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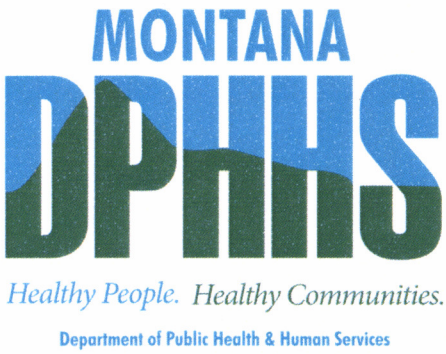

Presentation to the 2013 Health and Human Services
Joint Appropriation Subcommittee

PUBLIC HEALTH AND SAFETY

Department of Public Health and Human Services (DPHHS)

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OVERVIEW

Public health affects all of us, all of the time. Disease monitoring, prevention and control, food and consumer safety, assuring clean indoor air and safe drinking water, providing education about healthy lifestyles and health risks, and responding rapidly to emerging threats and events are public health activities that touch the lives of each and every Montana citizen. While the list of public health's contributions to the health of Montanans is lengthy, when prevention efforts are successful, problems often do not arise; therefore, many citizens may not recognize the impact of the public health system.

Montana's public health services are delivered primarily through contracts with local and tribal public health agencies in every county and reservation in Montana, as well as private providers, clinics, hospitals and other organizations located in Montana communities from border to border. The Public Health and Safety Division (PHSD) leads the state's public health efforts and provides state-level coordination of key public health services to local and tribal public health agencies. Without the centralized resources, expertise and support PHSD provides to local public health agencies, many areas of the state would be unable to support the local services and resources necessary to protect the health of their residents and provide the highest quality of services.

SUMMARY OF MAJOR FUNCTIONS

Montana's **clinical public health and environmental laboratories** are located in the PHSD and provide testing to support disease prevention and control. Last year, residents and health care providers from 54 counties in Montana submitted samples for laboratory testing services. Staff at the state's laboratories performed over 247,000 tests last year. Laboratory tests performed include both medical tests in support of disease control programs (such as for tuberculosis and HIV) and environmental tests in support of clean drinking water (such as for bacterial contamination and heavy metals).[1] In addition, newborn screening for 28 metabolic and genetic diseases is done at the laboratory for essentially every baby born in Montana (over 12,000 per year).

Test results are used by clinicians to aid in diagnosing and treating their patients and by local and tribal public health officials to enhance responses to disease outbreaks or water contamination, and to track disease trends. In 2012, Montana experienced the most pertussis cases since 2005. The pertussis outbreak is still underway, and in response, laboratories, clinicians, local and tribal public health agencies look to the PHSD to provide the needed testing.

Timely and accurate testing is also important to guide our response to influenza. This current season has been described by the U.S. Centers for Disease Control and Prevention (CDC) as one of the most severe in the last decade. A high volume of work has been done by the public health laboratory to confirm and characterize the viruses that are circulating. During this influenza season, testing was performed on 1,683 specimens from throughout the state of Montana, of which 28% were confirmed positive. Approximately 42% of the positive specimens were further typed and subtyped, providing important information about strains circulating this season and strains to consider for inclusion in next year's vaccine.

In addition to laboratory services, **communicable disease prevention and control** activities within the PHSD include disease tracking and control; regulatory activities for public establishments; and the coordination of activities such as immunization and HIV/AIDS treatment programs. Division

programs are responsible for assisting with the approximately 4,700 cases of communicable diseases reported each year, working with providers and local public health agencies to ensure proper treatment and investigation necessary to prevent additional illnesses. Recent activity included a dramatic increase in pertussis cases impacting almost all areas of the state and a gonorrhea outbreak in a more localized area of the state.[2] Both events required a significant amount of state and local resources to ensure thorough investigations and effective interventions were applied.

Additional communicable disease prevention and control activities include providing life-extending therapies and case management to approximately 550 individuals living with HIV in Montana and shipping of over 170,000 doses of vaccine to local health care providers for use annually; and coordinating with local agencies, coordinating the licensing and inspection of the state's 12,000 public establishments that mainly provide food services and lodging to the public in order to ensure public health and safety. DPHHS and local and tribal public health agencies continue to develop and test a variety of public health emergency response plans.

The PHSD is charged with **preventing chronic disease and promoting health**. This is accomplished with activities that promote healthy behaviors including physical activity, seat belt use, fall prevention, healthy eating, abstinence from tobacco and tobacco cessation, and that address chronic conditions such as asthma, cardiovascular disease, stroke, diabetes, arthritis and injury. Preventable risk factors and chronic conditions such as those listed above place a major burden on Montanans due to reduced quality of life, high costs of health care and death.

The Chronic Disease Prevention and Health Promotion Bureau has programs that serve youth and adults statewide. For example, the Cancer Screening Program (includes, breast, cervical and colorectal) has served over 26,000 low-income women and men with screening services. Since its inception in 2004, more than 64,000 Montanans have enrolled in the Quit Line (866-QUIT-NOW), and approximately 22,400 (35%) have quit using tobacco with this statewide resource.[3] Our chronic disease prevention programs also collaborate with and support health care professionals, health care facilities, local and tribal health departments, and numerous other organizations across the state. Our Emergency Medical Services Section licenses and regulates more than 150 emergency medical services across the state, provide education for emergency medical technicians, and work to improve the quality of care provided for trauma patients.

Improving the health of Montana's **maternal and child health** population is a priority for the PHSD. This population encompasses women of childbearing age (15-44 years of age), pregnant women, infants, children, and youth with special health care needs and their families. The Family and Community Health Bureau provided reproductive health services to approximately 27,000 women and men, and assisted more than 1100 pregnant women and 1000 infants with home visiting services. The WIC Program provided nutrition screening and education, referrals to health and human services and nutritious foods to more than 20,000 participants each month. These services are provided at 74 sites, including seven American Indian Reservations.

The PHSD coordinated clinics that are staffed by medical specialists and health care professionals and address 20 chronic pediatric conditions. Each year, these clinics serve approximately 5,000 children and youth who have special health care needs. Nearly all babies born in Montana (over 12,000 per year) were screened for hearing impairment and 28 metabolic and genetic conditions. In 2011 the first half of 2012, six babies were identified and treated for conditions that, without treatment, can cause serious disease and life-long effects with significant costs for medical care.

The PHSD is responsible for **monitoring and tracking the health of Montanans**. This is accomplished using a variety of data sources including birth and death records, hospital discharge data, survey information and disease registries and reports. The PHSD issues over 16,000 Montana birth and death certificates each year and maintain records of vital events including all marriages and divorces back to 1860.

Strengthening our public health system continues to be a focus for the PHSD. The Public Health Accreditation Board has established a national voluntary accreditation program for state, local and tribal public health agencies. Montana's citizens will benefit from public health departments that deliver contemporary public health services that meet national standards. The PHSD is providing training and technical assistance to local and tribal public health departments to increase their readiness for voluntary national public health accreditation.

Within the Division, each public health program is implementing performance and quality improvement activities and increasing the use of evidence-based interventions. These activities are focused on bringing all public health programs and practices into alignment with national public health standards and measurements.

Over the past year, each PHSD program (40) completed a business process analysis and developed standardized work plans and performance measures for each of its core business processes. Beginning in March, the PHSD management team will meet twice monthly to review progress in implementing work plans and reaching targets. By November 2013, this team will have reviewed each program twice. These reviews will be on a continuous cycle and are designed to: 1) identify and resolve performance problems early and modify our course as needed; 2) remove barriers to performance; and 3) encourage dialogue among staff at all levels and managers.

Health professional recruitment and retention efforts are also coordinated through the PHSD. Several programs offer loan repayment and other incentives to providers to practice in Montana. In addition, the Division works with the federal government to designate certain areas of the state as health professional shortage areas and medically underserved areas.[4] These designations are vital to securing community health center funding.

HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2013 BIENNIUM

Preventing Heart Disease and Diabetes - Since 2008, over 3,300 Montanans have participated in the Cardiovascular Disease and Diabetes Prevention Program (CVDDPP) that is currently being implemented at 15 sites and via telehealth at six remote sites. The program is a 22 session group-based lifestyle intervention that promotes reduced fat intake and increased levels of physical activity to achieve the goal of 7% weight loss.[5] This program is based on the National Institute of Health's Diabetes Prevention Program, a clinical trial that found that an intensive diet and physical activity intervention targeting adults at high-risk for developing diabetes can reduce their risk of developing it by 58%.[6] The Montana participants completing 13 or more sessions of the core program have achieved significant weight loss with 47% meeting the 7% weight loss goal, increased physical activity with 66% meeting the goal of 150 or more minutes of weekly physical activity, and significant reductions in cardiovascular disease risk factors (e.g., hypertension).

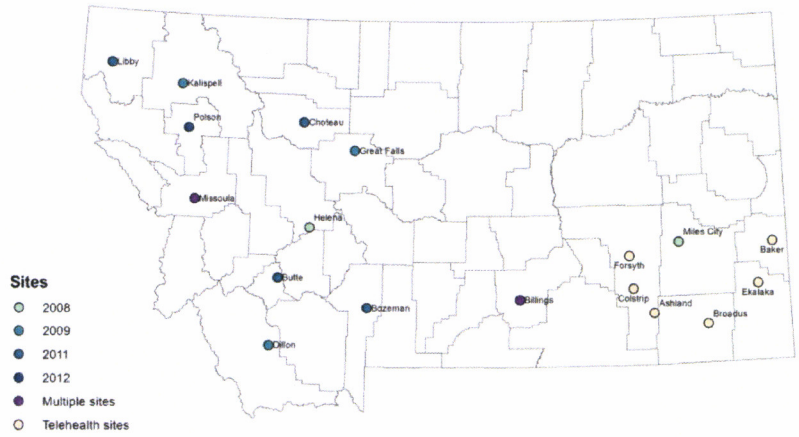
Table 1. Outcomes achieved in the National Institutes of Health Diabetes Prevention Program Intensive Lifestyle Intervention (ILI) (1996-2001) and in the Montana Cardiovascular Disease and Diabetes Prevention Program (2008-2011).

Outcome	National DPP[6]	Montana[5]	
	All enrolled at 24 week follow-up (N = 1,079)	Completed ≥13 sessions (N = 1,830)	All enrolled (N = 2,724)
Mean weight loss	6.5 ± 4.7 kg	6.9 ± 4.2 kg	5.6 ± 4.5 kg
Percent meeting 7% weight loss goal	49%	47%	34%
Mean physical activity per week	224 ± 141 min	205 ± 106 min	100 ± 95 min
Percent meeting ≥150 min/week physical activity goal	74%	66%	54%

DPHHS is also working with CVDDPP sites to increase the number of adults enrolled in Medicaid who participate in the program since Medicaid has a disproportionate number of persons at high risk for type 2 diabetes and cardiovascular disease. Specifically, the prevalence of obesity (35% vs. 24%) and diabetes (14% vs. 5%) are significantly higher among adults aged 18 to 64 years who are now enrolled in Medicaid (2010) compared to the general Montana population aged 18 to 64 years (2009).[7] Over one in five (21%) of the respondents to a recent Medicaid survey were overweight and had one or more conditions (hypertension, pre-diabetes, GDM, high cholesterol) putting them at high-risk for developing cardiovascular disease and diabetes.

DPHHS is collaborating with the national Centers for Medicare and Medicaid Services, Center for Medicare and Medicaid Services Innovation to determine if financial incentives enhance recruitment and promote the essential behaviors to achieve weight loss: attendance at the education classes, self-monitoring and reduction of fat intake, and self-monitoring and achievement of ≥150 minutes of moderately vigorous physical activity per week.

Figure 1. Cardiovascular Disease and Diabetes Prevention Program Sites in Montana, 2012



Improving Control of Asthma – The Montana Asthma Home Visiting Project (MAP) is a home-based, multi-component program that targets children aged 0 to 17 years with uncontrolled asthma and their families. Services are provided at no cost to families. Beginning in 2011, three home visiting sites were piloted at Bullhook Community Health Center in Havre, Missoula City-County Health Department, and Lewis & Clark City-County Health Department in Helena. The program provides: 1) six home visits over the course of a year by a registered nurse who can answer questions about the causes, triggers and treatment of asthma, 2) a home assessment to identify and mitigate potential asthma triggers like mold, pet dander and tobacco smoke, 3) medication advice, 4) asthma educational materials, and 5) referrals to community resources. The MAP program is designed to follow the National Heart, Lung and Blood Institute Expert Panel Guidelines for the Diagnosis and Management of Asthma and The Community Preventive Services Task Force's Guide to Community Preventive Services.[8,9]

Since June 2011, 92 children with uncontrolled asthma have been continuously enrolled in the program. After one year, there have been significant improvements in asthma-related outcomes. Improvements in these clinical outcomes have been shown to reduce emergency department visits, hospitalizations, medical expenses, and to improve school attendance and quality of life.

Table 2. Health-related outcomes among children with uncontrolled asthma (N= 92) continuously enrolled for one year in the Montana Asthma Home Visiting Program, 2011-2012.

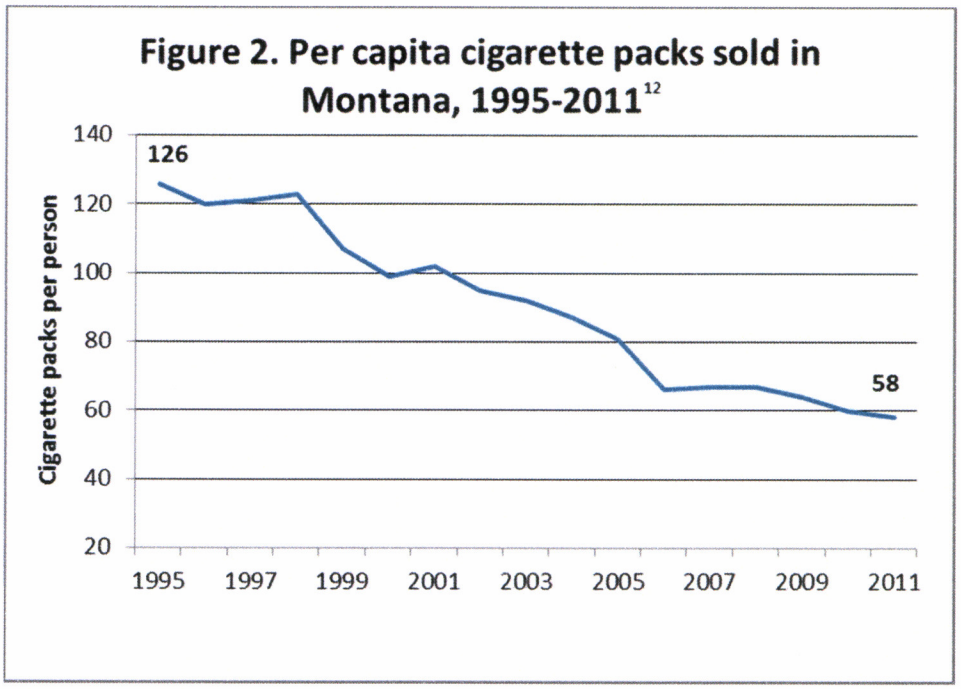
Health Indicators	Baseline	One year
	%	%
Self-reported severe/very severe asthma symptoms	27	4
Have an asthma action plan	31	81
Completed home environmental assessment	0	100
Score ≥91% on asthma knowledge test	12	65
Score >20 (uncontrolled asthma) on asthma control test*	74	10
Good inhaler technique	14	92
Missed one or more school days in past 6 months	56	17
Unscheduled office or ED visit for asthma past 6 months	69	15

*Lower score indicates improved asthma control.

Continuing the Success with Tobacco Use Prevention Efforts -- Tobacco use continues to be the leading cause of preventable death in Montana. More than 1,400 Montanans die each year from tobacco-related disease.[10] While tobacco use among Montanans has decreased over the past decade, the financial costs related to tobacco use to Montana remain higher than for any other preventable cause of illness and death. Montanans spends more than $277 million a year due to tobacco-related health care costs.[11]

This Montana Tobacco Use Prevention Program (MTUPP) has been highly effective and is a national model among tobacco use prevention programs. The program has made significant strides to reduce tobacco use and continues to help Montanans quit, as well as not start, using tobacco.

- The sale of cigarettes has declined from 126 packs per capita in 1995 to 58 packs per capita in 2011 – a more than 50% reduction.[12]
- Smoking (in the past 30 days) among youth has decreased from 29% in 2001 to 17% in 2011 – a more than 40% reduction.[13]
- Youth smoking initiation rates have been cut in half since 2001— the percentage of students who reported smoking a whole cigarette before the age of 13 has decreased from 25% in 2001 to 11% in 2011.[13]
- As of September 2012, almost 64,000 Montanans have called the Montana Quit Line (800-QUIT-NOW) since 2004, and approximately 22,400 have quit using tobacco with the assistance of this statewide resource. In 2011, the quit rate among tobacco users who used the Quit Line was 41%, making this service one of the most effective quit lines in the U.S.[3]

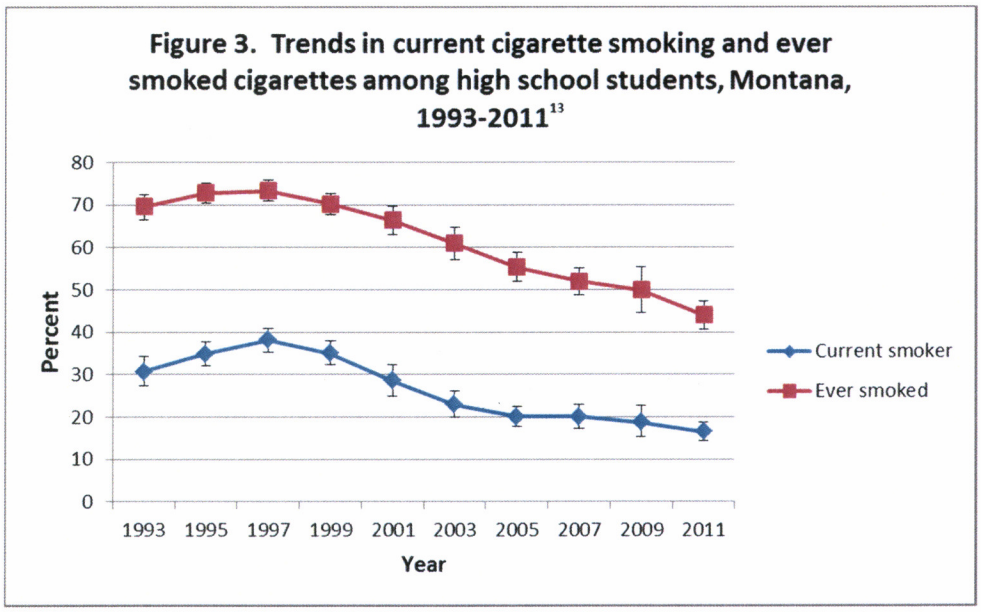


Due to the success of the comprehensive Clean Indoor Air Act, overall exposure to secondhand smoke in Montana was the lowest among all 50 states in 2009-2010. MTUPP continues to work toward actively changing attitudes related to tobacco use through smoke-free and tobacco-free policies on medical campuses, college campuses and public housing complexes. During the last two years alone, MTUPP has assisted with the adoption of 32 new tobacco-free policies across Montana, including those on 18 medical campuses, seven college campuses and with seven housing authorities, for a total of 69 new policies since 2005.

The MTUPP partners with the Office of Public Instruction to increase the number of Montana school districts that adopt Comprehensive Tobacco-Free School Policies (CTFSP). As of June 2012, a total of 194 school districts (46%) have adopted CTFSP, compared to 23 school districts as of September 2010.

Working with Medicaid in 2011, MTUPP was able to enhance tobacco cessation benefits by adding more provider types who are now eligible for reimbursement for smoking and tobacco cessation counseling. In addition to physicians and physician assistants, the following health care providers have been added to the list of those reimbursed for these services: nurse practitioners, dentists, dental hygienists, licensed psychologists, licensed clinical social workers, licensed professional counselors and chemical dependency providers.

The program also worked with Medicaid to provide direct mail outreach to recipients and providers, as well as paid media promoting cessation and the Quit Line. These efforts resulted in a significant increase in Medicaid beneficiaries' awareness of the cessation benefits available to them and a significant increase in the proportion of callers to the Quit Line who were enrolled in Medicaid between FY 2011 and 2012.[14]



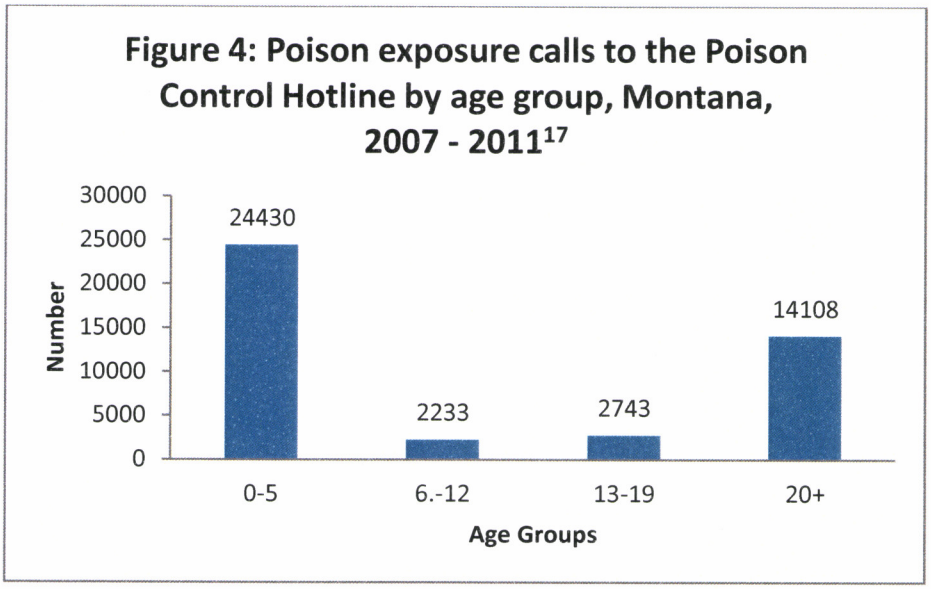
Significant challenges remain in tobacco prevention. Smokeless tobacco use among Montana youth (14%) remains well above the national average (8%).[13] Adult smoking has declined from 22% in 1998 to 19% in 2010, but 144,000 adults still smoke.[15] Many of these adults will die prematurely if they continue to smoke. Strikingly, thirty four percent of persons aged 18 to 64 and enrolled in Medicaid smoke,[14] and troublingly, 16% of all pregnant women in the state smoke.[16] Among American Indian adults, the prevalence of smoking is 49%.[15]

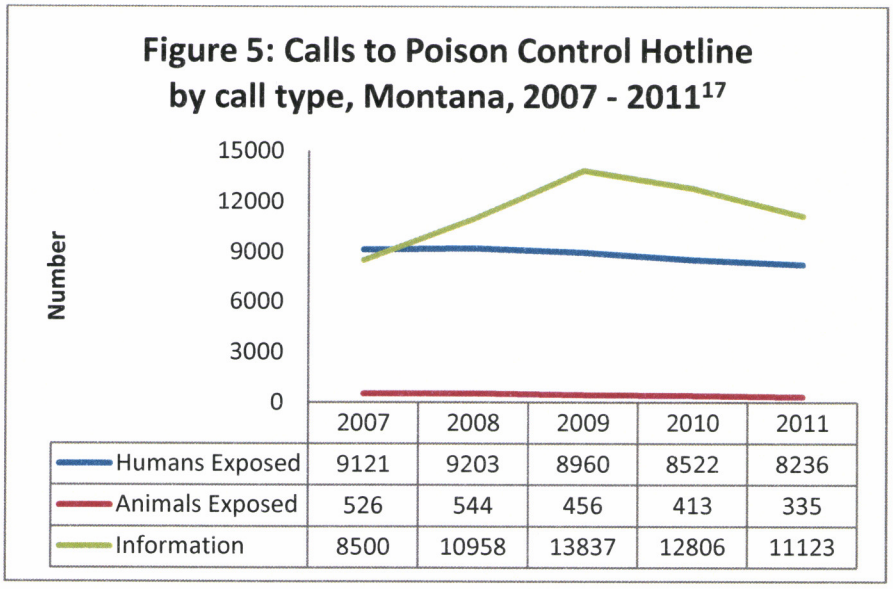
Reducing Health Care Expenses by use of the Poison Control Hotline – Between 2007 and 2011 the Montana Poison Control Hotline has received over 103,000 calls from Montanans regarding poison and poison exposure. The hotline is operated through a contract with the Rocky Mountain Poison Center in Denver Colorado which provides 24/7 services by trained professionals such as nurses, pharmacists and doctors specializing in toxicology to handle poison exposure evaluation and management, drug identification and toxicology consultation for Montana citizens and healthcare providers.

Of the 103,000 calls during this five year period, more than 46,000 (45%) were for poison exposures, with a disproportionate share among children aged less than 6 years (58%). The most frequent types of

poison exposure among children included ingestion of analgesics or pain medication, cosmetic and personal care products, and household cleaning substances. Of the 46,000 poison exposure calls, 74% were managed on site by trained professionals and did not need medical attention. The other 26% were referred for medical evaluation. The remaining 57,000 (55%) calls were requests for poison information such as stickers and prevention materials to promote the 1-800-222-1222 hotline number, as well as information on medication dosage, clean up, storage and disposal of poisons, and identifying unmarked pills and medication containers.[17]

The hotline saves money by managing a very large proportion of poison exposures on site, ultimately saving money in healthcare costs. More than $2 million in healthcare costs are estimated to have been saved with the hotline in 2011 by preventing poison-related visits to the emergency department or doctor's office.[18]





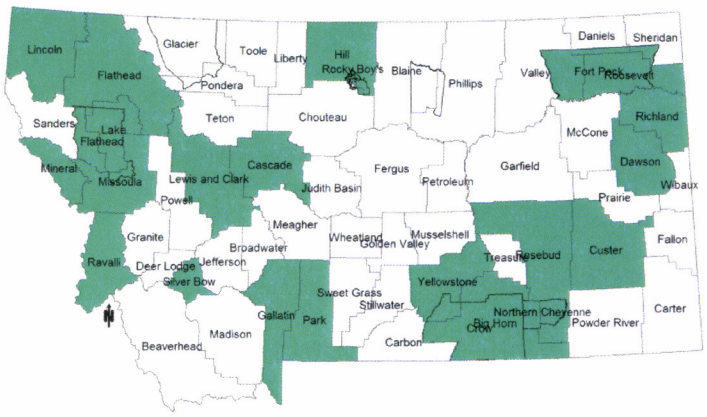
	2007	2008	2009	2010	2011
Humans Exposed	9121	9203	8960	8522	8236
Animals Exposed	526	544	456	413	335
Information	8500	10958	13837	12806	11123

Establishing Evidence-based Early Childhood Home Visiting Programs - Four sites including six counties were awarded contracts with funding from the Maternal, Infant and Early Childhood Home Visiting Grant Program (MIEC Home Visiting) to provide evidence-based early childhood home visiting services with a new federal grant. Lake, Lincoln, Mineral and Flathead counties are using the "Parents as Teachers" home visiting model, while Missoula and Yellowstone counties are using the "Nurse-Family Partnership" home visiting model. These home visiting services are offered on a voluntary basis to at-risk pregnant women and children aged up to 5. The home visiting models being implemented in Montana have been shown to be effective at improving child development, school readiness, positive parenting practices and health outcomes.[19]

Home visitors are qualified, trained professionals who provide information and support that benefits the entire families. Home visitors follow a curriculum for the visits and adhere to standards established by Parents as Teachers and Nurse-Family Partnership, the organizations that developed and provide training in the use of these models. Home visiting services are intensive; visits with families generally occur every week or every other week, and families are expected to be enrolled in the program for at least two years. Services provided by the home visitors include health, hearing, vision, and developmental assessments and screenings, connecting families to resources to help improve their self-sufficiency, and providing education and support to parents on healthy pregnancies, overall health, child health and development, school readiness, development-centered parenting, positive parent-child interaction, and family well-being.

Establishing Early Childhood (Best Beginnings) Community Coalitions – In September 2011, Montana received federal funding to strengthen state and community childhood services and systems, including developing and supporting local early childhood coalitions. Montana's early childhood (Best Beginnings) coalitions are collaborative efforts between the DPHHS Family and Community Health and the Early Childhood Services bureaus. Twenty-five communities (including one region) received funding for coalitions to conduct early childhood needs assessments and develop plans and priorities for an early childhood system. In addition, these coalitions provide professional development opportunities for early childhood providers. Best Beginnings coalitions are located in 20 counties and five tribal jurisdictions.

Figure 6: Best Beginnings Community Coalitions



Providing Cystic Fibrosis Interdisciplinary Clinics – The Children's Special Health Services (CSHS) Program supports Cystic Fibrosis (CF) clinics at its three regional pediatric specialty clinic sites (Billings, Great Falls, and Missoula). Over the last two years, the team at Billings Clinic has become a national Cystic Fibrosis Foundation recognized program. This team provides service at the CSHS regional clinics. Infants with CF initially identified through newborn screening are immediately referred for diagnostic confirmation and subsequently treated at one of these clinics. Early diagnosis and timely access to vital medical services allow families to achieve the best possible outcomes when dealing with this disease. Supporting pediatric specialty care in Montana saves Montanans costs associated with out of state travel expenses and facilitates a family support structure for the patient.

Improving Access to Health Care Providers - The State Loan Repayment Program (SLRP) provides loan repayment assistance to medical professionals serving in one of 54 Montana counties recognized by the federal government as a Health Professional Shortage Area or as a Medically Underserved Area.[4] The number of eligible medical professionals receiving assistance depends, in large part, on the amount of money allocated by the Legislature and used as a 50/50 state/federal funding match.

In SFY 2012, the program provided $142,906 to 11 medical professionals: one Medical Doctor, two Nurse Practitioners, three Physician Assistants, one Dental Hygienist, and four Licensed Clinical Social Workers. These healthcare providers received an average of $21,250 in state loan repayment dollars and allowed residents of Browning, Chester, Glasgow, Ennis, Scobey, Hamilton, Butte, Missoula, Boulder, and Sheridan access to a health care professional not previously available.

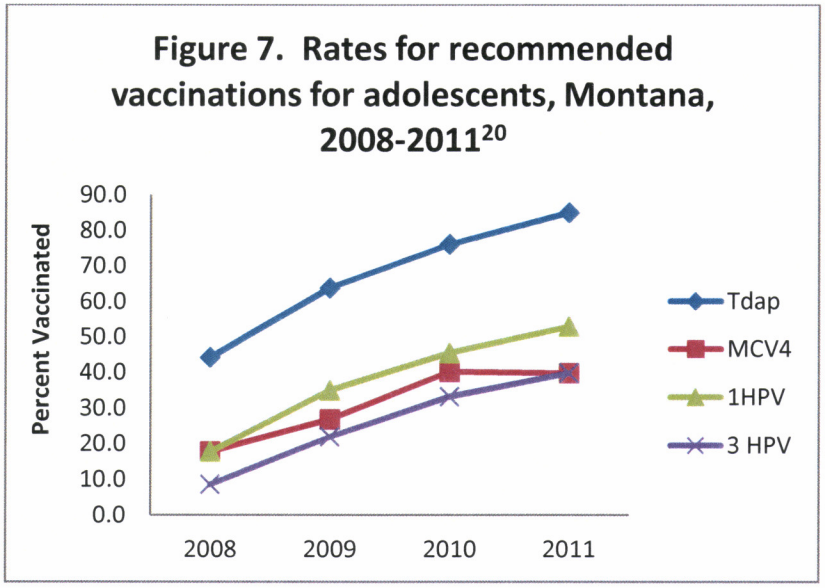
Being Prepared through the Public Health Emergency Preparedness Program - Intense flooding in the spring of 2011 and wildfires in 2012 required activation of the DPHHS Public Health Emergency Preparedness and Hospital Preparedness programs to collaborate with partners to meet the needs of displaced people. During these events, the DPHHS Emergency Operations Center was activated and provided situational awareness to state Disaster and Emergency Services (DES), American Red Cross (ARC), and local public health and health care partners. Ongoing monitoring in threatened communities was established to assure that the need for sheltering, healthcare resources and any other identified critical services were met. The DPHHS worked closely with ARC, responding to impacted jurisdictions and providing the majority of sheltering activities across the state. DPHHS was able to acquire a small cache of functional needs equipment to enable the ARC to better serve shelter residents who have mobility restrictions.

In addition to sheltering and feeding operations conducted during these events, many counties declared disasters and in some cases ordered evacuations of health facilities. Throughout the events, access to health care and other critical services were maintained with minimal disruption. Close and successful collaboration between DPHHS and state and local partners was essential to ensure the provision of services.

Improving Immunization Coverage - In 2012, Montana received national recognition and received an award from CDC for being the state with the most improved adolescent immunization coverage rate. This recognition was earned by significantly increasing coverage rates for key vaccines among Montana adolescents. An increase in the coverage rates for vaccines targeting Diphtheria, Tetanus and pertussis (Tdap), meningococcal infections and Human Papilloma Virus (HPV) was identified through CDC's National Immunization Survey. Since 2008, the percentage of teens who have received these important vaccines has increased significantly- almost doubling in the case of pertussis vaccine and

more than doubling with respect to meningococcal and HPV vaccines. With the exception of meningococcal vaccine, Montana's coverage rates match or exceed the US average.[20]

In 2009, Montana received state funding to support immunization services for uninsured and underinsured adolescents. The availability of these vaccines has been an important factor in increasing adolescent immunization rates.



Demonstrating Data Exchange with Providers - DPHHS and health care providers throughout the state worked to facilitate the exchange of data between electronic health records (EHRs) and selected DPHHS databases. Electronic data exchange eliminates the need for a time-consuming hand entry of data and increases the accuracy and timeliness of data submission. In 2012, the Montana Public Health Laboratory and a number of private medical providers established secure direct data connections to report selected communicable diseases, immunization histories and laboratory results. At this time, DPHHS is working with approximately two dozen additional providers to develop this technology. DPHHS, providers and patients all benefit from secure, timely and accurate exchange of this important information.

In 2012, the Laboratory Services Bureau also implemented telehealth capabilities for the improved detection and identification of parasitic disease.

Being Recognized as a Model, Laboratory Services Bureau - Public health laboratories are an essential component of community, state and national public health initiatives. In today's leaner environment, many organizations, including public health laboratories must be creative in determining methods to ensure the capacity to respond to public health threats. As part of The Laboratory Efficiency Initiative, the CDC and the Association of Public Health Laboratories have published "A Practical Guide To Assessing and Planning Implementation of Public Health Laboratory Service Changes" (May 2012). This publication cited the Montana Laboratory Services Bureau, along with its partners in the Northern Plains Consortium (Wyoming, North Dakota and South Dakota) as a model of how relatively small public health laboratories that serve sparse populations over large geographic areas can improve efficiency by sharing critical technology and expertise.

Identifying Children Exposed to Lead -- In 2012 the CDC recommended that physicians and parents take action steps for children with blood lead level (BLL) ≥5 μg/dL, the level for which 2.5% of U.S. children aged 1 to 5 years had a BLL at or above.[21] Even small amounts of lead can adversely affect children's growth and development.[22] There is no safe level of lead in the blood. The Centers for Medicare and Medicaid Services requires blood lead screening of all children aged 1 to 5 years who are enrolled in Medicaid through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. In order to assess the extent to which national data reflect the lead exposure experience of Medicaid enrolled children aged 1 to 5 years in Montana, the PHSD in conjunction with nine local health departments, covering 11 counties, conducted a lead screening field study.

Participating local health departments were able to contact the parent or responsible adult of 1,051 children. Of those contacted, 584 (56%) agreed to participate. Consistent with the national data, 3% of Montana children who were tested had BLL ≥5 μg/dL. One in four of the children had detectable lead in their blood (BLL ≥1 μg/dL). The highest BLL detected was 34.7 μg/dL and the characteristic associated with the highest prevalence of detectable BLL was living in a house with peeling paint.[23]

In May 2012 the PHSD also conducted a survey of a representative sample of Montana pediatricians, family physicians, and mid-level practitioners that provide clinical services to children aged 1 to 5 years enrolled in Medicaid to determine their lead screening practice. The EPSDT guidelines for children enrolled in Medicaid require 1 blood lead test at ages 12 and 24 months, catch up lead testing before the age of 6 years, if not previously tested, and screening for lead poisoning in high risk children of other ages. Results indicated:

- only 18% of respondents reported that they routinely test Medicaid enrolled children aged one year for lead,
- less than 10% reported routinely screening two year old children enrolled in Medicaid or three to five year old children enrolled in Medicaid, whether or not they had been previously tested,
- 61% reported they test only when risk factors are known, and
- 21% reported they do not test at all.

The most often cited barriers to screening by respondents included perceived low levels of lead exposure in their geographic area and parental refusal of testing. Few respondents cited inadequate reimbursement for screening as a barrier.

2015 BIENNIUM GOALS AND OBJECTIVES

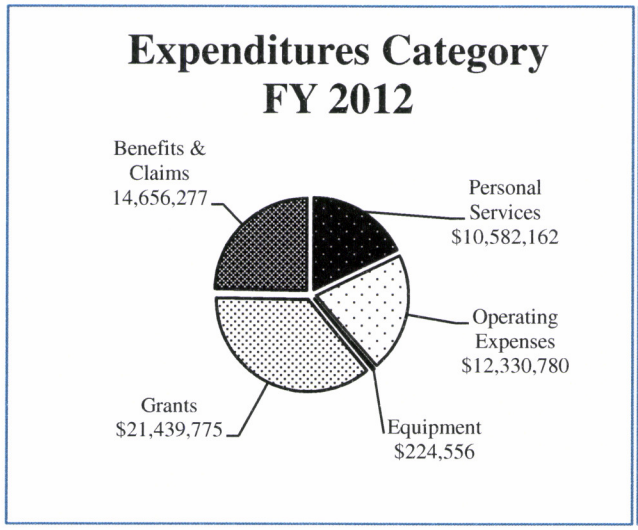
Department of Public Health and Human Services Public Health & Safety Division	
Goals and Objectives for the 2015 Biennium	
Goal: Improve the health of Montanans to the highest possible level	
Objective	**Measures**
Prevent and control communicable disease	The proportion of children (19-35 months) fully immunized. The percentage of Chlamydia cases for which at least one contact was followed up.
Reduce the burden of chronic disease	The proportion of high school students smoking cigarettes in the past 30 days. The proportion of adults currently smoking. The proportion of persons aged 50 years and older who have had a screening colorectal exam.
Provide accurate and timely laboratory testing and results	The proportion of local health jurisdictions and public health clinics with access to accurate, reliable testing services (clinical and drinking water).
Provide programs and services to improve the health of women, children and families	The rate of birth for teenagers aged 15 through 17 years. The proportion of newborns fully screened and when indicated, provided follow up services.
Prepare the public health system to respond to public health events and emergencies	The number of local jurisdictions that participate in a public health emergency exercise at least every other year.

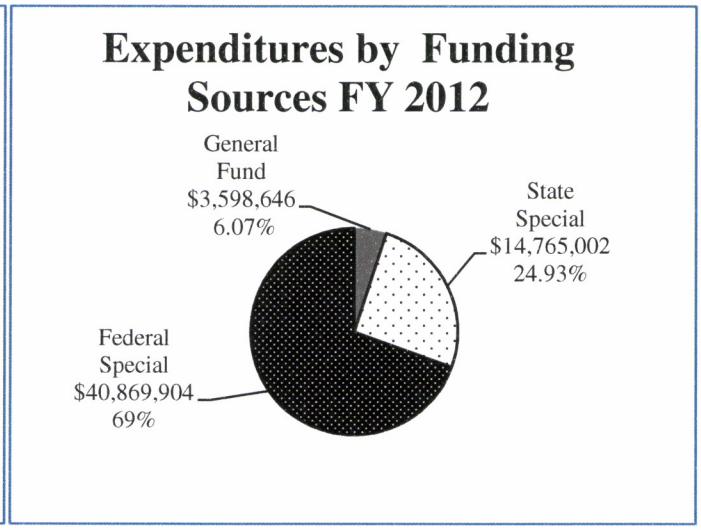
FUNDING AND FTE INFORMATION

Public Health and Safety Division	2012 Actual Expenditures	FY 2014 Request	FY 2015 Request
FTE	191.96	191.96	191.96
Personal Services	10,582,164	11,751,725	11,767,489
Operating	12,330,780	14,523,738	14,509,592
Equipment	224,556	224,556	224,556
Grants	21,439,775	24,342,532	24,343,058
Benefits & Claims	14,656,277	14,656,277	14,656,277
Debt Services	0	0	0
Total Request	**59,233,552**	**65,498,828**	**65,500,972**
General Fund	3,598,646	4,015,475	4,018,585
State Special Fund	14,765,002	16,607,810	16,607,638
Federal Fund	40,869,904	44,875,543	44,874,749
Total Request	**59,233,552**	**65,498,828**	**65,500,972**

THE FOLLOWING FIGURES PROVIDE FUNDING AND EXPENDITURE INFORMATION FOR

FY 2012 FOR PUBLIC HEALTH AND SAFETY DIVISION



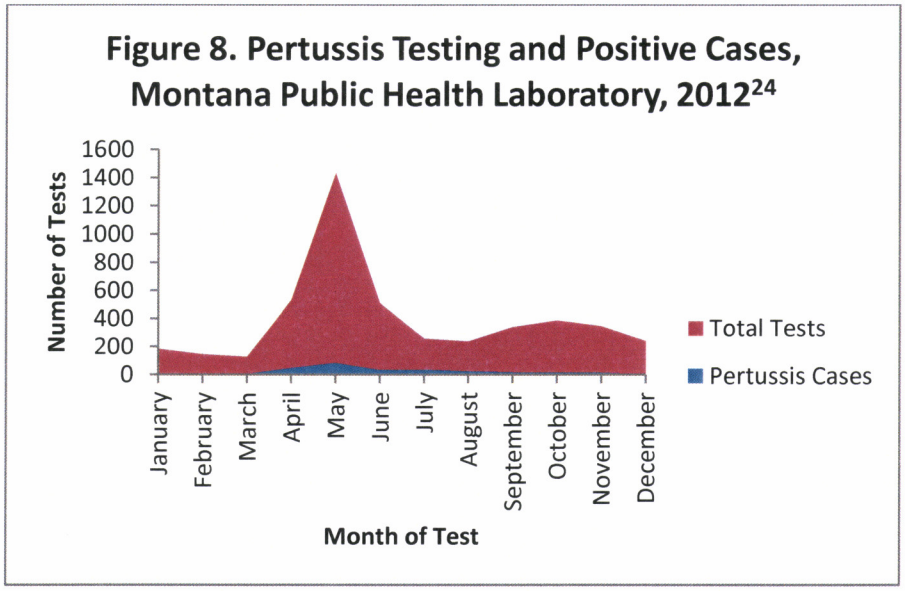


DECISION PACKAGES (SEE LFD BUDGET ANALYSIS, PAGES B-89 TO B-101)

Present Law Adjustments

PL - 70104 - State Laboratory Operations (LFD Page B-100) - This present law adjustment adds $150,000 in state special revenue in each year of the biennium for the Public Health Laboratory to meet projected increases in laboratory supplies and operating expenses. The increase will be covered by revenues generated by laboratory testing services.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 150,000**	**$ 0**	**$ 150,000**
FY 2015	**$ 0**	**$ 150,000**	**$ 0**	**$ 150,000**
Biennium Total	**$ 0**	**$ 300,000**	**$ 0**	**$ 300,000**



The Montana Public Health Laboratory and Communicable Disease Section worked closely with local jurisdictions, schools and health care providers to respond to a national outbreak of Pertussis (whooping cough) that occurred in 2012. Laboratory testing conducted at the MPHL was essential to help identify cases allowing public health agencies across the state to respond. As reflected in the figure above, a total of 4,455 tests were conducted in 2012 resulting in the identification of 297 infected individuals.[24] MPHL is one of only two laboratories in the state with advanced testing capabilities for pertussis.

PL - 70112 - Poison Control Hotline (contingent) (LFD Page B-91) - This present law adjustment for the Montana Poison Control Hotline is to cover a portion of the cost of providing 24/7 access to information and consultation regarding poisonous substances for citizens and health care providers. The request is for $182,400 in general fund in each year of the biennium. These costs were previously covered with federal funds that are proposed to be eliminated from the federal budget. This request is contingent upon elimination of the federal funds.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 182,400**	**$ 0**	**$ (182,400)**	**$ 0**
FY 2015	**$ 182,400**	**$ 0**	**$ (182,400)**	**$ 0**
Biennium Total	**$ 364,800**	**$ 0**	**$ (364,800)**	**$ 0**

PL - 70113 - Tobacco Use Prevention (LFD Page B-91) - This present law adjustment for the Montana Tobacco Use Prevention Program will fund youth prevention activities including increasing awareness of the dangers of tobacco use, creating educational materials and campaigns geared toward children and teens, and building youth leadership skills. The funding will also be used to support promotion and marketing of the Montana Quit Line to increase use of these services. The request is for $750,000 in state special revenue in each year of the biennium from the Tobacco Master Settlement Account, as provided in 17-6-606, MCA.

	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 750,000**	**$ 0**	**$ 750,000**
FY 2015	**$ 0**	**$ 750,000**	**$ 0**	**$ 750,000**
Biennium Total	**$ 0**	**$ 1,500,000**	**$ 0**	**$ 1,500,000**

New Proposals

NP - 70100 - Community Transformation Grant (LFD Page B-92) - This new proposal is for a Community Transformation Grant that will be used to implement statewide chronic disease prevention activities. These include a hospital-based breast feeding initiative, work site health promotion focusing on nutrition and physical activity, community-based cardiovascular disease prevention, and coordination with local and tribal health departments to implement built environment and smoke free public housing policies. The request is for $769,195 in federal spending authority for each year of the biennium.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 0**	**$ 769,195**	**$ 769,195**
FY 2015	**$ 0**	**$ 0**	**$ 769,195**	**$ 769,195**
Biennium Total	**$ 0**	**$ 0**	**$ 1,538,390**	**$ 1,538,390**

Table 3. Communities and organizations receiving funding and technical assistance as part of the Community Transformation Grant, by intervention area, Montana, 2013.

Baby Friendly Hospitals (Breast Feeding)	Worksites	Clinical Preventive Services	Active Living/Active Transport
Barrett Hospital, Beaverhead County	Barrett Hospital, Beaverhead County	Bozeman Deaconess Hospital, Gallatin County	Kalispell, Flathead County
Community Medical Center, Missoula County	Central Montana Medical Center, Fergus County	St. Pete's Hospital, Lewis & Clark County	Great Falls, Cascade County
Glendive Medical Center, Dawson County	City of Missoula, Missoula County	Billings Clinic, Yellowstone County	Butte, Silver Bow County
Livingston Healthcare, Park County	Community Hospital of Anaconda, Deer Lodge	Madison Healthcare, Madison County	Anaconda, Deerlodge County
St John's Lutheran Hospital, Lincoln County	Missoula City-County Health, Missoula County	Community Medical Center, Missoula County	Miles City, Custer County
St Peter's Hospital, Lewis & Clark County	North Valley Hospital, Flathead County		Belgrade, Gallatin County
Bozeman Deaconess Hospital, Gallatin County	RiverStone Health, Yellowstone County		Livingston, Park County
Central Montana Medical Center, Fergus County	Sidney Health Center, Richland County		Laurel, Yellowstone County
Marcus Daily Hospital, Ravalli County	Toole County Health, Toole County		Whitefish, Flathead County
	Employee Benefit Management Services (EBMS), Billings		Lewistown, Fergus County
	Flathead County Health Department, Flathead County		Sidney, Richland County
	Livingston Healthcare, Park County		Glendive, Dawson, County
	Lewis & Clark County Health, Lewis & Clark County		Columbia Falls, Flathead County
	Diocese of Helena (58 parishes, 38 missions in Bozeman, Butte, Conrad, Helena, Kalispell, and Missoula)		Hamilton, Ravalli County
			Dillon, Beaverhead County
			Havre, Hill County

NP - 70103 - Improve Services for Children with Special Health Needs (LFD Page B-95) - This new proposal is for a grant to improve services for children and youth with special health needs. It will be used to provide funding to community-based organizations, health care providers, and other partners for education, care coordination, assistance navigating the health care system and other supportive services. Services are directed at all children with special health care needs in Montana. This will include the following enhancements to our services:

- A Montana Parents as Mentors Program
- Enhanced transition services for youth with disabilities and their families as they transition into adulthood
- A link to available resources for Montana families with children with special health care needs and health care providers via the Utah Medical Home Web Portal
- Trainings and technical assistance for Montana providers and partners to increase coordination of care for children and youth with special health care needs.

The request is for $294,912 in federal spending authority for each year of the biennium.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 0**	**$ 294,912**	**$ 294,912**
FY 2015	**$ 0**	**$ 0**	**$ 294,912**	**$ 294,912**
Biennium Total	**$ 0**	**$ 0**	**$ 589,824**	**$ 589,824**

NP - 70105 - Epidemiology and Laboratory Capacity Grant (LFD Page B-101) - This new proposal is for the Epidemiology and Laboratory Capacity Grant and will be used to enhance epidemiology and laboratory capacity, as well as to coordinate and implement health care associated infection prevention activities between hospitals and the state health department.

Laboratory activities will include implementing new tests or improved test methods, improving health information systems, including expansion of electronic laboratory results reporting, and enhancement of testing and surveillance in the areas of foodborne illness, West Nile Virus and influenza. The CDC intends states to use this funding to increase capacity to contribute to and use data from our national communicable disease surveillance system. This system facilitates timely identification of clusters of disease and rare events that might otherwise go unrecognized. The request is for $533,531 in federal spending authority for each year of the biennium.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 0**	**$ 533,531**	**$ 533,531**
FY 2015	**$ 0**	**$ 0**	**$ 533,531**	**$ 533,531**
Biennium Total	**$ 0**	**$ 0**	**$ 1,067,062**	**$ 1,067,062**

NP - 70106 - Medicaid Incentive Grant (LFD Page B-92) - This new proposal is for the Medicaid Incentive Grant and will be used to test the results of providing financial incentives via a debit card to adults enrolled in Medicaid who are participating in an evidence-based lifestyle intervention to reduce their risk of developing cardiovascular disease and diabetes. The request is for $111,791 in federal spending authority for each year of the biennium.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 0**	**$ 111,791**	**$ 111,791**
FY 2015	**$ 0**	**$ 0**	**$ 111,791**	**$ 111,791**
Biennium Total	**$ 0**	**$ 0**	**$ 223,582**	**$ 223,582**

NP - 70108 - MIEC Home Visiting Program - Formula (LFD Page B-95) - This new proposal is for the Maternal, Infant and Early Childhood Home Visiting Program Grant and will be used to improve pregnancy outcomes and the health, development, and school readiness of children aged 0 through 5 years. Local health departments provide these services to high risk children and families. The request is for $1,000,000 in federal spending authority for each year of the biennium.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 0**	**$ 1,000,000**	**$ 1,000,000**
FY 2015	**$ 0**	**$ 0**	**$ 1,000,000**	**$ 1,000,000**
Biennium Total	**$ 0**	**$ 0**	**$ 2,000,000**	**$ 2,000,000**

NP - 70109 - Public Health System Improvement Grant (LFD Page B-89) - This new proposal is for the National Public Health Improvement Initiative Grant and will be used to prepare Montana for national public health accreditation by meeting public health practice standards and implementing quality improvement activities.

The Public Health and Safety Division will use funding from the National Public Health Improvement Initiative to continue to strengthen and improve Montana's public health system through the following key activities:

- To bring state, local and tribal public health programs and practices into alignment with national public health standards and measurements as set forth by the Public Health Accreditation Board.
- To implement performance and quality improvement activities to increase the effectiveness of our programs and practices.
- To provide training and technical assistance that will prepare local and tribal public health agencies for voluntary national accreditation.

The request is for $150,000 in federal spending authority in each year of the biennium.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 0**	**$ 150,000**	**$ 150,000**
FY 2015	**$ 0**	**$ 0**	**$ 150,000**	**$ 150,000**
Biennium Total	**$ 0**	**$ 0**	**$ 300,000**	**$ 300,000**

NP - 70110 - State Loan Repayment Program (LFD Page B-96) - This new proposal is for the State Loan Repayment Program and will be used to provide loan repayment funds for nurse practitioners, physician assistants, certified nurse midwives, dental and mental health professionals working in health professional shortage areas. The request is for $35,617 in federal spending authority for each year of the biennium.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 0**	**$ 35,617**	**$ 35,617**
FY 2015	**$ 0**	**$ 0**	**$ 35,617**	**$ 35,617**
Biennium Total	**$ 0**	**$ 0**	**$ 71,234**	**$ 71,234**

NP - 70118 - Asthma Home Visiting (LFD Page B-92) - This new proposal for the Asthma Home Visiting Program will add three additional sites to provide services to children aged 0-17 with uncontrolled asthma. Children and families served by the program receive environmental home assessments to identify and mitigate asthma triggers, education to better manage the condition, and assistance in coordinating care with schools and primary care providers. The request is for $90,000 in state special revenue in each year of the biennium from the Tobacco Master Settlement Account, as provided in 17-6-606, MCA.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 90,000**	**$ 0**	**$ 90,000**
FY 2015	**$ 0**	**$ 90,000**	**$ 0**	**$ 90,000**
Biennium Total	**$ 0**	**$ 180,000**	**$ 0**	**$ 180,000**

NP - 70119 – Cardiovascular Disease & Diabetes Prevention Program (LFD Page B-92) - This new proposal for the Cardiovascular Disease and Diabetes Prevention Program will be used to add five additional program sites. This program is based on the National Institutes of Health's Diabetes Prevention Program (DPP), a lifestyle intervention that prevents the development of diabetes among high-risk adults through reduced fat and caloric intake and increased physical activity. The request is for $125,000 in state special revenue in each year of the biennium from the Tobacco Master Settlement Account, as provided in 17-6-606, MCA.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 125,000**	**$ 0**	**$ 125,000**
FY 2015	**$ 0**	**$ 125,000**	**$ 0**	**$ 125,000**
Biennium Total	**$ 0**	**$ 250,000**	**$ 0**	**$ 250,000**

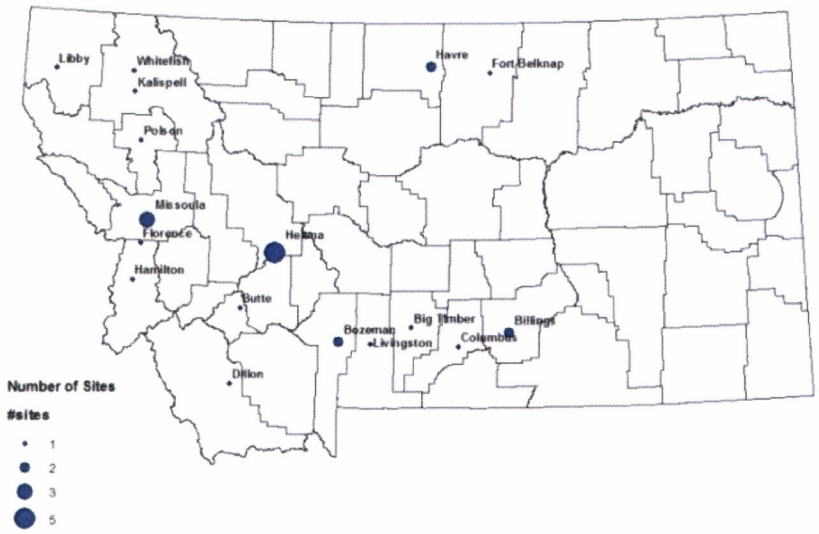
NP - 70120 - Genetics Program (LFD Page B-96) - This new proposal for the Genetics Program will be used to enhance clinical services and provide additional regional clinics, capitalize on the expertise of the specialists such as those described on p. 11 (Cystic Fibrosis) and laboratory testing. Requests for genetic testing are far greater than resources available. The request is for $200,000 for each year of the biennium in state special revenue, as provided in 33-2-712, MCA.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 200,000**	**$ 0**	**$ 200,000**
FY 2015	**$ 0**	**$ 200,000**	**$ 0**	**$ 200,000**
Biennium Total	**$ 0**	**$ 400,000**	**$ 0**	**$ 400,000**

NP - 70121 - State-Based Arthritis Program (LFD Page B-93) - This new proposal is for the State-Based Arthritis Program Grant and will be used to implement health education efforts to increase awareness of the benefits of physical activity among Montanans with arthritis, to implement arthritis control activities,[25,26] and to monitor the burden of arthritis in Montana. This will include providing funding to Montana community organizations to implement evidence-based exercise programs. The request is for $428,459 in federal spending authority for each year of the biennium.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 0**	**$ 428,459**	**$ 428,459**
FY 2015	**$ 0**	**$ 0**	**$ 428,459**	**$ 428,459**
Biennium Total	**$ 0**	**$ 0**	**$ 856,918**	**$ 856,918**

Figure 9. Montana Arthritis Program Intervention Sites Offering
The Arthritis Foundation Exercise Program and The Walk With Ease Program, 2013



NP - 70122 - Regional Emergency Pediatric Services Grant (LFD Page B-93) - This new proposal is for the Regional Emergency Pediatric Services Grant and will be used for a pediatric illness and injury demonstration project in rural and tribal communities. Montana received one of only four awards for this project.

Care for children in Montana is complicated by distance, geography, and the lack of specialized knowledge even in Montana's urban areas. Children are routinely flown (at great expense to families and third-party payers) to Denver, Boise, Spokane, or Minneapolis for care. In addition to the expense and emotional trauma of relocating patients, the transport time often makes optimal outcomes unattainable.

The Department is partnering with St. Vincent Healthcare in Billings to improve management and treatment of ill and injured children and explore innovative strategies to provide or extend specialized pediatric services into local communities (e.g. telemedicine). The request is for $200,000 in federal spending authority for each year of the biennium.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 0**	**$ 200,000**	**$ 200,000**
FY 2015	**$ 0**	**$ 0**	**$ 200,000**	**$ 200,000**
Biennium Total	**$ 0**	**$ 0**	**$ 400,000**	**$ 400,000**

NP - 70124 - Syndromic Surveillance Program (LFD Page B-98) - This new proposal is for the Syndromic Surveillance Program Grant and will be used to coordinate activities to detect and monitor unusual disease occurrence as early as possible. The Division will identify and recruit hospitals and other data sources that can provide emergency and urgent care department data in an electronic format to be included in an application maintained by the CDC and accessible to Division staff. Training and technical assistance will be provided to these health care facilities. The goal is to be able to provide nationwide and regional situational awareness for health-related threats and to support national, state, and local responses to those threats. The request is for $137,130 in federal spending authority for each year of the biennium.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	**$ 0**	**$ 0**	**$ 137,130**	**$ 137,130**
FY 2015	**$ 0**	**$ 0**	**$ 137,130**	**$ 137,130**
Biennium Total	**$ 0**	**$ 0**	**$ 274,260**	**$ 274,260**

LEGISLATION

The Division has no pending or requested legislation.

Endnotes

[1] Montana Department of Public Health and Human Services, Public Health and Safety Division, Laboratory services. http://www.dphhs.mt.gov/publichealth/lab/index.shtml

[2] Montana Department of Public Health and Human Services, Montana Public Health, Prevention Opportunities Under the Big Sky. 2011 Communicable Disease Summary. September 2012. http://www.dphhs.mt.gov/publichealth/preventionopportunities/2012/2012-09MPH.pdf

[3] National Jewish Health. Montana Tobacco Use Prevention Program: Tobacco cessation outcome results. August 2011.

[4] Montana Department of Public Health and Human Services, Public Health and Safety Division, Primary Care Office. http://www.dphhs.mt.gov/publichealth/primarycare/index.shtml

[5] Vanderwood KK, Hall TO, Harwell TS, Butcher MK, Helgerson SD; Montana Cardiovascular Disease and Diabetes Prevention Program Workgroup. Implementing a state-based cardiovascular disease and diabetes prevention program. Diabetes Care 2010 Dec: 33(12):2543-5.

[6] Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Walker EA, Nathan DM. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med 2002;346: 393–403.

[7] Montana Department of Public Health and Human Services, Public Health and Safety Division. Medicaid Chronic Disease and Health Survey, 2010.

[8] National Heart, Lung, and Blood Institute National Asthma Education and Prevention Program Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma Full Report 2007. http://www.nhlbi.nih.gov/guidelines/asthma/01_front.pdf

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[14] Montana Department of Public Health and Human Services, Public Health and Safety Division. Chronic Disease and Medicaid Survey, 2012.

[15] Montana Department of Public Health and Human Services, Public Health and Safety Division. Montana Behavioral Risk Factor Surveillance System, 2010.

[16] Montana Department of Public Health and Human Services, Public Health and Safety Division. Birth Certificate Data, 2010.

[17] National Jewish Health, Rocky Mountain Poison Control Center Data for Montana, 2007-2011.

[18] The Lewin Group. Final Report on the Value of the Poison Center System, 2012. https://aapcc.s3.amazonaws.com/files/library/Value_of_the_Poison_Center_System_FINAL_9_26_2012_--_FINAL_FINAL_FINAL.pdf

[19] Parents as Teachers Center, Inc. http://www.parentsasteachers.org/ Nurse-Family Partnership. http://www.nursefamilypartnership.org/

[20] Centers for Disease Control and Prevention. National Immunization Adolescent Survey, 2008-2011.

[21] Advisory Committee on Childhood Lead Poisoning Prevention. Low level lead exposure harms children: A renewed call for primary prevention. 2012. Accessed at: http://www.cdc.gov/nceh/lead/ACCLPP/acclpp_main.htm

[22] Advisory Committee on Childhood Lead Poisoning Prevention. Interpreting and managing blood lead levels <10 µg/dL in children and reducing childhood exposures to lead. MMWR 2007;56:1-14,16.

[23] Montana Department of Public Health and Human Services, Public Health and Safety Division. Montana Healthy Homes Lead Poisoning Prevention Program, 2012 and Montana Public Health, Prevention Opportunities Under the Big Sky. 2011 Communicable Disease Summary. December 2012. http://www.dphhs.mt.gov/publichealth/preventionopportunities/

[24] Montana Department of Public Health and Human Services, Public Health and Safety Division, Laboratory Services Bureau. Testing data, 2012.

[25] Arthritis Foundation. Walk With Ease Program. http://www.arthritis.org/resources/community-programs/walk-with-ease/

[26] Arthritis Foundation. Arthritis Foundation Exercise Program. http://www.arthritis.org/resources/community-programs/excercise/