



An Evidence-Based Approach to Montana's Health Landscape



“For public health practitioners, the value of The Community Guide is its thorough, systematic review of the literature that provides succinct information regarding the evidence-base of clinical and public health interventions.”

Todd Harwell, MPH
Chronic Disease Director Montana
Department of Public Health and
Human Services

More Information

Montana Department of Public Health and Human Services: Public Health and Safety Division
www.dphhs.mt.gov/publichealth

The Community Guide: CPSTF Findings on Diabetes Prevention and Control
www.thecommunityguide.org/topic/diabetes

The Community Guide: CPSTF Recommendations on Vaccines to Prevent Diseases
www.thecommunityguide.org/topic/vaccination

The Community Guide: CPSTF Recommendations on Asthma Control
www.thecommunityguide.org/topic/asthma

Many public health challenges exist in rural areas, where primary care practices are faced with limited resources, few clinical information systems, and relative isolation from education programs and care centers with multispecialty teams.¹ Providing essential services and programs to these often medically underserved communities presents a unique challenge. In Montana, a state with a little more than 1 million residents and almost half of the population living in rural or frontier areas, lack of healthcare services is a reality for many.² With guidance from findings and recommendations of the Community Preventive Services Task Force (CPSTF) found in *The Guide to Community Preventive Services* (The Community Guide), Todd Harwell, chronic disease director at the Montana Department of Public Health and Human Services (DPHHS), was able to identify strategies adaptable for Montana's distinct health needs. He began to use The Community Guide in many health department activities, including program planning, funding applications, and partner collaboration. Montana DPHHS has become a shining example of how a state health agency can utilize The Community Guide as a primary resource for strategic planning.

The Community Guide Saves Staff Time

Before The Community Guide was developed, DPHHS chronic disease staff searched multiple resources to find evidence-based literature on public health. The volume of data available and the variety of sources used a lot of staff time. “Our staff can do literature reviews and searches, but The Community Guide does this at a much higher level than we could do in the state,” said Mr. Harwell. The DPHHS staff determined the best strategies to use for Montana's specific needs, first by consulting CPSTF findings and recommendations and then looking closely at The Community Guide reviews that support the findings to compare effectiveness among studies. According to Mr. Harwell, “We began to see the value of recommendations found in The Community Guide when developing strategies to increase immunization rates among patients with diabetes, and this led us to use it successfully for other programs in our state.”

One Central Resource with Multiple Uses

Vaccinations and Diabetes. To increase vaccinations for people with diabetes, DPHHS worked with more than 40 primary care practices across the state to carry out client reminder and recall systems, and provider reminders, as recommended in The Community Guide. DPHHS used these interventions to alert people with diabetes about upcoming and overdue vaccinations and to help clinical providers increase vaccination rates. As a result, DPHHS reported an increase of 6 percent in vaccination rates within the target population compared to pre-intervention rates during the pilot program.³ Because of the program's success, Mr. Harwell began to lead a push for DPHHS staff to rely more on The Community Guide.

Tobacco. DPHHS started a tobacco control and prevention program based on findings and recommendations in The Community Guide—specifically, telephone support to improve tobacco cessation and mass media campaigns in conjunction with other interventions. The DPHHS program includes a statewide tobacco quit line, which provides free 24-hour counseling and other quit aids. DPHHS used statewide mass media campaigns to promote the quit line, increase awareness of health risks associated with tobacco use, encourage people to stop using tobacco, and reduce the number of people



starting tobacco use. Since its inception in 2004, Montana's tobacco quit line has assisted more than 57,000 callers and has become one of the most comprehensive in the country.⁴

The state has also initiated tobacco control efforts based, in part, on evidence found in The Community Guide. The Guide's review on smoking bans and restrictions provided a scientific basis for using funds for the state's tobacco control efforts, and the evidence compiled in The Community Guide informed deliberation on Montana's 2005 Clean Indoor Act. This law requires that all enclosed public places and workplaces be smoke-free, approaches that The Community Guide has documented as effective strategies to reduce smoking.

What is The Community Guide?

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based recommendations about public health interventions and policies to improve health and promote safety.

The Community Preventive Services Task Force (CPSTF)—an independent, nonfederal, unpaid panel of public health and prevention experts—bases its recommendations on systematic reviews of the scientific literature. With oversight from the CPSTF, scientists and subject-matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners.

www.thecommunityguide.org

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 Community
Preventive Services
Task Force

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Asthma. DPHHS took advantage of a CPSTF recommendation for home-based, multi-trigger, multicomponent environmental interventions that support children and adolescents with asthma in implementing their home visiting program. The Centers for Disease Control and Prevention (CDC) awarded DPHHS funding for a quality improvement plan, which referenced the evidence-based strategy in The Community Guide. The program teaches participants self-management skills and assesses environmental triggers in the home, such as secondhand smoke. More than 70 high-risk children have been enrolled in the pilot asthma home visiting program and have benefited from its services. According to Mr. Harwell, "Within a one month span, the proportion of children in the program who experienced asthma-related symptoms dropped from 23 to 7 percent."

DPHHS Relies on The Community Guide

The Community Guide is now one of the first resources consulted by DPHHS chronic disease staff to inform and support a wide variety of public health services. The department stays informed by subscribing to the American Journal of Preventive Medicine (AJPM), which publishes new systematic reviews and resulting CPSTF findings, both found in The Community Guide. "The versatility of The Community Guide makes it a great asset," said Mr. Harwell. "It assists us in obtaining resources at the front end, and on the other side, it facilitates our efforts to engage partners and get them onboard to effectively collaborate." DPHHS has provided copies of The Community Guide to local and tribal health workers to ensure that local public health activities are also evidence-based. This is important to make sure all communities in Montana receive health services that are shown to be effective.

Lessons Learned

- **Go to The Community Guide first.** Save time and resources by seeking Task Force findings and recommendations. Stay informed of new and updated findings by subscribing to The Community Guide email listserv on www.thecommunityguide.org, or reading the American Journal of Preventive Medicine.
- **Pay close attention to the science.** When researching strategies, use all available background information in The Community Guide, such as effectiveness, population characteristics, and cost analyses to make sure a particular strategy fits your community.
- **Make a strong case with decision makers.** Strengthen program and policy proposals with evidence from The Community Guide.

¹Johnson EA, Webb WL, McDowall JM, Chasson LL, Oser CS, Grandpre JR, et al. A field-based approach to support improved diabetes care in rural states. *PrevChronic Dis* 2005 Oct. Available from: www.cdc.gov/pcd/issues/2005/oct/05_0012.htm. Accessed on March 20, 2012.

²Montana Department of Public Health and Human Services. Montana's State Public Health Assessment 2012. Available at www.astho.org/accreditation/montana-state-health-assessment/. Accessed on March 20, 2012.

³Bjorsness DB, et al. Increasing Pneumococcal Immunizations Among People With Diabetes Using Patient Reminders. *Diabetes Care* 26:1943-1945.

⁴National Jewish Health & Medical Center, Tobacco Cessation Outcome Results for Montana Tobacco Quit Line, Denver CO, December 2010.