Lewis and Clark County
Community Health Improvement Planning
2022

Healthy Together

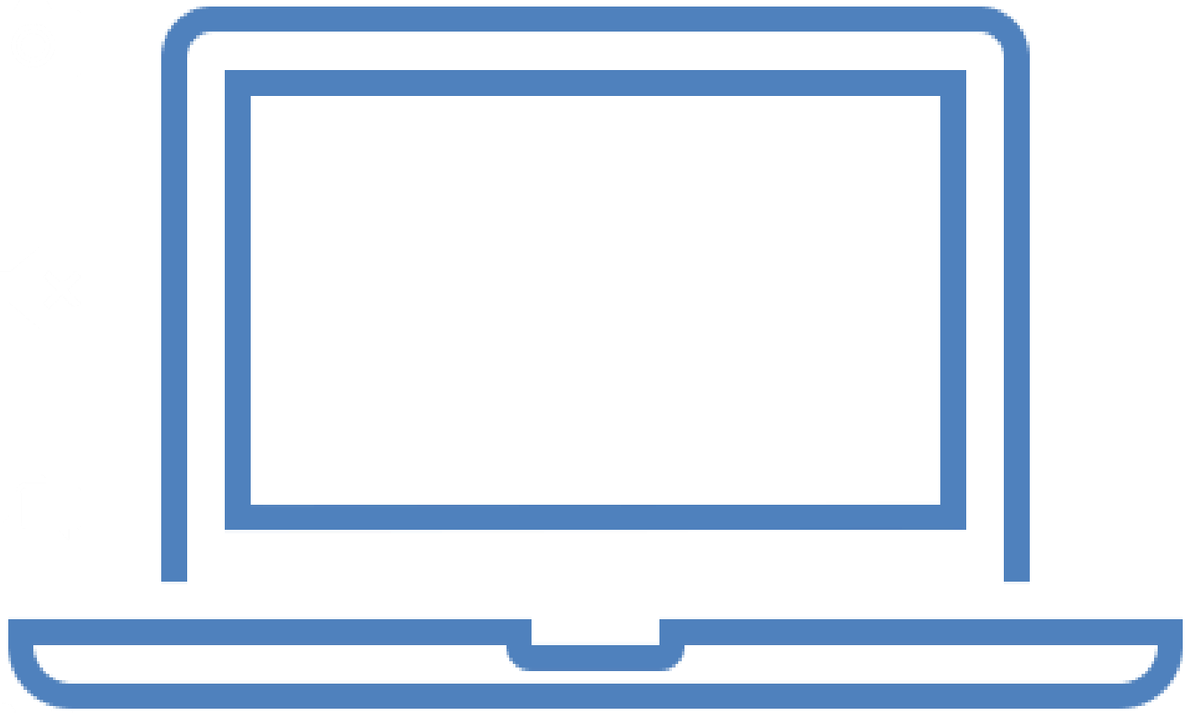
A community partnership to improve health

Meeting 1 | March 9th, 2022

Tips for using Zoom in an interactive meeting

- Turn on your camera, rename yourself, “Hide Self View”
- Mute and unmute
- Chat function-access links to documents
- Breakout groups and polls
- Have pencil and paper

Put your name, title and organization in the chat



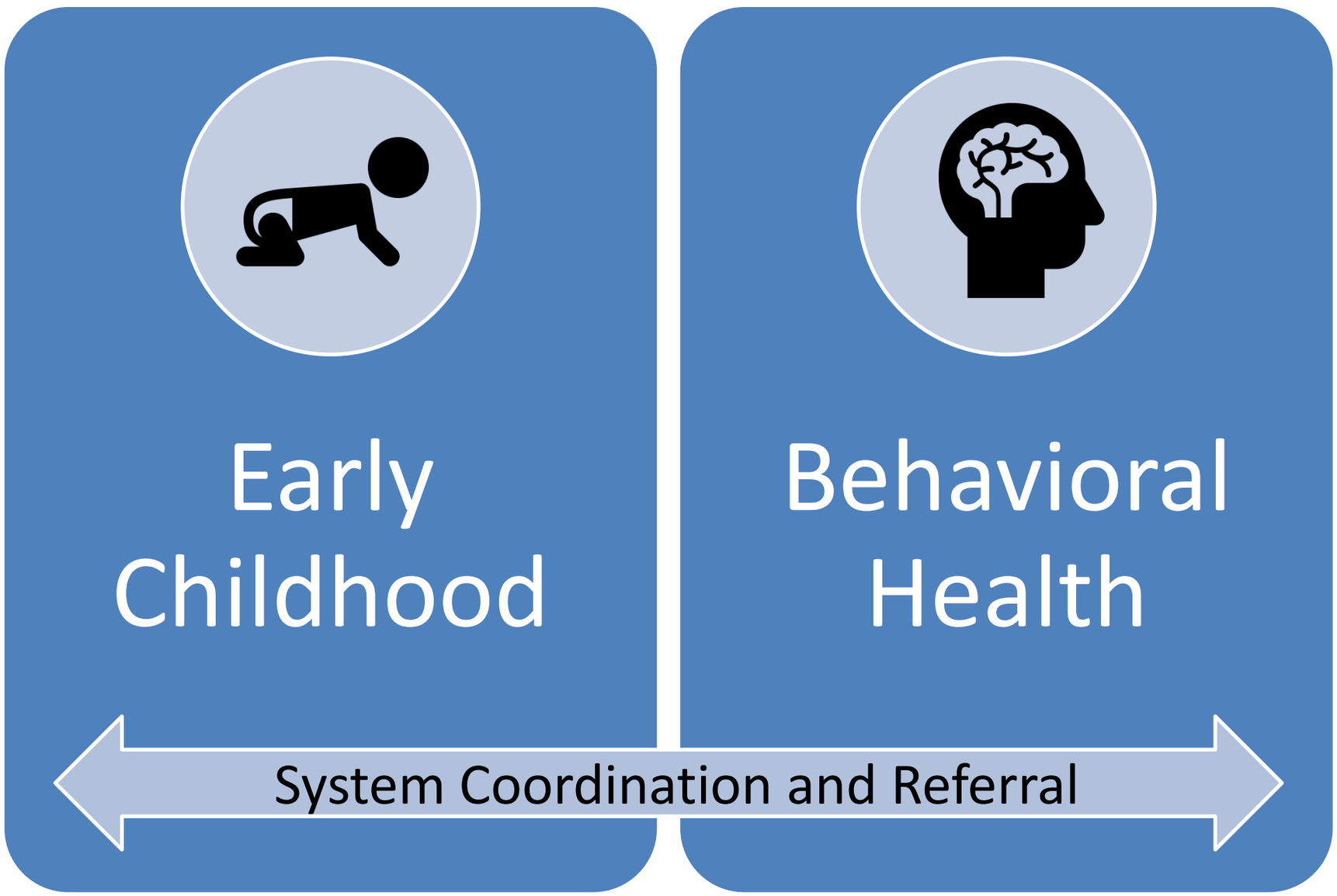
Welcome

Healthy Together

A community partnership to improve health

Emily McVey-United Way of the Lewis and Clark Area
Drenda Neimann, Lewis and Clark Public Health

Updates from 2019 CHIP Workgroup Leads



What is a Community Health Improvement Plan?

A community health improvement plan (or CHIP) is a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process.

Community Health Assessment

Community Health Improvement Plan

Community Health Planning Process

LCPH
LEWIS & CLARK PUBLIC HEALTH

2021

COMMUNITY HEALTH REPORT

A COMMUNITY PARTNERSHIP TO IMPROVE HEALTH

Healthy Together
A community partnership to improve health

LEWIS & CLARK COUNTY, MONTANA

Dorota Carpenedo, MPH
COVID-19 Epidemiologist
Lewis and Clark Public Health
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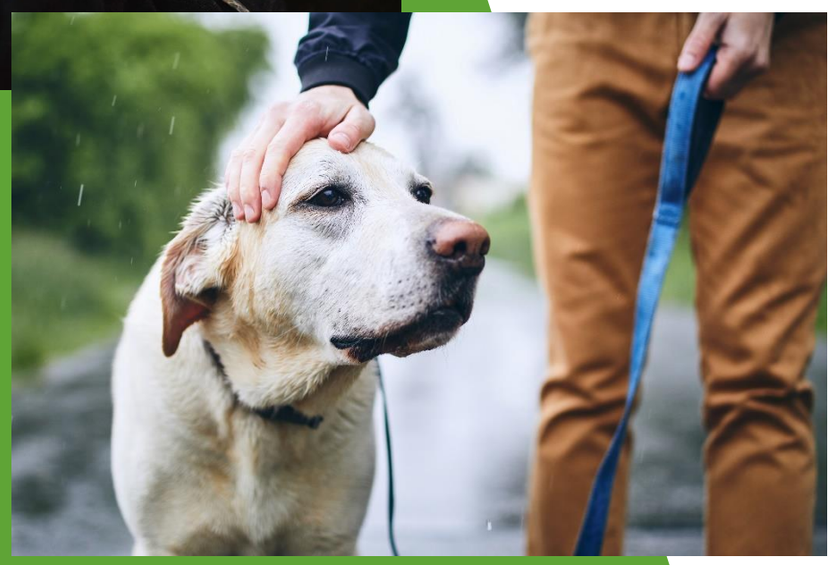
March 9, 2022

Agenda

- ❑ Community Health Report Overview
- ❑ Data Sources
- ❑ Lewis and Clark County profile
- ❑ Methods for priority areas of health concern
- ❑ Areas of concern and supporting data
- ❑ Conclusion

Ice Breaker

Polling Question



Which of the following pets do you have, or, if you had to choose, which you would get?

- Dog/s
- Cat/s
- Dog/s and cat/s
- Neither

Photo Credit: Stock Photos. Unknown author.

Community Health Report

Purpose

The Community Health Report is a systematic, data-driven approach to identify the health priorities in Lewis and Clark County.

Community Health Report

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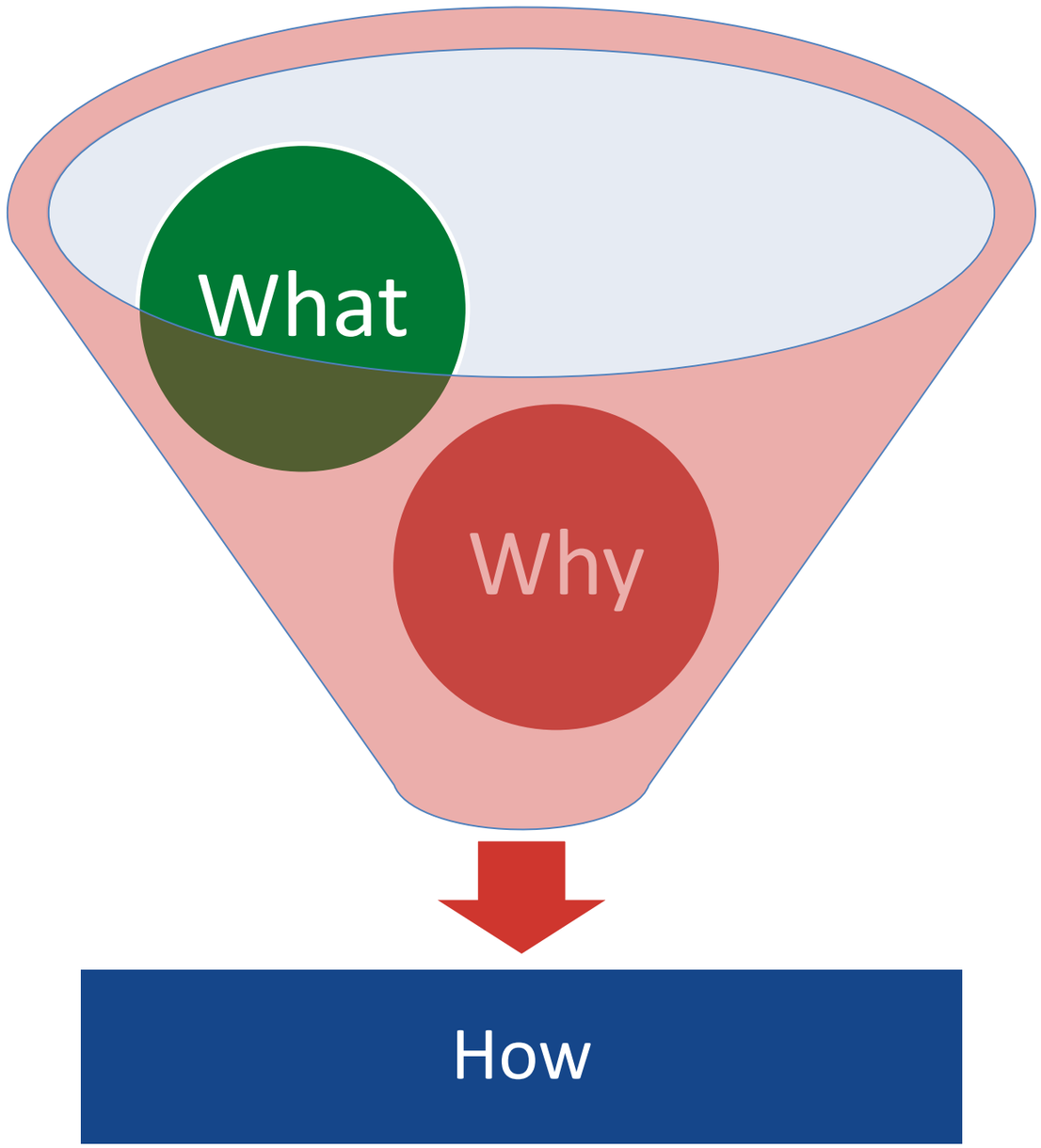
Community Health Report

Content

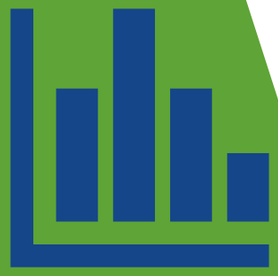


Community Health Report

Data Sources

Primary Data

- Professional Research Consultants (PRC)
- Stakeholder Survey
- COVID-19 Post Vaccination Survey



Secondary Data

- State and federal data sets
- Local agency surveys
- Program assessment reports
- Peer-reviewed literature and white papers

Data Limitations

- Limited data for all indicators
- Lack of racial and ethnic reliable data sets

Community Health Report

Lewis and Clark County Demographics

Population Count **2010** to **2020:**

12% overall population increase

223% population increase identified as two or more races

97% English is the primary language

Data Source: U.S. Decennial Census, 2010, 2020.

Identified Priority Areas as Health Concern

Methods

Data Source Used for Prioritization:

- Behavioral Risk Surveillance System (BRFSS)
- Vital Statistics
- U.S. Census
- Healthy People 2030 targets

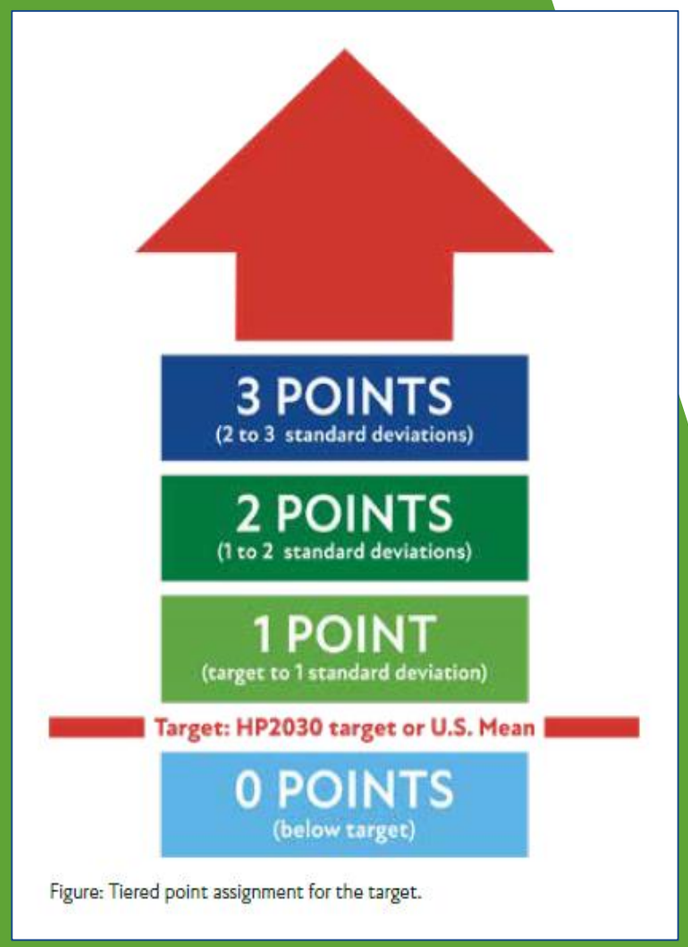


Figure: Tiered point assignment for the target.

Calculations:

Step 1:

- Compare county level data to:
  Healthy People 2030 target or **U.S. mean**

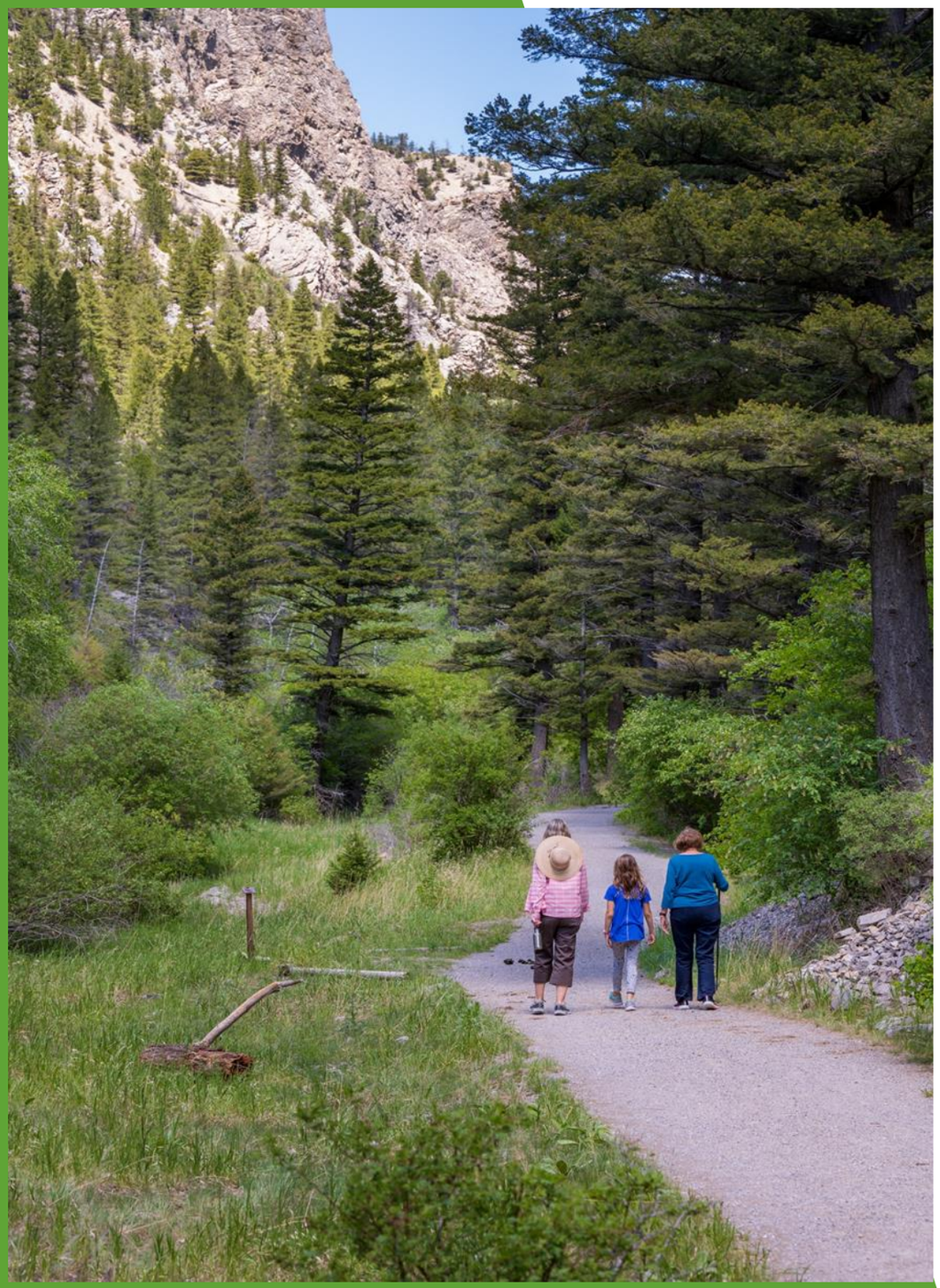
Step 2:

- Assign binary prioritization points against
  Healthy People 2030 target or **U.S. mean**
  county level data below = 0 point
  county level data above = 1, 2, or 3 points

Step 3: Select final health areas of concern

Areas of Concern

Polling Question



Two adults and a child taking a walk in Trout Creek Canyon near Helena. Photo Credit: Kevin League.

Which indicators do you think were identified as the final six areas of concern? (select up to 6)

Six Areas of Concern

Priority areas identified as health concern for Lewis and Clark County, Montana

- **ASTHMA**
- **CANCER**
- **HEART DISEASE**
- **HOUSING**
- **MENTAL HEALTH**
- **SUBSTANCE USE**

Not in the order from highest to lowest priority.

Six Areas of Concern

Chronic Disease

- ASTHMA
- CANCER
- HEART DISEASE

Housing

- HOUSING

Behavioral Health

- MENTAL HEALTH
- SUBSTANCE USE

Cross Cutting Issues

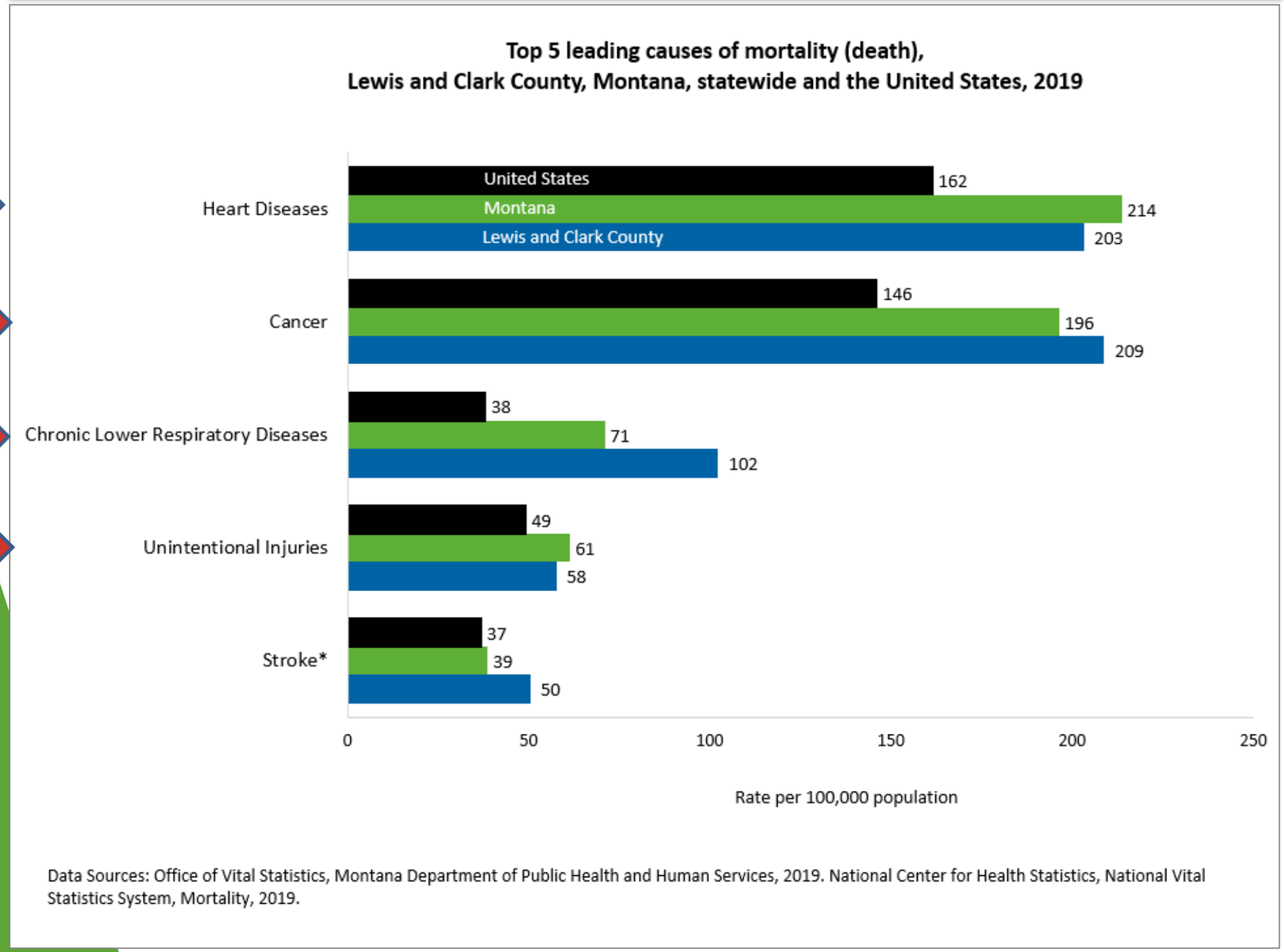
Early Childhood and Access to Care

Six Areas of Concern

Leading Causes of Death

- HEART DISEASE
- CANCER
- ASTHMA
- MENTAL HEALTH
- SUBSTANCE USE

The county had higher mortality rates from cancer, chronic lower respiratory disease, and stroke compared to MT or the U.S.



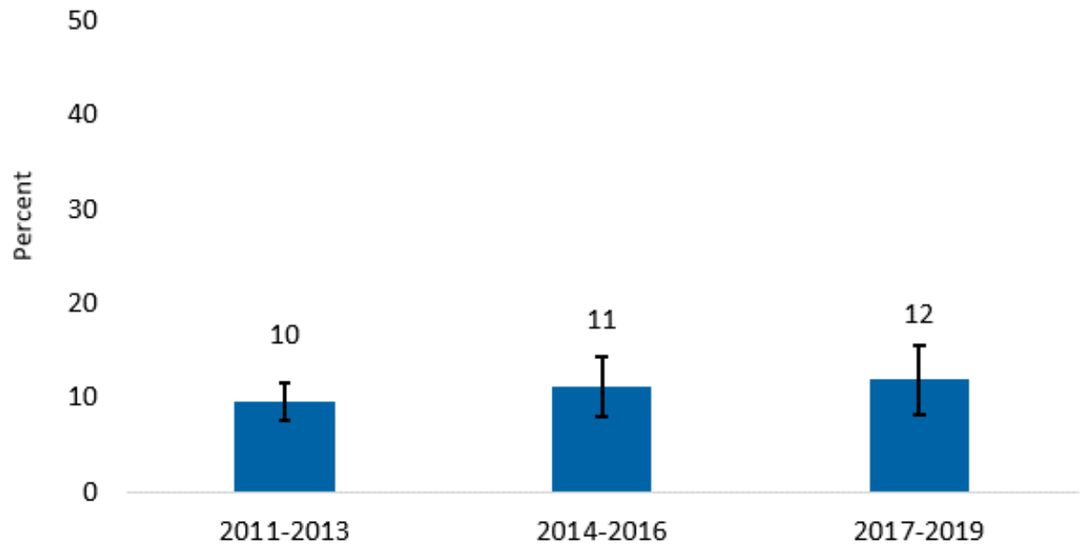
Data Sources: Office of Vital Statistics, Montana Department of Public Health and Human Services, 2019. National Center for Health Statistics, National Vital Statistics System, Mortality, 2019.

Area of Concern

1. Asthma- Supporting Data

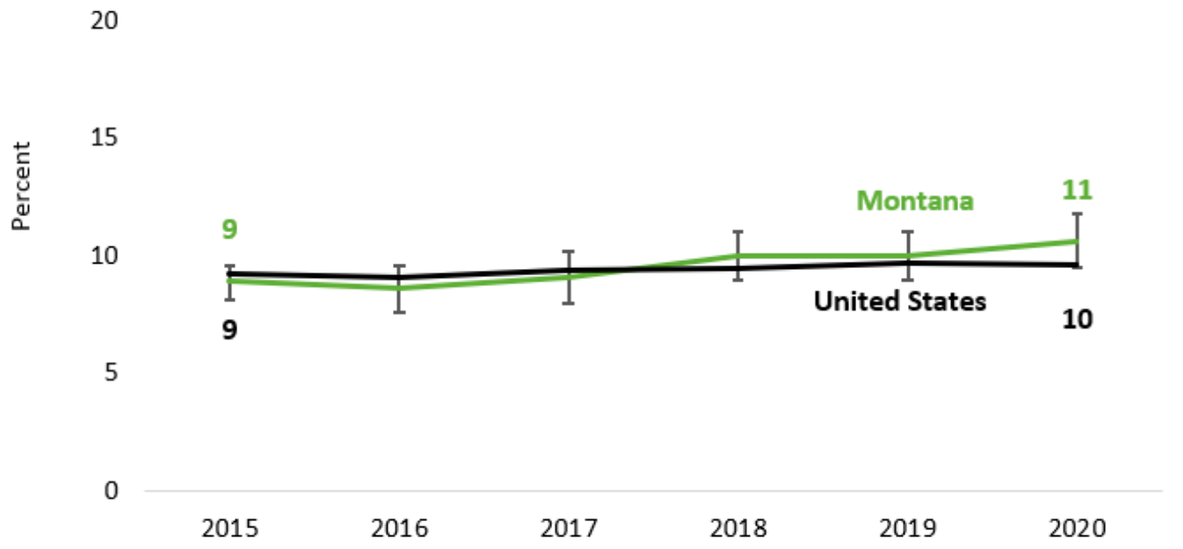
The county's rate of adults with current asthma increased over the years and is higher compared to MT or the U.S.

Figure 1. Percent of adults aged 18 years or older diagnosed with current asthma, Lewis and Clark County, Montana, 2011-2019



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2011-2019
I – *indicates* 95% *confidence interval.*

Figure 2. Percent of adults aged 18 years or older diagnosed with current asthma, Montana and the United States, 2015-2020



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2015-2020.
I – *indicates* 95% *confidence interval.*

Chronic Disease

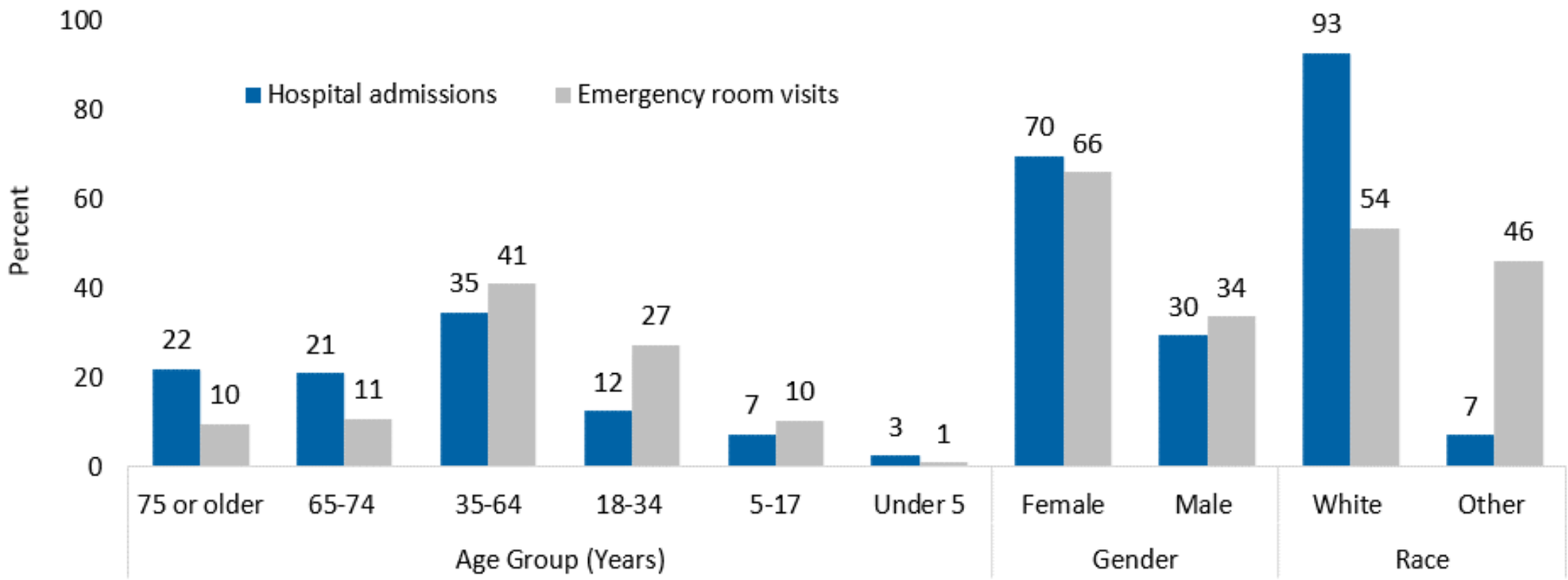
- ASTHMA
- CANCER
- HEART DISEASE

Area of Concern

1. Asthma - Supporting Data

The county's asthma hospital stays, and ER visits were much higher for female residents and those aged 35-64 years.

Percent of asthma hospital admissions and emergency room visits by age group, gender, and race, Lewis and Clark County, Montana, 2019



Data Source: Electronic Health Records, St. Peter's Health, Lewis and Clark County, Montana, 2019. Includes primary and secondary diagnosis. Data include Lewis and Clark County residents only.

Chronic Disease

ASTHMA

CANCER

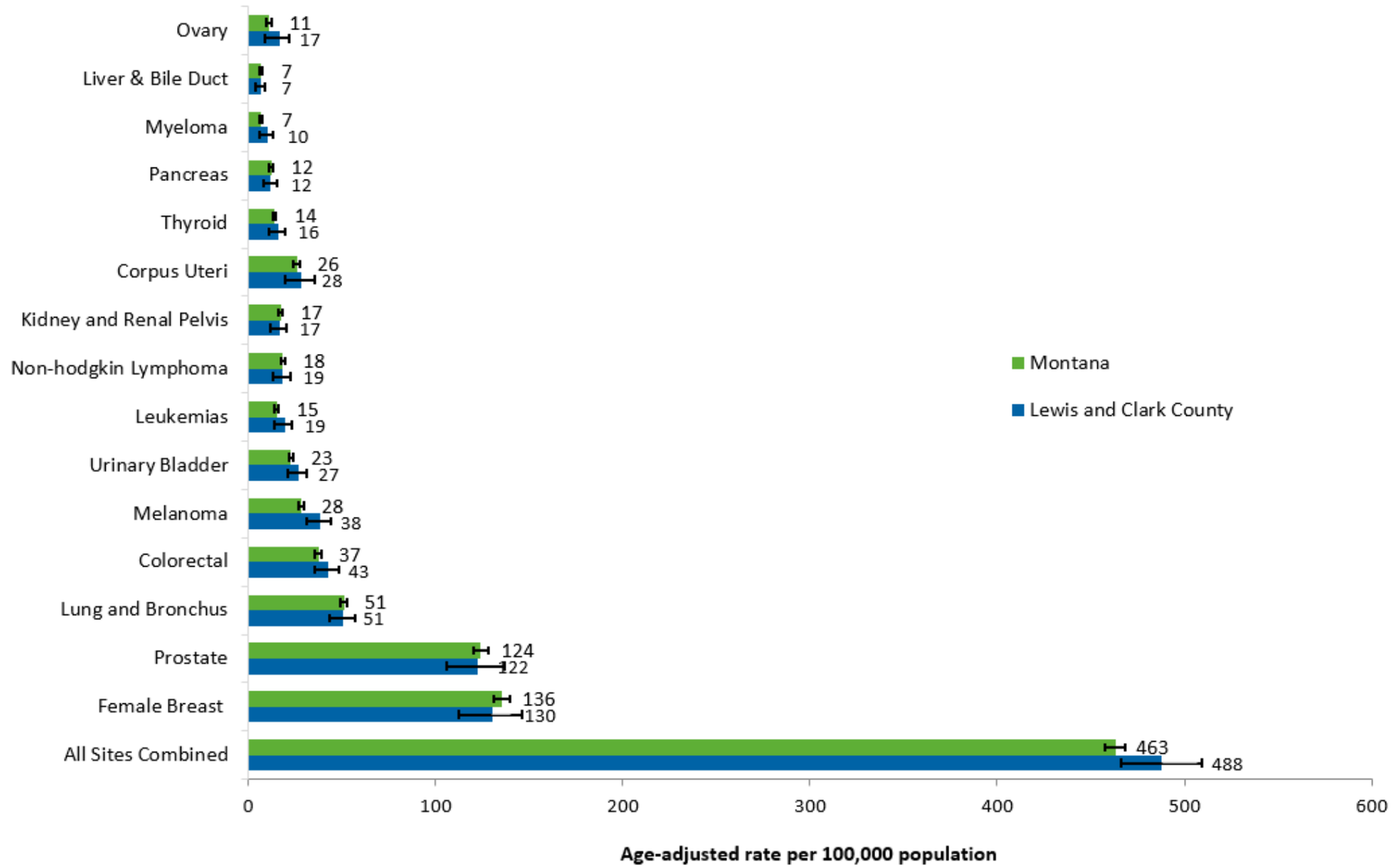
HEART DISEASE

Area of Concern

2. Cancer - Supporting Data

The county highest rates of new cancer cases are prostate and female breast cancers.

Age-adjusted cancer incidence (new cases) rate for select cancer sites, Lewis and Clark County, Montana, and Statewide, 2014-2018



Data Source: Montana Central Tumor Registry, Department of Public Health and Human Services, 2014-2018.
I – *indicates* 95% *confidence interval*

Chronic Disease

ASTHMA

CANCER

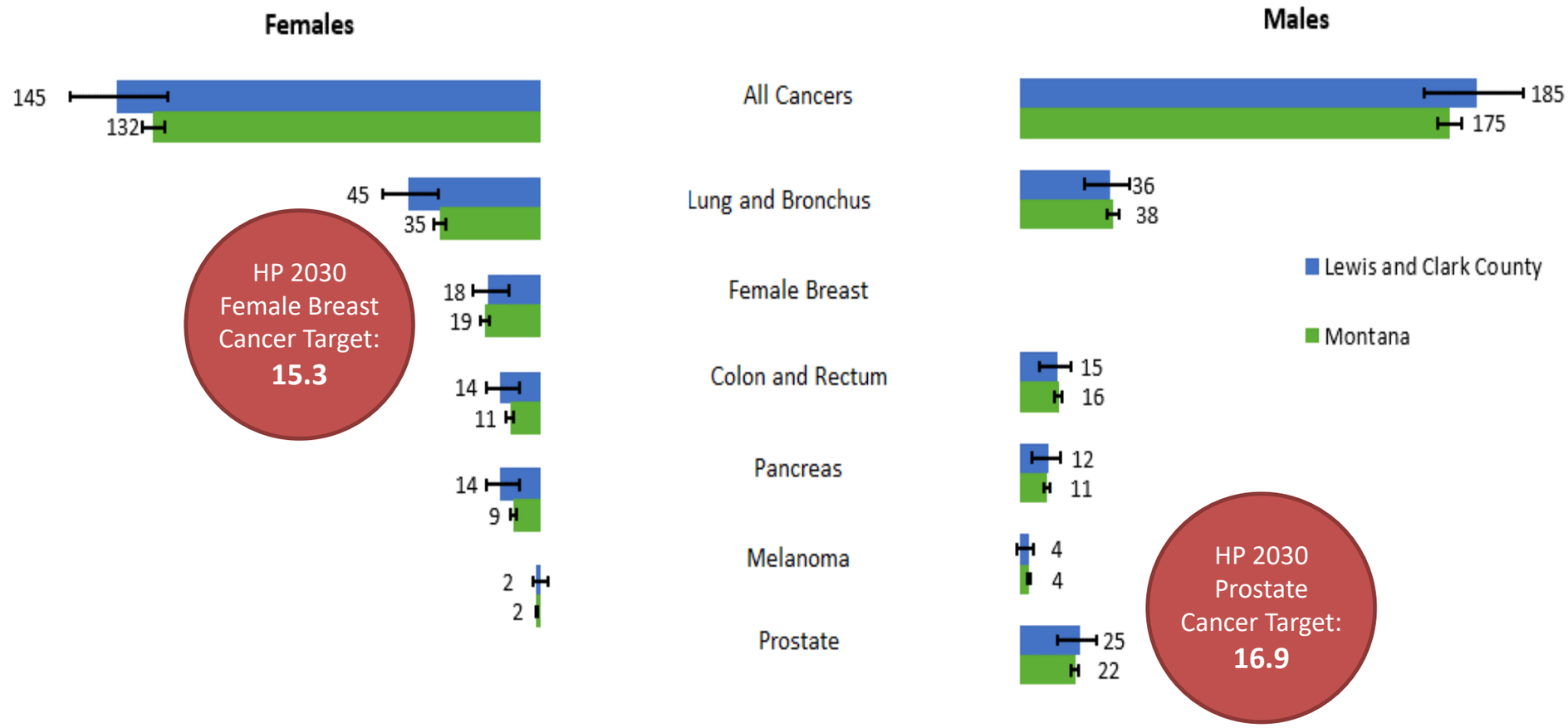
HEART DISEASE

Area of Concern

2. Cancer - Supporting Data

The county did not meet the Healthy People (HP) 2030 targets for female breast and prostate cancers.

Age-adjusted mortality (deaths) rate per 100,000 population for all and select cancer sites, by gender, Lewis and Clark County, Montana, and Statewide, 2014-2018



Data Source: Death Records, Office of Vital Statistics, Montana Department of Public Health and Human Services, 2014-2018. HP2030 Targets: C-04 breast; C-08: prostate. I – *indicates 95% confidence interval*

Chronic Disease

ASTHMA

CANCER

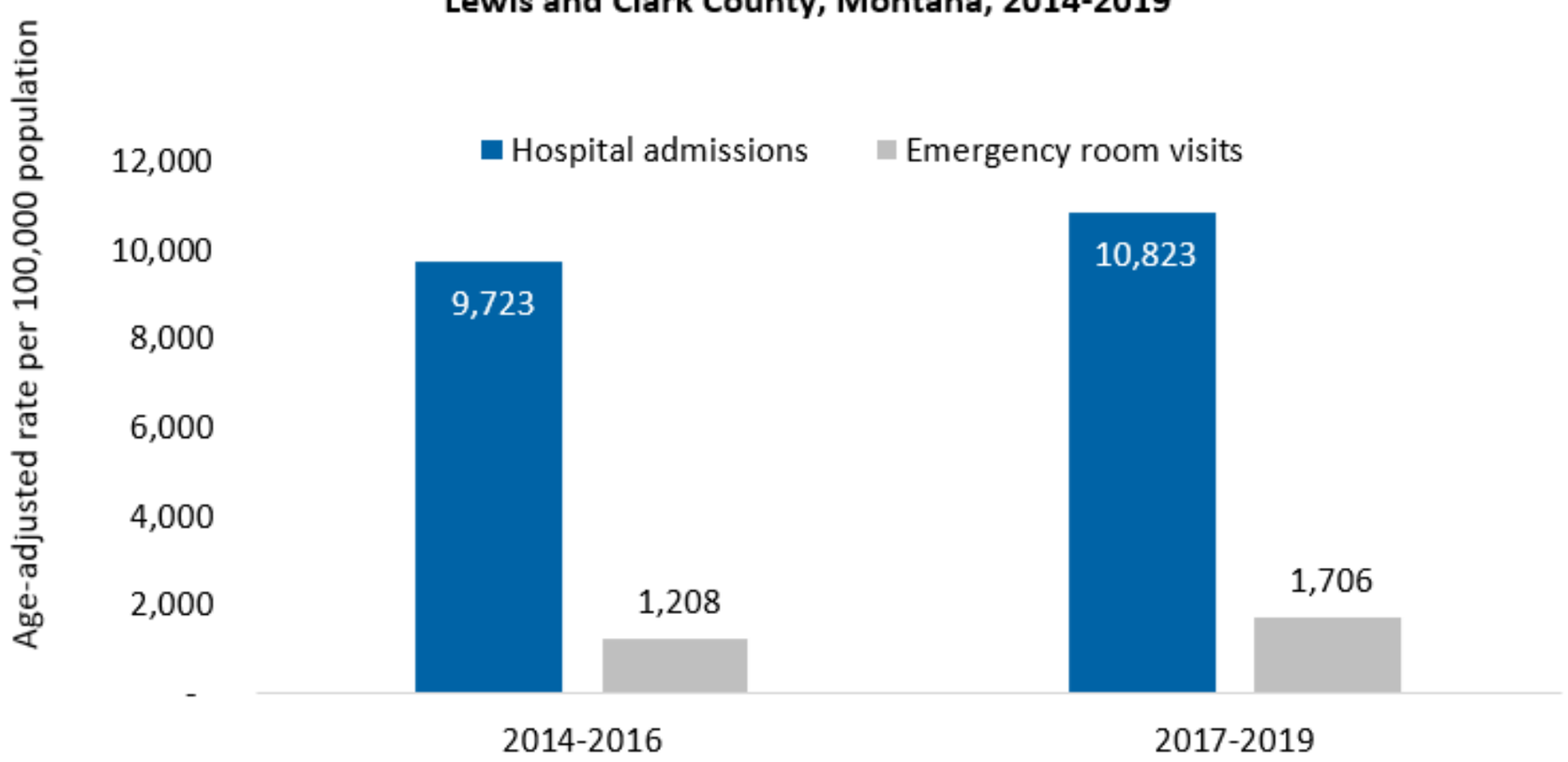
HEART DISEASE

Area of Concern

2. Cancer - Supporting Data

The county's cancer rates for hospitalizations and ER visits increased between the measurement time periods.

Age-adjusted cancer rates for hospital admissions and emergency room visits, Lewis and Clark County, Montana, 2014-2019



Data Source: Electronic Health Records, St. Peter's Health, Lewis and Clark County, Montana, 2019. Includes primary and secondary diagnosis. Data include Lewis and Clark County residents only.

Chronic Disease

ASTHMA

CANCER

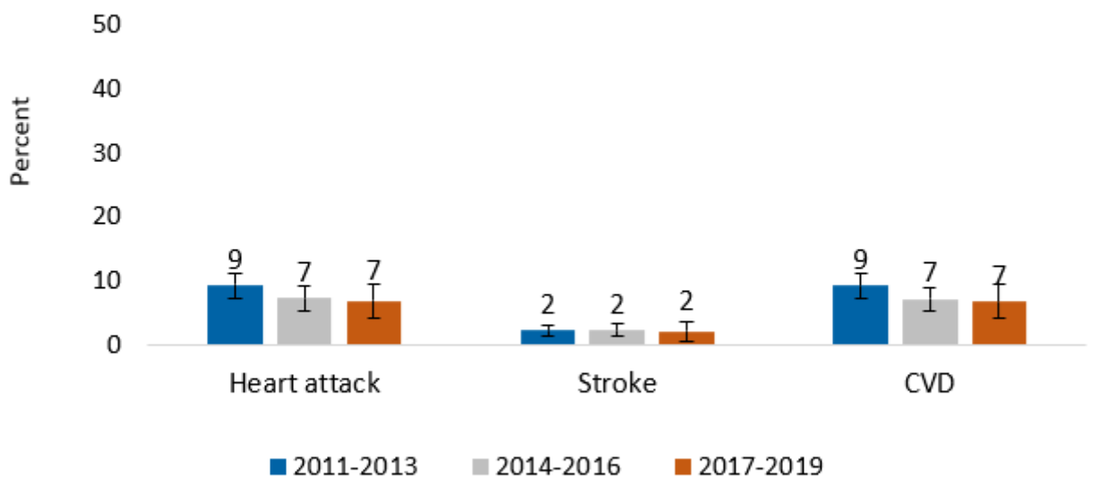
HEART DISEASE

Area of Concern

3. Heart Disease - Supporting Data

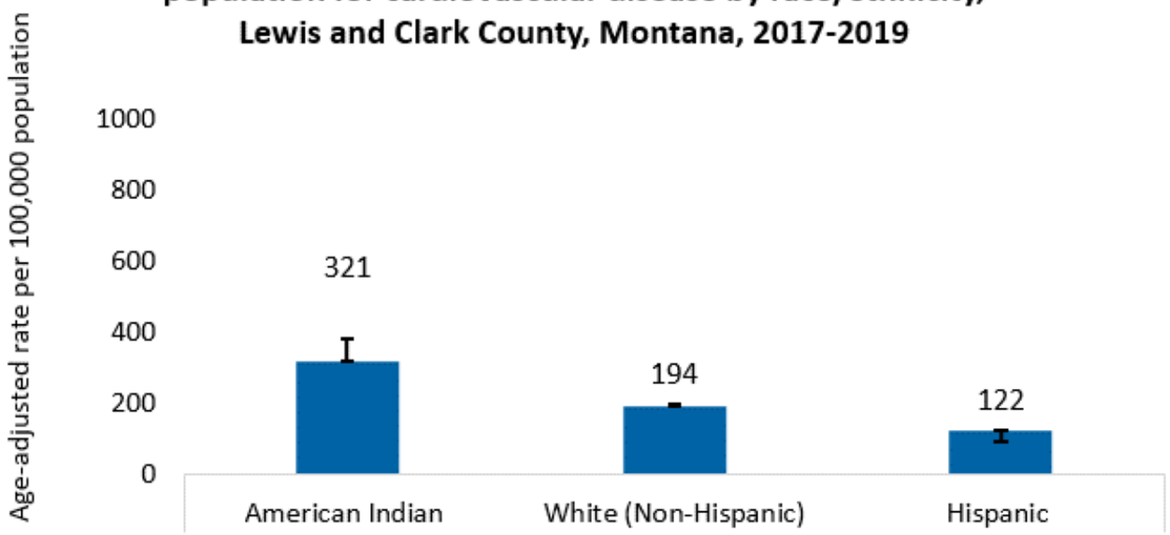
The county's CVD rates for adults decreased over the years, but the death rate for American Indian residents was significantly higher compared to Whites.

Figure 1. Prevalence of cardiovascular disease (CVD), heart attack, or stroke among adults aged 18 years or older, Lewis and Clark County, Montana, 2011-2019



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2011-2019
I – *indicates* 95% *confidence interval.*

Figure 2. Age-adjusted mortality (deaths) rate per 100,000 population for cardiovascular disease by race/ethnicity, Lewis and Clark County, Montana, 2017-2019



Data Source: National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention Prevention.
I – *indicates* 95% *confidence interval*

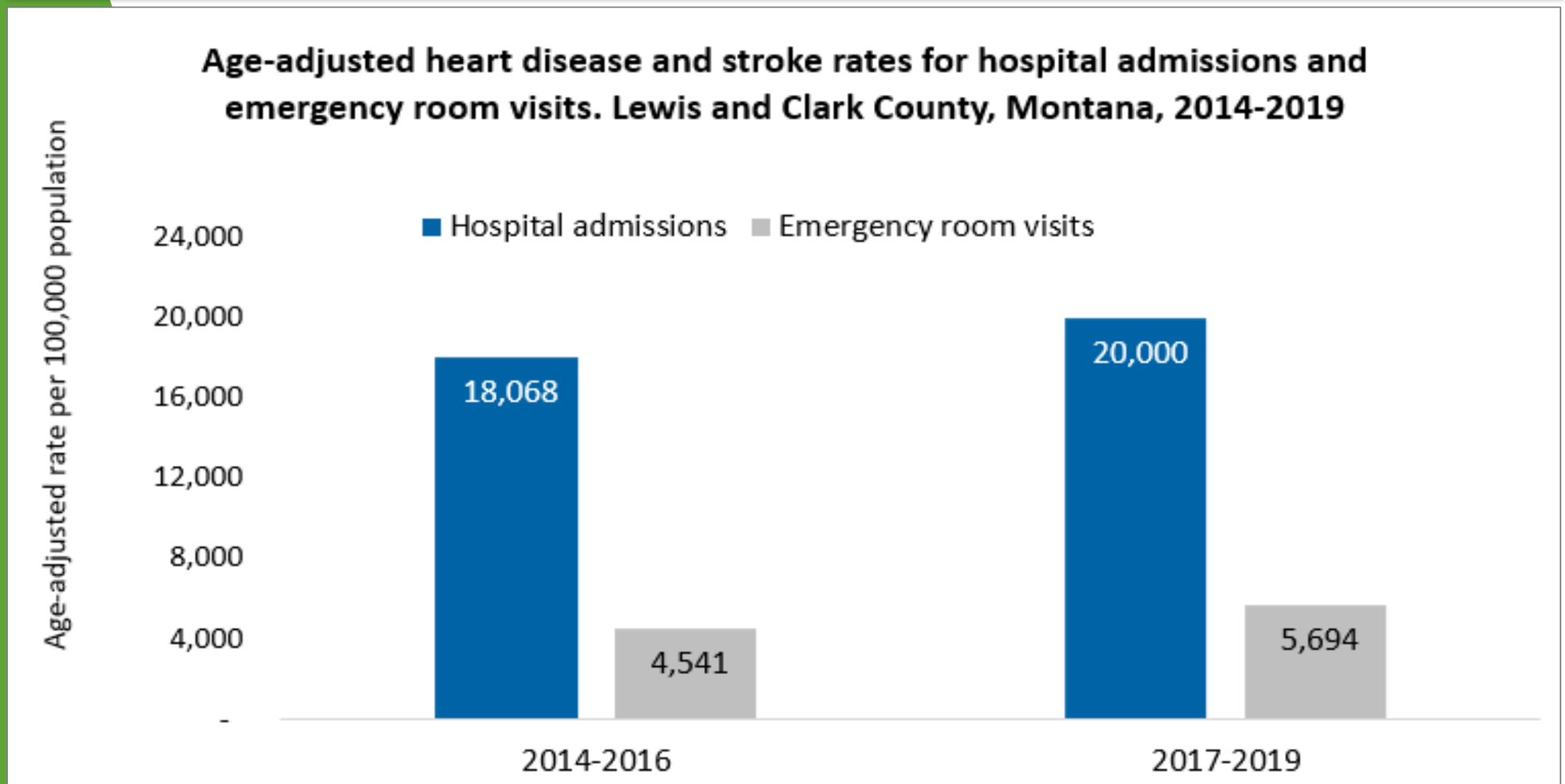
Chronic Disease

- ASTHMA
- CANCER
- HEART DISEASE

Area of Concern

3. Heart Disease - Supporting Data

The county's heart disease and stroke hospital stays, and ER visit rates increased between the measurement time periods.



Data Source: Electronic Health Records, St. Peter's Health, Lewis and Clark County, Montana, 2019. Includes primary and secondary diagnosis. Data include Lewis and Clark County residents only.

Chronic Disease

ASTHMA

CANCER

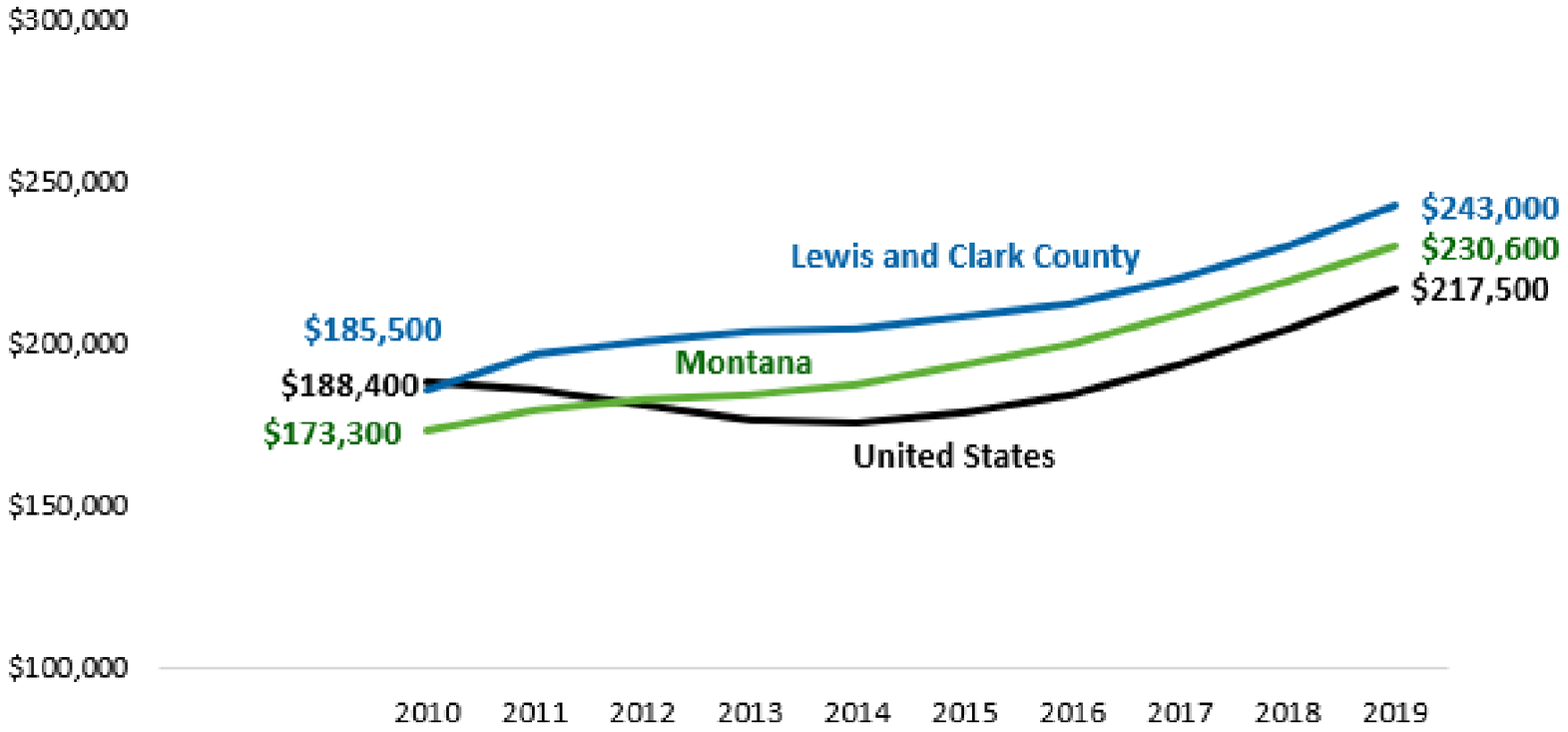
HEART DISEASE

Area of Concern

4. Housing - Supporting Data

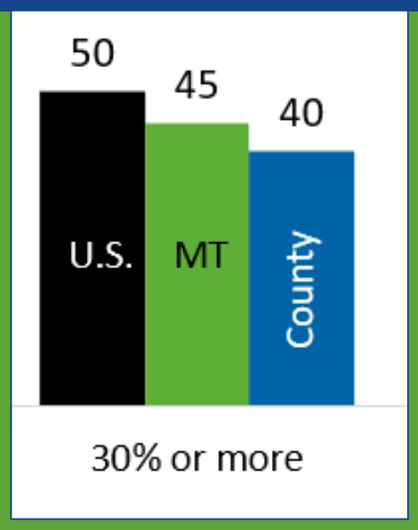
The county's median house value is significant higher compared to MT or the U.S.

Median house value,
Lewis and Clark County, Montana, statewide, and the United States, 2010-2019



Data Source: US Census Bureau, 2010-2019, ACS 1-Year Estimate

Percent of household income spent on rent in 2019



Data Source: US Census Bureau, 2019, ACS 1-Year Estimate

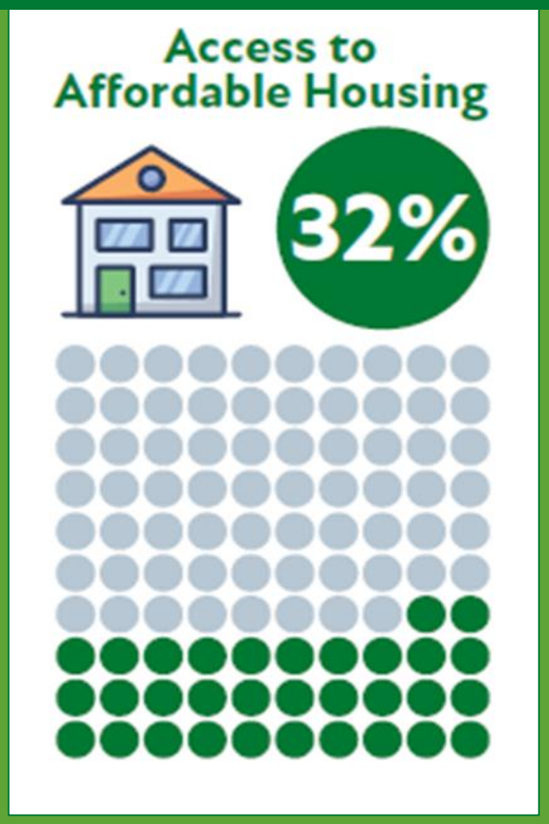
Housing

HOUSING

Area of Concern

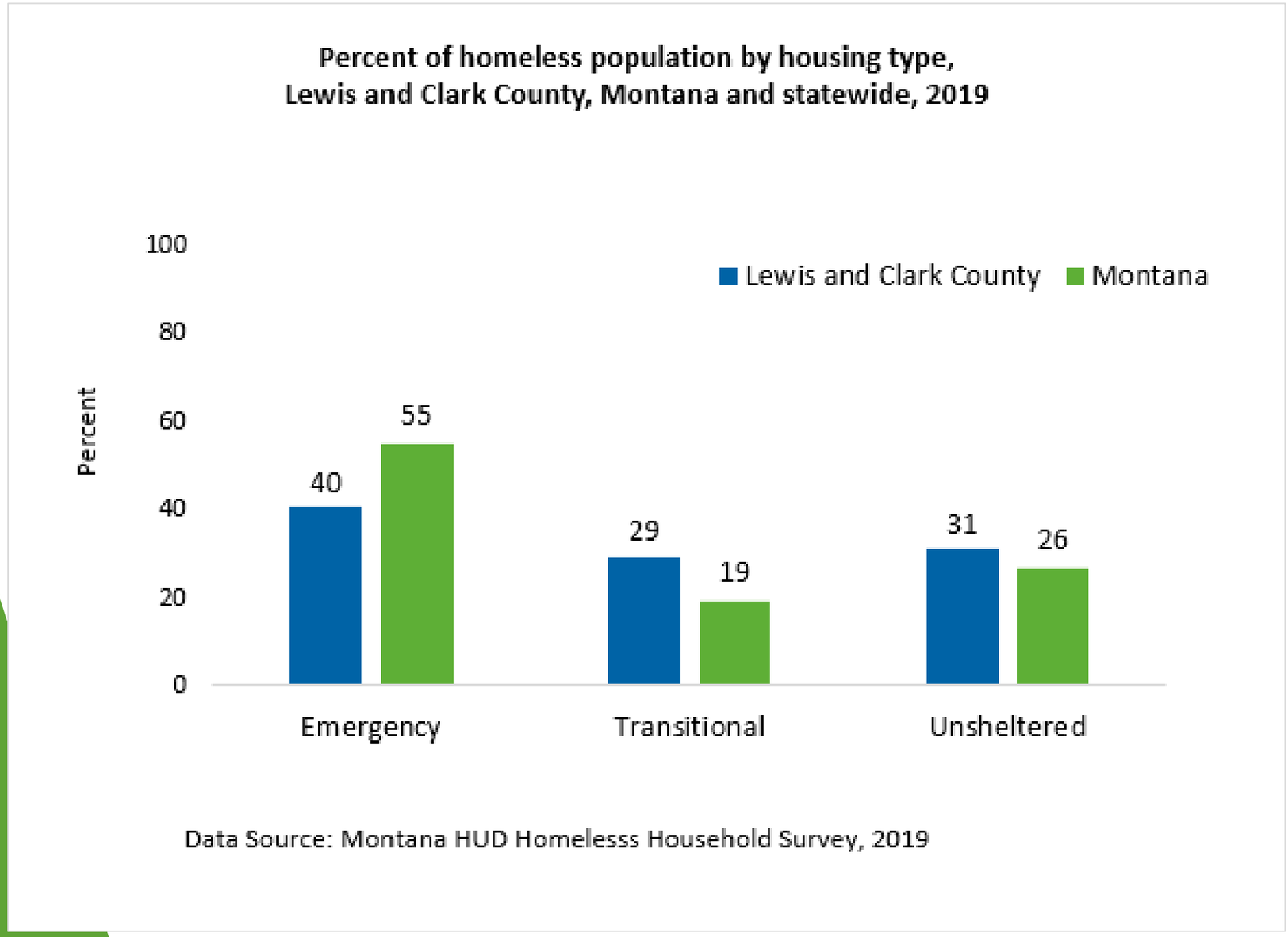
4. Housing - Supporting Data

One of top 3 items Lewis and Clark County residents believe is most important for a healthy community, 2021



Data Source: COVID-19 Post Vaccination Survey (2,265), Lewis and Clark Public Health Department, Montana

The county's homeless population utilized transitional housing (between emergency crisis shelter and permanent housing) more often compared to the rest of the state.



Data Source: Montana HUD Homelesss Household Survey, 2019

Housing

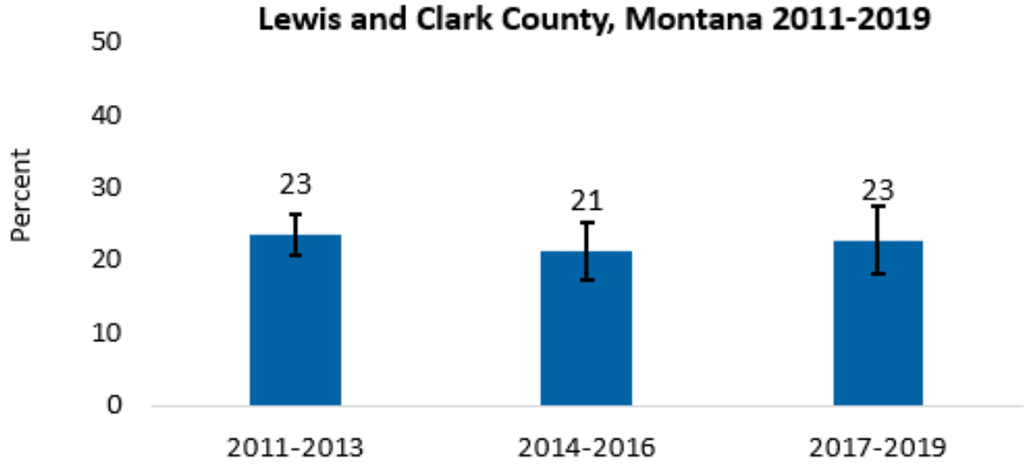
HOUSING

Area of Concern

5. Mental Health - Supporting Data

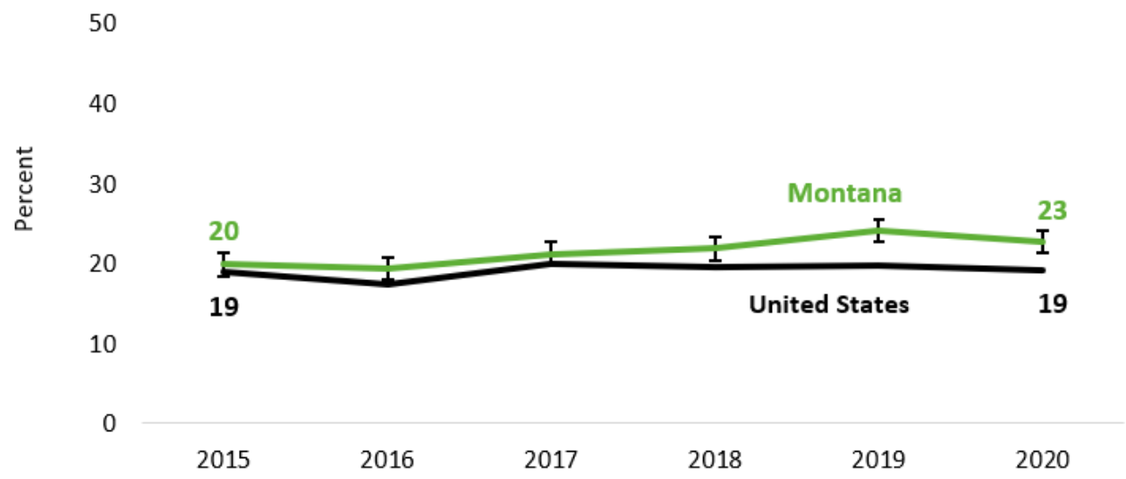
The county's rates of depressive disorders for adults is comparable to MT's rate, but the rate is much higher compared to the U.S.

Figure 1. Percent of adults aged 18 years or older diagnosed with depressive disorder, Lewis and Clark County, Montana 2011-2019



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2011-2019
I – *indicates* 95% *confidence interval.*

Figure 2. Percent of adults aged 18 years or older diagnosed with depressive disorder, Montana and the United States, 2015-2020



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2015-2020.
I – *indicates* 95% *confidence interval.*

Behavioral Health

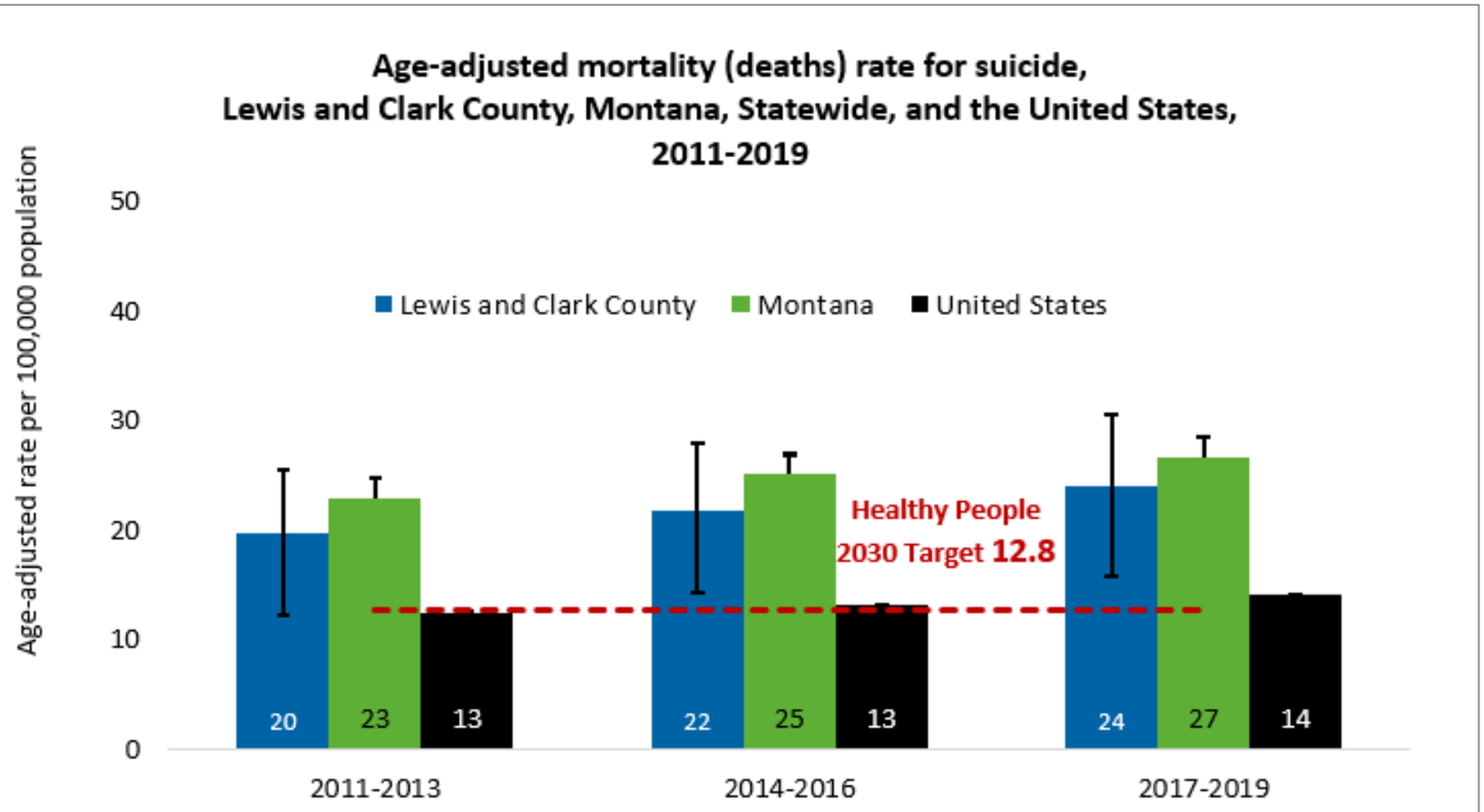
MENTAL HEALTH

SUBSTANCE USE

Area of Concern

5. Mental Health - Supporting Data

The county did not meet the Healthy People 2030 target of reducing suicide mortality rate.



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, 2011-2019. HP2030 Target MMHD-01. I — *indicates 95% confidence interval.*

Behavioral Health

MENTAL HEALTH

SUBSTANCE USE

Area of Concern

6. Substance Use - Supporting Data

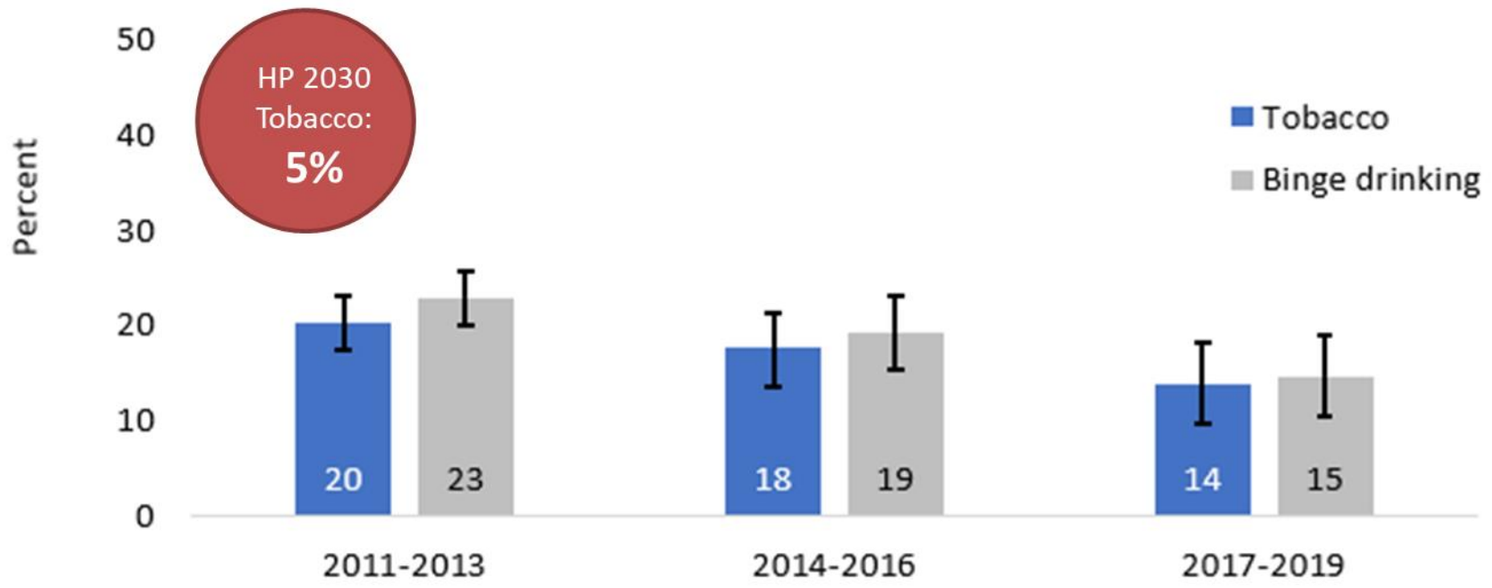
The county's rates of tobacco product use and binge drinking among adults decreased over the years.

WHAT IS BINGE DRINKING?

Binge drinking is defined as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 g/dl or above. This typically happens when men consume 5 or more drinks or women consume 4 or more drinks in about 2 hours.

Source: Centers for Disease Control and Prevention, 2021

Percent of adults aged 18 years or older who were current smokers or binge drinkers, Lewis and Clark County, Montana, 2011-2019



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2011-2019. I — *indicates 95% confidence interval.*

Behavioral Health

MENTAL HEALTH

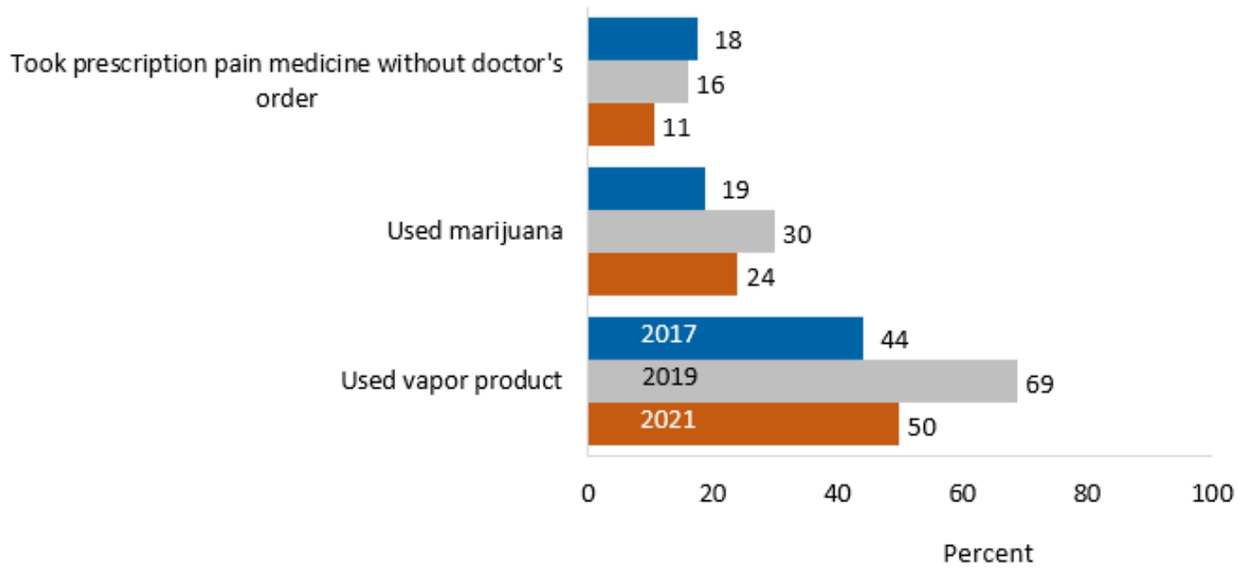
SUBSTANCE USE

Area of Concern

6. Substance Use - Supporting Data

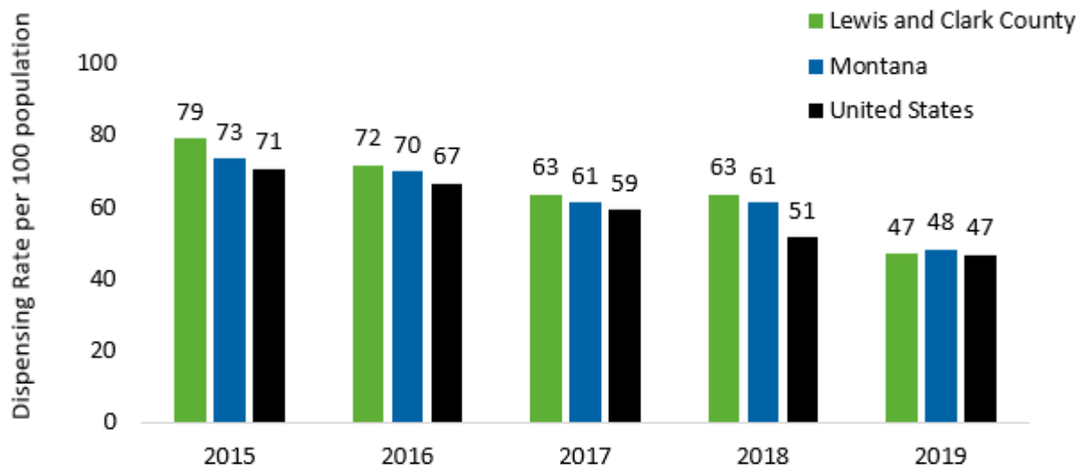
The county's prescription pain medicine intake without doctor's order decreased among high school students, so did the rate of opioid dispending.

Figure 1. Percent of high school students who reported using a substance at least once, Lewis and Clark County, Montana, 2017-2021



Data Source: Youth Behavioral Risk Survey (YRBS), 2017-2021.

Figure 2. Opioid dispensing rate per 100 population, Lewis and Clark County, Montana, Statewide, and the United States, 2015-2019



Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2015-2019

Behavioral Health

MENTAL HEALTH

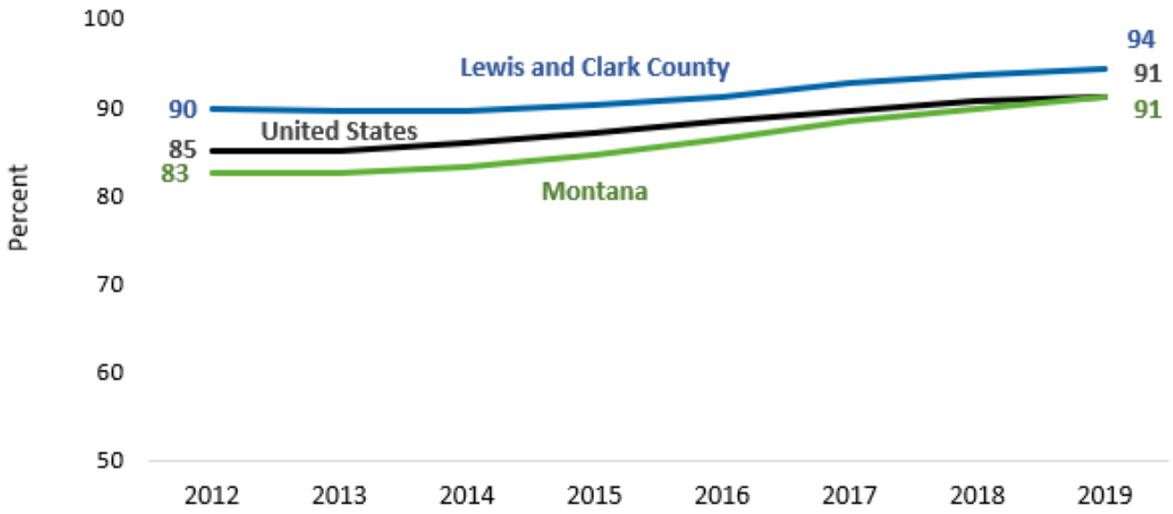
SUBSTANCE USE

Cross Cutting Issues

Access to Care - Supporting Data

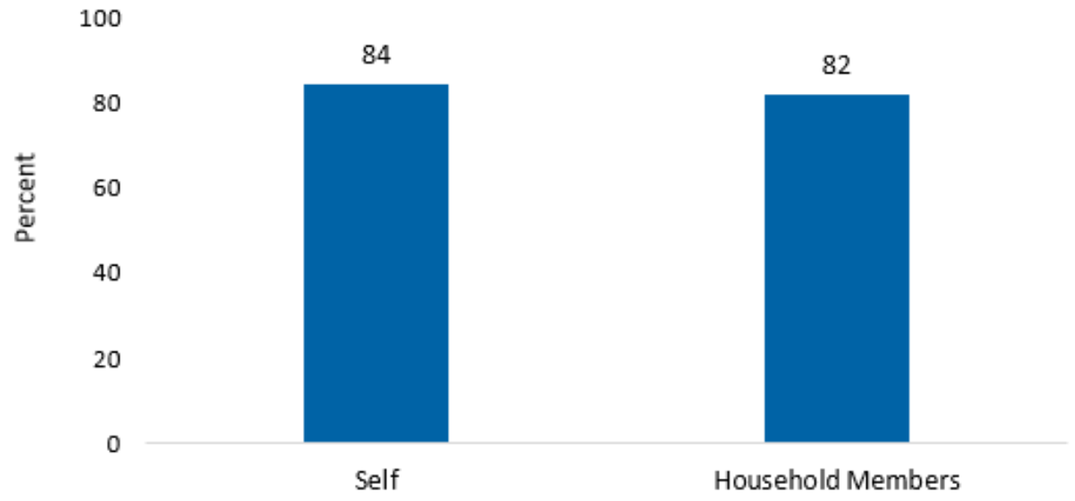
The percentage of county residents with insurance coverage increased over the years and majority of the population have a primary care physician.

Figure 1. Percent of population who have health insurance, Lewis and Clark County, Montana, Statewide, and the United States, 2012-2019



Data Source: US Census Bureau, ACS 5-Year Estimates, 2012-2019, Table DP03.

Figure 2. Percent of residents who have a primary care physician, Lewis and Clark County, Montana, 2021



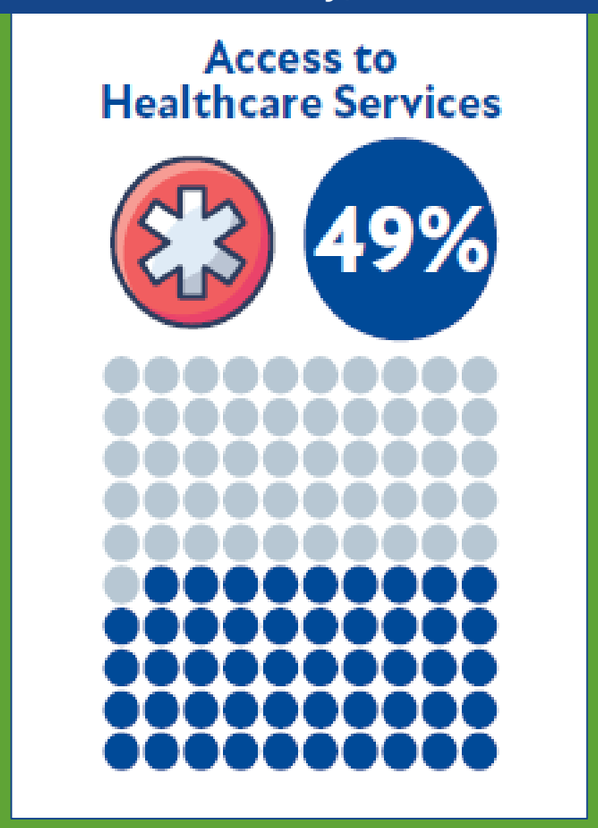
Data Source: COVID-19 Post Vaccination Survey (n=2,065), Lewis and Clark Public Health, Montana, 2021

Cross Cutting Issues

Access to Care - Supporting Data

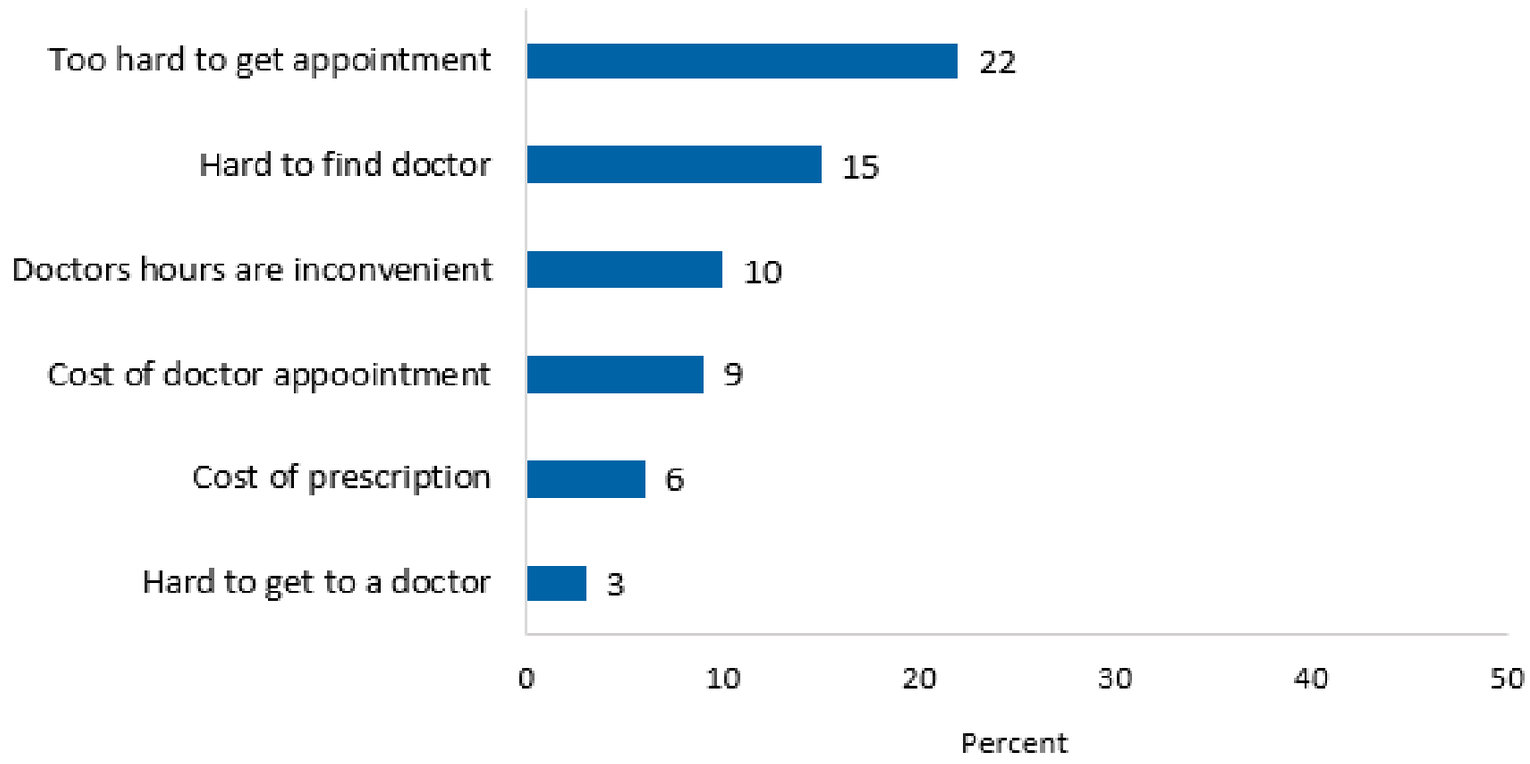
‘Hard to get an appointment’, was identified by county residents as the most frequent barrier to healthcare.

One of top 3 items Lewis and Clark County residents believe is most important for a healthy community, 2021



Data Source: COVID-19 Post Vaccination Survey (2,265), Lewis and Clark Public Health Department, Montana

Percent of population who experienced a barrier to healthcare, by barrier type, Lewis and Clark County, Montana, 2021



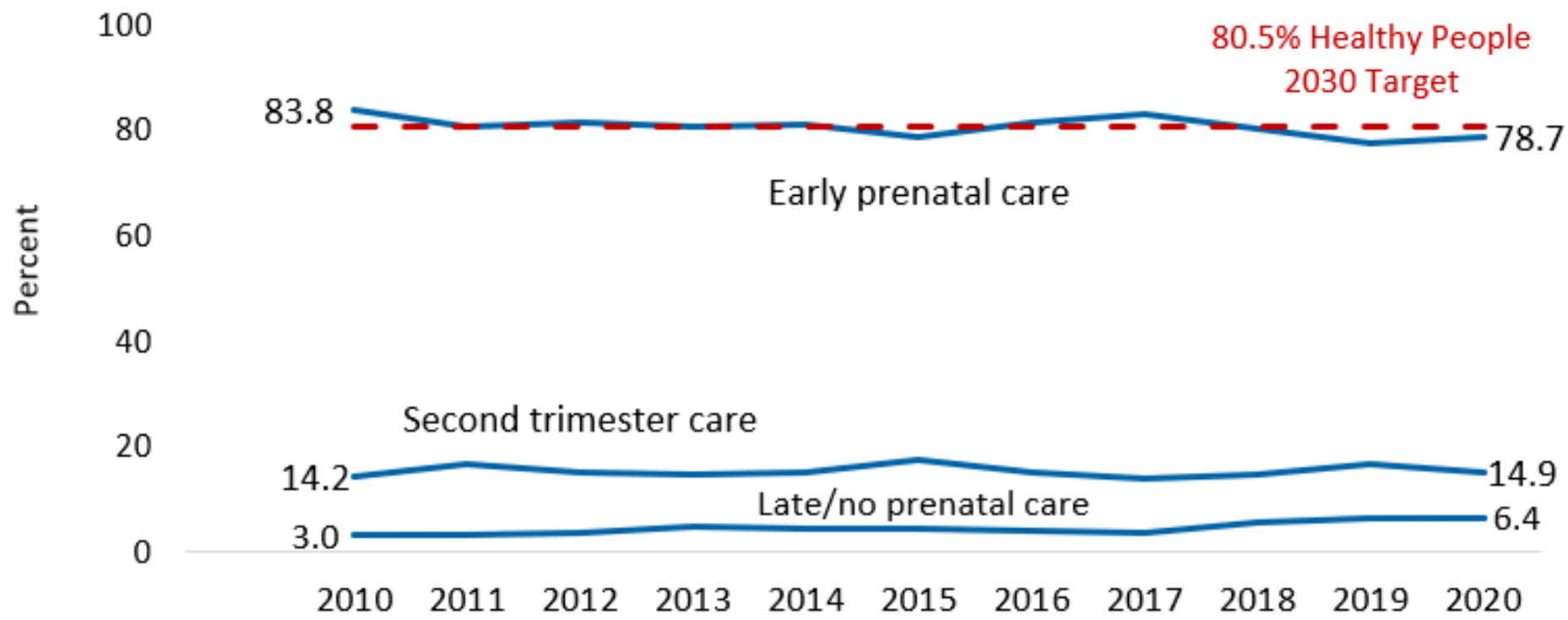
Data Source: St. Peter's Health PRC Community Health Survey, Montana, 2021

Cross Cutting Issues

Early Childhood - Supporting Data

The county did not meet the Healthy People 2030 target of early prenatal care initiation.

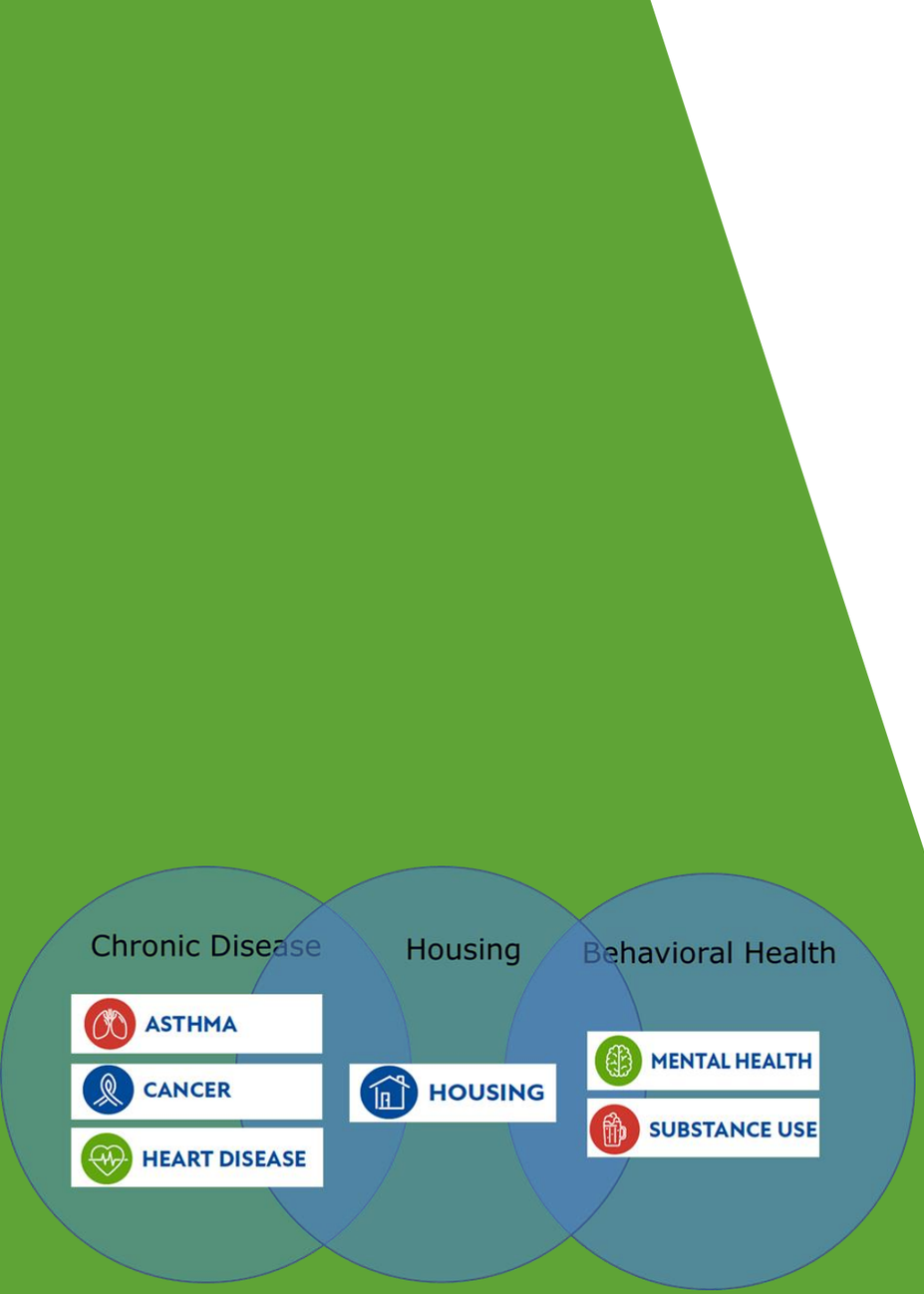
Percent of prenatal care initiation by trimester, Lewis and Clark County, Montana, 2010-2020



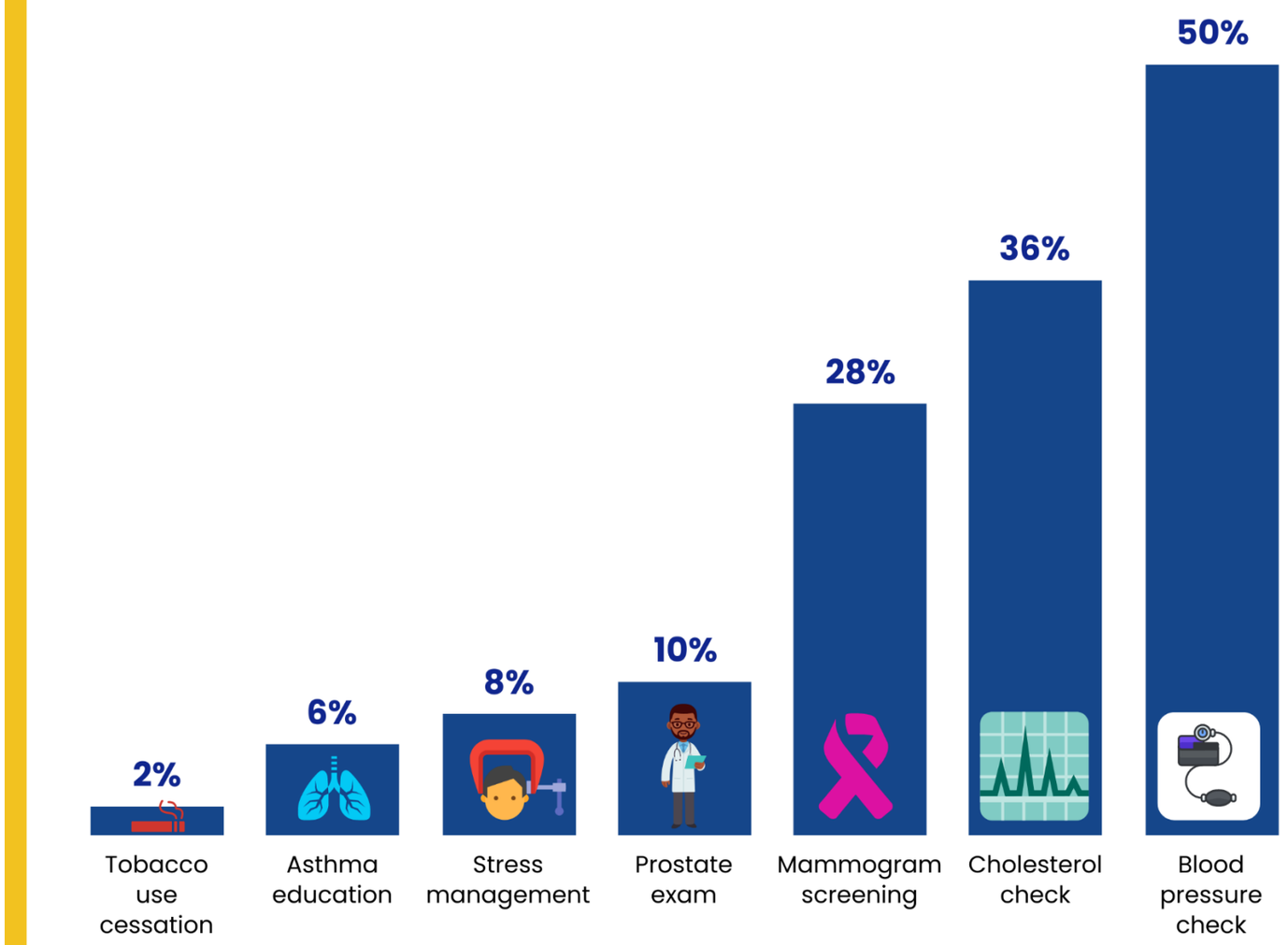
Data Source: Office of Vital Statistics, Montana Department of Public Health and Human Services, 2010-2020. Lewis and Clark residents only. Healthy People 2030 Target MICH-08.

Areas of Concern

Intervention Programs - Supporting Data



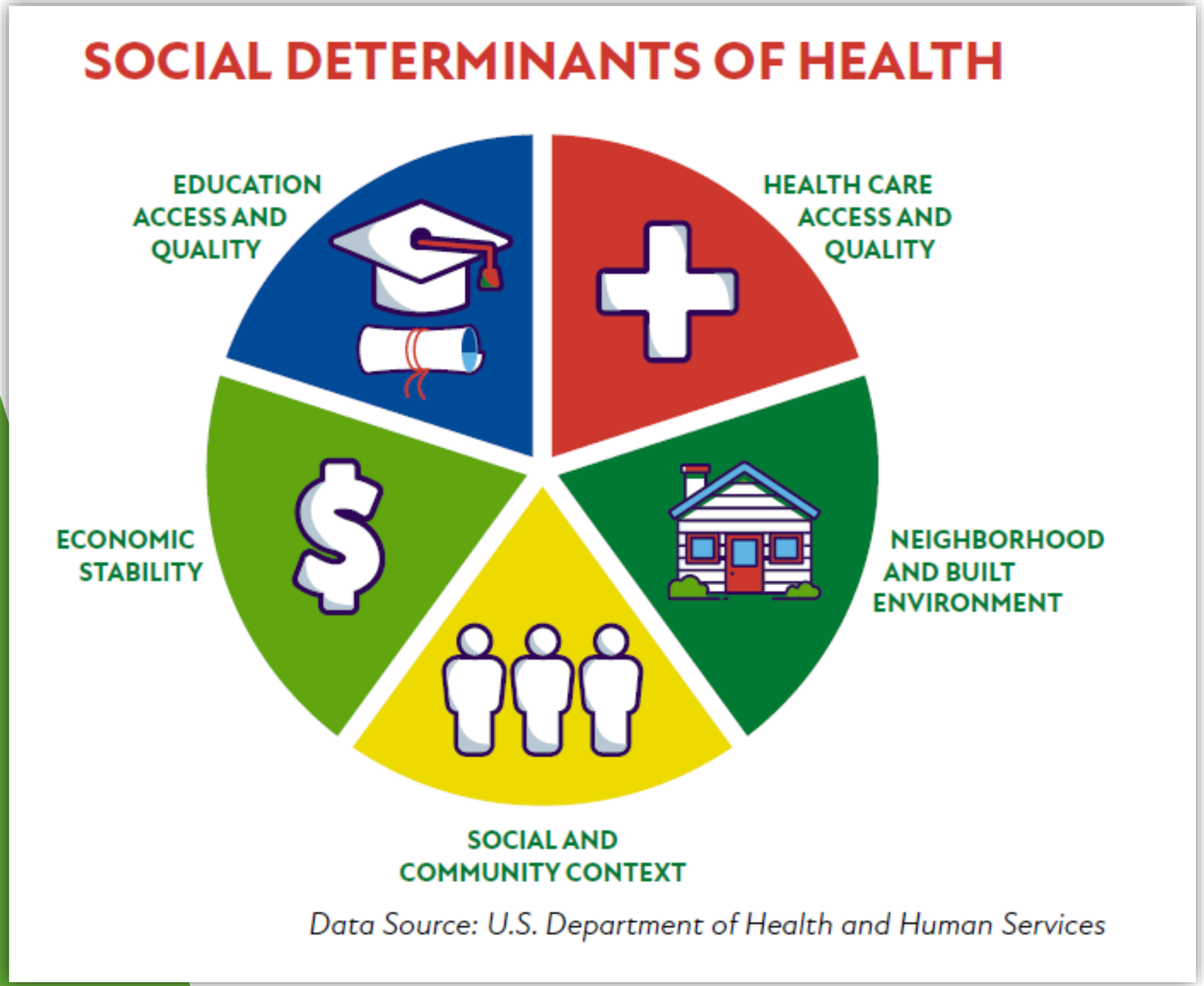
Preventive and self-management services utilized by Lewis and Clark County residents in 2020



Data Source: COVID-19 Post Vaccination Survey (2,265), Lewis and Clark Public Health Department, Montana

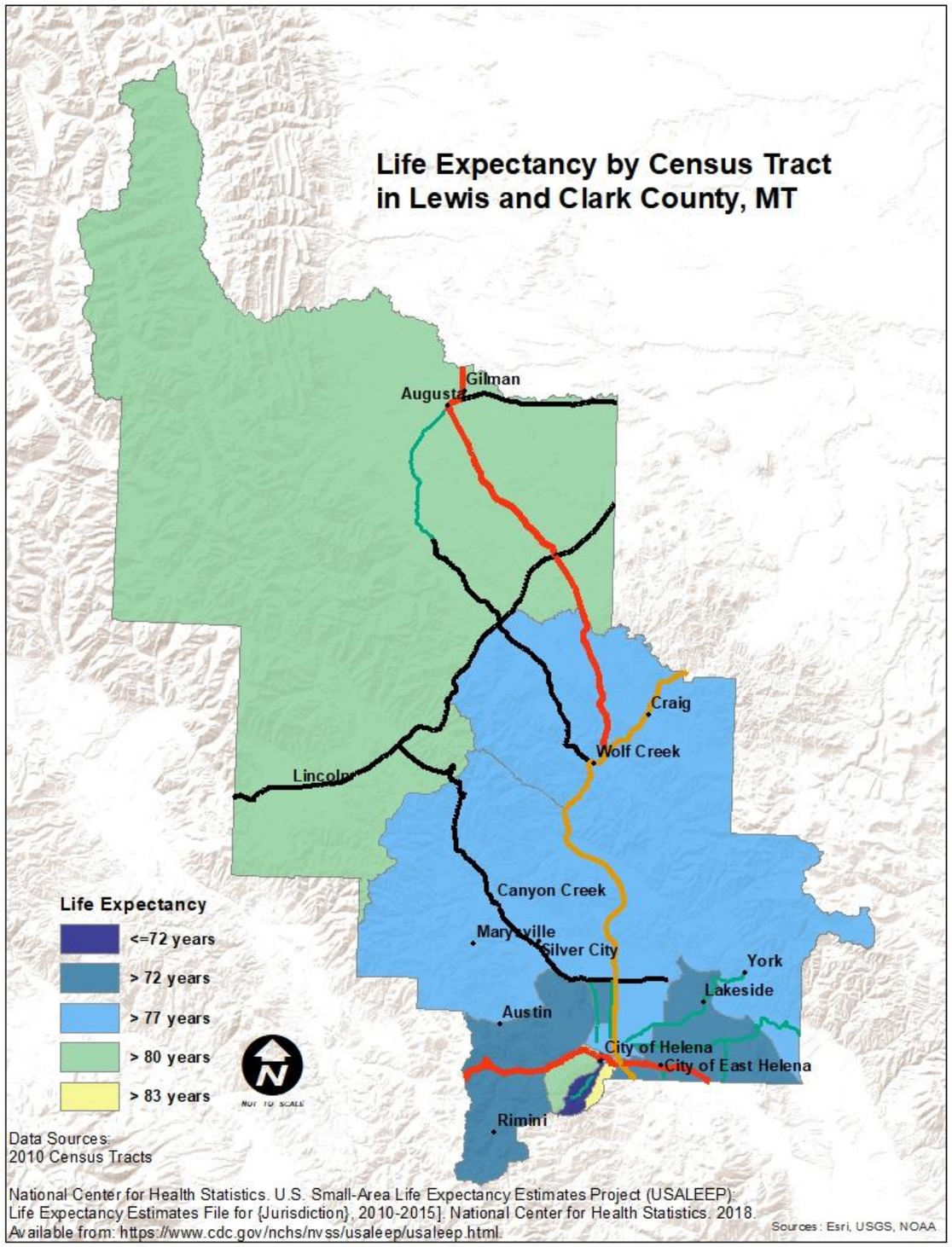
Conclusion

Community Engagement and Call to Action



Conclusion

Community Engagement and Call to Action

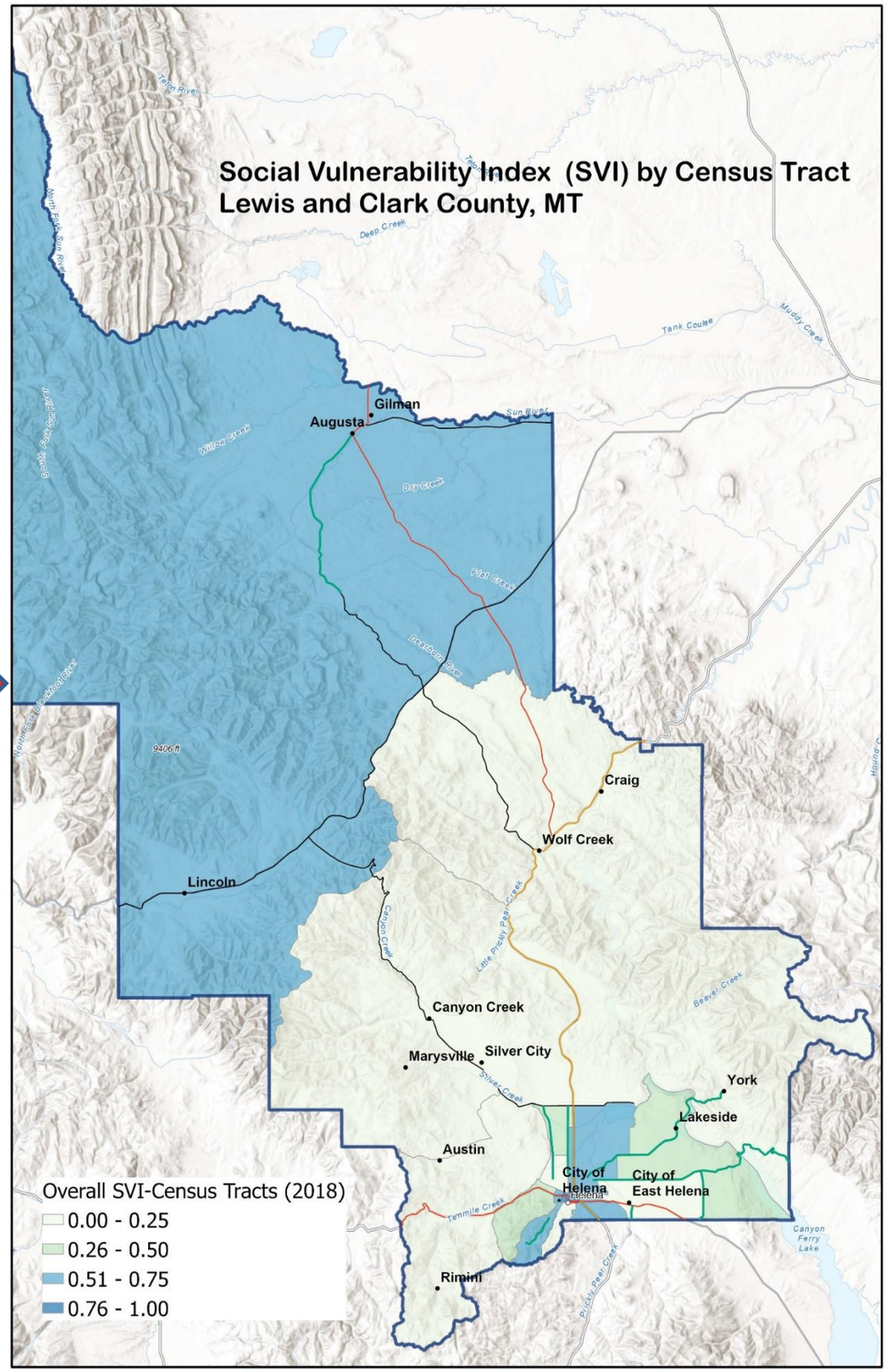


Conclusion

Community Engagement and Call to Action

OVERALL VULNERABILITY		
	SOCIOECONOMIC STATUS	BELOW POVERTY
		UNEMPLOYED
		INCOME
		NO HIGH SCHOOL DIPLOMA
	HOUSEHOLD COMPOSITION & DISABILITY	AGED 65 OR OLDER
		AGED 17 OR YOUNGER
		OLDER THAN AGE 5 WITH A DISABILITY
		SINGLE-PARENT HOUSEHOLDS
	MINORITY STATUS & LANGUAGE	MINORITY
		SPEAKS ENGLISH "LESS THAN WELL"
	HOUSING TYPE & TRANSPORTATION	MULTI-UNIT STRUCTURES
		MOBILE HOMES
		CROWDING
		NO VEHICLE

Table. Data Source: U.S. Census, American Community Survey (ACS), 2014-2018.



Conclusion

Thank you!

Community Health Report Utilization Survey

- Survey Link in the chat

Questions:

- Type in the chat
- Unmute yourself

Healthy Together

A community partnership to improve health, spearheaded by these local organizations

Lewis & Clark Public Health

United Way of the Lewis and Clark Area

St. Peter's Health

PureView Health Center

ROCKY Rocky Mountain Development Council, I Improving lives, strengthening communit

CHIP Timeline: Lewis and Clark County

2013

- Mental health
- Substance use
- Maternal child health
- Chronic disease
- Access to care

2016

- Mental health
- Substance abuse
- Maternal child health
- Chronic disease
- Access to care
- Environmental health and injury
- Communicable disease

2019

- Behavioral health
- Early childhood
- Cross cutting issue: System access

Proposed 2022 Key Areas of Action

Chronic Disease

- ASTHMA
- CANCER
- HEART DISEASE

Housing

- HOUSING

Behavioral Health

- MENTAL HEALTH
- SUBSTANCE USE

Cross Cutting Issues

Early Childhood and Access to Care

Feedback in the Chat

What comments or questions do you have about the CHIP process and the proposed Key Areas for Action?

Feedback in the Chat

What do you think Lewis and Clark County needs to prioritize to improve health in these Key Areas for Action?

Poll Question

Select your workgroup for the next two meetings using the chat

Next Steps

April 13th

- Review data in each key area of focus
- Highlight current work
- Assess gaps and needs

May 11th

- Select and prioritize actions in each key area
- Draft CHIP plan review and feedback