

Benefis Health System Community Health Improvement Plan 2014-2016



Benefis Health System is pleased to release its 2014-2016 Cascade County Community Health Improvement Plan. Benefis contributes to the health of our community in many ways and has worked closely with the North Central Montana Healthy Communities Collaborative to conduct a Community Health Needs Assessment and a Cascade County Community Health Improvement Plan.

Benefis Health System is a not-for-profit community health system serving more than 230,000 residents across 15 counties in North Central Montana. Benefis Health System includes:

- Benefis Hospitals on the East and West campuses.
- The Grandview at Benefis Senior Campus, offering skilled nursing, assisted living and memory care assisted living, as well as an extended care/skilled nursing center on the Benefis East Campus for a total of 146 senior care/extended care beds.
- The Benefis Sletten Cancer Institute, a freestanding, 54,000-square-foot facility offering comprehensive cancer care.
- Benefis Spectrum Medical, which provides durable medical equipment, hospice care and other care services across the region and state.
- Benefis Peace Hospice of Montana, which provides home hospice care as well as residential hospice care at the 20-bed Benefis Peace Hospice of Montana facility (Peace Hospice is operated by Benefis Spectrum Medical, referenced above).
- Benefis Medical Group, an employed provider group comprised of more than 100 physicians and advanced practice clinicians.
- The Orthopedic Center of Montana, a partnership with Great Falls Orthopedics Associates, offering comprehensive orthopedic care.
- The North Central Montana Healthcare Alliance (NMHA), established by Benefis in 2003 to provide support for the critically needed services and programs of frontier healthcare providers, including Critical Access Hospitals. Benefis also operates the REACH Montana Telehealth Network (RMTN), which provides telehealth services across the region and state, such as retinopathy screening to protect the vision of premature babies and cardiology appointments for heart patients in small rural communities in the region.
- The Benefis Health System Foundation, which raises more than \$1.5 million each year to help improve and enhance healthcare services in northcentral Montana. The Benefis Foundation operates two Gift of Life Housing facilities, which provide free accommodations for rural patients undergoing cancer care and for rural families with babies in the Neonatal Intensive Care Unit.
- Benefis Native American Programs, established in 2006 to optimally serve Native American patients and their families in a culturally sensitive manner. The program includes a Native American Welcoming Center, Native American patient rounding and smudging. The Benefis Native American Board has representation from tribal leaders of the four Reservations in Northcentral Montana —Blackfeet, Fort Belknap, Rocky Boy's and Fort Peck – as well as the Little Shell Tribe, Indian Health Services hospitals and clinics and tribal colleges.

Examples of the comprehensive, tertiary services Benefis provides for its 15-county region include Mercy Flight transport, a Tier II emergency room, critical care, cardiovascular surgery, neurosurgery, women's and children's services, spine surgery, joint replacement, wound care, a bariatric program, pain management and many more.

Guided by a mission to "provide excellent care for all, healing body, mind and spirit," Benefis Health System has been recognized for its clinical excellence by the nation's leading health ratings organizations. Benefis has a medical staff of more than 200 physicians, 2,800 employees and more than 500 volunteers who serve our patients. Benefis is the largest non-governmental employer in the region.

Benefis Health System looks forward to continued work with the community and the North Central Montana Healthy Communities Collaborative over the next three years to improve the health of our community.

Benefis Health System's Contribution to the Cascade County Community Health Improvement Plan 2014-2016

Benefis Health System will continue to work closely with the North Central Montana Healthy Communities Collaborative in the all three health priority areas, specifically:

- Health care services access
 - Recruitment and retention of primary care and specialty providers to meet the needs of North Central Montana
 - Provision of comprehensive outpatient and inpatient services
 - Provision of home health services and medical equipment to patients at home
 - Provision of care for patients and families with mental health and/or substance abuse problems
 - Access to emergency and urgent care services
- Substance Abuse
 - Working closely with the Center for Mental Health providing inpatient and outpatient substance abuse treatment and rehabilitation
- Healthy Weight
 - Continue the Benefis employee wellness program to promote healthy weight and lifestyle
 - Provide Benefis Weight Management Program services for the community

The remainder of the Community Health Improvement Plan was developed by the North Central Montana Health Care Collaborative, which includes Benefis Health System.

Cascade County

Community Health Improvement Plan

2nd Edition – Revised December 2013

*Healthy People in a Healthy Community
Working together for a Healthy
Great Falls & Cascade County*

2014 - 2016

From the Cascade County Health Officer

December 28, 2013

To Cascade County Residents – Greetings!

We are excited to release the 2013 Cascade County Community Health Improvement Plan! The 2013 plan is a 2nd Edition. Our first Community Health Improvement Plan, or CHIP, was released in 2011. We had not planned on embarking on the CHIP process until 2014; however, much of the beauty of this work is in the collaborations built between and amongst community partners. Therefore, we moved our schedule up in order to make sure our partners' needs were also being met. Moving forward, our partners in the not for profit hospital world and our regional local health departments will all be on the same schedule for conducting Community Health Needs Assessments every three years and CHIPs every three to five years.

Not surprisingly, little had changed in the Health Status of our community between our planning process in 2011 and the one held in 2013. Policy, systems, and environmental change, the kind that truly makes a difference in the health of a community, takes time. With that being said, Cascade County experienced multiple successes during the first CHIP implementation.

The successful award of the Centers for Disease Control and Prevention ACHIEVE Grant led to the formation of a Community Health Action Response Team (CHART) that continues to be actively involved.

The City of Great Falls Downtown Master Plan and the 2013 Revised Growth Plan for the City of Great Falls were both adopted by the City Commission. Both documents contain multiple health enhancing policy statements, goals, and objectives for the City of Great Falls.

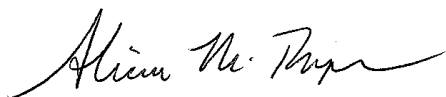
The Get Fit Great Falls Coalition (GFGF) became a 501(c)(3). The coalition increased its presence in the community by adding the "Come out and Play" with Abby Wombach event. The worksite wellness toolkit developed by GFGF was utilized by 18 organizations to create their own worksite wellness programs.

Looking forward, this plan outlines goals, objectives, and strategies to continue moving our community toward being the healthiest, most vibrant and livable community in Montana! The three steering committees, one for each of the three health priority areas, access to health care, substance abuse, and healthy weight, worked diligently to develop the individual work plans. The committees are dedicated to following through on implementing each strategy.

We at the Cascade City-County Health Department are always working to promote healthy choices, prevent disease and illness, and deliver quality healthcare. But we cannot do it alone. Our partner agencies in healthcare, education, law enforcement, human services, military, and other community organizations all work together to address the health needs of every child, woman, and man living in Cascade County.

I would like to thank all of our partners for their contributions to making this the healthiest community in Montana. Our history of collaboration and fostering relationships are strengths that allow us to meet the needs of our community.

Yours in good health,



Alicia M. Thompson, MSW
Health Officer & Executive Director
Cascade City-County Health Department

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I. Background and Process

In the Fall of 2012, the North Central Montana Health Communities Collaborative (NCMTHCC) was formed by the Cascade City-County Health Department, Benefis Health System, and the North Central Healthcare Alliance. The NCMTHCC brought together representatives from the local health departments, critical access hospitals, Federally Qualified Health Centers, and Benefis Health System from a 16 County Region. The combined efforts of the collaborative resulted in a Community Health Needs Assessment (CHNA) for each local health jurisdiction as well as for the region. Data used for the 2013 CHNA included the 2013 Community Health Survey, which was sent to a random sample of households and measured respondents' sense of the health of their community, areas of greatest concern, access to care, and other concerns. When available, the 2013 CHNA updated data on the status of residents' health in eight areas: causes of death, chronic disease and disability, health and risk behaviors, communicable diseases, maternal and child health, environmental health, mental health, and access to care.

The 2013 CHNA was released and distributed to representatives from approximately 100 community agencies in local and state government, public health and health care, mental health, animal health, human services, education, law enforcement, elder care, child care, and other community leaders. The CHNA was delivered both electronically and in hard copy, as well as posted on lead agency websites.

Following the preliminary release and distribution of the 2013 Cascade County CHNA, representatives from 60+ local agencies convened on May 17, 2013 to review the information presented in the CHNA and to identify three priority health issues to focus on for the next three years.

After a review of the data, a nominal group process was used to identify the priority areas. Each representative in attendance at the community meeting voted on their priority areas. The results were calculated and the top three health priority areas identified were: 1) Access to

Cascade County 2013 Priority Health Issues

Access to Health Care

Medical Care, Dental Care, and
Mental Health Care

Goal: To increase ease of access to health care for residents of Cascade County.

Substance Abuse

Alcohol Use, Tobacco Use, and
Legal and Illegal Drugs

Goal: To reduce the percentage of Cascade County youths and adults who use and abuse substances, including alcohol, tobacco, and legal and illegal drugs.

Healthy Weight

Goal: To increase the percentage of Cascade County residents who report leisure time activity and eating nutritious foods.

health care, 2) Substance abuse, and 3) Healthy weight. The results of the 2013 Community Meeting re-confirmed the need for the Cascade County Community Health Improvement Plan (CHIP) to focus on the three priority health issues identified in the 2011 process.

The first edition of the Cascade County CHIP called for a single Steering Committee that was tasked with tracking the progress of the CHIP, making decisions about future CHNAs and CHIPs, and linking efforts across the community to aid in carrying out the goals and objectives of the CHIP. After careful consideration, it was determined that one steering committee was not capable of adequately focusing on all three priority areas. In the 2013 Community Health Improvement Planning process it was decided to develop three separate steering committees, one for each health priority area. Two of the steering committees were matched with existing community-wide coalitions already in place. The Healthy Weight Steering Committee became a sub-committee of Get Fit Great Falls (GFGF). The Substance Use Prevention Steering Committee became a sub-committee of the Alliance for Youth's Substance Abuse Prevention Alliance (SABA). Finally, the Access to Health Care Steering Committee was developed by bringing together the community partners who have been actively involved in improving access to health care issues during the previous two years of effort.

II. Demographic Overview of Cascade County

Cascade County straddles the Missouri River in North Central Montana, about 60 miles from the eastern slope of the Rocky Mountains. The County seat is Great Falls, which contains about 80% of the population. Cascade County is 2,698 square miles of land and 14 square miles of water.

According to the 2010 Census, Cascade County is the fifth most populous county in Montana, with an estimated population of 81,327 people. The County has a higher percentage of people age 65 and older, a higher percentage of males under age 18 and relatively fewer 18-24 year olds than the state as a whole. Approximately 92.7% of the population is White, 5.9% is American Indian/Alaska Native, 2.3% is Black/African American, 1.4% is Asian and 0.1% is Native Hawaiian/Pacific Islander.

The estimated median household income in 2011 inflation adjusted dollars was \$44,074. The US Census Bureau estimates that 10.9% of all families and 13.8% of all people in Cascade County are living below poverty level. Families led by a female head of household without a husband present are more than three times more likely to be living in poverty than those that are not (38.4%; 2007-2011 American Community Survey 5-year estimates).

III. 2013 Community Health Needs Assessment Highlights

Although the Community Health Needs Assessment provides data for many different health areas, some specific data highlights from the survey of 122 households are below.

- The ten most serious health concerns for Cascade County household respondents were 1) Alcohol abuse, 2) Child abuse and/or neglect, 3) Over-weight and obesity, 4) Illegal drug abuse, 5) Access to mental health care, 6) Suicide, 7) Depression/Anxiety, 8) Access to dental care, 9) Access to medical care, and 10) Cancer.
- The three top lifestyle choices of concern to households were 1) Overweight and obesity, 2) Drinking and driving, and 3) Alcohol abuse and illegal drug use.
- The most important mental health issues that impact respondent households were 1) Work related stress, 2) Depression, and 3) Alcohol use.
- 23% of households reported they did NOT have medical insurance.
- 63% of households had members who did NOT have dental insurance.
- 36% of households reported they did not get or delayed getting needed health care services.
- The primary reason for not getting needed care was “it cost too much.”
- 60% of household respondents reported they felt people like them could have a moderate to big impact on making their neighborhood or community a better place.
- The median age at death for Native Americans in Cascade County is 64, while it is 79 for Whites.
- Native American Montanans are 3.9 times more likely than non-Native Montanans to die due to diabetes and 3.2 times more likely to die from a motor vehicle injury.
- Cascade County residents are significantly more likely to report having had a Mammogram in the past two years or a sigmoidoscopy or colonoscopy than Montanans overall.
- Cascade County’s Chlamydia and Gonorrhea incidence rates per 100,000 people have been consistently higher than the state as a whole since 2005.
- About 91% of pregnant women in Cascade County entered into prenatal care in their 1st trimester.
- Births to adolescents (15-17 years) in Cascade County was lower than Montana at 18.3 vs. 29.2 per 1,000 per population.



What is a Community Health Improvement Plan?

A Community Health Improvement Plan is a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.

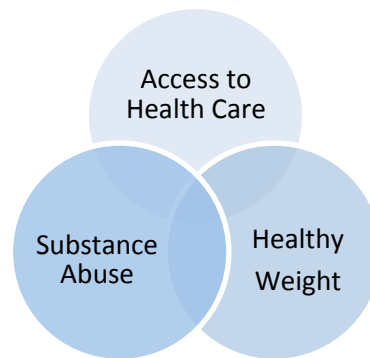
This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

A CHIP 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 inclusively and should be done in a timely way.

- Public Health Accreditation Board

IV. Community Health Improvement Plan: Priority Issues

What are the significant health issues in our community? That was the question facing our partners at the 2nd Community Health Improvement Planning meeting held on May 17, 2013. Throughout the process, discussions focused on data, trends, observations, and experience. The result is this Community Health Improvement Plan, which reconfirms the 3 priority health issues identified in 2011. The overwhelming consensus of participants was to stay the course. With the affirmation these three areas were to be the priority focus thru 2016.



Access to Health Care: Medical, Dental and Mental Health

Areas of Cascade County qualify as medically underserved and have a shortage of health care providers. Additionally, the 2013 CHNA reports that approximately 16% of Cascade County residents under the age of 65 do not have health insurance. Cost, too long of a wait, insurance coverage denied, and no health insurance were all listed as barriers to accessing care.

Substance Abuse: Alcohol, Tobacco and Legal/Illegal Drugs

Substance abuse is an issue effecting individuals across the lifespan. Prescription drug abuse, in particular, has become the leading drug abuse issue in Montana. Alcohol use and binge drinking in Montana adolescents and young adults is among the highest in the nation. Additionally, the reported use of marijuana in Cascade County middle and high school students has increased from 14.4% in 2008 to 17.9% in 2010. The 2013 Community Health Survey found that illegal drug abuse was the third top health concern for Cascade County households.

Healthy Weight: Children and Adults

Obesity is linked to several serious negative effects on health.

Almost two out of three adults in Cascade County are overweight or obese. Less than one in five reports participating in leisure time activity. Good nutrition and physical exercise are both vital components in the fight against obesity. Cascade County residents are somewhat less likely than other Montanans to eat the recommended servings of fruits and vegetables every day. They also participate in less leisure time physical activity. The 2013 Community Health Survey found that overweight and obesity was the second top health concern for Cascade County households that responded.

V. Interfacing with National Standards

Healthy People 2020

Healthy People is a set of goals and objectives designed to improve the health of people across the United States by guiding health promotion and disease prevention programs. *Healthy People* is released each decade; the goals and objectives that it includes are 10-year targets that use science-based benchmarks to track and monitor progress. *Healthy People's* vision is "a society in which all people live long, healthy lives."

Cascade County's CHIP shares and overlaps with many goals and objectives from *Healthy People 2020*. They are listed below.

- *Access to Health Services*: AHS-4.1, AHS-4.3, AHS-4.4
- *Substance Abuse*: SA-2.1, SA-2.3, SA-3.4, SA-3.5, SA-3.6, SA-12, SA-13.2, SA-14, SA-14.1, SA-14.2, SA-14.3, SA-14.4, SA-15, SA-19
- *Obesity*: NWS-8, NWS-9, NWS-10, NWS-10.1, NWS-10.2, NWS-10.3, NWS-10.4, NWS-14, NWS-15, PA-1

Public Health Accreditation Board (PHAB) Standards and Measures

PHAB is the accrediting body for national public health accreditation. The organization was created to manage and promote the national accreditation program. The goal of the national public health accreditation program is to improve and protect the health of the public by advancing the quality and performance of all health departments in the country – state, local, territorial, and tribal. Public Health Accreditation is based on standards that health departments can put into practice to ensure they are providing the best services possible to keep their

Priorities, Goals, Objectives & Strategies

Priorities: This is a health issue of major importance that our community has chosen to focus on improving.

Goals: Goals for each priority are desired ends to be accomplished. A goal is likely to be long term and should be stated in specific and verifiable terms.

Objectives: Objectives outline how much of what you hope to accomplish and by when. They should be specific, measurable, achievable, relevant and time-bound.

Strategies: A strategy is a specific course of action that the community has chosen to implement in order to accomplish a given objective. Oftentimes, several strategies have been identified in order to successfully accomplish a given objective.

communities safe and healthy. Accreditation will drive public health departments to continuously improve their services and performance.

Cascade County's CHIP helps to meet the following Public Health Accreditation Board's Standards: 1.3B, 3.1B, 4.1B, 4.2B, 5.3L, 7.1B, and 7.2B

VI. Health Priority Area One: Access to Health Care, Including Medical, Dental and Mental Health

GOAL 1: Improve access to medical services for Cascade County residents.

OBJECTIVE 1.1: Determine the medical manpower needs of Cascade County.

STRATEGY 1.1.1: Develop a model to determine medical provider needs by specialty ratios based on population.

STRATEGY 1.1.2: Identify current medical providers by specialty and practice capacity in Cascade County

STRATEGY 1.1.3: Identify provider practices that are closed to Medicaid, Medicare and/or Worker's Compensation patients and determine why the practices are closed to these insurance groups.

STRATEGY 1.1.4: Determine current Veterans Administration patient access issues and barriers.

STRATEGY 1.1.5: Determine shortage areas by specialty currently and over the next three years.

OBJECTIVE 1.2: Identify recruitment and retention strategies for needed medical providers.

STRATEGY 1.2.1: Develop a recruitment plan for needed providers.

STRATEGY 1.2.2: Engage Cascade County medical institutions/group practices to be vested in recruiting needed providers.

STRATEGY 1.2.3: Identify and offer provider incentives for recruitment such as school loan repayment and WAMI/clinical experience programs.

STRATEGY 1.2.4: Identify existing programs that reach out to local students who might eventually be interested in becoming local providers.

STRATEGY 1.2.5: Monitor recruitment efforts to improve provider shortages and patient access.

OBJECTIVE 1.3: Ensure that the uninsured and underinsured residents of Cascade County have appropriate/optimum access to medical services.

STRATEGY 1.3.1: Increase Community Health Care Center, Inc. capacity.

- Acquire additional needed clinic space
- Recruit additional needed medical providers
- Establish an urgent care clinic

STRATEGY 1.3.2: Increase the Indian Family Health Clinic capacity.

- Recruit additional needed medical providers

STRATEGY 1.3.3: Educate and enroll uninsured and underinsured county residents in the Health Insurance Marketplace Health Plans.

- Work with the Cascade County Certified Application Counselors/Patient Navigators Coalition to provide education and hold town hall meetings to educate county residents
- Ensure that there are enough Certified Application Counselors and Patient Navigators to be able to assist people with enrollment

STRATEGY 1.3.4: Support the Healthy Montana Initiative petition to have Montana Medicaid Expansion placed on the 2014 ballot.

STRATEGY 1.3.5: Track the number of newly insured residents of Cascade County who enroll in the Marketplace health plans.

GOAL 2: Improve access to mental health services for Cascade County residents.

OBJECTIVE 2.1: Improve Access to mental health services for kids in crisis.

STRATEGY 2.1.1: Through the children’s crisis diversion grant create a coalition to inform stakeholders of the grant money to develop; family peer training and temporary foster homes for kids in crisis preventing unnecessary out of community placements.

STRATEGY 2.1.2: Educate the Cascade County residents and medical providers about available community resources for kids in crisis.

STRATEGY 2.1.3: Identify and fill gaps in Cascade County resources for kids in crisis.

STRATEGY 2.1.4: Identify sustainable funding sources through grants and legislation.

OBJECTIVE 2.2: Improve access to resources that support families and those in need of services.

STRATEGY 2.2.1: Increase community awareness and access to the Circle of Security training program. (The Center for Mental Health will offer training scholarships to the community for strengthening parent-child relationships through the Circle of Security program.)

STRATEGY 2.2.2: Identify funding sources for stakeholders and community professionals for Mental Health First Aide training to increase knowledge of when, how, and where to refer for needed services. (Mental Health First aid is a Substance Abuse and Mental Health Services Administration (SAMSHA) funded program to increase professional knowledge of when and where to refer for services.)

OBJECTIVE 2.3: Identify and reduce the barriers to integration of community mental health services in a coordinated and efficient way.

STRATEGY 2.3.1: Gather data on how integration results in better outcomes, decreased medical costs, compared to the cost of not treating mental illness holistically. Develop a similar model compatible to the “one stop shopping” Early Childhood Coalition model.

STRATEGY 2.3.2: Elicit the support of legislators with the language and barriers that prevent systems from working together successfully, funding sources that do not relate to one another and have different eligibility criteria and funding sources.

OBJECTIVE 2.4: Educate and enroll uninsured and underinsured county residents in the Health Insurance Marketplace Health Plans (mental health services are among the 10 Essential Services).

STRATEGY 2.4.1: Work with the Cascade County Certified Application Counselors/Patient Navigators Coalition to provide education and hold town hall meetings to educate county residents.

GOAL 3: Improve access to dental health services for Cascade County residents.

OBJECTIVE 3.1: Determine the dental manpower needs of Cascade County.

STRATEGY 3.1.1: Develop a model to determine dental provider needs by specialty ratios based on population.

STRATEGY 3.1.2: Identify current dental providers by specialty and practice capacity in Cascade County

STRATEGY 3.1.3: Determine shortage areas by dental specialty currently and over the next three years.

OBJECTIVE 3.2: Identify recruitment and retention strategies for needed dental providers.

STRATEGY 3.2.1: Develop a recruitment plan for needed dentists.

STRATEGY 3.2.2: Engage dental practices through the Fourth District Dental Society to be vested in recruiting needed dentists.

STRATEGY 3.2.3: Identify and offer dentist incentives for recruitment such as school loan repayment and work with the Western Interstate Commission for Higher Education as a recruitment strategy.

OBJECTIVE 3.3: Ensure that the uninsured and underinsured residents of Cascade County have appropriate/optimum access to dental services.

STRATEGY 3.3.1: Increase Community Health Care Center, Inc. dental capacity.

- Acquire additional needed dental clinic space
- Recruit additional needed dentists

OBJECTIVE 3.4: Educate and enroll uninsured and underinsured county residents in the Health Insurance Marketplace Health Plans (pediatric dental health services are among the 10 Essential Benefits).

STRATEGY 3.4.1: Work with the Cascade County Certified Application Counselors/Patient Navigators Coalition to provide education and hold town hall meetings to educate county residents about pediatric dental health as among the 10 Essential Benefits.

GOAL 4: Improve Access to Urgent Care Services for Cascade County residents.

OBJECTIVE 4.1: Assess and document current urgent care services.

STRATEGY 4.1.1: Conduct an assessment of current urgent care services available in Cascade County.

STRATEGY 4.1.2: Document current services available

STRATEGY 4.1.3: Identify gaps in access to urgent care services.

STRATEGY 4.1.4: Develop short, medium and long term goals to address gaps.

OBJECTIVE 4.2: Improve access to urgent care services

STRATEGY 4.2.1: Create a Community Health Care Center Urgent Care Clinic in Great Falls.

STRATEGY 4.2.2: Work with the existing urgent care clinics (Benefis Walk-In Clinic/Injury Center, Great Falls Clinic Immediate Care Center and the Indian Family Health Clinic) to provide expanded night time hours to reduce Emergency Room visits that are not emergent.

STRATEGY 4.2.3: Improve affordable transportation availability to urgent care clinics (currently ParaTransit, Diamond Cab, Bus Transit and Aging Services), particularly during evening and night time hours, to reduce the use of ambulances to transport non-emergent patients to the Emergency Room.

VII. Health Priority Area Two: Reduce Substance Abuse, Including Alcohol, Tobacco and Legal/Illegal Drugs

GOAL 1: Reduce substance abuse among high school aged youth.

OBJECTIVE 1.1: Reduce high school aged youth tobacco use.

STRATEGY 1.1.1: Establish local ordinances to make tobacco less accessible to youth.

STRATEGY 1.1.2: Develop and implement a social media campaign using social media platforms to target youth.

STRATEGY 1.1.3: Educate, Encourage and Empower parents to be positive influences in their children's lives.

STRATEGY 1.1.4: Limit the effectiveness of tobacco marketing to youth.

STRATEGY 1.1.5: Implement effective marketing to address the tobacco advertising in retail stores.

STRATEGY 1.1.6: Support and assist the student led Cascade County reACT! group.

STRATEGY 1.1.7: Sustain TAP (Tobacco Awareness Program) voluntary cessation program.

STRATEGY 1.1.8: Sustain TEG (Tobacco Education Group) Court and/or school ordered MIP-Tobacco citations.

OBJECTIVE 1.2: Reduce youth illegal drug abuse.

STRATEGY 1.2.1: Encourage and promote the use of prescription drug disposal drop boxes and events.

STRATEGY 1.2.2: Develop and implement a social media campaign (I Choose to Live Above The Influence) using social media platforms to target youth.

STRATEGY 1.2.3: Educate, Encourage and Empower parents to be positive influences for their children.

STRATEGY 1.2.4: Facilitate the incorporation of ACE's assessments and referrals into the AMDD and MADAC policies and procedures.

STRATEGY 1.2.5: Provide drug prevention education classes to K-6 students with enhanced curriculum and kits.

STRATEGY 1.2.6: Support and sustain Treatment in Schools efforts.

STRATEGY 1.2.7: Engage and build coalition capacity, increase awareness of community needs and activities/events.

OBJECTIVE 1.3: Decrease youth alcohol abuse.

STRATEGY 1.3.1: Develop and implement a social media campaign (I Choose to Live Above The Influence) using social media platforms to target youth.

STRATEGY 1.3.2: Limit alcohol accessibility by continuing with retail checks and sustain local compliance checks.

STRATEGY 1.3.3: Provide responsible Services Training to all retailers who fail to meet compliance.

STRATEGY 1.3.4: Evaluate and standardize the penalties for Minor in Possession Citations by implementing and developing effective community supervision policies.

STRATEGY 1.3.5: Educate parents, empower, and encourage them to be positive influences for their children.

STRATEGY 1.3.6: Develop and implement an efficient MIP reporting database.

STRATEGY 1.3.7: Support and sustain Treatment in Schools Efforts.

STRATEGY 1.3.8: Facilitate the incorporation of ACE's assessments and referrals into the AMDD and MADAC policies and Procedures.

STRATEGY 1.3.9: Engage and build coalition capacity, increase awareness of community needs and activities/events.

GOAL 2: Reduce the percentage of Cascade County adults (ages 18-21) that abuse substances.

OBJECTIVE 2.1: Reduce adult tobacco use.

STRATEGY 2.1.1: a) Sustain local ordinances to make tobacco less accessible and limit the effectiveness of tobacco usage and marketing, and b) Explore future consideration of implementing "smoker friendly" areas with events held at the MT Expo park.

STRATEGY 2.1.2: Maintain local anti-tobacco use media campaigns that target adults.

STRATEGY 2.1.3: Maintain and increase the Clean Indoor Air Act ordinances.

STRATEGY 2.1.4: Maintain and/or increase the inquiries and support services offered through the MT Quitline.

OBJECTIVE 2.2: Reduce adult aged (18-21) binge drinking.

STRATEGY 2.2.1: Research evidence based best practices for targeting binge drinking amongst adults ages 18-21.

STRATEGY 2.2.2: Work with University of Great Falls and Malmstrom Airforce Base to effectively reduce binge drinking amongst adults ages 18-21.

STRATEGY 2.2.3: Work with the Tavern Association to limit alcohol accessibility by providing Responsible Services Training to all retailers.

STRATEGY 2.2.4: Support and assist DUI task force goals and objectives.

OBJECTIVE 2.3: Reduce adult illicit and prescription drug abuse.

STRATEGY 2.3.1: Research evidence based best practices for targeting prescription drug abuse amongst adults ages 18-21.

STRATEGY 2.3.2: Encourage and promote the use of prescription drug disposal drop boxes and events by using newspaper articles, Radio, PSA's and Wellness Wednesday Electronic Weekly Newsletter.

STRATEGY 2.3.3: Create signs/posters for a campaign to introduce the myths about the long term effects of marijuana and prescription drug use.

GOAL 3: Ensure the Strategic Prevention Framework drives community-based substance abuse prevention and reduction.

OBJECTIVE 3.1: Ensure annual community assessment is completed, including incidence of use/abuse; factors contributing to use and abuse and sustainability and cultural competency (SPF, Step #1).

OBJECTIVE 3.2: Improve community capacity to implement effective, sustainable and culturally competent substance abuse prevention strategies (SPF, Step #2).

OBJECTIVE 3.3: Ensure community-based, evidence-based, strategic substance abuse prevention and reduction planning occurs at least on an annual basis, including planning for sustainability and cultural competency (SPF, Step #3).

OBJECTIVE 3.4: Ensure substance abuse prevention and reduction strategies are implemented based upon data, capacity to implement and community-developed strategic implementation plans; strategies must be sustainable and culturally competent (SPF, Step #4).

OBJECTIVE 3.5: Ensure annual evaluation of substance abuse prevention and reduction strategies, including evaluation of sustainability and cultural competence, occurs and that evaluation findings are incorporated within program implementation (SPF, Step #5).

OBJECTIVE 3.6: To increase sustainable, substance abuse prevention and reduction funding and resources.

VIII. Health Priority Area Three: Increase the Percentage of Cascade County Residents at a Healthy Weight

Long term outcome: Decrease the percentage of Cascade County residents who; 1) are obese/overweight, 2) who report having high blood pressure, and 3) who report high cholesterol levels.

GOAL 1: Increase physical activity of Cascade County residents

Long term outcome: 1) Reduce the percentage of Cascade County residents who report no leisure time physical activity, and 2) Increase the percentage of Cascade County residents who report they participated in the recommended physical activity in the past month

OBJECTIVE 1.1: Work toward health in all policies

STRATEGY 1.1.1: Support and promote the adoption and implementation of policies that addresses the built environment (e.g. structures, transportation, and land use) that promote the health of the community.

STRATEGY 1.1.2: Support worksites and schools to implement health promotion policies (e.g. physical activity).

OBJECTIVE 1.2: Increase the use of existing community resources for physical activity

STRATEGY 1.2.1: Encourage joint use agreements between City, County, and private facilities to provide easier access for all Cascade County residents.

STRATEGY 1.2.2: Develop and implement community activities in neighborhood parks and recreational areas.

STRATEGY 1.2.3: Increase the number of residents who walk on a regular basis

OBJECTIVE 1.3: Increase the percentage of Cascade County residents who utilize alternate transportation

STRATEGY 1.3.1: Encourage the use of bicycling as an alternative form of transportation by offering CyclingSavvy Courses twice per year.

STRATEGY 1.3.2: Encourage the use of the GF Public Transit System as an alternative for transportation by advertising the benefits of walking in short bursts.

STRATEGY 1.3.3: Support applications for grants to improve connectivity of trail systems to Destinations.

OBJECTIVE 1.4: Incorporate physical activity for healthcare providers as a frontline strategy

STRATEGY 1.4.1: Establish the Trails Rx Program in Cascade County.

STRATEGY 1.4.2: Educate providers on best practice interventions utilizing walking as a physical and mental health strategy.

STRATEGY 1.4.3: Encourage and support insurance company efforts that encourage and reward physical activity.

GOAL 2: Increase access to healthy nutritious foods for all Cascade County residents

Long term outcome: Increase the percentage of Cascade County adults and youth who report they eat the daily recommended servings of fruit and vegetables.

OBJECTIVE 2.1: Work toward health in all policies

STRATEGY 2.1.1: Support worksites and schools to implement health promotion policies (e.g. healthy food, beverage choices and breastfeeding).

OBJECTIVE 2.2: Determine the accessibility of healthy foods

STRATEGY 2.2.1: Identify healthy food deserts by conducting an inventory of fresh fruit and vegetable outlets in Cascade County.

STRATEGY 2.2.2: Increase the number of community gardens.

STRATEGY 2.2.3: Increase the number of citizens participating in community gardens

OBJECTIVE 2.3: Increase awareness of healthy nutritious choices

STRATEGY 2.3.1: Encourage and promote healthy recipes in local media publications.

STRATEGY 2.3.2: Support healthy food preparation classes

GOAL 3: Improve the cultural support for breastfeeding in Cascade County

Longterm outcome: Increase the percentage of Cascade County mothers who breast feed their infants through six months of age

OBJECTIVE 3.1: Work toward health in all policies

STRATEGY 3.1.1: Support and promote the adoption and implementation of policies that promote breastfeeding.

STRATEGY 3.1.2: Support worksites and schools to implement policies that allow 100% breastfed infants to be permitted in the workplace until 6 months of age

STRATEGY 3.1.3: Develop a breastfeeding policy template package

OBJECTIVE 3.2: Increase community knowledge of the benefits of breastfeeding

STRATEGY 3.2.1: Establish a breastfeeding coalition

STRATEGY 3.2.2: Conduct provider education on breastfeeding.

STRATEGY 3.2.3: Engage the media in promoting the benefits of breastfeeding

OBJECTIVE 3.3: Improve resources for breastfeeding mothers

STRATEGY 3.3.1: Improve the hospital experience for nursing mothers.

STRATEGY 3.3.2: Improve access to certified Lactation Counselors.

STRATEGY 3.3.3: Develop a community guide for Breastfeeding Best Practices

To Download the Spreadsheet Version of the CHIP Issues, Goals, Objectives & Strategies with target measures, go to: <http://www.cchdm.org/?p=chi&n=chi-home>

IX. Acknowledgements

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