

State Health Improvement Plan: Chronic Disease Prevention and Self- Management

May 29, 2020 via GoToMeeting

Purpose of Meeting:

Discuss Tobacco Quit Line and Worksite Wellness programs and provide update on Obesity Prevention Subgroup.

Action Items:

1. Provide any useful feedback to Obesity Prevention Subgroup regarding a survey of the status of obesity prevention efforts statewide.

Workgroup Lead:

Stacy Campbell

Workgroup Facilitator:

Deb Halliday

Workgroup Members Present:

- Ackeret, Jessica
- Aune, Nicole
- Biskupiak, BJ
- Campbell, Nikki
- Campbell, Stacy
- Ellis, Cindia
- Fernandes, Jessie
- Filan, Trina
- Floch, Jennifer
- Halliday, Deb
- House, Melissa
- Hughes, Kara
- Jones, Mackenzie
- Juliar, Kris
- Karcher, Erika
- Leibrand, Lois
- Merchant, Leah
- Minard, Kris
- Richidt, Lisa
- Silverstein, Robin
- Wagner, Jennifer
- Welch, Heather
- Zanto, Mandi

- Zimmerman, Heather

Welcome and Introductions

Deb Halliday introduced herself and briefly discussed the work of the SHIP generally before asking the participants to state their name, position and location and answer the following question: What is an example of a way that your community has come together during COVID?

Answers included:

- Murray's partnered with the YWCA to package dinner for all the residents of the YWCA.
- Centers for independent Living has worked together to meet once a week to find out about how to meet objectives in current climate.
- MTUPP has tried to figure out how to reach tobacco users during COVID as it is particularly bad.
- Community has done 8:00 howling every night.
- School nutrition program leapt into action and lunches were provided to kids all over the state.
- Data use and sharing has been greatly collaborative during this time.
- Adaptability of everyone and amount of work done working from home.
- How many people are out getting physical activity that normally don't.
- Asthma home visiting flexibility.
- Full selves are being brought into professional lives.
- Resiliency training for mental health professionals.

Data Presentation - Mackenzie Jones – Tobacco Quit Rates Among Montana Quite Line Callers with Disabilities:

Montana Tobacco Quit Line, has existed for 16 years. They have had over 100,000 intakes. It is available to any Montana resident who uses any type of tobacco. They are staffed 7 days a week and have a 24-hour voicemail. Online access is also available.

There are three programs aimed at reaching populations particularly affected by tobacco use:

- My Life My Quit – Under 18
- American Indian Commercial Tobacco Quite Line – Native American
- Quit Now Montana Pregnancy Program – Pregnant Women

As more is learned about populations particularly affected by tobacco use more special programs are being added:

- Young adults
- E-coaching

The Disability & Health Program's goal is to increase and improve the health and wellness opportunities for and with people with disabilities. These programs can be tailored specifically to people with disabilities or be all-inclusive. Two key partners are the Chronic Disease bureau and four Centers for Independent Living; Helena, Billings, Great Falls, and Missoula.

Some statistics about disabilities and tobacco use in Montana:

- One in four Montana adults has a disability.

- Over half of Montana Quit Line callers has a disability.
- All categories of disability have higher Tobacco Quit Line participation than their percentage of the general population of Montana.
- All categories of disability have a lower quit rate than those without a disability.
- Quit rate is significantly higher for disabled and non-disabled persons who complete at least five calls with the Tobacco Quit Line.
- Quit rate is higher for those who use prescription medication than those who do not.
- Quit rate is higher among those who use automated technology (e-mails, texts, website) as part of their quitting program.

When someone calls the Tobacco Quit Line they complete an intake. If they report after six months that they have not used tobacco in thirty days they are considered to have quit. Based on the results of the statistics examination the following next steps can be suggested:

- Increase the number of coaching calls.
- Increase the use of automated technology.
- Offer all types of medication but encourage prescription medication.
- Reach out to younger adults with disability who use tobacco.
- Determine other environmental, social, and programmatic barriers to quitting.

Discussion

- Comment: This affirms the direction that the Tobacco Quit Line is taking, adding more abilities to chat with coaches live, thus getting coaching in a different modality. Despite what might be expected this is a great way to reach older adults who might use these services since they have a disability.
- Comment: Keep in mind that when using the Tobacco Quit Line the participant chooses the help they will receive (I.e. number of calls, medication/no medication). One challenge is to figure out how to increase the participant knowledge that they have a better chance of succeeding with certain choices.

Focus on Worksite Wellness

Why have a worksite wellness policy? Policies establish guidelines to promote a work environment that increases wellness opportunities for employees. Examples of policies include:

- Nutrition guidelines for meetings, trainings, and conferences.
- Nutrition standards for snack bars and cafeterias.
- Nutrition standards for vending machines located in building.
- Physical activity policy.
- Breastfeeding policy.

Discussion

- Question: (For the group) How would you see any of these policies being applied in your own work environment or who should know about these resources?
 - For many organizations, these are a great tool to help achieve goals or meet local regulations related to health.

- There is a specific template created for critical access hospitals.
- Question: Are there plans to create other policies related to accessibility and inclusion for worksites that are in the works?
 - Accessibility is definitely encouraged currently in worksite wellness programs, but a specific policy for accessibility of worksite wellness programs could be a great idea.
- Question: How do you get this information out to private enterprise versus government?
 - Currently the state partners with local health departments who do the primary face to face work with local businesses.

Wrap-up

In addition to the work of the entire workgroup, there are subgroups which do other work in seeking to advance the goals of the SHIP. The Obesity Prevention subgroup will share some news of what is going on at the next quarterly meeting. Currently they are working on a survey to send out across the state to get a grasp on what is going on with obesity prevention efforts statewide. The group would appreciate any input on this from the larger workgroup.