

**Montana State Health Improvement Plan
2024–2028**



Published <DATE>

Letter from the Director

Montana is a fantastic place to live, work and play. In our state, families thrive and residents enjoy the best that nature has to offer. We truly live up to our reputation as the Last Best Place.

At the Montana Department of Public Health and Human Services (DPHHS), we seek to support the health of every Montanan. Our mission is to serve Montanans in their communities to improve health, safety and well-being, and to empower independence. We do this by increasing access to health services, supporting prevention programs that promote health and well-being, championing policies and infrastructure that create the conditions in which all people can be healthy, and improving public health system capacity.

DPHHS regularly assesses the health of our population and identifies areas where we can improve outcomes. The most recent State Health Assessment, published in 2024, identified several key health challenges facing our population. Utilizing these data, along with input from state and local public health leaders and community members, the State Health Improvement Design Team identified three priority areas to focus on over the next five years to improve the health of Montanans:

- Behavioral Health,
- Cardiovascular Health, and
- Maternal Health.

DPHHS acknowledges that there are many important health issues facing Montanans. These areas were chosen not only because they represent a large health burden to Montanans but also because it was determined that if the entire public health system collectively prioritized worked in these areas, we could move the needle over the next 5-years.

This plan outlines key cross-cutting strategies that DPHHS will champion, along with partners, to improve mental well-being, decrease substance misuse and abuse, support heart health, and connect mothers and infants to care and support over the next five years. We know that moving the needle on these health priorities will take an “all hands-on deck” approach, and we look forward to creatively partnering with organizations and individuals across the Big Sky to take collective action to accomplish the goals of this plan.

We encourage all public health partners to consider how they might utilize this plan to support their efforts to achieve a healthier Montana. We look forward to working with you toward a more thriving state now and for future generations.

Sincerely,

Charles T. Brereton
Director
Montana Department of Public Health and Human Services

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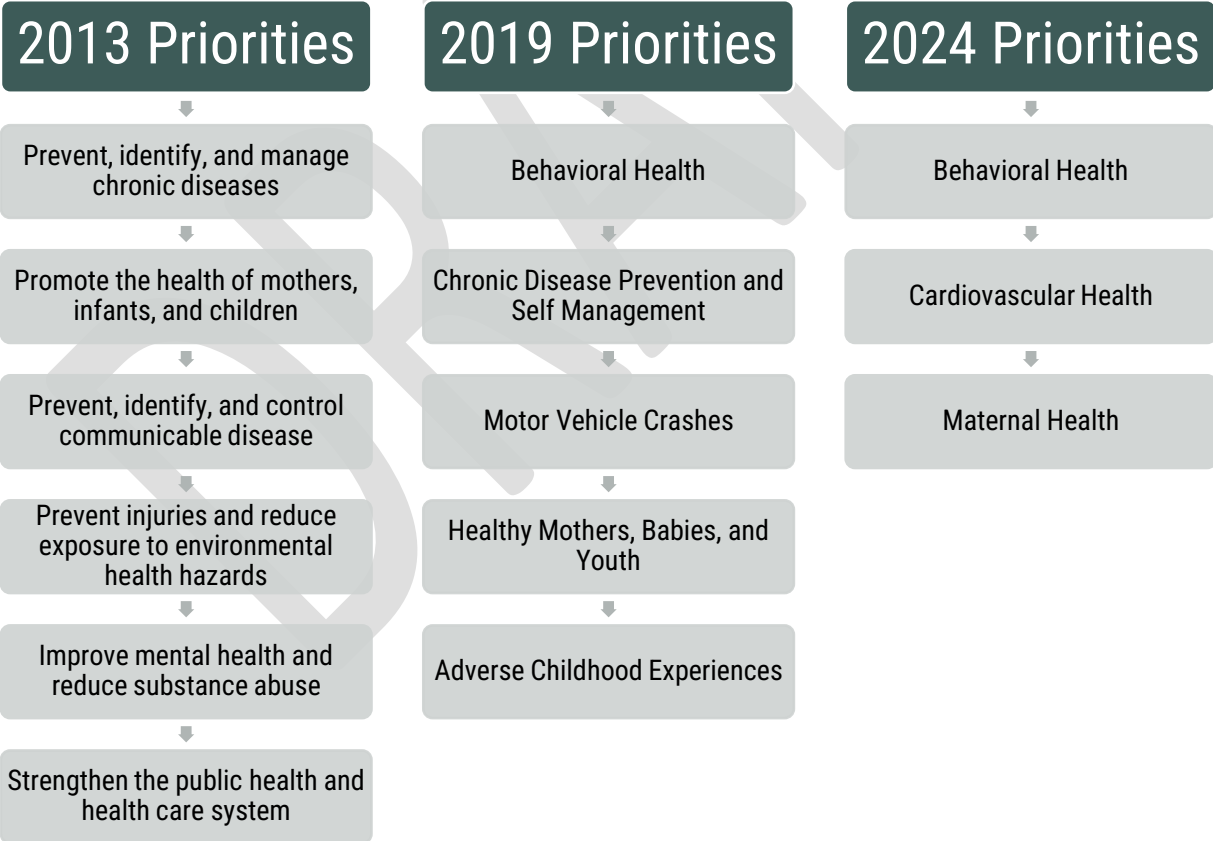
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Introduction

History

The state public health agency has been assessing and planning strategies to advance health in Montana for over 100 years. In the last decade, this process has been formalized as a 5-year health improvement planning cycle that begins with documentation of health concerns in the State Health Assessment (SHA) followed by the State Health Improvement Plan (SHIP), which prioritizes shared statewide goals to improve the health of Montanans. The SHIP includes objectives for measuring change over time and strategies for advancing health. Through each iteration of the planning cycle, staff document lessons learned to embed continuous improvement in the process.

In 2013, Montana published its first official State Health Assessment (SHA) and State Health Improvement Plan (SHIP), inaugurating a 5-year cycle of systematic health assessment followed by health improvement planning and implementation at the state level, bolstered by structured stakeholder input and community feedback. The process was repeated in 2019 and again in 2024.



The Public Health and Safety Division (PHSD) of the Montana Department of Public Health and Human Services (MT DPHHS) leads this process as part of their commitment to providing quality services to Montanans through voluntarily maintaining their status as an accredited

public health department. The SHIP's success relies on collaboration across sectors and between partners; every organization, from statewide agencies to community-level advocacy groups and coalitions, can take part in the SHIP by incorporating it into their own strategic plans. Aligning resources to achieve shared goals for a healthier Montana is a vital part of population health improvement.

PHSD also supports local and Tribal public health jurisdictions to regularly complete their own community level planning and prioritization processes. These community-level assessments and plans, as well as similar reports produced by non-profit hospitals, are available online at the [Montana Local Plans Dashboard](#). Findings from the community-level assessments and plans inform the State Health Improvement Plan.

You can learn more about the collaborative work to create a healthier Montana and access related resources on the [A Healthier Montana](#) website.

Designing the Plan

To design this plan, the PHSD convened SHIP Design Team meetings monthly from September 2023 to February 2024. The SHIP Design Team consisted of over 50 individuals from diverse organizations statewide who provided guidance on the prioritization criteria and implementation framework of this plan. Using the agreed upon framework and criteria, the group was led through a data-driven, participatory process to select the health priorities for this plan. The three primary sources of data used by the SHIP Design Team were:

- **The 2023 Montana SHA**, which provided a broad, quantitative overview of the current state of the health of Montanans, including the social determinants of health, health issues across the lifespan, physical and mental health, communicable disease, chronic disease, and injury (see the [SHA Engagement and Design Period Summary Report](#) online);
- **Local and Tribal Health Assessments and Health Improvement Plans**, which indicate the health topics that are considered most pressing and impactful to health locally; and
- **Five community engagement sessions** hosted by the *Healthier Montana Network* in September 2023 in which 71 total participants gave feedback on the SHA findings and detailed their own health priorities based on lived experience.

The SHIP Design Team operated according to the following guiding principles and expectations:

We share a responsibility to...

- Advance the health of all Montanans, regardless of life circumstances;
- Engage in conversation about where Montanans live, learn, work, play, worship, and age and how those places impact health;
- Ensure that Montanans have equal opportunity to make choices that lead to good health for them and their families;
- Provide information and services that all people can find, understand, and use to inform health-related decisions and actions for themselves and others; and
- Liaise with the communities, organizations, and groups that we are representing to create dialogue.

The [SHIP Engagement and Design Period Summary Report](#) is available online, as well as the discussion summaries and presentations from each of the six Design Team meetings. Visit the [A Healthier Montana Network](#) webpage to access these resources.

The SHIP Design Team used the following criteria in their prioritization of health issues in Montana.

Weight 1:

Magnitude

- How many people are affected?
- Are people in Montana suffering more due to this issue relative to other places?

Seriousness

- How much does this issue affect quality of life and life expectancy?
- To what degree do local communities perceive this issue to be affecting health?

Weight 1.5:

Feasible strategy

- Are there resources, funding, and partners available to address this concern?
- Where can we move the needle?
- Will this issue benefit from a collective action approach?
- Are there policy or environmental changes that could affect the outcome?

Emergence/urgency

- Is this a new or growing topic that needs to be addressed in the near future?

Weight 2:

Intersection

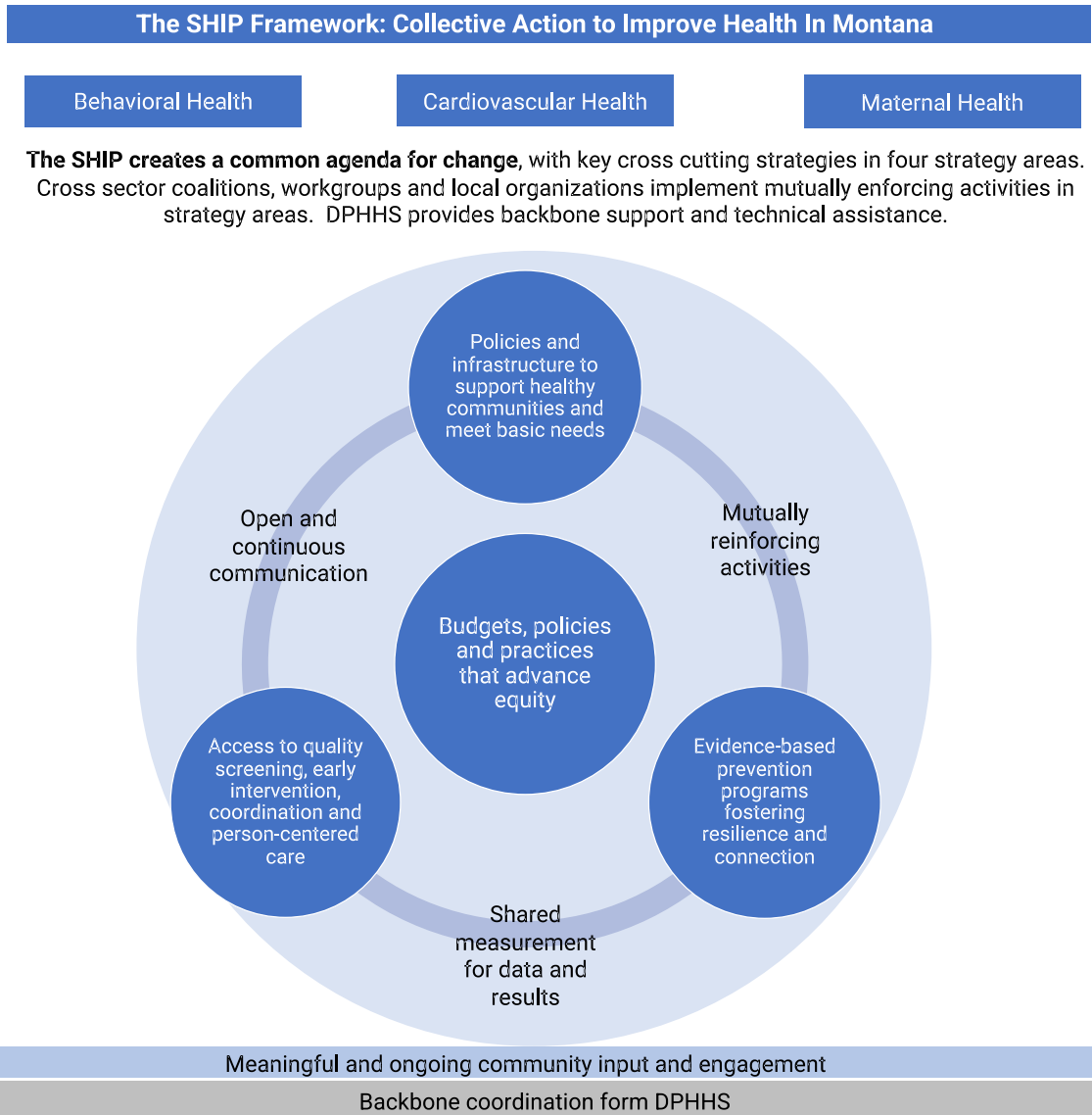
- Is the topic amplified by other factors to create a greater issue?
- Will addressing this issue also positively impact other health concerns?

Equity

- Does the issue affect some population groups more than others in ways that can be changed?
- Are there institutional policies and practices that could be changed to create better outcomes for groups experiencing disparities?

The Montana State Health Improvement Plan

The Montana SHIP identifies four cross-cutting strategies that should be implemented across the three priority areas to improve health in Montana. To support these cross-cutting strategies, Montana will utilize the collective action framework with backbone support from DPHHS. At the heart of the SHIP are strategies that advance health equity.



A *Healthier Montana* program staff will work closely with existing cross sector and collective action coalitions in Montana to implement SHIP strategies, monitor Montana’s progress toward advancing health, and evaluating implementation to continuously improve. Many of these existing groups have their own strategic plans and strategies that they are leading alongside their partners to improve health in the SHIP priority areas. The *A Healthier Montana* program will come alongside these groups and provide support and facilitate alignment, not duplicate their efforts. Examples of the key cross sector partners currently leading statewide collaborations are included in the list of assets and resources under each priority area.

Addressing inequities in Montanans' health

As described in the SHA, there are significant health disparities in Montana between Montanans overall and specific communities, including:

- Adolescent and late adolescent Montanans.
- American Indian or Alaska Native Montanans,
- LGBTQ+ Montanans,
- Montanans experiencing poverty,
- Montanans living in counties classified as experiencing more disadvantage than others,
- Montanans living in rural areas,
- Montanans living with disability,
- Older Montanans, and
- Veterans.

Health inequity exists when avoidable inequalities lead to an uneven distribution of the resources and opportunities for health. *Health inequities* are differences in health that are avoidable, unfair, or stemming from injustice.

Health disparities are statistical differences in health that occur between groups of people. These could be from any cause.

[Source](#)

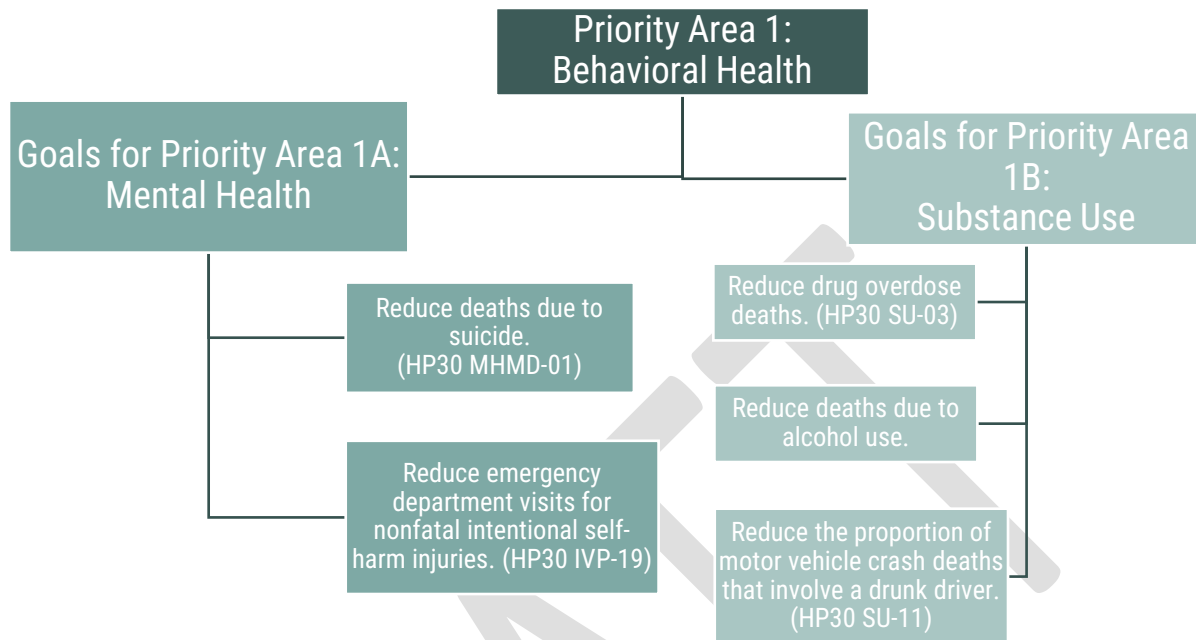
There are also health disparities for certain health conditions and behaviors between men and women. Organizations working to improve population health should:

1. [Review data with the community](#) to identify measurable health disparities using a variety of sources, including the 2023 SHA,
2. Identify upstream factors of health disparities that can be changed or avoided,
3. Work with the community to learn whether the data are true to their experience,
4. [Promote organizational and personal health literacy](#) when communicating about health, and
5. Collaborate with the community to create change.

Populations experiencing health inequities will require population-specific goals, objectives, and activities. We encourage organizations who work with populations who experience disparities to partner with the *A Healthier Montana* network to share resources, connect, and collaborate to advance health and align with statewide public health priorities.

Priority Areas: Assets & resources, goals & objectives

Priority Area 1: Behavioral Health



Assets and resources:

- DPHHS Behavioral Health and Developmental Disabilities Division and Public Health and Safety Division
- Local Area Councils (LACs) and regional Service Area Authorities (SAAs)
- Montana Dept of Transportation (MDT) Comprehensive Highway Safety Plan
- Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative
- Behavioral Health System for Future Generations Commission
- Substance Use Disorder Task Force
- DPHHS Office of American Indian Health
- Crisis Coalitions and Behavioral Health Crisis Coordinator Network
- Tribal Nations joint investment in regional healing center through American Indian Health Leaders and Treatment Centers
- Perinatal Mental Health Coalition

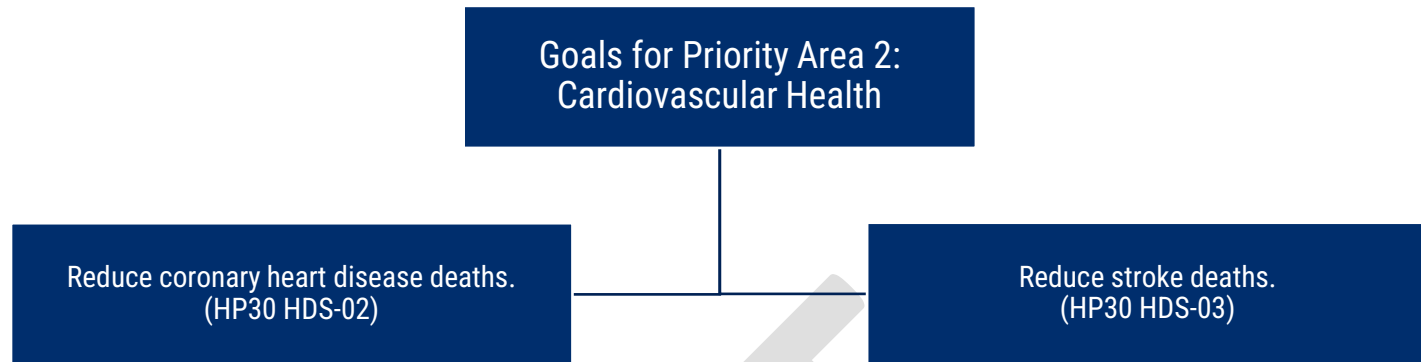
Objectives for adult Montanans by 2028	Objectives for adolescent Montanans by 2028
<ul style="list-style-type: none"> • Increase the proportion of people with a substance use disorder who got treatment in the past year. (HP30 SU-01) <i>Source: National Survey on Drug Use and Health (NSDUH).</i> • Reduce the proportion of people who had alcohol use disorder in the past year (HP30 SU-13). <i>Source: NSDUH.</i> • Reduce the proportion of people who had drug use disorder in the past year (HP30 SU-15). <i>Source: NSDUH.</i> • Reduce the proportion of adults experiencing frequent mental distress. <i>Source: Montana Behavioral Risk Factor Surveillance System (BRFSS).</i> 	<ul style="list-style-type: none"> • Increase the proportion of adolescents who have an adult they can talk to about serious problems. <i>Source: Montana Prevention Needs Assessment (PNA).</i> • Reduce the proportion of adolescents who seriously considered attempting suicide in the past year. <i>Source: Montana Youth Risk Behavior Survey (YRBS).</i> • Reduce the proportion of adolescents who drank alcohol in the past month (HP30 SU-04). <i>Source: YRBS.</i> • Increase the proportion of adolescents who think marijuana use is risky. <i>Source: PNA.</i>

- | | |
|---|--|
| <ul style="list-style-type: none">• Reduce the proportion of adults who engaged in binge drinking in the past month (HP30 SU-10). <i>Source: BRFSS.</i> | |
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Healthy People 2030 objectives are marked by HP30 and the objective number used by Healthy People.

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Priority Area 2: Cardiovascular Health



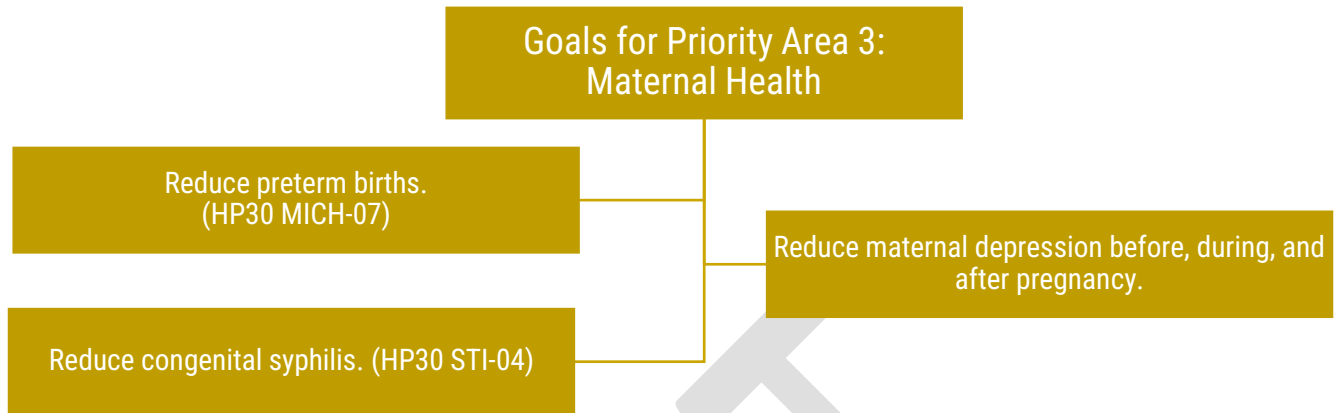
Assets and resources:

- DPHHS Public Health and Safety Division
- Stroke Workgroup and Cardiovascular Learning Collaborative
- Telestroke Initiative
- Joy in Healthy Living SHIP Working Group
- DPHHS Office of American Indian Health
- Bike Walk Montana
- Montana No Kid Hungry
- Alternative Energy Resources Organization (AERO)

Objectives for adult Montanans by 2028	Objectives for adolescent Montanans by 2028
<ul style="list-style-type: none"> • Reduce current tobacco use in adults. <i>Source: BRFSS.</i> • Increase the proportion of adults with high blood pressure who are currently taking prescription medication for high blood pressure. <i>Source: BRFSS.</i> • Reduce the proportion of adults with obesity. <i>Source: BRFSS.</i> 	<ul style="list-style-type: none"> • Reduce current tobacco use in adolescents. <i>Source: YRBS.</i> • Reduce the proportion of children and adolescents with obesity. <i>Source: YRBS.</i> • Increase the proportion of children and adolescents who receive care in a medical home (HP30 MICH-19). <i>Source: National Survey of Children's Health (NSCH).</i> • Increase the proportion of adolescents who do enough physical activity. <i>Source: YRBS.</i>

Healthy People 2030 objectives are marked by HP30 and the objective number used by Healthy People.

Priority Area 3: Maternal Health



Assets and resources:

- DPHHS Early Childhood and Family Support Division and Public Health and Safety Division
- Adverse Childhood Experiences and Resiliency SHIP Working Group
- Local early childhood coalitions
- DPHHS Office of American Indian Health
- Maternal Health Leadership Task Force
- Montana Home Visiting Coalition
- Meadowlark Initiative
- Healthy Mothers, Healthy Babies

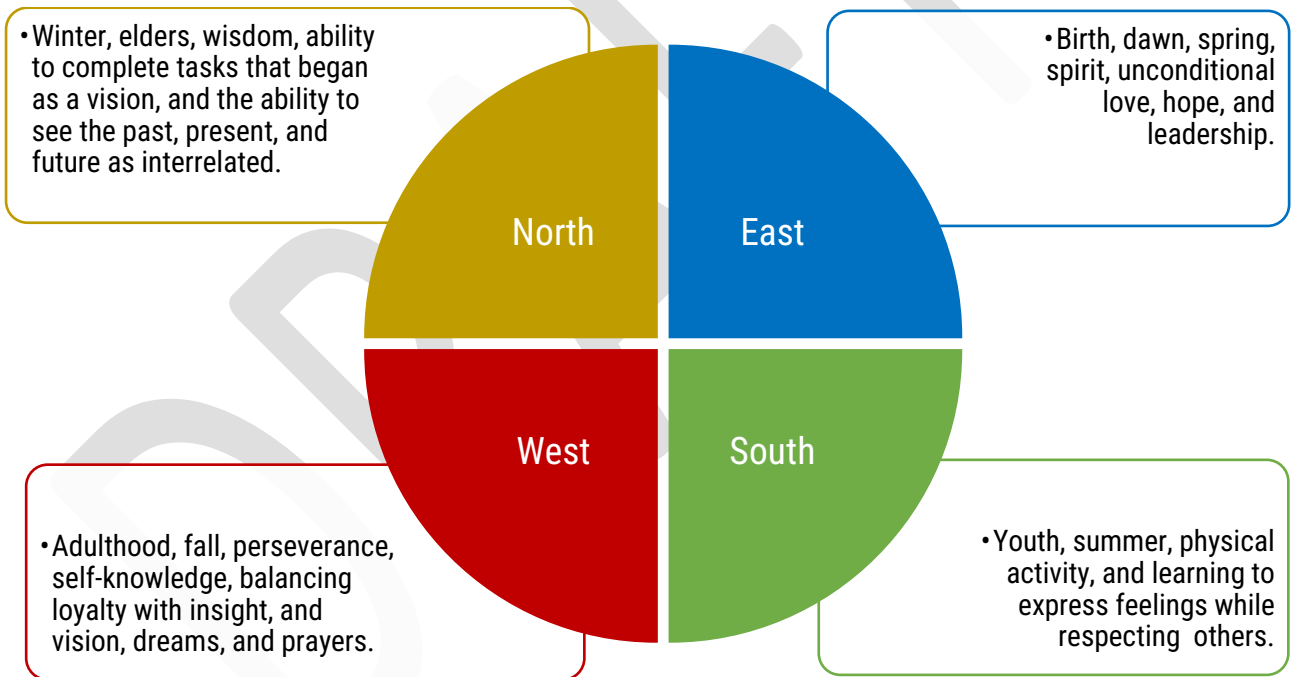
Objectives for adult Montanans by 2028	Objectives for adolescent Montanans by 2028
<ul style="list-style-type: none"> • Increase the proportion of pregnant people who receive early and adequate prenatal care (HP30 MICH-08). <i>Source: Vital Statistics.</i> • Reduce the syphilis rate in females (HP30 STI-03). <i>Source: Montana Infectious Disease Information System (MIDIS).</i> • Increase abstinence from cigarette smoking among pregnant women (HP30 MICH-10). <i>Source: Vital Statistics</i> • Increase the proportion of women who get screened for postpartum depression (HP30 MICH-D01). <i>Source: Montana Pregnancy Risk Assessment Monitoring System (PRAMS)</i> 	<ul style="list-style-type: none"> • Increase the proportion of adolescents who have never had sex (HP30 FP-04). <i>Source: YRBS.</i> • Reduce pregnancies in adolescents. (HP30 FP-03). <i>Source: Vital Statistics.</i> • Increase the proportion of adolescents who spoke with their doctor privately without an adult in the room during their last medical visit in the past 12 months (HP30 AH-02). <i>Source: NSCH</i>

Healthy People 2030 objectives are marked by HP30 and the objective number used by Healthy People.

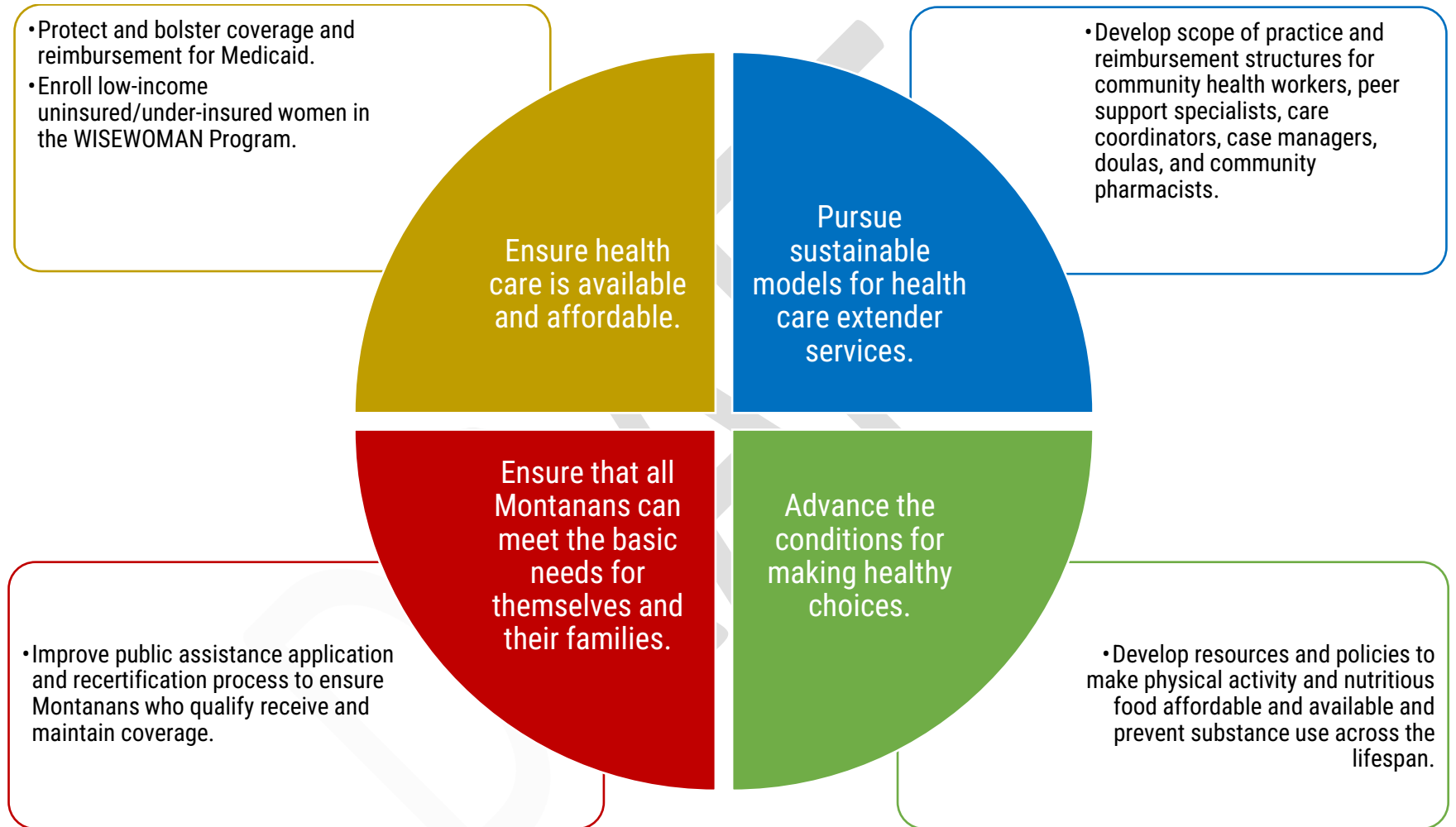
Cross Cutting Strategies

The SHIP framework supports cross cutting strategies in four key areas. To symbolize the SHIP strategies in these four areas, we use graphics based on the Medicine Wheel, the Native American representation of cycles of life and healing embodied by the four directions, seasons, and stages of life (National Library of Medicine, 2023 and North Dakota Tribal Community Prevention Resource and Media Center, 2023). These graphics were developed with support of the DPHHS Office of American Indian Health to highlight the pursuit of a healthier Montana through embracing the lessons of balance, resiliency, and healing taught by Indigenous communities that have overcome generations of barriers to health and wellness. While each Tribe interprets the Medicine Wheel differently, the graphics provided below have been developed using general lessons and gifts connected with each of the four quadrants.

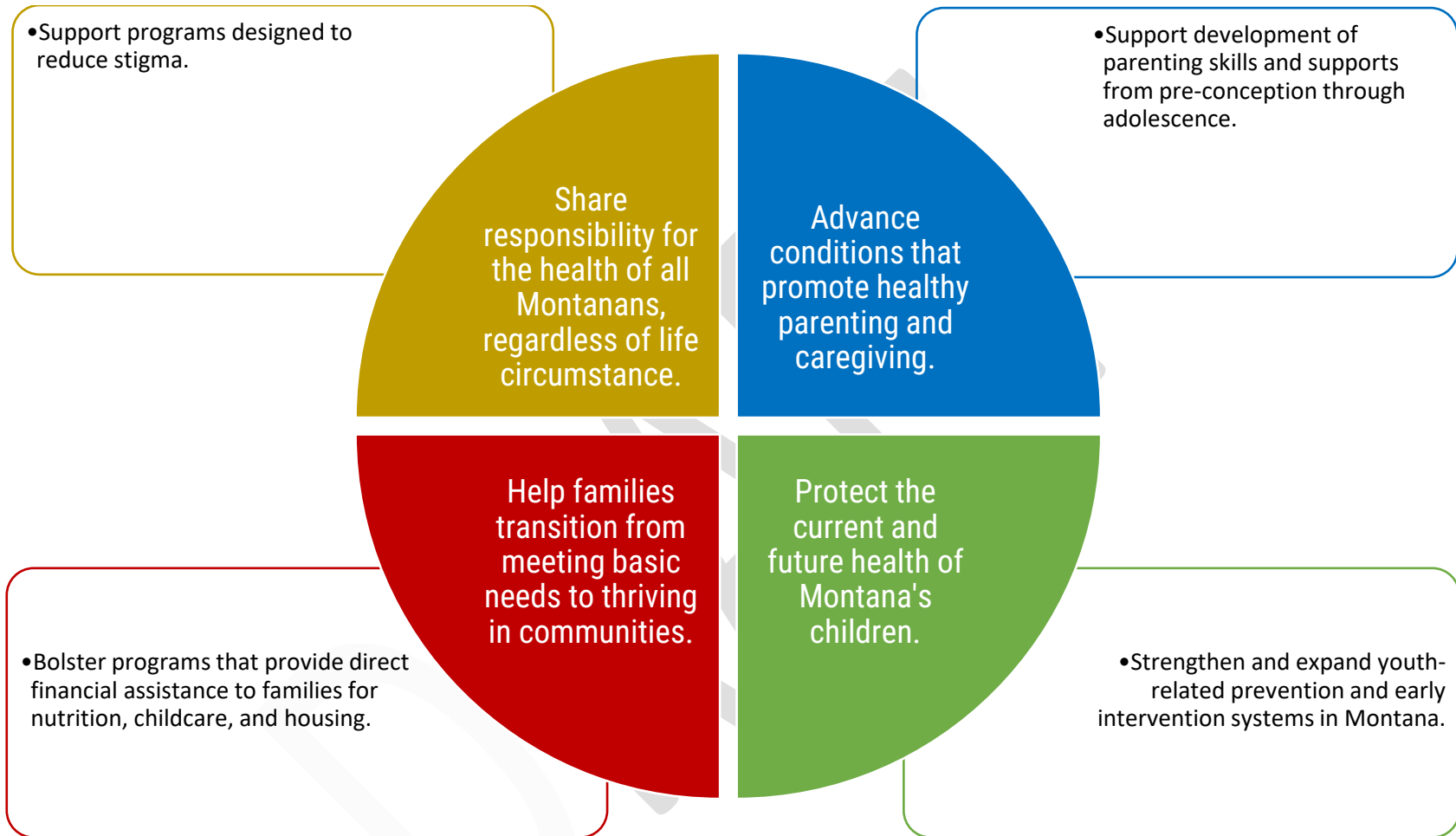
DPHHS staff hope that these graphics will create opportunities for continued conversation, feedback, and learning from Native American culture and health in Montana, including through the refinement of these images as appropriate.



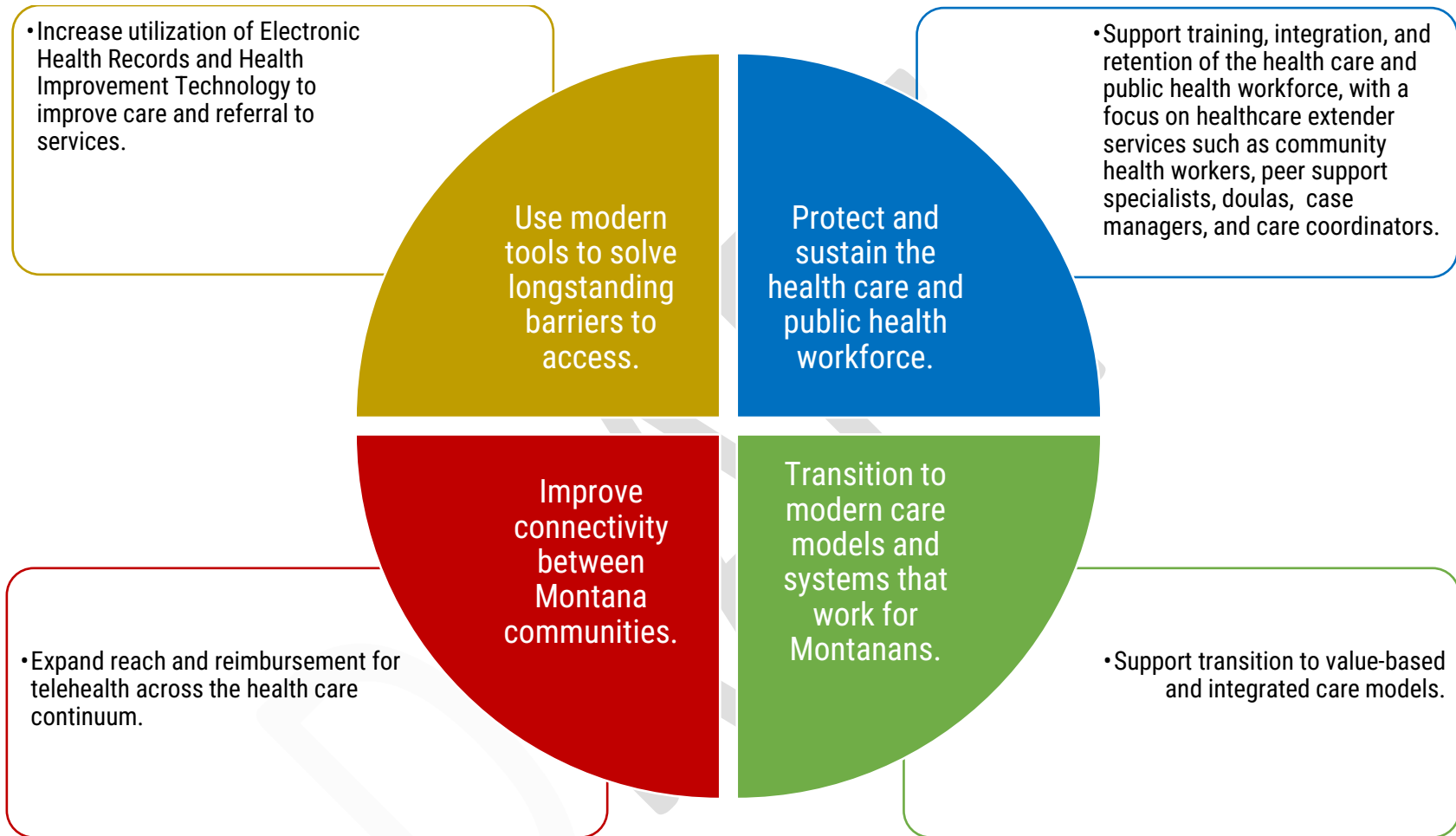
Policies and infrastructure to support communities and meet basic needs



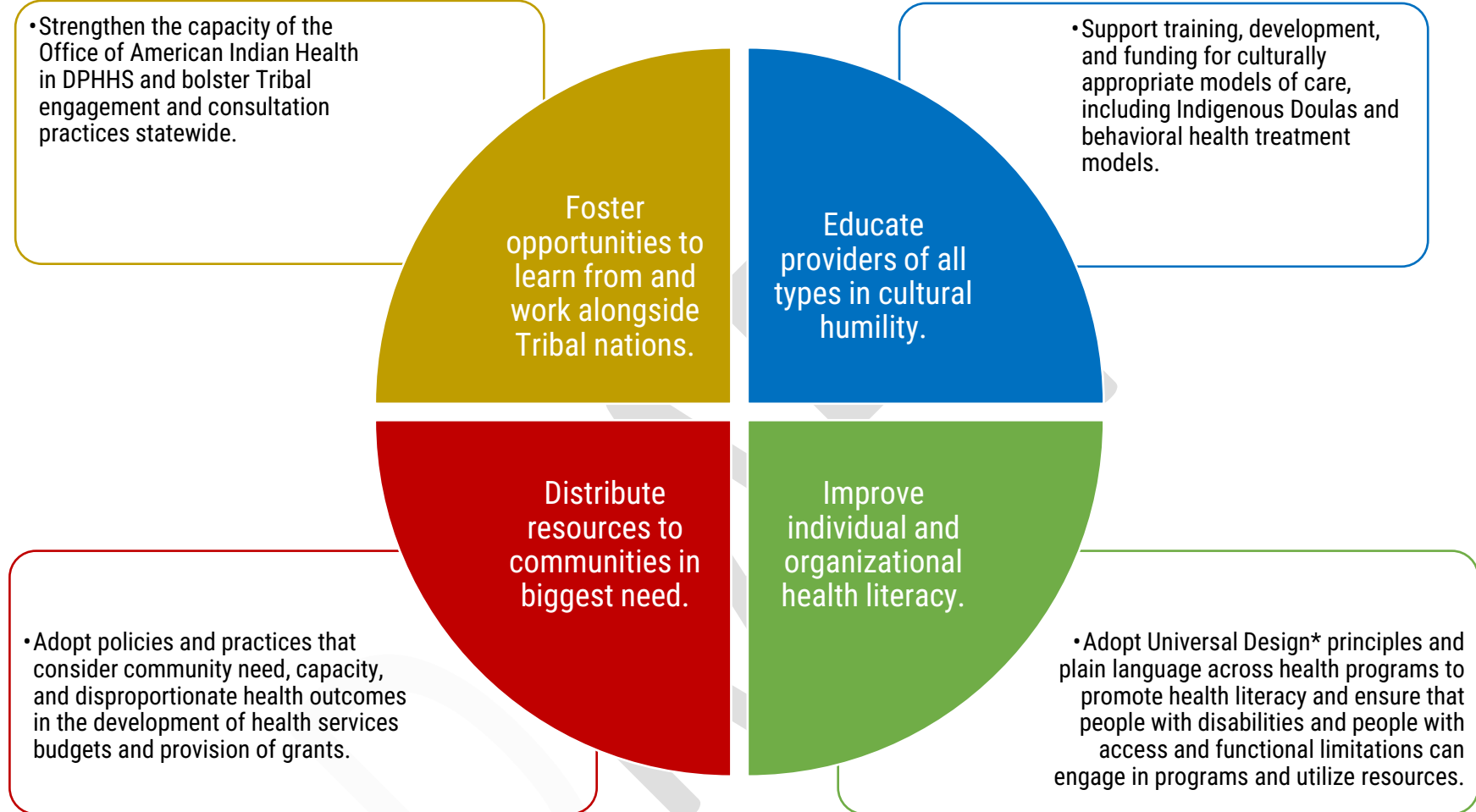
Evidence-based programs fostering resilience and connection



Access to quality screening, early intervention, and person-centered care



Organizational and institutional practices that support equity



*<https://www.section508.gov/develop/universal-design/>

Implementation for Collective Impact

To implement the SHIP, DPHHS's *A Healthier Montana* staff will support existing cross sector coalitions and work groups as well as local organizations across the state to implement SHIP strategies using the collective action framework. DPHHS will serve as the backbone agency for the work, providing the strategic communication and shared measurement required to engage partners, maintain the *A Healthier Montana Network* and monitor progress. DPHHS will work with partners to support meaningful and ongoing community input and engagement strategies for the SHIP priority areas and provide technical assistance to partner groups and community organizations on how their organization can participate in the SHIP.

Collective Impact Implementation Strategies

Backbone Support		
Strategy	Lead	Timeline
Maintain the <i>A Healthier Montana Network</i> and email list for use in open and continuous communication	DPHHS	Ongoing
Adequately resource the <i>A Healthier Montana</i> program	DPHHS	Ongoing
Convene all <i>A Healthier Montana Network</i> partners for SHIP updates and strategic engagement	DPHHS	At least twice through 2028

A Common Agenda for Change		
Strategy	Lead	Timeline
Track progress on SHIP strategies	DPHHS with cross sector workgroup leads	Ongoing
Revise and update the SHIP	DPHHS	At least twice before 2028
Publish SHIP progress report	DPHHS	Annually until 2028

Shared Measurement and Data for Results		
Strategy	Lead	Timeline
Maintain a data dictionary to ensure consistent monitoring and data collection practices and publish progress on objectives in SHIP annual report	DPHHS	Annually until 2028
Conduct regular evaluation using the Results-Based Accountability framework to identify areas for continuous quality improvement, also to be published in the SHIP annual report	DPHHS	Annually until 2028
Track any quantitative or qualitative data available to measure SHIP strategies	DPHHS with cross sector workgroup leads	Ongoing, publish annually

Open and Continuous Communications		
Strategy	Lead	Timeline
Send quarterly SHIP updates to <i>A Healthier Montana Network</i> email list	DPHHS	Ongoing through 2028
With partners, develop a robust community engagement strategy for each of the four SHIP priority areas	DPHHS with cross sector workgroup leads	Timeline based on strategy
Create a report for the state of findings, successes, and challenges from the community engagement work	DPHHS	By 2027, one report per priority area

Mutually Reinforcing Activities Led by Cross Sector Partners		
Strategy	Lead	Timeline
Coordinate with cross sector coalitions and work group leads to ensure alignment with the SHIP and between priority areas	DPHHS	Ongoing
Provide technical assistance to statewide and local partners to understand the SHIP and encourage them to participate in implementation	DPHHS	Ongoing, at least 10 trainings annually

Acknowledgements

The Public Health and Safety Division would like to thank the individuals who participated in the SHIP Design Team.

Design Team Members

In alphabetical order by last name

Name	Organization
Aklestad, Kristi	Public Health and Safety Division
Baldry, Isaac	Disability Health and Transition Advisor
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Branscum, Jean	Montana Medical Association
Burton, Emily	Pacific Source
Campbell, Stacy	Public Health and Safety Division
Carlson-Thompson, Dan	Behavioral Health and Development Disabilities Division
Carter, Paula	Billings Area IHS
Chipongian, Kayla	Confluence Public Health Alliance
Claiborne, Natalie	Office of Rural Health
Coburn, Christopher	Planned Parenthood
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Grinsell, Kayla	Northern Cheyenne Board of Health
Hanson, Hillary	Montana Public Health Institute
Harrington, Stefanie	Carter County Public Health
Hodges, Maggie	South Central MT AHEC
Houston, Kiely	Montana Health Care Foundation
Hubbs, Courtney	Office of Public Instruction
Huck, Kira	Safe Kids Montana
Iron Shooter, Stephanie	Office of American Indian Health
Isaly, Jacqueline	Early Childhood and Family Support Division
Jones, Mackenzie	Public Health and Safety Division
Kelley, Matt	Montana Public Health Institute
King, Jack	Montana Hospital Association
Knecht, Rich	Public Health and Safety Division
Kolar, Meaghan	Behavioral Health and Development Disabilities Division
Langve-Davis, Pam	Montana Dept of Transportation

Lee, Lisa	Montana Partnership to End Child Hunger
Levine, Katie	American Foundation for Suicide Prevention
Lindeman, Dani	Public Health and Safety Division
Loveland, Katie	Loveland Consulting
Maney, Peter	NADC-NABN
McGinty, Skye	All Nations Health Center
Minard, Kris	Office of Public Instruction
Morgan, Pharah	Rocky Mountain Tribal Epidemiology Center
Morris, Brent	Behavioral Health and Development Disabilities Division
Mullins, Margaret	Chronic Disease Bureau, Public Health and Safety Division
Neumann, Cora	NADC-NABN
NoRunner, Martin	Habitat for Humanity
Paradis, Patrick	Early Childhood and Family Support Division
Pugmire, Tatianna	Behavioral Health and Development Disabilities Division
Rassley, Tracy	American Foundation for Suicide Prevention
Riutta, Olivia	Montana Primary Care Association
Rogers, Amber	Mountain Pacific Quality Health
Thaker, Juthika	Behavioral Health and Development Disabilities Division
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Williamson, Laura	Public Health and Safety Division
Windecker, Mary	Behavioral Health Alliance of Montana
Zimmerman, Heather	Public Health and Safety Division