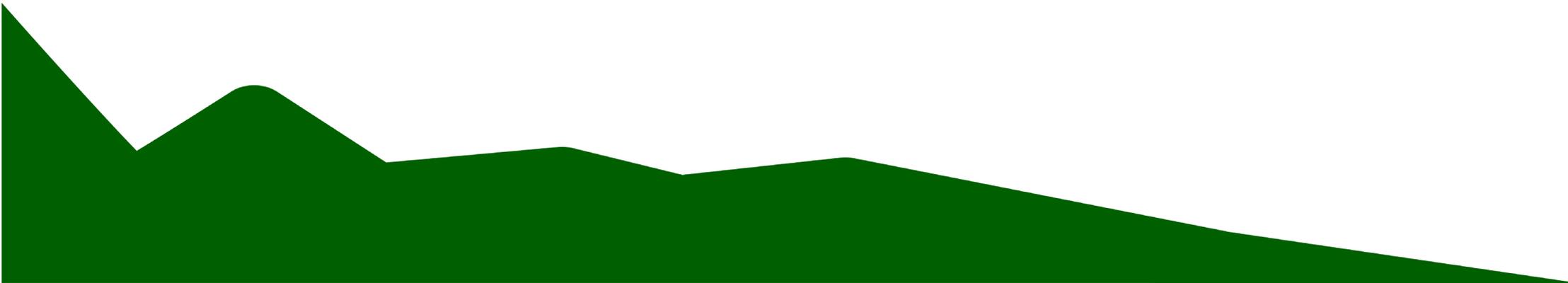




State Health Assessment Design Team

December 14, 2022 @ 1 PM via Zoom



Agenda

- Introductions
- Ground rules review
 - 2-way communication check in
- Table of Contents
- Rural and frontier data: What are we trying to find out?
- Refining our 4 themes
- Next steps

Introductions

- Name
- Organization/role
- What's something kind you've done for yourself recently or plan to do soon?

Ground rules and expectation setting

1. Extend flexibility and grace to all participants.
2. Respect, listen to, and support each other.
3. Don't be afraid to speak up and challenge ideas in respectful ways, ask a question, or make a comment.
4. Remember that we are all learning from each other.
5. Equal sharing/reporting by everyone—be mindful of the time and space we are sharing to take turns speaking.
 - a. Listen, listen, listen.
6. Assume positive intent, but also acknowledge the impact.
7. Acknowledge everyone's unique perspectives.

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.
- Liaise with the communities, organizations, and groups that we are representing to create dialogue.

**2-way communication poll:
How did it go last month?**



Table of Contents Overview, 1 of 3: 50 pages

- Introduction: History/purpose, process/methodology, and limitations (pages 1-4)
 - What is a SHA good at doing and not good at doing
- Fundamental statistics: What has changed since 2017? (pages 5-9)
 - Demographics
 - Health statistics
 - Foundations of Health (SDoH)
 - Introducing our 4 themes influencing health: Why do they matter, what did we learn, and what did we hear?
 - CHA/CHNA/CHIP/IP Summary
- Populations in Focus: Why does it matter, what did we learn, and what did we hear? (pages 10-14)
 - American Indians, Montanans of color, people with disabilities, veterans, LGBTQ+ community, housing insecure, correctional facilities, frontier, families with young children

Poll: Does this seem on track to you?

- Yes: 17
- Unsure: 2

○ Comment: ensure adolescent health is included.
Address frontier health.



Table of Contents Overview, 2 of 3: 50 pages

- Behavioral Health (pages 15-21)
 - Evaluate 2019 SHIP Objectives
 - How does Behavioral Health relate to our 4 themes (*why does it matter, what did we learn, what did we hear?*)
 - Things that have changed since 2017 in our state
- Chronic Disease Prevention and Self-Management (pages 22-28)
 - Same categories as above
- Motor Vehicle Crashes (pages 29-35)
 - Same categories as above
- Healthy Mothers, Babies, and Youth (pages 36-42)
 - Same categories as above

Poll: Does this seem on track to you?

● Yes: 17

● Unsure: 1

○ Comment: ensure adolescent health is included. COVID impacts on health and the system.

Table of Contents Overview, 3 of 3: 50 pages

- Emerging Issues Not Yet Covered (pages 43-47)
 - COVID-19 health outcomes and long COVID
 - Sexually Transmitted Infections
 - The public health system (workforce, public health 3.0, etc.)
 - *This will continue to shift as we see how the previous four chapters evolve
- Conclusion (pages 48-50)
 - Relationship to the SHIP and next steps
 - Acknowledgements
- Appendices
 - References
 - Calendar for future analyses
 - Tools for use

Poll: Does this seem on track to you?

- Yes: 17
- Unsure: 1
 - Comment: ensure adolescent health is included.

Rural and Frontier Health

- Currently using National Center for Health Statistics (NCHS) method
 - 5 Small metropolitan (population less than 250,000) counties
 - 5 Micropolitan (population between 10,000 and 49,999)
 - 46 Noncore (population less than 10,000), referred to as “rural”
- We’ve heard the need to highlight rural and frontier health and the distinction between rural and frontier communities.
- What does the SHA need to communicate about rurality?

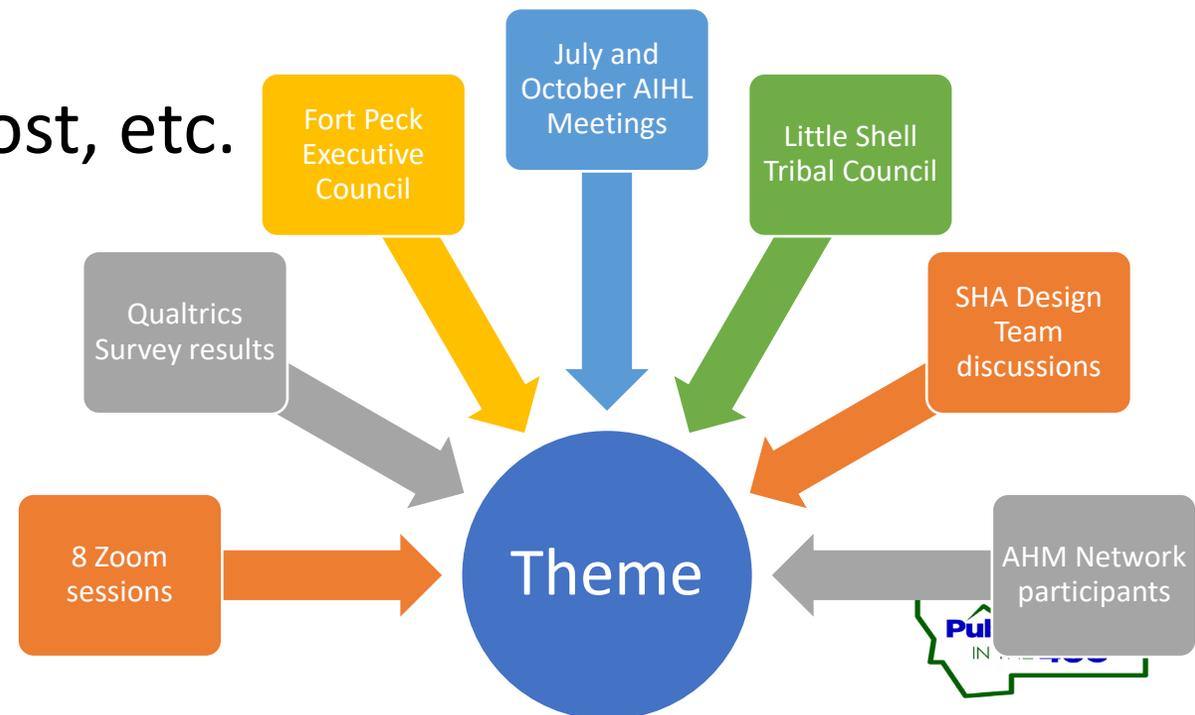
The SHA should be communicating the difference in the SDoH between rural, frontier, and urban, including access to care, nutrition, services, etc. The SHA should be educating people about the true scope of rural vs urban vs frontier in our state. It should be just as useful for frontier counties as it is for urban counties.

December SHIP Community of Practice calls

- Feedback on the 4 themes and how they relate to each 2019 SHIP priority area
- Highlights each conversation had in common:
 - Adolescent health
 - Disability health
 - Alcohol impairment broadening to include other substances
 - Family health
 - Upcoming research/assessment projects being done by other groups
 - OPI, Family and Community Health Bureau, Headwaters Foundation, etc.
 - Slightly changing the 4 themes

Priority Areas + Themes from November

- Adverse childhood experiences and resiliency
- Environmental health
 - Climate change, water, wildfires, etc.
- Access to health care
 - Health insurance, providers, cost, etc.
- Housing

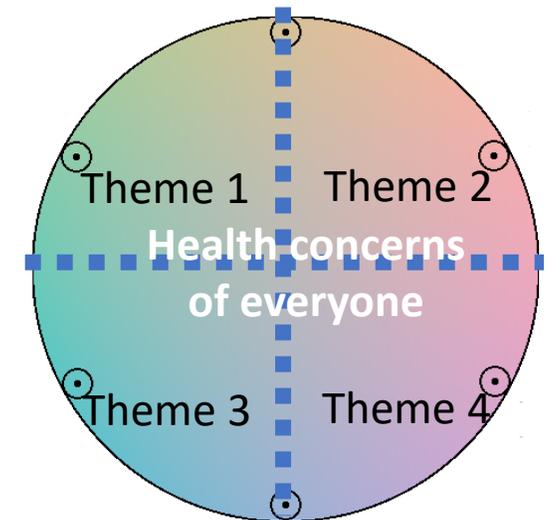


Adjustments to the themes

- Adverse childhood experiences and resiliency
- Access to care
- **Basic Needs**
 - Maslow's hierarchy: safety and security
 - Housing, food, transportation (mobility), environment
- **Substance Use**
 - Was in the top five but didn't make it into the final cut the first time around.

Poll: Are you comfortable moving forward with all four themes?

- I am comfortable: 11
- I am uncomfortable: 1
 - Comment: ensure rurality is addressed.



Next steps

Asks from everyone:

- Report back to the groups with which you are liaising
- Keep an eye on your emails
- Next meeting on January 11 from 1 to 2:30 PM
 - Any requests for live captioning or other accommodations?

Anna Bradley

abradley@mt.gov

(406) 444-5968

HSAHealthierMontana@mt.gov

