

## SHA Design Team: October 2022 Discussion

### Evaluation questions

The State Health Assessment will be guided by four overarching evaluation questions. Comments and questions about the proposed evaluation questions were collected during the October SHA Design Team meeting and are presented below.

1. How is Montana's health different from 2017?
  - a. Great question. This question would allow newer trends in the state to be addressed (COVID, demographics, etc.).
  - b. This question is tied to Q3 – they talk about this a lot at Headwaters – what’s the timeline. Five years is a short timeline. Cari wouldn’t expect to see changes in priorities (Q3) – maybe changes in questions, versus changes in prioritization.
  - c. First two questions are intertwined. 2017 is a good guide for the SHA and knowing how populations are different – demographics, average income, average cost of living, things folks didn’t face in 2017.
  - d. How information is retrieved from this answer may have a huge impact – could have changed a LOT from 2017. Seems open-ended. Valid to ask how has health stayed the same for some Montanans? How have health disparities stayed the same in Montana? Point toward root-cause analysis.
2. What are the themes impacting health, according to Montanans?
  - a. Yes, this is a useful theme – going to the ground, getting clinical effectiveness. Are these health improvements or deteriorations meaningful to the people who experience them? Good question – perspective of Montanans. Try and be as inclusive of all Montanans as possible. Make sure the voices of the grassroots are heard – including youth. Clarify what “themes” are – what is this?
  - b. Include disability.
3. To what extent do the data support continued focus on the 2019 SHIP priorities?
  - a. This makes sense.
  - b. State-level actions – good to ask what were the changes made to allocations of state resources since the last SHA/SHIP based on these plans? Did we move resources? Did we keep doing the same things?
  - c. Takes a long time to see changes in terms of data sources. Can we develop a trend or prioritize stuff we’ll keep tracking to see what happens?
  - d. There are advantages to “holding onto the past” and tracking what we’ve always tracked, but there’s a risk that this greases the squeaky wheel that asked for that tracking the last time. Which voices and needs get silenced when we keep tracking what we’ve always tracked?
4. What additional issues emerge that should be considered in the next SHIP prioritization process?
  - a. Didn’t get to this. Keep on the radar for the November call.

Updated October 21, 2022

## Prioritization matrix for future analyses

One of the “Design Concepts” discussed in previous SHA Design Team meetings is to include a calendar with the State Health Assessment initial publication to describe how the SHA will be updated annually with additional, more focused analyses beyond the overall state of the state’s health. SHA Design Team members had a concern that it might not be transparent why some things were placed on the calendar ahead of others, and a recommendation for mitigating that concern was coming up with a prioritization matrix to support a conversation about placing analyses of interest on a calendar. Feedback about the prioritization matrix is presented below.

Factors		Ex. data request 1	Ex. data request 2	Ex. data request 3
<b>Equity</b>	Does the issue unfairly affect some population groups more than others in our community in ways that can be changed <u>to address disparities and strengthen public health systems overall?</u>			
<b>Feasibility</b> <i>Consider if this item overlaps with Alignment.</i>	Are there resources to address this concern? Is funding available from partners, non profits, etc? Are there partners or people to help?			
<b>Quality of existing data</b>	Are statewide data available? <i>What are the limitations (can it be used for evaluations, etc.) and strengths of the data?</i>			
<b>Seriousness</b> <i>Delineate from “level of concern” (See below)</i>	Does the issue effect quality of life, economic burden, or other criteria as appropriate?			
<b>Magnitude</b>	How many people are affected by the issue?			
<b>Level of concern</b> <i>Clarify that this is community perception vs the “seriousness” criterion, which is about what the data say.</i>	Does the community perceive this health concern to be severely affecting its health?			
<b>Alignment</b> <i>Consider how much this interplays with feasibility and extremes to one or the other. Consider we are looking for things at extremes. If it is in the middle, it may not be as much of a priority.</i>	Does this request align with priorities from other organizations or current work?			
<b>Strategy</b>	Will the issue be responsive to direct <u>multi level intervention? Policy, environmental levels, coordinated outcomes</u>			
<b>Missing from last SHA</b>	<u>Is this a new or emerging topic that needs to be addressed soon?</u>			
<b>Intersection of issues</b>	<u>Is the topic amplified by other factors to create greater issue?</u>			

**\*\*Consider how to include community engagement in this prioritization process.**