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

Meeting Minutes: Tuesday, September 24, 2019, 1:30-3:00 PM, via GoToMeeting

Workgroup Lead:

Rachel Donahoe, Children's Special Health Services Section Supervisor, MT DPHHS (co-lead)

Workgroup Facilitator:

Anna Bradley, DPHHS PHSIO Plans Coordinator

Workgroup Members Present:

- Aklestad, Kristi
- Buss, Ann
- Jensen, Caitlin
- Canning-Graziano, Barbara
- Carlson-Thompson, Dan (Presenter)
- Culpon, Chelsea
- Eblen, Tina
- Girard, Kate
- Haanschoten, Emily (Guest presenter)
- Kirsch Wehner, Bekki
- Lee, Leslie
- Naiman-Sessions, Miriam
- Rich, Kathy
- Smith, Kari
- Switalski, Erin
- White, Jody

Welcome and introductions

1:30 to 1:40 PM

Anna Bradley reviewed the agenda for today's call, and then asked attendees to state their name, their organization, and answer the question: "What is one thing that helps you when you are on a conference call to feel connected and stay interested?"

Responses included:

- When people identify themselves by their first name when they start to speak;
- Visual aids, like a slideshow and using cameras to see the other participants;
- Being tapped to present on the call;
- A slideshow, if used, is clear and easy to read on the screen;
- Setting up my environment to reduce multi-tasking;
- Interactive components, like polls and discussion questions;

General updates
1:40 to 1:45 PM

Attendees shared updates related to Healthy Mothers, Babies, and Youth/ACEs, which included:

- Montana Primary Care Association's Population Health and Enabling Services Summit, October 16-17 in Helena, free to attend
    - Will be talking about the social determinants and other areas of population health
- Healthy Mothers, Healthy Babies 2nd Annual Perinatal Mental Health Conference, November 7-8, Butte, $125-$225 to attend

Data presentation
1:45 to 1:55 PM

Emily Haanschoten, Epidemiologist, Family and Community Health Bureau, MT DPHHS. Emily.Haanschoten@mt.gov.

Data presentations will be regularly occurring in the SHIP workgroups to ensure we are able to share new data sources or analyses that have been done and increasingly add to what we know in the state about this topic area. The data do not have to solely come from DPHHS. All workgroup members who are collecting data to help inform the work in this area will have an opportunity to volunteer to share.

Update on WIC breastfeeding data from 2016-2018. Slides will be shared along with other meeting materials.

- About 78% of Montana WIC participants have initiated breastfeeding in 2016, 2017, and 2018.
- Breastfeeding at 3 months has increased, from 27% in 2016 to 33.8% in 2018
- Breastfeeding at 6 months has decreased, from 20.3% in 2016 to 17.9% in 2018
- Breastfeeding at 12 months has decreased, from 10.8% in 2016 to 2.6% in 2018.
    - Breastfeeding at 6 months is the new target area for many WIC clinics
- 2017 PRAMS data show that the percentage of ever breastfed in Montana is 93.8%, and any breastfeeding at 8 weeks is at 80.3%.
    - These are higher than national averages—national average ever breastfed in 2017 was 87.6% and any breastfeeding at 8 weeks was 67.7%.
- WIC breastfeeding initiation rates vary across agencies, from a high of 93.9% to a low of 46.6%.
- Evidence-based peer counseling program implemented at 14 WIC clinics across the state shows that agencies using the peer counseling program have higher rates of initiation and being fully breastfed at 3, 6, and 12 months.
- Obesity prevalence for children aged 2 to 4 years shows that children that were never breastfed have higher percentages of obesity at ages 2, 3 and 4 than children who were mostly, fully, or limitedly breastfed.

Questions and feedback:

- What do you know about why there are differences among the agencies?

    - We see some variety due to geography and demographics. Agencies in western Montana tend to see higher rates than eastern Montana, and agencies on reservations tend to see lower rates than other agencies, which is a health disparity.

Adverse Childhood Experiences (ACEs) presentation

1:55 to 2:20 PM

Dan Carlson-Thompson, LCSW, ACEs master trainer with Children's Mental Health Bureau, Developmental Services Division, MT DPHHS. DCarlson-Thompson@mt.gov.

Note: If you haven't had the opportunity to attend a full ACEs training, Dan encourages everyone to do so. This presentation has been edited for our timeframe and is typically much longer.

- The memory of childhood experiences is stored in our bodies and our minds and have an impact throughout our lifespan.
- The central nervous system connects us with other people and the world around us through our brain and spinal cord, which integrate all our senses and information from receptors throughout the body, regulates internal body functions, and manages elaborate chemical and electrical signals. This happens almost instantaneously and determines our understanding of and response to the world we live in.
- TED Talk: Nadine Burke Harris, California's Surgeon General:
    - Children are especially sensitive to repeated stress anticipation and adversity because their brains and bodies are still developing.
    - Analogy of your fight or flight system activating in response to seeing a bear in the woods—useful if you're in the woods and you see a bear, not if you live in a situation where you are constantly living in anticipation of "the bear coming home every night."
- Risks for poor health are consistently seen clustered in some populations and not as much so in others. This helped lead to the hypothesis of the ACEs study: adverse childhood experiences lead to impaired neurodevelopment, which in turn leads to social, emotional, and cognitive adaptations that can lead to risk factors for major causes of disease and disability, social problems, and early death.
- Some of the brain functions that have been shown to be affected by ACEs include:
    - Affect regulation (panic reactions, depression, anxiety, hallucinations)
    - Somatic issues (sleep disturbances, severe obesity, pain)
    - Substance use (smoking, alcoholism, illicit drug use, IV drug use)
    - Sexuality (early intercourse, promiscuity, sexual dissatisfaction)
    - Memory (amnesia from childhood)
    - Arousal (high stress, problems with anger, perpetuating domestic violence)
- 10 types of ACEs were included in the study:
    - Household dysfunction (substance abuse, parental separation or divorce, mental illness, battered mothers, criminal behavior)
    - Neglect (emotional, physical)
    - Abuse (emotional, physical, sexual)
    - ACEs are highly interrelated—the study found that if you've experienced one, it is likely you've experienced others.
- People can be assigned an ACE "score" to show how many categories of ACEs they've experienced.
    - As ACE scores increase, the percentage of people with health and social problems also goes up. There is a dose-response relationship.

    - For example, a person with an ACE score of 4 or higher is 242% more likely than a person with an ACE score of 0 to smoke, 222% more likely to have obesity, 357% more likely to have depression, and 1,525% more likely to attempt suicide.
- Health and social problems impacted by ACEs include, but are not limited to:
    - Alcoholism and alcohol abuse,
    - Liver disease,
    - Chronic Obstructive Lung Disease,
    - Mental health problems,
    - Obesity,
    - Coronary heart disease,
    - Depression,
    - Smoking,
    - Drug abuse and illicit drug use,
    - Unintended pregnancy,
    - Risky sexual behaviors,
    - Fetal death,
    - Intimate partner violence, and
    - Workplace problems
- An ACEs study was done in Montana in 2011 and showed about 40% of adults had no ACE score, 43% had between one and three ACEs, and 17% had four or more. Four ACEs or more is the tipping point for many negative social and health problems.
- A high ACE score does not mean a person is destined to poor health outcomes—resiliency is a key component of discussing ACEs
- Resilience is made of three systems:
    - Capabilities
    - Attachment and belonging with caring and competent people
    - Community, culture, and spirituality
- People do best when the three systems are nested within each other, instead of having just one or two of the three resiliency components.
- Resources for further understanding:
    - www.aceinterface.com/index.html
    - https://criresilient.org/
    - https://acestoohigh.com/
    - Healthychildren.org
    - National Child Traumatic Stress Network

Questions and feedback:

- Are there plans for training new DPHHS staff on ACEs?
    - Contact DPHHS master trainers (such as Dan Carlson-Thompson, Leslie Lee, and Kathy Rich) for more information on training opportunities
    - There will be a one-day training for Head Start providers in November that people could join in on.

Focused strategy conversation

2:20 to 2:50 PM

ACEs strategy 9 (A9): Develop and maintain a state-level resource to share information about ACEs and trauma-informed approaches.

- What does it mean to have a statewide resource?
    - We have resources that have been built through Moodle and other self-guided information that was developed under DPHHS Director Richard Opper, so there's a big foundation of resources.
    - Online resources are available through the ePass system, which anyone can access if they make an ePass account.
    - Reorganization of child and family services programs at DPHHS could create an opportunity for concentration on this topic again and formalization of resources.
    - Could reach out to Vicki Turner with the Prevention Resource Center, who has a lot of the historic information on this project, to start the conversation again.
    - A need is to develop a recurring avenue for new staff to be trained every few years.
- Childwise is currently working on an updated training for the master trainers in Montana. There are 170 ACEs presenters across the state in Elevate Montana communities, which are communities that have taken the pledge to become trauma-informed.
    - A baseline of becoming trauma-informed is having an understanding of ACEs. They are interrelated.
    - Childwise has been collecting ACEs and resilience scores by ZIP code and has about 5,000 data points with the goal of creating a report for Montana.
- Any statewide resource would need to include not just the educational components of what ACEs are but also resources for putting strategies into practice to be trauma-informed and offer trauma-informed services.
- The ACEs module is up for discussion to be included in the 2020 Behavioral Risk Factor Surveillance System (BRFSS) survey to update the numbers from 2011, which are included in the State Health Assessment.

Prevention and Health Promotion strategy 2 (PHP 2): Promote home visiting services through outreach to health clinics, local and tribal health departments, WIC, birthing hospitals, and local child protective services (CPS).

- There's been a lot of focus on this strategy due to the collaboration between home visiting and child protective services.
- This strategy also has a high likelihood of impacting many of the objectives being monitored in the SHIP.
- MORH/AHEC is doing a lot of work to train community health workers, and they do work similar to what home visitors can be trained to do in that they are paraprofessionals that can expand access to care. What kind of connections could be made in the future between home visitors and community health workers, specifically as community health workers are increasingly trained in behavioral health care?
    - One example of a successful community health worker program is in Big Timber, where a community health worker position is funded to work with adolescents and youth mental health first aid. The community health worker sends her reports to city and county officials, and they have put funds towards her position at the health department because they see the value in her role. So, similarly to a home visitor, it's a person at the health department who meets people outside of the health department and is another potential member of the workforce to address these issues.
- How can licensed clinical social workers be made more aware of home visiting as a resource to refer clients?

- Upcoming state needs assessment update will look into home visiting education levels, a wage study, understanding the capacity around the state to provide home visiting and understanding what the workforce of home visitors looks like in Montana.
- One challenge is keeping track of where the home visiting programs are located, who to contact, and what models are being used where, and then continuously reminding service providers that the resource is available so that it stays on their radar.
- The CONNECT system could be a good tool for referrals as well as providing information on the Montana Medical Home Portal.

Wrapping up

2:50 to 3:00 PM

- Communication—share information about the SHIP with your programs, organizations, partners, and stakeholders to help them stay informed on this work. Don't feel the need to wait until a SHIP workgroup meeting to reach out to other organizations in the state and talk to them about the strategies in the SHIP and where opportunities could be to partner on projects.
- Respect the contact information you've been provided. People have agreed to participate in the conversations around the SHIP but haven't necessarily agreed to sign up for various listservs or have their contact information shared widely with other groups.
- Evaluation—we'll be using the Results-Based Accountability (RAB) framework to ask the following three questions:
    - How much did we do?
    - How well did we do it?
    - Is anyone better off?
    - Also, continuously improving our process of implementation and what that looks like and how to generate benefits to participation.

Action steps:

- Follow-up on items from the conversation about the strategies that resonated with you or your organizational or programmatic goals.
- Reach out if you have suggestions for implementing the SHIP to add value for your or your organization.
- Continue the conversation around where or how to take the lead within DPHHS to formalize trainings for staff and develop a statewide resource hub with educational materials and tools for putting training into practice.
- Continue conversation around community health workers and home visiting connections.