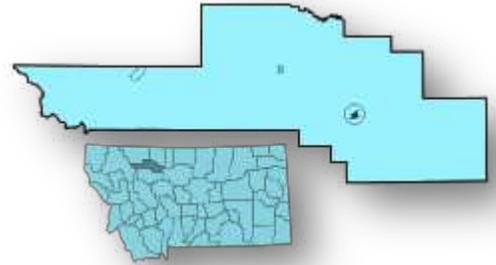


# Pondera County Health Department

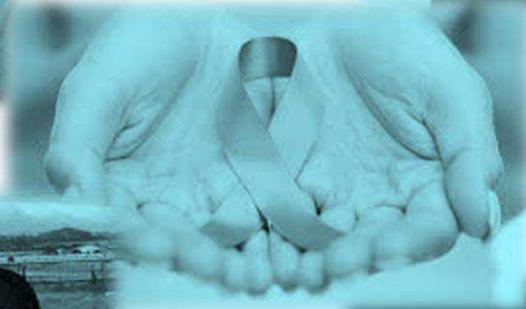


## Community Health Improvement Plan

Completed and Approved

April 2016

For the period of 2016-2019



## ACKNOWLEDGEMENTS:

The Pondera County Health Department would like to acknowledge the stakeholders, participants and community partners who collaborated in the creation of this whole Community Health Improvement Plan. Without the input of these partners, we would only be a department, and not true community members.

Special thanks to Montana State University-Billings, Montana DPHHS Public Health and Safety Division and the Montana Healthcare Foundation for their unwavering support and belief that a small group can accomplish great things.

### Signatures of the Steering Committee and the Spheres they Influence:

Pondera County Board of Commissioners, Pondera County Board of Health, Pondera Medical Center Gateway Prevention, Conrad Ministerial Association, Pioneer Counseling, Mental Health Advisory Board Conrad Public Schools, Pondera County Sheriff's Office, Pondera CASA, Pondera Healthcare Foundation  
MSU Extension

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## EXECUTIVE SUMMARY:

Greetings:

At the Pondera County Health Department, we envision a community in which all residents from birth to end of life have an opportunity to achieve an optimal state of health. In pursuit of this vision and in collaboration with the residents of Pondera County, we present this Community Health Improvement Plan (CHIP).

Following a Community Health Needs Assessment process performed in 2013 by Pondera Medical Center (which can be viewed at [http://www.mtpin.org/profiles/files/pondera-medical-center/Pondera\\_ImpPlan.pdf](http://www.mtpin.org/profiles/files/pondera-medical-center/Pondera_ImpPlan.pdf)) and the development of a strategic internal plan, a diverse community group developed goals and objective to pursue the community's key concerns. These strategies are aligned with the surgeon general's National Preventive Strategy and the Montana State Health Improvement Plan and are evidence-based or evidence-informed.

We believe that the key issues identified in the Community Health Assessment in 2013 specifically Cancer, Obesity/Physical Activity and Substance Abuse are interrelated and Mental Health plays a crucial piece to overall understanding. For example, the presence of a mental illness may be a contributor to the abuse of alcohol or people who deal with obesity could have higher rates of depression. Obesity and mental illness are chronic diseases and substance abuse can be both a cause and an effect. As strategies are implemented in Pondera County to improve one area, progress may be gained in another.



We know that a plan that is not embraced by a community is just a document. Community change and health improvements require dedication and commitment from all stakeholders and ultimately individual choice is a great determinant of individual health outcome. Additionally, we all influence the community in which we live. To that end, we invite the residents of Pondera County to participate in addressing the focus areas within the plan and aim to improve the health of each individual, family and our community.

We are grateful for the community members that worked to develop this plan. And thank you in advance to all of you for your contributions as we move forward with implementation. Together, we can make Pondera County a healthier place for all.

Sincerely,

Cynthia Grubb RN, BSN  
Director, Pondera County Health Department

## INTENTION STATEMENTS:

### MISSION STATEMENT:

The Mission of the Pondera County Health Department , in cooperation with Pondera County and aligned with the Montana Department of Public Health and Human Services is to encourage public wellness through population based health strategy and individual interaction.

This includes the promotion of healthy lifestyle practices and implementation of evidenced base prevention measures. Our goal is to provide these services efficiently and without bias to our customers, the residents of Pondera County.

### VISION STATEMENT:

‘Impacting the Health of Pondera County by Bridging Gaps and Increasing Communication’  
We promote success.

### VALUES STATEMENT:

- We respect people including:
  - Employees or supervisors
  - Partners or stakeholders
  - Customers who we define as:
    - Individuals, families, groups and organizations, businesses and all who live or work in Pondera County regardless of gender, race, ethnicity or socioeconomic status
- We respect the input of our community as shown by:
  - Outreach
  - Responsiveness to questions or requests for service
  - Our ongoing community health improvement strategy
  - Our desire to improve our community through collaborative health efforts
  - Our efforts to base strategy on local data
- We respect evidence base:
  - For data collection
  - For strategy selection
  - For evaluation and quality improvement

## COMMUNITY DESCRIPTION

Pondera County is primarily a rural county covering approximately 1,640 square miles with land areas of 1624.668 square miles and water areas of 15.159 square miles. Altitude varies from flat land to the Continental Divide, 5,236 feet above sea level, in the Lewis and Clark Forest bordering Glacier National Park. Federal land comprises 270,687 acres: Bureau of Land Management – 1,405 acres, and Blackfeet Reservation and Bureau of Indian Affairs – 162,643 acres. Residents thrive on an agricultural base and report high quality of life. The US census bureau reports a 2014 population of 6214 or a lower than state average of 3.8 persons per square mile. Residents are 82% 'white alone' and 14% Native American, who can be assumed to mostly reside on the Blackfeet Indian Reservation. Other ethnic considerations include the presence of 5 Hutterite colonies. The 2013 Community Health Assessment found that residents define healthy community as good schools, access to health care and spiritual values as the most important aspects of a healthy community while listing Cancer, Alcohol and Substance Abuse and Overweight/Obesity as the top three Community Health Concerns. In the recent County Health Rankings by Robert Wood Johnson Foundation, Pondera County ranked 10<sup>th</sup> healthiest of the 56 counties in Montana. A healthier Pondera County is the goal and aim of Pondera County Health Department. Healthy children are better students, healthy adults make a more productive work force, and healthy seniors enjoy more satisfying retirement years. A healthy population is not only essential to a healthy economy, but to the sustainability of the quality of life residents currently enjoy.

This plan, which was developed with help of the community of Pondera County, outlines strategies to improve the health of Pondera County residents and strengthen the local public health system. The Pondera County Health Department will use this plan to focus our work from 2016-2019; providing a cohesive health agenda for Pondera County.

## CHIP METHODOLOGY:

To engage the community of Pondera County in the development of a Community Health Improvement plan, the Mobilization for Action through Planning and Partnerships or MAPP process was applied. Some adjustments were made due to the rural nature of Pondera County, but the overall framework was followed. We assumed that the Community Health Assessment (CHA) done by Pondera Medical Center in 2013 was sufficient in the identification of community priority issues. We also included data from the Montana Youth Risk Behavioral Survey, the Behavioral Risk Factor Surveillance system, and qualitative information obtained in focus groups of senior citizens and teens.

We formed a broad based community group that was selected and invited based on the roles they fulfilled in the community, their ability to commit to the meetings and their special interest in the pursuit of health objectives in the community. This group served as the advisory committee throughout the process. This group was initially polled regarding community priorities before reviewing the 2013 assessment document. The group concluded identical issues with one change. They were unanimously certain that mental health needed to be included as a priority issue as it affected all the priority categories and access to services and population awareness and education was felt to be poor.

The group met Tuesday evenings from 5-6:30PM at the Pondera County Health Department conference room. Participants were added as roles needed to be filled to accomplish full community voice. Communication between meetings was achieved through a social media site, telephone calls or email. A total of 8 group meetings were held in completion of the CHIP not including the focus group work and youth projects.

Prioritization, goal-setting, objectives and strategies were accomplished through suggested tools from the MAPP site as well as strategy set forth by Montana DPHHS's Public Health Systems Improvement Division. It is recognized that the development of the CHIP document is a beginning. The implementation of this plan does not end with the writing. Also a new CHA done collaboratively by Pondera Medical Center and Pondera County Health Department in summer/fall of 2016 is in process and will need to be incorporated.

## DATA SOURCES

### 1. County Health Rankings (Robert Wood Johnson Foundation, 2015)

<http://www.countyhealthrankings.org/app/montana/2015/rankings/pondera/county/outcomes/overall/snapshot>

|                                  | Pondera County | Trend  | Error Margin | Top U.S. Performers <sup>^</sup> | Montana | Rank (of 47) |
|----------------------------------|----------------|---|--------------|----------------------------------|---------|--------------|
| <b>Health Factors</b>            |                |   |              |                                  |         | <b>35</b>    |
| <b>Health Behaviors</b>          |                |   |              |                                  |         | <b>39</b>    |
| Adult smoking**                  | 20%            |   | 19-20%       | 14%                              | 20%     |              |
| Adult obesity                    | 30%            |        | 25-35%       | 25%                              | 25%     |              |
| Food environment index           | 5.5            |   |              | 8.3                              | 7.2     |              |
| Physical inactivity              | 27%            |        | 22-32%       | 20%                              | 22%     |              |
| Access to exercise opportunities | 46%            |   |              | 91%                              | 67%     |              |
| Excessive drinking**             | 20%            |   | 19-20%       | 12%                              | 21%     |              |
| Alcohol-impaired driving deaths  | 41%            |   | 28-53%       | 14%                              | 47%     |              |
| Sexually transmitted infections  |                |   |              | 134.1                            | 379.8   |              |
| Teen births                      | 27             |   | 19-36        | 19                               | 33      |              |

### County Demographics -

|  | County | State     |
|--|--------|-----------|
| Population                               | 6,219  | 1,023,579 |
| % below 18 years of age                  | 24.5%  | 22.0%     |
| % 65 and older                           | 19.6%  | 16.7%     |
| % Non-Hispanic African American          | 0.3%   | 0.5%      |
| % American Indian and Alaskan Native     | 14.5%  | 6.6%      |
| % Asian                                  | 0.3%   | 0.8%      |
| % Native Hawaiian/Other Pacific Islander | 0.0%   | 0.1%      |
| % Hispanic                               | 1.8%   | 3.5%      |
| % Non-Hispanic white                     | 81.4%  | 86.7%     |
| % not proficient in English              | 0%     | 0%        |
| % Females                                | 51.3%  | 49.8%     |
| % Rural                                  | 58.1%  | 44.1%     |

## 2. Montana Behavioral Risk Factor Surveillance System

<http://dphhs.mt.gov/publichealth/BRFSS/Questionnaires.aspx>

Some of the most important determinants of overall health are behavioral. Risk of developing many chronic diseases or communicable diseases, as well as experiencing injuries, can be greatly reduced by altering personal behavior. As such the following indicators are a way to measure the overall disease risk in a community and may be a good place to focus interventions.

The indicators below correlate with information found in the Behavioral Risk Factor Surveillance System (BRFSS).

| Behavioral Risk Factor | Substance Use                                |                            |                            | Protective Factors                               |   |
|------------------------|--|----------------------------|----------------------------|--|---|
|                        | Tobacco Use<br>(current smoking)<br>(95% CI) | Binge Drinking<br>(95% CI) | Heavy Drinking<br>(95% CI) | Always/ Nearly Always Wears Seatbelt<br>(95% CI) | Condom Use as contraception<br>(95% CI) |
| Total Region           | 22.2%<br>(20.8-23.6)                         | 16.8%<br>(15.1-18.7)       | 5.2%<br>(4.3-6.3)          | 86.6%<br>(84.5-88.5)                             | 17.2%<br>(13.6-21.4)                    |
| Total Montana          | 19.3%<br>(18.7-20.0)                         | 16.9%<br>(16.0-17.8)       | 5.9%<br>(5.4-6.4)          | 88.4%<br>(87.4-89.3)                             | 15.2%<br>(13.6-17.0)                    |
| Region Adult 18-44     | 27.5%<br>(24.9-30.1)                         | 22.8%<br>(19.6-26.4)       | 6.7%<br>(5.1-8.8)          | 84.6%<br>(80.6-87.9)                             | 20.1%<br>(15.8-25.3)                    |
| Montana Adult 18-44    | 23.4%<br>(22.3-24.6)                         | 24.5%<br>(22.9-26.3)       | 6.9%<br>(6.1-7.8)          | 86.4%<br>(84.6-88.0)                             | 17.9%<br>(16.0-19.9)                    |
| Region Adult 45-64     | 22.7%<br>(20.7-24.8)                         | 16.8%<br>(14.5-19.4)       | 5.1%<br>(3.9-6.6)          | 87.1%<br>(84.0-89.7)                             | 7.1%<br>(3.8-12.6)                      |
| Montana Adult 45-64    | 19.6%<br>(18.8-20.4)                         | 14.1%<br>(13.2-15.1)       | 5.9%<br>(5.3-6.5)          | 89.6%<br>(88.5-90.5)                             | 6.5%<br>(4.9-8.4)                       |
| Region 65+             | 9.0%<br>(7.5-10.7)                           | 3.2%<br>(2.2-4.7)          | 2.3%<br>(1.5-3.6)          | 89.9%<br>(86.9-92.3)                             | <i>Data Not Available</i>               |
| Montana 65+            | 8.7%<br>(8.0-9.4)                            | 4.0%<br>(3.5-4.7)          | 3.7%<br>(3.1-4.3)          | 90.8%<br>(89.6-91.9)                             | <i>Data Not Available</i>               |

## 3. Montana Youth Risk Behavioral Survey

<http://opi.mt.gov/Reports&Data/YRBS.html>

- Depression Report: <http://www.opi.mt.gov/pdf/YRBS/15/15DepressionReport.pdf>
- Regional Data: [http://www.opi.mt.gov/pdf/YRBS/15/RD/15Central\\_HS.pdf](http://www.opi.mt.gov/pdf/YRBS/15/RD/15Central_HS.pdf)

## PRIORITIES

The priority community health issues, in no particular order, include:

1. Poor mental health status exacerbated by associated stigma related to treatment, and lack of adequate mental health services
2. Obesity/ Lack of Physical Activity/Unhealthy Eating
3. Substance Abuse

- Tobacco use and exposure to secondhand smoke
  - Alcohol Abuse
4. Unintentional Injury
- Suicide
  - Motor Vehicle Crash

## ASSETS AND RESOURCES

The following groups are resources within Pondera County that could be expected to support a community improvement plan. This list is incomplete. Other entities including private businesses and organizations would certainly be considered stakeholders in community improvement.

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Pondera County Health Department</li> <li>• Pondera County Board of Health</li> <li>• Pondera County Commissioners</li> <li>• Pondera Medical Center<br/>Hospital/Clinic/Long-Term Care</li> <li>• Gateway Prevention</li> <li>• MSU-Extension</li> <li>• Pondera County Disaster and<br/>Emergency Services</li> <li>• Conrad Public Schools</li> <li>• Valier Public Schools</li> </ul> | <ul style="list-style-type: none"> <li>• Pondera Healthcare Foundation</li> <li>• Pondera Mental Health Advisory Board</li> <li>• Conrad Education Foundation</li> <li>• Pondera County Sheriff's Office</li> <li>• Hi-Line Help for Abused Spouses</li> <li>• Conrad Ministerial Association</li> <li>• Conrad Public Library</li> <li>• City of Conrad</li> <li>• Salvation Army</li> <li>• Pondera Food Bank</li> </ul> |
|--|--|

## ACTION PLAN

### MENTAL HEALTH

*As aligned with the National Preventive Strategy from the US Surgeon General:*

Mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional well-being from the earliest stages of life helps build a foundation for overall health and well-being. Anxiety, mood (e.g., depression) and impulse control disorders are associated with a higher probability of risk behaviors (e.g., tobacco, alcohol and other drug use, risky sexual behavior), intimate partner and family violence, many other chronic and acute conditions (e.g., obesity, diabetes, cardiovascular disease, HIV/STIs), and premature death (U.S. Department of Health and Human Services, 2016)

*As aligned with the Montana State Health Improvement Plan; Big Sky, New Horizons*

Alcohol abuse among adolescents and adults continues to be the number one drug abuse problem in Montana. The Montana suicide rate remains among the highest in the nation, and over the past ten years suicide has been a leading cause of death for young adults in Montana. Montana is moving in a positive direction to curb substance abuse, as well as provide resources and support to address mental health promotion. Increasing early identification, intervention, and referral to treatment is key to improving mental health in Montana. (Montana Department of Health and Human Services, 2013)

**MENTAL HEALTH ACTION PLAN**

|   |  |   |
|---|--|---|
| <b>KEY CONCERN:</b><br>Poor mental health among residents related to poor access to services and stigma associated with seeking treatment   |  |   |
| <b>GOAL:</b><br>Increase personal and community knowledge about mental illness and access to care in order to eliminate negative attitudes and beliefs about mental illness.  |  |   |
| <b>STRATEGY:</b><br>Increase personal and community knowledge about mental illness in order to eliminate negative attitudes and beliefs about mental illness by offering a series of foundational mental health education presentations from April of 2016 to January of 2017 |  |   |
| <b>PERFORMANCE MEASURES: How We Will Know We are Making a Difference</b>  |  |   |
| <b>Short Term Indicators</b>  | <b>Medium Term Indicators</b>  | <b>Long Term Indicators</b>   |
| Development of Mental Health Community Calendar which offers community education regarding mental health issues 4-6 times annually (Great Minds Campaign)   | Number of Community Members participating in Great Minds Campaign  | Improved Community Awareness of and Response to Community Mental Health Issues  |
| Number of key community partners who participate in a mental health training  | Key community partners such as schools, law enforcement and Pondera Medical Center have at least 2 representatives who complete the Great Minds Curriculum | Increase in percentage of community members who indicate they would recognize a mental health crises and could name one thing to do to help |
| Establishment of Community Mental Health Advisory Board   | Mental Health Advisory Board meets regularly and is included as a partner  | Key community partners have increased level of  |

|   |   |   |
|---|---|---|
|   | in community planning   | awareness and comprehension of mental health issues in Pondera County   |
| Develop a resource list of mental health professionals and contact information within the community of Pondera County | Community Partners have an up-to-date listing of mental health professionals within Pondera County. | Mental Health Advisory Board provides subject matter expertise in mental health planning for population based education in Pondera County |
| Mental Health Planning Committee establishes and promotes a mental health training calendar                           | Community Partners and residents are aware of trainings ahead of time and can plan for attendance   | Access to mental health treatment is increased related to and updated list of resources   |
|   |   | Increase the amount of mental health aware community residents  |

#### BACKGROUND ON STRATEGY

“According to this view, we can teach others how to respond to people in crisis and provide responders with the knowledge and skills to address their needs. When family members, loved ones, friends, neighbors, and community members learn how to be helpful when a young person is going through a difficult time, they can help that young person avoid isolation and engage in the solution. The entire community benefits when first responders, schools, health care providers, parents, and peers know how to engage a young person in crisis. This will help provide supports to people who are experiencing these conditions for the first time, help build greater understanding and acceptance in the community, and reduce crisis situations associated with mental illnesses”.

Source: SAMHSA Community Conversations About Mental Health

Evidence Base: No, Evidence Informed

Policy Change Required? (Y/N): No

See our Source: [http://www.mentalhealth.gov/talk/community-conversation/discussion\\_guide\\_07-22-13.pdf](http://www.mentalhealth.gov/talk/community-conversation/discussion_guide_07-22-13.pdf)

| OBJECTIVES/<br>TACTICS   | TARGET DATE<br>(Complete By) | RESOURCES<br>NEEDED TO<br>COMPLETE | RESPONSIBLE<br>ORGANIZATION | ANTICIPATED<br>RESULT |
|--|------------------------------|------------------------------------|-----------------------------|-----------------------|
| <b>OBJECTIVE 1. Increase community knowledge and awareness by offering progressive population based educations over the course of 1 yr (May of 2016-May of 2017)</b> |                              |                                    |                             |                       |
| <b>Tactic 1. Great Minds Campaign (A Community Education and Awareness Series)</b>   |                              |                                    |                             |                       |

**1.1 Suicide Awareness Speaker: Karl Rosston**

|  |               |   |                                     |   |
|--|---------------|---|-------------------------------------|---|
|  | April 30,2016 | <ul style="list-style-type: none"> <li>• Staff Time</li> <li>• Facility</li> <li>• Media Promotion</li> </ul> | 1. Pondera County Health Department | <ol style="list-style-type: none"> <li>1. Reveal the Great Minds campaign to the public</li> <li>2. Identify interested community members for follow-up training</li> <li>3. Increase public awareness of Mental Health Issues and risks</li> </ol> |
|--|---------------|---|-------------------------------------|---|

**Outcome Indicator:**

1.Number of individuals indicating they would like to attend Mental Health First Aid

**1.2. Mental Health First Aid Training**

**(an 8 hour training that increases awareness and ability to respond to mental health crises)**

|  |   |   |  |  |
|--|---|---|--|--|
|  | May 19 <sup>th</sup> , 2016<br>Adult Training | <ul style="list-style-type: none"> <li>• Staff Time</li> <li>• Facility</li> <li>• Media Promotion</li> </ul> | <ol style="list-style-type: none"> <li>1. Mental Health Advisory Board</li> <li>2. Pondera County Health Department</li> </ol> | <ol style="list-style-type: none"> <li>1. Increase public awareness of Mental Health Issues and risks</li> <li>2. Provide broad awareness to community regarding a range of mental health issues and response</li> </ol> |
|--|---|---|--|--|

**Outcome Indicator:**

1. Number of Key Strategic Partner Organizations sending representatives to take Mental Health First Aid training  
 2. Participants will show improved knowledge regarding mental health issues as evidenced by a pre-post quiz.

**1.3. ACES Awareness Training**

**(Adverse Childhood Events Training and showing of Paper Tigers Movie)**

|  |                                |   |   |                                       |
|--|--------------------------------|---|---|---------------------------------------|
|  | August 31 <sup>st</sup> , 2016 | <ul style="list-style-type: none"> <li>• Staff Time</li> <li>• Facility</li> <li>• Media</li> </ul> | Diana Agre/Gateway Prevention, ACES Group | 1. Increase community and key partner |
|--|--------------------------------|---|---|---------------------------------------|

|  |  |   |  |  |
|--|--|---|--|--|
|  |  | <ul style="list-style-type: none"> <li>Promotion</li> </ul> |  | awareness of the effect of adverse childhood events on future physical and mental health |
|--|--|---|--|--|

**Outcome Indicator:**  
1. Number of educators and school system staff participating in the ACES Awareness Training

**1.4. ASIST Suicide Intervention Training**

|  |                                 |   |   |  |
|--|---------------------------------|---|---|--|
|  | January 31 <sup>st</sup> , 2017 | <ul style="list-style-type: none"> <li>Staff Time</li> <li>Facility</li> <li>Media Promotion</li> </ul> | 1. Steve Baliko/Mental Health Advisory Board<br><br>2. Laura Erickson/Pondera Medical Center<br><br>2. Cynthia Grubb/Pondera County Health Department | 1. Increase public awareness of Mental Health issues and risks<br>2. Provide systematic training to key public partners and interested community members |
|--|---------------------------------|---|---|--|

**Outcome Indicator:**  
1. Number of Individuals completing training  
2. Participants will demonstrate increased knowledge of suicide awareness as evidenced by improved scores on a pre-post test

**OBJECTIVE 2. Increase access to care by increasing awareness of local resources including mental health professionals, hotline numbers and emergency response numbers to distribute at community educations and providers locations by May 31<sup>st</sup>, 2016**

**Tactic 1: Develop, Publish and Distribute a Resource List of Community Mental Health Resources**

|  |   |   |   |   |
|--|---|---|---|---|
|  | Development/ Update Community Resource List by May 1 <sup>st</sup> , 2016 to be distributed at mental health meetings | <ul style="list-style-type: none"> <li>Staff Time</li> <li>Facility</li> <li>Printing and Distribution Costs</li> </ul> | 1. Steve Baliko/Mental Health Advisory Board<br><br>2. Cynthia Grubb/Pondera County Health Department<br><br>3. Wendy Wedum/MSU-Extension | 1. Increase public awareness of Mental Health issues and risks<br>2. Increase access to mental health services through increased awareness of available mental health professionals |
|--|---|---|---|---|

**Outcome Indicator:**  
1. Completion of Resource List by April 21st

**OBJECTIVE 3. Develop a multiyear mental health community plan which addresses sustainability and access to care by May of 2017**

**Tactic 1: Convene a broad-based community group to review progress and plan for follow-up moving forward for Pondera County**

|  |              |  |   |  |
|--|--------------|--|---|--|
|  | May 31, 2017 | <ul style="list-style-type: none"> <li>• Staff time</li> <li>• Facility to hold meeting</li> </ul> | <ol style="list-style-type: none"> <li>1. Gateway Prevention, ACES Group</li> <li>2. Mental Health Advisory Board</li> <li>3. Pondera County Health Department</li> </ol> | <ol style="list-style-type: none"> <li>1. Develop and sustain a broad-based community originated approach to population based education</li> </ol> |
|--|--------------|--|---|--|

**Outcome Indicator:**  
 1. Mental Health Community Group will hold a formal meeting with sign-in sheet, recorded minutes, and meeting strategy discussed.

**Tactic 2. Collaborate with Youth Civic Group and community stakeholders to investigate and implement teen-focused Suicide awareness and prevention program in Conrad and Valier Schools**

|  |              |  |  |   |
|--|--------------|--|--|---|
|  | May 31, 2017 | <ul style="list-style-type: none"> <li>• Staff time</li> <li>• Facility to hold meeting</li> <li>• Conrad Public Schools</li> <li>• Valier Public Schools</li> </ul> | <ol style="list-style-type: none"> <li>1. Mental Health Advisory Board</li> <li>2. Gateway Prevention, ACES Group</li> <li>3. Pondera County Health Department</li> <li>4. Suicide Prevention Coordinator/Montana Department of Health and Human Services</li> </ol> | <ol style="list-style-type: none"> <li>1. Develop and sustain a broad-based community originated approach to population based education</li> <li>2. Youth Involvement in a youth program will increase buy-in and participation by youth</li> <li>3. Targeted training for youth and community members who work with youth</li> </ol> |
|--|--------------|--|--|---|

**SUSTAINABILITY**

Long term sustainability of the action plan to improve community mental health awareness and understanding can only be realized through ongoing partner commitment. The partners must

continue to prioritize their participation. Also recognized is that awareness is an initial step necessary in known and accepted change process. Continued work will be needed to increase access and improve the mental health of Pondera County. Within the future body of work is data collection and measurement and progress toward population based well-being. To realize this mission, funding will eventually need to be secured. This initial plan can be realized as it is based on trainings that are currently free of charge to Pondera County and provided by Montana DPHHS. It is hoped that the development of a community plan that shows broad-based commitment to mental health improvement that coordination and plan development costs could be achieved.

## CHRONIC DISEASE AND HEALTH PROMOTION

### *As aligned with the National Preventive Strategy*

The overarching goal of The National Prevention Strategy is to increase the number of Americans who are healthy at every stage of life. The National Prevention Strategy prioritizes prevention by integrating recommendations and actions across multiple sectors to improve health and save lives. This Strategy envisions a prevention-oriented society where all sectors recognize the value of health for individuals, families, and society and work together to achieve better health for all Americans. To realize this vision and achieve this goal, the Strategy identifies four Strategic Directions and seven targeted Priorities. The Strategic Directions are:

- **Healthy and Safe Community Environments:** Create, sustain, and recognize communities that promote health and wellness through prevention.
- **Clinical and Community Preventive Services:** Ensure that prevention-focused health care and community prevention efforts are available, integrated, and mutually reinforcing.
- **Empowered People:** Support people in making healthy choices.
- **Elimination of Health Disparities:** Eliminate disparities, improving the quality of life for all Americans.

Within this framework, the Priorities provide evidence-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness. The National Prevention Strategy's seven Priorities are:

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating

- Active Living
- Injury and Violence Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-being

"Currently, chronic diseases and conditions account for at least 7 of every 10 deaths in our country, and many of these conditions are preventable," said Health and Human Services Secretary Kathleen Sebelius, a member of the National Prevention Council. "Our council's commitment to promoting health and preventing disease across each of our areas of responsibility is a commitment to helping Americans lead longer, healthier, and more productive lives (National Prevention Council, 2014)

*As aligned with the Montana State Health Improvement Plan; Big Sky, New Horizons*

"Cardiovascular diseases and cancer jointly account for approximately half of all deaths in Montana each year. Tobacco use remains the single most preventable cause of morbidity and mortality in Montana across the lifespan, contributing to adverse outcomes of pregnancy, cardiovascular disease, many kinds of cancer, and asthma. Increasing rates of obesity and overweight contribute to the growing epidemic of diabetes and cardiovascular disease. Chronic disease deaths could be postponed and healthy living enhanced through a combination of Montanans complying with health recommendations and improving personal lifestyle" (Montana Department of Health and Human Services, 2013).

**Alone we can do so little; together we  
can do so much.**

**Helen Keller**

**PRIORITIES**

**OBESITY**

**KEY CONCERN:**

Obesity across the lifespan of residents in Pondera County residents secondary to unhealthy eating and lack of physical activity which leads to chronic diseases including Diabetes, Cancer and Cardiovascular Disease

**GOAL:**

Reduce obesity and incidence of chronic disease by increasing healthy eating and physical exercise

**SUBSTANCE ABUSE**

**KEY CONCERN:**

Substance abuse including tobacco (both smoking and smokeless), alcohol, prescription drugs, and illicit drug use threatens the health and prosperity of adults in Pondera County, threatens children when their parents are impaired, and threatens the future of youth and leads to mental health issues and chronic diseases including cancer

**GOAL:**

Reduce incidence of substance abuse and incidence of chronic disease related to substance abuse

**UNINTENTIONAL INJURY**

**KEY CONCERN:**

Unintentional injury including suicide and motor vehicle crash is a life-course cross cutting threat to residents of Pondera County

**GOAL:**

Reduce risk of unintentional injury including suicide and motor vehicle crash

**STRATEGY:**

Using evidence-based or evidence-informed life course cross cutting techniques, encourage healthy choices and pursue healthy environments through assessment of local indicators, development of healthy policy, and evaluation of tactics

**PERFORMANCE MEASURES: How We Will Know We are Making a Difference**

| Short Term Indicators   | Medium Term Indicators   | Long Term Indicators                              |
|---|--|---|
| Convene a broad-based community stakeholder group to review local data regarding issues surrounding chronic disease | Identify and implement evidence-base strategies to pursue improvements | Improved outcomes                                 |
| Develop local data measurements   | Incorporate local data measurements into upcoming                      | Understand local trends based on changes to local |

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|   | Community Health Assessment   | data                                   |
| Pondera County Health Department implements strategic plan based on community-identified and developed goals and objectives | Goals and objectives are reviewed quarterly with the community group to encourage adherence | Improved outcomes                      |
| Receive award for Diabetes Prevention Program(DPP)  | Implement DPP Program   | Improved outcomes for DPP participants |
| Collaborate to develop benchmark data for evaluation of strategic plans   | Adjust planning to reflect trends   | Impact health indicators               |

| OBJECTIVES/<br>TACTICS | TARGET<br>DATE<br>(Implement<br>By) | RESOURCES<br>NEEDED TO<br>COMPLETE | RESPONSIBLE<br>ORGANIZATION | ANTICIPATED RESULT |
|------------------------|-------------------------------------|------------------------------------|-----------------------------|--------------------|
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**OBJECTIVE 1. Healthy Babies: All Parents/Guardians of newborns in Pondera County will be offered the most current evidence-based information regarding care of newborns and informed regarding health department services.**

**Tactic 1. Parents/Guardians of newborns in Pondera County will be contacted and offered services and education including WIC income guidelines, immunization information, Back to Sleep information and breastfeeding support**

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|  | May 2016 | <ul style="list-style-type: none"> <li>Newborn information sheets for Pondera County from Marias Medical Center and Benefis Healthcare</li> <li>Staff time</li> <li>Resources for mailing costs and development of message</li> </ul> | <ul style="list-style-type: none"> <li>Pondera County Health Department</li> <li>Cascade City-County Health Department</li> <li>Toole County Health Department</li> </ul> | <ol style="list-style-type: none"> <li>Increased communication with parents of newborns</li> <li>Provide education opportunities</li> <li>Identify WIC eligible families</li> <li>Encourage ACIP immunization schedule</li> </ol> |
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**Outcome Indicator:**

- Percentage of newborns who are mailed a newborn packet
- Number of families who contact the health department and cite the newborn packet as the reason they contacted

**Tactic 2. WIC USDA education program for pregnant women and children newborn to 5 years of age**

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|  | Currently in operation 3 days a month with walk-in availability | <ul style="list-style-type: none"> <li>• WIC funding</li> <li>• Dedicated WIC staff who maintain training and operate program</li> </ul> | <ul style="list-style-type: none"> <li>• Pondera County Health Department</li> <li>• Teton County/WIC regional lead</li> <li>• Montana WIC program</li> </ul> | <ol style="list-style-type: none"> <li>1. Increase enrollment of WIC eligible participants</li> <li>2. Provide evidence-based breastfeeding and nutrition education to at-risk families</li> <li>3. Provide referrals of at-risk children to necessary services including immunizations, care providers, Food Pantry, Registered dietician, head start, dentist, Medicaid, Department of Family Services</li> </ol> |
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**Outcome Indicator:**  
**1. Stable or increased numbers of WIC participancy**  
**2. Improved Rates of Breastfeeding initiation and breastfeeding by 3 months**

**BACKGROUND:**  
 “Extensive research has found the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to be a cost-effective investment that improves the nutrition and health of low-income families — leading to healthier infants, more nutritious diets and better health care for children, and subsequently to higher academic achievement for students” (Carlson & Neuberger, 2015).  
  
 Evidence Base: Yes  
 Policy Change Required? (Y/N): No  
 See Our Source: <http://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>

**Tactic 3. Provide childhood immunizations based on American College of Immunization Practice Recommendations**

- Offered via standing order
- Appointment or Walk-In Availability
- Reminder/recall system utilized
- Vaccine For Children Provider (No child shall be denied vaccine due to inability to pay)
- Annual Daycare Assessments
- School Outreach Assessment and Clinics

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|  | Currently | • IMMTRAX | • Pondera County | 1. Increase vaccination |
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|  | operational | System of Immunization records<br><ul style="list-style-type: none"> <li>Vaccine For Children Program</li> </ul> | Health Department | rates in Pondera County<br>2. Reduce the risk of Vaccine Preventable Diseases through life-course vaccination<br>3. Reduce incidence of Chronic diseases by reducing incidence of acute viral infection such as pertussis and mumps |
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**Outcome Indicator:**  
1. Rates of children 19-35 months in Pondera County that are up-to-date with the 4:3:1:3:3:1:4 series recommendations  
2. Rates of adolescents who are up-to-date with mandatory school vaccinations

**BACKGROUND:**  
“Immunization is one of the most beneficial and cost-effective disease prevention measures. Successes of immunization include worldwide eradication of smallpox, control of poliomyelitis with hopes of eradication, and elimination of indigenous measles and rubella in the United States, although the 2008 upsurge in measles cases serves as a reminder that measles is still imported into the United States. The incidence of most other vaccine-preventable diseases, excluding pertussis and tetanus, has shown a reduction of ≥99%, compared with the annual morbidity prior to development of the corresponding vaccine. An analysis of clinical preventive measures widely recommended by the US Preventive Services Task Force reported that childhood immunization was 1 of only 3 services that received a perfect score of 10 (i.e., top tier for both the clinical burden that the vaccines could prevent and cost-effectiveness to society) based on clinically preventable disease burden and cost-effectiveness” (Pickering, J, Freed, & etal, 2009).

Evidence Base: Yes  
Policy Change Required? (Y/N): No  
See Our Source: <http://cid.oxfordjournals.org/content/49/6/817.full>

| OBJECTIVES/<br>TACTICS  | TARGET<br>DATE<br>(Implement<br>By) | RESOURCES<br>NEEDED TO<br>COMPLETE | RESPONSIBLE<br>ORGANIZATION | ANTICIPATED RESULT      |
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| <b>OBJECTIVE 2. HEALTHY CHILDREN/ADOLESCENTS: Children/adolescents will be supported in wellness through prevention of illness (vaccination), addressing of key concerns including depression and substance abuse as ongoing strategy</b> |                                     |                                    |                             |                         |
| <b>Tactic 1. Continue with vaccination strategy. See Objective 1, Tactic 3</b>  |                                     |                                    |                             |                         |
|   | Currently                           | • IMMTRAX                          | • Pondera County            | 1. Increase vaccination |

|  |             |   |                   |   |
|--|-------------|---|-------------------|---|
|  | operational | System of Immunization records <ul style="list-style-type: none"> <li>Vaccine For Children Program</li> </ul> | Health Department | rates of adolescents in Pondera County<br>2. Reduce the risk of Vaccine Preventable Diseases through life-course vaccination<br>3. Reduce incidence of Chronic diseases by reducing incidence of acute viral infection such as pertussis and mumps<br>4. Reduce incidence and risk of cervical cancer |
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**Outcome Indicator:**  
 1. Rates of adolescents receiving meningococcal vaccine before college entry  
 2. Numbers of adolescents receiving the complete series of HPV-9 vaccine

**Tactic 2. See Mental Health Tactic 3.2 (Development and Implementation of Youth Mental Health and Suicide Awareness/Prevention Approach)**

**Tactic 3. Administer the Montana Tobacco Use Prevention Program**  

- Tobacco Prevention REACT group (6-8<sup>th</sup> grades, Utterback Middle School)
- Monthly meetings with REACT group and school advisor

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|  | Ongoing | <ul style="list-style-type: none"> <li>Montana Tobacco Use Prevention Program</li> <li>Dedicated staff to facilitate program</li> </ul> | <ul style="list-style-type: none"> <li>Conrad Public Schools</li> <li>Pondera County Health Department</li> </ul> | 1. Reduce initiation of tobacco products among Pondera County Teens |
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**Outcome Indicator:**  
 1. Increased numbers of students participating in the REACT program

**Tactic 4. Convene Coalition to address youth and adult issues regarding Driving Safety and Substance Abuse discuss and develop strategy and investigate funding sources.**

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|  | June of 2016 to meet quarterly | <ul style="list-style-type: none"> <li>Montana Tobacco Use Prevention Program</li> </ul> | <ul style="list-style-type: none"> <li>Conrad Public Schools</li> <li>Pondera County</li> </ul> | 1. Reduce initiation of tobacco products among Pondera County Teens |
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|  |  | <ul style="list-style-type: none"> <li>Dedicated staff to facilitate program</li> </ul> | Health Department |  |
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**Outcome Indicator:**  
**1. Stakeholder meeting in convened at least quarterly with sign-in sheet and minutes recorded**

**OBJECTIVE 3: HEALTHY ADULTS**

**Tactic 1. Offer and encourage age appropriate vaccinations for adults and seniors based on American College of Immunization Practices**

- Flu Shots Campaigns
  - Outreach clinic to employers, schools, colonies
- Encourage public/private partnerships to increase vaccination rates
- Encourage partnerships with Community Providers to offer accurate, appropriate and unduplicated vaccinations to residents
- Serve in an advisory capacity to providers to support vaccination best practice standards

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|  | Ongoing | <ul style="list-style-type: none"> <li>Staff Time</li> </ul> | <ul style="list-style-type: none"> <li>Pondera County Health Department</li> <li>Montana DPHHS</li> <li>Pondera Medical Center</li> <li>Family Practice Clinic</li> </ul> | <p>1. Increased awareness of recommended vaccines by population and providers</p> <p>2. Increased vaccination rates</p> <p>3. Less acute illness and reduction of exacerbation of chronic illness related to vaccine-preventable disease</p> |
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**Tactic 2. Coordinate and Participate in Cancer prevention activities**

- Coordinate the Comprehensive Cancer Care Program
  - Breast Cancer
    - Enroll uninsured or underinsured women in the Montana Breast and Cervical Program
    - Serve as navigators for insured women who need assistance with appointments
    - Promote Breast Cancer Awareness month (October)
    - Participate in one fund-raising event annually for Hi-line Women Against Breast Cancer
  - Colorectal Cancer
    - Distribute Fecal Occult Blood kits during flu shot season (Flu Fit Campaign)
  - Lung Cancer/Oral Cancer
    - Refer to the Montana Quit Line (information distributed to providers including WIC)

- Distribute Tobacco cessation packets to providers including dentists (Quit Spit Kits, Quit Chew Kits)
- Participate in Worksite Wellness Activities
  - Work with regional lead to encourage worksite wellness activities including questionnaires, incentives to increase exercise and healthy eating choices
  - Assist in the development of a breastfeeding room for employees
  - Promote regular screenings for adults including annual lab work, immunization assessment, mammogram and colorectal screenings.

**Process/Outcome Indicator:**

1. Number of women enrolled in the Montana Breast and Cervical Program
2. Number of individuals ages 60-74 who complete the colorectal screening through the flu fit campaign
3. Number of Tobacco Cessation kits distributed
4. Number of Pondera County residents who call the Quit Line

**Tactic 3. Initiate the Live Well Education Program in Pondera County (a 6 week, 2 ½ hour disease management class for adults who suffer from or who know someone who suffers from chronic disease)**

- Send staff to training in April and September to secure 2 trainers for the program
- Partner with MSU-Extension to Secure a third trainer for the program
- Schedule first set of classes by December of 2016

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|  | December of 2016 | <ul style="list-style-type: none"> <li>• Staff Time in kind to organize the program</li> <li>• MSU-Extension participation</li> <li>• Montana DPHHS Chronic Disease Division Funding</li> </ul> | <ul style="list-style-type: none"> <li>• Pondera County Health Department</li> <li>• MSU Extension</li> <li>• Montana DPHHS</li> </ul> | <ol style="list-style-type: none"> <li>1. Increased ability of attendees to manage chronic illness</li> <li>2. Reduce the complications of chronic illness for attendees</li> <li>3. Increase the capacity of Pondera County Health Department to address chronic disease in Pondera County</li> </ol> |
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**Process/Outcome Indicator:**

1. Number of staff trained to teach the Live Well Program by September 30, 2016
2. Number of Pondera County residents who enroll in the 6 week class
3. Number of Pondera County residents who complete the 6 week class
  - Of those who complete the 6 week program, number who report they were better able to manage their chronic disease

**Tactic 4. Apply for and implement a state funded Diabetes Prevention Program in Pondera County**

- RFP to be let by May of 2016

- **Submit application**
- **Pending award, begin implementation by December of 2016**

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|  | April of 2017 | <ul style="list-style-type: none"> <li>• Staff Time in kind to organize the program</li> <li>• Montana DPHHS Chronic Disease Division Funding</li> </ul> | <ul style="list-style-type: none"> <li>• Pondera County Health Department</li> <li>• Montana DPHHS</li> </ul> | <ol style="list-style-type: none"> <li>1. Increased ability of attendees to manage existing Diabetes</li> <li>2. Reduce the incidence of Type II Diabetes related to prevention</li> <li>3. Reduce complications from diabetes for residents of Pondera County</li> <li>3. Increase the capacity of Pondera County Health Department to address chronic disease in Pondera County</li> </ol> |
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**Process/Outcome Indicator:**

- 1. Award Receipt**
- 2. Complete process of staff training to implement program**
- 3. Implementation of program**

**Tactic 5. Participate in whole community effort to reduce substance abuse and concerns related to substance abuse**

- Collaborate with Gateway Prevention to create permanent prescription drug take back sites in Pondera County
- Reduce impaired driving, underage drinking, and over service by:
  - Offering Responsible Alcohol Service Training 2-3 times annually to servers and retailers in Pondera County
  - Actively participating on the DUI Taskforce

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|  | Ongoing | <ul style="list-style-type: none"> <li>• Staff time to develop and promote program and trouble shoot initial efforts</li> <li>• Staff Time to maintain</li> </ul> | <ul style="list-style-type: none"> <li>• Gateway Prevention</li> <li>• Pondera County Health Department</li> <li>• Pondera County DUI Taskforce</li> </ul> | <ol style="list-style-type: none"> <li>1. Reduce incidents related to substance abuse in Pondera County</li> <li>2. Reduce service to underage drinkers and over service by educating retailers</li> </ol> |
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|  |  | certification and teach <ul style="list-style-type: none"> <li>• Gateway Prevention Support</li> <li>• DUI Taskforce Support</li> </ul> |  | and servers<br>3. Reduce the availability of unassigned prescription drugs |
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**Process/Outcome Indicator:**  
**1. Numbers of servers and sellers within Pondera County trained in Responsible Alcohol Sales and Service**  
**2. Two sites established for prescription drug takeback within Pondera County**

**Tactic 6. Convene community stakeholders to investigate and pursue possibility and aspects of a community walking trail including:**

- Feasibility
- Potential funding sources
- Route

|  |                |   |   |                                 |
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|  | By August 2016 | <ul style="list-style-type: none"> <li>• Staff time to identify stakeholders</li> </ul> | <ul style="list-style-type: none"> <li>• Pondera County Health Department</li> <li>• Pondera Healthcare Foundation</li> </ul> | 1. Development of a staged plan |
|--|----------------|---|---|---------------------------------|

**Process/Outcome Indicator:**  
 1. By August of 2016, a workgroup will be formed as evidenced by sign-in sheets and minutes

**SUSTAINABILITY AND CONCLUSION**

This plan was developed through an objective process that based decisions for priorities and strategies on the current database available. We engaged a diverse community group to develop strategy. We also utilized current programming within the department. As we move forward and evaluate the outcome indicators we have selected, the plan may adjust to improve outcomes. Pondera County will have primary responsibility in the adherence to and adjustment of this plan but the overall direction will continue to be evaluated through meetings with the steering committee to be held as needed but not less frequently than once a quarter. We also realize that a single plan could not be expected to embrace all efforts and all points of view. As we implement this work, we must expand our efforts to bridge any gaps that we have not addressed and include the views of all the residents of Pondera County.



## CITATIONS

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