Flathead City-County Health Department

CHNA/CHIP

JUNE 2022

Introduction

The Community Health Needs Assessment is a report created in partnership by:

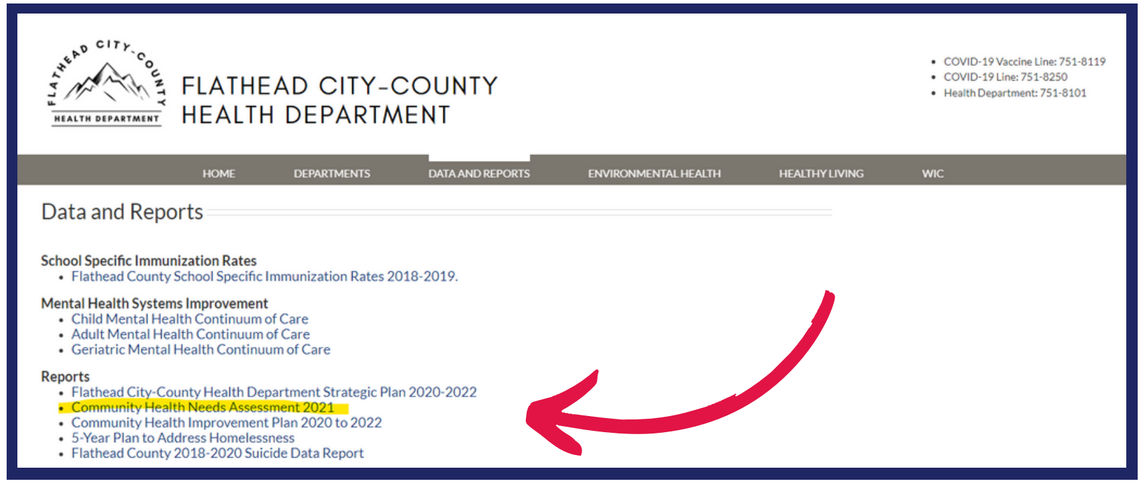
- Flathead City-County Health Department
- Greater Valley Health Center
- Logan Health
- Logan Health Whitefish

The completion of a CHNA helps us to meet IRS regulations as well as fulfill Public Health Accreditation Board (PHAB) requirements for public health accreditation.

What is a CHNA?

Community Health Needs Assessment (CHNA):

- Health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.
- CHNAs inform health improvement plans for participating hospitals, public health departments, healthcare organizations, and other social service agencies.
- CHNAs are also intended to be shared with the public to inform work across the community.



CHNA

Identify key stakeholders and partners

Gather primary and secondary data from community sources.

Compile and interpret data. Identify trends and compare to national and state benchmarks.

Present CHNA findings to stakeholders. Finalize CHNA.

CHIP

Using the CHNA, prioritize community health needs using stakeholder input.

March 2022

Develop goals, strategies, and an action plan to address the prioritized needs.

April - November 2022

Implement the action plan with partners and resources.

January 1, 2023-2025

Monitor progress and evaluate impact of the plan.

Annual CHIP report will be compiled and distributed beginning December 2023.

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

What is the CHIP?

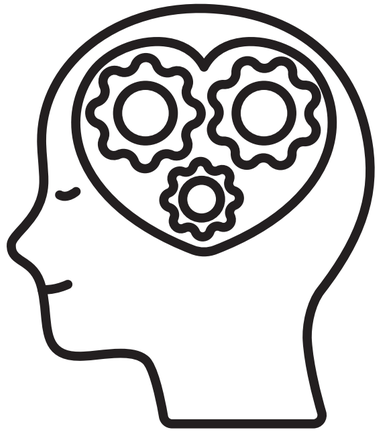
The Community Health Improvement Plan (CHIP) is a long-term systemic effort to address public health problems based on the results of community health needs assessment activities.
A plan is typically updated every three years.

The CHIP should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community.

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

CHNA/CHIP Successes

1. 2018 CHNA data showed mental health was identified as a major problem in the community.
2. 2020-2022 CHIP prioritized mental health.
    a. CHIP partners developed a strategy to create a crisis diversion partnership to ensure access to stabilization services when in crisis.
3. Stemming from this strategy, Flathead County developed and began to implement the crisis co-responder program with local law enforcement.



CHNA/CHIP Successes

1. 2018 CHNA data showed mental health was identified as a major problem in the community.
2. 2020-2022 CHIP prioritized mental health.
3. CHIP partners developed a strategy to improve processes for Maternal Mental Health.
    a. Stemming from this strategy, a Maternal Mental Health Screening was implemented in pediatric clinics and resource packets were created and distributed.
    b. 11 providers in Flathead County were also able to take a PMADs training, with some of them going on to become certified in Perinatal Mental Health (PMH-C).

How are the CHNA/CHIP used?

- Program planning
- Strategic planning
- Grant applications
- Building community partnerships
- Identifying priority populations and disparities within our community

2021 Cumulative CHNA Findings:

Areas of Opportunity Identified through CHNA:

- **Access to healthcare services**
- Cancer
- Heart disease and stroke
- **Infant Health and Family Planning**
- **Injury and Violence**
- **Mental Health**
- **Nutrition, Physical Activity and Weight**
- **Oral health**
- Potentially disabling conditions
- Respiratory disease
- Substance abuse

Community Feedback on Prioritization:

- **Mental Health**
- Substance Abuse
- **Nutrition, Physical Activity, and Weight**
- Heart Disease and Stroke
- **Injury and Violence**
- Cancer
- Potentially Disabling Conditions
- **Oral Health**
- **Access to Healthcare**
- **Infant Health and Family Planning**
- Respiratory Diseases

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

2023-2025 CHIP Priority Areas:

Mental Health & Substance Use, Social Determinants of Health, Community Resilience & Connectedness

Mental Health

MENTAL HEALTH	Flathead County	FLATHEAD CO. vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	15.8		13.4		14.0
% Diagnosed Depression	25.0	24.1	20.6		24.8
% Symptoms of Chronic Depression (2+ Years)	29.6		30.3		31.3
% Typical Day Is "Extremely/Very" Stressful	14.0		16.1		13.4
Suicide (Age-Adjusted Death Rate)	23.8	26.7	14.0	12.8	18.5
Mental Health Providers per 100,000	65.9	34.0	42.6		
% Taking Rx/Receiving Mental Health Trtmt	16.4		16.8		20.2
% Unable to Get Mental Health Svcs in Past Yr	4.7		7.8		5.0

better similar worse

- 82.4% of participants surveyed reported that mental health is a major problem in our community.
- Difficulty accessing mental health services is reported more often among women and adults aged 45 to 64.

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

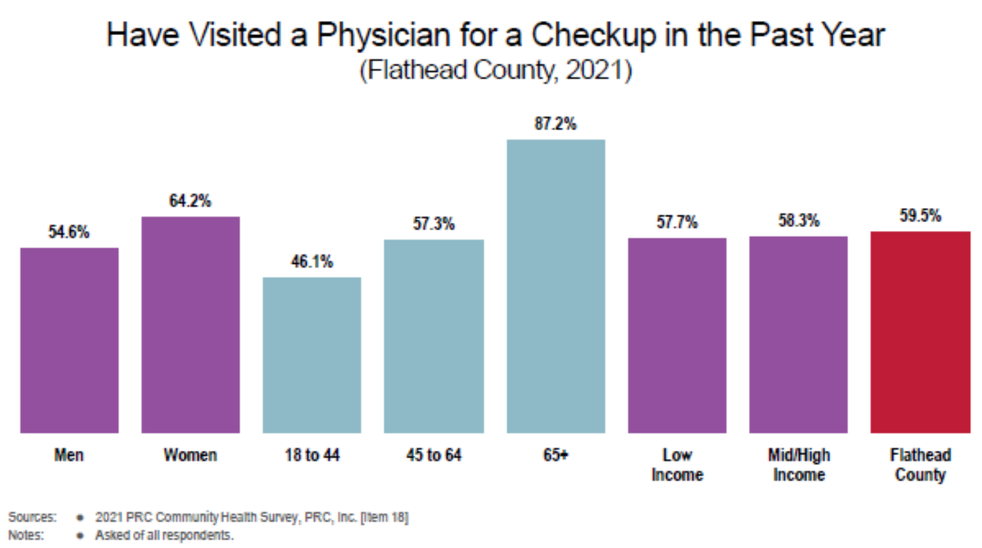
Infant Health & Family Planning

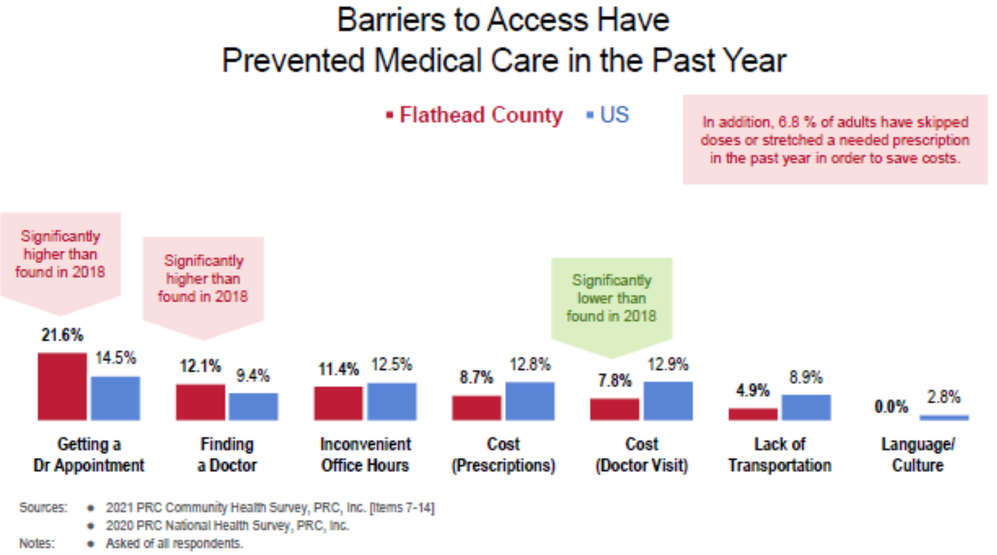
INFANT HEALTH & FAMILY PLANNING	Flathead County	FLATHEAD CO. vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Low Birthweight Births (Percent)	6.0	7.3	8.2		6.3
Infant Death Rate	4.7	4.8	5.6	5.0	3.7
Births to Adolescents Age 15 to 19 (Rate per 1,000)	23.9	24.6	22.7	31.4	
		better	similar	worse	

- Between 2017 and 2019, there was an annual average of 4.7 infant deaths per 1,000 live births. This is below the national rate of 5.6 per 1,000 live births.
- Between 2012 and 2018, there were 23.9 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Flathead County. This is above the US rate of 22.7, but satisfies the HealthyPeople2030 target of 31.4 or lower.
- 64.3% of participants surveyed reported that infant health and family planning are a moderate problem in our community.

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

Access to Health Care





22.2% of informants listed access to healthcare as a major problem and 38.9% of participants cited it as a moderate problem.

- 66.2% of Flathead County adults aged 18 to 64 report having health care coverage through private insurance. Another 28.7% report coverage through a government-sponsored program. 5.1% report having no insurance coverage for health care.
- **9.9% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.**

Asthma, Physical Activity, Weight

RESPIRATORY DISEASE (continued)	Flathead County	FLATHEAD CO. vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% [Adult] Asthma	10.0	10.0	12.9		5.0
% [Child 0-17] Asthma	4.1		7.8		1.9
% COPD (Lung Disease)	6.0	6.8	6.4		4.5
		better	similar	worse	

- 4.1% of children in Flathead County [0-17] are reported to have asthma.
- 67% of Child [Age 2-17] are physically active 1+ hours per day.
- 70.8% of children [5-17] are healthy weight.
- 16.8% of children [5-17] are obese (95th percentile).

Reasons to Engage:

If you care about something you're working on, it's worth including in the CHIP for these reasons:

- Opportunities to spark connection and collaboration with potential partners who share your goals
- Awareness in other parts of our community about what you are doing
- Connection to the work of the Flathead City-County Health Department, Logan Health, and Greater Valley Health Center to address gaps and needs
- Continuity despite turnover in staff positions or coalition leadership/coordination
- Learn what the 2021 Community Health Needs Assessment (CHNA) can tell you about topics you care about

How can your coalition participate in the CHIP process?

- Bring initiatives, ideas or plans from your group to see if they should be included in the CHIP (Inclusion in the CHIP doesn't mean your group doesn't "own" the work anymore; rather, it's a way to make sure we all know what each other is doing and avoid duplication of effort)
- Assess current efforts already happening in our community
- Consider how you might partner with other groups
- Share "big ideas or dreams" that others might be interested in

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

What Does This Look Like:

Example 1: Strategy from the 2020-2022 CHIP

Mental Health and Substance Use: Objective 3	Build a referral guide and improved process for Maternal Mental Health
Project Summary	The Maternal Mental Health Coalition has identified barriers to seeking care for perinatal mood disorders. We lack comprehensive resources specifically targeted at the perinatal period.
Project Lead	Holly Jordt, Flathead City-County Health Department
Collaborating Organizations	- Best Beginnings Community Council - Flathead City-County Health Department - Kalispell Regional Medical Center - North Valley Hospital
Timeline	The Maternal Mental Health Coalition in Flathead County formed in 2018 and began focusing on the need to improved systems to connect people to perinatal mental health resources in spring 2018. A referral guide project is set to be completed in early 2019 to be followed by a referral process mapping project.
Measuring Success	- Number of women using the referral guide - Additional measures to be determined
Baseline data	Not yet available.

- If your coalition has a program or initiative that you're currently working on or hoping to start, we can look at turning it into a CHIP Objective.

- In December of each year, FCCHD will reach out to all project leads of CHIP objectives to ask for a brief summary of progress. This helps us to track success of objectives and provides an opportunity to modify an objective if needed.

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

What Does This Look Like:

Example 2: Strategy from the 2020-2022 CHIP

Resilience: Objective 2	Create spaces for peer support for families of young children
Project Summary	The Best Beginnings Community Council identified family engagement as a priority. Child focused playgroups have provided opportunities for parent connection and education. With the support of the Zero to Five Initiative, parents will be helped to take more active roles in the council and in governance.
Project Lead	Mary Buenz, Best Beginnings Community Council & Kayme Backstrom, Flathead City-County Health Department
Collaborating Organizations	- Best Beginnings Community Council - Flathead City-County Health Department - The Nurturing Center
Timeline	Ramp up parent involvement on the council. Add a parent seat to the steering committee by the end of 2020.
Measuring Success	- Number of parents and family members engaged in planning - Number of parents and family member attending events - Qualitative feedback from parents and families about engagement and quality of supports
Baseline data	Current parents and family members involved in governance: 0

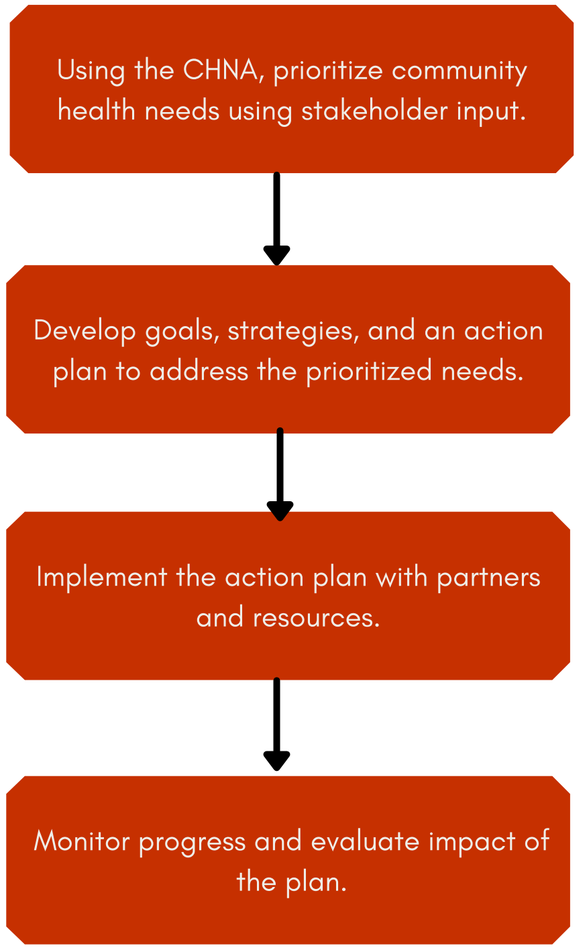
- If your coalition has a program or initiative that you're currently working on or hoping to start, we can look at turning it into a CHIP Objective.

- In December of each year, FCCHD will reach out to all project leads of CHIP objectives to ask for a brief summary of progress. This helps us to track success of objectives and provides an opportunity to modify an objective if needed.

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

Wrap Up:

Timeline



2023-2025 CHIP Priority Areas:

- Mental Health
- Substance Use Prevention and Treatment
- Social Determinants of Health
- Community Resilience and Connectedness

Contact Info:
Malia Freeman 406.751.8182
mfreeman@flathead.mt.gov

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT