Meeting minutes: January 7th, 2019 | 8:30 am to noon

Meeting Purpose: To provide an overview of the purpose of the Community Health Needs Assessment Data, the CHIP process and the social determinants of health begin to develop priorities areas for action.

8:30 | Opening and “Introductions and the work of Community Health Improvement Planning and the Healthy Together Coalition

<table>
<thead>
<tr>
<th>Overview of CHIP Process</th>
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<tbody>
<tr>
<td>• Healthy Together committee members welcomed group</td>
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<tr>
<td>• Drenda Neimann provided overview of past community health assessment and community health improvement planning processes</td>
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<td>• Introduction of Katie Loveland as facilitator of the process</td>
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<td>• Short presentation on the past CHA/CHIP processes and the commitments for this process. “Focus is alignment, meaningful partnerships and collective action related to social determinants of health”</td>
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<td>• Group introductions (see sign in sheet)</td>
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9:00 | Overview of Community Health Assessment Results

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<thead>
<tr>
<th>Background</th>
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<tr>
<td>• Gayle Shirley of Lewis and Clark County Public Health provided an overview of new Community Health Assessment data and key findings</td>
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<td>• Group was familiarized with the organization of the report</td>
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9:30 | CHA results discussion in small groups

<table>
<thead>
<tr>
<th>Text vote</th>
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<tbody>
<tr>
<td>What is the top health issue of concern you see in the CHA data?</td>
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Discussion: Small groups were asked to respond to the CHA data and discuss the following questions from that data presented in the CHA and the presentation:

- What are the strengths related to health in our county?
  - Participation, lost of health orgs working together, strong state partnerships, passionate community partners. Cohesiveness (non-profit community works together as much as possible), community commitment, cohesive community-works well together*
  - Rural enough that the “individual” still matters
  - Availability of state data
  - Physical activity (adults)
  - Medicaid expansion
  - Breastfeeding
- Recreational opportunities/access, opportunities to be active****
- Man Therapy (focus on reducing suicide)
- Connection with Carroll College
- Many community organizations and volunteers
- Generosity
- Get services for low cost
- PureView, Helena Indian Alliance-mental health and addiction services
- Access to primary care, more opportunity for healthcare access than other communities, improving access to healthcare (especially in the city of Helena)**
- We know more about ACEs, increased awareness of ACEs and social determinants*

- What are the areas of concern?
  - Mental health and access to mental health (including undiagnosed mental health issues, triage in crisis)****
  - Access to healthcare-inadequate levels of care-especially in rural areas, number of healthcare professionals who are available to provide services and accept Medicare/Medicaid**
  - Healthcare turnover (lack data on this), decrease in mental health and substance use providers
  - No intensive wrap around behavioral health services
  - Inequitable knowledge of ACEs
  - Quality childcare
  - No enough collaboration between orgs
  - Isolation for people with disabilities
  - No big community center/Hub
  - Communication and follow through
  - Standardization of care for risk
  - Access to health programs
  - PPD Programs
  - Promoting various healthcare access opportunities
  - Nutrition/physical activity (especially for teens)
  - Affordable housing**
  - Substance abuse and drug use (undiagnosed)***
  - Transportation (lack of, causes people to miss appointments, especially in rural areas)***
  - Food Share-lack of transportation to access food
  - Isolation (rural)*
  - Inadequate resources for after school activities, support for middle school kids
  - Suicide
  - Air quality and increasing PM
  - Increasing # of children suffering abuse and in the welfare system
  - Lack of mental health/substance abuse supports and treatment systems
  - Unintentional injuries
  - Inaccessibility of physical activity opportunities for people with disabilities (e.g. sidewalks, walkability)*
  - School district representation

- From your experience as a health expert in your community, what other health issues concern you that may not be captured in the data?
ACEs (local data)
Screen time/social media
Emergency preparedness
Healthcare costs
Reasons for not accessing healthcare (why aren’t people getting follow ups?)
Prescriptions—are people able to fill full prescriptions
Type of substance use (meth, heroin etc)
What do with our knowledge of ACEs to turn it into action?
Severity of violence
No primary seatbelt law
Climate change (increased changes in precipitation-flood + drought)
Access to medications
Tricounty data and involvement
Definition of food
Criminal justice data
Drug abuse-spread of disease
Opportunities to interact and build support
Adequate and affordable housing stock
Breakdown of rural/urban data
Climate change
Attempted suicide
Social determinants
Access to mental healthcare

10:00 | The Social Determinants of Health

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<thead>
<tr>
<th>Presenter</th>
<th>Meg Traci, University of Montana</th>
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| Background | • Overview of the Social Determinants of Health  
| | • Related findings in to the CHA (see presentation) |

10:30 | Social Determinants of Health Discussion

| Text? | From your experience and the CHA data, what social determinants of health presents the biggest area of concern in Lewis and Clark County? |
Discussion

Small groups were provided a short scenario of a person/family in Lewis and Clark County and asked to map the following for this person:

- What health and wellness challenges might this person face?
- What specific barriers might they have in living a healthy life and accessing needed services?
- What social determinants of health may most affect them?

11:30 Identification of high level priority areas of focus in response to community health assessment results

Brainstorming (10 minutes)  

Group was asked to do the following:

- “In light of all we’ve talked about today-what do you consider the key health areas of focus for the CHIP?” (each person chose two)
- She will then ask them to create “meaningful categories” from those that are posted
- She will then ask them to “vote” for their top two using dots.

The resulting categories and number of votes were as follows:

- Mental health and suicide (29)
- Housing (21)
- ACEs awareness (13)
- Substance use (12), Alcohol abuse (2)
- Transportation (11)
- Nutrition (6)
- Air quality (6)
- Poverty/economic stability (health equity) (5)
- Education (healthy behaviors) (5)
- Violence (4)
- Physical activity/built environment (3)
- Early childhood development (2)
- Climate change (1)
- Aging/dementia (1)
- Access to total health-physical, mental and social (1)
- Tobacco cessation
- Focus on financial barriers that are barriers to health and wellness (and how we solve it)

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<thead>
<tr>
<th>Discussion of criteria</th>
<th>Criteria for choosing the overall priority areas of focus:</th>
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<tbody>
<tr>
<td></td>
<td>Data shows concern (consider number of people affected and severity of the health problem)</td>
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<td>Multi-sector leadership exists working on the issue</td>
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<td>Resources exist to address</td>
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<td>Potential for greater alignment and stronger partnerships</td>
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<td></td>
<td>Health Equity and social determinants can be addressed in category</td>
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<th>Text vote</th>
<th>Use text voting to then vote for the top three areas (system allow for only one vote)</th>
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<table>
<thead>
<tr>
<th>Category</th>
<th>Votes</th>
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<tbody>
<tr>
<td>Mental Health</td>
<td>13</td>
</tr>
<tr>
<td>Transportation</td>
<td>4</td>
</tr>
<tr>
<td>Substance use</td>
<td>4</td>
</tr>
<tr>
<td>Education</td>
<td>3</td>
</tr>
<tr>
<td>Nutrition</td>
<td>3</td>
</tr>
<tr>
<td>Housing</td>
<td>2</td>
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<tr>
<td>ACEs/early Childhood...</td>
<td>2</td>
</tr>
<tr>
<td>Poverty</td>
<td>1</td>
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<tr>
<td>Injuries and Violence</td>
<td>1</td>
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<td>Access to Healthcare</td>
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Next meeting, Monday Feb 4th at 8:30 am