



# Central Montana Community Health Improvement Plan

Fergus, Judith Basin, Wheatland, Golden Valley, Musselshell, Petroleum  
Counties



## Acknowledgements

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Boys & Girls Club of Lewistown

Central Montana Head Start

Central Montana Health District (CMHD)

Central Montana Medical Center (CMMC)

Central MT Youth Mentoring

Fergus County Nurses Office (FCNO)

Human Resources Development Council (HRDC6)

Roundup Memorial Healthcare

Wheatland Memorial Healthcare

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Photo credit: City of Harlowton



Photo credit: Visit MT



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## Executive Summary

With a mission of:

*Improving the health of our communities throughout education, health promotion and disease and injury prevention*

The Central Montana Health District (or **CMHD**) is pleased to present this Community Health Improvement Plan (or **CHIP**) for Central Montana. The purpose of the CHIP is to serve as a detailed work plan on how and where resources should be allocated to improve the public health issues defined in the Central Montana Community Health Assessment (or **CMT CHA**) of 2015-2017.

To ensure the formation and execution of a comprehensive CHIP, the Core Support team strived to include various healthcare providers, academic institutions, community members, and organizations throughout Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, and Wheatland Counties.

This guide was developed in partnership with area hospitals, clinics, disaster and emergency services, Council on Aging, public health, Human Resource Development Council District 6, Family Planning, Head Start, and other human service providers.

This CHIP contains four priority areas for health improvement with measurable objectives, strategies, and assigned leads to accomplish collaborative goals:

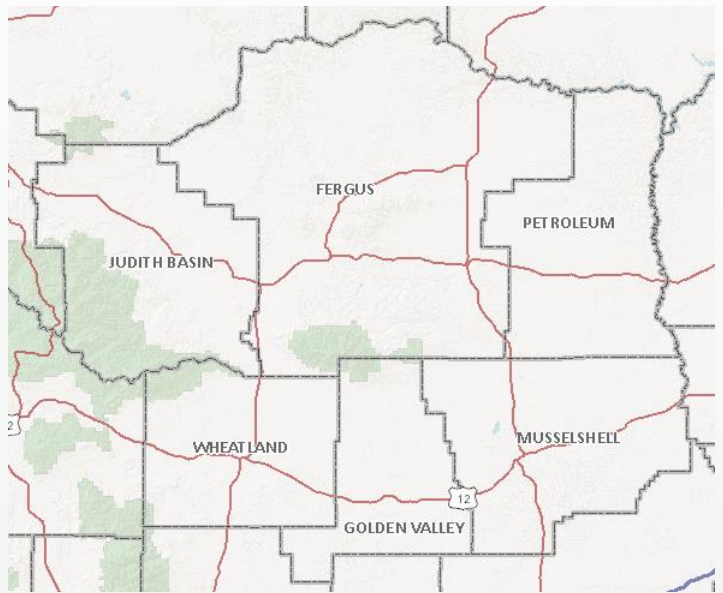
- Access to care and services
- Mental Health
- Chronic Disease
- Improved collaboration and partnerships

Together we can improve community health throughout  
Central Montana.

# Service Area Central Montana

Covering 12,370 square miles of scenic countryside, the Central Montana Health District incorporates six frontier/rural counties:

- Fergus
- Golden Valley
- Judith Basin
- Musselshell
- Petroleum
- Wheatland



Fergus County contains 53% of the region's population (11,413), with the county seat of Lewistown making up nearly 30% of the district's total population. Other incorporated cities include:

Ryegate in Golden Valley County (831)

Stanford in Judith Basin County (1,940)

Roundup in Musselshell County (4,589)

Winnett in Petroleum County (489)

Harlowton of Wheatland County (2,117)

# CMHD Demographics

## The People

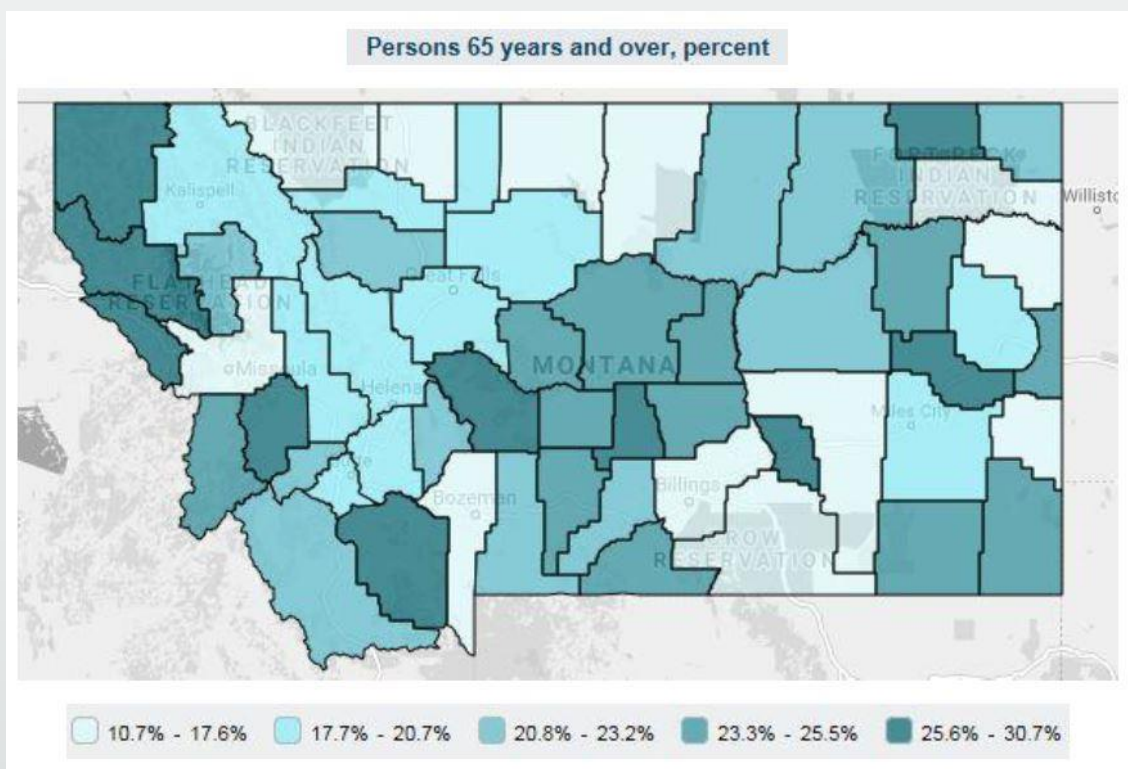
As of the 2017 census, the district made up 2% of Montana's total population, with an estimated population of 21,379. Census data shows the population is made up of 48.5% females and 51.5% males, with over 96% of the region identifying as Caucasian.

## Aging Population

According to the American Community Survey 5-Year Estimates, the median age in Montana for 2016 was 39.8. The median age of residents in the district is nearly a decade older at 49.2. Furthermore, nearly 25% of the residents within the district are 65 years and over (US Census Bureau, 2018).

According to data derived from the U.S. Census Bureau, 18.1% of Montana residents are 65 years and over. Demographics in CMHD reflect an even older population, likely with additional care and service needs.

- **Fergus:** 23.6%; **Golden Valley:** 26.9%; **Judith Basin:** 25.5%
  - **Musselshell:** 25.2%; **Petroleum:** 24.1%; **Wheatland:** 24.7%
- \*Persons 65 and over in the CMHD, percent: 25%



The U.S. Census predicts that Montana will have the fourth oldest population in the country by 2020 ([MHA](#), 2018).

## CMHD Demographics Continued

### Employment and Income

According to the Snowy Mountain Development Corporation Comprehensive Economic Development Strategy Update (2017), nearly 77% of the acreage in the district is dedicated to agriculture, making it the top employment category for Central Montana. Other top employment categories include government and service industry—health care and human/social service agencies

As of 2016, the average number of residents in the labor force age 16+ for the district was 60%, with the average unemployment rate in December 2017 at 5.2%, and the 'Persons in poverty' at 16.3% (U.S. Census Bureau, 2018).

### Diversity

Central Montana is culturally diverse in its population, with 12 Hutterite Colonies and one Amish community, each with distinct cultural norms on communal living that is separate from the outside world. As a predominately German speaking population, with limited access to technology and restrictions on transportation, these communities have unique strengths and barriers to health and access to services.

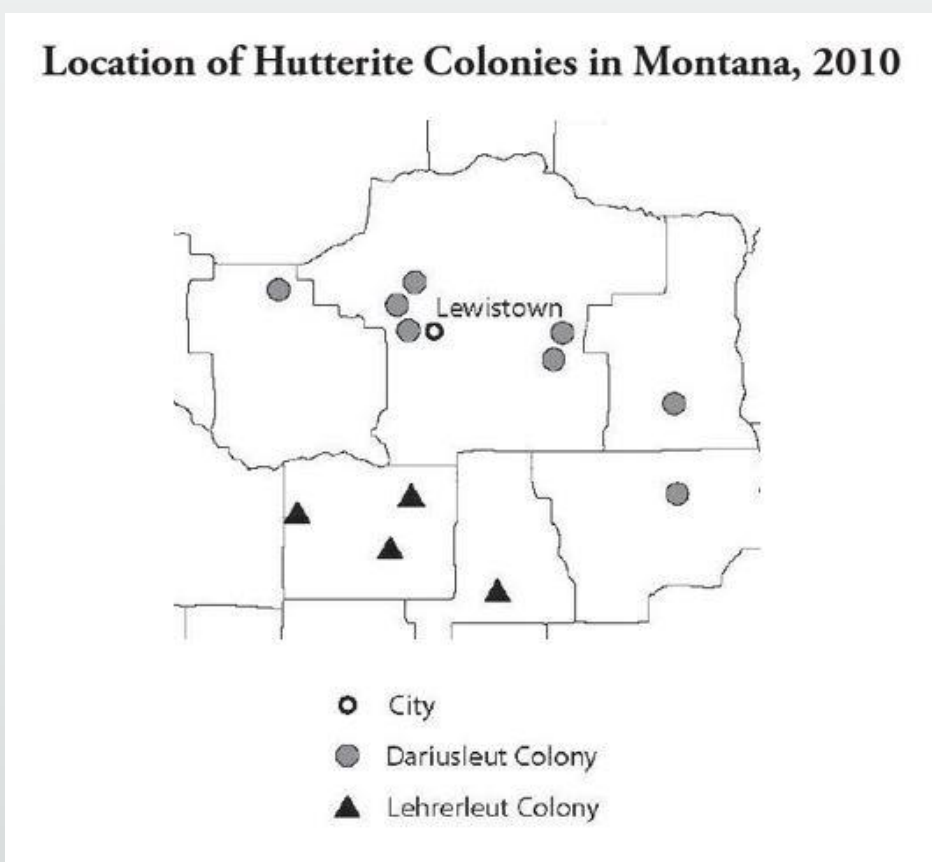


Photo Credit: Montana Office of Public Instruction, 2010

## CHIP Methodology Summary

The Core Support Team from the Central Montana Health District (**CMHD**) utilized Mobilizing Action through Planning and Partnership (**MAPP**) from National Association of County and City Health Officials (**NACCHO**) to guide the community health improvement process.



The first phase of the MAPP process began in 2015 with the Central Montana Community Health Assessment (or **CHA**), a collaborative effort by CMHD and the Central Montana Community Health Center (or **CMCHC**). Using a region-wide survey, the steering committee was successful in identifying themes and health status in Central Montana.

Following the presentation of CHA results, a Local Public Health System Assessment was conducted in the summer of 2017, revealing a variety of assets in place to improve community health in Central Montana, yet evident disparities existed; specifically with access and behavioral health.

In September 2017, the Core Support Team reconvened to plan the CHIP process and recruit participants to guide and oversee the project.

In December 2017, the CHIP Steering Committee met to review findings from the CHA to identify health issues of major importance and set goals.

To further assess community needs and assets, CMHD partnered with existing groups such as the Human Services Coalition and the CMHD Epi Team for focused discussions.

Based on a series of community and stakeholder meetings, four priority areas were selected to focus on as having the most potential for collective impact in improving the health of Central Montana residents, a five year action plan was designed and leads were assigned.



## Health Priorities

Based on the series of community and stakeholder meetings, the following areas were identified as Significant Healthcare Needs in Central Montana:

- Access to Care and Services; specifically primary care physicians, specialty care, adult services, and child care
- Behavioral Health: specifically mental health, alcohol/substance abuse & tobacco use
- Overweight/Obesity; specifically poor nutrition and physical inactivity

Much like the responses in the CHA, the stakeholder group is aware of the lack of providers in the area, expressed concerns about the lack of access to mental health services and substance abuse resources in the area, identified overweight/obesity to be a concern, acknowledged the lack of child care options, and was concerned with the lack of public knowledge about what programs and services are available to them.

When selecting the 2023 targets in the CHIP, the steering committee considered these local needs, in conjunction with state and national initiatives to set benchmarks for health measures. The priority areas identified included:

**PRIORITY**

**AREA 1**

Access to Care and Services

**PRIORITY**

**AREA 2**

Mental Health

**PRIORITY**

**AREA 3**

Chronic Disease

**PRIORITY**

**AREA 4**

Strategic Collaboration

# Priority Area

## Access to Care and Services

### Description of the Health Priority

Healthy People 2020 defines Health-related quality of life (HRQoL) as “a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning (Healthy People, 2018).

To improve HRQoL at the population level, all Central Montana residents must have optimal access to appropriate health care, which is defined by Health People 2020 when every resident in a community is able to:

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

### Access to Care in the CMHD

In the CMT CHA, residents reported concerns related to accessing care in Central Montana:

- 30.7% of households did not get or delayed getting medical services in the past three years
- nearly 40% of the respondents reported seeing a primary health care provider outside the CMHD coverage area

When asked “What Would Improve Access to Health Care”

- 60% voted for “More Primary Care Providers”
- 32.7% selected “More Specialists”
- Nearly 15% marked “Transportation assistance”

Our diverse and aging population experience barriers to accessing services due to a number of complex and interrelated factors that include cultural, economical, environmental, and social characteristics.

The health disparities explained in the following pages lead to missed care opportunities, increased physical and emotional stress, and poorer health outcomes.

# Priority Area

## Access to Care and Services

### Availability

Three of the six counties in the region are without any physicians.

Limited access to physicians and specialists reduces prevention, early diagnosis and treatment options.

Respondents from the Central Montana 2015-2017 Community Health Assessment (CMT CHA) who indicated “yes” to not getting or delaying medical services in the past three years reported the following reasons for not receiving healthcare services:

30.3% “Could not get an appointment”

24.8% reported “Too long to wait for an appointment”

22.9% reported “Specialty/physician not available locally”

21.1% reported “Physician not accepting new patients”

When asked what would improve access to health care: 56.7% of CMT CHA respondents selected “More Primary Care Providers”

Figure 2 depicts the shortage of Montana physicians providing direct care in rural areas

**Figure 2: Montana physicians\* in urban and rural areas per 100,000 population in 2016**

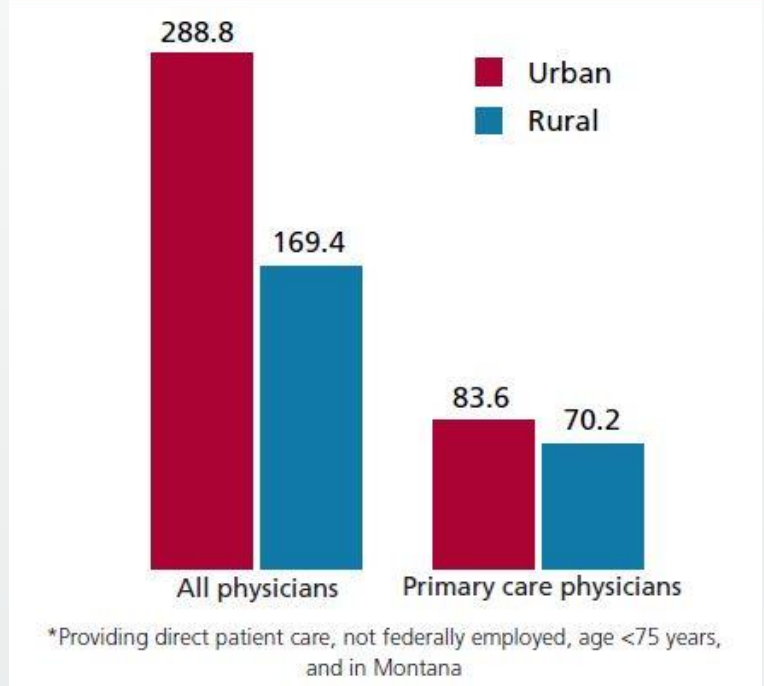
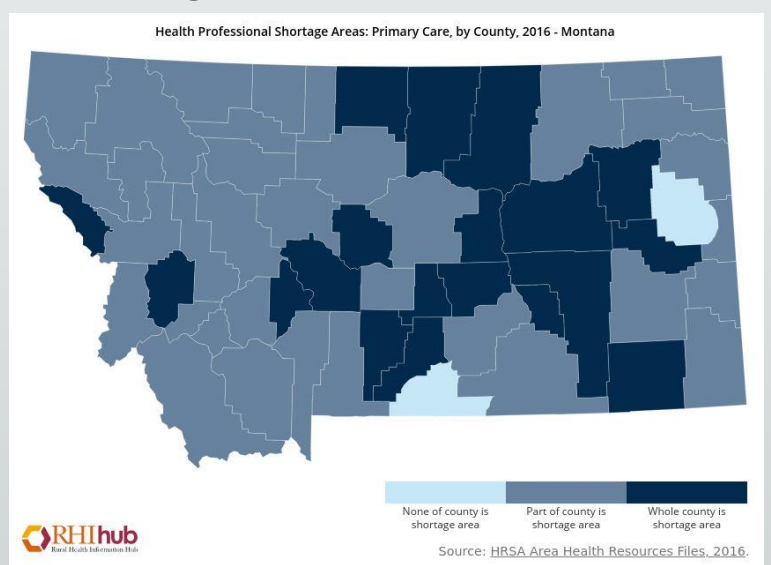


Photo credit: WWAMI Center for Health Workforce Studies-University of Washington.

The RHHub Map shows county-level data on Primary Care Health Professional Shortage Areas (HPSAs), indicating four of the six counties in the District are entirely in a HPSA, with the remaining two partially in a HPSA.



# Priority Area

## Access to Care and Services

### Accessibility

Goal: Develop a sustainable system to provide appropriate healthcare resource to residents		
Objective 1: Increase the percentage of adults who report seeing a primary health care provider within the CMHD coverage area from 60% to 75% by September 2023 (source: CMT CHA survey)		
Objective 2: Reduce the number of persons who report not being able to get an appointment from 30% to 20% (source: CMT CHA survey)		
Strategy:	Tactic:	Performance Indicators:
1.1 Increase the number of primary care provider (PCPs) practicing in Central Montana	1.1.1 Participate in recruitment fairs and conferences to network with medical students and physicians	Connections made with medical students and physicians, number of new medical students and physicians practicing in the region
	1.1.2. Expand recruiting efforts to attract more medical students receiving training through the TRUST program from the University of Washington	
	1.1.3 Expand medical education opportunities to further develop residency training	
2.1 Offer after-hour primary care	2.1.1 Expand telehealth solutions to provide virtual treatment options for more convenient care 2.1.2 Expand payment for after-hour primary care service	Number of telehealth appointments
2.2 Improve the local referral system between providers	2.2.1 Research how other counties have implemented the Consented Referral System  1.2.2 Explore funding	Shared experiences from other communities  Identification of funding opportunities

## Suggested Leads

- Central Montana Community Health Center
- Central Montana Health District
- Central Montana Medical Center
- Fergus County Nurses Office
- Human Services Coalition Partners
- Roundup Memorial Healthcare
- Wheatland Memorial Healthcare

“Dr. Ned Vasquez, program director for the Family Medicine Residency of Western Montana, said residents are likely to stay in the community they complete their residency in. One of the most important mechanisms to ensure you have more doctors in your state is to train them in your state” (Loranger, 2017)

# Priority Area

## Access to Care and Services

### Affordability

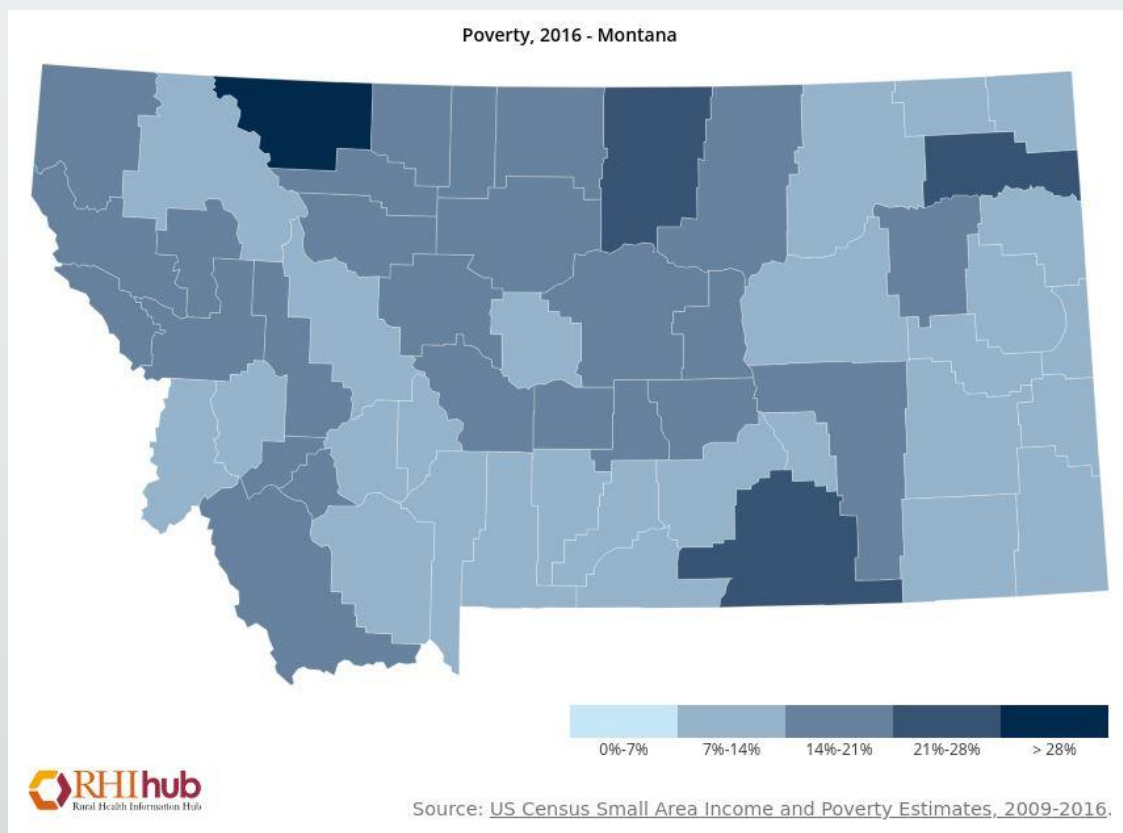
45% of the CHA respondents reported not getting or delaying medical services in the past three years due to cost, with 19.3% reporting no insurance as a reason for not receiving healthcare services. Furthermore, over 10% of CHA respondents reported cost as a barrier to medication compliance

### Poverty

According to 2016 ACS data, the poverty rate in rural Montana is 14.1%, compared with 11.9% in urban areas.

Over 80% of the counties represented in the Central Montana Health District have poverty rates greater than the rural Montana average, with 100% of the counties exceeding the urban Montana poverty rate:

**Fergus:** 14.6%; **Golden Valley:** 18.3%; **Judith Basin:** 13.4%  
**Musselshell:** 17.4%; **Petroleum:** 15.1%; **Wheatland:** 19.0%  
\*Persons living in poverty in the CMHD, percent: 16.3%



Map showing county-level data on the percentage of the population in poverty.

# Priority Area

## Access to Care and Services

### Health Insurance

The Office of the Commissioner of Securities and Insurance (CSI) found that the 2016 uninsured rate in Montana was approximately 7.4%.

Residents in the Central Montana Health District are less likely to report having health insurance compared to other Montanans.

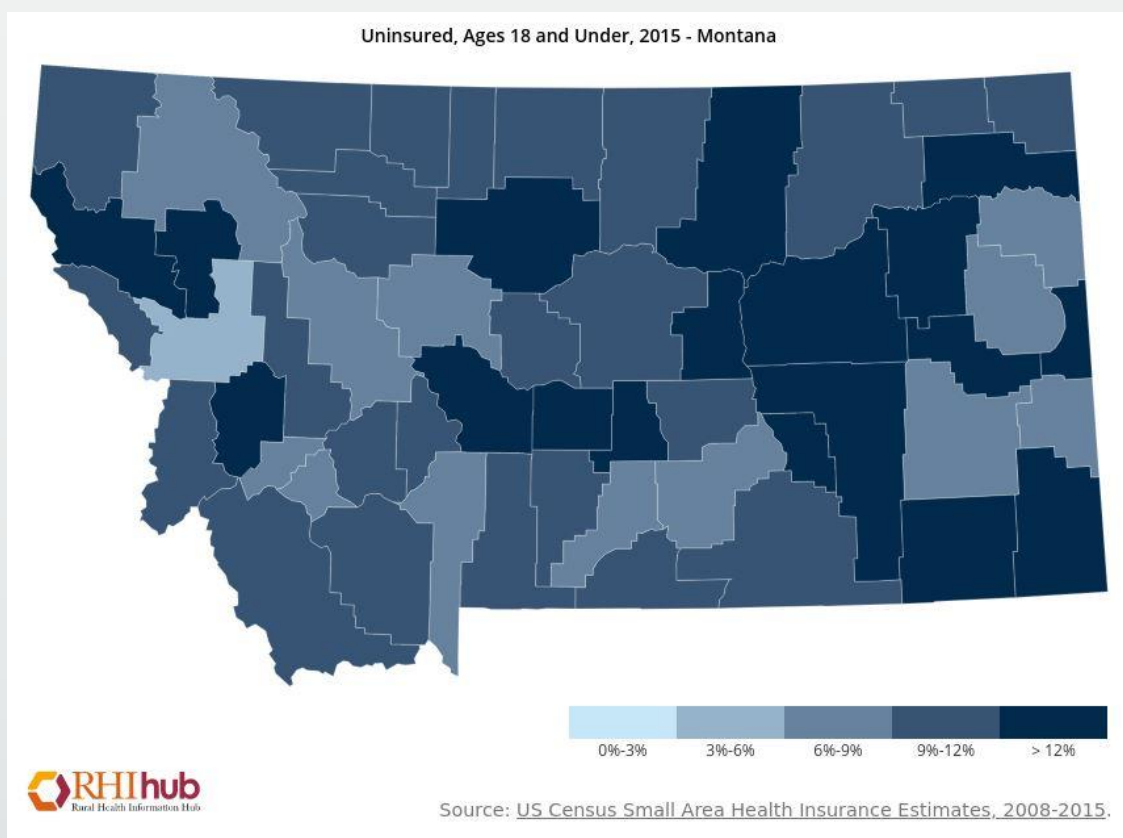
### Uninsured, Ages 18 and Under, 2015-Montana

rates are higher in the CMHD:

**Fergus: 9.4%; Golden Valley: 12.5%; Judith Basin: 11.0%**

**Musselshell: 9.5%; Petroleum: 17.7%; Wheatland: 15.4%**

Average: 12.6%



Map showing county-level data on the percentage of the population 18 and under that are uninsured.

# Priority Area

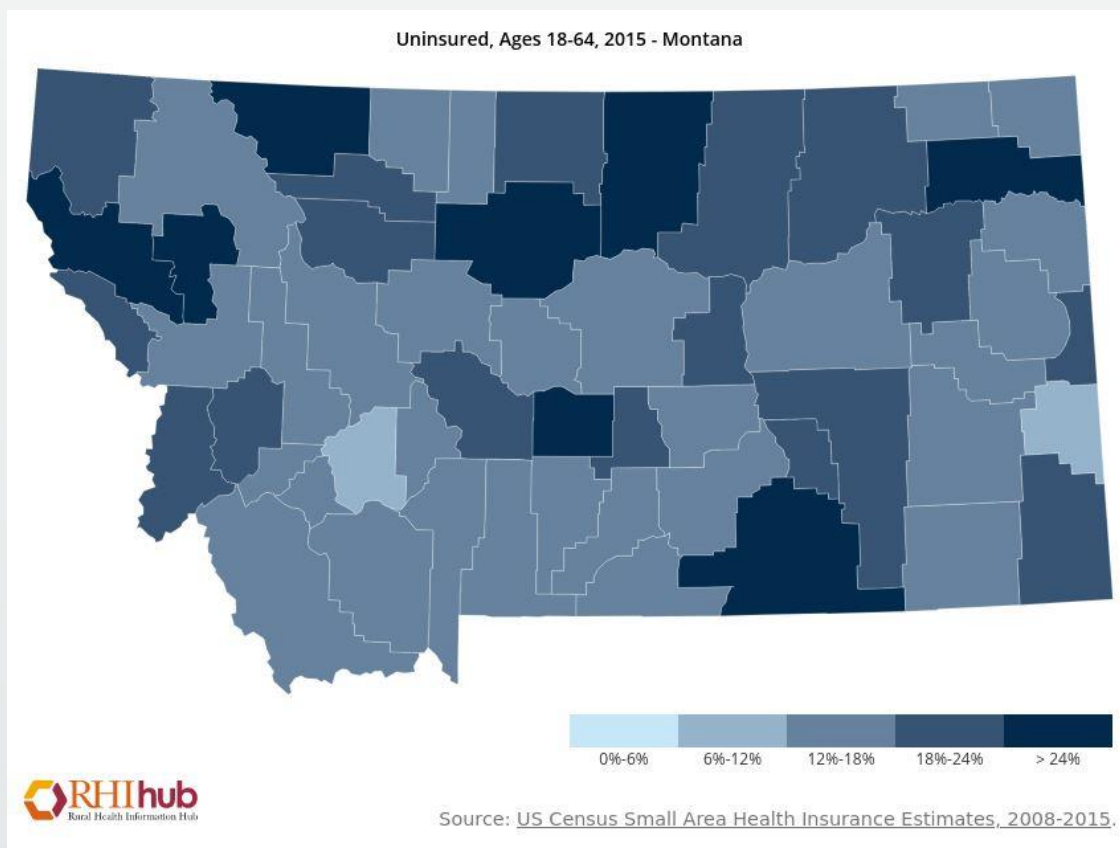
## Access to Care and Services

### Health Insurance Continued

According to the U.S. Census Bureau, the state average for the number of 'Persons without health insurance, under age 65 years, percent' is between 8.0 and 9.9% (2016).

Again, the map below demonstrates an even greater disparity in the CMHD for the **Uninsured, Ages 18-64**:

**Fergus: 16.5%; Golden Valley: 19.8%;  
Judith Basin: 15.0%; Musselshell: 17.1%;  
Petroleum: 21.5%; Wheatland: 26.9%**  
Average: 19.5%



Map showing county-level data on the percentage of the population between 18 and 64 years of age that is uninsured.

# Priority Area

## Access to Care and Services

### Health Insurance

Goal: Provide health insurance coverage opportunities to meet the Healthy People 2020 national coverage goal of 100%		
Objective 1: By the end of 2023, the percentage of uninsured individuals will decrease from 19.5% to 10% for persons under 65 years (source: U.S. Census)		
Objective 2: By the end of 2023, the percentage of uninsured individuals will decrease from 12.6% to 7.5% for persons 18 and under (source: U.S. Census)		
Strategy:	Tactic:	Performance Indicators:
1.1 Improve access to care and services by working with human service providers to enroll clients in health insurance	1.1.1 Identify and deliver training and support to organizations who serve individuals who fall within the 133% of the Federal Poverty Line (FPL)	Number of organizations trained; informational sessions held, clients enrolled
	1.1.2. Provide community informational sessions to educate on the availability of health insurance coverage opportunities	
2.1 Improve access to care and services by working with human service providers to enroll youth in health insurance	2.1.1 Identify and deliver training and support to daycare providers, school receptionists, and youth associated group leaders	Number of staff trained, number of clients enrolled

## Suggested Leads

- Area II Agency on Aging
- Council on Aging
- Central Montana Family Planning
- Central Montana Community Health Center
- Central Montana Health District
- Central Montana Medical Center
- Fergus County Nurses Office
- Human Services Coalition Partners
- Roundup Memorial Healthcare
- Wheatland Memorial Healthcare
- Senior Center Directors
- School Districts



# Priority Area Access to Care and Services

## Geographic & Transportation barriers

When local resources are limited or not available, our community members are forced to travel long distances for everyday essentials and care.

Recall, nearly 40% of CMT CHA respondents reported seeing a primary care provider outside the CMHD coverage area.

Transport time and associated costs can lead to financial hardship and poorer health outcomes.

The following rural demographics make public transit increasingly desired:

1. aging population
2. high poverty rates
3. geographic distance from care/services
4. high rate for transport injuries and mortality

When asked “What Would Improve Access to Health Care” nearly 15% of CMT CHA respondents marked “Transportation assistance”

The public transportation system in Central Montana is very limited, with only one community shuttle service in the city of Lewistown (see rates and scheduled trips below).



**Central Montana Shuttle**  
307 W. WILSON, LEWISTOWN, MT 59445

**Regular Scheduled Trips**

Billings (Tuesdays)  
&  
Great Falls (Thursdays)

**Round-trip, same day: \$50**  
**One-way: \$30**

*All pickups/drop-offs in between are the same rate.*

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### Rates

**Age 60+ and/or those with Disabilities**

**Suggested donation:** \$1.50 one-way;  
\$3.00 round-trip (in Lewistown)

**General Public**

\$1.50 one-way; \$3.00 round-trip  
(in Lewistown)

**Special Trips**

**\$100 – Individual Rider**  
**\$100 + \$50 per person – Multiple Riders**

**County Trips**

**\$15 – Distance; up to 25 miles**  
**\$30 – Distance; 26 to 50 miles**

*Any trip over 50 miles is considered a special trip and above rates apply.*

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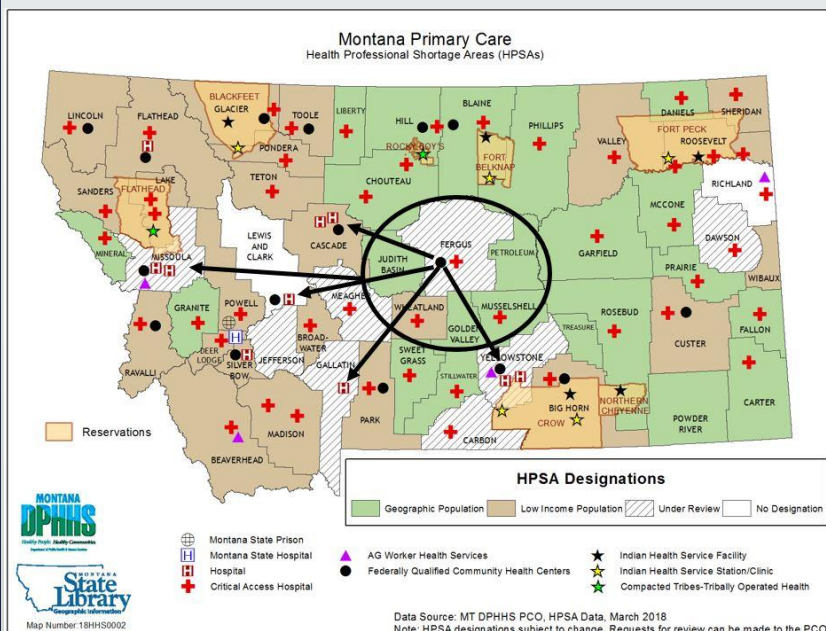
*To schedule a ride call:*

535-7486

*Special trip or county trip rates are for either a one-way or round-trip and are contingent on availability of a driver.*

*24-hour notice required for all rides*

The map below shows the CMHD coverage area (circled) and arrows to typical transfer/receiving health care facilities within the state of Montana (<100 miles). Patients may be referred or transferred out of state for even further specialized care.



# Priority Area

## Access to Care and Services

### Transportation

Goal 3: Reduce barriers to accessing care and services through public transportation		
Objective 1: Advocate and provide support for the expansion of transportation services to make regularly scheduled roundtrips to outlying communities by September 2020		
Strategy:	Tactic:	Performance Indicators:
1.1 Raise awareness around the Central Montana Shuttle	1.1.1 Support advertising and media campaigns to inform the community of the regularly scheduled trips and county options	Number of trips made compared to previous month/year
	1.1.2. Educate service navigators and providers on transportation services through Council on Aging	Number of rides scheduled by health professionals on behalf of rider
1.2 Advocate and support the expansion of transportation services	1.2.2 Share models and resources from the Rural Transportation Toolkit interested organizations	Number of presentations made to businesses and governing bodies
1.3 Explore funding sources to support the expansion of transportation services to more communities	1.3.1 Convene a group/coalition of community stakeholders and businesses to advocate for additional transportation funding	Number of interested community stakeholders and additional funding

## Suggested Leads

- Area II Agency on Aging
- Central Montana Family Planning-MCCP
- Central Montana Community Health Center
- Central Montana Health District
- Central Montana Medical Center
- Council on Aging
- Fergus County Nurses Office
- Human Services Coalition
- Roundup Memorial Healthcare
- Wheatland Memorial Healthcare
- Senior Center Directors
- School Districts

# Priority Area

## Mental Health

### Description of the Health Priority

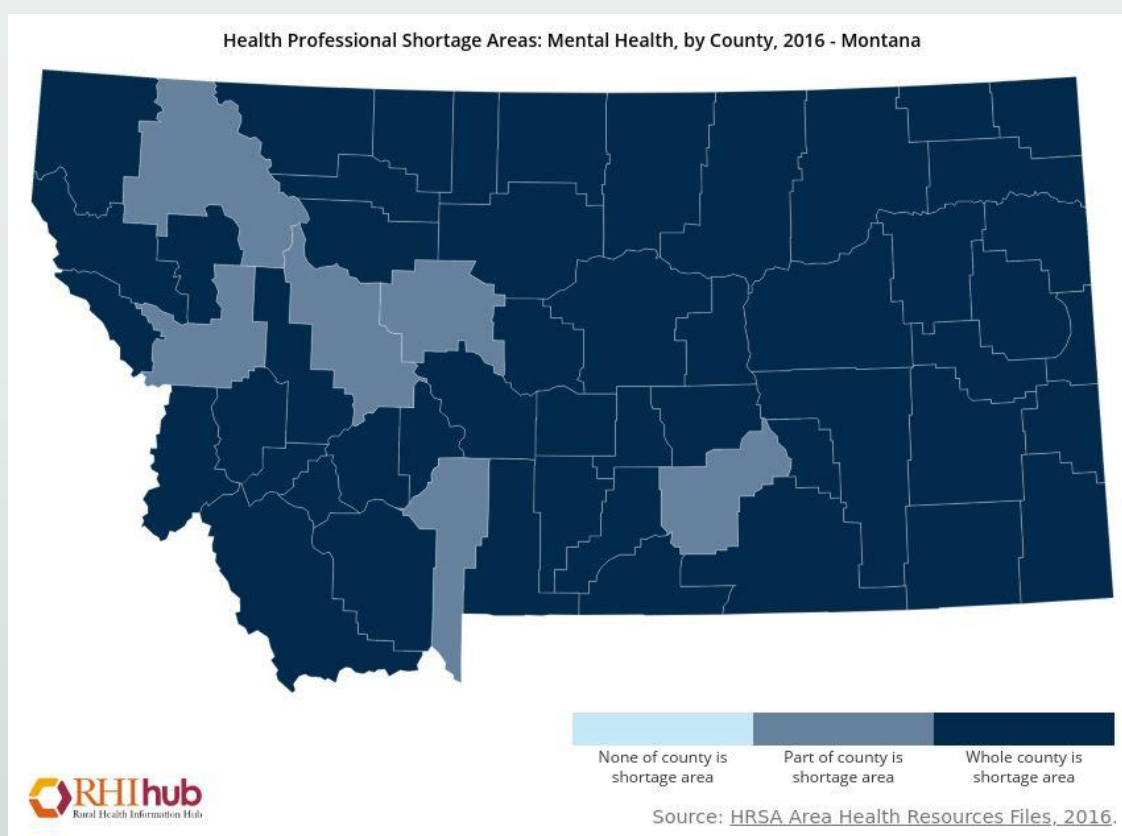
Social and emotional wellness is crucial to overall health and well-being. Mental illnesses interfere with activities of daily living, community connectedness and relationships. Mental illnesses contribute to the development of chronic disease, disability, and epidemic proportions of self-harm and suicide rates.

According to the 2017 State of Mental Health in America (2018), 1 in 5 adults have a mental health condition. The most common mental health problems are anxiety, depression, and substance use disorder.

Despite major spending, Montana is ranked poorly for both mental health status and access to mental health services.

Mental Health America (2014) ranked Montana:

- 38<sup>th</sup> for higher prevalence of mental illness and reduced access to mental health care
  - 35<sup>th</sup> for access to mental health care
  - 35<sup>th</sup> for prevalence of mental illness
  - 43<sup>rd</sup> for prevalence of mental illness in youth
  - 38<sup>th</sup> for prevalence of mental illness in adults



Map showing county-level data on Mental Health Professional Shortage Areas (HPSAs), indicating counties that are entirely in a HPSA, partially in a HPSA, or not in a HPSA.

# Priority Area

## Mental Health

### Mental Health Care in the CMHD

Respondents from the CMT CHA categorized the following behavioral health themes as the most serious health concerns in CMHD:

- 63.4% “Alcohol and Substance Abuse”
  - According to U.S. County Performance reviews, all six counties in the district have higher rates of “Heavy Drinking” and “Binge Drinking” compared to state averages (Institute for Health Metrics and Evaluation, 2016)
    - The entire district also has higher rates of transport injury mortality (IHME, 2016)
- 15% “Mental health issues”
- 14.7% “Depression/anxiety”

The unmet need for mental health services is greatest for the underserved groups that make up Central Montana including: elderly persons, persons with low income, persons without health insurance, and residents in rural areas. Rural Health Information Hub (2017) notes, residents in rural areas are less likely to seek and receive treatment for mental disorders. Barriers for seeking and receiving treatment for mental disorders may include stigma, lack of services, and cost.

### **Lack of services**

100% of Central Montana residents live in a federally-designated Mental Health Professional Shortage Area. Geographically, the nearest inpatient units are in Great Falls, Billings and Helena, MT (100-250 miles away). Again, residents who have to travel for or go without mental health care, suffer an increased risk of their health being compromised.

### **Cost**

Residents in the Central Montana Health District are less likely to report having health insurance compared to other Montanans.

# Priority Area

## Mental Health

Goal: Develop a sustainable system to provide appropriate mental health services to residents		
Objective 1: Increase the availability and use of mental health care (on-going)		
Objective 2: Decrease the proportion of persons who report being depressed for 3 or more consecutive months in the past three years from 13.7% to 10% by September 2020 (source: CMT CHA)		
Objective 3: Decrease the number of counties who exceed the state average for heavy drinking and binge drinking from six to four by July 2020 (source: IMHE)		
Strategy:	Tactic:	Performance Indicators:
1.1 Integrate mental health and primary care services	1.1.1 Improve the ability of PCPs to deliver comprehensive mental health and chemical dependency services 1.1.2 Utilize the Mental Health First Aid public education program and the Suicide Prevention Toolkit at all healthcare centers 1.1.3 Expand telehealth communications	Increase continuing education opportunities for PCPs Number of organizations using said resources  Number of telehealth appointments
2.1 Connect people with services to manage mental health conditions	1.1.1 Increase mental health awareness to increase education about how to recognize mental illness and to reduce stigma	Number of small media campaigns and outreach activities
	1.1.2 Promote the Montana Strategic Suicide Prevention Plan	
	1.1.3 Promote resource guides from the National Alliance on Mental Illness	
2.2 Support interventions and policies related to addressing mental health in the workplace and in schools	2.1.1 Expand insurance policies to include coverage of mental health services 2.1.2 Increase the number of employers who offer an Employee Assistance Program 2.1.3 Support implementation of mental illness education curriculum for youth 2.1.4 Utilize the Suicide Prevention Resource Center:	Number of worksites and schools to add mental health interventions to wellness programs
3.1 Increase community awareness to change social norms surrounding drinking	3.1.1 Identify alcohol use as a community-wide health problem 3.1.2 Educate the community about the health risks associated with alcohol misuse	Number of small media campaigns and outreach activities
3.1 Connect people with services to manage substance abuse	3.1.1 Expand insurance policies to include coverage of substance abuse disorders 3.1.2 Increase the number of employers who offer an Employee Assistance Program	Number of worksites to add substance use interventions to worksite wellness program

## Suggested Leads

- Central Montana Family Planning-MCCP
- Central Montana Community Health Center
- Central Montana Health District
- Central Montana Medical Center
- Fergus County Nurses Office
- Roundup Memorial Healthcare
- Wheatland Memorial Healthcare
- Network Providers
- School Districts
- Human Services Coalition
- Community Businesses

# Priority Area

## Chronic Disease

### Description of the Health Priority

According to the Montana Chronic Disease Prevention and Health Promotion Bureau, behaviors such as poor diet, physical inactivity, and tobacco use increase a persons' risk of developing cancer, heart disease, type II diabetes, leading to premature death. The Centers for Disease Control and Prevention identifies chronic conditions as the leading cause of death among older adults.

Community interventions must support and reinforce healthy behaviors to empower residents to reduce the rate of risk behaviors and consequent chronic illnesses.

### Chronic Disease in CMHD

Based on U.S. County Performance reviews, a large portion of the population in the district are at increased risk for chronic disease:

- Demographics in CMHD reflect an aging population, with increasing healthcare needs and costs
  - Female and male populations in all six counties struggle with obesity at higher rates then the state average
  - Residents of the district report less engagement in physical activity compared to other Montanans
  - Smoking rates are higher for residents in four of the six counties compared to other Montana residents
  - Half of the counties in the district have higher rates of endocrine disease mortality and skin cancer
  - Over half of the district has higher rates of tracheal, bronchus, and lung cancer cases
- (IHME, 2016)

Responses from the CMT CHA further demonstrate a need to address chronic disease:

- Less than 30% of CHA respondents had a health/wellness screening in the past three years
- Only 35.8% had a mammogram
- Less than 30% had a pap smear or prostate exam
- Only 16.5% were up-to-date on colorectal cancer screening

# Priority Area

## Chronic Disease

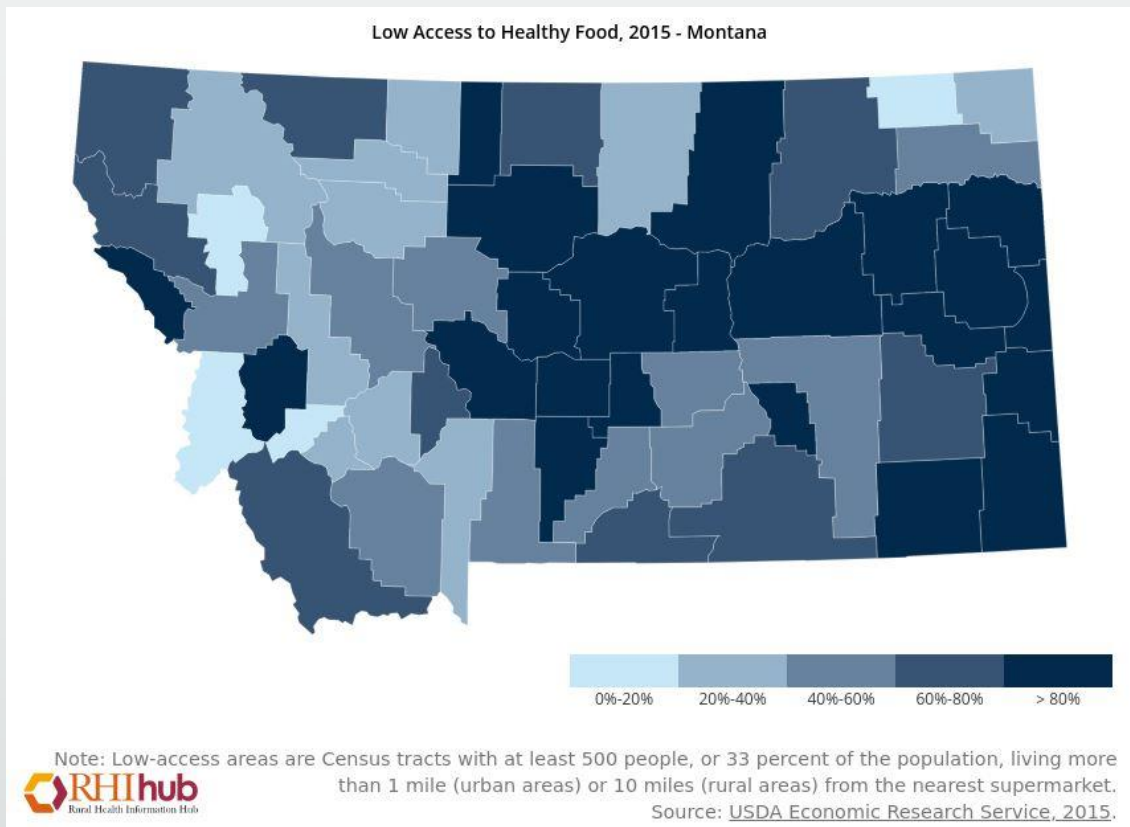
### Chronic Disease in CMHD Continued

Eating fresh fruits and vegetables is an important way to improve health and lower preventable chronic diseases and obesity.

The map below depicts the majority of residents of Central Montana have low access to healthy food. In addition to limited access to food retailers, our communities also have financial constraints and transportation challenges, all leading to food insecurity, which is strongly associated with chronic disease and poor health.

According to Rural Health Information Hub, “Rural shoppers may rely on more expensive and less nutritious option...or face a long drive to a town with a grocery store that stocks fresh produce, milk, eggs, and other staples” (2018).

Recall, each county within the region has higher rates of obesity and transport injuries mortality (IHME, 2016).



Map showing county-level data on the percent of the population living in areas with low access to healthy food, more than 1 mile (urban areas) or 10 miles (rural areas) from the nearest supermarket.

# Priority Area

## Chronic Disease

Goal: To achieve a healthier population in Central Montana by promoting healthy behaviors and preventing disease		
Objective 1: Increase the percentage of adults who have a wellness screening from 30% to 45% by September 2020 (source: CMT CHA)		
Objective 2: Decrease the percentage of adults who are obese from 25.5% to 22% by June 2020 (source: IHME)		
Objective 3: Increase the percentage of adults who report receiving an annual flu shot from 54% to 65% by November 2019 (source CMT CHA)		
Objective 4: Reduce the percentage of adults who report current smoking from ?% to ?% by June 2020 (source: BRFSS)		
Strategy:	Tactic:	Performance Indicators:
1.1 Collaborate among health systems and primary care clinics to advance the delivery of cancer screening and other clinical preventive services	1.1.1 Maintain a master list of community-based preventive programs/services	Number of outreach campaigns Number of health education services offered
	1.1.2 Inform target populations of recommended health guidelines and opportunities for screenings	
	1.1.3 Support cancer screening strategies	% of eligible adults who are up-to-date on cancer screenings
2.1 Determine barriers that exist regarding access to making healthy choices	2.1.1 Provide prevention activities at home, in the classroom, and within the medical field 2.1.2 Offer free or low-cost physical activity and opportunities in communities and worksites	Number of prevention activities
3.1 Provide more education and opportunities to get vaccinated for influenza	3.1.1 Increase public knowledge of health risks associated with influenza 3.1.2 Plan and host a Mass Vaccination Flu Clinic Exercise	Number of small media, number of flu clinics held
4.1 Work with municipalities to strengthen tobacco regulations	4.1.1 Conduct education outreach activities and distribute tobacco prevention and cessation materials	Number of outreach campaigns, number of worksites encouraging tobacco-free environments, number of

## Suggested Leads

- Central Montana Family Planning-MCCP
- Central Montana Community Health Center
- Central Montana Health District
- Central Montana Medical Center
- Fergus County Nurses Office
- Roundup Memorial Healthcare
- Wheatland Memorial Healthcare
- Network Providers
- CMHD Tobacco Prevention Specialist
- Community Organizations



# Priority Area

## Strategic Collaboration

### Description of the Health Priority

According to the U.S. Department of Health & Human Services “Health literacy—the ability to obtain, process, and understand basic health information and services to make appropriate health decisions—is essential to promote healthy people and communities” (2008).

Research shows nearly 80 million adults in the U.S. have basic or below basic health literacy—causing difficulty with common health tasks. Statistically, the elderly have lower health literacy and adults without insurance or on Medicaid or Medicare have the lowest health literacy (U.S. DPHHS, 2008).

Persons with limited health literacy are more likely to: report poor health, skip preventive services, and have higher rates of hospitalization and healthcare costs.

Adults at all levels of health literacy may have difficulty navigating the complex healthcare system.

### Public Health Literacy/Knowledge in CMHD

The following responses from the CMT CHA demonstrate the need for better collaboration and partnerships to improve health literacy and outcomes throughout the district:

- Nearly 30% of respondents reported having only fair “knowledge of health services available in your community” on the 2015-2017 CHA.
- Less than 50% of respondents reported learning about health services through their health care provider
- Fewer respondents reported learning about health services from their local community health center (10.8%) or public health (6.7%)
- Nearly 15% of respondents marked “Improved marketing of health services” as a way to improve community’s access to health care

“The health challenges we face in Montana’s rural areas are too widespread and deeply ingrained for any one entity to tackle them...We have to leverage the strength of our individual communities...so we can all work together” - Alexander Adams, (2016).

*Many hands make light work* –John Heywood

# Priority Area

## Strategic Collaboration

Goal: Provide more information about community health care systems		
Objective 1: Increase the percentage of adults who report having good or excellent knowledge of health services available in the community from 67% to 80% by June 2020 (source: CMT CHA survey)		
Objective 2: Develop community-informed interventions and support to identify and address community health problems by September 2020		
Strategy:	Tactic:	Performance Indicators:
1.1 Reduce health literacy barriers to increase the community's ability to navigate the healthcare system	1.1.1 Enhance and promote HRDC6 community resource directory	Revisions made to community-based lists, web link trackers to directory, number of health fairs, small media campaigns, informational sessions with community and regional partners
	1.1.2 Host/participate in annual Health Fair to increase public knowledge of services available	
	1.1.2. Provide education about the health status of community and capacity of the health care system	
	1.1.3 Build partnership capacity to align vision, goals and work plans, as well as planning	
1.2 Improve the local referral system between providers	1.2.1 Conduct provider outreach to provide information on community-based program available	Provider contacts, shared experiences from other communities, identification of funding opportunities
	1.2.2 Research how other counties have implemented the Consented Referral System	
2.1 Engage community participation in local coalitions and work groups	2.1.1 Advertise and invite community members to regularly scheduled meetings	Attendance at meetings

## Suggested Leads

- Central Montana Family Planning-MCCP
- Central Montana Community Health Center
- Central Montana Health District
- Central Montana Medical Center
- Fergus County Nurses Office
- HRDC6
- Roundup Memorial Healthcare
- Wheatland Memorial Healthcare
- Network Providers
- Network Patient Navigators
- Regional Partners

# CONCLUSION

## Monitoring

For the five-year period of 2018-2022, Central Montana community partners will work together to implement the CHIP. To achieve strategic objectives, work groups will be developed from the lead agencies listed and work plans will be assigned/integrated into regional work plans.

The stakeholder group will meet semi-annually to review and discuss the progress of the objectives, evaluate results, and update the CHIP as needed. Changes to the CHIP will be shared on the Public Health Page at [centralmontanahealthdistrict.org](http://centralmontanahealthdistrict.org)

In 2022, the CHIP Task Force will re-convene to resample the population for new data to determine new health priority areas and develop a new community health improvement plan for the Central Montana Health District.



Photo Credit: S, Plante 2018

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