



Chronic Disease Prevention
& Health Promotion Bureau

PROGRESS REPORT

July 2018 - June 2020





Table of Contents

MESSAGE FROM THE ADMINISTRATOR.....	3
MONTANA TOBACCO USE PREVENTION PROGRAM.....	4
NUTRITION AND PHYSICAL ACTIVITY PROGRAM	10
CANCER CONTROL PROGRAMS	12
CARDIOVASCULAR HEALTH PROGRAM	16
MONTANA DIABETES PROGRAM	20
WORKSITE WELLNESS PROGRAM	26
MONTANA ARTHRITIS PROGRAM	28
MONTANA ASTHMA CONTROL PROGRAM	30
MONTANA DISABILITY & HEALTH PROGRAM.....	34
CONNECT ELECTRONIC REFERRAL SYSTEM	38
MONTANA EMERGENCY MEDICAL & TRAUMA SYSTEMS PROGRAM	40
SOURCES	46

Message from the **ADMINISTRATOR**

Montana's population is growing, reaching over 1 million people in 2019. Chronic disease, such as cardiovascular disease, cancer, and diabetes, affect our growing communities and much of this burden is attributable to a short list of key risk factors including tobacco use, obesity, physical inactivity, and poor nutrition.

The Chronic Disease Prevention and Health Promotion (CDPHP) Bureau programs align their work to make active living and healthy eating easy, safe, and accessible everywhere Montanans live, work, learn, and play. Our vision is that Montanans continue to be healthy people living in healthy communities. This is accomplished by preventing commercial tobacco use among youth and adults, and increased awareness and decreased prevalence of modifiable risk factors for chronic disease. Ensuring that Montanans receive recommended preventive services (e.g., cancer screening) and support to successfully self-manage their chronic conditions is a major priority for the Bureau. The Bureau also implements programs to support our emergency medical services, trauma systems, and injury prevention through education for EMS agencies, 9-1-1 dispatch operators, nurses, and physicians. In addition, the EMS epidemiology team creates reports that hospitals and EMS agencies can use to improve health in their communities.

This progress report provides an overview of the accomplishments of the Bureau's programs and some of the challenges we face to ensure our people remain healthy. Montana has overcome many public health conditions throughout its history and the CDPHP Bureau will continue to focus its efforts on improving and protecting the health of Montanans by advancing conditions for healthy living.

Todd Harwell, Administrator
Public Health and Safety Division



Todd Harwell
Administrator

MONTANA TOBACCO USE PREVENTION PROGRAM

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 commercial tobacco use, especially among young people, through statewide programs and policies to:

- Save Montanans \$440 million spent annually on healthcare costs and \$81 million on Medicaid costs directly caused by smoking.
- Prevent 1,600 adults from dying each year from smoking.
- Prevent 19,000 kids currently alive in Montana from ultimately dying prematurely from smoking.¹

PROMOTING QUITTING AMONG MONTANANS

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

The Quit Line offers three specialized programs targeting populations disproportionately burdened by tobacco use:

OVER

100,000

MONTANANS HAVE
CALLED THE QUIT LINE
SINCE 2004 AND

36,000

CALLERS HAVE
SUCCESSFULLY
QUIT TOBACCO²



- The **Quit Now Montana Pregnancy Program** offers pregnant callers nine free coaching sessions with a dedicated female coach as well as cash incentives with each completed coaching call.

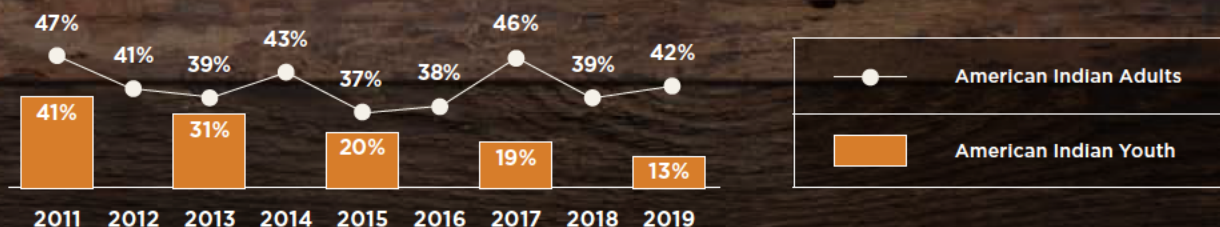


- The **American Indian Commercial Tobacco Quit Line** offers 10 free coaching calls with American Indian coaches who understand the unique challenges for American Indians and respect the difference between traditional tobacco use and commercial tobacco addiction.



- **My Life, My Quit** offers Montanans under the age of 18 free, confidential coaching via text, chat, or phone for help with quitting all forms of tobacco use, including e-cigarettes.

CURRENT CIGARETTE SMOKING PREVALENCE AMONG AMERICAN INDIANS IN MONTANA³



We are closing the disparity gap:
In 2019 there was no significant difference in the use rate of tobacco products (other than conventional cigarette use) between American Indian youth and white youth.

DISPARITIES IN THE AMERICAN INDIAN POPULATION

American Indians throughout Montana are disproportionately affected by the harms of commercial tobacco addiction. The biggest product disparity is with conventional cigarettes, where American Indian adults have a current smoking prevalence almost three times higher than white adults (42% vs 15%, respectively).⁴

While current cigarette smoking among American Indian youth is also significantly higher than among white youth (13% versus 7%, respectively),⁵ there has been notable progress in the past decade. Current cigarette use among American Indian youth has decreased significantly, from 41% in 2011 to 13% in 2019.⁶

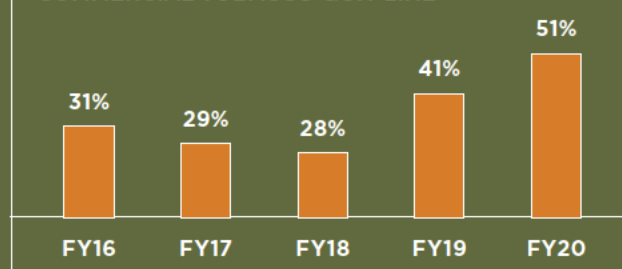
EFFORTS ACROSS MONTANA TRIBES AND URBAN INDIAN CENTERS

American Indian Tobacco Prevention Specialists (AI TPS) concentrate their efforts on promoting cultural norms, values, and traditions. Community members respond favorably to storytelling, sharing ideas over food, traditional healing kits, traditional knowledge, and playing Native games. These activities allow AI TPS to communicate the important differences of commercial tobacco and traditional tobacco and the harms

associated with nicotine addiction from conventional cigarettes and other commercial tobacco products. Youth and adults are interested in learning about their culture and values and how commercial tobacco does not play a part.

As more individuals understand how the American Indian culture has been targeted by the tobacco industry, the interest in quitting commercial tobacco raises. Tribal members often opt for alternative cessation techniques, however, as AI TPS provide education on the benefits of individual coaching and medication, the percentage of American Indian callers participating in the dedicated American Indian Commercial Tobacco Quit Line continues to grow.

PERCENT OF AI CALLERS WHO PARTICIPATE IN THE MONTANA AMERICAN INDIAN COMMERCIAL TOBACCO QUIT LINE





PREVENTING YOUTH INITIATION

While cigarette smoking remains the number one cause of preventable death in our country, according to the 2019 Youth Risk Behavior Survey (YRBS), the number of Montana high school students who report they are “current cigarette smokers” has declined by almost 60% in the past 10 years.⁷ However, e-cigarettes have taken the place of traditional smoking. E-cigarettes entered the U.S. marketplace around 2007 and, since 2015, have been the most commonly used tobacco product among youth in Montana. In 2019, more than half of Montana students had tried e-cigarettes and one in three students currently used e-cigarettes.⁸ In contrast, only 6% of Montana adults reported current e-cigarette use in 2019.⁹

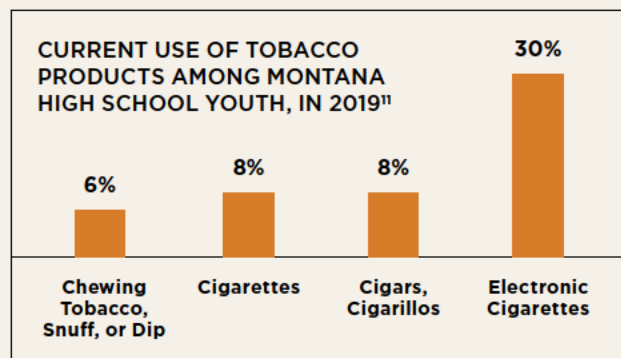
Montana has made strides over the past two years to protect youth from nicotine addiction and exposure to e-cigarettes. On May 7, 2019, Governor Bullock signed into law House Bill 413, which prohibits the use of all tobacco products, including e-cigarettes, in a public school building or on public school property.

On July 1, 2019, the Montana Tobacco Quit Line began offering a new program for Montanans under the age of 18 who need help quitting any form of tobacco, including e-cigarettes. **My Life, My Quit** offers youth a new way to reach quit coaches using live text messaging and online chat that is 100% confidential. During the first year of the

program, Quit Line participants under the age of 18 increased by 550%, highlighting the need and potential of My Life My Quit to assist youth tobacco users in quitting.¹⁰

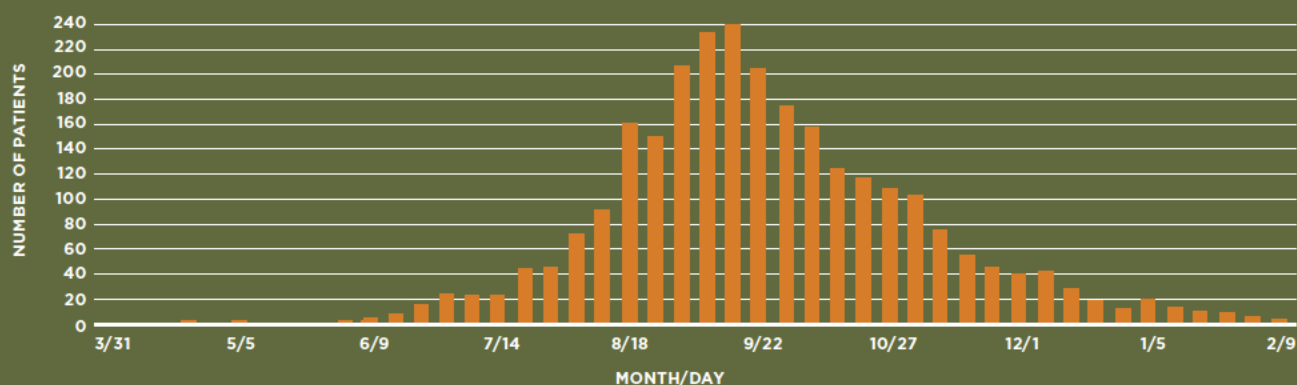
reACT, Montana’s teen-led movement against Big Tobacco, provides youth and young adults the opportunity to educate, inform, promote and help build the first tobacco/nicotine-free generation in Montana. MTUPP has awarded mini-grants across Montana to fund youth-led tobacco prevention events and college scholarships to selected High School Rodeo participants who have pledged to be tobacco-free and have been tobacco prevention champions in their own communities.

In August 2019, four reACT social media accounts were created including Instagram, Facebook, Snapchat, and YouTube, capturing over 200 followers. MTUPP gave the reACT website an updated look and published its new www.mtreact.com website in January 2020.





DATES OF SYMPTOM ONSET AND HOSPITAL ADMISSION FOR PATIENTS WITH LUNG INJURY ASSOCIATED E CIGARETTE USE, OR VAPING - UNITED STATES, MARCH 31, 2019 - FEBRUARY 15, 2020¹²



HOT TOPICS: EVALI OUTBREAK

E cigarette aerosol generally contains fewer toxic chemicals than conventional cigarette smoke. However, e cigarette aerosol is not harmless and can expose users to substances known to have adverse health effects, including ultra fine particles, heavy metals, volatile organic compounds, and other harmful ingredients.^{13,14}

During the summer of 2019, the United States experienced an outbreak of E cigarette, or Vaping, Product Use Associated Lung Injury (EVALI). Almost 3,000 cases were hospitalized, and 68 deaths were confirmed. Montana had eight confirmed cases, including one death. While product sample testing showed tetrahydrocannabinol (THC) containing e cigarette, or vaping, products were linked to most EVALI cases, the evidence was not sufficient to rule out the contribution of other chemicals of concern, including chemicals in non THC products.¹⁵

FLAVORS HOOK KIDS

E cigarettes are available in over 15,500 different flavors.¹⁶

96%

of youth who initiated e cigarette use started with a flavored product¹⁷

70%

of youth report flavors as the reason they use e cigarettes¹⁸

OVER 300

localities in the U.S. have placed restrictions on flavored tobacco products¹⁹

LOOKING FORWARD: PROMOTING PUBLIC POLICIES THAT REDUCE YOUTH ACCESS TO TOBACCO PRODUCTS

The Montana Tobacco Use Prevention Program is committed to promoting policies throughout Montana that aim to reduce initiation of commercial tobacco product use among youth, encourage people who currently use tobacco products to quit, and protect nonusers from secondhand smoke and e cigarette aerosol exposure.

Eliminating the Sale of Flavored Tobacco Products:

An effective, comprehensive flavor restriction policy applies to all tobacco products and all flavors, including menthol. In 2009, flavors were banned in cigarettes, but they are still allowed in other tobacco products like cigarillos and smokeless tobacco. Smokeless tobacco, along with e cigarettes and little cigars, come in flavors that appeal to kids. As a result, smokeless tobacco acts as an entry level tobacco product that initiates addiction to tobacco of all kinds. Among males, 15% of Montana high school seniors currently use smokeless tobacco.²⁰ When other flavored tobacco products remain on the market, it leaves an open door for youth to switch from one product to another as a way to continue fueling their nicotine addiction.

October 8, 2019

The Montana Governor directed Department of Public Health and Human Services (DPHHS) to implement emergency rules temporarily restricting the sale of flavored e cigarette products in response to the EVALI outbreak and the nationwide youth e cigarette use epidemic.

December 18, 2019

The emergency rules temporarily restricting the sale of flavored e cigarette products went into effect.

January 23, 2020

The U.S. Surgeon General released a new report concluding, Prohibiting flavors, including menthol, in tobacco products can benefit public health by reducing initiation among young people and promoting cessation among adults.²¹

February 6, 2020

The federal Food and Drug Administration (FDA) issued guidance prohibiting the sale of cartridge - or pod based e cigarette products. The FDA's guidance does not do enough to protect our youth. It does not apply to all tobacco products and does not address all types of e cigarette products, including up and coming products like disposables, thus leaving thousands of flavors still on the market.

April 15, 2020

Montana's emergency rules temporarily restricting the sale of flavored e cigarette products expired. During the implementation period, 97% of licensed vapor product retailers in Montana complied with the emergency rules.²²

Including E-Cigarettes in Smokefree Laws:

Prohibiting the use of e-cigarettes in indoor public places and places of work not only protects the public from exposure to secondhand e-cigarette aerosol, but it also sends a strong message to Montana youth that e-cigarette use is not safe. According to the U.S. Surgeon General, e-cigarette aerosol is not harmless. It contains nicotine, heavy metals, and ultrafine particles that have been known to be toxic, cause cancer, and lead to heart and respiratory disease.

Increasing the Price of Tobacco Products:

According to the U.S. Surgeon General, increasing the price on cigarettes results in both a decrease in initiation among youth and an increase in cessation among young adults.²³ Montana has not increased the tobacco tax since 2005, and there is currently no tax on e-cigarette products. A \$2.00 increase in Montana's tobacco tax would prevent approximately 8,000 youth from smoking

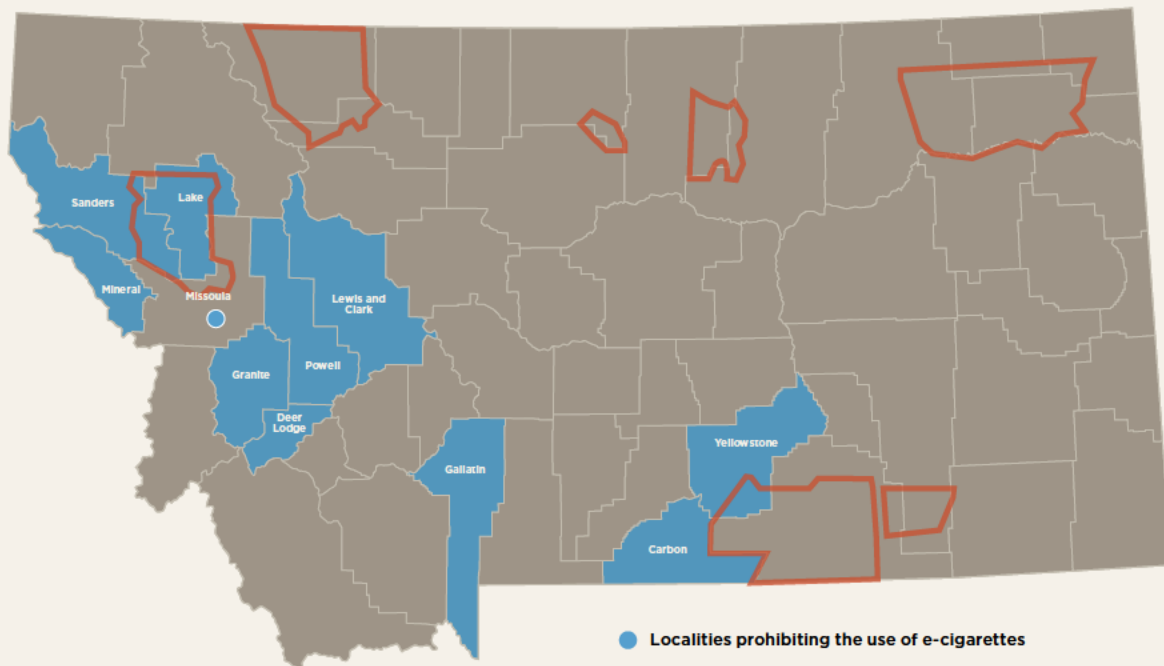
and save an estimated \$440 million spent on tobacco-related healthcare expenditures in Montana annually.²⁴ In addition, Montana's tax on smokeless tobacco is not comparable to that of cigarettes and is low and ineffective as a deterrent.²⁵

Increasing the Minimum Legal Sales Age of Tobacco Products from 18 to 21:

On December 20, 2019, the President signed legislation raising the federal minimum age of sale of tobacco products from 18 to 21. The law became effective immediately, making it illegal to sell tobacco products, including e-cigarettes, to anyone under the age of 21. While tobacco retailers are required to follow federal law, the minimum age of sale of tobacco products under Montana law currently remains at age 18. National public health partners urge states to align state law with the new federal law to make it easier for those trying to comply with or enforce the law.²⁶

MONTANA STRIVES FOR CLEAN AIR

Eleven (11) localities in Montana have taken action to prohibit the use of e-cigarettes in workplaces and indoor public places, covering 47% of Montana's total population.²⁷



NUTRITION AND PHYSICAL ACTIVITY PROGRAM

Breastfeeding

Breastfeeding is the most optimal source of nutrition for most infants. It can also reduce the risk for some short- and long term health conditions for both mothers and infants. Montana consistently ranks high in mothers who choose to breastfeed their babies and The Montana Nutrition and Physical Activity Program (NAPA) works throughout the state to promote, educate, and support our breastfeeding families.

1 Montana Breastfeeds!

- Eighty five percent (85%) of Montana Mothers breastfeed their infants.¹
- Montana ranks in the top ten of mothers who exclusively breastfeed their infants at three and six months.
- Montana maternity care hospitals rank third in the U.S. in comprehensive hospital practices and policies that support breastfeeding.²

2 The Breastfeeding Cut Out Project to Normalize Breastfeeding

Displayed at health centers, businesses, and public spaces, life size cut outs of local mothers breastfeeding have been produced and displayed in 11 Montana communities to highlight that breastfeeding is the recommended and normal way to feed babies. Cut Out Project communities and organizations include: Butte, Billings, Missoula, Kalispell, Whitefish, Browning, Hamilton, Great Falls, Helena, Bozeman, and the Rocky Mountain Tribal Council.

3 The Montana Rural Breastfeeding Support Initiative

This initiative works to fill the gaps in access to breastfeeding support in our rural communities where perinatal health outcomes often lag behind those in more urban settings. The Breastfeeding Support Initiative provides:

- Yearly scholarships for hospital staff to attend trainings to improve hospital lactation programs.
- Breastfeeding certification trainings and Train the Trainer provider courses, in partnership with Montana Critical Access Hospitals.

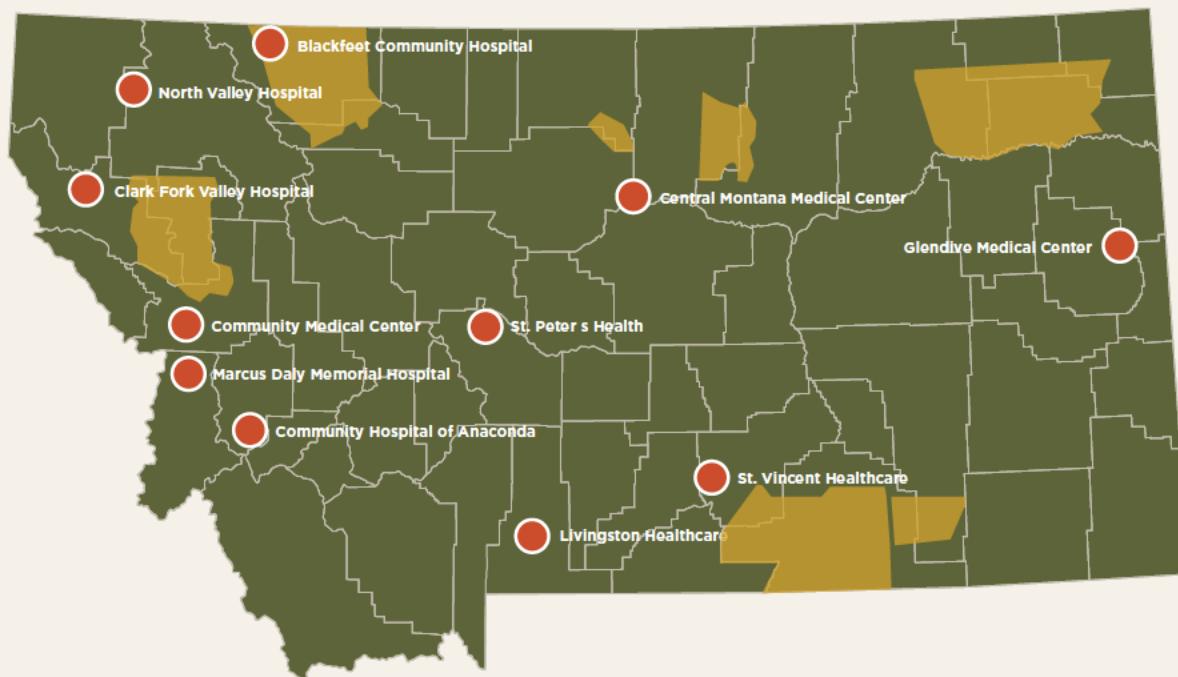
4 The Montana Breastfeeding Learning Collaborative

For almost a decade, the Annual Montana Breastfeeding Learning Collaborative brings together up to 200 infant nutrition, perinatal health care, and lactation educators from across the state to share and learn the most up-to-date evidenced-based knowledge in best practices in lactation support.

5 Baby-Friendly Hospital Initiative

Montana NAPA works to support this global World Health Organization/United Nations International Children's Emergency Fund initiative that encourages and recognizes Montana Birthing Centers that offer an optimal level of care for infant feeding and mother-baby bonding. Currently, Montana has 11 Baby-Friendly Designated Hospitals.

BABY-FRIENDLY DESIGNATED HOSPITALS



6 Mother-Friendly Worksite Initiative

Mothers are one of the fastest growing segments of the United States labor force and increasing employee lactation programs helps remove challenges to continue breastfeeding when a mother returns back to work. The Montana Mother-Friendly Worksite Initiative recognizes and provides technical support for Montana employers who provide space, time, and a policy for a mother to express breastmilk for their infant.³

MONTANA CANCER CONTROL PROGRAMS

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

MCCP works throughout Montana to:

- Increase cancer prevention and screening in coordination with local health departments.
- Support health systems to improve cancer screening.
- Track cancer trends through the Montana Central Tumor Registry and disseminate cancer data.
- Provide outreach and education to local communities through grassroots organizations, such as the Montana Cancer Coalition and the Montana American Indian Women's Health Coalition.

INCREASING CANCER SCREENING: 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.

The MCCP works with local communities across the state to connect Montanans to free and low-cost chronic disease prevention and health promotion programs and to healthcare coverage through Marketplace insurance or Medicaid.



Since July 1, 2012, the MCCP has conducted 15,253 breast cancer screenings and 9,814 cervical cancer screenings, serving a total of 17,086 women.



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

**1 IN 5
DEATHS**
ARE CANCER RELATED

Cancer is one of the leading causes of death among Montana residents.

About 2,000 Montanans die of cancer each year. (Data Source: Montana Office of Vital Statistics, 2016-2018)



IMPROVING 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.

Patients are more likely to complete colorectal cancer (CRC) screening when they are offered a choice of which test to use. MCCP works with clinics in Montana to ensure all eligible patients are offered a variety of recommended CRC screening tests. A survey of primary care providers in Montana completed in February 2020 shows there has been a significant increase in the proportion of providers that routinely offer more than one test option to their patients since 2016.

PARTNERING WITH HEALTH SYSTEMS TO INCREASE CANCER SCREENING RATES

HEALTH SYSTEMS

- Montana Primary Care Association
- Benefis Health Inc.
- CareHere Clinics
- Mountain Pacific Quality Health Foundation
- Bozeman Health
- Montana VA

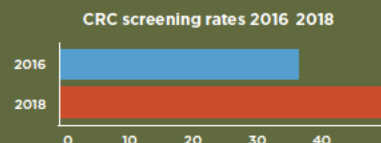


CLINICS

- 14 Federally Qualified Health Centers (FQHC)
- 4 Urban Indian Health Centers
- 3 State Health clinics
- 4 Primary care clinics (1 Hospital system)



During 2016-2018 CRC screening rates increased in partnered FQHCs by an average 11%, increasing from 37% to 48% overall

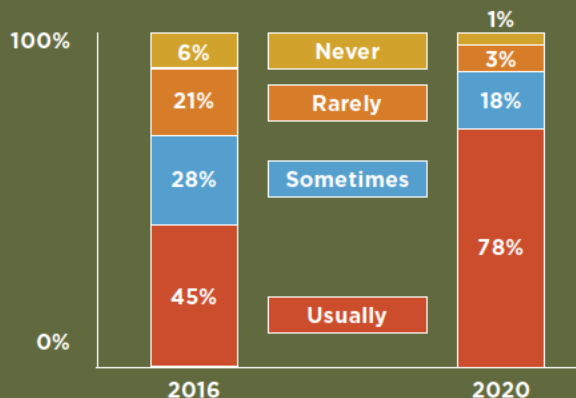


The MCCP/Montana Primary Care Association partnership has increased CRC screening rates at an average of 3.5% per year, and is projected to continue this consistent upward trend of 3-4% increase in 2019 (2019 data not yet fully reported). Some clinics reported an individual increase of up to 8% by 2018.

PROVIDER SURVEY RESULTS

PROVIDERS WERE ASKED:

How often do you present more than one test option while discussing CRC screening with your asymptomatic, average risk patients?





MONITORING CANCER TRENDS: HUMAN PAPILLOMAVIRUS (HPV) ASSOCIATED CANCERS

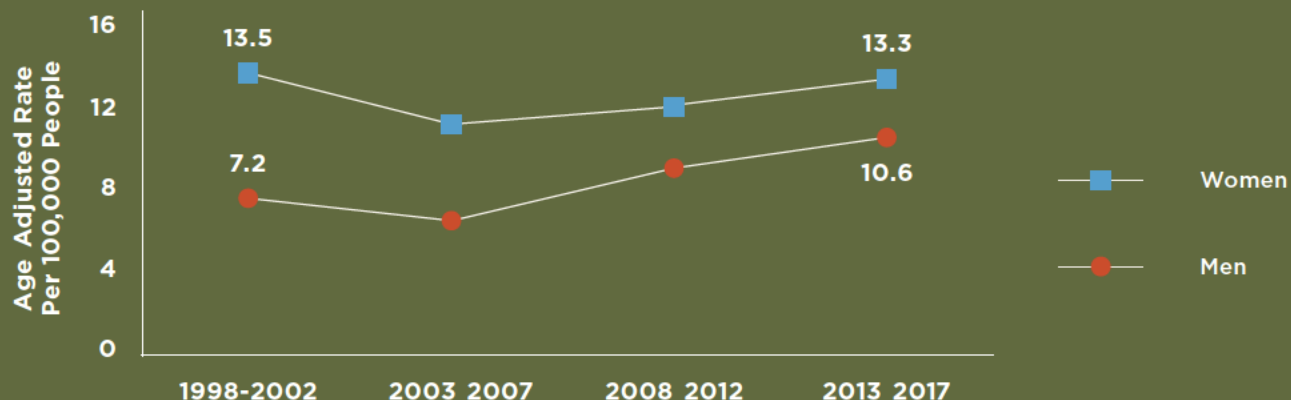
HPV is the cause of nearly all cases of cervical cancer, 90% of anal cancers, and about 70% of vulvar, vaginal, penile, and oropharyngeal (mouth and throat) cancers.¹

From 2013 to 2017, there were 750 new cases of HPV associated cancers in Montana. HPV associated cancers are more common in women than men, but the rate of HPV associated cancers has increased significantly among men since 2007.

The best prevention for HPV associated cancers is the HPV vaccine. The current 9 valent HPV vaccine protects against seven oncogenic HPV types that are estimated to account for 92% of HPV positive cancers.²

The Montana Cancer Control Program works closely with the Montana Immunization Program to promote HPV vaccination among adolescents.

TRENDS IN THE INCIDENCE RATE OF HPV-ASSOCIATED CANCERS IN MONTANA FROM 1998 TO 2017³



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, local, and community organizations, researchers, healthcare providers, decision makers, cancer survivors and their families and many others all coming 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 across the cancer continuum. 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 and Urban Health Programs, and Urban Communities. This grassroots coalition was formed to assist the MCCP in recruitment and screening of American Indian women and has evolved into a coalition that addresses issues from cancer prevention and treatment to quality of life and survivorship.



Health Equity in Montana

In September of 2019, the Montana Cancer Control Programs held a health equity forum in coordination with George Washington Cancer Center, the Montana Cancer Coalition, and the Montana American Indian Women's Health Coalition to support the development of the 2022-2027 cancer control strategic plans. While clinics are improving office systems to screen patients for colorectal cancer, Montana lacks resources for the un-insured and under-insured to pay for screening or treatment when colorectal cancer is identified. A comprehensive screening program for colorectal cancer, as well as treatment resources, would ensure primary care providers can recommend screening with the confidence that patients will be given the best standard of care. The MCCP, Montana Cancer Coalition and Montana American Indian Women's Health Coalition will build on partnerships established at the forum in a commitment to addressing health equity in Montana.

Looking forward, the MCCP is working to:

- Increase breast, cervical, and colorectal cancer screening rates.
- Close the gap on health disparities in Montana.
- Ensure access to cancer screening and treatment for all Montanans.
- Address Montana's lack of resources for the un-insured and under-insured to pay for screening or treatment when colorectal cancer is identified; comprehensive screening program for colorectal cancer, as well as treatment resources, would ensure primary care providers can recommend screening with the confidence that patients will be given the best standard of care.

CARDIOVASCULAR HEALTH PROGRAM

CARDIOVASCULAR HEALTH PROGRAM MISSION

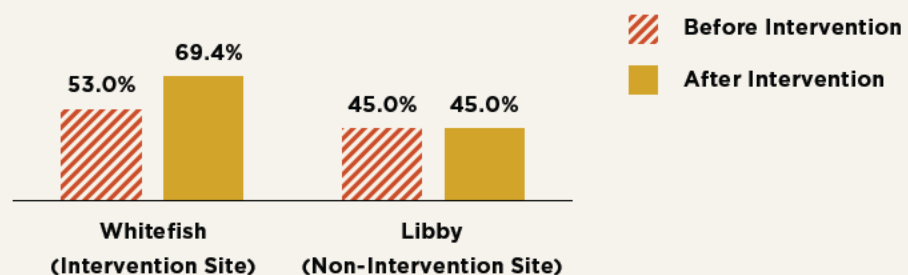
The Cardiovascular Health (CVH) Program strives to improve the health of Montanans by reducing cardiovascular risk factors and mortality from heart disease and stroke. Priority areas are enhancing blood pressure (BP) and cholesterol control and focusing on systems change in healthcare settings.

CARDIAC REHABILITATION

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. Beginning in 2020, the CVH Program piloted home-based cardiac rehab (CR) with two CR facilities in Missoula and Billings. This project will improve access to CR for patients who may not normally attend CR due to their work schedules or distance to a site. The pilot will also determine the economic feasibility of home-based cardiac rehab.

The CVH Program is also piloting the use of the CONNECT bi-directional referral system to refer patients from a cardiac interventional hospital to a CR facility in their regional areas. Kalispell was the hub site as it is the primary cardiac interventional facility in northwestern Montana. Patients discharged from Kalispell who have a cardiac rehab qualifying diagnosis were being identified and referred using the CONNECT system. In the first year of the project, Kalispell partnered with hospitals in Whitefish (piloted using CONNECT for referrals) and Libby (maintained usual method of referrals). Whitefish substantially improved referrals using CONNECT, while Libby saw no change with their usual referral method (Figure 1).

FIGURE 1. CARDIAC REHABILITATION REFERRAL RATES



Since 2005, the CVH Program and the Montana Association of Cardiovascular and Pulmonary Rehabilitation have coordinated a Montana Outcomes Project to strengthen patient care and health outcomes in cardiac rehab facilities. Through the CR Outcomes Project's registry, the CVH Program continues to collect quarterly outcomes data on a set of standardized indicators tracking patients who have completed cardiac rehab. In late 2017, blood pressure guidelines changed, and Outcomes Project participants began adhering to the new lower blood pressure goal threshold of <130/80 mmHg. This has negatively impacted the blood pressure control rates. For example, using the less restrictive blood pressure goal of <140/90 mmHg, aggregate blood pressure control remained around 90% in 2017. In the most recent quarter (4th quarter of 2019), aggregate blood pressure control of <130/80 mmHg was 78% (Figure 2).

The vast majority of CR patients were taking a high intensity statin to prevent future cardiovascular events. The 4th quarter of 2019 indicated that 88% of patients were taking a high intensity statin. In addition, 77% of the patients entering CR with depression had substantial improvements in depression screening scores (by category) (Figure 3).

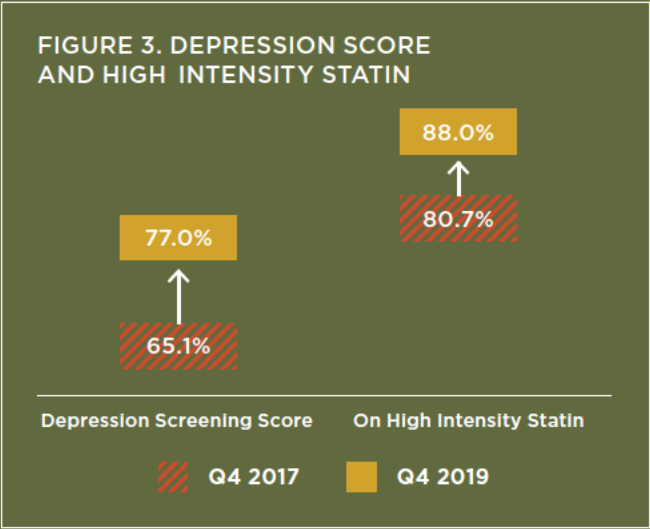
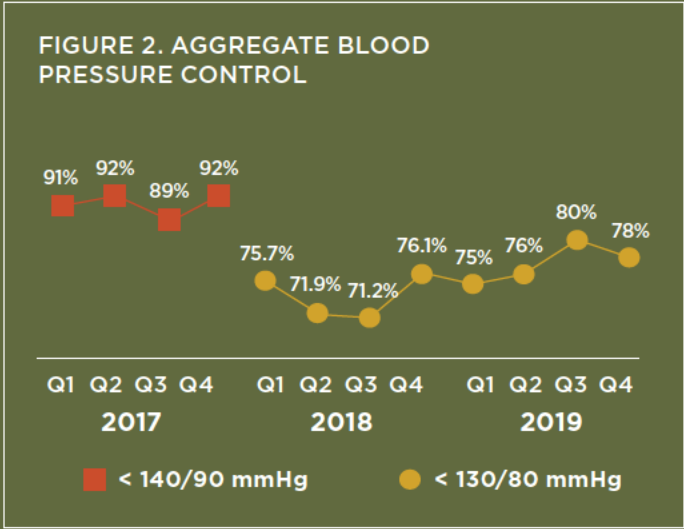
HEALTH COACHES FOR HYPERTENSION CONTROL

In 2018, Montana was the first state (outside of South Carolina where the curriculum was developed) to implement an evidence-based community hypertension management program called Health Coaches for Hypertension Control (HCHC). Each eight week session covers topics such as managing BP, nutrition, physical activity, tobacco cessation, and stress reduction. The classes are conducted by county health department staff, and within 2 years, the program expanded to five sites. Overall, participants' systolic BPs decreased and confidence in managing and handling their hypertension improved.

SELF MEASURED BP MONITORING

In 2018 2019, the CVH Program funded 10 cardiac rehab programs to work on improving BP control in patients who were not at goal. The programs provided BP monitors for patients to measure and track their BPs at home. For 2019 2020, eight CR programs and Diabetes Prevention Programs were funded to expand the project.

In the first year of this project, of the 71 patients who completed all BP measurements, the percentage with BP at target (<130/80 mmHg) went from 0% at baseline to 41% after the project.





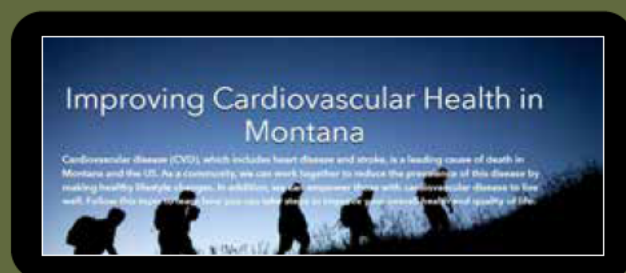
CARDIOVASCULAR HEALTH INITIATIVE HUB WEBSITE

The CVH Program is working to educate Montana citizens about how they can lower their cardiovascular disease risk factors. Specific focus is given to the topics of heart disease and stroke in an effort to raise awareness. To communicate the urgency and importance of these public health issues, the program is using ArcGIS Hub Premium, a “community engagement platform that organizes people, data, and tools through information driven initiative websites.” The goal of the platform is to remove silos and increase collaboration between community stakeholders on common issues. The cardiovascular hub is located at https://cardiovascularhealth_mtdphhs.hub.arcgis.com/. Please use Google Chrome when navigating to the site for the best web viewing experience. Internet Explorer is not supported.

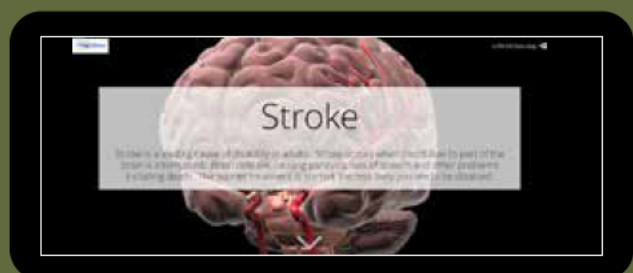
The hub provides the public access to cardiovascular related data, interactive web maps, story maps, graphs, social media posts, YouTube videos, and other relevant resources to help them follow a healthy lifestyle. Each site offers a “follow” button for updates, and interested stakeholders like healthcare workers or lifestyle coaches can sign up for a free account. User accounts are assigned permissions and managed by DPHHS department staff. Users can contribute content, create surveys, share items on social media, make maps, attend events, save favorite datasets, and receive notifications from DPHHS on new content or updates. The cardiovascular hub helps share content with a wider audience and can promote collaboration between public health and community organizations.

As part of the hub, the CVH Program created a Stroke Story Map to highlight stroke activities in Montana.

CARDIOVASCULAR HUB



STROKE STORY MAP



MONTANA STROKE INITIATIVE

The CVH Program continues to coordinate a statewide Stroke Recognition Program. Critical Access Hospitals (CAH) apply for the recognition and, if approved, agree to several criteria including: yearly stroke education, review stroke order-sets every two years, submit surveillance data twice a year and plan or actively engage in quality improvement projects related to stroke care. The CVH Program also has a similar Cardiac Recognition Program for CAH. There are currently 12 stroke recognized and 21 cardiac recognized hospitals in Montana.

After the success of the 2019 Rocky Mountain Stroke Conference in Whitefish, where approximately 120 health professionals were in attendance, the Stroke Workgroup and the CVH Program are planning virtual stroke education in Spring 2021.

FUTURE PROJECTS

The CVH Program is beginning to incorporate Social Determinants of Health (for example, improving access to food) within its blood pressure projects. In the upcoming year, the program may partner with Community Health Centers to pilot a “food pharmacy” strategy.

The CVH Program is working with the American Heart Association and the Stroke Workgroup to identify gaps in stroke care. For example, this may include health professional education, providing resources for stroke survivors, increasing CAH participation in the Stroke Recognition Program, and improving access to stroke rehabilitation.

To determine the effectiveness and sustainability of the grant project, the CVH Program and other Centers for Disease Control and Prevention grant staff will continue to rigorously evaluate new projects, such as home-based cardiac rehab and improving cardiac rehab referrals using CONNECT. In addition, stepwise evaluation will be used to assess quality improvement, team-based care, and self-measured blood pressure monitoring projects.

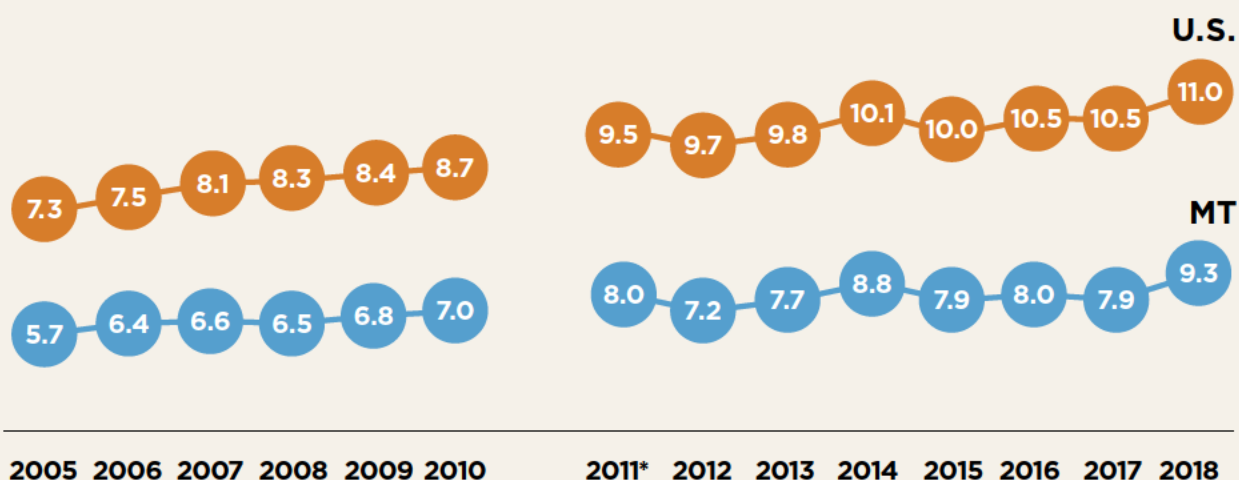




MONTANA DIABETES PROGRAM

Across Montana there are approximately 77,000 people who have diabetes and many more who do not know they have diabetes, or are at risk for type 2 diabetes. The Montana Diabetes Program (MDP) 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 developing diabetes.

PERCENT OF ADULTS WITH DIABETES, MONTANA AND UNITED STATES¹



¹Due to changes in survey methodology, starting 2011, estimates can no longer be compared to estimates from previous years. All years going forward from 2011 can be compared to one another.

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 10,000 participants since 2008.
- Trained lifestyle coaches from 19 organizations funded by the Montana Department of Public Health and Human Services (DPHHS) are serving 47 counties across the state. (maps below)
- Average participant weight loss of 15 pounds during the 12 month program.

To increase awareness and promote DPP, the MDP promoted two separate media campaigns.

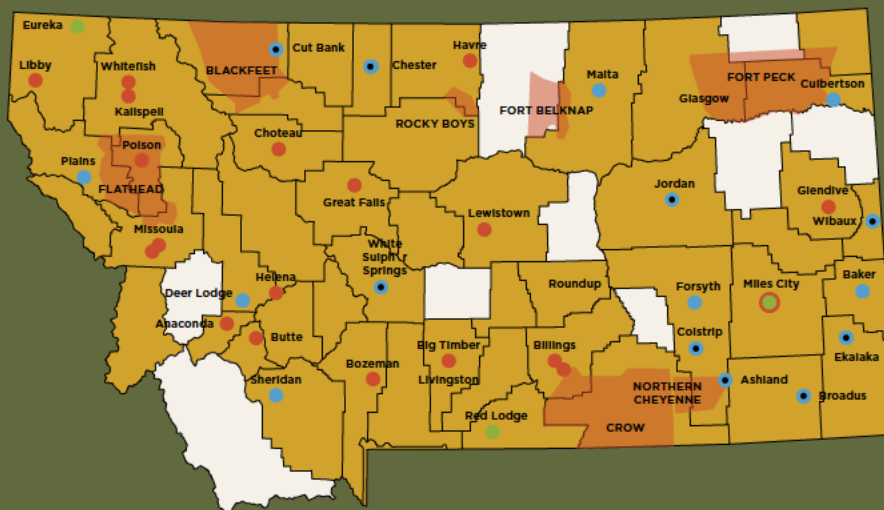
- DPP was promoted through a partnership with the Ad Council and Screen Vision. The Ad Council campaign ran from September 2019 through January 2020.
- Messages appeared in 20 movie theaters and on 80 screens across the state.
- Over 700,000 views were achieved during the campaign run.

The second campaign promoted positive messages around diabetes and prediabetes and where to find additional resources.

- Over 2,000,000 views.
- Campaign was promoted via social media, TV, radio, digital, and gas station ads.



NATIONAL DIABETES PREVENTION PROGRAMS IN MONTANA, 2020



75% of Montana counties served by National DPP with On site and Satellite locations

DPP SITE TYPE

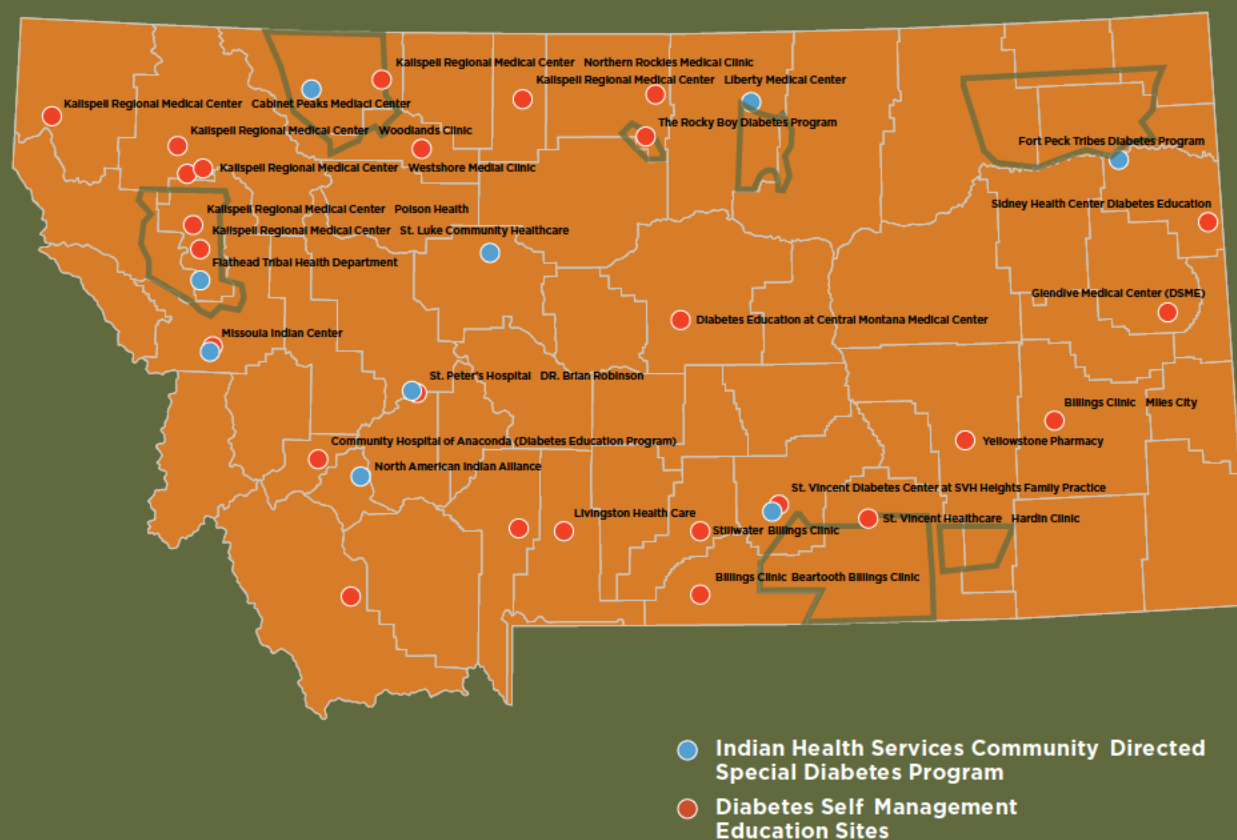
- On site (19)
- Satellite (3)
- Telehealth Site Actively Enrolling (6)
- Telehealth Site NOT Actively Enrolling (9)
- American Indian Reservation
- County served by National DPP
- County NOT served by National DPP

MONTANA DIABETES PROGRAM QUALITY DIABETES EDUCATION INITIATIVE

The Quality Diabetes Education Program offers resources to people who want to improve and maintain their skills regarding diabetes education. The goal is to ensure people with prediabetes or diabetes have the knowledge, skills, and abilities necessary for self care, ongoing support, and to provide technical assistance to diabetes self management education and support (DSMES) programs. The statewide initiative has:

- Increased the number of Diabetes Care and Education Specialists (DCES) from 52 in 2000 to over 90 in 2020.
- Increased the number of Diabetes Self Management Education and Support programs from 45 in 2018 to 50 in 2020, covering over 25 counties.

DIABETES EDUCATION SITES





The MDP's Diabetes Quality Care Monitoring System (DQCMS) started in 1997 as an application that allowed healthcare professionals across the state to record diabetes quality care measures and diabetes self-management education and support (DSMES) information for their patient populations and access summary reports for identifying areas for improvement. This system was updated and converted to a web based system in 2019. The updated system allows users to:

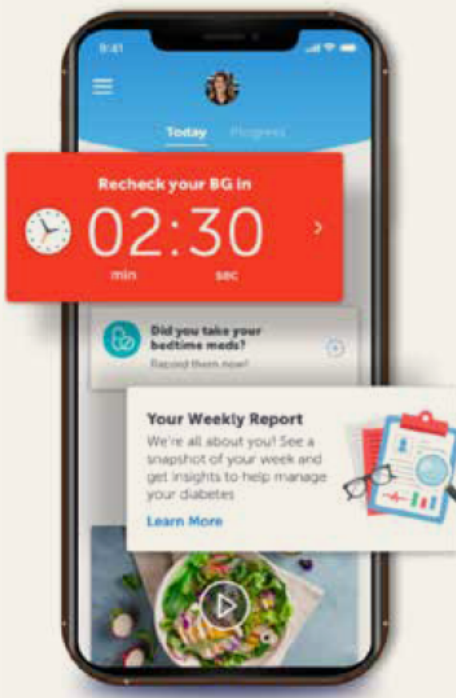
- Access site specific reports, including ADA recognition and Association of Diabetes Care & Education Specialists accreditation for diabetes education programs.
- Easily access individual site data.
- Communicate with patients through text messaging.

Currently there are 10 active healthcare sites using the web based system, and the MDP received DSMES data for over 1,200 patients served within the DSMES sites, 911 of those patients are from sites directly using the E DQCMS data system.

INNOVATIVE APPROACH TO DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT

The Montana Diabetes Program is partnering with Welldoc and the Diabetes Care and Education Specialist Montana Coordinating Body to provide Diabetes self-management education services via their digital therapeutic application to patients across the state.

- BlueStar® is a digital health solution for people with type 1 or type 2 diabetes.
- It's the first digital app that was FDA-cleared as a class II medical device for people with diabetes.
- It delivers precision, real-time feedback, and longitudinal insights to encourage engagement and healthy choices.
- Seventeen (17) Diabetes Care and Education Specialists and Dieticians across the state utilize the Welldoc's BlueStar® app to support current DSMES efforts.



INCREASING ENGAGEMENT OF PHARMACISTS IN DIABETES MANAGEMENT

Pharmacists have a unique opportunity to provide continuity of care by helping to monitor and manage diabetes medication plans and provide education and support to people with diabetes or prediabetes. The MDP is partnering with community pharmacists to conduct a statewide project focused on helping people manage their diabetes through immunizations, medication management, and referrals to DSMES and DPP.

- Partnerships with 10 community pharmacies.
- Over 300 individuals with diabetes or prediabetes have participated in the program.

Additionally, the Montana Department of Public Health and Human Services partnered with The ImProving Health Among Rural Montanans (IPHARM) program through the University of Montana's Skaggs School of Pharmacy, which provides low- to no-cost screenings to those with limited healthcare access.

- Between April and September 2019, there were 12 screening events with 11 different health care systems.
- There was a total of 289 individuals screened for diabetes.
- Through screening results, individuals were identified who had uncontrolled diabetes, potentially had diabetes but had not received a diagnosis, or who potentially had prediabetes but had not received a diagnosis.
- Referrals were made for all individuals needing to follow up with their healthcare provider or Diabetes Care and Education Specialist (DCES).



HEALTHY KIDS WITH DIABETES IN SCHOOL

The Montana Kids with Diabetes School Collaborative has continued to work actively on issues related to keeping Montana students with diabetes healthy and safe at school. The Collaborative has worked on updating the provider order forms to reflect new Continuous Glucose Monitoring technology and other new changes in diabetes care.

- Continuing education sessions about the latest diabetes care at school were presented at both fall annual conferences for teachers/educators and nurses.
- In conjunction with the Montana Office of Public Instruction (OPI), we developed and released the “Diabetes Care in Your School” module on the OPI Learning Hub for teachers and school staff to earn two hours of free renewal units.
- Since August of 2019 there have been 170 educators trained. Of those individuals trained 56% were teachers, 28% paraprofessionals/aides, 4% substitute teachers, 4% counselors and 2% administrators.

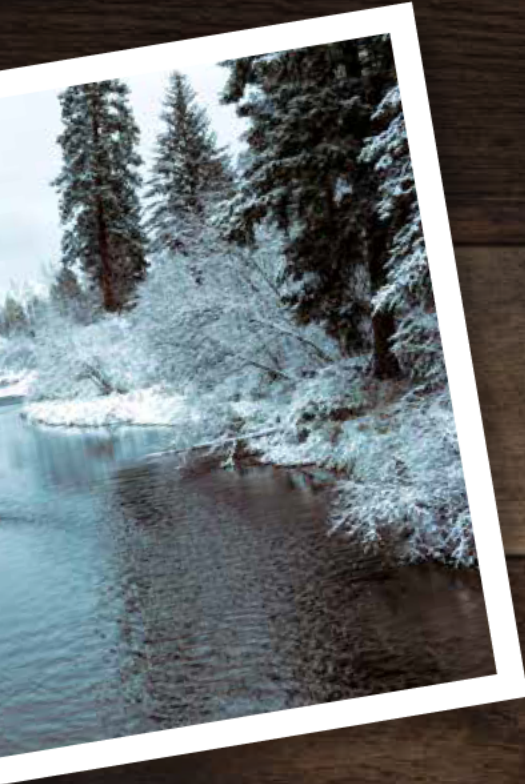
FUTURE POLICY, SUPPORT, AND PROJECTS

The Montana Diabetes Program is committed to reducing diabetes related disease and death rates, preventing type 2 diabetes and improving the quality of life of Montanans with diabetes. The MDP will continue to work with healthcare facilities, payers, and pharmacists to:

- Increase access to and retention in DPP and DSMES programs.
- Expand chronic kidney and retinopathy screenings across the state.
- Provide access to online diabetes prevention programs to current DPP sites.

Future support and policy needed involves working with healthcare payers to increase coverage for DPP and DSMES. This would result in overall cost savings and prevent medical costs associated with diabetes and improve the quality of life. Support is needed for continued federal and state funding to support these activities and prevent or delay the onset of diabetes.

WORKSITE WELLNESS PROGRAM



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

Worksite wellness initiatives can simultaneously improve the health of employees while also reducing health care 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.

Over the past several years, the Chronic Disease Prevention and Health Promotion Bureau has taken a coordinated approach to promote model worksite wellness initiatives in our state. The bureau has worked with local health educators in 13 regions that serve all 56 counties in Montana to implement inclusive evidence based programs and policies that embed worksite wellness into their practices. Over the last two years, 70 worksites have engaged in the implementation and evaluation to update policies and interventions. 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, insurance coverage for preventative cancer services, diabetes interventions, and mental health resources.

ONGOING PROJECTS

The Chronic Disease Prevention and Health Promotion Bureau is currently partnering with the Montana Hospital Association (MHA) to implement worksite wellness programs and evidence based interventions in critical access hospitals across Montana, specifically targeting rural areas.

Evidence based interventions can include:

- Walk with Ease (WWE) and Walk with Ease Self-Directed (WWE-SD) Programs
- Chronic Disease Self-Management Program (CDSMP)
- Diabetes Prevention Program (DPP)
- Diabetes Self-Management Education and Support (DSMES)
- Healthy Heart Ambassador- Blood Pressure Self-Management (HHA-BPSM) Program
- Health Coaches for Hypertension Control (HCHC)
- Cancer Screening Services
- Mother Friendly Worksite Initiatives
- Nutrition and Physical Activity Initiatives
- Tobacco Cessation Initiatives



MONTANA ARTHRITIS PROGRAM

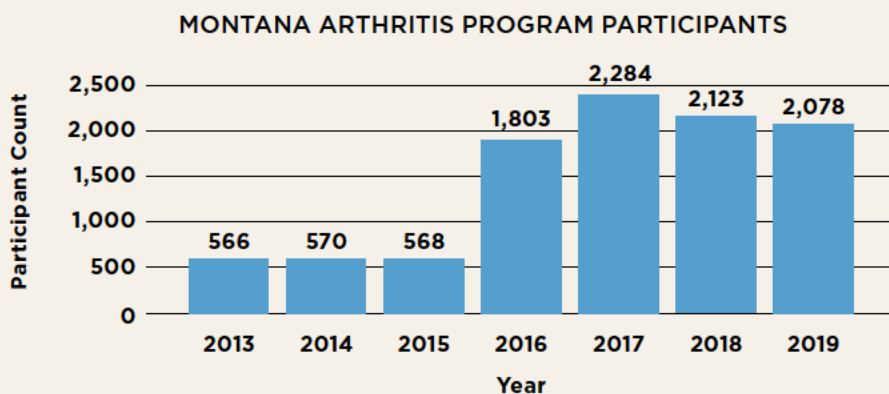
WHAT IS ARTHRITIS?

Arthritis is the leading cause of disability. Common arthritis joint symptoms include swelling, pain, stiffness, and decreased range of motion. There are more than 100 different types of arthritis—including osteoarthritis, rheumatoid arthritis, gout, fibromyalgia, and other related conditions.

Arthritis affects people of all ages (including children), genders and races. Montana consistently has higher rates of arthritis compared to the national average. Arthritis affects approximately 215,000 (26%) Montana adults, and half of the adults in Montana with arthritis are working age (18-64 years old).

MONTANA ARTHRITIS PROGRAM

The Montana Arthritis Program's mission is to provide all Montanans living with arthritis access to an arthritis-approved exercise or self-management program to learn how to manage their arthritis symptoms. In the past eight years, the Montana Arthritis Program has helped 11,000 Montanans manage their arthritis through arthritis-approved exercise and/or self-management programs.



The Montana Arthritis Program collaborates with local organizations across the state to offer arthritis-approved exercise programs: *Arthritis Foundation Exercise Program*, *Walk with Ease* and a self-management program—*Montana Living Life Well*.



WHAT ARE THE BENEFITS OF ATTENDING ARTHRITIS APPROVED PROGRAMS?

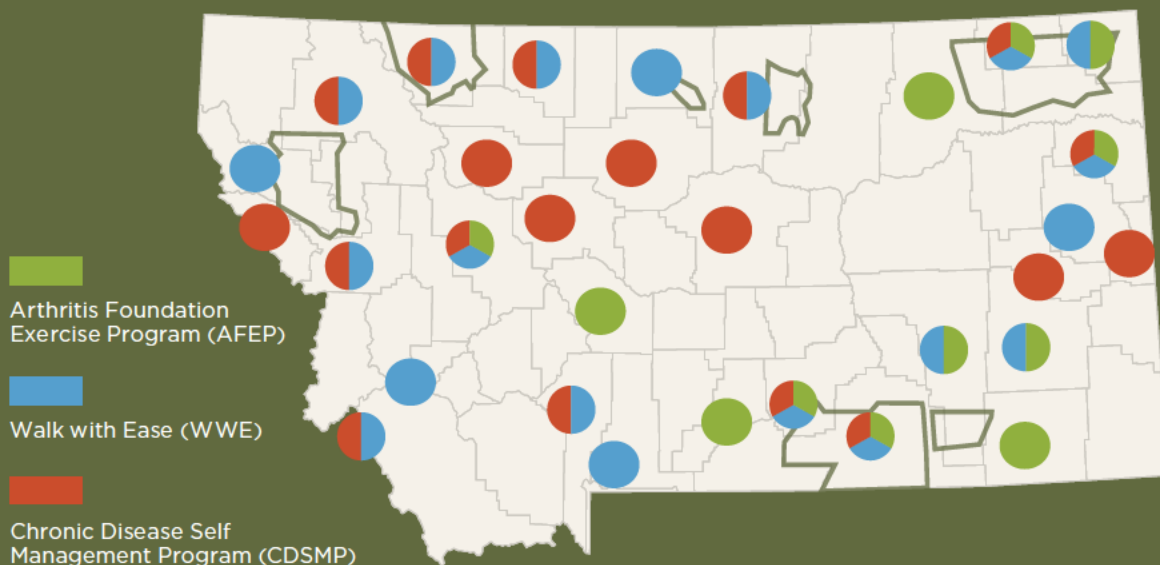
Arthritis Exercise Classes:

Regular physical activity can help relieve arthritis pain as effectively as over the counter pain medications. In addition, physical activity helps increase joint range of motion, decrease pain and fatigue levels, and improve quality of life.

Self Management Classes:

Attending self management classes like *Montana Living Life Well*, provides 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 friends, family and healthcare providers.

MONTANA ARTHRITIS PROGRAM SITES



LOOKING FORWARD

The Montana Arthritis Program will continue work with local health departments, local community organizations, the Area Agencies on Aging, and worksites to implement arthritis approved exercise and self management programs to ensure all Montanans have access to classes to manage their arthritis symptoms.



MONTANA ASTHMA CONTROL PROGRAM

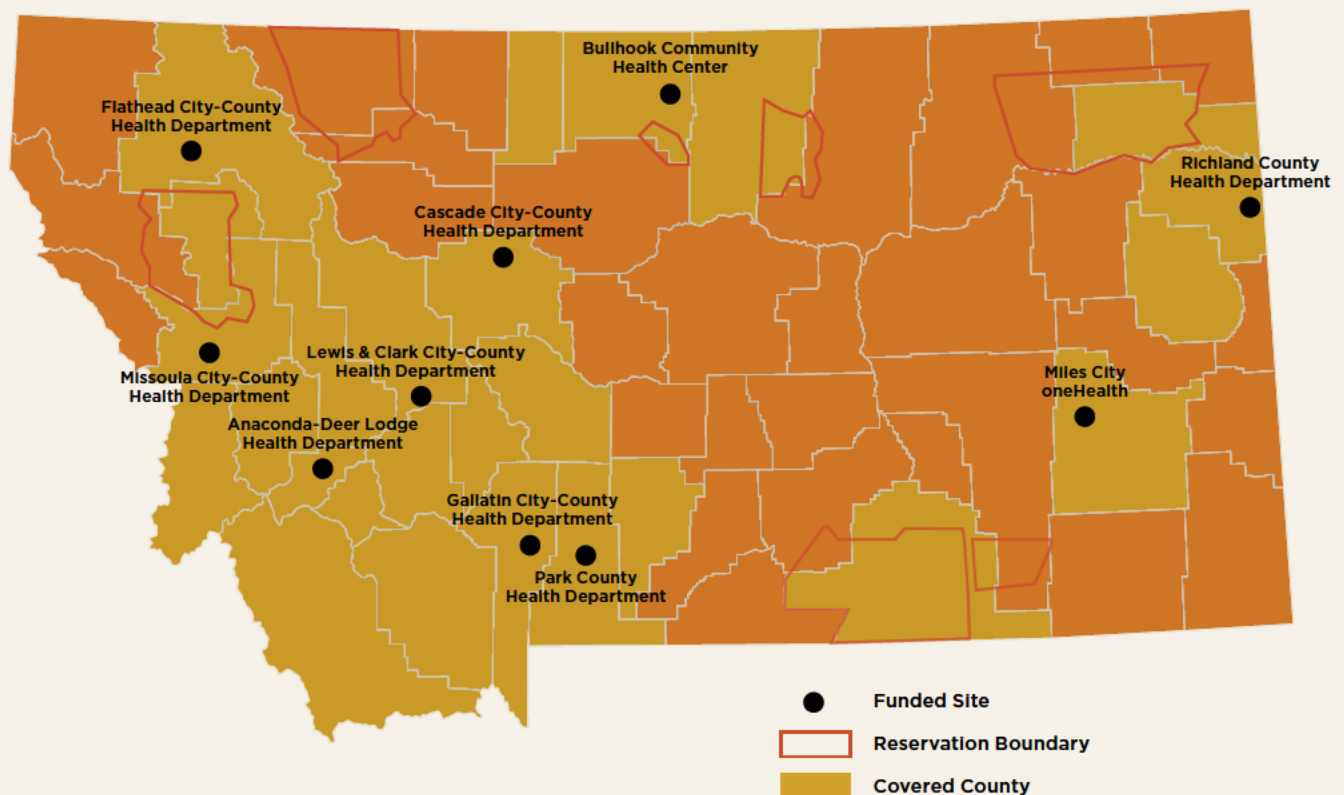
Asthma is a serious chronic condition that affects an estimated 94,346 people in Montana. Many people with asthma live with frequent symptoms, activity limitations, and poor quality of life. However, asthma can be properly treated and controlled through self-management. The Montana Asthma Control Program supports evidence-based interventions and resources based on guidelines that can help people control their asthma.

MONTANA ASTHMA HOME VISITING PROGRAM (MAP)

The 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. Currently, 11 sites implement the MAP across 26 Montana counties. The MAP has historically demonstrated significant health improvements and reductions in healthcare usage among clients.

- The MAP began serving children with uncontrolled asthma in 2011, leading to dramatic improvements in asthma control and health outcomes for over 500 youth participants. Due to the wide-ranging success of the intervention, the program was expanded in 2018 to include home visiting services for adults with uncontrolled asthma. In approximately two years, 41 adults have participated in the MAP.
- An analysis of a small sample of MAP participants insured by Medicaid showed continued improvement two years after program completion. Among Medicaid members completing the Asthma Home Visiting Program, emergency department visits dropped from 44 total visits in the two years prior to program enrollment to zero visits in the two years following program completion, resulting in an estimated cost savings of \$35,200 on ED visits alone.

MONTANA ASTHMA HOME VISITING PROGRAM, 2011-2018



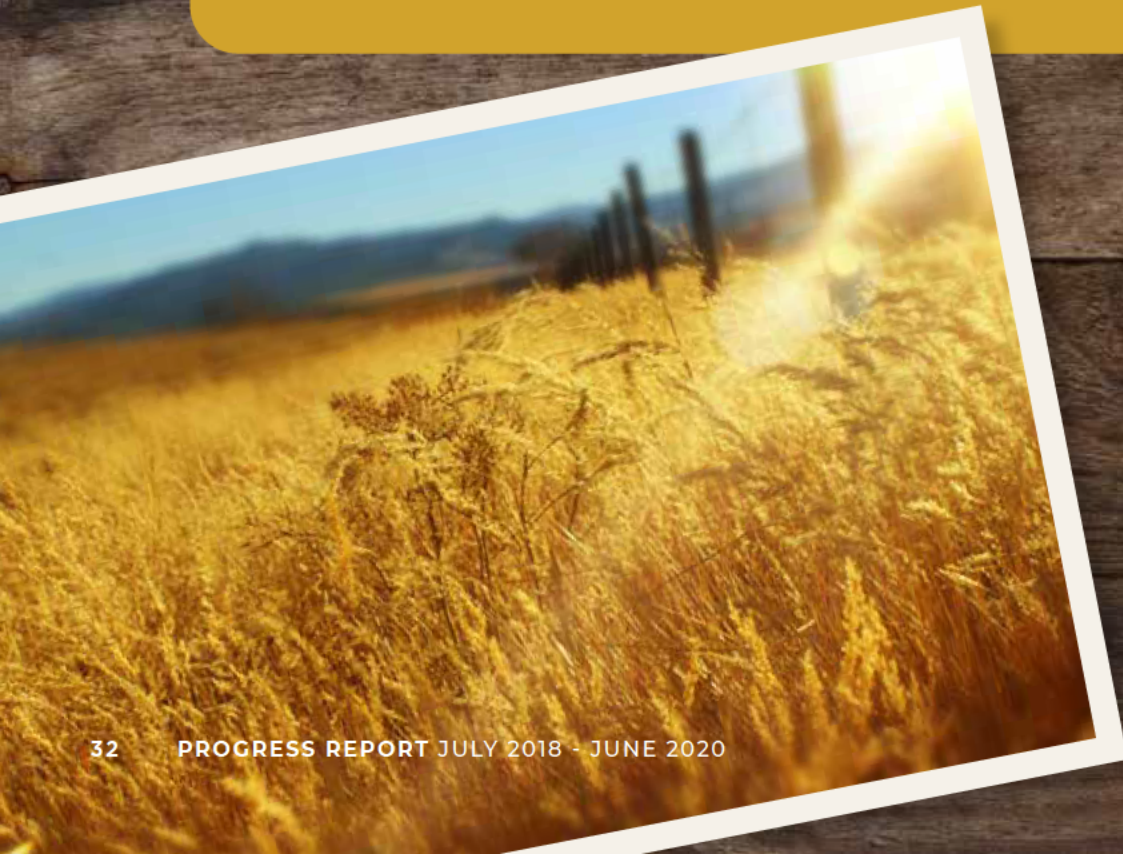
HEALTHCARE QUALITY IMPROVEMENT

To improve coordination and increase access to guidelines-based asthma care, the Montana Asthma Control Program (MACP) provides continuing education to healthcare professionals and supports quality improvement projects in emergency departments and primary care clinics.

- Since 2015, the MACP has provided education to over 120 healthcare professionals across eight primary care clinics and three emergency departments on the guidelines for evidence-based asthma care and management.
- From 2014-2019, 153 people attended certified asthma educator (AE-Cs) review courses hosted by the MACP, and the total number of active AE-Cs in Montana increased from 34 to 77.
- Since 2010, the MACP has coordinated the Big Sky Pulmonary Conference where an average of 128 health professionals attend each year. This conference provides annual professional development on topics related to respiratory health, health equity, and environmental health, among other relevant topics.

FUTURE

Looking toward the future, the Asthma Control Program will continue to work with Medicaid and other insurance providers to secure reimbursement for asthma home visiting services and explore opportunities for the expansion and coverage of telehealth services for asthma.



SCHOOL AND CHILDCARE BASED ASTHMA INTERVENTIONS

The MACP provides asthma education opportunities for schools and childcare facilities while promoting policies that support healthy learning environments for all students and staff. Through online and in-person trainings and the administration of the school health mini-grant program, more school staff and childcare providers understand how to help prevent asthma attacks and respond to emergencies.

- Since 2011, 50 grants have been awarded to 30 separate school districts to focus on asthma-related projects.
- 2,083 school staff and 445 childcare providers have received asthma and anaphylaxis education directly from the MACP or from a sponsored partner or program as of May 2020.
- MACP supported the updating of the Department of Health and Human Services school administrative rules in 2019 to focus attention on health and wellness policies in Montana schools.

FUTURE

Addressing environmental health issues in schools remains a key priority of the MACP. Key stakeholders in schools will receive education and resources on how to meet the requirements in the administrative rules and protect the health of their students and staff.

FUTURE POLICY NEEDS

Data is used to understand the health status of Montanans with asthma, such as Medicaid enrollees and people living in rural communities. As telehealth services gain traction throughout the state, the MACP will assess the effectiveness of these services in providing asthma education. Asthma telehealth services covered by Medicaid and other insurance providers would:

- Improve health equity by increasing access to care.
- Reduce travel costs for patients living in rural communities.
- Reduce loss in productivity from missed days of school and work.
- Avoid medical costs from emergency department visits and hospitalizations.
- Improve their quality of life.

MONTANA DISABILITY & HEALTH PROGRAM

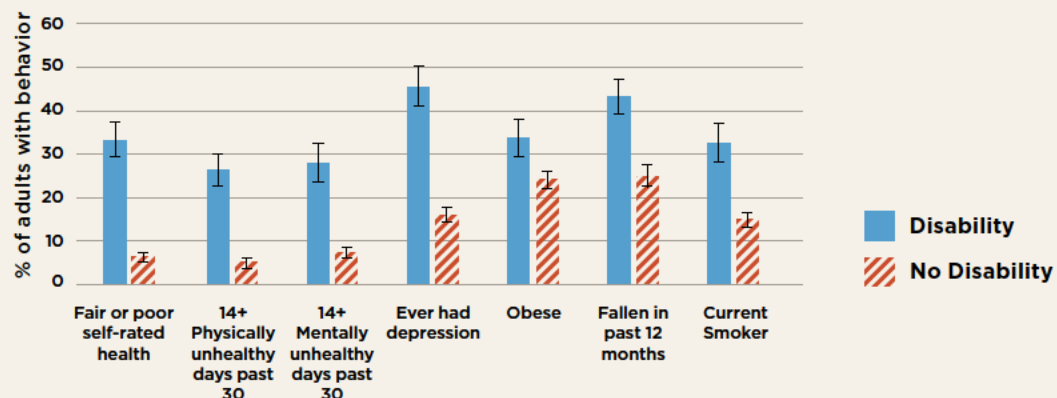
Since its first funded year in 2002, the Montana Disability and Health Program (MTDH) has built a foundation through systems change that has facilitated many successes.

Disability is a demographic. Like people of color, older adults, and people with low income, people with disabilities experience higher rates of health disparities. Figure 1 displays some of these disparities using 2018 Behavioral Risk Factor Surveillance Survey (BRFSS) data.

The MTDH has a multi-branch partnership structure. This includes: the Chronic Disease Prevention and Health Promotion Bureau (CDPHP) and its secondary management programs; the Montana Centers for Independent Living (CILs) and its programs that increase self-efficacy and independent living skills; and the University of Montana's Rural Institute on Inclusive Communities, the state's University Center for Excellence in Developmental Disabilities Education, Research and Service (UCEDD). Together the two branches empower people with disability to overcome barriers to being healthy.

Over one in four Montanans (26%) identify as having a disability. This means every public health program should plan to have participants with disability. Planning involves the assurance of accessibility and the social inclusion of people with disability in leadership roles and as participants. The MTDH, with support from the CILs, provides technical assistance for this process among statewide public health entities. The MTDH's mission is to improve timely education and skills to help prevent and manage chronic disease, including secondary conditions related to disability (e.g., bed sores), reduce smoking, improve nutrition, increase physical activity, and improve access to healthcare.

FIGURE 1. HEALTH FACTORS, 2018 MONTANA BRFSS, BY DISABILITY STATUS



In 2019, MTDH partnered with many of the CDPHP bureau programs:

- The Montana Tobacco Use Prevention Program and MTDH have pulled, analyzed, and presented participant data from the Montana Tobacco Quit Line that examines the differences in quit rates between people with disability and those without disability.
- The MTDH gave a presentation on Independent Education Plans and disability advocacy within schools to the Montana Asthma Home Visiting Program nurses.
- The Montana Cancer Coalition (MTCC) is welcoming a new Disability Advisor to their steering committee. This Disability Advisor will support the goals of the MTCC while providing a voice for people with disability who've also experienced cancer. This would be the sixth CDPHP Coalition with an active Disability Advisor.
- The Montana Worksite Wellness program has added accessibility specific measures to their worksite quarterly reports. The goal is to change the language within worksite policies to specifically require adaptive physical activity opportunities, appropriate accommodations, and accessible programs.
- In collaboration with the Montana Diabetes Program, MTDH received a competitive national grant to build capacity for and implement the new Prevent T2 for All curriculum, a disability inclusive version of the Diabetes Prevention Program.





Often before people with disability access the CDPHP bureau secondary management programs, they become acquainted with their local CILs for resources, skill building, and support. Figure 2 is a map of Montana outlining the service areas of the four CILs. This map also shows that counties without a physical CIL office, mostly rural and frontier, have higher rates of disability. For public health programs that reach these areas, accessibility and inclusion of people with disability is imperative.

All CILs offer the Living Well in the Community program (LWC), which is a 10 week health promotion workshop for adults with disability. Participants practice goal setting, problem solving, and communication skills, while learning about healthy behaviors, such as physical activity and healthy eating.

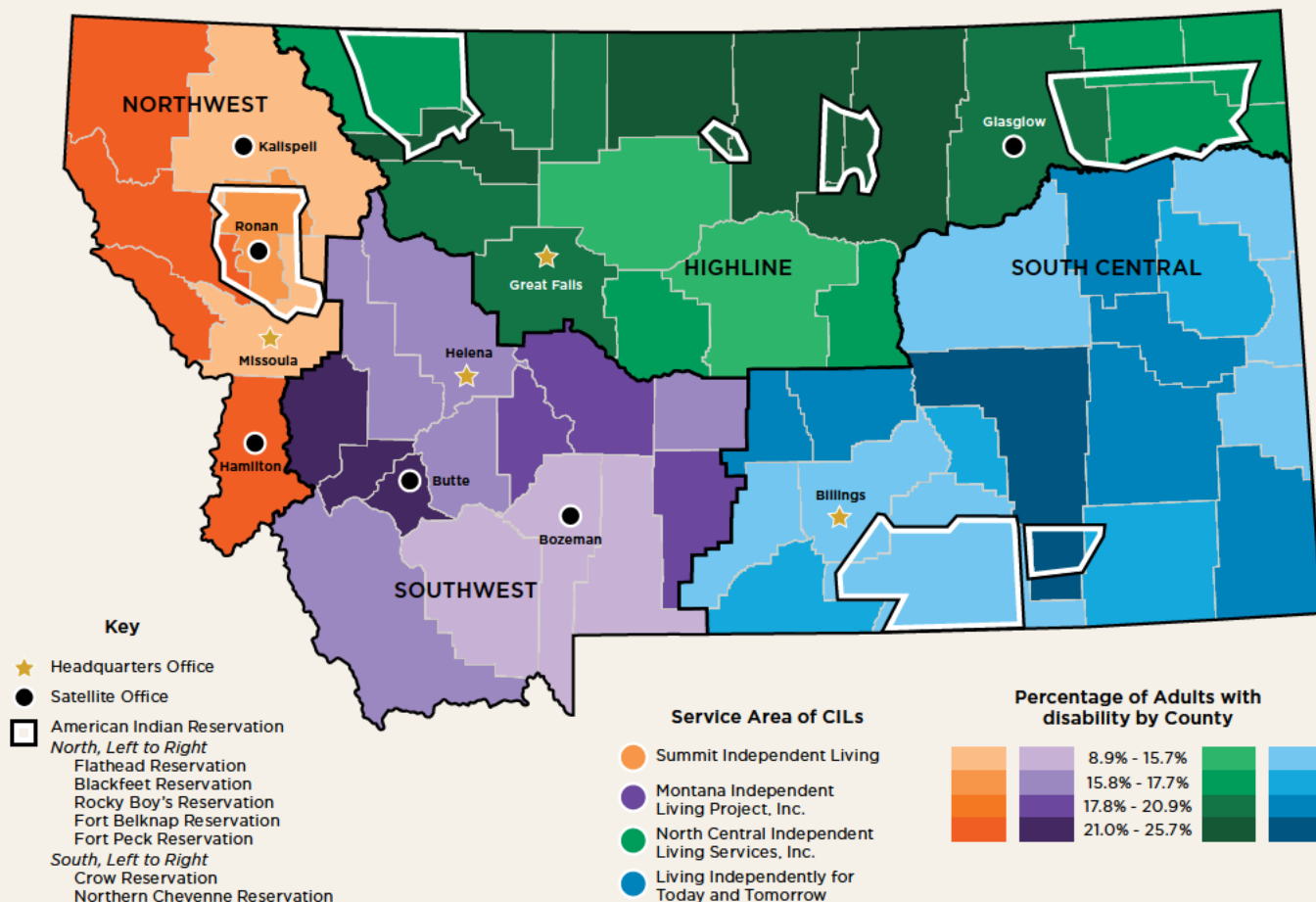
- In late 2019, the MTDH organized a Community of Practice (COP) for the LWC facilitators starting with an in person rendezvous for the group to share experiences, learn new teaching strategies, and ask questions.
- During 2020, the new edition of LWC was implemented with online training and virtual facilitation materials.

Another responsibility of the CILs is to be Accessibility Ambassadors for the communities. This role requires each CIL to implement Inclusive Interdisciplinary Walk/Move Audits (I2 Walk). I2 Walk Audits are organized to help communities learn the fundamentals of walkability/movability and what it takes to create connected, inclusive and healthy communities that are safe for all ages and abilities. In 2019, eight Walk Audits were completed across the state.

The MTDH's multi-branch partnership increases the health and wellness opportunities of people with disability. The CILs empower people with disability to gain confidence and skills to make healthy choices; the CDPHP Bureau assist in decreasing secondary conditions and minimizing health disparities, and the Rural Institute creates better lives for rural people with disability and their families through innovative services, training, and participatory research.

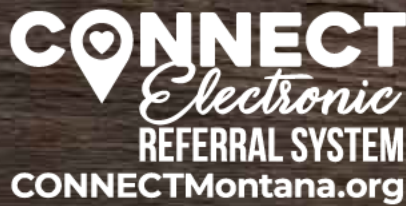
FIGURE 2. SERVICE AREA AND PERCENTAGE OF ADULTS WITH DISABILITY BY COUNTY FOR THE MONTANA CENTERS FOR INDEPENDENT LIVING (CILS)

(ACS 2017, 5-year estimate for disability (any type) among adults).



FUTURE

Addressing accessibility within our communities has been challenging in the face of the coronavirus pandemic. COVID 19 has required MTDH to reimagine program implementation and partnership building making changes that positively impact more people than ever before. For example, the MTDH team has implemented virtual and hybrid I2 Walks. This new experience will continue to expand reach and increase accessibility to those who cannot physically attend the I2 Walk. Virtual meetings and conferences have become the norm. They enable experts, partners, and advocates from across the nation to come together without the strain of travel. The MTDH is a leader in virtual accessibility and provides technical assistance to organizations like the American Public Health Association. Virtual adaptations are being made across DPHHS and MTDH plans to support coordinated accessibility efforts to ensure all Montanans have access to live healthy lives.



THE CONNECT BI DIRECTIONAL REFERRAL SYSTEM

The goal of the CONNECT referral system is to foster a collaborative culture among service providers and social supports across the state. This bi directional system allows the client's contact information to be sent securely between service providers. System users can document and view service follow up as well as the outcomes of each referral received. Each program also has access to the reporting features which show referral metrics and outcomes. These reporting features can then be used to enhance quality improvement efforts by highlighting programs strengths as well as opportunities for improvement as it relates to their referral process.

BENEFITS OF THE CONNECT SYSTEM

- Available at no cost to users.
- A statewide tool that documents outcomes and recommendations of each referral made helping to reduce duplication of services, unnecessary referrals, and incomplete referrals.
- Improves health outcomes of clients.

STATEWIDE EXPANSION OF THE SYSTEM

In 2019, the Chronic Disease Prevention and Health Promotion (CDPHP) Bureau started the expansion of the system with the overall goal of increasing access to services statewide that improve population health and reach underserved populations. Through the support of several grants, Regional CONNECT Coordinators were hired at the local level with 11 of the 13 health regions.

- CONNECT went from six siloed systems to an interconnected statewide network which increased the number of active users in the system from 173, in 2018, to 876, in 2020.
- For the period of July 1, 2019 June 30, 2020 a total of 413 programs were added into the CONNECT Referral System.
- Since September of 2019, over 780 referrals have been sent within the system.

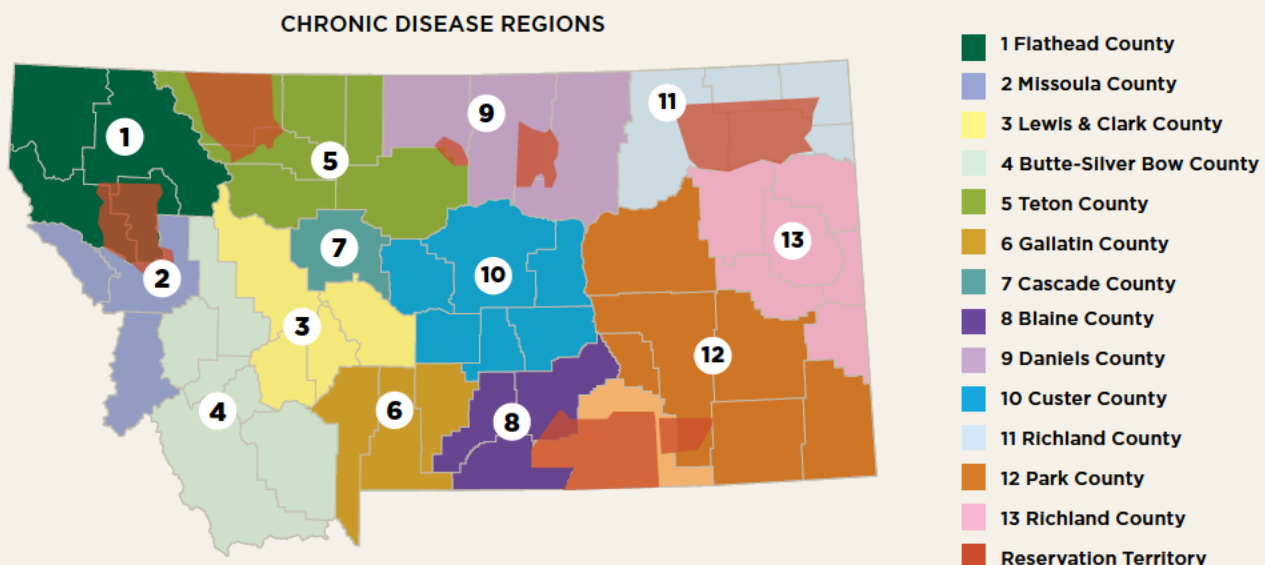
Participation in the CONNECT system has led to an increase from 52% to 69% for rehab referrals from Kalispell Regional Hospital to North Valley Hospital, between January 2019 and July 2019.

FUTURE PROJECTS

Moving forward, the CDPHPB plans to expand the CONNECT system into all Chronic Disease Prevention Health Regions and continue to increase the number of participating agencies with a focus on reaching rural areas and underserved populations. Keeping Montana's rural communities at the forefront, innovative features such as sign-by-text are an option for when the client is not able to be physically present in a clinic setting. This feature allows a service provider utilizing the CONNECT Referral System to send and/or receive a referral on behalf of a client. In addition to this, the system is accessible online—reducing paper burden and allowing for comprehensive reporting parameters to ensure clients receive services needed. With a close examination of the multifaceted health needs statewide, the CDPHPB has also partnered with the Addictive and Mental Disorders Division (AMDD) to expand the use of the CONNECT Referral System amongst behavioral health providers. This expansion will include targeted outreach to services which cater to service members, veterans, individuals experiencing substance use disorders, and those with complex behavioral health needs.

The future participating agencies will include statewide partners such as:

- Montana's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Department of Labor and Industry-Job Services
- The National Association of Student Personnel Administrators (NASPA) which is a U.S.-based student affairs organization boasting more than 13,000 members at 1,400 campuses.
- The Office of Public Instruction (OPI)
- Vision21 Linking Systems of Care (LSOC) to improve the responses to child and youth victims and their families by providing consistent, coordinated, and collaborative responses that address the presenting issues and the full range of victims' needs.
- Addictive and Mental Disorders Division (AMDD) Affiliated Behavioral Health Providers
- Billings Clinic
- Western and Eastern Montana Mental Health Centers
- Hospital Systems and Health Networks Statewide



MONTANA EMERGENCY MEDICAL AND TRAUMA SYSTEMS PROGRAM

EMS PROVIDER EDUCATION

Prehospital care for EMS services is an intense and stressful event, and ongoing training for volunteers is a challenge. Education programs have been provided to EMS responders in their local communities and at statewide conferences. These programs include trauma and pediatric emergency for EMS providers in 22 communities over the past two years, and educational opportunities provided at four statewide conferences. Simulation education provided by Simulation in Motion Montana is included in educational offerings whenever possible.

All licensed EMS Agencies are inspected for license renewal on a bi-annual basis. The onsite inspection is an opportunity to verify compliance with licensing regulations and provide technical assistance with licensing requirements, documentation, and quality and process improvement.

EMS DATA COLLECTION

EMS data is an essential element of patient care and system development. The addition of an EMS epidemiologist has allowed for improved evaluation of the EMS system. In 2019, over 131,000 records were entered into Montana's Online Prehospital Information System. The data collected is being used at the local, state, and national levels for improvement of EMS care and EMS system improvement.

COMMUNITY INTEGRATED HEALTH (CIH)

CIH, also referred to as community paramedicine, is a relatively new program in Montana which utilizes emergency medical technicians and paramedics to treat underserved populations and fill health gaps in a community. Over the past two years, eight pilot programs from larger cities to small towns began implementing this new and exciting program. Providers from each site received training from Hennepin Technical College in Minnesota to earn their CIH certificates. They also will apply for the CIH endorsement, set forth by the Board of Medical Examiners. Their goals to improve patient care and quality of life for the residents of our great state, includes working with homeless populations, managing chronic disease of patients, and following up with post-discharged hospital patients.

LOOKING FORWARD

In 2019, EMSTS began an assessment of the current state of Montana EMS. Along with an online survey, face to face interviews with service managers were conducted. Concurrently, the Montana Hospital Association conducted similar interviews with Critical Access Hospitals. Findings from these interviews are being compiled into a draft report for public review to validate findings and solicit input on strategies and activities to help strengthen Montana's EMS system.

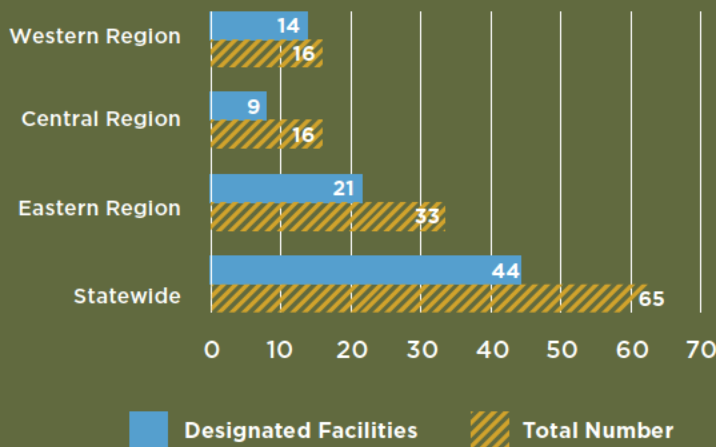
TRAUMA SYSTEM

The State Trauma Plan, which includes the Trauma Facility Designation Criteria, was updated in 2019. This plan describes the Montana Trauma System's current organization and operations and strategies to strengthen the sustainability of the Montana Trauma System's mission.

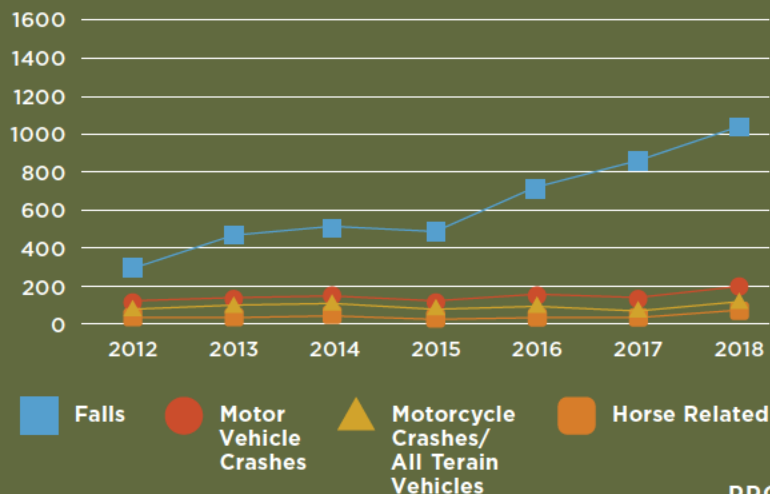
Sixty eight percent (68%) of eligible facilities across the state are now designated. Holy Rosary Healthcare in Miles City and Frances Mahon Deaconess in Glasgow both underwent their initial designations in 2019 becoming the newest trauma centers in the system.

This data driven system relies upon a statewide trauma registry for facilitating statewide and regional injury prevention efforts and trauma system performance improvement. Falls continue to be the leading cause of injury for patients age 65 years or older.

2019 MONTANA TRAUMA FACILITIES



CAUSE OF BLUNT FORCE TRAUMATIC INJURY
FOR PATIENTS AGE ≥ 65 YEARS



MONTANA VIOLENT DEATH REGISTRY SYSTEM (MT-VDRS)

Montana collects facts from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports for entry in the CDC National Violent Death Reporting System (NVDRS). This links information about the “who, when, where, and how” from data on violent deaths and provides insights about “why” they occurred. Data elements collected provide valuable context about violent deaths, such as relationship problems, mental health conditions and treatment, toxicology results, and life stressors. MT VDRS pools more than 600 unique data elements from multiple sources into a usable, anonymous database covering all types of violent deaths – including homicides and suicides – in all settings for all age groups.

MTVDRS data increase our knowledge about where violent deaths occur, who is most at risk, and the factors that contribute to violent deaths. This data provides the foundation for building successful strategies for preventing violence so that all communities can be safe and free from violence and people can live to their full potential. Data collected will be used to prevent violent deaths by informing the public and decision makers about the magnitude, trends, and characteristics of violent deaths; educate communities about circumstances that contribute to violence; and help decision makers and program planners develop and enhance comprehensive violence prevention efforts to maximize benefits.

In July 2019, an executive order was signed which designated MT VDRS as an agency that could receive confidential criminal justice information. This allowed any law enforcement entity in the state to legally share confidential criminal justice information with MT VDRS. With this executive order, the amount of data collected by MT VDRS increased significantly.

INJURY PREVENTION

Approximately 900 deaths from injury occur each year in Montana, two thirds of which are unintentional. Injury, primarily from motor vehicle crashes, intentional self harm, falls, and poisonings, is the leading cause of death for Montanans aged 1-44 years.

Motor Vehicle Crash Prevention

Motor vehicle crashes result in huge medical and work loss costs, especially since younger people are disproportionately affected. 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.

Self Harm

Intentional injury, most commonly from firearms, suffocation, and poisoning, accounted for 28% of the injury deaths in Montana from 2009-2018. Partnering with stakeholders, the Injury Prevention Program is working on the Montana Suicide Prevention Action Plan to reduce the approximately 300 suicide deaths in Montana annually by 10% in the next five years.


Fall Prevention

Falls have been the leading cause of death for Montanans age 65 and older since 1991. This program implements an evidence-based fall prevention program called Stepping On, which helps older adults reduce their risk for falls.

Poisoning Prevention

Mortality due to unintentional poisoning in Montana from 2007-2018 was mainly due to drug poisoning, primarily narcotics, hallucinogens, and psychostimulants.

DPHHS contracts with the Rocky Mountain Poison and Drug Center to provide lifesaving medical advice and poison information to Montanans. In 2018, over 8,000 poisoning cases were managed over the phone, saving an estimated \$2.5 million in healthcare costs from unnecessary emergency room visits.



SUBSTANCE USE DISORDER – OPIOID ABUSE

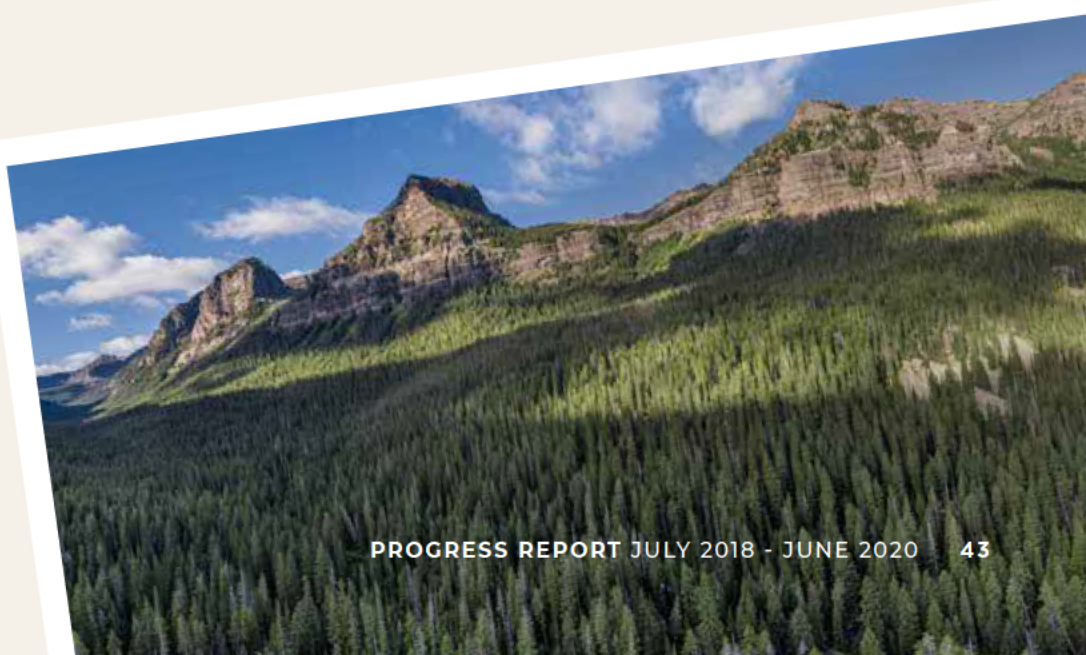
Overdose Prevention

Unlike national trends, Montana has had a reduction in overall drug overdoses since 2009. Driven by significant declines in opioid use, overdoses fell from 7.4 deaths per 100,000 residents in 2009-2010 to 2.7 deaths per 100,000 residents in 2017-2018. Nevertheless, opioids continue to be the most commonly identified drug in Montana drug deaths, present in 44% of cases.

Substance Use Disorder Strategic Plan

With an over-arching goal to reduce drug overdose deaths and to increase awareness of Substance Use Disorder (SUD) in Montana, the first Montana Substance Use Disorder Strategic Plan 2017-2019 had many key accomplishments, including:

- Creating partnerships by engaging over 250 stakeholders from organizations and agencies across the state to ensure the more than \$30 million of federal funding secured to address opioid use in Montana was spent strategically and effectively.
- Aiding in prevention and education by distributing 35 mini-grants to local communities to support evidence-based prevention, distribution of 100,000 Deterra bags for safe opioid disposal and dispensing 1,600 units of life-saving naloxone to first responders.
- Better monitoring of opioid prescriptions through increased usage of the Prescription Drug Monitoring Program (PDMP), including passage of legislation mandating use of the Montana Prescription Drug Registry by all providers.
- Better treatment of opioid use disorder by increasing the number of medical providers with buprenorphine waivers by over 300%, expanding access to evidence-based treatment, and bolstering Medicaid expansion funding to support Integrated Behavioral Healthcare and Opioid Use Disorder Treatment programs.
- Increasing family and community resources by quadrupling safe syringe programs and partnering with the Montana Healthcare Foundations' Meadowlark Initiative to increase access to substance use treatment for pregnant women and mothers.





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

The provision of pediatric education included Emergency Nurse Pediatric (ENPC) courses for hospitals and Emergency Pediatric (EPC) courses for EMS. Each of the three trauma regions was provided funding to support pediatric education opportunities. In 2019, approximately 100 pediatric workshops and presentations were provided, 33 Pediatric Disaster Tabletop Exercises were conducted and 92 EMS service Pediatric Care Champions were recruited.

EMS Pediatric Recognition Program

The EMS Pediatric Recognition Program helped guide EMS services to improve their pediatric care. Criteria range from Level I (pediatric-specific equipment on ambulances); Level II (a minimum of four hours of pediatric education annually); Level III (providing community pediatric injury prevention outreach); and Level IV (agency has a child passenger safety technician). An additional endorsement is provided when the agency performs background checks on their staff. Currently, over 20 Montana EMS agencies are formally recognized at one of the four levels.

Several activities to support this recognition program include the Montana Pediatric Scenario Guidebook, Pediatric Educational Resource with Algorithms for Pediatric EMS Care and Pediatric Together Everyone Achieves More (TEAM) courses.

Culture of Care Toolkit

This toolkit was developed to provide resources and training to facilitate the development of cultural competence/humility in healthcare. The toolkit provides information and activities that help increase knowledge on how population data presented by race and ethnicity contribute to health disparities; how cultural humility begins with one's self; how language and culture influence how we approach health and provide care; how providers and patients/clients bring their unique cultural backgrounds; and expectations to the medical encounter and how effective communication gets results.

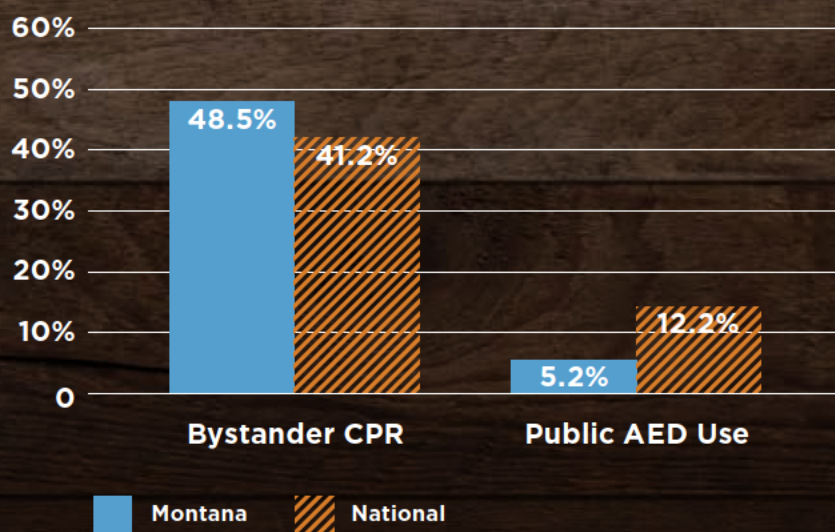
CARDIAC SYSTEM OF CARE

The Cardiac Ready Communities Program works to improve survival and reduce disability from cardiovascular emergencies. Data collected from EMS and hospitals (using a program called CARES) provides communities with information about their implementation of the Cardiac Chain of Survival. They can develop data driven interventions to improve response when someone is experiencing heart attack symptoms or are in cardiac arrest. The Cardiac Ready Communities Program supports these efforts with resources and technical support as well as training of EMS and hospital staff. Data driven efforts to target weaknesses and highlight strengths within the Cardiac Chain of Survival helps improve survival of Montanans from the leading cause of death - cardiovascular disease.

Montana has a higher than national average rate of bystanders providing CPR when a person has a cardiac arrest. This has contributed to a higher than national average survival rate for patients in cardiac arrest. This survival rate, however, is not equal around the state. Smaller, rural communities have a lower survival rate (30% vs >10%). The Cardiac Ready Communities Program has been focusing efforts to strengthen the Cardiac Chain of Survival in these communities.

One significant step toward better survival in rural areas is the addition of automatic external defibrillators (AEDs) in law enforcement vehicles. Over 70% of cardiac emergencies happen at home where an AED is unavailable. In November 2019, the Cardiac Ready Communities Program was awarded a \$5.2 million grant from the Helmsley Charitable Trust to provide AEDs for every law enforcement vehicle in the state. This placed over 2,000 new AEDs into the communities by mid 2020. Areas that have a law enforcement AED program typically see a 30-35% improvement in survival rates from sudden cardiac arrest. The goal is that, by the end of 2022, MT will see an overall improvement in survival from out of hospital cardiac arrests from the current 11.2% to 18%.

BYSTANDER INTERVENTION RATES



- Bystander CPR rate exclude 911 Responder Witnessed, Nursing Home, and Healthcare Facility arrests
- Public AED Use rate exclude 911 Responder Witnessed, Home/Residence, and Healthcare Facility arrests

TOBACCO

- ¹ Campaign for Tobacco Free Kids. *The Toll of Tobacco in Montana*. http://www.tobaccofreekids.org/facts_issues/toll_us/montana. Accessed February, 2018.
- ² National Jewish Health. *Montana Tobacco Quit Line Outcomes Report*, 2019.
- ³ Behavioral Risk Factor Surveillance System, 2011-2018; Youth Risk Behavior Survey, 2011-2019
- ⁴ Behavioral Risk Factor Surveillance System, 2019
- ⁵ Montana Youth Risk Behavior Survey, 2019
- ⁶ Montana Youth Risk Behavior Survey, 2011 and 2019
- ⁷ Montana Youth Risk Behavior Survey, 2009 and 2019.
- ⁸ Montana Youth Risk Behavior Survey, 2019.
- ⁹ Behavioral Risk Factor Surveillance System, 2019
- ¹⁰ National Jewish Health. *Montana Monthly Reports, 2019-2020*.
- ¹¹ 2019 Youth Risk Behavior Survey
- ¹² https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html
- ¹³ National Academies of Sciences, Engineering, and Medicine. *Public health consequences of e-cigarettes*. Washington, DC: National Academies Press, 2018.
- ¹⁴ U.S. Department of Health and Human Services (HHS), *Smoking Cessation. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.
- ¹⁵ Centers for Disease Control and Prevention. *Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping Products*. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html. Accessed May, 2020.
- ¹⁶ Hsu, G., Sun, J. Y., & Zhu, S. (2018). Evolution of Electronic Cigarette Brands From 2013-2014 to 2016-2017: Analysis of Brand Websites. *Journal of Medical Internet Research*, 20(3). doi:10.2196/jmir.8550.
- ¹⁷ Population Assessment of Tobacco and Health, Wave 4 (2016-2017), <https://www.tobaccofreekids.org/assets/factsheets/0407.pdf>
- ¹⁸ Population Assessment of Tobacco and Health, Wave 4 (2016-2017), <https://www.tobaccofreekids.org/assets/factsheets/0407.pdf>
- ¹⁹ Campaign for Tobacco-Free Kids. *States & Localities that have Restricted the Sale of Flavored Tobacco Products*. <https://www.tobaccofreekids.org/assets/factsheets/0398.pdf>. Accessed October, 2020.
- ²⁰ Montana Youth Risk Behavior System, 2019
- ²¹ U.S. Department of Health and Human Services (HHS), *Smoking Cessation. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.
- ²² Compliance Reporting System (Wufoo), Montana Department of Public Health and Human Services
- ²³ Centers for Disease Control and Prevention. *Health System Transformation, Health Impact in 5 years, Tobacco Control Interventions*. <http://www.cdc.gov/policy/hst/his/tobaccointerventions/index.html>. Accessed February, 2018.
- ²⁴ Campaign for Tobacco Free Kids and American Cancer Society Cancer Action Network Fact Sheet.
- ²⁵ Campaign for Tobacco Free Kids. *State Excise Tax Rates for Non-cigarette Tobacco Products*. <https://www.tobaccofreekids.org/assets/factsheets/0169.pdf>. Accessed April, 2018.
- ²⁶ Public Health Law Center. *The New Federal Tobacco-21 Law: What It Means for State, Local, and Tribal Governments*. <https://www.publichealthlawcenter.org/blogs/2020-01-07/new-federal-tobacco-21-law-what-it-means-state-local-and-tribal-governments>. Accessed May, 2020.
- ²⁷ U.S. Department of Health and Human Services (HHS), *Smoking Cessation. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.

BREASTFEEDING

- ¹ National Immunization Survey, Centers for Disease Control and Prevention, Department of Health & Human Services.
- ² CDC mPINC Survey
- ³ U.S Department of Labor: Women's Bureau. *Working mothers issue brief*. Published 2016.

CANCER

- ¹ Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015.
- ² Mona Saraiya, E. Unger, T. Thompson C. et al. *US Assessment of HPV Types in Cancers: Implications for Current and 9-Valent HPV Vaccines*. *J Natl Cancer Inst* (2015) 107 (6): djv086
- ³ These data were collected by cancer registries participating in the National Program of Cancer Registries (NPCR) of the Centers for Disease Control and Prevention (CDC).

DIABETES

- ¹ Behavioral Risk Factor Surveillance System

CHRONIC DISEASE PREVENTION & HEALTH PROMOTION BUREAU

www.chronicdiseaseprevention.com

1 (844) MTHLT4U or 1 (844) 684-5848

Chronicdiseaseprevention@mt.gov

ARTHRITIS PROGRAM

<https://dphhs.mt.gov/publichealth/arthritis>

ASTHMA CONTROL PROGRAM

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

CANCER CONTROL PROGRAM

<https://dphhs.mt.gov/publichealth/cancer>

CARDIOVASCULAR HEALTH PROGRAM

<https://dphhs.mt.gov/publichealth/cardiovascular>

DIABETES PROGRAM

<https://dphhs.mt.gov/publichealth/Diabetes>

DISABILITY & HEALTH PROGRAM

<http://mtdh.ruralinstitute.umt.edu>

EMERGENCY MEDICAL SERVICES (EMS)

Cardiac Ready

<https://dphhs.mt.gov/publichealth/EMSTS/cardiaready>

Community AED

<https://dphhs.mt.gov/publichealth/EMSTS/aed>

Community Health EMS

<https://dphhs.mt.gov/publichealth/EMSTS/chems>

EMS Care Systems

<https://dphhs.mt.gov/publichealth/EMSTS/emergencycare>

EMS for Children

<https://dphhs.mt.gov/publichealth/EMSTS/emsc>

EMERGENCY MEDICAL SERVICES (EMS) CONT.

<https://dphhs.mt.gov/publichealth/EMSTS/emsservices>

Injury Prevention

<https://dphhs.mt.gov/publichealth/EMSTS/prevention>

- Fall Prevention
- Montana Screening, Brief Intervention and Refer to Treatment (SBIRT) Project
- Motor Vehicle & Seat Belt Safety
- Opioid Overdose Prevention
- Poison Control
- Screening, Brief Intervention and Refer to Treatment (SBIRT) Project

Trauma Registry

<https://dphhs.mt.gov/publichealth/EMSTS/traumasystems/registry>

Trauma Systems

<https://dphhs.mt.gov/publichealth/EMSTS/traumasystems>

MONTANA SCHOOL HEALTH PROGRAM

<https://dphhs.mt.gov/schoolhealth>

MONTANA TOBACCO USE PREVENTION PROGRAM (MTUPP)

<https://dphhs.mt.gov/publichealth/mtupp>

NUTRITION & PHYSICAL ACTIVITY (NAPA)

<https://dphhs.mt.gov/publichealth/NAPA>

WORKSITE WELLNESS

<https://dphhs.mt.gov/publichealth/WorksiteWellness>

The Montana Department of Public Health and Human Services attempts to provide reasonable accommodations for any known disability that may interfere with a person participating in any service, program, or activity of the Department. Alternative accessible formats of the document will be provided upon request. For more information, call (406) 444-7408 or TDD: 1 (800) 253-4091. This project is funded (in part or in whole) under a contract with the Montana Department of Public Health and Human Services. 500 copies of this public document were published at an estimated cost of \$9.03 per copy, for a total cost of \$4,516.29, which includes \$4,516.29 for printing and \$0.00 for distribution.

