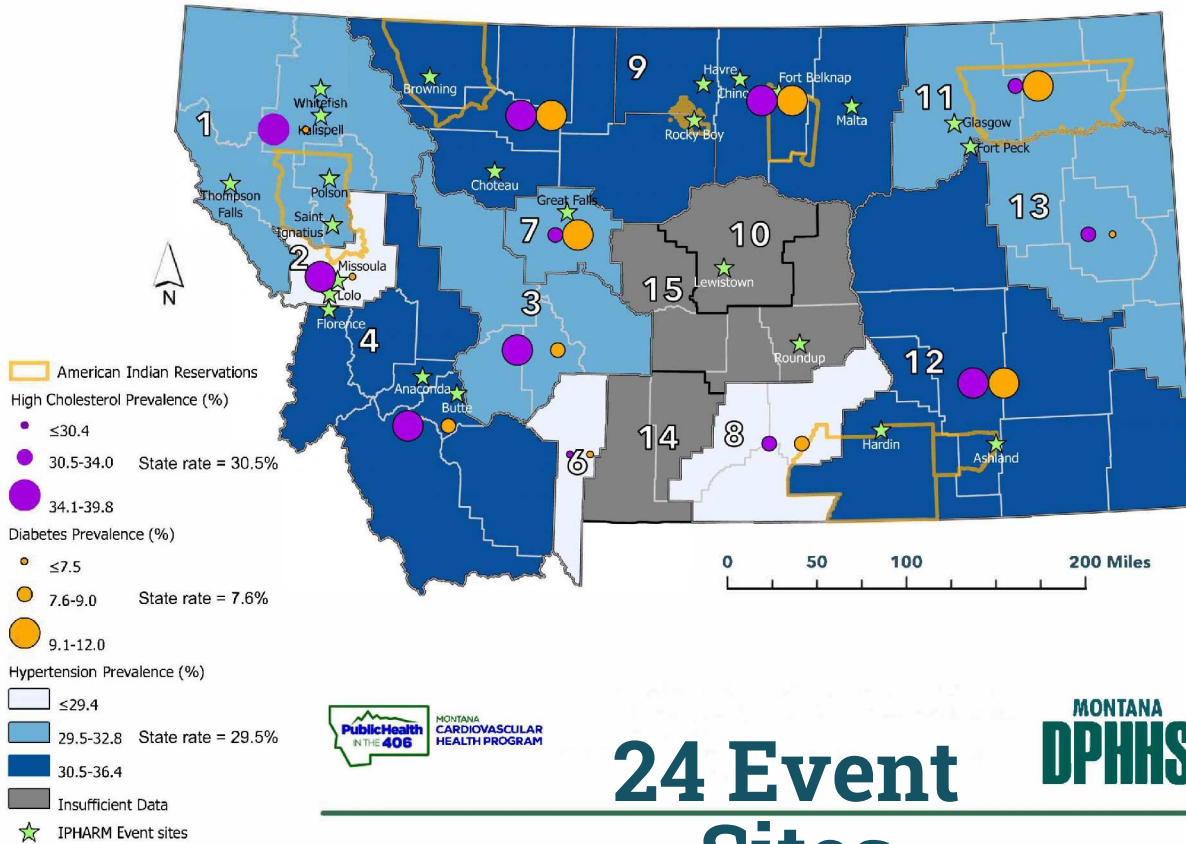


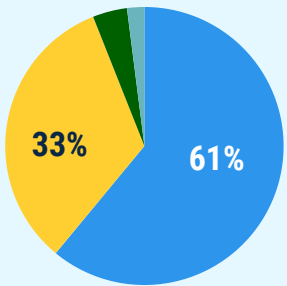
# ImProving Health Among Rural Montanans (IPHARM) Project, 2018-2021



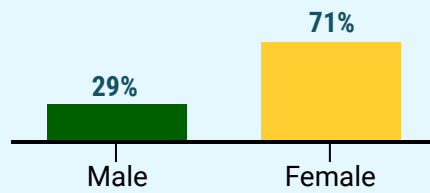
## Prevalence of Hypertension, High Cholesterol, and Diabetes by Chronic Disease Regions and IPHARM Event Sites



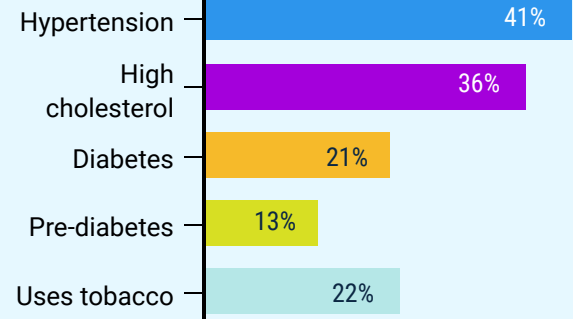
## 24 Event Sites



656 adult participants

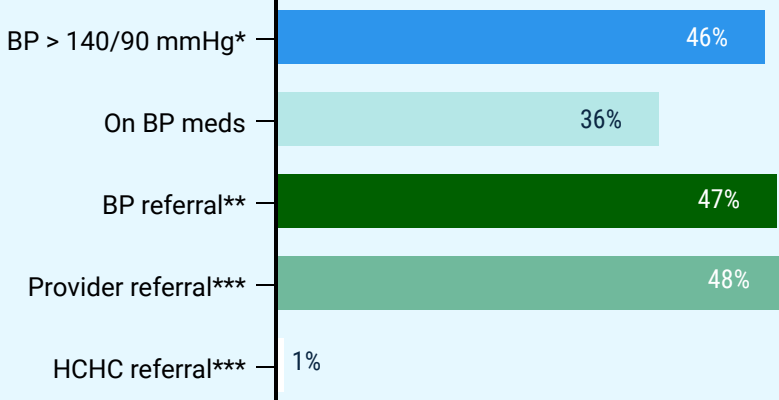


● White ● American Indian ● Other  
● Missing/Unknown



### Chronic Diseases & Risk Factors

### High Blood Pressure



HCHC: Health Coaches for Hypertension Control

\*Among patients with HTN or on BP meds

\*\*Year 1: for BP ≥ 140/90 mmHg (N=89)

\*\*\*Years 2-4: for BP ≥ 140/90 mmHg (N=75)

### Facilitators

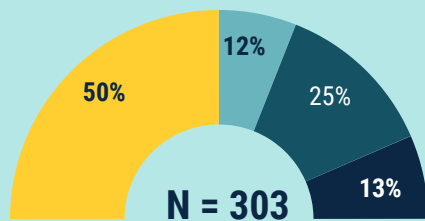
- State health department support - timely communication, guidance on the project, contacts, CONNECT training and troubleshooting system
- Blue Cross Blue Shield Care Van - contacts, support, and advertising the events
- American Indian Tobacco Specialists - facilitated seamless visits as supplies and space were ready to go for the event

# IPHARM Results, continued

## ASCVD\* Risk Score

- Low-risk (< 5.0)
- Borderline risk (5.0-7.5)
- Intermediate risk (7.6-20.0)
- High-risk (> 20.0)

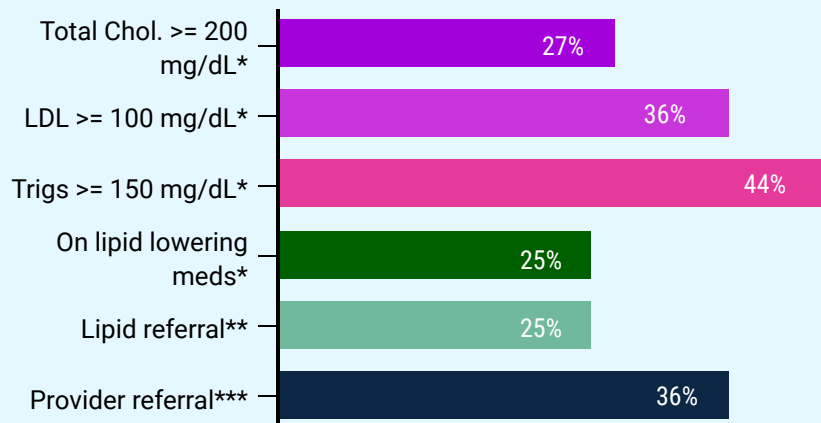
\*ASCVD: Atherosclerotic Cardiovascular Disease



Excludes: Patients <40 years old or total chol < 130 mg/dL

- Year 1 - **23%** with ASCVD  $\geq 7.6$  received lipid referral
- Years 2-4 - **91%** with ASCVD  $\geq 7.6$  received provider referral

## High Cholesterol

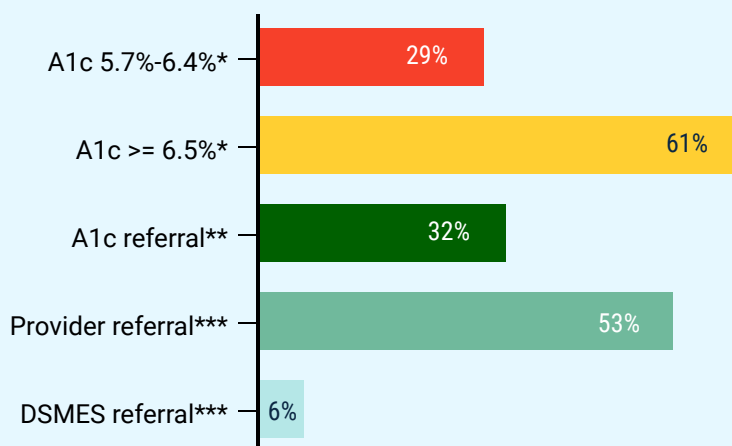


\*Among those with Hchol or on lipid lowering medication

\*\*Year 1 - Any elevated: total chol., LDL: low-density lipoprotein, or Trigs: triglycerides

\*\*\*Years 2-4 - Any elevated: total chol., LDL, or triglycerides

## Diabetes/Pre-Diabetes



DSMES: Diabetes Self-Management Education and Support

\*Among those with diabetes or on diabetes meds

\*\*Year 1 - For A1c  $\geq 6.5\%$

\*\*\*Years 2-4 - For A1c  $\geq 6.5\%$

## Lessons Learned

- Challenging to perform health events at a Powwow
- Holding indoor events avoids poor weather
- Some sites had people/staff unaware of the event
- Learned better techniques and methods for working with local contacts
- Modified and learned new ways to provide services under social distancing guideline
- Some may still not want to gather in groups for a wellness event

## Barriers

- Communication issues - when trying to coordinate with local specialists and identifying the best time/setting for each event
- Lack of familiarity of contacts and expected process for events
- Some events not well advertised
- CONNECT System issues - unable to connect (WIFI issues), provider contact issues, etc.

## COVID-19 Impact (Year 2-3)

- Constant rolling re-evaluation of multiple planned events
- Working with some independent pharmacies to develop protocols for in-person events
- Worked with individual employers to provide Workplace Wellness counseling using HIPAA-compliant Zoom meetings
- Some events were cancelled or postponed 53%
- Increased precautions including: requiring masks, ensuring sufficient spacing at venues, rigorous scheduling to eliminate/decrease walk-ins and crowding, and thorough cleaning of stations between patients
- Pandemic limited IPHARM in-person events, educations, and travel
- Diminished capacity (students, travel, personnel) from the university administration