

CASCADE COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

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



2017-2019

3rd Edition- Revised March 2017

COMMUNITY HEALTH PRIORITIES

This Community Health Improvement Plan (CHIP) outlines how partners in Cascade County plan to improve health of all county residents over the next three years. The document includes specific improvement strategies within each of the following priority areas. We believe that implementing these strategies will help us achieve our vision for a healthy community.

Access to Health Care

- Medical Care
- Dental Care
- Behavioral Health Care

Substance Misuse

- Reduce Mis-use; including alcohol, tobacco, and legal/illegal drugs

Healthy Weight

- Increase the percentage of residents at a healthy weight

Child Abuse and Neglect

- Decrease the number of child abuse and neglect cases in Cascade County

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I. Background and Process

The Community Health Improvement Plan (CHIP) addresses top health concerns for Cascade County. The first CHIP for Cascade County was created in 2011. A second edition was published in 2014 and this plan is the third edition. Each edition is preceded by a Community Health Assessment (CHA) that is done every three years and includes a Community Health Survey. The survey is sent to a random sample of households and measures respondents' sense of the health in their community, areas of greatest concern, access to care, and other concerns.

The 2016 CHA includes information gathered from the Community Health Survey as well as updated data on the status of residents' health in ten other areas: mortality, disease incidence and prevalence, hospitalizations, health risk behaviors, mental health and mental disorders, public health issues, access to care, dental services, child abuse and neglect, and special populations.

Following the completion of the Community Health Survey in the fall of 2015, representatives from 60+ local agencies convened on January 21, 2016 to review the information presented and to decide on the focus of the next Community Health Improvement Plan.

After a review of the data and priority area progress, voting was conducted to identify the priority areas for the next CHIP. Based upon those votes, it was decided to keep the three priority areas of the 2013 CHIP and add a fourth priority. The priority areas now include: Access to Health Care, Substance Misuse and Prevention, Maintaining a Healthy Weight and Prevention of Child Abuse and Neglect.

II. Demographic Overview of Cascade County

Cascade County has an estimated population of 82,344 (according to the US Census Bureau 2014 estimate). Neighboring counties are Teton County to the northwest, Choteau County to the northeast, Judith Basin County to the east, Meagher County

Cascade County 2016 Priority Health Issues

Access to Health Care

Medical Care, Dental Care, and
Mental Health Care

Substance Misuse

Reduce Substance Misuse, Including
Alcohol, Tobacco and Legal/Illegal
Drugs

Healthy Weight

Increase the Percentage of Cascade
County Residents at a Healthy
Weight

Child Abuse & Neglect

Decrease the Number of Child Abuse
and Neglect Cases in Cascade County

to the south and Lewis and Clark County to the west. Great Falls is the largest city in Cascade County, contains 80% of the county's population and is the county seat. Other incorporated cities include Belt, Cascade and Neihart. Additionally, Cascade County has 8 Census Designated Places including Malmstrom Air Force Base, 4 Hutterite colonies, and several additional small communities not officially estimated.

Based on 2014 census estimate data from the US Census Bureau, individuals age 65 and over comprise 16.9 percent of the population and individuals under the age of 18 make up 22.6 percent of the population. The median age of the population is 38.9. Males make up 49.9% of the population in Cascade County and females make up 50.1% of the population. Cascade county residents include 88.9 percent Caucasians, 4.6 percent Native Americans, and the remaining 6.5 percent includes all other races. The primary language spoken in households is English, however a small percentage (less than 5%) of individuals still speak Spanish, German and various Native American languages as their primary language.

Cascade County's cultural landscape is rich in arts and humanities, Native American heritage, agriculture, tradition western/ranch lifestyle, sports and outdoor sportsman activities and events. The top employment categories include government, agriculture, service industry, health care and social/human service agencies. As of April 2015 the unemployment rate was 3.6% according to the Bureau of Labor Statistics. Cultural and leisure/recreation opportunities abound, but financial barriers make participation for many unrealistic as it is estimated that 15.3% of the individuals in Cascade County live below the poverty level.

III. 2016 Community Health Needs Assessment Highlights

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

- The five most serious health concerns for Cascade County household respondents were 1) Illegal drug use, 2) Child abuse and/or neglect, 3) Alcohol abuse, 4) Mental health specifically depression/anxiety, and 5) Access to mental health care.
- Montana expanded Medicaid in November 2015 and projected enrolling 23,000 by June 2016.
- 30.7% of households reported they did not get or delayed getting needed health care services. The primary reason for not getting needed care was "it cost too much."
- The majority of the Community Health Survey respondents, 55%, do not have dental insurance
- 25% of residents who responded to the survey in 2015 smoke cigarettes daily compared to only 10% in 2012
- 47% of driving deaths in Montana had alcohol involvement versus 31% nationally
- Cascade county has a significantly higher rate of intentional self-harm in comparison to Montana
- The number of cases of Gonorrhea in Cascade County tripled from 2014-2015
- Over 3000 children in Montana, 400 in Cascade County, are in placements outside of their homes due to abuse and neglect with over 80% due to neglect
- There has been a 73% increase in removals of children from homes due to abuse or neglect in Cascade County since 2011
- Median age at death for white female Montana residents is 82 versus 63 for Native American females and 75 for white males versus 58 for Native American males in Montana

What is a Community Health Improvement Plan?

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

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

A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way.

*- Public Health
Accreditation Board*

IV. Community Health Improvement Plan: Priority Issues

What are health issues need to be address in our community? That was the question facing our partners at the 3rd Community Health Symposium on January 21, 2016. Throughout the process, discussions focused on data, trends, observations, and experience. The result is this Community Health Improvement Plan, which reconfirms the three priority health issues identified in 2011 and 2013 and brought a forth priority forward as a possibility. The overwhelming consensus of participants was to move to four priority areas. With the affirmation these four areas are to be the priority focus thru 2019.

Access to Health Care: Medical, Dental and Mental Health

Areas of Cascade County qualify as medically underserved and have a shortage of health care providers. Cost, too long of a wait, insurance coverage denied, and no health insurance were all listed as barriers to accessing care.

Substance Misuse: Alcohol, Tobacco and Legal/Illegal Drugs

Substance misuse is an issue effecting individuals across the lifespan. Prescription drug misuse, in particular, has become the leading drug misuse issue in Montana. The 2015 Community Health Survey found that illegal drug misuse was the number one top health concern for Cascade County households.

Healthy Weight: Children and Adults

Obesity is linked to several serious negative effects on health. Over two out of three adults in Cascade County are overweight or obese. Over 26% report not participating in any physical activity or exercise outside their regular job.

Child Abuse and Neglect

Cascade County is one of six counties in Montana that is considered to be at high risk for child abuse and neglect. The 2015 Community Health Survey found that child abuse and neglect was the second most serious health concern in Cascade County. Cascade County has also been ranked as number one in the state of Montana for abuse and neglect cases.

V. Interfacing with National Standards

Healthy People 2020

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

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

- *Access to Health: AHS-1, AHS-2, AHS-3, AHS-6, MHMD-8, MHMD-10, MHMD-11*
- *Substance Misuse: TU-1, TU-2, TU-11, TU-13, TU-15, TU-19, TU-20, SA-2, SA-13, SA-14, SA-16, SA-19*
- *Healthy Weight: NWS-2, NWS-8, NWS-9, NWS-10, NWS-13, PA-9, PA-10, PA-12, PA-13, PA-14, PA-15, MICH-21, ECBP-8*
- *Child Abuse and Neglect: ECBP-10, IVP-37, IVP-38, IVP-42*

Public Health Accreditation Board (PHAB) Standards and Measures

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

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

Priorities, Goals, Objectives & Strategies

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

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

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

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

VI. Health Priority Area One: Improve Cascade County Resident's Ability to Access Appropriate Health Care

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. (Healthy People 2020)

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires:

- Gaining entry into the health care system.
- Accessing a health care location where needed services are provided.
- Finding a health care provider with whom the patient can communicate and trust

Over 80% of the responding residents to the community health survey in both 2012 and 2015 report having health insurance with approximately only 40% having dental insurance. For the uninsured households, the adults under age 64 tend to not be the insured for both years; the uninsured respondents report receiving their health care through urgent care/walk-in clinic services. Approximately one-third of the resident respondents in both years state they did not receive or delayed seeking health care. For the one-third that did not receive health care services or delayed seeking care, the top three reasons in 2012 and 2015 were health services cost too much (24% and 9%), too long of wait for an appointment (13% and 9%), and insurance would not cover services (13% and 8%). When asked what concerns them most about health care in their community, the primary concern expressed is the cost of health care services.

GOAL 1: IMPROVE ACCESS TO MEDICAL & URGENT CARE SERVICES FOR CASCADE COUNTY RESIDENTS OBJECTIVES BY 2019 AND PLANNED STRATEGIES

- ◎ **OBJECTIVE 1.1: Increase the proportion of persons with health insurance under the age of 65 to 85% by 2020**
 - STRATEGY 1.1.1: Target 18-34 yo: communicate the importance of being insured and how to obtain
 - STRATEGY 1.1.2: Enrollment Support. Work with the Cascade County certified application counselors/patient navigator coalition to provide education and enrollment support
 - STRATEGY 1.1.3: Enrollment events. Target audiences to include Native Americans, Veterans, Medicaid, New to market (26 yo), Medicare
 - STRATEGY 1.1.4: Health Care Literacy enhanced, seek opportunities to provide information and educate the community – (now that insured, how to use)

- ◎ **OBJECTIVE 1.2: Increase the CHNA respondents who report having a usual primary care provider to 95% by 2020**
 - STRATEGY 1.2.1: Enhance the use of having a primary care provider. Opportunities to communicate the importance of having someone managing your overall care and how to access care will be provided.

- ◎ **OBJECTIVE 1.3: Promote clinical preventative services utilization**
 - STRATEGY 1.3.1: Identify and help coordinate community events that reach out to our populations and seek ways to integrate recommended preventative care services
 - STRATEGY 1.3.2: Create and make available a master list of community based preventative programs/services available

- ◎ **OBJECTIVE 1.4: Reduce the percentage of CHNA respondents who report delay in obtaining medical care to 25% by 2020.**
 - STRATEGY 1.4.1: Navigation and support provided to community to schedule appointments
 - STRATEGY 1.4.2: Community collaborative effort to communicate hours of operation and available locations
 - STRATEGY 1.4.3: Benefis Health System initiatives to reduce ER wait times including remodeling and expansion
 - STRATEGY 1.4.4: Recruitment efforts are focused upon community provider needs
 - STRATEGY 1.4.5: Innovative models considered/researched

- ◎ **OBJECTIVE 1.5: Ensure that all have access to appropriate medical services**
 - STRATEGY 1.5.1: Maintain/support community health services capacity

GOAL 2: IMPROVE ACCESS TO DENTAL SERVICES FOR CASCADE COUNTY RESIDENTS

OBJECTIVES BY 2019 AND PLANNED STRATEGIES

- ◎ **OBJECTIVE 2.1: Improve access to oral health care for vulnerable populations (children, VA, Expectant/new moms, Medicaid beneficiaries)**
 - STRATEGY 2.1.1: Cascade Co. School district collaboration- oral screenings and Pediatric Dentists and District 4 dentists collaboration
 - STRATEGY 2.1.2: School district collaboration – oral care training
 - STRATEGY 2.1.3: MSU College of Great Falls dental program – Community Dental Day and other community outreach events, and student projects
 - STRATEGY 2.1.4: Advocate for expansion of services available to vulnerable populations
 - "STRATEGY 2.1.5: Recruit dentists to volunteer in places to need to reduce the impact of low number of access points available for those on Medicaid/limited resources
 - STRATEGY 2.1.6: Provide a funding source and supplemental support for dental scholarship applications

- ◎ **OBJECTIVE 2.2: Promoting interventions/behaviors that reduce dental disease**
 - STRATEGY 2.2.1: Sr. Community Projects – (ie. Hutterite colonies education)
 - STRATEGY 2.2.2: Lactation Specialist: investigate opportunity for assisting/collaboration
 - STRATEGY 2.2.3: Community Outreach events
 - STRATEGY 2.2.4: Increase knowledge of dental health and overall health relationship
 - Recruit WIC Nutrition focus specialist to team
- ◎ **OBJECTIVE 2.3: Research and/or develop data source for access needs for dental care**
- ◎ **OBJECTIVE 2.4: Promote interventions/behaviors that reduce dental disease**
 - STRATEGY 2.4.1: Build comprehensive list of dental service resources within Cascade County
 - STRATEGY 2.4.2: Research potential for website or app and attempt to build or develop

GOAL 3: IMPROVE ACCESS TO BEHAVIORAL HEALTH CARE FOR CASCADE COUNTY RESIDENTS

OBJECTIVES BY 2019 AND PLANNED STRATEGIES

- ◎ **OBJECTIVE 3.1: Build /enhance resource list – database that is electronic and becomes a reliable location for referral source information**
 - STRATEGY 3.1.1: Build upon current resource lists
 - STRATEGY 3.1.2: Develop structure and maintenance process
- ◎ **OBJECTIVE 3.2: Increase utilization of behavioral health services in Cascade County by decreasing the stigma of seeking mental health care**
 - STRATEGY 3.2.1: Increasing awareness and social norming campaign
- ◎ **OBJECTIVE 3.3: Establish a continuum of behavioral health care algorithm for community, aligning with resource list to refer to.**
 - STRATEGY 3.3.1: Engage with PCP community providers – Mental Health Screening tool (PHQ2) and know where to refer
 - STRATEGY 3.3.2: Increase awareness and use of resources through improved communication and coordination
 - STRATEGY 3.3.3: CHIP group advocates/supportive of Crisis Team
- ◎ **OBJECTIVE 3.4: Gain understanding and foster relationship with substance abuse treatment providers in Cascade County**
 - STRATEGY 3.4.1: ID who and number of substance abuse treatment resources

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

Substance misuse affects individuals, families and communities drastically. The consumption of

mind- and behavior-altering substances that have negative behavioral and health outcomes is a very complex public health issue. Substance misuse is linked with numerous problems, including violence and child abuse, crime, unintended pregnancy and sexually transmitted diseases, communicable diseases, homicide and suicide, mental health issues, poor peer relationships, academic difficulties and school drop-out, and vehicle crashes.

Misuse, of both legal and illegal substances, has been identified as one of the leading community health issues for Cascade County. Illegal drug use was the number one concern from respondent to the Cascade County Community Health Survey and alcohol abuse was rated the number three most serious health concern.

Cascade County is particularly vulnerable as a drug and gang corridor from California, to Washington to Montana has emerged and crime and drug activity has increased. Despite enforcement efforts, per capita juvenile crime, particularly drug offenses remain the highest in the state. Proximal distance to three Indian reservations produces population transiency and risk for engagement in behaviors compromising the overall health of the community as does a high rate of generational poverty. Medical use of marijuana is legal and community norms are accepting of alcohol and marijuana use by youth and adults. While an economic boon, the Air Force Base presents underage drinking challenges as do the two college campuses located within the City of Great Falls.

GOAL 1: REDUCE THE NUMBER OF YOUTH AND ADULTS MISUSING ALCOHOL, TOBACCO AND OTHER SUBSTANCES

OBJECTIVES BY 2019 AND PLANNED STRATEGIES

- ◎ **OBJECTIVE 1.1: Reduce high school aged youth tobacco use**
 - STRATEGY 1.1.1: Establish local ordinances to make tobacco less accessible to youth (“Young Lungs At Play” resolution in city parks#, City and County Events)
 - STRATEGY 1.1.2: Develop and implement a social media campaign using social media platforms to target youth
 - STRATEGY 1.1.3: Educate, Encourage and Empower parents to be positive influences for their children lives
 - STRATEGY 1.1.4: Limit the effectiveness of tobacco marketing towards youth
 - STRATEGY 1.1.5: Implement Retailer Point of Sale Presentation throughout Cascade County
 - STRATEGY 1.1.6: Support and Assist the Student led Cascade County reACT! Group
 - STRATEGY 1.1.7: Sustain TAP (Tobacco Awareness Program) voluntary cessation program
 - STRATEGY 1.1.8: Sustain TEG (Tobacco Education Group) Court and/or school ordered MIP-Tobacco citations
 - STRATEGY 1.1.9: Sustain General Tobacco Health Education for Grades K-6 within GFPS

- ◎ **OBJECTIVE 1.2: Reduce youth drug misuse (Rx Drugs & Marijuana)**
 - STRATEGY 1.2.1: Encourage and promote the use of prescription drug disposal drop boxes and events by using newspaper articles, Radio PSA’s and Wellness Wednesday Electronic Weekly

- STRATEGY 1.2.2: Continue and Expand LivingATI Social Marketing Campaign for Rx and Illicit Marijuana Use
- STRATEGY 1.2.3: Support Adoption of NARCAN (Opiate Anti-dote Legislation)
- STRATEGY 1.2.4: Educate, Encourage and Empower parents to be positive influences for their children
- STRATEGY 1.2.5: Facilitate the incorporation of ACE’s assessments and Implement a Trauma Informed Community Model
- STRATEGY 1.2.6: Provide drug prevention education classes to K-6 students with enhanced curriculum and kits
- STRATEGY 1.2.7: Provide Specific Marijuana Education to Grades 4th – 10th.
- STRATEGY 1.2.8: Sustain and Maintain Treatment in Schools Efforts
- STRATEGY 1.2.9: Provide Drug and Alcohol Education to 1st time offending clients at Youth Court Services
- STRATEGY 1.2.10: Promote Workforce/Workplace Wellness to local employers to assist in reducing negative implications of drug and alcohol use amongst employees.
- STRATEGY 1.2.11: Engage and Build Coalition Capacity, increase awareness of community needs and activities/events. (United Way, Gateway, CARE, BENEFIS, GFPS, Faith Community, CCHD, IFHC, YCS, UGF, DUI Task Force, KRTV, UGF, Malmstrom, etc...)

◎ **OBJECTIVE 1.3: Decrease youth alcohol misuse.**

- STRATEGY 1.3.1: Continue and Enhance Utilization of Living ATI Social Media Campaign
- STRATEGY 1.3.2: Limit Alcohol Accessibility by continuing with retail checks and sustain local compliance checks.
- STRATEGY 1.3.3: Expand and Sustain MIP-Alcohol Educational Offerings within Cascade County
- STRATEGY 1.3.4: Educate parents, empower, and encourage them to be positive influences for their children
- STRATEGY 1.3.5: Support and Sustain Treatment in Schools Efforts
- STRATEGY 1.3.6: Host a Regional Alcohol Summit
- STRATEGY 1.3.7: Implement Alcohol EDU Amongst Cascade County Rural and Parochial Schools
- STRATEGY 1.3.8: Engage and Build Coalition Capacity, increase awareness of community needs and activities/events. (United Way, Gateway, CARE, BENEFIS, UGF, GFPS, Faith Community, CCHD, IFHC, YCS, DUI Task Force, KRTV, UGF, Malmstrom, etc...)

GOAL 2: REDUCE THE PERCENTAGE OF CASCADE COUNTY ADULTS (AGES 18-24) THAT MISUSE SUBSTANCES.

OBJECTIVES BY 2019 AND PLANNED STRATEGIES

◎ **OBJECTIVE 2.1: Reduce adult tobacco use**

- STRATEGY 2.1.1: a) Sustain local ordinances (Young Lungs at Play & Other Outdoor Activities in City or County) to make tobacco less accessible and limit the effectiveness of tobacco usage and marketing b) Explore future consideration of implementing “smoker friendly” areas with events held at the MT Expo park
- STRATEGY 2.1.2: Maintain Local media campaigns (TV, Billboards, Signage, etc...) that target adults

- STRATEGY 2.1.3: Maintain and Increase the Clean Indoor Air Act ordinances (Reporting System & Smoke Free Multi-Housing Units)
- STRATEGY 2.1.4: Maintain and/or increase the inquiries & Support Services offered through the MT Quitline
- STRATEGY 2.1.5: Provide Workforce/Workplace Wellness to local employers to assist in reducing negative implications of tobacco use amongst employees.

◎ **OBJECTIVE 2.2: Reduce adult aged (18-24) binge drinking**

- STRATEGY 2.2.1: Research evidence based best practices for targeting binge drinking amongst adults ages 18-24.
- STRATEGY 2.2.2: Work with University of Great Falls, GFC-MSU and Malmstrom Airforce Base to effectively reduce binge drinking amongst adults ages 18-24.
- STRATEGY 2.2.3: Work with the Tavern’s Association to limit alcohol accessibility
- STRATEGY 2.2.4: Collaborate & Assist DUI task force goals and objective

◎ **OBJECTIVE 2.3: Reduce adult illicit and prescription drug misuse**

- STRATEGY 2.3.1: Promote the responsible use of Rx amongst adults ages 18-24.
- STRATEGY 2.3.2: Encourage and promote the use of prescription drug disposal drop boxes and events by using newspaper articles, Radio PSA’s and Wellness Wednesday Electronic Weekly Newsletter.
- STRATEGY 2.3.3: Promote/Support Responsible Prescribing Guideline Education
- STRATEGY 2.3.4: Create & maintain a social marketing campaign about the long term effects of marijuana and prescription drug misuse
- STRATEGY 2.3.5: Collaborate & Assist DUI Task Force in developing strategies and goals towards reducing “drugged” driving
- STRATEGY 2.3.6: Prepare for the possible legalization of recreational Marijuana in Montana

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

Achieving and maintaining a healthy weight is about more than just personal choices. Issues such as access to and availability of healthier foods and places to be physically active are very important when looking at how to address weight. Being physically active and having a healthful diet helps reduce the risk of numerous health conditions such as heart disease, high blood pressure, diabetes, depression, stroke and some cancers.

Regular physical activity and enjoying a healthy, balanced diet can improve the health and quality of life for everyone. Currently, more than 80% of adults and adolescents nationally do not get enough aerobic physical activity to meet current guidelines according to Health People 2020. Residents who completed the Cascade County Community Health Survey rated being overweight or obese as one of the top four lifestyle concerns for our county. And, according to the Behavioral Risk Factor Surveillance System, 31.4% of Cascade County residents are obese and 86.8% do not get adequate fruit and vegetable servings per day.

GOAL 1: GET FIT GREAT FALLS (GFGF) WILL PROMOTE, SUPPORT, AND INCREASE ACTIVE LIFESTYLES OF CASCADE COUNTY RESIDENTS.

OBJECTIVES BY 2019 AND PLANNED STRATEGIES

- ◎ **OBJECTIVE 1.1: GFGF will promote, support, and increase active lifestyles of Cascade County residents.**
 - ◎ STRATEGY 1.1.1: Select and recognize a worksite that has included physical activity and strategies that encourage workers to be physically active (e.g. flex time, lunch time walking groups, walking meetings, shower facilities) and health champions in the community and nominate for "Get Inspired"
- ◎ **OBJECTIVE 1.2: Encourage the continuation and growth of before/after school physical activity clubs by providing communications in the form of flyers, newsletters, and postings on the GFGF**
- ◎ **OBJECTIVE 1.3 Develop and implement activities on public lands, recreational areas, and neighborhood parks**
 - STRATEGY 1.3.1: Promote programs annually, such as Winter Trails Day (WTD), National Trails Day (NTD), and Come Out And Play (COAP) that encourage safe and affordable physical activity.
 - STRATEGY 1.3.2: Encourage walking on a regular basis by promoting walking clubs, mall walking, and progressive interval paths at River's Edge Trail, and Gibson Park, by December 2017.
- ◎ **OBJECTIVE 1.4: Encourage use of active transportation (e.g. pedestrian, bicycle, public transit) by collaborating with resources in the local community.**

GOAL 2: GFGF WILL PROMOTE, SUPPORT, AND INCREASE THE NUMBER OF PEOPLE (INFANTS, PRESCHOOLERS, SCHOOL-AGE CHILDREN, ADULTS AND ELDERLY) EATING NUTRITIOUS FOOD.

OBJECTIVES BY 2019 AND PLANNED STRATEGIES

- ◎ **OBJECTIVE 2.1: Identify gaps and opportunities by collaborating with community nutrition stakeholders.**
 - STRATEGY 2.1.1: Invite a representative from the Early Childhood Coalition (ECC) Breastfeeding Subcommittee to present at a GFGF meeting to share what breastfeeding resources are available, what universal language can be used to communicate its importance and identify what gaps are appropriate for GFGF to help fill. The person will present before December 2015
 - STRATEGY 2.1.2: Invite community members working on health and nutrition to present and attend Nutrition Committee meetings to discuss nutrition needs identified through program
 - STRATEGY 2.1.3: Create a GF Nutrition Resource Page on Get Fit Great Falls Webpage or another appropriate website that informs/ hyperlinks the community on resources and programs related to Nutrition by January 2018

◎ **OBJECTIVE 2.2: Educate children, adults and elderly regarding healthy cooking principals, portion control, balance and importance of eating nutritious food.**

- STRATEGY 2.2.1: Identify and promote existing educational events and determine which would be appropriate for GFGF involvement
- STRATEGY 2.2.2: Provide resources by December 2015 to Cascade County students through the school pantries to help students and parents learn how to best use their food staples
- STRATEGY 2.2.3: Encourage community groups interested in starting or growing community gardens to apply for Get Fit Great Falls Mini Grants when available
- STRATEGY 2.2.4: Work with the Communications Committee to expand existing national marketing efforts by utilizing materials to target appropriate audiences. Marketing efforts should be age appropriate for the variety of target audiences
- STRATEGY 2.2.5: Develop and present "Get Inspired" award
- STRATEGY 2.2.6: Partner with community agencies to create and promote healthy eating habits through a city wide nutrition education campaign by 12/18
- STRATEGY 2.2.7: Explore possibility of collaborating with community partners to host cooking lessons for food pantry recipients as well as food service workers by 12/18
- STRATEGY 2.2.8: Promote community efforts focused on health and nutrition on Get Fit Great Falls Website

◎ **OBJECTIVE 2.3: Increase access to fresh fruits, vegetables, and other nutritious foods.**

- STRATEGY 2.3.1: Post Food Pantry Toolkit materials on GFGF Website
- STRATEGY 2.3.2: Support community gardens, community supported agriculture, and the farm-to-table movement

GOAL 3: GET FIT GREAT FALLS (GFGF) WILL REMAIN SUSTAINABLE.

OBJECTIVES BY 2019 AND PLANNED STRATEGIES

◎ **OBJECTIVE 3.1: GFGF will be fiscally sustainable within 3-5 years, pursuing diverse funding sources that support the Mission.**

- STRATEGY 3.1.1: Ways and Means Committee has been established and is working towards ways to fundraise through local businesses and grants.
- STRATEGY 3.1.2: Charge the Finance Committee to work with the Treasurer to prepare and oversee an annual budget with input from the Board of Directors; the budget will be presented in November and approved annually in December.
- STRATEGY 3.1.3: Expand fundraising efforts to allow grants to be awarded in Spring 2017

◎ **OBJECTIVE 3.2: GFGF will develop and implement a leadership succession and membership development plan.**

- STRATEGY 3.2.1: Each month, a different Director is invited to participate with the Executive Committee in developing the regular meeting agenda.
- STRATEGY 3.2.2: The Vice President will chair a committee to develop an orientation packet and session for all Directors and partners by October 2015 and annually conduct the orientation session every February thereafter
- STRATEGY 3.2.3: The Executive Committee will encourage the Vice President to chair a few meetings throughout the year

- STRATEGY 3.2.4: The Executive Committee will develop a contingency plan for when Executive Committee members must be absent or resign by October 2017
 - STRATEGY 3.2.5: Members will actively invite new individuals, groups, and agencies to participate in GFGF
- ⦿ **OBJECTIVE 3.3: GFGF will continue utilizing various communication methods to increase public awareness, understanding, and support of the GFGF Mission.**
- STRATEGY 3.3.1: The Board will establish a Communications Committee to provide appropriate communications/public information for GFGF events and activities by July 2015.
 - STRATEGY 3.3.2: The Communications Committee will create a Communications Plan that outlines promotion methods and resources for GFGF and its events and activities by October 2017. This plan will be updated as needed, and reviewed and approved by the Board of Directors annually in December.
 - STRATEGY 3.3.3: The Communications Committee will develop a promotional toolkit for use at community events that support the GFGF Mission (e.g., table display, discussion starters, printed materials, giveaways, and activity equipment) by December 2017.
- ⦿ **OBJECTIVE 3.4: GFGF will ensure community collaboration to reduce redundancy and best utilize resources.**
- STRATEGY 3.4.1: GFGF assumes the leadership role over the Healthy Weight portion of the Community Health Improvement Plan by March 2015.
 - STRATEGY 3.4.2: GFGF will pursue involvement in other health-related events and activities as they present themselves if they support the GFGF Mission.
 - STRATEGY 3.4.3: The Secretary, in collaboration with the Communications Committee, will annually review the email list to survey those that do not regularly attend to determine what level of involvement with GFGF they desire.

IX. Health Priority Area Four: Decrease the Number of Child Abuse and Neglect Cases in Cascade County

The impact of early childhood trauma and abuse is widespread. It affects individuals, families and communities. Trauma and abuse interfere with healthy childhood development and is linked to lower education, income achievements and compromised health.

Unfortunately, the topic of child abuse and neglect has been very prominent in recent years in Cascade County. According to the Montana Department of Health and Human Services, Child and Family Services there has been a 73% increase in removals in Cascade County since 2011. In the 2012 and 2015 Community Health Surveys, child abuse and neglect was ranked as the first and second most serious health concern respectively. Cascade County is also one of six counties in the state of Montana that is considered to be at high risk for child abuse and neglect.

GOAL 1: REDUCE THE RATE OF CHILD ABUSE AND NEGLECT IN CASCADE COUNTY

OBJECTIVES BY 2019 AND PLANNED STRATEGIES

- ◎ **OBJECTIVE 1.1: Formalize a Task force**
 - STRATEGY 1.1.1: Develop Leadership
 - STRATEGY 1.1.2: Create workgroups/committee
 - STRATEGY 1.1.3: Create workgroups/committees
- ◎ **OBJECTIVE 1.2: Develop Strategies for Primary Prevention Strategies**
 - STRATEGY 1.2.1: Collect data and review to ensure decisions are data driven
 - STRATEGY 1.2.2: Research evidence based/informed strategies for Primary Prevention of Child Abuse and Neglect
- ◎ **OBJECTIVE 1.3 Develop Work Plan for Strategies for Primary Prevention**
 - STRATEGY 1.3.1: Use the Strategic Planning Framework
 - STRATEGY 1.3.2: Set Goals and Objectives for the CAN taskforce
 - STRATEGY 1.3.3: Ensure measurable data is identified paths at River's Edge Trail, and Gibson Park, by December 2017.
- ◎ **OBJECTIVE 1.4: Implement Strategy(s) for Primary Prevention**
 - STRATEGY 1.4.1: Use the Strategic Planning Framework

GOAL 2: ENSURE THE STRATEGIC PREVENTION FRAMEWORK DRIVES COMMUNITY-BASED CHILD ABUSE AND NEGLECT PREVENTION AND REDUCTION.

OBJECTIVES BY 2019 AND PLANNED STRATEGIES

- ◎ **OBJECTIVE 2.1: I Ensure annual community assessment is completed, including incidence of abuse; factors contributing to abuse and sustainability and cultural competency (SPF, Step #1).**
- ◎ **OBJECTIVE 2.2: Improve community capacity to implement effective, sustainable and culturally competent child abuse and neglect prevention strategies (SPF, Step #2).**
- ◎ **OBJECTIVE 2.3: Ensure community-based, evidence-based, strategic child abuse and neglect prevention and reduction planning occurs at least on an annual basis, including planning for sustainability and cultural competency (SPF, Step #3).**
- ◎ **OBJECTIVE 2.4: Ensure child abuse and neglect prevention and reduction strategies are implemented based upon data, capacity to implement and community-developed strategic implementation plans; strategies must be sustainable and culturally competent (SPF, Step #4).**
- ◎ **OBJECTIVE 2.5: Ensure annual evaluation of child abuse and neglect prevention and reduction strategies, including evaluation of sustainability and cultural competence, occurs and that evaluation findings are incorporated within program implementation (SPF, Step #5).**

- **OBJECTIVE 2.6: To increase sustainable, child abuse and neglect prevention and reduction funding and resources.**

X. Acknowledgements

The four identified priority areas are managed by multiple agencies under the direction of the CHIP Coalition Steering Committee. Please refer to the attached organizational chart on the following page to see the involved organizations and individuals for each priority area. In addition to each priority area committee, numerous organizations and individuals took part in the community-wide symposium to identify top health needs for Cascade County.

January 21, 2016 Community Health Improvement Symposium Participants

Janet Thayer	Leslie Southworth	Kristy Pontet-Stroop
Katee Gunderjahn	Laura Merchant	Deb Huestis
David Krebs	Deb Armondson	Peter Gray
Bob Wigdorski	Keri Garman	Barbara Bessette
Ben Buckridge	Seth Garrett	Bridget Freeman
Brad Garpestad	Betsy Smith	Camille Consolvo
Kathy Avis	Brandy Piper	Trisha Gardner
Lisa Jahraus	Tanya Houston	Carol Paul
Jo-Viviane Jones	Amy Meyer	Teddy Nault
Erica Harp	Lindsay Smith	Colette Getten
Penny Paul	Katy Nicholls	Trixie Smith
Katie Hagen	Jill Furan	Ruth Uecker
Erin Merchant	Sandy Johnson	Cindy Eultgen
Jim Larson	Tim Callahan	Kayre Chatellier
Morgan Davies	Jennifer Whitfield	Ginney Carnes
Brad Livingston	Abigail Lichliter	Bob Kelly
Jenn Reichelt	Greg Doyon	Amber Blodgett
Kate Nessian	Gary Owen	Lacey Spencer
Kim Skoenogoski	Jan Cameron	Sylvia Lindinger-Sternart
Brian Smith	Robert Packer	Andrea Deligdish
Aart Dolman	Brian Hoven	Jodi Niemeyer
Harmony Wolfe		

Please send any comments or recommendations for corrections to:

Trisha Gardner
 Privacy Officer/Accreditation Coordinator
 Cascade City-County Health Department
 115 4th Street South
 Great Falls, MT 59401
 Phone: 406-791-9261

Cascade County Community Health Improvement Organizational Chart

COALITION STEERING COMMITTEE

Members:

Lacey Spencer, United Way
 Gary Owen, United Way
 Laura Merchant, Benefis Health System
 Tanya Houston, Health Officer, City County Health Dept.
 Leslie Southworth, CEO Community Health Center
 Trisha Gardner, Privacy and Accreditation officer, City County Health Dept.

Kristy Pontet-Stroop, Alliance for Youth
 Nicole Zimmerman, Alliance for Youth
 Jane Weber, Cascade County Commissioner
 Erin Merchant, City County Health Dept.

Committee Purpose/Vision: To partner with community organizations and facilitate strengthening coordination of health care delivery, public health services, and community based activities that promote healthy behavior to achieve a healthier Cascade County.

Priority Area 1: Substance Mis-Use and Prevention

Lead: Kristy Pontet-Stroop, Alliance for Youth
 Jody Murray, GFPS
 Hayley Hamed, UGF
 Danielle Funseth, GFPS
 Duane Walker, Community Business Owner
 Kady Murphy, Media
 Erin Merchant, CCHD
 Teddy Nault, CCHD
 Robert Packer, UGF
 Lacey Spencer, United Way
 Barbara Bessette, Prevention Specialist
 Jason Rippenburg, Chief Probation Officer
 Doug Nicholls, Account Manager/Parent
 Brittany Olson, Community Advocate
 Clint Houston, GFPPD
 Dana Crochwell, Highway Patrol
 Mark Hewitt, Malmstrom
 Josh Jensen, Youth Pastor
 Nikki Phillips, Benefis
 Leslie Southworth, Community Health Center
 Youth Advisory Board Members (12)

Committee Goal and Purpose: Reduce the number of youth and adults using and abusing alcohol, tobacco and other substances

Priority Area 2: Healthy Weight

President: Kim Skomogoski, United Way
Board Members:
 Jane Weber, Co. Commissioner
 Mallory Antovel, MSU HR
 Barbara Bessette, Gateway
 Gerry Jennings, Mt Wilderness Assc.
 Patti Jo Lane, Great Falls Clinic
 Camille Consolvo,
 Dave Cunningham, Lewis & Clark Forest
 Erica Harp, GFPS Nurse
 Erin Merchant, CCHD
 Beth Munsterteiger, PEAK
 Tanya Houston, Health Officer
 Jody Murray, GFPS Prevention Specialist
 Teddy Nault, CCHD
 Patty Reardon, GF Park and Rec
 John Tallie, Mt State Parks
 Abigail Lichter, SNAP Ed Program
 Betsy Yeager, Benefis

Committee Goal and Purpose: Increase the number of people achieving and maintaining healthy weight.

Priority Area 3: Access to Health

Lead: Laura Merchant, Benefis Health System
 Lacey Spencer, United Way
 Frankie Lyons, Great Falls College MSU
 Sydney Blair, Center for Mental Health
 Trisha Gardner, City County Health Dept.
 Alice Schultz, Great Falls Clinic
 Tina Bundtrock, Benefis Health System,
 North Central Montana Assistors Coord.
 Kate Nesson, Planned Parenthood
 Leslie Southworth, Community Health Center
 Justin Grohs, Great Falls EMS
 Rick Dicapo, Behavioral Health Director,
 Benefis Health System
 Jennifer Lehman, Rural Dynamics
 Deb Kottel, University of Great Falls
 Ernestine Belcourt, Indian Health Center
 Brian Hoven, Legislator

Committee Goal: Improve Cascade County's ability to access appropriate health care, timely

Priority Area 4: Child Neglect and Abuse Prevention

Lead: Nicole Zimmerman, Alliance for Youth
 GFPS Advocate
 GFPCMSU Student Govt.
 AWARE
 GFPPD
 Benefis Hospital
 UGF
 Family Connections
 Community Advocates/Parents
 CASA
 Malmstrom AFB
 Voices of Hope
 Dandelion Foundation
 Alliance for Youth
 QLC
 Great Falls Clinic
 Victim Witness
 United Way
 YWCA
 MSU Nursing
 CFSC

Committee Goal and Purpose: Reduce the number of child abuse/neglect cases in Cascade County