

2016

LEWIS AND CLARK COUNTY Community Health Improvement Plan



Lewis & Clark
Public Health



St. Peter's Hospital

Community Health Priorities

This Community Health Improvement Plan (CHIP) outlines how partners in Lewis and Clark County plan to improve the health of all county residents over the next three years. The document includes specific improvement strategies within each of the following priority areas. We believe that implementing these strategies will help us achieve our vision for a healthy community.

Mental Health

Suicide
Depression and Anxiety
Criminal Justice and Mental Health

Chronic Disease

Physical Activity
Nutrition
Tobacco Use

Maternal and Child Health

Adverse Childhood Experiences

Environmental Health and Injury

Particulate Pollution
Lead Exposure
Safe Driving Behavior

Substance Abuse

Alcohol Use and Binge Drinking
Underage Drinking
Methamphetamine Use

Communicable Disease

Sexual Risk Behaviors
Immunizations

Access to Care

Navigating the System

Our Vision for a Healthy Community

We envision a healthy community where every person is safe, connected, and engaged and has the resources they need to reach their full potential.

Contents

Acknowledgments	3
Improving Our Health	5
Planning for Impact	6
Plan Overview	7
Mental Health	8
Substance Abuse	11
Chronic Disease	14
Communicable Disease	17
Maternal and Child Health	20
Environmental Health and Injury	23
Access to Care	26
Special Considerations	28
Next Steps	28



2

A note on data

Most of the data included in this plan come from the 2015 Community Health Report for Lewis and Clark County. However, data from the Youth Risk Behavior Survey (YRBS) has been updated to reflect results from the 2015 survey, which became available after publication of the health report.

Acknowledgments

Thank you to the following individuals who participated on the
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Thank you to the following individuals who participated on the Community Health Improvement Planning Task Force.

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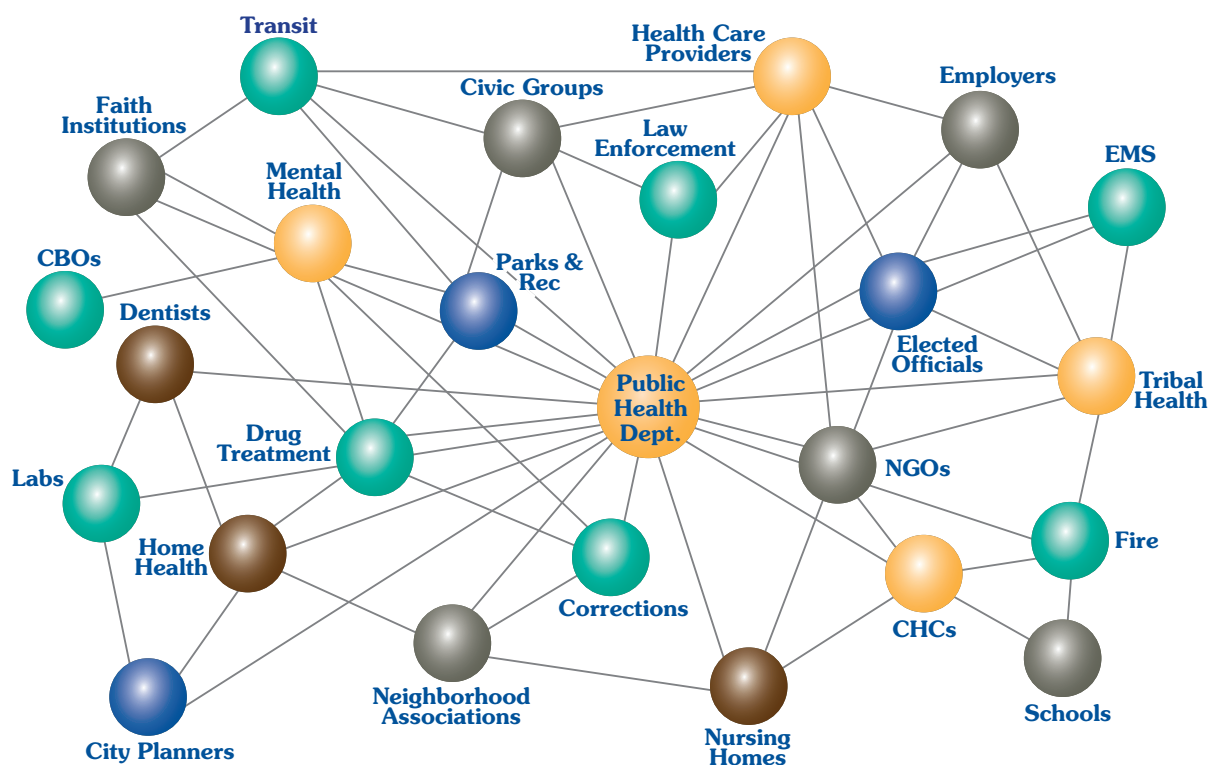
Improving Our Health

There are many things you do as an individual to be healthy: go to the doctor, take needed medications, exercise regularly, eat healthy foods, and brush and floss your teeth, just for example.

There are also ways that we can work together to improve the health of our entire community. In Lewis and Clark County, Lewis and Clark Public Health and St. Peter's Hospital work every day to improve and protect the health of our public, which includes close to 68,000 county residents.

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

Our Local Public Health System



The public health system works to:

- Identify community health problems;
- Mobilize community partnerships to identify and solve health problems; and
- Develop policies and plans that support individual and community health efforts.

Because so many entities are involved in our local public health system, any effort to improve the health of the community must involve collective action by a variety of partners. Other sectors of the community bring different perspectives and information that enhance planning. There are roles and responsibilities for all.

Planning For Impact

In 2016, Lewis and Clark Public Health and St. Peter's Hospital convened members of our local public health system to participate in a Community Health Improvement Planning (CHIP) Task Force. The purpose was to develop a community health improvement plan – a long-term, strategic effort to address our most pressing public health concerns. Task force partners met three times from February through April and were led through a facilitated process to develop the content for this plan. It builds on an initial Lewis and Clark County Community Health Improvement Plan published in 2013, the Montana State Health Improvement Plan and national planning efforts such as Healthy People 2020. Community partners were tasked with developing a data-driven plan, using results from the 2015 Lewis and Clark County Community Health Report, which identified key priority areas of focus for collective action based on the best available community health data. The group was also instructed to consider social determinants of health (the underlying social and economic concerns that affect health and create health disparities) and potential policy change when developing key strategies for action.

The results of our community-wide planning process are contained in these pages. Dozens of community members worked over a span of several months to identify:

- The county's most pressing health needs and priorities;
- Assets and resources available in our community to address those needs;
- Strategies for collective action to address health priorities, with a focus on policy;
- Metrics to measure progress in improving the health of our county; and
- Community partners who will take the lead for all identified strategies.



The list of partners in the acknowledgments section of this document (pages 3-4) shows a broad commitment in our community to improve the health of our population. Over the next few years, the Hospital, Health Department, and our community partners will develop work plans that align with this document to monitor our progress as we work toward a healthier, more engaged community.

For more information:

Lewis and Clark Public Health website:
www.lccountymt.gov/health/about-us/health-improvement-plan

St. Peter's Hospital website:
www.stpetes.org/CHIP

Or contact us at: publichealth@lccountymt.gov

Plan Overview

The Community Health Improvement Planning Task Force developed a definition of “health” and a “healthy community” to guide this plan. Members also identified priority areas for health improvement in our community.

How We Define Health

Health is an all-encompassing state of well-being in mind, body, and spirit that characterizes thriving individuals, families, and communities.

Vision for a Healthy Community

We envision a healthy community where every person is safe, connected, and engaged and has the resources they need to reach their full potential.

Priority Areas of Focus to Improve Health

Mental Health

Suicide
Depression and Anxiety
Criminal Justice and Mental Health

Chronic Disease

Physical Activity
Nutrition
Tobacco Use

Maternal and Child Health

Adverse Childhood Experiences

Environmental Health and Injury

Particulate Pollution
Lead Exposure
Safe Driving Behavior

Substance Abuse

Alcohol Use and Binge Drinking
Underage Drinking
Methamphetamine Use

Communicable Disease

Sexual Risk Behaviors
Immunizations

Access to Care

Navigating the System

Priority Area

Mental Health

Why Mental Health?

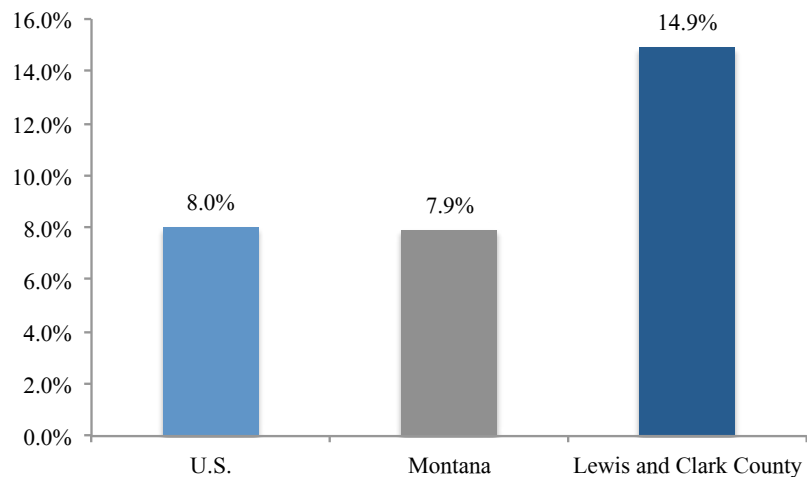
Mental illnesses are the leading cause of disability in the U.S., accounting for a quarter of all years of life lost to disability and premature death. By 2020, behavioral health disorders are expected to surpass all physical diseases as the major cause of disability worldwide, according to the World Health Organization. According to the National Institute of Mental Health, an estimated 13 million American adults have a seriously debilitating mental illness in any given year. Mental illnesses affect not only individuals. They can have devastating consequences for families, communities, and society as a whole, both emotionally and economically.

The connection between mental and physical health is well documented. Mental illnesses ranging from depression and anxiety to schizophrenia affect people's ability to participate in behaviors that promote health. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental wellness and can reduce a person's ability to fully participate in treatment and recovery.

Mental Health in Our Community

Thousands of individuals and families are affected by mental illness in Lewis and Clark County. One in three adult residents reports having at least one poor mental health day in the past month, and around one in three high school students reports symptoms consistent with depression in the past year. Almost 15% of Lewis and Clark County high school students report attempting suicide in the past year, a higher rate than Montana and the U.S. as a whole. Our county, mirroring the state of Montana, has an adult suicide rate that is almost double the rate in the U.S. at 19.3 suicides per 100,000 people.

Reported Suicide Attempts in Past Year among High School Students



Mental Health

Objectives by 2019

Suicide

- Decrease the adult suicide rate in Lewis and Clark County from 19.3 cases per 100,000 people to 17.7 per 100,000. (Source: Montana Vital Statistics)
- Reduce the percentage of high school students in Lewis and Clark County who report attempting suicide from 14.3% to 13.6%. (Source: Youth Risk Behavior Survey-YRBS)

Depression and Anxiety

- Decrease the percentage of adults who report one or more poor mental health days in the past month from 36.2% to 32%. (Source: Behavioral Risk Factor Surveillance System-BRFSS)
- Reduce the percentage of high school students who report symptoms of depression in the past year from 29.3% to 27%. (Source: YRBS)

Criminal Justice and Mental Health

- Establish baseline percentage of jailed inmates in Lewis and Clark County who have a mental health diagnosis. (Source: Lewis and Clark County jail records)

Strategies and Leads

Suicide

- Increase access to and capacity for community education about suicide
Leads: Montana Department of Public Health and Human Services, NAMI Helena and Youth Connections
- Support interventions and policies related to gun safety
Leads: St. Peter's Hospital, medical providers

Depression and Anxiety

- Increase screening for depression and anxiety (e.g. sports physicals, universal screening in schools, universal screening in primary care)
Leads: PureView Health Center, Helena School District
- Increase number of mental health providers in county
Lead: St. Peter's Hospital

Mental Health

Strategies and Leads

Criminal Justice and Mental Health

- Establish a system to screen all inmates for mental health concerns
Leads: Sheriff's Department, Citizen's Advisory Council, Mental Health Centers
- Increase the capacity to provide case management and mental health therapy in the jail
Lead: Mental Health Centers

Community Assets and Resources

Suicide

Crisis Response Team
Journey Home Mental Health Crisis Center
NAMI Helena
Shodair Children's Hospital
St. Peter's Hospital Behavioral Health Unit
PureView Health Center
Helena Public Schools

Private mental-health providers
Intermountain Children's Home
Youth Crisis Intervention
Mental health centers
Home and Community Based Services for Individuals with Severe and Disabling Mental Illness
Family awareness training for suicide

Depression and Anxiety

Primary care providers
AWARE
PureView Health Center
Center for Mental Health
Shodair Children's Hospital
Private mental-health providers

St. Peter's Hospital Behavioral Health Unit
Helena Public Schools
NAMI Helena
Intermountain Children's Home
Parents
Youth activities and ministries

Criminal Justice and Mental Health

St. Peter's Hospital Behavioral Health Unit
Jail Diversion Program
Alcoholics Anonymous
Journey Home Mental Health Crisis Center
County and state group therapy

Evidence-based assessment tools
Crisis intervention training for law enforcement
Detention officials
County probation and parole officers

Priority Area

Substance Abuse

Why Substance Abuse?

Substance abuse, including the abuse of alcohol, illicit drugs, and prescription drugs, negatively impacts the lives of individuals, families and communities in Montana. One in five Montana adults reports binge drinking (20.8%), compared to 16.8% of adults in the U.S. overall, and 7.7% of adults in Montana are classified as “heavy drinkers,” significantly higher than the U.S. rate of 6.2%. Thirty-seven percent of high school students in Montana report alcohol use in the past month, and 23.5% report binge drinking. Excessive alcohol use, including binge and underage drinking, is a leading preventable cause of death in the United States. This dangerous behavior is responsible for more than 79,000 deaths annually and a wide range of health and social problems.

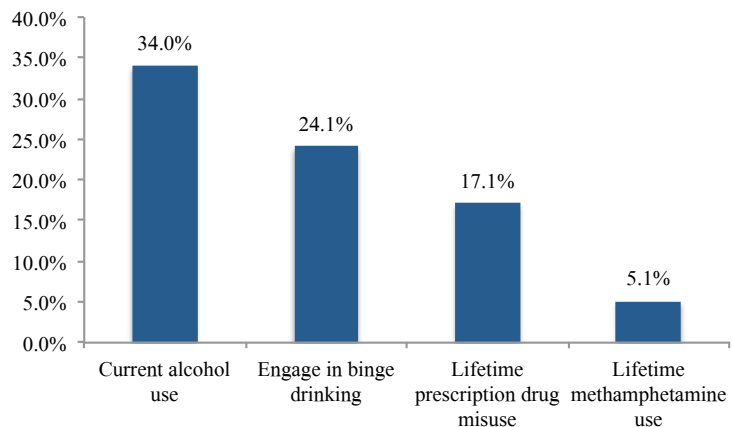
Illicit drug use is also a concern in Montana. One in five high school students reports current marijuana use (21%), one in 10 reports lifetime inhalant use (9.9%), and 16.2% report abuse of prescription drugs in their lifetime. The concerning trends in illicit drug use continue into adulthood. According to the 2012-2013 National Survey on Drug Use and Health, almost one in four young adults in Montana reports illicit drug use in the past month, including 23% of young adults who report currently using marijuana.

Like physical illnesses, substance abuse disorders cost money and lives if they aren’t prevented, are left untreated, or are poorly managed. The presence of substance abuse issues exacerbates the cost of treating physical diseases and results in greater disability burdens for individuals, families, businesses, and governments. Individuals who abuse substances are at increased risk for a number of concerning health outcomes, including motor vehicle crashes, crime, domestic violence, child abuse and suicide.

Substance Abuse in Our Community

Lewis and Clark County residents report high rates of substance use, particularly in relation to alcohol. One in four adults reports engaging in binge drinking and 9% are classified as heavy drinkers (drinking 30 or more alcoholic beverages per month). Among high school students, more than one in three reports current alcohol use and one in four reports engaging in binge drinking. In regard to drug use, almost one in five high school students reports misusing prescription drugs and 5% report lifetime methamphetamine use.

Reported Drug and Alcohol Use among High School Students in Lewis and Clark County



Substance Abuse

Objectives by 2019

Alcohol Use and Binge Drinking

- Reduce the percentage of adults who report binge drinking from 24.1% to 22% (Source: BRFSS)
- Reduce the percentage of high school students who report binge drinking from 22.1% to 20% (Source: YRBS)

Underage Drinking

- Decrease the percentage of high school students who report current alcohol use from 35.3% to 32% (Source: YRBS)

Methamphetamine Use

- Reduce the percentage of high school students who report lifetime methamphetamine use from 5.1% to 4% (Source: YRBS)

Strategies and Leads

Alcohol Use and Binge Drinking

Adult Strategies

- Increase access to Responsible Alcohol Sales and Service Trainings
Lead: Lewis and Clark County DUI Task Force
- Sponsor regular over-service stings at bars and restaurants
Lead: Lewis and Clark County DUI Task Force
- Increase the number of employers who offer an Employee Assistance Program
Leads: Insurance companies, Chamber of Commerce, Society for Human Resource Management, Montana Medicaid

Youth Strategies

- Support implementation of alcohol education curriculum for youth
Lead: Youth Connections
- Offer ongoing alternative activities for youth
Leads: Youth Connections and Helena Family YMCA
- Expand reach of the Pure Performance-Life of an Athlete Program
Lead: Youth Connections

Substance Abuse

Strategies and Leads

Underage Drinking

- Support the development of a statewide social-host ordinance
Lead: Youth Connections
- Influence social norms around underage drinking
Leads: Havre Help (statewide contractor), Youth Connections
- Conduct compliance checks at alcohol points of sale
Lead: Havre Help

Methamphetamine Use

- Educate the community on methamphetamine use and prevention
Leads: Missouri River Drug Task Force, School Resource Officers, Youth Connections
- Support development of a street-crimes unit
Lead: Missouri River Drug Task Force
- Increase awareness of the dangers of methamphetamine
- Lead: Montana Meth Project

Community Assets and Resources

Alcohol Use and Binge Drinking

University of Montana-Helena College
Alcoholics Anonymous
Lewis and Clark County DUI Task Force
National Highway Traffic Safety Administration

Responsible Alcohol Sales and Server Training
24/7 Program and Alcohol EDU programs
Carroll College
Employee Assistance Programs

Underage Drinking

Youth Connections
Supporters of statewide social-host law
Alcohol Education EDU Program
Organizations that support alternative activities
Compliance checks
Havre Help
Schools and Carroll College

Spiritual Life Committee
Lewis and Clark County DUI Task Force
Intermountain Children's Home
Pure Performance
Town hall meetings
Middle school after-school education

Methamphetamine Use

Missouri River Drug Task Force
Montana Meth Project
School Resource Officers

Health class curricula
Drug court
Youth Connections

Priority Area

Chronic Disease

Why Chronic Disease?

Chronic diseases are among the most common, costly, and preventable of all health problems in the United States. Examples of chronic diseases include stroke, heart disease, cancer, diabetes, asthma, and arthritis. Heart disease, cancer, and stroke account for more than half of all deaths in the U.S. each year.

The Centers for Disease Control and Prevention identifies four common risk behaviors for chronic diseases: lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption. Poor nutrition and lack of physical activity in the western world have made obesity a major health concern and a major factor contributing to chronic disease. Two-thirds of adults and almost a third of children are overweight or obese, according to the U.S. Surgeon General's Office. And despite progress in the past few decades in changing social norms related to smoking, 18% of the adult population in the U.S. continues to smoke cigarettes. With the advent of new technologies like e-cigarettes, even more individuals of all ages, especially teens, are using tobacco.

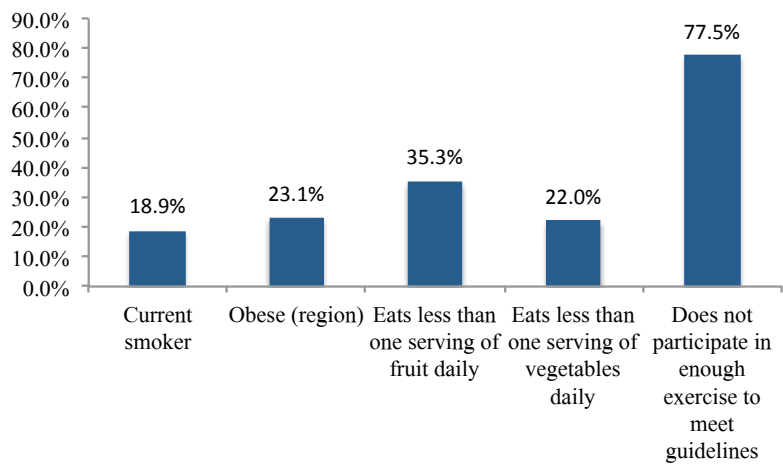
Reducing the rate of risk behaviors related to chronic disease requires a multi-pronged approach. Efforts to change health behaviors should address not only individual lifestyle choices, but the policies and environments that support these behaviors in settings like schools, worksites, health care organizations, and the community. Access to high-quality and affordable prevention measures (including screening and appropriate follow-up care) are essential steps in saving lives, reducing disability, and lowering health-care costs related to chronic disease.

Chronic Disease in Our Community

In Montana, chronic diseases make up four of the top five leading causes of death (cancer, heart disease, chronic lower respiratory disease and stroke). And based on reported risk factors, a large percentage of the population in Lewis and Clark County is at increased risk for chronic disease. More than one in five adults in our county do not participate in enough exercise to meet the recommended guidelines for physical activity, 35% report eating less than one serving of fruit per day, and 22% eat less than one serving of vegetables. One in three adults in our county has been diagnosed with high blood pressure, and almost one in four adults in our region is obese.

Tobacco use is also a concern. Almost one in five adults in our county is a current smoker, and Lewis and Clark County residents are more likely to report that they currently have asthma compared to residents of Montana or the U.S. as a whole. Clearly there is work to be done to reduce the chronic disease risk in our community.

Self-Reported Chronic Disease Risk Factors among Adults in Lewis and Clark County



Chronic Disease

Objectives by 2019

Physical Activity

- Increase the percentage of adults who participate in enough physical activity to meet recommended guidelines from 22.5% to 26%. (Source: BRFSS)
- Increase the percentage of high school students who are physically active at least 5 of the past 7 days from 54% to 60%. (Source: YRBS)

Nutrition

- Decrease the percentage of adults who are obese from 23.1% to 22.5% (Source: BRFSS)
- Decrease the percentage of high school students who describe themselves as slightly or very overweight from 29.2% to 26%. (Source: YRBS)

Tobacco Use

- Reduce the percentage of high school students who report any tobacco use in the past month from 38.5% to 36%. (Source: YRBS)
- Reduce the percentage of adults who report current smoking from 18.4% to 17%. (Source: BRFSS)

Strategies and Leads

Physical Activity

- Support built-environment policies that enhance access to and availability of physical activity opportunities
- Promote walking and bicycling – both indoor and outdoor alternatives.
- Enhance policies and educational campaigns that increase safety for pedestrians and bicyclists (for example, distracted-driving ordinance)
- Increase physical activity opportunities available to school-aged children

Lead: Healthy Communities Coalition

Nutrition

- Increase participation in community gardens
- Increase accessibility and affordability of healthy foods
- Offer community classes on how to prepare whole grains, legumes, and fresh produce
- Increase knowledge of healthy food and beverage choices
- Increase number of worksites and schools that offer wellness and nutrition programs
- Replace sugary drinks in vending machines or remove vending machines from workplaces and schools

Lead: Healthy Communities Coalition

Chronic Disease

Strategies and Leads

Tobacco Use

- Track changes in marketing and manufacture of tobacco products
- Support policies needed to restrict use of tobacco and vaping products by teens and tweens
- Collaborate with youth-serving organizations such as Youth Connections

Lead: Healthy Communities Coalition

Community Assets and Resources

Physical Activity

Trail system and walking paths, including Trails Rx
Youth and adult recreational organizations
Schools
Worksite wellness programs
Strong Women Healthy Hearts
YMCA and other area health clubs
Diabetes Empowerment Education Program
Bike Walk Helena

Supplemental Nutritional Assistance Program
Outdoor activities, including hunting and fishing
Helena Parks and Recreation Department
Kay's Kids
Regional sports facilities
Helena Indian Alliance and Native American Games
ParkFit (free adult fitness classes)

Nutrition

Healthy Communities Coalition
Inch by Inch Program
COC Montana State
Schools (including breakfast and lunch programs)
Lewis and Clark Public Health
Plan 4 Health grant
Diabetes education and clinical nutrition classes

Helena Food Share
Diabetes Empowerment Education Program
MSU Extension Service
Helena community gardens
Family Promise
Kay's Kids Healthy Food Program
YMCA

Tobacco Use

Quit For Life
Montana Tobacco Use Prevention Program
reACT
Tobacco-free parks policy

Montana Tobacco QuitLine
4H Clubs
Montana Clean Indoor Air Act
Youth Connections

Priority Area

Communicable Disease

Why Communicable Disease?

Communicable diseases are those that can be transmitted from one person to another, or in some cases through a vector like food or insects. These diseases are a leading cause of death for children and adolescents around the world, but in the United States and other First World countries, public health and medical advances like immunizations, antibiotics, and improved living conditions have drastically reduced mortality rates from communicable disease.

Despite this progress, communicable diseases still affect many individuals in the U.S. Major categories of communicable disease include:

- **Vaccine-preventable diseases:** Communicable diseases that once caused high rates of morbidity and mortality, such as polio, small pox, measles, mumps, and pertussis, can now be prevented through routine, safe, and affordable childhood vaccinations. However, in recent years, vaccination rates among U.S. children have declined, causing outbreaks of diseases like pertussis and mumps as the “herd immunity” in our population decreases. Policies that support immunizations, as well as public education on the safety and efficacy of vaccines, are needed to prevent further spread of these dangerous diseases.
- **Influenza:** Between 3,000 and 49,000 people have died each year as a result of influenza since 1976. The disease, which peaks annually from November to April, varies each year in terms of potency and is best prevented through a flu shot, a vaccination formulated annually based on the best available science related to what influenza strains are expected to circulate in the world each year.
- **Sexually-transmitted infections:** These diseases, transmitted through sexual contact, are on the rise in the U.S. The Centers for Disease Control and Prevention estimates that nearly 20 million sexually-transmitted infections occur every year nationally, with half of the new cases occurring among people aged 15–24. Sexually-transmitted infections account for almost \$16 billion in health care costs in the U.S. annually (Source: CDC Reported STDs in the US, 2014). Some of these diseases, like Human Papillomavirus (HPV), can be prevented through vaccines, but many must be reduced through decreasing rates of sexual risk behaviors.
- **Foodborne illness:** According to the the Centers for Disease Control and Prevention, 1 in 6 Americans contracts a foodborne illness annually. Restaurant inspections, safe cooking and food preparation practices, and policies that promote a healthy and safe food supply are necessary to prevent these diseases.
- **Emerging diseases:** Despite effective prevention efforts to combat known communicable diseases, the public health system must be prepared to address emerging communicable diseases like the Zika virus. Maintaining a public health disease surveillance infrastructure is key to detecting and containing emerging diseases.

Communicable Disease in Our Community

Many Lewis and Clark County residents are at risk of contracting communicable diseases based on immunization rates and sexual risk behaviors. Only two out of three 19- to 35-month-olds in our community have received all age-appropriate vaccines. And two out of three adults did not receive a flu shot in the past year. Among high school students, 41.8% of students report having sexual intercourse and 12.4% report having four or more sexual partners. Among teens who are sexually active, 39.9% report not using a condom at last intercourse. From 2011-2013, there were 2,320 cases of influenza reported in our county, along with 153 cases of pertussis and 474 cases of chlamydia.

Communicable Disease

Objectives by 2019

Sexual Risk Behaviors

- Decrease the annual number of chlamydia cases from 165 in 2013 to 120 in 2019. (Source: Lewis and Clark Public Health)
- Increase percentage of high school students who report never having had intercourse from 58.2% to 60% (Source: YRBS)
- Increase percentage of sexually active high school students who report using a condom at last intercourse from 60.1% to 65%.

Immunizations

- Increase percentage of adults who report receiving annual influenza vaccine from 34.8% to 36%. (Source: BRFSS)
- Increase number of children aged 19 to 35 months who have received all age-appropriate vaccinations from 67.6% to 75%. (Source: BRFSS)
- Decrease annual number of pertussis cases in Lewis and Clark County from 92 in 2013 to 20 in 2019. (Source: Lewis and Clark Public Health)

Strategies and Leads

Sexual Risk Behaviors

- Follow 2015 Sexually Transmitted Disease Treatment Guidelines, including routine screening, follow-up, and Expedited Partner Therapy/Patient Delivered Partner Therapy
Leads: Lewis and Clark Public Health, health-care providers
- Support implementation of group-based comprehensive risk-reduction interventions delivered to adolescents
Leads: Lewis and Clark Public Health, Planned Parenthood, schools

Immunizations

- Increase community demand for vaccinations through education and private administrative policy development
Leads: Lewis and Clark Public Health, health-care providers, pharmacies
- Encourage providers and health systems to regularly administer vaccinations and to actively promote patient vaccinations
Lead: Lewis and Clark Public Health
- Increase understanding of county-wide vaccination rates through analysis of St. Peter's Hospital and Medical Group vaccination data
Leads: Lewis and Clark Public Health, St. Peter's Hospital and Medical Group

Communicable Disease

Community Assets and Resources

Sexual Risk Behaviors

Planned Parenthood
Other community organizations providing testing, counseling, and education
Lewis and Clark Public Health
Carroll College

Helena College
Helena School District
St. Peter's Hospital
Primary-care providers
Helena Indian Alliance and Leo Pocha Clinic

Immunizations

Mandatory reporting requirements
Primary-care providers
School law and policies
Childcare policies
Company policies

Vaccines for Children Program
Lewis and Clark Public Health
St. Peter's Hospital
Pharmacies

Priority Area

Maternal and Child Health

Why Maternal and Child Health?

Every child deserves a healthy start in life, so a focus on improving the well-being of pregnant mothers, infants, children, and families is an important public health priority.

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

An emerging body of research also underscores the need to support the healthy emotional and social development of families and young children. Experts are increasingly recognizing the role of Adverse Childhood Experiences (ACEs) as key indicators for future health. Increased exposure to Adverse Childhood Experiences is clearly linked to a number of poor health outcomes, including risky health behaviors, chronic health conditions, and early death. The prevention of ACEs is a key public health priority because children raised in safe and nurturing families and neighborhoods, free from maltreatment and other social adversities, are more likely to be healthy and successful adults.

Maternal Child Health in Lewis and Clark County

Exposure to ACEs, including poverty, family violence, and substance abuse, are a concern for children in Lewis and Clark County. Fourteen percent of children aged 0 to 18 in our county live in households with an annual income below the federal poverty level. Based on the rates of reported alcohol abuse and mental health concerns among Lewis and Clark County adults, 1 in 10 children is likely to have a parent who is a heavy drinker and 1 in 3 children is likely to have a parent who reports having had a poor mental health day in the past month.

Hundreds of cases of domestic violence and thousands of cases of child abuse and neglect are reported each year in our county. And tragically, by the time children in our community reach high school, more than 1 in 10 reports having been physically forced to have sexual intercourse. Interventions designed to protect children from ACEs and strengthen families are needed to help mitigate the effects of these early childhood traumas.

Maternal and Child Health

Objectives by 2019

Adverse Childhood Experiences

- Decrease teen birth rate from 26 births per 1000 teenaged girls to 22 per 1000. (Source: Montana Vital Statistics)
- Increase percentage of infants in the WIC supplemental nutrition program who are exclusively breastfeeding at three months from 23% to 32%. (Source: WIC Program)
- Decrease percentage of families with children under 18 who live in poverty from 14.0% to 13.5%. (Source: U.S. Census Bureau)
- Decrease number of Child Protection Services child abuse and neglect allegations annually from 3028 to 2800. (Source: Montana Child and Protective Services Division)
- Reduce number of family or partner aggravated or non-aggravated assault cases from 301 to 285. (Source: Montana Board of Crime Control)
- Decrease percentage of high school students who report ever being physically forced to have sexual intercourse from 11.4% to 10.5%. (Source YRBS)
- Decrease percentage of adults who are heavy drinkers from 8.7% to 7.5%. (Source: BRFSS)
- Decrease percentage of adults who report 1 or more poor mental health days in the past month from 36.2% to 32%. (Source: BRFSS)

Strategies and Leads

Adverse Childhood Experiences

Expand access to training and professional development related to ACEs in the following areas:

- Resiliency/ACE-Master Trainer
- Attachment Resiliency and Competency Trauma Informed training
- Positive community norming
- Perinatal mood disorders
- Process/systems/ infrastructure

Lead: Early Childhood Coalition

Strengthen systems and infrastructure serving families in Lewis and Clark County in the following areas:

- Awareness of available services
- Appropriate referrals
- Capacity of providers
- Transportation
- Insurance
- Screening tools
- Breastfeeding policies

Lead: Early Childhood Coalition

Maternal and Child Health

Strategies and Leads Continued

Adverse Childhood Experiences

Expand and increase access to the following support services for families:

- Evidence-based home visiting
- Evidence-based therapy modalities (e.g. Parent Child Interaction Therapy and Trauma Informed Cognitive Behavioral Therapy)
- Public Health-RN Connect
- Trauma-informed parenting classes
- Breastfeeding support
- Parent support groups
- High quality childcare, including emergency and respite care

Lead: Early Childhood Coalition

Community Assets and Resources

Adverse Childhood Experiences

Early Childhood Coalition

ChildWise Institute

Elevate Montana

Ray Bjork-Special Education Preschool

Chamber of Commerce

Court Appointed Special Advocates

The Child Advocacy Center

Lewis and Clark Public Health

Intermountain Children's Home

Head Start

Friendship Center

Helena Family YMCA

Trauma-informed mental health providers

Positive community norms training

Family Outreach

United Way of the Lewis and Clark Area

City of Helena

Montana Department of Public Health and Human Services

Helena Police

Lewis and Clark County Sheriff's Office

Veteran's Administration Health Center

Lewis and Clark Library

Florence Crittenton

Priority Area

Environmental Health and Injury

Why Environmental Health?

Health is not only a function of genetics and health behavior. Another important contributor to health is the environment in which a person lives. The World Health Organization reports that 25% of all deaths and diseases globally are attributable to environmental factors. Though this rate is lower in the U.S., environmental health is still an important consideration for any public-health planning effort. A robust community health plan must include a focus on creating a healthy environment in which all community members can thrive.

Common environmental health concerns include clean air and water and housing that is free from contaminants and toxins known to affect human health. Environmental health also encompasses injury prevention. Injuries are the leading cause of death for individuals aged 1-44 in the U.S., with more than 190,000 deaths annually resulting from injuries. Focused public health efforts designed to prevent high-prevalence injuries such as automobile accidents and falls will decrease rates of death and disability in our population.

Environmental Health in Our Community

A number of environmental health concerns face our county. In Helena, the largest community in Lewis and Clark County, winter temperature inversions combined with wood stove use can create outdoor air quality concerns in the winter months. In the summer and fall, wildfires can affect air quality and, at times, create unsafe outdoor air conditions, especially for sensitive groups like seniors and those with lung disease. Because of these ongoing air quality concerns, our county is regularly at risk of being labeled as “out of compliance” for PM_{2.5} (particulate pollution) by the U.S. Environmental Protection Agency.

In addition, exposure to lead is a concern in Lewis and Clark County. A large portion of the city of East Helena is a designated Superfund site because of lead contamination. In addition, 54% of the houses in Lewis and Clark County were built before 1980 and thus may contain lead paint, a potential source of exposure especially in homes occupied by young children.

Finally, Montana is consistently ranked among the worst states for rates of motor vehicle crashes and deaths. Many Lewis and Clark County residents engage in driving behaviors that put them at increased risk for injury. Almost one in four adults in Lewis and Clark County reports that they do not always wear a seat belt, and 64.2% of high school students report texting or emailing while driving.

Environmental Health and Injury

Objectives by 2019

Particulate Pollution

- Reduce number of PM_{2.5} 24-hour designated “Poor” or “Watch” days annually to 10 or under (from 14 in 2014). (Source: Montana Department of Environmental Quality)
- Establish baseline number of wood stoves in Lewis and Clark County.

Lead Exposure

- Reduce number of children in Lewis and Clark County whose blood lead level exceeds 5 ug/dl annually to 0. (Source: Lewis and Clark Public Health)

Safe Driving Behaviors

- Decrease percentage of high school students who report texting or emailing while driving from 64.2% to 57.8%. (Source: YRBS)
- Reduce percentage of high school students who report never or rarely wearing a seat belt from 9.3% to 7.6%. (Source: YRBS)
- Reduce percentage of adults who report that they do not always wear a seat belt from 24.8% to 15.2%. (Source: BRFSS)

Strategies and Leads

Particulate Pollution

- Increase enforcement of wood stove use to decrease violations of county regulations
 - Increase community education on regulation requirements
 - Increase education on effective burning practices
 - Pursue EPA’s Environmental Education Grant and Wood Stove Exchange funding
- Lead: Lewis and Clark Public Health

Lead Exposure

- Increase capacity of Lewis and Clark Public Health to work with renovation, repair, and painting contractors to reduce risk of lead exposure
 - Expand distribution of educational materials related to lead poisoning to increase public awareness, especially outside of East Helena and in schools
- Lead: Lewis and Clark Public Health

Environmental Health and Injury

Strategies and Leads Continued

Safe Driving Behaviors

- Support passage of a statewide primary seat-belt law
 - Support passage of a statewide policy banning cell phone use while driving
 - Increase education and awareness around safe driving behaviors, particularly among teens
- Lead: Montana Buckle Up Coalition

Community Assets and Resources

Particulate Pollution

Lewis and Clark Public Health
Montana Department of Environmental Quality
U.S. Environmental Protection Agency

Wood stove vendors
County Outdoor Air Quality Regulations
Community-wide education efforts

Lead Exposure

Lewis and Clark Public Health
Montana Medicaid

Head Start
Healthcare providers

Safe Driving Behaviors

Buckle Up Montana
Law enforcement
Schools, Driver Education Programs

Montana Department of Transportation
D.A.R.E.
Local legislators

Priority Area

Access to Care

Why Access to Care?

Access to comprehensive, quality health-care services is important for the achievement of health equity and for increasing the quality of health for all. Access to high quality health care improves overall physical, social, and mental health status, increases detection and treatment of health conditions, and improves quality of life.

Optimal access to health care means that every person in our community should be able to:

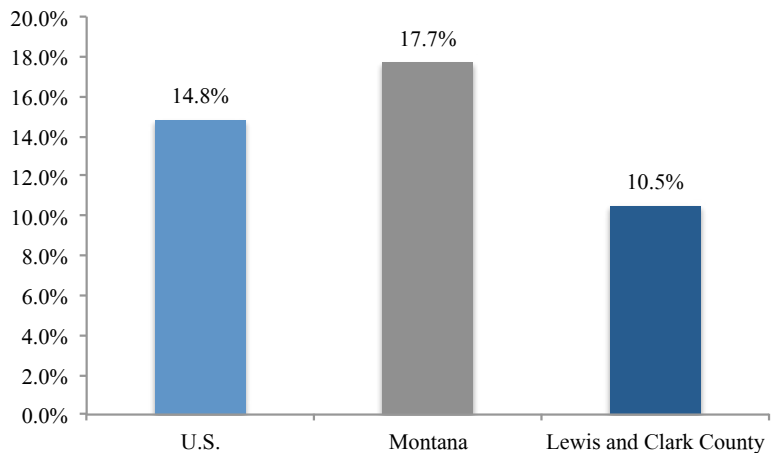
- Gain entry into the health-care system;
- Access a health-care location where needed services are provided; and
- Find a health-care provider they can trust and communicate with.

Access to Care in Our Community

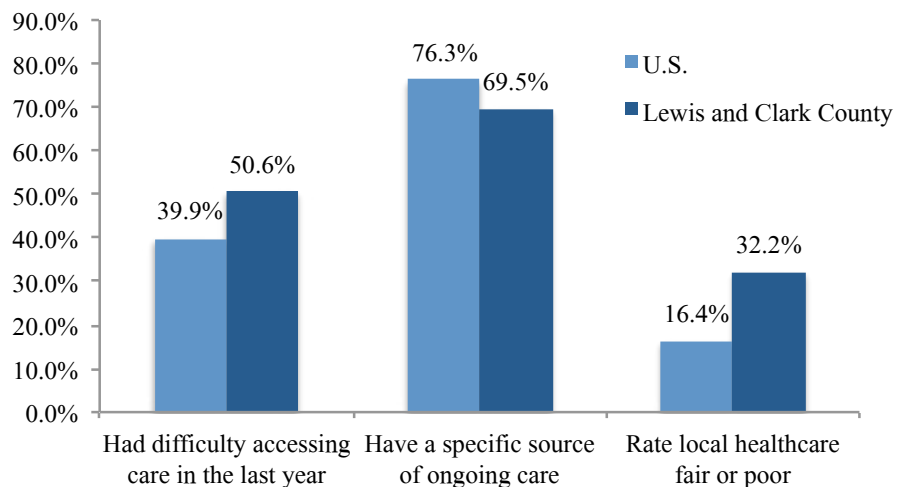
Lewis and Clark County residents are more likely to report having health insurance compared to other Montanans and U.S. residents as a whole. Only 10.5% of county residents and 5.1% of children under the age of 18 are uninsured. Expanded coverage under the Affordable Care Act and through Medicaid expansion is likely to improve these rates even further.

Despite having better access to insurance, residents in our county reported greater concerns related to accessing care compared to the U.S. as a whole. According to a community survey conducted by St. Peter's Hospital in 2015, 50.6% of county residents reported difficulty accessing care in the past year and only 69.5% reported having a specific source of ongoing medical care. In addition, 32.2% rated their local health care as fair or poor, compared to only 16.4% of individuals in the U.S. as a whole.

Individuals Who Are Uninsured (All Age Groups)
2011-2013



Access to Care, Lewis and Clark County vs. U.S., 2015



Access to Care

Objective by 2019

Navigating the System

- Increase percentage of Lewis and Clark County adults who report having a specific source of ongoing care from 76.5% to 84.1%. (Source: PRC Survey)

Strategies and Leads

Navigating the System

Support community members' ability to navigate the health-care system community-wide by:

- Identifying list of health-care resources and navigators
- Adopting Consented Referral System community-wide
- Researching clearinghouse options for assisting public in finding, selecting, and establishing primary care

Lead: Lewis and Clark Public Health

Support community members' ability to navigate the health-care system at St. Peter's Hospital by:

- Educating public on mid-levels and physician integration with mid-level visits
- Hiring emergency department case manager to educate and schedule non-emergent patients with primary-care provider

Lead: St. Peter's Hospital

Community Assets and Resources

Navigating the System

Primary-care providers
St. Peter's Hospital and Emergency Department
Montana Office of Public Instruction
Helena Family YWCA
Career Training Institute
Center for Mental Health
Churches and schools
Navigating programs and social workers
Lewis and Clark Public Health

Shodair Children's Hospital
Rocky Mountain Development Council
Family Promise
Office of Public Assistance
Montana Healthcare Foundation
Affordable Care Act Navigators
PureView Health Center
God's Love Shelter
Employers

Special Considerations

Policy

The CHIP Task Force work groups were tasked with developing strategies for collective action in each of their priority areas of focus with a specific emphasis on policy. Policy development is important in public health because it creates sustainable, lasting change that affects an entire population of people versus public health programs or education that require ongoing funding and are often targeted toward a small group of individuals. Some of the work groups identified strategies that address policy.

Policy Strategies Included in This Plan

Suicide: Support interventions and policies related to gun safety

Underage drinking: Support development of a statewide social-host ordinance

Physical activity: 1) Support built environment policies that enhance access to and availability of physical activity opportunities and 2) enhance policies and educational campaigns that increase safety for pedestrians and bicyclists (for example, a distracted driving ordinance).

Tobacco use: Support policies needed to restrict use of tobacco and vaping products by teens and tweens

Safe driving behaviors: 1) Support passage of a statewide primary seat belt law and 2) support passage of a statewide policy banning cell phone use while driving.

Social Determinants of Health

Examples in This Plan

Nutrition: Increase accessibility and affordability of healthy foods.

Maternal and Child Health: Decrease percentage of families with children under 18 who live in poverty from 14.0% to 13.5%. (Source: U.S. Census Bureau)

The CHIP Task Force work groups were also instructed to consider the social determinants of health in each priority area of focus. Social determinants of health are underlying conditions that affect a person's health, such as socioeconomic status, race, gender, and geography. A number of the metrics and strategies included in this plan directly address social determinants of health. Creating more equitable, well-distributed access to health services and supports is a recurring theme throughout the plan.

Next Steps

The lead agencies listed in this plan will be responsible for working with community partners to implement the strategies identified here. As needed, detailed work plans for the listed strategies will be developed by the lead agencies.

Annually, the CHIP Task Force will re-convene to review the plan, discuss progress, and share lessons learned. After this meeting, the plan will be updated with the most recent data, and any needed changes in strategies will be made. Lewis and Clark Public Health and St. Peter's Hospital will develop an annual progress report based on the results of this meeting and will re-publish a new version of the plan on their CHIP websites. The progress reports and updated plan will be distributed to partners via email.

In 2019, the CHIP Task Force will re-convene to select new health priorities and create a new community health improvement plan for Lewis and Clark County.

Helena, Montana
June 2016

