

Community Health Partners

LIVINGSTON, MONTANA

Community Health Partners of Montana (CHP) is a Federally Qualified Health Center (FQHC) with over 100 personnel and seven sites. CHP works “to enhance community health and wellbeing through innovative programming, strong partnerships, and improved outcomes with a vision for 100% access and zero disparity.” The organization's efforts to leverage the social determinants of health (SDH) focus on providing educational programming within the clinic walls. To help adults and children reach their potential and to elevate them out of poverty, CHP is providing affordable computers to families, helping residents earn a GED, promoting childhood literacy through Reach Out and Read, placing adults in subsidized employment, providing workplace training, offering teen and adult parenting classes, and providing a preschool program and a weekly physical exercise opportunity for children. CHP has also initiated a dialogue with community partners about providing affordable housing, and has been instrumental in the creation of a local foundation to identify and monitor the community health and wellbeing drivers and to then support dynamic community action.

Community Health Partners of Montana (CHP) is a Federally Qualified Health Center serving low-income rural community residents of the rural, sparsely populated, mountainous counties of Park and Gallatin, Montana, since 1998. With just over 100 personnel, a budget of \$5.8 million, and seven sites, including medical and dental clinics and an educational site, CHP served about 10,600 community residents through 39,000 patient visits in 2010. The CHC predominantly serves Caucasians but also provides services to many Latinos, Native Americans, and others. Two-thirds of patients are uninsured, 13 percent have Medicaid coverage, 14 percent have private insurance, and 65 percent fall at or below twice the Federal Poverty Level (FPL).

CHP works to enhance community health and well-being through innovative programming, strong partnerships, and improved outcomes with a vision for 100 percent access and zero disparity. CHP's commitment to leveraging the social determinants of health (SDH) grew out of the leadership of its founding CEO, Laurie Francis, who taught that enhancing community health and wellbeing goes way beyond providing access to health care services. Thus, the board's strategic plan has placed a special value on addressing root causes of poor health and encourages ideas from all staff levels at CHP. This translates to a focus on integrating health literacy, employment and academic endeavors at all ages to help community members escape poverty and live healthier lives. As noted in its 2009 Annual Report, “Every bit of CHP's programming is intended to address this injustice. The symptoms of societal inequities are

treated through preventative medical and dental care. Educational programming intervenes in generational poverty and socioeconomic barriers, freeing children and adults to realize their potential”. For this purpose, CHP engages in partnerships with local health agencies, educational institutions, profit and nonprofit agencies and the public health department, many of which contribute time and money through their involvement.

Livingston is a closely knit rural town located in Park County situated on the Yellowstone River 50 miles north of Yellowstone National Park. The town is geographically isolated, with limited access to larger libraries, sports facilities, cultural events, or academic enrichment opportunities. Livingston's original economic base was tied to the Northern Pacific Railway, which shut down in 1986 and resulted in high unemployment, a reduced tax base, closure of many businesses, a lack of employment opportunities and lowered incomes throughout the community. The repercussions of these changes to the county's economic and social health are present today. The residents recognize poverty and low educational attainment of adults are factors that place Livingston's children at risk for academic failure and continue the cycle of poverty. These same factors contribute to the high prevalence of depression and suicide in the communities CHP serves. This is an issue that has been important for CHP to address. CHP over the years has expanded integrated behavioral health services at their clinics and nurtured partnerships to mitigate this burden, and participated in a study that links low literacy to depression.¹

Aware of the long-range benefits and improved health outcomes resulting from a higher education level, CHP's strategy incorporates programs to promote literacy, GEDs, and other learning advances. In 1998, the organization introduced the Reach Out and Read (ROR) program to its clinics, where it began to promote children's literacy by using medical visits as a platform to educate about and provide access to books. As CHP doctors and nurses began to counsel parents about the importance of children's literacy, they noted that the parents were most uncomfortable with their own reading skills. With approximately 40 percent of Livingston residents having limited literacy skills, CHP immediately recognized an opportunity for the health center to address this issue. The observations from within the clinic fueled the development of “Learning Partners”, a CHP department established in 1999 to address adult literacy. The Learning Partners (LP) suite is located in an area within CHP's Livingston site that can be entered from the clinic or privately from an outside entrance. LP began with a volunteer literacy tutor and developed into a department with six employees, working as 4.3 FTEs. Together they manage the LP programs with the assistance of 10-30 volunteers, while the department head is responsible for grant writing and monitoring to fund and preserve LP programs.

Through a strong partnership with the public school system, the health center further expanded its initial selection of LP programs to the Adult Basic Literacy Education (ABLE) program, one-on-one tutoring,

¹ Francis, L., Weiss, B. D., Senf, J. H., Heist, K., & Hargraves, R. (2007). Does Literacy Education Improve Symptoms of Depression and Self-efficacy in Individuals with Low Literacy and Depressive Symptoms? A Preliminary Investigation. *Journal of the American Board of Family Medicine*. <http://www.jabfm.org/cgi/content/full/20/1/23>.

English as a Second Language (ESL) courses, and GED preparation and testing. LP eventually began to also offer a math class because of consistent demand, as well as basic computer skills training, parenting and early childhood programs, and jobs-related programs. For its GED preparation and testing program, LP administers assessment tests and provides personalized independent study plans for students interested in earning their GED. Many courses are offered online, and LP proctors the GED exam twice monthly for its participants. In all, LP graduates between 30-40 GED students each year; in comparison, the local high school graduates 120 students each year. LP then supports its graduates in taking the next step, which may include job training, online college courses, resume preparation and job application. In 2005, a combined parent support class and preschool preparatory program named Even Start Family Literacy Program was added to LP. It was funded in large part from 2005-2011 by the U.S. Department of Education and served families of young children who were referred through the clinic or other community agencies. Using a “Parents as Teachers” model, LP hosted at the Livingston clinic site an early childhood center for children ages 0-3 and a parenting education program four days a week, with monthly home visits. The parenting education program included an unstructured component (parent and child play) and structured parenting skills classes on communication, discipline techniques, and a behavioral health group run by a master’s level counseling student. The Even Start program’s funding came to an end in July 2011. As this program was too valuable to lose, the staff redesigned the parent and early childhood program to focus on implementing best practices and has made efforts to find new funding. Recently new funding was received to continue this newly designed parent early childhood program, which will now expand to a second CHP site as well.

In 2007, researchers at CHP Livingston and University of Arizona studied the work at Learning Partners and published an article on whether providing literacy education to individuals with both depression symptoms and limited literacy might improve their self-efficacy. The study suggested that in individuals with low literacy scores and depressed symptomatology, improvement of literacy skills resulted in reduced symptoms of depression and improved self-efficacy scores. CHP uses this study and its own observations to continue its programs at LP.

An ongoing program supporting youths who started their parenting journeys as teens, was initiated in 2008. This program is sponsored by the Montana Children’s Trust Fund and focuses on providing wrap around services (parenting support and education, early childhood home visiting, access to medical, dental, behavioral health care, referral to community resources) to these families to reduce child abuse and neglect.

Computer skills are an absolute necessity today, yet many individuals and families in these communities cannot afford to purchase a computer. In 2010, an LP volunteer with a background in education and IT had an idea for a new program, now called Connected Learning. He suggested that he could recycle and rebuild old unused computers that could then be sold to those who need them. His idea would also reduce the number of computers contributing to waste. Under this self-sustaining program, the original owner is

charged a fee to “recycle” the computer (\$30-\$40) and the CHP/LP volunteer then begins the process of rebuilding the computer by wiping the hard drive clean, formatting the computer and installing the operating systems that would be needed. The computer and monitors are sold to needy families for the cost of \$30-\$50. The volunteer helps train the new owner on how to use their new computer and assists the buyer in obtaining internet connection at home when available and affordable. In 2010 alone, the program sold about 30 computers.

One of the goals of the LP department is to help reduce unemployment in the community. Job opportunities in the two counties CHP serves are limited, so whenever CHP sees potential to enable first-time or advanced employment in their community the health center takes part. CHP obtained a small grant for targeted skilled training and used it to train personal care attendants (PCA). PCA jobs appear to be a great entry level job into the flourishing health care market in an area with a growing elderly population. Another job related CHP/LP program came about as a result of the federal stimulus program. CHP received a Subsidized Employment Program American Recovery & Reinvestment Act grant (SEP ARRA) in March 2009 and used it to subsidize a job placement program based out of LP. The grant directed LP to identify recently unemployed people and find them jobs in settings where there was potential to continue work beyond the 6 month grant-subsidized period. Potential jobs might be in transportation, food service, ranching, and the health sector. LP prepared the unemployed individual for future employment by providing job coaching, help in preparing a resume, one time assistance funds and case management support. Eighteen people went through the job placement program and were employed for six months. Half of these 18 remained employed after the subsidized period. Four of the 18 participants were placed with CHP (HR assistant, Dental Assistant, Medical Assistant, Billing Assistant) of which two remain employed at CHP, while one went on to Dental Hygiene training and one has moved on to other employment.

The need for jobs and job training continues even though the SEP ARRA funding has ended. CHP is considering starting a Certified Nurse Assistant (CNA) program that would train the CNAs to work in multiple kinds of environments and situations in order to support the needs of the patients and families. To help employed workers maintain and advance in their current job, CHP is also interested in adding new classes, including courses on workplace communications and personal finance.

In terms of funding, a federal grant helps with approximately 45 percent of Community Health Partners' total costs, while patient revenue, private grants, and donations supply the remainder of the funds. CHP estimates that 3.4 percent of its 2010 operating budget was directed specifically towards LP programs.

CHP current CEO Lander Cooney stated, “Throughout the country, children and adults facing barriers to education, income generation, health care and equal opportunity, are significantly less healthy and have shorter lives than those with greater advantages. Every bit of CHP’s programming is intended to address this injustice. The symptoms of societal inequities are treated through preventive medical and dental care.

Educational programming intervenes in generational poverty and socioeconomic barriers, freeing children and adults to realize their potential. Through prevention, treatment and intervention, clients and families achieve the levels of health and well-being they deserve – that we all deserve.”