



**St. James Healthcare**  
**Community Health Improvement**  
**Plan**  
**2018**



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## Executive Summary and Letter to the Community from the CEO

The Community Health Needs Assessment (CHNA) is a systematic approach to determining the health status, behaviors and needs of residents living in the service area of St. James Healthcare (SJH). *Full report is available on our website <https://www.sclhealth.org/locations/st-vincent-healthcare/about/community-benefit/>*

Following the needs assessment, hospitals must 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 health needs identified in the 2017 Community Health Needs Assessment.

### **Summary:**

- The CHNA was conducted by Professional Research Consultants, Inc. from January to July 2017.
- The geographic focus area for the CHNA was Silver Bow County, MT
- The CHNA was published on August 10, 2017.
- The St. James Healthcare's Board of Directors formally adopted the 2017 CHNA on December 8, 2017.
- Eight areas of opportunity were identified in the 2017 CHNA.
- Community members ranked three priorities at the top: Nutrition, Physical Activity, & Weight; Mental Health; Substance Abuse.
- The Community Benefit committee at St. James selected the top three health priorities based on three factors: Strategic Direction/Assets, Current Efforts, and Community Priorities.
- St. James Healthcare's Community Health Improvement Plan was formally adopted by the St. James Healthcare's Board of Directors on May 9, 2018.

## **Letter from our President**

In 1870, a call to respond to critical health needs led a small group of courageous young women traveled to the Montana territory to open a Sisters of Charity of Leavenworth hospital. Their pioneering spirit continues with the extraordinary people who serve at St. James Healthcare in Butte. While the details of the challenges we face today are different, our mission of responding to identified community health needs has remained the same.

We are working to address an increase in the need for access to substance abuse/mental health resources, to provide additional health tools for early detection of cancer and to 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,

Jay Doyle  
President

## About Us

Founded in 1881, St. James Healthcare is a 98 licensed bed not-for-profit, faith-based, mission-driven hospital with 5 clinics, based in Butte, Montana. St. James is the only acute care hospital in the 7-county region of southwest Montana with a comprehensive range of more than 30 services including: a Level III trauma center, a cancer center offering both radiation and medical oncology, orthopedics, women's services, heart services and general surgery with robotics. St. James Healthcare and its 104-person medical staff, is a technological leader that serves a rural, sparsely-populated area of the state with just over 630 employees caring for people.

### **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. James Healthcare conducted the 2017 CHNA in partnership with Butte Silver Bow Health Department. The 2017 community health needs assessment (CHNA) was a follow-up to similar studies conducted in 2014 and 2011. The 2017 CHNA was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting community health needs assessments (CHNA) in hundreds of communities.

The CHNA study area encompasses Silver Bow County.

The 2017 CHNA incorporated: primary quantitative data (a 400 household telephone community health survey) and primary qualitative data (126 online key informant surveys).

1. **Primary Quantitative Data:** the sample drawn for this survey is representative of the adult (over 18) Butte Silver Bow County population in terms of demographic and socioeconomic characteristics, as well as geographical location. The maximum error rate associated with the total sample of 400 residents is  $\pm 4.9\%$  at the 95 percent level of confidence. Existing vital statistics and other data are incorporated into this assessment for Silver Bow 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. **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

community. 126 community stakeholders took part in the key informant survey (57% response rate).

### **Key Survey Results:**

Areas of Opportunity were identified based on the compiled data including input from the key informants and results of the phone survey. 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. Identified in the 2017 CHNA were eight areas of opportunity (in alphabetical order):

- Access to Healthcare Services
- Cancer
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Potential Disabling Conditions
- Substance Abuse
- Tobacco Use

Silver Bow County has had only a small population increase between the 2000 and 2010 US Censuses. 50.5% of Silver Bow County residents are men, 49.5% are women, and 44.2% are between the ages of 40 to 64. 93.9% are White, 0.7% are Hispanic or Latino, and 5.4% include Native Americans and African Americans.

Poverty levels show 40.5% of Silver Bow County residents living at below 200% of the Federal Poverty Level. Individuals living in lower socioeconomic status reported more health problems and lower health status throughout the 2017 CHNA.

### **Community Stakeholder Involvement**

Community Stakeholders were involved throughout the CHNA process. Prior to the public release of the CHNA results, a community-wide forum was convened (July 10, 2017) to garner input from the community on health improvement priorities and interventions. At the community meeting, with more than 50



people in attendance, the CHNA results were shared and community members provided their feedback via a formalized individual electronic voting exercise.

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 8 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 8 areas as follows:

1. Substance Abuse
2. Mental Health
3. Nutrition, Physical Activity, & Weight
4. Injury & Violence
5. Tobacco Use
6. Cancer
7. Access to Healthcare Services
8. Potentially Disabling Conditions

#### **Publication and Adoption of the CHNA:**

The CHNA was published on August 10, 2017. In the full report of the CHNA the entire process and methodology was outlined, as well as the results including the prioritized list of health needs. The CHNA was publicized through a variety of channels, most notably through a press release and press conference hosted by St. James Healthcare and BSB Health Department.

**The St. James Healthcare’s Board of Directors formally adopted the 2017 CHNA on December 8, 2017.**

#### **Community Health Improvement Plan Priorities:**

St. James Community Benefit team reviewed the results of the CHNA and recommended the following priority focus areas: Mental Health/Substance Abuse, Access to Care, Cancer, and Tobacco. In addition the team recommended support of a community-wide substance abuse work group. The recommendations were provided to Senior Leadership for review and input. Following vetting from St. James Healthcare’s Senior Leadership team, the draft priorities and community health improvement plan were presented to the St.

James Healthcare’s Board of Directors and the St. James Healthcare’s Community Health Improvement Plan was formally adopted by the Board of Directors on May 9, 2018.

## Community Health Improvement Plan

There are 5 Community health improvement core strategies that support program development. We want to:

- A. Leverage community benefit investments toward the greatest area of impact to achieve our mission.
- B. Utilize intervention strategies that are evidence-based and work to answer the sustainability question during program build.
- C. Encourage innovation pilots that can address “dual” or disparate health needs.
- D. Expand collective impact opportunities by engaging multi-sector partnerships.
- E. 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.




## Priority: Cancer and Tobacco

**Vision:** To increase the number of cancer screenings performed each year at St. James Healthcare and decrease the percentage of residents who use tobacco to less than 8% by 2025.

**Goal 1:** Increase access to screenings for early detection of cancer.

**Goal 2:** Reduce the use of tobacco and decrease risk of cancer from tobacco use.

Current State	Action/Tactics	Partners	Progress Update
<i>Demonstrate the prevalence and/or significance of this need</i>	<i>What steps will we take to impact this need</i>	<i>Community stakeholders who are essential to improvement efforts</i>	<i>Success measures of success and milestones</i>
<p>The prevalence of cancer (other than skin cancer) is 7.4% in Butte Silver Bow County comparable to the Montana and U.S. prevalence (CHNA, 2017)</p> <p>62.6% of women ages 50-74 have had a mammogram within the past two years, lower than both Montana and U.S. rates. (CHNA, 2017)</p> <p>39.3% of key informants consider cancer a moderate risk (CHNA, 2017)</p> <p>12.4% of adults in the surveyed in the county smoke cigarettes down from both Montana and U.S. rates and down from 20.9% in 2014 (CHNA, 2017). This is a dramatic drop, and we believe while it may be valid for those surveyed, we do not believe it accurately reflects the actual percentage of smokers in the county.</p> <p>The prevalence of Chronic Obstructive Pulmonary Disease (COPD), of which tobacco use is a primary cause, is 12.9% of adults, significantly higher than the state and somewhat higher than the U.S. rates.</p>	<p><b>Goal 1:</b> Increase early detection of cancer</p> <ol style="list-style-type: none"> <li>1. Provide low-dose lung screenings for patients at risk for developing lung cancer. This program was started in January of 2018.</li> <li>2. Provide education on the importance of mammograms every year after age 40 through direct mailings to women who are turning 40.</li> </ol> <p><b>Goal 2:</b> Reduce the use of tobacco which in turn, will reduce the risk of cancer from tobacco use.</p> <ol style="list-style-type: none"> <li>1. Provide smoking cessation materials to all inpatients who use tobacco products.</li> <li>2. Promote the Montana Quit line and provide smoking cessation materials to community</li> </ol>	<p>Butte Silver Bow Health Department – Breast and Cervical Committee</p> <p>Montana Cancer Coalition</p> <p>Montana Quit Line</p>	<p>Provide 100 low-dose lung screenings and tobacco cessation education by the end of 2019.</p> <p>57 lung screenings were provided in 2018.</p> <p>By the end of 2019, increase the number of women receiving mammograms at St. James Healthcare from 2,200 per year to 2,500 per year.</p> <p>3,147 mammography screenings were provided in 2018.</p>

<p>(CHNA, 2017)</p> <p>42.0% of key informants consider tobacco use in the county a major issue. (CHNA, 2017)</p>	<p>members who use tobacco.</p>		
<p>Priority aligns with <b>Healthy People 2020</b> – improvement guidelines </p> <p>Priority aligns with <b>Social Determinants of Health (Health and Health Care)</b> – <i>Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality of life outcomes and risks.</i> ~CDC</p>			



## Priority: Substance Abuse/Mental Health

**Vision:** Decrease percentage of residents negatively impacted by substance abuse and/or mental health disorders.

**Goal 1:** Improve prevention, treatment and recovery systems for substance abuse and mental health disorders.

Current State	Actions/Tactics	Partners	Progress Update
<p><i>Demonstrate the prevalence and/or significance of this need</i></p>	<p><i>What steps will we take to impact this need</i></p>	<p><i>Community stakeholders who are essential to improvement efforts</i></p>	<p><i>Success measures of success and milestones</i></p>
<p>14.7% of adults in Butte Silver Bow County report their overall mental health is “fair” or “poor”; this response is comparable to 2014 and to the U.S. rate. (CHNA 2017)</p> <p>24.2% of adults in Butte Silver Bow County have been diagnosed with a depressive disorder; higher than MT and U.S. rates (CHNA 2017)</p> <p>73.4% of Key Informants consider mental health in Butte Silver Bow County to be a major problem.</p> <p>47.3% of adults in Butte Silver Bow County report their lives have been negatively affected by substance use; higher than the U.S. average (CHNA</p>	<p><b>Goal 1:</b> Improve access to mental health and substance abuse resources</p> <ol style="list-style-type: none"> <li>1. Provide support for community based programs prevention, treatment and recovery strategies for substance abuse.</li> <li>2. Provide financial support for the Western Montana Mental Health Crisis Hot Line.</li> <li>3. Promote mental health education including QPR, Adult Mental</li> </ol>	<p>Butte Silver Bow Substance Abuse Task Force</p> <p>Butte Silver Bow Health Department</p> <p>Butte Cares, Inc.</p> <p>Butte School District No. 1</p> <p>Western Montana Mental Health Center (WMMHC)</p> <p>Montana Chemical Dependency Center (MCDC)</p> <p>Montana Healthcare Foundation</p>	<p>Working with the Community Substance Abuse Task Force to Identify specific tasks for community wide prevention, treatment and recovery programs/processes and provide assistance with funding/in-kind support for one or more of the tasks identified.</p> <p><a href="#">Plan created in 2018.</a></p> <p>Providing funding to increase from zero to 2 the number of adult mental health first aid trainers in the community in 2018</p>

<p>2017)</p> <p>68.6% of key informants ranked mental health as a major problem.</p> <p>The community prioritized mental health as the second highest priority and substance use as the first highest priority. (CHNA 2017)</p>	<p>Health First Aid, etc.</p> <ol style="list-style-type: none"> <li>4. Support policies and programs to increase provider education on opioid prescribing guidelines and the use of other effective therapies/treatments for pain.</li> <li>5. Promote drug take-back program at St. James Healthcare.</li> <li>6. Support emergency shelter and long-term housing for people who are homeless and suffering from mental health issues and chemical addictions</li> <li>7. Participate in the Connect Project (a project to track patients needing mental health services to ensure they do not get “lost in the system”) through Montana Soars.</li> </ol>	<p>Action Inc.</p> <p>Southwest Montana Continuum of Care Coalition</p>	<p>2 individuals trained as trainers for Adult Mental Health First Aid in 2018.</p> <p>Conduct at least 10 QPR classes in 2018.</p> <p>10 classes were conducted in 2018 for a total of 352 trained</p> <p>Financial Support of Western Montana Mental Health Center Crisis Hot Line \$102,000 was contributed in 2018</p>
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Priority aligns with **Healthy People 2020** – improvement guidelines

Priority aligns with **Social Determinants of Health (Health and Health Care)** – *Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality of life outcomes and risks.* ~CDC





## Priority: Access to Healthcare Services

**Vision:** All residents will have access to comprehensive, quality health care services. The percentage of Butte Silver Bow County adults reporting difficulty or delay in obtaining healthcare services will improve from 37.1% in 2017 to 30.0% in 2025.

**Goal 1:** Increase opportunities to access health care services, both in person and virtually.

**Goal 2:** Increase workforce capacity to provide healthcare services.

Current State	Actions/Tactics	Partners	Progress Update
<i>Demonstrate the prevalence and/or significance of this need</i>	<i>What steps will we take to impact this need</i>	<i>Community stakeholders who are essential to improvement efforts</i>	<i>Success measures and milestones</i>
<p>37.1% of Butte Silver Bow County adults report some type of difficulty or delay in obtaining healthcare services in the past year (CHNA 2017)</p> <p>17.4% of Silver Bow County adults report getting a doctor's appointment was a barrier to medical care in the past year compared to the U.S. rate of 15.4% (CHNA 2017)</p> <p>11.6% of Butte Silver Bow County adults skipped or reduced prescription doses to stretch prescriptions and save money (CHNA 2017)</p> <p>12.9% of Butte Silver Bow County adults report having difficulty finding a doctor compared to U.S. rate of 8.7%. (CHNA 2017)</p>	<p><b>Goal 1:</b> Increase opportunities to access health services, both in person and virtually</p> <ol style="list-style-type: none"> <li>1. Increase hours of operation of primary care clinics.</li> <li>2. Expand walk-in (urgent care) services no appointment necessary.</li> <li>3. Provide open and direct scheduling of appointments for all employed medical staff.</li> <li>4. Establish outreach clinics in rural areas.</li> <li>5. Expand tele-health services and number of visiting physicians from other Montana hospitals.</li> </ol>	<p>Southwest Montana Community Health Center</p> <p>Montana College of Mineral Science and Technology – School of Nursing</p> <p>University of Montana School of Pharmacy</p> <p>Butte School District No. 1</p> <p>Butte Local Development Corporation</p> <p>Montana Hospital Association's Area Health Education Center (AHEC)</p>	<p>Expand Walk-In clinic hours from 4 hours for children and 4 hours for adults Monday through Friday to 8 hours per day for each group Monday through Friday by the end of 2018.</p> <p>Completed October 2018</p> <p>By the end of 2019, establish outreach clinics in Dillon and Deer Lodge including specialty and/or primary and specialty clinics.</p> <p>Clinics established in 2018 in Deer Lodge (Oncology) and Dillon (Oncology and Urology). OB/GYN services in Deer Lodge (2019).</p>

<p>44.8% of the key informants ranked access to healthcare as a moderate problem with 16.8% ranking it as a major problem.</p>	<p>6. Continue the Sports Medicine program to support area high schools and colleges.</p> <p>7. Continue medication assistance programs.</p> <p>8. Continue to market Doctor on Demand program internally among our associates and externally to the public.</p> <p><b>Goal 2:</b> Increase workforce capacity to provide healthcare services.</p> <p>1. Provide clinical rotations for Nursing and Pharmacy students; and REACH program for high school students.</p> <p>2. Recruit primary care and specialty physicians and advance practice providers to fill gaps in our medically underserved area.</p>		<p>Continuing to recruit for primary care and specialty providers to meet the needs of the community.</p> <p>2018: Providers recruited include:</p>
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## Other Significant Needs Not Prioritized

Each of the health needs identified in the CHNA are important and St. James 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. James Healthcare CHIP will only address the priority areas listed above to maximize resources, expertise and time to achieve successful impact.

Areas of Opportunity	
<p><b>Nutrition, Physical Activity &amp; Weight</b></p>	<p>This was a significant issue in the 2014 CHNA and work continues on it. The Kids’ Coalition has been formed to help provide activities for children to stay active. The annual Parks &amp; Recreation Guide now includes a section of all children’s activities, organizations, and clubs along with contact information. The guide is inserted in the local newspaper, and St. James Healthcare pays for the production of 4,500 additional copies that are given to all school age children to take home. St. James Healthcare also continues to provide a Fall and Spring session of FitKids360, a 7-week program for families whose children are overweight. In addition, St. James will continue to work with the Butte Silver Bow Health Department and other community agencies to support and promote its programs to address this concern.</p> <p>Additionally, St. James will continue to support all the programs provided by the Butte Silver Bow Health Department that are designed to improve weight and activity.</p>
<p><b>Injury &amp; Violence</b></p>	<p>Provide athletic trainers for high schools and colleges in southwest Montana along with concussion management programs. Continue to participate on the Community Action Team and support</p>



	programs/initiatives it adopts.
<b>Potential Disabling Conditions</b>	Continue the Stepping On class for senior citizens to reduce the possibility of becoming disabled because of a fall. Continue to support community activities and those of the Butte Silver Bow Health Department.

## Continuing the work

The CHIP is a living document that provides community health improvement direction for St. James Healthcare, its partners, community organizations and residents of Butte Silver Bow County, MT. As such, this CHIP is a work in progress 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.

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