SHA/SHIP Coalition Minutes
August 16, 2017
12:30pm-4:00pm
Public Health and Safety Division's Cogswell Building
1400 Broadway, Helena, MT.
Room C205 & C207

SHA/SHIP Coalition Attendees:

- **Todd Harwell** (DPHHS, PHSD Administrator)-Co-Chair
- **Kathy Moore** (Lewis and Clark City-County Public Health Department—MEHA)
- **Heather Jurvakainen** (Park County Public Health Department—Medium County Member)
- **Jean Curtiss** (Montana Association of Counties)
- **Melanie Reynolds** (Lewis and Clark City-County Public Health Department—Large County Member)
- **Kristin Juliar** (Montana State University Office of Rural Health)
- **Tony Ward** (School of Public and Community Health Sciences)
- **Rosemary Cree Medicine** (Blackfeet Tribal Health Department—Tribal Health Department Member)
- **Kari Smith** (Department of Environmental Quality)
- **Hillary Hanson** (Flathead City-County Health Department—AMPHO)
- **Janet Runnion** (Rocky Boy's Health Board—Tribal Health Department Member)
- **Kristi Aklestad** (Toole County Health Department—Small County Member)
- **Zoe Barnard** (Addictive and Mental Disorders Division, DPHHS)
- **Todd Wilson** (Helena Indian Alliance)
- **Dan Carlson-Thompson** (Developmental Services Division, Children's Mental Health Bureau, DPHHS)
- **Jack King** (Montana Hospital Association)
- **Helen Tesfai** (Rocky Mountain Tribal Epidemiology Center)
- **Karin Olsen Billings** (Office of Public Instruction)
- **Bonnie Lorang** (Montana Medical Association)
- **Autumn Cummings** (Health Resources Division, DPHHS)

Other Attendees:

- **Jane Smilie** (Population Health Partners, LLC, Facilitator)
- **Pharah D. Morgan** (Rocky Mountain Tribal Epidemiology Center)
- **Kathy Myers** (Chronic Disease Bureau, DPHHS)
- **Jim Murphy** (Communicable Disease Bureau, DPHHS)
- **Kristen Rogers** (Family and Community Health Bureau, DPHHS)
- **Kerry Pride** (System Improvement Office, PHSD)
- **Natalie Claiborne** (Montana State University Office of Rural Health)
- **Terry Ray** (System Improvement Office, PHSD, DPHHS)
- **Laura Williamson** (State Epidemiologist, PHSD, DPHHS)
- **James Mayberry** (PHSIO Support)

- **Jessica Miller** (PHSIO,PHSD, Coordinator)

Excused SHA/SHIP Members:

- **Kim Cuppy** (Fallon County Public Health Department—Frontier County Member)
- **Lora Wier** (MPHA)-Co-Chair
- **Greg Holzman** (State Medical Officer, DPHHS)
- **Katie Hawkins** (Health Resources Division, DPHHS)
- **Eric Higginbotham** (Developmental Services Division, Children's Mental Health Bureau, DPHHS)
- **Bobbi Perkins** (Addictive and Mental Disorders Division, DPHHS)
- **Mike Andreini** (Rocky Mountain Tribal Epidemiology Center)
- **Aaron Wernham** (Montana Healthcare Foundation)

Welcome and Introductions

Todd Harwell reviewed the agenda for the day and introduced the four new members and agencies of the SHA/SHIP Coalition. Joe Russell has retired and Hillary Hanson of Flathead City-County Health Department is now representing AMPHO for the SHA/SHIP Coalition. Todd Wilson, the Executive Director of the Helena Indian Alliance is now a member of the SHA/SHIP Coalition representing the Helena Indian Alliance. Jack King is the new Montana Hospital Association representative. Rocky Mountain Tribal Epidemiology Center was able to join the SHA/SHIP Coalition and is being represented by Mike Andreini and Helen Tesfai. Todd Harwell asked that members think about the agencies and people they are representing here as a SHA/SHIP Coalition Member and that they share some of the information they hear today back to their agencies for input and feedback.

Jessica Miller reviewed the communication plan for the State Health Assessment (SHA) and the State Health Improvement Plan (SHIP). The Communication Plan displays the SHA/SHIP presentations that Laura Williamson, the State Epidemiologist and Todd Harwell, Administrator of the Public Health and Safety Division will provide. These presentations will provide information on the SHA content and data and the SHIP priorities and planning process. There have been five presentations completed so far, with nine presentations planned in total. The purpose of these presentations is to share the information of both the data and the process of choosing the health priorities that we will focus on for the next five years. This will enable us to build support for the new five-year SHIP document and encourage collaboration down the road. The SHA/SHIP Coalition has been able to complete a SWOT analysis and Force of Change activity, and set up nine feedback and discussion sessions for both the SHA and SHIP. Laura Williamson, the State Epidemiologist has been able to complete a rough draft of the SHA, which was shared at the last in person meeting on April 26th. Laura Williamson also has a set presentation on the SHA that we will share with members so they can give SHA presentations to their agencies as well. From August 2017 to March 2018, we will be setting up priority health area workgroups, deciding on objectives, strategies, and metrics for each priority health area, and completing an implementation plan. The implementation plan will describe the action items needed to carry out the strategies and objectives as well as the resources needed and agencies responsible for completing the action items.

Mission, Vision, and Guiding Principles

Jane Smilie reviewed the themes from the Forces of Change/SWOT activity completed at the last meeting of the SHA/SHIP Coalition. A survey was completed by Coalition Members prior to this meeting to gauge the best vision, mission, and guiding principles from the members' perspectives. Results are in the attached slide sets.

The vision is for the health of Montanans and the top three choices from the survey were:

- Healthy living…healthy futures
- Healthy living today, a stronger Montana tomorrow
- Big Sky…healthy Montanans.

Kari Smith commented that the word Montana needed to be in the vision. Todd Harwell suggested Healthy living…healthy futures for Montana. The group agreed with this change.

The top three choices for a mission statement for the SHA/SHIP Coalition were:

- to improve the health of every Montanan through evidence-based action and community engagement;
- to shape the policies, programs and services that will improve health outcomes for Montanans; and
- to assess, plan and act to achieve health and well-being.

One respondent offered an alternate mission statement, to add "for all Montanans" to the third choice above. Todd Harwell commented that based on Jean Curtiss' and Kari Smith's comments about emphasizing protecting the health of Montanans, we may want to add to protect to any mission statement we choose. Karin Olsen Billings seconded Todd Harwell's comment. There were several comments surrounding whether or not the term "evidence-based" would be jargon that dated the statement. Using the "best science available" was suggested as an alternative. Bonnie Lorang commented that evidence-based may be trendy now but it is critical for our work. Others commented that the term is well established in the medical literature. It was decided that the mission statement for this coalition is "to protect and improve the health of every Montanan through evidence-based action and community engagement."

The survey requested that Coalition Members select their top four choices for guiding principles that will influence the SHA/SHIP Coalition's decision-making and interactions. The top four choices that were selected were:

- use evidence-based strategies to address health priorities;
- commit to strategies and actions that encourage connections across our communities;
- address health disparities; and
- value differences in cultures, attitudes and beliefs.

Jane Smilie commented that the first two principles fit well with our mission and vision. It was suggested by Jane Smilie that "address health disparities" and "value differences in cultures, attitudes and beliefs," could be combined and that we include the following as the fourth: commit to strengthening our public health system to deliver results. Kristi Aklestad seconded this suggestion. Todd requested that we change "address health disparities" to "promote health equity." The SHA/SHIP Coalition agreed that our guiding principles would be:

- use evidence-based strategies to address health priorities;
- commit to strategies and actions that encourage connections across our communities;
- promote health equity and value differences in cultures, attitudes and beliefs; and
- commit to strengthening our public health system to deliver results.

Coalition Work Session

Jane Smilie described the Modified Hanlon Method that the group used as a tool to determine health priorities for the SHIP. The Coalition members were asked to fill out prioritization matrices for three separate categories. These categories were diseases/health conditions, health behaviors, and social determinants of health. After each activity was completed, the scores were tallied and results were reported to the coalition members. These were the top ranking health issues from the prioritization process.

RANK	DISEASE/HEALTH CONDITIONS	HEALTH BEHAVIORS	SOCIAL DETERMINANTS
1	Diabetes	Alcohol Use	Access to care/insurance
2	Obesity	Cancer Screening	Food insecurity
3	Cardiovascular Disease	Prescription Drug Use	ACEs
4	Lung Cancer	Tobacco Use	Poverty
5	Unintended Pregnancy	Illicit Drug Use	Early Childhood Education and Development

It was noted that mental health was not scored as a priority during these activities. Laura Williamson, State Epidemiologist noted this was because Coalition Members did not rank it high in terms of preventability/controllability. In addition, mental health was broken into various issues in the prioritization: mental health, suicide, etc. Because of the overwhelming interest in this issue at the community level as reflected in community health assessments and health improvement plans, Coalition Members agreed to add mental health as a health priority for the next five-year SHIP. There was discussion about how to address the social determinants and the need for strategies to reach persons and populations in poverty. There were comments on the difficulties in trying to effect issues like poverty and access to healthcare. It was suggested that ACEs presents a tangible opportunity to do this through strategies like creating ACEs-informed facilities and services. Oral health was also mentioned as a high need in Montana, but was not in the top tier when scored.

Todd Harwell requested that Rocky Mountain Tribal Epidemiology Center help reach out to the Tribal Health Leaders for feedback on our proposed SHIP priorities, and that all members reach out to their constituencies for feedback.

The Coalition Members grouped priorities into four health areas for consideration: Cardiovascular Disease and Diabetes (with obesity prevention, hypertension control, physical activity and food insecurity [nutrition] as risk factors and strategies to address it); Tobacco/Lung Cancer/Cancer Screening; Mental Health/ Drug and Alcohol Use; Unintended Pregnancies. In addition, as described above ACEs (was discussed related to addressing social determinants).

Thank you and next steps

Todd Harwell thanked the group and reminded everyone that the next meeting will be an in person meeting on October 11th at the Public Health and Safety Division's Cogswell Building Room C205.

MONTANA SHA/SHIP COALITION

Agenda
Wednesday, August 16, 12:30 – 4 pm
Cogswell Building, 1400 Broadway, Conference Room C205, Helena

Meeting Purpose

- To hear an update on progress toward completing the Montana State Health Assessment
- To finalize and adopt a mission, vision and guiding principles for the SHA/SHIP Coalition
- To identify health issues for potential inclusion in the State Health Improvement Plan
- To discuss formation of priority-specific work groups and use of existing groups

Agenda

Welcome, Introductions 12:30-12:45

- Welcome and Introductions
  - Todd Harwell, Public Health and Safety Division Administrator
- Review SHA/SHIP timeline and process
  - Jessica Miller, Plans Coordinator
- Review agenda and goals for the day
  - Jane Smilie, Population Health Partners, LLC, Facilitator

Update on State Health Assessment 12:45-1

- Laura Williamson, MPH, State Epidemiologist

Coalition work session 1-3:45

- Finalize and adopt mission, vision and guiding principles
- Complete process to score, rank and prioritize health issues and conditions for potential inclusion in the SHIP
- Debrief on prioritization process

Priority-specific work groups and use of existing groups

- Todd Harwell, Public Health and Safety Division Administrator

Next steps 3:45-4

STATE HEALTH ASSESSMENT AND STATE HEALTH IMPROVEMENT PLAN

COALITION MEETING

WEDNESDAY, AUGUST 16, 2017

TODAY'S AGENDA

- Update on State Health Assessment work
- Finalize mission, vision, guiding principles
- Conduct prioritization process
- Discuss work groups
- Next steps

NEW AGENCIES/MEMBERS

-Gina Bruner

-Jack King

-Mike Andreini &
Helen Tesfai

-Tressie White

-Todd Wilson

-Joe Russell

-Hillary Hanson

COMMUNICATION PLAN FOR PUBLIC COMMENT AND DISCUSSIONS—COMPLETED PRESENTATIONS

SHA/SHIP Coalition meeting (April 26, 2017)

Tribal Health Leaders meeting (May 15, 2017)

Public Health and Safety Division meeting (July 12, 2017)

Summer Institute Accreditation Coordinator's breakfast (July 19, 2017)

Montana Diabetes Advisory Council (July 21, 2017)

UPCOMING SHA/SHIP PRESENTATIONS

MACo annual conference (September 18, 2017, 10:30am-11:15am)

MPHA/MEHA conference (September 20, 2017, 2:45-3:45pm)

MHA fall convention (September 22, 2017, 10:30-12:00pm)

MMA's Board of Trustees (September 23, 2017, 1:30-2:45pm)

New public comment box on Healthier Montana Website:
http://ahealthiermontana.mt.gov/shaship

UPDATED SHA/SHIP TIMELINE—SHA/SHIP COALITION MEETINGS

June 28th

- Meeting canceled

August 23rd

- Rescheduled August 16th

October 11th

- In person, C205 & C207
- 12:30-4:00pm

December 13th

- Webinar
- 1:30-3:00pm

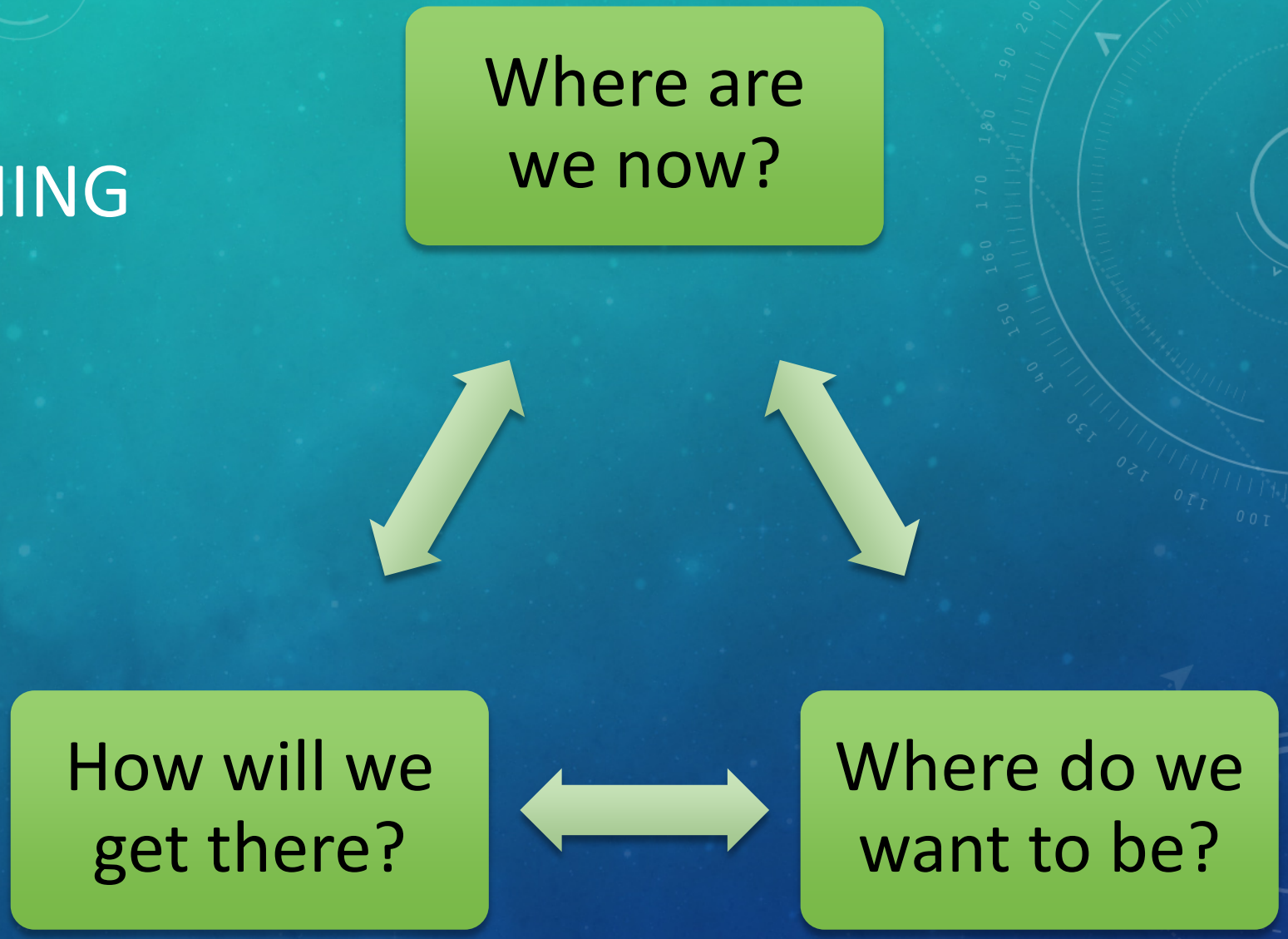
March 2018

- New end goal for SHIP completion

UPDATED SHA/SHIP TIMELINE—ACTIVITIES/TASKS

Completed	SWOT Analysis and Forces of Change
	Draft SHA with focus on health inequities and social determinants of health
	Set up nine feedback and discussion sessions for SHA/SHIP (five already completed)
Future Tasks	Priority Workgroups
	Objectives, Strategies, and Metrics
	Implementation Plan

STRATEGIC PLANNING



OUR PROCESS

- **Where we are now**
  - Assessment - quantitative and qualitative
    - Today - revisit SHA, SWOT, FOC
- **Where we want to be**
  - Vision for the health of Montanans
  - Prioritize health issues
    - Today – finalize mission, vision…
    - Prioritize health issues
  - Set goals and metrics (October)
- **How will we get there**
  - Develop strategies, engage partners
    - October - December

THEMES FROM THE FORCES OF CHANGE/SWOT

- Public health is a data-driven enterprise
- ACA/Medicaid Expansion have increased coverage/access to healthcare
- Our public health workforce is competent, committed, professional, but
- Our workforce challenges - aging professionals, recruitment & retention, organizational changes
- Our community and organizational relationships are strong, <u>but</u>
- Sometimes we lack decision-maker involvement among our partners and stakeholders

THEMES FROM THE FORCES OF CHANGE/SWOT

- Our self-reliant, independent culture can build community cooperation and drive problem-solving, <u>but</u>
- This culture can make it difficult to improve population health through policies that change long-standing norms
- There is growing recognition of and commitment to address health disparities

THEMES FROM THE FORCES OF CHANGE/SWOT

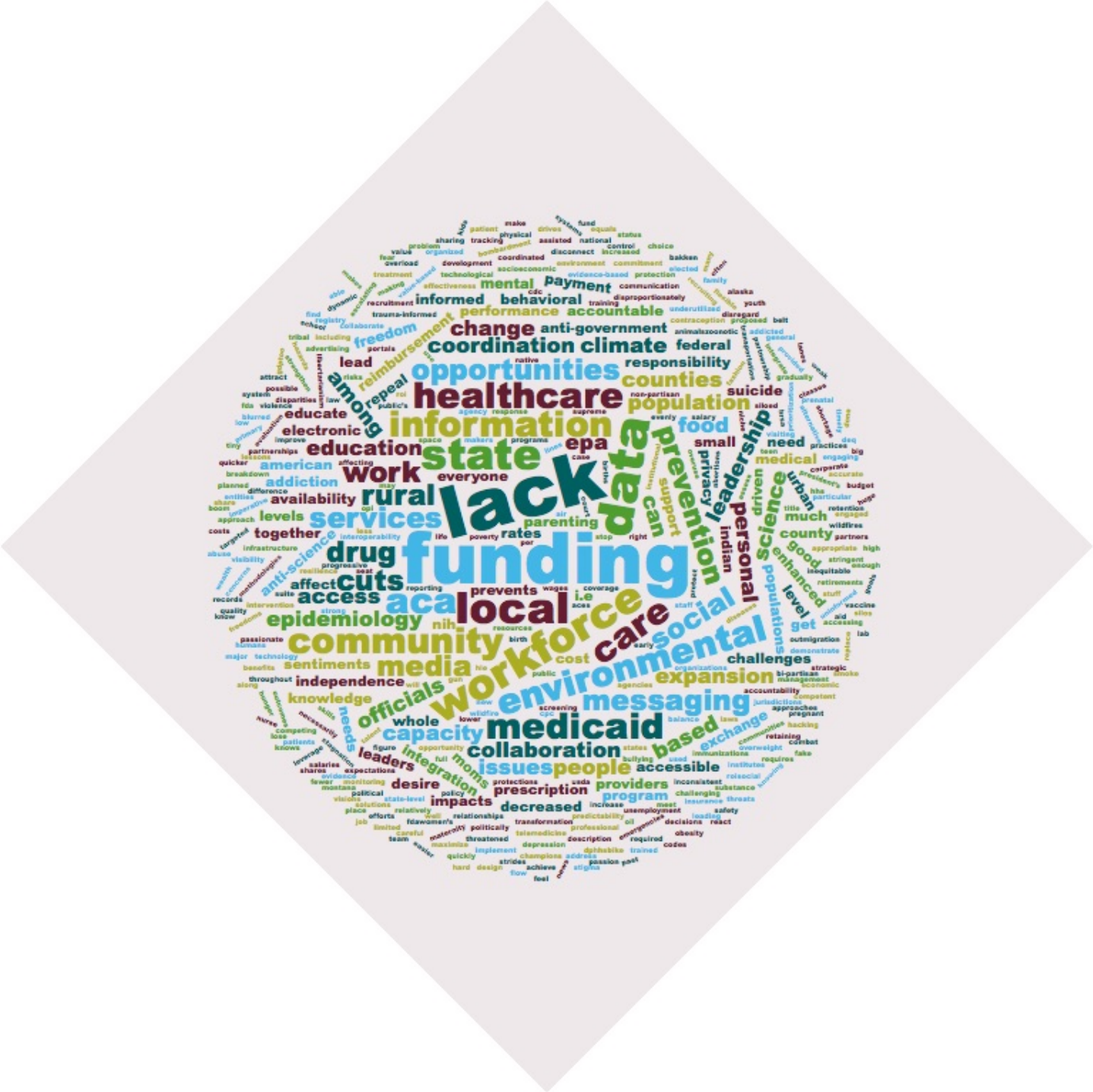
- We need to improve understanding of our public health system and its potential impact
- Categorical funding leave us without flexibility and limits the ability to strengthen basic infrastructure
- Stakeholders recognize the importance of linkages between environmental protections and health status, <u>but</u>
- We fear that environmental health policies are under assault

THEMES FROM THE FORCES OF CHANGE/SWOT

- There is a stronger science base for public health actions than ever before, <u>but</u>
- We fear the legitimacy and value of the science base is often questioned or disregarded
- Technology can work both for and against us
- Looking forward, we are focusing on whole person health – recognition of the importance of behavioral health issues and social determinants
- We are concerned about the future

FORCES OF CHANGE

SWOT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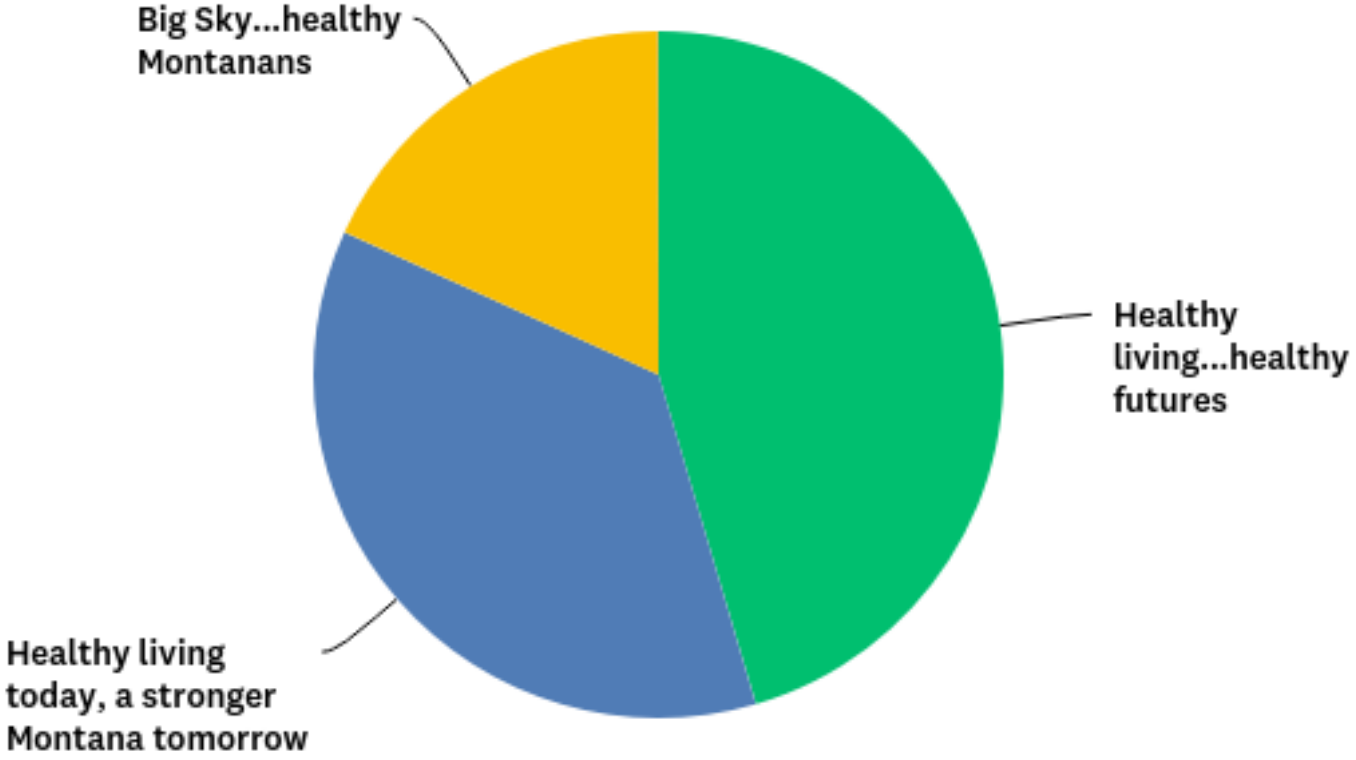
MISSION, VISION, GUIDING PRINCIPLES

Q1: Please select the VISION FOR THE HEALTH OF MONTANANS that you believe best reflects what we are trying to achieve. OR, use the blank below to enter one you would prefer over any of these.



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Q1: Please select the VISION FOR THE HEALTH OF MONTANANS that you believe best reflects what we are trying to achieve. OR, use the blank below to enter one you would prefer over any of these.

Answer Choices	Responses	
Healthy living...healthy futures	45.45%	5
Healthy living today, a stronger Montana tomorrow	36.36%	4
Big Sky...healthy Montanans	18.18%	2
Healthy people, healthy communities, a strong economy	0.00%	0
Enter an alternate VISION statement here	0.00%	0
TOTAL		11

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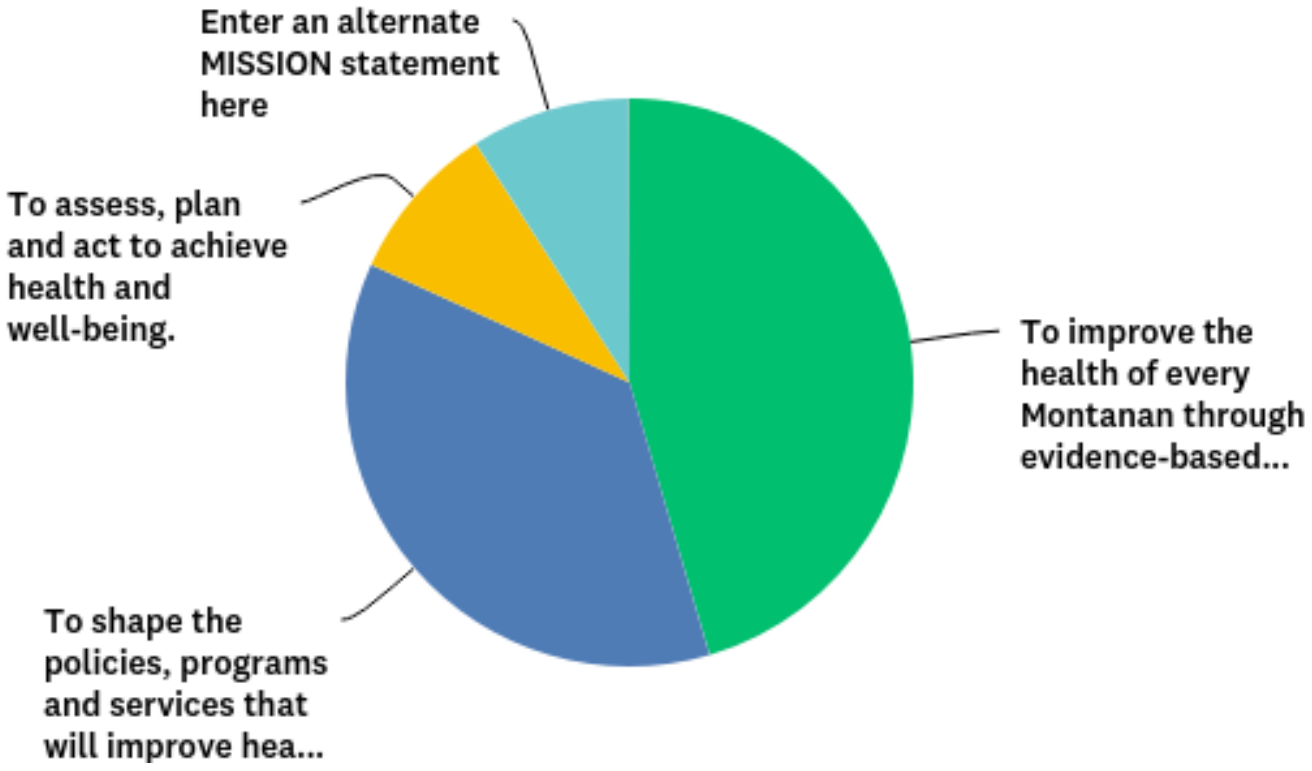
Q2: Please select the MISSION OF THE SHA/SHIP COALITION that you believe best describes the purpose of the group. OR, use the blank below to enter one you would prefer over any of these.



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Q2: Please select the MISSION OF THE SHA/SHIP COALITION that you believe best describes the purpose of the group. OR, use the blank below to enter one you would prefer over any of these.

Answer Choices	Responses	
To improve the health of every Montanan through evidence-based action and community engagement.	45.45%	5
To shape the policies, programs and services that will improve health outcomes for Montanans.	36.36%	4
To assess, plan and act to achieve health and well-being.	9.09%	1
Enter an alternate MISSION statement here	9.09%	1
To encourage stakeholders to implement evidence-based actions to address priority health issues.	0.00%	0
TOTAL		11

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Q3: Please select your top four choices for GUIDING PRINCIPLES that will influence the SHP/SHIP Coalition's decision-making and interactions. We...

Answer Choices	Responses	
use evidence-based strategies to address health priorities	81.82%	9
commit to strategies and actions that encourage connections across our communities	63.64%	7
address health disparities	63.64%	7
value differences in cultures, attitudes and beliefs	54.55%	6
commit to strengthening our public health system to deliver results	45.45%	5
use data to set priorities	36.36%	4
acknowledge the importance of delivering results	18.18%	2
Total Respondents: 11		

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Q4. Do you have any other thoughts or comments you wish to share after reviewing the THEMES document and WORDCLOUDS from the April 26 meeting?

- Reduce the health inequities among high risk populations in our State
- Not right now
- Using Survey Monkey to rank our options was inspired! Thank you for not having us do this in the meeting.

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Modified Hanlon Method

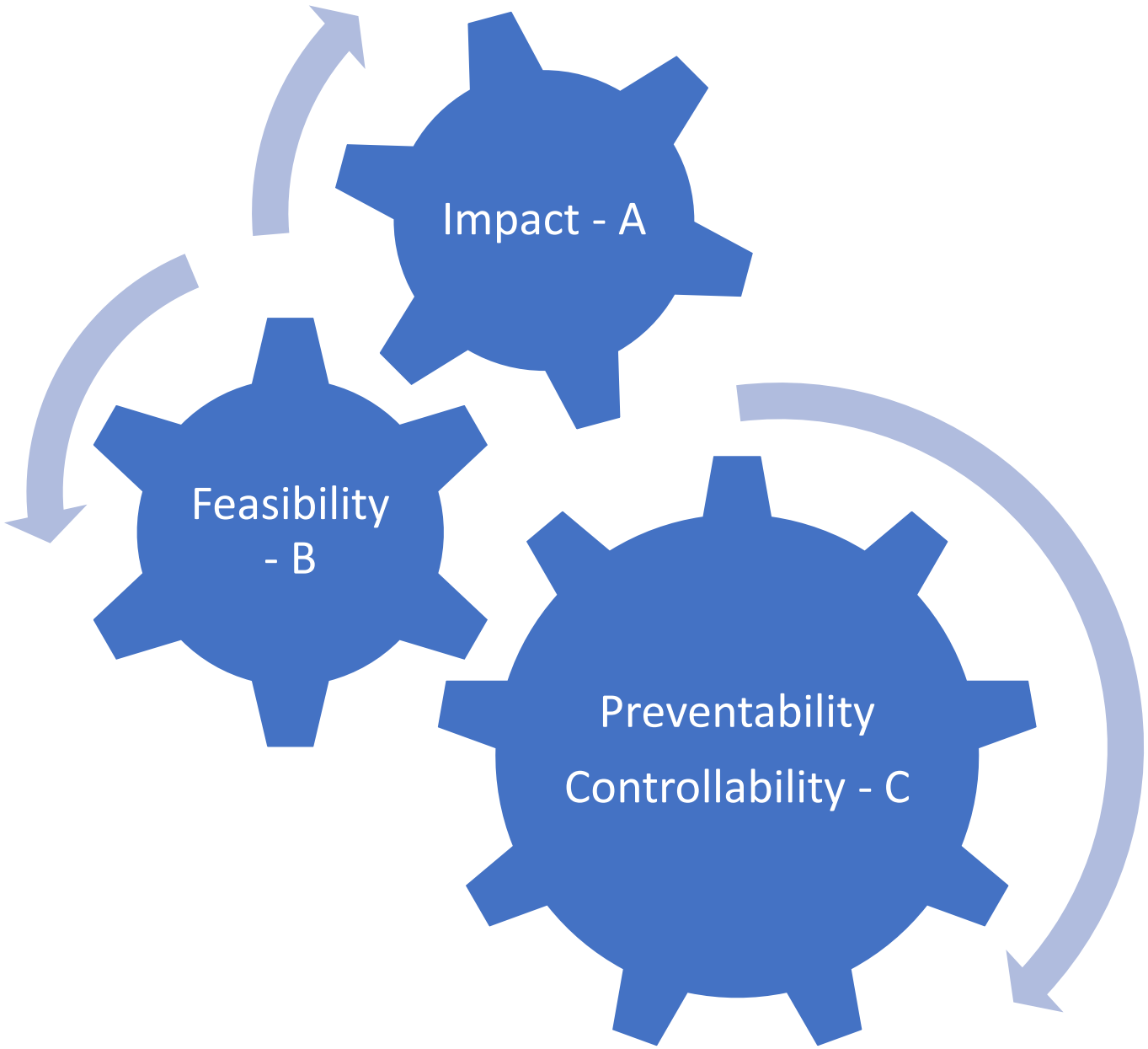
- Diseases and health conditions
- Health behaviors
- Social determinants of health

- Available data varies from issue to issue
- Let us know who is working on issues

Modified Hanlon Method

- Impact – magnitude of the problem and its effect on the population
- Preventability/Controllability – strength of the evidence for prevent or control
- Feasibility – if a prevention or control strategy exists, is it feasible for us to apply it

A+B+C
SCORE =



Diseases and Health Conditions Reference Guide

Disease or condition down left hand side	Ten factors to consider when scoring across top
• Asthma • Arthritis • Cancer (all-site) • Colorectal cancer • Etc	• 1. Incidence or prevalence • 2. Hospitalizations • 3. Estimated costs • 4. Mortality • Etc

Impact

- Factors 1-6

Score

- 3 High Impact
- 2 Some Impact
- 1 Little Impact
- 0 No Impact

Preventability/Controllability

- Strength of the evidence base
- Your knowledge
- Consider Factor 7 – health behaviors

Score

- 3 Very Preventable/Controllable
- 2 Preventable/Controllable
- 1 Moderately Preventable/Controllable
- 0 Not Preventable/Controllable

Feasibility

- Factors 8-10
- Your knowledge and judgement

Score

- 3 Very Feasible
- 2 Feasible
- 1 Moderately Feasible
- 0 Not Feasible

Enjoy the process

Health Behaviors Reference Guide

Health behavior down left hand side	Nine factors to consider when scoring across top
• Alcohol use • Cancer sx • Marijuana use • Illicit drug use • Etc	• 1. Incidence/prevalence • 2. Hospitalizations • 3. Estimated costs • 4. Mortality • Etc

Impact

- Factors 1-6

Score

- 3 High Impact
- 2 Some Impact
- 1 Little Impact
- 0 No Impact

Preventability/Controllability

- Strength of the evidence base
- Your knowledge

Score

- 3 Very Preventable/Controllable
- 2 Preventable/Controllable
- 1 Moderately Preventable/Controllable
- 0 Not Preventable/Controllable

Feasibility

- Factors 7-9
- Your knowledge and judgement

Score

- 3 Very Feasible
- 2 Feasible
- 1 Moderately Feasible
- 0 Not Feasible

Enjoy the process

Social Determinants of Health Reference Guide

Social determinants down left hand side	Nine factors to consider when scoring across top
• Access to care • Safe places for physical activity • ACES • Available quality housing • Etc	• 1. Number/percent affected • 2. Estimated costs • 3. Health equity • 4. HP 2020 goal • Etc

Impact

- Factors 1-3

Score

- 3 High Impact
- 2 Some Impact
- 1 Little Impact
- 0 No Impact

Feasibility

- Your knowledge and judgement
- Factors 4

Score

- 3 Very Feasible
- 2 Feasible
- 1 Moderately Feasible
- 0 Not Feasible

Enjoy the process