Community Health Improvement Plan 2017-2020

healthy by design

Yellowstone County, Montana







I ♥ the South Side because... of diversity










How did you get to the Market today?


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INTRODUCTION

History
Since 1994, Billings Clinic, RiverStone Health and St. Vincent Healthcare have been working together, creating and sustaining innovative programs that address complex community-wide health issues via a Memorandum of Agreement held by the Chief Executive Officer at each facility, forming "The Alliance."

As part of this work, these collaborating organizations sponsored the 2016-17 Community Health Needs Assessment (CHNA), as a follow-up to similar studies conducted in 2005-06, 2010-11 and 2013-14. Viewing this research as a community asset, it is envisioned that information will assist many organizations in strengthening the impact and effectiveness of their services toward improving health in our community.

Purpose
The CHNA and Community Health Improvement Plan (CHIP) in Yellowstone County seek to:

1. Create a plan that can guide and measure the work of our multi-sector community coalition, Healthy By Design.
2. Inform additional potential stakeholders who may support and join the work of Healthy By Design.
3. Offer data-driven opportunities for individuals, organizations (including needs assessment sponsors, Billings Clinic, RiverStone Health and St. Vincent Healthcare) and partnerships to align and spearhead work related to key concerns and community-identified priorities.

Targeted Geographic Area
The CHNA study area and the CHIP service area encompasses Yellowstone County and includes each of the residential ZIP Codes significantly represented in the county. Yellowstone County is a common patient base among the three collaborating entities sponsoring this study—RiverStone Health's jurisdictional authority is only within the county, which is a shared primary service area with both Billings Clinic and St. Vincent Healthcare.

Compliance
IRS Form 990, Schedule H Compliance:
For non-profit hospitals, a CHNA also serves to satisfy certain requirements of IRS reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010.

Public Health Accreditation:
Through various standards and measures it is expected that accredited public health departments participate fully in a needs assessment and improvement planning process.

(See *Appendices I and II*)

Overarching Community Goals
To improve residents' health status, increase their life spans, and elevate their overall quality of life.

- To reduce the health disparities among residents.
- To increase accessibility to preventive services for all community residents.

DETERMINING COMMUNITY HEALTH IMPROVEMENT OPPORTUNITIES

The **Community Health Assessment Toolkit from the Association for Community Health Improvement** (ACHI) was utilized for the 2016-17 health improvement process. This framework, which is covered in more detail throughout this section, contains nine generalized steps which were applied to fit the needs of Yellowstone County. The steps are detailed in Figure 1 and Figure 2.

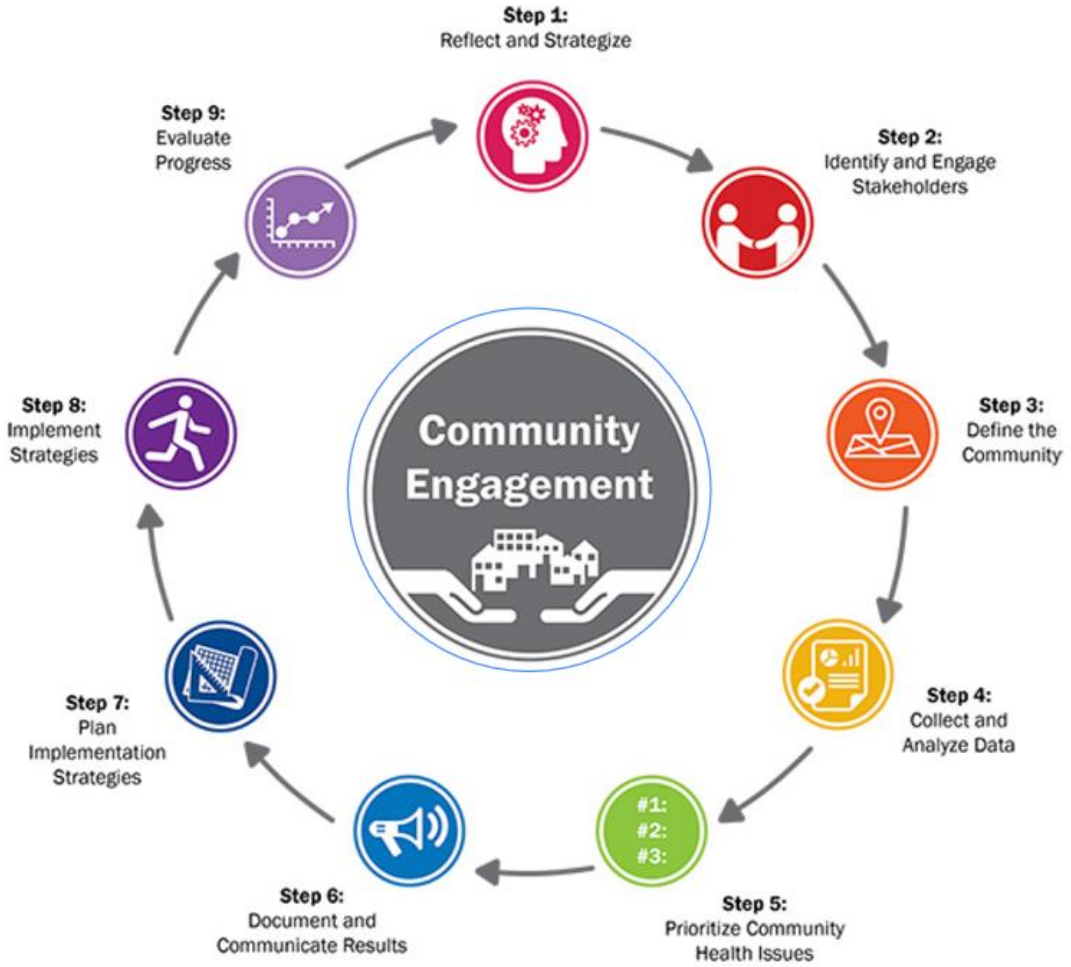


Figure 1: ACHI Community Health Assessment Toolkit. Source: http://www.healthycommunities.org/Education/toolkit/index.shtml#.WRYdrlUrL5I

Additional detail is included in the Community Health Improvement (CHIP) process work plan located in Appendix III.

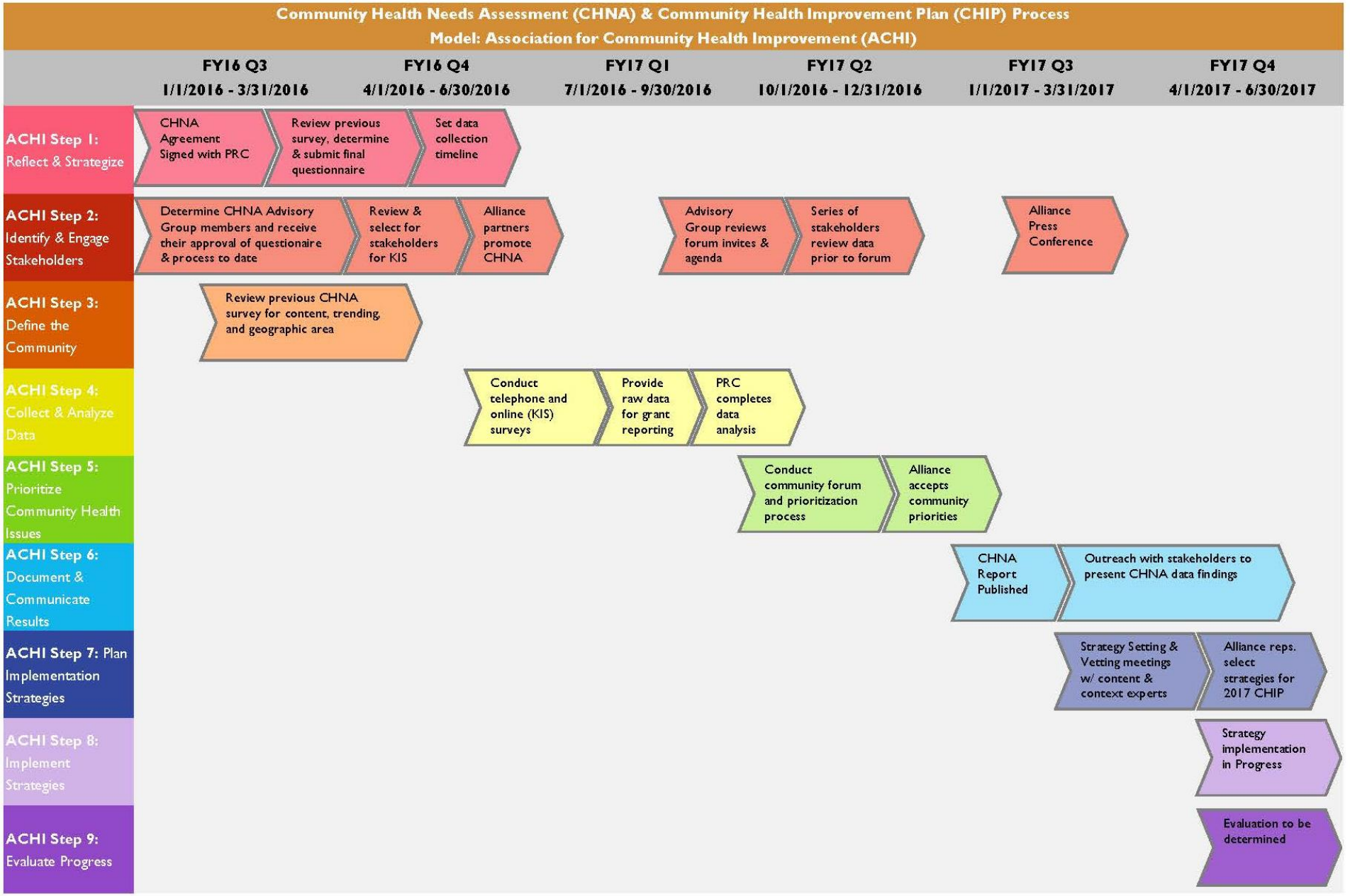


Figure 2: Detailed CHNA and CHIP Process

Step One: Reflect and Strategize

A Community Health Needs Assessment (CHNA) Work Team was assembled in January 2016 to reflect on the previous CHNA in order to identify successful elements and areas for improvement. This Team met once a month from January to May 2016 to conduct a full review of the previous cycle and identify resources for the current cycle. Aspects of review and identification included: **data sources**: qualitative and quantitative data as well as primary and secondary data sources; **data analysis**: trending or changes in the questionnaire; **assessment infrastructure**: involvement from organizational leaders, establishment of an advisory committee and establishment of framework and timeline; **resource identification and obtainment:** budget, staff time and assessment design. As part of resource determination, Professional Research Consultants, Inc. (PRC) was contracted once again to conduct the survey and to compile the results. The overall strategy and resource allocation was approved by the sponsoring entities via the Alliance CEOs and their identified leadership.

The Alliance: A formal memorandum of agreement exists between the CEOs of Billings Clinic, RiverStone Health and St. Vincent Healthcare, detailing efforts to collaborate where impact can be better made together, with a specific focus on vulnerable populations.

Step Two: Identify and Engage Stakeholders

Residents of Yellowstone County engaged in the CHNA process at several points. By utilizing a consultant to conduct the CHNA interviews, respondents were **demographically representative** of the Yellowstone County community. Additionally, **key informants representing multiple sectors across the community, such as business, education, faith community, government, healthcare and public health,** were also asked to participate in an online survey prioritizing community health concerns. Lastly, the **CHNA Advisory Group**, established in January 2016, consisted of 71 individuals representing 58 organizations across the community. The Advisory Group provided input throughout the CHNA/CHIP process and approved major activities such as the questionnaire, stakeholders involved in the key informant survey and agenda items and invitees for the prioritization process. Those engaged in various aspects of the CHNA and CHIP process not only work in Yellowstone County, but raise families, recreate, and experience life here.

(List of engaged parties available in Appendix IV)

Lived Experience

What is it?

The term "lived experience" is used to describe an individual's personal knowledge of the world gained through their first-hand accounts and involvement in everyday events. Enaging stakeholders throughout the process is vital to producing a CHNA and CHIP that is reflective of the population of Yellowstone County. In order to gather data regarding lived experience among the stakeholders who were engaged throughout the process, a "Lived Experience Survey" was created and distributed. This survey asked participants a series of questions allowing for a sampling of information reflecting citizen make-up and experiences in Yellowstone County (*not statistically significant*).

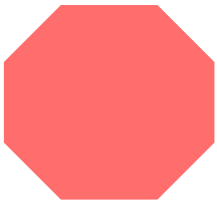
Results of the survey are illustrated below.

Of those surveyed, 53% grew up outside of Montana, while 47% were Montana-raised.

53% of those surveyed have used public assistance.

20% of those surveyed were raised in an area with crime and/or drug activity.

22% of those surveyed have been a victim of sexual harassment.



Age: - 9% in their 20s - 14% in their 30s - 17% in their 40s - 24% in their 50s - 24% in their 60s - 12% in their 70s	Religious Affiliation: - 71% are Christian - 12% are Agnostic - 7% are Atheist - 10% are "Other"	Sexual Orientation: - 92% are heterosexual or straight - 4% are gay - 2% are lesbian - 2% are bisexual
Non-English Speaking Household: - 6% grew up in a household where a language other than English was spoken - 94% grew up in household where English was the only language spoken	Single-Parent Household: - 20% were raised in a single-parent household or are a single-parent - 80% were not raised in a single-parent household or are not a single-parent	Experience of discrimination based on race, sex, gender identity or ethnicity in the workplace: - 25% believe they have been paid less - 75% believe they have not been paid less
Housing Situation: - 87% own their home - 13% rent their home	Ability to travel outside of the US: - 93% have traveled outside of the US - 7% have not traveled outside of the US	Expectation to attend college: - 78% were expected to attend college after high school - 22% were not expected to attend college after high school

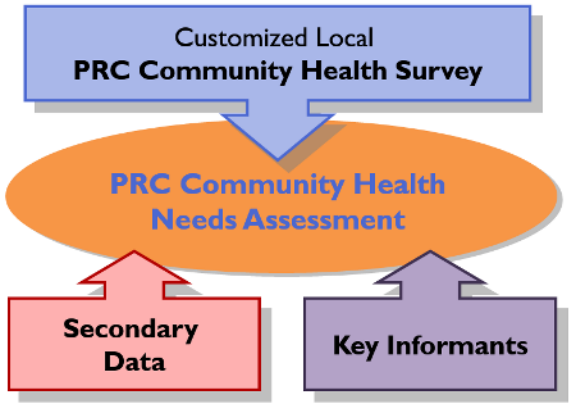
Step Three: Define the Community

The geographic focus of our CHNA was determined by examining the overlapping service areas of the three sponsoring entities. Yellowstone County is a common patient base among the three collaborating entities—RiverStone Health's jurisdictional authority is only within the county, which is a shared primary service area with both Billings Clinic and St. Vincent Healthcare. The catchment area of Yellowstone County includes each of the residential ZIP Codes significantly represented in the county.

Step Four: Collect and Analyze Data

PRC utilized a survey instrument customized for Yellowstone County. The survey is based on the CDC's Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion, disease prevention, and other recognized health issues. The survey assessment consisted of 3 components: telephone survey, secondary data and a key informant survey. It was conducted from June to August 2016. The CHNA consisted of both **quantitative data** from **primary research** and **secondary research**, as well as **qualitative data** (*demonstrated in Figure 3 below*).

Figure 3: CHNA Structure



Telephone Survey

The sample design used for this assessment consisted of a random sample of 400 individuals aged 18 and older in Yellowstone County who completed the survey. Each participant was asked 144 survey items and on average interviews lasted 25-30 minutes. For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ± 4.9% at the 95 percent confidence level. Once the raw data was gathered, respondents were examined by key demographic characteristics (namely gender, age, race, ethnicity and income status) and a statistical application package applied weighting variables that produced a sample which closely matches the population for these characteristics.

Key Informant Survey

The Key Informant Survey is a new addition to the CHNA this cycle and was used to solicit input from participants regarding their opinions and perceptions of the health of the residents in Yellowstone County. The sponsors provided PRC with a list of recommended participants including the names and contact information for healthcare providers, public health representatives, government representatives, educators, business leaders and a variety of other community leaders. Additionally, input was gathered from individuals whose organizations work with **low-income**, **minority populations**, or other **medically underserved populations**. Key informants were contacted by email and in all, 194 community stakeholders responded (out of 300 invited participants).

Secondary Data

A variety of existing secondary data sources were consulted to complement the primary data collected. Data for Yellowstone County were obtained from the following sources, (sampling):

- Centers for Disease Control & Prevention's Behavioral Risk Factor Surveillance System
- Community Commons
- Esri ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Department of Health & Human Services

All results were reviewed by the CHNA Work Team, the Alliance, and current CHIP priority coordinators and work group leaders. Results were released to the public via a press conference and the website, www.hbdyc.org on 2/6/2017.

Step Five: Prioritize Community Health Issues

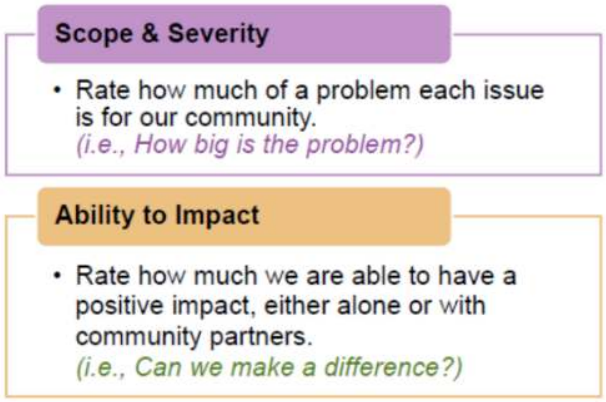
In the CHNA results, a listing of "Areas of Opportunity" were identified based on the compiled data including input from the key informants, results of the phone survey and the secondary data. This list is offered below.

- Access to Healthcare Services
- Cancer
- Dementias, Including Alzheimer's disease
- Diabetes
- Heart Disease & Stroke
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Potential Disabling Conditions
- Respiratory Diseases
- Substance Abuse
- Tobacco Use

Decision Process

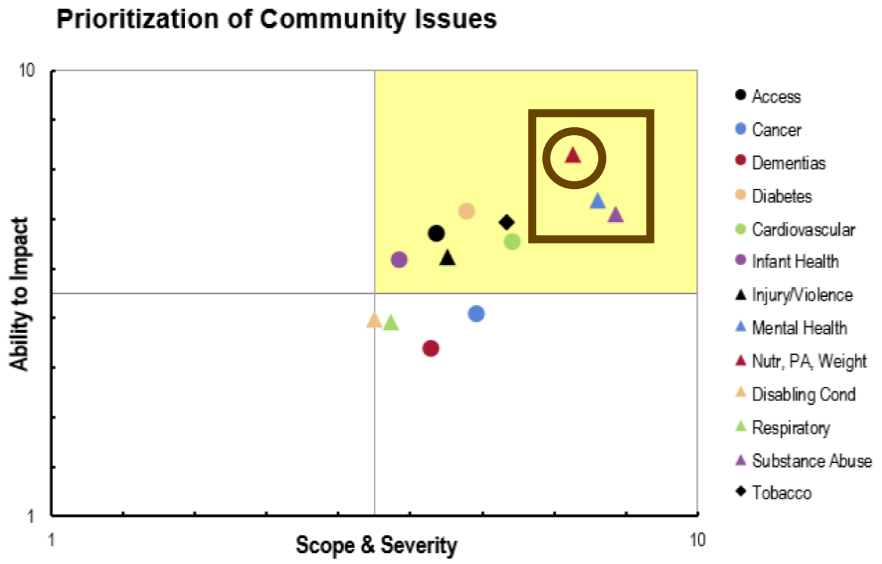
Prior to the public release of the CHNA results, a community-wide forum was convened (11-10-16) to garner input from the community on health improvement priorities and interventions. At the community meeting, with 112 people in attendance, the CHNA results were shared and community members provided their feedback via a formalized individual electronic voting exercise.

Participants were asked to rank each item from 1 – 10, with 1 being a low score and 10 being the highest score. For each of the 13 community issues in Graph 1 below, a statistical mean was calculated and then plotted on the grid. Each Area of Opportunity was prioritized based on two criteria:



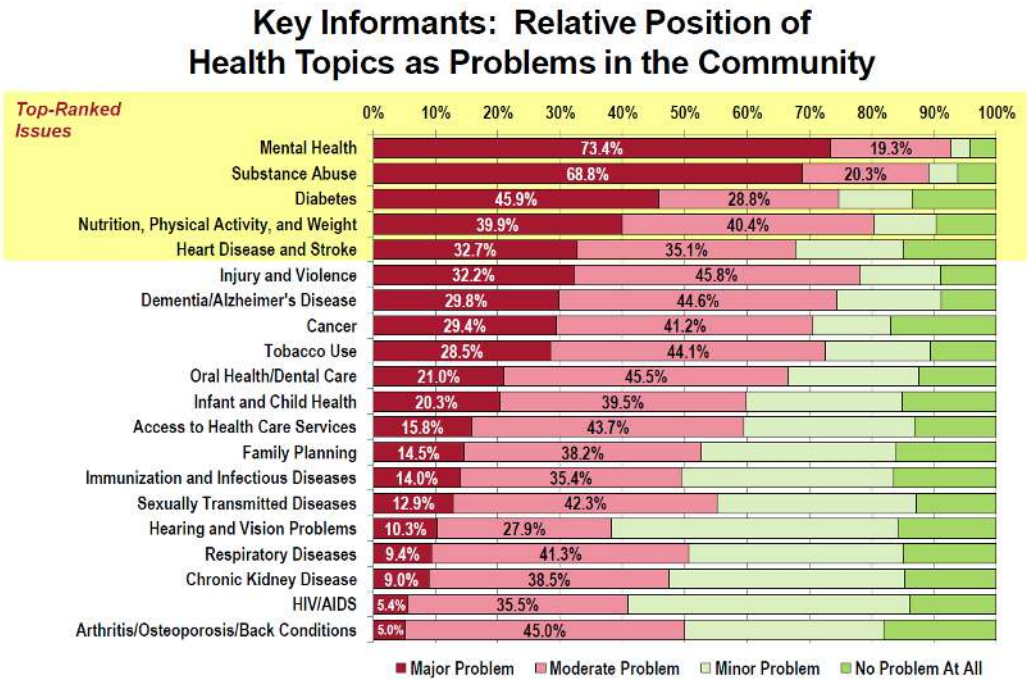
Prioritization

The following Graphs (*Graphs 1 and 2*) illustrate the prioritization of the Areas of Opportunity during both the community forum and the online Key Informant Survey.



Graph 1, Source: *2016-2017 Community Health Needs Assessment*, p. 22

Graph 1 represents the prioritization that occurred at the community forum. From this, nutrition/physical activity/weight, mental health and substance abuse rose to the top. It was noted that there was some spread related to "ability to impact" and "scope & severity" that were taken into account in considering actionable efforts moving forward.



Graph 2, Source: *2016-2017 Community Health Needs Assessment*, p. 20

Graph 2 represents the prioritization that occurred during the online Key Informant Survey. From this, key informants identified mental health, substance abuse, diabetes, nutrition/physical activity/weight, and heart disease and stroke as major problems in Yellowstone County. During review of this data internally and at the community forum, it was recognized that many identified issues could be positively impacted by working on the area of nutriton/physical activity/weight.

Community Forum Ranking of Areas of Opportunity

From the Community Forum, the Areas of Opportunity were ranked as follows:

1. *Nutrition, Physical Activity & Weight*
2. *Mental Health*
3. *Substance Abuse*
4. *Tobacco*
5. *Diabetes*
6. *Heart Disease & Stroke*
7. *Access to Healthcare*
8. *Injury & Violence*
9. *Infant Health*
10. *Cancer*
11. *Respiratory Disease*
12. *Dementias/Alzheimer's*
13. *Potential Disabling Conditions*

Once the results from the community forum were tallied, and the assessment data and key informant survey responses were reviewed, the Alliance validated the results. The CHNA full report and executive summary were then published.

Community Priorities

Following CHNA opportunity identification, Community Forum voting and Alliance review, three areas emerged as the top three community health needs: (alpha order)

- *Mental Health*
- *Nutrition, Physical Activity & Weight*
- *Substance Abuse*

Step Six: Document and Communicate Results

The CHNA was published on February 6, 2017. In the full report of the CHNA the entire **process** and methodology was outlined, as well as the **results** including the prioritized list of health needs. Along with the publication of the report, an executive summary and infographic were also released **to present material in an accessible way**. The CHNA was **publicized** through a variety of channels, most notably through a press release and press conference hosted by the Alliance partners. These documents were also publicized on the Healthy By Design website, Billings Clinic website, St. Vincent Healthcare website, RiverStone Health website, partner social media accounts, newsletters and email blasts to community partners. Hard copies were made available by request and distributed at community meetings. Lastly, the CHNA Work Team **engaged both internal and external audiences** around the CHNA results through individualized presentations to interested community groups.

Step Seven: Plan Implementation Strategies

In order to set the direction for Healthy By Design (multi-sector community coalition) activities from 2017-2020, **internal partners** including the Alliance and sponsoring entity leadership considered the same criteria used by the community, as well as taking into consideration our community approach and desire to apply **collective impact**. Through this discernment process, there is acknowledgement of efforts underway within individual institutions and other community collaborations impacting named priorities. Also, there is recognition of a desire to "dig deeper" in one priority area that could positively influence the others. The team chose *Nutrition, Physical Activity & Weight* for Healthy By Design, recognizing the connectivity between physical and behavioral health, and the impact on chronic disease. Focusing on one does not diminish the need to support community efforts around other identified areas of opportunity; however, capacity and resources focused on the varied aspects of a healthy weight as related to nutrition and physical activity may intensify the impact.

With the priority of Nutrition, Physical Activity and Weight chosen, key CHNA data points supporting the goal, **objectives** and strategies have been identified through the CHNA Work Team and will provide long term measures allowing for **evaluation of** progress. Current priority coordinators identified **evidence-based strategies** (*see page 16*) for potential adoption. This was also an opportunity to find "cross-cutting" strategies that linked between physical and behavioral health, specifically around the concepts of social connectedness and health **equity**.

Identified strategies have been presented and vetted through **external partners** and community stakeholders representing both content and context experts (allowing for community dreaming and plausibility) via two formal community participatory meetings ("setting" and "vetting" meetings). Discussion, voting and progressive elimination involving community members and leadership resulted in a prioritization of four strategies *(pages16-18)*. We recognize that other evidenced based strategies (researched or emergent) may come into play throughout the CHIP cycle.

The identified strategies were specifically chosen based on their ability to be applied at the **policy, systems or environmental level** applying a **collective impact** approach. Additionally, we expect to be focused at the lower levels of the **health impact pyramid** as much as possible when executing these strategies; our goal is to influence the **social determinants of health** (*see principles on page 20*). In selecting strategies, consideration was also given to trauma informed approaches, including social connectedness. Additionally, health equity will be key in application of the chosen strategies.

IMPROVEMENT PLAN OVERVIEW

Vision

Make the Healthy Choice the Easy Choice

Overall Approach

Healthy By Design, through **policy**, **systems** and **environmental** change efforts will see a positive effect in Yellowstone County's physical, behavioral and social wellbeing related to physical activity, nutrition and overall health.

Long Term Measurement Goal

Increase proportion of residents who are at a healthy weight in Yellowstone County by 10% to 35.3% by 2030.

Objectives

(no particular order-additional related data available in the CHNA)

Increase in reported consumption of 5 servings/day of fruits and vegetables among Yellowstone County residents from 30.8% to 33.88% by 2020	**Increase in reported children who are physically active for 1+ hours/day in Yellowstone County from 70.8% to 77.8% by 2020**	**Increase proportion of adults reporting leisure time physical activity in Yellowstone County from 82% to 90.2% by 2020**	**Increase in reported Yellowstone County adults whose activities are not limited in some way due to a physical, mental, or emotional problem from 70.4% to 77.44% by 2020**

Based on guidance from Healthy People 2020. See appendices for more detail.

IDENTIFYING STRATEGIES

Based on the ACHI steps outlined, and the chosen priority for Healthy By Design, ***Healthy Weight, Nutrition, and Physical Activity***, we began focusing on strategies. You will find chosen strategies align with our overall approach, goal and measurable objectives. In order to determine our key strategies, a three-pronged approach was taken as illustrated below. A voting process led to prioritization via elimination.

Strategy Options Presented:

- Worksite Wellness
- School-Based Interventions
- Community-Scale Urban Design & Land Use Policies
- Street-Scale Urban Design & Land Use Policies
- Creating/Improving Access to Safe Places for Physical Activity
- Provide Space for Organized Activities that Encourage Social Participation and Inclusion
- Community Agriculture/Improve Nutritional Quality of Food Supply
- Healthy Food Retail & Healthy Food Procurement
- Expanded Public Transportation System

Strategy Options Carried Forward:

- School-Based Interventions
- Community-Scale Urban Design & Land Use Policies
- Creating/Improving Access to Safe Places for Physical Activity
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- Provide Space for Organized Activities that Encourage Social Participation and Inclusion
- Healthy Food Retail & Healthy Food Procurement
- Expanded Public Transportation System

Prioritized Strategies:

- Community-Scale Urban Design & Land Use Policies
- Creating and Improving Access to Places, Parks, and Playgrounds for Physical Activity and Creating and Maintaining Safe Neighborhoods
- Provide Space for Organized Activities that Encourage Social Participation and Inclusion
- Healthy Food Retail & Healthy Food Procurement

STRATEGY IDENTIFICATION PROCESS NARRATIVE

Setting Meeting

The Strategy Setting Meeting was held on April 4, 2017 with a small group of 11 stakeholders from across Yellowstone County. The stakeholders invited to this meeting were identified as individuals who could provide beneficial insight into the strategy discussion based on either their content and/or community expertise. Participants were asked to "dream big" and pay little attention to potential barriers when discussing the strategies presented. Once Healthy By Design representatives explained the nine strategies and presented examples, participants were asked to engage in a 1-2-4-all structure that allowed for open dialogue and a series of rankings.

From the dialogue and subsequent ranking of the Setting Meeting, seven strategies were chosen to present at the next discussion, the Vetting Meeting.

Vetting Meeting

The Strategy Vetting Meeting was held on May 3, 2017 with a large group of 39 stakeholders from across Yellowstone County. Stakeholders invited to this meeting were identified as individuals who could provide beneficial insight into the strategy discussion based on either their context and/or community expertise. Different from the first meeting, rather than being told to "dream big" participants were asked to "vet" the strategies through a local lens in terms of capacity and feasibility here in Yellowstone County. Once the Healthy By Design representatives explained the seven strategies, participants were assigned to groups of five. The strategies were written on Giant Post-Its and hung around the room and each group was asked to rotate through in discussion. Groups were asked to consider four aspects in discussing the strategies: 1) Strategy Champions, 2) What is Currently Happening?, 3) Future Activities, and 4) Areas of Opportunity. Once each group discussed the strategies together, they were asked to select their Top 5 as a group. Once the group ranking was done, each participant was asked to individually rank the strategies.

From the dialogue and subsequent ranking of the Vetting Meeting, six strategies were chosen to present at the next juncture, the Healthy By Design Backbone Meeting.

Healthy By Design Backbone Meeting

The Healthy By Design Backbone Meeting was held on May 18, 2017 with sponsoring entity leadership and Healthy By Design staff. Each sponsoring agency was asked to rank the six remaining strategies, paying close attention to the desire to apply a collective impact framework during execution while working to influence policy, systems, and environment. Also taken into consideration was the need to balance work between physical activity and nutrition.

From the dialogue and subsequent ranking of the Healthy By Design Backbone Meeting, four strategies were chosen.

When discussing the strategies, participants at each meeting were asked to consider the following:

1. Would this strategy area *make the healthy choice the easy choice*?
2. Would this strategy area benefit a broad spectrum of the community?
3. Does this strategy support policy, system or environmental change in our community?
4. Would this strategy be measurable (and improve CHIP data)?
5. Does this work provide an opportunity for collective community ownership?

STRATEGY DESCRIPTIONS

Strategies

Healthy Food Retail and Healthy Food Procurement

Creating/Improving Access to Places for Physical Activity; Create and Maintain Safe Neighborhoods for Physical Activity and Improve Access to Parks and Playgrounds

Provide Space for Organized Activities that Encourage Social Participation and Inclusion

Community-Scale Urban Design and Land Use Policies

Strategy Information

Strategy: Healthy Food Retail and Healthy Food Procurement

Building access to healthy, affordable, fresh food.

Examples:

- Healthy neighborhood stores (ChangeLab)
- Healthy checkout ordinance (ChangeLab)
- Healthy restaurant incentives (ChangeLab)
- Healthy children's meal ordinance (ChangeLab)
- Incentivize food vendors (supermarkets and farmers' markets) in underserved neighborhoods (SG, WB)
- Establish food policy council to assess and address needs (SG)
- Zoning codes/disincentives to disproportionately high availability of unhealthy foods (esp. schools) (SG)
- Expand programs that bring local fruits and vegetables to schools, businesses, and communities. (WB)
- Policies to promote health foods on public property (City Health)

Sources: ChangeLab (CL); Surgeon General (SG); CDC Winnable Battles (WB); Procurement - City Health (City Health)

Strategy: Creating and Improving Access to Places, Parks, and Playgrounds for Physical Activity and Creating and Maintaining Safe Neighborhoods

Working together to create opportunities for physical activity by changing local environments.

Examples:

- Walking trails (CG, HP2020)
- Exercise facilities (CG, HP2020)
- Increased access to facilities (CG)
- Joint/shared use agreements (ChangeLab, HP2020, SG, WB)
- Complete Streets (ChangeLab)
- Complete Parks (ChangeLab)
- Safe Crossings (ChangeLab)

- Safe Routes to Schools/Parks (ChangeLab, HI-5) (walking school buses, infrastructure, enforcement, education)
- Zoning (ChangeLab)

Sources: Community Guide (CG); Healthy People 2020 (HP2020); Surgeon General (SG); CDC Winnable Battles (WB); ChangeLab (CL); CDC HI-5 (HI-5)

Strategy: Provide Space for Organized Activities that Encourage Social Participation and Inclusion

Facilitating social connectedness and community engagement along the lifespan while supporting positive mental well-being.

Examples:

- Systems of opportunities for volunteering (SG)
- Welcoming places for social gathering (e.g. creative placemaking) (SG)

Sources: Surgeon General (SG)

Strategy: Community-Scale Urban Design and Land Use Policies

Supporting physical activity through changes to our physical environment.

Examples:

- Zoning that promotes inclusion, activity, access (City Health, CG)
- Design safe neighborhoods (sidewalks, bike lanes, lighting, multiuse trails, walkways, parks, etc.) (SG)
- Healthy General Plans (HP2020)
- Health Impact Assessments (HIAs) on transportation and land use decisions (SG)
- Closeness of residential areas to stores, jobs, schools, and recreation (CG)
- Aesthetic appeal and safety of built environment (CG)*:*
- Building design codes that include physical activities opportunities (SG)
- Continuity and connectivity of sidewalks and streets (CG)
- Building codes (CG)
- Builders' practices (CG)
- Healthy Food Zoning Around Schools (ChangeLab)

Sources: Healthy People 2020 (HP2020); CDC HI-5; Surgeon General (SG); CDC Winnable Battles (WB); Community Guide (CG); and ChangeLab (CL)

Sources:

Healthy People 2020 https://www.healthypeople.gov/2020/topics-objectives
CDC Winnable Battles http://www.cdc.gov/winnablebattles/
CDC HI-5 http://www.cdc.gov/policy/hst/hi5/interventions/index.html
The Community Guide https://www.thecommunityguide.org/
Surgeon General (National Prevention Strategy)
https://www.surgeongeneral.gov/priorities/prevention/strategy/report.html
Change Lab Solutions http://www.changelabsolutions.org/
City Health http://www.cityhealth.org/policies.html

GUIDING OUR APPROACH

OUR PRINCIPLES:

Figure 1: As Healthy People 2020 reminds us, "the range of personal, social, economic, and environmental factors that influence health status are known as determinants of health". **Social determinants** are the social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. Examples of social determinants could be transportation options, quality schools, social support, or public safety. We take these into consideration as we seek to address root causes and/or policies, systems or the environment in order to improve health equitably. (Source: healthypeople.gov)

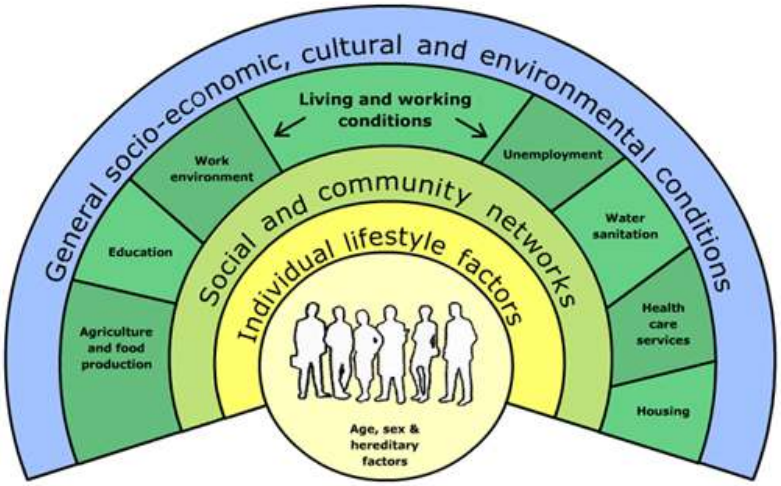

Figure 2: As we seek to improve the health of our community, it is important to consider the focus of our momentum in order to make an impact. The **Health Impact Pyramid**, credited to Thomas Frieden, MD, MPH, is thought to be a framework for public health action. When you look at the pyramid base level interventions are those that have the potential of making the greatest level of impact. In our work we seek to focus on the bottom two tiers of this pyramid. (Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/)

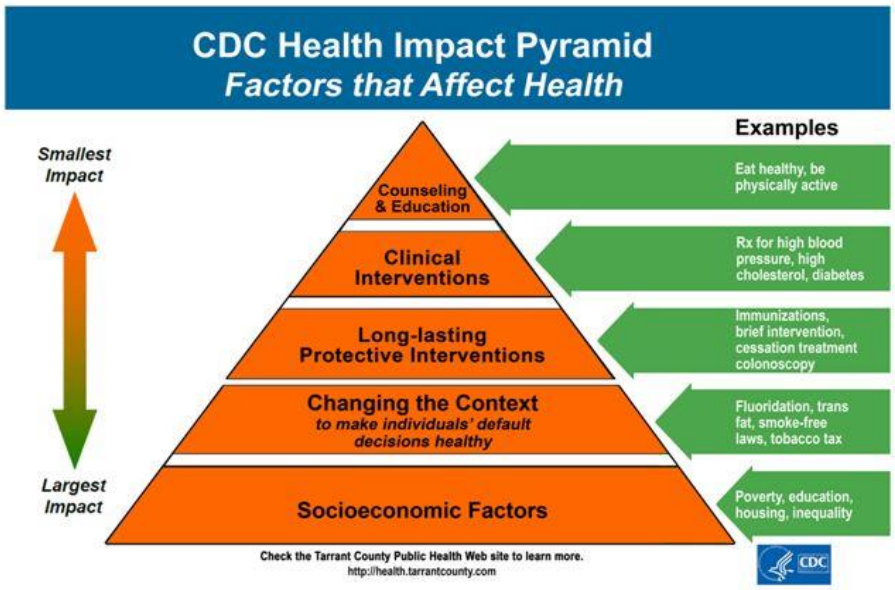

Figure 3: The American Public Health Association defines **health equity** everyone having the opportunity to attain their highest level of health. By valuing people equally, we can seek to address factors such as housing, education, food access, etc. (previously discussed as social determinants) at base levels through policy, systems, and environmental change (as depicted in the Health Impact Pyramid). (Source: https://www.apha.org/topics-and-issues/health-equity).

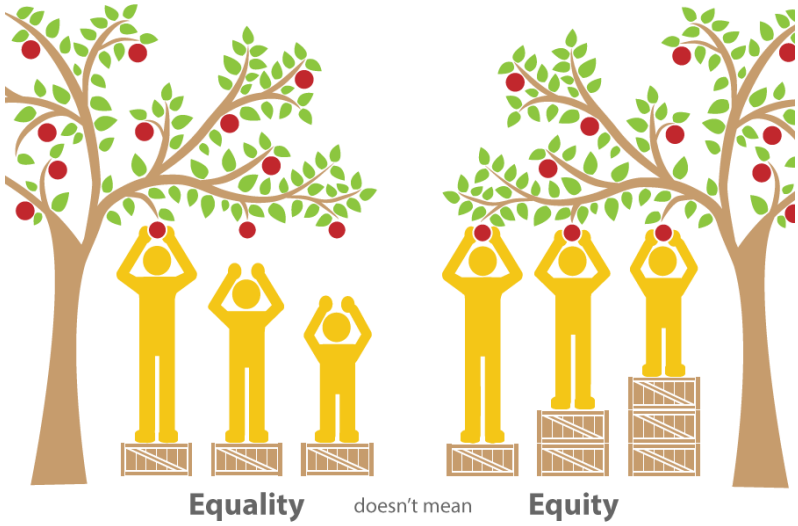

Figure 4: In addition to the considerations of social determinants of health, health equity and the health impact pyramid driving us to focus on policy, systems and environment, Healthy By Design is interested in applying a Collective Impact framework in its endeavors. Engaged staff members have been students of the **collective impact** framework for the past two years, and have received coaching through the National Leadership Academy for the Public's Health as well as from the Tamarack Institute. We continue to focus on the pre-conditions and conditions as they relate to our resourcing, structure, common goals, communication and approach. Additional information on collective impact is provided in the following table.

The Five Conditions of Collective Impact	
Pre-conditions: influential champion, adequate financial resources, urgency for change Source: http://www.ssireview.org/articles/entry/collective_impact/	
Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

Step Eight: Implement Strategies

The table below delineates the status of task completion for Step Eight. This is a "living document" and will be updated on a regular basis as work plans are developed and accomplished.

Implement Strategies Progress Tracker				
Tasks	**Progress**			**Notes**
	Not Started	In Progress	Completed	
Engage stakeholders		●		Additional stakeholders will be invited to join work group and task groups
Establish implementation workgroup/committee		●		An existing work group structure will be built upon
Develop action plan: Goals and Objectives		●		Overarching goal and objectives identified with opportunity for activities, tactics and indicators to be developed
Identify budget	●			Will be based on action plan, champions and opportunities for funding

Step Nine: Evaluate Progress

Steps taken, in progress and completed are reflected in this table for Step Nine. This will be amended and updated in developed work plans and subsequent CHIP reporting.

Implement Strategies Progress Tracker				
Tasks	**Progress**			**Notes**
	Not Started	In Progress	Completed	
Establish baseline			●	Our long term and mid-term objectives have been established based on CHNA data and prioritized strategies
Engage stakeholders		●		Additional stakeholders will be invited to join work group and task groups
Focus the evaluation design		●		Short term indicators are TBD at work group level, informed by identified objectives and strategies and written into developed work plan. Long term measures are in place and will be informed by on-going CHNAs.
Gather credible evidence	●			Will use evidence based and promising practices, sound

				methodology and tie to CHNA data
Measure progress early & set plan for measuring progress	●			TBD at work group level informed by identified objectives and strategies and written into developed work plan
Justify conclusions	●			Will use evidence based and promising practices, sound methodology and tie to CHNA data
Use the results to improve or modify the strategy	●			Reflection at CHIP reporting periods and on-going shifts at work and task group levels
Communicate results	●			Provided through CHIP, community outreach, and Coalition level reporting

ADDRESSING STRATEGIES

TEMPLATE AND SAMPLE

The section that follows is to be used by Healthy By Design's strategy work and task group(s) as a living document. The template and sample provide each group with work plan documents to guide them in their discussions, tasks, and reporting.

Strategy: EXAMPLE

Healthy Food Retail and Healthy Food Procurement

Current Situation:

Narrative regarding the issue in Yellowstone County that is being addressed by this strategy. Provide the purpose of using this strategy.

Strategy Description:

Narrative regarding the evidence that supports this strategy. The evidence states this is an effective strategy for impacting weight, and physical activity because…

Source:

See additional strategy examples and sources under the Strategy Descriptions section starting on page 18.

Addressing Prioritized Needs

Discussion of the relevant data points.

Supporting Partners

Pointing to long standing partners or others working in this area or those who have committed

TEMPLATE

Strategy: EXAMPLE

Healthy Food Retail and Healthy Food Procurement

Work Plan

Objective(s)	Outcome Indicators
Work/Task groups will align their activities with at least one of the four objectives (it may align with multiple)	Short-Term Goals/Data Points (outputs, YRBS, BRFSS, partner data, measuring strategy effectiveness)

Activity	Performance Indicator	Target Date	Leads
Workgroups will choose their activities once the workgroup is formed. However, the workgroup's activity must align with at least one of the four pre-determined objectives.	Measure chosen by the workgroup to determine success with activity	Desired activity completion date	Name of individual who is leading the activity

TEMPLATE

Strategy: EXAMPLE

Healthy Food Retail and Healthy Food Procurement

Narrative/Update Section to incorporate progress report or work plan components. Will not be updated until the 1st report, 6 months after CHIP publication.

SAMPLE

Strategy:

Creating and Improving Access to Places, Parks, and Playgrounds for Physical Activity and Creating and Maintaining Safe Neighborhoods

Current Situation:

Yellowstone County and Billings have several beautiful parks and places for recreation. However, the ability to access these destinations without a car, and safety concerns related to some of these destinations are barriers to their enjoyment.

One key strategy for promoting use of existing facilities, including parks and bikeways, is to normalize their use. Activities selected below promote the normalization of active transportation and parks to increase physical activity. The more this infrastructure is utilized, the safer and popular it becomes.

Strategy Description:

There is strong evidence that a strategy focused on *creating and improving access to places for physical activity, maintaining safe neighborhoods, and improving access to parks and playgrounds* is an effective approach to improve healthy weight and physical activity. Examples of proven activities related to this strategy include increased access to facilities such as walking trails and exercise spaces, joint and shared use agreements, Complete Streets policies, Complete Parks, safe routes to school and parks, and zoning that promotes accessibility and activity.

Sources: Community Guide, Healthy People 2020, Surgeon General, CDC Winnable Battles, ChangeLab Solutions, and CDC HI-5

See additional strategy examples and sources under the Strategy Descriptions section starting on page 18.

Addressing Prioritized Needs

Among Yellowstone County residents:

- 1 in 5 report no leisure time physical activity
- 1 in 4 meet current physical activity recommendations
- 71% of children are physically active for ≥ 1 hours/day
- 17% have access to recreation & fitness facilities (e.g. gym)
- 69% made an attempt in the past year to increase activity through changes to every day behavior

Source: *2016-2017 Community Health Needs Assessment*

Supporting Partners *(sampling)*

Better Billings Foundation (& Oasis Waterpark)
Big Sky Economic Development
Big Sky State Games
Billings Action for Healthy Kids
Billings Clinic
Billings TrailNet
City-County Planning Division
Downtown Business Association
Living Independently for Today & Tomorrow
MDT
MET Transit
Parks and Recreation
Public Works
RiverStone Health
Ready Community
St Vincent Healthcare
YMCA

SAMPLE

Strategy:

Creating and Improving Access to Places, Parks, and Playgrounds for Physical Activity and Creating and Maintaining Safe Neighborhoods

Work Plan

Objectives	
Increase in reported children who are physically active for 1+ hours/day in Yellowstone County from 70.8% to 77.8% by 2020	Increase proportion of adults reporting leisure time physical activity in Yellowstone County from 82% to 90.2% by 2020

Outcome Indicators

- # YC residents who meet physical activity recommendations (2020 CHNA)
- # YC residents who report no leisure time physical activity (2020 CHNA)
- # park user counts
- Others TBD by workgroup

Activity	Performance Indicator	Target Date	Leads
Develop a campaign to promote active transportation to the Healthy By Design Gardeners' Market at South Park	# market attendees who use active transportation to/from the event	June 2017	Active Transportation at the Gardeners' Market Task Group
Pilot a Parks Rx initiative to include park maps, referral systems, and promotional items	# maps produced and distributed	July 2018	Parks Rx Task Group

SAMPLE

Strategy:

Creating and Improving Access to Places, Parks, and Playgrounds for Physical Activity and Creating and Maintaining Safe Neighborhoods

Narrative/Update Section to incorporate progress report or work plan components. Will not be updated until the 1st report, 6 months after CHIP publication.

Appendices

Appendix I:
IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

Part V Section B Line 3a .....See Page 10

A definition of the community served by the hospital facility

Part V Section B Line 3b.....See CHNA

Demographics of the community

Part V Section B Line 3c ..... See CHNA appendices

Existing healthcare facilities and resources within the community that are available to respond to the health needs of the community

Part V Section B Line 3d.....See Page 10

How data was obtained

Part V Section B Line 3e .....See Page 11

The significant health needs of the community

Part V Section B Line 3f..... See CHNA data

Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

Part V Section B Line 3g.....See Page 11

The process for identifying and prioritizing community health needs and services to meet the community health needs

Part V Section B Line 3h .....See Page 8

The process for consulting with persons representing the community's interests

Part V Section B Line 3i ..... See 2014-17 Final CHIP report

The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA

Part V Section B Line 6a and 6b .....YES

-Was the hospital facility's CHNA conducted with one or more other hospital facilities?
-Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?

Appendix II:
Public Health Accreditation Standards

The Community Health Needs Assessment addresses the Public Health accreditation domains listed below. By its nature, the CHNA is a cooperative venture sponsored by The Alliance. It examines Yellowstone County and puts the county data into perspective with state and national data and benchmarks (Youth Behavioral Risk Survey, Healthy People 2020, etc.). Through this instrument and the associated community conversations, The Alliance identifies barriers to healthcare and seeks to understand community service gaps and assets. Ultimately, community health improvement plans and institutional strategic plans result from the CHNA and the community's response to it.

Adherence to the Proposed Reaccreditation Standards and Measures:

1.1 The community health assessment is continually updated to broaden and deepen the community's understanding of public health issues and resources to include a collaborative process for the enhancement of the community health assessment.

1.2 The public health surveillance system provides accurate, timely, and comprehensive data in a systematic and continuous manner.

5.2 The health department encourages and participates in community collaborative implementation of the community health improvement plan and participates in its revision as community public health priorities are addressed and revised.

7.1 Populations' access to care has been collaboratively assessed and strategies to increase access to health care for those who experience barriers to care have been collaboratively developed and adopted.

Appendix III:
CHNA/CHIP Work Plan

ID	ACHII Step	Action Items	Responsible Party	Contributors	Audience	Due Date	Date Completed	% Complete
		CHNA						
1	1	CHNA agreement signed with PRC	RSH	SVH, BC	Alliance	02/24/16	3/8/2016	100%
2	2	CHNA Advisory Group members determined*	HBD Backbone	HBD		01/07/16	1/27/2016	100%
3	1	Determine data collection timeline	CHNA Work Team	PRC	Alliance	02/24/16	4/27/2016	100%
4	1	Review previous CHNA questions	CHNA Work Team	PRC		03/16/16	2/24/2016	100%
5	1	Provide recommended CHNA questions	CHNA Work Team	PRC		03/16/16	3/3/2016	100%
6	1	Determine CHNA questions for 2017	CHNA Work Team	HBD		04/07/16	4/22/2016	100%
7	1	Submit approved questions to PRC	CHNA Work Team	HBD		04/08/16	4/25/2016	100%
8	2	Seek key Advisory Group member check-in approval of questions and process; Input on KI List	Heather	CHNA Work Team	CHNA Advisory Group	04/22/16	4/22/2016	100%
9	2	Begin selection of Key Informants for internet survey	CHNA Work Team	Backbone, HBD Leadership	KI	04/27/16	4/27/2016	100%
10	2	Initial Advisory Group Meeting (review process, survey and provide input on key informant list)	Heather	CHNA Work Team	CHNA Advisory Group	05/18/16	5/18/2016	100%
11	2	Review and finalize Key Informant interviewees*	CHNA Work Team	Backbone, Advisory	Key Informants	05/23/16	6/3/2016	100%
12	2	Alliance Partner Promotion of Key Informant and Phone Surveys	CHNA Work Team	CHNA Work Team	Internal-Alliance Orgs	06/01/16	6/3/2016	100%
13	4	Internet survey for key informants opened/conducted	PRC	Key Informants	Key Informants	07/05/16	7/5/2016	100%
14	4	Key Informant follow-up emails	PRC	PRC	Key Informants	07/01/16	7/1/2016	100%
15	4	Telephone surveys conducted	PRC	Community	Community	08/15/16	7/25/2016	100%
16	6	Raw data provided for Final Grant Reporting	PRC	OWH Eval team	Internal-Alliance Orgs	09/01/16	8/22/2016	100%
17	4	Secondary data compiled	PRC	PRC	Internal-Alliance Orgs	09/30/16	9/27/2016	100%
18	4	Data analysis by PRC	PRC	PRC	Internal-Alliance Orgs	09/30/16	9/27/2016	100%
19	5	Data review by HBD Steering, Backbone, Alliance, Workgroup Co-Leads, and CHNA work team Committees	PRC	HBD	Stakeholders	Oct	10/17/2016	100%
20	2	Community forum invitee and agenda input by Advisory Group	HBD	CHNA Advisory Group	CHNA Advisory Group	Oct	10/6/2016	100%
21	5	Community Forum and Prioritization* (include advisory group, co-leads, workgroups, backbone, steering, legislators, others)	Heather/PRC	CHNA Advisory Group, Work Team	Community	11/10/16	11/10/2016	100%
22	5	Accepatance of community voted priorities by Alliance	Alliance	HBD	Alliance	01/30/17	12/1/2016	100%
24	6	CHNA Report Published* (includes appendices on IRS, Accreditation, and Resources)	PRC	CHNA Work Team	Community	02/28/17	2/6/2017	100%
25	6	Alliance Press Conference (include invite to advisory group)*	PRC	CHNA Work Team	CHNA Advisory Group; Community	02/28/17	2/6/2017	100%
26	6	CHNA published data outreach (email, mailing, in-person) (executive summaries, letters and presentations)	CHNA Work Team	Backbone, Advisory	Community	06/30/17		
	7	CHIP Strategy Setting and Vetting	HBD	CHNA Work Team; Coordinators	Stakeholders	05/01/17	5/14/2017	100%
23	7	CHNA Focus Groups* (part of informal and formal community information gathering during setting and vetting) - as needed; determined the Lived Experience Survey and 1:1 conversations	CHNA Work Team	CHNA Work Team	Under-served populations; Community-wide	06/30/17	5/17/2017	100%
27	5	Hospital Prioritization	Hospitals	CB staff		04/15/17	TBD	
28	7	Priority Expert Feedback* (include workgroup members and co-leads, Backbone, Steering, other)	Heather	CHNA Advisory Group		06/30/17	5/15/2017	
	2	CHNA Advisory Group-affirmation of CHIP process and strategies	Heather	CHNA Work Team	Advisory Group	06/01/17		
29	7	Community CHIP authored	Heather	CHNA Work Team		06/01/17		
30	7	Community CHIP adopted	Alliance	Heather		06/30/17		
31	7	CHIP adopted by hospital boards	Hospitals	CB staff		06/30/17		
32	8	CHIP implementation begins (work plans/work groups)	Heather	HBD		07/01/17		

Appendix IV:

Entities Involved at Various Stages

Organized alphabetically by sector

Business

AlphaGraphics
Argos Consulting
Billings Association of Realtors
Billings Chamber of Commerce
Billings Depot
Billings Gazette
Bio-Science Alliance
Chamber of Commerce
CTA Architectural Firm
Downtown Billings Alliance
Downtown Business Association
Eggart Engineering
ExxonMobil Billings Refinery
First Interstate Bank
KTVQ 2
KULR 8
Last Best News
Moulton Bellingham Law Firm
Payne West
Peaks to Plains Design
Perfect Balance
Trails Committee, Chamber Chair
Underriner Motors
Yellowstone Public Radio
Yellowstone Valley Women's Magazine

Community

Adult Resource Alliance
Alternatives
AmeriCorp
Angela's Piazza
AWARE, Inc.
Better Billings Foundation
Big Brothers Big Sisters of Yellowstone County
Big Sky Senior Services
Big Sky State Games
Billings Action for Healthy Kids
Billings Community Foundation
Billings Family Violence Task Force
Billings Library Foundation
Billings Public Library Foundation
Billings TrailNet
Boys and Girls Club of Yellowstone County
Boys Scouts Montana Council Black Otter District
CASA of Yellowstone County
Center For Children and Families
Community & Leadership Development, Inc. (CLDI)
Dress for Success Billings
Exchange Club
Family Promise of Yellowstone Valley
Family Service Inc
Foster Grandparent Program
Friendship House of Christian Services
Girl Scouts of Montana and Wyoming
Housing Authority of Billings
HRDC District 7
Huntley Project Senior Housing Committee
Jaycees, Billings
Knights of Columbus
Lions Club
Living Independently for Today & Tomorrow (LIFTT)
Montana Amateur Sports
Montana Family Support Network
Montana Legal Services Association
Montana Rescue Mission
National Alliance on Mental Illness (NAMI)
Parents, Let's United for Kids (PLUK)
Passages

Pioneer Neighborhood Task Force
Red Lodge Area Community Foundation
Rimrock Neighborhood Task Force
Rocky Mountain Tribal Leaders Council
Special Olympics Montana
St. Vincent De Paul
Suicide Prevention Coalition of Yellowstone Valley
Team Nutrition
The Family Tree Center
Tumbleweed
United Way of Yellowstone County
Volunteers of America, Independence Hall
Westend Neighborhood Task Force
Yellowstone AIDS Project
Yellowstone Boys and Girls Ranch Foundation
Yellowstone County Extension Office
YMCA
Young Families Early Head Start
Youth Dynamics
YWCA

Education

Beartooth Elementary School
Billings Catholic Schools
Canyon Creek School
Career Center
City College Billings
Early Childhood Intervention
Elder Grove School
Head Start
Laurel Schools
Lewis and Clark Middle School
Lockwood Schools
MSU Extension Office
MSU Billings
Rocky Mountain College
School District 2, Billings
Shepherd Schools
Will James Middle School

Faith-Based

American Lutheran Church
Billings First Church
Faith Chapel
First Christian Church
First English Lutheran
First United Methodist Church
Harvest Church
King of Glory Lutheran Church
Peace Lutheran Church
St. Bernard Catholic Church
St. John's Lutheran Ministries
Wayman Chapel

Government

Big Sky Economic Development
Billings Fire Department
Billings Police Department
Billings Public Library
Child Protective Services
Children's Mental Health Bureau
City Council
City of Billings
Crime Prevention Center
Dept. of Public Health & Human Services
Lockwood Fire Department
MET
Montana House of Representatives
Montana Senate
Montana Women's Prison
Yellowstone County Attorney's Office
Yellowstone County Commissioners
Yellowstone County Family Drug Treatment Court

Healthcare

Advanced Care Hospital
American Medical Group Association
Autumn Springs Assisted Living
Billings Clinic
Children's Clinic
Community Crisis Center
Employee Benefit Management Services (EBMS)
Goodman Group
Healthcare for the Homeless
iChangeBillings
Indian Health Board of Billings
Indian Health Services
Mental Health Center
Montana Healthcare Foundation
Montana Migrant Council
Rimrock
Rocky Mountain Health Network
Rocky Mountain Tribal Leaders Epidemiology Center
St. Vincent Healthcare
Veteran's Affairs
Yellowstone Youth Crisis Network

Public Health

Board of Health
RiverStone Health

Appendix V: Research on Goal & Objectives

Long Term Measurement Goal

Increase proportion of residents who are at a healthy weight in Yellowstone County by 31.9% % to 35.09% by 2030.

- *Yellowstone County Data: (healthy weight): '05-35.8%, '10-25.4%, '14-31.9%, '17-32.1% (source: PRC community and national surveys-asked)*
- *Healthy People 2020: NWS-8 is seeking an increase in those at a healthy weight from 30.8 to 33.9, which would be a10% improvement) healthypeople.gov*
- *Montana's Health Improvement Dashboard: Adults who are overweight or obese in Montana: 2018 goal is to reduce from 63% to 54% https://ahealthiermontana.mt.gov/*
- *Individuals and groups focused on this work are interested in supporting achievement and maintenance of a healthy weight.*

For our long term measurement goal and intermediate term objectives, we are adopting the 10% improvement threshold regularly used by Healthy People 2020. Work on this goal will be supported by the objectives named below with evidence based strategies implemented seeking positive change.

Objectives

Increase in reported consumption of 5 servings/day of fruits and vegetables among Yellowstone County residents from 30.8% to 33.88% by 2020

- *Yellowstone County Data: '05-34.9%, '10-40.6%, '14-40.1%, '17-30.8% (source: PRC community and national surveys-asked)*
- *Healthy People 2020: closest-(HP NWS 15.1 LHI mean daily intake of veg- .76 cup equiv. veg to 1000 calories daily intake—increase to 1.16 cups "modeling") healthypeople.gov*

Increase in reported children who are physically active for 1+ hours/day in Yellowstone County from 70.8% to 77.8% by 2020

- *Yellowstone County Data:: '05-, '10-, '14-42.8%, '17-70.8% (source: PRC community and national surveys-asked) *not asked in first two surveys and big leap between two data points*
- *Healthy People 2020: closest-(HP PA 3.1adolescents meeting physical activity guidelines- 28.7%-Baseline, 31.6%-Target=10% improvement) healthypeople.gov*

Increase proportion of adults reporting leisure time physical activity in Yellowstone County from 82% to 90.2% by 2020

- *Yellowstone County Data: '05-26.3%, '10-22.4%, '14-23.7%, '17-18% (Previously stated as "decrease proportion of adults who do not report leisure time physical activity" sources: BRFSS-2014 data-MT, PRC community and national surveys-asked)*
- *Healthy People 2020: (reduce proportion…HP PA-1; 36.2%-Baseline, 32.6%-Target=10% improvement) healthypeople.gov*
- *Montana's Health Improvement Dashboard: Adults who do not engage in leisure time physical activity: 2018 goal is to increase the percentage of those who do engage in leisure time physical activity from 19.6% (2015) to 22% https://ahealthiermontana.mt.gov/*

Increase in reported Yellowstone County adults whose activities are not limited in some way due to a physical, mental, or emotional problem from 70.4% to 77.44% by 2020

- *Yellowstone County Data: '05-24.3%, '10-25.7%, '14-22.4%, '17-29.6%; MT-23.1%; US-20.0% (Previously stated as "limited in activity" sources: BRFSS-2014 data-MT, PRC community and national surveys-asked)*
- *Healthy People 2020: closest-(PA-15.1 [Developmental] Increase community scale policies for the built environment that enhance access to and availability of physical activity opportunities)*