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Stakeholders meeting

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# Big Sky. New Horizons. A Healthier Montana

- Purpose of a State Health Improvement Plan
- Overview of the health status of Montanans
- Process and framework to develop the State Health Improvement Plan

# State Health Improvement Plan

- Outline key strategies to improve the health of Montanans to the highest possible level
- Establish a long-term, systematic collaboration
- A concerted effort among public health system partners including public, private, non-profit and other community partners

# State Health Improvement Plan

- Data driven
- Address documented public health issues
- Apply evidence-based public health practices

# Defining Terms Regarding the Science Behind Public Health Practice*

Moving up the evidence scale

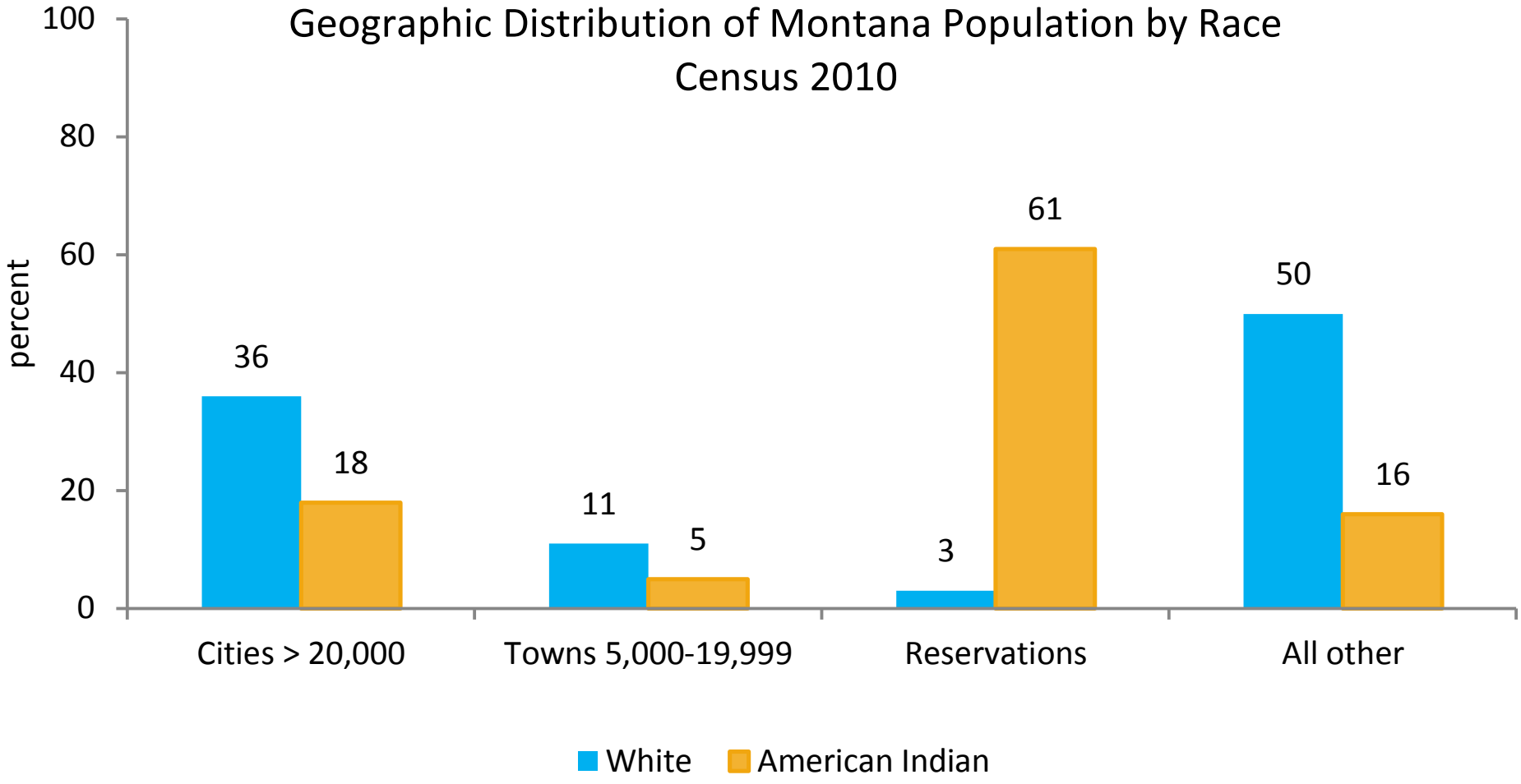
- **Evidence-based Practices** – High quality scientific research has been conducted showing consistent evidence that the intervention has meaningful impact.
- **Best Practices** – There is scientific evidence that this intervention can/may be effective.
- **Promising Practices** – Often used to identify interventions with conceptual or practical appeal, but with limited evaluation data or results.

*Adapted from D. Hopkins, Community Guide, CDC. What counts as evidence-based public health? Some advice from the Guide to Community Preventive Services. http://www.nciom.org/wp-content/uploads/2010/10/Hopkins_050808.pdf

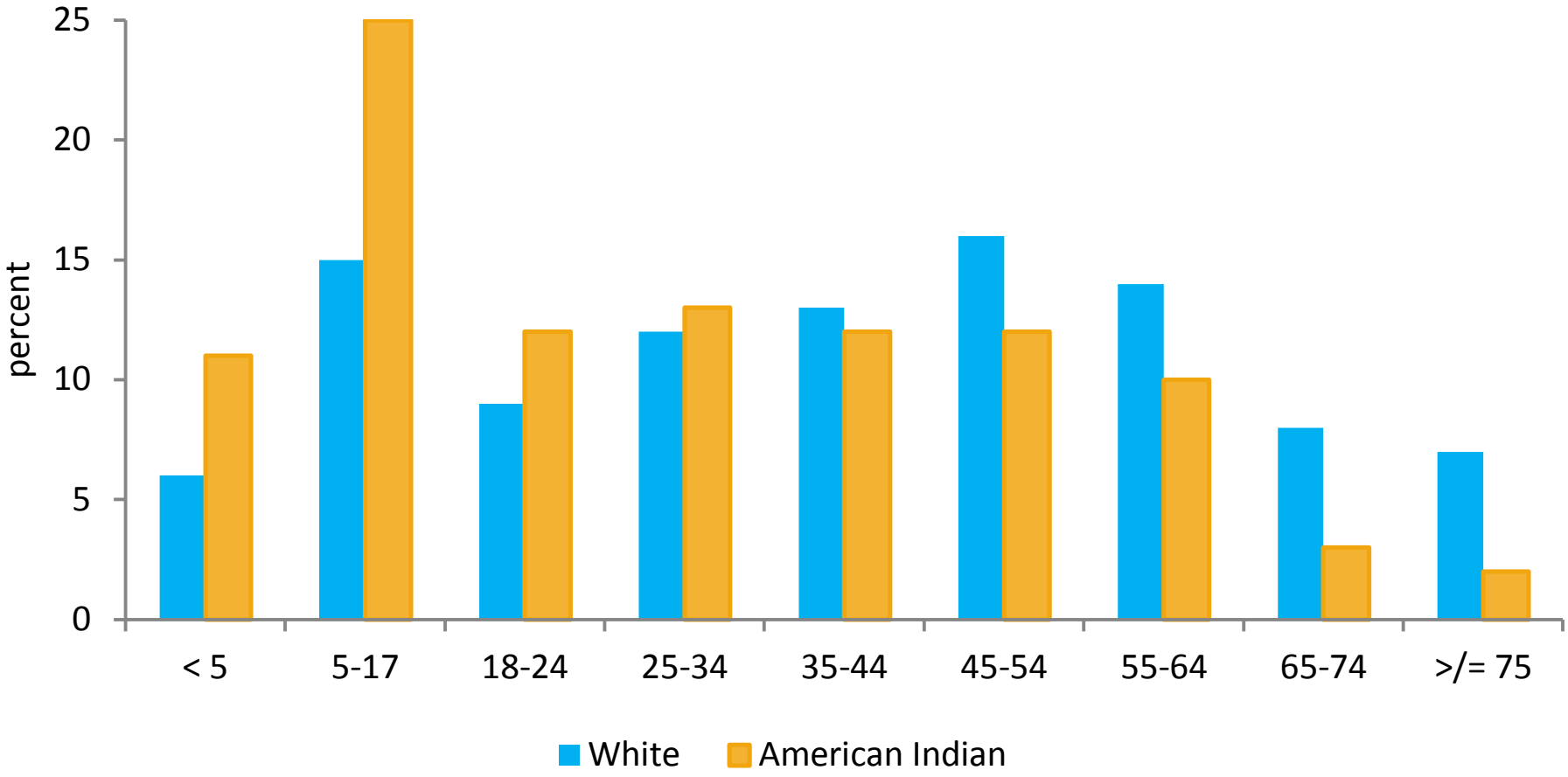
# Organization of Assessment

- Montana's Population
- Causes of Death
- Chronic Disease
- Communicable Disease
- Maternal and Child Health
- Unintentional Injury

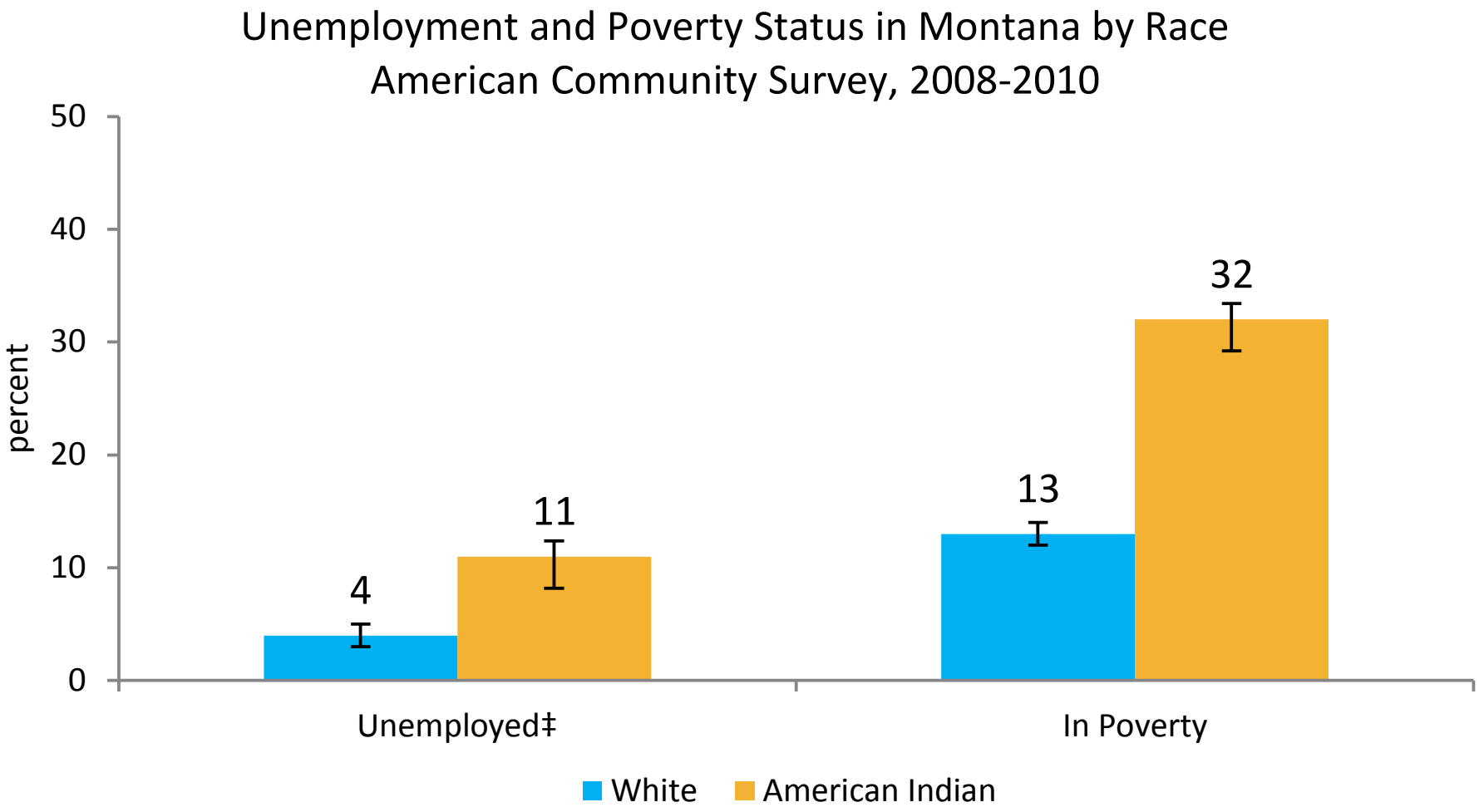
Montana's Population


Geographic Distribution of Montana Population by Race
Census 2010
percent
100
80
60
40
20
0
36
18
11
5
3
61
50
16
Cities > 20,000
Towns 5,000-19,999
Reservations
All other
White
American Indian

Age Distribution of Montana Population by Race
American Community Survey, 2008-2010



Montana's Population


Unemployment and Poverty Status in Montana by Race
American Community Survey, 2008-2010
percent
50
40
30
20
10
0
4
11
13
32
Unemployed‡
In Poverty
White
American Indian

# Leading Causes of Death

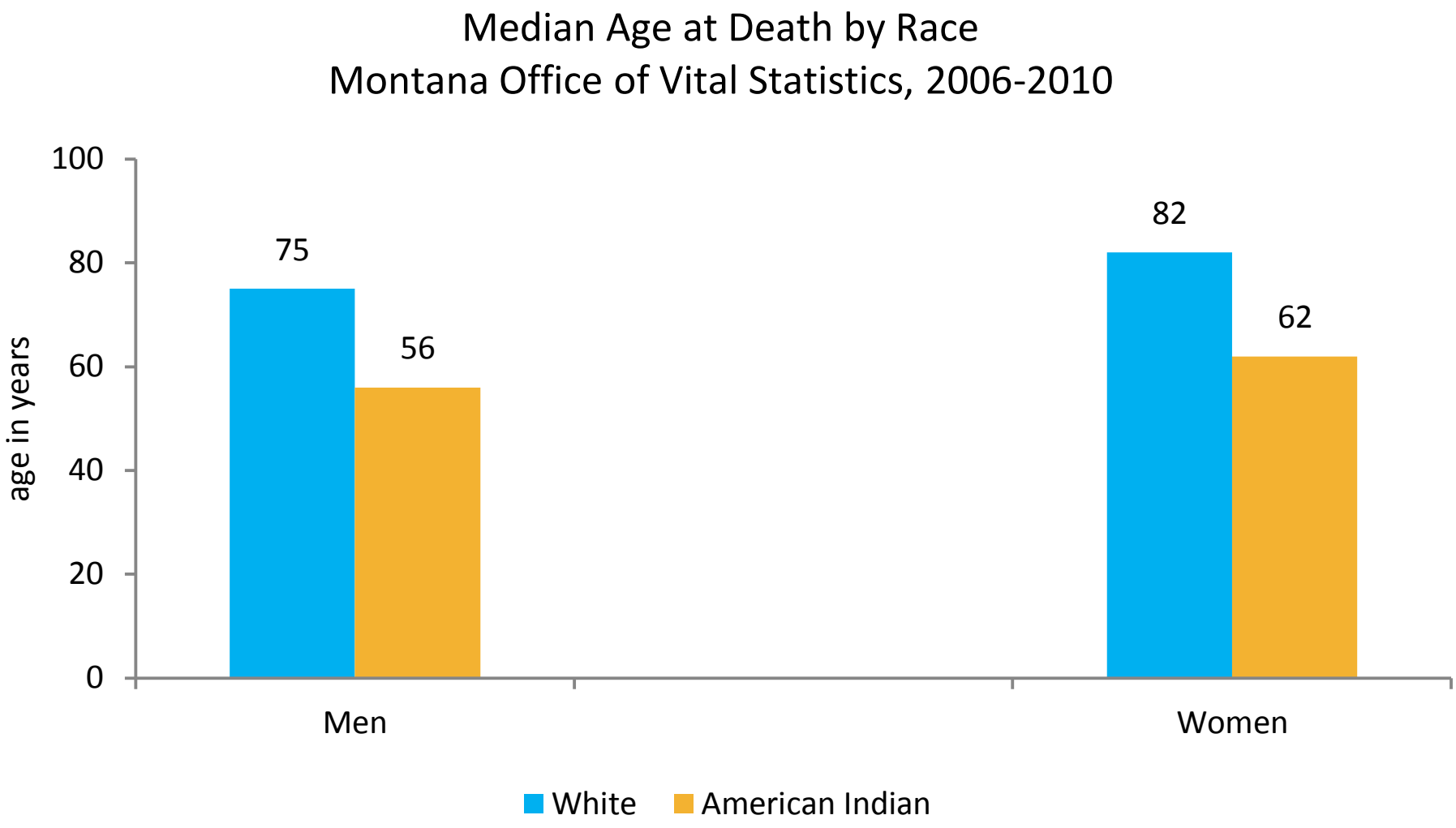
- Cardiovascular diseases 27%
- Cancer 22%
- Chronic respiratory diseases 9%
- Injury and poisoning 7%

Montana Office of Vital Statistics, 2010

# Leading Causes of Death by Age Group

- Ages 1 – 49 years
  - Unintentional injury
- Age 50+ years
  - Cardiovascular and cancer

# Age at Death by Race



# Modifiable Risk Factors for Chronic Disease

| | Adults | Teens |
|---|---|---|
| Overweight or obese | 61% | 21% |
| Physical inactivity | 22% | 10% |
| Smoking | 19% | 17% |
| | | |
| No colorectal cancer screen | 44% | ~ |
| No breast cancer screen | 29% | ~ |
| No cholesterol screen | 28% | ~ |
| No cervical cancer screen | 22% | ~ |

Montana BRFSS 2010 and YRBS 2011

# Vaccine Preventable Diseases in Montana

- Montana is experiencing worst year for pertussis since 2005
  - 348 by week 22
  - 587 cases total -- highest rate in US
- So far in 2012
  - 279 by week 22
- Most can be prevented by vaccination

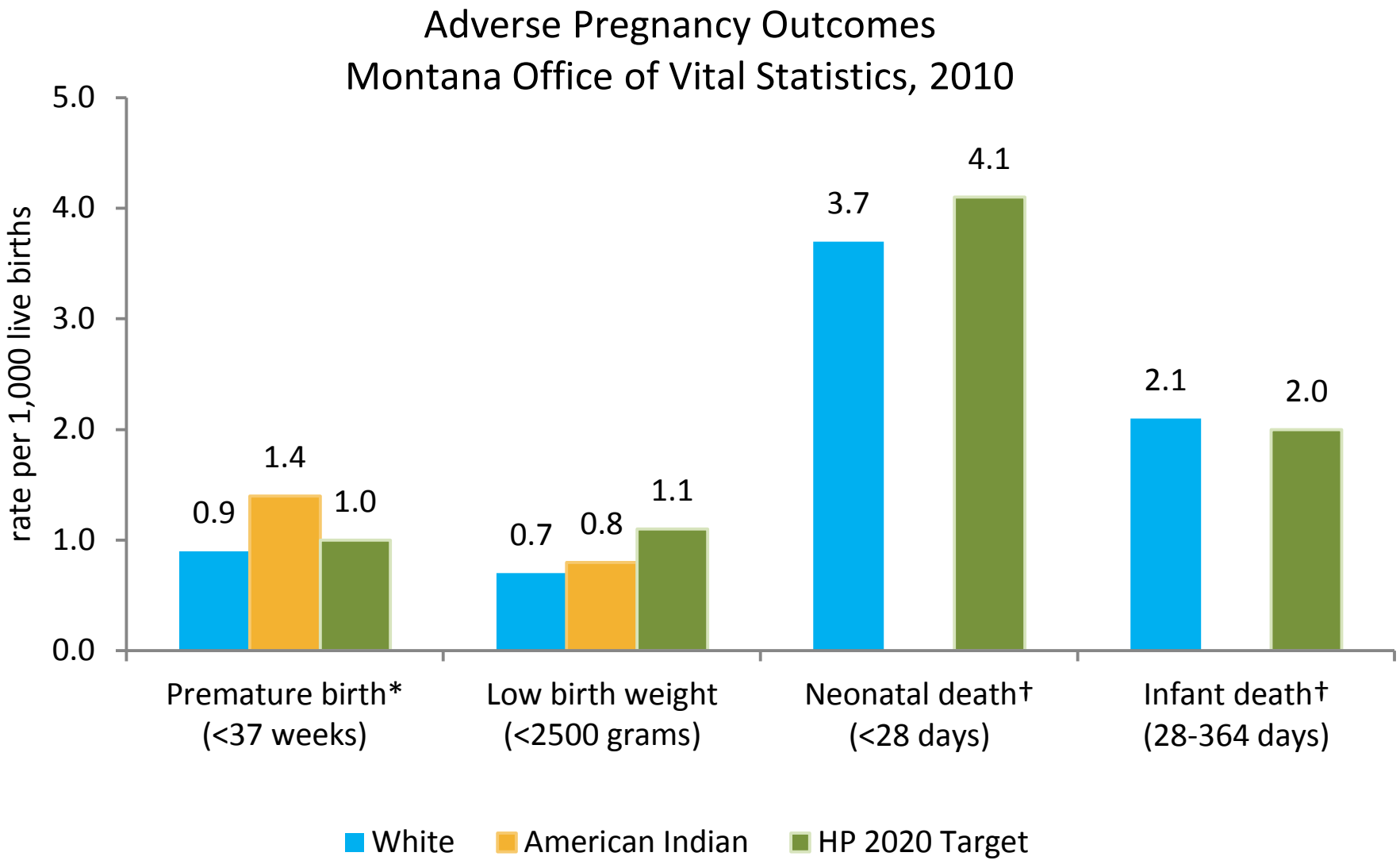
Montana Communicable Disease Epidemiology Surveillance Program 2012

# Modifiable Risk Factors for Communicable Disease

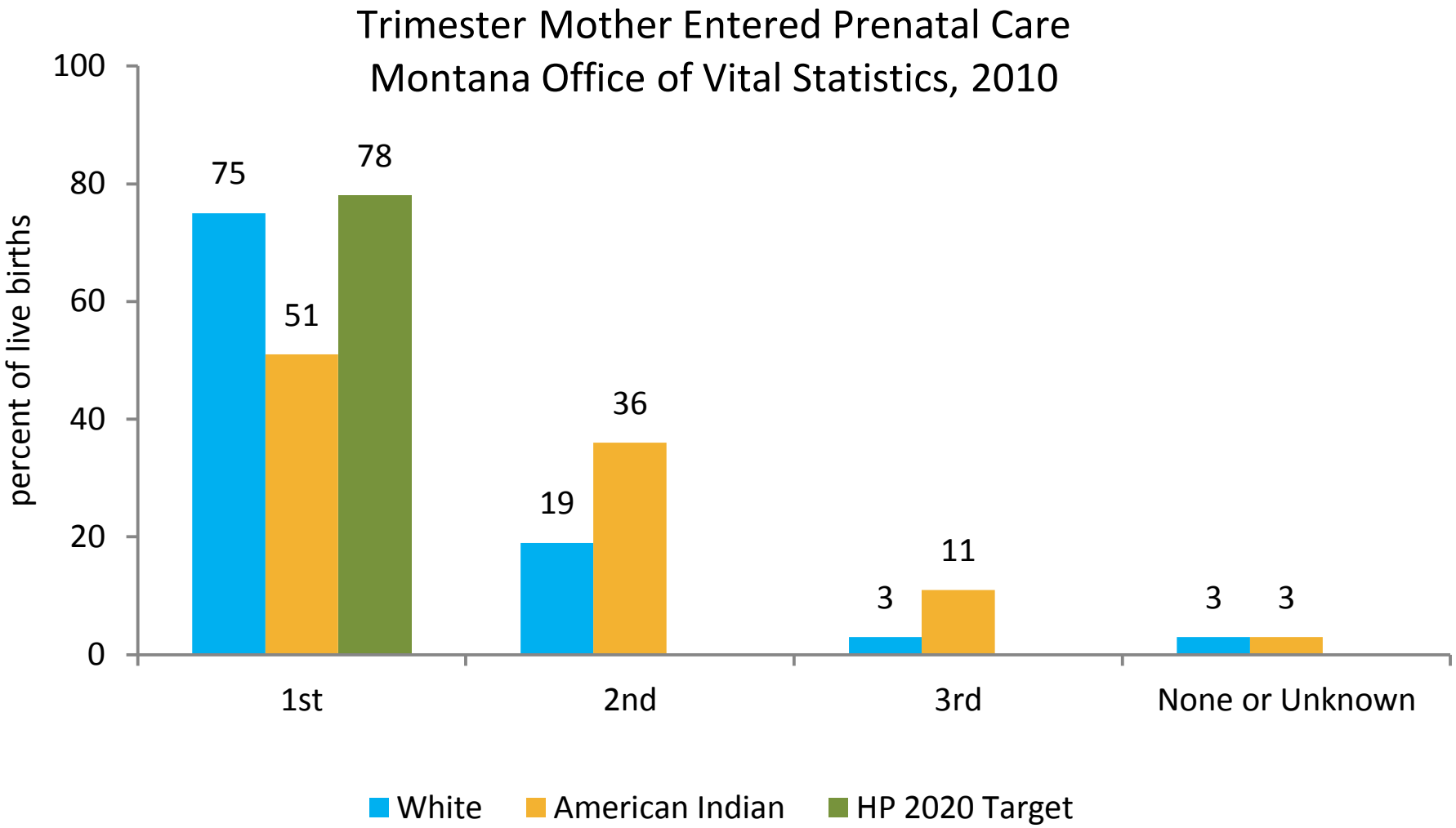
- Toddlers not fully immunized for
  - All recommended vaccines 35%
- Adults not immunized for
  - Influenza (18 - 64 years) 67%
  - Influenza (≥ 65 years) 35%
  - Pneumonia (≥ 65 years) 28%

National Immunization Survey 2010; MT BRFSS 2010

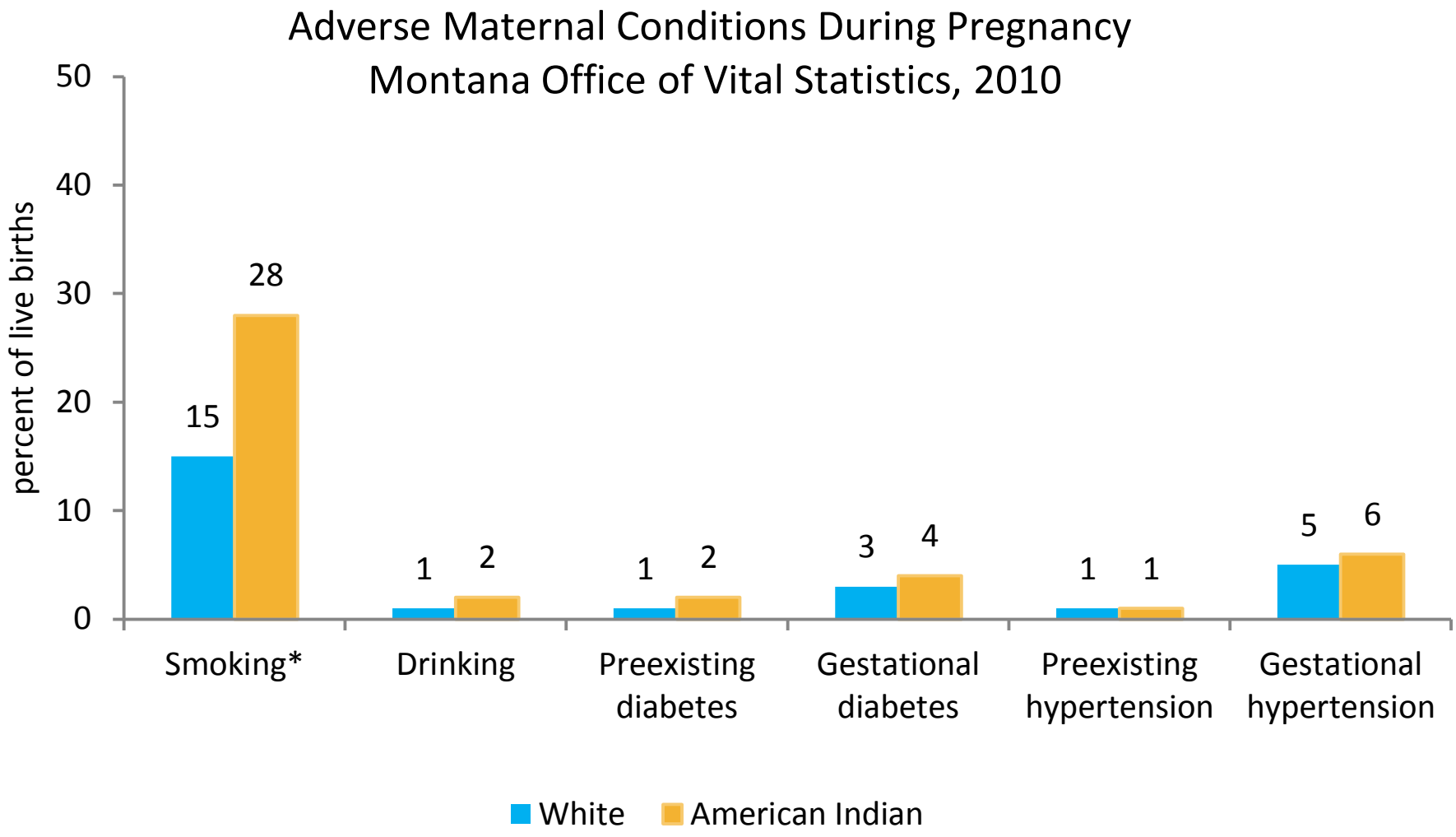
# Adverse Pregnancy Outcomes



# Prenatal Care



# High Risk Maternal Conditions in Pregnancy



# Vehicle Crash Injuries

- Alcohol involved in
  - 10% of all crashes
  - 18% of injury crashes
  - 48% of fatal crashes
- No seat belts account for
  - 80% of crash fatalities

# Modifiable Risk Behaviors for Unintentional Injury

- Drinking and Driving
  - Adults 5%
  - Teens drink and drive 11%
  - Teens ride with drinker 26%
- Don't <u>always</u> use seat belt
  - Adults 10%
  - Teens 24%

Montana BRFSS 2010; Montana YRBS 2011

# Modifiable Risk Behaviors by Teens

- Don’t <u>always</u> use bike helmet 94%
- Text or email while driving 50%

# Modifiable Risk Behaviors by Teens

| | |
|---|---|
| • Drink | 38% |
| • Overweight or obese | 21% |
| • Smoke | 17% |
| • Use spit tobacco | 14% |

# Adult Access to Health Care

- No checkup in 2 years 28%
- No usual provider 26%
- No health coverage (18-64 yrs) 18%
- Forego care due to cost 13%

Montana BRFSS 2010

# Assessing the Whole Picture

In addition, to examining the data in the health assessment, we conducted:

- 2 Surveys
- 2 Focus Groups
- Public Health System Assessment

# Surveys

- Surveyed key stakeholders (all of you) and the public
- Respondents were asked what should be the highest priority health issues for Montana in specific areas

# Survey Results

Chronic disease prevention and control

- Cardiovascular disease
- Diabetes
- Cancer
- Obesity

# Survey Results

Communicable disease prevention and control

- Sexually transmitted disease
- Influenza
- Immunizations
- HIV/AIDS

# Survey Results

Health issues affecting pregnant women, infants, children and adolescents

- Smoking in pregnancy/smoking in general
- Early pre-natal care
- Teen pregnancy prevention

# Surveys Results

Unintentional injury

- Seat belt usage
- Impaired driving
- Fall prevention

# Forces of change focus group

Local public health officials (What external trends, factors or one-time events are impacting health in MT)

- Aging population
- Aging public health workforce
- Healthcare Reform
- Oil boom in Eastern Montana

# Partner perceptions and themes focus group

Public Health System Improvement Task Force (What 2-3 issues must be addressed to improve health in MT)

- Enhance chronic disease prevention efforts
- Increase childhood immunization rates
- Reduce health risk behaviors
- Improve early childhood health programs
- Reduce unintended pregnancy
- Increase the use of public policy to address health issues
- Increase access to services in rural communities

# Public Health System Assessment

LHD Performance self-rated *highest* for:

- Assure a competent public health workforce
- Diagnose and investigate public health issues
- Enforce laws and regulations

LHD Performance self-rated *lowest* for:

- Develop policies and plans
- Monitor health status of the community
- Engage the community to identify and address public health issues

# Initial prioritization

- We looked at incidence, prevalence, YPLL, healthcare costs, hospitalizations, deaths

- Used the following criteria for prioritizing health issues:
  - Preventability & Controllability
  - Impact
  - Feasibility

# Initial prioritization

**<u>Preventability & Controllability</u>**—does evidence exist that this condition can be prevented and controlled?

- 3—strong evidence exists
- 2—some evidence exists
- 1—no known evidence

# Initial prioritization

**Impact**—based on the incidence, prevalence, severity of this condition and the monetary costs associated, how does this condition impact the population?

- 3—high
- 2—moderate
- 1—low

# Initial Prioritization

**Feasibility**—if a prevention strategy exists, is it feasible for public health agencies to apply?

- 3—very feasible
- 2—somewhat feasible
- 1—not feasible

# Initial Prioritization

| Summary of the First Three Criteria | | | | | |
|---|---|---|---|---|---|
| | Impact | Preventability | Feasibility | Sum | 100 Point Scale |
| Cardiovascular disease | 3.00 | 2.88 | 2.25 | 8.13 | 90.3 |
| Childhood and adolescent IZ | 2.25 | 3.00 | 2.75 | 8.00 | 88.9 |
| Diabetes | 2.75 | 2.88 | 2.13 | 7.75 | 86.1 |
| Adult immunizations | 1.88 | 2.88 | 2.63 | 7.38 | 81.9 |
| Unintentional injury | 2.50 | 2.50 | 2.13 | 7.13 | 79.2 |
| Cancer | 3.00 | 2.13 | 1.88 | 7.00 | 77.8 |
| Infant Mortality | 2.13 | 2.63 | 2.00 | 6.75 | 75.0 |
| Sexually transmitted diseases | 1.50 | 2.88 | 2.25 | 6.63 | 73.6 |
| HIV and AIDS | 1.25 | 2.88 | 2.25 | 6.38 | 70.8 |
| Teen Pregnancy | 2.14 | 2.00 | 2.00 | 6.14 | 68.3 |
| Asthma | 2.00 | 1.88 | 1.88 | 5.75 | 63.9 |
| Arthritis | 1.75 | 1.75 | 1.38 | 4.88 | 54.2 |

# Framework for the SHIP

Montana aims to:

- Prevent, identify and manage chronic conditions
- Prevent and control communicable disease
- Promote physical activity and healthy eating
- Reduce tobacco use
- Increase immunizations
- Reduce injuries and environmental health hazards
- Promote maternal and child health

# Framework for the SHIP

Use evidence-based and achievable strategies:

- Developing and implementing policies that will improve health
- Prevention and health promotion efforts that engage Montanans
- Increasing access to regular health care, particularly preventive services
- Building a strong public health system that supports optimal health

# Process

- State health assessment that includes quantitative and qualitative information
- Two meetings in June
- Two meetings in September
- Up to three webinars in between
- Another survey?

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- Implementation