

2013

Lewis and Clark County Health Improvement Plan



LEWIS & CLARK CITY-COUNTY
Health Department



St. Peter's Hospital

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Our Community Health Goals

1. Improve use of the mental-health treatment system by reducing the stigma associated with mental illness (p. 7).
2. Improve mental health through screening and early intervention (p. 8).
3. Improve mental health by ensuring access to quality mental health services (p. 9).
4. Reduce substance abuse to protect the health, safety, and quality of life in Lewis and Clark County (p. 12).
5. Reduce incidence of chronic diseases (such as cancer, strokes, heart disease, diabetes, asthma) among Lewis and Clark County residents (p. 17).
6. Improve the health and well-being of women, infants, and children in Lewis and Clark County (p. 22).
7. Prevent unintended pregnancies among adolescents (p. 23).
8. Improve access to health-care services in Lewis and Clark County (p. 25).

Ultimately, this is not a Health Department plan or a Hospital plan. It's a community plan for all of us to help implement and benefit from.



– Melanie Reynolds, MPH
Health Officer,
Lewis and Clark County



– Nate Olson
President & CEO,
St. Peter's Hospital

Improving Our Health

When you think of health, you most likely think about it in personal terms: going to the doctor, taking needed medications, exercising regularly, eating healthy foods, and brushing and flossing your teeth.

Public health is the practice of preventing disease and promoting good health within groups of people, from small communities to entire countries. In Lewis and Clark County, the Lewis and Clark City-County Health Department is the government agency tasked specifically with improving and protecting the health of our public, which includes more than 64,000 county residents.

But the responsibility for public health extends far beyond the walls of the Health Department. Many public, private, and voluntary entities contribute to the health and well being of our county. These include hospitals, medical providers, emergency responders, schools and higher education, businesses, employers, elected officials, nonprofit organizations, and civic groups. Together, we make up our community's public health system.

The role of a public health system, in part, is to:

- identify community health problems;
- mobilize community partnerships to identify and solve health problems; and
- develop policies and plans that support individual and community health efforts.



A healthy community is one that is “continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.”

– CDC

That’s why any effort to improve the health of the community must involve a wide spectrum of the public health system. Other sectors of the community bring different perspectives and information that enhance planning. There are roles and responsibilities for all.

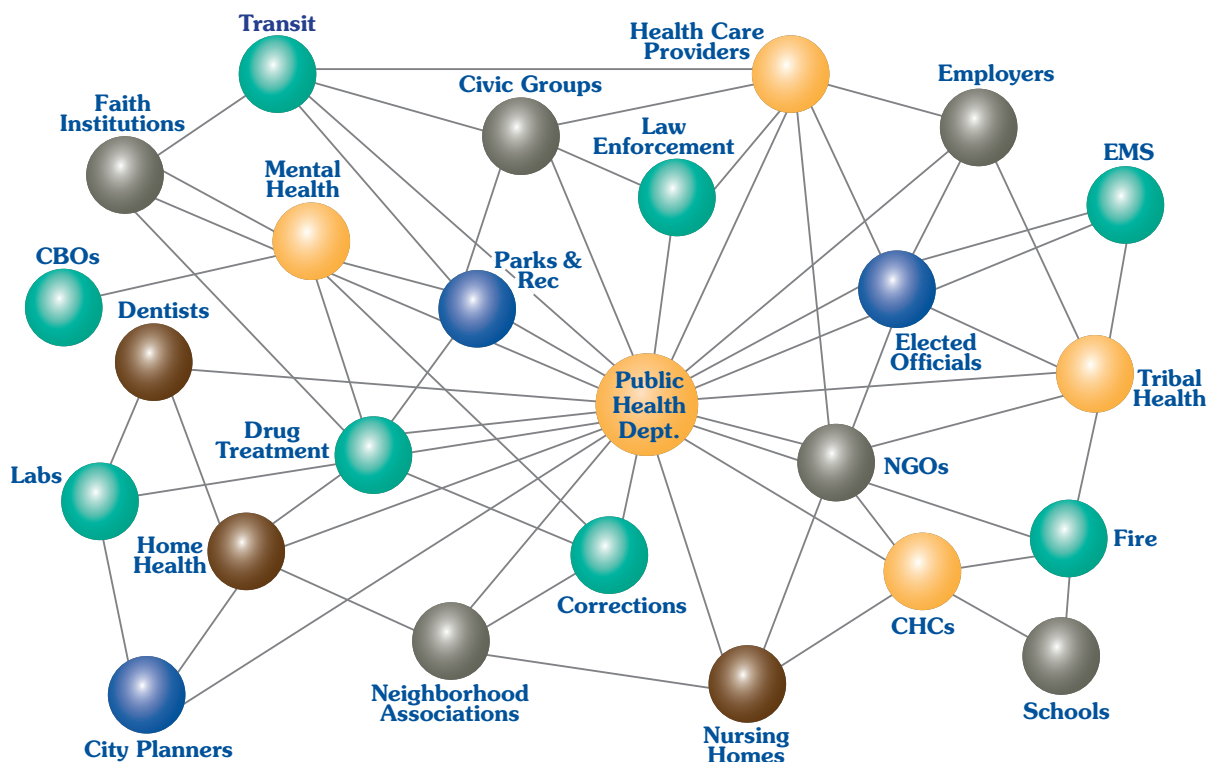
In 2012, the Lewis and Clark City-County Health Department and St. Peter’s Hospital took the lead to convene members of our local public health system and ask them to collaborate on a

community health improvement plan – a long-term, strategic effort to address our most pressing public health concerns.

The results are contained in these pages. Dozens of community members from all walks of life worked over a span of several months to identify:

- the county’s most pressing health needs, and
- strategies and resources with which all of us, working together, can address those needs.

Local Public Health System



This Lewis and Clark County Health Improvement Plan will have no impact unless it's embraced and acted upon in a collective manner. Community change and health improvements require dedication and commitment from all stakeholders, including individuals, businesses, government, and community sectors.

Over the next few years, the Hospital, Health Department, and our community partners will monitor our progress as we work toward a healthier community. It will be an exciting journey. We hope you'll share it with us.

You can find more information about the planning process online at

Health Department website:

www.LewisAndClarkHealth.org

St. Peter's Hospital website:

www.stpetes.org/CHIP

Or contact us at:

healthinfo@lccountymt.gov

Collecting the Data

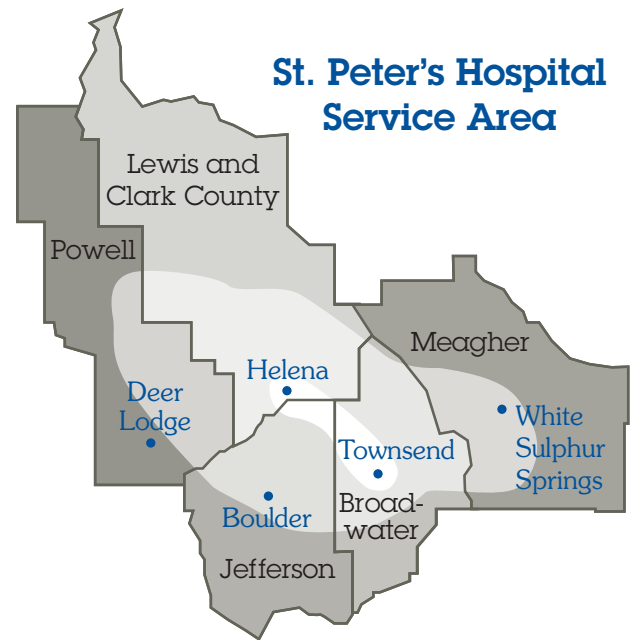
One of the hallmarks of public health is that it must be evidence-based. That is, public health policy is informed by impartial data, including the quantitative data we collect on the local level regarding our community's health.

That's why the Health Department has for the past 20 years produced a periodic report on a variety of public health indicators. These data give us a snapshot of the health of our county with regard to chronic disease, communicable disease, environmental health, mental health, and oral health.

The latest report was published in late 2011. It incorporated data from the U.S. Census, U.S. and Montana Vital Statistics, the Youth Risk Factor Behavior Survey conducted every two years by the Montana Office of Public Instruction, and the Behavioral Risk Factor Surveillance System managed by the Montana Department of Public Health and Human Services.

In the fall of 2012, St. Peter's Hospital partnered with the Health Department to gather additional data by conducting a community health needs assessment. The Hospital retained Professional Research Consultants, Inc., of Omaha, Neb., to conduct 400 random land-line and cell-phone interviews of residents within St. Peter's service area, which includes the most populated part of Lewis and Clark County. Phone calls were made from mid-September through November 2012, and a focus group was held with community leaders in December of that year.

These assessments are available on the Hospital and Health Department websites. You'll also find them referenced throughout this report. Together, they informed the decisions community members made about health goals and objectives.



Involving the Community

Dozens of community representatives were invited to participate in the health-improvement planning effort through a focus group convened by the Hospital and a task force spearheaded by the Health Department.

In December 2012, the Hospital brought together a focus group of 17 community stakeholders, with special emphasis on people who work with or have special knowledge about vulnerable populations, including low-income individuals, minority populations, those with chronic conditions, and other medically underserved residents.

The Health Department created a task force of 30-40 community members who met three times in late 2012 and early 2013.

Those who accepted the invitations to be part of these community groups and who participated in the creation of this plan are listed in Appendix A on page 27.

Identifying Priorities

The Health Department and Hospital asked members of its task force and focus group to identify the top health-related priorities in the community, based on group discussion and analysis of the assessment data. The results were remarkably consistent.

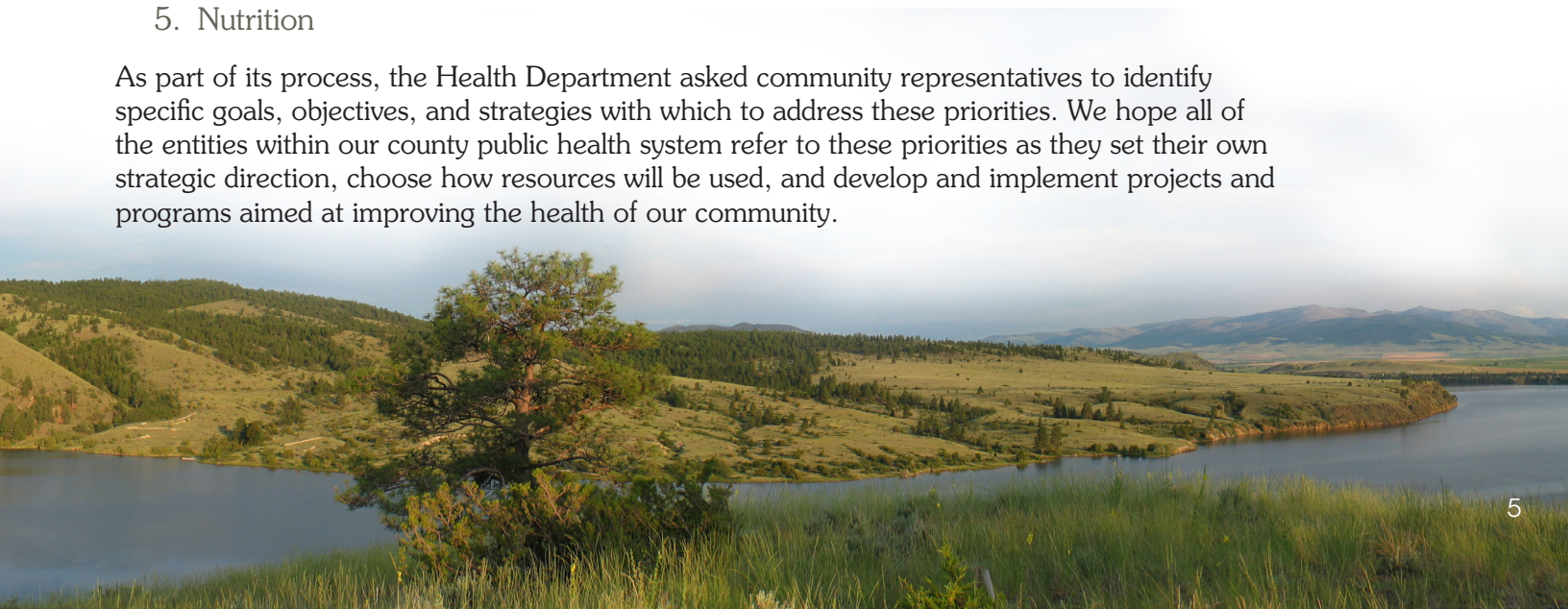
The Health Department's Community Health Improvement Planning Task Force identified these top priorities:

1. Mental Health
2. Substance Abuse
3. Chronic Disease Prevention (with an emphasis on nutrition and physical activity)
4. Maternal and Child Health

The Hospital's focus group identified these top priorities:

1. Access to Health-Care Services
2. Mental Health
3. Substance Abuse
4. Health Education and Prevention
5. Nutrition

As part of its process, the Health Department asked community representatives to identify specific goals, objectives, and strategies with which to address these priorities. We hope all of the entities within our county public health system refer to these priorities as they set their own strategic direction, choose how resources will be used, and develop and implement projects and programs aimed at improving the health of our community.



Priority one: Mental Health

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses like depression and anxiety affect people's ability to participate in behaviors that promote health. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental wellness and can reduce a person's ability to fully participate in treatment and recovery.

Stigma associated with mental illness has been detrimental in the attempt to both identify and treat those who suffer from this disease.

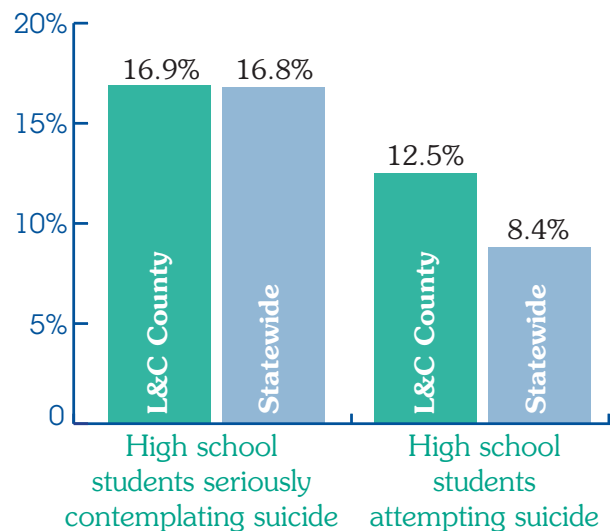
Mental illnesses are the leading cause of disability in our nation, accounting for a quarter of all years of life lost to disability and premature death. By 2020, behavioral health disorders are expected to surpass all physical diseases as a major cause of disability worldwide, according to the World Health Organization.

According to the National Institute of Mental Health, in any given year an estimated 13 million American adults have a seriously debilitating mental illness. Suicide is the nation's 11th leading cause of death. And mental illness affects not only individuals, but families, communities, and society as a whole, both emotionally and economically.

Why Focus on Improving Mental Health?

In Montana and Lewis and Clark County, mental illness is a significant concern. Montana has had one of the highest suicide rates in the nation for several years; it was ranked third among states by the American Association of Suicidology for 2010. According to an average of Montana Vital Statistics for 1999-2008, the rate of suicide in Lewis and Clark County is almost double that of the nation as a whole (19.3 per 100,000 people compared to 11.0).

Respondents to the Hospital's telephone poll speculated on the reasons behind the high number of suicides (or attempts), mentioning substance abuse, poverty, gun access, rural communities, and stress. They also acknowledged that community members face a stigma surrounding feelings of sadness or hopelessness, so they tend not to seek treatment. Focus group members described this reluctance as "Montana pride" and suggested that it's a significant barrier to mental wellness. And participants expressed their concern that suicidal ideations have begun migrating to younger children.



Montana Youth Risk Behavior Surveys 2003, 2005, 2007, 2009, 2011 average.

Community priorities with regard to improving mental health focused on three primary goals:

1. Reducing the stigma associated with mental health disorders.
2. Improving screening and early intervention efforts.
3. Ensuring access to quality mental-health services.

Goal: Reduce the stigma associated with mental health disorders.
 (Reducing the stigma associated with mental health services is important to improving access to and use of effective mental health treatment.)

OBJECTIVES	STRATEGIES	MEASURING SUCCESS
<p>Objective 1.1: By 2016, increase referrals to appropriate intervention by 20%.</p>	<p>1.1.1 By 2014, determine baseline referral rates for the Center for Mental Health, Co-operative Health Center, Project Success, St. Peter’s Behavioral Health Unit and Our Place. Performance measure: List of referral rates for identified facilities.</p> <p>1.1.2 Identify gaps and work as a community to find solutions to access to early mental health services. Performance measure: Inventory of mental health service gaps.</p> <p>1.1.3 Develop a resource toolkit for groups to target stigma reduction and identify mental health services in the county. Performance measure: Existence of resource toolkit.</p> <p>1.1.4 Expand community-based programs that foster healthy relationships and positive mental health options among community residents. Performance measure: Existence of new community-based programs and/or expansion of existing programs.</p>	<p>Outcome indicators:</p> <ul style="list-style-type: none"> • Strategic Plan for the Mental Health Advisory Council (LAC) • Patient statistics from: <ul style="list-style-type: none"> - CMC - CHC - Project Success - BHU - Our Place
<p>Objective 1.2: By 2016, increase by 10% the number of people below 200% of the federal poverty level accessing mental health services from the Center for Mental Health (CMC), the Cooperative Health Center (CHC), provider referrals from School District Project Success Program, and the St. Peter’s Behavioral Health Unit (BHU).</p>	<p>1.2.1 Support agency use of Montana 211 or another established referral system to capture and promote available mental health services in the community. Performance measure: Designation of preferred referral system; number of mental health providers using system.</p>	<p>Outcome indicators:</p> <p>Patient statistics from:</p> <ul style="list-style-type: none"> • CMC • CHC • Project Success • BHU • Our Place

Goal: Improve mental health through screening and early intervention.

OBJECTIVES	STRATEGIES	MEASURING SUCCESS
<p>Objective 1.3: By 2016, increase by 20% the percentage of people identified early with mental health issues.</p> <p>Reduce the suicide rate among adults from 19.3 per 100,000 to 17.4%. (Baseline 1999-2008 average, MT Vital Statistics)</p> <p>Reduce suicide attempts among high school students from 12.5% to 11.3%. (Baseline 2003-2011 average, MT YRBS)</p> <p>Decrease the proportion of high school students who report being depressed for 2 or more consecutive weeks in the past 12 months and stopped doing usual activities from 25.2% to 22.7%. (Baseline 2011 MT YRBS)</p> <p>Increase the proportion of adults who report fewer than 14 days of poor mental health in the past 30 days from 8.5% to 7.7%. (Baseline 2003-2008 average, MT BRFSS)</p>	<p>1.3.1 Educate the public regarding mental health screening and the importance of early intervention.</p> <p>Performance measure: Number of educational materials and campaigns.</p> <p>1.3.2 Support the Helena School District to increase the number of students who use the Teen Screen tool for depression.</p> <p>Performance measure: Number of students using Teen Screen tool.</p> <p>1.3.3 Sponsor community screening events using local providers (St. Peter’s BHU, Center for Mental Health, Cooperative Health Center)</p> <p>Performance measure: Number of screening events.</p>	<p>Outcome indicator: MT Youth Risk Behavior Survey, MT Behavioral Risk Factor Surveillance System</p>

Mental Health Partners and Resources

NAMI Montana
 Carroll College
 Center for Mental Health
 Cooperative Health Center
 East Helena City Council
 Helena City Commission
 Helena College
 Intermountain Children’s Home
 Lewis and Clark County Board of
 County Commissioners
 Local Mental Health Advisory Council
 Montana Suicide Prevention Program

Our Place Drop In Center
 Rocky Mountain Development Council
 St. Peter’s Hospital Behavioral Health Unit
 St. Peter’s Medical Group
 Shodair Hospital
 Veteran’s Administration
 Youth Connections Coalition
 Churches
 Law enforcement
 School districts
 Youth groups

Goal: Improve mental health by ensuring access to quality mental health services.

OBJECTIVES	STRATEGIES	MEASURING SUCCESS
<p>Objective 1.4: By 2016, decrease the number of days between referrals and treatment.</p>	<p>1.4.1 Recruit psychiatrists and other mental health professionals.</p> <p>Performance measure: Number of additional psychiatrists and other mental health professionals in the community.</p>	<p>Outcome indicator: Proportion of primary care physician office visits that screen adult and youth for depression.</p>
<p>Objective 1.5: Increase the number of patient-visit opportunities by mental health professionals.</p>	<p>1.5.1 Provide in-service training to primary care practitioners and other primary contacts to provide medication.</p> <p>Performance measure: Number of trainings offered.</p>	<p>Outcome indicators: Number of patient visits to mental health professionals.</p>
<p>Objective 1.6: Increase the capacity of mental health treatment system in Lewis and Clark County.</p>	<p>1.6.1 Recruit certified APRNs with psychiatric specialties and prescriptive authority.</p> <p>Performance measure: Number of new certified APRNs with psychiatric specialties and prescriptive authority.</p>	<p>Outcome indicators: Number of patient visits to mental health professionals.</p>

WHAT YOU CAN DO

- Build strong, positive relationships with family and friends.
- Become more involved in our community (for example, mentor or tutor youth, join a faith or spiritual community).
- Encourage children and adolescents to participate in extracurricular and out-of-school activities.
- Work to make sure children feel comfortable talking about problems such as bullying and seek appropriate assistance as needed.

Priority two: Substance Abuse

Substance abuse, including the abuse of alcohol, illicit drugs, and prescription drugs, has an enormous impact on individuals, families, and communities. In 2009, an estimated 23.5 million Americans aged 12 or older needed treatment for substance abuse. The total estimated cost of substance abuse in the nation is \$510.8 billion a year.

Like physical illnesses, substance abuse disorders cost money and lives if they aren't prevented, are left untreated, or are poorly managed. The presence of substance abuse issues exacerbates the cost of treating physical diseases and results in some of the highest disability burdens in the world for individuals, families, businesses, and governments.

Alcohol and other drug use can impede judgment and lead to harmful risk-taking behaviors. For individuals, these behaviors can have both immediate and lifelong health consequences. In communities, the effects of substance abuse contribute significantly to costly social, physical, mental, and public health problems, including:

- teenage pregnancy
- sexually transmitted diseases
- domestic violence
- child abuse
- motor vehicle crashes
- homicides and other violent crimes
- suicide

Among youth, alcohol and drug use remains a major public health problem in the county, state, and nation. Half of all lifetime cases of substance use disorders begin by age 14 and three-fourths by age 24.7, according to the Substance Abuse and Mental Health Services Administration (SAMHSA).



Excessive alcohol use, including binge and underage drinking, is the third leading preventable cause of death in the United States. This dangerous behavior is responsible for more than 79,000 deaths annually and a wide range of health and social problems.

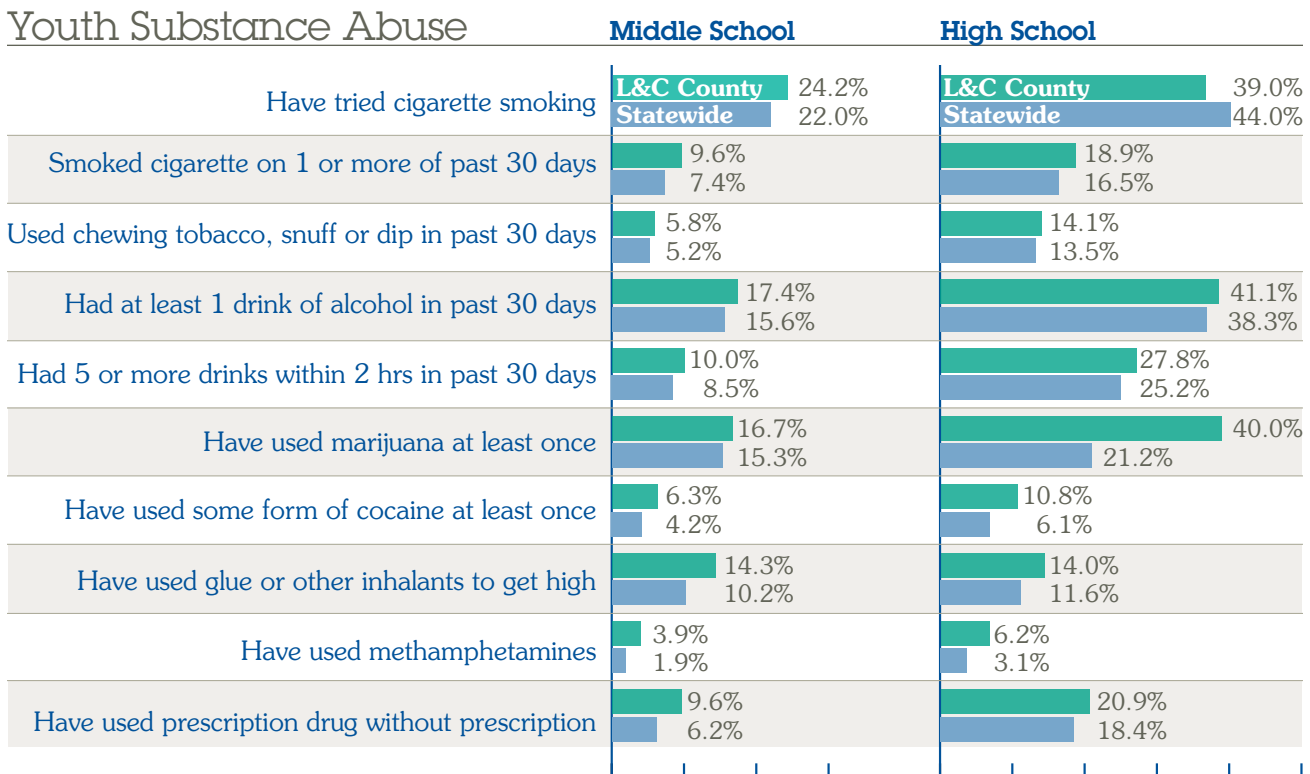
Binge drinking is associated with many medical problems, including liver disease, neurological damage, and high blood pressure, stroke, and other cardiovascular diseases. Binge drinking is defined as drinking five or more alcoholic beverages for a man or four or more alcoholic beverages for a woman on a single occasion, generally within about two hours.

In addition to the health impact, excessive alcohol use also has economic consequences. The cost of excessive alcohol consumption in the United States in 2006 from lost productivity, health care, criminal justice, and other costs reached \$223.5 billion or about \$1.90 per drink, according to a study by the Centers for Disease Control and Prevention. Almost three-quarters of these costs were due to binge drinking. So substance abuse prevention beginning at an early age, including the prevention of binge drinking, can help reduce economic consequences and improve the health, safety, and quality of life for all.

Why Focus on Preventing Substance Abuse?

No one will dispute that Montana is known for a culture that tends to tolerate substance abuse, particularly excessive drinking. That makes it even more alarming that, among Lewis and Clark County teenagers, substance abuse is higher than it is among Montana youth as a whole.

According to the 2011 Youth Risk Behavior Survey (YRBS), middle and high school students in Lewis and Clark County are more likely than their peers across the state to drink alcohol; use marijuana, meth and cocaine; and abuse prescription drugs.



Montana Youth Risk Behavior Survey, 2011

The Hospital health survey found that, among adults in the local area, chronic and binge drinking actually occurred at a rate about equal to or lower than the national and state rate, with 16.3% of those surveyed acknowledging binge drinking and 4.8% admitting to chronic drinking (two or more drinks a day).

Participants in the Hospital's focus group emphasized that substance abuse prevention needs to begin at a young age and continue as a child grows.

Community input with regard to substance abuse was articulated in one overarching goal: Reduce substance abuse to protect the health, safety, and quality of life in Lewis and Clark County.

Goal: Reduce substance abuse to protect the health, safety, and quality of life in Lewis and Clark County.

OBJECTIVES	STRATEGIES	MEASURING SUCCESS
<p>Objective 2.1: By 2016, delay average age at which youth begin using alcohol, tobacco, and other drugs.</p> <p>Marijuana: 14 to 15 years old</p> <p>Alcohol: 13 to 14 years old</p> <p>Tobacco: 13 to 14 years old</p> <p>Baseline: Average age of onset, MT Youth Risk Behavior Survey, 2012</p>	<p>2.1.1 Maintain community coalition dedicated to reducing substance abuse using a comprehensive prevention plan. Performance measure: Existence of community coalition.</p> <p>2.1.2 Take inventory and identify gaps in prevention efforts. Performance measure: Record of inventory and community discussion of identification of gaps.</p> <p>2.1.3 Expand “social host” ordinance beyond the Helena city limits. Performance measure: Record of adopted county and/or state social host ordinance.</p>	<p>Outcome indicator: Lewis and Clark County Youth Risk Behavior Survey, Middle and High School</p>
<p>Objective 2.2: By 2016, increase by 20% the number of people identified with substance abuse issues and referred to appropriate intervention before addiction.</p> <p>Youth Baseline: 2012: 130 youth referrals made from Project Success (school) to community treatment providers. 67% resulted in an appointment. Consented Referral System, Youth Connections</p> <p>Adult Baseline: Number referred to treatment Data source: Boyd Andrew</p>	<p>2.2.1 Support implementation of community consented referral system to systematically track referrals and follow-up to substance abuse interventions. Performance measure: Number of agencies signed on and committed to using the consented referral system.</p> <p>2.2.2 Support the Helena School District to institutionalize Assistance Teams to improve systematic referrals within schools and from schools to community-based agencies. Performance measure: Number of referrals in the consented referral system from Assistance Teams to either school or community services.</p> <p>2.2.3 Train ALL community agencies in the use of consented referral system. Performance measure: Number of agencies trained to use the consented referral system.</p>	<p>Outcome Indicators: Project Success and Boyd Andrew referral data.</p>

OBJECTIVES	STRATEGIES	MEASURING SUCCESS
<p>Objective 2.1: By 2016, increase the percentage of people receiving appropriate, multidisciplinary treatment for substance abuse by 20%.</p> <p>Baseline 2012: Number in treatment, Boyd Andrews and other local substance abuse treatment providers.</p>	<p>2.3.1 Support agency use of Montana 211 to capture and promote available chemical dependency services in the community. Identify gaps and work as a community to find solutions to missing chemical dependency supports and services.</p> <p>Performance measure: List of chemical dependency services listed in 211; record of community discussion about gaps and solutions.</p> <p>2.3.2 Provide age-appropriate treatment options at various times of day.</p> <p>Performance measure: Matrix of services provided by age group and time of day services are provided.</p> <p>2.3.3 Improve public transportation system to include stops at more substance abuse treatment facilities.</p> <p>Performance measure: HATs bus route with number of substance abuse treatment facilities listed.</p> <p>2.3.4 Educate community providers on financial options for treatment.</p> <p>Performance measure: Comprehensive list of payment options for treatment; number of substance abuse treatment facilities provided with comprehensive list.</p> <p>2.3.5 Work as a community to increase available financial options for treatment.</p> <p>Performance measure: Number of payment options on comprehensive list.</p>	<p>Outcome Indicators: Project Success and Boyd Andrew referral data.</p>

Substance Abuse Partners and Resources

Alcoholics Anonymous	Montana Attorney General's Office
Boyd Andrew Community Services	Narcotics Anonymous
Carroll College	Prescription Drug Registry
East Helena City Council	St. Peter's Hospital
Fort Harrison	St. Peter's Medical Group
God's Love Homeless Shelter	Shodair Hospital
Youth Connections Coalition	Veteran's Administration
Helena City Commission	Churches
Helena College	Courts
Intermountain Children's Home	Law enforcement
Lewis and Clark City-County Health Department	Pharmacies
Lewis and Clark County Board of Commissioners	Schools
Lewis and Clark County DUI Task Force	Social workers and counselors
	Youth groups

WHAT YOU CAN DO

- Drink responsibly, which is defined by the U.S. Department of Health and Human Services as no more than two standard drinks per day for men, one standard drink per day for women, and no alcoholic drinks at all for anyone under age 21 and for other at-risk populations like pregnant women and those recovering from substance abuse.
- Avoid use of illicit drugs or the misuse of prescription medications, and seek help as needed from a clinician if you have a substance abuse disorder.
- Safely store and properly dispose of prescription medications, and don't share prescription drugs with others.
- Avoid driving if drinking alcohol or after taking any drug (illicit, prescription, or over-the-counter) that can alter your ability to operate a motor vehicle.
- Don't supply underage youth with alcohol, and ensure that youth cannot access alcohol or prescription drugs in your home.

Priority three: Chronic Disease

Chronic diseases are among the most common, costly, and preventable of all health problems in the nation.

Chronic diseases are illnesses that do not spread from person to person. Instead, they're caused by a person's behavioral choices or genetics. Examples of chronic diseases include stroke, heart disease, cancer, diabetes, asthma, and arthritis. Heart disease, cancer, and stroke account for more than half of all deaths in the United States each year.

The Centers for Disease Control and Prevention have identified four common risk behaviors that cause chronic disease:

- lack of physical activity
- poor nutrition
- tobacco use
- excessive alcohol consumption

According to the American Cancer Society, about a third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

Obesity has become a major health concern and a major factor contributing to chronic disease. We are in the midst of an epidemic of overweight and obesity, and it threatens the historic progress we've made in increasing quality and years of healthy life. Two-thirds of adults and almost a third of children are overweight or obese, according to the U.S. Surgeon General's Office. And the problem is growing.

Eating healthy can help reduce people's risk of heart disease, high blood pressure, diabetes, osteoporosis, and several types of cancer, as well as help them maintain a healthy body weight.
– National Prevention Strategy

Leading a healthy lifestyle – avoiding tobacco use, being physically active, eating well, and consuming alcohol in moderation – greatly reduces your risk for developing a chronic disease. But it's important that efforts to change diet and weight should address not only individual behaviors, but the policies and environments that support these behaviors in settings like schools, worksites, health care organizations, and the community.

Finally, access to high-quality and affordable prevention measures (including screening and appropriate follow-up care) are essential steps in saving lives, reducing disability, and lowering health-care costs related to chronic disease.



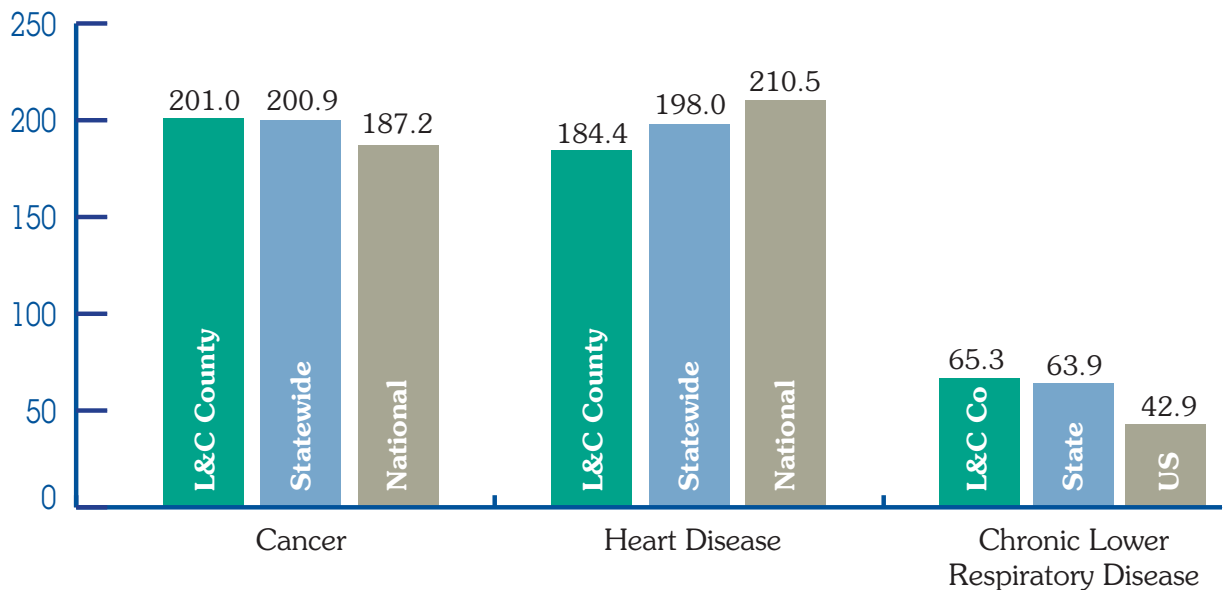
Why Focus on Preventing Chronic Disease?

In Montana, the overall death rate has been on the rise since the mid-1980s, mostly because of increases in chronic disease. Cancer and heart disease are the leading causes of death in both Montana and Lewis and Clark County. Rates of cancer and chronic lower respiratory disease are significantly higher in the county than in the nation as a whole.

A total of 78.2% of adults in the St. Peter's Hospital service area report having one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

The obesity epidemic has not bypassed Montana or Lewis and Clark County. In the county, 36.9 percent of adults reported being overweight (body mass index of 25-30) and 20.8 percent reported being obese (body mass index of 30+). Among Montana children ages 2-5, 15.9 percent are overweight and 12.2 are obese according to the latest statistics from the Centers for Disease Control and Prevention.

Leading Chronic Diseases **Rate per 100,000 people**



US and Montana Vital Statistics, 2004-2008

Because lifestyle plays such a significant role in chronic disease rates, it makes sense to focus on enabling people young and old to make healthy lifestyle choices. By adopting policies that encourage physical activity and the availability of healthy foods, we can make the healthy choice the easy choice.

Community input with regard to chronic disease was articulated in one overarching goal: Reduce the incidence of chronic diseases (cancer, strokes, heart disease, diabetes, asthma) in Lewis and Clark County.

Goal: Reduce incidence of chronic diseases (like cancer, strokes, heart disease, diabetes, asthma) among residents of Lewis and Clark County.

OBJECTIVES	STRATEGIES	MEASURING SUCCESS
<p>Objective 3.1: By 2016, increase number of adults who say they participate in physical activity outside their job from 19.5% to 22%</p> <p>Baseline: MT Behavioral Risk Factor Surveillance System, 2003-2008 average</p>	<p>3.1.1 Support community policies for built environment that enhance access to and availability of physical activity opportunities. Performance measure: Number of new policies.</p> <p>3.1.2 Promote walking and bicycling – both indoor and outdoor alternatives. Performance measure: Number of promotional materials, media campaigns and hits.</p> <p>3.1.3 Enhance policies and educational campaigns that increase safety for pedestrians and bicyclists, for example a distracted driving ordinance. Performance measure: Number of policies and educational and media campaigns and materials.</p>	<p>Outcome indicator: Percentage of adults who report physical activity (MT BRFSS, county-level data)</p>
<p>Objective 3.2: By 2016, increase percentage of youth who report being physically active 1 hour or more on at least 5 of last 7 days from:</p> <p>Middle school: 56.5% to 58%</p> <p>High school: 50.6% to 53%</p> <p>Baseline: MT Youth Risk Behavior Survey, 2011</p>	<p>3.2.1 Increase physical activity opportunities available to school-aged children. Performance measure: Record of available activities promoted to school-aged children.</p>	<p>Outcome indicator: Percentage of youth reporting physical activity in Lewis and Clark County (YRBS, county-level data for middle and high school)</p>

OBJECTIVES	STRATEGIES	MEASURING SUCCESS
<p>Objective 3.3:</p> <p>By 2016, increase the number of adults who report they are at a healthy weight from 42.3% to 47%.</p> <p>Baseline: MT Behavioral Risk Factor Surveillance System, 2003-2008 average</p>	<p>3.3.1 Increase participation in community gardens.</p> <p>Performance measure: Number of participants in community garden plots.</p> <p>3.3.2 Increase accessibility and affordability of healthy foods.</p> <p>Performance measure: Environmental scans conducted of local grocery stores.</p> <p>3.3.3 Offer community classes on how to prepare grains, legumes, and fresh produce.</p> <p>Performance measure: Number of classes offered.</p> <p>3.3.4 Increase knowledge of healthy food and beverage choices.</p> <p>Performance measure: Pre- and post-test participants of community classes.</p> <p>3.3.5 Include nutritional information in cancer screening materials in order to educate county residents about the link between nutrition and cancer prevention.</p> <p>Performance measure: Count of educational materials developed and included.</p> <p>3.3.6 Increase the number of worksites that offer nutrition or weight management classes or counseling.</p> <p>Performance measure: Number of workplace policies adopted.</p> <p>3.3.7 Replace sugary drinks in vending machines or remove vending machines from workplaces.</p> <p>Performance measure: Number of vending machines restocked or removed from work sites.</p>	<p>Outcome indicator: Percentage of adults reporting healthy weight (MT BRFSS, county-level data)</p>

Chronic Disease Partners and Resources

American Lung Association
 BikeWalk Montana
 Building Active Communities Initiative
 Carroll College
 City and County Public Works and Planning Departments
 Downtown Helena Business Improvement District
 East Helena City Council
 Farmer's Market
 Helena Area Chamber of Commerce
 Helena Area Transit System
 Helena Citizen's Council
 Helena City Commission

Helena Food Share
 Helena Non-Motorized Travel Advisory Council
 Hometown Helena
 Leo Pocha Clinic, Helena Indian Alliance
 Lewis and Clark City-County Health Department
 Lewis and Clark County Board of Commissioners
 Safe Routes to School Program
 St. Peter's Hospital
 St. Peter's Medical Group
 Youth Connections Coalition
 Schools
 Health care providers
 Worksite wellness programs

OBJECTIVES	STRATEGIES	MEASURING SUCCESS
<p>Objective 3.4:</p> <p>By 2016, reduce the number of middle and high school students who report being overweight.</p> <p>Middle school: 22% to 19%</p> <p>High school: 26.9% to 22%</p> <p>Baseline: MT Youth Risk Behavior Survey, 2011</p>	<p>3.4.1 Ensure fresh fruits and vegetables are offered to students for breakfast, lunch and vending machine options in school settings.</p> <p>Performance measure: Report from school district food contractor.</p> <p>3.4.2 Replace sugary drinks in vending machines or remove vending machines from schools.</p> <p>Performance measure: Number of vending machines restocked or removed from schools.</p>	<p>Outcome indicator: Percentage of students who report being overweight (MT Youth Risk Behavior Survey, county-level data for middle and high school students)</p>
<p>Objective 3.5:</p> <p>By 2016, reduce percentage of adult residents who report having asthma symptoms from 9.1% to 7% by improving air quality.</p> <p>Baseline: MT Behavioral Risk Factor Surveillance System, 2005-2008 average</p>	<p>3.5.1 Promote installation and use of EPA-approved woodstoves.</p> <p>Performance measure: Record of promotional materials and media counts.</p> <p>3.5.2 Reduce exposure to tobacco smoke through policies and education</p> <p>Performance measure: Number of referrals to Montana Tobacco Quitline; number of policies for tobacco-free spaces.</p>	<p>Outcome indicator: Percentage of adults reporting asthma symptoms (MT BRFSS)</p>

WHAT YOU CAN DO

- Balance your intake of calories with increase physical activity to manage your body weight.
- Avoid eating oversized food portions.
- Eat plenty of fruits, vegetables and whole grains; switch to fat-free or low-fat (1%) milk; choose foods with less sodium; and drink water instead of sugary drinks.
- Engage in at least 2.5 hours of moderate-intensity activity each week (adults) or at least 1 hour of activity each day (children).

Priority four: Maternal & Child Health

Improving the well-being of pregnant mothers, infants, children, and families is an important public health goal for the county, state, and nation. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health-care system.

Pregnancy can provide an opportunity to identify existing health risks in women and prevent future health problems for women and their children. These health risks may include:

- heart disease and high blood pressure
- diabetes
- depression
- genetic conditions
- sexually transmitted diseases
- tobacco use and alcohol abuse
- inadequate nutrition
- unhealthy weight

The risk of maternal and infant deaths and pregnancy-related complications can be reduced by increasing access to quality care for women before, between, and during pregnancies. And healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and help children to reach their full potential.



Finally, there is increasing recognition that policy, research, and clinical practice play a key role in the ability of communities to provide the physical, cognitive, and social-emotional foundation for lifelong health, learning, and well-being. Children raised in safe and nurturing families and neighborhoods, free from maltreatment and other social adversities, are more likely to be successful adults.

Vaccination is one of the best ways parents can protect infants, children, and teens from 16 potentially harmful diseases. Vaccine-preventable diseases can be very serious, may require hospitalization, or even be deadly – especially in infants and young children.

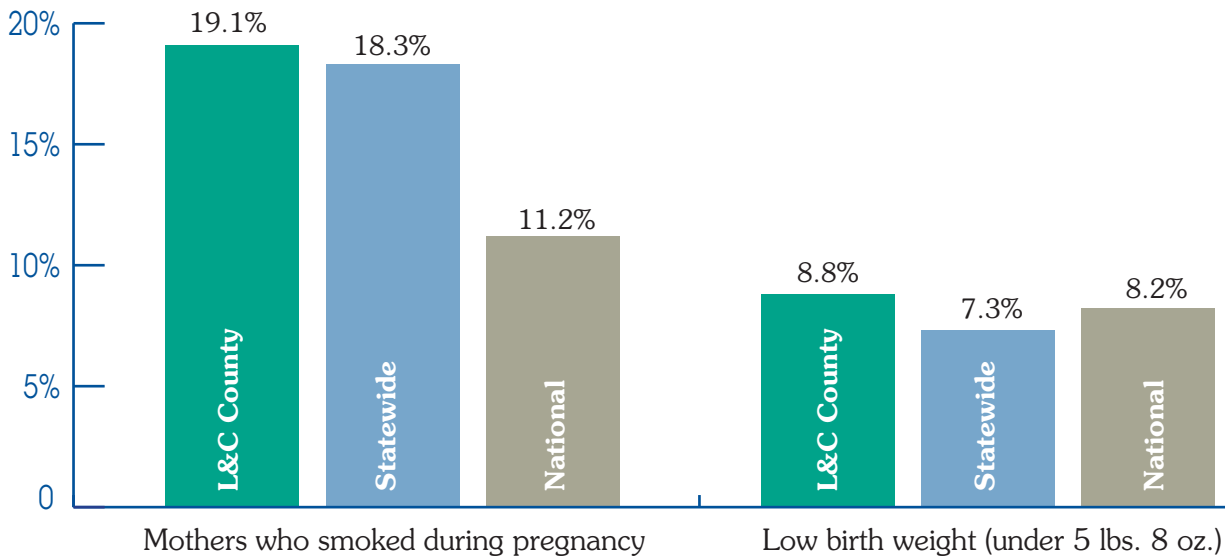
Most parents today have never seen first-hand the devastating consequences that vaccine-preventable diseases have on a family or community. While these diseases are no longer common in the United States, they persist around the world. It's important that we continue to protect our children with vaccines because outbreaks of vaccine-preventable diseases can and do occasionally occur in this country.

Why Focus on Improving Maternal and Child Health?

Although overall tobacco use has declined in Lewis and Clark County over the past two decades, an unacceptably high number of pregnant women continue to smoke (19.1%).

According to the March of Dimes, pregnant women who smoke cigarettes are nearly twice as likely to have a low-birth weight baby as women who don't smoke. Low birth weight is when a baby is born weighing less than 5 pounds, 8 ounces. Some low birth weight babies are healthy, even though they're small. But being low birth weight can cause serious health problems for some babies.

Vital statistics do indicate that a higher percentage of mothers in Lewis and Clark County gave birth to low birth weight babies than in the state and nation as a whole.



US and Montana Vital Statistics, 2004-2008

Finally, task force members were concerned by the number of young people in the county who are sexually active but do not use condoms (10% of middle school students, 28.9% of high school students). Data on other types of protection, such as birth control pills, were not included in the 2011 County Health Report and so were not addressed by the task force.

Community priorities with regard to maternal and child health focused on two primary goals:

1. Improve the health and well-being of women, infants, and children in Lewis and Clark County.
2. Prevent unintended pregnancies among youth.

Goal: Improve the health and well-being of women, infants, and children in Lewis and Clark County

OBJECTIVES	STRATEGIES	MEASURING SUCCESS
<p>Objective 4.1: By 2016, reduce the percentage of women who smoke during pregnancy from 19.1% to 14.1%.</p> <p>Baseline: MT Vital Statistics, 2003-2007 average</p>	<p>4.1.1 By 2014, determine percentage of prenatal care settings in county that order or provide tobacco cessation counseling during prenatal care visits. Performance measure: Comprehensive list of prenatal care settings in Lewis and Clark County that provide/do not provide tobacco cessation counseling during prenatal visits created in 2014 (baseline) and 2016.</p> <p>4.1.2 By 2016, increase tobacco use cessation counseling programs offered in prenatal care settings by 5%. Performance measure: Inventories in 2014 and 2016 of prenatal care settings that provide tobacco cessation counseling.</p>	<p>Outcome indicator: Percentage of women smoking during pregnancy (MT Vital Statistics)</p>
<p>Objective 4.2: By 2016, increase the percentage of children ages 19-35 months who are fully immunized from 75% to 80%.</p> <p>Baseline: DPHHS 2010 clinic assessment of Lewis and Clark County Vaccine for Children providers (75.3%) Healthy People 2020 goal: 80%</p>	<p>4.2.1 By 2014, determine percentage of ambulatory-care vaccine providers that use reminder and recall systems. Performance measure: Completed inventory of vaccine providers using reminder and recall systems.</p> <p>4.2.2 By 2016, increase ambulatory care vaccine providers that use reminder and recall systems by 5% over 2014 baseline. Performance measure: Data from vaccine providers using reminder and recall systems.</p>	<p>Outcome indicator: Percentage of children fully immunized (DPHHS clinic assessment of Lewis and Clark County Vaccine for Children providers)</p>
<p>Objective 4.3: By 2016, reduce the percentage of babies born at low birth weight (under 5 lbs. 8 oz.) from 8.8% to 7.8%.</p> <p>Baseline: MT Vital Statistics, 2004-2008 average</p>	<p>4.3.1 By 2016, increase participation in WIC and home visiting services by pregnant women by 5%. Performance measure: WIC and home visiting visitation data.</p> <p>4.3.2 Promote available resources that provide education and information on healthy pregnancy. Performance measure: Promotional materials used to educate and inform.</p>	<p>Outcome indicator: Percentage of babies born low birth weight (MT Vital Statistics, county-level data)</p>

Goal: Prevent unintended pregnancies among adolescents.

OBJECTIVES	STRATEGIES	MEASURING SUCCESS
<p>Objective 4.4: By 2016, increase the percentage of high school and middle school youth who used a condom during last sexual intercourse.</p> <p>Middle school: 10 to 15% High school: 28.9% to 34%</p> <p>Baseline: MT Youth Risk Behavior Survey, 2011</p>	<p>4.4.1 By 2014, identify where free condoms are available to youth in Lewis and Clark County.</p> <p>Performance measure: Survey of community social service and health agencies</p> <p>4.4.2 By 2016, increase by 10% the locations where free condoms are available to youth in Lewis and Clark County over baseline determined in 2014.</p> <p>Performance measure: Survey of community social service and health agencies</p>	<p>Outcome indicator: Percentage of youth reporting condom use (MT Youth Risk Behavior Survey, county-level data for middle and high school)</p>

Maternal and Child Health Partners and Resources

- | | |
|--|---|
| <ul style="list-style-type: none"> Career Training Institute Family Outreach Florence Crittenton Home Friendship Center Healthy Mothers Healthy Babies Helena Family YMCA Lewis and Clark City-County Health Department March of Dimes Offices of Public Assistance Options Women’s Clinic Planned Parenthood St. Peter’s Hospital | <ul style="list-style-type: none"> St. Peter’s Medical Group Beauty salons Churches City parks and recreation sites Civic organizations Fast food businesses Gaming businesses Movie theaters OB/GYN care providers Schools (including Carroll College, Helena College) Social media Workplaces Youth hangouts |
|--|---|

WHAT YOU CAN DO

- Breastfeed babies exclusively for the first 6 months after birth when able.
- Ensure that your children get all recommended vaccinations at appropriate ages.
- If you use tobacco and plan to have children, use cessation services like the Montana Tobacco Quitline (1-800-QUIT-NOW) to help you quit before pregnancy.

Priority five: Access to Health Care

Access to comprehensive, quality health-care services is important for the achievement of health equity and for increasing the quality of health for all. It impacts overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps:

- 1) Gaining entry into the health-care system;
- 2) Accessing a health-care location where needed services are provided; and
- 3) Finding a health-care provider the patient can trust and communicate with.

Why Focus on Improving Access to Health Care?

Just over 42% of the adults surveyed in the St. Peter's Hospital service area reported some type of difficulty or delay in getting health-care services in the past year, and lower-income residents had even more trouble. A total of 4.9% of parents said there was a time in the past year when they needed medical care for their child but were unable to get it. This is similar to national findings.

Of the barriers mentioned during the survey, difficulty getting a medical appointment impacted the greatest share of adults in the Hospital service area (23.7% said they had trouble getting a medical appointment in the past year). As might be expected, adults without health insurance were much more likely to report access barriers when compared to the insured population, particularly those related to cost.

Many participants in the Hospital focus group were concerned about access to health care, with discussion centering primarily around barriers to health care, rural and frontier communities, lack of primary-care providers, and cost. Focus group participants believed that residents encounter several of these barriers when trying to access health-care services. Much of the Hospital service area is considered rural or frontier, so the travel distance to Helena and limited transportation options impact the ability to access health-care services. Outside of the Helena Valley, there is no public transit for residents who don't have a car.

Focus group participants also stressed the difficulty in recruiting and maintaining physicians. Currently, the number of primary-care providers in the community is low, which affects residents' ability to access preventive health care. Many primary-care physicians have months-long wait times before appointments, even for community members with private insurance.

The high cost of medical care may deter some residents from accessing care. Also, patients may not return to a physician's office if an outstanding bill exists. Focus group participants said the community lacks awareness about charity care options. They also believe that "Montana pride" prevents people from admitting the need for assistance.

Focus group participants also spent time discussing the need for a broader medical-home model, similar to a medical neighborhood. This model goes beyond traditional health-care agencies to create a holistic approach to preventive and acute health-care services.

Goal: Improve access to health-care services in Lewis and Clark County.

OBJECTIVES	STRATEGIES	MEASURING SUCCESS
<p>Objective 5.1: By 2016, increase the number of primary-care providers to increase availability of medical appointments.</p> <p>Baseline: St. Peter’s physician recruiter data</p>	<p>5.1.1 By 2014, determine number of providers needed for Lewis and Clark County population. Performance measure: Comprehensive list of primary-care providers in Lewis and Clark County that are accepting patients.</p> <p>5.1.2 By 2016, increase availability of midlevel providers (physician assistants and nurse practitioners). Performance measure: Inventory of midlevel providers.</p>	<p>Outcome indicator: St. Peter’s Hospital physician recruiter data</p>
<p>Objective 5.2: By 2016, increase Helena Area Transit Service routes and checkpoints at health-care facilities.</p> <p>Baseline: HATS maps and routes, transportation plan</p>	<p>5.2.1 By 2014, determine routes and checkpoint locations needed. Performance measure: New routes and checkpoints implemented.</p>	<p>Outcome indicators: HATS maps and routes, transportation plan</p>
<p>Objective 5.3: By 2016, increase number of children receiving routine checkups.</p> <p>Baseline: Healthy Mothers Healthy Babies, Cooperative Health Center, pediatric clinics, and primary-care visits by age.</p>	<p>5.3.1 By 2014, determine percentage of children in Lewis and Clark County receiving routine checkups. Performance measure: Survey of clinics and providers. School District / Head Start data.</p> <p>5.3.2 By 2016, increase children screened by 5% over 2014 baseline. Performance measure: Provide parents education and resources. Survey of clinic care settings.</p>	<p>Outcome indicator: Survey of clinics and providers</p>

OBJECTIVES	STRATEGIES	MEASURING SUCCESS
<p>Objective 5.4: By 2016, increase awareness of health-care options for low-income residents.</p>	<p>5.4.1 Promote charity care, free and low-cost wellness screenings, financial assistance and educational programs. Track amounts of hospital charity care, Cooperative Health Center visits, God's Love clients, wellness screenings.</p> <p>Performance measure: Number of promotional materials; survey of low-cost health-care options.</p>	<p>Outcome indicators: Survey of medical providers</p>
<p>Objective 5.5: By 2016, increase number of women receiving cervical cancer screening (pap smear) from 81.7% in past three years to 85%.</p> <p>Baseline: Lewis and Clark County Health Report</p>	<p>5.5.1 By 2016, increase women screened by 5% over 2014 baseline.</p> <p>Performance measure: Provide women with education and resources, e.g., county and state Breast and Cervical Health Program.</p> <p>Performance measure: Number of promotional materials and campaigns.</p>	<p>Outcome indicator:</p>

Appendix A: Community Participants

* Indicates individuals who served only on the Hospital focus group

** Indicates individuals who served on both the Hospital focus group and Health Department task force

Charles Aagenes, Area IV Agency on Aging
Nancy Aagenes, Natural Medicine Plus*
Cindy Baril, Rocky Mountain Development Council
M.C. Beeby, Safe Routes to School
Lora Behlmer, Helena Citizens Council
James Benish, Helena Food Share*
Dr. Monica Berner, Blue Cross Blue Shield**
Verner Bertelsen, Golden Nuggets
Dr. Earl Book, St. Peter's Medical Group*
Dr. Maria Braman, St. Peter's Hospital*
Sue Buswell, Helena School District*
Rebecca Chance, Behavioral Health Unit – St. Peter's Hospital
Tammy Cloud, Valley Bank-Eastside
Patty Dahl, Head Start**
Marsha Davis, Lewis and Clark County Superintendent of Schools
Karen Dobson, Lewis and Clark City-County Health Department
Erin Drynan, Career Training Institute
Brian Garrity, Local Mental Health Advisory Council
Sharon Haugen, Helena Department of Community Development
Dr. Lee Harrison, St. Peter's Hospital*
Richard Heimbigner, Golden Nuggets
Jolene Helgerson, Lewis and Clark City-County Health Department
Mike Henderson, Lewis and Clark City-County Health Department**
Ruthie Hill, Rocky Mountain Development Council
Dan Krause, Boyd Andrew Community Services
Leon Lamoreaux, New West Medicare*
Karen Lane, Lewis and Clark City-County Health Department
Steve Larson, Helena Transit Authority System
Gene Leuwer, Rocky Mountain Development Council*
Ellen Livers, Shodair Hospital
Holly Luck, Office of U.S. Senator Max Baucus*
Tim McCauley, United Way**
Joe McClure, Montana Business Assistance Connection
Kate McCombs, YWCA
Kate McIvor, Cooperative Health Center**

Community Participants Continued

Sheilah Mevis, Child Care Partnerships
Dr. Gary Mihelish, NAMI
Billie Miller, Lewis and Clark County resident
Kathy Moore, Lewis and Clark City-County Health Department
Suzanne Morgan, AWARE
Tracy Moseman, Youth Connections Coalition
Drenda Niemann, Lewis and Clark City-County Health Department**
Brie Oliver, Lewis and Clark City-County Health Department
Dr. Michael Palcisko, Helena Pediatric Clinic*
Molly Protheroe, Local Mental Health Advisory Committee
Melanie Reynolds, Lewis and Clark City-County Health Officer**
Frank Rives, Lewis and Clark County Planning Department
Dr. Jeff Roush, Natural Medicine Plus
Jenny Senn, Youth Connections Coalition
Jaymie Sheldahl, Head Start
Gayle Sheldon, Lewis and Clark City-County Health Department
Dr. Robert Shepard, Retired family practice physician
Barbara Sheridan, Helena Area Transit System
Gayle Shirley, Lewis and Clark City-County Health Department
Howard Skjervem, NorthWestern Energy
Coleen Smith, Youth Connections Coalition
David Smith, Helena Family YMCA
Paul Spengler, Lewis and Clark County Disaster and Emergency Services
Peggy Stebbins, St. Peter's Hospital
Amy Tenney, Boyd Andrew Community Services
Norma Tirrell, Lewis and Clark County resident
Kathleen Trudnowski, Carroll College Health and Wellness Services
Jeanne Underhill, Lewis and Clark City-County Health Department
Ken Wallace, Lewis and Clark City-County Board of Health
Mignon Waterman, Lewis and Clark County resident
Anne Weber, Lewis and Clark City-County Board of Health
Robert Worthy, Helena Public Schools Food Service

Appendix B: Resources

2011 Community Health Report.

Lewis and Clark City-County Health Department, Helena, MT.

NOVEMBER 2011.

http://www.lccountymt.gov/fileadmin/user_upload/Health/Documents/2011-health-assessment-insides.pdf

2012 PRC Community Health Needs Assessment Report, St. Peter's Hospital Service Area.

Professional Research Consultants, Inc., Omaha, NE.

FEBRUARY 2013.

http://www.stpetes.org/sites/default/files/CHNA_Report.pdf

Big Sky. New Horizons. A Healthier Montana.

Montana Department of Public Health and Human Services, Helena, MT.

MARCH 2013.

<http://www.dphhs.mt.gov/ship/documents/StateHealthImprovementPlan.pdf>

Community Health Improvement Planning website.

Lewis and Clark City-County Health Department, Helena, MT.

<http://www.lccountymt.gov/health/about-the-department/health-improvement-chip.html>

Healthy People 2020.

U.S. Department of Health and Human Services.

<http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

National Prevention Strategy.

National Prevention Council, Washington, DC:

U.S. Department of Health and Human Services, Office of the Surgeon General,

JUNE 2011.

<http://www.surgeongeneral.gov/initiatives/prevention/strategy/index.html>

The Surgeon General's Vision for a Healthy and Fit Nation.

U.S. Department of Health and Human Services,

2010.

<http://www.surgeongeneral.gov/initiatives/healthy-fit-nation/obesityvision2010.pdf>

If you would like to participate in our next community health-improvement planning process, contact the Lewis and Clark City-County Health Department at healthinfo@lccountymt.gov



1930 9th Ave.
Helena, MT 59601

ph: (406) 443-2584
fax: (406) 457-8990

healthinfo@lccountymt.gov
www.lewisandclarkhealth.org



2475 Broadway
Helena, MT 59601

(406) 457-4180
www.stpetes.org