

2017-2018

Custer County Community Health Improvement Plan



Community

Health Alliance

Custer County

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Special thanks to the community members of Custer County as they were an integral part of the data collection process by taking the time to complete the community health needs assessment survey.

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PARTNERS

- Core Team Project Partners
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 - Christine Williams – Montana Health Network
 - Chelsea Jerke – oneHealth-Custer County Public Health
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 - Heidi Zentz – Holy Rosary Healthcare
 - Karla Lund – Miles Community College
 - Lindsay Bryan - oneHealth-Custer County Public Health
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 - Meredith Hirsch – Billings Clinic Miles City
 - Skye Arndt - oneHealth-Custer County Public Health
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 - Wendy Richards – oneHealth-Custer County Public Health

- Community Partners, stakeholders, and organizations
 - Billings Clinic Miles City
 - Holy Rosary Healthcare

- Miles Community College
- Montana Health Network
- Montana State University Extension
- OneHealth-Custer County Public Health
- Reynolds Market

Executive Summary

The Public Health Accreditation Board defines a *community health improvement plan* as a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community.

The Custer County Community Health Alliance met at least monthly to collaborate and strategize during the Community Health Assessment. After the survey was completed in 2017, the Health Alliance continued to meet to discuss and work together to create the community health improvement plan based on the results of the survey. Our team utilized, both paper and electronic surveys to collect data. Upon completion, results were analyzed using electronic tools by one of our public health interns.

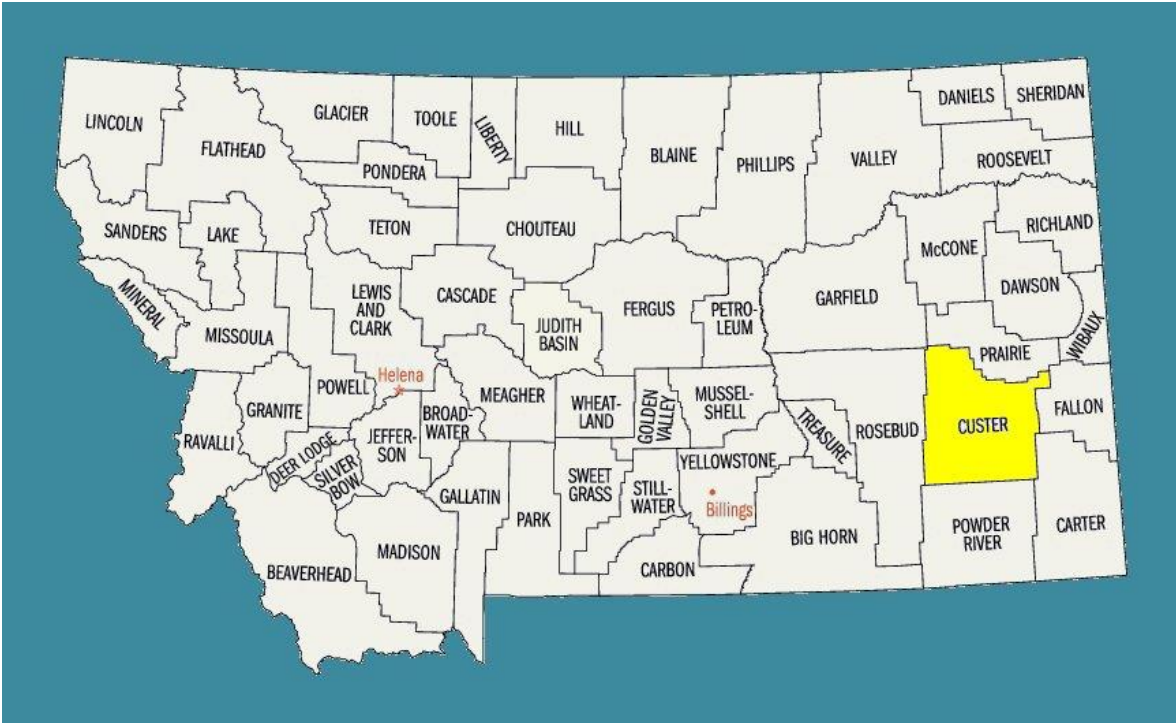
The mission of the Custer County Community Health Alliance is to create a culture of health and to promote health and wellness in Custer County with a unified voice.

Background

Custer County is located in southeastern Montana. The county seat of Miles City was founded in 1876 and is rich in history. Both livestock and crop production is the foundation of eastern Montana's economy, and Miles City is its hub. The region is known for its high-quality, carefully bred cattle. Eastern Montana also leads in sheep

production. Wheat, both winter and summer varieties, is the major small grain grown in the region.

Miles City is probably best known for bucking horses and its proud Western heritage. Annually in May, the population nearly doubles to host the World Famous Miles City Bucking Horse Sale, earning Miles City's nickname - "The Cowboy Capital of the World". Miles City hosts medical facilities, a community college and a steadily expanding business district serving several outlying communities, as well as farm and ranch families.



Demographic Information

All Topics	Montana	Custer County, Montana
Population estimates, July 1, 2017, (V2017)	1,050,493	11,721
PEOPLE		
Population		
Population estimates, July 1, 2017, (V2017)	1,050,493	11,721
Population estimates base, April 1, 2010, (V2017)	989,414	11,699
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	6.2%	0.2%
Population, Census, April 1, 2010	989,415	11,699
Age and Sex		
Persons under 5 years, percent	6.0%	6.3%
Persons under 18 years, percent	21.8%	21.7%
Persons 65 years and over, percent	18.1%	19.2%
Female persons, percent	49.6%	49.8%
Race and Hispanic Origin		
White alone, percent(a)	89.1%	94.5%
Black or African American alone, percent(a)	0.6%	0.5%
American Indian and Alaska Native alone, percent(a)	6.7%	2.2%
Asian alone, percent(a)	0.8%	0.6%
Native Hawaiian and Other Pacific Islander alone, percent(a)	0.1%	0.1%
Two or More Races, percent	2.8%	2.1%
Hispanic or Latino, percent(b)	3.8%	3.4%
White alone, not Hispanic or Latino, percent	86.2%	91.8%
Population Characteristics		
Veterans, 2012-2016	87,936	1,030
Foreign born persons, percent, 2012-2016	2.0%	1.3%
Housing		
Housing units, July 1, 2017, (V2017)	510,389	5,698

Owner-occupied housing unit rate, 2012-2016	67.2%	69.6%
Median value of owner-occupied housing units, 2012-2016	\$199,700	\$145,100
Median selected monthly owner costs -with a mortgage, 2012-2016	\$1,307	\$1,061
Median selected monthly owner costs - without a mortgage, 2012-2016	\$392	\$354
Median gross rent, 2012-2016	\$732	\$639
Building permits, 2017	4,932	2
Families & Living Arrangements		
Households, 2012-2016	412,653	4,872
Persons per household, 2012-2016	2.41	2.37
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	83.5%	82.9%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	3.9%	2.3%
Education		
High school graduate or higher, percent of persons age 25 years+, 2012-2016	92.9%	91.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	29.9%	19.9%
Health		
With a disability, under age 65 years, percent, 2012-2016	9.3%	11.3%
Persons without health insurance, under age 65 years, percent	9.8%	8.4%
Economy		
In civilian labor force, total, percent of population age 16 years+, 2012-2016	63.2%	66.7%
In civilian labor force, female, percent of population age 16 years+, 2012-2016	59.4%	64.0%
Total accommodation and food services sales, 2012 (\$1,000)(c)	2,420,455	28,523
Total health care and social assistance receipts/revenue, 2012 (\$1,000)(c)	6,469,475	67,153
Total manufacturers shipments, 2012 (\$1,000)(c)	11,535,236	D

Total merchant wholesaler sales, 2012 (\$1,000)(c)	12,645,824	64,342
Total retail sales, 2012 (\$1,000)(c)	15,623,573	256,660
Total retail sales per capita, 2012(c)	\$15,544	\$21,590
Transportation		
Mean travel time to work (minutes), workers age 16 years+, 2012-2016	17.9	13.8
Income & Poverty		
Median household income (in 2016 dollars), 2012-2016	\$48,380	\$50,146
Per capita income in past 12 months (in 2016 dollars), 2012-2016	\$27,309	\$26,742
Persons in poverty, percent	13.3%	11.4%

BUSINESSES

Businesses		
Total employer establishments, 2016	37,626 ¹	424
Total employment, 2016	378,463 ¹	4,415
Total annual payroll, 2016 (\$1,000)	14,542,766 ¹	141,809
Total employment, percent change, 2015- 2016	0.9% ¹	-1.9%
Total nonemployer establishments, 2016	88,689	861
All firms, 2012	112,419	1,058
Men-owned firms, 2012	55,913	478
Women-owned firms, 2012	35,449	344
Minority-owned firms, 2012	5,578	26
Nonminority-owned firms, 2012	102,746	961
Veteran-owned firms, 2012	11,486	125
Nonveteran-owned firms, 2012	93,393	778

GEOGRAPHY

Geography		
Population per square mile, 2010	6.8	3.1
Land area in square miles, 2010	145,545.80	3,783.36
FIPS Code	30	30017

<https://www.census.gov/quickfacts/fact/table/mt.custercountymontana/PST045217>

Key Findings

In 2017, the Custer County Community Health Alliance conducted a Community Health Needs Assessment. The Public Health Accreditation Board's (PHAB) definition of a community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. From the survey results and data analyzed, the following were identified as key findings:

- What is important for a healthy community, top three:
 1. Access to health care and other services – 54.82% of responses
 2. Good jobs and a healthy economy – 42.13% of responses
 3. Clean air/water – 31.47% of responses
Good schools – 31.47% of responses
- What issues do you consider a “big problem”, top three:
 1. Illegal drug use – 68.54% of responses
 2. Prescription drug abuse – 50% of responses
 3. Alcohol Abuse – 44.38% of responses



Methodology & Priorities

The Custer County Community Health Alliance did not use a specific prioritization process for the Health Improvement Plan, but the core planning team met frequently to analyze the data and results of the survey. During the discussions with stakeholders and the planning team, the Health Alliance talked at length about the many issues that were described in the results of the survey from community participants. The discussions included:

- How feasible the issue was to address
- The impact our core planning team could make
- How important the community rated the issue
- The health impact of the issue on the community as a whole
- Resources in the community already in place to address the issue

After at length discussions of each key finding from the survey, the core planning team of the Health Alliance then would decide how to address the issue for the Health Improvement Plan.

In conjunction with the survey results and the County Health Profile, the health alliance used the analyzed data and came up with top priorities and health issues to address:

1. Substance Abuse
2. Mental Health/Self Harm
3. Teen Pregnancy
4. Access to resources
5. COPD/Asthma

During the discussions, the Health Alliance felt that with the self reliant communtiy and the many different resources offered already in the area, we would address the top priorities and issues by looking at Healthy Living as a whole.

Once the Health Alliance decided on Healthy Living, we moved forward with a plan on how to better serve the community's health needs. The core planning team made up of a variety of health promoting organizations, came to the conclusion that each organization offered resources to address the top health priorities. The lack of an efficient and timely form of communication internally between health promoting organzitions and then out to the public has been identified as a large reason for the *feeling* that we lack resources within the community. Many of the resources are here and our continued commitment to our Community Health Alliance will assist in breaking down that barrier.



Goals & Objectives

GOAL: Promote overall healthy living options for the community to decrease health disparities

Action Plan			
Activity	Target Date	Organizer	Anticipated Result
CHA will Partner with the local Reynolds Market to provide a “Dieticians Corner” bulletin board with new recipes and education monthly	June 2018	Skye Arndt, CHA, Reynolds Market	Educate community members about the importance of a healthy diet and teach them the benefit of cost savings – eating out vs. eating at home. Also, this promotes family activities and invites them to participate in healthy dinnertime conversations, rituals, and overall family well being.
Custer County CHA will promote healthy family activities being offered in the community in the monthly newsletter and on their facebook page	April 2018	Community Health Alliance/Healthcare Organizations/Community organizations	Increased options for community members to choose healthy alternatives for families to participate
Custer County CHA will promote overall health and well being by highlighting an existing healthy activity within the community	April 2018	Community Health Alliance/Healthcare Organizations/Community organizations	Promote local community resources available at no or low cost to increase knowledge and provide options for overall mental and physical health

such as walking paths, community fitness classes, cooking classes, etc			
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GOAL: Provide better communication to the residents of Custer County about the available health resources in the community through Newsletters and Social Media to promote healthy living

Activity	Target Date	Organizer	Anticipated Result
Continue to arrange monthly meetings to update CHA on upcoming months events and resources	Aug 2018	Chelsea Jerke/ Community Health Alliance	Continue to promote a stronger working relationship between healthcare organizations in Miles City to create the most healthy community possible
CHA members to set up a facebook page and maintain monthly updates	April 2018	Chelsea Jerke/Skye Arndt/ Community Health Alliance	Increased communication and broader audience targeted to communicate community events, health resources, etc.
CHA members to create a monthly newsletter distributed to the community at various organizations	April 2018	Community Health Alliance	Increased communication and broader audience targeted to communicate community events, health resources, etc.

GOAL: Decrease substance abuse in Custer County by promoting healthy options and healthy living activities

Activity	Target Date	Organizer	Anticipated Result
Continue to arrange monthly meetings to update CHA on the upcoming months events and resources	Aug 2018	Chelsea Jerke/ Community Health Alliance	Continue to promote a stronger working relationship between healthcare organizations in Miles City to create the most healthy community possible
Collaborate with other organizations events to bring attention to the resources offered to treat substance abuse – Counselors, MAT program, Provider support, etc	April 2018	Community Health Alliance/Healthcare Organizations	Promote resources available to the community to help treat/prevent substance use/abuse
Custer County CHA will promote healthy family activities being offered in the community in the monthly newsletter and on their facebook page	April 2018	Community Health Alliance/Healthcare Organizations/Community organizations	Increased options for community members to choose healthy alternatives for families to participate in

GOAL: Promote awareness of mental health providers in the community and promote healthy living options

Activity	Target Date	Organizer	Anticipated Result
Continue to arrange monthly meetings to update CHA on the upcoming months events and resources	Aug 2018	Chelsea Jerke/ Community Health Alliance	Continue to promote a stronger working relationship between healthcare organizations in Miles City to create the most healthy community possible
Promote current mental health providers and the resources available for treatment and prevention activities	Dec 2017	Community Health Alliance/Healthcare Organizations/Mental Health Providers	Increased working relationship between organizations in the community and better communication to better serve the community

Moving Forward

The Custer County Community Health Alliance will continue to hold monthly meetings to promote overall health and well being within the community. Our plan to utilize existing-community resources, as well as support new and upcoming additions for the health of the community will help to decrease health disparities within Custer County.

The rural nature of our area presents both benefits and challenges for providing health resources and creating a healthy environment for all the members of the community. By continuing with our core planning team meetings on a monthly basis, we will be able to better communicate the ongoings of all the organizations that we each represent and provide the community with a centralized resource to identify healthy activities readily available.

We will continue to build and strengthen our working relationship between our current organizations, as well as pull in new relationships as we begin to promote our mission throughout the community via our newsletter and facebook.

By continuing to promote the mission of the Custer County Community Health Alliance, we will create a culture of health and promote overall health and wellness in Custer County with a unified voice.



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