Big Sky. New Horizons. A Healthier Montana:

A Plan to Improve the Health of Montanans

June 2013

MONTANA DPHHS

Healthy People. Healthy Communities.

Department of Public Health & Human Services

A Message from the Governor

Montana is preparing to make important strides to improve the health of its citizens. These strides will be facilitated by partnerships among state, tribal, and local governments, as well as private and non-profit entities. I am pleased to present "Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans," a roadmap through which this can be achieved. To fully realize a Healthier Montana, individual residents will need to be responsible to maintain and improve their own health and the health of their families.

TO ACHIEVE A HEALTHIER MONTANA,

We encourage Montanans to:

- Stay active and eat well
- Live tobacco free
- Get age-appropriate immunizations
- Take simple steps to prevent injuries
- See a health care provider regularly
- Contribute to and enjoy a healthy environment

We pledge ourselves to:

- Pursue the goals and strategies described in this state health improvement plan
- Build a public health and health care system that supports these goals
- Facilitate partnerships that support these goals

To the extent that these goals are achieved, there will be a Healthier Montana: healthier babies and children; healthier parents; healthier students; healthier seniors; healthier workers; healthier citizens to support and enjoy the special place that is Montana!

Steve Bullock
GOVERNOR
State of Montana

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Introduction

In the Big Sky State, people can enjoy a high quality of life, experience the natural beauty of the great outdoors, and pursue their dreams. Montana is one of few states weathering the national economic downturn with a positive balance in the state general fund. Creating a Healthier Montana is critical to Montana's continued success. Healthy children are better students, healthy adults make a more productive work force, and healthy seniors enjoy more satisfying retirement years. A healthy population is essential to a healthy economy.

Montana has been a leader in health improvement. For example, the state has led the nation in reducing exposure to secondhand smoke. Montana has already achieved national Healthy People 2020 targets for low incidence of premature birth, low birth weight, and infant mortality.[8] These achievements must be sustained, and many additional significant and serious health issues need attention. To name a few, Montana has one of the highest rates of motor vehicle fatalities in the nation and one of the lowest childhood immunization rates. Smoking and smokeless tobacco use remain too high, contributing to poor health and premature death from many chronic diseases.

To ensure that positive health trends are not reversed and to create a Healthier Montana, the Public Health and Safety Division (PHSD) of the Montana Department of Public Health and Human Services (DPHHS) began a state health improvement planning process in 2012. The Montana Public Health System Improvement Task Force served as the Steering Committee for this effort. The PHSD compiled information on the health status and health needs of Montanans and presented it to key stakeholder groups and the public. Information from focus groups, on-site meetings, surveys, and a series of webinars informed this plan. More than 300 individuals representing more than 130 organizations participated in its development.

A healthy population is essential to a healthy economy.

This plan outlines key strategies to improve the health of Montana citizens to the highest possible level. It focuses on using evidence-based strategies and practices to address documented health needs. It emphasizes the need for further integration of public health, health care, behavioral health and human service programs and services at the individual, provider, community and state levels. The plan is intended to encourage positive change in our delivery systems to improve access, encourage efficiency, improve quality and achieve measurable improvements in health outcomes – in other words, to create a Healthier Montana.

The plan outlines health improvement priorities:

- **Prevent, identify and manage chronic conditions**
- **Promote the health of mothers, infants and children**
- **Prevent, identify and control communicable disease**
- **Prevent injuries and reduce exposure to environmental health hazards**
- **Improve mental health and reduce substance abuse**

For each of these health improvement priorities, strategies for improvement are included in four key action areas:

- **Public health policies**
- **Prevention and health promotion efforts**
- **Access to health care, particularly clinical preventive services**
- **Strengthening Montana's public health and health care system**

In addition to specific strategies within each section of the plan that focus on Montana's public health and health care system, this plan includes 10 goals to emphasize the need to strengthen and better integrate Montana's public health and health care system and support the work outlined in these health improvement priorities.

This is an aggressive plan for a very important purpose. It provides a common health agenda for Montana. Achievement will require a high-functioning public health and health care system composed of engaged public, private, non-profit, and community partners. Toward that end, Governor Steve Bullock will appoint an oversight body to direct and monitor the implementation of this plan.

Health improvement priorities, indicators and recommended strategies

In total, this plan describes 78 strategies for health improvement and establishes 27 health indicators to track progress. Taken together, these indicators paint a picture of the state's overall health. As an aid in tracking the extent to which Montanans are becoming healthier over time, the PHSD has created a Health Improvement Dashboard. The Dashboard includes current data for each indicator for both Montana and the U.S. and related national Healthy People 2020 targets when available. It also sets Montana-specific 5-year targets.

Montana's Health Improvement Dashboard is located at: www.dphhs.mt.gov/SHIP. The Dashboard reflects relevant indicators at this time and may change as needs and the ability to measure population health status evolves.

Section A. Prevent, identify and manage chronic diseases

The Problem

Cardiovascular diseases and cancer jointly account for approximately half of all deaths in Montana each year. Tobacco use remains the single most preventable cause of morbidity and mortality in Montana across the lifespan, contributing to adverse outcomes of pregnancy, cardiovascular disease, many kinds of cancer, and asthma. Increasing rates of obesity and overweight contribute to the growing epidemic of diabetes and cardiovascular disease. Chronic disease deaths could be postponed and healthy living enhanced through a combination of Montanans complying with health recommendations and improving personal lifestyle.

Health Indicators: By 2018

- Decrease the proportion of adults who report they engage in no leisure time physical activity from 24% to 22%[1]
- Decrease the proportion of adults who report they are overweight or obese from 60% to 54%[1]
- Increase the proportion of adult Montanans who report they are up-to-date with colorectal, breast, and cervical cancer screening from 57%, 71%, and 78%, respectively to 61%, 80%, and 86%, respectively[1]
- Decrease the average consumption of cigarettes in Montana from 58 to 52 packs per person per year[2]
- Decrease the proportion of youth who report they have smoked cigarettes in the past 30 days from 17% to 14%[3]
- Decrease the proportion of adults who report they are smokers from 22% to 19%[1]

Action Area	Strategy
A1. Public Health Policies	A.1.1 Support worksites and schools to implement health promotion policies that promote chronic disease prevention (e.g., healthy food and beverage choices, physical activity, breastfeeding, tobacco-free workplaces) A.1.2 Promote implementation of smoke-free and tobacco-free campuses (e.g., K-12 schools, colleges, hospitals) and public housing that include the outdoor grounds of the facilities A.1.3 Promote the implementation of smoke-free multi-dwelling housing A.1.4 Support and promote communities to adopt and implement policies addressing the built environment (e.g., structures, transportation, and land use) that promote the health of the community A.1.5 Create and monitor policies that define medical homes to include health care practices related to chronic disease that are consistent with evidence-based guidelines (e.g., blood pressure control)

Section A. Prevent, identify and manage chronic diseases continued

Action Area	Strategy
A2. Prevention and Health Promotion Efforts	A.2.1 Increase awareness of chronic disease prevention and control through public education (e.g., Montana Tobacco QuitLine, awareness of signs and symptoms of stroke) A.2.2 Implement programs to facilitate chronic disease prevention and self-management (e.g., heart disease and Type 2 diabetes prevention, asthma, arthritis, diabetes and disability self-management)
A3. Access to Care, Particularly Clinical Preventive Services	A.3.1 Implement quality improvement activities that improve the delivery of clinical preventive services and the use of clinical practice guidelines (e.g., cancer screenings, 5As (ask, advise, assess, assist and arrange) for tobacco cessation, diabetes care) A.3.2 Use available and emerging technologies to improve the delivery of clinical preventive services (e.g., electronic health records, telehealth)
A4. Montana's Public Health and Health Care System	A.4.1 Maintain public health surveillance systems to monitor and reduce the burden of chronic disease, and produce regular surveillance reports based on the data collected A.4.2 Provide training and resources to health professionals and others to implement programs to facilitate chronic disease prevention and management (e.g., heart disease and diabetes prevention, asthma, arthritis, disability) A.4.3 Encourage the integration of DPHHS programs and services to prevent, identify and manage chronic disease A.4.4 Facilitate the achievement of chronic disease prevention and management goals (p. 6) through implementation of health care reform activities A.4.5 Provide training for school staffs to support students with chronic disease to self-manage their condition (e.g., asthma, diabetes)

Section B. Promote the health of mothers, infants and children

The Problem

Montana has been consistently in the top ten states with regard to the high prevalence of smoking during pregnancy, which contributes to increased risk of prematurity, low birth weight, Sudden Infant Death Syndrome, and childhood and adult asthma. With 40% of Montana births covered by Medicaid each year, this significantly impacts Medicaid costs to the state. While national Healthy People 2020 targets for premature birth, low birth weight, and infant mortality have been attained in Montana, these rates could be even better if more women entered prenatal care early and if Montana could reduce smoking during pregnancy.

Health Indicators: By 2018

- Increase the proportion of pregnant women who report they entered prenatal care in the first trimester from 76% to 83% [4]
- Decrease the proportion of women who report they smoke during pregnancy from 16% to 12%[4]
- Decrease the proportion of pre-term births from 9% to 7%[4]
- Decrease the rate of teen pregnancy from 46 per 1,000 girls aged 15-19 years to 42 per 1,000[4]

Action Area	Strategy
B1. Public Health Policies	B.1.1 Support worksites and schools to implement health promotion policies that promote maternal, child, and infant health (e.g., breastfeeding, tobacco free workplaces) B.1.2 Create and monitor policies that define medical homes to include adequate prenatal care, services for children with special health care needs, oral health services, and child and adolescent immunizations

Section B. Promote the health of mothers, infants and children continued

Action Area	Strategy
B2. Prevention and Health Promotion Efforts	B.2.1 Increase awareness of maternal, child, and infant health through public education (e.g., baby on back to sleep, healthy eating, tobacco use prevention, physical activity and child abuse prevention) B.2.2 Implement evidence-based curricula intended to reduce teen pregnancy through both abstinence and contraception B.2.3 Expand evidence-based home visiting programs serving high-risk women, infants, and children that address issues such as smoking in pregnancy, early prenatal care, blood lead screening and prevention of child abuse B.2.4 Implement evidence-based breastfeeding promotion programs
B3. Access to Care, Particularly Clinical Preventive Services	B.3.1 Implement quality improvement activities that improve the delivery of clinical preventive services and the use of clinical practice guidelines (e.g., childhood immunizations, reproductive health plans, highly effective contraceptives for women who choose contraception, reduced induction and early elective cesarean sections) B.3.2 Use available and emerging technologies to improve the delivery of clinical preventive services (e.g., tracking prenatal care, use of recall/ reminders for prenatal care) B.3.3 Support health care providers to identify high-risk and otherwise eligible women and children and refer them to Special Supplemental Food Program for Women, Infants and Children (WIC), home visiting, Children's Special Health Services, and other maternal and child health programs

B4. Montana's Public Health and Health Care System

B.4.1 Maintain public health surveillance systems to monitor the health of women, infants, and children and produce regular surveillance reports based on the data collected

B.4.2 Provide training and resources to health professionals and others to implement programs that improve modifiable risk factors for adverse outcomes of pregnancy (smoking cessation, obesity, access to prenatal care)

B.4.3 Encourage the integration of DPHHS programs and services to promote the health of women, infants and children

B.4.4 Facilitate the achievement of maternal, infant and child health goals (p. 8) through implementation of health care reform activities

B.4.5 Promote identification of women who smoke, especially those who are pregnant, and promote referral to the Montana Tobacco QuitLine

Section C. Prevent, identify and control communicable diseases

The Problem

The mortality rate for communicable diseases in Montana and the U.S. is dramatically lower now than it was 50 years ago. This is in large part due to improvements in sanitation, hygiene, and immunizations for vaccine preventable diseases. However, recently the high incidence of vaccine preventable diseases, such as pertussis, emphasizes the need for improving our low childhood immunization rates. Chlamydia, a sexually transmitted infection (STI), is the most common reportable infectious disease in Montana, underscoring the need for ongoing STI prevention activities.

Health Indicators: By 2018

- Increase the proportion of communicable diseases and conditions that are reported to local public health departments from health care providers within 24 hours of identification from 60% to 85% to improve timeliness of identification, control, and treatment[5]
- Increase the proportion of individuals with reported sexually transmitted infections who are treated within seven days of diagnosis from 82% to 90%[6]
- Increase the proportion of reported sexually transmitted infection cases with one or more contacts identified from 80% to 90% and the proportion for which at least one contact was contacted from 60% to 70%[6]
- Increase the proportion of children aged 19-35 months who are fully immunized from 60% to70%[7]
- Increase the proportion of adolescents aged 13-17 years who are fully immunized against Tetanus, Diphtheria and Pertussis (TdaP), Meningococcal (MCV4) and Human Papilloma Virus (HPV) from 85% (TdaP), 40% (MCV4), and 40% (HPV) to 90%, 60% and 60% respectively[7]
- Increase the proportion of all adults immunized against influenza from 34% to 60% and adults age 65 and older immunized against pneumococcal infection from 70% to 80%[1]
- Increase the proportion of reports of selected enteric pathogens and events (e.g., Salmonella, Shigella, E. coli or enteric outbreaks) for which investigative questionnaires are completed from 60% to 90% and ensure thorough investigations are conducted when appropriate[5]

Action Area	Strategy
C1. Public Health Policies	C.1.1 Support worksites and schools to implement health promotion policies that promote communicable disease control and prevention (e.g., child and adult immunization, immunization policies in health care settings, hand washing campaigns) C.1.2 Maintain and enforce up-to-date communicable disease reporting policies C.1.3 Create and monitor policies that define medical homes to include childhood, adolescent, and adult immunization requirements C.1.4 Support health care settings to implement policies encouraging appropriate immunizations for employees and patients C.1.5 Ensure only valid medical exemptions to Montana immunization policies C.1.6 Update Administrative Rules of Montana to require vaccines recommended by the Advisory Committee on Immunization Practices for children attending child care facilities
C2. Prevention and Health Promotion Efforts	C.2.1 Increase awareness of communicable disease prevention and control through public education and in key settings (e.g., child, adolescent, and adult immunization in schools and health care settings, public awareness regarding food safety)

Action Area	Strategy
C3. Access to Care, Particularly Clinical Preventive Services	C.3.1 Implement quality improvement activities that improve the delivery of clinical preventive services and the use of clinical practice guidelines (e.g., investigation and follow-up, electronic health records, recall/reminder systems) C.3.2 Use available and emerging technologies to improve the delivery of clinical preventive services (Montana Infectious Disease Information System (MIDIS); Electronic Laboratory Reporting (ELR), electronic health records, telehealth, Montana immunization information system) C.3.3 Expand use and documentation of patient-delivered partner therapy C.3.4 Improve access to child, adolescent, and adult immunization services (e.g., increase the number of providers in the Vaccines for Children Program, expand the number of non-traditional settings)
C4. Montana's Public Health and Health Care System	C.4.1 Maintain a 24/7 surveillance system that receives and responds to health problems and threats in a timely manner C.4.2 Promote communicable disease reporting through timely publication and distribution of reports, summaries, and alerts C.4.3 Provide training, technical assistance, and resources to health professionals and others to support communicable disease control and prevention C.4.4 Encourage the integration of DPHHS programs and services to prevent, identify and control communicable disease C.4.5 Facilitate the achievement of communicable disease prevention and control goals (p. 11) through implementation of health care reform activities C.4.6 Provide training for school staffs to implement communicable disease prevention and control (e.g., hand washing, recognition and isolation of ill students, policies on ill students and staff)

Section D: Prevent injuries and exposures to environmental hazards

The Problem

Unintentional injuries cause almost half of all deaths among children, teens, and young adults. One third of unintentional injury deaths occur in vehicle crashes. Four out of five people who die in vehicle crashes are unrestrained by seat belts or age-appropriate car seats. Montana consistently ranks among the top ten states for the highest occupational injury and fatality rates, in part because many Montanans work in high-risk occupations. However, a large proportion of occupational injuries and fatalities are also caused by vehicle crashes. Strengthening and better enforcing motor vehicle safety policies can reduce injuries and save lives. Environmental hazards are known to exist; these hazards can be found both indoors and outdoors. The public health system works to identify and mitigate exposures that can potentially lead to adverse health effects.

Health Indicators: By 2018

- Increase the proportion of motor vehicle occupants in Montana that report they wear seat belts from 73% to 83%[1]
- Decrease the proportion of fatalities due to motor vehicle crashes that involve alcohol-impaired drivers from 45% to 40%[9]
- Increase the proportion of children continuously enrolled in Medicaid aged 1-5 years who are screened at least once for lead from 18% to at least 90%[10]
- Increase the proportion of all state-licensed establishments inspected annually by a registered sanitarian from 85% to 95%[11]
- Decrease the proportion of children aged 17 or younger who live in households with adults who report smoking from 31% to 25%[12]

Section D: Prevent injuries and exposures to environmental hazards continued

Action Area	Strategy
D1. Public Health Policies	D.1.1 Strengthen and enforce motor vehicle safety policies D.1.2 Maintain and enforce the Repeat DUI Offender Program D.1.3 Maintain and enforce the Montana Clean Indoor Air Act D.1.4 Enforce open burning regulations by permit, and enforce burning bans during periods of air inversion D.1.5 Support communities to adopt emissions standards for home heating wood- and pellet-burning stoves D.1.6 Ensure that all public water suppliers comply with drinking water standards D.1.7 Ensure that pesticides do not have adverse impacts on human health and the environment D1.8 Support worksites to implement health promotion policies that promote safety and prevent injuries and exposures to environmental hazards
D2. Prevention and Health Promotion Efforts	D.2.1 Increase awareness of injury prevention and potential exposures to environmental health hazards through public education (e.g., Rocky Mountain Poison Control Hotline, seatbelt and car seat use, timely health advisories to ambient air and water quality monitoring) D.2.2 Support communities to implement evidence-based fall prevention programs D.2.3 Promote the use of the Montana Prescription Drug Registry D.2.4 Provide home-based education and environmental assessment to households of children with uncontrolled asthma or elevated blood lead levels through programs such as maternal and child home visiting D.2.5 Encourage schools and childcare settings to conduct environmental assessments to identify and remediate asthma triggers, potential sources of exposure to lead, and other environmental health hazards

D3. Access to Care, Particularly Clinical Preventive Services

D.3.1 Implement quality improvement activities that improve the delivery of clinical preventive services and the use of clinical practice guidelines (e.g., blood lead screening for high-risk children aged 1-5 years, asthma control plans for children with asthma, counseling on drinking and driving, seat belt use)

D.3.2 Ensure that 90% or more of children with blood lead levels > 5ug/dL reported to DPHHS receive appropriate treatment and that their households receive home environmental assessments and caregiver education expand the number of non-traditional settings)

D4. Montana's Public Health and Health Care System

D.4.1 Provide training and resources to health professionals, schools, and health-related organizations to facilitate programs to reduce potential exposures to environmental health hazards and unintentional injuries (e.g., detection and mitigation of asthma triggers, lead and other exposures; injury prevention programs)

D.4.2 Maintain public health surveillance systems to monitor potential exposures to environmental health hazards (e.g., protocols to identify and investigate potential adverse health effects attributed to environmental causes) and produce regular surveillance reports based on the data collected

D.4.3 Facilitate the achievement of injury prevention goals (p. 14) through implementation of health care reform activities

D.4.4 Support timely licensure and inspection of all licensed establishments (restaurants, public accommodations, other recreational facilities, and body art establishments)

D.4.5 Assure certification of all laboratories that test public drinking water supplies

Section E. Improve mental health and reduce substance abuse

The Problem

Alcohol abuse among adolescents and adults continues to be the number one drug abuse problem in Montana. The Montana suicide rate remains among the highest in the nation, and over the past ten years suicide has been a leading cause of death for young adults in Montana. Montana is moving in a positive direction to curb substance abuse, as well as provide resources and support to address mental health promotion. Increasing early identification, intervention, and referral to treatment is key to improving mental health in Montana.

Health Indicators: By 2018

- Decrease the proportion of youth who report using alcohol in the past 30 days from 38% to 34%[3]
- Decrease the proportion of adults who report binge drinking from 21% to 15%[1]
- Decrease the proportion of youth who report having smoked marijuana in the past 30 days from 21% 18%[3]
- Decrease the proportion of youth who report being depressed for 2 or more consecutive weeks in the past 12 months and stopped doing usual activities from 25% to 22%[3]
- Increase the proportion of adults who report no days of poor mental health in the past 30 days from 66% to 73%[1]

Action Area	Strategy
E1. Public Health Policies	E.1.1 Support worksites to implement health promotion policies that support substance abuse prevention and mental health (e.g., employee assistance programs and mental health services provided) E.1.2 Promote the implementation of policies and laws that restrict youth access to alcohol (e.g., Minor in Possession Laws and local Social Host Ordinances) E.1.3 Promote implementation of the Montana Strategic Suicide Prevention Plan E.1.4 Create and monitor policies that define medical homes to include health care practices related to mental health and substance abuse that are consistent with evidence-based guidelines (e.g., routine counseling of adults on the use of alcohol and prescription drugs, screening for depression)

E2. Prevention and Health Promotion Efforts

E.2.1 Increase awareness of substance abuse prevention and mental health through public education (e.g., "Above the Influence" media campaign)

E3. Access to Care, Particularly Clinical Preventive Services

E.3.1 Implement quality improvement activities that improve the delivery of clinical preventive services and the use of clinical practice guidelines (e.g., routine screening for alcohol and drug use at well-child and sports physicals, routine counseling on the use of alcohol and prescription drugs, regular screening for depression and suicidal ideation)

E4. Montana's Public Health and Health Care system

E.4.1 Implement evidence-based practices, programs and activities for substance abuse prevention

E.4.2 Maintain public health surveillance systems to monitor and reduce the burden of substance abuse and mental illness and produce regular surveillance reports based on the data collected

E.4.3 Encourage the integration of DPHHS programs and services to improve mental health and reduce substance abuse

E.4.4 Facilitate the achievement of mental health improvement and substance abuse reduction goals (p. 17) through implementation of health care reform activities

E.4.5 Provide training for school staffs to support students with mental illness and reduce substance abuse among youth

E.4.6 Improve services to traumatized children using evidence-based practices in the health care and public health system

E.4.7 Provide training and resources to implement programs that facilitate responsible alcohol sales (e.g., Responsible Alcohol Sales and Service Training and compliance checks to sellers and servers)

Section F: Strengthen the public health and health care system

The Challenge

The public health system is the collection of public, private, and voluntary entities, as well as individuals and associations, that protect and promote the public's health. As the steering committee for the development of this plan, the Public Health System Improvement Task Force believes that a specific focus on strengthening the public health system, including the environmental health component, is essential to support the work outlined in this plan.

System improvement goals: By 2018

F.1. Strengthen partnerships between the health care sector and public health agencies

F.2. Improve coordination among public health partners to promote effective public health policies and adequate public health funding

F.3. Build the public health and health care system's capacity to turn data into information for action

F.4. Promote the use of evidence-based interventions and practice guidelines across the public health and health care systems

F.5. Accelerate the use of the national Public Health Accreditation Board's national standards for public health practice by state, local, and tribal public health agencies

F.6. Promote the use of quality improvement methods to strengthen public health and health care services, programs, and processes

F.7. Create a system for public health and health care workforce and leadership development

F.8. Enhance use of health information technology

F.9. Strengthen local boards of health

F.10. Support and maintain an integrated public health emergency preparedness system

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The Department of Public Health and Human Services thanks the following partners for their active participation in the development of this plan. These same partners will be essential to its implementation and the acheivement of a healthier Montana.

- Addictive and Mental Disorders Division, DPHHS
- American Cancer Society
- American Diabetes Association
- American Heart and Stroke Association
- Arthritis Foundation
- Association of Montana Public Health Officials
- Beartooth Billings Clinic
- Beaverhead County Health Department
- Benefis Healthcare
- Big Horn County Public Health Department
- Big Horn Valley Health Center
- Billings Area Indian Health Service (IHS)
- Billings Clinic
- Blackfeet Tribal Health Department
- Blaine County Public Health Department
- Butte-Silver Bow County Health Department
- Cascade County Health Department
- Centers for Disease Control and Prevention – CEFO
- Central Montana Health District
- Central Montana Medical Center
- Child and Family Services Division, DPHHS
- Children's Special Health Services Advisory Committee
- Community Medical Center—Missoula
- Confederated Salish & Kootenai Tribal Health & Human Services
- Crow Tribal Health Department
- Crow/ Northern Cheyenne Hospital
- Custer County Health Department
- Daniels County Health Department
- Developmental Educational Assistance Program
- Developmental Services Division, DPHHS
- Disability Rights Advocates
- Disability Transitions Division, DPHHS
- District 6 Human Resource Development Council
- Flathead City-County Health Department
- Food Safety Advisory Council Montana Chef's Association
- Fort Belknap Tribal Health Department
- Fort Peck Tribal Health Project
- Gallatin City-County Health Department
- Health Resources Division, DPHHS
- Healthy Mothers Healthy Babies
- Hill County Health Department
- HIV Prevention Community Planning Group
- Human and Community Services Division, DPHHS
- International Heart Institute
- Jefferson County Health Department
- Lake County Public Health
- Lewis and Clark City-County Health Department
- Madison County Health Department
- Mineral County Health Department
- Missoula City-County Board of Health
- Missoula City-County Health Department
- Montana Academy of Family Physicians, Community Physicians Group
- Montana American Lung Association
- Montana Association of Counties
- Montana Association of Healthcare Purchasers
- Montana Association of School Nurses
- Montana Asthma Advisory Workgroup
- Montana Board of Crime Control
- Montana Cancer Control Coalition
- Montana Department of Administration
- Montana Department of Environmental Quality
- Montana Department of Labor and Industry
- Montana Department of Transportation
- Montana Diabetes Advisory Coalition
- Montana Disability and Health Advisory Group
- Montana Disability and Health Program, University of Montana
- Montana Environmental Health Association
- Montana Fish, Wildlife and Parks
- Montana Hospital Association
- Montana Hypertension Coalition
- Montana Injury Prevention Coalition
- Montana March of Dimes
- Montana March of Dimes Big Sky chapter
- Montana Medical Association
- Montana Municipal Interlocal Authority
- Montana Nurses Association
- Montana Office of Public Instruction
- Montana Office of Rural Health
- Montana Primary Care Association
- Montana Public Health Association
- Montana School for the Deaf and the Blind
- Montana State University
- Montana State University College of Nursing
- Montana State University Extension Office
- Montana Stroke Workgroup
- Montana Tavern Association
- Montana Trauma Care Committee
- Montana Worksite Health Promotion Workgroup
- Northern Cheyenne Tribal Health Department
- Parents Let's Unite for Kids
- Planned Parenthood of Montana
- Pondera County Health Department
- Powder River Public Health Department
- Prairie County Health Department
- Prevention Resource Center Division, DPHHS
- Public Health and Safety Division, DPHHS
- Public Health System Improvement Task Force
- Richland County Health Department
- RiverStone Health
- Rocky Boy Tribal Health Department
- Roosevelt County Public Health Department
- Rosebud County Health Department
- Sanders County Health Department
- Senior and Long Term Care Division, DPHHS
- Shodair Children's Hospital
- Sidney Health Center
- Skilled Nursing Care
- St. Luke Community Hospital
- St. Patrick Hospital
- St. Peter's Hospital
- St. Vincent's Healthcare
- Sweet Grass County Public Health Department
- Teton County Health Department
- Tobacco Prevention Advisory Board
- Toole County Public Health Department
- Transforming Chronic Care LLC
- Treasure County Health Department
- Two Medicine Health and Financial Fitness
- University of Montana Rural Institute
- University of Montana School of Public Health and Community Health Sciences
- University of Montana Skaggs School of Pharmacy
- University of Washington School of Public Health, Northwest Center for Public Health Practice
- Valley County Health Department
- Western Montana Area Health Education Center
- Wibaux County Health Department

Endnotes

1. Montana Department of Public Health and Human Services, Public Health and Safety Division. Montana Behavioral Risk Factor Surveillance System, 2011. http://www.brfss.mt.gov/Data/data_index.php

2. Montana Department of Revenue, Cigarette Sales Data, 1995-2011. https://doj.mt.gov/consumer/tobacco-sales-and-directory/

3. Montana Office of Public Instruction, Montana Youth Risk Behavior Survey High School Results, 2011. http://opi.mt.gov/Reports&Data/YRBS.html

4. Montana Department of Public Health and Human Services, Public Health and Safety Division. Office of Vital Statistics, 2011. http://www.dphhs.mt.gov/statisticalinformation/vitalstats/index.shtml

5. Montana Department of Public Health and Human Services, Public Health and Safety Division. Montana Infectious Disease Information System (MIDIS) 2012.

6. Montana Department of Public Health and Human Services, Public Health and Safety Division. Montana Sexually Transmitted Disease Management Information System (STD*MIS) 2012.

7. Centers for Disease Control and Prevention. National Immunization Survey, 2011. http://www.cdc.gov/nchs/nis.htm

8. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. http://www.healthypeople.gov/2020

9. Montana Department of Transportation, State Highway Traffic Safety Office, Federal Fiscal Year 2012 Annual Report. www.mdt.mt.gov/publications/docs/brochures/safety/hsp_report/pdf

10. Montana Department of Public Health and Human Services, Medicaid Administrative Claims Data, 2011.

11. Montana Department of Public Health and Human Services, Public Health and Safety Division. Food and Consumer Safety Section, 2011.

12. Montana Department of Public Health and Human Services, Public Health and Safety Division, Adult Tobacco Survey, 2009. http://tobaccofree.mt.gov/publications/index.shtml

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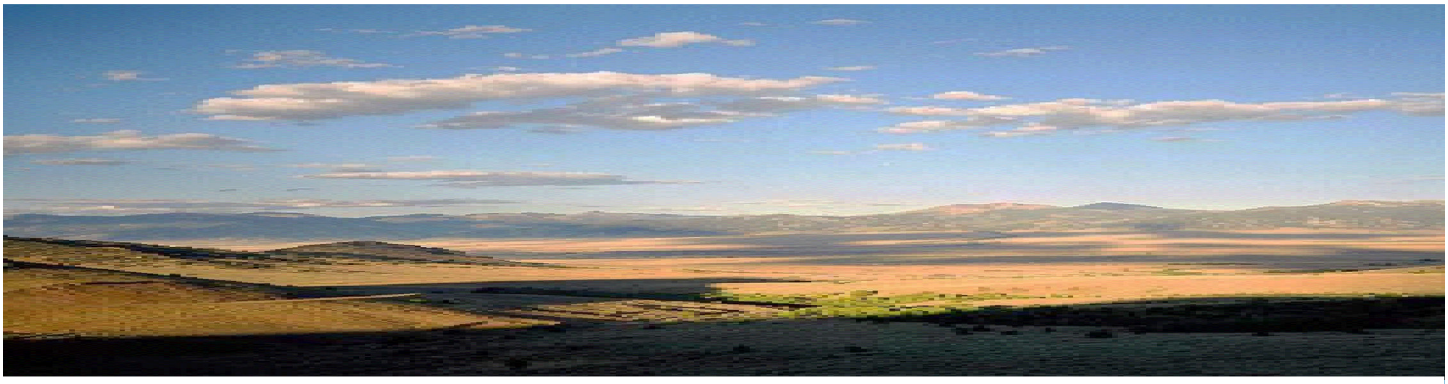

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