

# Montana Asthma Advisory Group Meeting

May 29, 2024



**DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES**

# Montana Asthma Advisory Group Meeting

Wednesday, May 29, 2024

1:00pm – 3:00pm MST

Location: Virtual meeting



MONTANA  
**ASTHMA CONTROL  
PROGRAM**

1:00pm - 1:15pm

## Welcome

1:15pm - 1:30pm

## MACP Updates/Evaluation/Surveillance

- Stock Albuterol Efforts
- Asthma News
- Surveillance & Evaluation
- New Staff

1:30pm - 2:10pm

## Healthy Equity Efforts

- CHW Association share (MOHR/AHEC)  
Beth Ann Carter  
Assistant Director, Behavioral Health Programs  
Montana Office of Rural Health/AHEC Program Office
- Health Equity Learning Series  
Margaret Mullins, MS  
Social Determinants of Health Program Coordinator  
DPHHS- Chronic Disease Prevention and Health Promotion Bureau

2:10pm - 2:30pm

## Wildfire Smoke Preparedness

2:30pm - 3:00pm

## Partner Sharing



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# MACP

## Program Updates/Asthma News/Evaluation & Surveillance

# CDC Asthma Grant Application Submitted!!



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

Agency for Toxic Substances and Disease Registry (ATSDR)

Notice of Funding Opportunity  
Application due April 19, 2024

## Advancing Health Equity in Asthma Control through EXHALE Strategies

Opportunity number: CDC-RFA-EH-24-0016



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## New MACP Staff

Health Educator  
Angela Brakefield

Wildfire Smoke Preparedness  
Project Coordinator  
Mary Anderson



# World Asthma Day + Asthma Awareness Month



## NEWS

Serving Montanans in their communities to improve health, safety, and well-being, and to empower independence.

FOR IMMEDIATE RELEASE

Date: May 7, 2024

Contact: Jon Ebelt, Communications Director, DPHHS, (406) 444-0936, (406) 461-3757  
[jebelt@mt.gov](mailto:jebelt@mt.gov)

### DPHHS Recognizes World Asthma Day

May is National Asthma and Allergy Awareness Month and May 7th is World Asthma Day. This year, World Asthma Day takes place under the theme “Asthma Education Empowers”.

The Department of Public Health and Human Services (DPHHS) and the Montana Asthma Control Program (MACP) are participating in World Asthma Day and Asthma Awareness Month to raise awareness about the health consequences and personal and financial costs of asthma.

Asthma is a common chronic disease of the respiratory tract affecting children and adults. Common symptoms include coughing, wheezing, shortness of breath, and chest tightness.

**“While asthma can be controlled, asthma attacks can cause adults to miss work and children to miss school,”** said BJ Biskupiak of the MACP for DPHHS. **“These dangerous and sometimes life-threatening episodes reduce the quality of life for people with asthma.”**

Various factors are associated with an increased risk of asthma, including environmental factors, genetic predisposition, and lifestyle factors. Asthma tends to run in families and is more likely to occur in people with allergies. Several other factors can increase the risk of asthma, including low birth weight, exposure to tobacco smoke, air pollution, or obesity.

The Montana Asthma Home Visiting Program (MAP) is a free education program available to Montana residents of any age living with uncontrolled asthma. The MAP involves six points of contact over a 12-month period with a health care professional trained in asthma education and environmental trigger control. Clients receive tailored asthma education, a home environmental assessment, linkages to social support, a spacer for medication delivery, and a HEPA air purifier.

Public Health In The 406 • 3 days ago

World Asthma Day shines a spotlight on the global impact of asthma and we're joining with World Health Organization and the US Centers for Disease Control and Prevention to call healthy lungs. Throughout history, there have been various myths around asthma. These misconceptions can prevent people from getting the support they need to keep their asthma controlled and to live a full life. Find tools to help with your asthma at [asthma.mt.gov](https://asthma.mt.gov). #Health406 #MontanaAsthma #WorldAsthmaDay

MYTHS	FACTS
Asthma is a childhood condition	Asthma can occur at any age.
Children outgrow asthma	Children do not always grow out of it, and can have symptoms as an adult.
People with asthma should not exercise	People with asthma can exercise when their asthma is well controlled
Inhaled steroids used to treat asthma are dangerous	Steroid inhalers usually cause few or no side effects if used correctly
Asthma is not serious	Even people with "mild" symptoms can die from an asthma attack.

World Asthma Day

Public Health In The 406 • May 17 at 12:00PM

Learn more at [healthinthe406.mt.gov](https://healthinthe406.mt.gov). #Health406

## Health IN THE 406

### School Absence and Asthma

- Asthma is a leading cause of school absenteeism, accounting for nearly 14 million absences each school year, or one-third of all school days missed. Seven percent of Montana high school students with asthma reported missing one or more days of school because of their asthma during the past 30 days.
- Poorly controlled asthma may impair a child's ability to attend school, affect his or her academic performance, and cause parents to miss work to care for an ill child.
- School-based asthma management programs can help children with asthma experience fewer symptoms, perform better at school, and decrease hospitalization and emergency department visits.

Public Health In The 406 • May 15 at 8:00AM

Asthma Myths Dispelled  
 #Health406 #MontanaAsthma

Some people believe you can get addicted to asthma medication because it contains steroids. However, the corticosteroids in asthma medicines are very different from the anabolic steroids some bodybuilders may take to build muscle, which can be addictive.

Corticosteroids are in fact very similar to the cortisol your body produces naturally.

Inhaled corticosteroids are effective and safe when taken at their recommended dose, and are a vital part of keeping your asthma under control.

Public Health In The 406 • May 7 at 6:00PM

Do you know the truth behind these common asthma myths? Learn more so you can better support yourself or your loved ones. <https://community.aafa.org/blog/myth-busters-asthma-edition> #Health406 #MontanaAsthma

## Myth Busting: ASTHMA

COMMUNITY.AAFA.ORG  
 Myth Busters: Asthma Edition  
 Do you know the truth behind these common asthma myths? Read on to test...

# Stock Albuterol Update

Draft legislative language developed and reviewed

Support documents under development

Next Stock Albuterol in Schools Coalition meeting June 25<sup>th</sup>

Call for stories from students whose asthma has impact their ability to attend school and stay in class



# Asthma in the News

## *Major Pharmaceutical Companies Capping Monthly Cost of Asthma Inhalers*

Set to begin June 1, 2024

Boehringer Ingelheim inhalers affected by the price cap include:

- Atrovent HFA (ipratropium bromide HFA) inhalation aerosol
- Combivent Respimat (ipratropium bromide and albuterol) inhalation spray
- Spiriva HandiHaler (tiotropium bromide inhalation powder)
- Spiriva Respimat 1.25 mcg (tiotropium bromide) inhalation spray
- Spiriva Respimat 2.5 mcg (tiotropium bromide) inhalation spray
- Stiolto Respimat (tiotropium bromide and olodaterol) inhalation spray
- Striverdi Respimat (olodaterol) inhalation spr

\* Applies to insured patients, as well as those who are uninsured or underinsured

AstraZeneca inhalers affected by the price cap include:

- AIRSUPRA (albuterol and budesonide)
- Bevespi Aerosphere (glycopyrrolate and formoterol fumarate) inhalation aerosol
- Breztri Aerosphere® (budesonide, glycopyrrolate, and formoterol fumarate) inhalation aerosol
- Symbicort (budesonide and formoterol fumarate dihydrate) inhalation aerosol

\* Applies to insured patients, as well as those who are uninsured or underinsured

Set to begin January 1, 2025

GSK inhalers affected by the price cap include:

- Advair Diskus (fluticasone propionate and salmeterol inhalation powder)
- Advair HFA (fluticasone propionate and salmeterol inhalation aerosol)
- Anoro Ellipta (umeclidinium and vilanterol inhalation powder)
- Arnuity Ellipta (fluticasone furoate inhalation powder)
- Breo Ellipta (fluticasone furoate and vilanterol inhalation powder)
- Incruse Ellipta (umeclidinium inhalation powder)
- Serevent Diskus (salmeterol xinafoate inhalation powder)
- Trelegy Ellipta (fluticasone furoate, umeclidinium, and vilanterol inhalation powder)
- Ventolin HFA (albuterol sulfate inhalation aerosol)

\* Applies to those with commercial insurance and uninsured



# Asthma in the News

## ***SMART Prescriptions Lag Among Eligible Patients with Asthma***

Zimmerman Z, et al. Utilization of single maintenance and reliever therapy (SMART) for moderate and severe asthma. Presented at: American Thoracic Society International Conference; May 18-22, 2023; San Diego.

<https://www.abstractsonline.com/pp8/#!/11007/presentation/4440>

- 93% of pulmonary clinicians aware of SMART role in current guidelines, but 44% of pulmonary and allergy clinicians had not adopted it
- 15% (219/1502) were prescribed SMART; of those, 89% (195/219) were co-prescribed a SABA reliever

## ***Online Inhaler Technique Resources Often Overlook Critical Steps***

Luu B, et al. Respir Med. 2024;doi:10.1016/j.rmed.2024.107607.

[https://www.resmedjournal.com/article/S0954-6111\(24\)00081-7/fulltext](https://www.resmedjournal.com/article/S0954-6111(24)00081-7/fulltext)

- Online resources tend to feature more steps on inhalation technique and frequently overlook important preparation steps and device care/maintenance

## ***No Link Between COVID-19 and Asthma in Children***

Hill DA, et al. Pediatrics. 2024;doi:10.1542/peds.2023-064615

<https://publications.aap.org/pediatrics/article/153/5/e2023064615/197089/COVID-19-and-Asthma-Onset-in-Children?autologincheck=redirected>

- COVID-19 does not increase the risk for asthma in children
- Black race, food allergies and allergic rhinitis did increase the risk

# SURVEILLANCE & EVALUATION

## Contact Information

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Asthma Epidemiologist/Evaluator  
406.444.7304  
Courtney.Geary2@mt.gov



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# Surveillance

- Updates

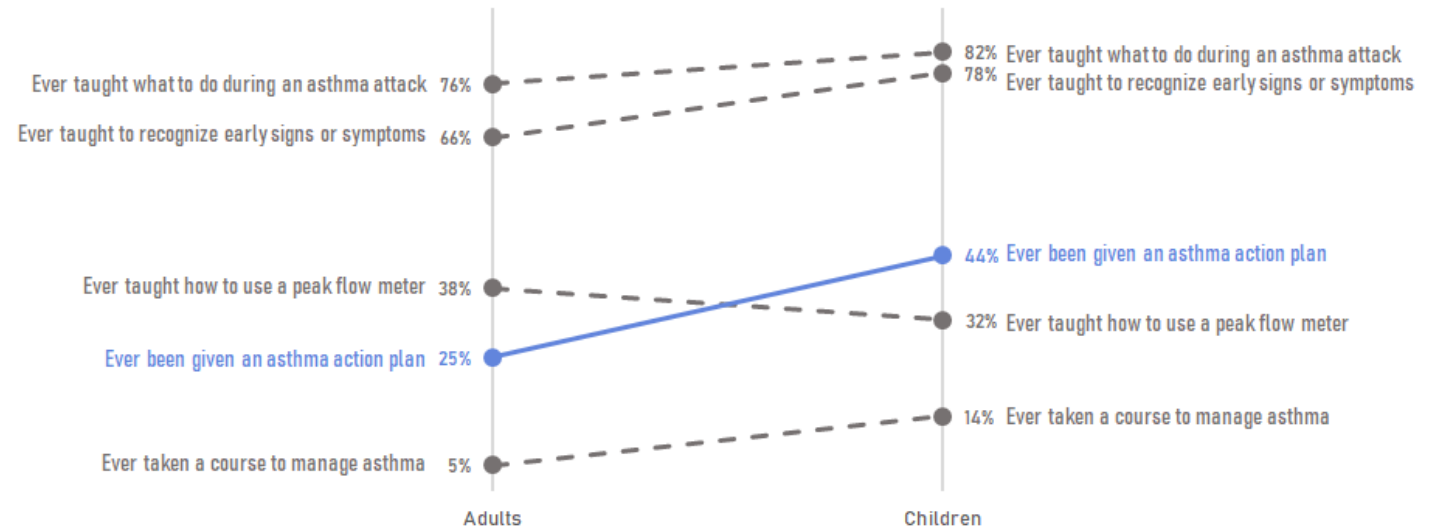
- 2024 Burden Report
- Asthma Self-Management Education Quick Fact
- LGBT+ Asthma Factsheet
- Occupational Asthma
- Asthma Healthcare Professionals Map
- Medicaid Surveillance Report

<https://dphhs.mt.gov/publichealth/asthma/data>

Montana Asthma Data

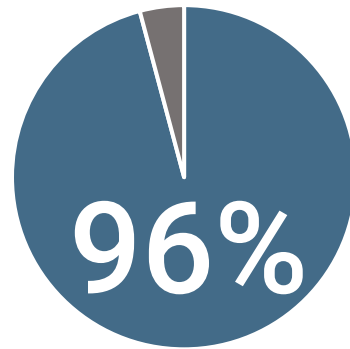
Burden Reports	▼
Fact Sheets	▼
Montana Quick Stats	▼
Surveillance Reports	▼
Infographics	▼
Additional Asthma Reports	▼

Adults and children had similar AS-ME outcomes, with the exception of having **ever been given an asthma action plan**.



# Evaluation

- Big Sky Pulmonary Conference Evaluation
- ASME Evaluation
- Linkages Evaluation



participants were **Extremely** or **Somewhat Satisfied** with the 2024 conference.

Top four suggested topics for the 2025 Big Sky Pulmonary Conference.



Effects of radon on lungs



Asthma/COPD



In-depth inhaler education



Respiratory disease comorbidities



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# Health Equity Efforts in Montana

# Social Determinants of Health Update

DPHHS – Chronic Disease Prevention and Health  
Promotion Bureau

May 29, 2024



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# Overview

- Projects with Health Equity and SDOH focus (Healthcare and CBOs)
- Health Care SDOH Resource Guide
- Waiting Room Flyers
- Talking Health in the 406 Podcast
- Community - Libraries
- SDOH Website



# Collaboration with Healthcare and Community

Rural  
Research

RxSDOH

Health  
Equity  
Projects

CVH/DPP/  
Asthma  
Training

CHWs  
CHRs

CVH Learning  
Collaborative

Food  
Farmacy

CBO  
funding





# Addressing Health Equity and Social Determinants of Health (SDOH) In Healthcare Settings

*An introductory resource guide for providers and staff*

Prepared by the Montana Department of Public Health and Human Services  
Chronic Disease Prevention and Health Promotion Bureau



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## Social Need Screening Tools Comparison Table Intro

- [PRAPARE Implementation and Action Toolkit](#)
- [American Academy of Family Physicians \(AAFP\) Social Needs Screening Tool](#)
- [Accountable Health Communities \(AHC\) Health-Related Social Needs Screening Tool](#)



# Pharmacy SDOH Screeners



## Food

In the last 12 months, did you or someone in your household ever feel that they ate less than they needed because there was not enough money for food?

Yes

No



## Utilities

In the last 12 months, has the electricity, gas, oil, or water company threatened to cut off your services because you did not have the money to pay?

Yes

No



## Housing

Are you worried that in the next 12 months you may not have adequate housing?

Yes

No



## Finances

In the past 12 months, have you been unable to see the doctor or get your medication filled because of the cost?

Yes

No



## Transportation

In the past 12 months, have you had to go without healthcare or medications because you did not have transportation?

Yes

No



## Understanding Medical Terms

Do you have trouble reading the directions on your medicine labels or understanding numbers on the reports you get from your healthcare provider?

Yes

No

If you answered YES to any of the questions, would you like to have help with any of those needs?

Yes

No

Name and Contact Information (OPTIONAL):

# Referral Process for Patient's SDOH Need



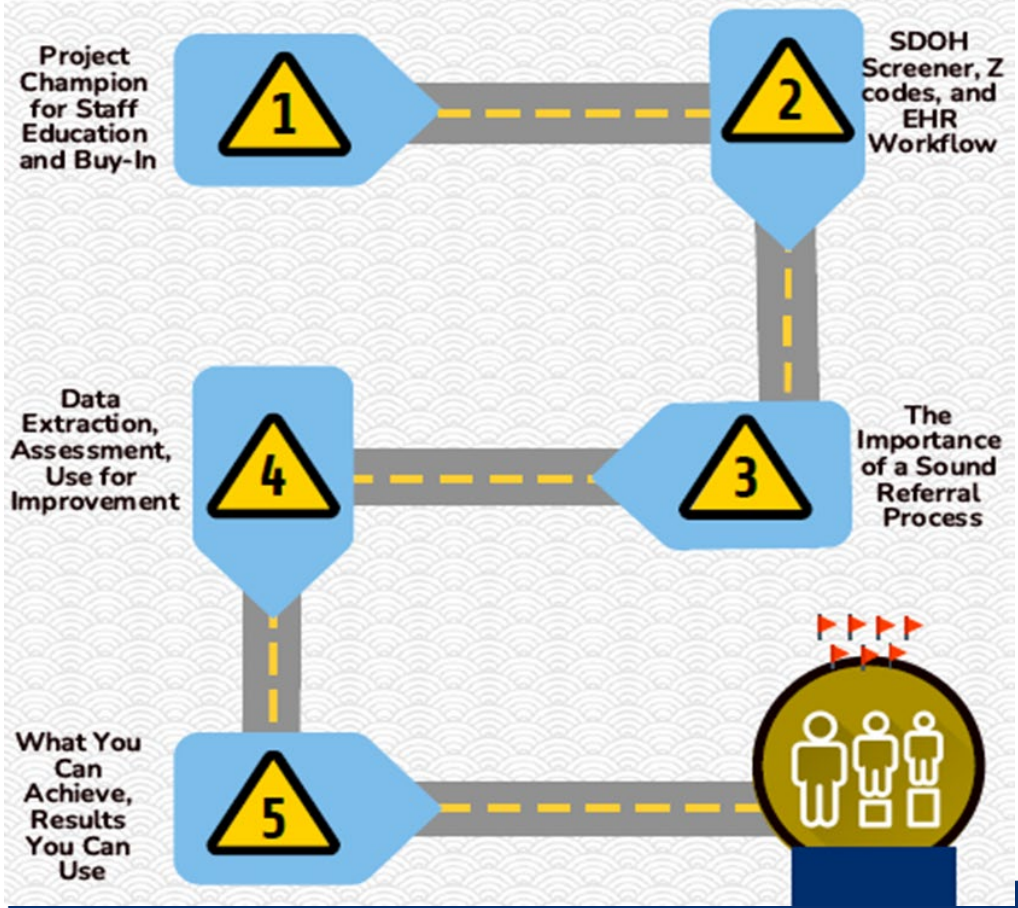
Get Connected. Get Help.







# Clinical Health Equity Project



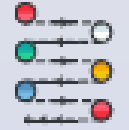
A clinic or hospital may be able to improve health equity and patient health outcomes if they...

- Train staff on health equity.
- Screen patients for social determinants of health (SDOH).
- Enter social determinants into the EHR.
- Run reports on patient population needs and health disparities.
- Refer patients to community supports.
- Develop internal and external partnerships to address what a patient and population health.
- Change processes and protocols that put certain patient populations at a disadvantage.



**Overall Workflow**

1. Have a project champion.
2. Educate staff about why this project is important.
3. Train staff on terminology, cultural sensitivity, and warm hand-offs.
4. Identify an existing SDOH screener, build your own with targeted questions, or use an EHR-embedded screener.
5. Determine how, where, when, and who will administer the screener.
  - Have a list of resources/referrals/information available.
7. Work with community-based organizations (CBOs): share goals, know capacity, referral processes, and program requirements; collaborate.
  - Establish trackable referral process with CBOs.
9. Determine referral follow-up process.
10. Determine EHR documentation and use of Z codes.
11. Ensure EHR can report population health data.
12. Understand your population health and Z code data.
13. Review and implement policy/process changes to improve patient health.



**SDOH Screener to Z codes to EHR**

Screen and/or train considerations:

- Modality (verbal, paper, electronic)
- Timing (e.g., in waiting room, during rounding, etc.)
- Frequency (e.g., every visit, annual well visit, etc.)
- Staff responsible for administration
- Referral follow-up processes



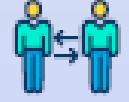
**It's important to:**

- Determine who will carefully review positive responses with patients to discuss needs.
- Ensure information system to address stated needs.
- Establish workflow for entering information into EHR.
- Ensure population health data (race, gender, ethnicity, etc.) are captured/instructable from EHR.
- Establish Z code workflow: who will enter the data, attach Z codes to positive screener questions, ICD on ICD for data (e.g., progress notes).

**Carrying Out Referrals:**

1. Develop positive relationships with CBOs and coalitions to address patient needs.
2. Follow up on referrals.
3. Have list of local referral available and use other resources, including:

- Montana 2-1-1
- FindItUp.org
- Montana CONNECT (bi-directional resource/referral engine)
- Community guides



**Data Collection and Use**

1. Determine reporting process to ensure your concerted work is used to improve population health and patient outcomes.
2. Build time into workflow to regularly review and understand population health data.
3. Use data interpretation to guide changes in internal processes and capacity to improve health outcomes and build a sustainable process.
4. Interpret data to build external partnerships and referral connections relevant to patient needs.



**Achievements and Results**

- Improved understanding of EHR capabilities and what can be built within clinical EHR.
- Better understanding of patient needs and barriers to accessing care.
- Learning to work with community-based organizations to address patient needs.
- Improved relationships with patients, patient satisfaction with and desire to remain with clinic.
- Improved community relationships.



# Your health is more than just a doctor visit.



Did you know that these things can affect your health more than a visit with your doctor?

- where you live
- social life
- home and work setting
- sex
- mental health
- transportation
- education
- race
- disability

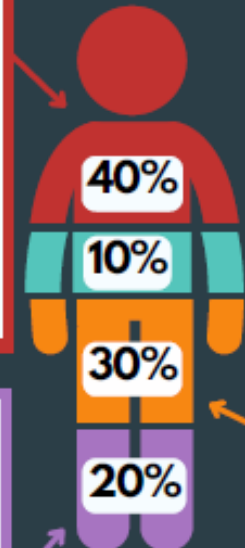


40% of your overall health is affected by socioeconomic factors. This includes things like:

- education
- job status
- transportation
- income
- community safety

10% of your overall health is affected by physical environment. This can include things like:

- where you live
- sidewalk accessibility
- access to trails & parks



20% of your overall health is affected by health care. This can include:

- access to healthcare
- access to mental health

30% of your overall health is affected by health behaviors. This can include things like:

- tobacco use
- diet & exercise
- alcohol use
- sexual activity

During your visit, your care team may ask you some questions related to these elements. We want you to be able to achieve your highest level of health, and understanding these factors can help us.

*Available wherever you listen to your podcasts.*

*Subscribe on the platform of your choice.*

*A new episode will be released the third Thursday of each month.*

<https://dphhs.mt.gov/healthinthe406/talking>



Real stories  
Health-based experiences  
to learn from

**Real Montana**





## Featured Podcasts

**#1-#3 Melissa House: Diabetes** - Childhood Diabetes/Teenage Diabetes and Chronic Kidney Disease/Double Organ Transplant

**#4-#6 Jacob Krissovich: Blindness** - Losing Sight/Fife the Guide Dog

**#7-#9 Francine Janik: EMS/CIH** - The Country EMT - Early Beginnings of EMS in Montana / EMS Recipient to Provider/ EMS, Neighbor Helping Neighbor

**#10-#11 Kelly Little: Cardiovascular** - The Heart of the Unexpected/The Heart of Recovery

**#12 Cheryl Tillemans: Active Lifestyle** - Journey Back to Health

**#13-#14 Rachel Anderson: Asthma** - Every Breath is a Gift

**#15 – One Year Montage** - Celebrating One Year

**#16-#17 Yvette Yarger: Eating Disorder/Living in a Large Body** - Learning to Love Life in a Larger Body

**#18-#19 Stacy Johnston-Gleason: Special Olympics** - Navigating Cancer and Health Care with a Disability

**#20-#21 Jennifer James: Childhood Cancer** - Strength Together - A Family's Cancer Journey

**#22-#23 Becky Franks: Cancer Care Choices in MT** - Cancer Care and Choices Here at Home

**#24-#25 Breda Segna: Foster Care/Adoption** - From Foster Care to Forever Home - A Montana Adoption Journey

**#26-Paige Redden: Eating Disorder/Diabetes** - Rebuilding Health From an Eating Disorder to Dietician

**#27-#28 Amy Stiffarm: Breastfeeding/Healthy Mothers Healthy Babies** - Spirit of Resilience - Indigenous Woman Leading the Way to Change

**#29-#30 Aubrie Carey: CIH (Community Integrated Health)** - Integrating Community Resources Into Your Mental Health Journey Through Local EMS

# Libraries and Community Connection



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# DPHHS SDOH Website



# SDOH Website ....

Housing

Food Security & Sovereignty

Transportation

Technology and Connectivity

Mental & Behavioral Health Services

Structural and Individual Discrimination

Health Equity and SDOH

## Food Security & Sovereignty Resources

Podcasts, Videos, other Media

Articles

Organizations

Articles

- [Addressing Food Insecurity through a Health Equity Lens: a Case Study of Large Urban School Districts during the COVID-19 Pandemic](#)
- [Food sovereignty, food security and health equity: a meta-narrative mapping exercise](#)
- [Food sovereignty, health, and produce prescription programs: A case study in two rural tribal communities](#)

# SDOH Website

Housing

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Health Equity and SDOH

Podcasts, Videos, other Media

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# Thank You!



## Contact Us

### Social Determinants of Health Program

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Helena, MT 59620

✉ Email Us

☎ 406-444-6968

[Margaret.Mullins@mt.gov](mailto:Margaret.Mullins@mt.gov)



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# Wildfire Smoke Preparedness



# MT Wildfire Smoke Grants Air Quality Event

- 8 KPAX-TV  
<https://www.kpax.com/news/missoula-county/u-s-environmental-protection-agency-investing-3-5m-in-montana-climate-resiliency-projects> [kpax.com]
- NBC Montana  
<https://nbcmontana.com/newsletter-daily/epa-dphhs-discuss-plans-to-enhance-wildfire-smoke-awareness> [nbcmontana.com]
- Montana Public Radio  
<https://www.mtpr.org/montana-news/2024-03-22/montana-plans-smoke-preparedness-program-awaits-federal-grant-funds> [mtpr.org]
- Missoulian  
[https://missoulian.com/news/local/missoula-montana-epa-grant-wildfire-smoke-indoor-air-quality/article\\_6a45baf8-e87d-11ee-8034-d318fc271788.html](https://missoulian.com/news/local/missoula-montana-epa-grant-wildfire-smoke-indoor-air-quality/article_6a45baf8-e87d-11ee-8034-d318fc271788.html) [missoulian.com]
- Missoula Current  
<https://missoulacurrent.com/missoula-grant-smoke/> [missoulacurrent.com]



# Supporting clean air among priority populations in Western Montana through clear messaging, training, and public spaces.

## *Strategy 1: Develop communication to outreach to the public, including smoke readiness planning*

- Develop and disseminate communication tools tailored to different populations
- Educate public on home air filter options
- Encourage and support coordination and participation in a smoke readiness awareness week

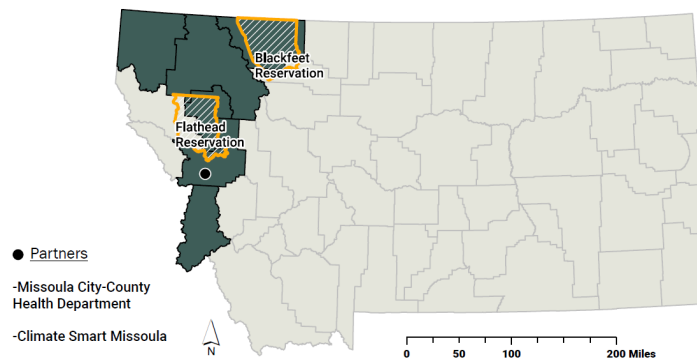
## *Strategy 2: Technical training*

- Provide training opportunities to building and HVAC managers in ASHRAE guidance and other indoor air quality topics
- Create and provide educational materials for building managers on ventilation and air quality

## *Strategy 3: Clean air recognition program including the deployment of portable air cleaners, indoor and outdoor air quality monitoring and preparation of community cleaner air spaces*

- Develop a cleaner air shelter recognition program that is replicable and scalable
- Identify six buildings per year to participate and commit to being a public space with cleaner air
- Deploy air quality monitors and air cleaners at these buildings

Counties and Tribal Nations Receiving Focused EPA Air Quality Grant Support



# Crossover with Asthma

## Environment and Public Policy

**Goal 1:** Identify and reduce exposure to environmental hazards that contribute to increased asthma prevalence and negative asthma outcomes in settings where Montanans live, learn, work, and play.

**Objective 1:** Inform the public about the relationship between asthma and environmental triggers.

**Objective 2:** Reduce the number of missed school and work-days among Montanans with asthma.

**Objective 3:** Educate decision makers and community business leaders on policies and practices to improve indoor and outdoor air quality.

**Goal 2:** Increase health care provider knowledge of environmental and workplace asthma triggers, and support efforts to share this knowledge with patients.

**Objective 1:** Increase the number of health care providers who understand environmental asthma triggers and provide trigger education to patients.



# 2024-Digital Media Campaign



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**MONTANA**  
**WILDFIRE SMOKE MESSAGING GUIDE**  
*A Resource for Public Health Officials*





# Other Air Quality Work in Montana

**DEQ/University of Montana**

Indoor & Outdoor Purple Air  
Quality Monitors in High Schools



# Partner Updates

