



Department of Public Health and Human Services

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2015 Montana State Health Improvement Plan Report

Introduction

This document provides the outcomes of a review of 78 strategies and 26 health indicators categorized under five health improvement priority areas found in the state health improvement plan (SHIP) document “Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans”. This report should be used in conjunction with the on-line Montana Health Improvement Dashboard at <https://ahealthiermontana.mt.gov/> and the SHIP at <https://dphhs.mt.gov/ship>. The Healthier Montana Dashboard includes current data for each indicator for both Montana and the U.S., and when available the related national Healthy People 2020 targets. This is an annual review of the SHIP published and distributed in June 2013.

Review of Health Indicators

Prevent, identify and manage chronic diseases

- **Decrease the proportion of adults who engage in no leisure time physical activity from 24% to 22%**

The proportion of adults that report no engagement in physical activity continues to decrease. In 2014, 22.4% of individuals surveyed stated they do not engage in physical activity which is down from a high of 24.4% in 2011¹. The Nutrition and Physical Activity (NAPA) Program took part in several initiatives to increase physical activity throughout the state. Success includes working with four additional communities for a total of sixteen to adopt and implement active community policies and working with thirty-five worksites on worksite wellness policy implementation related to increasing physical activity. In addition, the Arthritis Program has helped forty sites across the state to implement one of three evidence-based exercise programs. The Arthritis Foundation Exercise Program, the Walk with Ease Program, and the Enhance Fitness Program are all proven to help people with arthritis and other chronic conditions increase their physical activity.

- **Decrease the proportion of adults who are overweight or obese from 60% to 54%**

As the number of individuals that report no physical activity decreases the percentage of adults that report being overweight or obese has not significantly changed. In 2014, 63% of those surveyed stated they are overweight or obese, not a significant change since a low of 60.2% in 2011¹. Over the

last year, the Nutrition and Physical Activity (NAPA) Program took part in several initiatives to increase consumption of fresh fruits and vegetables throughout the state. Success included working with thirty-five worksites in collaboration with the Cancer Control Program on worksite wellness policy implementation in the areas of nutrition standards; and working to increase the number of farmers' markets to eighteen that accept Electronic Benefits for Supplemental Nutrition Assistance Program (SNAP) participants. NAPA also piloted five double buck incentive programs at farmers markets to increase the purchase of fresh fruits and vegetables. In addition to the NAPA program, initiatives focused on nutrition, the evidence based Diabetes Prevention, Stepping on Fall Prevention, Arthritis exercise, and Chronic Disease Self-Management Programs have served a total of 4,710 Montanans since 2013.

Community to clinical linkages helped ensure that adults at high-risk diabetes have access to community resources to include programs that address risk factors, prevention strategies, and support to prevent or delay the disease. Two community programs employed lifestyle coaches and enrolled participants into the Diabetes Prevention Program to provide education services and support in increasing physical activity, improving dietary choices, and creating environments that promote achieving and maintaining a healthy weight and ultimately prevent or delay the onset of type 2 diabetes for adults at high risk. This activity supported two state health objectives by reducing the percent of adults who engage in no leisure time physical activity and who are in the overweight or obese weight categories according to their body mass index (BMI).

The Cancer Control Program has health education contractors in thirteen regions statewide that are working with thirty-two employers to implement worksite wellness programs that offer policies on physical activity. Twenty-five policies have been implemented this year.

- **Increase the proportion of adult Montanans who report they are up-to-date with colorectal, breast, and cervical cancer screening from 57%, 71%, and 78%, respectively to 61%, 80%, and 86%, respectively**

Improvements have been made with cancer screenings. In 2014¹, 62.5% of Montanans surveyed stated they are up to date on colorectal cancer screenings which is an 8% increase from 2012. In 2014, 69.8% of Montanans surveyed stated they are update to date on Breast Cancer Screenings. This is a 5% increase from 2013. In 2014, 76.1% of adults reported they are up-to-date with cervical cancer screenings which reflects on significant change from 2012 at 56.5%¹.

Increasing colorectal cancer (CRC) screenings has been a priority area for the Montana Cancer Control Programs (MCCP) over the past few years. The MCCP has held two annual Colorectal Roundtable Forums (2014, 2015) to bring together statewide partners such as insurance organizations, the Montana Primary Care Association (MPCA), Medicaid, hospital systems, providers and clinicians, and the American Cancer Society to address barriers to CRC screening. The group also worked towards increasing provider education opportunities and to implement office system practices. The MCCP has worked closely with the MPCA to implement CRC quality improvement practices in four federally qualified health clinics, and will be expanding to additional clinics in the upcoming year.

The MCCP has also been targeting eligible Medicaid recipients on breast, cervical and colorectal

cancer screenings and providing guideline recommendations via small media.

- **Decrease the average consumption of cigarettes in Montana from 46 to 40 packs per person per year**

Cigarette smoking among Montanans continues to decline. Since 2011, the number of packs purchased per year, per capita, has decreased to 43 packs in 2014². Supporting tobacco cessation efforts, numerous housing authorities, medical campuses, college campuses, and school districts have adopted tobacco free/smoke free policies. As of 2015, there are nine tobacco-free college campuses, eleven smoke-free public housing authorities, fifty-nine tobacco-free medical campuses and 301 school districts with a comprehensive tobacco-free policy which accounts for over 70% of school districts across Montana. As the use of tobacco declines, tobacco use prevention efforts will need to consider the use of e-cigarette among many youth and adult non and ex-smokers might be increasing.

- **Decrease the proportion of youth who have smoked cigarettes in the past 30 days from 17% to 14%**

Based on 2015 data from the Youth Risk Behavior Survey (YRBS), 13.1% of youth (grades 9-12) have smoked in the last 30 days³. Cigarette smoking among youth has decreased significantly in the past 10 years, in part because of the passing of the Clean Indoor Air Act, a shift in the social norms, significant increases in the price per pack of cigarettes, and other tobacco use prevention strategies. While the decrease in cigarette use is encouraging, Montana youth are still using other tobacco products including cigars, cigarillos, and smokeless tobacco. In addition, the use of electronic nicotine delivery devices (ENDS) is increasing in Montana, especially among the youth population. The Montana Tobacco Use Prevention Program will continue to partner with Office of Public Instruction (OPI) in their efforts to decrease the use of all tobacco products among Montana youth.

- **Decrease the proportion of adults who are smokers from 22% to 19%**

For the past four years, the numbers of adults who report they are smokers have been steady at 19.5%¹. In 2014 19.9% of Montana adults reported currently smoking cigarettes¹. While there has been no significant change in the adult smoking prevalence since 2011, changes in the smoking environment have occurred. In addition to smoke-free public places outlined in the Clean Indoor Air Act (CIAA), parks, school campuses, and multi-unit housing buildings are becoming smoke-free. However, continued work is needed to increase the number of Montanans enrolled in the Quit Line. Along with the public places outlined in the CIAA, parks, school campuses, and multi-unit housing buildings are becoming smoke-free. MTUPP will continue to offer cessation services to current cigarette smokers and will work on prevention efforts to keep new users from becoming addicted to tobacco.

Promote the health of mothers, infants and children

- **Increase the proportion of pregnant women who entered prenatal care in the first trimester from 76% to 83%**

The proportion of pregnant women who entered prenatal care in the first trimester has declined from 76% in 2012 to 69.7% in 2014⁴. Improvement in this area is being supported by programs in the Family and Community Health Bureau and more work is needed. The Women, Infant, and Children program monitors prenatal care entry data and has implemented procedures that makes immediate health care provider referrals for members that are not already seeing a provider. Additionally, the Healthy Montana Families network of programs refers women to prenatal care and conducts follow-up meetings with clients about accessing care.

- **Decrease the proportion of women who smoke during pregnancy from 16% to 12%**

At 15.8% in 2014, the prevalence of women who smoke during pregnancy has not significantly decreased since 2012⁴. A coordinated focus on this issue has resulted in 76 Quit Line enrollments from pregnant women since January 2014. The Family and Community Health Bureau have implemented a cessation program tailored to pregnant women and another activity that refers every WIC participant that smokes to the Quit Line. These activities have witnessed some localized success; however more work is needed to impact the problem of smoking during pregnancy.

- **Decrease the proportion of pre-term births from 9% to 7%**

In 2014, 9.2% of births were pre-term which has not significantly changed since 2012⁴. DPHHS is collaborating with delivery hospitals to assess and develop policies to reduce early elective deliveries. Additionally, the work of the Family and Community Health Bureau is addressing this issue. The WIC Program provides nutrition counseling throughout pregnancy and healthy foods to support healthy pregnancies and provides referrals based on risk criteria to pregnant women. Home visitors for the Healthy Montana Families activity are providing information on healthy pregnancies.

- **Decrease the rate of teen pregnancy from 46 per 1,000 girls aged 15-19 years to 42 per 1,000**

The teen birth rate in Montana has significantly decreased from 46 per 1,000 in 2011 to 35 per 1,000 in 2013, surpassing the goal⁴. The Family and Community Health Bureau's activities address teen pregnancy from many different approaches to complement the general downward trend in teen pregnancies witnessed throughout the United States. Title X clinics offer comprehensive reproductive health services to clients of all ages. In 2015 21% of clients were between 15 and 19 years of age. Additionally, the Montana Personal Responsibility Education Program (PREP) teen pregnancy prevention program offers two evidence based curriculum to middle school and high school age youth in seven counties throughout Montana. In 2015, five county public health departments focused grant funded activities on population and education based activities that aim to help teenage women understand the benefits of deferring pregnancy.

Prevent, identify and control communicable diseases

- **Increase the proportion of communicable diseases and conditions that are reported to local public health departments from health care providers within 24 hours of identification from 60% to 85% to improve timeliness of identification, control, and treatment**

In 2015, the percentage of cases reported to local health departments within 24 hours of diagnosis was 68%. This is down slightly from 73% in 2014⁵. The Communicable Disease Epidemiology (CD/EPI) Program is reviewing the decline to determine whether it is significant, or a result of ways of measuring the indicator. The CD/EPI Program will continue to work with local and Tribal health departments to determine whether specific providers or conditions are impacting progress in this area over the next year. After analysis, CD/EPI staff will determine if additional support and training is needed at the local level or if ways of measurement need to be refined.

- **Increase the proportion of individuals with reported sexually transmitted infections who are treated within seven days of diagnosis from 82% to 90%**

In 2015, 86% of sexually transmitted infections were treated within 7 days of infection⁶. The Sexually Transmitted Disease (STD)/ Human Immunodeficiency Virus (HIV) prevention program is working closely with local public health agencies and partners to ensure appropriate and timely treatment is provided. More detailed reviews of case reports and monthly reviews of progress in this area have been implemented. Results of analysis will be shared with a broader variety of partners, specifically Family Planning Clinics which diagnose and treat many of the infections identified.

- **Increase the proportion of reported sexually transmitted infection cases with one or more contacts identified from 80% to 90% and the proportion for which at least one contact was contacted from 60% to 70%**

In 2015 the state witnessed modest increases in number of cases with contacts identified despite increases in local caseloads in many jurisdictions. The percentage of cases with at least one contact identified increased from 84% in 2014 to 86%, and the proportion with at least one contact identified remained at 63%⁶. In order to improve performance in this area, the Sexually Transmitted Disease (STD)/ Human Immunodeficiency Virus (HIV) Program is planning to offer additional instruction to local public health agencies and partners related to interviewing skills and related laws. Trainings in early 2016 have been scheduled and the impact of training on this indicator will be evaluated to determine future needs.

- **Increase the proportion of children aged 19-35 months who are fully immunized from 60% to 70%**

The percent of children aged 19-35 months who are fully immunized has increased from 60% in 2012 to 67% in 2015. While Montana continues to see gradual progress, we are still below the national average of 72%⁷. Efforts that have resulted in recent increases will continue, and will be supplemented by an update to the childcare administrative rules adding Hepatitis B and pneumococcal vaccine to the list of required vaccines. The Immunization Program will continue to work to improve use and inclusion in the state Immunization Information System.

- **Increase the proportion of adolescents aged 13-17 years who are fully immunized against Tetanus, Diphtheria and Pertussis (Tdap), Meningococcal (MCV4) and Human Papilloma Virus (HPV) from 85% (Tdap), 40% (MCV4), and 40% (HPV) to 90%, 60% and 60% respectively**

Overall, teen vaccination coverage rates continue to improve in Montana. Tetanus, Diphtheria and Pertussis (Tdap) at 85%, Meningococcal (MCV4) at our goal of 60%, and Human Papilloma Virus above goal at 80% for females in 2014⁷. As a result of school immunization legislation which increased requirements, additional improvements are expected to be seen when 2015 data are available.

- **Increase the proportion of all adults immunized against influenza from 34% to 60% and adults age 65 and older immunized against pneumococcal infection from 70% to 80%**

Modest progress in adult vaccination coverage for influenza was seen in 2014 with approximately 46% of all adults receiving the vaccine. Pneumococcal vaccine remained at 70% in 2014¹. Efforts to promote these common adult vaccinations will increase in 2016 as the immunization program increases participation in national and local campaigns targeting adults. Additionally, the immunization program has recently restructured some staff duties to allow more focus on adult immunization activities.

- **Increase the proportion of reports of selected enteric pathogens and events (e.g., Salmonella, Shigella, E. coli or enteric outbreaks) for which investigative questionnaires are completed from 60% to 90% and ensure thorough investigations are conducted when appropriate**

Staff of the Communicable Disease Epidemiology Program has significantly exceeded the goal with 96% of reported cases having completed investigative questionnaires in 2015⁵. The total number of reports for these conditions has increased by more than 60% compared to the previous year. Despite the increase in case load, the percentage of cases that were investigated, and for which detailed exposure information was reported, has increased. This is largely due to

improved use of the electronic surveillance system and comprehensive follow up.

Injury prevention and environmental health

- **Increase the proportion of motor vehicle occupants in Montana that report they wear seat belts from 73% to 83%**

At 72.1% in 2014, there has been no significant change in number of adults that report the use of seatbelts since 2012¹. Also in 2014, unrestrained fatalities accounted for 99 of Montana's fatalities; the lowest since 2010 and a 9% reduction from 2013¹. For the past few years the percent of adults that wear seatbelts has maintained in the low 70 percentile range. Since Montana has a secondary seatbelt law, officers cannot pull a driver over solely because of observed seatbelt violations. To address this and other challenges, the Montana Highway Patrol has formed four coalitions state wide including seven counties (Cascade, Missoula, Granite, Jefferson, Lewis and Clark, Broadwater, Flathead). Additionally there are four Safe Kids Coalitions (Cascade, Gallatin, Missoula, and Yellowstone). Contributing to the effort, the Injury Prevention Program has been participating in the Occupant Protection Emphasis Area Team to coordinate efforts between multiple agencies. New strategies include formation of a state wide seat belt coalition and collecting evidence and support for primary seat belt policies in worksites, and local municipalities. The Injury Prevention program is also forming a focus group of high risk populations to receive input on challenges and solutions to increasing seat belt use.

- **Decrease the proportion of fatalities due to motor vehicle crashes that involve alcohol-impaired drivers from 45% to 40%**

In 2014 the amount of fatalities has decreased slightly to 52% from a seven year high of 55.1% in 2012⁹. During 2014 there were 73 alcohol related fatalities; the lowest since 2010 and 21% lower than 2013. Screening, Brief Intervention and Referral to Treatment (SBIRT) is a clinical tool used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. This tool is being used in at least 14 healthcare facilities in Montana and the Injury Prevention Program will be working with the Addictive and Mental Disorders Division to promote its use and expand it to more sites across the state. The Emergency Medical Services (EMS) and Trauma System section is also planning to develop media messages to highlight the impact that impaired driving has on the trauma system.

- **Increase the proportion of all state-licensed establishments inspected annually by a registered sanitarian from 85% to 95%**

The Food and Consumer Safety (FCS) Program continues to monitor the percentage of required inspections performed annually by state and local staff. Preliminary data from 2015 indicates no significant change with approximately 89% of Montana's food establishments inspected¹¹. Local staffing shortages, seasonal businesses, and closures all impact the ability of state and local sanitarians to improve this measure. The FCS Program will continue to monitor, and offer support and training as needed to ensure inspections are performed as required.

- **Decrease the proportion of children aged 17 or younger who live in households with adults who report smoking from 31% to 25%**

The goal was met early with a significant drop from 31% to 23% over a two year period from 2009-2012³. The Montana Tobacco Use Prevention Program (MTUPP) continues to contribute to this success through activities such as encouraging multi-unit housing landlords to adopt smoke free policies on their properties and offering the landlords technical assistance and free smoke free housing signage. The MTUPP also has activities that promote tobacco cessation among parents that smoke such as the Montana Tobacco Quit Line and a media campaign almost in which children talked about their parents quitting tobacco or how they inspired their parents to quit. Additionally the Montana Asthma Control Program works with ten county health departments and one community health center to implement the Montana Asthma Home Visiting Program (MAP). The MAP addresses tobacco smoke as one of the most harmful environmental asthma triggers a child can be exposed to at home or in other settings. Asthma home visiting nurses also educate families about the dangers of tobacco use and the effects tobacco smoke can have on someone with asthma.

Improve mental health and reduce substance abuse

- **Decrease the proportion of youth who used alcohol in the past 30 days from 38% to 34%**

The number of youth who report use of alcohol in the past 30 days has continued to decrease over the past few years from 37.1% in 2013 to 34.2% in 2015 approaching the 2018 goal¹. The Chemical Dependency Bureau's Partnership for Success grant program has implemented the Alcohol Reward and Reminder (R/R) and Alcohol Inspections across Montana activities which have been reinforcing the importance of identification verification. The program surveyed 2827 establishments as part of the R/R activity in 2014-2015 and 1500 establishments that sell alcohol received an inspection during state fiscal year 2016. The Chemical Dependency Bureau plans to work more closely with the Montana Department of Justice and Youth Court to further reduce access to alcohol and use of alcohol by youth.

- **Decrease the proportion of adults who report binge drinking from 21% to 15%**

The number of adults who report binge drinking has decreased from a high of 21.7% in 2012 to 18.9% in 2014¹. The Addictive and Mental Disorders Division programs are carrying out activities that aim to increase provider screening, brief intervention, referral to care and treatment for individuals

with binge drinking problems. With the recent Medicaid expansion we expect to see additional improvement in this area.

- **Decrease the proportion of youth who report having smoked marijuana in the past 30 days from 21% to 18%**

The percentage of youth that report having smoked marijuana in the past 30 days has decreased from 21% in 2013 to 19.5% in 2015³. The Addictive and Mental Disorders Division (AMDD) programs are carrying out activities that aim to increase provider screening, brief intervention, referral to care and treatment for youth that smoke marijuana. AMDD is increasing awareness among youth of the effects marijuana has on the development of the brain.

- **Decrease the proportion of youth who report being depressed for 2 or more consecutive weeks in the past 12 months and stopped doing usual activities from 25% to 22%**

Since 2013, the proportion of youth who report being depressed for two or more consecutive weeks has increased slightly from 26.4% to 29.3%³. DPHHS is working with the Office of Public Instruction to implement suicide awareness and prevention training for school district employees as a collaborative effort, and the Children's Mental Health Bureau is working to adopt more prevention activities to complement their treatment work. The use of telepsychiatry across the State is increasing access to behavioral health care; however additional work is planned to help reduce the stigma associated with mental illness and work is needed to improve coordination of behavioral health services.

- **Increase the proportion of adults who report no days of poor mental health in the past 30 days from 66% to 73%**

Since 2012, the proportion of adults surveyed who reported no days of poor mental health in the past 30 days has increase slightly from 65.8% to 67.6% in 2014⁴. The Adult Mental Health Bureau is promoting depression screening among healthcare providers and discussion is being initiated with mental health providers to better integrate physical and behavioral health concerns. Additionally, as other environmental factors improve such as an improved economy, lower unemployment, and improved access to health care as part of the Affordable Health Care Act and Medicaid expansion, we expect the number to decrease.

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End Notes

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