

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

Meeting Minutes: Friday, September 6, 2019, 10:00-11:30 AM, via GoToMeeting

## **Workgroup Lead:**

Stacy Campbell, DPHHS PHSD Chronic Disease Bureau Chief

## **Workgroup Facilitator:**

Anna Bradley, DPHHS PHSIO Plans Coordinator

## **Workgroup Members Present:**

- Biskupiak, BJ
- Boutilier, Sara
- Campbell, Nicole
- Ellis, Cindia
- Fernandes, Jessie
- House, Melissa
- Merchant, Leah
- Minard, Kris
- Richidt, Lisa (Presenter)
- Schreiner, Dustin
- Sullivan, Karen
- Welch, Heather
- White, Jody
- Wier, Lora
- Zanto, Mandi

## Welcome and introductions

10:05 to 10:15 AM

Anna Bradley reviewed the agenda for today's call, and then asked attendees to state their name, their organization, and answer the question: "What is one thing that helps you when you are on a conference call to feel connected and stay interested?"

Responses included:

- Having visuals up on the screen, like PowerPoint slides;
- Interactive features, like quizzes;
- Having the option to unmute our own lines to participate;
- Having a facilitator ask questions;
- Review the content after every few slides;
- Closing email and other applications;
- Turning on cameras for video conferencing;
- Knowing that I am expected to report back to a group on the content of the call;

- Using my standing desk and moving around;
- Being able to pull any relevant documents we are discussing up on a second screen, which means having up to date documents ahead of time;
- Visually interesting or humorous slides;

## Data presentation

10:15 to 10:30 AM

We will be providing opportunities to share new data from workgroup members in each meeting in order to add to what we know from the 2017 State Health Assessment and stay current on the most recent trends.

Lisa Richidt, Senior Epidemiologist (444-0927, [Lisa.Richidt@mt.gov](mailto:Lisa.Richidt@mt.gov)) presented updated youth e-cigarette data from the 2019 Youth Risk Behavior Survey (YRBS). Full slides will be shared with meeting minutes.

- Good news:
  - Use of traditional tobacco products among high school students in Montana is down, and data are showing all-time lows among high school students
  - Current cigarette smokers, 8%
  - Current cigar smokers, 8%
  - Current smokeless tobacco users, 6%
- Bad news:
  - E-cigarette use among high school students in Montana has increased
  - Ever e-cigarette users (tried an e-cigarette product even one time), 58%
  - Current e-cigarette users (used e-cigarettes one day in the past month), 30%
  - Frequent e-cigarette users (used e-cigarettes ten or more days in the past month), 13%
  - Daily e-cigarette users, 9%
- Trends:
  - Progress over the past two decades in high school students who currently smoked cigarettes
    - Peak in 1997 of almost 40% is down to just under 8% in 2019
  - Percentage of students who are current cigar smokers is also trending down
    - Just over 20% in 1999 and now just under 8% in 2019
  - E-cigarette product trend started being monitored in 2015
    - Decrease from 2015 to 2017, and then an increase from 2017 to 2019
      - 22.5% in 2017 to 30.2% in 2019 demonstrated a 34% increase in use
    - This trend is on par with what is seen nationally—a decrease from 2015 to 2017, and an increase since 2017
  - Percent of high school students who use e-cigarette products daily shows a 263% increase, from 2.4% in 2017 to 8.7% in 2019
- Question and answer session:
  - Do you have any idea why this increase occurred?
    - The most common answer that we are hearing is that it is due to Juul being marketed directly to youth—they look very cool, they are easy to hide, and kids don't necessarily see the correlation between cigarettes and e-cigarettes
  - How much does it cost to use e-cigarette products daily?

- One Juul pod is the equivalent of a pack of cigarettes
- The people we are seeing in the news with severe pulmonary illness have been smoking between one to three pods per day
- A starter pack of Juul is about \$35, which includes 4 pods. Kids who are not of legal age are probably paying more. We used a minimal \$5 per pod cost, if they are vaping a pod per day, that's \$35 per week, and that adds up to a little less than \$2,000 per year.

## General updates

10:30 to 10:40 AM

- Leah Merchant, Montana Cancer Control Programs Supervisor, PHSD, MT DPHHS
  - MCCP has been awarded supplemental funding to look at cancer survivorship. We will be:
    - Adding cancer survivorship questions to the BRFSS
    - Looking into provider awareness about cancer survivorship and how to assist cancer survivors in primary care settings
    - Examining general public awareness and understanding of survivorship issues
  - Lots of opportunities to work with other partners across the state, like Cancer Support Community, and we are definitely going to be trying to include our local health department contractors in some of that work
  - We are just funded for one year, and are hoping to receive funding in subsequent years as well, from July through June
- Nikki Campbell, state liaison for MAIWHC and manager of the MT Cancer Coalition
  - September 10 workshop to develop next five-year strategic plan
    - Day-long workshop on health equity and how to include health equity in our statewide planning processes
  - Partnering with the George Washington Cancer Center
  - Representation from MT DPHHS, American Cancer Society, tribal health organizations, health departments, university systems, insurance systems, Senator Tester's office, school systems, hospital systems, the VA, Huntsman Cancer Institute, etc.
  - Will be working to align with the SHIP as well
- Jody White, MPCA
  - [Population Health and Enabling Services Summit](#), Oct 16-17 in Helena, free to participate
    - Focus on insurance coverage and enrollment assistance as well as best practices, social determinants, cultural awareness in communities, and working with patients
- Jessie Fernandes, Health Improvement Section Supervisor, PHSD, MT DPHHS
  - Funding opportunities from the Health Improvement Section for health care facilities to work on cardiovascular health, blood pressure, asthma, diabetes, cholesterol, etc. Get in touch with Jessie at [jfernandes@mt.gov](mailto:jfernandes@mt.gov) for more information.

## Adverse Childhood Experiences (ACEs)

10:40 to 10:45 AM

- Adverse Childhood Experiences (ACEs) refer to information from a decade-long study of more than 17,000 participants that demonstrated traumatic events experienced in childhood can negatively impact health across the lifespan.
- The majority of conversation around ACEs will take place in the Healthy Mothers, Babies, and Youth SHIP workgroup, but ACEs are meant to be the cross-cutting strategy in the SHIP and we encourage everyone to think about how they could apply to your organizations or programs.
- ACEs touch every aspect from birth to death in the spectrum of a person's life. When a person has a higher ACE "score," meaning they've experienced more ACEs in their childhood, we see decreased levels of education, increased substance abuse, increased chronic diseases like cancer and diabetes, increased rates of STDs and unintended pregnancy, etc. If our goal is to improve health in Montana it's something we have to address.
- There are protective factors that increase resilience against ACEs, which is also something to consider.

### Focused strategy conversation:

10:45 to 11:20 AM

Prevention and Health Promotion (PHP) Strategy 1: Implement evidence-based programs that facilitate chronic disease prevention and self-management and increase referrals to those programs.

- Potential opportunity for connection between the Montana Diabetes Prevention Program (DPP) and the MENU AIDDS program (Materials supporting Education and Nutrition of Adults with Intellectual and Developmental Disabilities)
- Parent education on tobacco cessation and e-cigarettes. How do we reach parents to educate them about teen use of tobacco and vaping products?
- Working with all programs that focus on chronic disease prevention to improve their accessibility and inclusivity.
- How to support Critical Access Hospitals (CAH) with their implementation plans when they identify chronic disease prevention as a need in their community.
- More patient engagement with chronic disease prevention and self-management. Being able to engage people who are participating in the programs to increase referrals, implement programs, participate in evaluation, etc.
- Working with alternative staffing and workforce strategies, like Community Health Workers, and workforce training to implement programs and support chronic disease prevention.
- Social determinants of health—what type of partners can we be engaging in the conversation around chronic disease prevention that aren't "traditional" health-related partners to help promote and increase referrals to programs?
  - Faith-based groups and local churches aren't tapped as often as they could be
  - Coordinating with Nikki Campbell ([ncampbell@mt.gov](mailto:ncampbell@mt.gov)) to engage with the Montana American Indian Women's Health Coalition (MAIWHC) to discuss implementation or engagement with Native American communities.
- Utilize county extension agents could be utilized more for promoting and implementing programs. Montana State University uses extension agents for their nutrition work, and they are generally open to sharing resources with their communities. County extension agents sometimes tackle large projects, like one example of an extension agent who took on developing a walking path in Custer County.

PHP Strategy 2: Implement public education campaigns to increase awareness of behaviors that address chronic disease prevention and self-management.

- Montana Quit Line: “My Life, My Quit” resource for kids who are trying to get off their nicotine addiction. <https://mylifemyquit.com/>
- A lot of organizations are using communication strategies like newsletters and social media. Could there be opportunities for co-branding or aligning messages across what we are doing?

## Wrapping up

11:20 to 11:30 AM

- Communication—share information about the SHIP with your programs, organizations, partners, and stakeholders to help them stay informed on this work. Don’t feel the need to wait until a SHIP workgroup meeting to reach out to other organizations in the state and talk to them about the strategies in the SHIP and where opportunities could be to partner on projects.
- Respect the contact information you’ve been provided. People have agreed to participate in the conversations around the SHIP but haven’t necessarily agreed to sign up for various listservs or have their contact information shared widely with other groups.
- Evaluation—we’ll be using the Results-Based Accountability (RAB) framework to ask the following three questions:
  - How much did we do?
  - How well did we do it?
  - Is anyone better off?
  - Also, continuously improving our process of implementation and what that looks like and how to generate benefits to participation.

## Action steps:

- Bring up the concept of ACEs with your programs and organizations. Where can ACEs fit in, if they aren’t already? Are you interested in having an ACE master trainer work with your and your team or stakeholders? Reach out to Anna for help connecting to an ACE master trainer—there are lots of organizations participating in the SHIP with the capacity to share their trainers.
- Create more opportunities for sharing about SHIP implementation with local and tribal health departments to involve them in the implementation phase.
- Continue to research additional partners to bring to the group, particularly from the social determinants of health perspective.
- Follow-up on items from the conversation about the strategies that resonated with you or your organizational or programmatic goals.
- Reach out if you have suggestions for implementing the SHIP to add value for you or your organization.