

THE PITCH: PLAN TO IMPROVE THE COMMUNITY'S HEALTH



Creating a Community that is
Healthy By Design

January 2010

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I. INTRODUCTION

The purpose of the Plan to Improve The Community's Health (PITCH) is to provide a framework for a community that is healthy by design, i.e., to intentionally influence the environment in which people live, work, and play such that positive health effects are enhanced and negative health effects are mitigated. To that end, this plan details a comprehensive approach for the Healthy Places Initiative. The key components include: 1) a description of the vision for creating a healthy community, 2) an overarching model depicting the relationship between focal areas and long-term outcomes, with the critical link of Health Impact Assessment (HIA), and 3) a short-term (1-2 year) operational plan which identifies specific projects that contribute to creating a community that is healthy by design.

II. CREATING A VISION FOR A HEALTHY COMMUNITY

Vision

Billings: Healthy By Design.

Mission

To collaborate with partners across all sectors of the community to promote and influence healthy lifestyles, including physical activity, nutrition, and well-being.

Guiding Principles

Advocacy: Promote healthy lifestyles through support of programs and activities that encourage active living and healthy choices; proactively encourage consideration of health impacts as criteria for decision-making across all community plans and projects.

Outreach: Provide a forum for community members involved in activities related to creating healthy places to come together and better support community-wide initiatives.

Education: Empower the community to seek healthier lifestyles through more cohesive messaging about healthy choices, and through more targeted efforts to show the community how to live more healthfully (not to simply tell them they should do so).

Mobilization: Empower community members to not only participate in healthy lifestyles, but to become involved in shaping the future of their community.

Key Attributes of the Vision

The CDC defines healthy places as "...those designed and built to improve the quality of life for all people who live, work, worship, learn, and play within their borders -- where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options."¹

The vision for Yellowstone County is to create a community that embraces a culture of health and well-being that is accessible to the entire community. A healthy Yellowstone County includes several key attributes highlighted below.

- **Available and affordable nutritious food**

Access to affordable produce is critical to a healthy community. Similarly, providing healthy choices in a variety of settings encourages nutritional uptake. Community gardens, as well as low fat and low-calorie options in restaurants and vending machines contribute to access to healthy food choices.

- **Community connectedness**

Involvement in community activities is an important aspect of a person's overall well-being and health. A healthy community is one that reaches diverse populations to connect community members to events, activities, programs, and their environment, whether those connections are through neighborhoods, workplaces, places of worship,

¹ <http://www.cdc.gov/healthyplaces/>

or public spaces such as parks. A healthy community provides venues and opportunities for family wellness.

- **Safety**

A safe community is one in which people feel comfortable in their environment; they can conduct their daily activities without fear of crime or violence and are familiar with their neighborhood and neighbors. A safe community is also one in which people using all modes of transportation feel comfortable traveling to their destination and one in which rules for all users (pedestrians, drivers, bikers, etc.) are enforced.

- **A functional, interconnected transportation system for all users**

Healthy communities encourage and accommodate all modes of transportation. A public transit system that has a route and schedule conducive to everyday use reduces traffic volume, encourages walking (to and from bus-stop), and can provide a broader perspective of the community than simply maneuvering through traffic. Trails, sidewalks, and crosswalks encourage physical activity. If they are interconnected throughout the community, they become much more than a brief walking route: they become a useful alternative to driving. An interconnected transportation system encourages physical activity in everyday life (building exercise into grocery shopping, traveling to work, etc.), reduces traffic volume, and promotes healthy living.

- **Worksite wellness**

People spend a significant percentage of their adult lives at work. A healthy community is one in which employers embrace and promote health in the workplace. The workplace is a critical setting to include in any effort to create a healthy community. Employers that support healthy lifestyles and an active workforce have been shown to have better productivity.

- **Smart growth**

Every community needs to grow and develop. However, a healthy community deliberately plans its growth to ensure that expansion is efficient and takes other attributes of healthy communities (such as connectivity, public transit, and safety) into consideration. A healthy community strives to reduce noise pollution and actively promotes recycling.

III. BACKGROUND

Billings is the largest city in Montana and the seat of Yellowstone County, home to 15% of all Montanans, approximately 138,213 people (US Census, 2006). The Alliance is an affiliated partnership based in Billings, consisting of the Chief Executive Officers from the Billings Clinic, St. Vincent Healthcare, and the Yellowstone City-County Health Department (dba RiverStone Health). It was formed in 2001 to collaboratively address community-wide health issues.

In 2005, RiverStone Health and its system partners underwent an assessment of the public health system's performance in the 10 Essential Public Health Services established by the Centers for Disease Control and Prevention (CDC). The assessment was conducted using the National Public Health Performance Standards Program (NPHPSP), also established by the CDC. A key outcome of that assessment was an understanding of the need to perform a community health assessment and develop a community plan.

In follow-up to the NPHPSP assessment, the Alliance sponsored a comprehensive Community Health Assessment (CHA) in 2006 which used national (Healthy People 2010) and state benchmarks to identify opportunities for community health improvement. The CHA was conducted by Professional Resource Consultants, Inc., which held focus groups with community leaders and surveyed 400 community members using the random-digit-dialing method. The results of the CHA are generalizable to the entire Yellowstone County.

While no single health issue emerged as critical, the CHA identified heart disease, unintentional injury, physical activity, mental health, and nutrition as areas that warranted improvement. The Alliance's member organizations independently and collectively concluded that a community plan focused on a Healthy Places Initiative could help improve several indicators in the population's health, including those identified in the CHA.

The Healthy Places Initiative has experienced much growth in its few years of existence. The growth has been seen in the number of members actively participating and the receipt of two grants that directly support the work on the Healthy Places initiative.

In November 2007, RiverStone Health received a two-year grant from the Robert Wood Johnson Foundation. The purpose of the grant was to use Health Impact Assessment as an advocacy tool to make Billings a community that is healthy by design. Objectives of the project included to: 1) increase awareness of decision-makers as to the health consequences of plans and policies, 2) increase the use of health criterion in community planning, 3) increase the community's awareness of the benefits of healthy lifestyles, and 4) expand outreach efforts to influential non-traditional community partners. The most notable project worked on during this grant period was the Health Impact

Assessment (HIA) conducted on the 2003 Yellowstone County/City of Billings Growth Policy.

With support from the Alliance and the Healthy Places Initiative, RiverStone Health, in coordination with the City of Billings Planning Department, began a HIA to evaluate and revise the 2003 Yellowstone County/City of Billings Growth Policy. A critical result of the HIA was an understanding of the need to incorporate a community health component into the updated Growth Policy. This community health component has been adopted into the revised 2008 Growth Policy which will guide the growth and development of the local community for the next five years.

In July 2009, RiverStone Health received a grant from the National Association of County-City Health Officials to be an ACHIEVE (Action Communities for Health, Innovation and EnVironmental change) Healthy Community. There were only 43 of 382 applicants selected for this grant. The purpose of the ACHIEVE Initiative is to bring together local leaders and stakeholders to build healthier communities by promoting policy, systems, and environmental change strategies. The grant spans over the course of 3.5 years with the first 6 months focused on training staff and community members how to work on policy and environmental change. The next three years are focused on creating and implementing a Community Action Plan (CAP). Healthy Places created their first CAP in October 2009 (see Appendix B). Goals in the CAP include adopting a “complete streets” policy for the City of Billings (something laid out in the Community Health section of the 2008 Growth Policy). The CAP also contains goals to continue to expand the Healthy by Design recognition criteria. This expansion includes applying for a National Association of County-City Health Officials Model Practice Award (applications due February 2010).

The CDC defines healthy places as “those designed and built to improve the quality of life for all people who live, work, worship, learn, and play within their borders – where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options.”² Similarly, the intent behind the PITCH and all of our grant work is to deliberately influence community projects and activities to increase the accessibility of healthy lifestyle choices.

² <http://www.cdc.gov/healthyplaces/>

IV. MODEL FOR CREATING A HEALTHY COMMUNITY

The attached model is a visual illustration linking the assessments which have already been completed to the overall goal of creating a community that is healthy by design. Included are the components necessary to improve community health status. The overall design is circular, beginning with the NPHPSP that assessed the area's public health system. Ultimately, that assessment can be repeated to evaluate whether the system has improved. Similarly, the CHA can be repeated to evaluate whether the community's health status has improved. The critical element of the model is HIA: it is the tool that operationalizes the guiding principles (advocacy, education, outreach, and mobilization) to help transform the community into a healthier place. Importantly, HIA also contributes directly to public health's three core functions: assessment, assurance, and policy development.

Area of Improvement

The areas of improvement are derived directly from the CHA. Childhood and adult obesity, heart disease, diabetes, nutritional intake, unintentional injury, and chronic depression were identified areas of weakness. Physical activity, nutrition, and well-being were selected as the areas of improvement because of their inter-connectedness and their collective impact on the identified community weaknesses. In the model, it is expected that the areas would change over time depending on the results of the CHA. As a result of the most recent CHA, the targeted improvement areas are nutrition, exercise, and well-being.

Physical activity is arguably the most tangible of the improvement categories. Most people are aware that exercise is good for health and reduces risk factors for chronic diseases. The challenge is creating natural opportunities for physical activity in everyday activities.

Nutrition is not simply "diet," but refers to appropriate intake of recommended vitamins and minerals. It is possible to be obese and undernourished; it is also possible to appear very "fit" and "healthy" but not have sufficient nourishment. Though more than half the population is overweight, a lower percentage of Yellowstone County residents report consuming 5 or more fruits and vegetables per day.

Well-being is not as easily defined, but is an important category that encompasses some of the other areas of improvement. Safety, mental health, and social capital all contribute to the well-being, or level of contentedness and welfare, of the community. The World Health Organization (WHO) defines health as "...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."³ Well-being is included to support that concept of promoting total health, not merely the absence of obesity and undernourishment.

³ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

Population of Focus

In any public health program or initiative, the population of interest is a critical component. Understanding the population helps ensure appropriate communication and enables public health practitioners to be more effective. The term “population” can refer to any group with one or more common characteristics. In this model, population is subdivided into three categories: demographics, setting, and stage of life. Those categories were selected because they broadly represent the population characteristics associated with lifestyle choices.

Demographics represents the commonly understood definition of population characteristics such as sex, education level, and income level. In general, health status is correlated with income level; higher income is associated with better health and conversely, lower income is associated with poorer health. This relationship between health and wealth was evident in Yellowstone County’s CHA, as well.

Setting is not typically a population category, but is important in this model because it captures several relevant concepts. Here, setting can refer to geography (e.g., the South Side, West End), location type (e.g., park, house, commercial building), or relationship to the surroundings (e.g., work, school, place of worship). To foster the creation of healthy lifestyle choices, it is essential to consider different populations in terms of the settings in which their everyday lives transpire.

Stage of life is broader than just age, which is typically a demographic characteristic. Age is one part of stage of life, and public health programs often account for population differences among different ages (e.g., adolescents, older adults). However, stage of life can also refer to parental status (e.g., single parents, pregnant women), marital status (e.g., single, married, divorced, widowed), or occupation status (e.g., student, full-time employee, retiree).

Plan to Improve The Community’s Health (PITCH)

This plan is a key part of the model. It serves as documentation of the model, the operational plan, and the overall vision. The PITCH can also designate the population of focus for the short-term operational period.

Health Impact Assessment (HIA)

HIA is defined as “a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution off those effects within the population”⁴. The purpose of HIA is to infuse health as a criterion for decision-making into community projects and plans, before the project or plan is implemented. In doing so, HIA becomes a tool directly in line with the first guiding principle: advocacy.

HIA is a systematic process that includes: 1) screening for projects where public health can add value to the process, 2) scoping to identify key issues to be addressed and

⁴ European Centre for Health Policy, WHO Regional Office for Europe. (1999) Gothenburg Consensus Paper. Health impact assessment: main concepts and suggested approach. Brussels: WHO.

understanding the relevant population characteristics, 3) assessing quantitatively and/or qualitatively the health consequences of a decision, 4) reporting recommendations to decision-makers, and 5) evaluating the process and/or outcomes.

In addition to serving as an advocacy tool, HIA is also an outreach communication tool for engaging communities. Assessing the health impacts of a proposed project includes meeting with community stakeholders to obtain their input and to understand all of the consequences, positive and negative, of the proposed project in their community. This requires a constant education process for communities and decision-makers, and hopefully empowers communities to mobilize around a given goal. It is expected that the HIA process will raise awareness of healthy lifestyles, and will also have a lasting positive impact for the broader relationship between public health, the community, and decision makers. In this way, HIA is directly in line with the remaining guiding principles: education, outreach, and mobilization.

Healthy By Design

Achieving a community that is healthy by design is the goal of the PITCH. It is expected that deliberately infusing increased opportunities for physical activity, nutrition, and well-being into the environment of our community will improve the health status of the community by increasing awareness and knowledge of, as well as access to, healthier lifestyles. As suggested above, an evaluation component is built into the model. Repeating the CHA and the NPHPSP after several years will show whether the Healthy Places Initiative has had an effect on the community's health. It is expected that in the long-term, a community that is healthy by design will have improved health status, and will have greater health status than communities that have not implemented similar plans.

V. OPERATIONAL PLAN

The operational plan defines the operational goals and the specific projects and activities of the PITCH and the Healthy Places Initiative. It is expected that the operational plan will be revised every 18-24 months, or as projects are completed. Specific projects and activities are attached in Appendix B because they will change regularly and are therefore not part of the core plan. Because HIA is the critical tool driving the model, the operational plan should always be seeking out at least one HIA opportunity as a short-term project. Additional projects should support the mission of the Healthy Places Initiative and be in direct alignment with at least one of the operational goals and one of guiding principles.

Operational Workgroups

The projects identified in the past and present Community Action Plans were identified by the Healthy Places Advisory Committee and are reviewed for approval by the Alliance.

The Healthy Places Advisory Committee consists of community leaders from multiple different sectors who have interest or expertise in areas related to community design, including city/county planning, transportation, schools, development, and health professionals. This committee will serve as a panel of experts and community leaders who will provide input into the operational plan and its projects and help to implement these plans.

Operational Goals of the Community Action Plans

- Remain involved at the big picture level to be able to “connect the dots”
- Establish long-term commitment among Alliance members through adoption of the PITCH into their individual strategic plans
- Identify projects that the Alliance members will support with resources and influence

Elements of the Community Action Plan Projects

Projects identified for the operational plan will meet the following criteria:

- Maintain HIA education and projects as a ongoing goal
- Have SMART (specific, measurable, actionable, realistic, time-driven) objectives that work toward the goal of a community that is healthy by design
- Include at least one program that educates the community on a current area of improvement
- Be reviewed and revised at least every 24 months.
- Include an evaluation component for each project

VI. ROLE OF THE ALLIANCE

The Alliance sponsored the 2006 CHA, developed the theme for the PITCH, and has a vested interest in the sustainability of the PITCH. The purpose of sponsoring the CHA was to identify community health needs and, as the three major health organizations in Billings, to collectively address those needs. By partnering to tackle health issues in a united fashion, it is expected that the impact on the community's health will be greater than the sum of individual efforts. Following the initial 2006 assessment, the Alliance made plans to repeat the community health assessment in 2011 to determine the progress made in improving the community's health and identify any new priorities.

Throughout the initial process of developing the PITCH in 2007, a workgroup designated by the Alliance CEOs has provided input, feedback, and ideas to shape the structure of the PITCH. Alliance Workgroup members suggested relevant community members to engage, provided insight into the creation of a healthy place, and discussed, among other things, long-term sustainability.

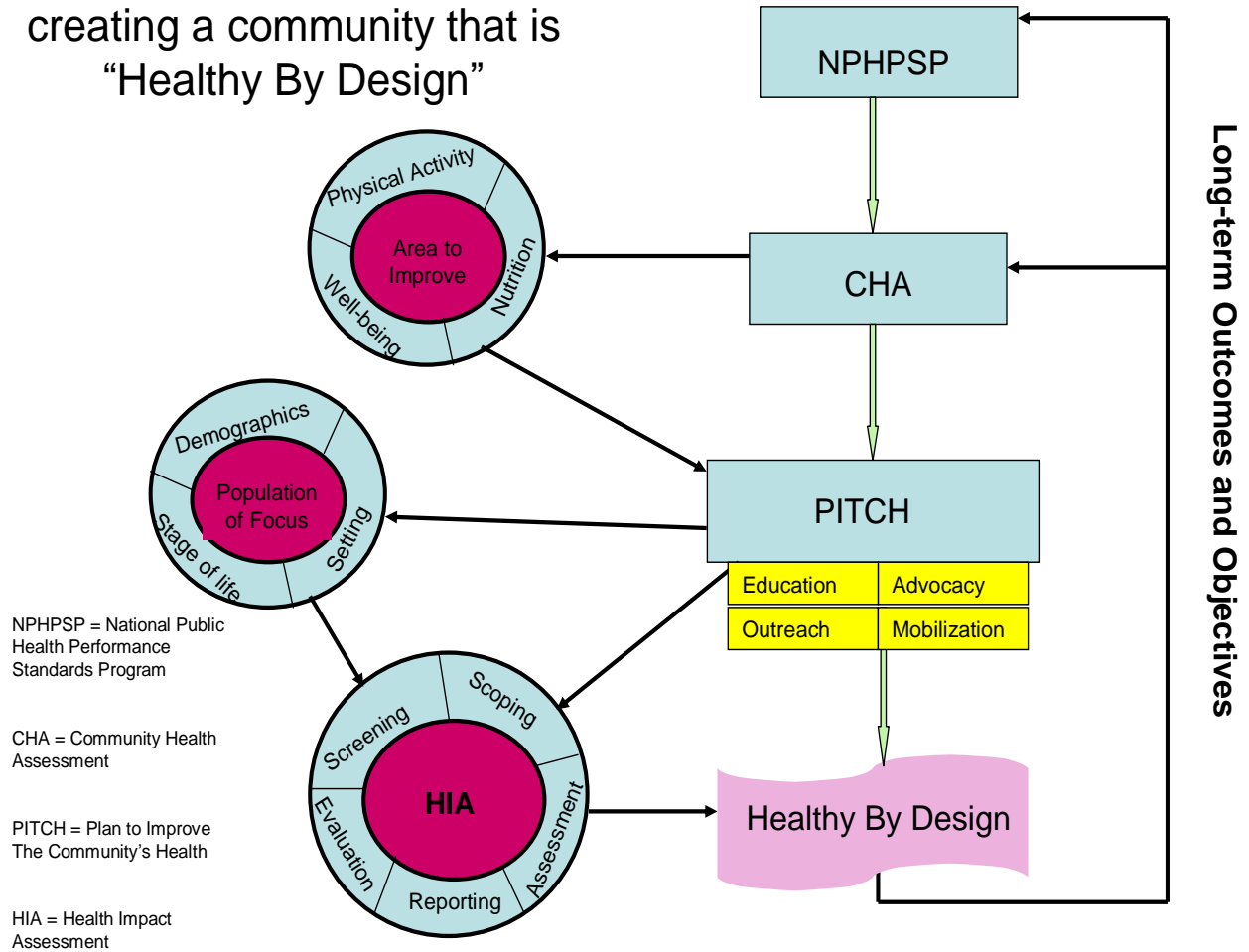
In November 2007, the PITCH was formally adopted by the Alliance and during the past two years the Alliance has received updates on the progress of the Healthy Places Initiative at their quarterly meetings.

The 2009 revision of the PITCH was completed with input from the Healthy Places Advisory Committee. Following approval from the Alliance, updates will continue on the same schedule (quarterly) unless required on a more frequent basis.

Another key function of the Alliance is to measure the long-term outcomes of the Healthy Places Initiative. The goals and objectives [will] include evaluation measures to determine success. As shown in the model, the CHA and NPHPSP will have to be repeated in the long-term to measure improvement. These evaluation efforts will require Alliance input and guidance.

APPENDIX A: THE MODEL

A framework for creating a community that is “Healthy By Design”



APPENDIX B – RECOMMENDED PROJECTS 2010 – 2012

Projects Outlined in the Community Action Plans below:

1. Complete Streets Policy for the City of Billings
2. Healthy Eating Policies for Businesses
3. Healthy by Design Recognition Expansion

Additional Projects

4. Health Impact Assessment
 - a. Relevant Goals
 - i. Identify projects that the Alliance members will support with resources and influence
 - b. Project Description
 - i. Work on the continued Health Impact Assessment education in the community
 - ii. Complete Health Impact Assessments as the opportunities emerge
 - c. Time Frame
 - i. Short-term: Complete at least one HIA each year (2010-2012)
 - ii. Long-term: Establish HIA as a tool for community decision making
 - d. Objectives
 - i. To continue to make HIA a tool for decision making
 - ii. To expand capacity of public health staff to complete HIAs as a part of public health services offered
 - e. Necessary Resources
 - i. Assigned staff from each Alliance member
 - f. Evaluation Measures
 - i. Completion of at least one HIA in each year (2010-2012)
5. Community Health Assessment
6. Communications Subcommittee
7. Integration of the PITCH into organizational strategic plans of key stakeholders

**Yellowstone County WORK PLAN
COMPLETE STREETS**

Sector: Community

Behavior/disease: Physical Activity

Goal: By September 2012, City of Billings will adopt a Complete Streets Policy

Strategy	Actions	Begin/End Dates	Lead	Partners	Status/Comments	Measures
Policy Change: Healthy Places will support the establishment of a complete streets policy in Yellowstone County.	Increase knowledge of Complete Streets Policy by hosting a complete streets workshop	Nov 09	Coaches	CHART, Planning Department, City of Billings Public Works/Engineering, MET Transit	Need to invite/include as many of the stakeholders, policy makers, and decision-makers as possible to foster support, education and buy-in early on.	Complete workshop
	Research the variety of ways that “complete streets” can be accomplished in different physical settings	Oct 09 - Jan 10	CHART	Planning Department, NAPA, City of Billings Public Works/Engineering, Dept of Transportation, Bikenet, City/County Bike Pedestrian Committee, Safe Routes to School Team		List of strategies
	Research policy successes and failures from other communities similar to Billings/ Yellowstone County.	Oct 09- Jan 10	CHART			List of lessons learned
	Research and make an initial contact with various stakeholders	Dec 09 – Feb 10	CHART	Healthy Places, Alliance, Planning Dept, Dept of		Stakeholders contacted

				Transportation, Chamber, Bikenet, School District Safe Routes to School Team, City of Billings Public Works/Engineering		
	Draft Policy	Feb 10 – July 11	CHART			Policy drafted
	Present Policy for adoption	July 11 – Oct 12	CHART			Policy adoption
	Environmental Change: Alterations or changes to physical, social, or economic environments designed to influence people's practices and behaviors.	Establish demonstration site to adopt policy changes. Use the demonstration project as a learning experience and to begin raising public awareness	Feb 10 – Oct 12	CHART	Big Sky Economic Development, City of Billings	
Systems Change: Change that impacts all elements, including social norms of an organization, institution, or	Build public support for adoption including policy development, committee participation, public speaking opportunities, media support, etc.	Jan 10-Oct 12	CHART, Alliance			List of actions, meetings attended

<p>system; may include a policy or environmental change strategy. Policies are often the driving force behind systems change.</p>	<p>Investigate the political climate for adoption of complete street policies</p>	<p>Jan-June 10</p>	<p>CHART, Planning Dept, Alliance</p>			<p>Status report completed</p>
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Healthy Eating Policy

Sector: Business

Behavior: Nutrition

Goal: By 2012, 20 institutions will have adopted healthy eating policies based on Healthy Places recommendations.

Strategy	Actions	Begin/End Dates	Lead	Partners	Status/Comments	Measures
Policy Change: Healthy Places will support the adoption of healthy nutrition policies in the workplace	Research policy successes and failures from other institutions in communities similar to Billings/ Yellowstone County	Oct 09 – Jan10	CHART			List of strategies
	Research, if possible, current trends within our institutions, of health related issues attributable to poor nutrition and physical inactivity (i.e. days missed due to sick leave, insurance claims, etc.) to provide baseline data	Oct 09 – April 10	CHART	Healthy Places, Respective agencies/affiliations of CHART members, School District 2		Report completed
	Draft policy guidelines	April 10 – April 11	Support subcommittee	CHART, Healthy Places, Healthy By Design		Policy drafted
	Recruit other	August 11 – Oct 12	CHART,	Healthy Places,		20 institutions

<p>Environmental Change: Alterations or changes to physical, social, or economic environments designed to influence people's practices and behaviors.</p> <p>Systems Change: Change that impacts all elements, including social norms of an organization, institution, or system; may include a policy or environmental change strategy. Policies are often the driving force behind systems change.</p>	institutions to adopt policy changes		Subcommittee	Healthy by Design, Chamber, School District 2		adopt strategy
	Establish pilot site for implementing policy changes	August 10 – August 11	CHART	Alliance		Site adopts test policy and reports lessons learned
	Develop a support group within our institutions for potential policy changes.	April 10 – Oct 12	CHART	Healthy Places, Alliance, Respective agencies/affiliations		Group developed, meeting minutes complete
	Develop public campaign to showcase policy changes, support success and encourage businesses to adopt	January 11 – Oct 12	Healthy Places Communications Subcommittee	Alliance, Respective agencies, affiliations		Campaign developed

Sector: Business

Goal: By October 2010, six venues or caterers will offer a Healthy by Design Option

Actions	Begin/End Dates	Lead	Partners	Status/Comments	Measures
Create a list of potential venues and caterers	Oct 09	HBD Review Team	Healthy Places members and their organizations		List of potential venues and caterers
Invite venues and caterers to a presentation on Healthy by Design.	Jan 10	HBD Review Team			Invitations sent
Host a presentation/meeting that is Healthy by Design to demonstrate ideas	Feb 10	HBD Review Team			Presentation completed
Establish key contacts to work with interested parties	Feb 10	HBD Review Team			List of interested venues/caterers and their contact within the HBD Review Team
Work with Healthy Places Communication Subcommittee to set up a way to advertise those venues/caterers with HBD options	May 10	Healthy Places Communication Subcommittee	HBD		Communication plan

Sector: Healthy by Design application

Goal: By October 2010, evaluate Healthy by Design and make needed changes

Actions	Begin/End Dates	Lead	Partners	Status/Comments	Measures
Create an evaluation form to send to applicants (process and outcome evaluation)	Oct 09	HBD Review Team/ RiverStone Health			Evaluation form created
Distribute evaluation form to all HBD applicants	Nov 09	HBD Review Team/ RiverStone Health			Evaluations distributed
Review and revise HBD criteria	Jan 10 – Feb 10	HBD Review Team			Results compiled and changes made to HBD
Compile results, review results and make changes to HBD	Feb 10 – May 10	HBD Review Team			Process can be done electronically
Make HBD application procedure and review process electronic	Nov 09 – March 10	HBD Review Team			
Submit a Model Practices application to National Association of County-City Health Officials	March 10	HBD Review Team/ RiverStone Health	HBD applicants		Application submitted

Sector: Community

Goal: By October 2010, have increased exposure of the Healthy by Design recognition

Actions	Begin/End Dates	Lead	Partners	Status/Comments	Measures
Meet with the Healthy Places communication team to discuss a plan for increased media exposure for HBD	Nov 09 – March 10	HBD Review Team	Healthy Places Communication Subcommittee		Media plan created
Create a presentation on HBD for use by committee members	Jan 10	RiverStone Health	HBD Review Team		Presentation created
HBD Review Team members give HBD presentations to institutions	Jan 10 – Oct 10	HBD Review Team			Presentations completed
Distribute HBD brochures to businesses and institutions	Oct 09 – Oct 10	HBD Review Team			Brochures distributed
Finish HBD web page and link to webpage from other organizational websites	Oct 09 – March 10	RiverStone Health	HBD Review Team and respective organizations		Webpage completed and linked from 5 other websites

APPENDIX C- SUMMARY OF ACCOMPLISHMENTS 2008-2009

1. Community Summit

2008 - 2009 Goal: Hold a Summit to engage community leaders, policy makers, guide community members through the creation of a community asset map, launch the “Healthy by Design” Recognition, and continue Health Impact Assessment (HIA) training and promotion.

Healthy Places supported the Community Summit goal by:

- Trailhead to Health Summit held on May 20-21, 2009
- Summit agenda included breakout sessions for asset mapping, Healthy by Design introduction and HIA training
- There were over 100 attendees representing organizations that included the Billings City Council, City of Billings/Yellowstone County Planning Board and department staff members, Met Transit, local school districts, area hospitals, nearby universities, the Billings Chamber of Commerce, Senator John Testers’ office, Senator Max Baucus’ office, and many more
- To compliment the HIA training, the City of Billings Planning Department presented on the successful use of the Growth Policy HIA

2. Education Campaign

2008-2009 Goal: Work to educate policy-makers, create inspiring marketing tools, and embed a grassroots organizer in the community.

Healthy Places supported the education campaign goal through:

- Grassroots organizer hired in February 2008
- Health Impact Assessment training held on September 28 and 29, 2008 with 32 participants
- Creation of a Healthy Places Communications subcommittee
- The 2-day Trailhead to Health Summit was held in May 2009 and had over 100 attendees
- There was an insert in the Billings Gazette titled “Becoming the Trailhead to Health” that reached approximately 102,000 people
- Two posters were presented at the National Association of County-City Health Officials Annual Meeting. The posters were entitled “A Health Impact Success Story” and “Shaping a Community Coalition”
- Project staff presented an “Introduction to Health Impact Assessment” and “Creating a Community That is Healthy By Design” at the Montana Public Health Association Annual Meeting.
- The following communication materials were developed:
 - Poster titled “Health Impact Assessment”
 - Poster titled “Blueprint for a Healthy Community”
 - Healthy by Design promotional materials including posters and brochures
- Staff presented at the Montana Association of Planners Annual Meeting on HIA and the Growth Policy

- Community Health Action Response Team attended a NACCHO sponsored learning institute in Denver in July 2009
- Healthy Place members participated in the East Billings Urban Renewal District plan development and due to this participation one of the guiding principles was rewritten to include healthy living as a component (Encourage environmental consciousness, green development, clean technology and healthy living).
- Presentation of Healthy Places to the Aviation and Transit Commission
- Participation in the Chamber of Commerce Trails Committee
- Staff presented a Health Impact Assessment overview and/or results to a variety of decision makers including the City of Billings Planning Department, Planning Board, Better Billings Foundation, the City of Billings Parks and Recreation Department and Healthy Places Advisory Committee.

3. Transportation

2008-2009 Goal: Interconnected transportation system to include all users

Healthy Places supported the interconnection of transportation systems to include all users in the following ways:

- Secured membership from MET Transit on the Healthy Places Steering Committee.
- Encouraged members to attend Heritage Trail events.
- Supported various transportation special events including: Trail Trek; Walk, Bike, Bus Week; Sneakers, Spokes & Spark Plugs Challenge
- Hosted “A Community Conversation about Active Transportation” on Feb 18, 2009 in the Mansfield Center that included conversation about healthy lifestyles, environmental benefits, reduction of traffic congestion, physical activity, energy independence, Safe Routes to School, & community trails. The event was attended by 100 people.
- Applied for and secured an ACHIEVE grant with the goal of adopting a Complete Streets Policy
- Hosted an event for policy makers focused on education and celebrating a healthy community – “Celebrate A Healthy Billings”
- Hosted the Trailhead to Health Summit, featuring nationally recognized health advocate Mark Fenton, that was attended by 100 area leaders
- Held a strategic planning process that identified 15 possible priorities for transportation support
- Published the Trailhead to Health Summit insert in the Billings Gazette
- Secured adoption of a community health section in the Billings/Yellowstone County Growth Policy that included specific guidelines for active transportation
- Supported adoption of transportation priorities for the Billings City Council
- Presentation of Healthy Places to the Aviation and Transit Commission

4. Healthier Food Choices

2008-2009 Goal: Identify projects that the Alliance members will support with resources and influence.

Healthy Places supported healthier food choices in the following ways:

- Secured membership from nutrition experts on the Healthy Places Steering Committee
- Shared information and supported efforts to existing groups supporting healthier eating, including Billings Action for Healthy Kids (BAFHK) and Billings School District’s Wellness Committee.
- Applied for and secured an ACHIEVE grant with the goals of designing healthy food policies for the workplace to be adopted by area businesses.
- Hosted an educational event for community leaders that modeled healthy food offerings in the work environment
- Hosted the Trailhead to Health Summit, featuring nationally recognized health advocate Mark Fenton, which was attended by 100 area leaders.

- Held a strategic planning process as part of the Summit to identify nutrition priorities.
- Published the Trailhead to Health Summit insert in the Billings Gazette
- Secured adoption of a community health section in the Billings/Yellowstone County Growth Policy that included specific guidelines for increasing nutritious foods for residents in all neighborhoods.
- Initiated Healthy By Design recognition to encourage healthy eating at public events.

5. Wellness Day (Healthy By Design Recognition)

2008-2009 Goal: Build off an existing National Day and focus on creating community-wide effort here – similar to the effort for Bike to Work week.

NOTE: After reviewing existing events and activities in the community related to “wellness”, the advisory committee recognized that many such activities are already occurring. In an effort to reduce duplication, highlight the existing activities, encourage event coordinators to consider health when planning their events, and establish a standard of excellence related to designing events, the committee created the Healthy By Design recognition program.

Healthy Places supported the Wellness Day goals by:

- The development of the “Healthy By Design” (HBD) endorsement. The endorsement was developed as a way of promoting events in Billings that are designed with health in mind. This endorsement is done through an application process and each application is reviewed and evaluated by a team of experts. There are five criteria addressed which include safety; nutrition; physical activity; prevention and wellness; and environmental stewardship.
- Development of HBD criteria and resources.
- Creation of HBD evaluation team that includes members from each Alliance organization & the Healthy Places Advisory Committee.
- The receipt of 17 applications for the HBD endorsement
- Development of HBD promotional materials
- Staff presented “Recognizing a Community that is Healthy By Design” at the 2009 Montana Public Health Association annual meeting.

6. Health Impact Assessment

2008 – 2009 Goal: Complete at least one Health Impact Assessment (HIA)

Healthy Places supported this goal by:

- Receipt of a Robert Wood Johnson grant in November 2007
- Completion of three HIAs during RWJF grant period (November 2007 – November 2009)
- HIA completed on the 2003 Yellowstone County and City of Billing Growth Policy led to the development of a Community Health Section in the 2008 Growth Policy

- Staff presented at the Montana Association of Planners Annual Meeting on Health Impact Assessment and the Growth Policy
- A one and half day HIA workshop was held in September 2008 in Billings with over 30 attendees
- Staff presented a Health Impact Assessment overview and/or results to a variety of decision makers including the City of Billings Planning Department, Planning Board, Better Billings Foundation, the City of Billings Parks and Recreation Department and Healthy Places Advisory Committee.
- Staff presented an “Introduction to Health Impact Assessment” at the Montana Public Health Association Annual Meeting.
- Poster presented at the National Association of County-City Health Officials Annual Meeting entitled “A Health Impact Success Story.”

APPENDIX D: RECOMMENDED PROJECTS FOR 2008 – 2009

1. Community Summit

- Relevant goal(s)
 - Remain involved at the big picture level to be able to “connect the dots”
- Project Description
 - Convene community organizations working on similar issues (related to physical activity, nutrition, well-being) to “connect the dots”
 - Provide educational workshops on HIA for community leaders
 - Identify organization, resources, projects already underway
 - Build relationships with government, business, education, law enforcement, elected officials, tribal organizations
 - Advocate for, track and enhance current projects
 - Gather information for a community asset map – an easily accessible mapping of the community’s resources related to physical activity, nutrition well-being, complete with location and contact information
- Time Frame
 - Short-term: Hold Community Summit by end of 2008
 - Long-term: Maintain and nurture relationships established through Community Summit
- Objectives
 - Establish a Coordinating Council or other communication mechanism for groups with similar interests to communicate
 - Develop a communications plan/mechanism for making resources accessible to the community
 - Increase community awareness and knowledge of HIA through a workshop
 - Develop a plan for a community asset map
 - Identify community resource gaps related to physical activity, nutrition, and well-being
- Necessary Resources
 - Robert Wood Johnson Foundation (RWJF) grant funds for Summit
 - Assigned staff from each Alliance member
- Evaluation Measures
 - Attendance at Summit
 - Successful establishment of Coordinating Council within three months of Summit
 - Successful implementation of communications plan for making resources more accessible to the community
 - Completion of an asset map

2. Education Campaign

- Relevant Goals
 - Remain involved at the big picture level to be able to “connect the dots”
 - Identify projects that the Alliance members will support with resources and influence
- Project Description
 - Community Education
 - Produce “fun” marketing tools to inspire people to become more active and engaged in healthy lifestyles. Example: the Go Play campaign
 - Embed grassroots organizer in community to educate community and understand barriers to physical activity, nutrition, and well-being
 - Policymaker Education
 - Seek ways to interact with policy-makers to influence them, sensitize them to healthy places issues, and be a stronger voice
 - Include school policy-makers to advocate for structured play time, more recess, and other engaging activities (e.g., music)
- Time Frame
 - Short-term: Hold policymaker workshops throughout 2008-2009; embed grassroots organizer in community
 - Long-term: Sustain relationships with both policymakers and community to facilitate the health education process
- Objectives
 - Increase opportunities for interacting with policy makers
 - Increase awareness of decision makers around opportunities to create healthy choices in the community
 - Increase community knowledge of successful techniques for improving exercise habits and nutritional intake
 - Additional objectives to be developed
- Necessary Resources
 - RWJF grant funds for workshops with policy makers and grassroots community organizer
 - Assigned staff from each Alliance member
- Evaluation Measures
 - Workshop attendance and completion of evaluation surveys
 - Increased knowledge of HIA as a tool based on pre-post surveys
 - Adoption of HIA and community recommendations
 - Additional measures to be developed

3. Interconnected transportation system to include all users

- Relevant Goals

- Identify projects that the Alliance members will support with resources and influence
- Project Description
 - Seek opportunities for involvement in committees to influence mass transit scheduling
 - Seek opportunities to support walking and biking routes – through advocacy or construction
- Time Frame
 - Short-term: Identify relevant committees to engage by July 2008
 - Long-term: Remain involved in ongoing efforts to create an interconnected transportation system
- Objectives
 - Increase advocacy efforts to support proposals for improved accessibility of transportation to include all users: trails, bike lanes, crosswalks, adequate sidewalks, etc.
 - Additional objectives to be developed
- Necessary Resources
 - Assigned staff from each Alliance member
 - Additional resources to be determined
- Evaluation Measures
 - To be determined once objectives are better defined

4. Healthier food choices

- Relevant Goals
 - Identify projects that the Alliance members will support with resources and influence
- Project Description
 - Seek opportunities to encourage healthy options in restaurants, cafeterias, and other food sources (e.g., worksite vending machines)
 - Work with student groups to encourage healthy eating in schools
- Time Frame
 - Short-term: Identify and plan new projects to be piloted or existing projects to be expanded by end of 2008; implement by end of 2009
 - Long-term: Establish sustainability if projects are effective
- Objectives
 - Increased availability of healthy eating choices
 - Additional objectives to be developed
- Necessary Resources
 - Assigned staff from each Alliance member
 - Additional resources to be identified
- Evaluation Measures
 - To be developed

5. Wellness Day

- Relevant Goals
 - Identify projects that the Alliance members will support with resources and influence
- Project Description
 - Build off an existing National Day and focus on creating community-wide effort here – similar to the effort for Bike to Work week
- Time Frame
 - Short-term: Hold at least one wellness day during 2008
 - Long-term: Establish annual “wellness day”
- Objectives
 - To be developed
- Necessary Resources
 - Assigned staff from each Alliance member
 - Additional resources to be identified
- Evaluation Measures
 - To be developed

6. Health Impact Assessment

- Relevant Goals
 - Identify projects that the Alliance members will support with resources and influence
- Project Description
 - Complete at least one HIA
- Time Frame
 - Short-term: Complete HIA by the end of 2009
 - Long-term: Establish HIA as a tool for community decision making
- Objectives
 - To pilot an HIA as a tool for decision making
 - Additional objectives to be developed
- Necessary Resources
 - RWJF grant funds for workshops with policy makers and grassroots community organizer
 - Assigned staff from each Alliance member
- Evaluation Measures
 - To be developed

APPENDIX E: GLOSSARY

ACHIEVE: ACHIEVE (Action Communities for Health, Innovation, and EnVironmental changE) is sponsored by the Centers for Disease Control and Prevention (CDC). Selected national organizations collaborate with CDC to enhance local communities' abilities to develop and implement policy, systems, and environmental change strategies that will help prevent or manage health-risk factors for heart disease, stroke, diabetes, cancer, obesity, and arthritis. Specific activities are directed toward reducing tobacco use and exposure, promoting physical activity and healthy eating, improving access to quality preventive healthcare services, and eliminating health disparities.

Alliance: Formal affiliation consisting of the CEOs of RiverStone Health, Billings Clinic and St. Vincent Healthcare.

CDC: Centers for Disease Control and Prevention. Lead US government agency for public health.

CHA: Community Health Assessment.

CHART: Community Health Action Response Team

HIA: Health Impact Assessment. Tool by which a policy, plan, or program can be assessed to determine its health effects on the population.

Healthy By Design: Tagline and vision for the PITCH.

Healthy By Design Recognition: a program designed to distinguish events and activities that are taking steps to promote healthy lifestyles by encouraging active living and healthy choices.

Healthy By Design Review Team: subject matter experts and representatives from the Alliance and Healthy Places Advisory Committee that review and provide feedback on Healthy By Design applications.

Healthy Place: According to CDC, an area that is "...designed and built to improve the quality of life for all people who live, work, worship, learn, and play within [its] borders – where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options."

Healthy Places Advisory Committee: Group of community leaders who provided input into the PITCH and its operational plan. The group to operationalize the plans put forward in the Community Action Plan.

Healthy Places Communication sub-committee: A subcommittee of Healthy Places created to lead the communication efforts of the Healthy Places initiative.

Model: Visual depiction linking the assessments which have already been completed to the overall goal of creating a community that is healthy by design.

NPHPSP: National Public Health Performance Standards Program. A CDC-guided effort to provide local boards of health and public health systems measurable standards to ensure the delivery of the 10 Essential Public Health Services.

Operational Plan: Component of the PITCH that describes the goals and parameters for short-term projects and objectives.

PITCH: Plan to Improve The Community's Health. Also referred to as the Community Plan. Written document describing the framework for creating a community that is healthy by design, as well as specific short-term projects.