

Community Health Improvement Plan July 2015 – June 2018

Missoula County Montana



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Planned Parenthood of Montana



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October 2, 2015

We are pleased to present the July 2015–June 2018 Community Health Improvement Plan (CHIP) for Missoula County. Composed of numerous community organizations, the CHIP Work Group convened over a nine-month period in 2015 to build this CHIP on the foundation of the [Missoula County Community Health Assessment 2014](#). Based on the data, input from the community, and group discussion, we decided to address two priority issues: improving access to health care and reducing obesity.

This is the second CHIP process for Missoula County. We built on our experience from our first CHIP, which was completed in December 2012, to develop a stronger group process with involvement from more agencies. The 2015 CHIP work group members, who are listed on the next page, represent agencies with a wide impact on the health and wellbeing of Missoula County.

All of us involved in this process hope that the community makes use of both the Community Health Assessment and this CHIP, which are available on the Missoula City-County Health Department website and at the Missoula Public Library reference desk. These reports contain a lot of information and a lot of community thinking about the health issues faced by Missoula County right now.

I would like to extend sincere thanks to the many community members and organizations who contributed to this project in some way, and especially to the CHIP Work Group members who made it possible. We intend for the 2015-2018 CHIP to guide our strong collaboration into actions that improve the health of all residents of Missoula County.

A handwritten signature in black ink, appearing to read "E. Leahy", with a horizontal line extending to the right.

Ellen Leahy RN, MN
Health Officer
Missoula City-County Health Department

2015-2018 Community Health Improvement Plan Work Groups

This report was written and compiled by Robin Nielson-Cerquone.

Access to Care Work Group

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Obesity Prevention Work Group

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Introduction

What Is a CHIP?

Health departments around the nation are partnering with local health and community agencies and businesses to collect data to identify problems and evaluate the wellbeing of their communities. Based on that information, the groups then create a Community Health Improvement Plan – a CHIP, for short. A CHIP is a public health work plan for the community as a whole. A CHIP represents a shared vision for the community. It focuses on collaborative work among many key groups whose efforts support the health and wellbeing of the public in many ways.

About This CHIP

The process of creating this CHIP began in late 2014. Many of the people in the CHIP work groups (listed on the previous page) also worked to create the [Missoula County Community Health Assessment 2014](#), which compiles wide-ranging data about the health and wellbeing of Missoula County residents. After reviewing the data, the group chose two priority areas for collaborative focus over the coming years:

- Access to Health Care
- Obesity

These two priority areas are the same as in [the Missoula County CHIP for fiscal years 2013 to 2015](#). The group decided to continue work in these areas for a few main reasons:

- To better address the health of those in our community whose needs in these areas result in health disparities.
- In the case of the Obesity priority area, to expand the focus beyond childhood obesity.
- In the case of the Access to Health Care priority area, to take advantage of Medicaid expansion, which the Montana legislature passed in early 2015, and also to expand the focus to groups who experience health inequities.
- Also for the Access to Health Care priority area, to expand the focus to include access to mental health and dental care. In both cases, the process of collecting and analyzing data for the Community Health Assessment made it clear that those were areas of high need for access.

The group that formed to work on the CHIP first met as a whole group to further hone in our goals in each priority area. At that point the group separated into two work groups, one for each priority area. CHIP members met at least eight times from January through September 2015 to develop the focus areas within each priority.

The CHIP work group used the Association for Community Health Improvement (ACHI) Community Health Assessment Toolkit to guide the process of collecting and analyzing information and identifying priorities for this report. The toolkit provided a blueprint for moving forward on the selected issues in a way that is collaborative and coordinated.

Taking Action

The CHIP is a plan for action. It is designed to be a flexible document that will be updated and adapted over time. The groups will periodically meet to report on progress. The groups will also adjust strategies or develop new strategies based on lessons learned, new data, or new opportunities. When goals are not being met or strategies are not being implemented, the appropriate CHIP work group will come up with an improvement plan.

Missoula County CHIP Priority Areas & Work Plans

| Health Improvement Priorities | Focus Areas |
|-------------------------------|--|
| Improve Access to Health Care | Health Care Coverage Public Health Nurse Home Visiting Mental Health – Suicide Prevention Dental Health Remove Barriers for Groups Experiencing Health Disparities |
| Reduce Obesity | Children Adults Older Adults |

CHIP meetings focused on building practical work plans to help meet our goals in the identified priority areas. The rest of this document consists of the work plans the groups developed, which outline work in the focus areas listed above. The work plan format was adapted from the Wisconsin CHIPP Infrastructure Project and was modified for our use.

Policies Changes Needed for Progress & Health Equity in Priority Areas

Over the course of our meetings, the CHIP work groups also identified large-scale policy changes that would support efforts to improve our identified priorities.

Focus Area: Access to Health Care Coverage

- Payment and reimbursement policies that encourage focus on preventive services
- Economic development policies that create a stronger job base in Missoula County
- Approval of Montana’s Medicaid Expansion waiver

Focus Area: Improve Access to Care through Home Visiting

- State expansion of pilot foster child health care program to other Montana counties
- Budget policy that sustains evidence-based public home visiting programs introduced in the Affordable Care Act

Focus Area: Improve Access to Mental Health Services

- Internal health service agency policies that routinely screen and refer for depression and suicide risk
- Ensure parity for mental health coverage throughout all coverage options
- Approval of Montana’s Medicaid Expansion waiver

Focus Area: Improve Access to Dental Care

- Approval of Montana’s Medicaid Expansion waiver
- Affordable dental insurance
- Payment and reimbursement policies that encourage dentists to take Medicaid and Medicare patients
- Affordable dental options offered as part of Medicare and marketplace plans
- Population-based fluoridation policies

Focus Area: Remove Barriers for Groups Experiencing Health Disparities

Training policies in health care and service agencies to ensure that staff receives training in providing culturally competent services

Policies in health care and service agencies that create institutional support to address issues including:

- Health inequities
- Health risk factors, including Adverse Childhood Experiences (ACEs)
- Linking clients to other needed services, including mental and dental health

Focus Area: Obesity in Children

School-based policies addressing daily minutes of physical activity, on-site menus, and competitive foods

Focus Area: Obesity in Adults

Worksite policies addressing opportunities for physical activity and on-site foods

Focus Area: Obesity in Older Adults

Worksite policies addressing opportunities for physical activity and on-site foods

Policies in assisted living and long-term care facilities that address physical activity and on-site menus

Policies Affecting All Obesity Focus Areas

Enhancing built environment to allow access in all neighborhoods to playgrounds, trails, and parks

Food security policies including support through the Farm Bill and SNAP

Clinic-based policies including:

- Prescription trails
- Prescriptions for eating fruits and vegetables
- Using data from electronic medical records to create baselines and track obesity levels

Missoula County CHIP Work Plan

Access to Care

Focus Area: Improve Access to Health Care Coverage

GOAL: Decrease the rate of uninsured people in Missoula County to 15%.

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of life for everyone. Lack of insurance and cost are primary barriers to receiving health care services. The Affordable Care Act (ACA) created an avenue to enroll uninsured Missoula County residents in coverage plans. Before ACA open enrollment the uninsured rate in the county was about 21%. After open enrollment, the 2014 rate was about 17.56%.

[\(http://obamacarefacts.com/uninsured-rates/\)](http://obamacarefacts.com/uninsured-rates/) Currently internal records show that only 8% of Missoula Urban Indian Health Center clients have some kind of health insurance coverage. (Missoula Urban Indian Health Center)

Montana Medicaid expansion has created another opportunity to provide uninsured residents with access to care. The Montana legislature approved limited Medicaid expansion in early 2015. Based on demographic information from the US Census, the Montana Primary Care Association [\(http://www.mtpca.org/\)](http://www.mtpca.org/) suggests that 8,957 people in Missoula County will be eligible for Medicaid when enrollment opens, which is expected to happen in early 2016. The same group estimates that about 40%, or roughly 3,400 people, will actually enroll in Medicaid.

| PERFORMANCE MEASURES | | |
|--|--|---|
| How We Will Know We are Making a Difference | | |
| Short Term Indicators | Source | Frequency |
| Number of contacts for enrollment | All community partners who provide enrollment services (Planned Parenthood, Community Medical Center, Partnership Health Center, Providence St. Patrick Hospital, Missoula Urban Indian Health Center) | Bi-annual reporting to coincide with ACA open enrollment & enrollment for Medicaid and Health Montana Kids (HMK) Childhood Insurance Plan |
| Number of people successfully enrolled | All community partners who provide enrollment services (Planned Parenthood, Community Medical Center, Partnership Health Center, Providence St. Patrick Hospital, Missoula Indian Center) | Bi-annual reporting to coincide with ACA open enrollment & enrollment for Medicaid and HMK |

| Long Term Indicators | Source | Frequency |
|---|---|-----------|
| Rate of health care coverage in Missoula County | State of Montana, Medicaid, HMK & Insurance Commissioners' Office | Annual |

Strategy #1: Partner agencies complete enrollment outreach plans.

Background
 CHIP partners Planned Parenthood, Providence St. Patrick Hospital, Partnership Health Center, and Missoula Urban Indian Health Center all provide enrollment services, as does Community Medical Center. All partner groups currently step up enrollment efforts during the ACA enrollment period and will do so for Medicaid enrollment. All groups provide enrollment services to all members of the public, whether or not they are receiving services. Providence St. Patrick Hospital is also running its own health literacy campaign as a partner to enrollment efforts. The campaign supports new enrollees in understanding their coverage and how to use it to access the health care system.

Source: Enroll America describes [the process and best practices of enrollment outreach](#) and the [rationale behind enrollment outreach efforts](#).

Evidence Base: Enroll America reports: 1) that [consumers who have personal assistance enroll at higher rates](#) than those who do not; and 2) that [coordinated assistance efforts maximize enrollment success](#). [Health Affairs Blog](#) posted January 30, 2014, documents the health and fiscal outcomes of Medicaid expansion.

Policy Change Required: None identified at this time.

ACTION PLAN

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|--|--|-----------------------------------|--|--|
| Agencies create enrollment centers/office hours for the public to make an individual appointment | Ongoing through work plan period to accommodate Medicaid expansion and ACA open enrollment | Staff Computer & private space | Christopher Coburn, Planned Parenthood Kim Mansch, Partnership Health Center Merry Hutton, Providence St. Patrick Hospital Starlite Nightgun, Missoula Urban Indian Health Center | Increased enrollment in coverage options |

Strategy #2: Community outreach to increase enrollment in coverage options.

Background

In addition to individual efforts, the CHIP agencies will create new ways to partner and share outreach through creation of the “Get Covered Missoula County” coalition. The coalition will create consistent messaging, a common enrollment calendar, collaborative “kick off” events for ACA open enrollment and Medicaid expansion enrollment, and outreach to other community agencies.

Source: Enroll America describes [the process and best practices of enrollment outreach](#) and the [rationale behind enrollment outreach efforts](#).

Evidence Base:

Enroll America reports: 1) that [consumers who have personal assistance enroll at higher rates](#) than those who do not; and 2) that [coordinated assistance efforts maximize enrollment success](#). [Health Affairs Blog](#) posted January 30, 2014, documents the health and fiscal outcomes of Medicaid expansion.

Policy Change Required:

None identified at this time.

ACTION PLAN

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|--|--------------------------------|--|--|---|
| Convene the “Get Covered Missoula County” coverage coalition | October thru January each year | Meeting space Designated staff time | Lead: Merry Hutton, Providence St. Patrick Hospital Joined by representatives of partner agencies | Coordinated coverage campaign |
| Post enrollment fair dates publically | October 2016 | Staff time and marketing resources | Christopher Coburn, Planned Parenthood Kim Mansch, Partnership Health Center Merry Hutton, Providence St. Patrick Hospital Starlite Nightgun, Missoula Indian Center | 1) Increased enrollment |
| Create master enrollment resource calendar and post publically | October 2016 | Staff time and marketing resources | Christopher Coburn, Planned Parenthood Merry Hutton, Providence St. Patrick Hospital Will use “Get Covered Montana” Insurance Commissioners’ office website and distribute to partner agencies for website | 1) Increased enrollment 2) One location for information for the public |

| | | | | |
|--|--------------|---|---|--|
| Create and coordinate “kick off” events for enrollment outreach | October 2016 | Staff time and marketing resources | Planned Parenthood, Partnership Health Center, Providence St. Patrick Hospital, Missoula Indian Center Get Covered Montana’, Insurance Commissioners’ office website and partner agency website | 1) Increased enrollment 2) One location for information for the public |
| Outreach to social service providers at other agencies with basic education about enrollment process | July 2018 | Staff time and marketing resources Staff time at target agencies | Lead: Christopher Coburn, Planned Parenthood Assisted by Robin Nielson-Cerquone, MCCHD | 1) Increased enrollment due to consistent messaging and support from other agencies to make contact with people who are not actively looking for coverage or health care |

| ALIGNMENT WITH STATE/NATIONAL PRIORITIES | | | |
|---|---|---|--|
| Strategy | State Plan to Improve the Health of Montanans, June 2013 | Healthy People 2020 | National Prevention Strategy |
| All | MT DPHHS: <i>Plan to Improve the Health of Montanans June 2013</i> Access to Care appears in all sections as Action Area 3 | AHS 1.1 – Increase the proportion of people with health insurance | National Prevention Strategy on Clinical & Community Prevention Services |

| DESCRIBE PLANS FOR SUSTAINING ACTION |
|---|
| Meet 2 times per year to assess progress and revise plan as needed. |

Focus Area: Improve Access to Care through Public Health Nurse Home Visiting Services

GOAL: Increase access to evidence-based and promising practice public health nurse home visiting services for the maternal and child population.

The role of home-visitation programs in improving health outcomes for children and families is well documented in the literature. One way this is accomplished is by increasing the family's access to health services, including prenatal care and early screening and intervention for families at risk for poorer outcomes. ([The Role of Home-Visitation Programs in Improving Health Outcomes for Children and Families, *Pediatrics*, March 1, 1998](#); [Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending, *Archives of Pediatric Adolescent Medicine*, May 2010](#).)

| PERFORMANCE MEASURES | | |
|--|--|-------------------|
| How We Will Know We are Making a Difference | | |
| Short Term Indicators | Source | Frequency |
| Number of Missoula County families served by CHIP agency home visiting services | Agency-specific record systems | Quarterly |
| Number of referrals made to community resources by CHIP agency home visitors | Agency-specific record systems | Quarterly |
| Percent increase of individuals served who have health insurance after two months of service over intake | Agency-specific record systems | Quarterly |
| Percent increase of individuals served who have an active medical home after two months of service over intake | Agency-specific record systems | Quarterly |
| Long Term Indicators | Source | Frequency |
| Robust, realistic, and attainable sustainability plans in place for each CHIP strategy home visiting model | Program reports | At least annually |
| Percent of Missoula County maternal and child population receiving public health nurse home visiting services | Program reports + census population statistics | Annually |

Strategy #1: Pilot a universal post-natal nurse home visiting program in Missoula County.

Background

"Universal home visiting" refers to the offer of public health nurse home visiting services to all new mothers and their babies within a certain period after birth. Missoula County residents currently have access to a variety of maternal and child health (MCH) home visiting services, but all are based on certain eligibility or risk factors. This strategy would test the feasibility of bringing primary preventive services to the entire newborn population and their mothers as a means of offering assessment and referral to all newborns' families, plus continuing services as needed and selected by the newborns' families.

We are looking at two models of universal home visiting in developing a model for the Missoula community. Durham Connects, a universal post-natal nurse home visiting program in Durham, North Carolina, published the results of their randomized, controlled trial in the *Journal of Pediatrics* in November 2013. They demonstrated

positive impacts on multiple domains of family and child well-being, including significant reductions in infant emergency medical care through child age 12 months, increased community connections, improved quality in home environment, daycare selections, parenting, and mothers' mental health. Orange County in California also operates a universal home visiting program, Bridges to Newborns, using a different model. Missoula County would need to determine, through the pilot, if either approach suits our community.

Source: [Durham Connects](#), posted on June 8, 2014; [Orange County home visiting program](#)

Evidence Base: [Implementation and Randomized Controlled Trial Evaluation of Universal Postnatal Nurse Home Visiting](#) *AJPH* Supplement 1, February 2014.

[Randomized Controlled Trial of Universal Postnatal Nurse Home Visiting: Impact on Emergency Care](#). *Pediatrics* November 2013.

Bridges for Newborns: An Evaluation of the Pilot Program for Bridges II, January 2003-March 2004. Executive Summary. April 30, 2004.

Policy Change Required: Mutual agreements from local referring sources for duration of the pilot.

ACTION PLAN

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|---|---------------|---|---|--|
| Develop pilot program – scope program size, develop protocol, designate staff, obtain mutual referral policies, and develop evaluation criteria | June 2016 | Designated service staff Baseline data Referral agreements UM program evaluation expertise | Kate Siegrist, MCCHD + participating local providers | 1) All agreements and documents will be finalized and ready for implementation prior to launch in December 2016 |
| Launch pilot of one-year duration | December 2016 | | As above | 1) Implementation of pilot in December 2016 |
| Evaluate and make recommendations for program adoption, adaptation, or non-pursuit | December 2017 | | MCCHD Board of Health + Ellen Leahy & Kate Siegrist, MCCHD Partnership Health Center Participating local providers Program evaluator | 1) Data will be analyzed for impact on families served. 2) Results of the data analysis and recommendations will be shared with the broader community. 3) Consideration for publication of results |

Strategy #2: Increase Native American participation in the Nurse-Family Partnership home visiting program.

Background

The Nurse-Family Partnership program (NFP) brings the greatest and most enduring health gains to children of all the evidence-based maternal and child health home visiting modalities. In 2012, MCCHD partnered with RiverStone Health in Yellowstone County to serve as supports for Montana's NFP, which also reaches three smaller counties: Butte-Silver Bow, Lewis and Clark, and Hill. NFP in Hill County includes the Rocky Boys Reservation. The health equity goals of Missoula's CHIP include increasing access to populations that suffer

higher risk and disease burdens due to poverty, minority status, geographic isolation, or other factors. Native Americans are the largest minority population in Montana and Missoula County, and state data shows pronounced health inequities in Native American population (see [2014 Missoula County Community Health Assessment](#), pages 70-72).

While Missoula County’s urban Native American population is estimated at 6%, since its launch in September 2012 Missoula’s NFP has enrolled a population that is approximately 19% Native American. Although NFP is able to reach this high-risk population at higher rates than the census data would predict, retention of clients in this intensive home visiting program is a significant issue. Cultural factors contribute to successfully building a trusting relationship with home visiting nurses, and this relationship is the basis of the program’s success. This CHIP work plan focuses on Native American participation in NFP through deliberate representation in planning groups and actions to better serve this population, particularly in the earliest stages of development where prevention can make a life-long difference.

At the national level, the NFP National Service Office (NSO) has been working collaboratively with six tribal partners across the country to evaluate the effectiveness of the NFP curriculum for the Native American population. Their research is demonstrating consistently positive outcomes, with some modification of educational materials suggested. NFP NSO is very interested in supporting Montana’s efforts to improve cultural understanding and sensitivity between NFP home visiting teams (which include nurse home visitors, nurse supervisors, administrators, and support and outreach specialists) and our urban and reservation Native American communities.

The Montana-Wyoming Tribal Leaders Council and the Tribal Epidemiology Center have expressed interest in collaborating with NFP of Montana. They will work with all five counties, led by Missoula and Yellowstone counties, to develop local American Indian networking support for the NFP of Montana teams. Preliminary meetings took place in June and August 2015. The impact of these efforts will be tracked through NFP recruitment, engagement, retention, and outcome data for clients, as well as through qualitative data from the NFP team members.

Source: NFP: <http://www.nursefamilypartnership.org/about>

Health Inequities: Native Americans carry a disproportionate burden of risk factors and health outcomes, including higher prevalence of diabetes, mental health problems, substance abuse, and intentional and unintentional injury. Many of these outcomes have their roots in early childhood and can therefore to some degree be prevented in early childhood. See [2014 Missoula County Community Health Assessment](#), pages 70-72.

Evidence Base: NFP: More than 35 years of research shows that NFP is a high-yield preventive program for first-time moms and their infants. Among other positive health effects, NFP shows reduction in child abuse and neglect; reduction in behavioral and intellectual problems at age six; reduction in arrests by age fifteen; and increase in labor force participation by mothers; [click here to see the research. NFP meets the Top Tier evidence Standard of the Coalition for Evidence-Based Policy.](#)

Policy Change Required: None currently known; some NFP policy change may be necessary for modification of educational materials based on NFP NSO research.

ACTION PLAN

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|--|--------------|--|---|---|
| Disseminate findings of the focus group among NFP staff and referral agencies. | January 2016 | NFP Missoula and Missoula Urban Indian Health Center | Kate Siegrist, MCCHD, NFP of Montana Missoula | 1) Completed two-year work plan outlining clear action steps and responsibilities |

| | | | | |
|--|--|------------|---|--|
| | | staff time | Administrator LeeAnn Bruised Head Johnson, Director, Missoula Urban Indian Health Center | |
| Identify appropriate individuals from the Missoula American Indian community to partner with the NFP team on outreach and engagement | At least annually in 2016, 2017 & 2018 | | LeeAnn Bruised Head Johnson, Director, Missoula Urban Indian Health Center | 1) Two leaders identified from the urban Indian community to assist in facilitating the cultural content of NFP outreach, recruitment, and nurse home visits |
| Collect and analyze data from NFP program delivery specific to clients who self-identify as American Indian, including enrollment, retention, and outcome indicators | At least annually in 2016, 2017 & 2018 | | Kate Siegrist, MCCHD, NFP of Montana Missoula Administrator LeeAnn Bruised Head Johnson, Director, Missoula Urban Indian Health Center | 1) At least annually data will be analyzed using local, state, and national benchmarks |

Strategy #3: Complete an independent evaluation of the Missoula Foster Child Health Program (MFCHP) and consider implementation of evaluator recommendations.

Background

MCCHD, in conjunction with the Montana Department of Public Health and Human Services (DPHHS) Child and Family Services Division (CFSD) and Providence Grant Creek Family Practice, offer the Missoula Foster Child Health Program (MFCHP) to support out-of-home-placed children and the foster parents who care for them. MFCHP includes a full physical, mental, and developmental exam with the provider at Foster Care Clinic and intensive case management with a public health nurse home visitor. The collaborations focus on three risk groups:

- All children in foster placement ages 0-5
- All children at the time of removal from the home setting or experiencing a change in foster placement
- All youth in foster care ages 16-18 as they prepare to transition from foster services

Foster children have a higher rate of exposure to numerous adverse childhood experiences, making them more likely to develop short-term and long-term health problems. Foster parents, including relatives, need additional information and support to manage the comprehensive health needs of these vulnerable children. MFCHP streamlines referrals and communication among its collaborating agencies, assuring:

- Documentation of an established medical and dental home or primary care provider
- Comprehensive and up-to-date health records (medical, dental, immunization, and behavioral health) and a summary of medical history and current medical issues, which are provided to the CFSD case worker, the foster family, and the primary care provider, and which accompany children when they change placements or providers
- Comprehensive and individualized plans of care
- Ongoing support for foster families as they navigate children’s health needs, which are often complex

MFCHP was initiated in 2011 and expanded in 2014. It is currently undergoing an external evaluation in fiscal year 2016 to document outcome indicators and support sustainability efforts. Missoula is currently the only Montana county to offer this service. The evaluation will further formalize the Missoula model and allow for appropriate scaling up in other Montana localities.

Source: [Centers for Disease Control and Prevention](#), as posted on June 10, 2015.

Evidence Base: More detailed scientific information about the study design can be found in "[The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction](#)", published in the *American Journal of Preventive Medicine*. May 1998.

Policy Change Required: None currently known; depends on evaluation findings.

ACTION PLAN

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|--|------------------------------|---|---|---|
| Secure program evaluation funding from Casey Family Foundation | July 2016 | Casey Family Foundation lead investigator | Representative from Casey Family Foundation Sarah Corbally, DPHHS CFSD Bart Klika, UM School of Social Work Kate Siegrist, MCCHD Claire Francoeur, Providence Grant Creek Family Practice | 1) Measured program results, recommendations for practice and policy |
| Sustain program operation, coordination among agencies, and funding to serve an average monthly caseload of 60 foster children annually. | Annually in 2016, 2017, 2018 | Commitments of staff time and/or funding from DPHHS CFSD, Missoula County Commissioners, and Providence Grant Creek Family Practice | Missoula Foster Child Health Program Committee | 1) Ongoing service to foster children placed in Missoula County (average monthly caseload of 60). |
| Assist DPHHS CFSD with identifying and assessing feasibility of replication in other Montana communities. | December 2018 | Commitment of staff time from DPHHS CFSD, MCCHD, and Grant Creek Family Practice | Sarah Corbally, DPHHS CFSD Nikki Grossberg, CFSD Region V Office Kate Siegrist, MCCHD Claire Francoeur, Providence Grant Creek Family Practice | 1) Enhancement of services to foster children and their families in at least one additional Montana county. |

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

| Strategy | State Plan to Improve the Health of Montanans, June 2013 | Healthy People 2020 | National Prevention Strategy |
|----------|---|---|--|
| 1 | Section B: Promote the health of mothers, infants and children (includes expanding home visiting) | MICH 3, 18, 19, 34, 20, 21, 23, 30 & 31 | Clinical & Community Preventive Services |

| | | | |
|---|---------------|---|---------------|
| 2 | Same as above | MICH 1-6, 8-13, 18,19,34, 20, 21, 23, 30 & 31 | Same as above |
| 3 | Same as above | MICH 1, 3, 4; IVP 37, 38 & 42 | Same as above |

| Plans for Sustaining Action | | | |
|---|--|--|--|
| <p>Strategy #1 will require meetings at least quarterly of relevant parties. The CHIP work group will review progress at least annually.</p> <p>Strategy #2 (increasing Native American participation in NFP) will require regular meetings at least quarterly, including ongoing communication with the Montana-Wyoming Tribal Leaders Council and the Tribal Epidemiology Center. The CHIP work group will review progress at least annually.</p> <p>Strategy #3 will require meetings at least quarterly of the MFCHP committee. The CHIP work group will review progress at least annually.</p> | | | |

Focus Area: Improve Access to Mental Health Services

GOAL: Prevent suicides and increase help seeking by expanding suicide prevention training, with attention to targeted groups, identified gaps, and barriers to accessing care.

In the process of compiling the 2014 *Missoula County Community Health Assessment* (CHA), access to mental and behavioral health services, and specifically suicide, emerged as a major area of concern in community focus groups and surveys. Data collected for the CHA made mental health one of the top issues for the CHA work group as well.

In the CHA, suicide emerged as one of the largest health disparities experienced in Missoula County, compared to the nation as a whole. Montana has historically had one of the highest state suicide rates per 100,000 population, and Missoula County usually has higher suicide rates than the state. Data from 2013 used in the CHA report showed a Missoula County suicide rate of 31/100,00. The highest rates were in the 45-64 age group (46/100,000, compared to 19/100,000 in the US) and the 25-44 age group (37/100,000, compared to 15/100,000 in the US). The Healthy People 2020 objective is 10.2/100,000.

The newly formed Western Montana Suicide Prevention Initiative (WMSPI) is a Missoula County collaboration formed in late 2014 in large part because of these alarming statistics. WMSPI identified target groups for their efforts: middle-aged males, college-aged young adults, the elderly, and youth. The CHIP group will work with the qualified trainers and mental health professionals of WMSPI to further both of our goals. We expect that joining efforts will create greater community impact.

Note that this priority area will also be addressed less directly through work in two other CHIP priority areas:

- 1) Improve Access to Health Care
 - Increases in insurance coverage will mean that the newly covered population will have insurance benefits for mental and behavioral health services as well, reducing the barrier of cost.
 - Expanding evidence-based home visiting would be expected to increase mental and behavioral health support and referrals for pregnant women and families with young children. In the very long term, expanding evidence-based home visiting has also been shown to reduce certain instances of behavioral and mental health disorders over a child's lifetime.
- 2) Address Health Disparities and Inequities in Access to Care
 - In the very long term, providing Adverse Childhood Experiences (ACEs) and Darkness to Light sexual abuse training for health care and social service providers can potentially increase interventions that reduce mental and behavioral health issues later in life.

| PERFORMANCE MEASURES | | |
|--|---------------|------------------|
| How We Will Know We are Making a Difference | | |
| Short Term Indicators | Source | Frequency |
| # of people trained | Trainers | Annually |

| | | |
|----------------------------------|---|---------------------------------|
| Pre- and post-tests of knowledge | Surveys administered by trainers | One time for each trained group |
| Long Term Indicators | Source | Frequency |
| Suicide Rate | Suicide Prevention Network from county data | Annually |

Strategy #1: Conduct suicide prevention outreach using QPR, SafeTALK, and ASIST training.

Background

The newly formed Western Montana Suicide Prevention Initiative (WMSPI) is a Missoula County collaboration formed in late 2014 as a response to the high rate of suicide. Public outreach through suicide prevention training is one of its goals. The group includes many qualified trainers for QPR, SafeTalk, and ASIST. The CHIP group will work with the qualified trainers and mental health professionals of WMSPI to facilitate a wide range of training. The CHIP group offers WMSPI trainers an "in" for providing training through local agencies, including Providence St. Patrick Hospital, the Missoula Urban Indian Health Center, and Missoula Aging Services. We expect that joining efforts will create greater community impact.

We also expect additional benefits. Coordinated and wide-ranging educational efforts can help reduce the reluctance and stigma related to talking about suicide, which will help people intervene for others and themselves. And over the long term it can contribute to reducing suicide rates in Missoula County.

Source: QPR (Question, Persuade & Refer) is a training to help people save lives by recognizing the warning signs of suicide and intervening with referrals and follow-up. For information click this [link for QPR](#). SafeTALK is a suicide risk recognition and intervention training. For information click this [link for SafeTALK](#). ASIST (Applied Suicide Intervention Skills Training) is an intensive two-day suicide intervention training that builds suicide prevention networks in communities. For information click this [link for ASIST](#).

Evidence Base: QPR is on SAMHSA's National Registry of Evidence-Based Programs and Practices: [Link for NREPP listing](#)

SafeTALK is on SAMHSA's Suicide Prevention Resource Center's Best Practices Registry: [Link for SPRC registry](#)

ASIST is on SAMHSA's Suicide Prevention Resource Center's Best Practices Registry: [Link for SPRC registry](#)

Policy Change Required: None currently known; may require policy change within organizations to allow training of staff or clients.

ACTION PLAN

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|--|---------------|--|--|---|
| Meet with WMSPI representatives to create multi-year calendar for training <ul style="list-style-type: none"> • Target CHIP agencies as appropriate • Target large employers as appropriate • Target populations with high suicide rates or gaps/barriers to education and services | January 2016 | Staff time Identified contacts in organizations | WMSPI + Suicide Prevention Network (MCCHD) | Multi-year training calendar |
| Trainings completed | December 2018 | WMSPI trainer time | Kristie Scheel, Suicide Prevention Network + WMSPI | ## people trained for the first time in suicide prevention (goals to be set with WMSPI in |

| | | | | |
|--|--|--------------------|--|---|
| | | Training locations | | planning meeting) ## workplaces hosting training in suicide prevention (goals to be set with WMSPI in planning meeting) % of CHIP agencies hosting or sending staff to suicide preventing training (goals to be set with WMSPI in planning meeting) |
|--|--|--------------------|--|---|

Strategy #2: Provide suicide intervention training to health care and other service providers.

Background

Up to 45% of people who die by suicide visit a health care provider within a month of their death. (Karl Rosston, Montana DPHHS, from American Assn. of Suicidology) Training for providers of health care and other services has the potential to help avert suicide attempts and get people needed mental and behavioral health services.

WMSPI offers many qualified trainers for the Suicide Prevention Toolkit for Rural Primary Care. The CHIP group will work with the trainers and mental health professionals of WMSPI to facilitate a wide range of training. The CHIP group offers WMSPI trainers an “in” to local health care organizations, including Providence St Patrick Hospital and affiliated clinics, MCCHD, and the Missoula Urban Indian Health Center, which will help the toolkit reach a wider range of health care providers. We expect that joining efforts will create greater community impact.

Over the long term we expect this strategy to increase the ability and willingness of healthcare providers and medical office staff to recognize warning signs and talk about suicide with patients and clients. Eventually, we expect this strategy to help reduce suicide rates in Missoula County.

Source: The [Suicide Prevention Toolkit for Rural Primary Care](#) is a resource for clinicians and office staff to intervene with patients who are suicidal.

Evidence Base: The Suicide Prevention Toolkit for Rural Primary Care is a [program of the Suicide Prevention Resource Center](#) and is listed on the SAMHSA website as part of the [primary care suicide prevention practice model](#).

Supporting research for this model includes:

[Physician Education: A Promising Strategy to Prevent Adolescent Suicide, Academic Medicine, March 2011](#)
[Suicide Prevention Resource Center, Late Life Suicide Prevention Toolkit](#)

Policy Change Required: None currently known. Policy change may be required in organizations to support use of the toolkit in the clinical setting.

ACTION PLAN

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|---|-------------|--|--|-------------------------------|
| Meet with WMSPI representatives to develop multi-year calendar for training <ul style="list-style-type: none"> • Target CHIP organizations | June 2016 | Staff time Meeting time Identified contacts in organizations to receive training | Kristie Scheel, Suicide Prevention Network + WMSPI | Multi-year training calendar |

| | | | | |
|--|---------------|---|--|---|
| Develop plan for staff training in long-term care (LTC) facilities | June 2016 | Staff time Meeting time Identified contacts in LTC facilities | Kristie Scheel, Suicide Prevention Network + WMSPI + Missoula Aging Services LTC Ombudsman | Training schedule |
| Develop plan for staff training through the UM Western Montana Family Medicine Residency Program | June 2016 | Staff time Meeting time Identified contact in residency program | Kristie Scheel, Suicide Prevention Network + WMSPI | Training schedule |
| Trainings completed | December 2018 | WMSPI trainer time Training sites | Kristie Scheel, Suicide Prevention Network + WMSPI | Increased provider awareness and knowledge Increased intervention and suicide prevention |
| Create a sustainable system for ongoing training at PHC | December 2017 | Staff time from PHC & Suicide Prevention Network | Kristie Scheel, Suicide Prevention Network + Kim Mansch, PHC | Increased provider awareness and knowledge Increased intervention and suicide prevention |

Strategy #3: Distribute self-screening materials at targeted community events.

Background

The Montana DPHHS recently developed a brochure with a self-screening questionnaire for depression and suicidal tendencies. The brochure is written specifically to be distributed at University of Montana Grizzly football games. WMSPI distributed the brochure at games and found the response overwhelmingly positive, which suggests that the self-screening tool, packaged in a way that is specific to the audience, might be useful as an intervention for people with mental health issues or as a way to open dialogue about mental health issues and reduce stigma.

This strategy is planned for the third year in order to take full advantage of the other strategies for this priority. Promoting self-referrals for help will be more effective if knowledge and skill is higher among providers and the community at large.

Source: Montana DPHHS brochure (see **Appendix A**).

Evidence Base: [WW Zung. A Self-Rating Depression Scale. Arch Gen Psychiatry. 1965.](#)

Policy Change Required: None currently known.

ACTION PLAN

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|---|---------------|---------------------------------------|--|---|
| Develop calendar and plan for distributing and promoting self-screening tools | Spring 2017 | Brochures Media contacts | Kristie Scheel, Suicide Prevention Network + WMSPI | Distribution plan |
| Distribute brochures | December 2018 | Staff or volunteer time to distribute | Kristie Scheel, Suicide Prevention Network + WMSPI | Increased personal and community conversation about suicide and mental health |

| ALIGNMENT WITH STATE/NATIONAL PRIORITIES | | | |
|---|---|---|---|
| Strategy | State Plan to Improve the Health of Montanans, June 2013 | Healthy People 2020 | National Prevention Strategy |
| 1 | Section E: Improve mental health and reduce substance abuse | MHMD 1 – Reduce the suicide rate MHMD 11 – Increase depression screening by primary care providers for youth and adults MHMD 9 – Increase proportion of adults with mental health disorders who receive treatment ECBP 7 (developmental) – Increase proportion of college students who receive information from their institution on priority health risk behavior areas (including suicide) | National Prevention Strategy on Mental & Emotional Well-Being |
| 2 | Same as above | MHMD 1 – Reduce the suicide rate MHMD 11 – Increase depression screening by primary care providers for youth and adults MHMD 9 – Increase proportion of adults with mental health disorders who receive treatment ECBP 7 (developmental) – Increase proportion of college students who receive information from their institution on priority health risk behavior areas (including suicide) | National Prevention Strategy on Mental & Emotional Well-Being |
| 3 | Same as above | MHMD 1 – Reduce the suicide rate MHMD 11 – Increase depression screening by primary care providers for youth and adults MHMD 9 – Increase proportion of adults with mental health disorders who receive treatment | National Prevention Strategy on Mental & Emotional Well-Being |

| DESCRIBE PLANS FOR SUSTAINING ACTION |
|--|
| Group contact (meeting, emails, or phone conference) 2 times per year to assess progress. Plan yearly meetings with WMSPI to coordinate training collaboration, build future collaboration potential, and assess needs. |

Focus Area: Improve Access to Dental Care

GOAL: Expand dental hygiene services to targeted populations who experience barriers to dental care.

In the process of compiling the 2014 *Missoula County Community Health Assessment* (CHA), access to dental services was identified as an area of concern. Missoula County residents, like Montana residents, access dental care at lower rates (61%) than the US as a whole (67%), and the Partnership Health Center dental clinic has a long wait list and a growing number of patients every year. The CHA also called out that Missoula is a dental shortage area (with a score of 26, on a ranking scale in which 25 indicates the highest need).

Through the CHA and CHIP process, specific groups were identified with barriers to dental care:

- Older adults and people living with a disability in long-term care facilities (LTCs)
- Urban Indians
- Young children, especially those in low-income families

All strategies and activities in this section address issues in [A National Call to Action to Promote Oral Health, USDHHS, National Institute of Dental and Craniofacial Research, 2003](#).

| PERFORMANCE MEASURES | | |
|--|---|------------------|
| How We Will Know We are Making a Difference | | |
| Short Term Indicators | Source | Frequency |
| Long-term care facilities who adopt one of the options for ensuring or providing dental care for residents | Survey | Annually |
| Missoula Urban Indian Health Center clients who access dental care | Missoula Urban Indian Health Center client data | Annually |
| Head Start children receiving dental hygiene services at school | DHA | Annually |
| Elementary school children receiving dental services at school | PHC | Annually |
| Long Term Indicators | Source | Frequency |
| Adults who access dental services | BRFSS | Every other year |

Strategy #1: Assure provision of dental hygiene services to older and disabled adults in long term care facilities.

Background

In Montana, dental hygienists with a Limited Access Permit (LAP) are able to provide services in institutional settings and in homes for people who cannot get to a traditional dental office. The need for services is especially great among older and disabled adults in long-term care facilities (LTCs). In 2014, the Dental Hygiene program at Great Falls College MSU conducted a survey of 83 LTC facilities in Montana. Among the findings:

- 55.6% of the LTC facilities had a written dental care plan; only 11.1% of those had a dental professional

assist them in creating the plan

- 90% of respondents reported that dental treatment is rarely or never performed within the facility
- 80% do not routinely offer a dental screening by dental professionals for new admissions

In the Missoula area, LAP dental hygienists are currently working in some LTCs and have identified this population as greatly in need of dental services. Anecdotally they report that even basic daily oral care is neglected for many residents. Neglect of oral health has obvious impacts on residents' teeth and dentures, but also affects nutrition, pain status, and even chances of developing pneumonia.

Source: Journal of the American Medical Directors Association. [The Importance of Oral Health in Long Term Care](#). 2009; and [Oral Health America Tooth Wisdom](#).

Evidence Base: [The Federal Nursing Home Reform Act of 1987](#)

American Dental Association Center for Evidence Based Dentistry. [Oral Health Care in Older People in Long Term Care Facilities: A Systematic Review of Implementation Strategies](#). 2013.

Policy Change Required: None currently known; may require policy change within organizations to allow training of staff or to hire dental hygienists.

ACTION PLAN

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|---|-------------------------------|---|--|--|
| Small-scale community education campaign <ul style="list-style-type: none"> • Newspaper articles • Social media postings on CHIP member accounts • Through Missoula Aging Services publications system | June 2016 | Missoula Aging Services + dental hygienist time | Jordan Lyons, Missoula Aging Services Heidi Halverson, Dental Hygienists Assn. | Increased public knowledge of issue's importance as foundation for work in LTCs |
| Education campaign targeting older adults or the disabled who are not in LTC – create and distribute materials <ul style="list-style-type: none"> • Create or adapt materials • Target points for distribution • Distribute materials | September 2016 | Missoula Aging Services + dental hygienist time | Jordan Lyons, Missoula Aging Services Heidi Halverson, Dental Hygienists Assn. | New materials for distribution + increased public knowledge of issue's importance as foundation for work in LTCs |
| Campaign to create systems of oral health care in LTC <ul style="list-style-type: none"> • Letter signed by CHIP group sent to all LTCs • Packet of information on why and how to provide high quality dental program in LTCs • Meetings with LTC managers to distribute packets and provide support | June 2016 | Missoula Aging Services + dental hygienist time CHIP work group time for creation and review or packet | Heidi Halverson, Dental Hygienists Assn. Mary Dalton, Missoula Aging Services LTC Ombudsman Jordan Lyons, Missoula Aging Services, Resource Specialist | LTC facilities adopting and following through on plans for dental care for residents |
| Follow-up on dental care <ul style="list-style-type: none"> • Contact all LTCs to determine status of | Annually in June – 2016, 2017 | Missoula Aging Services + dental hygienist | Heidi Halverson, Dental Hygienists | LTC facilities adopting and following through on plans for dental care for residents |

| | | | | |
|--|--------|--|---|--|
| dental care program <ul style="list-style-type: none"> Identify ways to expand program to non-participating LTCs | & 2018 | time Meeting time for CHIP work group | Assn. Mary Dalton, Missoula Aging Services LTC Ombudsman Jordan Lyons, Missoula Aging Services, Resource Specialist | |
|--|--------|--|---|--|

Strategy #2: Link targeted populations without dental insurance to affordable dental services.

Background

Based on our Dental Shortage area designation, it is clear that there are many populations in Missoula County who lack dental insurance and access to affordable dental services. In this CHIP process we focus on two with particular needs and barriers: older adults and urban Native Americans. Older adults seldom have dental insurance because it is not included in Medicare, and dental care is too expensive for most fixed incomes. Urban Native Americans in Missoula are mostly without any form of health care coverage; the Missoula Urban Indian Health Center database shows that roughly 92% of their clients carry no health insurance at all. Native Americans are exempt from ACA requirements to carry health insurance. And even for those who do get health insurance through ACA, the extra cost of dental insurance makes people unlikely to have dental coverage.

Partnership Health Center (PHC) provides health services on a sliding fee scale, including dental services. PHC accepts all insurances, Medicaid, Medicare, Healthy Montana Kids, and other forms of coverage. Despite high need, local agencies report finding their clients resistant to using PHC's dental services. This is true for our target populations, older adults and urban American Indians, as reported by Missoula Aging Services and the Missoula Urban Indian Health Center.

Other forms of financial help available for dental care are extremely limited. The Donated Dental Services program, overseen by Dental Lifeline, requires filling out a detailed form and a long wait before receiving any services. Generally it is easier to receive approval for services if the dental needs have already been diagnosed by a dental professional. (Missoula Aging Services currently refers clients to this program, but Missoula Urban Indian Health Center does not.) Medicaid also offers dental coverage, and Montana's Medicaid expansion means there is an opportunity to create access to dental care for Medicaid-eligible residents. However, even with Medicaid older adults find it difficult to find a dental provider because of its low reimbursement rates. Many dentists do not accept Medicaid, and even more limit the number of Medicaid patients they see.

Source: [American Dental Association Advocacy for Coverage and Benefits](#)

Evidence Base: ["The Effects of the Affordable Care Act's Expanded Coverage Policy on Access to Dental Care." Medical Care, the Official Journal of the Medical Care Section. American Public Health Association. August 2014.](#)

Policy Change Required: None currently known. Policy change may be required in organizations to expedite the process of determining fees and access at PHC.

ACTION PLAN

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|--|--|------------------------------------|--|---|
| Decrease barriers to Missoula Urban Indian Health Center (MUIHC) clients using PHC dental services <ul style="list-style-type: none"> Brainstorm and plan with | September 2016 June annual review – | MUIHC staff time PHC staff time | Starlite Night Gun, MUIHC Kim Mansch, PHC | Increased access to necessary dental services for MUIHC clients |

| | | | | |
|--|--|--|--|---|
| PHC reps <ul style="list-style-type: none"> • Create stronger referral system at MUIHC based on planning • Yearly reviews to identify client numbers who have accessed PHC dental services | 2017 & 2018 | | | |
| Decrease barriers to Missoula Aging Services clients using PHC dental services <ul style="list-style-type: none"> • Brainstorm and plan with PHC reps • Create stronger referral system at Aging Services based on planning • Yearly reviews to identify client numbers who have accessed PHC dental services | September 2016 June annual review – 2017 & 2018 | Missoula Aging Services staff time PHC staff time | Jordan Lyons, Missoula Aging Services Kim Mansch, PHC | Increased access to necessary dental services for Missoula Aging Services clients |
| Use Donated Dental Services referrals at (MUIHC) <ul style="list-style-type: none"> • Annual count of referrals • Annual count of referrals that led to services | June annual review – 2016, 2017 & 2018 | Donated Dental Services Health Form MUIHC training in completing form and using program | Starlite Night Gun, MUIHC | Increased access to necessary dental services for some MUIHC clients |
| If appropriate, collaborate with Access to Health Care Coverage section of CHIP work plan to enroll residents in expanded Medicaid program | See Access to Health Care Coverage work plan | As requested | Robin Nielson-Cerquone, MCCHD, will function as the liaison if there is any occasion for overlap | Increased Medicaid enrollment will lead to more people accessing dental care because they have coverage |

Strategy #3: Provide dental hygiene services at targeted events for people without dental coverage.

Background
 Based on our Dental Shortage area designation, it is clear that there are many populations in Missoula County who lack dental insurance and access to affordable dental services. Our specific target populations are older adults and urban Native Americans, but social service providers and other Missoula County agencies have regular events to provide services to those in need of them. Examples include the Back to School Bash (lower income families with school-age children), Project Homeless Connect, and various health and wellness fairs. Limited Access Permit dental hygienists are already volunteering their time to provide services for some of these events. The Dental Hygienists Association would like to expand dental care and knowledge of their services through such events.

Source & Evidence Base: Montana Senate Bill 90, passed in 2003, allows Limited Access Permit dental hygienists to provide preventive services and education, with the goal of better reaching underserved populations. For information see the [Montana Dental Hygienists Association web page](#).

Policy Change Required: None.

| ACTION PLAN | | | | |
|---|--|---|---|--|
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Provide dental hygiene services to underserved populations at appropriate events <ul style="list-style-type: none"> Count number of events and number of people served | December annual review – 2016, 2017 & 2018 | Dental hygienists' time Some donated or purchased supplies, including fluoride, sealants, and sealant lights | Heidi Halverson, Dental Hygienists Association Kim Mansch, PHC (and Head Start board member) | Increased access to dental hygiene services in underserved populations |

Strategy #4: Target education and dental hygiene services to Head Start children.

Background
 Head Start programs offer family services and preschool at no cost for families that are low income, receive TANF or SSI benefits, or are homeless, and for some children with disabilities. Head Start children are enrolled in Health Montana Kids as part of program requirements, which means they have dental coverage. However, the reality is that families often skip the preventative check-ups and cleanings for the same reason most other people do (inconvenient, can't leave work, don't like going to dentists). Preschool is this is an especially formative time for children and their families to establish dental hygiene habits that can prevent dental problems later in life, when access to dental care may be more difficult. Dental hygiene services and education could be provided at the school, providing needed education and also referrals for dental care as needed.

Source: American Dental Association [Babies and Kids recommendations for dental care.](#)

Evidence Base: Promising Practice: [Early & Periodic Screening, Diagnosis & Treatment](#), developed by the Iowa Department of Public Health, which involves dental hygienists screening, providing fluoride applications, educating, and making referrals for young children in school settings. [Study in New York state about educating parents on dental caries](#), published in the Journal of the American Dental Association, April 2015.

Policy Change Required: None currently known.

| ACTION PLAN | | | | |
|--|--|---|--|---|
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Preliminary meetings and planning with Missoula Head Start | January 2016 | Dental hygienist time Introductory letter from CHIP group Head Start time | Heidi Halverson, Dental Hygienists Association | Mutual understanding and mutually beneficial plan established |
| Regular visits for education and services for Head Start children <ul style="list-style-type: none"> Track number of visits and number of children receiving services | Schedule of visits TBD December 2016, 2017 & 2018 annual review of progress | Dental hygienist time Space at Head Start | Heidi Halverson, Dental Hygienists Association | Regular dental hygiene services for Head Start children, increased home dental hygiene in Head Start families |

| | | | | |
|---|---------------|---|---|--|
| Childhood caries education for MCCHD Maternal Child Health home visitors, WIC staff, and Head Start staff and parents about dental caries | December 2016 | Dental Hygienist time Training time at targeted agencies | Heidi Halverson, Dental Hygienists Association | Increase teacher and parent understanding of importance and method of preventing dental caries |
| Assess possibility of expanding childhood caries education to other childcares, preschools, and elementary schools | June 2017 | Dental Hygienist time Training time at targeted agencies | Heidi Halverson, Dental Hygienists Association | Increase teacher and parent understanding of importance and method of preventing dental caries |

| ALIGNMENT WITH STATE/NATIONAL PRIORITIES | | | |
|---|---|--|--|
| Strategy | State Plan to Improve the Health of Montanans, June 2013 | Healthy People 2020 | National Prevention Strategy |
| 1 | | OH 7 – Increase proportion of population who use oral health care services | Clinical and Community Preventive Services |
| 2 | | Same as above | Same as above |
| 3 | | OH 7 – Increase proportion of population who use oral health care services OH 8 – Increase proportion of low income children and adolescents who received any preventive dental service during the past year OH 12 – Increase proportion of children and adolescents who have received dental sealants on their molars | Same as above |
| 4 | | OH 8 – Increase proportion of low income children and adolescents who received any preventive dental service during the past year OH 12 – Increase proportion of children and adolescents who have received dental sealants on their molars | Same as above |

| PLANS FOR SUSTAINING ACTION |
|---|
| Meet 2-4 times per year to assess progress and adapt work plan. |

Focus Area: Remove Barriers for Groups Experiencing Health Disparities

GOAL: Increase the capacity of health care and service providers in providing care in a culturally competent manner that addresses health disparities. Our assumption is that supportive and appropriate care will remove barriers and encourage populations who experience health disparities to maintain a specific source of ongoing care.

The concept of “access to health care services” has multiple layers. At its most basic, access is about making sure people have the ability to connect with care providers. The previous priority areas address this need through health care coverage and enhancing systems to link people with resources.

Providing full access to health care also requires the health care system to provide services that meet the needs of individuals and groups in a way that is effective. Culturally competent services increase effectiveness, especially for minorities, people in high risk groups, and other groups that experience health inequities. The strategies for this priority area address this layer of access to health care.

A Note about the Data

In 2011 Montana collected baseline ACE data through the Behavioral Risk Factor Surveillance Survey ([Montana BRFSS: ACE Reporting Among Montana Adults](#)). This would be the best long term indicator for the ACEs and Stewards of Children training. Unfortunately, there are no plans to collect Montana ACE data in the future.

Another potential source of data on ACEs is through Child Trends, an organization that produces a [report on state-level prevalence of ACEs](#). The Child Trends data comes from the [National Survey of Children’s Health](#). The most recent report uses data from 2011/2012. The organization collects data every five years. It is not clear if the ACEs data will continue to be collected in the future.

| PERFORMANCE MEASURES | | |
|---|---|---|
| How We Will Know We are Making a Difference | | |
| Short Term Indicators | Source | Frequency |
| # of providers who receive IN•cluded training | Group members | Annually in years 2 and 3 |
| # and % of CHIP agencies who have provided ACEs and Stewards of Children training for staff | Group members | Annually |
| # and % of other agencies who have provided ACEs and Stewards of Children training for staff | Group members | Annually |
| Long Term Indicators | Source | Frequency |
| For ACEs & Stewards of Children trainings: <ul style="list-style-type: none"> • % of Montana children with two or more ACEs • Montana rankings for specific ACE categories For IN•cluded training: <ul style="list-style-type: none"> • Evaluation metrics TBD by Peer Education Institute | Child Trends and National Survey of Children’s Health | Every 5 years (at most); next collection in 2016/2017 |

Strategy #1: IN•clued training program to increase capacity of health care providers in working with LGBTQ youth patients.

Background

IN•clued: Inclusive Healthcare—Youth and Providers Empowered is an innovative approach designed specifically for LGBTQ youth to reduce pregnancies and sexually transmitted infections. This project will reach approximately 1,800 youth and 150 healthcare professionals in 12 communities, including Missoula, over five years. IN•clued is delivered by trained peer educators and includes two components: (1) a three-hour workshop for health care staff and providers that addresses best practices for working with LGBTQ youth, as well as hands-on practice in mock teen-patient interviews; and 2) a 3-hour interactive workshop for LGBTQ youth that includes education related to sexual risk prevention and healthy relationships, and information about how to access sexual health services. The evaluation will assess receipt of reproductive health services and use of birth control.

Source: See Appendix B for a description of the program. See a [description of the grant award](#) from the Office of Adolescent Health for Planned Parenthood of the Great Northwest.

Evidence Base: Identified by the Peer Education Institute as an evidenced-based promising practice using the Ohio Department of Job and Family Services guidelines (see program description in **Appendix B**).

Policy Change Required: None known at this time; agencies may require policy changes to implement aspects of the training.

ACTION PLAN

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|--|-------------|--|--|---|
| Assessment of gaps and curriculum development | June 2016 | Facilitator time Program development group Focus groups | Christopher Coburn, Planned Parenthood | 1) Development of innovative, inclusive and accessible training |
| IN•clued training to health care providers at 2 health centers | May 2018 | Facilitator time Peer educator time Willingness of health centers to prioritize provider time to attend training | Christopher Coburn, Planned Parenthood | 1) Two health centers trained in IN•clued 2) Increased access to care for LGBTQ youth 3) Increased awareness of providers about the needs of LGBTQ youth 4) Elevated education among LGBTQ youth surrounding healthy sexuality |

| Strategy #2: Provide ACEs training to health care and service providers. | | | | |
|--|--------------------|--|---|--|
| Background The Adverse Childhood Experiences (ACE) study involved more than 17,000 HMO members in the mid-1990s. Connection between ACEs and health problems, including cancer and heart disease, is very strong. The goal of this strategy is to help health care and service providers understand the connections between childhood trauma and major health problems later in life, with the assumption that education will lead to efforts for prevention and early intervention. | | | | |
| Source: CDC Injury Prevention & Control: Division of Violence Prevention website describes ACEs research. ACE Interface Training Program website describes the training program. The state of Montana has adopted ACE Interface training program through the ChildWise Institute. | | | | |
| Evidence Base: The Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Deaths in Adults. American Journal of Preventive Medicine . May 1998. | | | | |
| Policy Change Required: None known at this time; agencies may require policy changes to implement aspects of the training. | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| ACE trainings | December 2018 | Trainer time Agencies willingness and time for training | Anna Semple, Forum for Children & Youth | 1) 75 trainings (25 per year) 2) Increased community awareness and understanding of ACEs and increased interventions based on that knowledge. |

| Strategy #3: Provide Stewards of Children training for health care and service providers. | | | | |
|---|--------------------|--|--|--|
| Background Sexual abuse of children has life-long effects on mental and physical health. The goal of this strategy is to help health care and service providers better understand and prevent child sexual abuse. | | | | |
| Source: Darkness to Light developed the Stewards of Children prevention training program . | | | | |
| Evidence Base: Stewards of Children is a promising practice based on evidence from seven evaluation studies . | | | | |
| Policy Change Required: None known at this time; agencies may require policy changes to implement aspects of the training. | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Stewards of Children training | December 2018 | Trainer time Agencies willingness and time for training | Kate Siegrist, MCCHD and Missoula Child Sexual Abuse Prevention Team | 1) 36 trainings (12 per year) 2) Increased community awareness and understanding of issues and prevention of child sexual abuse. 3) Increased provider recognition of signs of child sexual abuse and tools for intervention and prevention. |

| ALIGNMENT WITH STATE/NATIONAL PRIORITIES | | | |
|---|--|---|---|
| Strategy | State Plan to Improve the Health of Montanans, June 2013 | Healthy People 2020 | National Prevention Strategy |
| 1 | AHS-5: Increase the proportion of persons who have a specific source of ongoing care | Educational & Community Based Programs Many measures address education of health care providers on issues including cultural diversity and health promotion. | |
| 2 | | Same as above. | National Prevention Strategy on Mental & Emotional Well-Being |
| 3 | | Same as above. | Same as above |

| DESCRIBE PLANS FOR SUSTAINING ACTION |
|--|
| Meet 2-4 times per year to update plan and revise as needed. |

Missoula County CHIP Work Plan

Obesity

Focus Area: Obesity in Children

GOAL: Reduce childhood obesity in Missoula County by 10%, from 13% to 11.7%.

| PERFORMANCE MEASURES | | |
|---|---|-----------|
| How We Will Know We are Making a Difference | | |
| Short Term Indicators | Source | Frequency |
| Number of interventions to improve physical activity and nutrition in the school and child care setting. | Let's Move! Missoula | Yearly |
| General awareness and education regarding the use of resources in the community that can improve nutrition and weight status. | CHIP Obesity Team | Yearly |
| Long Term Indicators | Source | Frequency |
| Childhood obesity rates | Let's Move! Missoula, 3 rd , 7 th and 10 th grade Body Mass Index data | Yearly |

Strategy #1: Improve infrastructure

Background: Improvements in infrastructure can make a dramatic impact on nutrition weight status of the members of the Missoula County communities. This strategy addresses policy and interventions in schools and child cares, access to healthy built environments, and increasing community and home gardens.

Source: [Healthy People 2020. Nutrition and Weight Status.](#)

Evidence Base: Chriqui et al. School District Wellness Policies: Evaluating Progress and Potential for Improving Children's Health Five Years after the Federal Mandate: School Years 2006-2007 Through 2010-2011. Bridging the Gap Program, Health Policy Center, Institute for Health Research and Policy, 2013.

Healthy Hunger-Free Kids Act of 2010, Public Law 111-296, 111th Cong, 2010, 124 Stat 3183, Sec 204. http://www.fns.usda.gov/cnd/Governance/Legislation/CNR_2010.htm. Accessed September 15, 2014.

Institute of Medicine, [Allensworth D. Schools & Health: Our Nation's Investment.](#) Washington, DC: National Academy Press: 1997.

Policy Change Required: By June 2018, all Missoula County schools will have School Wellness policies in place that support quality nutrition and 60 minutes of daily physical activity.

| ACTION PLAN | | | | |
|---|--------------------|--|---|---|
| Objective 1: By June 2018, all Missoula County schools will have School Wellness policies in place that support quality nutrition and 60 minutes of daily physical activity | | | | |
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Work with the Graduation Matters Missoula Student Wellness Council Nutrition and Physical Activity Groups | June 2018 | Staff time, meeting supplies, presentation materials | Let's Move! Missoula | Support for School Wellness Councils as they develop, lobby, and present physical activity and nutrition policy to their local school boards. |
| Review Missoula County School Wellness Policy | June 2018 | Staff time, office supplies | Let's Move! Missoula | School boards, students, and school staff will have education on rationale for altering competitive foods environment and increasing physical activity opportunities in their School Wellness Policy. |
| Identify School Wellness Councils in Missoula County Schools | June 2018 | Staff time, office supplies | Let's Move! Missoula | Criteria for the formation or revitalization of School Wellness Councils. |
| Objective 2: By June 2018, increase access to the healthy built environment by: <ul style="list-style-type: none"> • Increase in the number of children who have access to parks or open space within a half mile of their residence within incorporated city limits to 100% • Increase improved equipment/facilities and all abilities equipment/facilities at 11 neighborhood locations. | | | | |
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Continue to prioritize projects that improve transportation safety and access to schools and parks safe | June 2018 | Staff time, funding | Missoula Parks and Recreation; Missoula Development Services; Missoula Public Works | Improved transportation facilities that provide access to schools and parks |
| Continue to follow adopted national and local best practices and guidelines for parks, trails, and complete streets | June 2018 | Staff time, funding, advocacy | Missoula Parks and Recreation, Missoula Development Services; Missoula Public Works | Improved parks, trails, and complete streets |
| Continue to seek funding including grants | June 2018 | Staff time | Missoula Parks and Recreation, Missoula Metropolitan Planning Organization | Improved funding opportunities that would contribute to improved healthy built environment |
| Increase visibility of resources | June 2018 | Staff time, funding | Missoula Parks and Recreation | Improved public knowledge about resources available |
| Increase messages promoting safe outdoor play for children | June 2018 | Staff time, funding | Missoula parks and recreation, Let's Move! Missoula | Improved public knowledge about safe outdoor play for children |

| | | | | |
|--|--------------------|-------------------------------|----------------------------------|--|
| Increase community awareness of need for all-abilities playgrounds and school playgrounds | June 2018 | Staff time, funding, advocacy | Missoula Parks and Recreation | Improved awareness of the need for all-access playgrounds |
| Objective 3: By June 2018, increase community and home gardens for nutrition and sustainability by 2 per year | | | | |
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Collaborate with City of Missoula, Garden City Harvest, County Extension Office, and 1000 New Gardens to promote and increase awareness of the benefits of gardens | June 2018 | Staff time, funding | Missoula Food Bank Network | Increased awareness of the health benefits of gardens |
| Promote awareness of resources available through MUD | June 2018 | Staff time, funding | Missoula Food Bank Network | Increase public awareness of the resources available through MUD |

Strategy #2: Improve communication through health care providers

Background
Working with health care providers is a strategy used to get health information to the public from a source that they trust.

Source: [AAP Paper on Role of Pediatrician in Childhood Obesity Prevention](#)
5,2,1,0 Strategy: <http://5210.healthymilitarychildren.psu.edu/>

Evidence Base: C. Homer & L. Simpson, Health Affairs, March 2007. [Childhood Obesity: What's Health Care Policy Got To Do With It?](#)
The Role of Health Care Providers in the Prevention of Overweight and Type 2 Diabetes in Children and Adolescents: <http://spectrum.diabetesjournals.org/content/18/4/240.long>
Expanding the Role of Primary Care in the Prevention and Treatment of Childhood Obesity: A Review of Clinic- and Community-Based Recommendations and Interventions: <http://www.hindawi.com/journals/job/2013/172035/>
AAP Paper on Role of Pediatrician in Childhood Obesity Prevention: <http://pediatrics.aappublications.org/content/early/2015/06/23/peds.2015-1558.full.pdf+html>

Policy Change Required:
Health Care providers will prescribe in the electronic medical records prescription trails to children who meet the following health criteria:
 Childhood overweight = BMI at or above the 85th percentile for children of the same age and sex
 Childhood obesity = BMI at or above the 95th percentile for children of the same age and sex
 Severe childhood obesity = BMI greater than 120% of 95th percentile for children of the same age and sex
Missoula physicians will address healthy weight at each well-check.

Objective 1: Provide education about 5-2-1-0 to 90% of family and pediatric health care providers in Missoula County.

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|--|-------------|-----------------------------|-------------------------------|---|
| Use established model from AAP to develop educational packet about 5-2-1-0 | June 2018 | Office supplies, staff time | MCCHD Obesity Prevention Team | Educational packets for health care providers |

| Continue to seek funding | June 2018 | Staff time | MCCHD Obesity Prevention Team | Submission of applications for funding |
|---|-------------|-------------------------------|-------------------------------|--|
| Make posters about 5-2-1-0 available to health care providers | June 2018 | Staff time, supplies, funding | MCCHD Obesity Prevention Team | Posters to increase awareness of the 5-2-1-0 model |
| Objective 2: Provide education about prescription trails to 90% of family and pediatric health care providers in Missoula County | | | | |
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Give presentations on the benefits and logistics of prescription trails | June 2018 | Office supplies, staff time | MCCHD Obesity Prevention Team | Health care providers prescribe RX trails to patients. |
| Provide tools to health care providers (pedometers, maps, etc.) | June 2018 | Staff time, supplies, funding | MCCHD Obesity Prevention Team | RX tool for health care providers |
| St. Patrick Hospital, Community Medical Center, Partnership Health Center, and Missoula City-County Health Department to increase use of prescription trails. | June 2018 | Staff time, supplies, funding | MCCHD Obesity Prevention Team | Increased use and awareness of prescription trails by the general population |
| Objective 3: Increase the number of dedicated prescription trails by one additional trail system | | | | |
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Continue to work with Missoula Parks and Recreation and healthcare providers while following national guidelines for prescription trails. | June 2018 | staff time | MCCHD Obesity Prevention Team | One additional prescription trail |

| Strategy #3: Improve nutrition | | | | |
|---|-------------|--------------------|--------------------------|-------------------------------|
| Background | | | | |
| Along with physical activity, proper nutrition and access to healthy foods can contribute to healthy weight status. | | | | |
| Source: Healthy People 2020. Nutrition and Weight Status. http://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status ; http://www.cnp.usda.gov/DietaryGuidelines . http://www.cdc.gov/healthyschools/obesity/facts.htm http://frac.org/initiatives/hunger-and-obesity/what-factors-contribute-to-overweight-and-obesity/ | | | | |
| Evidence Base: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2872299/ http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm | | | | |
| Policy Change Required: Nutrition education lesson plans in all grade levels; policy regarding healthy snacks offered during the school day; policy regarding healthy fundraising, policy regarding non-food classroom rewards. | | | | |
| Objective 1: Increase participation in summer feeding programs by 50 children throughout Missoula County | | | | |
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Expand number of feeding sites | June 2018 | Funding, staff | Missoula Food Bank | More feeding sites |

| | | | | |
|--|--------------------|---------------------------|--|---|
| Continue to promote programs in local neighborhoods | June 2018 | Funding, staff time | All CHIP Obesity organization | Increased public knowledge of summer feeding program |
| Continue to seek funding opportunities | June 2018 | Staff time | Missoula Food Bank | Applications for funding |
| Work with MCPS nutrition staff to assess menu options | June 2018 | Staff | Missoula County Obesity prevention team | Improved understanding of menu options |
| Objective 2: Increase Go-Slow-Whoa menu labeling to 50% of rural CATCH schools in Missoula County. | | | | |
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Educate school service staff on Go-Slow-Whoa terminology | June 2018 | Staff time | CATCH | Increased understanding of CATCH terminology by school staff |
| Recruit a RD to the CATCH team to assist | June 2018 | Funding, staff time | CATCH | Improved strengths of the CATCH team to implement program |
| Objective 3: Increase fruit and vegetable consumption in Missoula County children by 5%. | | | | |
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Assess nutrition education within classroom lesson plans that are built into all subject areas in MCPS schools | June 2018 | Staff time | EFNEP | Increased understanding of existing nutrition education in MCPS schools |
| Increase outreach to families to provide education about the health benefits of nutrition | June 2018 | staff time | EFNEP, MCCHD Nutrition services | Improved awareness of the health benefits of nutrition |
| Promote Real Meals or other cooking classes for low-income families | June 2018 | staff time | EFNEP, MCCHD Nutrition services | Improved education of low-income families on nutritious cooking |
| Promote and advocate for double SNAP dollars program | June 2018 | staff time | EFNEP, MCCHD Nutrition services | Improved SNAP program |
| Promote and advocate for Farmers Market coupons in WIC | June 2018 | staff time | EFNEP, MCCHD Nutrition services | Improved access to fresh fruits and vegetables for WIC participants |
| Explore feasibility of Chefs in Schools model | June 2018 | Staff time | MCCHD Nutrition Services, Missoula Food Bank | Improved understanding of the feasibility of the Chef's in Schools model |
| Explore feasibility of Missoula Food Bank Community Shared Agriculture | June 2018 | Staff time | Missoula Food Bank | Improved understanding of the feasibility of the Community Shared Agriculture program |
| Promote fruit and vegetable snack program in schools | June 2018 | Staff time | EFNEP | Improved access to fruits and vegetables |
| Promote and advocate for Farm to School | June 2018 | Staff time | Missoula Food Bank, EFNEP, | Improved access to fruits and vegetables in schools |

| Objective 4: Increase the number of child care providers in Missoula County who attend nutrition education training by 3 per year. | | | | | |
|---|--------------------|---------------------------|---|---|---|
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result | Progress Notes |
| Assess nutrition education licensing standards for child care providers | June 2018 | Staff time | MCCHD Let's Move! Missoula and Eat Smart Missoula | Increased understanding of existing nutrition education standards for childcare providers | |
| Promote and advocate continuing education in nutrition for child care providers | June 2018 | staff time | MCCHD Let's Move! Missoula and Eat Smart Missoula | Improved awareness of the health benefits of nutrition in the child care setting | Health Department staff perform a minimum of 1 Child Care Provider Training |

| Strategy #4: Increase physical activity |
|--|
| <p>Background Along with nutrition, regular physical activity is necessary for health weight.</p> <p>Source: Healthy People 2020. Nutrition and Weight Status. http://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status; http://www.cnpp.usda.gov/DietaryGuidelines. http://www.cdc.gov/healthyschools/obesity/facts.htm http://frac.org/initiatives/hunger-and-obesity/what-factors-contribute-to-overweight-and-obesity/</p> <p>Evidence Base: Thow AM, Xuereb G, Randby S. Childhood obesity prevention: The importance of surveillance, multisectoral collaboration and reducing social inequalities. Geneva, World Health Organization, 2009. Thow AM, Xuereb G, Randby S. Population-based prevention strategies for childhood obesity .Geneva, World Health Organization, 2009. 2008 – 2014, Missoula City-County Health Department (MCCHD) and Let's Move! Missoula (LM!M) have tracked the overweight and obesity Body Mass Index (BMI) rates of 3rd graders in Missoula County. The BMI data has shown that in the past six years 28% of Missoula 3rd graders are overweight and 12% are obese. US Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans. Washington, DC: US Department of Health and Human Services; 2008. Centers for Disease Control and Prevention. The association between school based physical activity including physical education, and academic performance. Atlanta, GA; US Department of Health and Human Services, July 2010.</p> <p>Policy Change Required: School Board Health and Wellness Policy changes include; 1) Student Body Mass Index will be annually collected in 3rd grade, 7th and 10th grades. 2) Physical activity is regularly incorporated (10 minutes of PA every hour) into other subject areas (such as math, language arts, science and social studies) throughout the school day, but not used as a substitute for PE class. Teachers and other school staff will not prohibit or deny student to participate in recess or other PA as a consequence for inappropriate behavior or academic performance; nor will they cancel recess or other PA of instructional make-up time.</p> |

| Objective 1: Increase the percentage of K-12 students who have access to 60 minutes of moderate to vigorous physical activity during the school day including before and after school to 50% of Missoula County school children. | | | | |
|---|--------------------|-----------------------------------|---|--|
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Implement before-school run clubs at 2- 3 elementary schools | June 2018 | Funding, staff | Let's Move! Missoula | Before-school physical activity opportunity |
| Implement Take 10 in all Missoula County Schools | June 2018 | Funding, staff time | Let's Move! Missoula | Increased physical activity opportunity during the school day |
| Implement zero hour physical activities in 2 to 3 elementary schools and 1 middle school | June 2018 | Staff time, funding, partnerships | Let's Move! Missoula | Before-school physical activity opportunity |
| Implement Sqord in 9 elementary schools with 5th grade students | June 2018 | Staff time, funding, partnerships | Let's Move! Missoula | Increased physical activity levels |
| Increase active recess in elementary schools | June 2018 | Staff time, funding, partnerships | Let's Move! Missoula | Increased physical activity opportunity during the school day |
| Implement after school intramural sports in middle schools | June 2018 | Staff time, funding, partnerships | Let's Move! Missoula, Missoula Parks and Recreation | After-school physical activity opportunity |
| Implement brain breaks for middle and high school classrooms | June 2018 | Staff time, funding, partnerships | Let's Move! Missoula | Increased physical activity opportunity during the school day |
| Train K-8 PE teachers on the CATCH model and adaptive PE lessons | June 2018 | Staff time | CATCH | Improved PE classes for physical activity |
| Train K-8 Classroom teachers on the CATCH model | June 2018 | Staff time | CATCH | Increased awareness of physical activity opportunities during the school day |
| Increase awareness of the Parks and Rec all abilities after school sports program | June 2018 | Staff time | Missoula Parks and Rec | Increased awareness of physical activity opportunities available through Parks and Rec |
| Increase use/distribution of the Physical Activities Kit available through the Missoula Urban Indian Health Center | June 2018 | Staff time, funding, partnerships | Missoula Urban Indian Health Center | Increased awareness of physical activity opportunities available |
| Increase awareness/participation of local, county, and state Special Olympics events | June 2018 | Staff time | All CHIP obesity team organizations | Increased awareness and participation in Special Olympics |
| Objective 2: Increase the number of childcares/preschools in Missoula County who attend physical education training by 3 per year | | | | |
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Continue CATCH training with partner organizations | June 2018 | Staff time | CATCH | Increased understanding of CATCH as applied to childcare |

| | | | | |
|--|--------------------|---------------------------|-------------------------------------|--|
| Outreach to additional preschool organizations for CATCH training | June 2018 | Funding, staff time | CATCH | Increased understanding of CATCH as applied to childcare |
| Let's Move! Child care training to child cares | June 2018 | Funding, staff time | Let's Move! Missoula | Increased understanding of physical activity benefits in child care settings |
| Continue to provide child care resources family group home physical activity trainings | June 2018 | Funding, staff time | Let's Move! Missoula | Increased understanding of physical activity benefits in child care settings |
| Objective 3: Increase outreach to families to provide education about the health benefits of physical activity by attending 3 events more than the previous year. | | | | |
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Unplug and Play | June 2018 | Staff time | All CHIP obesity team organizations | Increased awareness in the general public of resources available and importance of physical activity |
| Kids Fest | June 2018 | staff time | All CHIP obesity team organizations | Increased awareness in the general public of resources available and importance of physical activity |
| Sunday Streets | June 2018 | staff time | All CHIP obesity team organizations | Increased awareness in the general public of resources available and importance of physical activity |
| Healthy Kids day with YMCA | June 2018 | staff time | All CHIP obesity team organizations | Increased awareness in the general public of resources available and importance of physical activity |
| Missoula Urban Indian Health Center Health Fair | June 2018 | staff time | All CHIP obesity team organizations | Increased awareness in the general public of resources available and importance of physical activity |
| Chamber of Commerce Health Fair | June 2018 | Staff time | All CHIP obesity team organizations | Increased awareness in the general public of resources available and importance of physical activity |
| Special Olympics events – local, county, and state | June 2018 | Staff time | All CHIP obesity team organizations | Increased awareness in the general public of resources available and importance of physical activity |
| All-abilities "Bust a Gut" | June 2018 | Staff time | All CHIP obesity team organizations | Increased awareness in the general public of resources available and importance of physical activity |
| CATCH Health Fair | June 2018 | Staff time | All CHIP obesity team organizations | Increased awareness in the general public of resources available and importance of physical activity |

| Objective 4: Increase the number of child care providers in Missoula County who attend nutrition education training by 3 per year | | | | |
|--|--------------------|--|---|---|
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Assess nutrition education licensing standards for childcare providers | June 2018 | Staff time | MCCHD Let's Move! Missoula | Increased understanding of existing nutrition education standards for childcare providers |
| Promote and advocate continuing education in nutrition for childcare providers | June 2018 | staff time | MCCHD Let's Move! Missoula | Improved awareness of the health benefits of nutrition in the child care setting |
| ALIGNMENT WITH STATE/NATIONAL PRIORITIES | | | | |
| Strategy | State | Healthy People 2020 | National Prevention Strategy | |
| <i>Infrastructure</i> | | NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese. PA-15 (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities | -Encourage community design and development that supports physical activity. -Promote and strengthen school and early learning policies and programs that increase physical activity. - Facilitate access to safe, accessible, and affordable places for physical activity. | |
| <i>Health Care</i> | | NWS-6 Increase the proportion of physician office visits that include counseling or education related to nutrition or weight NWS-5 Increase the proportion of primary care physicians who regularly measure the body mass index of their patients PA-11 Increase the proportion of physician office visits that include counseling or education related to physical activity | Assess physical activity levels and provide education, counseling, and referrals. | |
| <i>Nutrition</i> | | NWS-17 Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older NWS-2 Increase the proportion of schools that offer nutritious foods and beverages outside of school meals NWS-1 Increase the number of States with nutrition standards | Healthy Eating: -Increase access to healthy and affordable foods in communities. -Implement organizational and programmatic nutrition standards and policies. -Improve nutritional quality of the food supply. -Help people recognize and make healthy food and | |

| | | | |
|--------------------------|--|---|--|
| | | for foods and beverages provided to preschool-aged children in child care | beverage choices. |
| <i>Physical Activity</i> | | <p>PA-4 Increase the proportion of the Nation's public and private schools that require daily physical education for all students</p> <p>PA-3 Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity</p> <p>PA-10 Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations)</p> | -Promote and strengthen school and early learning policies and programs that increase physical activity. |

PLANS FOR SUSTAINING ACTION

Let's Move! Missoula coordinator will work closely with the superintendents or principals and the school wellness councils in the Missoula County School districts to identify assessment tools to better understand the correlation of academic achievement, behavior outcome, and body mass index with student wellness. The goal is that increased physical activity and improved nutrition will also improve academic performance, decrease negative behaviors, and lower body mass indexes. The more significant goal is to standardize daily moderate to vigorous physical activity and quality nutrition into all Missoula County schools via school board policy with an implementation and enforcement plan. Past experience with planning, trying, evaluating, and then adopting school-wide practices has shown that policy and cultural shifts in the school environment are sustainable. The long-term surveillance of BMI in our schools began in 2005 and has been institutionalized and is set to expand this year. The resources needed up front have already been contributed by Let's Move! partners, including the curriculum materials for each school. In short, the supportive infrastructure is already in place.

Focus Area: Obesity in Adults

GOAL: Reduce adult obesity rates in Missoula County by 5%, from 20.1% to 19.1%.

| PERFORMANCE MEASURES | | |
|---|------------------------|-----------|
| How We Will Know We are Making a Difference | | |
| Short Term Indicators | Source | Frequency |
| Adults reporting little or no leisure time physical activity | BRFSS | Yearly |
| Adults reporting fruit and vegetable consumption in line with national recommendations. | BRFSS | Yearly |
| Long Term Indicators | Source | Frequency |
| Adult Obesity Rate | County Health Rankings | Yearly |

| Strategy #1: Improve infrastructure | | | | |
|--|-------------|---------------------|---|--|
| <p>Background Improvements in infrastructure can make a dramatic impact on nutrition weight status of the members of the Missoula County communities. This strategy addresses policy, access to healthy built environments, and increasing community and home gardens.</p> <p>Source: Healthy People 2020. Nutrition and Weight Status</p> <p>Evidence Base: Heath GW, Brownson RC, Kruger J, Miles R, Powell KE, Ramsey LT, Task Force on Community Preventive Services. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. J Phys Act Health [Internet]. 2006 Feb [cited 2013 Mar 21]; 3(Suppl 1):S55-76. Available from http://www.aapca3.org/resources/archival/060306/jpah.pdf</p> <p>Policy Change Required: None currently known.</p> | | | | |
| ACTION PLAN | | | | |
| <p>Objective 1: By June 2018, increase access to the healthy built environment by:</p> <ul style="list-style-type: none"> ▪ Providing 5 new sidewalk/trail/bicycle facilities per year ▪ Increasing the number of adults who have access to parks or open space within a half mile of their residence within incorporated city limits to 100% ▪ Increasing the number of benches and picnic tables in parks and along commuter and recreation trails by 5 per year | | | | |
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Continue to follow adopted national and local best practices and guidelines for parks, trails, and complete streets | June 2018 | Staff time, funding | Missoula Parks and Recreation; Missoula Development Services; Missoula Public Works | Improved parks, trails, and complete streets within the City of Missoula |

| | | | | |
|--|--------------------|-------------------------------|---|--|
| Continue to seek funding including grants | June 2018 | Staff time, funding, advocacy | Missoula Parks and Recreation; Missoula Metropolitan Planning Organization | Improved funding opportunities that would contribute to improved healthy built environment |
| Increasing visibility of resources | June 2018 | Staff time | Missoula Parks and Recreation | Improved public knowledge about resources available |
| Assess and improve upon all-access language in the Complete Streets Policies and design standards for the City of Missoula | June 2018 | Staff time, funding | Missoula Parks and Recreation; Missoula Development Services; Missoula Public Works | Improved complete streets policies |
| Objective 2: By June 2018, increase community and home gardens for nutrition and sustainability by 2 per year | | | | |
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Collaborate with City of Missoula, Garden City Harvest, County Extension Office, and 1000 New Gardens to promote and increase awareness of the benefits of gardens | June 2018 | Staff time, funding | Missoula Food Bank Network | Increased awareness of the health benefits of gardens |
| Promote awareness of resources available through MUD | June 2018 | Staff time, funding | Missoula Food Bank Network | Increase public awareness of the resources available through MUD |
| Objective 3: By June 2018, increase visibility of existing programs. Improve marketing of existing health and recreation opportunities for adults and the health benefits by forming one committee | | | | |
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| One or more members will offer education at 2 or more community events | June 2018 | Staff time, funding | All CHIP obesity team organizations | Increased awareness of the health and recreational resources |
| Cross-promote activities and events | June 2018 | Staff time, funding | All CHIP obesity team organizations | Increase awareness of resources |
| Develop a system for cross-organizational sharing of upcoming health and wellness events for adults | June 2018 | Staff time, funding | All CHIP obesity team organizations | Increased awareness of events and resources |
| Explore marketing strategies based on risk of audience | June 2018 | Staff time, funding | All CHIP obesity team organizations | Improved marketing strategy |
| Objective 4: By June 2018, 12 existing trails/parks/playgrounds/facilities will be assessed for environmental design that can reduce crime. 100% of new parks will be designed with the principles of crime prevention. | | | | |
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Assessment of existing facilities | June 2018 | Staff time, funding | Missoula Parks and Rec | Increased awareness of the health and recreational resources |
| Plan for necessary changes to improve crime prevention through environmental design | June 2018 | Staff time, funding | Missoula Parks and Rec | Increase awareness of resources |

| | | | | |
|--|-----------|---------------------|------------------------|---|
| Work with police, parks and rec, and other agencies to improve crime prevention in all new design. | June 2018 | Staff time, funding | Missoula Parks and Rec | Increased awareness of events and resources |
|--|-----------|---------------------|------------------------|---|

Strategy #2: Improve communication through health care providers

Background

Diet and body weight are related to health status. A healthful diet also helps Americans reduce their risks for many health conditions.

Source: [Healthy People 2020. Nutrition and Weight Status](#)

Evidence Base:

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. www.uspreventiveservicestaskforce.org

Policy Change Required: No change required, continuation of educational efforts

Objective 2: Provide education about prescription trails to 90% of family and pediatric health care providers in Missoula County

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|---|-------------|-------------------------------|-------------------------------|--|
| Give presentations on the benefits and logistics of prescription trails | June 2018 | Office supplies, staff time | MCCHD Obesity Prevention Team | Presentations/meetings with Health Care providers |
| Provide tools to health care providers (pedometers, maps, etc.) | June 2018 | Staff time, supplies, funding | MCCHD Obesity Prevention Team | Kits to give to health care providers |
| Continue to work with Saint Patrick’s Hospital, Community Medical Center, Partnership Health Center, and Missoula City-County Health Department to increase use of prescription trails. | June 2018 | Staff time, supplies, funding | MCCHD Obesity Prevention Team | Increased use and awareness of prescription trails by the general population |
| Work with Missoula Urban Indian Health Center through Restoring Our Relations to increase awareness of prescription trails | June 2018 | Staff time, supplies, funding | MCCHD Obesity Prevention Team | Increased use and awareness of prescription trails by the general population |

Objective 3: Increase the number of dedicated prescription trails by one additional trail system

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|---|-------------|--------------------|-------------------------------|-----------------------------------|
| Continue to work with Missoula Parks and Recreation and healthcare providers while following national guidelines for prescription trails. | June 2018 | staff time | MCCHD Obesity Prevention Team | One additional prescription trail |
| Get the Riverfront trail designated as a prescription trail | June 2018 | Staff time | Let’s Move! Missoula | One additional prescription trail |

Strategy #3: Improve Nutrition

Background

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and homes. Interventions to support a healthier diet can help ensure that individuals have the knowledge and skills to make healthier choices. Healthier options are available and affordable. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Source: [Healthy People 2020. Nutrition and Weight Status](#)

Evidence Base: Centers for Disease Control and Prevention. Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables [Internet]. Atlanta: U.S. Department of Health and Human Services; 2011 [cited 2013 Jan 17]. Available from: http://www.cdc.gov/obesity/downloads/FandV_2011_WEB_TAG508.pdf

Policy Change Required: No change required, continuation of educational efforts.

Objective 1: Increase fruit and vegetable consumption in adults by 5% in Missoula County

| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result | Progress Notes |
|---|-------------|---------------------|--|--|---|
| Increase outreach to families to provide education about the health benefits of nutrition | June 2018 | staff time | EFNEP, MCCHD Nutrition services | Improved awareness of the health benefits of nutrition | |
| Promote and advocate for double SNAP dollars program | June 2018 | staff time | EFNEP, MCCHD Nutrition services | Improved SNAP program | |
| Assess opportunities to learn cooking skills in the Missoula community | June 2018 | Staff time | Nutrition Services, Eat Smart Missoula Coalition | Improved awareness regarding opportunities to learn cooking skills | Eat Smart Missoula Coalition Initiative brought 6 local experts into community meeting to describe programs. Filmed by MCAT and 2 on-air showings in September 2015 |
| Expand number of feeding sites | June 2018 | Funding, staff | Missoula Food Bank | More feeding sites | |
| Continue to promote programs in local neighborhoods | June 2018 | Funding, staff time | All CHIP Obesity organization | Increased public knowledge of summer feeding program | |
| Continue to seek funding opportunities | June 2018 | Staff time | Missoula Food Bank | Applications for funding | |

| Objective 4: Increase the number of breastfeeding-friendly employers in Missoula County by 10%. | | | | |
|--|--------------------|---------------------------|---------------------------------|---|
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Outreach to employers in Missoula County to educate on the importance and benefits of implementing breastfeeding-friendly policies | June 2018 | Staff time | MCCHD Nutrition Services | Increased understanding of existing nutrition education standards for childcare providers |
| Objective 3: Increase access to health food options in Missoula County owned public buildings by 2 county buildings | | | | |
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Assess vending and commercial food options in county owned buildings | June 2018 | Staff time | Let's Move! Missoula | Increased understanding of existing food options in County buildings |
| Work with wellness committee to implement healthy vending | June 2018 | staff time | Let's Move! Missoula | Improved healthy food options in County buildings |
| Work with wellness committee to improve county policy related to healthy food options in County buildings | June 2018 | staff time | Let's Move! Missoula | Improved policy to support healthy food options in County buildings |

| Strategy #4: Increase physical activity | | | | |
|--|--------------------|---------------------------|---------------------------------|--|
| Background | | | | |
| Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability | | | | |
| Source: Healthy People 2020. Nutrition and Weight Status | | | | |
| Evidence Base: Community Preventive Services Task Force. Recommendations to increase physical activity in communities. Am J Prev Med [Internet]. 2002 May [cited 2013 Feb 5];22 (4S):67-72. | | | | |
| Policy Change Required: No change required; continuation of educational efforts. | | | | |
| Objective 4: Increase bicycle and pedestrian activity by 1% annually | | | | |
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Increase awareness of Missoula In Motion and Way to Go Club. | June 2018 | Funding, staff | Missoula City Transportation | Increased awareness of physical activity opportunities |
| Increase awareness of new bike and pedestrian trails | June 2018 | Funding, staff time | Missoula City Transportation | Increased physical activity opportunities |
| Create/promote neighborhood greenways | June 2018 | Staff time, funding, | Missoula City Transportation | Improved access to physical activity opportunity |
| Promote use of updated Missoula bike maps and promote use of My City Missoula bikes app | June 2018 | Staff time, funding, | Missoula City Transportation | Improved understanding of access to physical activity |

| Objective 2: Increase number of adults who are getting 60 minutes or more per day of moderate to vigorous activity (BRFSS) by 2%. | | | | |
|--|---|---|---|---|
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Continue activity programs and build awareness for activity programs | June 2018 | Staff time | Parks and Recreation | Improved understanding of access to physical activity |
| Increase education about the benefits of physical activity | June 2018 | Funding, staff time | All CHIP Obesity organization | Improved understanding of access to physical activity |
| Attend health fairs and other public venues to build awareness | June 2018 | Funding, staff time | All CHIP Obesity organization | Improved understanding of access to physical activity |
| Objective 3: Increase access to indoor walking facilities | | | | |
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Feasibility study for access to other large venues (Adams Center, school gyms, indoor soccer center, etc.) | June 2018 | Staff time | Missoula Parks and Rec and MCCHD Obesity Prevention Team | |
| Build awareness of transportation via bus to walking locales | June 2018 | staff time | Missoula Parks and Rec and MCCHD Obesity Prevention Team and Missoula City Transportation | |
| ALIGNMENT WITH STATE/NATIONAL PRIORITIES | | | | |
| Strategies | State | Healthy People 2020 | | National Prevention Strategy |
| <i>Infrastructure</i> | A.1.1 Support worksites and schools to implement health promotion policies that promote chronic disease prevention (e.g., healthy food and beverage choices, physical activity, breastfeeding, tobacco-free workplaces) A.1.4 Support and promote communities to adopt and implement policies addressing the built environment (e.g., structures, transportation, and land use) that promote the health of the community | EH-2 Increase use of alternative modes of transportation for work PA-15 (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities | | Active Living <ul style="list-style-type: none"> • Encourage community design and development that supports physical activity. • Facilitate access to safe, accessible, and affordable places for physical activity. • Support workplace policies and programs that increase physical activity. |
| <i>Health Care</i> | A.4.2 Provide training and resources to health professionals and others to implement programs to | NWS-6 Increase the proportion of physician office visits that include counseling or education | | Assess physical activity levels and provide education, counseling, and referrals. |

| | | | |
|--------------------------|---|---|--|
| | facilitate chronic disease prevention and management (e.g., heart disease and diabetes prevention, asthma, arthritis, disability) | related to nutrition or weight | |
| <i>Nutrition</i> | | NWS-8 Increase the proportion of adults who are at a healthy weight | <p>Healthy Eating:</p> <ul style="list-style-type: none"> • Increase access to healthy and affordable foods in communities. • Implement organizational and programmatic nutrition standards and policies • Improve nutritional quality of the food supply. • Help people recognize and make healthy food and beverage choices. |
| <i>Physical Activity</i> | | <p>PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity</p> <p>PA-2 Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity</p> | <p>Active Living</p> <ul style="list-style-type: none"> • Encourage community design and development that supports physical activity. • Facilitate access to safe, accessible, and affordable places for physical activity. • Support workplace policies and programs that increase physical activity. |

Focus Area: Obesity in Older Adults

GOAL: Reduce obesity in adults aged 65-74 in Missoula County by 3%.

| PERFORMANCE MEASURES | | |
|---|------------------------|-----------|
| How We Will Know We are Making a Difference | | |
| Short Term Indicators | Source | Frequency |
| Older Adults reporting little or no leisure time physical activity | BRFSS | Yearly |
| Older Adults reporting fruit and vegetable consumption in line with national recommendations. | BRFSS | Yearly |
| Long Term Indicators | Source | Frequency |
| Adult Obesity Rate | County Health Rankings | Yearly |

| Strategy #1: Improve infrastructure | | | | |
|--|-------------|---------------------|--------------------------------|--|
| <p>Background Improvements in infrastructure can make a dramatic impact on nutrition weight status of the members of the Missoula County communities. This strategy addresses policy, access to healthy built environments, and increasing community and home gardens.</p> <p>Source: Healthy People 2020. Nutrition and Weight Status</p> <p>Evidence Base: Heath GW, Brownson RC, Kruger J, Miles R, Powell KE, Ramsey LT, Task Force on Community Preventive Services. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. J Phys Act Health [Internet]. 2006 Feb [cited 2013 Mar 21]; 3(Suppl 1):S55-76. Available from http://www.aapca3.org/resources/archival/060306/jpah.pdf</p> <p>Policy Change Required: None currently known.</p> | | | | |
| ACTION PLAN | | | | |
| <p>Objective 1: By June 2018, increase access to the healthy built environment by:</p> <ul style="list-style-type: none"> • Providing 5 new sidewalk/trail/bicycle facilities per year • Increase in the number of adults who have access to parks or open space within a half mile of their residence within incorporated city limits to 100% • Increase the number of benches and picnic tables on along parks, commuter, and recreation trails by 5 per year | | | | |
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Continue to follow adopted national and local best practices and guidelines for parks, trails, and complete streets | June 2018 | Staff time, funding | Missoula Parks and Recreation; | Improved parks, trails, and complete streets within the City of Missoula |

| | | | | |
|--|--------------------|-------------------------------|---|--|
| Continue to seek funding including grants | June 2018 | Staff time, funding, advocacy | Missoula Development Services; Missoula Public Works | Improved funding opportunities that would contribute to improved healthy built environment |
| Increasing visibility of resources | June 2018 | Staff time | Missoula Parks and Recreation; Missoula Metropolitan Planning Organization | Improved public knowledge about resources available |
| Assess and improve upon all-access language in the Complete Streets Policies and design standards for the City of Missoula | June 2018 | Staff time, funding | Missoula Parks and Recreation | Improved complete streets policies |
| Design/create/retrofit recreation facilities that are more attractive to older adults | June 2018 | Staff time, funding | Missoula Parks and Recreation; Missoula Development Services; Missoula Public Works | Increased use of recreation facilities by older adults |
| Objective 2: By June 2018, increase community and home gardens for nutrition and sustainability by 2 per year | | | | |
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Collaborate with City of Missoula, Garden City Harvest, County Extension Office, and 1000 New Gardens to promote and increase awareness of the benefits of gardens | June 2018 | Staff time, funding | Missoula Food Bank Network | Increased awareness of the health benefits of gardens |
| Promote awareness of resources available through MUD | June 2018 | Staff time, funding | Missoula Food Bank Network | Increase public awareness of the resources available through MUD |
| Objective 3: By June 2018, increase visibility of existing programs. Improve marketing of existing health and recreation opportunities for adults and the health benefits by forming one committee | | | | |
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| One or more members will offer education at 2 or more community events | June 2018 | Staff time, funding | All CHIP obesity team organizations | Increased awareness of the health and recreational resources |
| Cross-promote activities and events | June 2018 | Staff time, funding | All CHIP obesity team organizations | Increase awareness of resources |
| Develop a system for cross-organizational sharing of upcoming health and wellness events for adults | June 2018 | Staff time, funding | All CHIP obesity team organizations | Increased awareness of events and resources |
| Explore marketing strategies based on risk of audience | June 2018 | Staff time, funding | All CHIP obesity team organizations | Improved marketing strategy |
| Objective 4: By June 2018, 12 existing trails/parks/playgrounds/facilities will be assessed for environmental design that can reduce crime. 100% of new parks will be designed with the principles of crime prevention. | | | | |
| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
| Assessment of existing facilities | June 2018 | Staff time, funding | Missoula Parks and Rec | Increased awareness of the health and recreational resources |

| | | | | |
|---|-----------|---------------------|------------------------|---|
| Plan for necessary changes to improve crime prevention through environmental design | June 2018 | Staff time, funding | Missoula Parks and Rec | Increase awareness of resources |
| Work with police, parks and rec, and other agencies to improve crime prevention in all new design | June 2018 | Staff time, funding | Missoula Parks and Rec | Increased awareness of events and resources |

Strategy #2: Improve communication through health care providers

Background: Health care providers are in a position to assist older adults who are obese in adopting changes to promote a healthier lifestyle. The primary goal is to achieve sustained lifestyle changes through dietary modifications, exercise, and use of community supports.

Source: [A.M. Newman. Obesity in Older Adults. Online Journal of Issues in Nursing, January 2009.](#)

Evidence Base: Villareal, D., Apovian, C., Kushner, R., & Klein, S. (2005). [Obesity in older adults: technical Review and position statement of the American Society for Nutrition and NAASO, The Obesity Society. American Journal of Clinical Nutrition,82\(5\), 923-934.](#)

Policy Change Required: No change required, continuation of educational efforts

Objective 1: Provide education about prescription trails to 90% of family and pediatric health care providers in Missoula County

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|---|-------------|-------------------------------|-------------------------------|--|
| Give presentations on the benefits and logistics of prescription trails | June 2018 | Office supplies, staff time | MCCHD Obesity Prevention Team | Presentations/meetings with Health Care providers |
| Provide tools to health care providers (pedometers, maps, etc) | June 2018 | Staff time, supplies, funding | MCCHD Obesity Prevention Team | Kits to give to health care providers |
| Continue to work with Saint Patrick's Hospital, Community Medical Center, Partnership Health Center, and Missoula City-County Health Department to increase use of prescription trails. | June 2018 | Staff time, supplies, funding | MCCHD Obesity Prevention Team | Increased use and awareness of prescription trails by the general population |
| Work with Missoula Urban Indian Health Center through Restoring Our Relations to increase awareness of prescription trails | June 2018 | Staff time, supplies, funding | MCCHD Obesity Prevention Team | Increased use and awareness of prescription trails by the general population |

Objective 2: Increase the number of dedicated prescription trails by one additional trail system

| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
|---|-------------|--------------------|-------------------------------|-----------------------------------|
| Continue to work with Missoula Parks and Recreation and healthcare providers while following national guidelines for prescription trails. | June 2018 | staff time | MCCHD Obesity Prevention Team | One additional prescription trail |
| Get the Riverfront trail designated as a prescription trail | June 2018 | Staff time | Let's Move! Missoula | One additional prescription trail |

| Strategy #3: Improve Nutrition | | | | |
|---|--------------------|-----------------------------------|--|---|
| Background In older adults, obesity appears to be associated with poor food choices, notably high intakes of fat and saturated fat. Providing educational materials and counsel on adopting healthy eating choices, as well as advising older adults on resources that will make nutritional foods more affordable, will improve their chances of maintaining a healthy weight. | | | | |
| Source: USDPHHS. 2015 Dietary Guidelines for Americans | | | | |
| Evidence Base: National Institutes of Health. The Practical Guide Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, http://www.nhlbi.nih.gov/files/docs/guidelines/prctgd_c.pdf | | | | |
| Policy Change Required: No change required, continuation of educational efforts | | | | |
| Objective 1: By June 2018, provide nutrition education outreach to 50% of senior-focused establishments including residences, Senior Center, and Aging Services. | | | | |
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Increase outreach to seniors through presentations on healthy nutrition | June 2018 | staff time | MCCHD Nutrition services, Aging Services | Improved awareness of the health benefits of nutrition |
| Increase senior participation in cooking classes that promote healthy nutrition | June 2018 | staff time, funding | MCCHD Nutrition services, Missoula Urban Indian Health Center | Improved awareness of the health benefits of nutrition |
| Presentations and handouts during monthly congregate meals at Missoula Senior Center | June 2018 | Staff time, educational materials | Aging Services | Improved awareness of the health benefits of nutrition |
| Objective 2: Increase the number of seniors enrolled in SNAP | | | | |
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Increase awareness and decrease stigma with seniors and SNAP through implementation of the PhotoVoice project | June 2018 | Staff time | Grandparents Raising Grandchildren, Aging Services, etc. Food Bank, Missoula Urban Indian Health Center | Increased understanding of SNAP |
| Continue application assistance | June 2018 | Staff time | Missoula Food Bank, Aging Services | Increased participation in SNAP |
| MT Food Bank Network begin hotline assistance | June 2018 | Staff time | Montana Food Bank Network | Increased participation in SNAP |
| Objective 3: Increase access to health food options for older adults in Missoula County | | | | |
| Activity | Target Date | Resources Required | Lead Person/ Organization | Anticipated Product or Result |
| Increase use and awareness of Senior Farmers Market coupons | June 2018 | Staff time | Aging Services | Increased participation and awareness of Senior Farmer's Market Coupons |
| Continue Meals on Wheels | June 2018 | staff time, funding, volunteers | Aging Services | Improved healthy food options |

| | | | | |
|---|-----------|---------------------|---------------------|--|
| Continue ROOTS senior nutrition program | June 2018 | staff time, funding | Missoula Food Bank | Improved understanding of healthy food options |
| Mobile markets at senior residences | June 2018 | Staff Time, funding | Garden City Harvest | Improved access to healthy foods |

Strategy #4: Increase physical activity

Background
Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability

Source: [Healthy People 2020 Physical Activity](#).

Evidence Base: Community Preventive Services Task Force. [Recommendations to increase physical activity in communities](#). *Am J Prev Med [Internet]*. 2002 May [cited 2013 Feb 5];22 (4S):67-72.

Policy Change Required: No change required, continuation of educational efforts

Objective 1: Increase opportunities to provide on-site senior focused yoga

| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
|--|-------------|---------------------|--|---|
| Collect data on existing yoga programs focused on older adults | June 2018 | Funding, staff | Missoula Parks and Rec | Increased understanding of existing physical activity opportunities |
| Increase awareness of existing yoga programs focused on older adults | June 2018 | Funding, staff time | Missoula Parks and Rec, Aging Services | Increased physical activity opportunities |

Objective 2: Increase number of older adults who are participating in active programs by 5%

| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
|--|-------------|---------------------|--------------------------------------|---|
| Assess the number of older adults participating in active programs | June 2018 | Staff time | Parks and Recreation, Aging Services | Improved understanding of access to physical activity |
| Continue and build awareness for Missoula Urban Indian Health Center Fit Kit | June 2018 | Funding, staff time | Missoula Urban Indian Center | Improved understanding of access to physical activity |

Objective 3: Increase access to indoor walking facilities

| Activity | Target Date | Resources Required | Lead Person/Organization | Anticipated Product or Result |
|--|-------------|--------------------|---|-------------------------------|
| Feasibility study for access to other large venues (Adams Center, school gyms, indoor soccer center, etc.) | June 2018 | Staff time | Missoula Parks and Rec and MCCHD Obesity Prevention Team | |
| Build awareness of transportation via bus to walking locales | June 2018 | staff time | Missoula Parks and Rec and MCCHD Obesity Prevention Team and Missoula City Transportation | |

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

| Strategy | State | Healthy People 2020 | National Prevention Strategy |
|-----------------------|--|----------------------------------|--|
| <i>Infrastructure</i> | A.1.4 Support and promote communities to adopt and | EH-2 Increase use of alternative | Active Living • Encourage community |

| | | | |
|--------------------|--|--|---|
| | implement policies addressing the built environment (e.g., structures, transportation, and land use) that promote the health of the community | modes of transportation for work PA-15 (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities | design and development that supports physical activity. <ul style="list-style-type: none"> • Facilitate access to safe, accessible, and affordable places for physical activity. • Support workplace policies and programs that increase physical activity. |
| <i>Health Care</i> | A.4.2 Provide training and resources to health professionals and others to implement programs to facilitate chronic disease prevention and management (e.g., heart disease and diabetes prevention, asthma, arthritis, disability) | NWS-6 Increase the proportion of physician office visits that include counseling or education related to nutrition or weight | Assess physical activity levels and provide education, counseling, and referrals. |
| <i>Nutrition</i> | | NWS-8 Increase the proportion of adults who are at a healthy weight | Healthy Eating: <ul style="list-style-type: none"> • Increase access to healthy and affordable foods in communities. • Implement organizational and programmatic nutrition standards and policies • Improve nutritional quality of the food supply. • Help people recognize and make healthy food and beverage choices. |

Appendix A

Montana DPHHS Self-Screening Brochure

DEPRESSION IS OFTEN CORRELATED WITH SUICIDE RISK: KNOW THE SIGNS

Obsession - Expressing thoughts of killing themselves. Sudden interest in firearms, pills, or other means; Talking or writing about death, dying or suicide.

Substance Abuse - Increasing alcohol or drug use.

Purposelessness - No reason for living; no sense of purpose in life; starting to give personal possessions away; deterioration in personal hygiene.

Anxiety - Anxious, agitated, inability to sleep or sleeping all the time, difficulty concentrating.

Trapped - Feeling trapped (like there's no way out and things will never get better).

Hopelessness - Feeling like the emotional pain will never end, no future orientation.

Withdrawal - Withdrawing from friends, isolating from family and society.

Anger - Rage, uncontrolled anger, seeking revenge, intiable.

Recklessness - Acting reckless or engaging in high risk activities; impulsive behavior (especially in younger people).

Mood Change - Dramatic mood changes, flat affect, depressed mood, acting out of character.

If in crisis, call the **MONTANA SUICIDE PREVENTION LIFELINE**, 24/7, at 1-800-273-TALK (8255)

TALKING WITH A SUICIDAL PERSON

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent (many times the person will deny being suicidal at first even if their behavior says otherwise, ask again)
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Have your resources handy: phone numbers, counselor's name and any other information that might help

ASK THE QUESTION

- "You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way?"
- "Are you thinking about killing yourself?"
- "Are you suicidal?"

How NOT to ask the suicide question

- "Suicide is a dumb idea. You're not thinking about suicide?"
- "Don't feel that way. That's not a good reason to die"

OFFER HOPE

HOW TO PERSUADE SOMEONE TO STAY ALIVE

- Listen to the problem and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insolvable problem
- Do not rush to judgment
- Offer hope in any form

Then Ask:

- "I don't want you to kill yourself, I want to help"
- "I'm not going to leave you alone. I don't want you to kill yourself, I'm here for you"

TAKE THEM TO HELP

- Suicidal people often believe they cannot be helped, so you may have to do more.
- Don't leave the person alone and tell others.
- The best referral involves taking the person directly to someone who can help (emergency rooms, police, mental health centers, primary care or call the Montana Suicide Prevention Lifeline).

REMOVE OR LOCK UP FIREARMS OR PILLS

WE WANT TO MAKE SURE OUR GRIZ FAMILY IS SAFE & HEALTHY

Depression is a growing health concern in our community. Many people do not recognize the signs of depression and most do not seek treatment. Yet, depression is very treatable. Take this brief test to see if you may have depression and learn the resources available to manage this illness. Don't let depression take you out of the game.



COULD YOU BE DEPRESSED?

Circle the number that best answers each of the following questions.

| | A little of the time | Some of the time | Good part of the time | Most of the time |
|---|----------------------|------------------|-----------------------|------------------|
| I feel down-hearted and blue. | 1 | 2 | 3 | 4 |
| Morning is when I feel the best. | 4 | 3 | 2 | 1 |
| I have crying spells or feel like it. | 1 | 2 | 3 | 4 |
| I have trouble sleeping at night. | 1 | 2 | 3 | 4 |
| I eat as much as I used to. | 4 | 3 | 2 | 1 |
| I still enjoy sex. | 4 | 3 | 2 | 1 |
| I notice that I am losing weight. | 1 | 2 | 3 | 4 |
| I have trouble with constipation. | 1 | 2 | 3 | 4 |
| My heart beats faster than usual. | 1 | 2 | 3 | 4 |
| I get tired for no reason. | 1 | 2 | 3 | 4 |
| My mind is as clear as it used to be. | 4 | 3 | 2 | 1 |
| I find it easy to do the things I used to. | 4 | 3 | 2 | 1 |
| I am restless and can't keep still. | 1 | 2 | 3 | 4 |
| I feel hopeful about the future. | 4 | 3 | 2 | 1 |
| I am more irritable than usual. | 1 | 2 | 3 | 4 |
| I find it easy to make decisions. | 4 | 3 | 2 | 1 |
| I feel that I am useful and needed. | 4 | 3 | 2 | 1 |
| My life is pretty full. | 4 | 3 | 2 | 1 |
| I feel others would be better off if I were dead. | 1 | 2 | 3 | 4 |
| I still enjoy the things I used to. | 4 | 3 | 2 | 1 |

TOTAL SCORE= _____

WHAT'S YOUR SCORE

- 25-49 Normal Range
- 50-59 Mildly Depressed
- 60-69 Moderately Depressed
- 70+ Severely Depressed

A score of 60 or more indicates moderate depression and suggests that you talk with your primary care provider about a comprehensive assessment and exploring treatment options. Other community resources include:

- Western Montana Mental Health Center**
1315 Wyoming St. Missoula, MT 59801 Phone: (406) 532-9700
- Winds of Change Mental Health Center**
2685 Palmer St. Suite C
Missoula, MT 59808
Phone: (406) 721-2036
- 3 Rivers Mental Health Center**
715 Kensington Ave., Suite 248 Missoula, Montana 59801
Phone: (406) 830-3294
- Curry Health Center Counseling**
University of Montana
634 Eddy Ave.
Missoula, MT 59812
Phone: (406) 243-4711
- VA Community Based Outpatient Clinic**
2687 Palmer Street, Suite C Missoula, MT 59808
Phone: (406) 493-3700

Zung, WH (1965) A self-rating depression scale. Arch Gen Psychiatry 12,83-70

Appendix B

IN•clued Program Description



PEER EDUCATION INSTITUTE
supporting the replication of model programs

Inclusive Healthcare—Youth and Providers Empowered

The Peer Education Institute's Planned Parenthood partners lead Teen Council peer education programs in nine different states in the United States. Teen Council peer educators receive over 100 hours of training each year in order to provide comprehensive sexual health education to their peers in a variety of settings. Teen Council peer educators work closely with LGBTQ groups in their communities to provide sexual health education. Many Teen Council members identify as LGBTQ or as allies to the LGBTQ community.

Statement of need

LGBTQ youth have higher teen pregnancy and STD rates than their heterosexual peers. There are many reasons for this including: greater harassment and discrimination as well as family rejection which leads to risky behaviors, and a greater propensity toward substance use which may also have an effect on pregnancy rates.¹ In addition there is a lack of sexual education that includes the needs of LGBTQ youth and thus does not adequately educate about the need for birth control and testing.²

- Lesbian and Bisexual youth experience twice the risk of unintended pregnancy as their heterosexual peers.³
- LGBTQ youth have significantly more sexual partners as compared to heterosexual youth.⁴
- Lesbian and Bisexual young women report lower use of birth control and have a 12% prevalence rate for teen pregnancy and a 24% prevalence rate for multiple pregnancies.⁵
- As compared to their heterosexual peers LGBTQ teens are at an increased risk of STIs, including HIV.⁶
- Young men with partners of both sexes have reduced odds of condom use and increased odds of having had multiple partners.⁷

In addition:

- Only 3% of adolescents initiated a conversation about sexual health, STIs, or birth control with their family providers.⁸
- Health care providers often fail to provide LGBTQ patients with adequate information regarding safer sex, knowing their patients' sexual history regardless of their reported sexual orientation and screen for STDs.⁹
- As a result of past negative experiences dealing with health care providers those who identify as LGBTQ are often times less likely to obtain regular STI testing and treatment.¹⁰

Description of Program

It is our intention to provide a program that will help lower teen pregnancy rates and STD rates among LGBTQ youth. We believe that the combination of LGBTQ youth friendly health services and direct relevant and inclusive sexual health education grounded in the Health Belief Model Theory of Change for LGBTQ youth will result in youth seeking health services and getting birth control and testing on a more consistent basis. We propose delivering education on these topics via our Teen Council program.

Teen Council is a strong and successful peer education program for high school youth who are expertly trained to deliver inclusive, comprehensive sexual health education for their peers. As part of the IN•clued project, the Teen Council will deliver two different trainings to two different audiences



Workshop for Health Care Center staff and providers: This 3 hour workshop, broken into two 1.5 hours segments, will cover best practices for working with LGBTQ youth including how to make the health center more LGBTQ friendly, how to make the health history more inclusive and how to engage LGBTQ youth in the exam room so that they feel safe, comfortable and open to sharing their sexual health behaviors.

Workshop of LGBTQ youth: This 3 hour interactive workshop will include education related to sexual health risk prevention and how to access health services as well as advocate for sexual health needs in a health care setting.

Both groups will receive follow up information and reminders related to the education provided in the workshop.

Evaluation description and results

The Peer Education Institute in collaboration with eight other Planned Parenthood organizations will apply to the Office on Adolescent Health to fund a broad-scale evaluation of the IN-clued program and curriculum. This evaluation will establish an 'evidenced based' status for this curriculum. Use of evidence-based practices "promotes the efficiency and effectiveness of funding due to the fact there is an increased chance the program will produce its desired result."¹¹ Additionally, evidence-based curricula are more likely to receive funding for implementation and be implemented in other areas. This project will include program and comparison groups for both the Health Centers and the LGBTQ youth groups. We are committed to sharing results from the proposed evaluation with the communities that are involved and communities that could benefit from this information. We expect to establish strong partnerships with the communities where IN-clued will be evaluated, and find ways to share the findings at the local level, as well as at national venues and in scholarly publications.

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3 Blake, S.M., Ladsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health, 91*(8), 940-946. Retrieved July 16, 2012 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446472>

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6 Centers for Disease Control and Prevention. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12 – Youth Risk Behavior Surveillance, Selected sites, United States, 2001-2009. *Morbidity and Mortality Weekly Report, 60*. Retrieved June 1, 2012, from <http://www.cdc.gov/mmwr/pdf/ss/ss60a0606.pdf>

7 Lara, T. (2005). Among sexually experienced male adolescents, those with partners of both sexes exhibit riskiest behavior. *Perspectives on Sexual and Reproductive Health*.

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10 SexSmarts Sexual Healthcare Survey 2001

11 Ohio Department of Job and Family Services, "Evidence Based, Evidence Informed, Promising Practice and Emerging Program and Practices." December 11, 2014 at https://js.ohio.gov/OJFS/Evidence-Based_Evidence-Informed_Promising_Practice_and_Emer.pdf