Community Health Improvement Plan for Yellowstone County, Montana

2012 – 2015

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1. INTRODUCTION

What is a Community Health Improvement Plan (CHIP)?

A Community Health Improvement Plan (CHIP) is a document that presents a long-term systematic plan to address the health problems of a community. A CHIP is based on the results of a Community Health Needs Assessment (CHNA) and a community health improvement process. Creating a successful CHIP involves participation across multiple sectors of a community and it is supplemented by community member input in addition to public health and health system partners. The outcome is a defined process through which priorities are selected, and strategies and measures are created in order to address the health issues identified

The Community Health Improvement Plan for Yellowstone County

The original CHIP for Yellowstone County was created in 2006 to provide a framework for increasing the health of residents in Yellowstone County. In addition to providing an action-oriented plan for the community, the CHIP also presented a summary of the results of the 2005 Yellowstone CHNA and the process for identifying the priority health issues. The original document was created to identify and list initiatives aimed toward promoting healthy weight of the residents of Yellowstone County. The document was updated in 2012 following the completion of the 2011 CHNA and is now broader in scope, addressing health-related issues beyond healthy weight. This CHIP is reviewed annually and updated as needed or when a new CHNA is completed.

THE BACKGROUND

2. The Background

Yellowstone County Population

Yellowstone County is located in south-central Montana. It is the largest county in Montana and home to 15% of all Montanans—approximately 150,069 people (US Census, 2011 estimate). The study area for the 2005 and 2011 CHNAs was defined as Yellowstone County and was determined by zip code. The demographics of Yellowstone County are outlined in the following table[1]:

	Yellowstone County	Montana
Population, 2011 estimate	150,069	998,199
Population, 2010 (April 1) estimates base	147,972	989,415
Population, percent change, April 1, 2010 to July 1, 2011	1.4%	0.9%
Population, 2010	147,972	989,415
Persons under 5 years, percent, 2011	6.7%	6.2%
Persons under 18 years, percent, 2011	23.5%	22.3%
Persons 65 years and over, percent, 2011	14.3%	15.2%
Female persons, percent, 2011	51.1%	49.8%
White persons, percent, 2011 (a)	91.6%	89.9%
Black persons, percent, 2011 (a)	0.8%	0.5%
American Indian and Alaska Native persons, percent, 2011 (a)	4.3%	6.4%
Asian persons, percent, 2011 (a)	0.7%	0.7%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	0.1%	0.1%
Persons reporting two or more races, percent, 2011	2.5%	2.4%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	4.8%	3.1%
White persons not Hispanic, percent, 2011	87.8%	87.5%
Living in same house 1 year & over, 2006-2010	82.9%	83.2%
Foreign born persons, percent, 2006-2010	1.7%	2.0%
Language other than English spoken at home, pct age 5+, 2006-2010	4.2%	4.6%
High school graduates, percent of persons age 25+, 2006-2010	91.4%	91.0%

[1] US Census Bureau State and County QuickFacts: http://quickfacts.census.gov/qfd/states/30/3006550.html

Bachelor's degree or higher, pct of persons age 25+, 2006-2010	29.0%	27.9%
Veterans, 2006-2010	13,917	100,874
Mean travel time to work (minutes), workers age 16+, 2006-2010	17.7	17.7
Housing units, 2011	64,930	489,157
Homeownership rate, 2006-2010	70.3%	69.0%
Housing units in multi-unit structures, percent, 2006-2010	19.4%	16.3%
Median value of owner-occupied housing units, 2006-2010	$168,800	$173,300
Households, 2006-2010	59,746	401,328
Persons per household, 2006-2010	2.35	2.36
Per capita money income in past 12 months (2010 dollars) 2006-2010	$26,152	$23,836
Median household income 2006-2010	$48,641	$43,872
Persons below poverty level, percent, 2006-2010	11.2%	14.5%

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

The Alliance

Yellowstone County is home to Billings, the most populous city in Montana. In addition to being an economic center, Billings is also a medical hub for the region with three primary health organizations: Billings Clinic, Yellowstone City County Health Department dba RiverStone Health, and St. Vincent Healthcare. The Alliance is an affiliated partnership consisting of the Chief Executive Officers from these three health organizations. The Alliance works collaboratively on community and regional health initiatives with the mission of identifying community health needs and then defining and implementing efficient and effective community solutions through integrated actions. Their 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.”

Community Health Needs Assessments

In 2005, RiverStone Health and its system partners underwent an assessment of the public health system’s performance in the 10 Essential Public Health Services established by the Centers for Disease Control and Prevention (CDC). The assessment was conducted using the National Public

Health Performance Standards Program (NPHPSP), also established by the CDC. A key outcome of that assessment was an understanding of the need to perform a CHNA and develop a CHIP.

In 2005, the Alliance sponsored the first comprehensive Yellowstone County CHNA as a follow-up to the NPHPSP assessment. The Alliance contracted 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. In 2011, a follow-up CHNA was conducted utilizing the same methodology. The results of both the 2005 and 2011 CHNA can be accessed at www.healthybydesignyellowstone.org.

The 2011-2012 Community Health Improvement Process

3. The 2011-2012 Community Health Improvement Process

The Framework

The framework utilized for the 2011-2012 health improvement process was the Core Process Steps from the Association for Community Health Improvement (ACHI). This framework, which is covered in more detail throughout the next section, contains six generalized steps which were adapted to fit the needs of Yellowstone County. The steps are shown in the image below.

Step One: Establishing the Assessment Infrastructure

The first step in the ACHI framework is to establish the assessment infrastructure. This was completed by identifying key community members to serve as the CHNA Working Group.

Step Two: Defining the Purpose and Scope

The Scope

The Working Group utilized the same scope as the 2005 CHNA by defining the target population as Yellowstone County, hence utilizing geographical area as the primary identifier.

The Purpose

The purpose of the CHNA was to identify key unmet health needs. The CHNA served as a tool to enhance Yellowstone County's ability to address three core objectives: to improve residents' health status, increase their life spans, and elevate their overall quality of life; to reduce health disparities among residents; and to increase accessibility to preventative services for all community residents.

Step Three: Collecting and Analyzing the Data

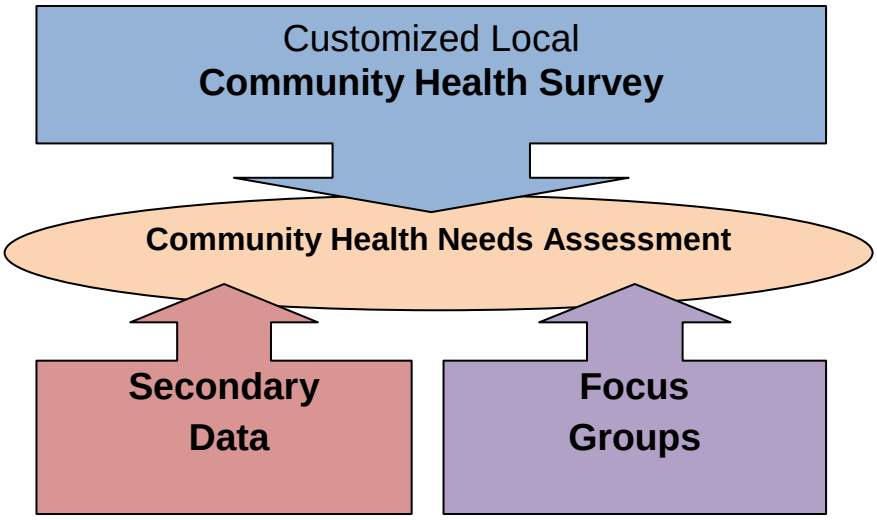
Survey Format

PRC utilized a survey instrument customized for Yellowstone County, based the CDC Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion, disease prevention, and other recognized health issues. To ensure the best representation of the population served, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 400 individuals aged 18 and older in Yellowstone County. For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ± 4.9% at the 95 percent level of confidence. In addition to using proven telephone methodology and random-sampling techniques, the raw data was "weighted" to improve this representativeness even further. Once the raw data was gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity and poverty status) and a statistical application package applied weighting variables that produced a sample which more closely matches the population for these characteristics.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

The CHNA consisted of both quantitative data from primary research and secondary research, as well as qualitative data (demonstrated in the figure below). The quantitative data was collected through informant focus groups. The data will serve to study the objectives identified previously.



The Focus Groups

As part of the CHNA, five community focus groups were held in Yellowstone County to engage both providers and recipients of various community services. The focus groups included discussions with key informants in the following areas: medical and other public health personnel, legislators, employers and employees, educators, social service providers, and recipients of services.

Potential participants for the focus groups were selected and invited because of their ability to identify various concerns within Yellowstone County. Providers as well as recipients were engaged in discussions which focused on recognizing unmet health issues which adversely affect residents of Yellowstone County, particularly those in underserved populations, including but not limited to minorities and members of low-income households.

CHNA Benchmarks

Trending – A similar survey was administered in Yellowstone County in 2005 by PRC on behalf of the Alliance. Trending data, as revealed by comparison to prior survey results, were provided in the CHNA where available.

Montana Risk Factor Data – Statewide risk factor data were provided where available as an additional benchmark which to compare local survey findings. State-level vital statistics were also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data – Nationwide risk factor data were provided where available as an additional benchmark and were taken from the 2008 PRC National Health Survey.

Healthy People 2010 – This is part of the Healthy People 2010 (HP 2010) initiative, sponsored by the U.S. Department of Health and Human Services. NOTE: Healthy People 2020 goals were not available at the time of this survey although they were utilized in the community goal setting.

Secondary Data: Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of the Community Health Needs Assessment. Data for Yellowstone County were obtained from the following sources:

- Centers for Disease Control & Prevention
- ESRI BIS Demographic (Estimates Based on the US Census)
- Montana Board of Crime Control
- Montana Department of Public Health and Human Services
- National Center for Health Statistics

Step Four: Selecting Priorities

Areas of Opportunity

All results were initially analyzed and a list of "Areas of Opportunity" was identified based on the CHNA and the guidelines set forth in Healthy People 2010. NOTE: Healthy People 2020 goals were not available at the time of this survey although they were utilized in the community goal setting. The "Areas of Opportunity" are listed below.

Access to Healthcare
- Lack Healthcare Coverage (18-64)
- Routine Medical Checkups (0-17)
- Access to Dental Care (Especially for Low-Income)

Cancer
- Lung Cancer Deaths
- Skin Cancer Prevalence
- Mammography (Women 40+)
- Pap Smears (Women 18+)

Heart Disease & Stroke
- Stroke Deaths
- Hypertension

Injury & Violence
- Motor Vehicle Crash Deaths
- Seat Belt Usage
- Firearm Safety
- Domestic Violence

Mental Health
- Suicides
- Mental Health Treatment – Facilities, Resources & Access

Nutrition & Overweight
- Overweight Prevalence
- Weight Advice by Healthcare Professionals

Respiratory Disease
- Respiratory Disease Deaths

Substance Abuse
- Current Drinking Levels
- Cirrhosis/Liver Disease Deaths
- Availability of Substance Abuse Treatment

Decision Process

Once the results and "Areas of Opportunity" were finalized, the Alliance hosted a press conference to announce the results. All local major news outlets covered the press conference. The CHNA was also released online at www.healthybydesignyellowstone.org.

Following the public release of the CHNA results, a community-wide meeting was held to garner input from the community on health improvement priorities and interventions. At the community meeting the CHNA results were shared and community members provided their feedback via small discussion groups.

Key community leaders reconvened after the meeting to review the community's input. Much of the strategy development began to take shape during these meetings. Goals, objectives, and measurable outcomes were drafted, as well as the monitoring process that would be utilized.

Creation of Goals and Objectives - Assets:

During the goals and objectives creation, decisions were influenced by the assets that were available to the community. The first asset identified was the Alliance itself. The Alliance brings together two healthcare organizations and the local health department to collectively work on community health issues. This asset is arguably the strongest asset identified during the development of the CHIP as this partnership allows for the following:

- The pooling of information
- Increased amount of available resources, human and financial
- Better understanding of community needs and assets
- Engagement in new issues without having sole responsibility or management of them
- Development of widespread public support for issues
- Minimal duplication of services and effort

An additional asset is the pre-existing Healthy By Design Initiative. The Healthy By Design Initiative began in 2005 following the first CHNA. The initiative was designed to work on physical activity and nutrition policy, systems, and environmental changes in Yellowstone County. The mission of Healthy By Design is to create a community that is healthy by design, (i.e. to intentionally influence the environment in which people live, learn, work and play) so that positive health effects are enhanced and negative health effects are mitigated). Creation of the Healthy By Design Coalition brought together a valuable network of human assets including professionals with expertise in health, infrastructure, engineering and planning; the largest medical center in a 500-mile radius; and a strong network of non-profits and community action groups. Healthy By Design has a proven track record of successful collaboration and is well known and respected in the community. Going forward, the framework of Healthy By Design will be utilized to engage the community in the chosen community priority areas.

Community Priorities

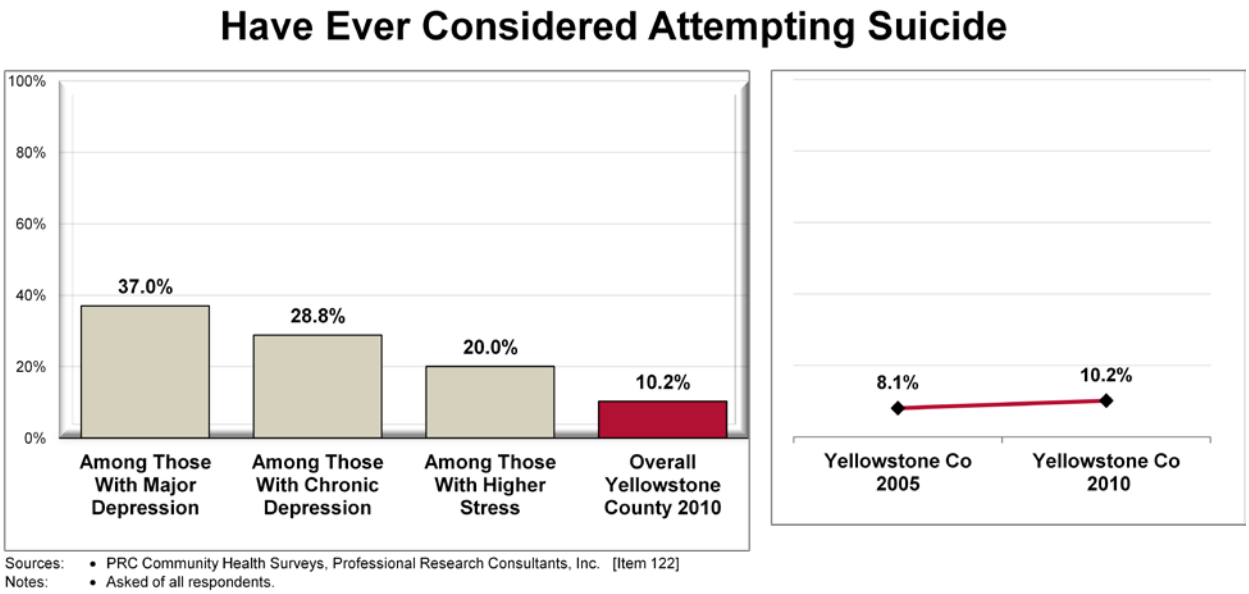
Following receipt of community feedback, three areas were chosen as the priority community health needs:

a. Mental Health
b. Access to Healthcare Services
c. Healthy Weight

Results on these three health issues from the CHNA are presented below.

Mental Health:

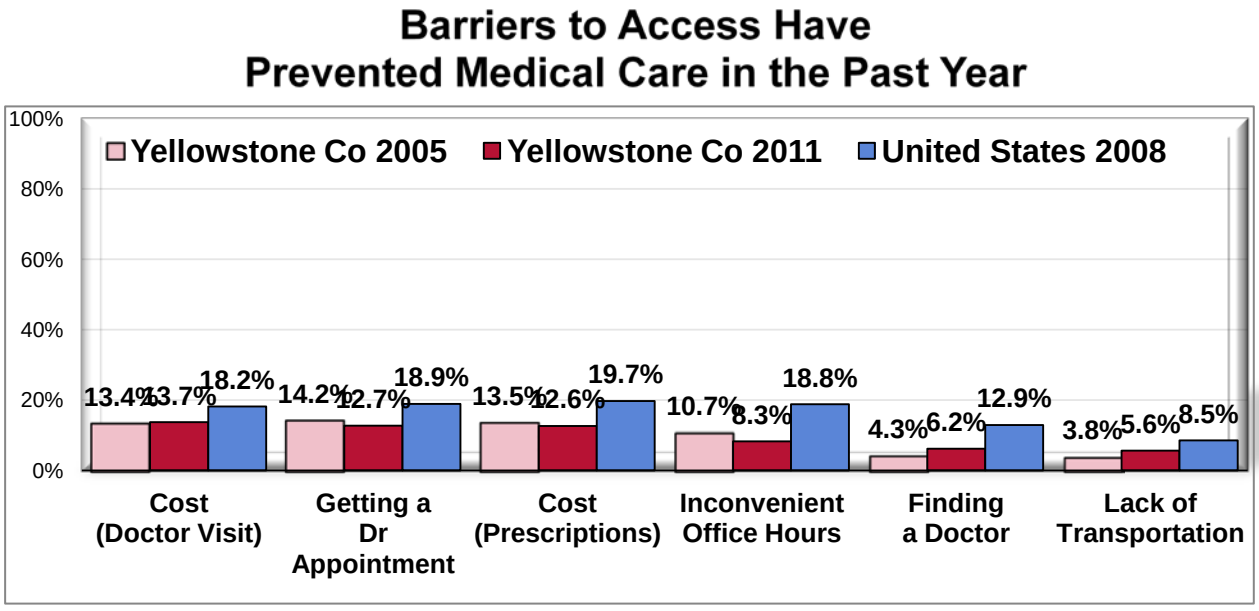
Trends that were identified as significant in mental health included suicide rates. The average number of suicides was 18.6 (per 100,000) in Yellowstone County compared to the U.S. average of 10.9 and the HP 2010 average of 5.0. The prevalence of suicidal ideation in Yellowstone County is shown below:



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
Notes: • Asked of all respondents.

Access to Healthcare:

The percent of Yellowstone County residents who had a routine medical checkup in the past year was 62.9% which does not meet the HP 2010 goal of 65.2%. This following chart shows barriers to healthcare that residents of Yellowstone County identified in 2005 and 2011 compared to the U.S. average in 2008.



Healthy weight:

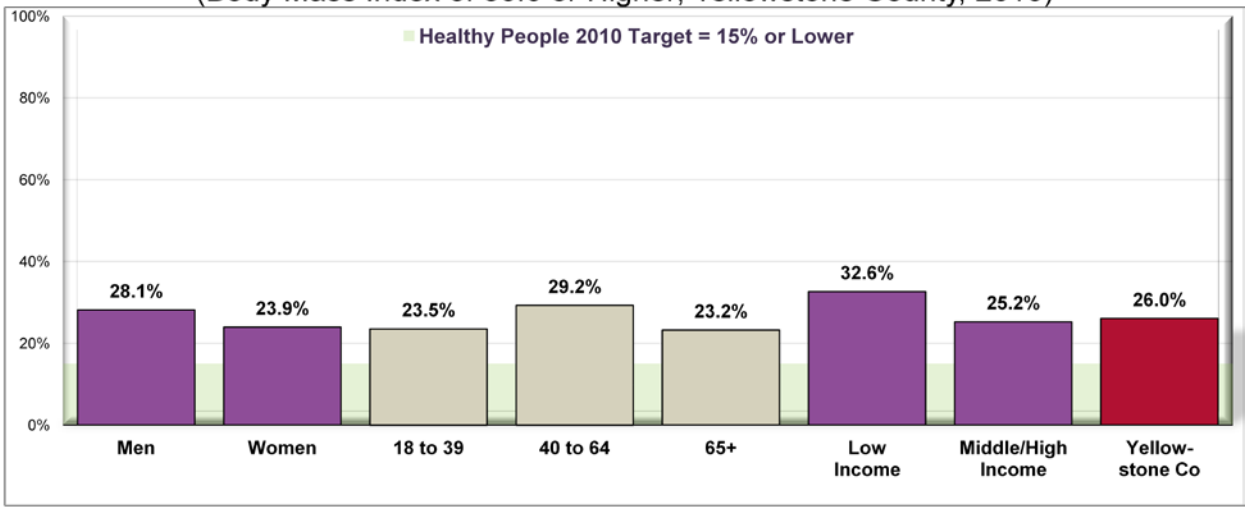
The third area of improvement was identified as healthy weight, concerning areas of nutrition, physical activity, and prevalence of overweight residents in Yellowstone County. The percentage of individuals with a healthy weight markedly decreased from 2005 to 2011.

Overall, more than 7 in 10 Yellowstone County Adults (72.9%) are overweight. 26.0% of adults are obese, which fails to meet the HP 2010 target of 15% or less. Further study shows that respondents with lower incomes are more likely to be obese.

Also of note is that only 15.6% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year. This is lower than the national average.

Prevalence of Obesity

(Body Mass Index of 30.0 or Higher; Yellowstone County, 2010)

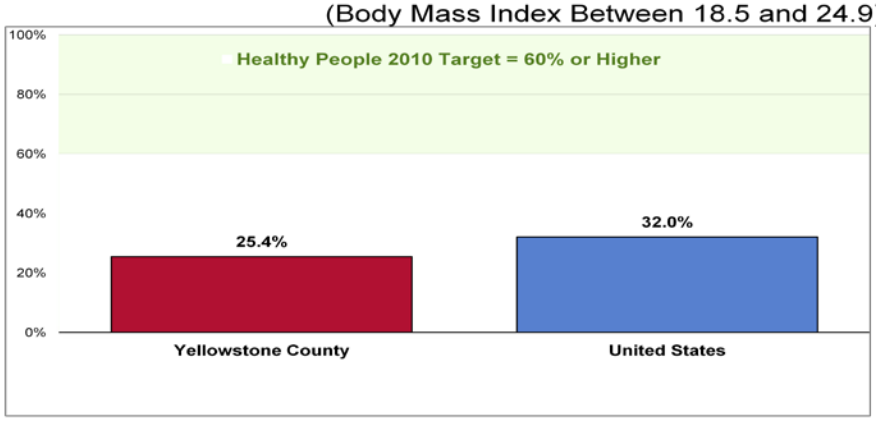


Sources:
- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 19-2]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: "low income" = below poverty or 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Healthy Weight

(Body Mass Index Between 18.5 and 24.9)

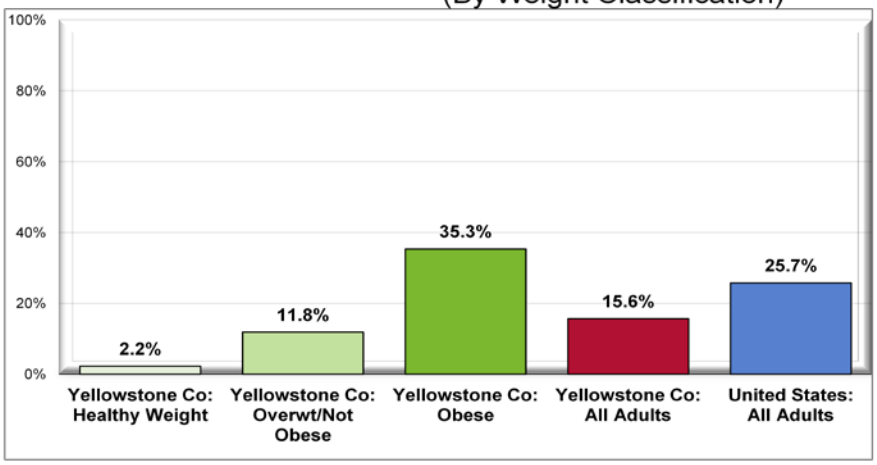


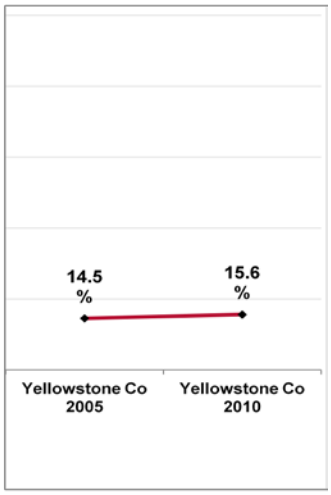
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 19-1]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)





Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Alignment with State and National Priorities

Montana's Priorities: At the time that the CHIP goals and objectives were being developed the Montana Department of Public Health and Human Services had not produced a State Health Improvement Plan (SHIP). However, through participation in the development phase of the SHIP, the Alliance was able to consider the state's focus areas as Yellowstone County's goals and objectives were written. The state's focus areas include: 1) Developing and implementing policies that will improve health 2) Prevention and health promotion efforts that engage Montanans; 3) Increasing access to regular health care, particularly preventive services; and 4) Building a strong public health system that supports optimal health. The status of the Montana SHIP "Big Sky. New Horizons. A Healthier Montana" will continue to be monitored. The document can be accessed at: http://www.dphhs.mt.gov/publichealth/improvementplan/index.shtml.

U.S. Priorities: Throughout the CHIP, there is evidence of alignment with National priorities. Healthy People 2020, The Community Guide, and The National Prevention Strategy were used to identify benchmarks, best practices and promising practices.

Goals and Objectives

For each chosen health improvement area a goal for the year 2014 (the year of the next planned CHNA) and 2020 was created. In addition, objectives and strategies/interventions were described in detail. This information is listed below, in table format, for each health improvement area. Included are references to the sources used to identify the evidence-based or promising practices.

IMPROVE ACCESS TO HEALTHCARE

Goal*:* *Increase percentage of people who have a specific source of ongoing healthcare*

Community Health Needs Assessment Results:

2005 - 84%

2011 - 82%

Healthy People 2020 Goal:

95%

Yellowstone County Goals:

2014 - 88%

2020 - 92%

Objectives	Strategies/Interventions	Recommended By
Decrease the proportion of people who cite inconvenient office hours as a barrier to medical care in the past year (CHNA 2011: 8.3%)	• Continue implementation of patient-centered medical homes	• Healthy People 2020 • National Prevention Strategy
Decrease proportion of people who have utilized the ED more than once in past year (CHNA 2011: 8.6%)	• Continue implementation of patient-centered medical homes • Research best practices to improve patient health literacy, i.e. knowledgeable consumers • Increase the number of practicing primary care physicians • Decrease the number of ED visits attributed to ambulatory care sensitive conditions	• Healthy People 2020 • National Prevention Strategy
Continue advocacy support to maintain access to healthcare programs that assist those with financial need (e.g. Medicaid, Healthy Montana Kids, Medication Assistance Program, Community Health Assistance Program) through the development and advocacy of an Alliance legislative agenda (Fall 2012 and 2014)	• As appropriate, continue advocacy efforts with federal and state public policymakers • Focus advocacy efforts on testimony, letters, phone calls, face-to-face meetings and activation of grassroots	

IMPROVE HEALTHY WEIGHT STATUS

Goal: *Increase the percentage of people in Yellowstone County who have a healthy weight*

Community Health Needs Assessment Results:

2005 – 35.8%

2011 – 25.4%

Healthy People 2020 Goal:

33.9%

Yellowstone County Goals:

2014 – 25.4%

2020 – 33.9%

Objectives	Strategies/Interventions	Recommended By
Increase percentage of people that have received advice about weight by a doctor, nurse or other health professional (CHNA 2011: 15.6%)	• 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	• Community Guide • National Prevention Strategy • Healthy People 2020
Decrease percentage of people with no leisure-time physical activity in past month (CHNA 2011: 22.4%)	• Increase the number of workplaces adopting Healthy By Design physical activity guidelines • Increase the proportion of commuters who use active transportation (i.e. walk, bicycle and public transit) to travel to work • Increase awareness of gender-based physical activity disparities • Support Yellowstone County area school-based efforts to increase students' physical activity	• Community Guide • National Prevention Strategy • Healthy People 2020
Increase number of people that eat 5 or more servings of fruit and vegetables per day (CHNA 2011: 40.6%)	• Increase the number of workplaces adopting Healthy By Design nutrition guidelines • Increase the number of community events applying for and achieving Healthy By Design recognition • Continue advocacy efforts which support access to healthy foods for low-income individuals and families (i.e. WIC, SNAP, food pantries, etc.) (supported by The National Prevention Strategy) • Support Yellowstone County area school-based efforts to increase students' daily consumption of fruits and vegetables	• Community Guide • National Prevention Strategy • Healthy People 2020

IMPROVE MENTAL HEALTH

Goal: *Increase percentage of people reporting their mental health status as being good, very good or excellent*

Community Health Needs Assessment Results:

2005 – 89.9%

2011 – 93.1%*

(*22.5% of low income individuals reported experiencing fair or poor mental health, while only 5.8% of middle/high income individual reported the same)

Healthy People 2020 Goal:

No Goal

Yellowstone County Goals:

2014 – 89.9%

2020 - 92%

Objectives	Strategies/Interventions	Recommended By
Increase the percent of depressed persons seeking help (CHNA 2011: 62.1%)	• Increase availability of mental health treatment options • Increase utilization of behavioral health specialists in primary care settings • Maintain 24/7 access to mental health assessment/triage	• National Prevention Strategy • The Community Guide
Reduce the suicide rate in Yellowstone County (CHNA 2011: 18.6)	• Increase depression screening in the primary care setting with the utilization of depression screening tools like PHQ • Increase number of people in the community who have received suicide prevention training such as QPR – Question, Persuade, Respond (suicide prevention tool) • Research evidence-based suicide prevention methods	• Healthy People 2020 • National Prevention Strategy

Step Five: Communication of Results

After the community goals were constructed, the next step of the ACHI six-step framework is communication of results. However, this step, in the context of Yellowstone County, began simultaneously with step four. This step included organizing the feedback from the community meeting. The communication was also facilitated through media channels. By inviting the community to the meeting, this promoted and ensured that the voice of the community would be incorporated in the eventual construction of the CHIP. The results and updates of work plans will continue to be communicated with the stakeholders and the community. This will be facilitated through media channels, and through posting on websites (such as the Healthy By Design website www.healthbydesignyellowstone.org) and through social media on the Healthy By Design Facebook page.

Achieving the Goals

4. Achieving the Goals:

The Role of the Health Organizations

The involvement of key community members and organizations is vital to achieving the goals set forth in the CHIP. To ensure success the Alliance has taken on the role of the community facilitator and will dedicate the needed resources to provide this facilitation.

*Access to Healthcare and Improved Mental Health***:** The two priority areas of access to healthcare and improving mental health are areas that have never before been identified in the CHIP. Therefore, the work completed on these goals during the next three years will focus primarily on building a foundation for the work through the identification of partners, identification of policy changes required to achieve the objectives, and determining future action steps required to be successful. The successful model of community engagement provided by Healthy By Design will serve as a model for establishing community involvement, as well as the facilitation of community discussion and initiatives aimed at increasing access to healthcare and improving mental health outcomes for Yellowstone County residents.

Healthy Weight: The work on healthy weight will be conducted by the Healthy By Design; a pre-existing coalition created by the Alliance to focus on creating a community that is healthy by design (to intentionally influence the community in which we live to make the healthy choice the easy choice). More information on Healthy By Design, including recent work plans, is available on the Healthy By Design website www.healthybydesignyellowstone.org.

Planning for Action and Monitoring Progress

Follow-up is an essential part of ensuring that goals and objectives are met. Annual work plans will be created to ensure that a plan exists detailing the activities required to achieve objectives, the person responsible for the activities, and the timeline for completion. Annual creation of the work plan will be conducted by January 1st of each year and it is the responsibility of the Alliance. The status of the work will be reviewed semi-annually at the Alliance meeting.

The CHIP will be publically accessible on all Alliance organization websites and on the Healthy By Design website: www.healthybydesignyellowstone.org. In addition, the Alliance Communication Team will be responsible for ensuring periodic status updates through media channels , social media, and semi-annual reports.

The CHIP will be reviewed annually and updated as needed and following the completion of the Yellowstone County CHNA (the next one is scheduled for 2014).