Public health is a data-driven enterprise
- The Affordable Care Act and Medicaid Expansion in Montana have increased coverage in our state and more people can access health care
- We are concerned about the future
- We have a self-reliant, independent culture in Montana that can sometimes make it difficult to improve population health through policies that seek to change long-standing norms.
- However, this self-reliance and independence can build community cooperation and can drive problem-solving
- There is a growing recognition and commitment to address health disparities
- We need to improve understanding of our public health system and its potential impact
- Categorical funding continues to leave us without flexibility and limits the strengthening of our infrastructure
- Stakeholders are recognizing the importance of linkages between environmental protections and health status.....however, we fear that environmental health policies are under assault
- There is a stronger science base for public health actions...but we fear the legitimacy and value of this science base is often questioned or disregarded
- Technology can work both for us and against us
- Looking forward, we are focusing on whole person health

**Agenda**  
**SHA/SHIP Coalition**  
**April 26, 2017**  
**12:30pm-4:00pm**  
**Great Northern Hotel—Iron Horse Ballroom, (406) 457-5500**  
**835 Great Northern Boulevard**  
**Helena, MT 59601**

**Old Business**

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|----------------|--|---|
| <b>12:30pm</b> | Roll call of members-Introduction of members           | <b>Todd Harwell</b><br>(PHSD<br>Administrator)    |
|                | Approval of previous meeting minutes and announcements | <b>Todd Harwell</b><br>(PHSD<br>Administrator)    |
| <b>12:40pm</b> | Review SHA/SHIP Timeline and Process                   | <b>Jane Smilie</b><br>(Independent<br>Consultant) |

**New Business**

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|--------------------------------|---|--|
| <b>12:50pm</b>                 | SHA Content Health Areas Presentation   | <b>Laura Williamson</b><br>(State Epidemiologist)  |
| <b>1:25pm</b>                  | Forces of Change (Opportunities and Threats)  | <b>Jane Smilie</b><br>(Independent<br>Consultant)  |
| <b>Short Break (10minutes)</b> |   |  |
| <b>2:05pm</b>                  | Strengths and Weakness of the PH System   | <b>Jane Smilie</b><br>(Independent<br>Consultant)  |
| <b>2:50pm</b>                  | Role of the SHA/SHIP Coalition, vision for the health of Montanans, and mission and guiding principles for work of SHA/SHIP Coalition | <b>Todd Harwell</b> (PHSD<br>Administrator) &<br><b>Jane Smilie</b><br>(Independent<br>Consultant) |
| <b>3:40pm</b>                  | Discuss Prioritization Criteria   | <b>Laura Williamson</b><br>(State Epidemiologist)  |
| <b>3:50pm</b>                  | Wrap up and next steps  | <b>Todd Harwell</b> (PHSD<br>Administrator) &<br><b>Jane Smilie</b><br>(Independent<br>Consultant) |

***\*For assistance on April 26<sup>th</sup>, please contact Jackie Tunis at (406) 444-7374***

*For more information, contact Jessica Miller at 406-444-5968 or [JMiller5@mt.gov](mailto:JMiller5@mt.gov)*

*Office of Public Health System Improvement, Public Health and Safety Division, MT DPHHS*

# 2017 Montana State Health Assessment Initial Findings

SHA SHIP Coalition

April 26, 2017

Helena, MT

Presented by Laura Williamson

# State Health Assessment Outline

- Social Determinants of Health & Access to Care
- Mortality
- Chronic Disease
- Injury Prevention
- Behavioral Health
- Maternal & Child Health
- Immunization & Communicable Disease
- Environmental Health

# LEADING HEALTH CONCERNS identified by Montana Community Health Assessments

**1** Alcohol & Substance abuse

**2** Cancer

**3** Overweight & Obesity

**4** Mental Health

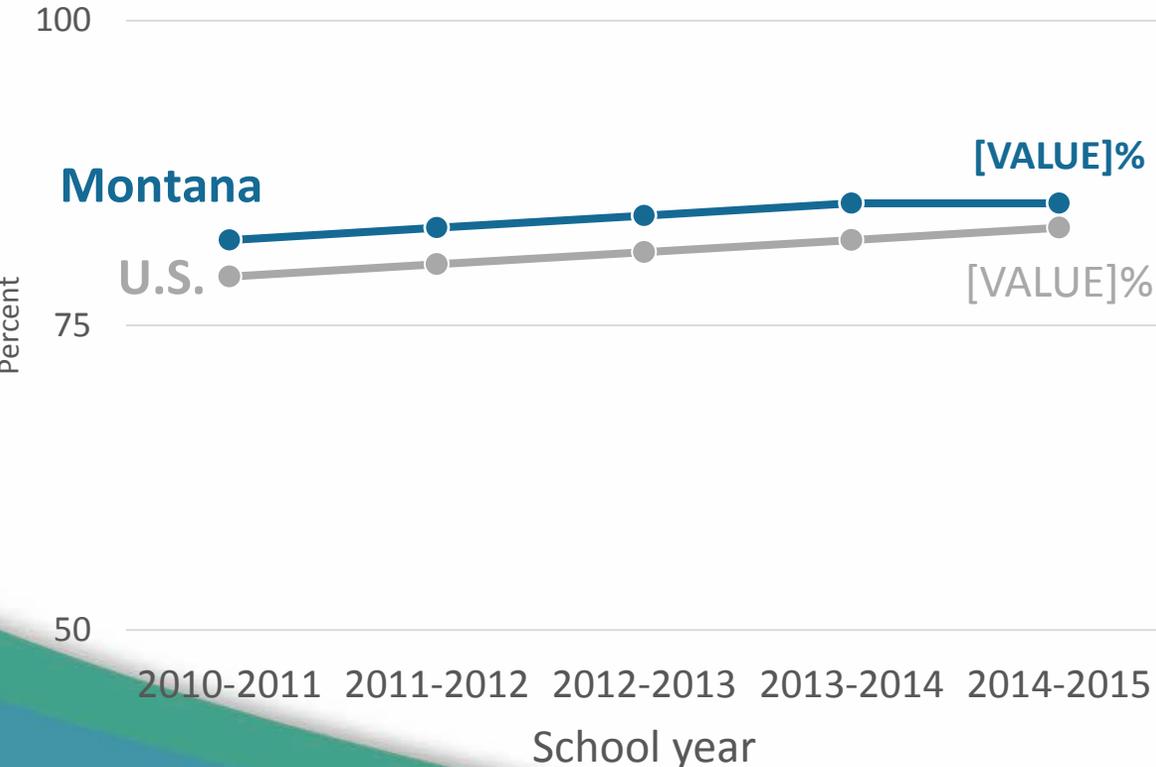


# **SOCIAL DETERMINANTS OF HEALTH & ACCESS TO HEALTH CARE**

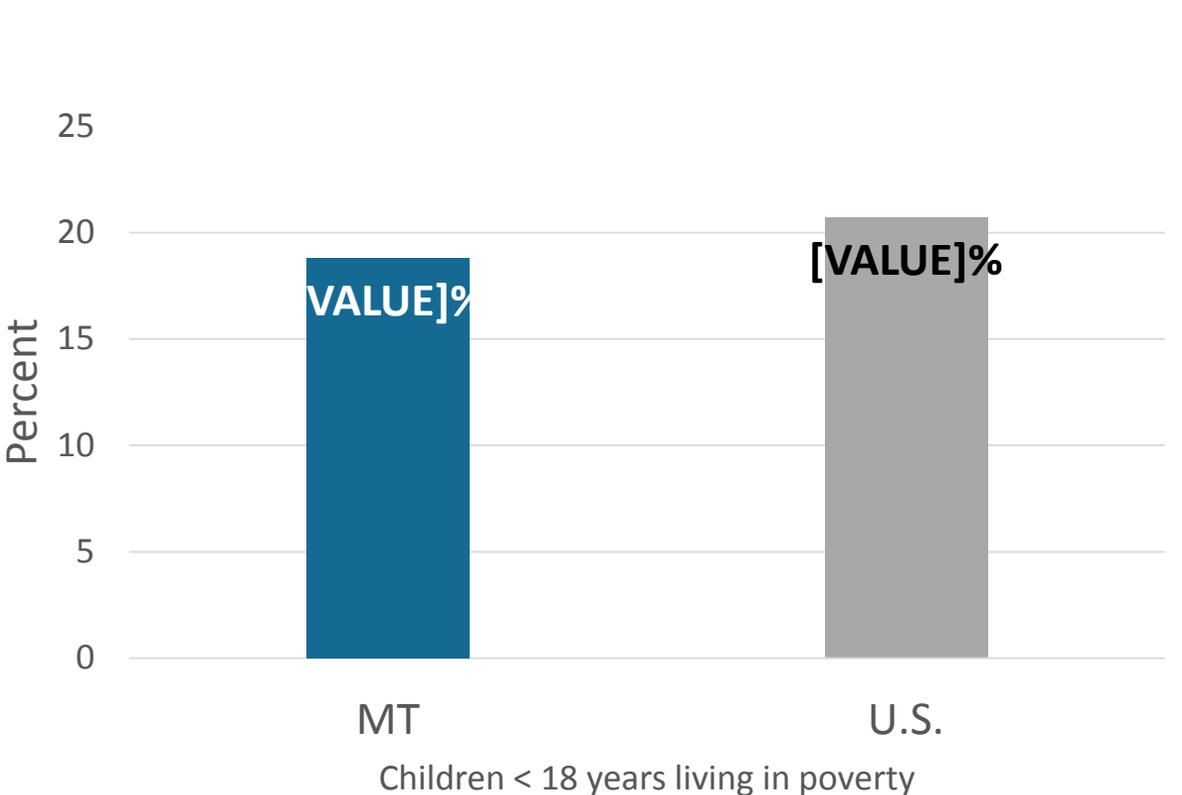
# Education & poverty are indicators of socio-economic status

**85%** of Montana students graduate high school in 4 years; nearly **1 in 5** children live in poverty

### % of students graduating in 4 years, 2010-2015



### % of children living in poverty, 2015

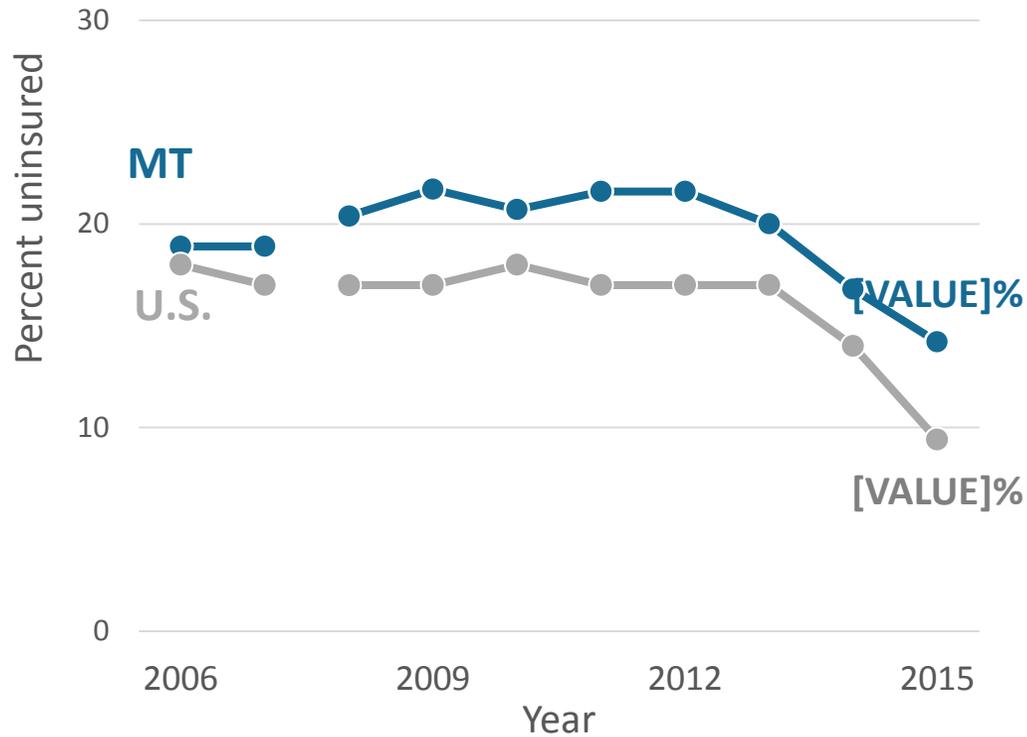


Measure: Percentage of ninth-grade cohort that graduates in four years  
Data source: U.S. Department of Education, ED Facts; U.S. Census Bureau, American Community Survey, 2015

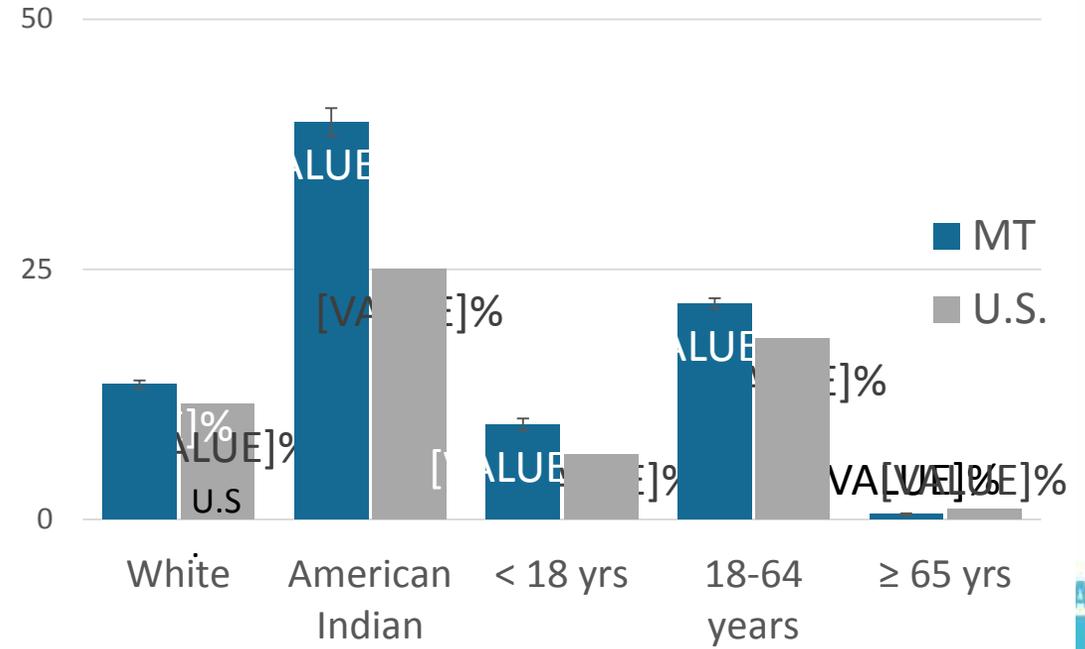
# In 2015 14% of Montanans had no health insurance

The % of uninsured Montanans has declined since 2006 with further declines in uninsured expected due to Medicaid expansion

## % Uninsured under age 65 years



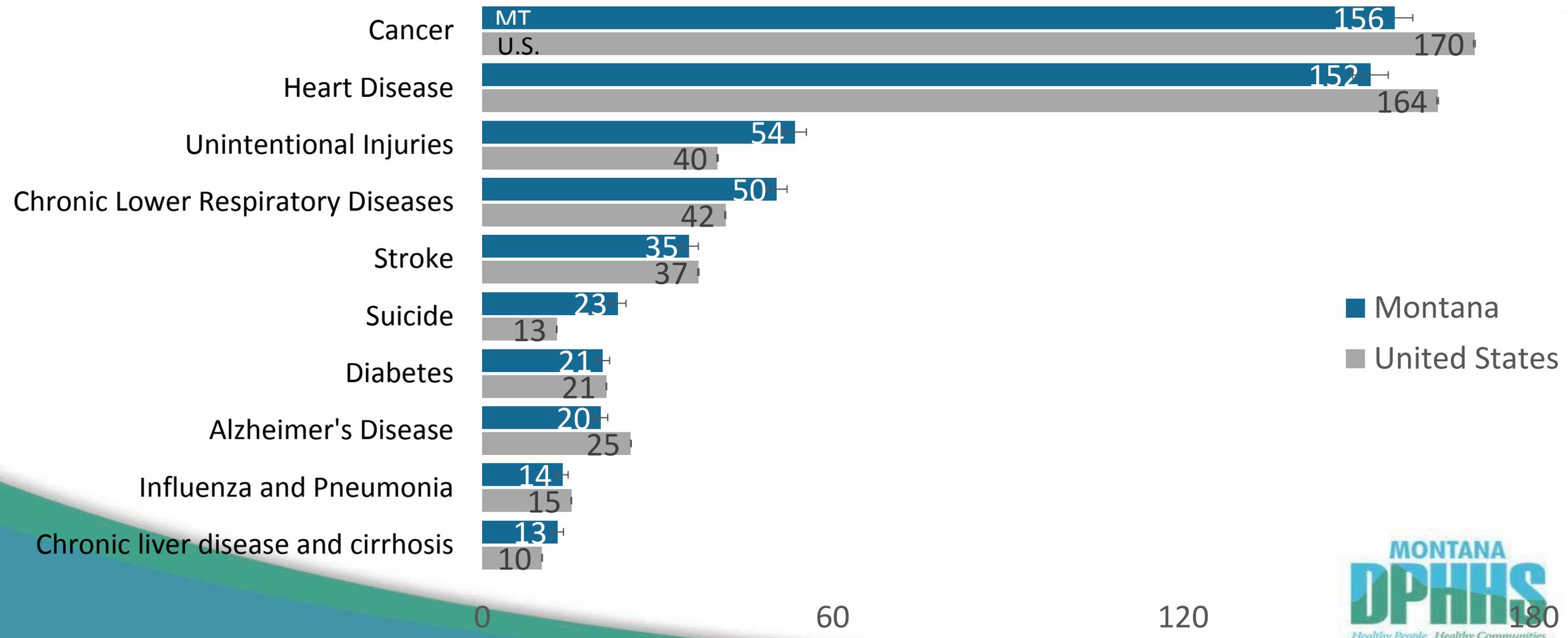
## % Uninsured ≤ 65 years by race & age group, 2015



# LEADING CAUSE OF DEATH

# Top 10 leading causes of death in MT and U.S.

MT had **LOWER** mortality rate due to cancer & heart disease;  
**HIGHER** mortality rate due to unintentional injury, CLRD, & suicide

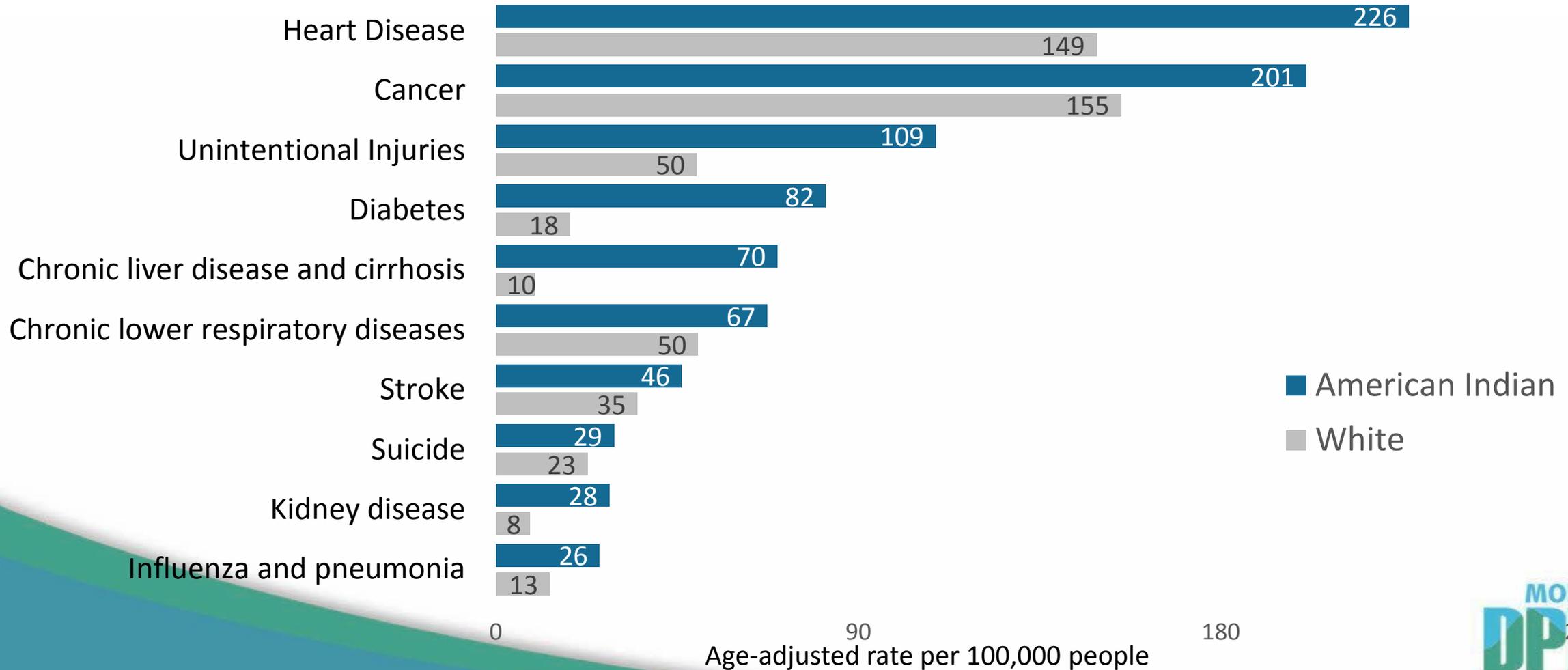


Data source: Montana Death Records, 2011-2015

Age-adjusted rate per 100,000 people

# Top 3 leading cause of death are the same by race

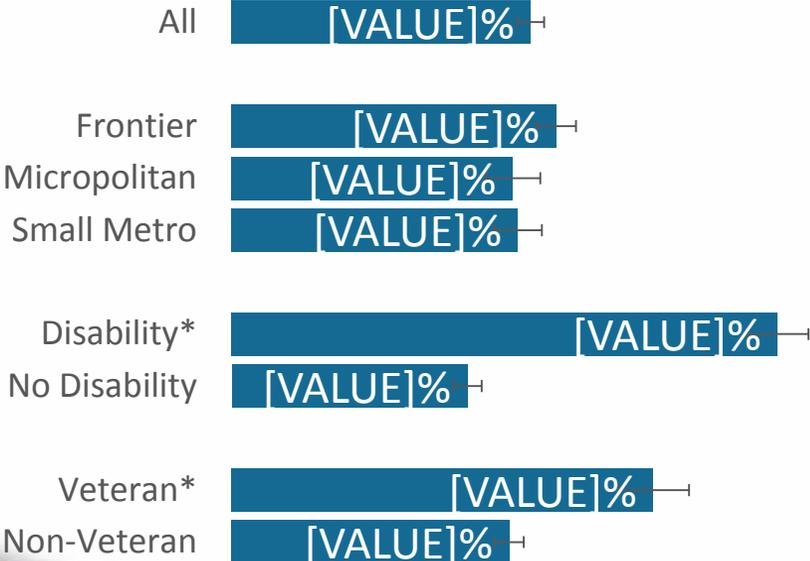
From 2011-2015 the mortality rate for chronic disease & unintentional injury was greater among AI residents



# CHRONIC DISEASE

# Over 1 in 3 Montana adults report having 2 or more chronic conditions

**% of adults with 2 or more chronic conditions, 2015**



**% of adults that self-reported chronic condition, 2015**

Chronic Condition	
1. Arthritis	26.8%
2. Asthma	8.9%
3. Cancer (exclude skin cancer)	7.9%
4. Diabetes	7.9%
5. COPD	5.7%
6. Cardiovascular disease	3.2%
7. Stroke	2.7%
7. Kidney disease	2.5%

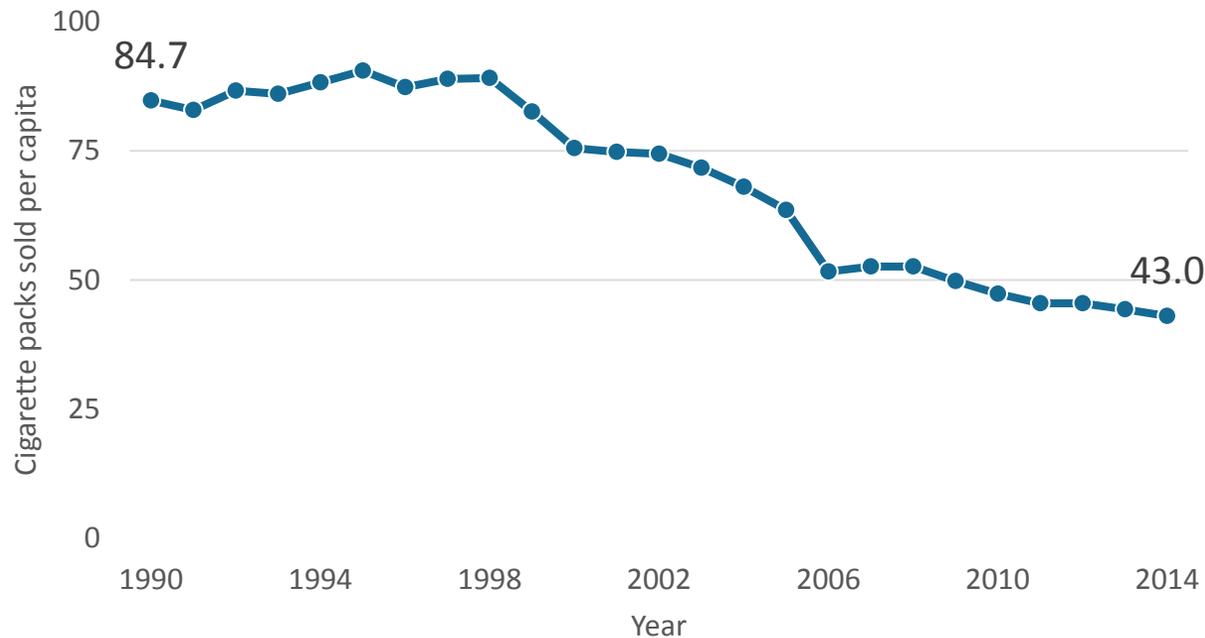
\* Statistically significant difference  
 Data source: Montana BRFSS, 2015



# 1,600 tobacco related deaths each year

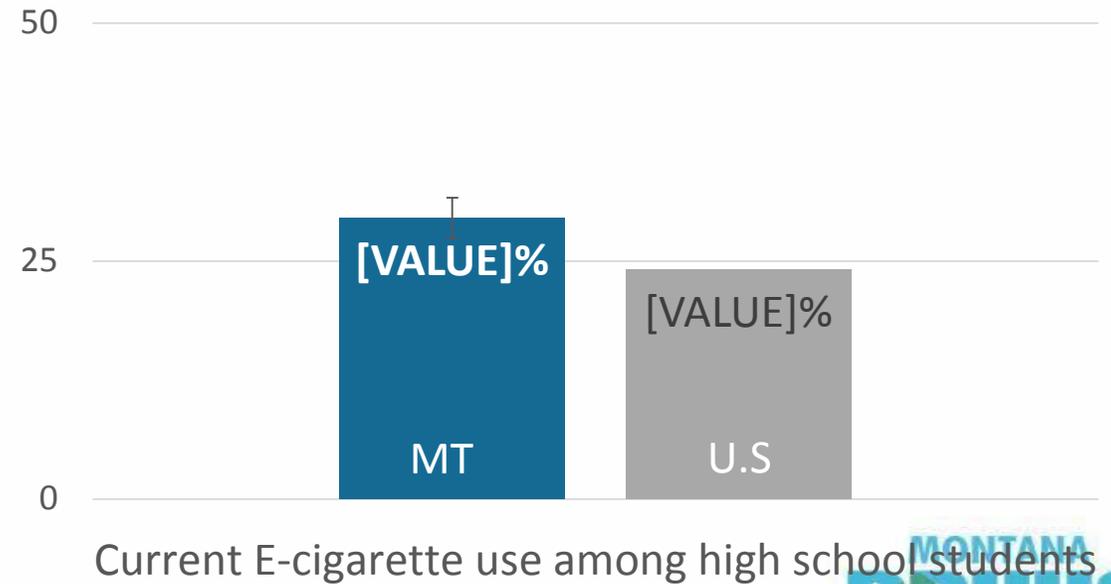
In 2015, 19% of adults and 13% of students were current smokers. Too many students are using new tobacco products.

## Cigarette packs sold per capita, 1990-2014



Data source: Orzechowski W, Walker R. The tax burden on tobacco. Historical Compilation, Volume 49. Arlington (VA): Orzechowski and Walker Economic Consulting Firm; 2014.

## % of high school students who are current e-cigarette users, 2015

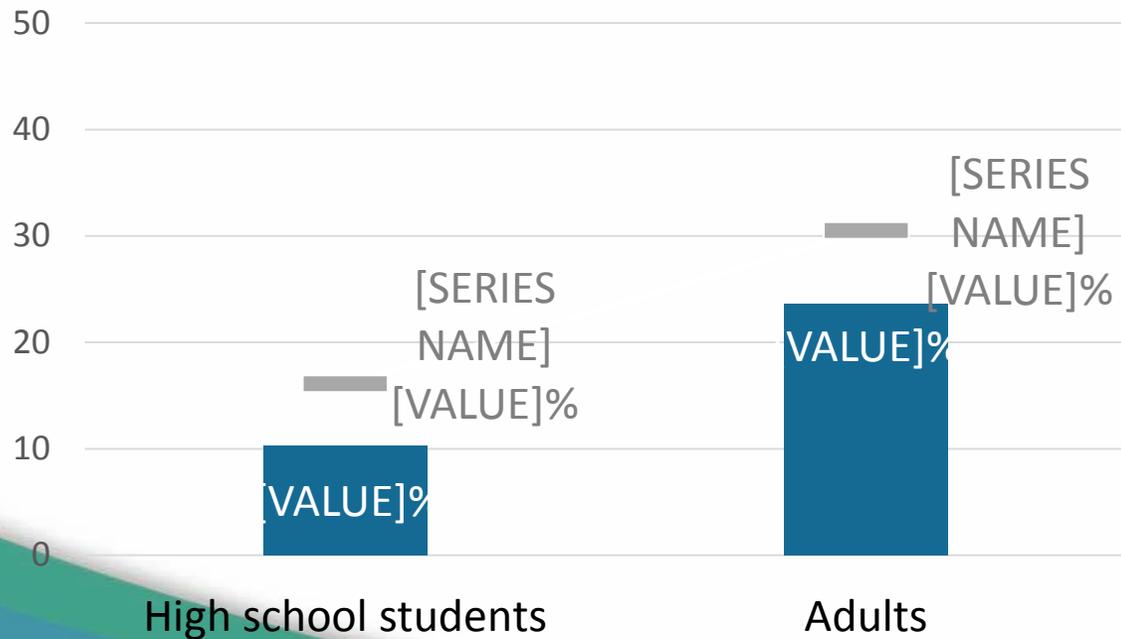


Data source: Montana Youth Risk Behavior Survey, 2015

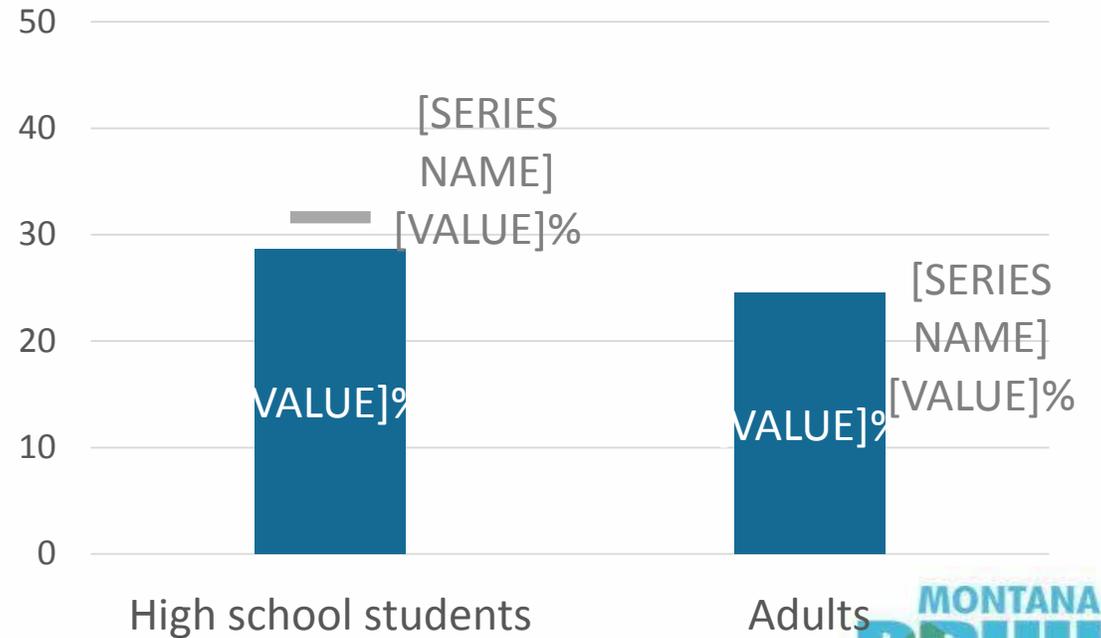
# 1 in 10 students & 1 in 4 adults are obese in MT

Too many Montanans do not meet physical activity recommendations

**% of MT adults & high school students who are obese, 2015**



**% of MT adults & high school students meeting physical activity recommendations, 2015**



\* Statistically significant difference

Data source: Montana BRFSS, 2015; MT YRBS, 2015

# CHRONIC DISEASE

## The data also show...

### Health areas to work on

- Colorectal cancer screening
- Diabetes prevention & control
- Asthma control
- Blood pressure control
- Access to stroke care
- Oral health

### Populations to target

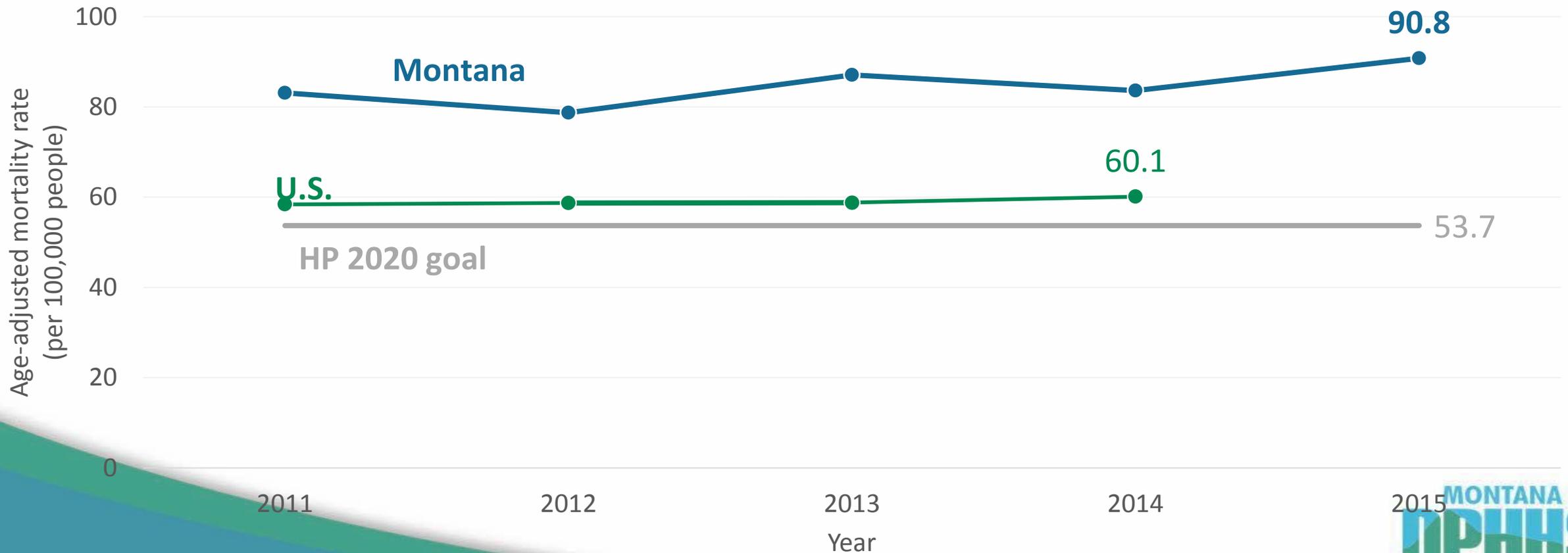
- Low SES Montanans (e.g., Medicaid)
- American Indian communities
- Persons with disabilities
- Veterans
- Frontier counties

# INJURY

# 900 deaths from injury and violence each year in MT

Approx. 4,300 hospitalizations & 55,000 admitted to the ED each year

## Mortality rate of injury in violence, 2011-2015

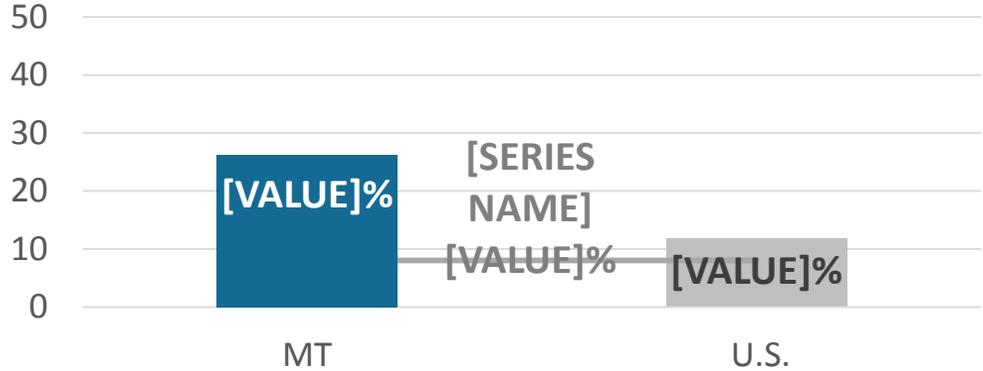


Data source: Montana Death Records, 2011-2015; National Center for Health Statistics, 2011-2015

# 200 fatalities from motor vehicle accidents each year

Unsafe driving practices **HIGH** among Montanans. **1 in 4** do not wear a seat belt; **1 in 2** students text while driving

### Adults that do NOT wear seatbelt, 2016



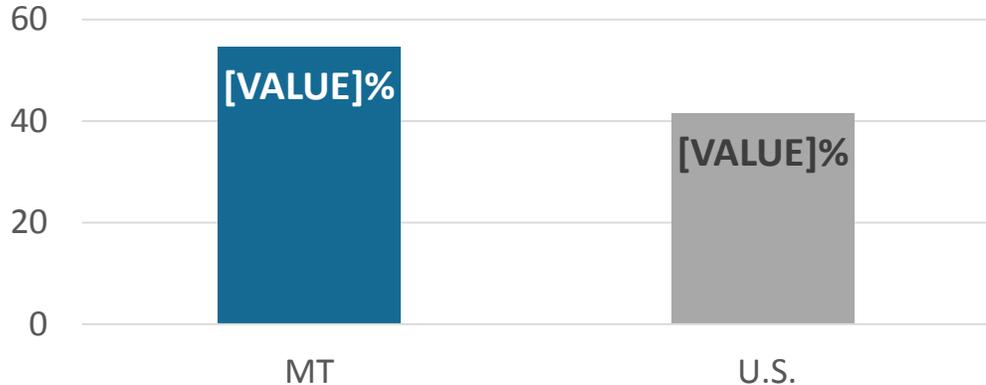
### Students that do NOT wear seatbelt 2015



### Adults that drink & drive, 2016



### Students that text & drive, 2015

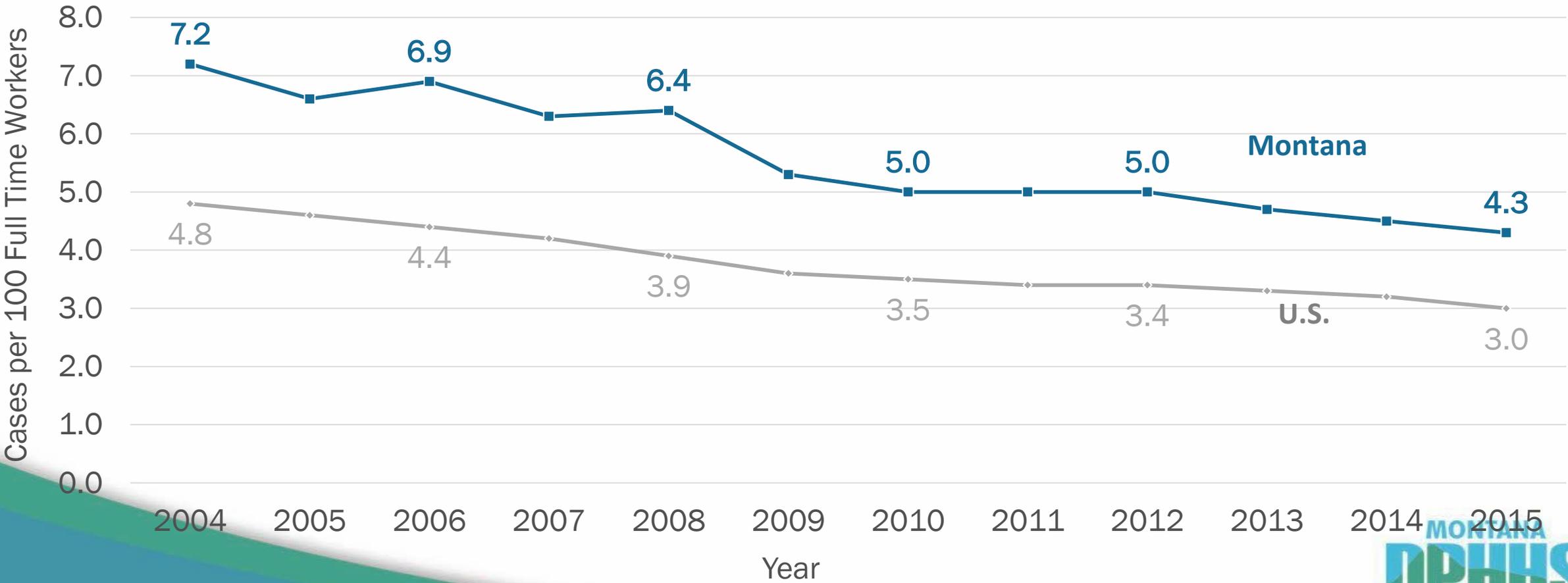


Data source: Montana BRFSS, 2015; MT YRBS, 2015

# High incidence of work-related injury and illness

## MT 4<sup>th</sup> highest rate in the country in 2015

Non-fatal injury & illness cases per 100 full time workers, 2004-2015



Data source: BLS Survey of Occupational Injuries and Illnesses (SOII) (private industry, 2004-2015)

# INJURY

## The data also show...

### Health areas to work on

- Unsafe driving practices
- Falls
- Suicide
- Unintentional poisonings

### Populations to target

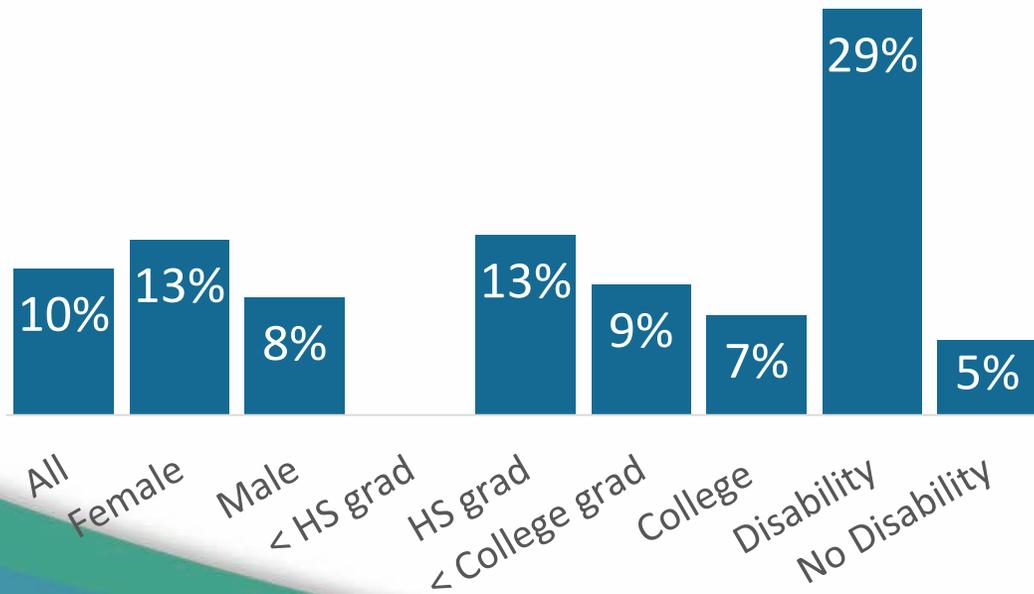
- Children
- Older adults
- Particular occupations
- American Indian communities

# BEHAVIORAL HEALTH

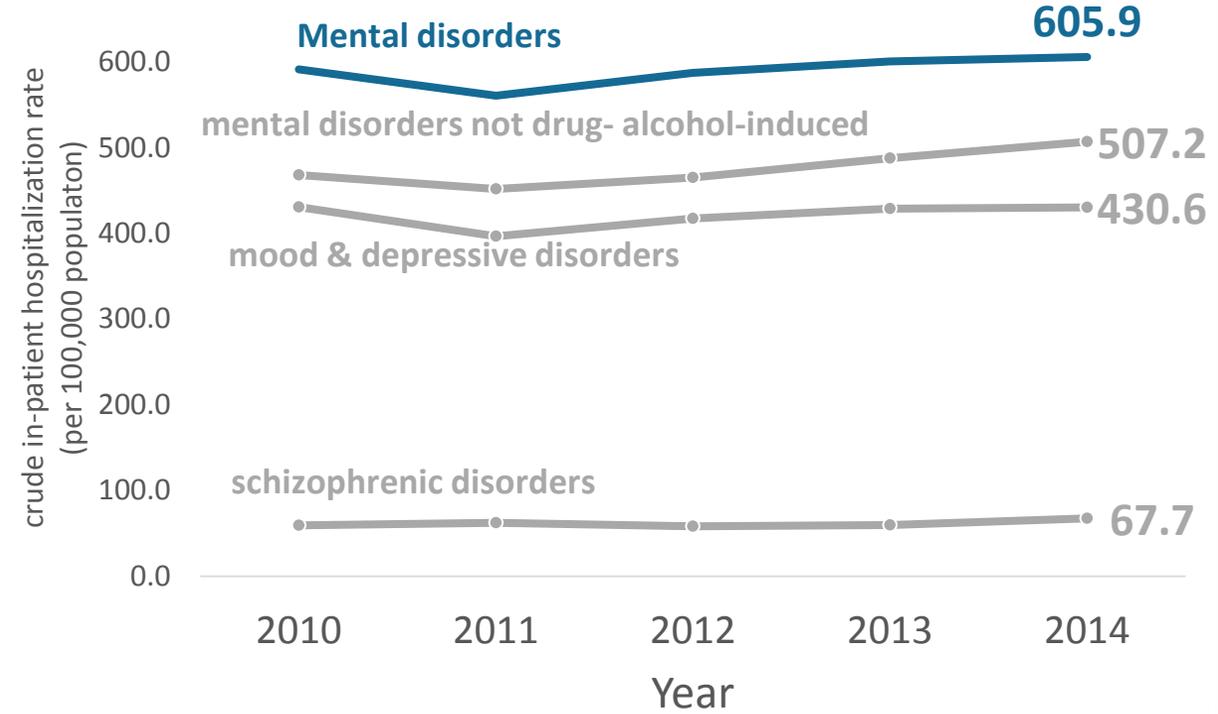
# 1 in 10 Montana adults report frequent mental distress

In 2014, 6,200 admissions for mental disorders

**% self-report frequent mental distress among adults ( $\geq 14$  of 30 days poor mental health), 2016**



**Rate of hospital admissions for mental disorders, 2010-2014**



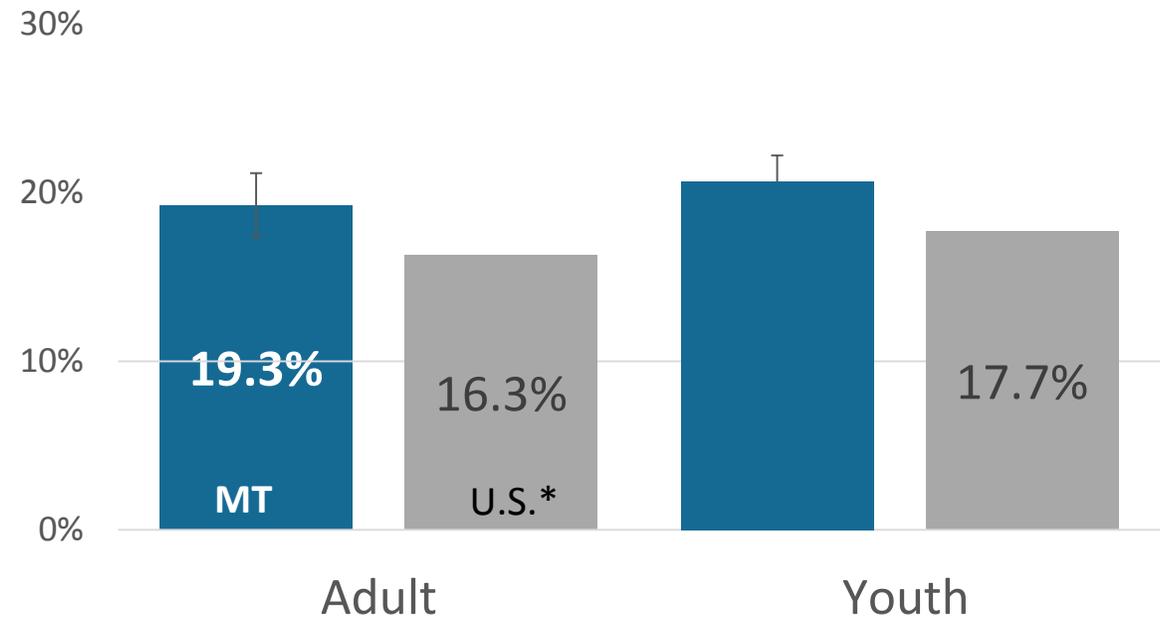
# Illicit drug use or abuse in MT was similar to U.S.

Alcohol use was **HIGH** in MT compared to U.S.

## Illicit drug use, 2014-2015

	Aged 12-17 years	Aged 18+ years
Past year marijuana use	14.6%	15.5%
Past year cocaine use	0.6%	1.6%
Past year heroin use	0.2%	0.2%

## % of adults & students that binge drink, 2016 & 2015

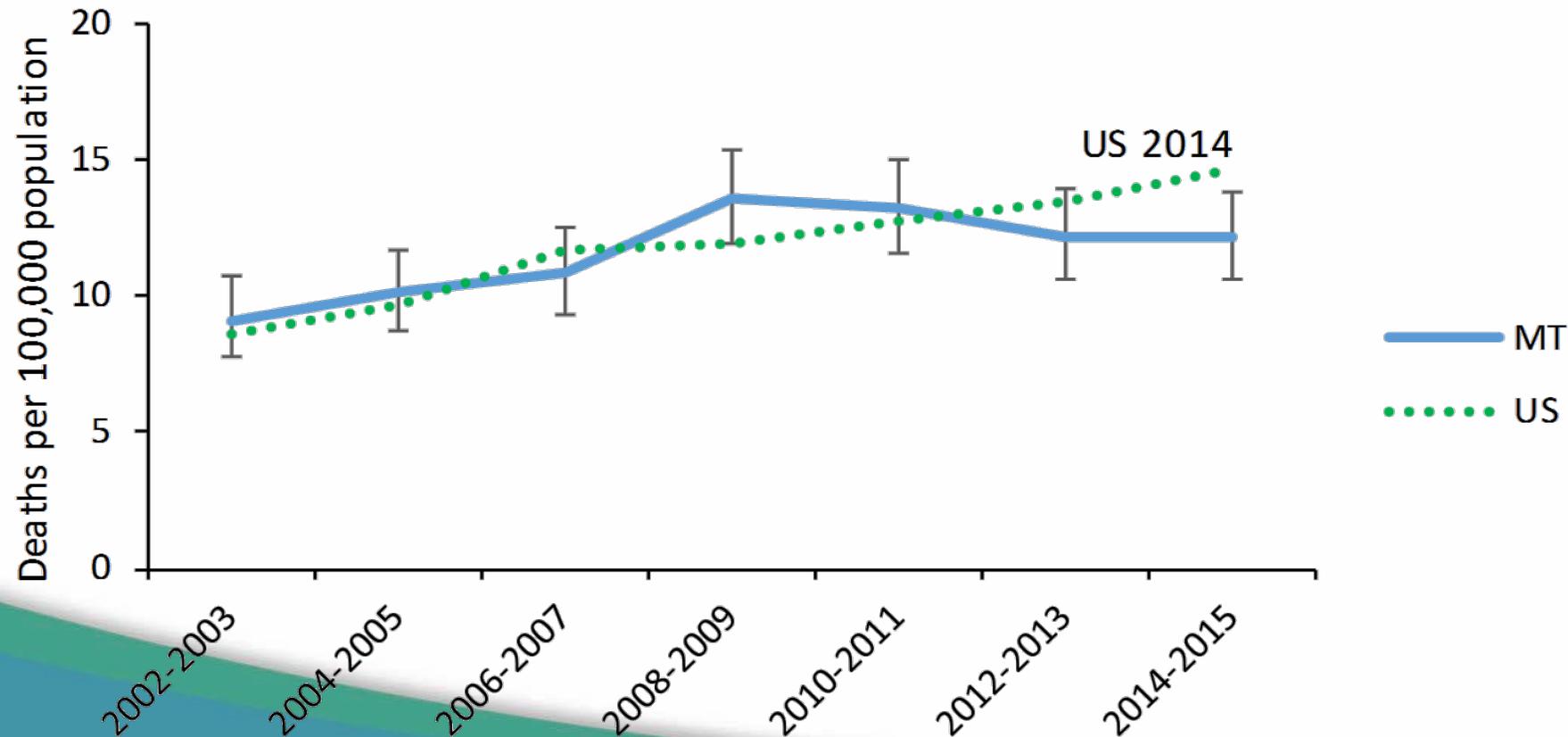


Data Source: National Survey on Drug Use & Health, 2004-2015; MT BRFSS 2016; MT YRBS 2015

\*U.S. estimates for 2015; Binge drinking among adults defined as  $\geq 5$  drinks for males &  $\geq 4$  drinks for females in one sitting. Binge drinking among students is defined as  $\geq 5$  drinks within a couple of hours within last 30 days

# Fatalities for drug over dose **LOWER** in MT compared to U.S.

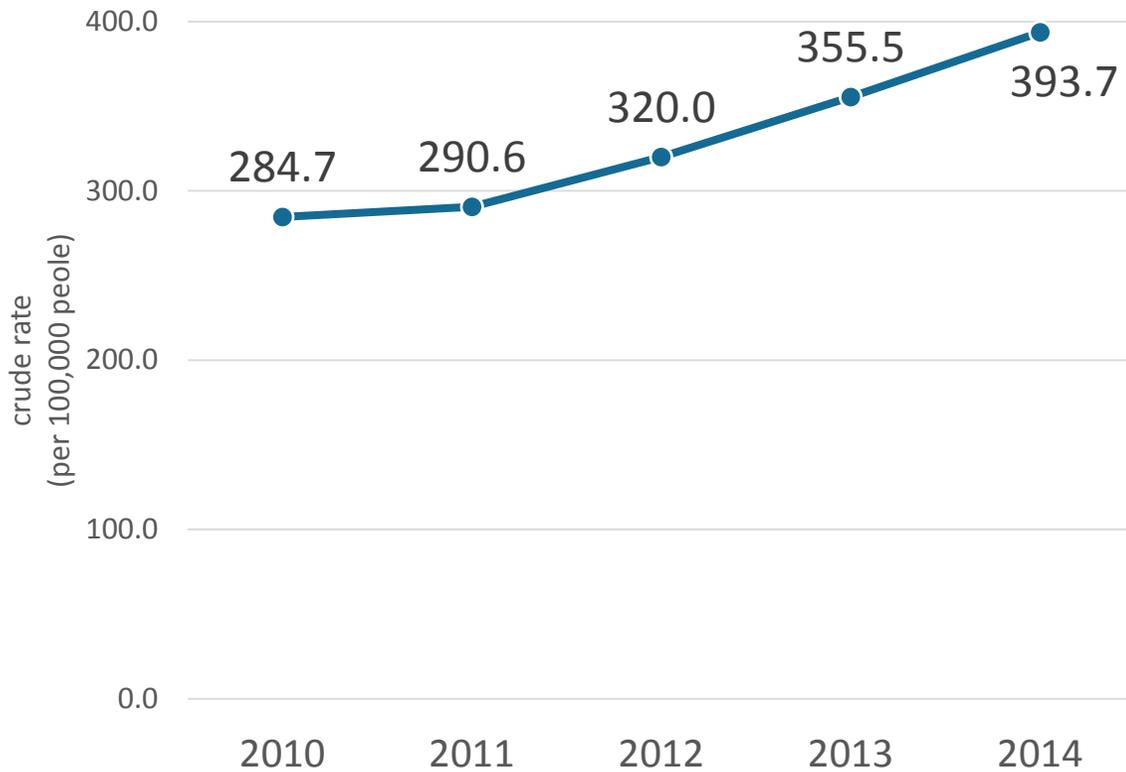
United States and Montana Drug Poisoning  
Age-adjusted Death Rates  
US and Montana Resident Occurrences, 2002-2015



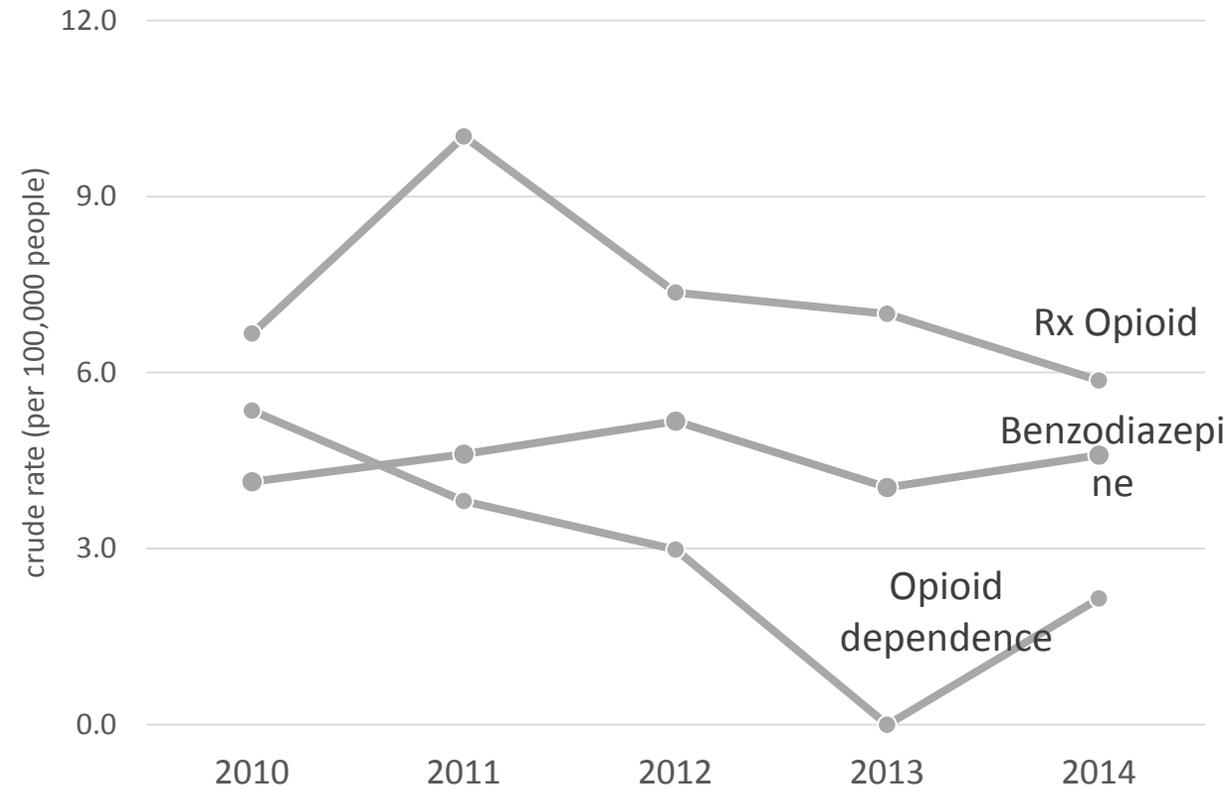
# Hospital admissions for drug use have increased

**3,300 admissions** per year, on average, between 2010-2014

### Rate of hospital admissions for all drugs, 2010-2014



### Rate of hospital admissions for select drugs, 2010-2014



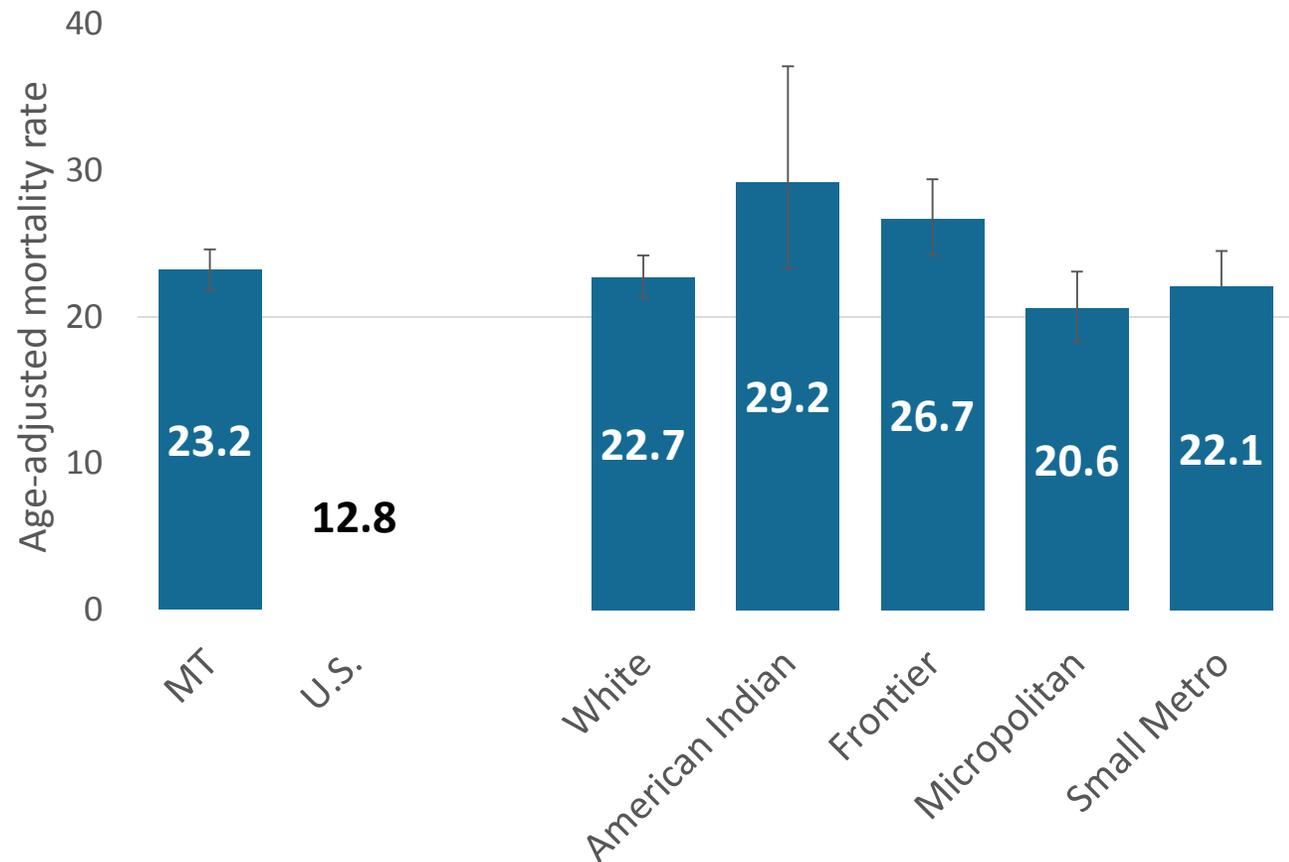
# Suicide among Montanans too HIGH

Over **240 suicides** each year and over **1,000 admissions to the ED** for self harm

## Populations at risk

- Increasing among women
- Veterans
- Young adults
- Middle aged men

## Suicide rate by demographics, 2011-2015



# BEHAVIORAL HEALTH

The data also show...

## Health areas to work on

- Prescription drug abuse
- Alcohol use
- Access to mental health care & substance abuse treatment
- Methamphetamine & heroin

## Populations to target

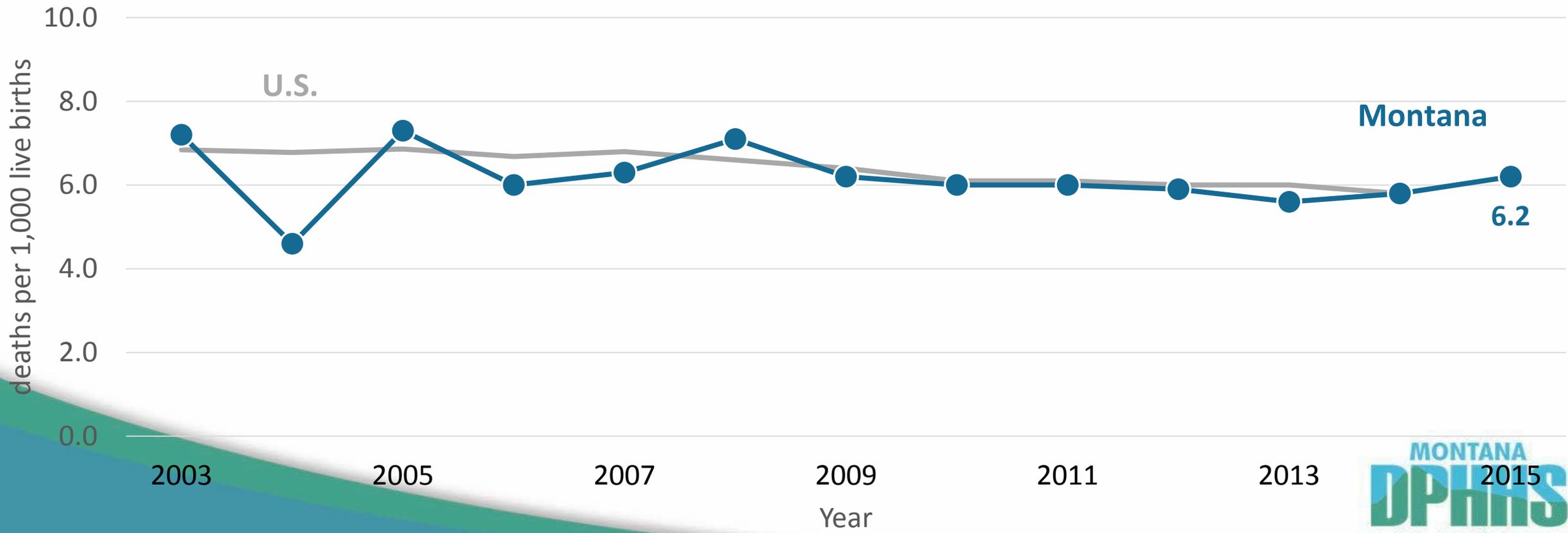
- Statewide
- Young adults

# MATERNAL & CHILD HEALTH

# Infant mortality in MT is similar to U.S.

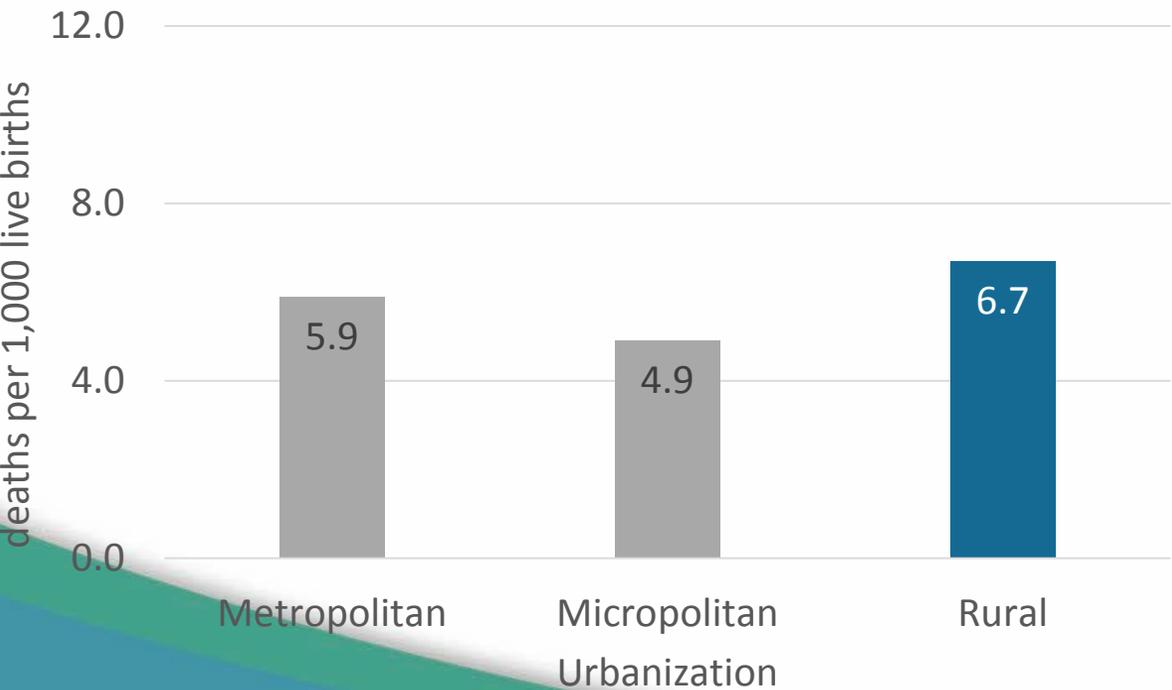
From 2011-2015, 71 infants died, on average in first year of life per year.

## Infant mortality per 1,000 live births

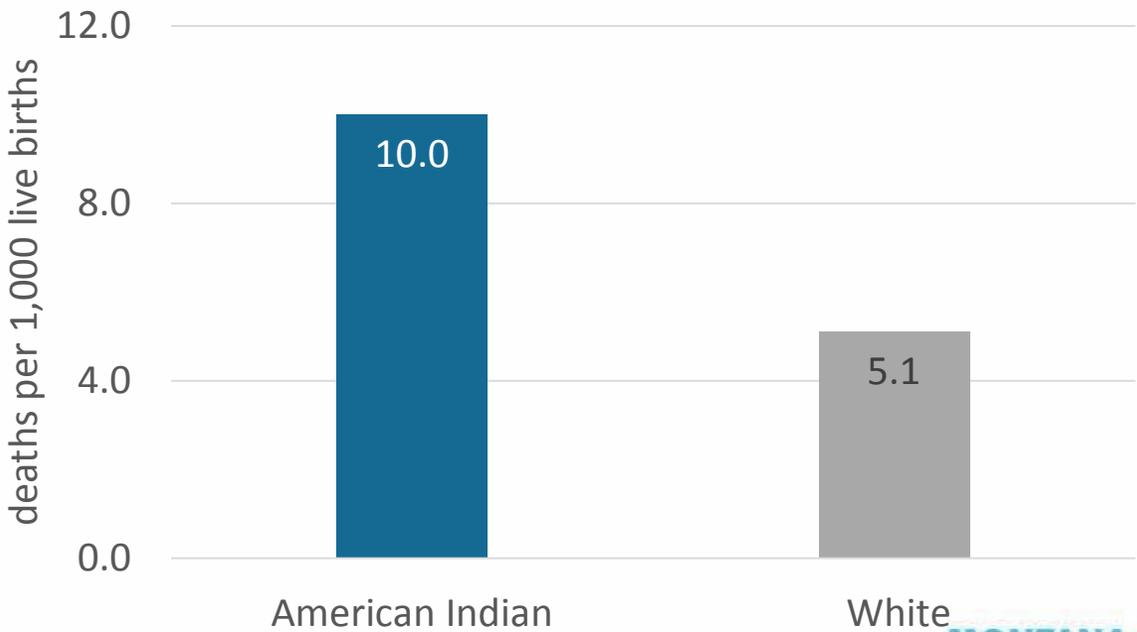


# Infant mortality rate in MT **HIGHER** among Rural and American Indian residents

Infant mortality rate by Rural/urban county of residence, 2011-2015



Infant mortality rate by race, 2011-2015

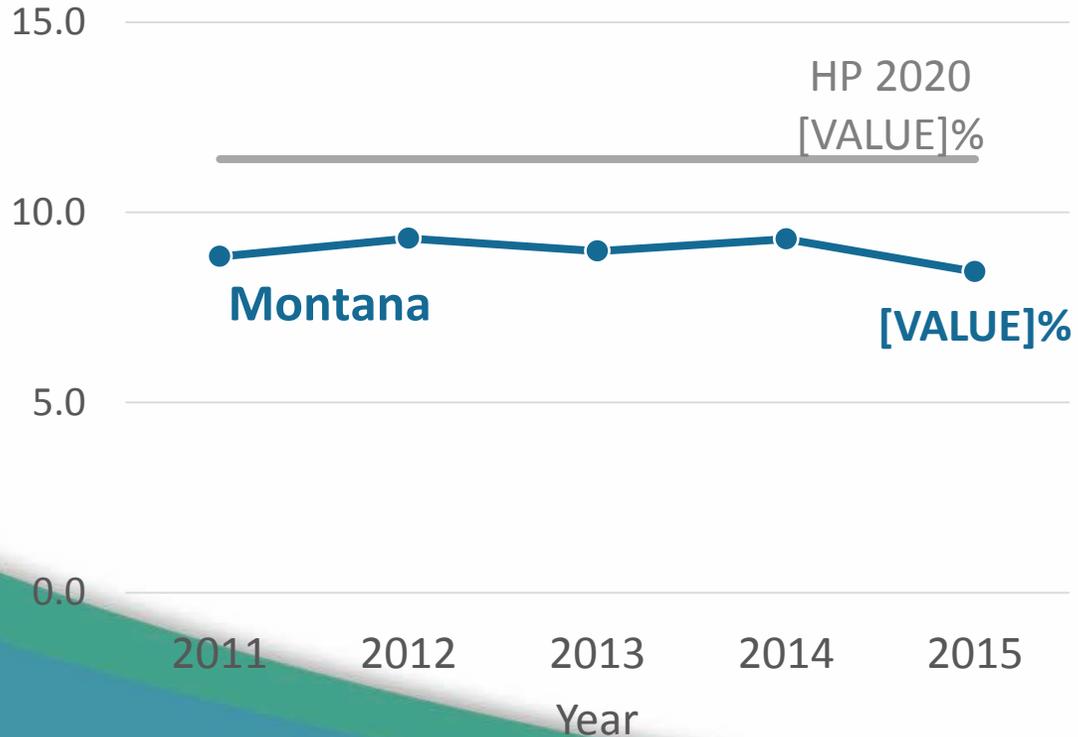


Data Source: Montana Birth Certificates and Death records, 2011-2015

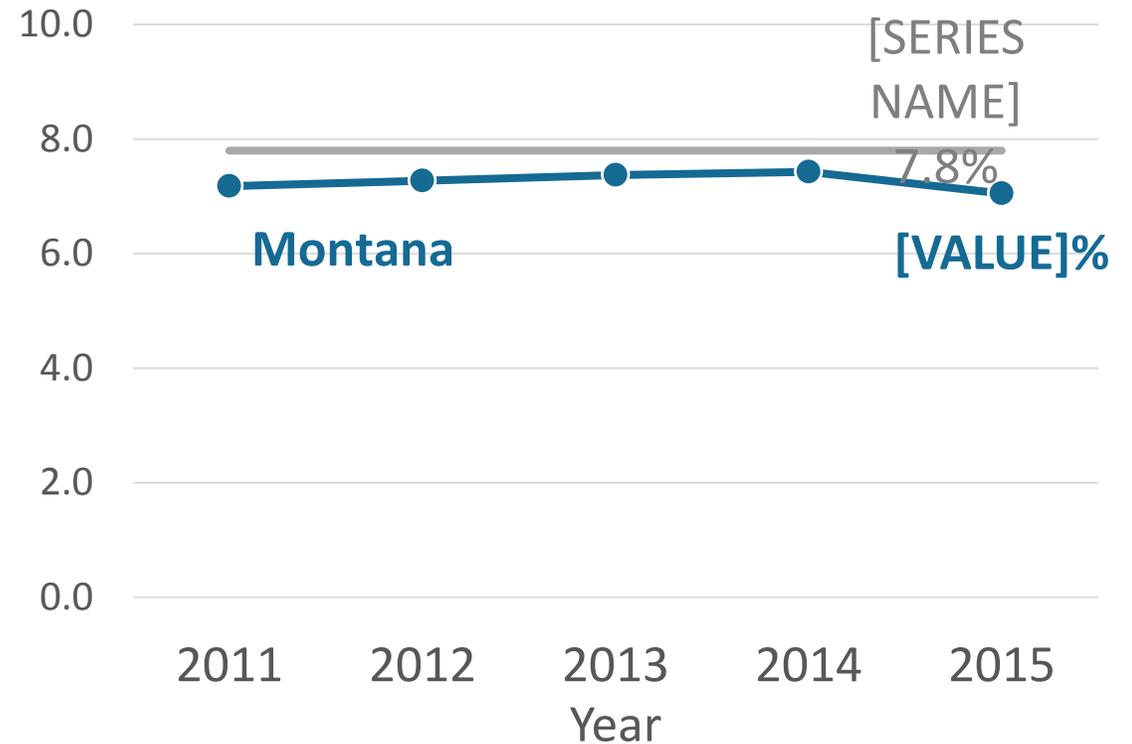


# MT has met Healthy People 2020 objectives for premature birth & low birth weight

**% of live birth which are premature (< 37 weeks), 2011-2015**



**% of live births with low birth weight (<2.5 kg), 2011-2015**

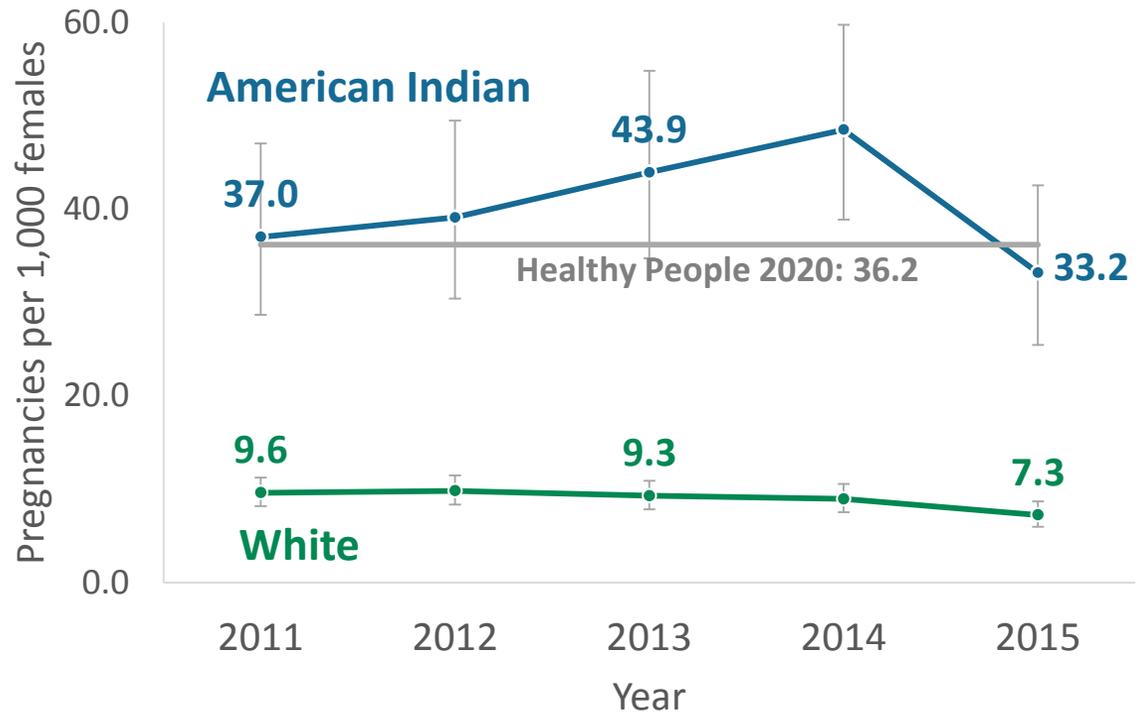


Data Source: Montana Birth Certificates, 2011-2015

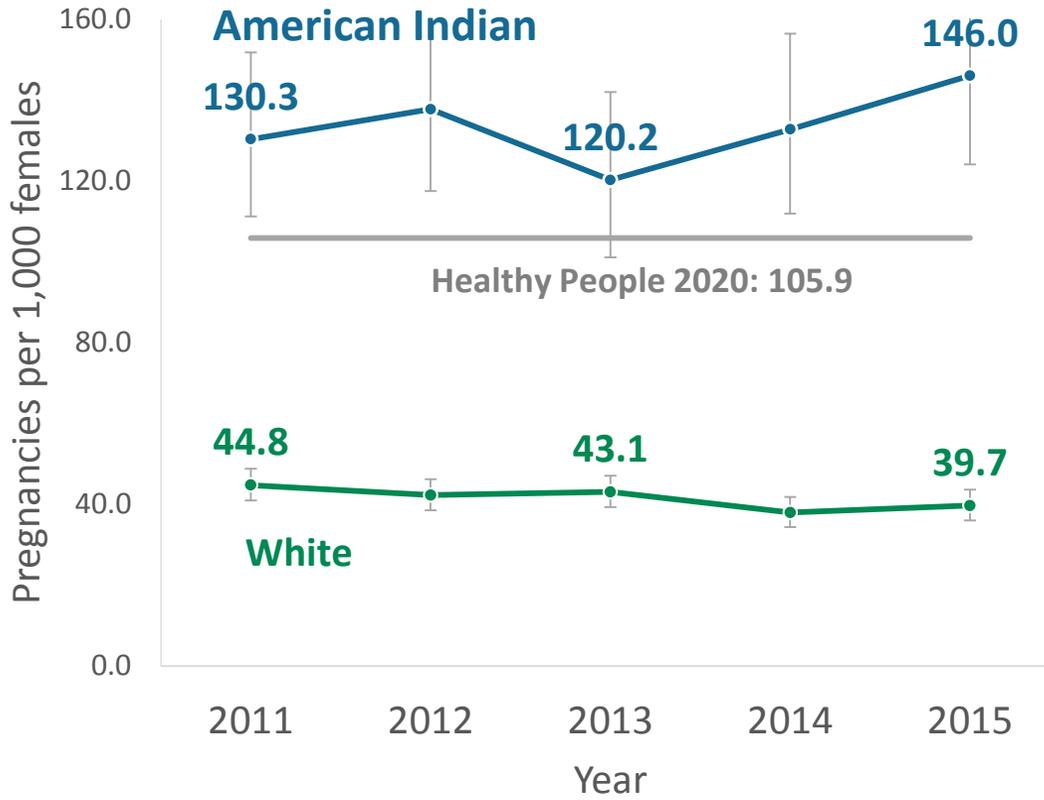
# Teen pregnancy a CDC-winnable battle

Teen pregnancy among **American Indian** females above **Healthy People 2020** target while **White** females meet target

## Females aged 15 to 17 years



## Females aged 18 to 19 years



Data Source: Montana Birth Certificates, 2011-2015



# MATERNAL & CHILD HEALTH

The data also show...

## Health areas to work on

- Prenatal care
- Drug use & smoking during pregnancy
- Breastfeeding
- Family planning, including contraception
- Unintentional injuries among children

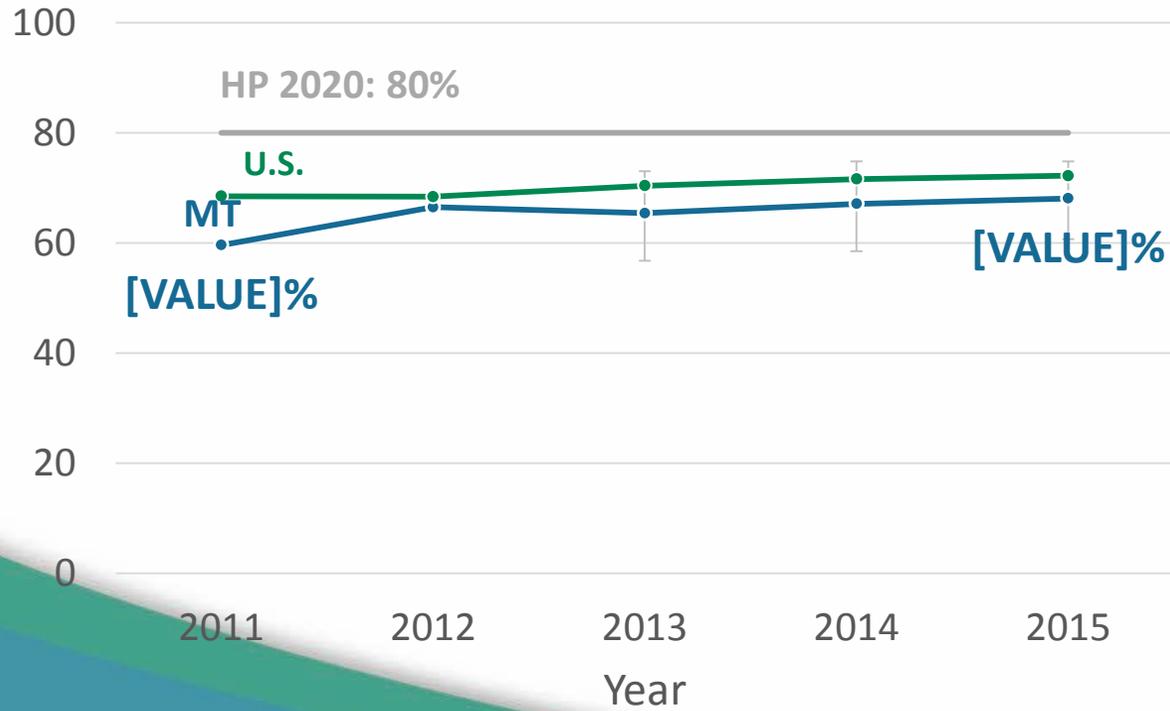
## Populations to target

- Low SES (e.g., Medicaid)
- American Indian

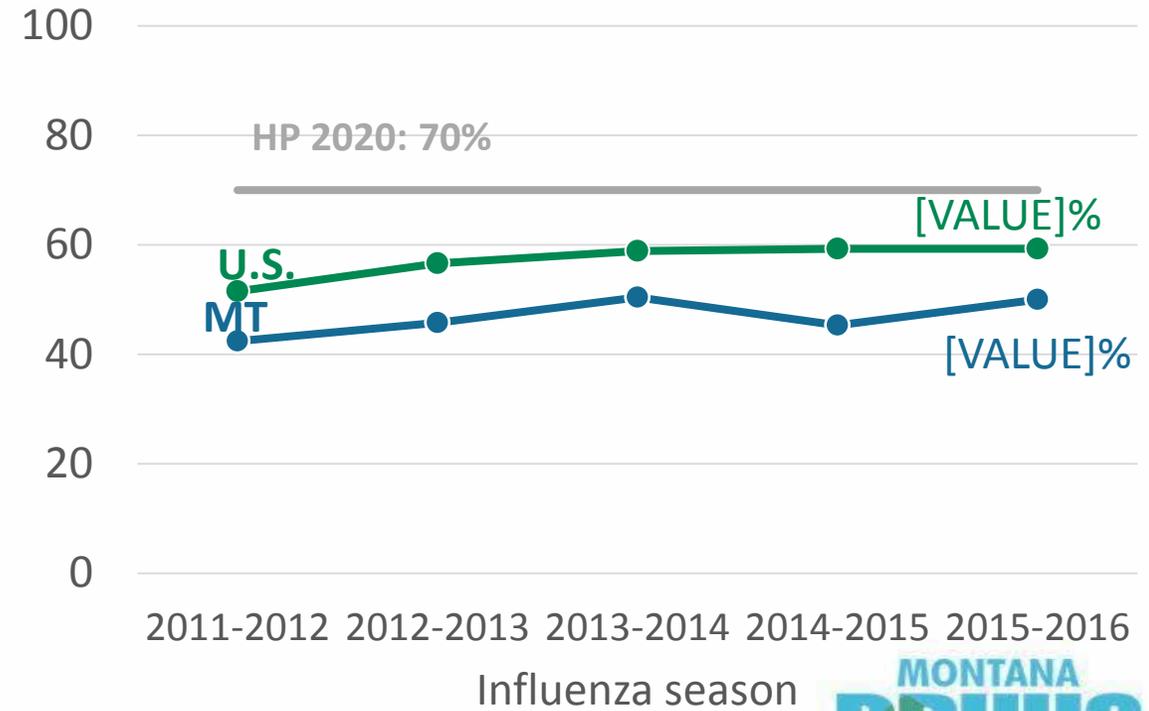
# IMMUNIZATION & COMMUNICABLE DISEASE

# Since 2011 childhood immunization has **IMPROVED** in MT

## % of 19-35 months with complete combined 7-vaccine series, 2011-2015

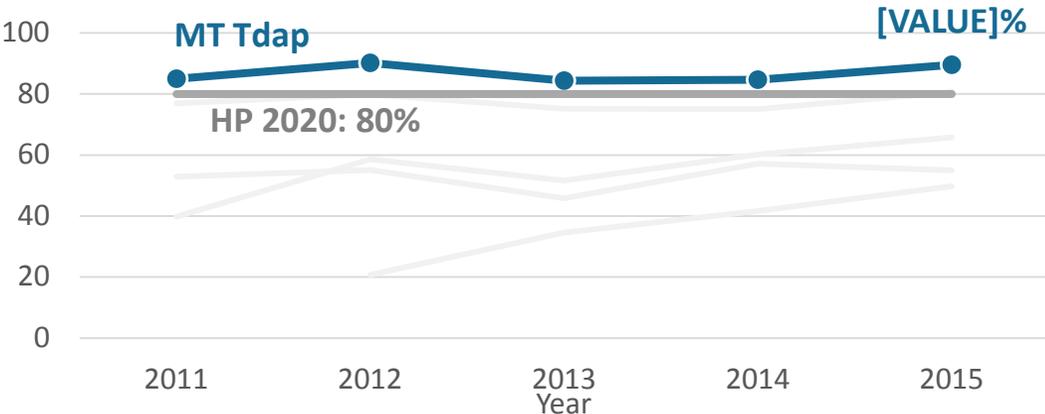


## % Influenza vaccination among 6 months to 17 years, 2011-2016 flu seasons

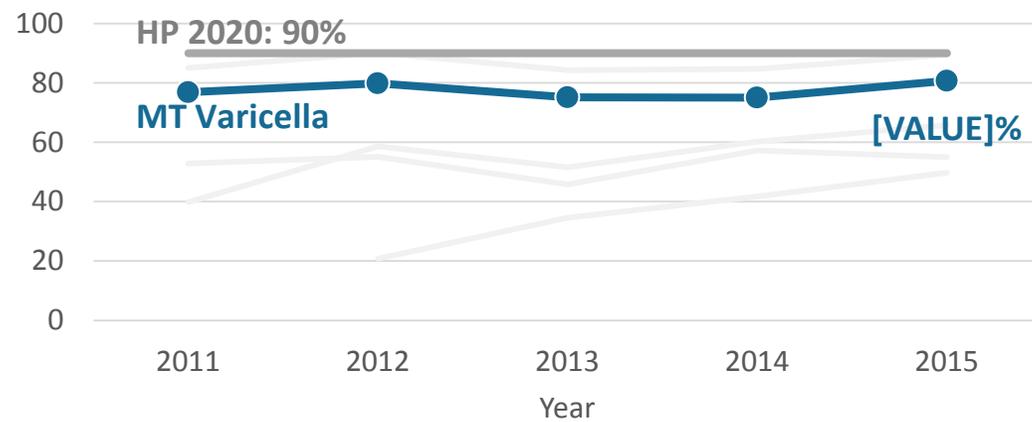


# Immunization for Tdap among teens (13-17 years) exceed HP 2020 objective

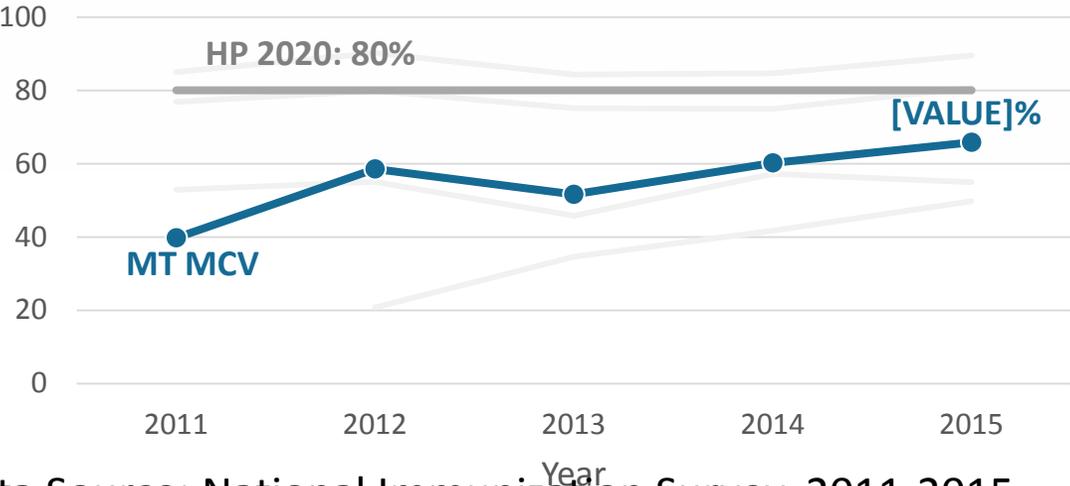
% of teens (13-17) receive 1 dose Tdap



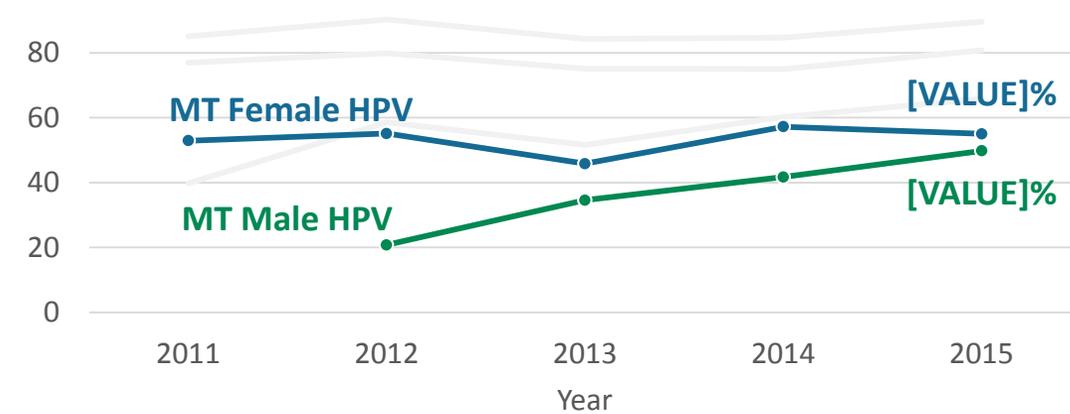
% of teens (13-17) receive 1 dose Varicella



% of teens (13-17) receive ≥ 1 dose MCV



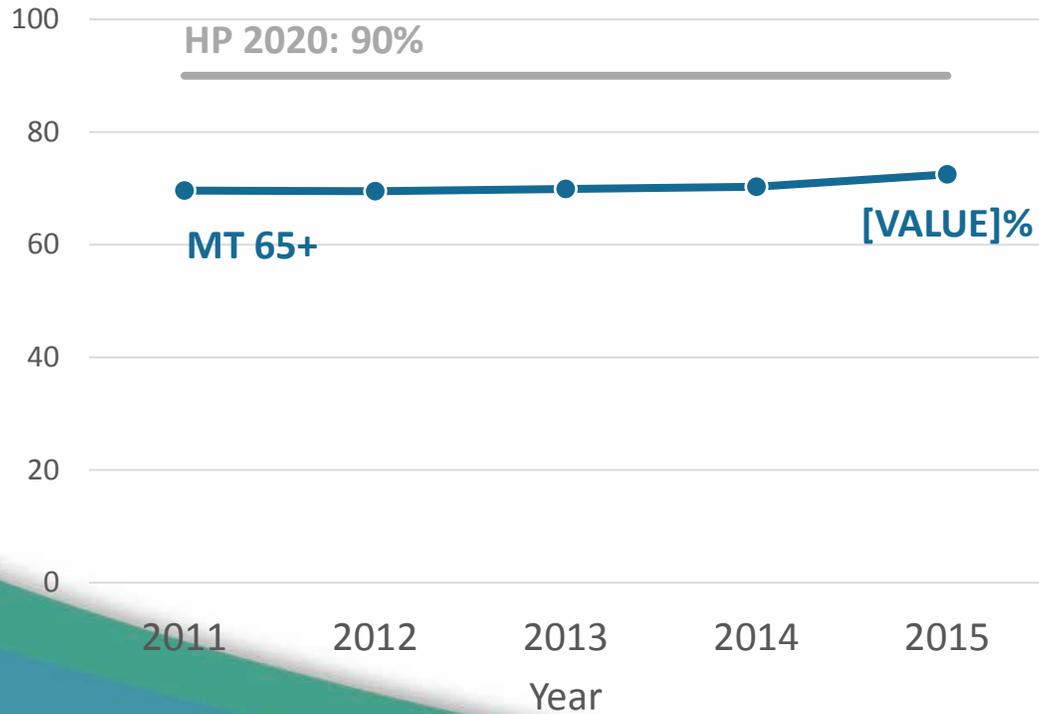
% of teens (13-17) receive ≥1 dose HPV



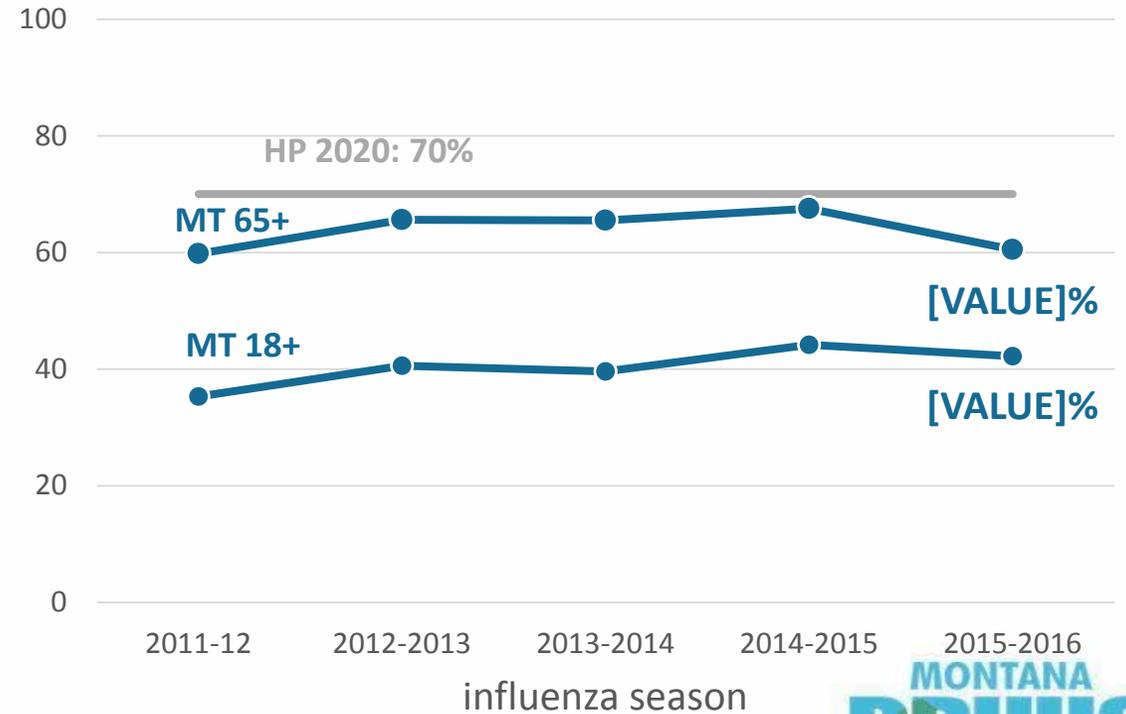
Data Source: National Immunization Survey, 2011-2015

# MT Adult immunization for pneumococcal & influenza LOWER than HP 2020 objective

## Pneumococcal among adults 65+ years, 2011-2015



## Influenza among adults 18+ & 65+ years, 2011-2015



# IMMUNIZATION & COMMUNICABLE DISEASE

The data also show...

## Health areas to work on

- Vaccine preventable disease
- Sexually transmitted infections
- Chronic Hepatitis C

## Populations to target

- Low SES
- American Indian communities
- Men who have sex with men (MSM)

# ENVIRONMENTAL HEALTH

# ENVIRONMENTAL HEALTH

The data also show...

## Health areas to work on

- Quality drinking water (public & private)
- Air Quality
- Safe opportunities for physical activity
- Safe food establishments
- Lead testing among children

## Populations to target

- Statewide
- Private well owners
- Young children & older adults



# STATE HEALTH ASSESSMENT AND STATE HEALTH IMPROVEMENT PLAN

COALITION MEETING

WEDNESDAY, APRIL 26, 2017

# OUR COMMITMENTS TO YOU

---

We will not waste your time

---

We will not wordsmith

---

You will have opportunities for meaningful input

---

We will stay committed to creating an assessment that is sound,  
and a plan that is useful, and operational

---

# YOUR COMMITMENTS TO THIS PROCESS

---

Stay engaged and participate

---

Keep focus on improving the health of the population

---

Bring your expertise and perspective

---

Follow the 80% principle

---

# PRINCIPLES OF PARTICIPATORY DECISION MAKING



Inclusion

Egalitarianism

Cooperation

Solution  
Mindedness

# STRATEGIC PLANNING

Where are we now?



How will we get there?



Where do we want to be?

# OUR PROCESS

- **Where we are now**

- Assessment - quantitative and qualitative
  - February – June

- **Where we want to be**

- Vision for the health of Montanans
- Prioritize health issues
- Set goals and metrics
  - April – October

- **How will we get there**

- Develop strategies, engage partners
  - October - December

- **Stakeholder Input**

- Throughout the process
- SHA/SHIP Coalition
- Communication plan - outreach to key groups
- Public notice and surveys

# TODAY'S AGENDA

Background and data on need to improve health



Current context of the public health system



Role of this group, vision, mission, principles



Initial criteria for selecting priorities

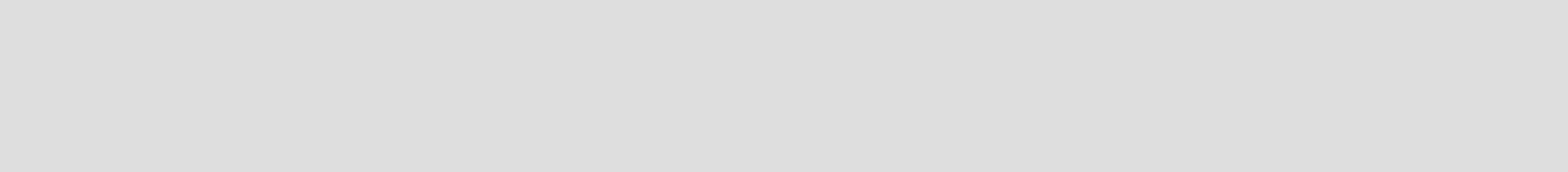


Next steps

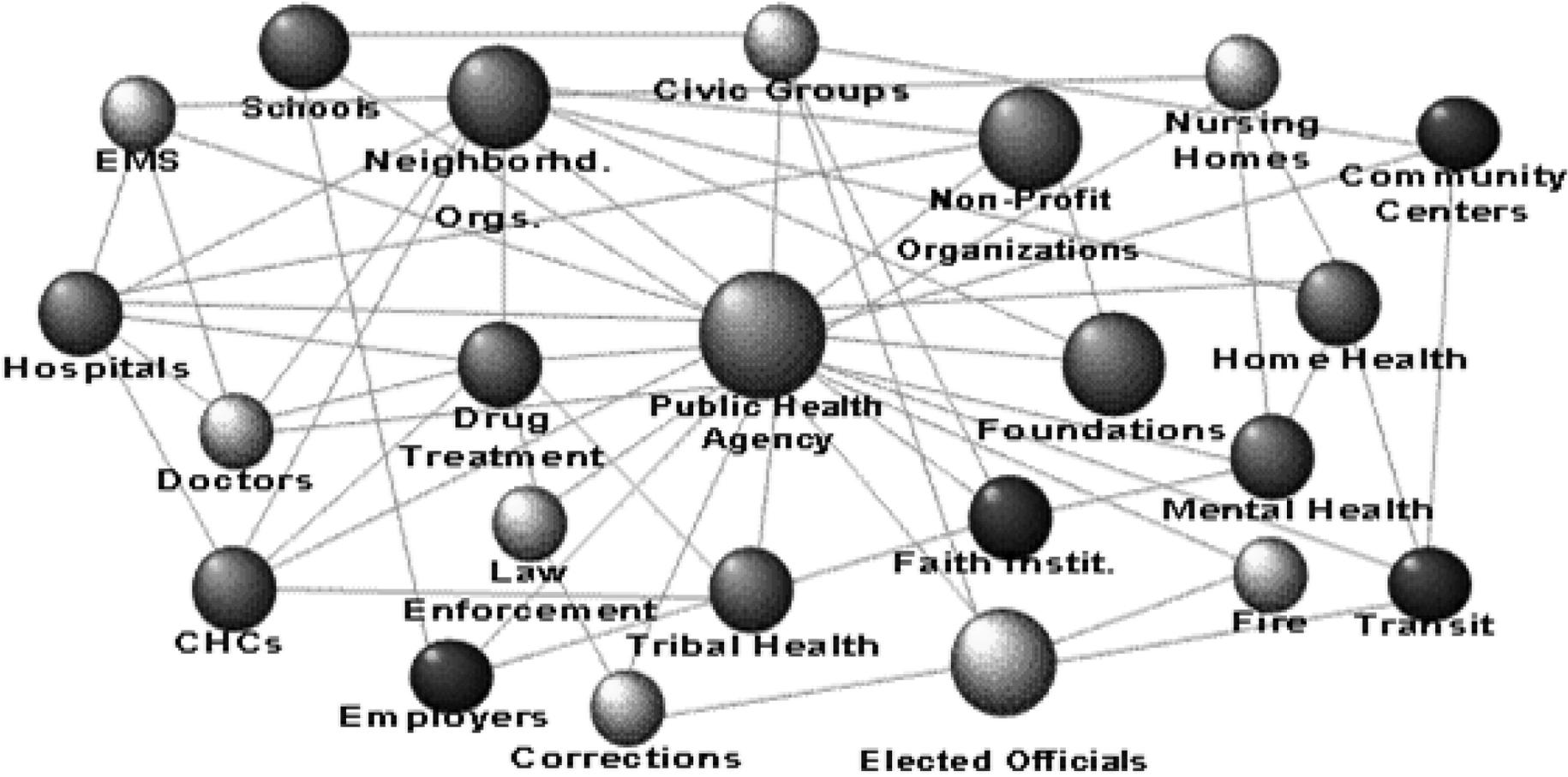




# CURRENT CONTEXT OF THE PUBLIC HEALTH SYSTEM



# The Public Health System





## FORCES OF CHANGE

- Trends: patterns over time, such as population shifts or growing mistrust with government
- Factors: discrete elements, such as a rural environment, proximity to a waterway
- Events: one-time occurrences, such as passage of new legislation, a natural disaster

## GROUP WORK

- What are the [FILL IN THE BLANK] trends, factors, events that are influencing health and our public health system in Montana?
- What are the opportunities posed?
- What are the threats posed?

## INDIVIDUAL WORK

- On a sticky note
- Add any forces of change, opportunities and threats you think are missing
- 5 minutes to review another group's work and add to it, move to the next one

## INDIVIDUAL WORK

- Reflecting on the Forces of Change and the health issues Laura presented...
- Write one idea per half sheet of paper with a strengths or a weaknesses of our public health system
- Write all you can think of

# VISION FOR THE HEALTH OF MONTANANS

- Aspirational statements about what an organization would optimally like to achieve.
- Aimed at engaging people's passion.
- Paint the picture of a world as we want it to be.

# VISION FOR THE HEALTH OF MONTANANS

- Project five years into the future.
- Think big and bold.
- Use present tense.
- Infuse passion and emotion.
- Paint a graphic mental picture of the outcome you want.
- What concepts or feelings would you like to see reflected in a vision for the health of Montanans?

## MISSION OF THE SHA/SHIP COALITION

- Describes the purpose of a group, and/or the rationale for existence of the initiative.
- Often include purpose, intended audience and impact.

# MISSION OF THE SHA/SHIP COALITION

- What does this group do?
- For whom, with whom?
- How do we do it?
- Why do we do it? What outcome do we want?

## GUIDING PRINCIPLES

- Guide and influence a group's process and decision-making
- And/or guide interactions within the group.

## GUIDING PRINCIPLES

- What principles could help you
  - stay on course?
  - make sound decisions, make them quickly, be consistent?
  - operate effectively as a group?
  - articulate your values?

# GROUP WORK

- 10 minutes for each
- Concepts, words, ideas you would like to see
- No need to wordsmith
- We will bring DRAFTS back to your next meeting
- 3-5 guiding principles
- Give us your best shot...go from the gut

## **Vision for the health of Montanans**

Aspirational statements about what an organization would optimally like to achieve. These are aimed at engaging people's passion. They paint a picture of a world as we want it to be.

- Big Sky. New Horizons. A Healthier Montana.
- Healthy people in healthy communities.
- New York is the healthiest state.
- All people in Minnesota enjoy healthy lives and healthy communities
- Optimal physical, mental, and social well-being for all people in Illinois through a high-functioning public health system comprised of active public, private, and voluntary partners

Thinking about the following,

- Project five years into the future.
- Think big and bold.
- Use the present tense.
- Use clear, concise language.
- Infuse passion and emotion.
- Paint a graphic mental picture of the outcome you want.
- What do you like in the above? What you don't like?
- What concepts or feelings would you like to see reflected in a vision for the health of Montanans?

**Give us your best shot in 10 minutes.**

## **Mission of the SHA/SHIP Coalition**

Describes the purpose of a group and/or defines the rationale for existence of the initiative. Mission statements usually include the purpose, intended audience and impact.

- Examples:
  - As the nation's health protection agency, **CDC** saves lives and protects people from health threats. To accomplish our **mission**, **CDC** conducts critical science and provides health information that protects our nation against expensive and dangerous health threats, and responds when these arise.
  - The purpose of a state health assessment is to describe the health status of the state's population, identify factors that contribute to health status, and identify assets that can be used to improve population health.
  - The mission of the Public Health and Safety Division is to improve and protect the health of Montanans by creating conditions for healthy living
  - To protect and improve the health and safety of the people of Connecticut by assuring the conditions in which people can be healthy, promoting physical and mental health, and preventing disease, injury, and disability
  - The mission of DPHHS is to improve and protect the health, well-being, and self-reliance of all Montanans.
  - The Department of Health works to protect and improve the health of people in the state of Washington.

Thinking about the following,

What does this group do?

...provides advice and expertise?

For whom, with whom?

...to the Public Health and Safety Division?

...for Montanans?

How do we do it?

...by advising on a state health assessment that describes the health status of Montanans?

...by advising on a plan to improve the health of Montanans?

Why do we do it? What outcome do we want?

...to measurably improve health?

...to engage organizations to address priority health issues in the plan?

...to collectively impact health issues?

**Give us your best shot in 10 minutes.**

## **Guiding principles**

Guide and influence a group's process and decision-making, and/or guide interactions within the group.

- Public Health and Safety Division:
  - Evidence-based decision making: Use scientific evidence to select and implement programs that address documented health issues.
  - Collaboration: Engage in collaborations to build public trust and Division effectiveness.
  - Equal access: Ensure conditions of health are accessible to all.
  - Individual rights: Achieve community health in a way that respects the rights and confidentiality of individuals.
- Public Health Improvement Partnership in Washington State:
  - We value public health research to better inform our efforts
  - We acknowledge the importance of delivering results with the resources we have been given
  - We treat each other as valued colleagues and partners
- Healthy Minnesota Partnership:
  - We value...connection. We are committed to strategies and actions that reflect and encourage connectedness across the many parts of our community
  - We value...voice. People know what they need to be healthy, and we need to listen.
  - We value...difference. Our differences make us stronger together than we would be alone.
- CDC pledges to:
  - Be a diligent steward of the funds entrusted to our agency
  - Provide an environment for intellectual and personal growth and integrity
  - Base all public health decisions on the highest quality scientific data that is derived openly and objectively
  - Place the benefits to society above the benefits to our institution
  - Treat all persons with dignity, honesty, and respect
- CDC Winnable Battles:
  - address leading causes of illness, injury, disability or death and/or issues with enormous societal costs
  - evidence-based, scalable interventions exist and can be broadly implemented
  - efforts can make a difference
  - can get results within 1-4 years, but won't be easy

Thinking about the following,

- What principles could help you
  - stay on course?
  - make sound decisions, make them quickly, be consistent?
  - operate effectively as a group?
  - articulate your values?

**Give us your best shot in 10 minutes.**

## ***Mission, vision, and values previous SHIP***

### ***\*located in the Message from the Governor***

- **Vision**—Aspirational statements about what an organization would optimally like to achieve. These are aimed at engaging people’s passion. They paint a picture of a world as we want it to be.
  - Big Sky. New Horizons. A Healthier Montana.
- **Mission**—Describes the purpose of a group and/or defines the rationale for existence of the initiative. Mission statements usually include the purpose, intended audience and impact.
  - To Achieve a Healthier Montana
  - To the extent that these goals are achieved, there will be a Healthier Montana: healthier babies and children; healthier parents; healthier students; healthier seniors; healthier workers; healthier citizens to support and enjoy the special place that is Montana!
- **Values or guiding principles**—Guide and influence a group’s process and decision-making, and/or guide interactions within the group.
  - We pledge ourselves to:
    - Pursue the goals and strategies described in this state health improvement plan
    - Build a public health and health care system that supports these goals
    - Facilitate partnerships that support these goals

## ***2013 Public Health and Safety Division’s Strategic Plan***

- **Vision**—Aspirational statements about what an organization would optimally like to achieve. These are aimed at engaging people’s passion. They paint a picture of a world as we want it to be.
  - Healthy people in healthy communities
- **Mission**—Describes the purpose of a group and/or defines the rationale for existence of the initiative. Mission statements usually include the purpose, intended audience and impact.
  - Improve and protect the health of Montanans by creating conditions for healthy living
- **Values or guiding principles**—Guide and influence a group’s process and decision-making, and/or guide interactions within the group.
  - Evidence-based decision making: Use scientific evidence to select and implement programs that address documented health issues.
  - Collaboration: Engage in collaborations to build public trust and Division effectiveness.
  - Equal access: Ensure conditions of health are accessible to all.
  - Individual rights: Achieve community health in a way that respects the rights and confidentiality of individuals.