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2016 Montana State Health Improvement Plan Report

Introduction

This document provides the outcomes of a review of 78 strategies and 23 health indicators categorized under five health improvement priority areas found in the state health improvement plan (SHIP) document "Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans". This report should be used in conjunction with the on-line Montana Health Improvement Dashboard at https://ahealthiermontana.mt.gov/ and the SHIP at https: //dphhs.mt.gov/ship. The Healthier Montana Dashboard includes current data for each indicator for both Montana and the U.S., and when available the related national Healthy People 2020 targets. This is an annual review of the SHIP published and distributed in June 2013.

Review of Health Indicators

Prevent, identify and manage chronic diseases

- **Decrease the proportion of adults who engage in no leisure time physical activity from 24% to 22%**

2015 BRFSS data showed a percentage of 22.5% for adults who engage in no leisure time physical activity within the last 30 days.[1] This revealed no significant change in percentage from the previous year. We are currently within the goal percentage and taking into account the confidence interval, this measure is staying fairly static. Within the past year and presently, the Montana Nutrition and Physical Activity (NAPA) program is engaged in Built Environment and Healthy Community activities that address the lack of leisure time for adults. NAPA Program's Building Active Communities Initiative (BACI) is a project in cooperation with Montana State University's Office of Rural Health. BACI works to create or enhance community environments so that people of all ages, abilities and income levels can safely walk, bike or take public transportation to places they need to go. With in-depth, interactive training, mentoring and ongoing technical assistance, NAPA's Building Active Communities Initiative supports community-led approaches to develop active and healthy communities.

- **Decrease the proportion of adults who are overweight or obese from 60% to 54%**

Based on current 2015 BRFSS data, the proportion of adults who are overweight or obese is at 61%.[1] Montana is working in the areas of Active Communities, Worksite Wellness, increasing access to Fresh Fruits and Vegetables at Farmers Markets and the MT Baby Friendly Hospital Initiative. All of these programs are working toward decreasing the proportion of adults in Montana who are overweight or obese.

- **Decrease the proportion of youth who have smoked cigarettes in the past 30 days from 17% to 14%**

Based on 2015 data from the Youth Risk Behavior Survey (YRBS), 13.1% of youth (grades 9–12) have smoked in the last 30 days.[2] Cigarette smoking among youth has decreased in the past 10 years, in part because of the passing of the Clean Indoor Air Act (CIAA), a shift in the social norms, increases in the price per pack of cigarettes, and other tobacco use prevention strategies. While the decrease in cigarette use is encouraging, Montana youth are still using other tobacco products including cigars, cigarillos, and smokeless tobacco. In addition, the use of electronic cigarettes is increasing in Montana, especially among the youth population. The Montana Tobacco Use Prevention Program (MTUPP) will continue to partner with Office of Public Instruction (OPI) in their efforts to decrease the use of all tobacco products among the Montana youth.

- **Decrease the proportion of adults who are smokers from 22% to 19%**

In 2015, 18.9% of Montana adults reported currently smoking cigarettes, compared to 22.1% in 2011.[1] Changes in the smoking environment at the state and local level have contributed to this decrease. In addition to smoke-free public places outlined in the CIAA, parks, school campuses, and multi-unit housing buildings are becoming smoke-free. However, continued work is needed to increase the number of Montanans enrolled in the Quit Line. MTUPP will continue to offer cessation services to current cigarette smokers and will work on prevention efforts to keep new users from becoming addicted to tobacco.

Promote the health of mothers, infants and children

- **Increase the proportion of pregnant women who entered prenatal care in the first trimester from 76% to 83%**

The proportion of pregnant women who entered prenatal care in the first trimester has declined from 76% in 2012 to 70.3% in 2015.[3] The Family and Community Health Bureau (FCHB) is working to improve the percent of women who enter prenatal care through a variety of programs. The Women, Infant, and Children (WIC) program collects prenatal care entry data by month and makes health care provider referrals for participants that are not already seeing a provider. Additionally, the Healthy

Montana Families network of programs refers women to prenatal care and conducts follow-up meetings with clients about accessing care.

- **Decrease the proportion of women who smoke during pregnancy from 16% to 12%**

At 15.8% in 2015, the prevalence of women who smoke during pregnancy has not significantly decreased since 2012.[3] A coordinated focus on this issue has resulted in 90 Quit Line enrollments from pregnant women since January 2015. FCHB has implemented a cessation program tailored to pregnant women and they refer every WIC participant that smokes to the Quit Line. These activities have witnessed some localized success; however more work is needed to impact the problem of smoking during pregnancy.

- **Decrease the proportion of pre-term births from 9% to 7%**

In 2015, 8.4% of births were pre-term which has not significantly changed since 2012.[3] DPHHS is collaborating with delivery hospitals to assess and develop policies to reduce early elective deliveries. Additionally, the work of the FCHB is addressing this issue through programs such as WIC and the Healthy Montana Families Program. The WIC Program provides nutrition counseling, healthy foods, and referrals based on risk criteria throughout pregnancy. Home visitors for the Healthy Montana Families Program provide information on healthy pregnancies and connect women with health care providers and other community resources to support healthy pregnancy outcomes.

- **Decrease the rate of teen pregnancy from 29 births per 1,000 females aged 15–19 years to 21 births per 1,000 females**

The teen birth rate in Montana has decreased from 29 births per 1,000 females in 2011 to 25.3 births per 1,000 females in 2015.[3] The FCHB's activities address teen pregnancy through many different approaches that complement the general downward trend in teen pregnancies witnessed throughout the United States. Title X clinics offer comprehensive reproductive health services to clients of all ages. In 2016, 22% of clients were between 15 and 19 years of age.[3] Additionally, the Montana Personal Responsibility Education Program (PREP) teen pregnancy prevention program offers two evidence based curriculum to middle school and high school aged youth in seven locations throughout Montana. In 2016, four local public health departments focused Maternal and Child Health Block Grant funding on population and education based activities that aimed to help teenage women understand the benefits of deferring pregnancy.

Prevent, identify and control communicable diseases

- **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**

A recent review of timeliness of reporting from a health care provider to the local health department has been conducted. The analysis found that while an average of 75% of cases were reported to local public health within 24 hours in recent years, there has been a downward trend the last two years.[4] In 2015, 70% percent of cases were reported within 24 hours of diagnosis.[4] The program will be revisiting how this calculation is performed in the future to ensure that we are measuring it consistently as well as working with local jurisdictions to address the issue. Initial outreach to local health jurisdictions to improve response included reminding reporting sources of required timeframes and ensuring consistent data entry at the local level.

- **Increase the proportion of individuals with reported sexually transmitted infections who are treated within seven days of diagnosis from 82% to 90%**

The percent of reported sexually transmitted disease cases treated within seven days of diagnosis has risen 10 percent to 92.4% since the baseline of 82% was established.[5] The Sexually Transmitted Disease (STD) program has emphasized the importance of timely treatment for disease prevention through both personal technical assistance and formal trainings; e-mailed reminders; newsletter articles; and through quarterly communication of this data measure to each local public health jurisdiction.

- **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%**

The percentage of cases with at least one contact identified increased from 83.8% in 2014 to 86.8% in 2015, and the proportion of at least one contact being notified of exposure increased from 62.9% in 2014 to 65.3% in 2015.[5] Increasing the number of persons identified and notified of possible exposure to a sexually transmitted disease is a basic goal of STD prevention. The STD program has been providing technical assistance to local public health jurisdictions conducting disease investigations, stressing the importance of partner interviews and notification of contacts. Data concerning these tracked measures is submitted to the counties quarterly.

- **Increase the proportion of children aged 19–35 months who are fully immunized from 60% to 70%**

The estimated percentage of Montana children, 19–35 months of age that are fully up to date with the 4:3:1:3:3:1:4 series (4 Diphtheria, Tetanus, and Pertussis; 3 Polio; 1 Measles, Mumps, and Rubella; 4 Haemophilus influenza type b; 3 Hepatitis B; 1 Varicella; and 4 Pneumococcal Conjugate) was 68.1% in 2015.[6] The percentage of Montana children up-to-date with immunizations have been historically lower

than the national average but continue to increase annually. Montana's most current estimate of 68.1% is nearing the goal of the plan.[6] The state has seen a steady but slow increase in immunization over the last 5 years and the program is looking at some increased activities with vaccine clinics for targeted improvement.

- **Increase the proportion of adolescents aged 13–17 years who are fully immunized against Tetanus, Diptheria and Pertussis (TdaP), and Meningococcal (MCV4) from 85% (TdaP) and 40% (MCV4) to 90% and 60% respectively. Increase the proportion of adolescents aged 13–17 years who have initiated the immunization series for Human Papilloma Virus (HPV) from 40% (HPV) to 60%.**

The percent of adolescents up-to-date with immunization, with a few exceptions, have generally increased during the last 5 years. The 2015-estimated percentage of adolescents who have received one or more doses of meningococcal vaccine is nearly 66% and surpasses the goal set in the SHIP.[6] The estimated percentage of adolescents aged 13–17 years old who have received at least one dose of TdaP vaccine increased from 84.7% in 2014 to 89.5% in 2015; nearly meeting the goal for the indicator.[6] An increase in both of these vaccines is likely due to the change in the school immunization requirements in 2015. We anticipate the percentage will continue to increase in the following year due to reporting periods as schools fully implement new requirements. The percent of female adolescents aged 13–17 years who are fully immunized against HPV decreased in the last year and the cause is unknown at this time.[6] While the school law change appeared to be causing an increase in demand for HPV vaccine, it may be too early to see a change in the 3 dose series. The recommended HPV immunization schedule has since changed and this metric will be revised in the next SHIP.

- **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%**

The current coverage for influenza is estimated at 40.3%, well below the goal of the SHIP.[1] For adults aged 65 years and older protected against pneumococcal infection, the proportion has gradually increased over the years. Immunization against pneumococcal infection was estimated to be 72.5% in 2015.[1] The immunization program has assigned staff to focus on adult immunization activities and is partnering with Mountain Pacific Quality Health Foundation and the Montana Hospital Association on adult activities.

- **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**

Since 2011, the indicator has continually improved from (60%) to consistently above the goal of 90%.[4] The current percentage of investigative questionnaires completed for reports of selected enteric

pathogens and events is 95.5%.[4] This indicator will be reviewed and changed in future Montana State Health Improvement Plans.

Injury prevention and environmental health

- **Increase the proportion of motor vehicle occupants in Montana that report they wear seat belts from 73% to 83%**

In 2015, a slight increase from 72.1% to 76.7% of motor vehicle occupants reported they wear seat belts.[1] The Trauma Systems, Injury Prevention, and Emergency Medical Services (EMS) for Children programs have been working to educate healthcare providers and the public on the burden of motor vehicle crashes and promote evidence based practices in regards to seat belt and car seat use. Several presentations were given to the state and regional trauma care committees, injury prevention coalition, EMS for children advisory committee, driver education classes in Silver Bow county and occupant protection emphasis area group. Montana Department of Transportation (MDT) representatives were invited to give out information at the annual Rocky Mountain Trauma Symposium and a trauma surgeon was invited to present crash injury information. The topics of these presentations included primary seat belt laws, seat belt violation fines, and increasing age minimum of car seats; all proven strategies to reduce motor vehicle crash injuries and deaths. These programs have worked closely with the MDT to collaborate on a press release. These topics were also covered in DPHHS “Health in the 406” listserv. Additionally, two flyers relating to motor vehicle crash prevention were featured in the DPHHS “Your Health Matters”. Fact sheets and info cards were developed in an effort to coordinate data sources that highlight the burden of motor vehicle crash injuries and deaths in Montana. A motor vehicle safety toolkit was developed for worksites through collaboration of the occupant protection emphasis area group.

- **Decrease the proportion of fatalities due to motor vehicle crashes that involve alcohol-impaired drivers from 45% to 40%**

This indicator has increased from 40% in 2014 to 42% in 2015.[7] The Trauma Systems and Injury Prevention programs have been working to educate healthcare providers and the public on the burden of motor vehicle crashes and promoting evidence based practices to reduce impaired driving. Presentations were given to the state and regional trauma care committees, injury prevention coalition, EMS for children advisory committee and occupant protection emphasis area group. Montana Department of Transportation (MDT) representatives were invited to give out information at the annual Rocky Mountain Trauma Symposium and a trauma surgeon was invited to present crash injury information. The topics of these presentations included strengthening impaired driving laws and increasing the use of Screening, Brief Intervention and Referral to Treatment (SBIRT); proven strategies to reduce motor vehicle crash injuries and deaths. These programs have worked closely with the MDT to collaborate on a press release. These topics were also covered in DPHHS “Health in the 406” listserv. Additionally, two flyers relating to motor vehicle crash prevention were featured in the DPHHS “Your

Health Matters". Fact sheets and info cards were developed in an effort to coordinate data sources that highlight the burden of motor vehicle crash injuries and deaths in Montana.

- **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%**

In 2015, the proportion of children continuously enrolled in Medicaid aged 1–5 years who are screened at least once for lead appears to have decreased slightly from 18% in 2013 to 16.5% in 2015.[8] However, this number is likely artificially low. A larger proportion of qualified children in this age range might have had blood lead levels drawn at Rural Health Centers, Federally Qualified Health Centers, Indian Health Service, or Head Start, which are unable to be tracked with Medicaid claims data. In addition, some providers use screening questionnaires during visits, and if they don't believe the child is at high risk for lead poisoning, no blood lead level would be drawn. Because all children on Medicaid are considered high risk, screening is currently mandatory for Montana children on Medicaid at 12 months and 24 months of age, or if the child is greater than 72 months and has never been screened. There is an upcoming provider notice to be posted on the Medicaid website, reminding providers about mandatory blood lead level screening, hopefully leading to an increase in screening over the next year.

- **Increase the proportion of all state-licensed establishments inspected annually by a registered sanitarian from 85% to 95%**

Since 2014, the number of completed establishment inspections each year has increased from 94% in 2013 reaching the goal of 95% in 2016.[9] The goal was achieved through the implementation of the use of cooperative agreements and follow-up from DPHHS. To get the final 5% inspections completed, DPHHS is working with local health departments to underscore the importance of completing all of their inspections each year and offer support to help assist with the inspections.

- **Decrease the proportion of children aged 17 or younger who live in households with adults who report smoking from 31% to 25%.**

From 2009–2012, the goal was met with a significant drop from 31% to 23%.[10] In 2016, the percentage of children living in households with adult smokers decreased to 22%.[10] The Montana Tobacco Use Prevention Program (MTUPP) continues to contribute to this success through activities such as encouraging multi-unit housing landlords to adopt smoke-free policies on their properties and offering the landlords technical assistance and free smoke-free housing signage. The MTUPP promotes tobacco cessation among parents that smoke through the Montana Tobacco Quit Line and media campaigns in which children talk about their parents quitting tobacco and how they inspired their parents to quit. Additionally, the Montana Asthma Control Program works with ten local health departments and one community health center to implement the Montana Asthma Home Visiting Program (MAP). The MAP addresses tobacco smoke as one of the most harmful environmental asthma triggers a child can be exposed to at home or in other settings. Asthma home visiting nurses also

educate families about the dangers of tobacco use and the effects tobacco smoke can have on someone with asthma.

Improve mental health and reduce substance abuse

- **Decrease the proportion of youth who used alcohol in the past 30 days from 38% to 34%**

The number of youth who report use of alcohol in the past 30 days has continued to decrease over the past few years from 37.1% in 2013 to 34.2% in 2015 approaching the 2018 goal.[2] The Chemical Dependency Bureau's Partnership for Success grant program has implemented the Alcohol Reward and Reminder (R/R) and Alcohol Inspections which reinforce the importance of identification verification. The program surveyed 2,827 establishments as part of the R/R activity in 2014–2015 and 1,500 establishments that sell alcohol received an inspection during state fiscal year 2016. The Chemical Dependency Bureau plans to work more closely with the Montana Department of Justice and Youth Court to further reduce access to alcohol and use of alcohol by youth.

- **Decrease the proportion of adults who report binge drinking in the past 30 days from 21% to 15%**

The number of adults who report binge drinking has decreased from 21.7% in 2012 to 19.8% in 2015.[1] The Addictive and Mental Disorders Division (AMDD) programs are administering activities that aim to increase provider screening, brief intervention, and referral to care and treatment for individuals with binge drinking problems. With the recent Medicaid expansion additional improvement in this area should occur.

- **Decrease the proportion of youth who report having smoked marijuana in the past 30 days from 21% to 18%**

The percentage of youth that report having smoked marijuana in the past 30 days has decreased from 21% in 2013 to 19.5% in 2015.[2] The AMDD programs are carrying out activities that aim to increase provider screening, brief intervention, referral to care and treatment for youth that smoke marijuana. AMDD works to increase awareness among youth of marijuana effects on the development of the brain.

- **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%**

The proportion of youth who report being depressed for 2 or more consecutive weeks in the past 12 months has increased from 26.4% in 2013 to 29.3% in 2015.[2] Children's Mental Health Bureau (CMHB) is working to adopt more prevention activities to complement current treatment and to improve coordination of behavioral health services. The use of tele-psychiatry across the state is increasing access to behavioral health care. AMDD was awarded a grant to address First Episode Psychosis to engage 16–25 year olds experiencing this condition and provide them with intensive wraparound services. DPHHS also managed a grant that produced a strategic plan on Native Youth Suicide

reductions. The Strategic Plan was created by a coalition of Montana Tribes and Urban Indian health organizations. CMHB is also trying to improve crisis services through grants that provide evaluation, assessment, and crisis stabilization for children experiencing a mental health crisis.

- **Increase the proportion of adults who report no days of poor mental health in the past 30 days from 66% to 73%**

The proportion of Montana adults that reported zero days of poor mental health in the past 30 days has remained, statistically, the same from 2013 to 2015, (67.9% to 68.5%, respectively).[1] Encouragingly, between 2012 and 2014, the percent of adults reporting frequent poor mental health (14 days or more per month) decreased from 11.4% to 9.9%.[1] Although, the goal of 73% of adults reporting zero days of poor mental health was not met, many activities to provide mental health treatment and prevention activities were implemented, including strategies identified in the 2013 State Health Improvement Plan. These activities included increased promotion of the Montana Strategic Suicide Prevention Plan, increased availability of mental health services, and increased promotion of employee assistance programs. AMDD administered grants and funding for law enforcement Crisis Intervention Training; supported employment; supported housing; drop-in centers; Peer Support services; healthcare, telehealth and depression screening for veterans; post-partum depression training; youth suicide prevention toolkits for schools; special funds to keep clients from returning to the state hospital; increased number of Severe Disabling Mental Illness (SDMI) waiver slots; and programs to prevent underage drinking and prescription drug misuse.

Since 2013 when this goal was first established, it has been determined that this goal does not fully encompass the complexity of improving mental health among Montanans nor does it set realistic expectations for what can be achieved in 5 years. The causes of mental illnesses are complex and not yet fully understood; and the effectiveness of current treatments are variable, difficult to predict and difficult to measure. Therefore, state agencies and mental health experts will work to identify more appropriate indicators for mental health treatment and prevention for the next State Health Improvement Plan.

End Notes

1. Montana Department of Public Health and Human Services, Public Health and Safety Division. Montana Behavioral Risk Factor Surveillance System, 2011-2015 reports. http://www.brfss.mt.gov/Data/data_index.php
2. Montana Office of Public Instruction, Montana Youth Risk Behavior Survey High School Results, 2011-2015 reports.
3. Montana Department of Public Health and Human Services, Public Health and Safety Division. Office of Vital Statistics, 2011-2015 reports.
4. Montana Department of Public Health and Human Services, Public Health and Safety Division. Montana Infectious Disease Information System (MIDIS) 2012-2015 annual reports.
5. Montana Department of Public Health and Human Services, Public Health and Safety Division. Montana Sexually Transmitted Disease Management Information System (STD*MIS) 2012-2015 reports.
6. Centers for Disease Control and Prevention. National Immunization Survey, 2011-2015 reports. http://www.cdc.gov/nchs/nis.htm
7. Montana Department of Transportation, State Highway Traffic Safety Office, Federal Fiscal Year 2012-2015 Annual Reports. https://www.mdt.mt.gov/
8. Montana Department of Public Health and Human Services, Medicaid Administrative Claims Data, 2011-2015 reports.
9. Montana Department of Public Health and Human Services, Public Health and Safety Division. Food and Consumer Safety Section, 2011-2016 reports.
10. Montana Department of Public Health and Human Services, Public Health and Safety Division, Adult Tobacco Survey, 2009-2016 reports. http://tobaccofree.mt.gov/publications/index.shtml