Community Health Improvement Plan

St. Vincent Healthcare | 2021

SCL Health ST. VINCENT
Table of Contents

Introduction
   Executive Summary and Letter from the CEO 4
   About Us 5

Community Health Needs Assessment
   Methodology & Process 6
   Prioritization 8

Community Health Implementation Plan
   Selection of Priorities 9
   Goals & Actions 11
   Needs Not Prioritized 27
   Continuing the Work 28
Executive Summary and Letter to the Community from the CEO

Community Health Needs Assessment (CHNA) is a systematic approach to determining the health status, behaviors and needs of people living in our area. The full report is available on our website https://www.sclhealth.org/-/media/files/care-sites/st-vincent/about/community-benefit/2020-prc-chna-report-svb.pdf?la=en

Following the needs assessment, we select health priorities to impact community health through direct and/or collaborative efforts. The Community Health Improvement Plan (CHIP) is the strategic document that outlines the hospitals’ plans, actions and anticipated impact on the identified health needs.

Summary:

● The CHNA was conducted by Professional Research Consultants, Inc. from June to August 2019.

● The geographic focus area for the CHNA was Yellowstone County, MT.

● The CHNA was published on February 10, 2020.

● The Board of Directors formally adopted the 2020 CHNA on August 20, 2020.

● Thirteen areas of opportunity were identified in the 2020 CHNA.

● Community members ranked three priorities at the top: Substance Use; Mental Health; Nutrition/Physical Activity/Weight

● St. Vincent Healthcare Leadership Teams selected the top three health priorities based on three factors: Community Priorities, Strategic Direction/Assets, and Current Efforts:
  ● Access to Care
  ● Behavioral Health
  ● Healthy Weight

● St. Vincent Healthcare’s Community Health Improvement Plan was formally adopted by the Board of Directors on November 19, 2020.
Letter from our CEO

It was because of a call to respond to critical health needs that a small group of courageous young women traveled to the Montana territory to open a Sisters of Charity of Leavenworth hospital in 1870. The pioneering spirit they brought lives on in the extraordinary people who continue to serve at St. Vincent Healthcare in Billings. While the details of the challenges we face today are different, the mission of responding to identified community health needs has remained the same.

We are working to address a growing obesity rate, increase access to mental health resources and ensure all residents have access to comprehensive and quality health services. Our Community Health Improvement Plan prioritizes these identified needs and provides actionable steps to address them.

As healthcare delivery continues to transform, we remain guided by our Mission to “reveal and foster God’s healing love by improving the health of the people and communities we serve, especially those that are poor or vulnerable.” As we carry on the tradition of the Sisters who came to Montana nearly 150 years ago, we continue to look forward to the good that is yet to be.

With gratitude and blessings,

Steve Loveless
President and Chief Executive Officer
About Us

Founded in 1898, St. Vincent Healthcare is a 286 licensed bed not-for-profit, faith-based, mission-driven hospital with 36 clinics, based in Billings, Montana. St. Vincent is the state’s second largest tertiary care hospital and serves as a regional destination hospital with a comprehensive range of services including: a Level II Trauma Center, Heart and Vascular Center of Excellence; world-renown Neurosurgery; Orthopedic and Spine Center of Excellence; General Surgery with Robotics; Designated “Breast Center of Excellence”; only medical helicopter in Billings; one of the region’s only multidisciplinary pediatric specialty clinics; a Level III Neonatal Intensive Care Unit and Montana and Wyoming’s only 24/7 staffed Pediatric Intensive Care Unit. One of Montana’s leading comprehensive hospitals, St. Vincent Healthcare and its 431 medical staff, is a technological leader that serves a rural, sparsely-populated four-state area with just over 1,748 employees caring for people during 400,000 plus hospital and clinic visits annually.

Our Mission

We reveal and foster God’s healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

Our Values

Caring Spirit – We honor the sacred dignity of each person.

Excellence – We set and surpass high standards.

Good Humor – We create joyful and welcoming environments.

Integrity – We do the right thing with openness and pride.

Safety – We deliver care that seeks to eliminate all harm for patients and associates.

Stewardship – We are accountable for the resources entrusted to us.
Community Health Needs Assessment
Community Health Needs Assessment (CHNA) Methodology and Process

St. Vincent Healthcare conducted the 2020 CHNA in partnership with Billings Clinic, a hospital located in Billings, MT, and the city-county health department, RiverStone Health. The 2020 CHNA was a follow-up to similar studies conducted in 2017, 2014, 2011, and 2006. The 2020 CHNA was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting CHNAs in hundreds of communities.

The CHNA study area encompasses Yellowstone County and includes each of the residential ZIP codes significantly represented in the county. Yellowstone County is a common patient base among the three collaborating entities sponsoring this study. RiverStone Health’s jurisdictional authority is only within the county, which is a shared primary service area with both Billings Clinic and St. Vincent Healthcare.

The 2020 CHNA incorporated: 1) primary quantitative data (a 404 household telephone community health survey), 2) secondary quantitative data (existing public health data) and 3) primary qualitative data (194 online key informant surveys).

1) **Primary Quantitative Data:** the sample drawn for this survey is representative of the adult Yellowstone County population in terms of demographic and socioeconomic characteristics, as well as geographical location. The maximum error rate associated with the total sample of 404 residents is ±4.9% at the 95 percent level of confidence. Existing vital statistics and other data are incorporated into this assessment for Yellowstone County. Comparisons are also made, where available, to state and national benchmarks. Furthermore, wherever possible, health promotion goals outlined in Healthy People 2020 are included.

2) **Secondary Quantitative Data:** a variety of existing (secondary) data sources was consulted to complement the research quality of the community health needs assessment. Secondary data for Yellowstone County was obtained from the following sources: Center for Applied Research and Environmental Systems (CARES), Centers for Disease Control & Prevention, Community Commons, ESRI ArcGIS Map Gallery, National Cancer Institute State Profiles, Open Street Map, National Center for Health Statistics, Montana Department of Public Health & Human Services, Montana Board of Crime Control, US Census Bureau, US Department of Health and Human Services and the US Department of Justice, Federal Bureau of Investigation.
3) **Primary Qualitative Data:** an online key informant survey was implemented to further gain perspective from community members and local organizations as part of the CHNA process. Participants included representatives from healthcare, public health, government, business, and community leaders, including faith communities. 154 community stakeholders took part in the key informant survey (a 51.3% response rate).

**Key Survey Results**

Areas of Opportunity were identified based on the compiled data including input from the key informants, results of the phone survey and the secondary data. The areas of opportunity were determined after consideration of various criteria including standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic area; the magnitude of the issue in terms of number of persons affected; and the potential health impact of a given issue. Thirteen areas of opportunity were identified in the 2020 CHNA:

- Access to Healthcare Services
- Cancer
- Diabetes
- Heart Disease & Stroke
- Infant Health
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Potential Disabling Conditions
- Respiratory Diseases
- Sexual Health
- Substance Use/Abuse
- Tobacco Use

Yellowstone County has been growing in population with a 14.4% increase between the 2000 and 2010 US Censuses; this was a greater proportional increase than seen across both the state of Montana and the United States overall. Yellowstone County is predominantly urban with 83.3% of the total population of 156,332 residents residing in urban areas. 90.9% of Yellowstone County residents are White, 4.2% are Native American and 0.7% are Black. A total of 5.4% of Yellowstone County residents are Hispanic or Latino and 0.4% are considered to be linguistically isolated.

Poverty levels show 10.1% of Yellowstone County adults and 11.9% of children living below the Federal Poverty Level. Individuals living in lower socioeconomic status reported more health problems and lower health status throughout the 2020 CHNA.
Community Stakeholder Involvement

Community stakeholders were involved throughout the CHNA process. A CHNA Advisory Group and subcommittees were established consisting of individuals with expertise in engaging community members, data use and analysis and promoting the CHNA to end users. The Advisory Group members represented multiple sectors and provided input throughout the CHNA process. Prior to the public release of the CHNA results, a community-wide forum was convened (11-22-19) to garner input from the community on health improvement priorities and interventions. At the community meeting, with more than 100 people in attendance, the CHNA results were shared and community members provided their feedback via a formalized individual electronic voting exercise.

Prioritization

Participants were asked to rank each item from 1 – 10, with 1 being a low score and 10 being the highest score. Each of the 13 areas of opportunity were scored based on two criteria: scope and severity, and ability to impact. A statistical mean was calculated and then plotted on a grid. The community prioritized the 13 areas as follows:

1. Mental Health
2. Substance Use/Abuse
3. Nutrition, Physical Activity, & Weight
4. Diabetes
5. Heart Disease & Stroke
6. Injury & Violence
7. Access to Healthcare Services
8. Tobacco Use
9. Infant Health
10. Cancer
11. Sexual Health
12. Respiratory Diseases
13. Potentially Disabling Conditions
Publication and Adoption of the CHNA

The CHNA was published on February 10, 2020. The full CHNA report, including the CHNA process, methodology and prioritized list of health needs, can be found on our website: https://www.sclhealth.org/-/media/files/care-sites/st-vincent/about/community-benefit/2020-prc-chna-report-svb.pdf?la=en

Along with the publication of the report, an executive summary and infographic were also released to present material in an accessible way: http://www.healthybydesignyellowstone.org/wp-content/uploads/Report_2019-20CHNAExecutiveSummary_Final_2020.02.07.pdf

The CHNA was publicized through a variety of channels, most notably through a press release and press conference hosted by the Alliance partners (St. Vincent Healthcare, Billings Clinic, and RiverStone Health).

Community Health Improvement Plan Priorities

A community process was undertaken to create an improvement plan for the Healthy By Design Coalition - available on the Healthy By Design website Healthy by Design Yellowstone. The community-based Community Health Improvement Plan addresses the priority areas of healthy weight, mental health and substance use through a framework of healthy neighborhoods, healthy connections and healthy investments.

St. Vincent Healthcare’s Community Benefit Committee of the Board reviewed the results of the CHNA and recommended three priority focus areas: Healthy Weight Status, Improved Behavioral Health Status, and Access to Care. Those recommendations were provided to Senior Leadership and three priority areas were adopted.

Following vetting from St. Vincent Healthcare’s Senior Leadership team, the draft Community Health Improvement Plan was presented to the St. Vincent Healthcare Community Benefit Committee of the Regional Board of Directors for review and input on October 22, 2020. Feedback from this committee was incorporated into the final Community Health Improvement Plan.

St. Vincent Healthcare’s Community Health Improvement Plan was formally adopted by the Board of Directors on November 19, 2020.

Community Health Improvement Plan Guiding Principles

There are five community health improvement core strategies that support program development. We want to:

- Leverage community benefit investments toward the greatest area of impact to achieve our mission (alignment with CHNA and vulnerable populations)
- Utilize intervention strategies that are evidence-based and work to answer the sustainability question during program build
- Encourage innovation pilots that can address “dual” or disparate health needs
- Expand collective impact opportunities by engaging multi-sector partnerships
- Improve community engagement by highlighting community impact stories, increasing digital-based communication and attention to diversity and inclusion initiatives

In addition, whenever possible we want to align measurement objectives with other community improvement efforts locally, regionally and nationally.
2021-2023 Community Health Improvement Strategies Overview

Collective Community Health Improvement Plan – Healthy By Design Coalition

The collective Community Health Improvement Plan includes shared objectives for Billings Clinic, RiverStone Health, St. Vincent Healthcare and numerous community partners to address mental health, substance use, and healthy weight status through three areas: healthy neighborhoods, healthy connections, and healthy investments. These collective strategies are an integral part of St. Vincent Healthcare’s Community Health Improvement Plan and can be found at https://www.healthybydesignyellowstone.org/wp-content/uploads/Plan_2020-2023YellowstoneCountyCHIP_Final_2020.06.30-1.pdf

St. Vincent Healthcare Community Health Improvement Plan Overview

Priority: Access to Healthcare Services
Strategies:
1. Increase opportunities to access health services, both in person and virtually
2. Increase workforce capacity to provide healthcare services

Priority: Behavioral Health
Strategies:
1. Improve access to mental health services and resources
2. Improve supports for substance use treatment and prevention

Priority: Healthy Weight Status
Strategies:
1. Improve access to physical activity opportunities and healthier food choices
2. Increase access to individual interventions for obesity prevention
Priority: Access to Healthcare Services

Vision: All residents will have access to comprehensive health services.

Outcome Goal(s):
- The percentage of Yellowstone County adults reporting difficulty or delay in obtaining healthcare services will decrease by 5%; from 32.1% to 30.5% in 2023. (CHNA)
- The percentage of Yellowstone county adults reporting a routine check-up will increase by 5%; from 67.2% to 70.6% in 2023 (CHNA)

Strategy: Increase opportunities to access health services, both in person and virtually

Objective:
Reduce barriers to accessing healthcare services, such as transportation or living in a Healthcare Provider Shortage Area

Partners:
- SCL Health Medical Group
- Indian Health Services
- Primary Children’s Hospital
- Holy Rosary Healthcare
- St. James Healthcare

Need Indicator(s):
- 32.1% of Yellowstone County adults report some type of difficulty or delay in obtaining healthcare services in the past year (CHNA, 2020)
- 67.2% of adults report a routine check-up in the past year compared to 73% in Montana overall (CHNA, 2020)

<table>
<thead>
<tr>
<th>Tactic(s)</th>
<th>Community Partner(s)</th>
<th>Metric</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Mammography Coach travels to rural and tribal communities to provide increased access to mammography screening</td>
<td>Crow Tribe, Northern Cheyenne Tribe, Rural communities</td>
<td>Number of communities served; Number of mammograms performed</td>
<td>Target: 63 sites will be served by mobile mammography 3,300 mobile mammograms</td>
</tr>
<tr>
<td>Project Description</td>
<td>Provider</td>
<td>Indicator</td>
<td>Target</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Implement primary care clinic in Lockwood at Lockwood School</td>
<td>SCL Health Medical Group</td>
<td>Number of primary care clinics in Lockwood</td>
<td>Target: One primary care clinic will open in Lockwood in 2021</td>
</tr>
<tr>
<td>Implement additional walk-in care location</td>
<td>SCL Health Medical Group</td>
<td>Number of walk-in locations</td>
<td>Target: Additional walk-in clinic location in Heights for a total of three walk-in locations</td>
</tr>
<tr>
<td>Virtual health visits to decrease barriers to access</td>
<td>SCL Health Medical Group</td>
<td>Number of virtual health visits conducted</td>
<td>Target: Provide an average of 750 virtual health visits per month</td>
</tr>
<tr>
<td>Virtual health outreach to rural communities</td>
<td>Telemedicine networks, SCL Health Medical Group</td>
<td>Number of specialties with virtual health outreach</td>
<td>Target: Provide outreach to 23 rural and frontier communities for 27 specialties</td>
</tr>
<tr>
<td>Specialty care outreach to rural and tribal communities</td>
<td>Rural communities</td>
<td>Number of communities served by outreach clinics; Number of specialties providing outreach</td>
<td>Target: Provide specialty outreach to 16 communities Outreach by 13 specialties</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Acute In-patient rehabilitation services</td>
<td>Rehabilitation Hospital of Montana Billings Clinic</td>
<td>Number of beds for treatment and recovery of individuals with loss of function due to injury or illness</td>
<td>Target: 34 beds to serve Montana and Wyoming</td>
</tr>
<tr>
<td>Outreach events for preventive screenings including diabetes and high blood pressure</td>
<td>Montana State University Billings Adult Resource Alliance Laurel Community Center</td>
<td>Number of events</td>
<td>Target: Provide four screening events annually</td>
</tr>
</tbody>
</table>

**Progress:**
## Access to Healthcare Services

**Strategy:** Increase workforce capacity to provide healthcare services

### Objective:
Increase workforce capacity by serving as a training site for healthcare professions.

### Partners:
- City College - MSU Billings
- Great Falls College
- Montana State University Billings
- Montana State University Bozeman
- University of Montana Missoula

### Need Indicator(s):
- Yellowstone County is surrounded by Healthcare Provider Shortage areas based on geographies and low-income (Montana Primary Care Needs Assessment, 2016)

<table>
<thead>
<tr>
<th>Tactic(s)</th>
<th>Community Partner(s)</th>
<th>Metric</th>
<th>Status</th>
</tr>
</thead>
</table>
| Nursing students complete clinical rotations at St. Vincent Healthcare | Montana State University Billings, City College | Number of students | Target: 100 nursing students at various levels in their training annually  
Progress: |
| Pharmacy students and pharmacy residents complete training at St. Vincent Healthcare | University of Montana | Number of students | Target: Four students annually  
Progress: |
<table>
<thead>
<tr>
<th>Program Description</th>
<th>Training Location</th>
<th>Number of Students</th>
<th>Target:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical tech students complete training at St. Vincent Healthcare</td>
<td>Great Falls College, City College</td>
<td>Number of students</td>
<td>Four students annually</td>
</tr>
<tr>
<td>Clinical Pastoral Education (CPE) students complete training at St. Vincent Healthcare</td>
<td>Faith communities in Montana, Healthcare facilities in Montana</td>
<td>Number of students</td>
<td>Eight students enrolled in CPE program</td>
</tr>
<tr>
<td>Montana Family Practice Residency students training at St. Vincent Healthcare</td>
<td>RiverStone Health</td>
<td>Number of physician residents</td>
<td>24 resident physicians annually</td>
</tr>
<tr>
<td>Dietary students complete training at St. Vincent Healthcare</td>
<td>Montana State University Bozeman</td>
<td>Number of students</td>
<td>Two dietary interns annually</td>
</tr>
<tr>
<td>High School students at Career Center provided opportunities to explore medical careers</td>
<td>Billings School District 2</td>
<td>Number of students</td>
<td>120 students annually</td>
</tr>
</tbody>
</table>

Progress: 

<table>
<thead>
<tr>
<th>Priority: Behavioral Health (Mental Health and Substance Use)</th>
<th>Vision: All residents will have improved mental health and less reported substance use.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome Goal(s):</td>
<td>The percentage of Yellowstone County adults rating their overall mental health as good, very good or excellent will increase 5%; from 79.8% to 83.79% in 2023 (CHNA)</td>
</tr>
<tr>
<td></td>
<td>The percentage of Yellowstone county adults reporting a negative impact on their lives by substance use will decrease 5%; from 53.8% to 56.49% in 2023 (CHNA)</td>
</tr>
</tbody>
</table>

**Behavioral Health Strategy: Improve access to mental health services and resources**

**Objective:** Increase access to mental health resources to improve mental health status

**Partners:**
- SCL Health Medical Group
- Community Crisis Center
- Walla Walla University Billings Mental Health Clinic
- Suicide Prevention Coalition of Yellowstone Valley

**Need Indicator(s):**
- 20.2% of adults in Yellowstone County report their overall mental health is “fair” or “poor”; this response has increased significantly since 2005 (CHNA 2020)
- 32.2% of adults in Yellowstone County have been diagnosed with a depressive disorder; higher than MT and U.S. rates (CHNA, 2020)
- Average age-adjusted suicide rate deaths per 100,000 population was 25.3 between 2015 and 2017; similar to MT rates and higher than the national rate; higher than Healthy People 2020 target of 10.2 or lower. (CHNA, 2020)
- 21.3% of adults overall and 36.1% of low-income adults reported considering suicide (CHNA, 2020)
<table>
<thead>
<tr>
<th>Tactic(s)</th>
<th>Community Partner(s)</th>
<th>Metric</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrate behavioral health services into primary care clinic locations</td>
<td>SCL Health Medical Group</td>
<td>Number of communities with integrated behavioral</td>
<td>Target: Five communities with integrated behavioral health services</td>
</tr>
<tr>
<td>throughout Montana to increase access and decrease stigma</td>
<td></td>
<td>health services</td>
<td>Progress:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase knowledge of available community resources to address mental</td>
<td>MT 211</td>
<td>Number of residents utilizing MT211</td>
<td>Target: Increase from 5,791 to 6,370 the number of individuals</td>
</tr>
<tr>
<td>health concerns</td>
<td>United Way of Yellowstone County</td>
<td></td>
<td>utilizing MT211 by December 31, 2021</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Progress:</td>
</tr>
<tr>
<td>Provide support for community access to mental health services</td>
<td>Community Crisis Center</td>
<td>Number of visits to each community access point</td>
<td>Target: 10,000 visits to the Community Crisis Center annually</td>
</tr>
<tr>
<td></td>
<td>Walla Walla University</td>
<td></td>
<td>80 appointments kept per month at the Walla Walla Mental Health</td>
</tr>
<tr>
<td></td>
<td>Billings Mental Health Clinic</td>
<td></td>
<td>Clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Progress:</td>
</tr>
<tr>
<td>Provide support for community organizations</td>
<td>Suicide Prevention Coalition of</td>
<td>Number of organizations</td>
<td>Target: Support at least three coalitions or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and coalitions addressing mental health needs</td>
<td>Yellowstone Valley Healthy By Design Coalition Substance Abuse Connect</td>
<td>addressing mental health needs supported by St. Vincent Healthcare</td>
<td>organizations addressing mental health needs annually with in-kind and/or financial contributions</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Progress:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prenatal mental health and substance use screening</th>
<th>SCL Health Medical Group Substance Abuse Connect Coalition Healthy SPARK Coalition Indian Health Services</th>
<th>Percentage of obstetric patients screened for mental health and substance use</th>
<th>Target: 90% of obstetric patients will be screened for mental health and substance use during prenatal visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provide electronic support to new mothers with mental health and substance use needs</th>
<th>Substance Abuse Connect Coalition Healthy SPARK Coalition</th>
<th>Number of new mothers using the Go-Mo App</th>
<th>Target: 250 moms will utilize the Go-Mo App annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Create opportunities for increased social connection</th>
<th>Healthy By Design Coalition</th>
<th>Development of plan for Social Connection Tactic</th>
<th>Target: Work plan will be developed by June 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provide mentoring for youth by low-income seniors through the Foster Grandparent Program

| Corporation for National and Community Service | Number of counties and tribes served by the Foster Grandparent Program | Target: Six counties including two tribal communities will be served by Foster Grandparents |

Behavioral Health
Goal: Improve supports for substance use treatment and prevention

Objective: Collaborate with community partners to address substance use through prevention and treatment

Partners:
- Substance Abuse Connect Coalition
- SCL Health Medical Group
- Montana Healthcare Foundation

Need Indicator(s):
- 53.8% of adults in Yellowstone County report their lives have been negatively affected by substance use; higher than the U.S. average of 37.3% (CHNA, 2020)

Tactic(s) | Community Partner(s) | Metric | Status
--- | --- | --- | ---

<table>
<thead>
<tr>
<th>Prenatal substance use and mental health screening</th>
<th>SCL Health Medical Group</th>
<th>Percentage of obstetric patients screened for substance use and mental health needs</th>
<th>Target: 90% obstetric patients will be screened for substance use and mental health during prenatal visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide electronic support to new mothers with substance abuse and mental health needs</td>
<td>Substance Abuse Connect Coalition, Healthy SPARK Coalition</td>
<td>Number of new mothers using the Go-Mo App</td>
<td>Target: 250 moms will utilize the Go-Mo App annually</td>
</tr>
<tr>
<td>Integrate behavioral health services into primary care clinic locations throughout Montana to increase access and decrease stigma</td>
<td>SCL Health Medical Group</td>
<td>Number of communities with integrated behavioral health services</td>
<td>Target: 5 communities with integrated behavioral health services</td>
</tr>
<tr>
<td>Increase knowledge of available resources to address substance use</td>
<td>MT 211 United Way of Yellowstone County</td>
<td>Number of residents utilizing MT211</td>
<td>Target: Increase from 5,791 to 6,370 the number of residents utilizing MT211 by December 31, 2021</td>
</tr>
<tr>
<td>Provide support for community organizations addressing substance use</td>
<td>Rimrock Community Innovations Community Crisis Center Substance Abuse Connect Coalition Healthy By Design Coalition</td>
<td>Number of organizations addressing substance use supported by St. Vincent Healthcare</td>
<td>Target: A minimum of three organizations and/or coalitions addressing substance use will be supported in-kind and/or financially each year</td>
</tr>
</tbody>
</table>
**Priority:**
**Healthy Weight (Nutrition and Physical Activity)**

**Vision:** All residents will be at a healthy weight.

**Outcome Indicator(s):**
- Increase the proportion of residents who are at a healthy weight in Yellowstone County by 5%; from 27.3% to 28.6% by 2023 (CHNA)

**Healthy Weight**
**Goal:** Improve access to physical activity opportunities and healthier food choices

**Objective:** Increase intake of fruits and vegetables and increase rates of physical activity

**Partners:**
- Healthy By Design Coalition
- Bountiful Baskets
- School District 2
- Trailnet
- YMCA

**Need Indicator(s):**
- 27.7% of adults in Yellowstone County consume five or more servings of fruits or vegetables daily (CHNA, 2020)
- 23.3% of adults in Yellowstone County meet physical activity recommendations (CHNA, 2020)

<table>
<thead>
<tr>
<th>Tactic(s)</th>
<th>Community Partner(s)</th>
<th>Metric</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase access to affordable produce through</td>
<td>Participant self-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tactic(s)**

**Status**
<table>
<thead>
<tr>
<th>Support</th>
<th>Responsible Entity</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased access to affordable produce through serving as a location for Bountiful Baskets</td>
<td>Bountiful Baskets</td>
<td>Number of weeks Bountiful Basket program offered at St. Vincent Healthcare</td>
</tr>
<tr>
<td>Support efforts to create neighborhood focused efforts including creative place making and built environment to increase physical activity and healthy lifestyles</td>
<td>Healthy By Design Coalition</td>
<td>Development of work plan for healthy neighborhoods</td>
</tr>
<tr>
<td>Provide support for Kids in Motion Program to assist with bike repair for students</td>
<td>City-County Planning Department, School District 2, Local bike shops</td>
<td>Number of students served annually</td>
</tr>
</tbody>
</table>
Healthy Weight  
**Goal:** Increase access to individual interventions and opportunities for obesity prevention and healthy lifestyles

**Objective:** Increase adults and children reporting healthy weight status

**Partners:**
- Billings Family YMCA
- Big Sky State Games
- Montana Department of Health and Human Services (DPHHS)
- SCL Medical Group
- Surgical Associates

**Need Indicator(s):**
- 72.7% of adults in Yellowstone County are overweight or obese (CHNA 2020)
- 34.3% of children in Yellowstone County are overweight or obese (CHNA 2020)
- 27.7% of adults in Yellowstone County consume 5 or more servings of fruits or vegetables (CHNA 2020)
- 23.3% of adults in Yellowstone County meet physical activity recommendations (CHNA 2020)

<table>
<thead>
<tr>
<th>Tactic(s)</th>
<th>Community Partner(s)</th>
<th>Metric</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes and Heart Disease</td>
<td>Billings Family YMCA</td>
<td>Percent- age of participants losing an average of 5% of their starting body weight</td>
<td>Target: 50% of participants will achieve an average weight loss of 5% of their starting body weight by the end of the program</td>
</tr>
<tr>
<td>Prevention Program</td>
<td>Montana Department of Public Health and Human Services (DPHHS)</td>
<td></td>
<td>Progress:</td>
</tr>
<tr>
<td>Weight Management Clinic</td>
<td>SCL Medical Group Surgical Associates</td>
<td>Average BMI reduction</td>
<td>Target: Bariatric patients will reduce average BMI from 44.5 to 33.6 at the one year post op anniversary</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------</td>
<td>-----------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Progress:</td>
</tr>
<tr>
<td>Pediatric nutrition programs</td>
<td>Pediatric Specialty Clinic</td>
<td>Number of programs offered</td>
<td>Target: St. Vincent Pediatric Specialty Clinic will offer one program for pediatric weight management</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Progress:</td>
</tr>
<tr>
<td>Active event support</td>
<td>Big Sky State Games Rimrock American Foundation for Suicide Prevention TrailNet Family Tree Center</td>
<td>Number of active events with support from St. Vincent Healthcare</td>
<td>Target: St. Vincent Healthcare will provide in-kind and/or financial support for at least three active events per year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Progress:</td>
</tr>
</tbody>
</table>
Other Significant Needs Not Prioritized

Each of the health needs identified in the CHNA are important and St. Vincent Healthcare along with numerous partners throughout the community are addressing these needs through various innovative programs and initiatives. Some examples of these are provided below. The St. Vincent Healthcare CHIP will only address the priority areas listed above in order to maximize resources, expertise and time to achieve successful impact.

<table>
<thead>
<tr>
<th>Areas of Opportunity</th>
<th>Mobile mammography; low-dose CT lung cancer screenings; head and neck cancer screenings; health education prevention efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Diabetes and Heart Disease Prevention Program at YMCA; diabetes screenings at MATE and Powwows; virtual diabetes consults; diabetes educators</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Stroke camp and stroke support groups; cardiac rehabilitation programs; cardiac outreach; nutrition and physical activity interventions</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>Maternal Fetal Medicine with outreach via telehealth; Midwifery clinic with outreach to tribal communities; prenatal behavioral health screenings and interventions</td>
</tr>
<tr>
<td>Infant Health</td>
<td>Financial support for the YWCA's Reaching Every Woman campaign in Yellowstone and Big Horn Counties; pediatric safety events and concussion management and trainers for rural schools; distracted driving events; tele-emergency support for 13 hospitals in eastern Montana</td>
</tr>
<tr>
<td>Injury &amp; Violence</td>
<td>Walk with Ease Arthritis Program; support of the LiveStrong Program at the YMCA; support of Dementia Friendly Billings</td>
</tr>
<tr>
<td>Potential Disabling Conditions</td>
<td>Evidence-based American Lung Association Freedom from Smoking classes offered to the community; promotion of the QuitLine; pulmonary rehabilitation</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>Support of LaVie Clinic</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>Evidence-based American Lung Association Freedom from Smoking classes offered to the community; promotion of the QuitLine</td>
</tr>
</tbody>
</table>
Continuing the Work

The Community Health Improvement Plan is a living document that provides community health improvement direction for St. Vincent Healthcare, its partners, community organizations and residents of Yellowstone County, MT. As such, the CHIP is a working document and will be updated and amended on an annual basis as new programs, partnerships and collaborations develop. The progress of our work will be evaluated on an on-going basis, not simply at the three-year mark. Strategies and actions that do not yield the intended outcomes will be revised and re-implemented.

Contact:

April Keippel, Mission and Community Benefit Programs Manager 406-237-3378  
april.keippel@sclhealth.org