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Yellowstone County Community Health Improvement Plan
6-month progress report, July 1, 2015 -December 31, 2015

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Yellowstone County Community Health Improvement Plan Progress Report

Third 6 months: July1 – December 31, 2015

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Yellowstone County Community Health Improvement Plan

6-month progress report, July 1, 2015 - December 31, 2015



The Alliance of **Billings Clinic**, Yellowstone City County Health Department dba **RiverStone Health**, and **St. Vincent Healthcare** is an affiliated partnership consisting of the Chief Executive Officers from these three health organizations whose vision states *“Together we improve the health of our community, especially those who are underserved and most vulnerable, in ways that surpass our individual capacity.”*

In 2005, the Alliance sponsored the first comprehensive Yellowstone County Community Health Needs Assessment (CHNA). The Alliance contracted with Professional Research Consultants, Inc. (PRC) to perform the assessment which included focus groups with community leaders and surveys of 400 community members using the random-digit-dialing method. This process was repeated in both 2010-11, and 2013-14 when CHNAs were once again conducted utilizing the same methodology.

Following the 2013-14 CHNA, opportunities were identified, a Community Forum voting process occurred, and CHNA Advisory Committee validated the results. Three areas then emerged as the priority community health needs:

- a. **Healthy Weight**-The key areas of concern noted in the 2014 Community Health Needs Assessment include: overweight/obesity prevalence and physical activity levels. Additional concerns were noted during the Community Health Forum held in February 2014 as part of the priority setting process. These include: a desire to focus on children and address modifiable behaviors and food security issues.
- b. **Access to Health Services**-The key areas of concern noted in the 2014 Community Health Needs Assessment include: lack of healthcare coverage for ages 18-64 years, barriers to accessing healthcare services, and access to dental care, especially for low-income households. Additional concerns were noted during the Community Health Forum held in February 2014 as part of the priority setting process. These include: jointly addressing access-related policy issues, promoting primary care and offering or identifying points-of-entry into care and healthcare navigation.
- c. **Mental Health, Mental Disorders and Substance Abuse**-Mental Health: The key areas of concern noted in the 2014 Community Health Needs Assessment include: suicides, access to mental health treatment and resources for mental health treatment. Additional concerns were noted during the Community Health Forum held in February 2014 as part of the priority setting process. These include: coordination of services, lack of services, developing common strategies, communication, access, stigma associated with mental health problems, and youth resources. Substance Abuse: The key areas of concern noted in the 2014 Community Health Needs Assessment include: Cirrhosis/liver disease deaths, chronic alcohol use, drug-related deaths, and availability of substance abuse treatment. Noted during the Community Health Forum held in February 2014 was untreated patient populations and their interactions; need for preventive measure reimbursement, need to increase addiction prevention education in schools, need to educate on the environmental impact caused by those who are addicted, and consideration of policy work around Driving Under the Influence (DUIs).

These identified priorities formed our goals. Community experts reviewed the correlating drafted objectives. Goals and objectives were then approved by the Alliance and strategies, based on community input, were identified. The Community Health Improvement Plan was adopted June 30, 2014. Each priority area workgroup has reviewed and approved the strategies written into the plan. Revisions to any strategies are noted in the included workplans. A six-month progress report was published in January 2016, for the period of July 1-December 31, 2015. This is the third six-month progress report for the 2014-2017 Community Health Improvement Plan.

Community Health Improvement Plan

Access to Health Services	Goal: Improve Access to Health Services	Question	Data			Goal 2017
			2005	2010	2014	
	Objectives:					
	By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%	[Adults 18+] Specific source of ongoing care	84.0%	82.0%	81.7%	85%
	By 2017, the proportion of adults in Yellowstone County who have visited a dentist or dental clinic in the past year will increase from 62.9% to 69%	About how long has it been since you last visited a dentist or a dental clinic for any reason?	63.9%	70.0%	62.9%	69%
	By 2017, the proportion of adults in Yellowstone County who are without health insurance will decrease from 16.7% to 15%	[Adults 18-64] Insured Status	13.1%	18.6%	16.7%	15%
	By 2017, decrease proportion of adults in Yellowstone County who have used the ED more than once in past year from 5.8% to 5.2%	In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission.	7.3%	8.6%	5.8%	5.2%



2014-17 Workgroups Update **CHIP Goal: Improve Access to Health Services**

Workgroup Structure Updates

Access to Health Services Workgroup

We are convening this workgroup on a quarterly basis and continue to focus on our outlined strategies. We continue to seek engagement from healthcare providers beyond the three Healthy By Design sponsoring entities (Billings Clinic, RiverStone Health and St. Vincent Healthcare). Billings Area Indian Health Services, Rocky Mountain Tribal Leaders Council and the Veteran's Administration have been invited. We are also interfacing with the Montana Family Medicine Residency through informal case studies offered at each meeting.

A newly formed advisory group of this workgroup is the Super Utilizer Advisory Group, which is connecting the work of the grants supporting the examination and understanding of "super utilizer" patients in our community. Defining this patient profile centers around multiple emergency room visits and/or in-patient stays in one year due to ambulatory conditions. This work is now aligning with the Health Information Exchange pilot sponsored by Blue Cross Blue Shield.

Another sub-set of this workgroup is the Medication Assistance Program task group. With a charge of streamlining and offering consistent effective practices for medication assistance across the community, this team is meeting on an as-needed basis and includes the Alliance's three pharmacy directors in addition to others as needed.

Care Transitions Coalition

This coalition is sponsored by Mountain Pacific Quality Health, a quality improvement organization focused on decreasing the cost of local Medicare patients by addressing care transitions and re-admissions of its population. This coalition is currently serving as the "boots on the ground" or "frontline" voice for a larger community conversation about how to appropriately manage complex patients who may be frequenting our hospitals and emergency departments. The chairs of this coalition are serving as representatives involved in the Super Utilizer Advisory Group to help keep the work of Healthy By Design strongly connected to the Care Transitions Coalition. Healthy By Design staff are also attending the coalition meetings.

Interface with community and other priority areas

In recognition of other work underway, we recognize the strong connection to our Mental Health and Substance Abuse priority as we pursue work with those complex patients in our community. Related to both priorities, we continue to seek alignment with the Community Innovations Project efforts focused on downtown.

Priority: Access		Goal: Improve Access to Health Services
Workgroup	Core Activity Summary	Access Objectives and Strategies
Access to Health Services	<p>An on-going quarterly meeting are occurring with attendees from entities such as Indian Health Services and Veteran's Affairs invited to take part</p> <p>Partnership with Montana Family Medicine Residency on the Community Health Needs Assessment and patient case study presentations continues.</p> <p>Open enrollment for insurance continues through the end of January '16. With Medicaid Expansion passed, the Montana HELP plan benefits/parameters is being rolled out.</p>	<p><u>Objectives</u></p> <ul style="list-style-type: none"> • By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%. (HP AHS-5) (4.03% change); Question: Is there a particular place that you usually go if you are sick or need advice about your health? If Yes, what kind of place is it: A Hospital-Based Clinic, A Clinic That is NOT Part of a Hospital, An Urgent Care/Walk-In Clinic, A Doctor's Office, A Hospital Emergency Room, Military or Other VA Healthcare, or Some Other Place. For the next assessment, we will be redefining "on-going care". • By 2017, the proportion of adults in Yellowstone County who have visited a dentist or dental clinic in the past year will increase from 62.9% to 69% (HP AHS 6.3) (9.69% change; addressing key area of concern) • By 2017, the proportion of adults in Yellowstone County who are without health insurance will decrease from 16.7% to 15% (HP AHS 1.1; 10.18% change; addressing key area of concern) • By 2017, decrease proportion of adults in Yellowstone County who have used the ED more than once in past year from 5.8% to 5.2%. (10.34% change; CHNA 2014: 5.8%, 7.8% among low income households; 8.6% in CHNA '10)
Super Utilizer Advisory Group	<p>This newly formed group has agreed to align project efforts with the Health Information Exchange underway via coordination by Blue Cross Blue Shield. Initial drivers for patient characteristics and data will now center on the deliverables of the Special Innovations Project, being led by Mountain Pacific Quality Health. Additionally, a contractor will lead a gap analysis and community connection process.</p>	<p><u>Each of the following strategies support the objectives listed above:</u></p> <ul style="list-style-type: none"> • Address patient management and implementation of the Patient Centered Medical Home model by identifying high risk unassigned patients and developing a management strategy in order to increase appropriate access, produce positive health outcomes, and reduce costs • Advocate for Medicaid expansion and access to healthcare and dental service programs that assist those with financial need (e.g. Medicaid, Healthy Montana Kids, Medication Assistance Program, Community Health Access Partnership) through the development and advocacy of an Alliance legislative agenda • Promote health insurance acquisition via the Health Insurance Marketplace or other avenues at each Alliance institution and develop a collaborative strategy to educate residents of Yellowstone County about what health insurance means and how to use it effectively. (continuum of "covered to care") • Promote the Montana Family Medicine Residency, Internal Medicine Residency, Dental Residency, and Pharmacy Residency programs and consider the development of other residencies that may offer pathways to appropriate workforce development. • Explore avenues of asset mapping along the continuum of care that provides residents of Yellowstone County access to resources and services.
MAP Task Group	<p>Billings Clinic and St. Vincent are both live with the standardization of a medication assistance form for the Medication Assistance Program</p> <p>The three entities are working with both the care managers and at the pharmacy window to help with patients who cannot afford the medication or are pre identified as unable to afford the medication</p>	



2014-17 Work Plan CHIP Goal: Improve Access to Health Services

Focus Area: Access to Health Services

Workgroup: Access to Health Services

Workgroup Facilitator: Heather Fink with support from Shawn Hinz

Committee Meeting time and location: Meets quarterly

Committee Member Representative Organizations:

RiverStone Health Billings Clinic St. Vincent Healthcare Care Transitions Coalition
 Rocky Mountain Tribal Leaders Council Veteran's Affairs Mountain Pacific Quality Health Indian Health Service

Community Health Improvement Plan Objectives

- 1) **By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%.** (HP AHS-5) (4.03% change); Question: Is there a particular place that you usually go if you are sick or need advice about your health? If Yes, what kind of place is it: A Hospital-Based Clinic, A Clinic That is NOT Part of a Hospital, An Urgent Care/Walk-In Clinic, A Doctor's Office, A Hospital Emergency Room, Military or Other VA Healthcare, or Some Other Place. For the next assessment, we will be redefining "on-going care".
- 2) **By 2017, the proportion of adults in Yellowstone County who have visited a dentist or dental clinic in the past year will increase from 62.9% to 69%** (HP AHS 6.3) (9.69% change; addressing key area of concern)
- 3) **By 2017, the proportion of adults in Yellowstone County who are without health insurance will decrease from 16.7% to 15%** (HP AHS 1.1; 10.18% change; addressing key area of concern)
- 4) **By 2017, decrease proportion of adults in Yellowstone County who have used the ED more than once in past year from 5.8% to 5.2%.** (10.34% change; CHNA 2014: 5.8%, 7.8% among low income households; 8.6% in CHNA '10)

The following strategies have been revised from the CHIP authored June 2014 with input and consensus from the ad-hoc workgroup.

CHIP Objective: By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%;
 By 2017, the proportion of adults in Yellowstone County who are without health insurance will decrease from 16.7% to 15%;
 By 2017, decrease proportion of adults in Yellowstone County who have used the ED more than once in past year from 5.8% to 5.2%.

Revised CHIP Strategy	Activity	Timeline	Measurable Outcome	Person Responsible	Progress
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<p>Address patient management and implementation of the Patient Centered Medical Home model by identifying high risk patients and developing a management strategy in order to increase appropriate access, produce positive health outcomes, and reduce costs</p>	<p>Revised the strategy-two distinctive areas right now Define the target group of people.</p> <ol style="list-style-type: none"> 1. Easier to manage care of chronically ill patient-comes back to the definition of high risk patients (define) 2. First step to get a snap shot of who they are 3. Explore potential for a pilot to identify and address unassigned versus unengaged (where does insurance play a role?) <ol style="list-style-type: none"> 1. Who can define and identify these patients? <ol style="list-style-type: none"> a. Suggestion of a group of individuals that can work on a common definition of "high risk" to bring back to the group for review. b. Susan Barton-HIP at RSH, Dr. Littlefield-RSH, Deb Agnew-BC, Dr. Zavala-SVH and Alliance care transitions team input <p>May be opportunity for another group to discuss pulling together a potential pilot</p> <p>Dec. 2015:</p> <ul style="list-style-type: none"> • Funding secured for project coordination • Advisory group established for the project • Interface with Health Information Exchange pilot underway 	<p>Beginning Year 1 (2014-2017)</p>	<p>Patient data from an executed pilot that defines at-risk and results in potential model/models of community care management</p>	<p>Initial Sub-group: Zavala, Littlefield, Agnew, Neary, Manske, Hinz, Barton, Fink</p> <p>HBD Leaders; Alliance data staff and quality staff, and leadership have been engaged, as has Mountain Pacific Quality Health</p> <p>NEW: Super Utilizer Advisory Group (December 2015)</p>	<p>Meetings: initial strategy meeting occurred 1-20-14; HBDL meetings have included dialogue regarding project; planning meeting calls have occurred with Premier; MPQH presented to the Access workgroup</p> <p>Outline of pilot proposal agreed upon by the three organizations for pursuit with Montana Health Care Foundation via the state (DPHHS) and Pacific Source</p> <p>Spring 2014-Funding secured from DPHHS (MT Healthcare Foundation of \$40,000) to identify common patients who frequently use the three healthcare facilities. Through this discovery, a process for sharing data between organizations that adheres to laws and patient protections will be identified. Based on findings, a response to the specific patients discovered as well as a protocol and model for future implementation will be explored with community partners involving the existing Healthy By Design Coalition.</p> <p>Authorization of funding from Pacific Source pending signed data agreements in Summer 2015. Funding released Dec. 2015 per Alliance MOA.</p> <p>This work has interfaced with the Care Transitions (mainly advanced age population providers, and includes VA) group and identified Mountain Pacific Quality Health as a key partner. Representation is attending their monthly meeting and their leadership is attending the quarterly Access meeting. As part of a Care Transitions meeting a model/literature review of approaches was presented by April Keippel along with Commonwealth literature review presented by Lara Shadwick with MPQH. This group intends to examine how various approaches will impact Billings and their various organizations.</p>
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					<p>With identification of Premier as a planning consultant for this work, a meeting was held to determine the definition and strategy for data pulling (7-9-15). A meeting of Alliance data representatives will occur before the end of July.</p> <p>As of December 2015: Continual interface with other projects is underway. 1) Mountain Pacific secured funding from CMS to conduct a pilot using a care coordination team in Billings to begin in Aug. 2016. 2) Funding was secured from DPHHS (via Montana Health Care Foundation) and Pacific Source to support coordination of discussions and gap analysis around needs of case managers and others as well as identification of best approaches locally. 3) A Health Information Exchange Pilot conversation is underway supported by BCBS, which may provide the data needed to identify common complex patients. Some of the Super Utilizer team is interfacing with the HIE team. 4) A Community Health Worker conversation was hosted with AHEC and Rocky Mountain Tribal Leaders Council in October to define and highlight local work underway to coordinate services and interface with complex patients. This conversation aligned with additional dialogue at the state level to address training and reimbursement for Community Health Workers.</p>
<p>CHIP Objective: By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%; By 2017, the proportion of adults in Yellowstone County who are without health insurance will decrease from 16.7% to 15%; By 2017, decrease proportion of adults in Yellowstone County who have used the ED more than once in past year from 5.8% to 5.2%; By 2017, the proportion of adults in Yellowstone County who have visited a dentist or dental clinic in the past year will increase from 62.9% to 69%</p>					
Advocate for Medicaid expansion and access to healthcare and dental service programs that assist those with financial need (e.g. Medicaid,	<ul style="list-style-type: none"> Proposed pilot above will inform this work and can assist in rejuvenating MAP Partially addressed via legislative agenda <ol style="list-style-type: none"> Dental needs are still largely unmet among both Medicaid and under-insured patients 	Beginning Year 1 (2014-2017)	Patient data from an executed pilot that defines at-risk and results in potential	Alliance Pharmacy Directors Alliance legislative advocates	MAP Background and action step meeting occurred 3-27-15 Met in March with all the MAP advocates. Since then Pharmacy Directors have been meeting to address transitions in the acute

Updated: 1-25-16

<p>Healthy Montana Kids, Medication Assistance Program, Community Health Access Partnership) through the development and advocacy of an Alliance legislative agenda</p>	<ol style="list-style-type: none"> a. Increase in uncompensated care for patients b. Dental care at RSH is almost completely uninsured population c. How can coordinated care assist in serving folks involving healthcare and for profit dentists? d. Potential: Using the concept of one location for dental care and allowing all providers to staff to improve coordination for charity care <ol style="list-style-type: none"> 2. Opportunity: Improve utilization and coordination to assist with Medication Assistance Program 3. Opportunity: Work on ensuring that patients are assessed for eligibility of programs and guiding through enrollment when can occur 4. Consideration of how to better offer care coordination from the start to ensure access 		<p>model/models of community care management</p> <p>Medicaid expansion passed</p>	<p>gap of patients who are being released from the hospital. This is being modeled from North Carolina's work. It is about a 14 day time gap and includes the national poverty level. This is phase one of this work. Phase two will look at standardizing the outer clinics work with the MAP work.</p> <p>Additional task force meetings have occurred and report outs are occurring from Lonnye Finneman to broader Access Workgroup.</p> <ul style="list-style-type: none"> • A gap expressed is what medication is on this program and the providers having to guess what to prescribe to their patients. • The systems for the pharmacy and the clinic are not linked in the medical records which could cause an issue for tracking data. • There is a shared system for the long term, chronic disease medication but that does not touch the acute care sector • Using the MAP advocates at the front end instead of just the back end of the work would be beneficial • There was a decision to standardize the acute care gap <ul style="list-style-type: none"> ○ A patient medication financial assistance form was developed ○ Also looking at folks who are uninsured and underinsured <p>Dec. 2015: latest report on Medication Assistance to the Workgroup: Billings Clinic and St. Vincent are both live with the standardization of the form for Medication Assistance</p> <p>Working with both the care managers and at the pharmacy window to help with patients who cannot afford the medication</p>
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Updated: 1-25-16

					<p>or are pre identified as unable to afford the medication</p> <p>-----</p> <p>Dec. 2015: Report from Barbara Schneeman Medicaid Expansion (Montana HELP Plan)</p> <p>Additional Healthcare Benefits (administered by DPHHS):</p> <ul style="list-style-type: none"> · Vision Services · Dental Services · Hearing Aids Services · Audiology Services · Transportation Services · Indian Health Services/Tribal Health Services · Federally Qualified Health Center Services · Rural Health Clinic Services · Diabetes Prevention Program <p>Cost:</p> <ul style="list-style-type: none"> · No or low monthly premiums depending on your income. · Small co-pays for doctor visits, with no co-pays for preventive services such as health screenings, help to quit smoking, or flu shots. · No out-of-pocket above 5% of your total income
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Promote health insurance acquisition via the Health Insurance Marketplace or other avenues at each Alliance institution and develop a collaborative strategy to educate residents of Yellowstone	<ol style="list-style-type: none"> 1. It is being addressed during the current enrollment period. 2. Opportunity: Collectively can work and focus around education related to insurance <ol style="list-style-type: none"> a. Follow up with Alliance staff to identify individuals who can assist in future PR/ed campaign 	Beginning Year 1 (2014-2017)	Increased enrollment	Each institutions enrollment personnel have taken the lead on this	<p>2014 enrollment period occurred and successfully increased number of insured residents.</p> <p>RiverStone Health has shifted their enrollment advocates to a broader Community Care Coordinator model allowing for additional work on referral and</p>
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Updated: 1-25-16

<p>County about what health insurance means and how to use it effectively. (continuum of “covered to care”)</p>	<p>b. Utah has a statewide campaign to potentially pull ideas from related to education and outreach</p> <p>c. Education could focus on specifics related to identifying topics that may be misunderstood or unknown to the uninsured and insured.</p> <p>Who can help address needs and resources regarding health insurance?</p> <ul style="list-style-type: none"> • Combination of communication staff and counselors • Resource advocates (look at social determinants of health)? • Planned Parenthood? Tribal leaders? • A group of Certified Application Counselors has been meeting 				<p>resource identification of patients and clients.</p> <p>It is recognized that various community health worker/advocate type programs exist across Yellowstone County. Individuals in these roles will be key to educating our residents.</p> <p>December 2015: report given by Barbara Schneeman at latest workgroup meeting indicated</p> <p>2016: Enroll November 1, 2015 – January 31, 2016</p> <p>Eligibility: 100 – 400% of FPL for advance premium tax credits (APTC)</p> <p>1 person: \$11,770 – \$47,080</p> <p>2 people: \$15,930 – \$63,720</p> <p>3 people: \$20,090 – \$80,360</p> <p>4 people: \$24,250 – \$97,000</p> <p>2015: 54,266 Montanans enrolled (Yellowstone County: 5,347)</p> <ul style="list-style-type: none"> • 84% (45,583 people) qualified for an average tax credit of \$230 per month • 54% paid \$100 or less per month after tax credits • 78% of individuals with a Marketplace plan selection had the option of selecting a plan for \$100 or less per month • 36% of people (19,507) were under the age of 35 <p>2016 Marketplace enrollment: 55,519 (through Christmas)</p> <p>Penalties for being uninsured increase on 2016 taxes: \$695 or 2.5% of income, whichever is higher</p>
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 By 2017, the proportion of adults in Yellowstone County who have visited a dentist or dental clinic in the past year will increase from 62.9% to 69%

<p>Promote the Montana Family Medicine Residency, Internal Medicine Residency, Dental Residency, and Pharmacy Residency programs and consider the development of other residencies that may offer pathways to appropriate workforce development.</p>	<ol style="list-style-type: none"> 1. Opportunities may come from coordination of providing care to high risk patients with various residencies- charity care built into a rotation? 2. Family Practice Residency-cross all borders of care-is there opportunity to pilot use of this group to address care coordination? 	<p>Beginning Year 1 (2014-2017)</p>	<p>Full residency programs</p>	<p>Staff from each residency program</p>	<p>Work has begun by Community Health and Population Health leadership to educate the Montana Family Practice Residents (MFMR) on the Community Health Needs Assessment as a requirement of their program. Education to residents continues to be scheduled regularly.</p> <p>Typically one MFMR resident or faculty is participating in the Access Workgroup meetings to provide a patient story to the group.</p> <p>MFMR was established in 1995 to help meet Montana's shortage of primary care physicians. The residency is based out of RiverStone Health, where clinic is held in the Federally Qualified Health Center with partners, Billings Clinic and St. Vincent Healthcare. 24 residents are currently in the program. Patients are in inpatient and obstetric settings, including emergency department, intensive care unit, maternal-fetal medicine, and other specialty groups.</p> <p>Internal Medicine Residency</p> <ul style="list-style-type: none"> • This is managed at Billings Clinic at a significant cost (loss) to the organization, in support medical education and increased access to internal medicine specialists • Dr. Virginia Mohl is the DIO with a full faculty of internists serving as teachers and leaders • Currently 19 IM doctors/residents work at Billings Clinic and Hospital facilities <p>Dental Residency is overseen by the MFMR board, which has representation from each Alliance partner.</p> <p>Pharmacy Residency</p> <ul style="list-style-type: none"> • Billings Clinic precepted/taught 47 pharmacy graduate students in the past
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Updated: 1-25-16

					<p>year and 3 full-time pharmacy residents at the Billings Clinic Pharmacy Residency Program last year</p> <ul style="list-style-type: none"> St. Vincent Healthcare had 2 pharmacy residents (July 2015-June 2016). In 2015, St. Vincent Healthcare had 18 pharmacy students for a total of 96 weeks.
<p>CHIP Objective: By 2017, the proportion of adults in Yellowstone County who have a specific source of ongoing care will increase from 81.7% to 85%; By 2017, the proportion of adults in Yellowstone County who have visited a dentist or dental clinic in the past year will increase from 62.9% to 69%</p>					
<p>Explore avenues of asset mapping along the continuum of care that provides residents of Yellowstone County access to resources and services.</p>	<ol style="list-style-type: none"> 1. MT 211 can be a resource 2. Challenges related to logistics about inputting data 3. Providing an alternative to hard copy directories 4. This can serve as a resource for care coordination 5. Currently supporting United Way in assessment, redesign, entry and exploration of call center through grant and staff resources (Dec. '15) 6. Additionally GIS mapping may be a resource? 	<p>Beginning Year 1 (2014-2017)</p>	<p>Populated MT 211</p>	<p>Work with DE-STRESS project and Mental Health Workgroup</p>	<p>Staff at United Way presented Montana211 to the Healthy By Design Leadership</p> <p>Community Health Improvement via RiverStone Health Population Health has secured a CDC fellow to assist with 2-1-1. Fellow is interviewing other 211 programs, identifying additional directories in the community. –Dec. '15</p> <p>Via the mental health priority, the DE-STRESS grant has a deliverable of development of 2-1-1 in partnership with United Way. United Way has been authorized to re-design the Montana211.org website. DESTRESS grant funding is supporting the re-design-Dec. '15</p> <p>A resource directory available in OneNote at RiverStone Health has been identified that may help to populate content.</p> <p>Exploration of the network of Community Health Worker and Community Care Team models may inform this work as well moving forward.</p>

Community Health Improvement Plan

Healthy Weight	Goal: Improve Healthy Weight Status	Question	Data			Goal 2017
			2005	2010	2014	
	Objectives:					
	By 2017, the proportion of adults in Yellowstone County who have a healthy weight (normal BMI range: 18.5-24.9) will increase from 31.9% to 35%	Weight Status (height and weight)	35.8%	25.4%	31.9%	35%
	By 2017, the proportion of adults in Yellowstone County reporting no leisure-time physical activity in the past month will decrease from 23.7% to 21.25%	During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?	26.3%	22.4%	23.7%	21.25%
	By 2017, the proportion of adults in Yellowstone County who eat 5 or more servings of fruit and vegetables per day will increase from 40% to 44%	5 or more servings of Fruits/Vegetables per day	34.9%	40.6%	40.1%	44%
	By 2017, the proportion of Children in Yellowstone County who are physically active for one or more hours per day (ages 2-17) will increase from 42.8% to 47%	During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?	Not asked	Not asked	42.8%	47%



2014-17 Workgroups Update **CHIP Goal: Improve Healthy Weight Status**

Workgroup Structure Updates

Built Environment and Health Equity

In December 2015, the co-leads of the Built Environment and Health Equity workgroups determined to merge into one workgroup (name to be determined) based on alignment of goals, activities, and objectives. By blending, this newly formed workgroup will be better poised to leverage respective workgroup member time, energy, and resources to increase their potential for collective impact. The workgroup work plans have not yet been merged. Workgroup members will seek to define a shared mission, vision, and values, as well as collaborative activities in early 2016, while still honoring prior initiatives such as active transportation, walkable neighborhoods, Active Living Every Day classes, and the Gardeners' Market at South Park.

Ready Community Workgroup

Recognizing a unique opportunity to collaborate on the issue of hunger in our community, the Healthy By Design Coalition has co-initiated a more formal partnership with the Best Beginnings Council of the United Way of Yellowstone County to co-convene the Ready Community workgroup. This workgroup is focused on decreasing the number of Yellowstone county children who arrive at school hungry as well as increasing access to healthy, nutritious food among low income Yellowstone County families. This initiative is currently under development and a future work plan will be included in the next CHIP progress report under the Healthy Weight priority.

Wellness

The Wellness workgroup remains unchanged and will continue to focus on worksite wellness and event recognition.

Other Healthy Weight Initiatives

Members of the Healthy Weight workgroups continue to collaborate with other community partners and organizations in Yellowstone County, some of which is not captured within a specific workgroup. One such project is the Healthy Kids, Healthy Families initiative, funded by a grant from Blue Cross Blue Shield of Montana and co-coordinated by Healthy By Design and Big Sky State Games. This project aims to promote lifestyle-based wellness, with an emphasis on physical activity and nutrition, among middle school and high school age students in Yellowstone County through the development of a School Wellness Champion model.

Healthy Weight Workplans Overview

Healthy Weight		Goal: Improve Healthy Weight Status
Workgroup	Core Activities	Healthy Weight Objectives (HWO) and Strategies
Built Environment	<p>Complete Streets: Support implementation of the city's 2011 Complete Streets policy through the 2016 Benchmark Report update and development of tools</p> <p>Complete (Walkable) Neighborhoods: Investigate walkability and connectivity of Billings-area neighborhoods to promote physical activity and access to resources</p>	<p>HWO 1: Increase percentage of people that have received advice about weight by a doctor, nurse, or other health professional (<i>Note – this work was previously undertaken by the Healthy Weight workgroup, which is no longer active</i>)</p> <ul style="list-style-type: none"> · Increase number of primary care patients who have had their Body Mass Index (BMI) calculated · Increase number of patients having healthy weight plan with BMI outside of healthy range <p>HWO 2: Decrease percentage of people with no leisure-time physical activity in past month</p> <ul style="list-style-type: none"> · Increase the number of workplaces adopting Healthy By Design physical activity guidelines (Health Equity, Wellness) · Increase the proportion of commuters who use active transportation (i.e. walk, bicycle and public transit) to travel to work (Built Environment, Health Equity, Wellness) · Increase awareness of gender-based physical activity disparities (Health Equity) · Support Yellowstone County area school-based efforts to increase students' physical activity (Built Environment, Health Equity) <p>HWO 3: Increase number of people that eat 5 or more servings of fruit and vegetables per day</p> <ul style="list-style-type: none"> · Increase the number of workplaces adopting Healthy By Design nutrition guidelines (Health Equity, Wellness) · Increase the number of community events applying for and achieving Healthy By Design recognition (Wellness) · Advocate for access to healthy foods for low-income individuals and families (i.e. WIC, SNAP, food pantries, etc.) (Built Environment, Health Equity, Ready Community) · Support Yellowstone County area school-based efforts to increase students' daily consumption of fruits and vegetables (Built Environment, Health Equity, Ready Community) <p>Overarching strategies:</p> <ul style="list-style-type: none"> · Promote the use of the 5-2-1-0 awareness campaign (Health Equity, Wellness) · Support the valuation of the built environment as it relates to health and safety (Built Environment)
Health Equity	<p>Gardeners' Market: Facilitation of weekly Gardeners' Market at South Park from June through October</p> <p>Active Living Every Day class series/Office of Women's Health Project: Promote physical activity, with a focus on gender-based physical activity opportunities, through a 10-12 week class series</p>	
Wellness	<p>Worksite Wellness Demonstration Project: Partner with small area business to pilot a series of worksite wellness practices, rooted in policy, systems, and environmental interventions to create a culture of wellness</p> <p>Recognition (Event): Encourage local event organizers to promote events that meet Healthy By Design criteria, further exploration into recognition of food vendors, businesses, etc.</p> <p>Online Resource Development: Development and/or tailoring of wellness tools for community use</p>	
Ready Community*	Anticipated efforts will focus on increased access to food for low income residents including an examination of food distribution resources and sites.	

* Co-convened by Healthy By Design and the Best Beginnings Council of the United Way of Yellowstone County



2014-17 Work Plan

CHIP Goal: Improve Healthy Weight Status

Focus Area: Built Environment

Workgroup: Built Environment

Workgroup Mission/Purpose Statement:

Mission – To promote and improve our community's health by focusing on the places we live, work, and play.

Vision – A healthy community design makes the healthy choice the easy choice by enhancing safety and social well being, providing convenient access to affordable, nutritious food resources, enabling active transportation options, and nurturing a healthy economy.

Objectives - To advocate for public policy, systems, and environmental change that will foster healthy community design.

Projects: Complete Neighborhoods (2015-17), Complete Streets Benchmark Update (2016)

Workgroup Leaders: Melissa Henderson, RiverStone Health; Lora Mattox, City-County Planning; & Dave Green, City-County Planning

Committee Meeting time and location: Semi-monthly at RiverStone Health (meeting time and date varies)

Committee Member Organizations (member names available upon request):

Big Sky Economic Development
Billings Action for Healthy Kids
Billings Clinic
Billings TrailNet
City County Planning

Downtown Billings Association
MET Transit
Montana Department of Transportation
Parks and Recreation
Public Works

CHIP Strategy	Activity	Timeline	Measurable Outcome	Person Responsible	Progress
Support the valuation of the built environment as it relates to health and safety (CHIP objectives 1- 4)	Present to community groups (e.g. Neighborhood Task Forces) promoting the association of healthy built environment design and health/safety	October 2014 – October 2015; ongoing	# of presentations given	Presentation development – Melissa and Juliet Outreach - workgroup members	In progress – 11 presentations 2014: 10/9/14 Adjacent Neighborhood Task Force meeting, 7/15/14 MedStart high school health careers camp, 10/20/14 MSU-B Population-based Nursing class, 10/21/14 West End Task Force 2015: 1/15/15 South Side Task Force, 3/16/15 MSU-B population based nursing class, 6/17/15 Central Terry TUNE UP meeting, 7/14/15 MedStart high school health careers camp, 8/5/15 RiverStone Health MT Family Medical Residency, 9/29/15 Rocky Mountain College class, 10/5/15 MSU-B population-based nursing class
	Participate in the development of the 2014 Growth Policy update for Yellowstone County/City of Billings	October 2014 – October 2016	New growth policy will build upon the 2008 community health component and establish updated implementation strategies for improvements to community health	Candi, Melissa, Wyeth	Candi is coordinating the update; Wyeth and Melissa are on the GP steering committee, which has met semi-quarterly
	Submit application for APA/APHA grant, using a group-identified evidence-based strategy to promote physical activity and/or access to nutritional, affordable foods	Cohort 1 - December 22, 2014 Cohort 2- July 31, 2015	See applications 12/22/14; 07/31/15	Cohort 1 – Co-leads, with support from CHI, WC Chapter of the APA, and MPHA; Cohort 2 – Co-leads in collaboration with CHI, WC Chapter of the APA, and MPHA	Applied, but were unsuccessful 12/21/14, applied for cohort 2 7/31/15, but unsuccessful

Identify and review existing local data sources related to health and safety (e.g. OWH focus group data, Crash the Myth campaign data, CHNA, United Way maps, etc.)	January 2014 – March 2014	Safety and health summary presentation or report	Melissa	Completed 2/1/15
Identify gaps in existing health and safety data to determine additional data to seek and/or collect	March 2015 – May 2015	List of identified gaps, shared with workgroup and external partners	Workgroup	Delayed - 2016
Support community-driven identification of perceived and real safety barriers to physical activity (e.g lead walking audits, focus group) in identified and interested neighborhood(s)	May 2015 – July 2015	# participants, # events held, identified safety barriers	Workgroup	Central Terry Photovoice project: 8 photovoice participants in 1 August 2015 event; will be expanded pending available resources. Action plan to follow.
Identify next steps to implement development code(s) to address identified need within policy and environment realms	Summer/Fall 2015	Action plan	Mobility team members of workgroup (Dave, Melissa, Kristi, and Terry)	Community Mobility team comprised of several members of workgroup, attended Community Mobility Institute in Bozeman in May 2015 and met monthly in Fall 2015. Group would like to focus on site development and or subdivision regulation changes, but meetings have been interrupted by a busy permitting season for MDT and Planning staff. Group will resume meeting in spring 2016.
Collaborate with City-County Planning on Neighborhood TUNE UP, to engage community in their awareness of built environment and health (Photovoice activity, neighborhood fun ride, public realm audits)	June – August 2015	Action plan, minutes, Photovoice flyer	Workgroup sub-committee (Candi, Wyeth, Elyse, Jeff, Melissa, Lora, Dave, and Nichole Cromwell)	Sub-committee meeting held 6/15/15 to plan presentation, TUNE UP celebration was held 8/22/15 with mild to moderate attendance due to poor weather.

	NEW Actively engage in Complete Streets Progress Report	Fall 2015 – Fall 2016	Meeting minutes, progress report, presentations given	Lead – Jeff with workgroup support	Jeff, Wyeth, Lora, Melissa, and Heather Fink have met to discuss an initial report timeline and potential alignment with the 2016-17 CHNA data collection process to streamline data sharing. Once the timeline is confirmed, the report will be broken into sections and tasks for interested workgroup members' support.
	Inform the 2016-17 CHNA by contributing suggestions for topics and metrics to consider.	November 2015 – January 2016	Meeting minutes, metrics added.	Workgroup members	Previous metrics have been shared with workgroup members, awaiting suggestions.
Advocate access to healthy foods for low income individuals and families (CHIP objectives 1, 3)	Submit application for APA/APHA grant, using a group-identified evidence-based strategy to promote physical activity and/or access to nutritional, affordable foods	Cohort 1 - December 22, 2014 Cohort 2- July 31, 2015	See application 12/22/14; 07/31/15	Cohort 1 – Melissa and Juliet, with support from CHI, WC Chapter of the APA, and MPHA Cohort 2 - Melissa, Lora and Dave in collaboration with CHI, WC Chapter of the APA, and MPHA	Applied, but were unsuccessful 12/21/14, applied for cohort 2 7/31/15, but were again unsuccessful. Additional funding and collaborative opportunities with Best Beginning Council are currently being sought.
	Collaborate with City-County Planning on Neighborhood TUNE UP, to engage community in their awareness of built environment and health (Photovoice activity, neighborhood fun ride, public realm audits)	June – August 2015	Action plan, minutes, Photovoice flyer	Workgroup sub-committee	Sub-committee meeting held 6/15/15 to plan presentation, TUNE UP celebration was held 8/22/15 with mild to moderate attendance due to poor weather.
Promote the use of active transportation where available (CHIP objectives 1, 2 and 4)	Assist in planning and promotion of annual Commuter Challenge	Challenge – May; Planning November - June	Promotional materials, action plan, surveys, participant summary	Workgroup – Kristi, Elyse, Melissa, Jeffrey, Tony, Debra, and Rusty	May Commuter Challenge was a success and incorporated more participants than previous year. 2016 Commuter Challenge planning has just begun, is currently being led by Billings TrailNet staff with several workgroup members on planning team.

	Collaborate with City-County Planning on Neighborhood TUNE UP, to engage community in their awareness of built environment and health (Photovoice activity, neighborhood fun ride, public realm audits)	June – August 2015	Action plan, minutes, Photovoice flyer	Workgroup sub-committee	Sub-committee meeting held 6/15/15 to plan presentation, TUNE UP celebration was held 8/22/15 with mild to moderate attendance due to poor weather.
Support Yellowstone County area school-based efforts to increase students' daily consumption of fruits and vegetables and increase students' physical activity levels (CHIP objective 4)	Support the work of the 2 AmeriCorps VISTA volunteers (both of whom are members of this workgroup) in their efforts to promote physical activity in schools	October 2014 – July 2015, extension TBD	TBD	Lead(s) – Maia Support – Tony, Jeff, Melissa	Planning discussions are being held to partner with Planning VISTA on a middle-school based tobacco prevention club end of year celebration in Spring 2016. This year's theme will include the promotion of physical activity in place of smoking.
	Incorporate consideration of safe routes to schools into safety review and planning above	January 2015 – July 2015	# schools included in target neighborhoods, data collection methods, action plan	Workgroup	Neighborhood Photovoice youth outreach was difficult due to summer, spring outreach to schools planned if interest is available.



2014-17 Work Plan

CHIP Goal: Improve Healthy Weight Status

Focus Area: Healthy Weight

Workgroup: Health Equity

Workgroup Mission/Purpose Statement: Address health disparities related to physical activity and nutrition.

Projects: Active Living Every Day/OWH Project and Gardener's Market

Workgroup Leaders: April Keippel and TommiLee Gallup

Committee Meeting time and location: Quarterly at Mansfield Health Education Center, St. Vincent Healthcare

Committee Member Organizations (member names available upon request):

Adult Resource Alliance
Angela's Piazza
Better Billings Foundation
Big Brothers Big Sisters
Big Sky State Games
Billings Clinic
Billings Family YMCA
Billings YWCA
Center for Children and Families
Community Health Improvement/Healthy By Design
MSU Billings
RiverStone Health
Salvation Army
St. Vincent Healthcare

CHIP Objective: By 2017, the proportion of adults in Yellowstone County reporting no leisure-time physical activity in past month will decrease from 23.7% to 21.25%.					
CHIP Strategy	Activity	Timeline	Measurable Outcome	Persons Responsible	Progress
Encourage awareness of and response to gender-based physical activity disparities including increasing awareness regarding incorporation and recognition of physical activity in everyday activity	Active Living Every Day (ALED) Classes	July 1, 2015- December 31, 2015	% of participants meeting the Aerobic Guidelines for Americans as measured on the Stage of Change Questionnaire, # of participants completing the ALED sessions, #of locations or classes offered per session, # of new partners	April Keippel, TommiLee Gallup, Amanda Golbeck, PhD, and Grant Partners	<ul style="list-style-type: none"> Approximately 75 participants enrolled in the Summer ALED session, 41 participants enrolled in the Fall ALED session, and 27 participants enrolled in the winter session. At the end of the 12-week sessions, approximately 86% of participants completing surveys were meeting the Aerobic Guidelines for Americans. Only 41% of participants reported meeting those guidelines prior to the class. 7 locations were offered in the summer, 5 locations were offered in the summer, and 3 locations were filled for the winter session. New locations this past year included a low-income senior housing complex, two churches, and a local food store.
Encourage awareness of and response to gender-based physical activity disparities including increasing awareness regarding incorporation and recognition of physical activity in everyday activity	Active Living Every Day (ALED) Facilitator Training	July 1, 2015- December 31, 2015	# of new facilitators successfully completing training, # of new facilitators successfully assigned to class session	April Keippel, TommiLee Gallup, Amanda Golbeck, PhD, and Grant Partners	Five new facilitators are in the process of completing the training with TommiLee Gallup and Tania Klein as Master Facilitator trainers.
Encourage awareness of and response to gender-based physical activity disparities including increasing awareness regarding incorporation and recognition of physical activity in everyday activity	Social Marketing Campaign	July 1, 2015- December 31, 2015	Estimated reach of campaign, Community Health Needs Assessment – Awareness of the 5, 2, 1, 0 message	April Keippel and Grant Partners	<ul style="list-style-type: none"> Radio ads ran in July on 92.5 (Mojo) and 107.5 (Twang) with estimated reach of 17,694 and 12,602 respectively. Print advertisements ran in Tidbits newspaper for 10 weeks with an estimated reach of 7,500 per week and in the December issue of Yellowstone Valley Woman Magazine with an estimated reach of 25,000 per month. A billboard was up in July and mid-December with an estimated reach of

					<ul style="list-style-type: none"> 47,909 impressions per month. Facebook ads began running in December reaching 3,882 unique individuals and generating 67 page likes.
Encourage awareness of and response to gender-based physical activity disparities including increasing awareness regarding incorporation and recognition of physical activity in everyday activity	Gardeners' Market information booth	July 1, 2015-December 31, 2015	# of market customers in attendance, # of ALED promotional posters delivered	TommiLee Gallup and Market Staff	There was an average attendance of 260 market customers during the weeks of July 2 nd through October 1 st and two separate sessions were advertised during this time period with an approximate 50 flyers distributed during both attempts of reach.
Promote the use of active transportation where available	Social Media and Gardeners' Market as event in south park location	July 1, 2015-December 31, 2015	Develop Signage Install around South Park	Parks and Recreation Staff and Market Staff	<ul style="list-style-type: none"> Conversations are currently being had to develop and post signage The merger of the Built Environment and Health Equity work groups will hopefully help to further the work of park and recreations involvement in the signage
Promote the use of active transportation where available	ALED Classes and Social Marketing Campaign	July 1, 2015-December 31, 2015	# of facilitators referencing active transportation as part of lifestyle physical activity	ALED Facilitators	Trail maps are currently provided as a resource for the ALED classes and at least half of the sessions encourage various forms of active transportation as a way to incorporate lifestyle physical activity.
Encourage workplaces adopting Healthy By Design nutrition and physical activity guidelines and developing worksite wellness policies and healthy work environments	Promotion to Health Equity Workgroup Members	Quarterly	Meeting agendas and meeting notes	April Keippel and TommiLee Gallup	In progress
Promote the use of the 5-2-1-0 awareness campaign	ALED Classes, Social Marketing Campaign, Promotional Items/SWAG	July 1, 2015-December 31, 2015	# of outreach events, distribution records for SWAG	April Keippel and TommiLee Gallup	<ul style="list-style-type: none"> Items are provided as incentives for the ALED classes Social marketing campaign is underway Outreach: Saturday live, Lucky's Impact Day, Yellowstone Cross Country Meet, Broadwater School Family Movie Night, Phillips 66 Meet and Greet in the Park, Suicide Prevention Conference, and the

					<ul style="list-style-type: none"> Holiday Parade American Public Health Association Conference presentation, Montana Public Health Association Conference presentation, Montana Public Health Association Conference posters, National Conference on Health Communication, Marketing and Media presentation, NACCHO Annual 2015 Conference poster presentation.
Promote the use of the 5-2-1-0 awareness campaign	Walking Paths and signage using the 5-2-1-0	July 2014-June-2017	Creation of signage, distribution of signage around parks	Parks and Recreation and Market Staff	This concept was written in the FMPP grant and will hopefully move forward upon receipt of funding.
CHIP Objective: By 2017, the proportion of adults in Yellowstone County who eat 5 or more servings of fruit and vegetables per day will increase from 40% to 44%.					
CHIP Strategy	Activity	Timeline	Measurable Outcome	Person Responsible	Progress
Support Yellowstone County area school-based efforts to increase students' daily consumption of fruits and vegetables and increase students' physical activity levels	Promotion of Gardeners' Market to schools and childcare facilities	March 2015-October 2015	# of distributed handbills to schools and childcare facilities	TommiLee Gallup and Market Staff	The market staff distributed approximately 3500 handbills to School District 2, Friendship House, Head start, Center for Children and Families, Big Brother Big Sisters, WIC, and the Backpack meals program. There were also digital handbills sent to the WIC department and the county school nurses.
Advocate access to healthy foods for low-income individuals and families (i.e. WIC, SNAP, food pantries, school-based approaches, The National Prevention Strategy)	Promotion of payment methods at the Gardeners' market to targeted individuals and potential market vendors	June 2015-October 2015	# of WIC and SNAP benefits redeemed at the market, # of public assistance locations that assist in promotion of the market, # of vendors at the market	TommiLee Gallup and Market Staff	<ul style="list-style-type: none"> At the completion of the 2015 Market \$1622.50 of WIC benefits have been redeemed and \$1082.00 SNAP benefits. Additionally, \$886.00 Double Up Food Buck (DUF) dollars have been distributed and redeemed as well. In planning for the 2016 Market year the WIC staff, the care coordinators at RiverStone Health and the Office of Public Instruction have been named as contacts for outreach. Currently 9 produce vendors accept SNAP benefits and 5 produce vendors accept WIC benefits.

Encourage workplaces adopting Healthy By Design nutrition and physical activity guidelines and developing worksite wellness policies and healthy work environments	Promotion to various businesses while discussing and promoting Gardeners' Market	July 1, 2015- December 31, 2015	# of presentations made to businesses	TommiLee Gallup and Market Staff	<p>Working with Melissa Henderson to distribute handbills to the worksite wellness demonstration project businesses.</p> <p>Additionally, 50 businesses have received posters and handbills in the Billings' community.</p>
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2014-17 Work Plan **CHIP Goal: Improve Healthy Weight Status**

Focus Area: Wellness

Workgroup: Wellness (Formerly Worksite and Recognition)

Workgroup Mission/Purpose Statement:

The workplace is a significant setting for health protection, health and wellness promotion, and disease prevention programs. On average, Americans working full-time spend more than one-third of their day, five days per week at the workplace. A community that is healthy by design supports businesses that incorporate employee health into their culture. Businesses that promote health at the workplace have the potential to generate more productive employees, decrease health insurance premiums, influence social norms, and promote sustained health for their employees.

By January 2017, the Wellness Workgroup will provide support and encourage businesses in Yellowstone County to adopt healthy worksites practices. The Wellness Workgroup will increase the number of businesses who adopt Healthy By Design nutrition and physical activity policies and guidelines through the following tactics: speaking engagements, on-line resources and toolkits, workplace nutrition and physical activity assessment tools, and promotion of the recognition program.

Projects: Recognition program promotion and management; on-line resource/tool development; Support BSED Demonstration Project

Workgroup Leaders: TommiLee Gallup, Community Health Improvement/RiverStone Health and Amanda Hannah, Billings Clinic

Committee Meeting time and location: Meets monthly

Committee Member Organizations (member names available upon request):

Back Pack Meals
Billings Clinic
Billings Family YMCA
Crowley Fleck PLLP
Crowley Fleck PLLP
CTA
Glacier Bank Corp

Healthy By Design/Community Health Improvement
MSU-Billings
Nutrition For the Future, Inc.
Q360 Health
RiverStone Health
St. Vincent Healthcare

CHIP Objective: all Healthy Weight Status Objectives (above) related to workplace populations					
IP Strategy	Activity	Timeline	Measurable Outcome	Person Responsible	Progress
Encourage workplaces to develop and adopt worksite wellness policies and healthy work environments	Work with restaurants/caters for Healthy By Design options	July 2015-December 2015	# of HBD approved caterers in Yellowstone County, # of HBD approved restaurants, results of annual partner satisfaction survey taken by demonstration project businesses	Workgroup members, outreach lead TBD once application is finalized	Focus was placed on providing tools to organizations to choose their food options wisely, as well as streamlining recognition application to make discussions with caterers easier.
	Facilitation and creation of wellness tools as directed by the Worksite Wellness Demonstration Project such as : <ul style="list-style-type: none"> · Catering/Ordering tip sheet · Electronic newsletter · Physical Activity break sheets · Guidance for event recognition 	Ongoing	# of tools created Results of annual partner satisfaction survey taken by demonstration project businesses	Demonstration project coordinator and TAs will present ideas, workgroup members will populate and refine identified resources	Catering tips brochure has been completed and distributed to demonstration project participants. A survey of demonstration project participants took place, and based on the results the workgroup members are currently bringing examples of systems, policies, and environment changes for various health topics to build a repository of content.
	Development of pre-packaged worksite wellness toolkits branded as Healthy By Design based on data-driven needs from the demonstration project worksites (e.g. nutrition resources, safety, tobacco cessation, stress management, etc.)	Ongoing	# of toolkits created, # of toolkits distributed, # of referrals for toolkits from other businesses (secondary outreach), results of annual partner satisfaction survey taken by demonstration project businesses	See above	See above. The workgroup is currently building the repository of content to facilitate this. Healthy catering and food tips was created and distributed.

	Provide information about relevant worksite wellness related resources (e.g. no or low cost wellness-focused programs) to 211info, an emerging resource database housed at the United Way of Yellowstone County	TBD – timeline varies based on the United Way's prioritization of community resource types for inclusion	# of resources shared OR # of types of resources shared OR content listed within 211info website, Results of annual partner satisfaction survey taken by businesses participating in the demonstration project	TBD	211 site still being developed.
Promote the use of the 5-2-1-0 awareness campaign	Marry the 5-2-1-0 message with the public presentation of the Recognition program	Ongoing	Completed message	TBD	Incorporated this message in with the new event recognition application.
Encourage organizations to apply for Healthy By Design recognition	<ul style="list-style-type: none"> Present Recognition program to demonstration project participants Create feedback mechanism for event organizer post event Collaborate with other organizations to cross promote Healthy By Design events 	December 2015	Completed presentation # Recruited businesses and promoting partners	Demonstration project coordinator will identify presentation opportunity, workgroup members will facilitate presentation, feedback mechanism, and collaborative opportunities	The workgroup completed a survey with events that were previously recognized. Based on those results, the application was redrafted to streamline the process and make it easier to apply annually. The new application is currently still under revisions.
Promote the use of active transportation where available	Identify opportunities to collaborate with Built Environment workgroup to promote policy and system changes (i.e. helping businesses adopt policy or incentives around physical activity , create signage that	TBD	# of Demonstration project businesses who adopt policies	Demonstration project team; TommiLee and Melissa both attend Built Environment workgroup meetings and will	As of 1/1/16, no demonstration project group has adopted a new policy. However, one group (the Chamber) has been working on a process to check out available bikes to borrow for breaks or lunch hours.

	promotes "1" hour of physical and or promotion of 5-2-1-0			serve as bridge	
Key Performance Management Measure			# guidelines and policies adopted based on annual demonstration project survey results (individual business and collective) over 3 year project period and Results of annual partner satisfaction survey taken by businesses participating in the demonstration project (need to quantify and qualify for particular outcomes sought)	Demonstration project coordinator and TAs	Demonstration project businesses will be assessed for annual guideline and policy changes in February 2016
OTHER					
Update workgroup's structure, mission, workplan and communication	<ul style="list-style-type: none"> Update workplan as "charter" document once co-leads and meetings are in place and workgroup meets to discuss goal, objectives, strategies and activities Determine workgroup membership Update existing webpage to reflect work plan changes and new activities 	Review quarterly and accept/reject changes	Finalized "charter" workplan Strong workgroup participation Final updated webpage to reflect current year	Lead – co-leads, with support from workgroup members Website updates will be conducted by Community Health Improvement staff	After the workgroup restructured last year, they did develop a new mission statement and combined workplan. Group participation continues to be evaluated, and new meetings are being coordinated as of 1/1/16.

Community Health Improvement Plan

Mental Health & Mental Disorders and Substance Abuse	Goal: Improve Mental Health and Reduce Substance Abuse	Question	Data			Goal 2017
			2005	2010	2014	
	Objectives:					
	By 2017, the proportion of adults in Yellowstone County who report their mental health as being good, very good, or excellent in the past 30 days will increase from 89.4% to 94%	Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is:	93.1%	89.9%	89.4%	94%
	By 2017, the reported suicide rate in Yellowstone County will be reduced from 17.3 deaths per 100,000 to 16.3 per 100,000 population	Data extracted from CDC WONDER online query system	14.3 per 100,000	16.6 per 100,000	17.3 per 100,000	16.3 per 100,000
	By 2017, reduce the proportion of adults in Yellowstone County who report drinking chronically from 7.1% to 6.4%	Chronic Drinker (60 or more drinks in the past month)	3.2%	3.2%	7.1%	6.4%
	By 2017, pursue at least one policy focused opportunity related to chronic pain and opioid abuse that will positively impact the residents of Yellowstone County					1
	By 2017, reduce the proportion of adults in Yellowstone County who report smoking cigarettes from 11.7% to 10.5%	Smoking Status	18.3%	13.8%	11.7%	10.5%
	By 2017, pursue at least one policy focused opportunity related to smoke free/tobacco free facilities, campuses, worksites, or public spaces (e.g. parks, housing) that will positively impact the residents of Yellowstone County					1



2014-17 Workgroups Update **CHIP Goal: Improve Mental Health and Reduce Substance Abuse**

Workgroup Structure Updates

Mental Health Workgroup

2015 was a tremendous building year for the newly co-convened work group. We saw great interest and attendance from community organizations, but recognized opportunity to engage members more strategically around products and outputs. In October 2015 work began on restructuring the workgroup to better serve both Best Beginnings and Healthy By Design objectives. With decisions to create a leaner workgroup, we hope to become more efficient. The past year has provided great opportunity for networking and leadership development for the group.

DE-STRESS Grant Project

The DE-STRESS project continues to provide direction and funding for our work towards improved mental health in our community. Many project objectives are moving forward with additional partners, new trainings for specific populations, and assessment tools for organizations. October 2015 new sub-award partners were brought on to go through trauma-informed care training. These partners include: Rimrock Foundation, YWCA, Rocky Mountain Tribal Leaders Council and Angela's Piazza. A few highlights include progress building the local directory of resources via Montana211, the established Mental Health Clinic at Walla Walla University – Billings and trauma-informed workforce development for students from attending local universities.

Mindfulness Task Group

As part of the DE-STRESS grant, this task group was recently developed and recognized. They continue to provide leadership and direction for offering mindfulness classes and training trainers for the program.

Suicide Prevention Coalition of Yellowstone Valley

While not an "official" Healthy By Design workgroup, the coalition continues to align their work with the CHIP. Providing suicide prevention training and educational opportunities remains the focus of the coalition.

RiverStone Health – Montana Tobacco Use Prevention Program (MTUPP)

While the majority of work in the report focuses on mental health, we have included the MTUPP program at RiverStone Health to capture their efforts to reduce tobacco use, a specific objective of the CHIP.

Mental Health and Substance Abuse Overview

Priority: Mental Health and Substance Abuse		
Goal: Improve Mental Health and Reduce Substance Abuse		
Workgroup	Core Activities	Strategies by Mental Health and Substance Abuse Objective
Mental Health Advisory Workgroup (MHWG)*	<p>Advisory for DE-STRESS Grant: Support the DE-STRESS grant by providing guidance to grant products and activities.</p> <p>Community Collaboration: Monthly meetings to identify common areas of community impact and including opportunities for networking, coordinating efforts and partnering.</p>	<p>Objective #1: Increase the proportion of adults in Yellowstone County who report their mental health as being good, very good, or excellent in the past 30 days</p> <ul style="list-style-type: none"> Identify, support, convene, and/or engage in community – collaborative work focused on the area of mental health in order to address commination and treatment gaps (MHWG) (MTG) Increase access to behavioral health specialist in primary care settings. (DE-STRESS) Increase capacity for trauma-informed care education, promotion, collaboration and implementation. (MHWG) (MTG) (SPCYV) (DE-STRESS) <p>Objective #2: Decrease the reported suicide rate in Yellowstone County</p> <ul style="list-style-type: none"> Support Suicide prevention by increasing the number of people in the community who have received suicide prevention training. (SPCYV) <p>Objective #3. Reduce the proportion of adults in Yellowstone County who report smoking cigarettes.</p> <ul style="list-style-type: none"> Promote and encourage policy opportunities related to smoke free/tobacco free facilities, campuses, worksites, or public spaces. (MTUPP) <p>Overarching strategies:</p> <ul style="list-style-type: none"> Explore avenues of asset mapping to provide residents of Yellowstone County access to resources and services Support advocacy efforts to reduce gaps in prevention, as well as support treatment for co-occurring disorders and treatment of family units.
	<p>Conference for Suicide Prevention: Annual conference on suicide prevention.</p> <p>Community Suicide Prevention Training: Promote physical activity, with a focus on gender-based physical activity opportunities, through a 10-12 week class series</p>	
Suicide Prevention Coalition of Yellowstone Valley (SPCYV)	<p>Mindfulness Classes: Provide a mindfulness program for stress reduction. 6-week classes offered to health care providers.</p> <p>Training of trainers: Train the trainer program to bring on new mindfulness trainers.</p>	
Mindfulness Task Group (MTG)	<p>Training and organizational Assessment: Trauma-informed care training for local organizations aimed to spread awareness and build skills for individual and organizational response.</p> <p>Mental Health Directory: Up-to-date electronic database for mental health resources.</p> <p>Mental Health Clinic: South-side student led mental health clinic serving low-income individuals and families.</p> <p>Student Supervision: Walla Walla MSW and MSUB LCPC students receiving clinical supervision and workforce development opportunities</p>	
DE-STRESS Grant Partners (DE-STRESS)	<p>Tobacco Free Policy Promotion: Advocate for tobacco free policies and places.</p> <p>Tobacco Prevention Education: Tobacco prevention education in the schools</p>	
RiverStone Health -Montana Tobacco Use Prevention Program (MTUPP)		

* Co-convened by Healthy By Design and the Best Beginnings Council of the United Way of Yellowstone County



2014-17 Work Plan

CHIP Goal: Improve Mental Health and Reduce Substance Abuse

Focus Area: Mental Health & Mental Health Disorders and Substance Abuse

Workgroup: Mental Health Advisory Workgroup

Workgroup Mission/Purpose Statement: Address health disparities related to mental health and co-occurring disorders by raising awareness, building skills and sharing mental health resources with community members.

Projects: DE-STRESS Project (2014-2017)

Workgroup Leaders: Barb Mettler, Mental Health Center; Libby Carter, DPHHS Children's Mental Health Bureau

Grant Project Staff: Nathan Stahley, RiverStone Health and Healthy By Design

Committee Meeting time and location: Monthly at United Way of Yellowstone County

Committee Organizations:

Passages
Yellowstone Boys and Girls Ranch
DPHHS Children's Mental Health Bureau
Billings Clinic
Rocky Mountain Tribal Leaders Council
Center for Children and Families
PLUK
Youth Dynamics Inc.

St. Vincent Healthcare
Family Promise
Community Crisis Center
Full Circle
Billings Public Schools
MSU Billings College of Nursing
Rimrock Foundation

Updated 1-29-16

Mental Health CHIP Objectives:

1. By 2017, the proportion of adults in Yellowstone County who report their mental health as being good, very good, or excellent in the past 30 days will increase from 89.4% to 94%.
2. By 2017, the reported suicide rate in Yellowstone County will be reduced from 17.3 deaths per 100,000 to 16.3 per 100,000.

CHIP Strategy	Activity	Timeline	Measurable Outcome	Persons and Organizations Responsible	Progress
Identify, support, convene, and/or engage in community-collaborative work focused on the area of mental health in order to address communication and treatment gaps. (CHIP objective alignment: MH 1)	Monthly mental health workgroup meetings	Ongoing. December 2014 -	Number of meetings Number of partners	Workgroup chairs and members.	10 meetings Meeting Dates: 12/14, 1/15, 2/15, 3/15, 4/15, 5/15, 6/15, 7/15, 9/15, 10/15 15 current partners Restructuring meeting format for 2016 underway.
	Mindfulness stress reduction classes	April 2015 -	Number of participants Number of classes held	Grant partners, Mindfulness Task group	60 participants trained 3 classes held Start months: 4/15, 9/15, 10/15
Increase capacity for trauma-informed care education, promotion, collaboration and implementation (CHIP objective alignment: MH 1 and 2)	Introductory trauma-informed care (101) training	December 2014 -	Number of organizations trained Number of individuals trained	Workgroup members, grant partners, Nathan Stahley and Amy Fladmo	9 Organizations have received training: CASA, Friendship House, Family Service, Heath Start, Big Brothers Big Sisters, school district 2, RiverStone Health, St. Vincent Healthcare, Billings Clinic 1327 people trained *Data thru 10/31/15
	Skill building trauma-informed care (201) training	June 2015 -	Number of individuals trained Training versions for target audiences created	Grant partners, Amy Fladmo	46 individuals have received 201 training Trainings have been created for: Childcare Providers and Educators, Basic Needs Providers and Health Care. *Data thru 10/31/15

Updated 1-29-16

	Advocacy and awareness of ACEs	December 2014 -	Number taking the ACE assessment using ChildWise's online tool	Nathan Stahley, work group members and grant partners	ACE assessment taken 1278 times. *Data thru 10/31/15
	Organizational Assessment of Trauma-responsiveness	April 2015 -	Number of organizations going through a comprehensive TIC assessment	Grant partners	Three organizations have gone through the assessment. Three have been identified for 2016 to complete.
	Implementation of Policies and Procedures for trauma-response	Spring 2016	Number of organizations with plans to implemented new or revised policies and procedures	Grant partners.	2 (Head Start and Friendship House) *Data thru 10/31/15
Explore avenues of asset mapping to provide residents of Yellowstone County access to resources and services. (CHIP objective alignment: MH 1 and 2)	Comprehensive directory of mental health services	December 2014-	Number of mental health resources in the 211 database	United Way and workgroup members	238 number of mental health resources are in the system. *Data thru 10/31/15
Support suicide prevention by increasing the number of people in the community who have received suicide prevention training. (CHIP objective alignment: MH 1 and 2)	Suicide Prevention Training	January 2015 – December 2015	Number of individuals trained in QPR Number of resident physicians trained in patient protocols, assessments, and safety planning.	Suicide Prevention Coalition and RiverStone Health Population Health staff	258 individuals trained in QPR. 17 resident physicians trained.
Increase access to behavioral health specialists in primary care settings (CHIP objective alignment: MH 1 and 2)	Walla Walla Mental Health Clinic	April 2015 -	Number of clients served	Grant partners, Walla Walla	214 1-hour client appointments held *Data thru 10/31/15
	MSW and M. Ed. student supervision	October 2015 -	Number of supervision hours	Grant partners	14 individuals received a total of 1939 hours of combined clinical supervision, training, and/or workforce development *Data thru 10/31/15
<p>Tobacco CHIP Objectives:</p> <ol style="list-style-type: none"> By 2017, reduce the proportion of adults in Yellowstone County who report smoking cigarettes from 11.7% to 10.5% By 2017, pursue at least one policy focused opportunity related to smoke free/tobacco free facilities, campuses, worksites, or public spaces (e.g. parks, housing) that will positively impact the residents of Yellowstone County. 					
CHIP Strategy	Activity	Timeline	Measurable Outcome	Persons and Organizations	Progress

Updated 1-29-16

				Responsible	
Promote and encourage policy opportunities related to smoke free/tobacco free facilities, campuses, worksites, or public spaces (CHIP objective alignment: Tobacco 1 and 2)	Advocacy for tobacco free policies with school districts, Outreach for HUD smoke free proposed rule	January 2015-December 2015	Number of new or revised policies	RiverStone Health - MTUPP	2 number of policies new or revised (school district #2 and Huntley Project)
	Advocacy for tobacco free communities with Downtown Business Association and City of Billings	January 2015-December 2015	Number of Clean Indoor Air Information (CIAA) Packets distributed	RiverStone Health - MTUPP	60 number of CIAA packets distributed
	Outreach for HUD smoke free proposed rule	January 2015-December 2015	Number of HUD units receiving tobacco free signage	RiverStone Health - MTUPP	2 units received tobacco free signage
	Tobacco prevention education and outreach to treatment centers	January 2015-December 2015	Number of treatment centers who received quit line materials or education	RiverStone Health - MTUPP	2 (Passages and Rimrock Foundation)
Substance Objectives <ol style="list-style-type: none"> By 2017, reduce the proportion of adults in Yellowstone County who report drinking chronically from 7.1% to 6.4% By 2017, pursue at least one policy focused opportunity related to chronic pain and opioid abuse that will positively impact residents of Yellowstone County 					
<p>There is no specific Healthy By Design workgroup addressing these objectives currently, however we recognize the following work:</p> <ul style="list-style-type: none"> Members of the Healthy By Design Coalition are engaged in the work of the Community Innovations Coalition, which is working to address the downtown population of serial inebriates Work previously pursued at a local committee level related to chronic pain and opioid abuse has been transferred to the Montana Medical Association's Prescription Drug Misuse Ad Hoc Committee, where several Billings physicians are represented including Dr. Deb Agnew and Dr. Meghan Littlefield who are engaged in Alliance and Healthy By Design work. 					

Healthy By Design Accomplishments

- 2000 Convened to address uninsured, underinsured, or underserved
- 2002 Alliance members met to develop a mission and shared vision
- 2003-04 Primary Health Care Access “Cover the Uninsured” week activities
- 2005 Public Health Assessment conducted-NPHPSP
- 2006 Community Health Assessment completed
- 2007 Awarded Robert Wood Johnson Foundation grant
Healthy Places Initiative
Health Impact Assessment of Yellowstone County/City of Billings Growth Policy
Birth of Healthy By Design Recognition program
- 2008 Community Health component adopted into Growth Policy
- 2009 Awarded NACCHO ACHIEVE Healthy Community grant (promote PSE)
Community Action Plan focused on “Complete Streets” policy
Roll out of the Recognition program
- 2010 National Association of County City Health Officials Model Practice Award
NICHQ grant-Healthy Weight Collaborative and 5-2-1-0 development
CHNA completed, developed PITCH, revised to CHIP
- 2011 Complete Streets policy adopted
Worksite nutrition and Physical Activity being developed
Women and Children’s Health work began pending grant funds
Creation of a Gardeners’ Market located at RiverStone Health
Office on Women’s Health grant secured
- 2012 Healthy By Design structure and workgroups created
Farmers Market Promotion Program grant received
- 2013-14 CHNA completed, CHIP authored
Received DE-STRESS funding for mental health priority and trauma informed care
Established mental health workgroup
Established access to care workgroup
Accepted as a National Leadership Academy of Public Health team
- 2014-15 Received funding from MT DPHHS on behalf of the Montana Health Care Foundation to work on identifying the characteristics of shared high utilizing patients
Trauma Informed training modules completed with delivery underway
Sub-granted organizations pursuing trauma-informed and responsive status
MAP program was reviewed and was refined by pharmacy directors at the three Alliance organizations.
Funding was secured via Pacific Source Charitable Foundation to support the collective high utilizing patient analysis and response planning
Blue Cross Blue Shield Foundation funding secured to support Healthy Kids, Healthy Families Initiative focused on piloting health champions in middle and high school programs