



Montana Rural Health Initiative: Creating a Healthy Montana



Max Parelius

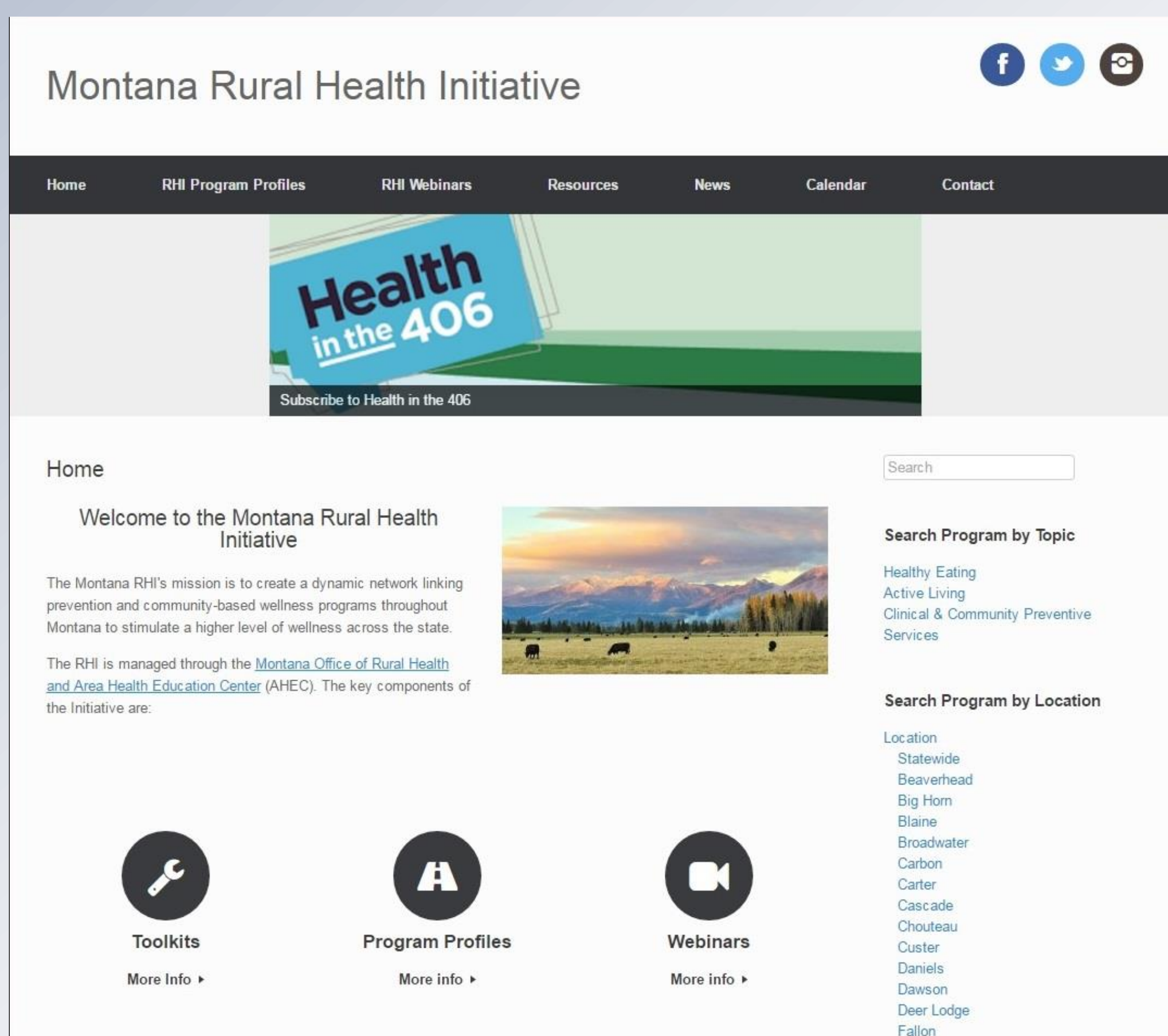
Montana Office of Rural Health and Area Health Education Center

July 2016

Montana IDeA Network of Biomedical Research Excellence (INBRE)

INTRODUCTION

The Montana Office of Rural Health created the Rural Health Initiative to act as a resource for the rural communities of Montana. It coordinates various health and wellness efforts throughout the state. How can the Montana Office of Rural Health best integrate existing evidence-based health and wellness initiatives, resources from the 'What Works for Health' network, and focus-group feedback from Montana critical access hospitals in order to strengthen the 'Montana Rural Health Initiative' online resource? To answer this question, I started at a micro level by familiarizing myself with the scope and previous work done on the Rural Health Initiative project. I continued by investigating and collecting existing evidence-based health and wellness initiatives in Montana communities and resources from the "What Works for Health" network that pertain to Montana. I also reviewed existing focus-group feedback from Montana critical access hospitals and took advantage of opportunities to collect new data from them. It is my hope to use what I have learned to assist Montanans on a macro level by connecting focus-group findings and events/programs happening in the state to evidence-based sources, thus indicating why they are relevant to our communities and should be adopted.



The Montana Rural Health Initiative website, created by the Montana Office of Rural Health to act as a resource for the communities of Montana.

METHODS

A variety of methods were used to obtain information necessary for the improvement of the MRHI. To figure out how to best serve users of the website, I first had to research which health issues were most prominent in Montana rural communities. After spending some time reviewing focus-group reports from areas visited by the MORH (including my own visits), I was able to compile a list of themes that residents say are besetting their communities. I then searched for events/programs that are taking place in Montana (with a focus on rural communities) that have a goal of helping deter one of the themes from the list.

Having found an event/program that I believed would greatly benefit not only the community in which it takes place, but any other community that may implement a similar strategy, I decided to profile them on the MRHI website.

Just informing users of the website about the events/programs wasn't enough, though. In order to stress the importance of the events, I had to lead in with an introduction of *why* the themes that the events explored are relevant to Montana communities. For this, I used research found on the internet to show just how big of a problem the issues are before using the 'What Works for Health' network to find evidence-based practices that lead to a diminishment of the issues that communities were faced with.

The profile concluded with a link to an explanation of how other communities can adopt these practices to service their own residents and rid themselves of the common themes I discovered during my review of the focus-group reports.

To ensure as many people see the profiles as possible, after they are created they are put on the RHI's Facebook page and featured in the weekly newsletter that goes out to 14,033 people!

DISCUSSION

My research of the focus-group reports yielded nine common themes:

- Lack of opportunities for physical activity
- Mental Health
- Poverty Mentality
- Substance Abuse
- Suicide
- Transportation
- Consistency in Health Personnel
- Trust in Doctors
- Lack of Specialty Services

These are the items that local residents felt were the most damaging in their communities. Of those nine, I have focused my efforts on the three *most* prevalent themes: Mental Health, Substance Abuse, and Lack of opportunities for physical activity.

Mental health issues, such as depression and anxiety, is a subject that arose in almost all of the focus-group reports I reviewed. It is a serious concern because many of the other major problems the communities have are strongly linked to mental health issues (substance abuse, suicide, etc.). Some residents felt that mental health services were slowly diminishing and going away, while another was quoted as saying: "It seems that we are constantly hearing about mental health – we have a whole gambit of areas to look at - if Congress would provide more funding then we could take any one of the issues with mental health, and the suicide rate and improve on it."

Substance abuse is a problem that plagues communities all across the nation, and the rural communities of Montana are no exception. Many residents reported that alcohol, drug, and tobacco use was very high in their respective communities and that there was a need for programs like Alcoholics Anonymous or Narcotics Anonymous. When asked what would make their community a healthier place to live, one resident responded: "Stopping some of the drinking would sure help." Another resident wished to lower the rates of alcohol and substance abuse in the community. "When you see what drugs can do to the brain," he said, "there is no argument."

Although it may not seem as important when looking at the devastating effects of poor mental health or substance abuse, exercise is equally as important when it comes to maintaining a healthy body/life. The Montanans interviewed held it in high regard, with many viewing it as a cornerstone to a healthy community. When asked about the status of exercise in their community, responses included:

- "There is not much recreational activity. Locals go to the bar or engage in drug use."
- "One of our goals is to build a more walkable and bikeable community."
- "It provides such great health and economic benefits."
- "We need to start walking kids early."

Using the "What Works for Health" network—a network that provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors they know affect health—I was able to choose events/programs in rural Montana communities that apply strategies that are scientifically supported to help alleviate the aforementioned burdens that communities struggle with.

RESULTS

Profile of the Week: Youth Mental Health First Aid-Big Sky, MT



In the most recent survey, approximately 37,000 adult Montanans (4.9% of all adults per year) had a serious mental illness. That percentage is similar to the national percentage. Montana's percentage of mental health treatment of adults with any mental health issues was higher than the national percentage. Approximately 15,300 adult Montanans received mental health treatment or counseling.

Youth Mental Health First Aid (YMHFA) is an eight-hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. Youth Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis, select interventions and provide initial help, and connect young people to professional, peer, social, and self-help care.

Youth Dynamics in Big Sky, Montana will be hosting a Youth Mental Health First Aid session on August 11, 2016. For more information, [visit the website!](#)

For resources or to start a Youth Mental Health First Aid program in your community, click [here](#).

NA @ 10K Meeting



The use of narcotics is a significant problem that many Montanans are faced with. Whether it is alcohol, meth, or anything in between, many Montanans struggle every day to cope with their addiction and actively seek help doing so.

In the most recent survey, 10.77 percent of Montanans reported using illicit drugs in the past month. The national average was 8.2 percent. Additionally, 3.15 percent of Montana residents reported using an illicit drug other than marijuana in the past month (the national average was 2.6 percent). Montana drug-related deaths (101 per 100,000) exceeded the national rate (72.8 per 100,000).

The Montana Region of Narcotics Anonymous is a nonprofit fellowship of men and women for whom drugs have become a problem. They receive people who are struggling with addiction and meet regularly to help each other take clean. It is a program of complete abstinence of all drugs. There is only one requirement for membership: the desire to stop using.

Standing on NA meeting is a lot simpler than you may think. [Click here](#) for a guide on how to start your own NA meeting within your community.



The NA@ 10K is a very unique Narcotics Anonymous adventure happening during the Beartooth Rally in Big Lodge, MT. The Beartooth Pass is one of the premier destination rides in the USA. The meeting is on US Highway 702, Beartooth Highway, 20 miles east of Big Lodge, Montana in Hyshamite. Following with them in Big Lodge and circle the hill, or meet them there. (Check for their banner).

For more info, call John H. 406.288.4228 or Gary W. 307.322.0800.

Two of the profiles created on the MRHI website that feature events in the state of Montana that spread awareness of the complex health issues that rural communities are faced with and act as a preventative health resource.



The "What Works for Health" network—a network that provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors they know affect health.

CONCLUSIONS

In order to strengthen the 'Montana Rural Health Initiative' online resource, the Montana Office of Rural Health can best integrate existing evidence-based health and wellness initiatives, resources from the "What Works for Health" network, and focus-group feedback from Montana critical access hospitals in a cohesive manner that uses all three to highlight the importance of issues prominent in rural Montana communities, what communities are already doing to better themselves regarding these issues, and how other communities can explore a similar avenue to make themselves healthier. Hosting a health/wellness event or program is futile if the community doesn't know of its existence, which is why it is essential to get the word out using a resource like the 'Montana Rural Health Initiative'.

FUTURE WORK

Future studies should follow up with communities that have implemented activities that promote a healthy lifestyle to see if there has been a shift in the overall wellness of the community. The success of this project hinges on whether—upon seeing the benefits of embracing a healthy lifestyle not only for one's self, but for one's community—other communities decide to take action and create their own ways to deter the problems they are faced with. If studies show that profiles such as the ones I have created for the MRHI lead to increased wellness in communities, they will serve as another important resource in the goal to make every rural Montana community a healthy one.

ACKNOWLEDGMENTS

Research reported in this publication was supported by the National Institute of General Medical Sciences of the National Institutes of Health under Award Number P20GM103474. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

I would like to thank my mentors at the Montana Office of Rural Health, Amy Royer and Kristin Juliar for their guidance and feedback along the way. I would also like to thank Bill Stadwiser for giving me the opportunity to explore health and providing me with help when I needed it.