Montana State Health Improvement Plan

2019 Annual Report

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Review the 2019-2023 State Health Improvement Plan for a full list of goals, strategies, and objectives.

Find it online at https://dphhs.mt.gov/ahealthiermontana, along with past workgroup meeting minutes and data presentations.

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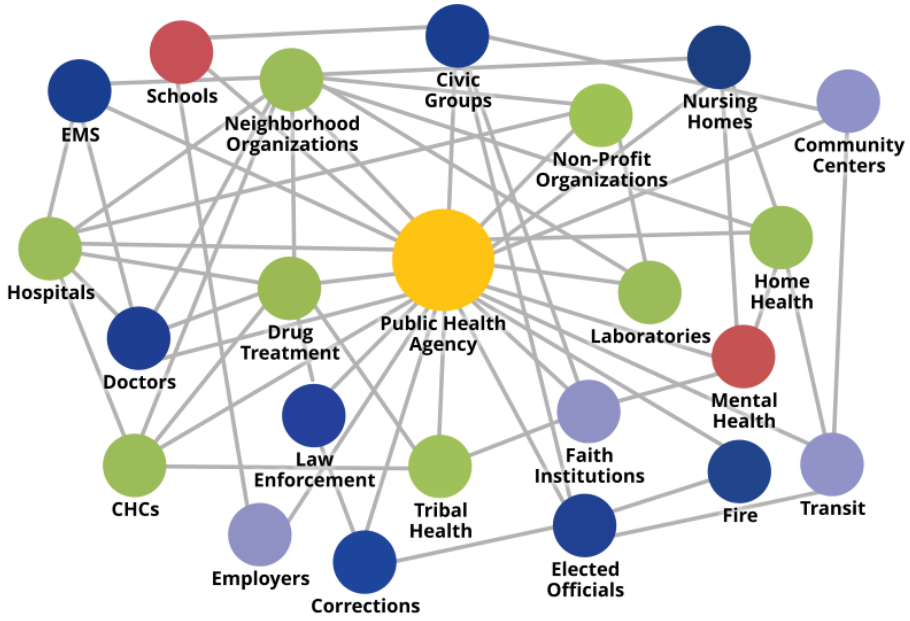
Year in Review

The 2017 State Health Assessment (SHA) and 2019-2023 State Health Improvement Plan (SHIP) were published in February 2019 after a public comment period. An updated version of the 2019 SHIP was released in January 2020 to include refined objectives for improved monitoring and evaluation; several objectives in the original documents did not have baseline data calculated and targets established, both of which are now included for most objectives. The SHA and the SHIP are published on the A Healthier Montana website and were developed in collaboration with the State Health Improvement Coalition, a group of 24 statewide health partners. The SHIP is designed to be a multi-year call-to-action document that describes key priority areas and strategies for improving the health of Montanans.

The SHIP's purpose is to improve communication, collaboration, and coordination between members of the public health system (Figure 1). It can be used to support state, regional, and local community health improvement and strategic or operational planning. It could be used as a resource to help interested parties identify evidence-based strategies to address health problems in their communities, apply for grants, and establish potential partnerships with like-minded organizations. The objectives or measures for tracking health improvements in the SHIP can be used to educate people on the health status of Montanans and monitor specific health areas of concern.

Figure 1. The Public Health System. Source: CDC, Center for State, Local, and Territorial Support, 2018.



In the first year of implementation, four workgroups were established to discuss implementation of the key priority areas:

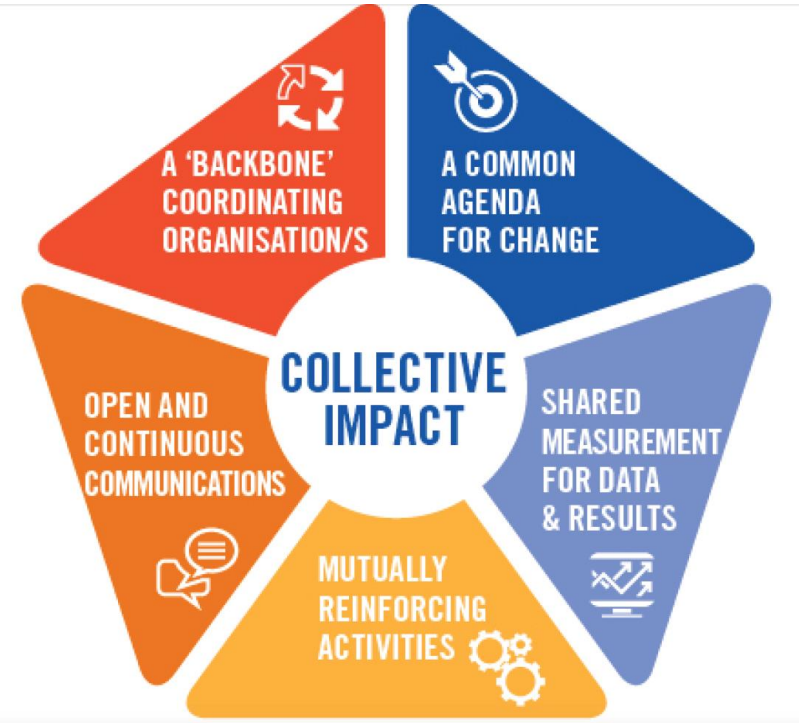
1. Behavioral Health,
2. Chronic Disease Prevention and Self-Management,
3. Motor Vehicle Crashes (MVCs), and
4. Healthy Mothers, Babies, and Youth (HMBY)/Adverse Childhood Experiences (ACEs).

Workgroup members present and discuss updated data relevant to their SHIP key priority area, share updates that could inform other members' work (like new grant opportunities, upcoming

trainings, and opportunities for collaboration), and talk about health improvement strategies outlined in the SHIP. The goal of the workgroups is to help members identify ways in which other organizations are addressing the same strategies; that way, when members leave the meeting, they can return to their organizations, share what they've learned, and identify new opportunities for partnerships and aligning their efforts with other organizations. Workgroup members also provide feedback on their key priority area wording and content; significant changes or revisions would be sent for approval by the State Health Improvement Coalition, which meets annually in-person to review SHIP implementation and evaluation.

SHIP implementation is based on the Collective Impact Framework (Figure 2). In this model, the Montana Department of Public Health and Human Services (MT DPHHS) Public Health and Safety Division (PHSD) serves as the backbone organization. The SHIP serves as the common agenda for change and provides shared measurement. All partner efforts supply mutually reinforcing activities, and the SHIP implementation process is working to ensure open and continuous communications through planned evaluation and quality improvement.

Figure 2. The Collective Impact Framework. Source: University of Southern California, 2017.



The PHSD is using lessons learned from the 2013-2018 SHIP implementation period to improve in its role as a backbone organization. Key successes in the first year of implementation include:

- Designated MT DPHHS staff from multiple Divisions to serve as workgroup leads and a Plans Coordinator with dedicated time for supporting implementation efforts;
- The establishment of workgroups that meet regularly;
- The refinement of objectives to ensure all can be monitored accurately over an extended period; and
- The selection and utilization of an evaluation framework to ensure a dedication to continuous quality improvement.

Evaluation

The evaluation plan for SHIP implementation is based on the Results-Based Accountability Framework, which essentially asks the following three questions:

1. How much did we do?
2. How well did we do it?
3. Is anyone better off?

Monitoring and evaluation activities have included recording process data (number of meetings, number of stakeholders involved, workgroup attendance, etc.), a survey of State Health Improvement Coalition and SHIP workgroup members, and qualitative data collected during the "welcome and introductions" portion of the workgroup meetings, in which attendees are asked to respond to a single question related to SHIP implementation when they introduce themselves and what organization they are representing.

How much did we do?

By December 2019, 126 individuals were representing 89 unique organizations in at least one of the four workgroups; members can participate in one or multiple workgroups. The word "organizations" is being used to describe all participating entities, from non-profits, local health departments, state health and other department programs, coalitions, health care providers, and others. Workgroups hosted a total of 10 meetings in 2019 across all four topics. Workgroups attempt to meet quarterly and began meeting in calendar year 2019 quarter 2 (Q2). See the table below for a breakdown of workgroup membership numbers and participation rates, and visit the A Healthier Montana website key priority area webpages for past meeting materials. There are some limitations to the participation rates: 1) total number of workgroup members has changed over time, and the total number reflected in the table below is as of December 2019, and 2) workgroup members often invite guests to participate but who are not interested in being listed as a member for continued communication, so their attendance is not accounted for in the percentages below.

Table 1: Workgroup meeting attendance in 2019.

Workgroup	Total # of Members	% attended 2019 Q2	% attended 2019 Q3	% attended 2019 Q4
Behavioral Health	47	47%	40%	38%
Chronic Disease Prevention and Self-Management	29	41%	52%	59%
Motor Vehicle Crashes	24	50%	71%	N/A
Healthy Mothers, Babies, and Youth/ACEs	51	41%	31%	N/A

How well did we do it?

The State Health Improvement Coalition met for their annual in-person meeting in October 2019 and completed an evaluation to determine their satisfaction with the implementation process thus far and document feedback for improvements. Of the 10 surveys returned, all 10 respondents agreed that it was true or somewhat true that they:

- Understand their role as a member of the State Health Improvement Coalition;
- Believe the State Health Improvement Plan process will improve the health of Montanans;
- Believe the State Health Improvement Plan process promotes collaborative action between the state and stakeholders; and

- Believe the State Health Improvement Coalition meeting is a good use of their time.

Additionally, 8 of the 10 respondents agreed that it was true or somewhat true that the organization they represent uses the SHIP in their internal planning processes, with 2 respondents stating that was somewhat untrue.

Workgroup members were offered a similar survey with more extensive questioning on their satisfaction with the workgroup meeting process in 2019. Most State Health Improvement Coalition members are also members of one or more workgroups. Of the 126 workgroup members, 72 responded to the survey for a 57% response rate. 83% of respondents were either satisfied or somewhat satisfied with the SHIP workgroups so far.

The table below indicates the percentage of respondents who felt the following statements were either true or somewhat true by workgroup membership. Respondents were only invited to indicate the truthfulness of the last statement, "SHIP workgroup meetings are a good use of my time," if they confirmed they had attended a workgroup meeting.

Table 2: Respondents who answered "true" or "somewhat true" to statements about SHIP implementation.

Statement	Behavioral Health	Chronic Disease	MVCs	HMBY/ ACEs
I understand my role as a SHIP workgroup member	83%	90%	89%	88%
The SHIP process will improve the health of Montanans	100%	95%	94%	92%
The SHIP process promotes collaborative action among partners and stakeholders	100%	95%	94%	100%
My organization uses the SHIP in its planning processes	58%	63%	67%	63%
SHIP workgroup meetings are a good use of my time	75%	94%	92%	82%

Workgroup meetings last 90 minutes, are attempted on a quarterly basis, and provide two main components: a data presentation and a conversation on one or more of the strategies promoted in the SHIP. Most respondents believe the 90-minute meetings are "just right" in length (74%) and are satisfied with the quarterly meeting schedule (87%). The majority also find both the data and strategy conversation portions of the call equally helpful (62%).

Is anyone better off?

Workgroups had 2 or 3 meetings in 2019 and spent time refining the objectives and strategies in their key priority areas and clarifying roles, responsibilities, and needs from the PHSD as the backbone organization in the Collective Impact Framework in order to fully implement and monitor the SHIP over the five-year time period (2019 to 2023). During that time period, workgroup members have indicated the following benefits of participating in SHIP implementation:

- Finding partners to work on various initiatives, such as advisory groups for grants and piloting new projects;
- Potential future partners and new connections around shared work;
- Sharing data and identifying data-related projects; and
- More awareness of statewide activities and interests.

Most commonly referenced barriers to seeing benefits with SHIP participation include:

- The lack of face-to-face meetings;
- Shifting participation among members (one organization may send a new member each time);
- The number of strategies in the SHIP (which means the workgroup may not discuss a strategy that is relevant to the member during a meeting); and
- The need to learn more about how to best share the information from the workgroup meetings within their own organization to promote use of the SHIP in internal discussions and planning processes.

Additionally, while the key action item after each workgroup meeting is for members to return to their organizations, share the discussion with their colleagues, and connect with other workgroup members as appropriate on shared strategies of interest, workgroup members have requested support in identifying additional tangible action items at the end of each meeting.

The PHSD will continue to refine and evaluate SHIP implementation to answer this question as a long-term indicator of success over the five-year implementation period.

Next steps for SHIP implementation

Based on feedback from the SHIP workgroup members and the State Health Improvement Coalition, the PHSD will be pursuing several action steps in 2020, including (but not limited to) the following:

- Working with a trainer to provide more support to workgroup leads on how to successfully implement the Collective Impact Framework;
- Maintaining the quarterly meeting schedule for workgroups;
- Identifying possible ad hoc workgroup topics that workgroup members could opt into for participation for more focused discussion in between quarterly meetings;
- Developing an introductory guide for new Coalition and workgroup members to orient them to the roles and responsibilities of members and the goals of the SHIP;
- Developing a newsletter series to share information more widely with people who have signed up to receive updates on the SHIP through the A Healthier Montana website (an email list of 200+ people) on workgroup progress and cross-workgroup topics of interest (interested parties can join the email list at the A Healthier Montana website);
- Continue to evaluate SHIP implementation; and
- Continue to identify opportunities for data sharing and new data partnerships to update the information made available through the 2017 State Health Assessment.

Objectives

This report contains the most current data reporting on the health outcome objectives in the SHIP. If the objectives have been edited since the first publication of the 2019 SHIP, there will be notes underneath of the objective; at this time, objectives have only been edited in key priority areas 3 and 4.

In future reports, when all objectives have multiple data points, annual reports will include charts indicating progress over multiple years and calculations of statistical significance. Please refer to the 2019-2023 SHIP to see the goals and strategies for each key priority area, located on the A Healthier Montana website at dphhs.mt.gov/ahealthiermontana.

Please note: Objectives that have had their targets met or exceeded are noted in this report; however, a new target will not be set until three years of data collection can confirm a well-established trend of health improvement.

The following key can be used for interpreting the data tables:

Figure 3. Key for interpreting data tables.

Interpretation	Symbol
Data are trending in a healthier direction	
Data are trending in an unhealthier direction	
Data are unchanged from baseline	
Data are unavailable at the time of update	
This metric has been removed since the 2019 SHIP was published	**Removed**
This metric has been added since the 2019 SHIP was published	**New**

Learn more about the datasets and surveillance systems referenced throughout the objectives by accessing the Office of Epidemiology and Scientific Support website at https://dphhs.mt.gov/publichealth/epidemiology and the Montana Public Health Data Resource Guide.

Key Priority Area 1: Behavioral Health

Objectives for all Montanans

#	Objective: By 2023…	Status as of December 2019	
1	Decrease the proportion of adults who report frequent mental distress (≥14 days in past month with poor mental health status) from **10.4% to 9.9%** (Baseline: MT BRFSS, 2016).		11.8% (BRFSS, 2018)
2	Decrease percentage of high school students who report binge drinking in the past month from **17.6% to 16.7%** (Baseline: MT YRBS, 2017).		17.5% (YRBS, 2019)
3	Decrease the proportion of high school students who attempted suicide in the past year from **9.5% to 9.0%** (Baseline: MT YRBS, 2017).		10.0% (YRBS, 2019)
4	Decrease past month alcohol use from **9.9% to 9.4%** and		12.8% (NSDUH, 2016-2017)
	Decrease illicit drug use from **10.0% to 9.5%** among adolescents aged 12 to 17 years (Baseline: MT NSDUH, 2014-2015 and 2013-2014).		10.4% (NSDUH, 2016-2017)
5	Decrease the proportion of adults who report binge drinking in past 30 days from **19% to 18%** (Baseline: MT BRFSS, 2016).		18% (BRFSS, 2018) Target met
6	Decrease opioid overdose death rate from **4.2 per 100,000 people to 3.8 per 100,000 people** (Baseline: MT Office of Vital Statistics, 2016).		3.0 (BRFSS, 2018) Target exceeded

Objectives to improve health equity

#	Objective: By 2023…	Status as of December 2019	
1	Decrease proportion of American Indian adults who report frequent mental distress (≥14 days in past month with poor mental health status) from **15.4% to 14.6%** (Baseline: MT BRFSS, 2016).		17.2% (BRFSS, 2018)
2	Decrease percentage of American Indian high school students who report binge drinking in the past month from **22% to 21%** (Baseline: MT YRBS, 2017).		10% (YRBS, 2019) Target exceeded
3	Decrease the proportion of American Indian high school students who attempted suicide in the past year from **18% to 17%** (Baseline: MT YRBS, 2017).		15% (YRBS, 2019) Target exceeded
4	Decrease the proportion of American Indian adults who report binge drinking in past 30 days from **20% to 19%** (Baseline: MT BRFSS, 2016).		18% (BRFSS, 2018) Target exceeded

Key Priority Area 2: Chronic Disease Prevention and Self-Management

Objectives for all Montanans

#	Objective: By 2023…	Status as of December 2019	
1	Decrease the percent of Montana adults who currently use tobacco from **26% to 24%** (Baseline: MT BRFSS, 2016).		23% (BRFSS, 2018) Target exceeded
2	Decrease the percent of Montana high school students who currently use tobacco from **33% to 29%** (Baseline: MT YRBS, 2017).		34% (YRBS, 2019)
3	Decrease the percent of Montana adults who are currently obese from **26% to 23%** (Baseline: MT BRFSS, 2016).		27% (BRFSS, 2018)
4	Decrease the percent of Montana high school students who are currently obese from **12% to 9%** (Baseline: MT YRBS, 2017).		12% (YRBS, 2019)
5	Increase the percent of Montana men and women aged 50 to 75 who report being up-to-date with colorectal cancer screening from **62% to 80%** (Baseline: MT BRFSS, 2016).		65% (BRFSS, 2018)

Objectives to improve health equity

#	Objective: By 2023…	Status as of December 2019	
1	Decrease the percent of Medicaid members who currently use tobacco from **15% to 14%** (Baseline: Medicaid data, 2017).		16% (Medicaid data, 2018)
2	Decrease the percent of American Indian adults who currently use commercial tobacco from **43% to 39%** (Baseline: MT BRFSS, 2016).		47% (BRFSS, 2018)
3	Decrease the percent of American Indian youth who currently use commercial tobacco from **40% to 36%** (Baseline: MT YRBS, 2017).		35% (YRBS, 2019) Target exceeded
4	**Establish a baseline** for the percent of Medicaid members who are currently obese (Data source: Medicaid claims data).		Baseline data for this objective are in process of being calculated.
5	Decrease the percent of American Indian adults who are currently obese from **32% to 28%** (Baseline: MT BRFSS, 2016).		41% (BRFSS, 2018)
6	**Establish a baseline** for the percent of Medicaid youth who are currently obese (Data source: Medicaid claims data).		Baseline data for this objective are in process of being calculated.
7	Decrease the percent of American Indian youth who are currently obese from **20% to 15%** (Baseline: MT YRBS, 2017).		20% (YRBS, 2019)
8	Increase the percentage of Medicaid adults aged 50 to 75 who report being up to date with colorectal cancer screening from **9.9% to 10.4%** (Baseline: Medicaid data, 2017).		11.3% (Medicaid data, 2018) Target exceeded
9	Increase the percent of American Indian adults aged 50 to 75 who report being up to date with colorectal cancer screening from **46% to 63%** (Baseline: MT BRFSS, 2016).		47% (Medicaid data, 2018)

Key Priority Area 3: Motor Vehicle Crashes

Objectives for all Montanans

#	Objective: By 2023…		Status as of December 2019
1	Decrease age-adjusted mortality rate due to MVCs from **19 deaths per 100,000 people to 12 deaths per 100,000** (Baseline: MT Office of Vital Statistics, 2012-2016).		17 per 100,000 people (OVS, 2014-2018)
2	Increase the proportion of adult motor vehicle occupants that report always wearing seatbelts from **75% to 79%** (Baseline: MT BRFSS, 2016). *Updated September 2019: Set new target of 79% instead of 80% to match Healthy People 2020 target-setting methodology. Baseline changed from 73% to 75%-- 73% was incorrect.*		76% (BRFSS, 2018)
3	Increase the proportion of high school students that report always wearing seatbelts while riding in a car driven by someone else from **52% to 55%** (Baseline: MT YRBS, 2017). *Updated September 2019: Set new target of 55% instead of 57% to match Healthy People 2020 target-setting methodology*		52% (YRBS, 2019)
4	Decrease the proportion of MVC fatalities that involve alcohol-impaired drivers from **40% to 38%** (Baseline: FARS, 2012-2016). *Updated September 2019: Set new baseline of 40% instead of 60% due to use of new data source. Changed from "impaired" to "alcohol-impaired" for clarity on type of impairment monitored.*		37% (FARS, 2013-2017) Target exceeded
5	Decrease the proportion of high school students who report texting or emailing while driving from **54% to 51%** (Baseline: MT YRBS, 2017). *Updated September 2019: Set new target of 51% instead of 49% to match HP 2020 target-setting methodology.*		53% (YRBS, 2019)
6	Decrease age-adjusted rate of non-fatal ED visits related to MVCs from 389 per 100,000 people to 370 per 100,000 (Baseline: MHDDS, 2016). New *September 2019: Added this metric to reflect workgroup goal to prevent traumatic injuries from motor vehicle crashes.*		393 per 100,000 people (MHDDS, 2018)
7	Decrease age-adjusted rate of non-fatal hospitalizations due to MVCs from 37 per 100,000 people to 36 per 100,000 (Baseline: MHDDS, 2016). New *September 2019: Added this metric to reflect workgroup goal to prevent traumatic injuries from motor vehicle crashes.*		35 per 100,000 people (MHDDS, 2018) Target exceeded

Objectives to improve health equity

#	Objective: By 2023…	Status as of December 2019	
1	Decrease age-adjusted mortality rate due to MVCs among American Indians from **55 per 100,000 people to 52 per 100,000 people** (Baseline: MT Office of Vital Statistics, 2012-2016). *Updated September 2019: Updated the baseline to 55 per 100,000 people from 58 per 100,000 due to updated use of ICD-10 codes to match HP 2020 methodology.*		51 per 100,000 people (OVS, 2014-2018) Target exceeded
2	Increase the proportion of adult American Indian motor vehicle occupants that report always wearing seatbelts from **69% to 72%** (Baseline: MT BRFSS, 2016). *Updated September 2019: Set new target of 72% instead of 76% to match HP 2020 target-setting methodology. Updated baseline data year to 2016 from 2017.*		73% (BRFSS, 2018) Target exceeded
3	Increase the proportion of American Indian youth less than 18 years of age that report always wearing seatbelts while riding in a car driven by someone else from **32% to 34%** (Baseline: MT YRBS, 2017). *Updated September 2019: Set new target of 34% instead of 35% to match HP 2020 target-setting methodology.*		34% (YRBS, 2019) Target met

Key Priority Area 4: Healthy Mothers, Babies, and Youth

Objectives for all Montanans

#	**Objective: By 2023…**	**Status as of December 2019**	
1	Decrease the infant mortality rate for all Montanans from **6 per 1,000** live births to **5 per 1,000** live births (Baseline: MT Office of Vital Statistics, 2016).		6 per 1,000 live births (OVS, 2018)
2	Decrease the rate of sleep-related infant deaths from **1.4 per 1,000** to **.84 per 1,000** (Baseline: FICMR and MT Office of Vital Statistics, 2013-2017). *Updated September 2019: Changed from "Decrease the number of sleep-related infant deaths from 33% to 28%" to improve accuracy for monitoring*		Most recent data were used to establish a baseline and target.
3	Decrease the percentage of births resulting from unintended pregnancy from **23% to 22%** (Baseline: PRAMS 2017).		Most recent data were used to establish a baseline and target.
4	Decrease the percent of live births that were low birth weight (less than 2,500 grams) for all Montanans from **7.9% to 5.9%** (Baseline: MT Office of Vital Statistics, 2016).		7.4% (OVS, 2018)
5	Decrease the prevalence of premature births (less than 37 weeks gestation) for all Montanans from **9% to 7%** (Baseline: MT Office of Vital Statistics, 2016).		9% (OVS, 2016)
6	Increase the percent of pregnant women who report they received adequate prenatal care from **86% to 91%** (Baseline: MT Office of Vital Statistics, 2016).		74% (OVS, 2018)
7	Increase breastfeeding initiation rates of WIC-participating infants from **78% to 82%** (Baseline: MT DPHHS WIC Data System, 2017).		78% (WIC data system, 2018)
8	Increase the percentage of children aged 24-35 months who receive the recommended doses, by 24 months, of DTaP, polio, MMR, Hib, hepatitis B, varicella, and pneumococcal conjugate vaccine (PCV) from **62% to 70%** (Baseline: National Immunization Survey, 2018). *Updated December 2019: Changed age range from 19-35 months to 24-35 months to reflect changes in federal reporting requirements and national monitoring of this metric*		Most recent data were used to establish a baseline and target.
9	Increase the percentage of adolescents aged 13-17 years who have one dose each of Tetanus, Diptheria, and Pertussis (TdaP) from **90% to 93%,**		87%
	Meningococcal (MCV4) from **71% to 80%,** and		76%
	Human Papillomavirus (HPV) from **49% to 70%** (Baseline: National Immunization Survey, 2017).		48% (NIS, 2018)
10	Increase the percentage of people immunized against influenza in all children aged 6 months to 17 years from **49% to 60%,**		56%
	adults aged 19 to 64 years from **34% to 60%**,		40%
	and adults aged 65 and older from **65% to 70%** (Baseline: National Immunization Survey, BRFSS, 2017-2018).		68% (NIS, 2018)
11	Increase the percentage of women who are screened for postpartum depressed after delivery from **91% to 96%** (Baseline: PRAMS, 2017).		Most recent data were used to establish a baseline and target.

12	Increase the percentage of babies in safe sleep environments from **80% to 84%** (Baseline: PRAMS, 2017). **New** *September 2019: Added to incorporate an upstream prevention metric for monitoring of sleep-related infant deaths.*		Most recent data were used to establish a baseline and target.
13	Increase the number of families in Montana who receive DPHHS-funded home visiting services from **9% to 14%** (Baseline: MT DPHHS Home Visiting Data System, 2017). **Removed** *September 2019 due to inconsistent data for monitoring and evaluation. This work is emphasized in the strategies for key priority area 4 instead.*		Not applicable.
14	Establish a baseline and increase the number of children known to CPS and part of the First Years Initiative who are referred to and enroll in home visiting services to 50%. **Removed** *September 2019 due to inconsistent data for monitoring and evaluation. This work is emphasized in the strategies for key priority area 4 instead.*		Not applicable.

Objectives to improve health equity

#	**Objective: By 2023…**	**Status as of December 2019**	
1	Decrease the infant mortality rate for American Indians from **13 per 1,000 live births to 11 per 1,000** live births (Baseline: MT Office of Vital Statistics, 2016).		11 per 1,000 live births (OVS, 2018) Target met
2	Decrease the percent of live births that were preterm births (less than 37 weeks gestation) for American Indians from **13% to 11%** (Baseline: MT Office of Vital Statistics, 2016).		14% (OVS, 2018)
3	Increase the percent of pregnant women who receive early and adequate prenatal care for American Indians from **41% to 43%** (Baseline: MT Office of Vital Statistics, 2016).		43% (OVS, 2018) Target met
4	Increase breastfeeding initiation rates of American Indian infants from 80% to 84% (Baseline: PRAMS, 2017).		Most recent data were used to establish a baseline and target.
5	Increase the percentage of children aged 24-35 months enrolled in Medicaid who receive the recommended doses, by 24 months, of DTaP, polio, MMR, Hib, hepatitis B, varicella, and pneumococcal conjugate vaccine (PCV) from **60% to 63%** (Baseline: MT Medicaid data and imMTrax database, 2019). *Updated January 2020: Changed age range from 19-35 months to 24-35 months to match the monitoring of this objective for all Montanans.*		Most recent data were used to establish a baseline and target.