CHRONIC DISEASE PREVENTION & HEALTH PROMOTION BUREAU

Public Health IN THE 406

JULY 2016–JUNE 2018
PROGRESS REPORT

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health and Human Services

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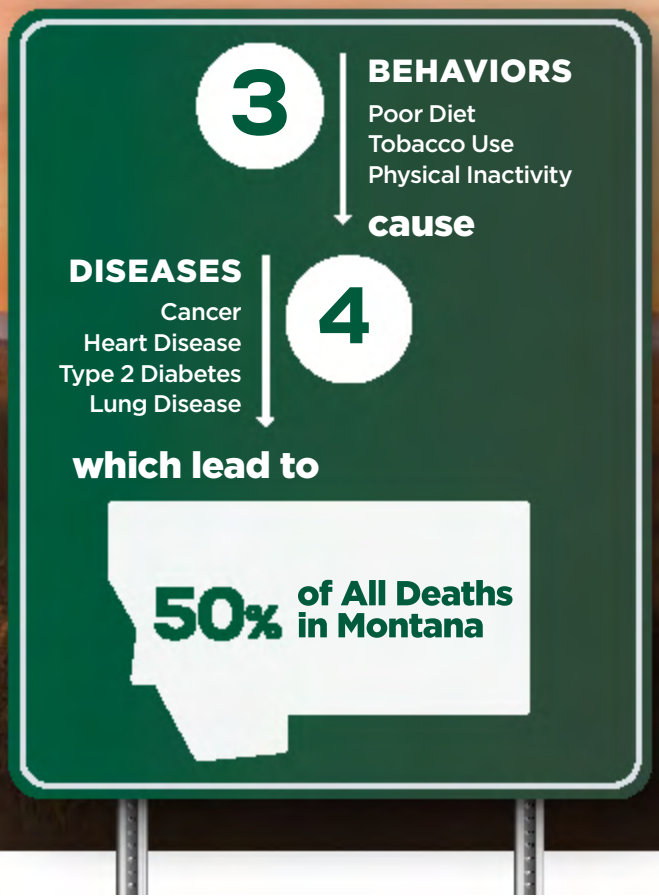


MESSAGE FROM THE ADMINISTRATOR

For those of us working in public health on a daily basis it is easy to understand how important the overall effort is and how much value public health brings to people's everyday lives. Public health touches every life in Montana—from birth to death. We want you to see public health differently as you learn about the work of the Chronic Disease Prevention and Health Promotion Bureau (CDPHPB).

Half of all Americans live with at least one chronic disease, such as cancer, diabetes and heart disease. Chronic diseases account for over 75% of the total health care costs in the United States. In Montana, 59% of adults have at least one chronic condition and chronic diseases will cost Montanans an estimated $4.4 billion in medical care during 2018. The risk factors and prevention steps for many individual chronic diseases are similar. The CDPHPB is working every day to protect and improve the health of Montana families and communities by promoting healthy lifestyles, preventing disease and removing environmental dangers.

Over the past several years the CDPHPB has taken a coordinated approach to strengthen resources, increase efficiency, reduce duplication of work and maximize the impact and reach of our programs and services. The CDPHPB work is aligned with the State Health Improvement Plan and the Public Health and Safety Division Strategic Plan.

Public health enhances quality of life in Montana. Take a closer look at how public health is working in your community and see public health differently.

Todd Harwell, Administrator
Public Health and Safety Division

TODD HARWELL

MONTANA TOBACCO USE PREVENTION PROGRAM

Over half (56%) of cigarette smokers in Montana have tried to quit smoking at least once in the past 12 months.[1]

The mission of the Montana Tobacco Use Prevention Program (MTUPP) is to address the public health crisis caused by the use of all forms of commercial tobacco products. MTUPP works to eliminate tobacco use, especially among youth and young adults, through statewide programs and policies to:

- Save Montanans **$440 million** spent annually on healthcare costs and **$81.1 million** in Medicaid costs directly caused by smoking;
- Prevent **1,600 adults** from dying each year from smoking; and
- Prevent **19,000 kids** currently alive in Montana from ultimately dying prematurely from smoking.[2]

PROMOTING QUITTING AMONG MONTANANS

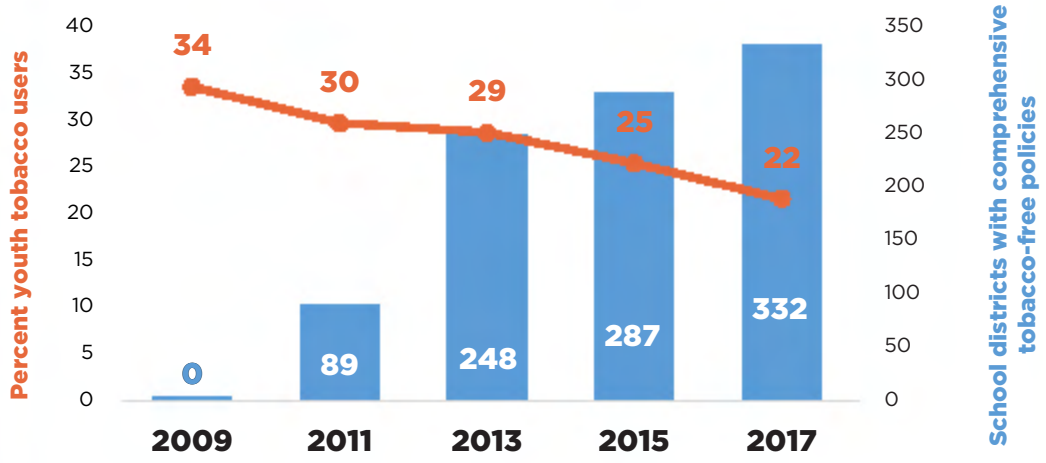
The Montana Tobacco Quit Line is a free service for all Montanans who want to quit using tobacco products. The Quit Line offers proactive coaching, individualized quit plans, free nicotine replacement therapy and reduced cost medication.

MONTANA TOBACCO QUIT LINE
1-800-QUIT-NOW
1-800-784-8669

Over 95,000 Montanans have called the Quit Line since 2004

and 32,300 callers have successfully quit tobacco.[3]

The number of school districts* in Montana with comprehensive tobacco-free policies has increased while the prevalence of current youth tobacco users has decreased.**



* There are 417 school districts in Montana.
** Tobacco use includes cigarettes, cigar and/or smokeless tobacco.

Due to small changes to the smokeless tobacco question, data prior to 2017 are not directly comparable to data from 2017 and beyond.

Source: Youth Risk Behavior Survey, 2009-2017; OPI program data

PREVENTING YOUTH INITIATION OF TOBACCO USE

While cigarette smoking remains the number one cause of preventable death in our country, the 2017 Youth Risk Behavior Survey (YRBS) results show progress in a positive direction:

- The number of Montana high school students who report they are "current cigarette smokers" has declined by almost 40% in the past 10 years.
- Among American Indian youth, current smoking prevalence has been cut in half from 2011 to 2017—from 41% to 19%.
- E-cigarettes continue to be the most common form of tobacco used by youth in Montana; however, the most recent YRBS report shows youth e-cigarette use decreased by 24% from 2015 to 2017 (from 30% to 23% respectively).

The adoption of comprehensive tobacco-free policies by Montana public school districts has played an important role in reducing youth tobacco use in our state. Comprehensive tobacco-free school policies go beyond the requirements of the Montana Clean Indoor Air Act by:

- Including e-cigarettes;
- Banning the display of tobacco industry marketing and sponsorship;
- Providing tobacco use prevention education and cessation referral information; and
- Prohibiting tobacco use at off-campus school events.

Eighty percent of Montana's 417 school districts have adopted comprehensive tobacco-free policies and have been recognized as Montana Tobacco-Free School Districts of Excellence.

NEARLY 50% OF MONTANA HIGH SCHOOL STUDENTS HAVE TRIED E-CIGARETTES[4]

MONTANA TOBACCO USE PREVENTION PROGRAM

DISPARITIES IN THE AMERICAN INDIAN POPULATION

American Indians throughout Montana are disproportionately affected by the harms of commercial tobacco addiction.

In an effort to counter the high percentage of commercial tobacco use in this population the Montana Tobacco Use Prevention Program, in partnership with American Indian Tobacco Prevention Specialists, launched the very first American Indian Commercial Tobacco Quit Line in August 2015. In 2017, participants enrolled in the American Indian Commercial Tobacco Quit Line completed almost twice as many coaching calls as American Indians enrolled in the general Quit Line.

The percent of adult American Indian cigarette smokers in Montana is consistently twice as high as the statewide percent.

Source: Behavioral Risk Factor Surveillance System, 2011-2016

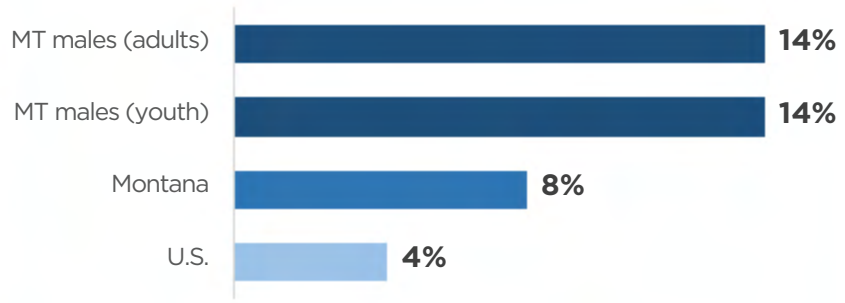
AMERICAN INDIAN
Commercial Tobacco Quit Line
1 (855) 372-0037

MONTANA TOBACCO USE PREVENTION PROGRAM

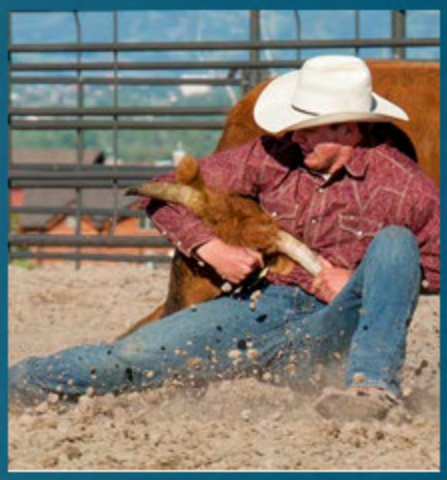
SMOKELESS TOBACCO IN MONTANA

Tobacco companies use the retail environment to attract and maintain customers by promoting their brands through advertising, product placement and price promotions. Smokeless tobacco, along with e-cigarettes and little cigars, can be found near candy and in flavors that appeal to kids.[5] In addition, Montana's tax on this item is not comparable to that of cigarettes and is low and ineffective as a deterrent.[6] As a result, smokeless tobacco acts as an entry-level tobacco product that initiates addiction to nicotine of all kinds.

Among Montana males, just as many youth are using smokeless tobacco as adults.



Sources: Behavioral Risk Factor Surveillance System, 2016 and Youth Risk Behavior Survey, 2017



EVIDENCE BASED TOBACCO COUNTERMARKETING

Countermarketing, or the use of media and education to counter the tobacco industry's messages, is an evidence-based strategy that reduces youth initiation and promotes cessation. MTUPP develops specific media to combat the high-use rate of smokeless tobacco in Montana, partners with the Montana High School Rodeo Association (MHSRA) Tobacco-Free Rodeos to promote tobacco-free lifestyles and eliminate the expectation of smokeless tobacco use in rodeo culture. Community Tobacco Prevention Specialists also conduct annual *Through With Chew* events to educate Montanans on the risks of smokeless tobacco use.

MONTANA TOBACCO USE PREVENTION PROGRAM

LOOKING FORWARD: POLICIES THAT REDUCE TOBACCO USE

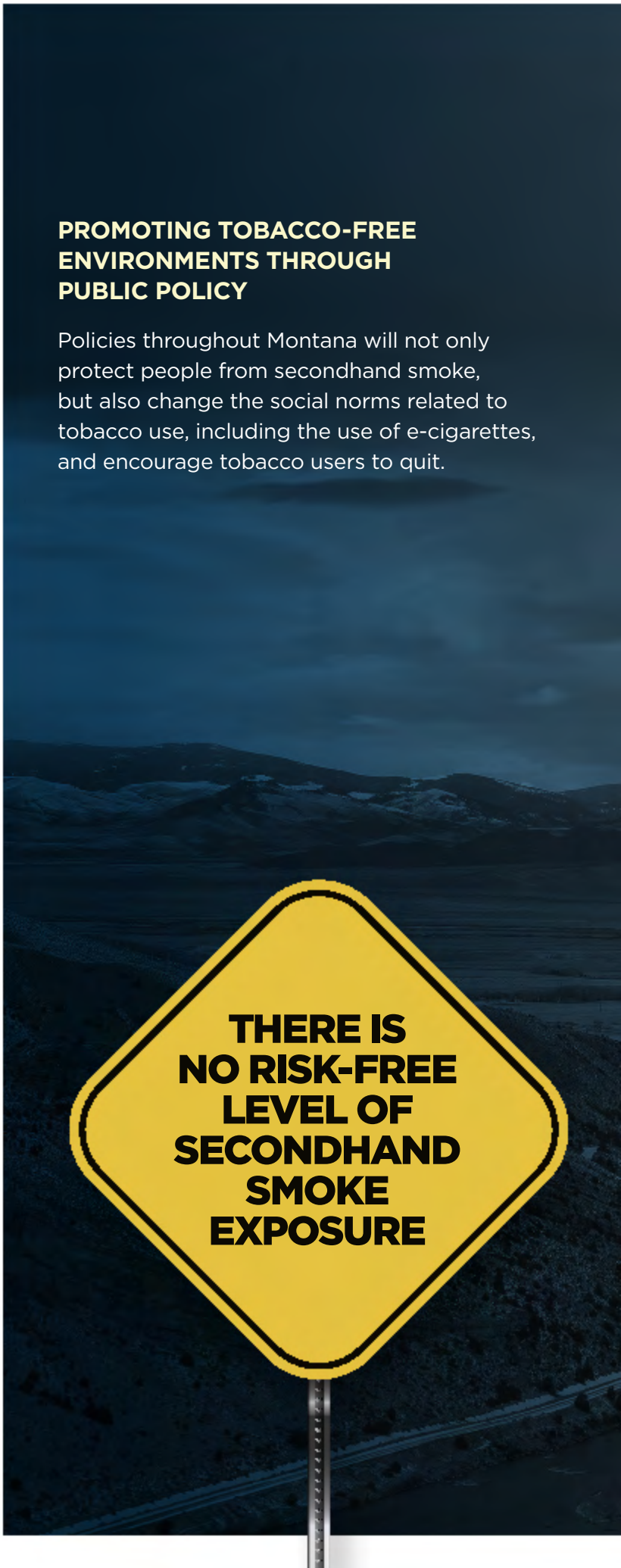
Raising the Minimum Legal Sales Age for Tobacco Products to 21: According to the Institute of Medicine, if the minimum age were raised to 21, it could prevent 223,000 premature deaths, 50,000 deaths from lung cancer and 4.2 million years of life lost.[7] More than 290 localities and five states have already adopted this policy.[8]

Increasing the Price of Tobacco Products: According to the US Surgeon General, increasing the price on cigarettes results in both a decrease in initiation among youth and an increase in cessation among young adults.[9] Montana has not increased the tobacco tax since 2005. A $2.00 increase in Montana's tobacco tax would prevent approximately 8,000 youth from smoking and save an estimated $440 million spent on tobacco-related healthcare expenditures in Montana annually.[10]

Restricting Flavors: Studies show flavored tobacco products attract youth. In the US, over 80% of youth e-cigarette users and 74% of youth cigar users say they use the product because it comes in flavors they like.[11] The Food and Drug Administration (FDA) prohibits flavors in cigarettes but not in cigars, cigarillos, smokeless tobacco, e-cigarettes or other non-cigarette tobacco products.

PROMOTING TOBACCO-FREE ENVIRONMENTS THROUGH PUBLIC POLICY

Policies throughout Montana will not only protect people from secondhand smoke, but also change the social norms related to tobacco use, including the use of e-cigarettes, and encourage tobacco users to quit.



MONTANA TOBACCO USE PREVENTION PROGRAM

THE MAP SHOWS POLICIES THAT HAVE BEEN ADOPTED IN MONTANA. CURRENTLY, THERE ARE:

9 Local E-cigarette Restrictions
These include policies prohibiting the use of e cigarettes in indoor public places.

10 Local Tobacco-Free Park Policies

12 College Campuses with Tobacco Free Policies

14 Public Housing Authorities with Smokefree Policies

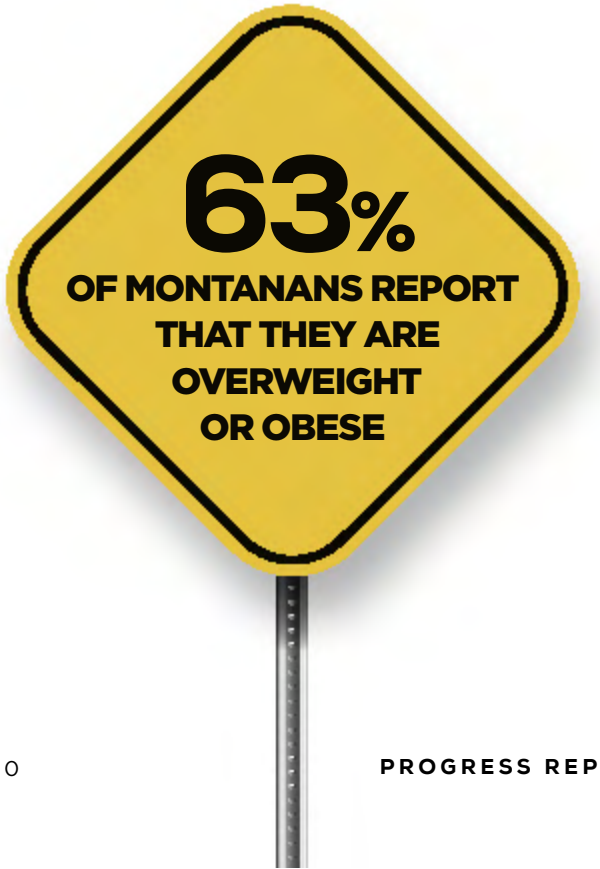
NUTRITION AND PHYSICAL ACTIVITY PROGRAM

The Montana Nutrition & Physical Activity (NAPA) Program's mission is to make active living and healthy eating easier everywhere Montanans live, work, learn and play. NAPA works throughout the state of Montana in the areas of:

- Healthy communities;
- Healthy youth; and
- Breastfeeding support.

OBESITY AND CHRONIC DISEASE

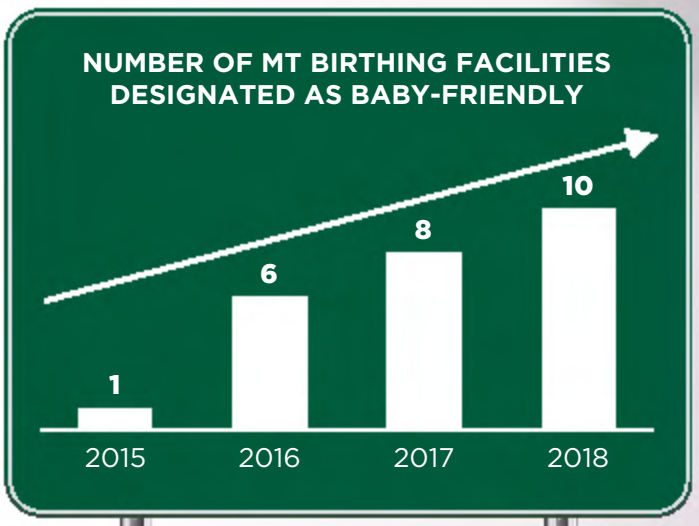
Obesity and sedentary lifestyles are major contributors to chronic disease for both adults and children. In 2016, nearly two-thirds (63%) of Montana adults were overweight or obese. According to the Centers for Disease Control and Prevention (CDC), being overweight or obese is associated with preventable chronic diseases such as heart disease, stroke, type 2 diabetes and some cancers.[1]



BABY-FRIENDLY HOSPITAL INITIATIVE

In 1991, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) launched the global program known as *Baby-Friendly USA* in an effort to encourage hospitals and birthing centers to offer an optimal level of care for infant feeding and mother/baby bonding. *Baby-Friendly USA* recognizes and awards birthing facilities that successfully implement the *Ten Steps to Successful Breastfeeding* and the *International Code of Marketing of Breast-Milk Substitutes.*

Since beginning the *Baby-Friendly Initiative* in 2012, NAPA has increased the number of Baby-Friendly designated birthing facilities in Montana from one to ten, with four more currently working toward the recognition. Facilities receive technical assistance and a small financial award to assist with training costs as they navigate the steps to become baby-friendly.



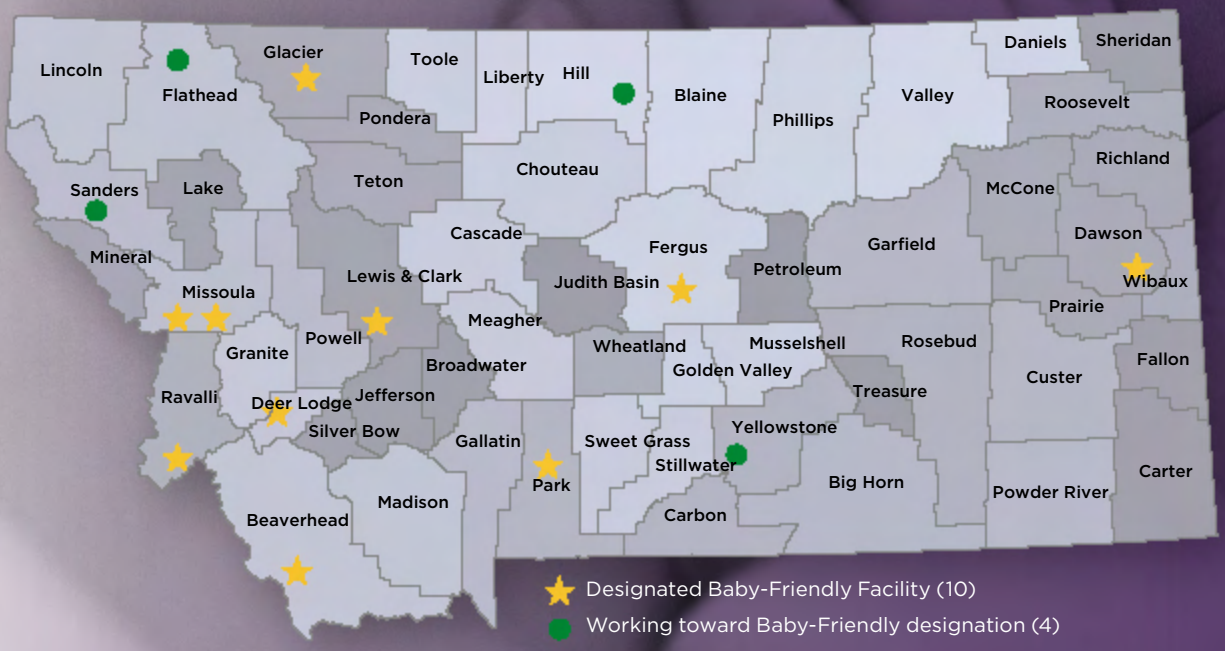
FUTURE PROJECTS

THE MONTANA MOTHER-FRIENDLY WORKSITE INITIATIVE

Montana MOTHER-FRIENDLY WORKSITE supporting breastfeeding

Families are healthier when their workplaces support women during pregnancy and while breastfeeding. Mothers are the fastest growing segment of the US labor force with one out of three mothers returning to work within three months after their birth and approximately two-thirds returning within six months after the baby is born.[12] Breastfeeding support from an employer can help reduce the barriers a mother may encounter when returning to work and help her meet her breastfeeding goals.

The *Montana Mother-Friendly Worksite Initiative* supports and recognizes Montana worksites that proactively support employees who choose to breastfeed their infants. The criteria for a *Mother-Friendly Worksite* is to offer a private space and flexible scheduling for break time, as well as implementing a policy that notes mothers may express and store breast milk for their babies.



NUTRITION AND PHYSICAL ACTIVITY PROGRAM

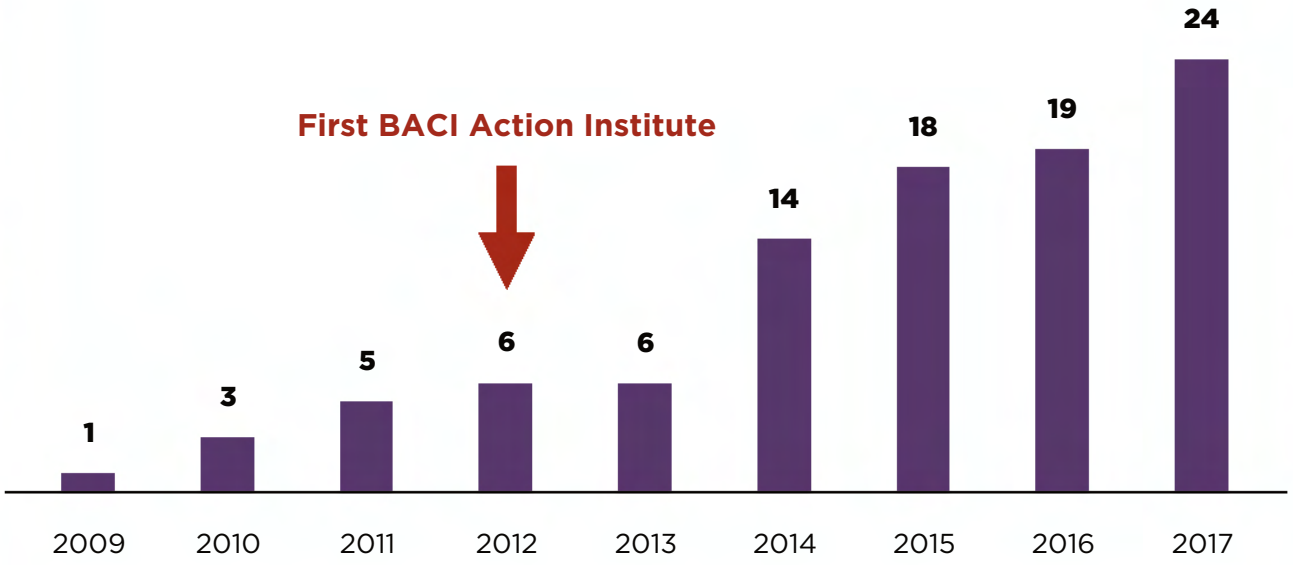
Building Active Communities

BUILDING ACTIVE COMMUNITIES INITIATIVE

The way we design our communities—our buildings, landscapes, streets and neighborhoods—influences the way we live and can affect our health and well-being. Adopting healthy behaviors, such as physical activity, is easier if our environment is built to support us in making healthy choices.

NAPA partners with multi-sector state and local agencies to offer the program's *Building Active Communities Initiative* (BACI). With in-depth, interactive trainings, mentoring and ongoing technical assistance, BACI supports community-led approaches to develop active and healthy communities. One way to support healthy community design is by adopting *Complete Street* policies, which can include improving accessibility of communities for foot and bike traffic. Policies are tailored to the unique needs of the community in which they are implemented.

Cumulative Number of Built Environment Policies* Passed in Montana Communities, 2009-2017



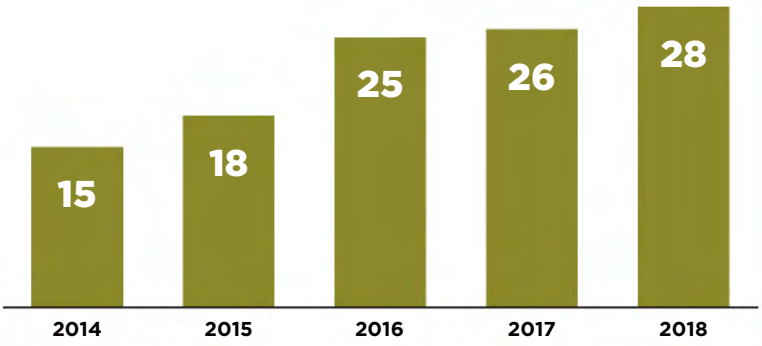
*Policies include Complete Streets (or similar) policies and Master Plans (transportation, bike, pedestrian or downtown with a non-motorized component)

NUTRITION AND PHYSICAL ACTIVITY PROGRAM

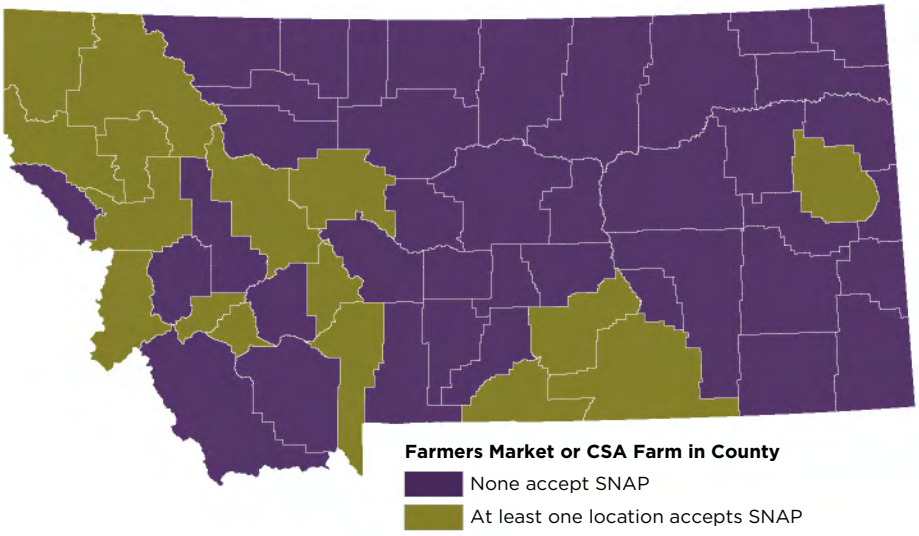
FARMERS MARKET

Farmers markets help increase public access to and consumption of fruits and vegetables. Accepting *Supplemental Nutrition Assistance Program* (SNAP) benefits at farmers markets helps low and limited income families overcome the barriers of cost and availability of fresh fruits and vegetables.

Montana Farmers Markets/CSA Farms Accepting SNAP



There are currently 21 farmers markets and seven farms that accept SNAP and provide fresh local food to low and limited income Montanans.



DOUBLE BUCKS PILOT PROJECT

NAPA offers mini-grants to initiate farmers market incentive programs, which have been a successful tool in attracting SNAP customers to the farmers markets. The goal of incentive programs is to improve the purchasing power of low-income customers by providing matching "bonus dollars" in the form of additional tokens. Most incentive programs will match up to $10 worth of tokens, although that amount varies by market and program.

FUTURE PROJECTS

NAPA will continue to work with Montana Community Supported Agriculture (CSA) groups to become SNAP authorized. Currently, seven CSAs accept SNAP. Authorizing CSAs is an innovative way to bridge the gap between local farms and SNAP participants.

NAPA will continue to **assist** Montana Community Support Agriculture (CSA) groups **in becoming** SNAP authorized. Currently, seven CSAs accept SNAP. Authorizing CSAs in an innovative way to bridge the gap between local farmers and SNAP participants.

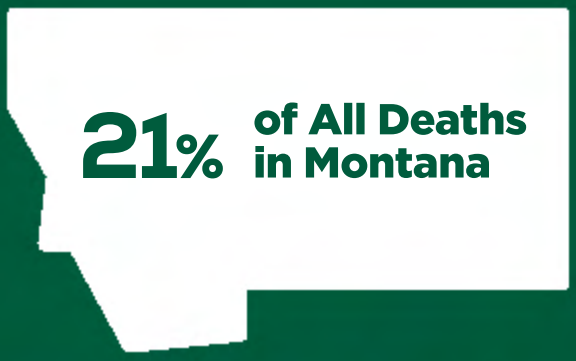
CANCER CONTROL PROGRAMS

The Montana Cancer Control Programs' (MCCP) mission is to ensure fewer Montanans experience late stage cancer and fewer Montanans die of cancer.

The MCCP works throughout Montana to:

- Increase cancer prevention and screening;
- Track cancer trends through the Montana Central Tumor Registry; and
- Provide outreach and education to local communities through grassroots organizations, the Montana Cancer Coalition and the Montana American Indian Women's Health Coalition.

CANCER is the leading cause of death among Montana residents. About 2,000 Montanans die of cancer each year.[13]



CANCER CONTROL PROGRAMS

CONNECTING MONTANANS TO CANCER SCREENING AND HEALTH SERVICES

The MCCP partners with local health departments and healthcare providers to deliver breast and cervical cancer screening to un-insured and under-insured Montana women.

In addition, the MCCP connects Montanans to free or low-cost chronic disease prevention and health promotion programs and to healthcare coverage through Marketplace insurance or Medicaid.

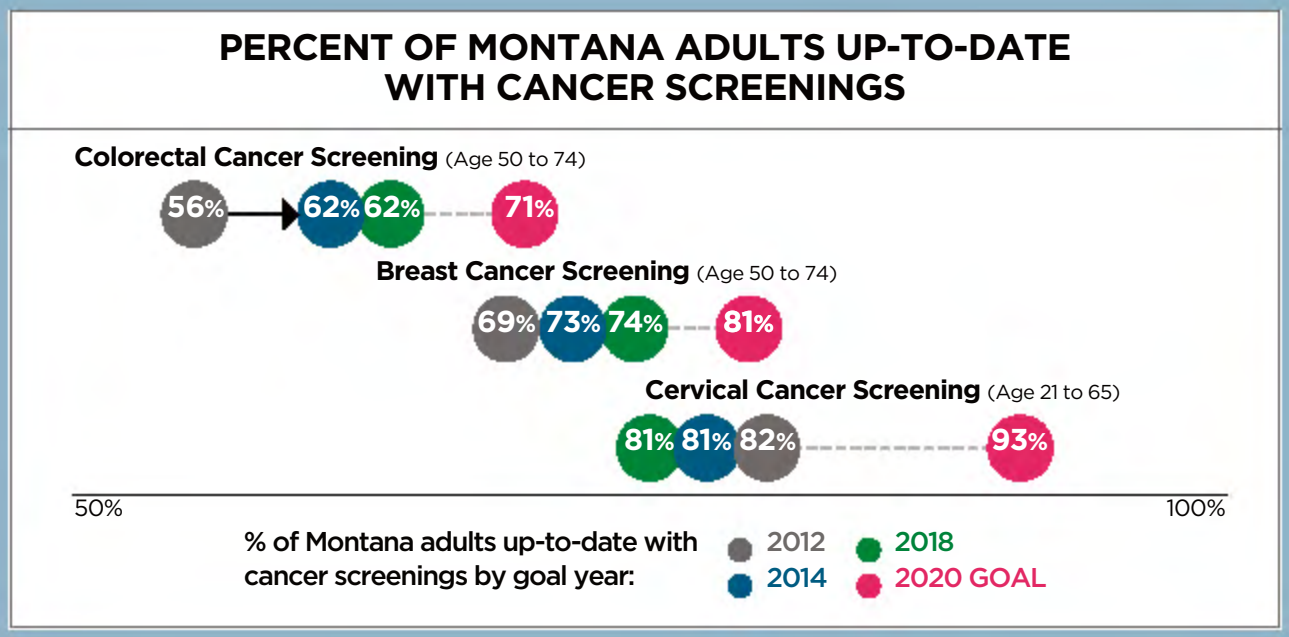
IMPROVING CANCER SCREENING IN HEALTH SYSTEMS

The MCCP partners with local healthcare providers to implement evidence-based strategies to increase cancer screening rates.

By addressing cancer recommendations, follow-up strategies and electronic health record (EHR) systems, the MCCP is working to close gaps in patient care, increase cancer screening rates and increase required clinical reporting metrics.

Since July 2012, the MCCP has conducted 12,296 breast cancer screenings and 8,097 cervical cancer screenings, serving a total of 15,051 women (both breast and cervical).

Cancer screening: Screening tests are used to find cancer in people who have no symptoms. Screening gives the best chance of finding cancer early, while it's small and before it has spread.

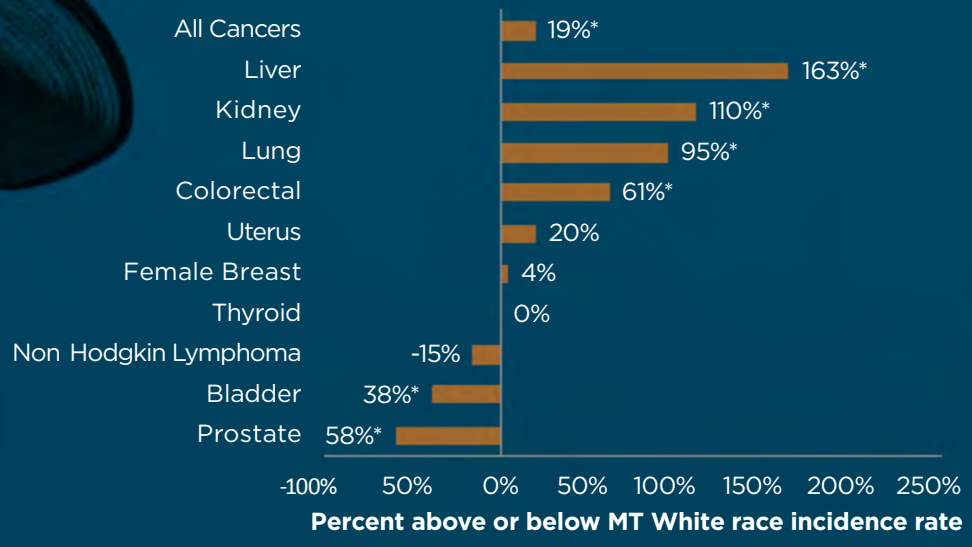


Source: Behavioral Risk Factor Surveillance System, 2016

CANCER CONTROL PROGRAMS

MONITORING CANCER TRENDS: ADDRESSING CANCER IN AMERICAN INDIAN COMMUNITIES

American Indians in Montana have higher cancer incidence rates (new cases) compared to White Montanans for all cancers combined and for liver, kidney, lung and colorectal cancer.



*Statistically significant
Source: Montana Central Tumor Registry 2011 to 2015

Cancer presents a significant burden to American Indians throughout Montana. The MCCP and its partners are working to eliminate health disparities and achieve optimal health for all Montanans.

OUTREACH AND EDUCATION TO MONTANA COMMUNITIES

Comprehensive cancer control is a strategic approach to preventing or minimizing the impact of cancer in communities. It involves state and local health departments, state and local community organizations, researchers, healthcare providers, decision makers, cancer survivors and their families and many others working together to find and agree upon ways to address cancer concerns in their communities.

MONTANA CANCER COALITION

www.mtcancercoalition.org

The Montana Cancer Coalition (MTCC) is a group of diverse individuals and organizations from communities throughout Montana who work to reduce cancer incidence, morbidity and mortality. The MTCC developed the *Montana Comprehensive Cancer Control Plan* as a guide for preventing and controlling cancer in Montana.

MONTANA AMERICAN INDIAN WOMEN'S HEALTH COALITION

www.mtcancercoalition.org/american-indian-partners

The Montana American Indian Women's Health Coalition (MAIWHC) brings together American Indian women representing Tribal Communities, Tribal Health Systems, Urban Health Programs and Urban Communities. This grassroots coalition was formed to assist the MCCP in the recruitment and screening of American Indian women. The coalition addresses issues from cancer prevention and treatment to quality of life and survivorship.

Looking forward, the MCCP will continue to:

- **Support health systems** to improve the quality and rate of cancer screenings and increase performance scores. The MCCP offers assistance implementing evidence-based interventions to increase community demand for cancer screening, improve delivery of services and improve access to cancer prevention, screenings and treatment services.
- **Convene strategic partnerships** with policymakers, practitioner networks, medical societies, quality-improvement organizations, local public health agencies and other stakeholders to advance and coordinate cancer prevention in Montana.
- **Educate Montanans** on healthy lifestyle behaviors to prevent or reduce cancer: don't use any form of tobacco, move more, eat smart and get the recommended screenings for cancer.

MONTANA CARDIOVASCULAR HEALTH PROGRAM

CARDIOVASCULAR HEALTH PROGRAM MISSION

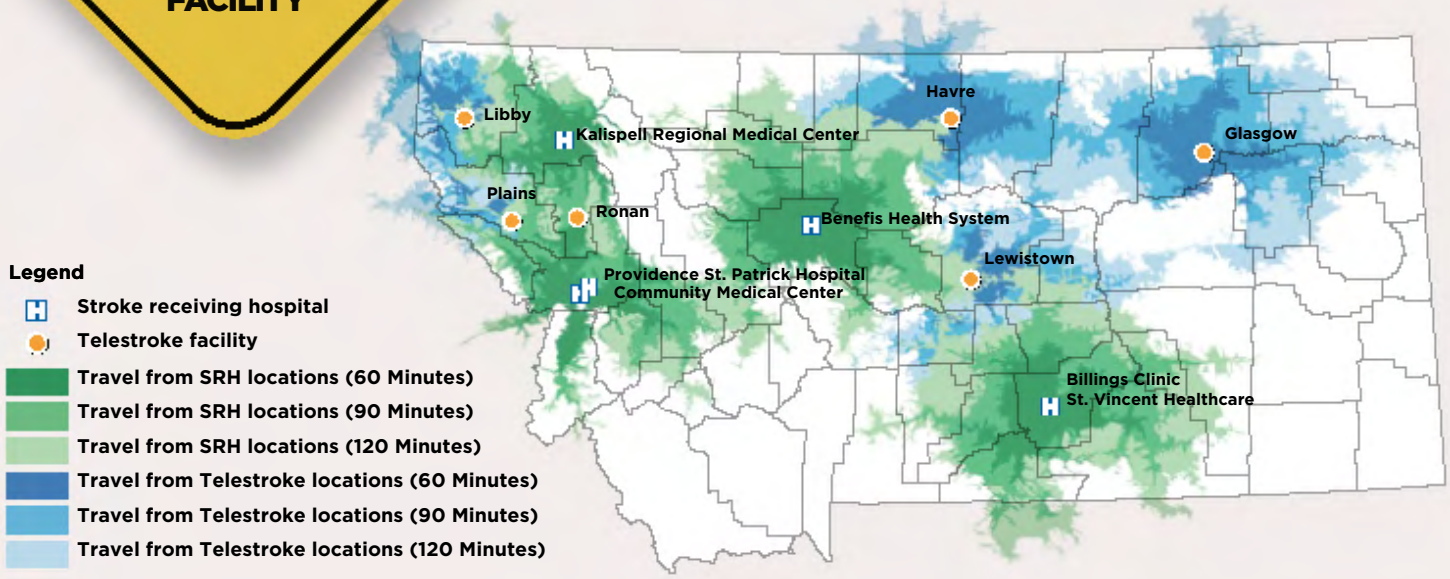
The Cardiovascular Health (CVH) Program strives to improve the health of Montanans by reducing cardiovascular risk factors and mortality from heart disease and stroke. Priority areas include enhancing blood pressure control and focusing on systems change in healthcare settings.

MONTANA STROKE INITIATIVE

Stroke is the leading cause of adult disability and the fifth leading cause of death in Montana. In partnership with the *Stroke Workgroup*, the Montana CVH Program implemented a *Telestroke Project* in 2007 to improve the emergency treatment of stroke in rural Montana. Stroke is a time-sensitive condition that is often difficult to diagnose and treat—especially without the help of a stroke specialist (neurologist). Telestroke lets the neurologist remotely view and talk with the patient and local provider at the bedside. Using telestroke, a neurologist connects remotely by camera to complete an exam, view brain imaging and discuss treatment options with the local provider, patient and family.

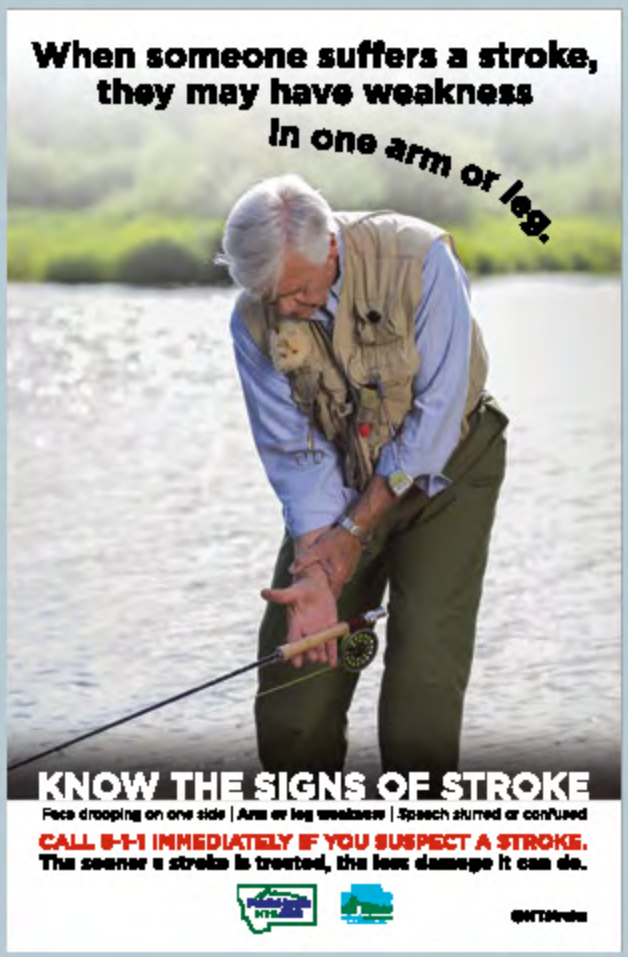
ALMOST 600,000 MT ADULTS ARE WITHIN 2 HRS OF A STROKE RECEIVING OR TELESTROKE FACILITY

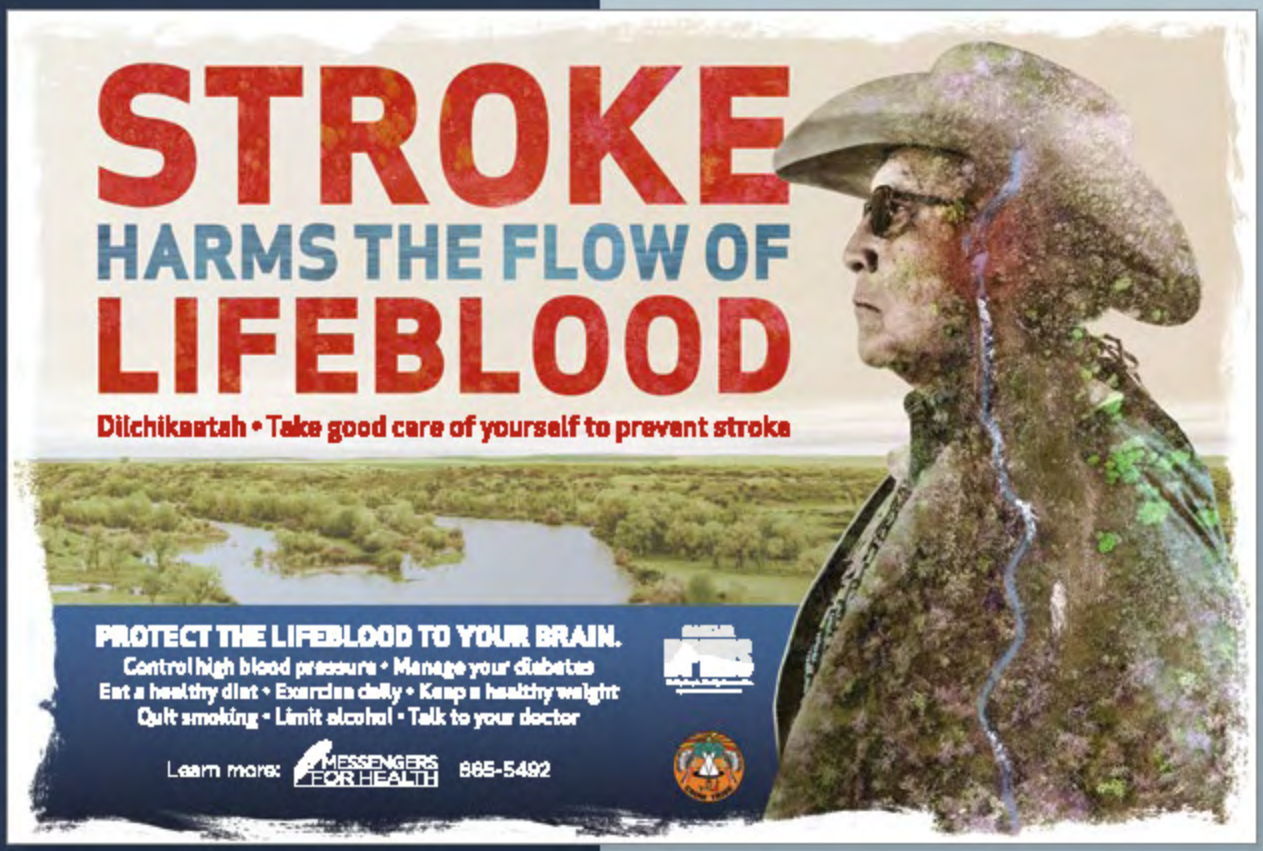
ONE-WAY 60, 90 AND 120 MINUTE DRIVE-TIMES TO STROKE RECEIVING HOSPITALS (SRH) AND ACTIVE TELESTROKE FACILITIES, MONTANA, 2016



PUBLIC EDUCATION CAMPAIGNS

If Montanans recognize stroke signs and symptoms and take quick action to seek treatment, more patients may be eligible for the lifesaving clot-busting drug, t-PA. This may prevent long-term disability and reduce overall stroke-related costs. Since 2004, the CVH Program has conducted stroke and/or heart attack campaigns in the seven largest counties, nine rural communities and all seven American Indian Reservations in Montana. Of the 13 stroke campaigns that were evaluated, eight noted a statistically significant improvement in knowledge of two or more stroke signs/symptoms.



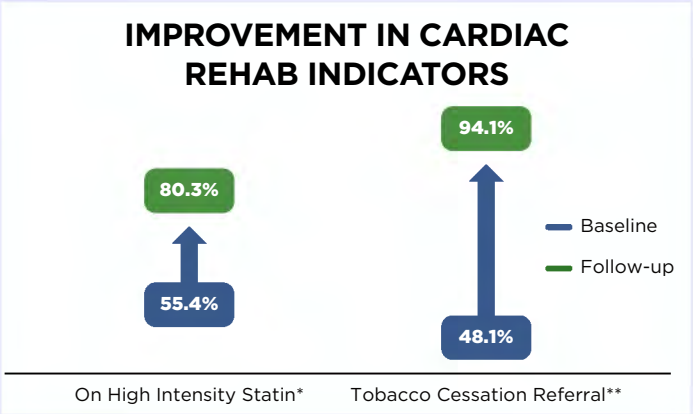


MONTANA CARDIOVASCULAR HEALTH PROGRAM

CARDIAC REHABILITATION OUTCOMES PROJECT

Cardiac rehabilitation (rehab) is a hospital-based exercise and education program to physically rehabilitate cardiac patients and teach lifestyle skills to reduce risk of future cardiovascular events. In 2005, the Montana Cardiovascular Health Program (CVH) and the Montana Association of Cardiovascular and Pulmonary Rehabilitation began the *Montana Outcomes Project* to strengthen patient care and health outcomes. The *Montana Outcomes Project's* multi-state registry collects quarterly outcomes data on a set of standardized indicators tracking patients who have completed cardiac rehab. The CVH Program provides feedback on these indicators to cardiac rehab facilities that drives quality improvement.

Cardiac rehab facilities saw improvement in cholesterol medicine (statin) usage and tobacco cessation referral in the past decade.



*Data for high-intensity collected Q2 2014-Q1 2015 (baseline) to Q2 2016-Q1 2017 (follow-up). **Data for tobacco cessation referral collected Q4 2010-Q3 2011 (baseline) to Q2 2016-Q1 2017 (follow-up).

PROMOTING BLOOD PRESSURE MEDICATION ADHERENCE

Community pharmacists can assist patients with taking their medication as prescribed (the right dosage at the right time), which may help improve blood pressure control.

- From 2014 to 2017, the CVH Program conducted a statewide project to evaluate an intervention for adherence to blood pressure medication given through community pharmacies.

For Montana's *Team Up. Pressure Down.* (TUPD) project, community pharmacies provided brief consults and offered blood pressure educational materials to pharmacy patients who were taking blood pressure lowering medication.

IN YEARS 2-5 OF THE PROJECT:

Blood pressure medication adherence improved from 71%–86% overall.

FUTURE PROJECTS

The CVH Program will work to enhance blood pressure management in primary care settings and with community pharmacies. Since high blood pressure is a major risk factor for stroke and heart attack, improving blood pressure control will reduce chronic conditions and the costs associated with them. In addition, the program will continue tracking cardiac indicators from cardiac rehab facilities and larger hospitals and providing feedback to those facilities to improve quality of care for cardiac patients. Finally, another focus is supporting reimbursement for pharmacists who provide consults and education to patients with chronic diseases.

The decline in stroke mortality continues in Montana even though nationwide the decline in stroke deaths has slowed in three out of four states. The CVH Program will continue to address stroke. These efforts will include:

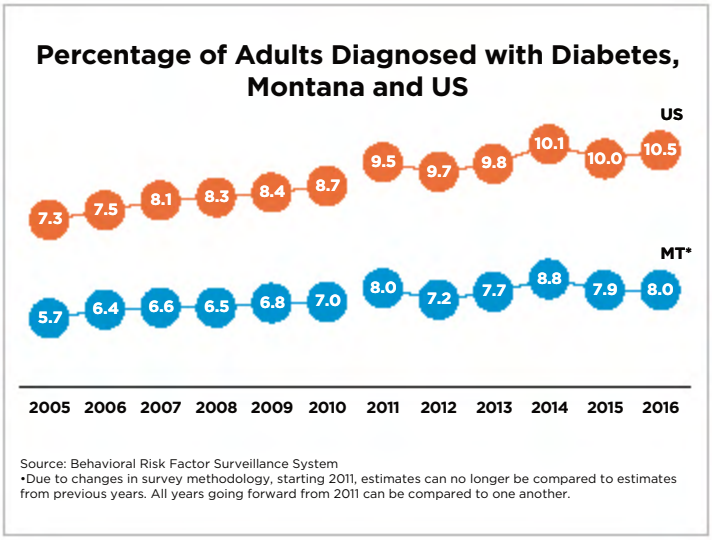
- Telestroke systems to give patients access to high quality stroke care regardless of where they live in Montana;
- Stroke education for health professionals;
- A stroke/cardiac recognition program for Critical Access Hospitals; and
- Stroke awareness media campaigns.

With additional state funding, telestroke could be expanded to more rural communities and a more comprehensive stroke/cardiac system of care can be implemented and sustained statewide.

HIGH BLOOD PRESSURE IS A TOP RISK FACTOR FOR BOTH HEART ATTACK AND STROKE

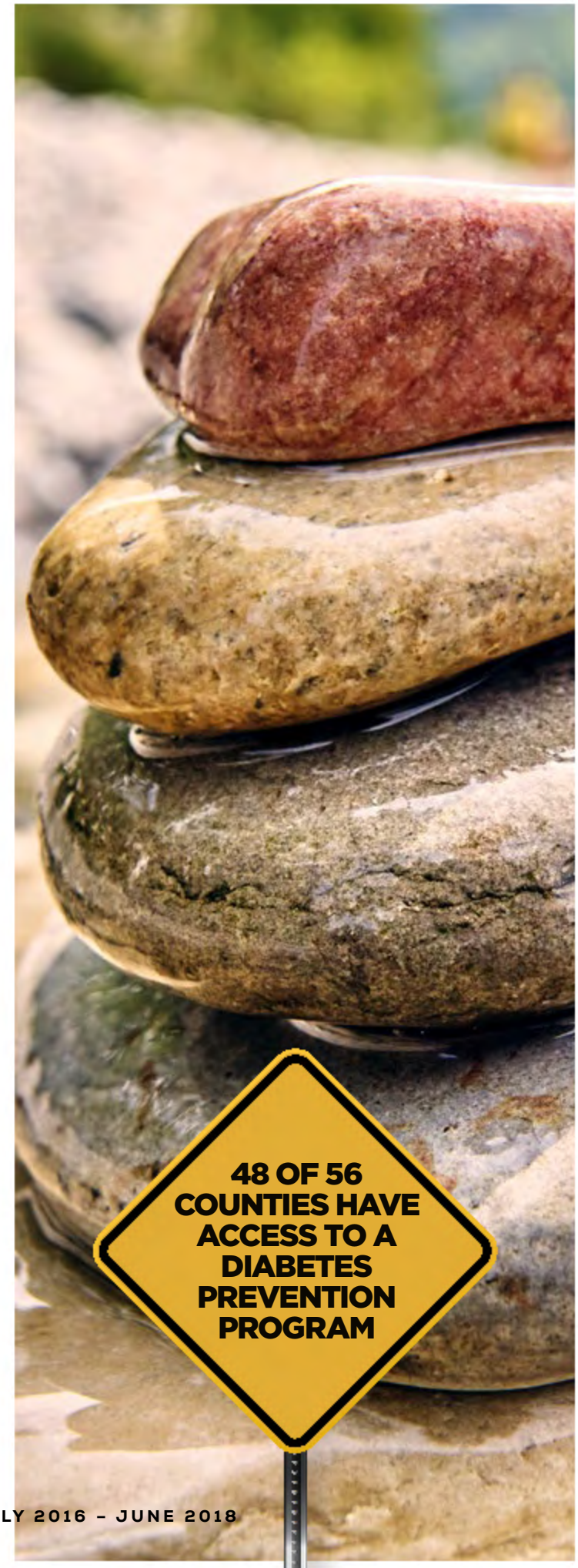
MONTANA DIABETES PROGRAM

Diabetes and its risk factors are common, and many people do not know they have diabetes or are at risk for developing type 2 diabetes. The Montana Diabetes Program supports evidence-based programs and activities to increase access to healthy lifestyle changes, education services and clinical care for Montanans with diabetes and adults at high-risk for diabetes.



INNOVATIVE ONLINE RESOURCES

An award-winning Story Map presents a new way to explore diabetes data. It assists healthcare providers and the public in finding services and resources for both diabetes prevention programs (DPP) and diabetes self-management education and support (DSMES) services. We encourage people interested in learning more to visit the Diabetes Story Map at https://arcg.is/jvfDj.



MONTANA DIABETES PREVENTION PROGRAM (DPP)

The DPP is a 12-month program that supports healthy lifestyle changes for adults at high-risk for developing type 2 diabetes. Through behavior change education, improved eating habits, being more active, coping with stress and peer support, participants may prevent or delay the onset of type 2 diabetes. Highlights include:

- **Over 8,800 participants** since 2008;
- Trained lifestyle coaches from **19 organizations** funded by the Montana Department of Public Health and Human Services (DPHHS) have served **43 counties** (see map below). Access to the DPP was increased through remote satellite sites and telehealth sites;[14]
- Additional independent sites have expanded the reach to the DPP across the state; and
- Recipient of the Montana Public Health Association President's Award in 2017.

DIABETES PREVENTION PROGRAM SITES AND COVERED COUNTIES IN MONTANA, 2015 2017

DPHHS sites by type:

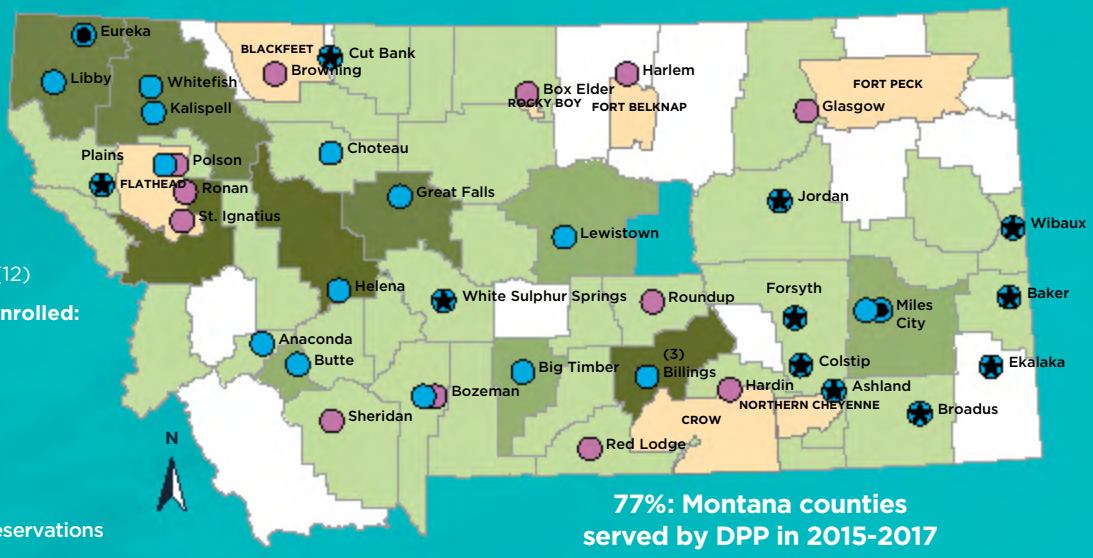
- On-site (19)
- Satellite (2)
- Telehealth (12)

Non-DPHHS sites:

- Non-DPHHS sites (12)

Number of participants enrolled:

- 1 – 50
- 51 – 100
- 101 – 200
- 201 – 400
- Not enrolled
- American Indian Reservations



77%: Montana counties served by DPP in 2015-2017

Source: Montana Diabetes Prevention Program
Created & Updated by: Montana Diabetes Program. 1/16/18

MONTANA DIABETES PROGRAM

QUALITY DIABETES EDUCATION INITIATIVE

The *Quality Diabetes Education Initiative's* goal is to ensure people with prediabetes, or diabetes, have the knowledge, skills and abilities necessary for self-care and ongoing support. The statewide initiative has:

- Increased the number of certified diabetes educators (CDEs) from **52 in 2000** to **94 in 2018**; and
- Increased locations providing DSMES services from **two in 1999** to **45 in 2018**, covering **25 counties**.

Our Quality Diabetes Education Initiative is coordinated by the recipient of the American Association of Diabetes Educators 2017 Educator of the Year Award, Marci Butcher.

HEALTHY KIDS WITH DIABETES IN SCHOOL

To create safe and healthy learning environments for students with type 1 diabetes, the *Montana Kids with Diabetes School Collaborative* is working with the Montana Office of Public Instruction to design an online training course as part of OPI's *Teacher Learning Hub*. The training will provide an overview of diabetes and hypoglycemia. Participants will learn how they can improve their school district policies and help students self-manage their diabetes in the school setting. The training will go live in the spring of 2019.

FUTURE POLICY AND SUPPORT NEEDED

Support is needed for continued federal and state funding to support these activities and prevent or delay the number of people developing type 2 diabetes and its complications. Reimbursement by healthcare payers of the DPP for people with risk factors for type 2 diabetes would result in cost savings. It would prevent medical costs associated with type 2 diabetes and improve the quality of life.

WORKSITE WELLNESS

IMPROVING THE HEALTH OF MONTANA EMPLOYEES

The mission of worksite wellness is to improve the health of Montana employees through worksite wellness programs.

Worksite wellness programs can simultaneously improve the health of employees while also reducing healthcare costs for employers and improving worker productivity. Workplace wellness initiatives can include programs, policies, benefits, environmental supports and community resources that promote the health and safety of all employees.[15]

Over the past several years, the Chronic Disease Prevention and Health Promotion Bureau has taken a coordinated approach to promote model worksite wellness programs and policies in our state. The bureau has aligned its work to address chronic disease and to ensure that all Montana Employees have access to healthy food and beverages, breastfeeding support, physical activity, tobacco-free environments, tobacco cessation opportunities and insurance coverage for cancer preventative services. The bureau has worked with local health educators in 13 regions that serve all 56 counties in Montana to implement these inclusive evidence-based programs and policies that embed worksite wellness into their practices.

This partnership will help health plan members with diabetes to:

- Manage their diabetes medications;
- Learn diabetes self-care skills; and
- Reduced co-pays for diabetes supplies.

Additionally, it will help health plan members with asthma to:

- Manage their asthma supplies;
- Receive one-on-one asthma education;
- Learn inhaler technique from a Certified Asthma Educator; and
- Reduce co-pays on some asthma-related medications and supplies.

The bureau will continue to partner with the State of Montana Health Care and Benefits Division to provide wellness programs to the State of Montana employees, which include the Arthritis Foundation's Walk with Ease-Self Directed Program and the worksite Chronic Disease Self-Management Program.

FUTURE PROJECTS

The Montana Diabetes Program and the Montana Asthma Program will be participating in a new partnership between the University of Montana School of Pharmacy with 30 Montana Family Pharmacies and OutcomesMTM to help State of Montana health plan members.

Employees who are physically active have lower healthcare costs, require less sick leave and are more productive at work.

MONTANA ARTHRITIS PROGRAM

The Montana Arthritis Program's (MAP) mission is to provide all Montanans living with arthritis access to an arthritis-approved exercise or self-management program in order to properly manage symptoms of their condition. Since 2012, the Montana Arthritis Program has helped almost 6,000 Montanans succeed in the management of their arthritis through these programs.

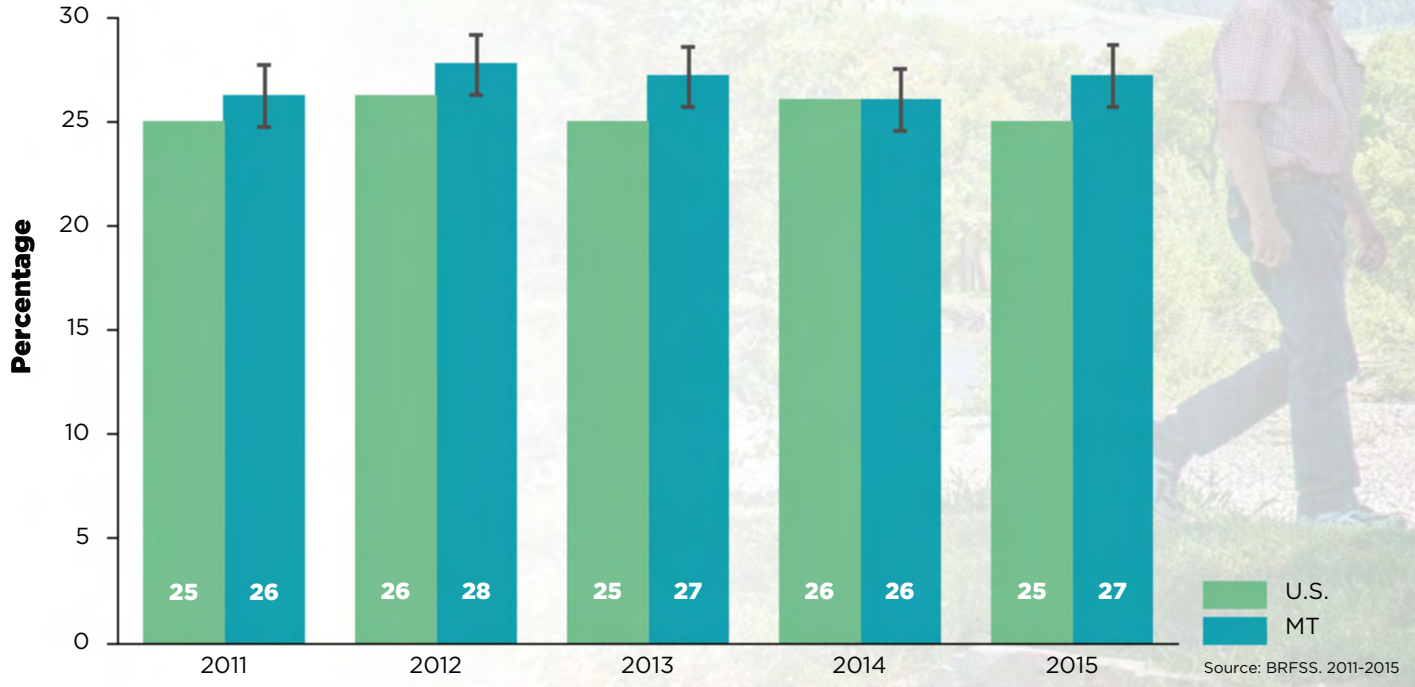
Arthritis is one of the most common chronic diseases and does not discriminate in age or demographic. There are more than 100 different types of arthritis including: osteoarthritis, rheumatoid arthritis, gout, fibromyalgia and other specified conditions.

Montana has consistently had higher rates of arthritis compared to the national average. Arthritis affects approximately 215,000 (26%) adults of all ages. Over one third of working-age adults (18-64) in Montana have arthritis.[16]

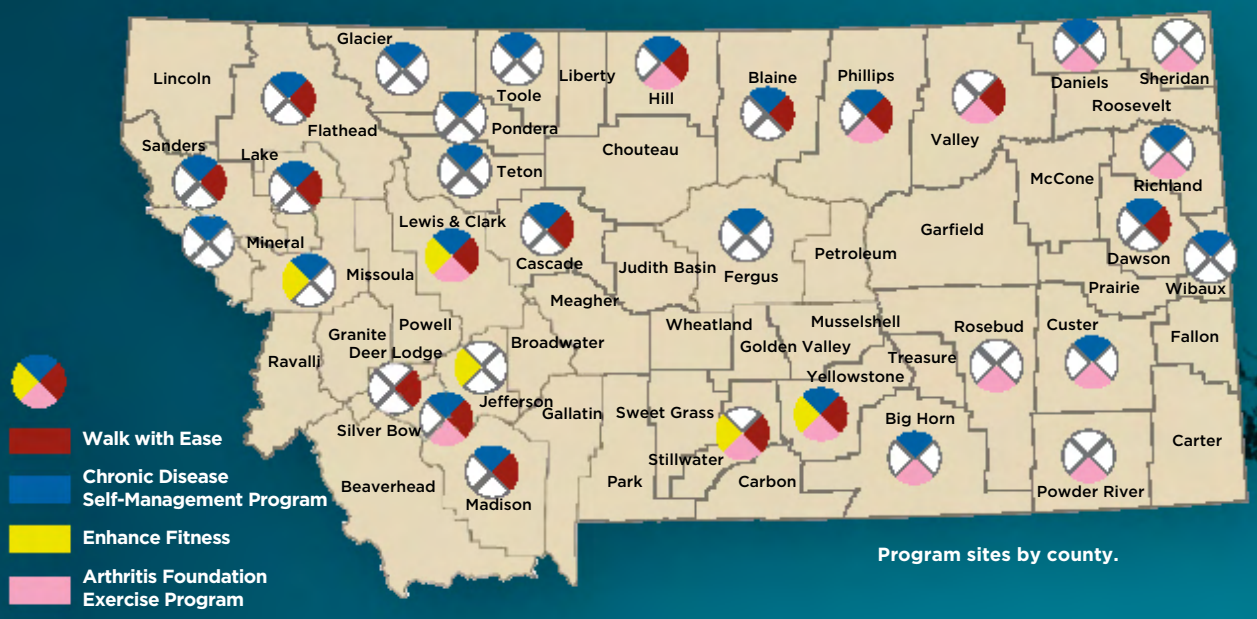
The Montana Arthritis Program collaborates with partners across the state to offer four exercise programs—*Active Living Every Day, Arthritis Foundation Exercise Program, Enhance Fitness* and *Walk with Ease*. Partners are also offering self-management classes that include *Montana Living Life Well*.

Currently, there are 40 sites across Montana offering arthritis programs.

THE PREVALENCE OF ARTHRITIS IN MONTANA IS CONSISTENLY HIGHER THAN THE UNITED STATES



MONTANA ARTHRITIS PROGRAM SITES



Program sites by county.

HOW CAN THESE PROGRAMS HELP YOU?

- Exercise increases joint range of motion and flexibility, and is a simple and effective non-drug treatment option to relieve pain and improve mobility. In addition, exercise reduces the risk of developing other chronic disease.
- Physical activity such as walking, swimming or biking can reduce joint pain and stiffness.
- Attending self-management classes provides participants the skills and coping strategies to manage arthritis and other chronic conditions.
- Self-management classes have been proven to decrease depression and frustration about chronic health conditions, increase physical activity and improve communication with care givers and health care providers.

FUTURE PLANS FOR THE MONTANA ARTHRITIS PROGRAM:

Going forward the Montana Arthritis Program's goal is to continue serving the local communities and offering classes to improve quality of life for Montanans living with arthritis.

MONTANA ASTHMA CONTROL PROGRAM

Asthma is a serious chronic condition that affects about 82,000 people in Montana. Many people with asthma live with frequent symptoms, activity limitations and poor quality of life. However, asthma can be properly treated and controlled through self-management. The Montana Asthma Control Program supports interventions and resources based on evidence-based guidelines that can help people control their asthma.

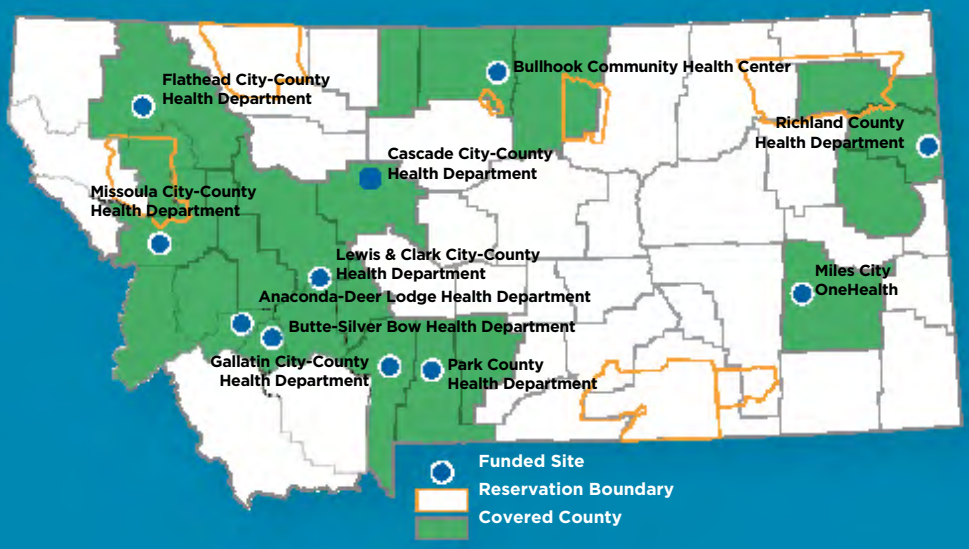
MONTANA ASTHMA HOME VISITING PROGRAM (MAP)

MAP is a yearlong program that empowers people with uncontrolled asthma and their families to gain the knowledge and tools they need to manage the disease.

- Home visitors have provided free asthma education to about **500 families** in their homes.
- Nearly all participants had well-controlled asthma by the end of the program and had tools such as an asthma action plan and proper inhaler technique to help them maintain their levels of asthma control.[17]
- Currently, there are 11 sites that serve **22 counties** (see map below).
- Looking toward the future, MAP eligibility has been recently expanded to serve adults with uncontrolled asthma. This may include priority groups with asthma such as pregnant women, tobacco users and seniors with asthma and Chronic Obstructive Pulmonary Disease.

HOME VISITORS HAVE PROVIDED FREE ASTHMA EDUCATION TO OVER 500 FAMILIES

MT ASTHMA HOME VISITING PROGRAM, 2011-2018



MONTANA ASTHMA CONTROL PROGRAM

To improve care and asthma self-management education (ASME), the Montana Asthma Control Program assists healthcare facilities and provides continuing education to health professionals and asthma educators. Our quality improvement projects have assisted healthcare facilities in increasing the quality of asthma care through the:

- *Diagnose and Manage Asthma (DMA) Project* at **five primary care clinics**;
- Asthma Hospital Patient Education, Action Plan and Discharge (AHEAD) Protocol at **14 hospitals**; and
- Emergency Department (ED) Recognition at **two critical access hospitals**.

WORKSITE WELLNESS

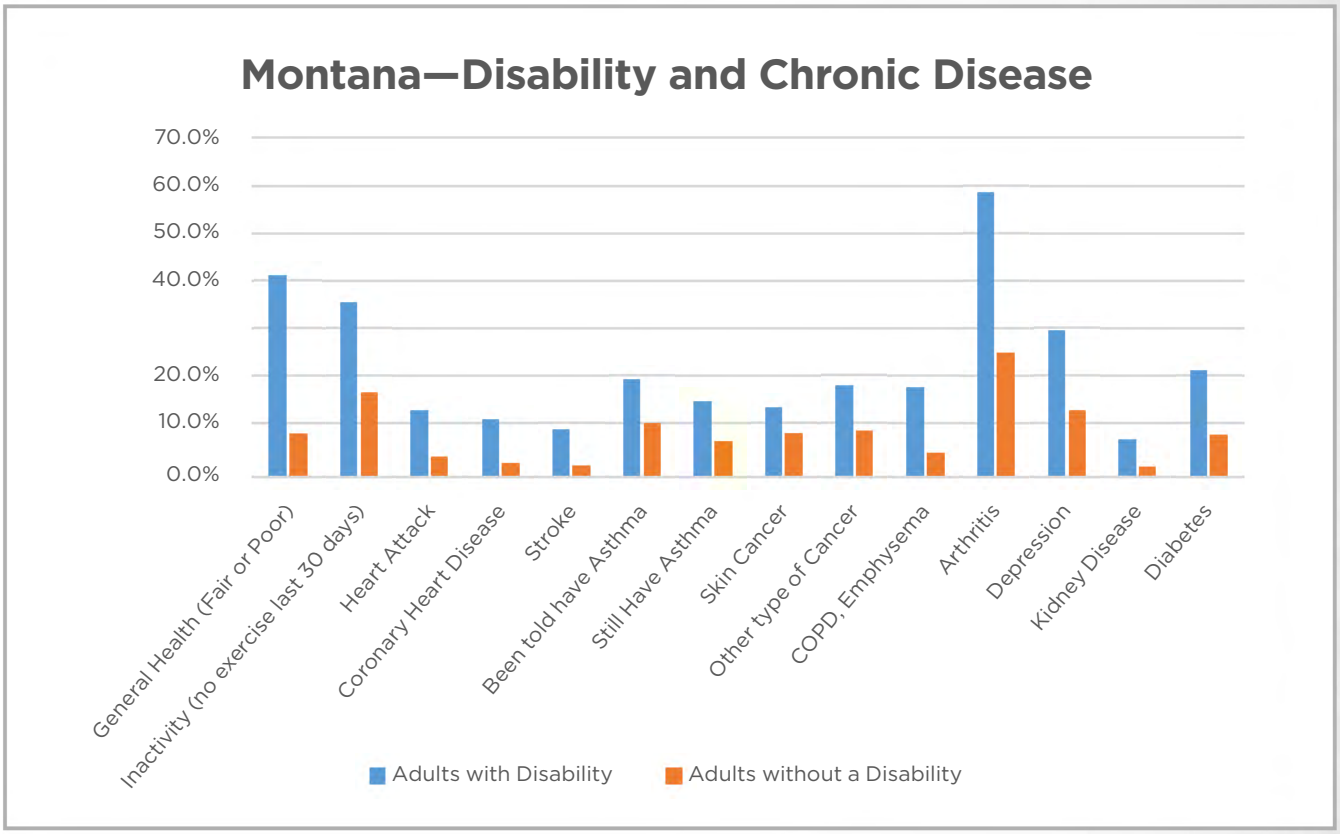
In a partnership with the Health Care and Benefits Division and the University of Montana's Skaggs School of Pharmacy, the Montana Asthma Control Program supports State of Montana employees and their dependents to receive one-on-one asthma education and inhaler technique instruction from a Certified Asthma Educator and reduced co-pays for a limited time on asthma-related medications. Since 2012, 165 clients have received asthma education. Claims data suggest that participants reduce or eliminate emergency department visits during or after the program.

FUTURE POLICY NEEDS

The Montana Asthma Program use data to understand the health status of Montanans with asthma, such as Medicaid enrollees and employed adults. Reimbursement by healthcare payers of MAP and ASME for people with asthma would:

- Reduce loss in productivity from missed days of school and work;
- Avoid medical costs from emergency department visits and hospitalizations; and
- Improve their quality of life.

DISABILITY AND HEALTH PROGRAM



Source: Behavioral Risk Factor Surveillance System, 2016

It is important to note that public health survey data were not collected in 2016 on prevalent and severe secondary conditions affecting the health and participation of Montanans with disabilities.

Disability is an experience of limitation in the ability to interact with the world around oneself. It arises from a condition of the body or mind (impairment) that makes it more difficult to do certain activities (activity limitation). One in four noninstitutionalized U.S. adults (25.7%, representing an estimated 61.4 million persons) reported any disability.[18]

People with disabilities face greater barriers to health care, health promotion and chronic disease prevention and management resources. Adults in Montana with a disability reported fair or poor general health (41% v. 7%) four times more frequent than adults without a disability.[19]

DISABILITY AND HEALTH PROGRAM

SUCCESSES

Community Programs The Montana Disability and Health Program works with Montana's four Centers for Independent Living to train staff to implement two evidence-based programs; *Living Well with a Disability* and *Working Well with a Disability*.

- *Living Well with a Disability* is a 10-week health promotion workshop for adults with a disability. Participants learn to set goals to live well, develop problem-solving skills, increase communication with their healthcare providers and caregivers and increase their physical activity.
- *Working Well with a Disability* is a six week workshop that is for individuals with a disability that are preparing for or trying to maintain employment.

Accessibility Ambassadors – Assess facilities, develop action plans and organize resources to make improvements in order to improve the inclusiveness and accessibility of environments for people with disabilities.

Disability Advisors – Provide technical assistance and instill disability inclusion and wellness goals into public health planning at state and local levels.

Environment Design – In collaboration with the Montana Nutrition and Physical Activity Program, MTDH will continue to participate in the *Building Active Communities Initiative* to strengthen the way we design our communities in efforts to increase accessibility.

LOOKING FORWARD

The Montana Disability and Health Program will continue to promote use of data on the health of people with disabilities to further the inclusion of the population in public health planning and programs.

There will be collaboration with worksites that are developing and implementing wellness policies to ensure that the policies are inclusive and that the worksites are able to accommodate employees who may need additional services.

MONTANA SCHOOL HEALTH PROGRAM

The Montana School Health Program collaborates with other disciplines, programs and agencies to integrate and improve services, develop policies and provide information about health issues and needs. This will ensure that children are healthy, ready to learn and prepared to make healthy lifelong choices.

While the Montana School Health Program does not regulate schools, it does provide school health leadership, support and guidance to Montana school districts on comprehensive school health and safety issues using the Whole Child, Whole School and Whole Community model.

CHRONIC DISEASE TRAININGS AND SCHOOL HEALTH GRANTS

The Montana School Health Program administers online and in-person chronic disease trainings and develops resources to help childcare facilities and schools provide healthier and more equitable learning environments for all students. This education prepares school staff and childcare providers to care for children with chronic conditions with the intent to avoid missed class time and emergency department visits as well as reduce the risk of fatal consequences.

ABOUT 26% OF AMERICAN CHILDREN HAVE A CHRONIC HEALTH CONDITION.

As of 2018, 29% of students in Montana did not have a school nurse IN THEIR DISTRICT, limiting their access to NECESSARY health services.

MONTANA SCHOOL HEALTH PROGRAM

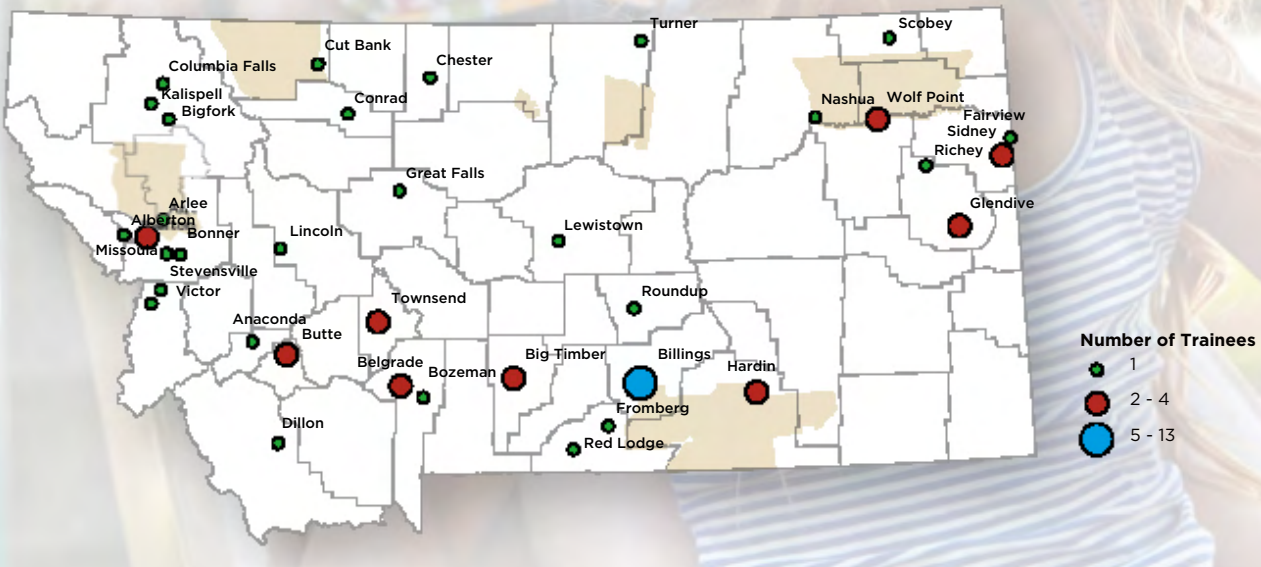
SCHOOL HEALTH MINI-GRANTS

As of 2010, 83 School Health Mini-Grants have been awarded to schools to conduct projects related to chronic disease in the school setting. Projects have focused on chronic disease self-management education, parent education, staff education and training, policy assessments and improvements and strengthening the connection between school staff, families and healthcare providers.

- School nurses have trained **over 1,150 staff** from **32 school districts** on creating chronic disease-friendly school environments. Staff learned how they can assist students with their chronic disease management and respond to emergencies if they arise.
- **18 school nurses** used mini-grants toward obtaining continuing education at events like the *Big Sky Pulmonary Conference* and the *Montana Diabetes Conference*.
- **11 school districts** assessed their health and wellness policies and made updates that will support students with chronic conditions for years to come.

In May of 2017, the *Creating Asthma-Friendly Schools* training officially opened to school staff on the Office of Public Instruction's Online Teacher Learning Hub. Since its inception, 142 school staff have taken the online course. Additional chronic disease trainings are under development and will be rolled out in 2018 and 2019.

- Students with chronic conditions may face lower academic achievement, increased disability, fewer job opportunities and limited community interactions as they enter adulthood.[20]
- Chronic health conditions increase a child's risk for high absentee rates, low student engagement, dropping-out of school, exposure to bullying, disruptive behaviors, poor grades and below average performance on standardized achievement tests.



MONTANA SCHOOL HEALTH PROGRAM

RECOMMENDATIONS FOR OUTDOOR ACTIVITIES BASED ON AIR QUALITY FOR SCHOOLS AND CHILDCARE FACILITIES

Originally developed in 2009 in partnership with the Department of Public Health and Human Services, Department of Environmental Quality and Office of Public Instruction, these recommendations provide guidance to schools and childcare facilities on how to determine outdoor air quality levels and what to do when air quality is unhealthy.

The Montana High School Association endorses the guidelines and urges coaches and athletic directors to consult the recommendations before holding outdoor practices or sporting events.

During the wildfire season, the School Health Program:

- Promotes the **Outdoor Activity Guidelines;**
- Coordinates **wildfire smoke messaging** with local county health departments; and
- Connects schools most impacted by wildfire smoke with **charitable organizations donating air filters for classrooms.**

AIR QUALITY & OUTDOOR ACTIVITY GUIDELINES

Health Effect Category	Good	Moderate	Unhealthy for Sensitive Groups*
Visibility (miles)	13+	9-13	5-9
NowCast Concentration ($\mu g/m^3$)	≤ 12	12-35	35-55
Recess or Other Outdoor Activity (15 minutes)	No limitations	No limitations	Make indoor space available for all children to be active, especially young children. If outdoors, limit vigorous activities & people with chronic conditions should be medically managing their condition.
Physical Education Class (1 hour)	No limitations	Monitor sensitive groups & limit their vigorous activities.	Make indoor space available for all children to be active, especially young children. If outdoors, limit vigorous activities & people with chronic conditions should be medically managing their condition.
Athletic Practice, Training (2-4 hours)	No limitations	Monitor sensitive groups & limit their vigorous activities.	People with chronic conditions should be medically managing their condition. Increase rest periods and substitutions for all participants to lower breathing rates.
Scheduled Sporting Events (2-4 hours)	No limitations	Monitor sensitive groups & limit their vigorous activities.	People with chronic conditions should be medically managing their condition. Increase rest periods and substitutions for all participants to lower breathing rates.
Examples of light activities: Walking slowly on level ground, carrying school books, hanging out with friend			Examples of moderate activities: Skateboarding, slow pitch softball, shooting basketballs

MONTANA SCHOOL HEALTH PROGRAM

LOOKING FORWARD

CHRONIC DISEASE COURSES FOR SCHOOL STAFF AND CHILDCARE PROVIDERS

The School Health Program will provide additional chronic disease courses for school staff and childcare providers. In schools with or without a school nurse, it is imperative for student safety that school staff know the basics about how to care for students with common chronic conditions.

The School Health Program is developing additional chronic disease trainings on diabetes, allergies and anaphylaxis and a variety of other common and impactful childhood chronic conditions.

UPDATE SCHOOL ADMINISTRATIVE RULES

The Administrative Rules of Montana regarding school health and environment have not been fully updated since 1986. Many sections of these rules are outdated and not in line with current statute.

The School Health Program and other school health stakeholders are in the process of revising these rules so that they reflect current Montana law and align with modern evidence-based best practices in schools. Updating these rules is a step toward ensuring positive healthy learning environments for all Montana students and staff.

Unhealthy	Very Unhealthy/Hazardous
2-5	Less than 2
55-150	150+
Keep all children indoors.	Keep all children indoors.
Conduct P.E. indoors. If outdoors, only allow light activities for all participants. People with chronic conditions should be medically managing their condition.	Conduct P.E. in a safe (good air quality) indoor environment.
Conduct practice and trainings indoors. If outdoors, allow only light activities for all participants. Add rest breaks or substitutions to lower breathing rates. People with chronic conditions should be medically managing their condition.	Conduct practice and trainings in a safe (good air quality) indoor environment.
Consider rescheduling or relocating event. If outdoor event is held, have emergency medical support immediately available. Add rest breaks or substitutions to lower breathing rates. People with chronic conditions should be medically managing their condition.	Reschedule or relocate event.
Examples of vigorous activities: Running, jogging, playing football, soccer and basketball	Please note that the intensity of an activity can vary by person and ability

MONTANA EMERGENCY MEDICAL SYSTEMS AND TRAUMA SYSTEMS (EMSTS) PROGRAM

EMSTS MISSION

Reduce death and disability by providing leadership and coordination to the emergency care community in assessing, planning and developing comprehensive, evidence-based emergency care systems.

EMERGENCY MEDICAL DISPATCH IS NOW PROVIDED IN 64% OF DISPATCH CENTERS

EMS SYSTEM

EMS Provider Education – Prehospital care for EMS services is an intense and stressful event and ongoing training for volunteers is a challenge. Numerous education programs have been provided to EMS responders in their local communities and at statewide conferences.

Emergency Medical Dispatch (EMD) – A 9-1-1 dispatcher is the first "first responder" to encounter a given incident. It is vitally important that these call takers are educated in how to send help and assist the caller with medical instructions until EMS arrives. Dispatch centers not providing EMD send help, but they do not offer pre-arrival instructions to the caller.

EMS Community Integrated Healthcare (EMSCIH) – Montana patients can benefit from an expanded, non-emergency EMS role to fill healthcare gaps in the community. EMSCIH can prevent many unnecessary transports in rural areas, decreasing stress on volunteers who transport patients to distant facilities. Efforts continue to promote implementation of EMSCIH in Montana communities.

EMS DATA Collection – EMS data is an essential element of patient care and system development. Provided at no cost to EMS services, a new data system was initiated in 2017 to support performance improvement for EMS services and evaluation of the EMS system.

Cardiac Arrest Registry for Enhanced Survival (CARES) – A tool to increase out-of-hospital cardiac arrest survival rates through system performance improvement. Results from the 2017 CARES report demonstrate that Montana had an 18.7% survival rate from witnessed, out-of-hospital cardiac arrest. This is an arrest where someone immediately does CPR until an ambulance arrives. This is higher than the national average of 13% and is due to the large number of people (47%) who are willing to do CPR until help arrives. This type of information allows communities to focus efforts on interventions that improve survival.

TRAUMA SYSTEM

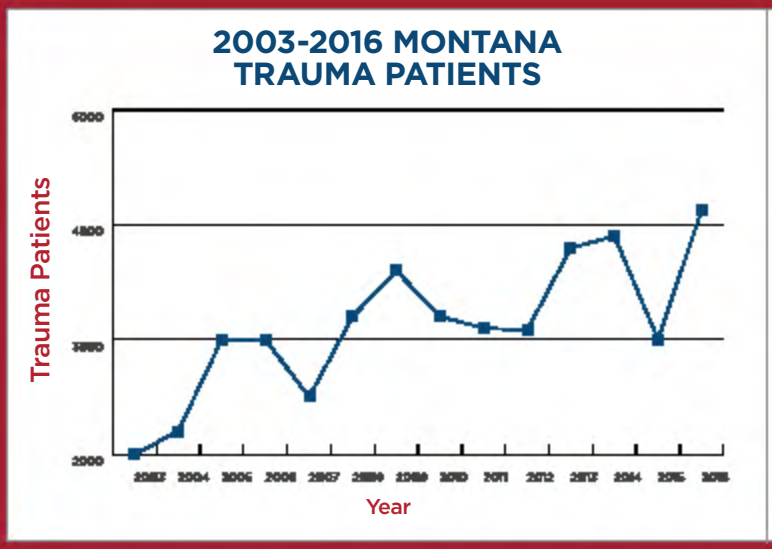
Montana's statewide trauma system seeks to make the delivery of trauma care cost effective, reduce the incidence of inappropriate or inadequate trauma care, prevent unnecessary suffering and reduce the personal and societal burden resulting from trauma. The goals and objectives of a trauma care system include:

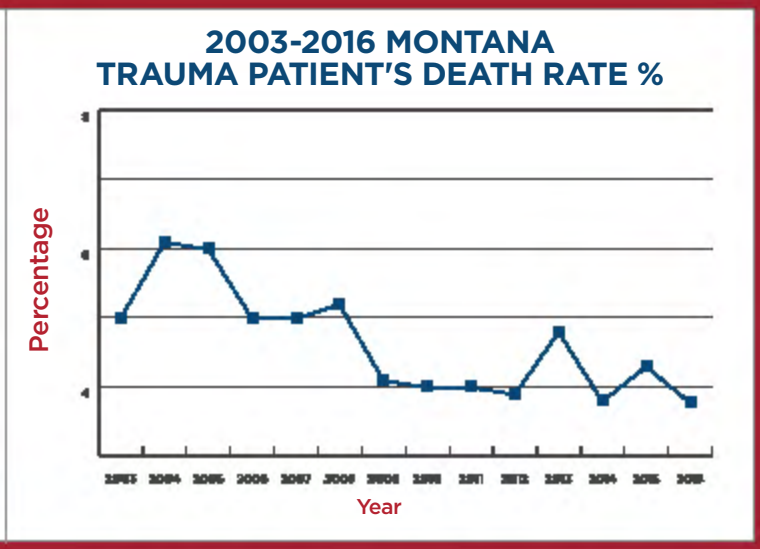
- Providing optimal care;
- Preventing unnecessary death; and
- Conducting trauma prevention.

Stop the Bleed/Bleeding Control (B-CON) Course – All Montanans need basic training in bleeding control principles so they can provide immediate aid until first responders are able to take over care of injured persons. Montana's *Stop the Bleed* campaign has initiated *Stop the Bleed* courses statewide.

Rocky Mountain Rural Trauma Symposium (RMRTS) – This two-day conference has become one of Montana's premier trauma education offerings for physicians, advanced practice clinicians, nursing and prehospital personnel. The 2017 symposium held in Kalispell included 309 attendees and sessions covering a wide variety of trauma-related topics.

Trauma Data System – Analysis of trauma registry data allows EMSTS, the State and the Regional committees to understand if statewide trauma system efforts are making a difference and to identify trends and opportunities for improvement.





The number of trauma cases being submitted to the Montana trauma registry has been steadily increasing, while the crude death rate from trauma related injury has steadily decreased.

MONTANA EMS AND TRAUMA SYSTEMS PROGRAM

POISON Help™
1-800-222-1222

DPHHS contracts with the Rocky Mountain Poison and Drug Center to provide lifesaving medical advice and poison information to Montanans. Over 12,000 times annually, Montana citizens call this number to get help with poisonings. A poisoning event managed by Montana Poison Center saves the time and expense of an emergency department visit. Two-thirds of all exposures are handled over the phone – an estimated $2.5 million in healthcare costs saved annually by avoiding emergency department visits.

IN 2017, AN IMPAIRED DRIVER WAS INVOLVED IN 62% OF MOTOR VEHICLE FATALITIES (116 OUT OF 186)

INJURY PREVENTION

Approximately 900 deaths from injury occur each year in Montana, two-thirds of which are unintentional. Unintentional injury, primarily from motor vehicle crashes, falls and poisonings, is the leading cause of death for Montanans aged 1-49 years.

Motor Vehicle Crash Prevention – Motor vehicle crashes result in huge medical and work loss costs, especially since younger people are disproportionately affected. High-risk driving behaviors such as not using a seatbelt consistently, speeding, impaired driving and distracted driving are highly prevalent in Montana. Strong partnerships among various stakeholders promote initiatives to increase use of seat belts and child safety seats, encourage teen driver safety, decrease distracted driving and impaired driving and other prevention strategies.

Fall Prevention – Falls are the second leading cause of unintentional injury death in Montana and have been the leading cause of death for Montanans age 65 and older since 1991. As the population ages, the burden from falls is likely to increase. The Injury Prevention Program implements an evidence-based fall prevention program called *Stepping On*. The course is designed to help older adults reduce their risk for falls and targets individuals aged 60 years or older who have had a fall in the past year or have a fear of falling.

Poisoning Prevention – Poisoning is the third leading cause of unintentional injury death in Montana, as well as a leading cause of hospitalization. Mortality due to unintentional poisoning in Montana from 2011-15 was mainly due to drug poisoning, primarily narcotics and hallucinogens.

SUBSTANCE USE DISORDER – OPIOID ABUSE

Opioid Overdose Prevention – Opioid use is the primary driver of drug overdose deaths in Montana. From 2003-2015, 44% of all drug overdose deaths were attributable to opioids. Montana has made progress in recent years addressing prescription opioid misuse and abuse and reducing overdose deaths. However, much more can be done to ensure that opioids are prescribed, taken and disposed of safely and that patients being transitioned off high-dose prescription opiates do not transition to illicit narcotics such as heroin.

Substance Use Disorder Strategic Plan – A primary activity for 2017 included development of a Montana strategic plan. Five strategic planning meetings were conducted—more than 100 individuals from over 80 agencies attended meetings to contribute suggestions and activities for prevention, monitoring, treatment, law enforcement, community resources and partnerships.

With an over-arching goal to reduce drug overdose deaths and to increase awareness of Substance Use Disorder (SUD) in Montana, the plan's goals include an effort to:

- Increase coordination and data sharing across sectors to more effectively utilize resources;
- Increase prevention efforts to reduce the misuse and abuse of opioids and other substances;
- Reduce the illegal distribution of drugs and strengthen partnerships between the justice system and treatment providers;
- Increase the use of monitoring to target interventions and reduce prescription drug misuse;
- Expand access to evidence-based, recovery oriented, culturally appropriate treatment for all Montanans; and
- Expand access to supportive resources for individuals and families affected by SUD.

Naloxone Administration and Access – Legislation in the 2017 session expanded Naloxone administration access to emergency responders. Naloxone (Narcan®) is a prescription medication that can reverse an overdose that is caused by an opioid drug. When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing. It can be given as an injection into a muscle or as a nasal spray. In support of these acts, materials such as a *Naloxone Standing Order, Naloxone Implementation Guidelines* and an informational Naloxone brochure have been developed. Naloxone administration education is being provided to law enforcement, fire departments, school nurses, EMS and other responders.

FROM 2003-2015

44%

OF ALL DRUG OVERDOSE DEATHS

WERE ATTRIBUTED TO OPIOIDS.

MONTANA EMS AND TRAUMA SYSTEMS PROGRAM

PEDIATRIC CARE SYSTEM

The goal of the Emergency Medical Services for Children (EMS-C) Program is to reduce child and youth mortality and morbidity caused by severe illness or trauma. EMS-C aims to ensure that emergency care, including primary prevention of illness and injury, acute care and rehabilitation is provided to children and adolescents no matter where they live, attend school or travel.

Pediatric Education for hospital and EMS personnel was implemented in 2017 including several Emergency Nurse Pediatric (ENPC) and Emergency Pediatric (EPC) courses for EMS. Each of the three trauma regions was provided funding to support pediatric education opportunities. The program sponsored pediatric education at several statewide conferences.

- **17 Montana hospitals have been formally recognized as Pediatric Ready.**
- **Over 55,000 people have been trained in hands-only CPR.**

CARDIAC SYSTEM OF CARE

This program seeks to improve cardiac arrest survival rates in Montana through development of a Cardiac System of Care.

Deployment of Lucas Devices & HP-CPR – Helmsley Charitable Trust grant funds provided over 200 Lucas (automated chest compression) devices to EMS services and hospitals. Utilized as part of a High-Performance CPR program, reports indicate the Lucas was deployed in 175 cardiac arrest cases relating to 15 patient survivals in 2017.

Montana Heart Rescue – Patients can be saved, in part, if bystander CPR is initiated very quickly after sudden cardiac arrest. By the end of 2017, over 55,000 people have been trained in hands-only CPR and the program has distributed over 100 *CPR in-a-Box* totes to communities across the state. The tote contains everything needed to go into any setting and provides hands-only CPR training to 20 students at a time.

Cardiac Ready Communities – Communities are provided a gap analysis tool to help them evaluate their cardiac care readiness in key areas. Depending on each community's needs, the program provides training, education and other resources. Several communities are working toward achieving recognition as a Cardiac Ready Community.

MONTANA EMS AND TRAUMA SYSTEMS PROGRAM

SIMULATION IN MOTION MONTANA

In January 2016, EMSTS was awarded a grant to purchase three mobile simulation trucks. Three teams (Western, Hi-Line and Central) were developed to utilize the simulation trucks to provide trainings statewide. (see map below)

Each of these simulation labs comes with a suite of an adult, child, infant and O.B. manikins. The manikins are high fidelity computerized training tools that talk, breath, have heartbeats and can react to medications and other actions of the learners. They can live or die and can be reviewed over and over again. The front of the lab simulates an emergency room, and the back of the lab simulates an ambulance.

There is a great need for the simulation services MobileSim Montana can provide to healthcare providers, particularly in rural communities.

COVERAGE OF SIMULATION IN MOTION

HIGH-DEFINITION SIMULATION EDUCATION TO EMS & HOSPITALS

HELPS REMOVE BARRIERS OF COST & DISTANCE

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WEBSITE: https://dphhs.mt.gov/publichealth/WorksiteWellness

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