

2017 Montana State Health Assessment Initial Findings

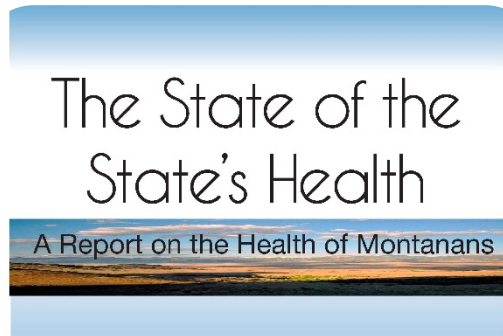
American Indian Health Leaders Meeting

May 15, 2017

Helena, MT

Presented by Laura Williamson, State Epidemiologist

Update to 2013 State Health Assessment



Health Assessment

- Qualitative & quantitative data
- Assess trends



Health Improvement Plan

- Data-driven
- Identify 5 to 10 priority health issues
- Identify HOW to make progress



Strategic Plan

- Unique to each organization
- Describe organization's objectives & activities to make progress on priority health issues

State Health Assessment Outline

- Social Determinants of Health & Access to Care
- Mortality
- Chronic Disease
- Injury Prevention
- Behavioral Health
- Maternal & Child Health
- Immunization & Communicable Disease
- Environmental Health

Data sources

Data available from DPHHS

- Birth records
- Death records
- Montana Hospital Discharge Data system
- Cancer data
- Infectious disease reporting
- Behavioral Risk Factor Surveillance System
- Pregnancy Risk Assessment Monitoring System
- Youth Risk Behavior Survey

Data available from local sources

- Indian Health Services billing data
- Community surveys
- Tribal BRFSS (Fort Peck, others?)

LEADING HEALTH CONCERNS identified by Montana Community Health Assessments

1 Alcohol & Substance abuse

2 Cancer

3 Overweight & Obesity

4 Mental Health

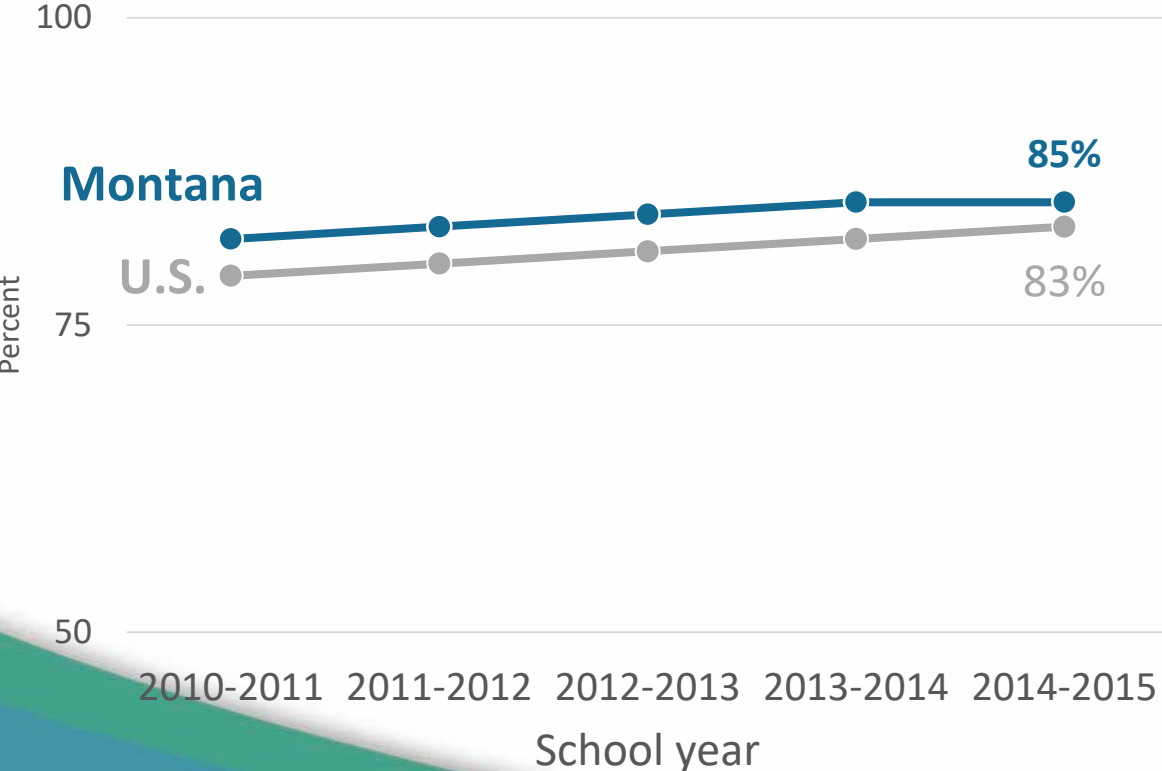


SOCIAL DETERMINANTS OF HEALTH & ACCESS TO HEALTH CARE

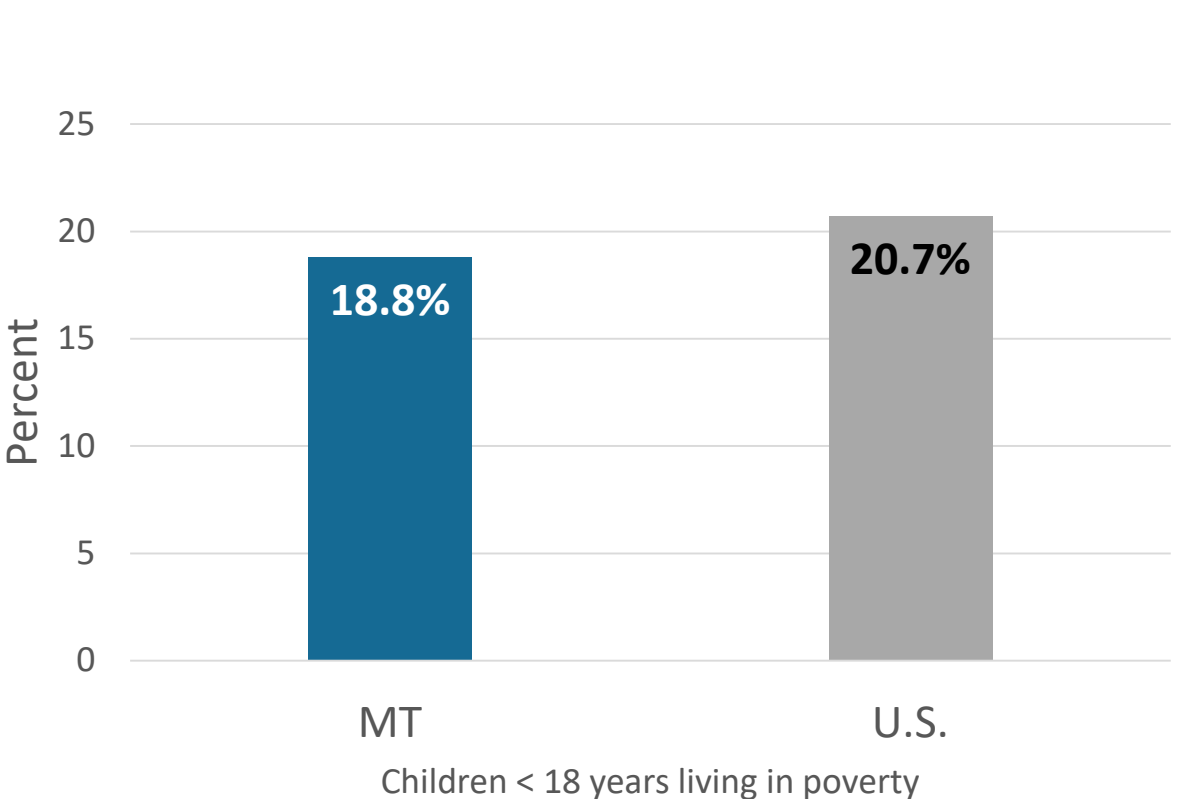
Education & poverty are indicators of socio-economic status

85% of Montana students graduate high school in 4 years; nearly **1 in 5** children live in poverty

% of students graduating in 4 years, 2010-2015



% of children living in poverty, 2015

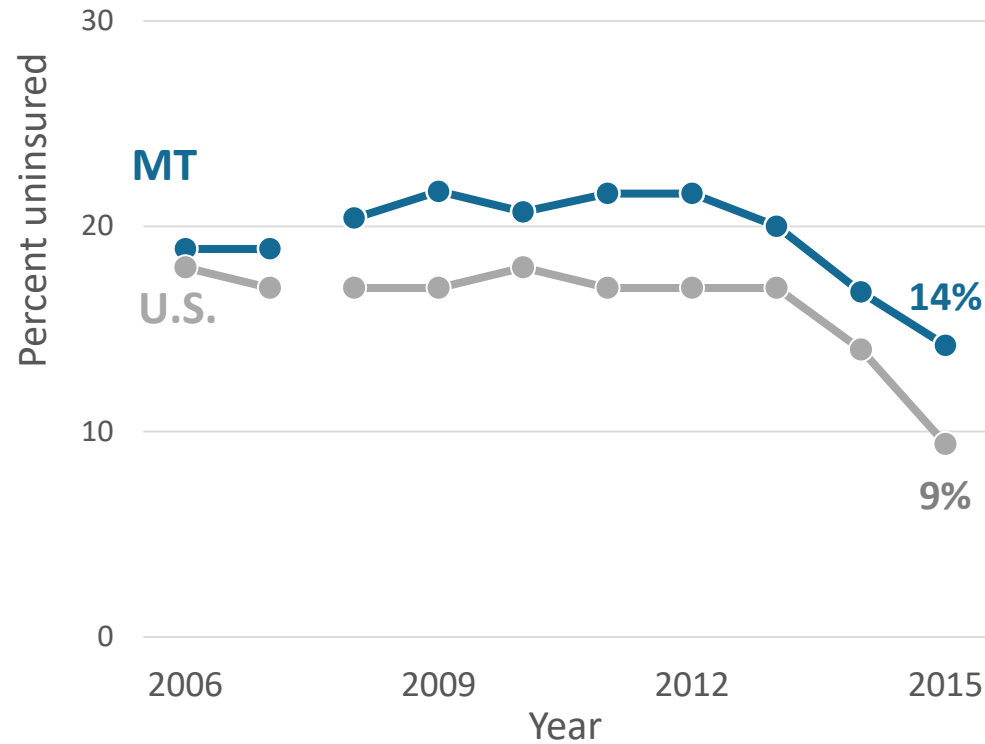


Measure: Percentage of ninth-grade cohort that graduates in four years
Data source: U.S. Department of Education, ED Facts; U.S. Census Bureau, American Community Survey, 2015

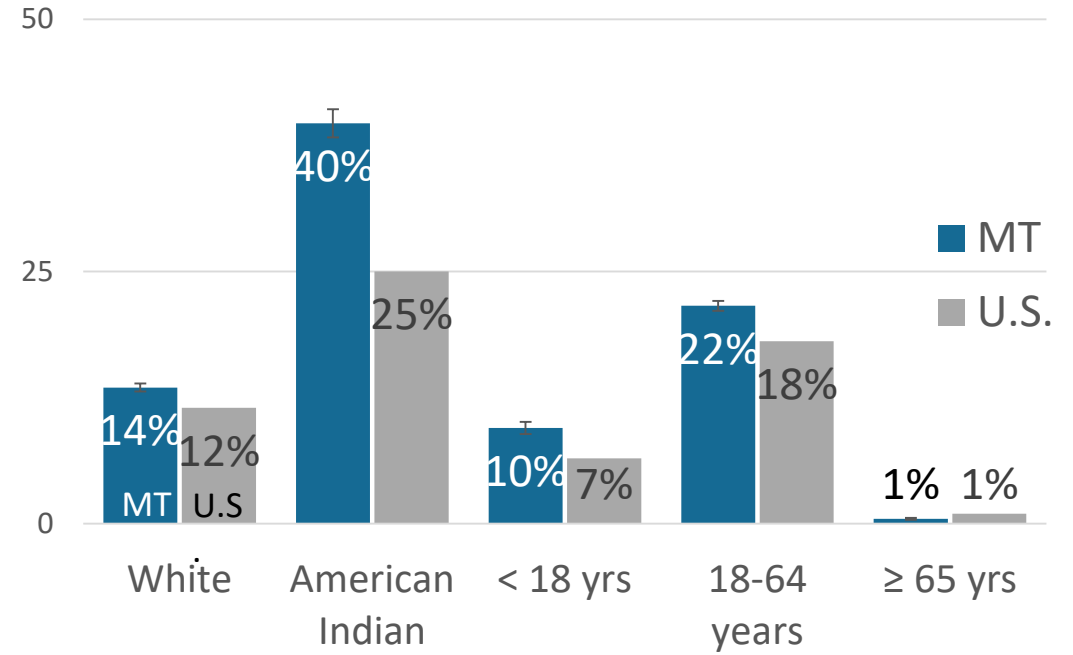
In 2015 **14% of Montanans** had no health insurance

The % of uninsured Montanans has declined since 2006 with further declines in uninsured expected due to Medicaid expansion

% Uninsured under age 65 years



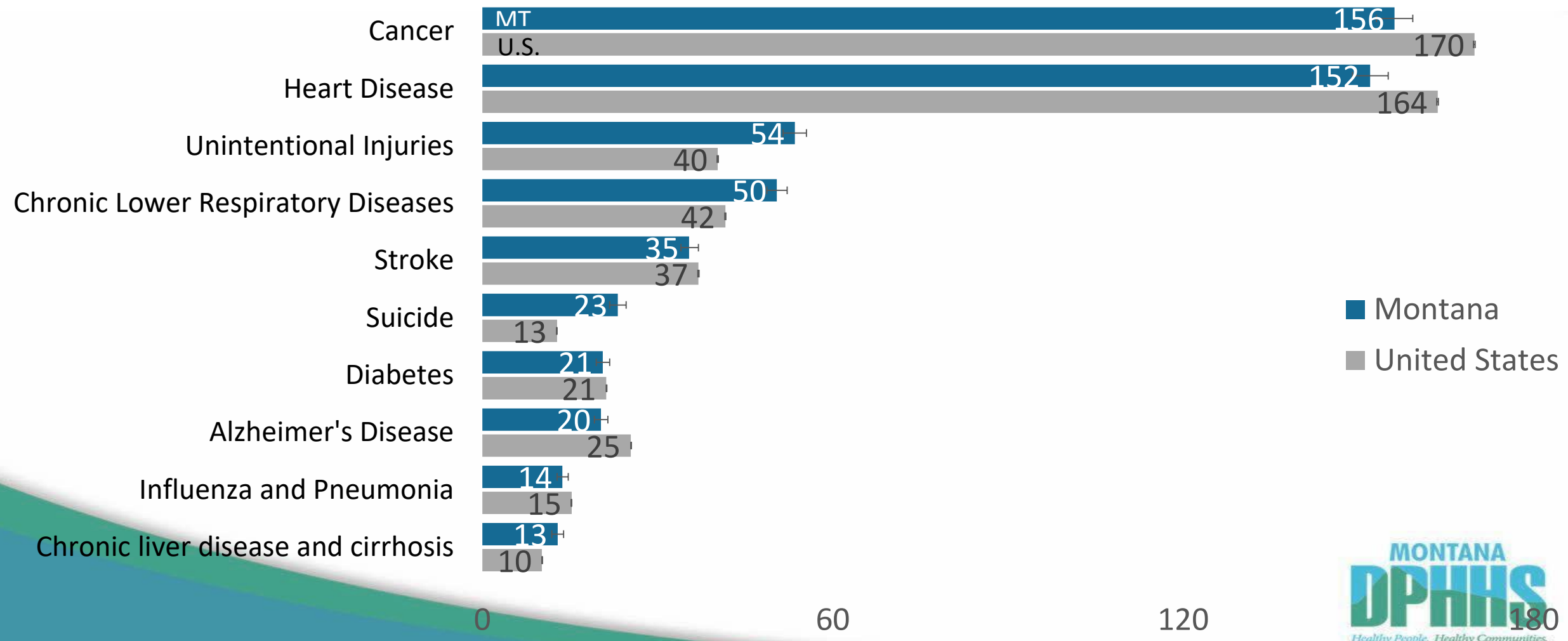
% Uninsured ≤ 65 years by race & age group, 2015



LEADING CAUSE OF DEATH

Top 10 leading causes of death in MT and U.S.

MT had **LOWER** mortality rate due to cancer & heart disease;
HIGHER mortality rate due to unintentional injury, CLRD, & suicide



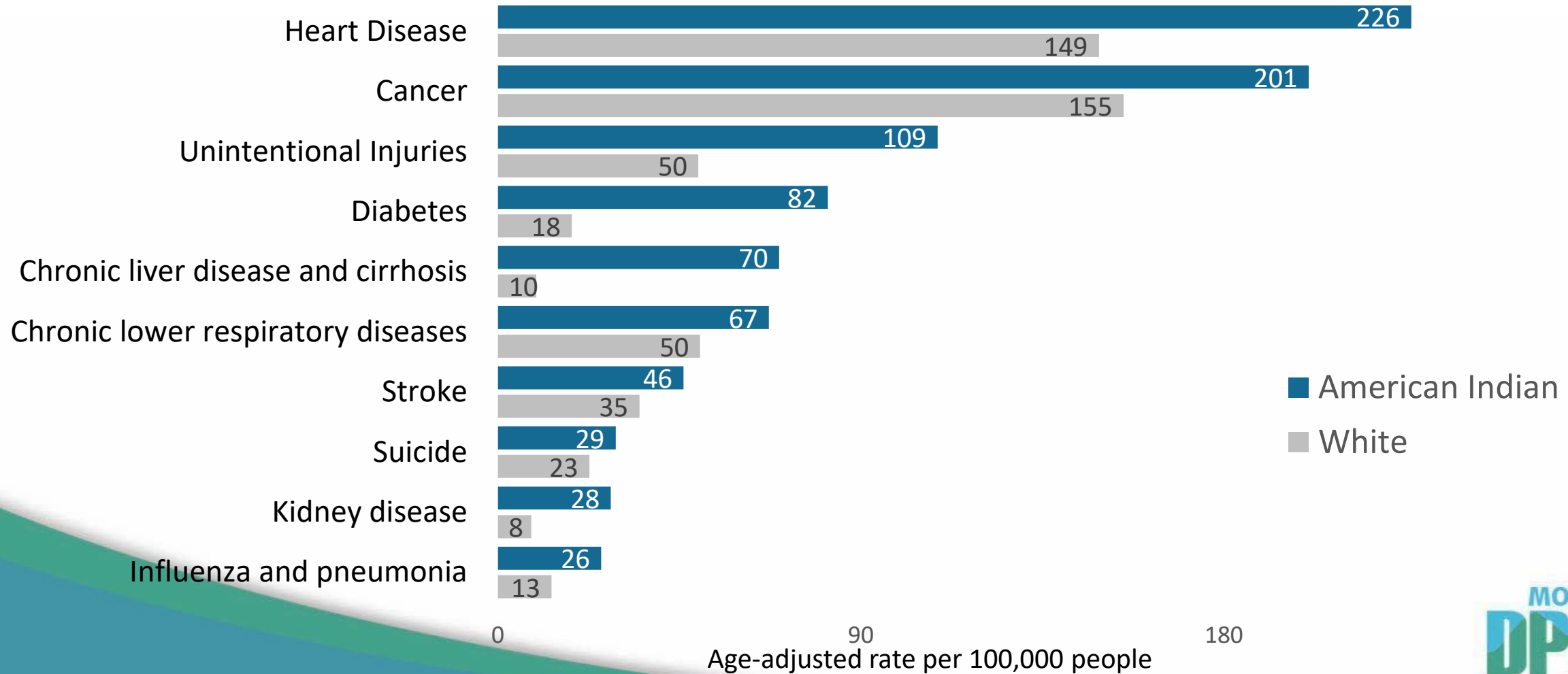
Data source: Montana Death Records, 2011-2015

Age-adjusted rate per 100,000 people



Top 3 leading cause of death are the same by race

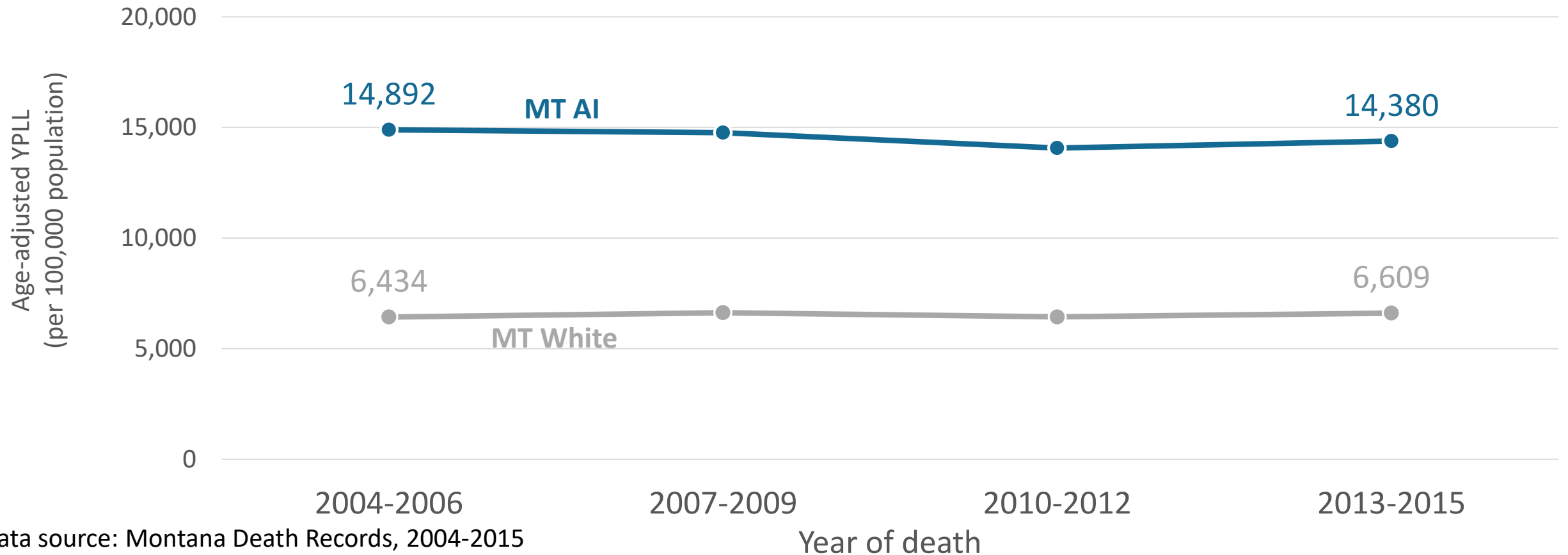
From 2011-2015 the mortality rate for chronic disease & unintentional injury was greater among AI residents



Premature death before age 75– Years of Potential Life Lost

Premature death among **MT American Indians** was two times greater than among **MT Whites**

Years of potential life lost before age 75 per 100,000 population

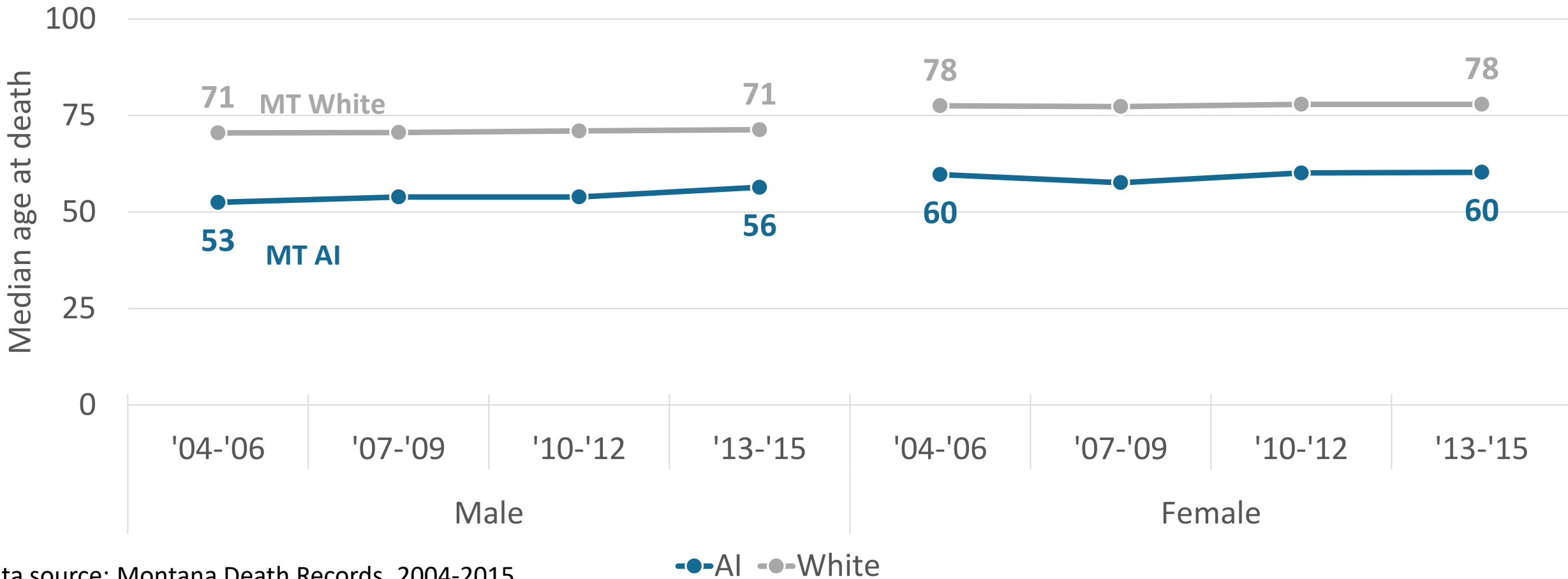


Data source: Montana Death Records, 2004-2015

Average age at death over the past decade has **INCREASED** among **American Indian Men**

However, it has remained the same for women and **Whites**

Median age at death (in years) by race by sex, 2004-2015

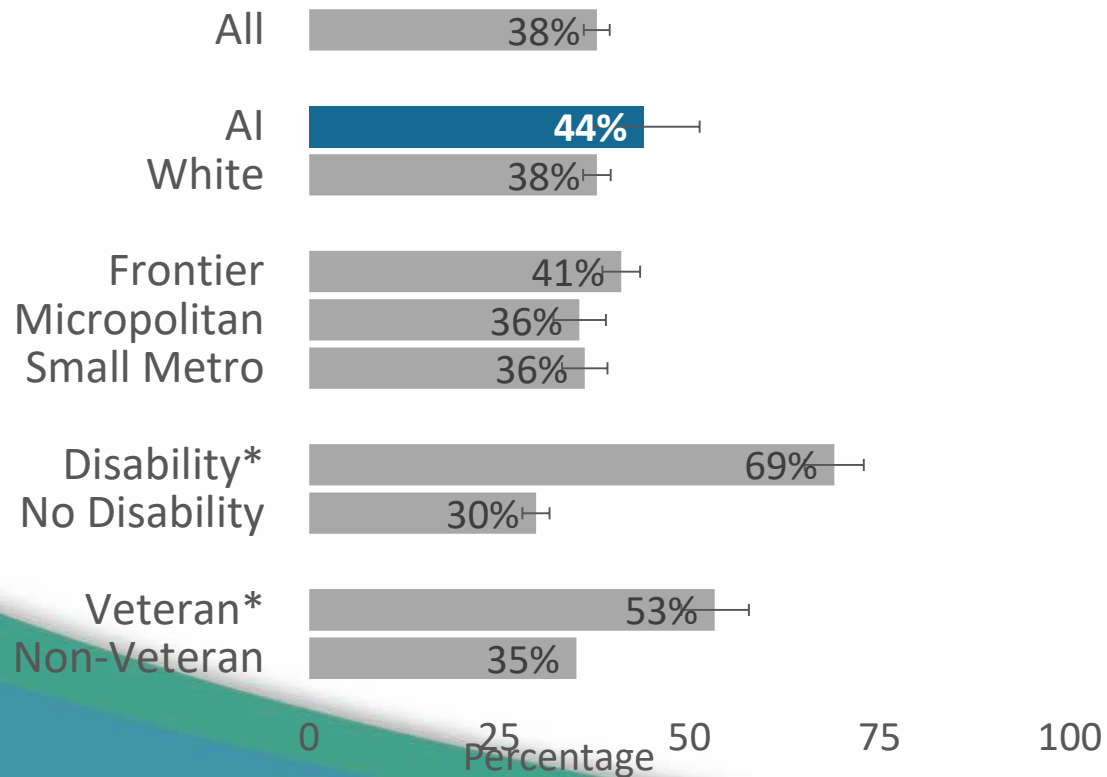


Data source: Montana Death Records, 2004-2015

CHRONIC DISEASE

Over **2 in 5** Montana American Indian adults report having 2 or more chronic conditions

% of adults with 2 or more chronic conditions, 2015



% of Montana American Indian Adults with self-reported chronic condition, 2015

Chronic Condition

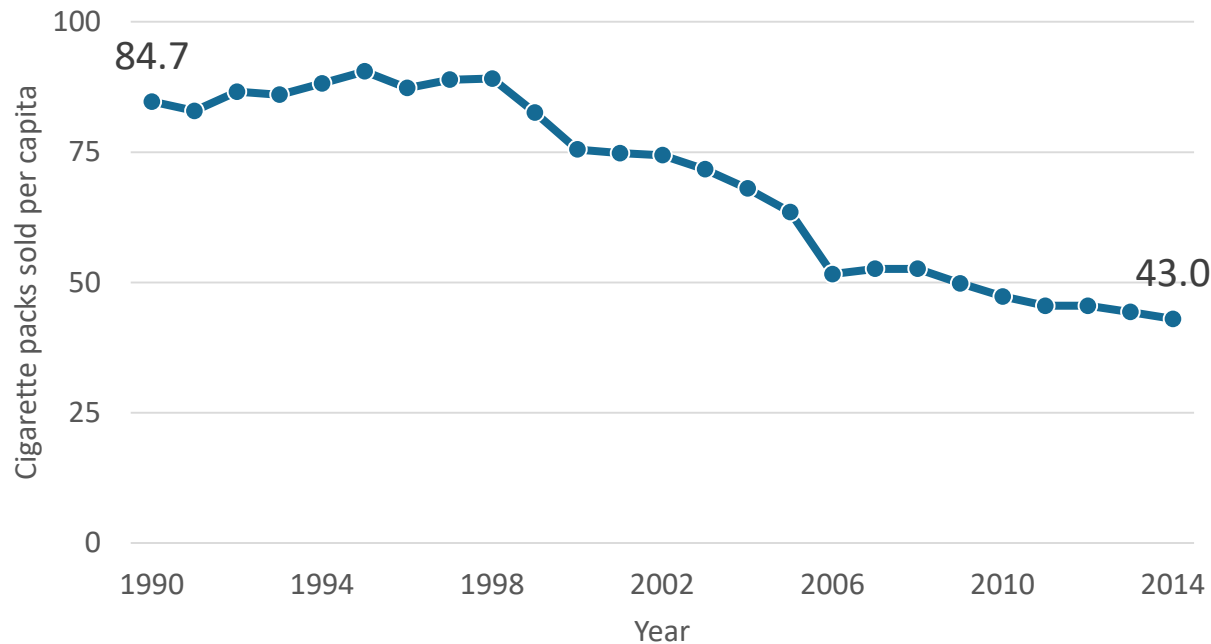
| | |
|---------------------------|-------|
| 1. High blood pressure | 34.9% |
| 2. Arthritis | 32.6% |
| 3. High blood cholesterol | 28.4% |
| 4. Diabetes | 19.2% |
| 5. Asthma | 13.3% |
| 6. COPD | 9.5% |
| 7. Stroke | 8.0% |
| 8. Chronic kidney disease | 7.8% |

* Statistically significant difference
Data source: Montana BRFSS, 2015

1,600 tobacco related deaths each year

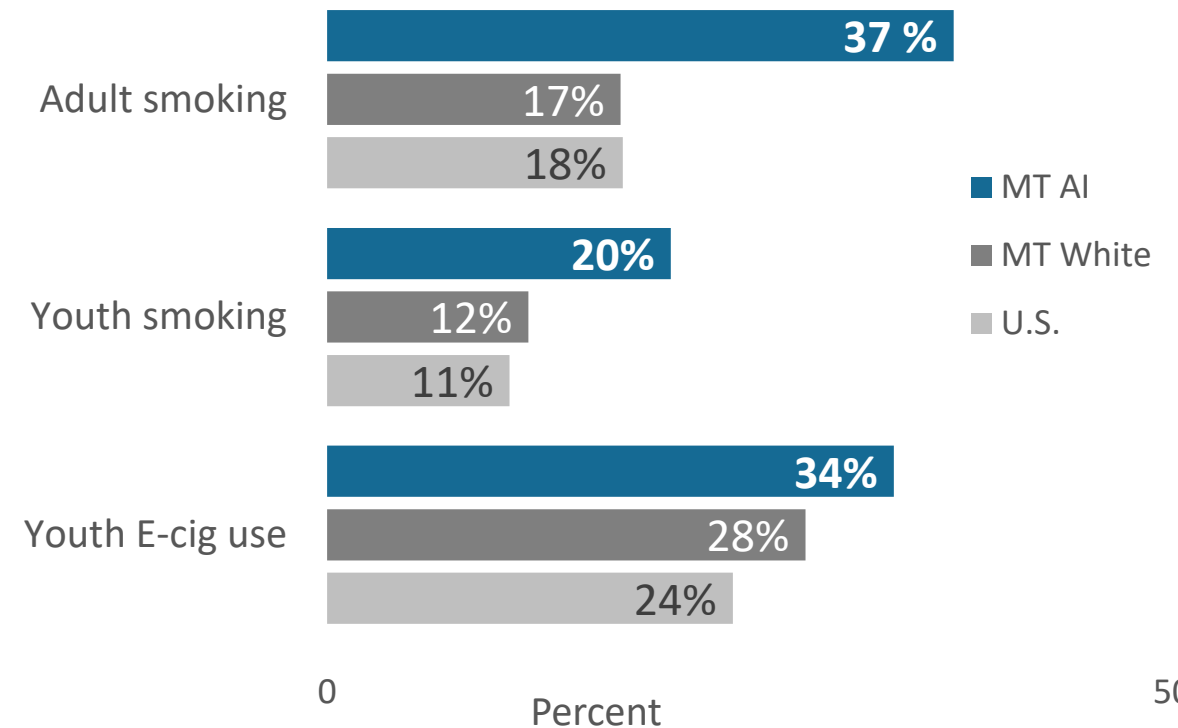
In 2015, 37% of American Indian adults and 20% of American Indian students were current smokers. Too many students are using new tobacco products.

Cigarette packs sold per capita, 1990-2014



Data source: Orzechowski W, Walker R. The tax burden on tobacco. Historical Compilation, Volume 49. Arlington (VA): Orzechowski and Walker Economic Consulting Firm; 2014.

% current smokers and E-cig use among adults and youth, 2015

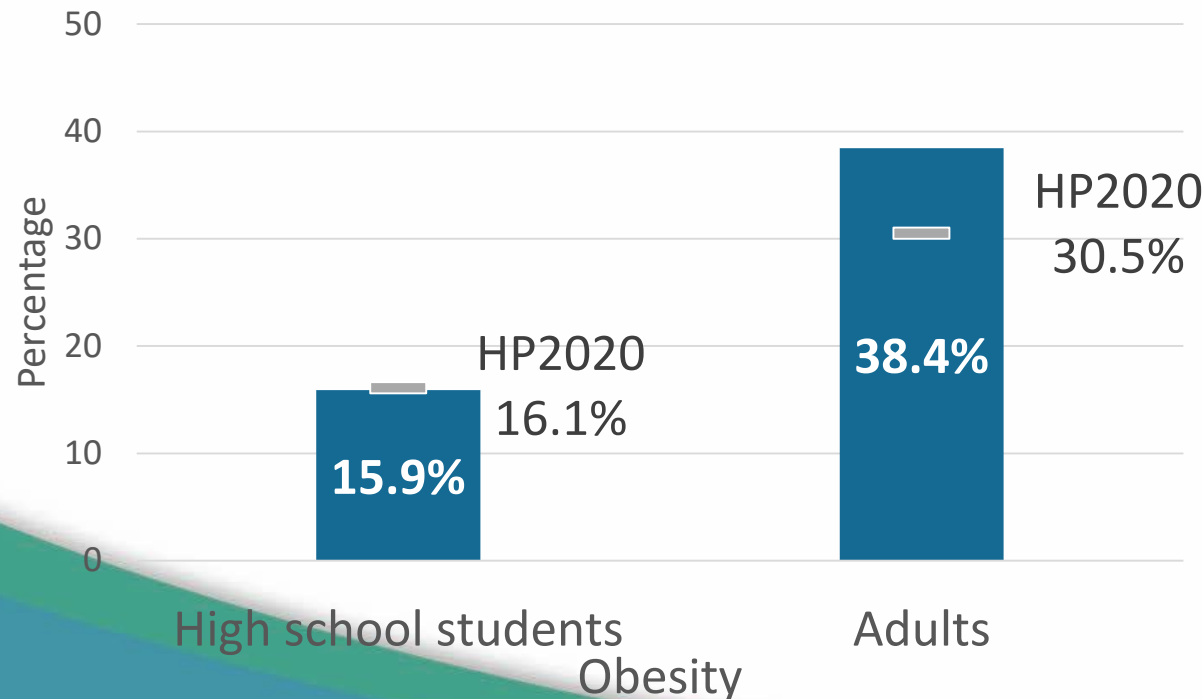


Data source: MT BRBSS, 2015; MT YRBS, 2015

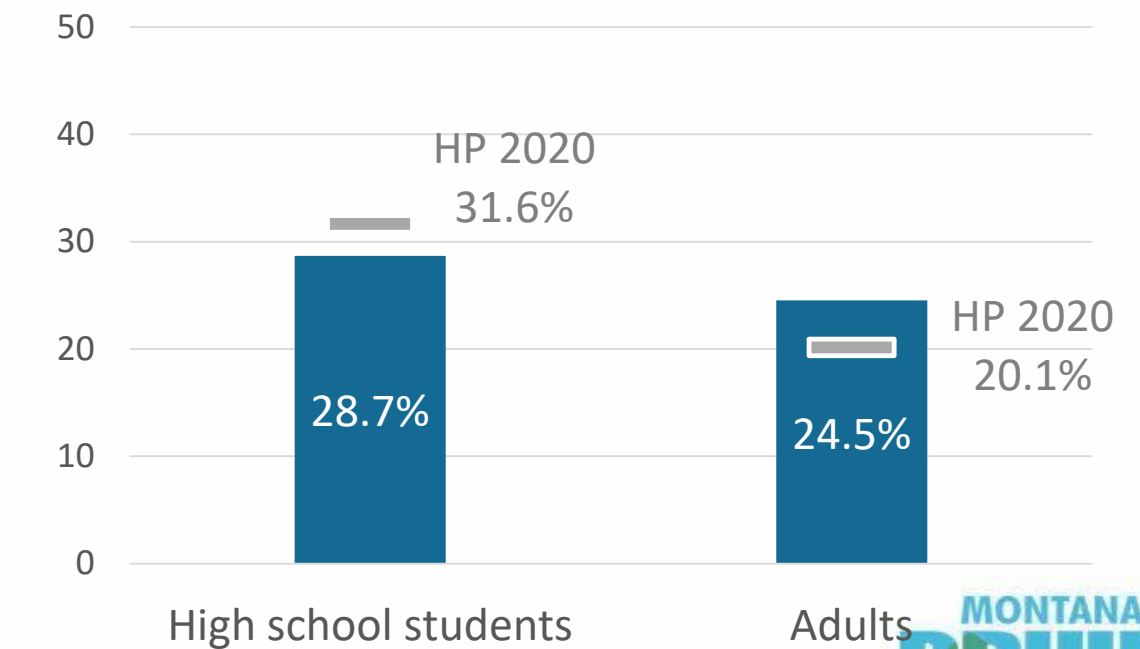
Nearly 1 in 6 AI students & 2 in 5 AI adults were obese

And too many Montanans do not meet physical activity recommendations

% of MT American Indian adults & high school students who were obese, 2015



% of MT American Indian adults & high school students that met physical activity recommendations, 2015



* Statistically significant difference
Data source: Montana BRFSS, 2015; MT YRBS, 2015



CHRONIC DISEASE

The data also show...

Health areas to work on

- Colorectal cancer screening
- Diabetes prevention & control
- Asthma control
- Blood pressure control
- Access to stroke care
- Oral health

Populations to target

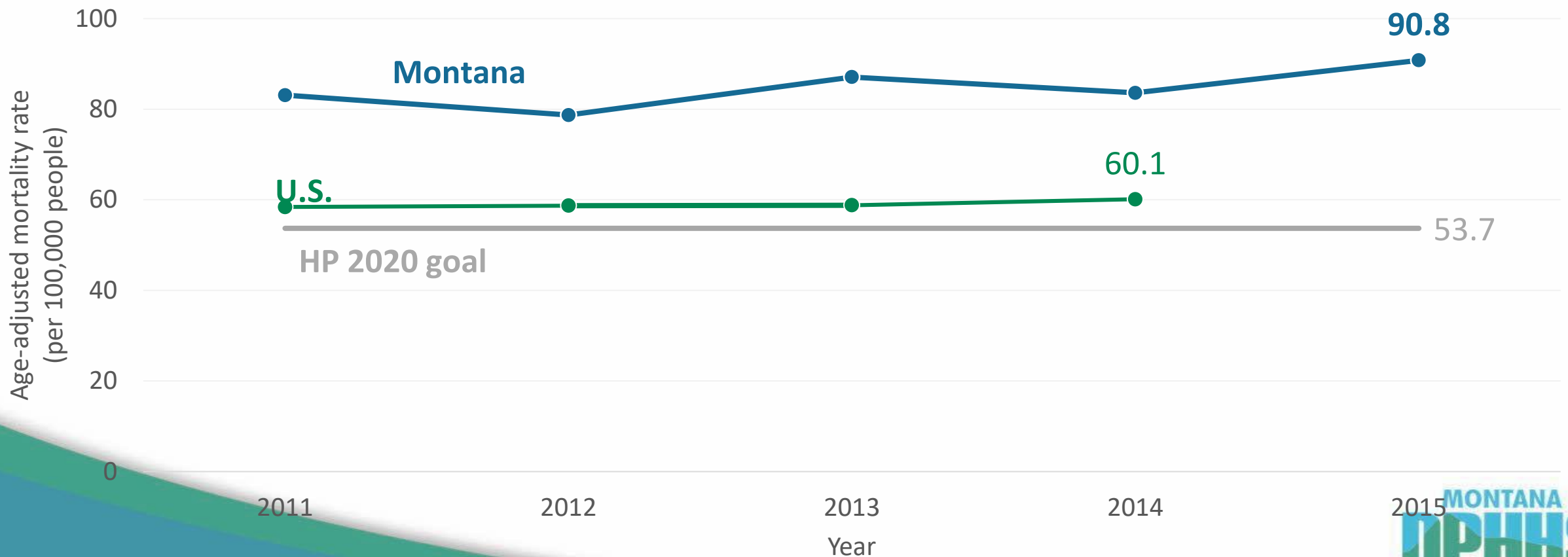
- Low SES Montanans (e.g., Medicaid)
- American Indian communities
- Persons with disabilities
- Veterans
- Frontier counties

INJURY

900 deaths from injury and violence each year in MT

Approx. 4,300 hospitalizations & 55,000 admitted to the ED each year

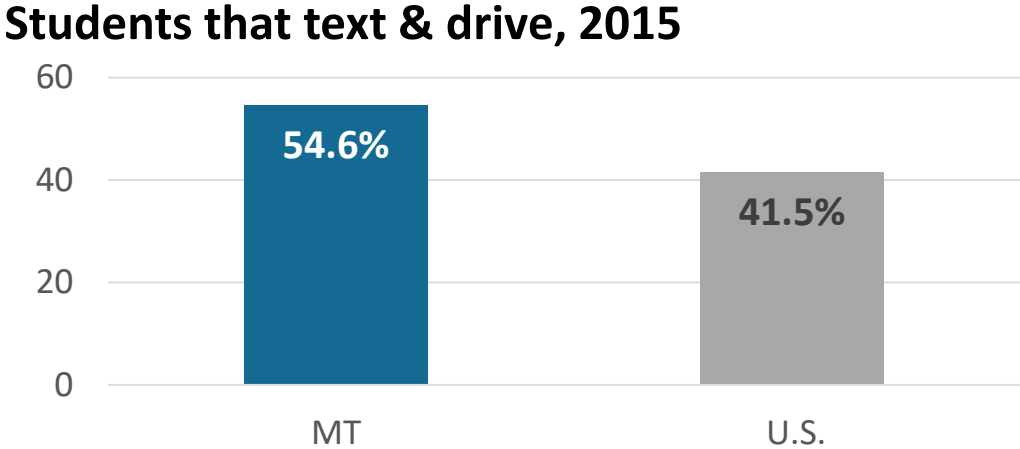
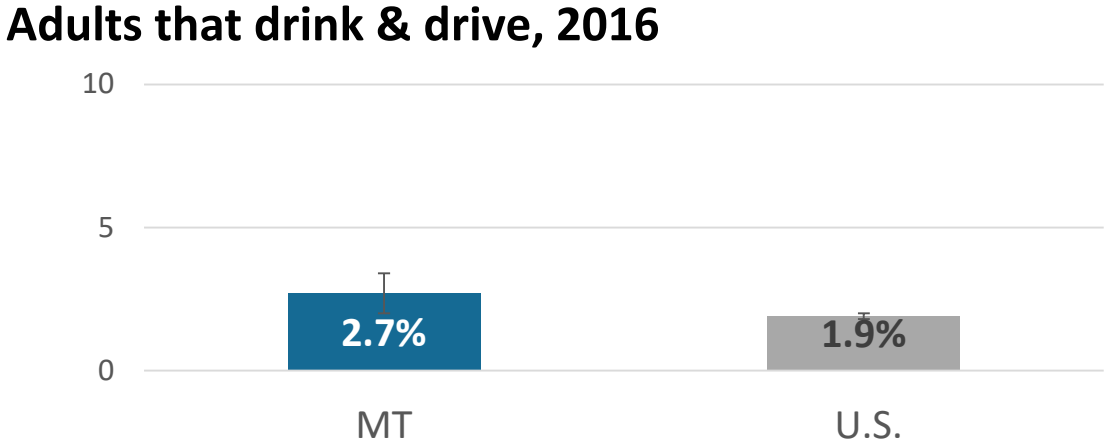
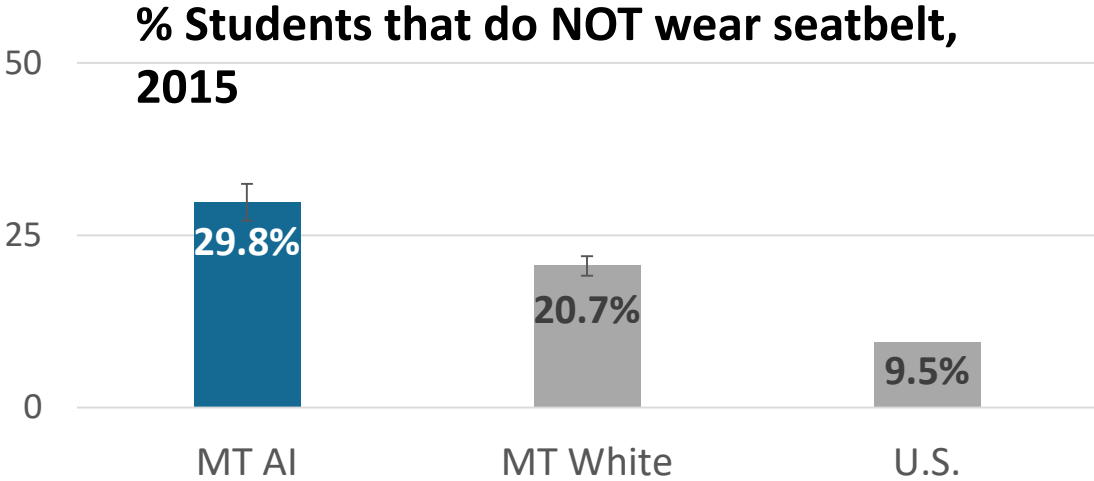
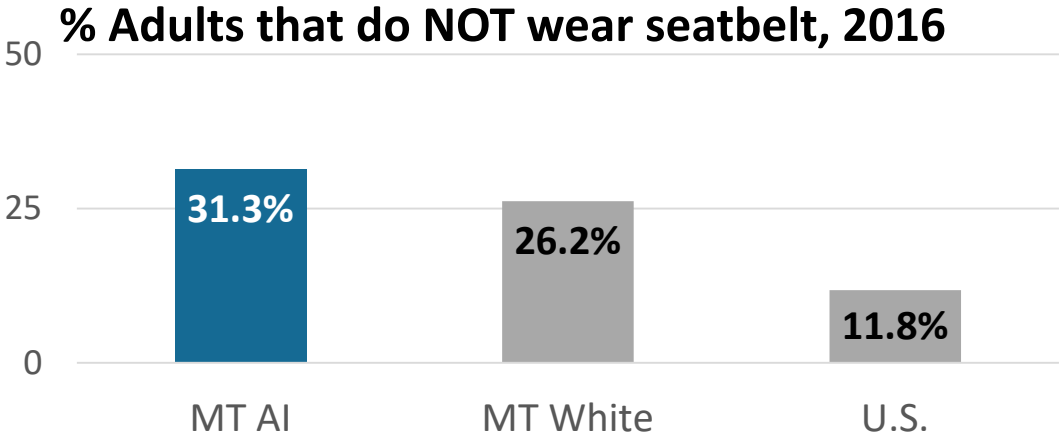
Mortality rate of injury in violence, 2011-2015



Data source: Montana Death Records, 2011-2015; National Center for Health Statistics, 2011-2015

200 fatalities from motor vehicle accidents each year

Unsafe driving practices **HIGH** among Montanans. **1 in 3** MT American Indians do not wear a seat belt; **1 in 2** students text while driving

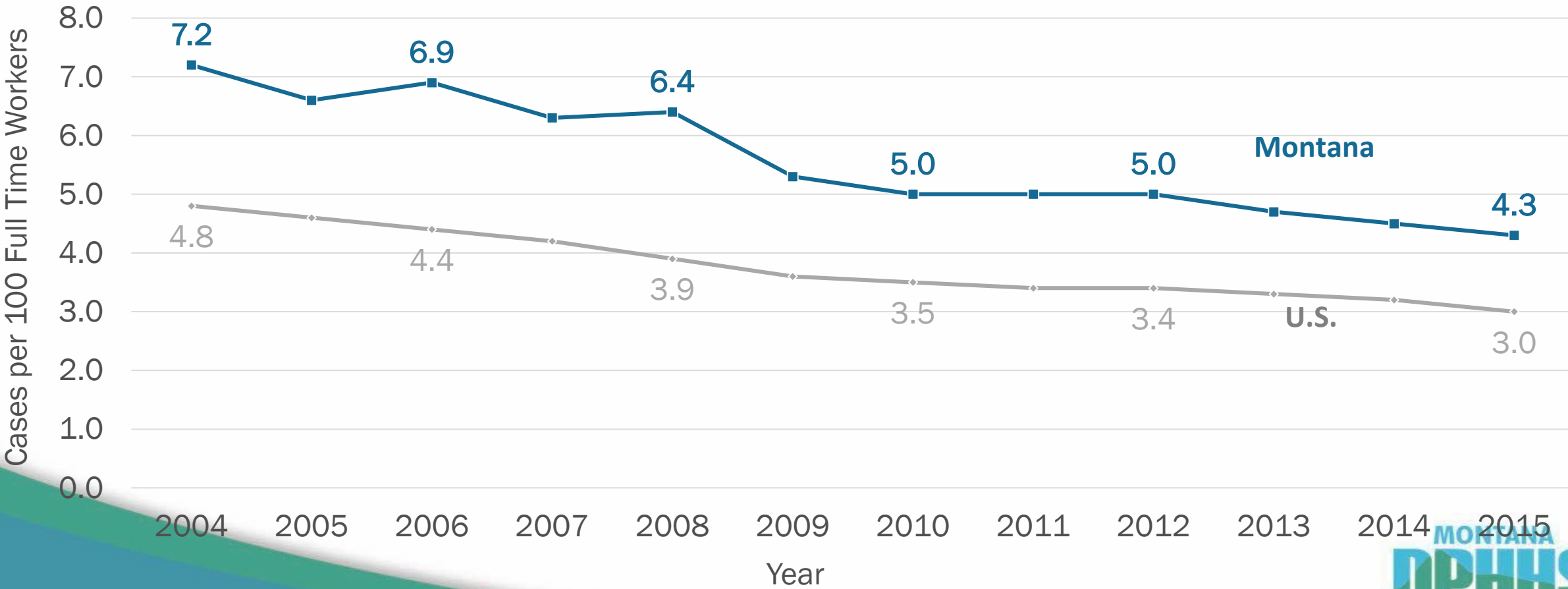


Data source: Montana BRFSS, 2015; MT YRBS, 2015

High incidence of work-related injury and illness

MT 4th highest rate in the country in 2015

Non-fatal injury & illness cases per 100 full time workers, 2004-2015



Data source: BLS Survey of Occupational Injuries and Illnesses (SOII) (private industry, 2004-2015)

INJURY

The data also show...

Health areas to work on

- Unsafe driving practices
- Falls
- Suicide
- Unintentional poisonings

Populations to target

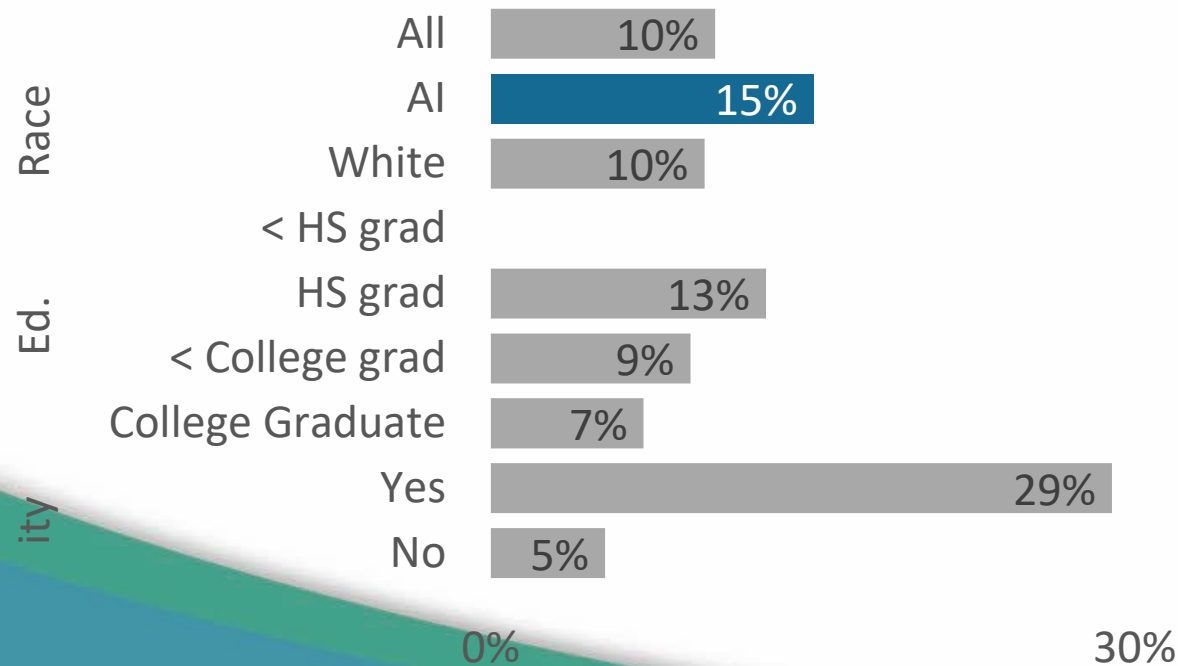
- Children
- Older adults
- Particular occupations
- American Indian communities

BEHAVIORAL HEALTH

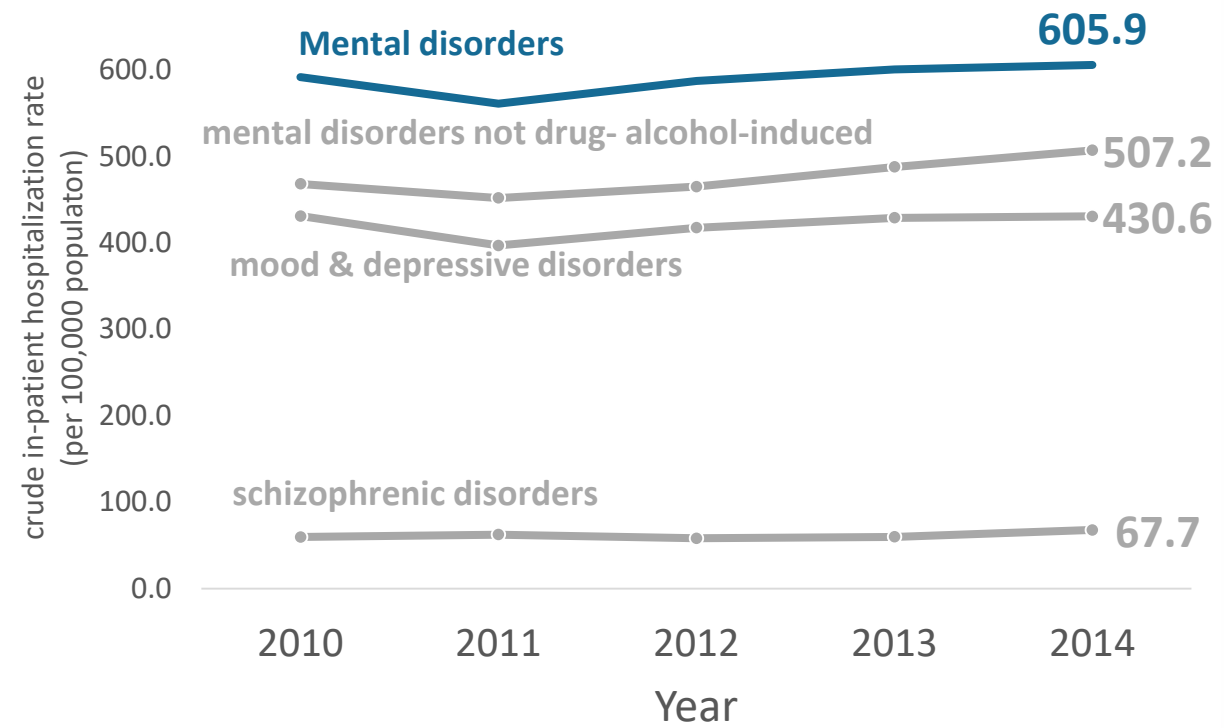
1 in 10 Montana adults report frequent mental distress

In 2014, 6,200 admissions for mental disorders

% self-report frequent mental distress among adults (≥ 14 of 30 days poor mental health), 2016



Rate of hospital admissions for mental disorders, 2010-2014



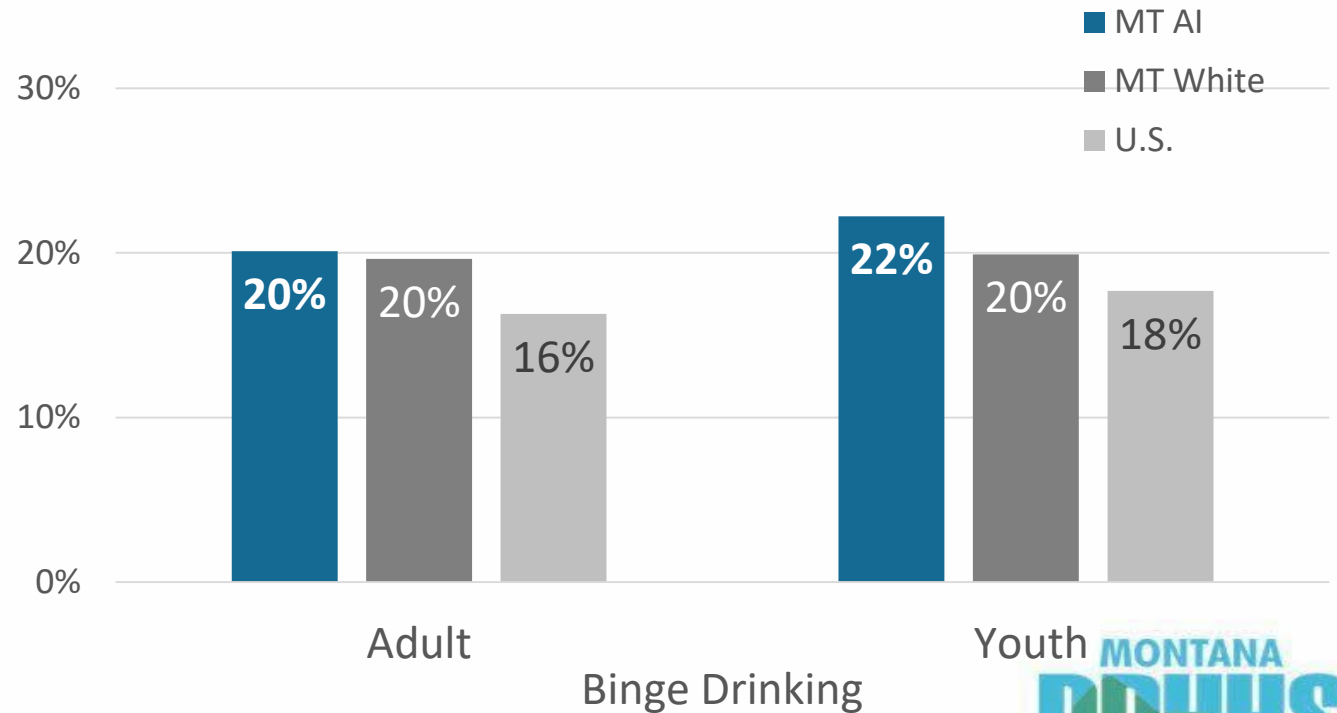
Illicit drug use or abuse in MT was similar to U.S.

Alcohol use was **HIGH** in MT compared to U.S.

Illicit drug use, 2014-2015

| | Aged 12-17 years | Aged 18+ years |
|-------------------------|------------------|----------------|
| Past year marijuana use | 14.6% | 15.5% |
| Past year cocaine use | 0.6% | 1.6% |
| Past year heroin use | 0.2% | 0.2% |

% of adults & students that binge drink, 2016 & 2015

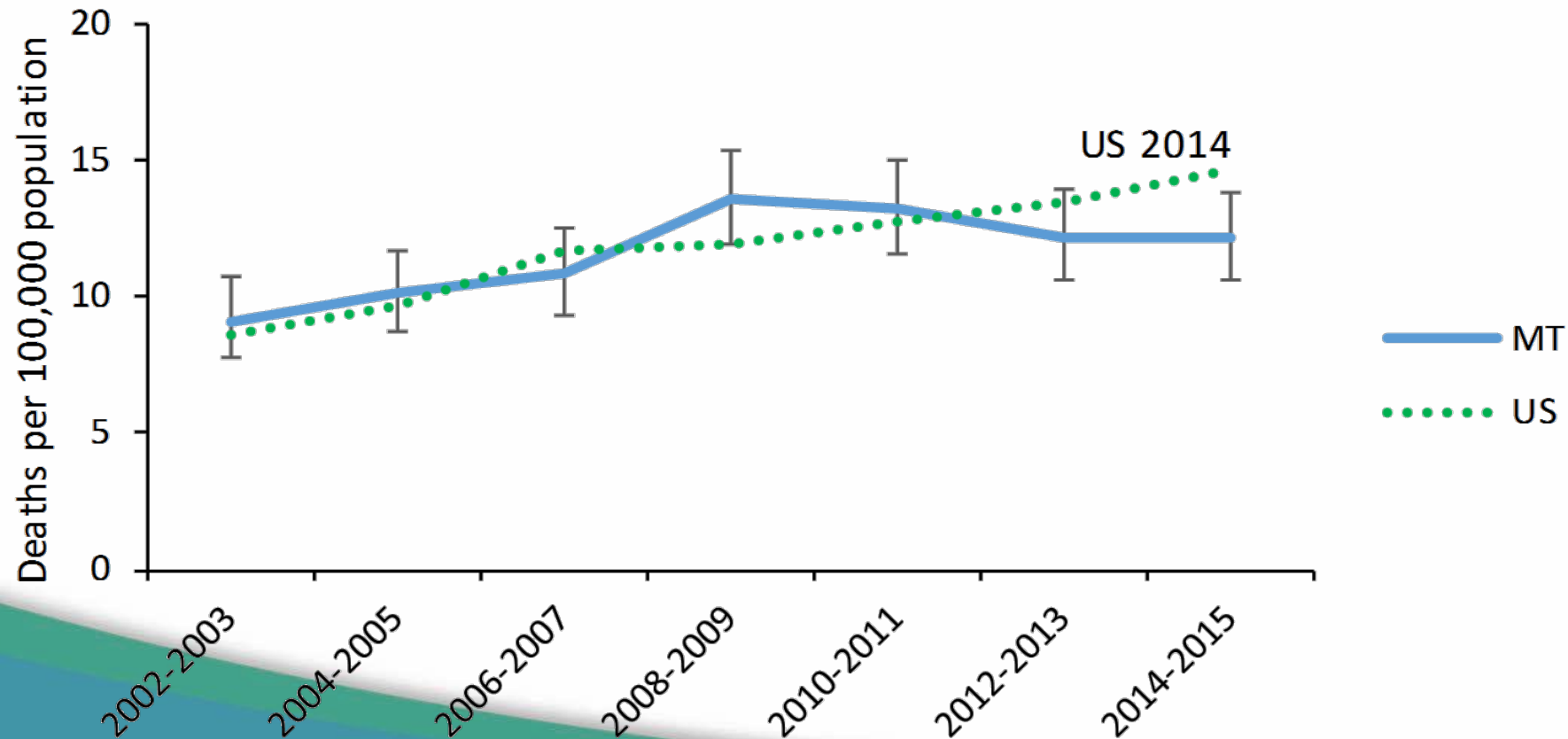


Data Source: National Survey on Drug Use & Health, 2004-2015; MT BRFSS 2016; MT YRBS 2015

*U.S. estimates for 2015; Binge drinking among adults defined as ≥ 5 drinks for males & ≥ 4 drinks for females in one sitting. Binge drinking among students is defined as ≥ 5 drinks within a couple of hours within last 30 days

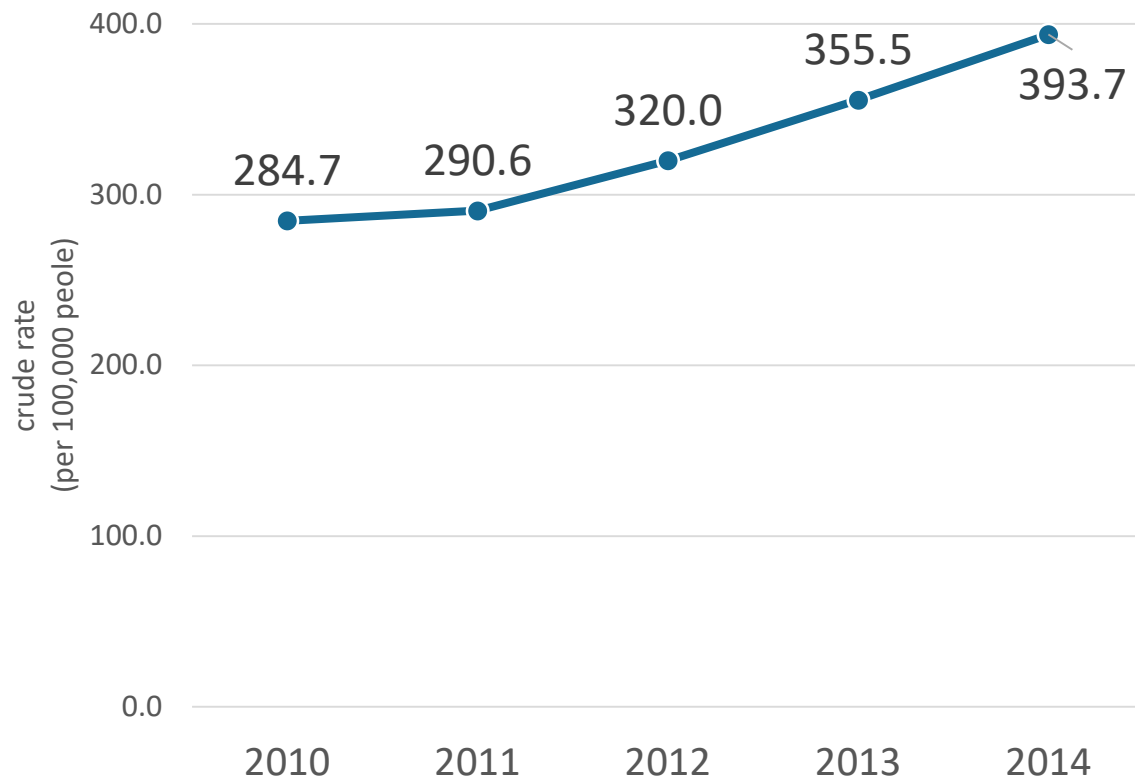
Fatalities for drug over dose **LOWER** in MT compared to U.S.

United States and Montana Drug Poisoning
Age-adjusted Death Rates
US and Montana Resident Occurrences, 2002-2015

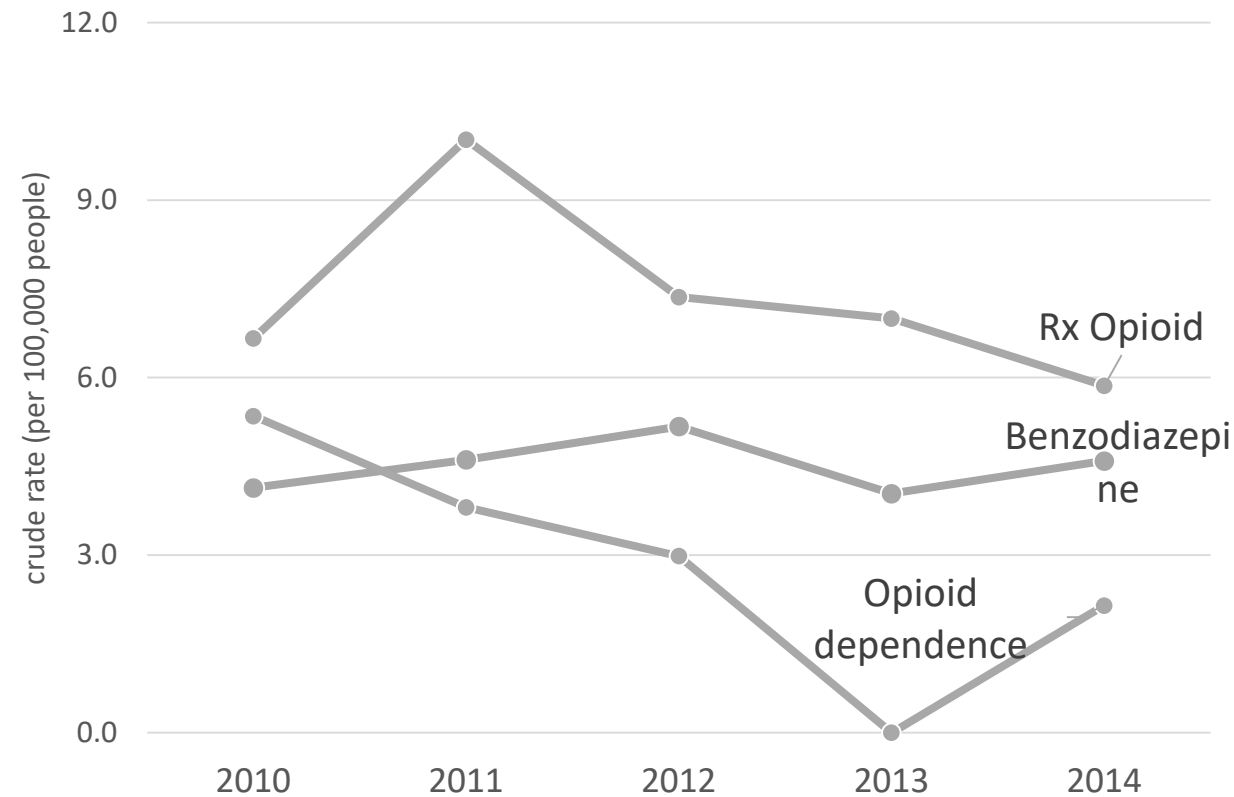


Hospital admissions for drug use have increased **3,300 admissions** per year, on average, between 2010-2014

Rate of hospital admissions for all drugs, 2010-2014



Rate of hospital admissions for select drugs, 2010-2014



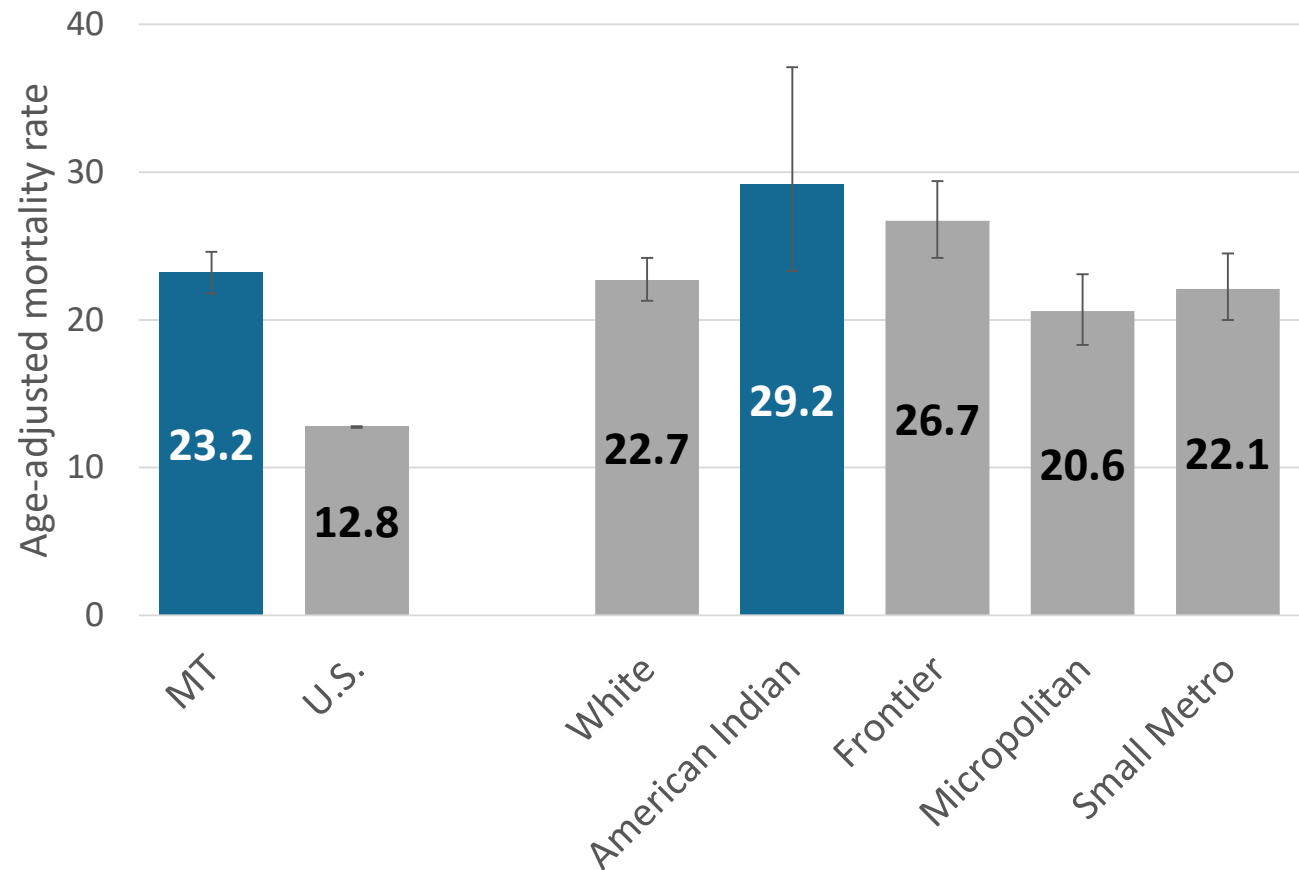
Suicide among Montanans too HIGH

Over **240 suicides** each year and over **1,000 admissions to the ED** for self harm

Populations at risk

- Increasing among women
- Veterans
- Young adults
- Middle aged men

Suicide rate by demographics, 2011-2015



BEHAVIORAL HEALTH

The data also show...

Health areas to work on

- Prescription drug abuse
- Alcohol use
- Access to mental health care & substance abuse treatment
- Methamphetamine & heroin

Populations to target

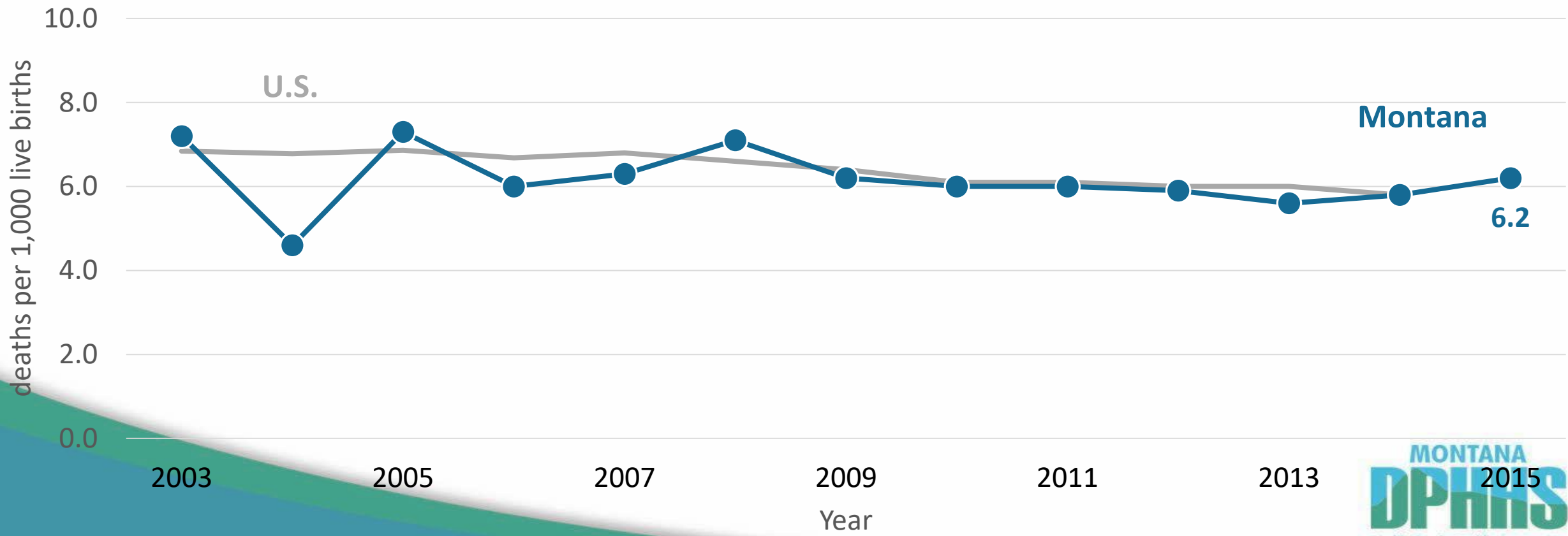
- Statewide
- Young adults

MATERNAL & CHILD HEALTH

Infant mortality in MT is similar to U.S.

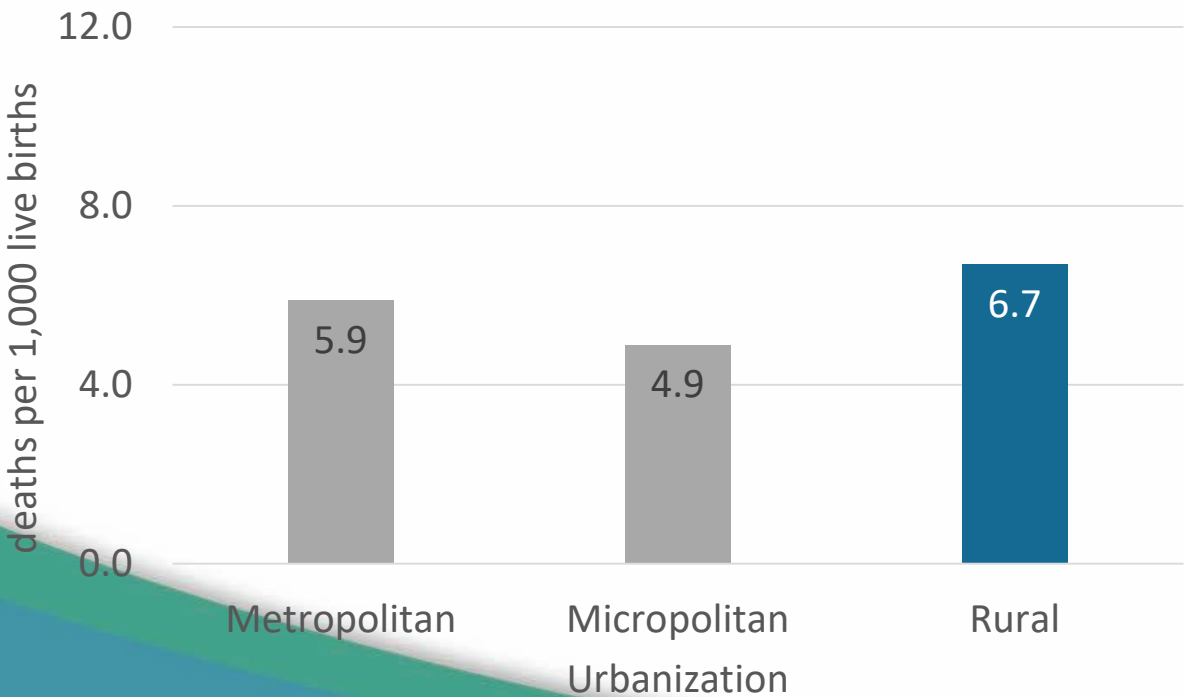
From 2011-2015, 71 infants died, on average in first year of life per year.

Infant mortality per 1,000 live births

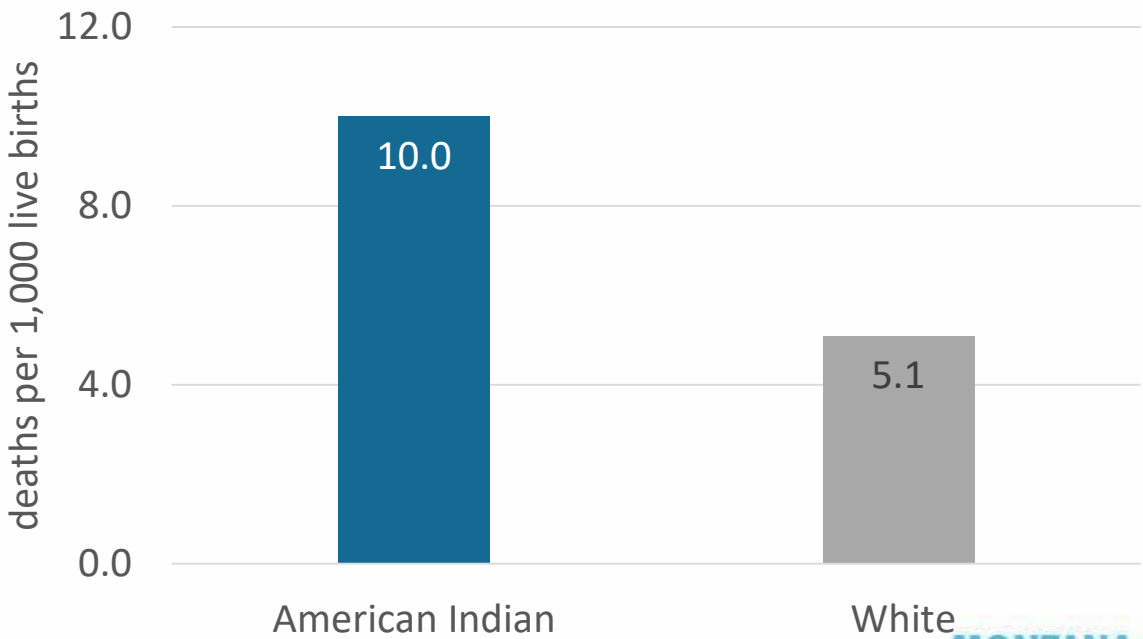


Infant mortality rate in MT **HIGHER** among Rural and American Indian residents

Infant mortality rate by Rural/urban county of residence, 2011-2015



Infant mortality rate by race, 2011-2015



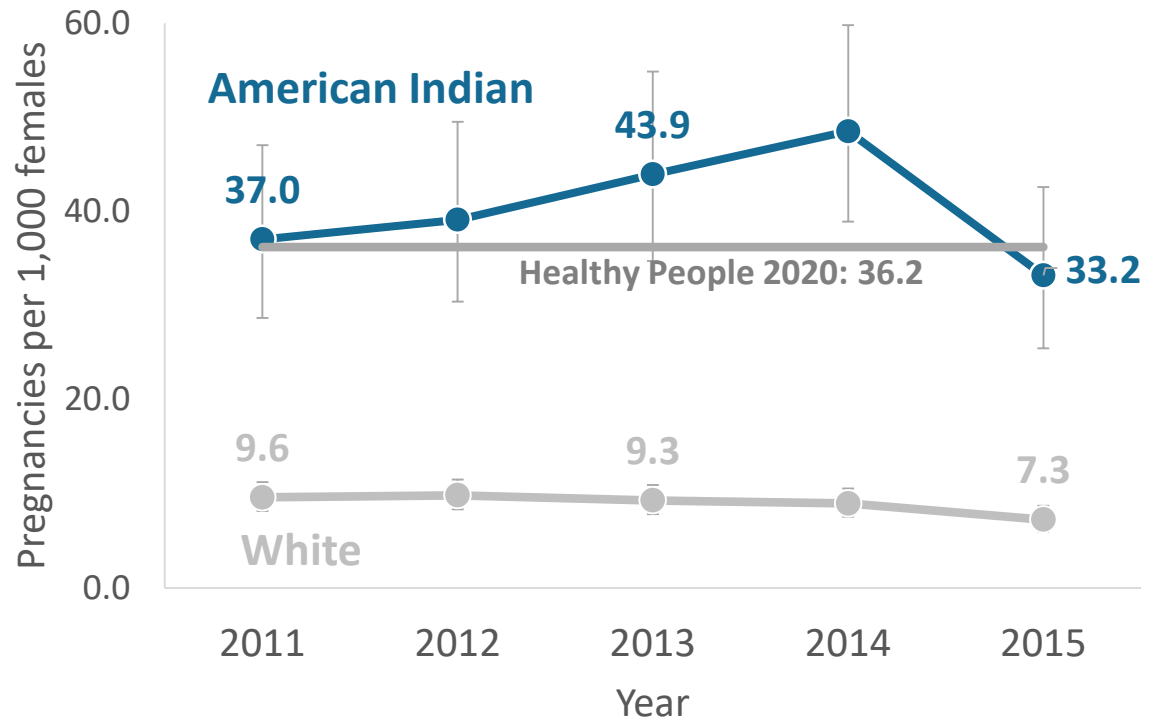
Data Source: Montana Birth Certificates and Death records, 2011-2015



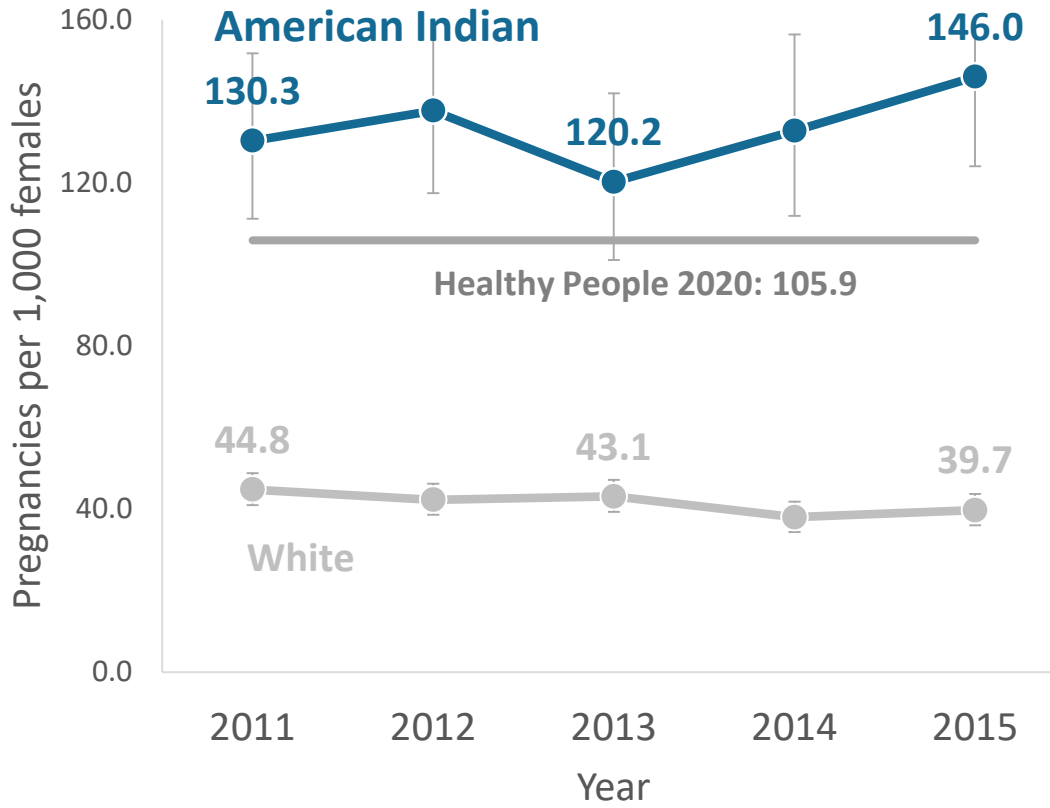
Teen pregnancy a CDC-winnable battle

Teen pregnancy among **American Indian** females above **Healthy People 2020** target while **White** females meet target

Females aged 15 to 17 years



Females aged 18 to 19 years



Data Source: Montana Birth Certificates, 2011-2015



MATERNAL & CHILD HEALTH

The data also show...

Health areas to work on

- Prenatal care
- Drug use & smoking during pregnancy
- Breastfeeding
- Family planning, including contraception
- Unintentional injuries among children

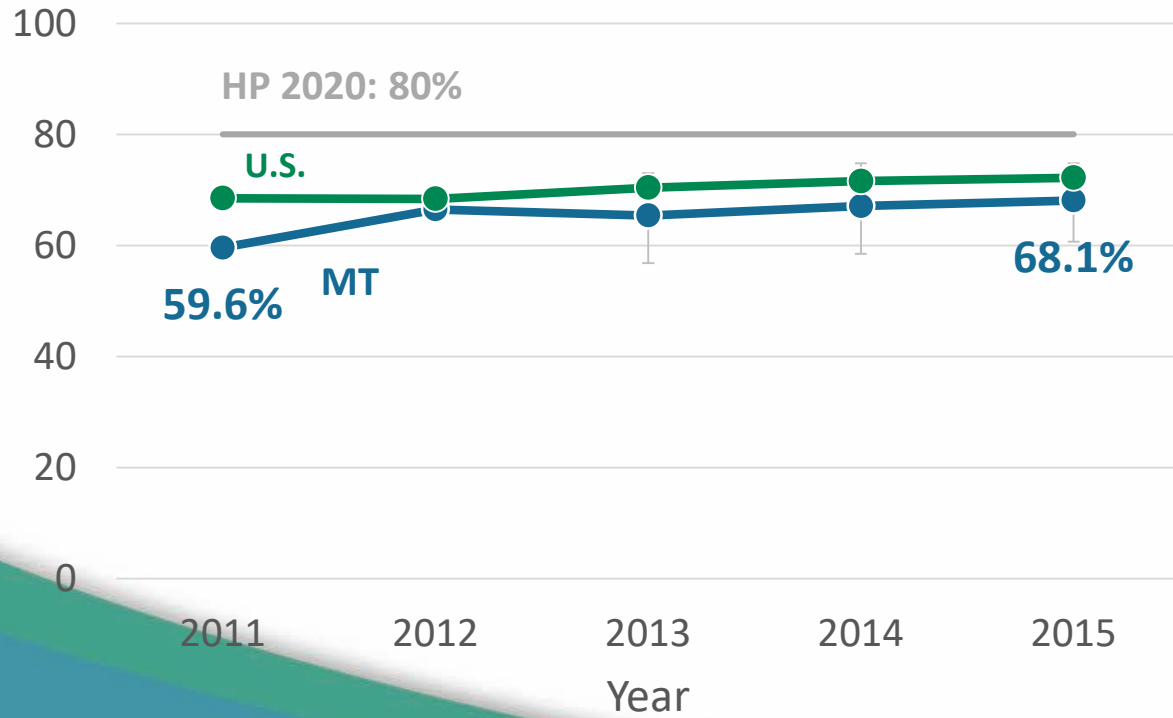
Populations to target

- Low SES (e.g., Medicaid)
- American Indian

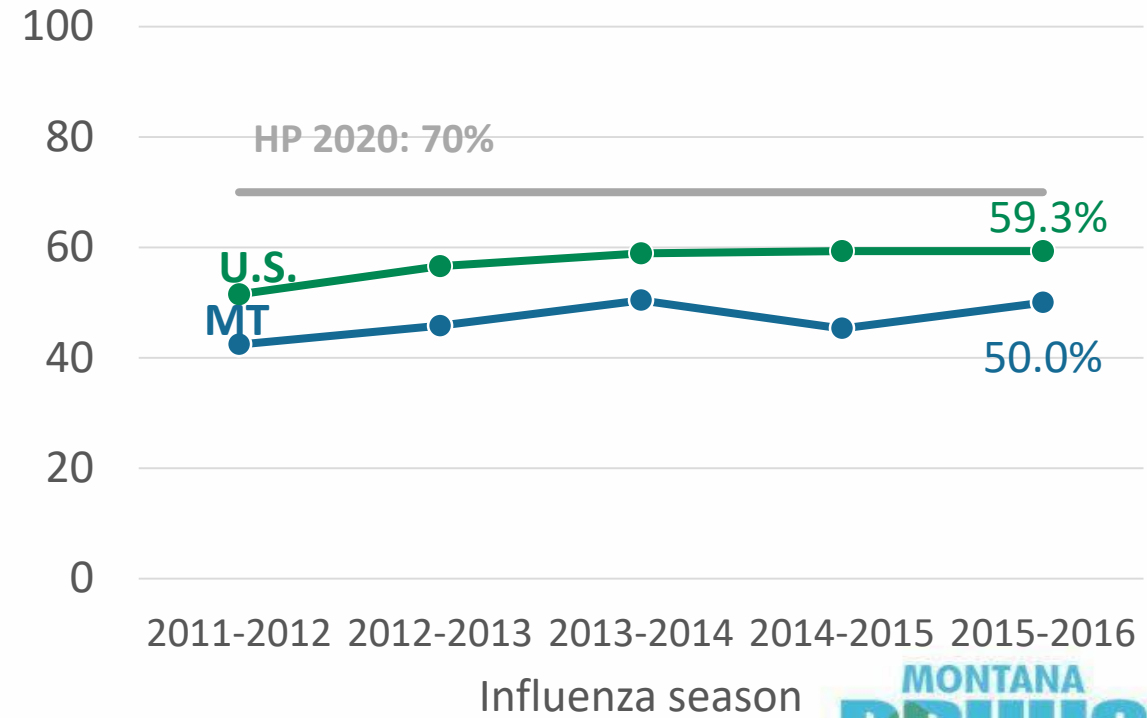
IMMUNIZATION & COMMUNICABLE DISEASE

Since 2011 childhood immunization has **IMPROVED** in MT

% of 19-35 months with complete combined 7-vaccine series, 2011-2015

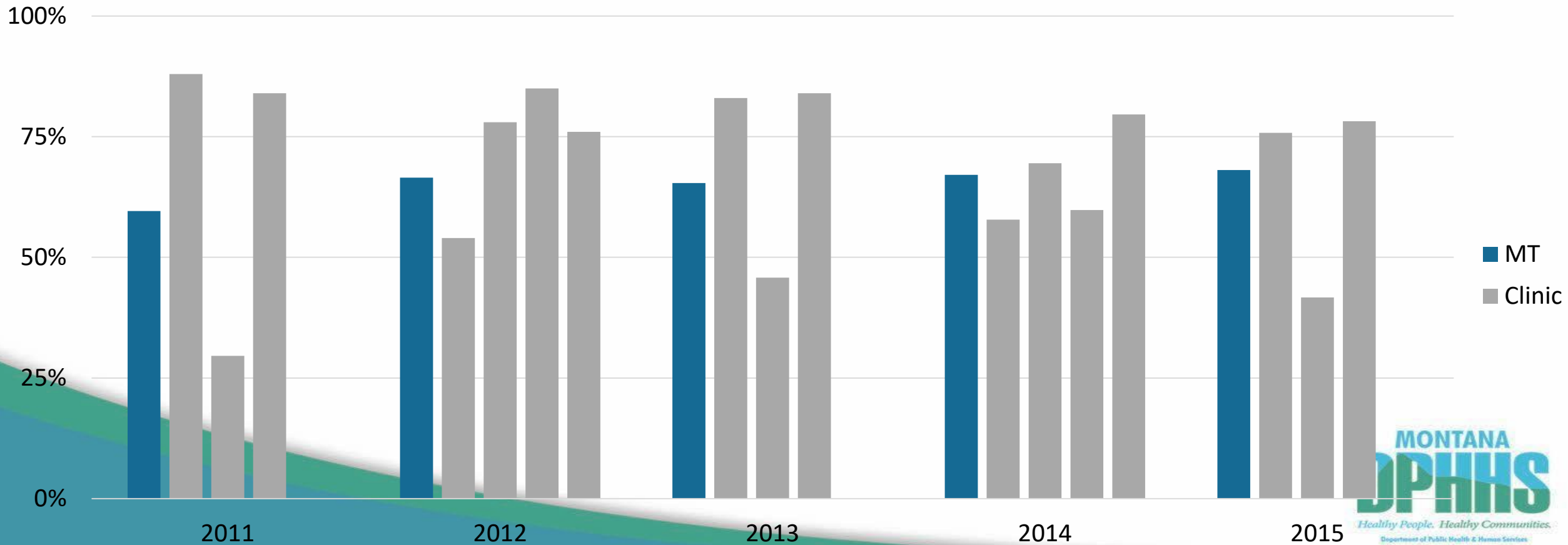


% Influenza vaccination among 6 months to 17 years, 2011-2016 flu seasons



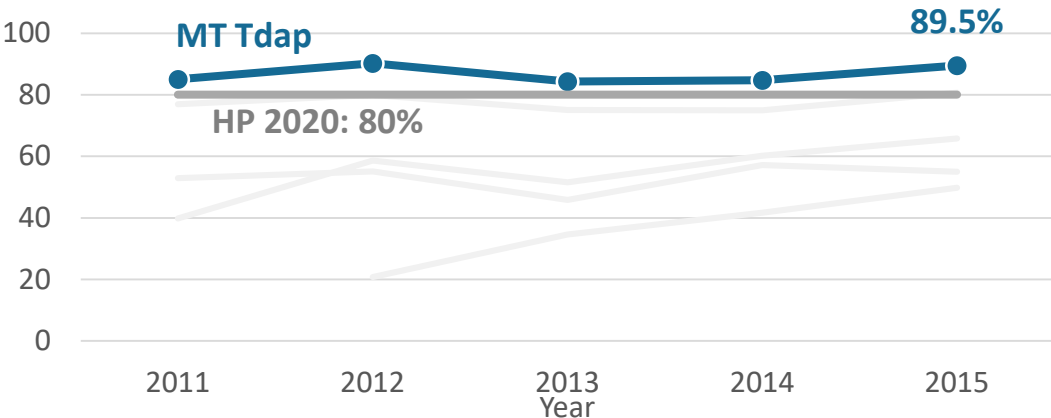
Many tribal clinics do better with childhood immunizations compared to MT

% of charts reviewed at tribal clinics up-to-date with childhood immunizations

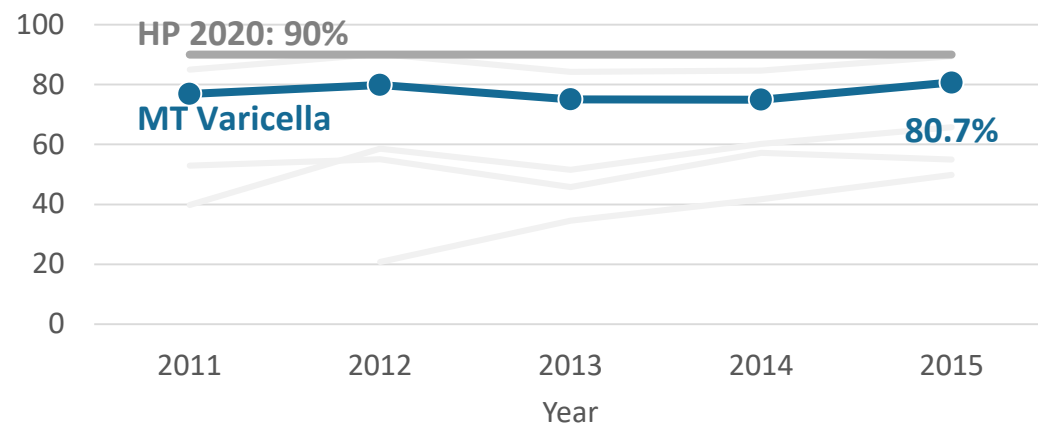


Immunization for Tdap among teens (13-17 years) exceed HP 2020 objective

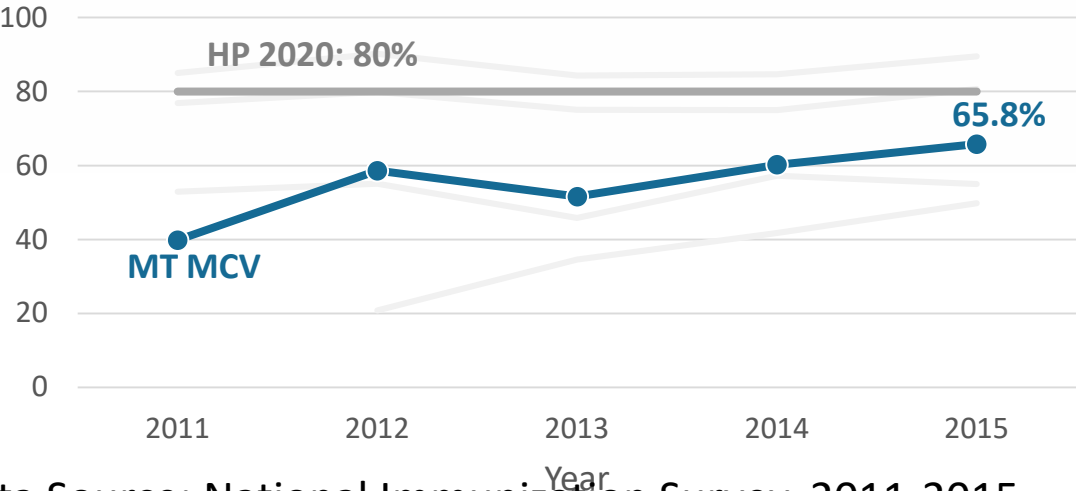
% of teens (13-17) receive 1 dose Tdap



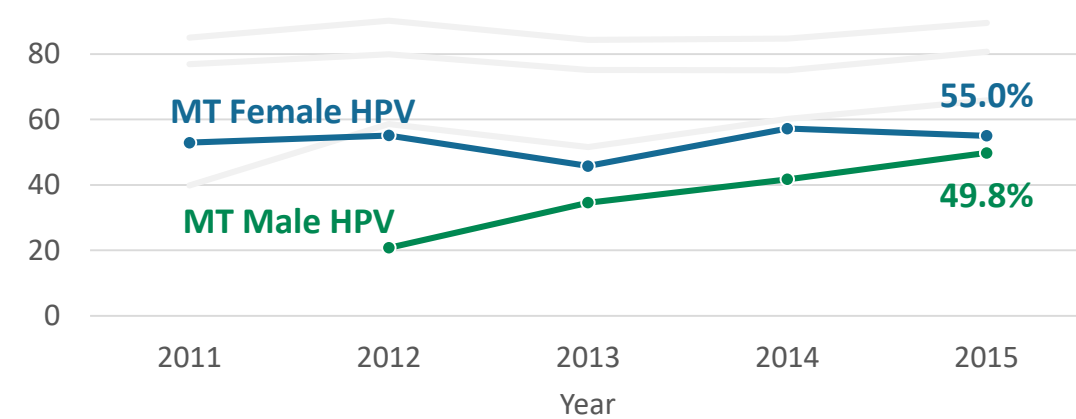
% of teens (13-17) receive 1 dose Varicella



% of teens (13-17) receive ≥ 1 dose MCV



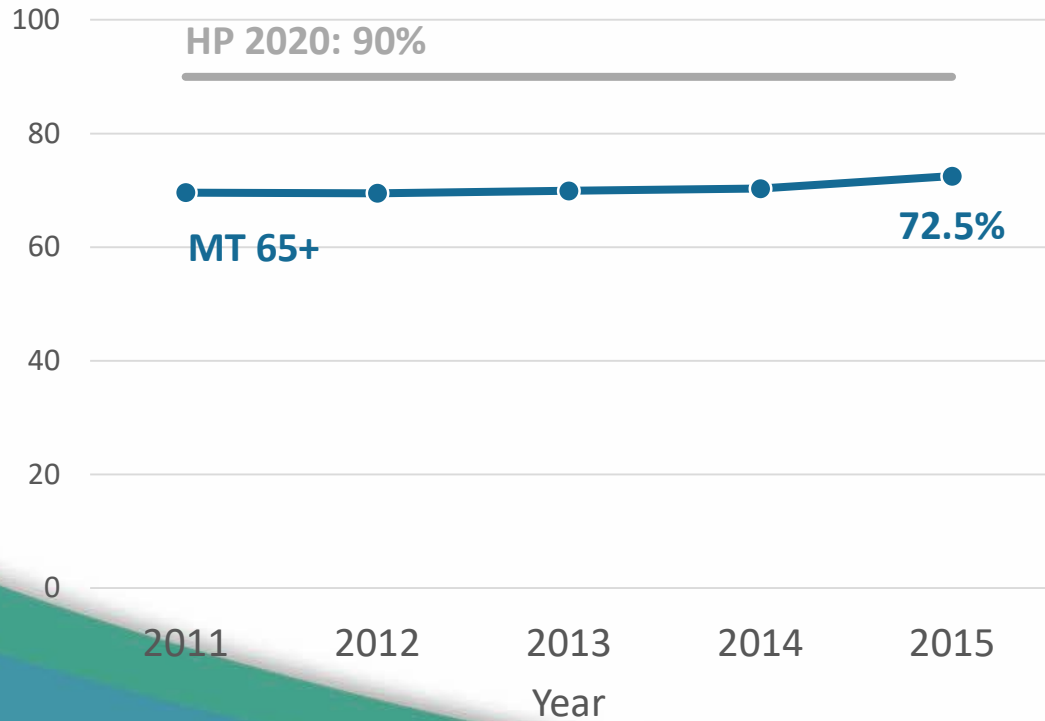
% of teens (13-17) receive ≥1 dose HPV



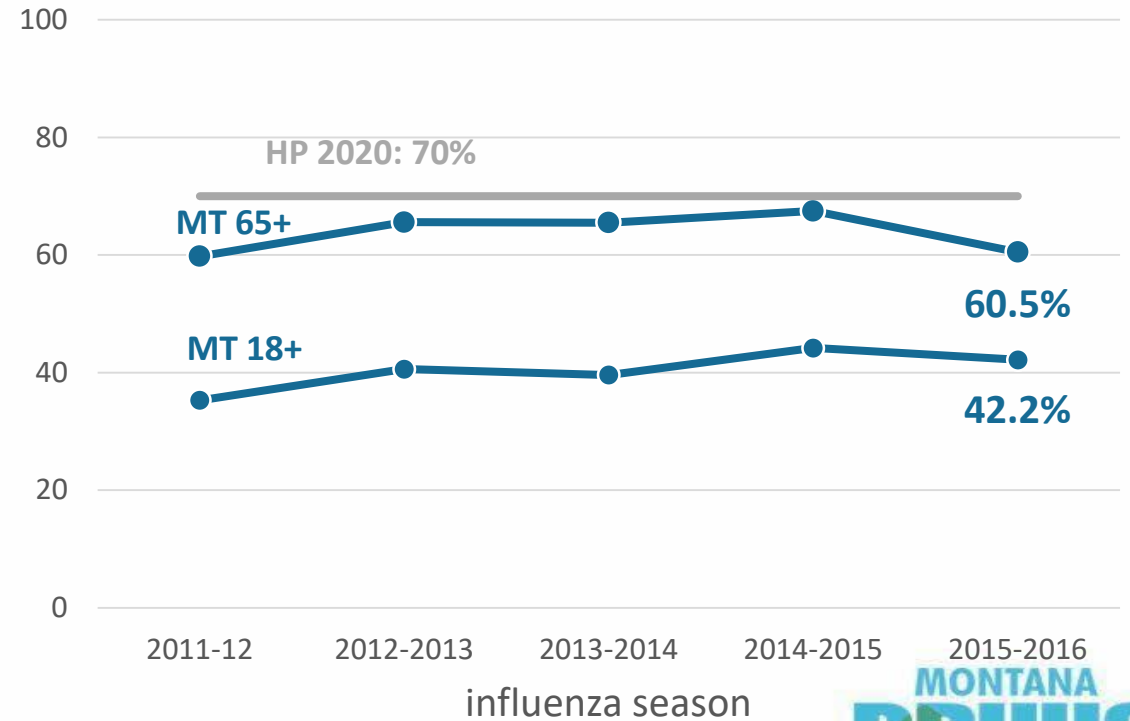
Data Source: National Immunization Survey, 2011-2015

MT Adult immunization for pneumococcal & influenza LOWER than HP 2020 objective

Pneumococcal among adults 65+ years, 2011-2015



Influenza among adults 18+ & 65+ years, 2011-2015



IMMUNIZATION & COMMUNICABLE DISEASE

The data also show...

Health areas to work on

- Vaccine preventable disease
- Sexually transmitted infections
- Chronic Hepatitis C

Populations to target

- Low SES
- American Indian communities
- Men who have sex with men (MSM)