Montana State Health Improvement Plan

2020 Annual Report

For more information, contact:
Anna Bradley, MS, CHES
Plans Coordinator
(406) 444-5968
abradley@mt.gov

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, data presentations, and resources.

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(406) 444-5968
abradley@mt.gov

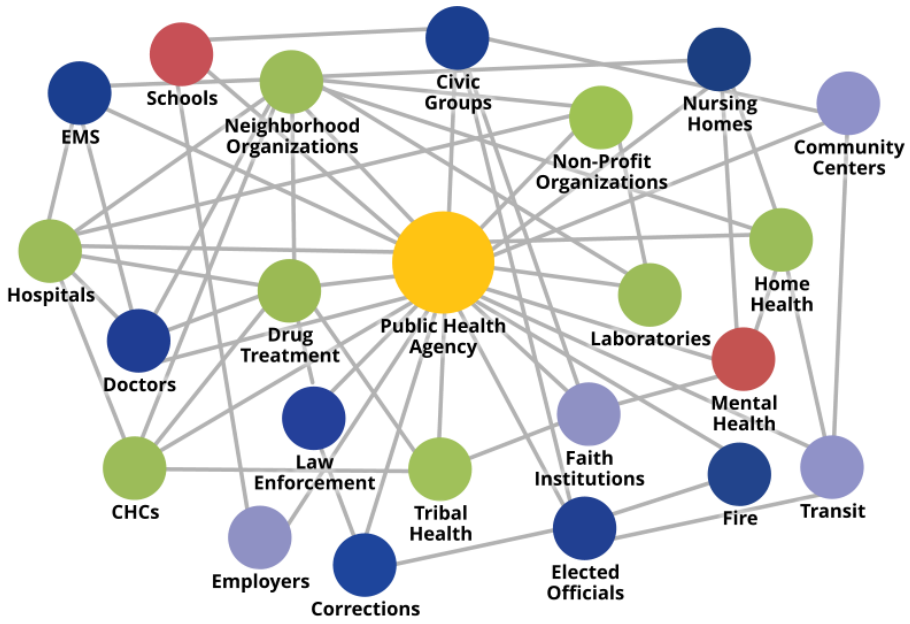
Introduction

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 and again in February 2021 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 all 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 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 with the following goals:

- Improve communication, collaboration, and coordination between members of the public health system (Figure 1),
- Support state, regional, and local community health improvement and strategic or operational planning,
- Be 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, and
- 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.



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 among partner organizations. 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 are discussed fully in the 2019 Annual Report and included:

- Designated MT DPHHS staff from multiple Divisions to serve as workgroup leads and a Plans Coordinator with dedicated time for supporting implementation efforts,
- Established workgroups that meet quarterly to discuss data and network around evidence-based strategies for each of the four priority areas:
    - Behavioral Health,
    - Chronic Disease Prevention and Self-Management Education,
    - Motor Vehicle Crashes,
    - Healthy Mothers, Babies, and Youth/ACEs,
- Refined objectives to ensure all can be monitored accurately over an extended period, and
- Selected an evaluation framework to ensure a dedication to continuous quality improvement.

State Health Improvement Plans are a required component for public health accreditation, a voluntary process that the PHSD participates in with partners from the Early Childhood and Family Services Division of MT DPHHS. While there are best practices for what to include in a SHIP and how to create one, implementation looks different from state to state. The annual evaluation and report process provides an opportunity to reflect on what SHIP implementation means for Montana's unique public health system and health needs.

Year in Review

The SHIP implementation processes continued to expand in 2020, even during the COVID-19 emergency response. The four workgroups continued to meet quarterly and four action-oriented "subgroups" formed to work collaboratively on projects for car seat safety messaging, engaging local

and tribal health departments in motor vehicle crash prevention, shared resources about Adverse Childhood Experiences (ACEs), and an obesity prevention resource map. Additionally, all the other action steps that were identified in the 2019 Annual Report were completed, including:

- Worked with a trainer to provide more support to workgroup leads on how to successfully implement the Collective Impact Framework,
- Published an introductory or orientation guide for new Coalition and workgroup members to orient them to the roles and responsibilities related to SHIP implementation,
- Developed a newsletter series to share information regularly,
- Engaged in statewide conferences and vendor opportunities to increase awareness of the SHIP,
- Conducted an evaluation at the end of 2020 to identify areas for improvement in 2021, and
- Identified new opportunities to support data sharing and data partnerships through the development of a "lunch and learn" data webinar series.

In 2020, the State Health Improvement Coalition strategically added new members to improve cross-sector representation. Staff from Montana Department of Labor and Industry, Montana Department of Commerce, Montana Nonprofit Association, and Billings Area Indian Health Service joined the Coalition, bringing the total to 41 members. The Coalition held their annual meeting in October 2020 to review and provide feedback on SHIP implementation in 2020 and next steps for 2021.

The fact that organizations were still willing to participate in SHIP implementation while the global, national, state, local, and tribal public health systems were under extreme duress in 2020 is a testament to the dedicated public health community in Montana and the importance of the priority areas influencing the health and well-being of Montanans before, during, and after COVID-19.

Evaluation

The evaluation plan for SHIP implementation is based on the Results-Based Accountability Framework, which 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 a series of key informant interviews with select partners.

How much did we do?

Workgroups

By December 2020, 153 individuals were representing 102 unique organizations in at least one of the four workgroups; members can participate in one or multiple workgroups. This is an increase from last year, which had 126 individuals representing 89 organizations in December 2019. 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 13 meetings in 2020 across all four topics. This included 12 meetings that were topic-specific, or 3 meetings per workgroup (one for each group in the first three quarters

of the year). The 13th meeting was a "joint" meeting scheduled in the fourth quarter, December 2020, to provide an opportunity to network with less time burden for participants, who are often members of multiple workgroups and were feeling the strain of finding time to participate in addition to responding to the pandemic in their personal and professional lives. All workgroup members were invited to attend with 58 workgroup members participated in the joint meeting, or 38% of the 153 total workgroup members.

See the table below for a breakdown of workgroup membership numbers and participation rates for the first three quarters of the year, and visit the A Healthier Montana website key priority area webpages for past meeting materials. Limitations to the participation rates include: 1) total number of workgroup members has changed over time and the total number reflected in the table below is as of December 2020, and 2) workgroup members often invite guests to participate 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 2020.

Workgroup	Total # of Members		% attended 2020 Q1	% attended 2020 Q2	% attended 2020 Q3
	2020	Change from 2019			
Behavioral Health	51	+4	35%	45%	31%
Chronic Disease Prevention and Self-Management	41	+12	39%	59%	51%
Motor Vehicle Crashes	28	+4	54%	39%	54%
Healthy Mothers, Babies, and Youth/ACEs	58	+7	40%	40%	42%

Ad hoc subgroups

The 2019 evaluation demonstrated that the larger workgroups had evolved into a data- and information-sharing platform that most participants found useful to their work. However, some participants were hoping to participate more actively. During the quarterly meetings, participants were able to identify if they wanted to continue the conversation in an ad hoc subgroup that would gather, complete a project that all were interested in and agreed had value, and then disband. Each of the five resulting subgroups formed as part of this pilot effort to identify and collaborate on specific action-oriented projects in support of advancing the SHIP goals and objectives. Highlights of their work are as follows:

Motor Vehicle Crash Prevention- Car seat safety messaging: Interested participants representing state and local government organizations and nonprofits collaborated on developing Health in the 406 messages to promote car seat safety and submitted articles to several newsletters maintained by health sector organizations to emphasize the importance of health care professionals engaging their patients in conversations about car seat safety.

Motor Vehicle Crash Prevention- Engaging local and tribal health departments: Montana-based experts in motor vehicle crash prevention topics like impaired driving, distracted driving, and car seat safety worked together to deliver a workshop for local and tribal public health practitioners and their partners to learn about resources to support their prevention efforts.

Healthy Mothers, Babies, and Youth/ACEs- Developing a statewide ACEs resource: Cross-sector partners with an interest in ACEs worked together to design a webpage that will be hosted by the University of

Montana's Center for Children, Families, and Workforce Development to educate families and various professions about the impact of ACEs on health.

Chronic Disease Prevention and Self-Management Education- Obesity prevention resources: Partners noted that obesity prevention is identified as a priority in the SHIP but limited collaboration exists on this topic statewide. A scan was conducted to identify programs and resources to support obesity prevention in Montana and the data were placed into an interactive map that will be made available to the public.

SHIP implementation process improvement: Organizations that provide support to local and tribal health departments and Critical Access Hospitals for conducting health assessments and improvement plans are meeting regularly to develop resources to support collaboration at the local level, including the Montana Office of Rural Health and the Public Health and Safety Division's Public Health System Improvement Office and Office of Epidemiology and Scientific Support.

Implementation Library

The A Healthier Montana Implementation Library began in 2020 to provide more context for interested members of the public, workgroup participants, and Coalition members for the SHIP's purpose. An orientation packet was published first and describes the mission and guiding principles for the SHIP and State Health Improvement Coalition, how the SHIP was created, the Collective Impact Framework used for implementation, roles and responsibilities of different types of participants, and a timeline of events. Additionally, a webinar on the Collective Impact Framework and how it applies to SHIP implementation was recorded and archived on the Implementation Library as a resource for new members.

Four factsheets have been published to provide background information on important concepts in public health and how they relate to the SHIP at the recommendation of the Coalition members, with more topics planned for 2021:

- Using the SHIP
- Learn about Public Health Data
- Public Health 3.0
- Social Determinants of Health

Four newsletters were published in 2020, starting in May. The goal of the newsletters was to increase opportunities for workgroup members to share information related to SHIP goals and objectives and provide more frequent information to people interested in SHIP implementation. Anyone can sign up to receive the newsletter on the A Healthier Montana homepage. The newsletter email list had 203 contacts in February 2020. By December 2020, it had grown to 301. On average, the newsletter had an open rate of 22%; this percentage will be used as a baseline for improving engagement with the SHIP for the remainder of the 5-year cycle.

Also included in the Implementation Library starting in 2020 is a recorded webinar series from partners external to DPHHS to continue the conversations started by the 2017 State Health Assessment. These 30-minute webinars are offered over the lunch hour and are open to all. Workgroup members are invited and are encouraged to share the invitation with their networks. Registration in advance is required to attend and all webinars are archived in the Implementation Library. Two data webinars were held in 2020, with more planned for 2021:

- October 2020, The Impact of COVID-19 on Food Security in Montana with Dr. Carmen Byker-Shanks, Montana State University (12 attendees) and

- December 2020, The Impact of COVID-19 on Health Behaviors in Montana with Dr. Michelle Grocke, Montana State University (26 attendees).

How well did we do it?

The State Health Improvement Coalition met for their annual in-person meeting in October 2020 and completed an evaluation to determine their satisfaction with the implementation process thus far and document feedback for improvements. 100% of respondents agreed that it was true or somewhat true that they:

- Believe the SHIP process will improve the health of Montanans and
- Believe the SHIP process promotes collaborative action between the state and stakeholders.

However, only 92% believed it was true or somewhat true that they understood their role as a member of the Coalition and only 77% reported it is true or somewhat true that their organization uses the SHIP for conducting internal planning.

Workgroup members were offered a similar survey with more extensive questioning on their satisfaction with SHIP implementation in 2020. Most State Health Improvement Coalition members are also members of one or more workgroups. Of the 153 workgroup members, 47 responded to the survey for a 31% response rate. 94% of respondents were either satisfied or somewhat satisfied with the SHIP workgroups so far, which is an improvement in satisfaction from the previous year at 87%.

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, with the change from 2019 indicated in either green for an improvement or red for a decline.

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	77% (-6% from 2019)	100% (+10% from 2019)	100% (+11% from 2019)	75% (-13% from 2019)
The SHIP process will improve the health of Montanans	92% (-8%)	100% (+5%)	100% (+6%)	92% (*no change*)
The SHIP process promotes collaborative action among partners and stakeholders	92% (-8%)	90% (-5%)	100% (+6%)	100% (*no change*)
My organization uses the SHIP in its planning processes	92% (+34%)	90% (+27%)	57% (-10%)	83% (+20%)
SHIP workgroup meetings are a good use of my time	85% (+10%)	100% (+6%)	100% (+8%)	92% (+10%)

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 (71%, a decrease from 2019 at 74%) and are satisfied with the quarterly meeting schedule (97%, up from 87% in 2019). The majority also find both the data and strategy conversation portions of the call equally helpful (88%, up from 62% in 2019).

61% of respondents were familiar with the SHIP newsletter, and of those, 100% were satisfied or somewhat satisfied with it. Respondents had the option to provide open-ended feedback on the newsletter and all the comments were positive. Examples include:

- "This is a big focus area, but it is such important work."
- "It's a very valuable resource."
- "It is well done, although one of many things to keep up on."

69% of respondents had attended, or planned to attend, the data webinar series. Of those, 96% were satisfied or somewhat satisfied with both the topics and the 30-minute "lunch and learn" style format. Again, respondents could provide open-ended feedback on the webinars. However, on this topic respondents identified opportunities for improvement in communication:

- "Great idea to get information out in a short format, but I don't know if they are recorded or where they are posted."
- "I still feel like I am very unclear as to what is happening with the SHIP. I receive regular emails, but don't understand the format of the group."

Additional qualitative feedback was collected from key informant interviews. Several opportunities for improvement were identified, including:

- There could be improved connection between groups like the SHIP and Local Advisory Councils (LACs), SAAs, and the Behavioral Health Advisory Council (BHAC)—pursue opportunities to attend partner meetings and be placed on their agenda to increase awareness about the SHIP and how to use it;
- Consider revising the workplans developed in 2019 by the workgroups into a more effective communication and reflection tool;
- When planning for the next SHIP, it may be better to have fewer objectives;
- Find more ways to encourage organizations to put SHIP goals and objectives in their plans;
- The SHIP could do more to help share lessons learned from large projects and help participants learn more about what's going on across the state;
- Use time at the beginning of each meeting to revisit the purpose of the SHIP to help orient participants again; and
- Continue to use breakout rooms in virtual meetings to encourage more conversation and engagement from attendees.

Is anyone better off?

Over the last two years of implementation, a few examples have consistently been identified as ways SHIP implementation helps improve the public health system. The main contribution is supporting or strengthening new and existing partnerships for those who actively participate. A few examples include:

- "I have facilitated connections for members of our staff with other workgroup members to share relevant information."
- "I would say we strengthened some of our partnerships and were able to connect and form plans to work more collaboratively moving forward."
- "Participating in the workgroup has helped maintain relationships with partners that we don't work with as frequently as others."
- "We have been able to expand our partnerships."

- "I feel it has strengthened the partnerships we had as we have learned more about each other and our work. It also helps us to see how we all play a role in the SHIP."

The second area in which the SHIP is actively improving the public health system is through an increase in awareness of and conversations around data. Some examples include:

- "We are working more closely with epidemiologists in other organizations, like Rocky Mountain Tribal Epidemiology Center."
- "We are able to connect the indicators we look at in our organization the data provided and supports the work our data/research analyst does."

A third way the SHIP contributes is by creating space for aligning efforts on topics that participants agree are important but have limited resources or are lacking statewide collaborations, such as ACEs and obesity prevention. Many participating organizations address these areas but often find themselves doing so in isolation; participants in these groups decided to work together on projects that will lead to improved awareness of these topics because there wasn't an active space for them to do so elsewhere at this time.

Lastly, the SHIP is proving to be a vehicle for addressing systemwide needs. For example, the SHIP goals and objectives have provided a framework for reigniting collaborative efforts between public health and health care organizations on community health assessments and improvement plans.

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 2021, including (but not limited to) the following:

- Continue to expand the resources available on the A Healthier Montana Implementation Library,
- Continue to explore opportunities to present at conferences, connect with new organizations, grow the A Healthier Montana email list, and develop communication materials to spread awareness about the SHIP and how to use the SHIP as a tool for organizational strategic planning,
- Develop an addendum to the SHIP to address the impacts of COVID-19 on the key health priority areas,
- Review the workgroup member rosters to identify inactive and transition inactive participants to the general A Healthier Montana email list to more accurately reflect participation rates,
- Expand the data webinar series with cross-sector topics relevant to improving the health of Montanans,
- Streamline the quarterly topic-specific workgroup meetings due to the continued state of emergency with COVID-19 and feedback that opportunities need to be communicated more clearly and be easier to participate in,
- Identify statewide health improvement plans conducted by other organizations that are related to the SHIP priority areas and develop crosswalks to identify where the SHIP aligns with other partner or organizational interests,
- Revisit the workplans developed for each workgroup in 2019 that identified which SHIP strategies participants were addressing and in what ways to see if there are ways to make them more useful as communication or networking tools,

- Develop an additional webinar series on health equity topics to improve awareness of why health equity objectives are included in the SHIP and how equity is important to the health and well-being of all Montanans, and
- Continue to represent the importance of the SHIP and the public health sector as a key partner in health priority areas, including identifying strategic opportunities to conduct joint projects with cross-sector partners to improve the public health system.

While significant strides have been made in SHIP implementation since the first SHIP was published in 2013, there are still opportunities for improvement. Clearly communicating the purpose of the SHIP, continuing to strategically identify new and engaged partners, and emphasizing the importance of cross-sector and systemwide participation will increase the SHIP's ability to improve the health of Montanans. These areas will remain a focus for our continuous quality improvement and evaluative efforts.

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 for objectives of most interest. 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 and statistically significant 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**
This metric has been edited since the 2019 SHIP was published	**Edited**

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 2020	
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).		13.9% (BRFSS, 2019)
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) **Note: Data collected odd years only*
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) **Note: Data collected odd years only*
4	Decrease past month alcohol use from **9.9% to 9.4%** and		12.8% (NSDUH, 2018-2019)
	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).		13.6% (NSDUH, 2018-2019)
5	Decrease the proportion of adults who report binge drinking in past 30 days from **19% to 18%** (Baseline: MT BRFSS, 2016).		21% (BRFSS, 2019)
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).		4.3 (BRFSS, 2019)

Objectives to improve health equity

#	Objective: By 2023…	Status as of December 2020	
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).		18.9% (BRFSS, 2019)
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 **Note: Data collected odd years only*
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 **Note: Data collected odd years only*
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, 2019) Target exceeded

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

Objectives for all Montanans

#	Objective: By 2023…	Status as of December 2020	
1	Decrease the percent of Montana adults who currently use tobacco from **26% to 24%** (Baseline: MT BRFSS, 2016).		23% (BRFSS, 2019) 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) **Note: Data collected odd years only*
3	Decrease the percent of Montana adults who are currently obese from **26% to 23%** (Baseline: MT BRFSS, 2016).		28% (BRFSS, 2019)
4	Decrease the percent of Montana high school students who are currently obese from **12% to 9%** (Baseline: MT YRBS, 2017).		12% (YRBS, 2019) **Note: Data collected odd years only*
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) **Note: Data collected even years only*

Objectives to improve health equity

#	Objective: By 2023…	Status as of December 2020	
1	Decrease the percent of low-income adults (defined as adults whose household income would qualify for HELP, or salary range less than 138% poverty level) who currently use tobacco from **41% to 39%** (Baseline: MT BRFSS, 2018). **Edited** *Updated October 2020: Updated target population and data source for accuracy.*		41% (BRFSS, 2019)
2	Decrease the percent of American Indian adults who currently use commercial tobacco from **43% to 39%** (Baseline: MT BRFSS, 2016).		48% (BRFSS, 2019)
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 **Note: Data collected odd years only*
4	Decrease the percent of low-income adults (defined as adults whose household income would qualify for HELP, or salary range less than 138% poverty level) who are currently obese from **31% to 29%** (Baseline: MT BRFSS, 2018). **Edited** *Updated October 2020: Updated target population and data source for accuracy.*		34% (BRFSS, 2019)
5	Decrease the percent of American Indian adults who are currently obese from **32% to 28%** (Baseline: MT BRFSS, 2018).		41% (BRFSS, 2019)
6	Decrease the percent of WIC-enrolled children in Montana (ages 2-4) who are obese from **12% to 11%** (Baseline: MT WIC data, 2017). **Edited** *Updated October 2020: Updated target population and data source for accuracy.*		12% (WIC data, 2019)
7	Decrease the percent of American Indian youth who are currently obese from **20% to 15%** (Baseline: MT YRBS, 2017).		20% (YRBS, 2019) **Note: Data collected odd years only*
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).		10.6% (Medicaid data, 2019) 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% (BRFSS, 2018) **Note: Data collected even years only*

Key Priority Area 3: Motor Vehicle Crashes

Objectives for all Montanans

#	Objective: By 2023…	Status as of December 2020	
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, 2015-2019)
2	Increase the proportion of adult motor vehicle occupants that report always wearing seatbelts from **75% to 79%** (Baseline: MT BRFSS, 2016). **Edited** *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) **Note: Data collected even years only*
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). **Edited** *Updated September 2019: Set new target of 55% instead of 57% to match Healthy People 2020 target-setting methodology.*		52% (YRBS, 2019) **Note: Data collected odd years only*
4	Decrease the proportion of MVC fatalities that involve alcohol-impaired drivers from **40% to 38%** (Baseline: FARS, 2012-2016). **Edited** *Updated September 2019: Set new baseline of 40% instead of 60% due to use of new data source. Changed "impaired" to "alcohol-impaired" for clarity on type of impairment monitored.*		38% (FARS, 2014-2018) Target met
5	Decrease the proportion of high school students who report texting or emailing while driving from **54% to 51%** (Baseline: MT YRBS, 2017). **Edited** *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 409 per 100,000 people to 370 per 100,000 (Baseline: MHDDS, 2016). **Edited** *Updated October 2020: Baseline was updated from 389 per 100,000 to 409 per 100,000 to maintain consistency with changes in federal reporting.* **New** *September 2019: Added metric to reflect goal to prevent traumatic injuries from MVCs.*		435 per 100,000 people (MHDDS, 2019)
7	Decrease age-adjusted rate of non-fatal hospitalizations due to MVCs from 38 per 100,000 people to 36 per 100,000 (Baseline: MHDDS, 2016). **Edited** *Updated October 2020: Baseline was updated from 37 per 100,000 to 38 per 100,000 to maintain consistency with changes in federal reporting.* **New** *September 2019: Added metric to reflect goal to prevent traumatic injuries from MVCs.*		37 per 100,000 people (MHDDS, 2019)

Objectives to improve health equity

#	Objective: By 2023…	Status as of December 2020	
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). **Edited** *Updated September 2019: Updated the baseline to 55 per 100,000 people from 58 per 100,000 due to ICD-10 code update.*		52 per 100,000 people (OVS, 2015-2019) Target met
2	Increase the proportion of adult American Indian motor vehicle occupants that report always wearing seatbelts from **69% to 72%** (Baseline: MT BRFSS, 2016). **Edited** *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 **Note: Data collected even years only*
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). **Edited** *Updated September 2019: Set new target of 34% instead of 35% to match HP 2020 target-setting methodology.*		34% (YRBS, 2019) Target met **Note: Data collected odd years only*
4	Decrease age-adjusted non-fatal unintentional motor vehicle traffic healthcare visit rate from 660 per 100,000 to 627 per 100,000 (Baseline: IHS NDW, 2017). **New** *October 2020: Added this metric to reflect workgroup goal to prevent traumatic injuries from motor vehicle crashes.*		598 per 100,000 (IHS NDW, 2018) Target exceeded
5	Increase the proportion of occupants who are observed wearing a seatbelt within Montana IHS Service Units from 27% to 29% (Billings Area IHS data, 2017). **New** *October 2020: Added this metric to provide additional data about seatbelt usage among American Indian communities.*		45% (Billings Area IHS data, 2019) Target exceeded

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

Objectives for all Montanans

#	Objective: By 2023…	Status as of December 2020	
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).		5 per 1,000 live births (OVS, 2018) Target met
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). **Edited** *Updated September 2019: Changed from "Decrease the number of sleep-related infant deaths from 33% to 28%" to improve accuracy.*		1.3 per 1,000 (FICMR and OVS, 2014-2018)
3	Decrease the percentage of births resulting from unintended pregnancy from **23% to 22%** (Baseline: PRAMS 2017).		23% (PRAMS, 2018)
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).		7.3% (OVS, 2019)
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).		10% (OVS, 2019)
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).		76% (OVS, 2019)
7	Increase breastfeeding initiation rates of WIC-participating infants from **78% to 82%** (Baseline: MT DPHHS WIC Data System, 2017).		78% (WIC data system, 2019)
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). **Edited** *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 depression after delivery from **91% to 96%** (Baseline: PRAMS, 2017).		92% (PRAMS, 2018)

12	Increase the percentage of babies in safe sleep environments from **85% to 89%** (Baseline: PRAMS, 2017). **New** *September 2019: Added to incorporate an upstream prevention metric for monitoring of sleep-related infant deaths.*		87% (PRAMS, 2018)
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 2020	
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).		12 per 1,000 live births (OVS, 2019)
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, 2019)
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).		45% (OVS, 2019) Target exceeded
4	Increase breastfeeding initiation rates of American Indian infants from **80% to 84%** (Baseline: PRAMS, 2017).		86% (PRAMS, 2018) Target exceeded
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). **Edited** *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.