



# Community Health Improvement Plan

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Holy Rosary Healthcare | 2018





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

Community Health Needs Assessment (CHNA) is a systematic approach to determining the health status, behaviors and needs of people living in our area. *Full report is available on our website <https://www.sclhealth.org/locations/holy-rosary-healthcare/about/community-benefit/>*

Following the needs assessment, we select health priorities to impact community health either 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 the Community Health Alliance in the fall of 2017.
- The geographic focus area for the CHNA was Custer County, MT.
- The CHNA was published on June 11, 2018.
- The Community Benefit Committee of Holy Rosary Healthcare's Board of Directors formally adopted the 2018 CHNA on June 28, 2018.
- Eight areas of opportunity were identified in the 2018 CHNA.
- Community members ranked five priorities at the top: Cancer and Cancer Screening; Nutrition, Physical Activity, & Obesity; Mental Health and Suicide; Access to Healthcare; and Alcohol and Substance Abuse.
- Holy Rosary Healthcare Senior Leadership Team selected the top two health priorities based on four factors: Community Priorities, Scope and Severity, Strategic Direction/Assets, and Current Community Efforts.
- Holy Rosary Healthcare's Community Health Improvement Plan was formally adopted by the Community Benefit Committee of Holy Rosary Healthcare's Board of Directors on December 13, 2018.

## Letter from our President

Holy Rosary Healthcare has a century-long commitment to the people of Eastern Montana. Our legacy began August 15, 1910, when the Presentation Sisters assumed management and later purchased the County Hospital in Miles City, renaming it Holy Rosary Hospital. Through the years, the hospital continued to grow and evolve.

Throughout this growth and evolution, one thing has remained constant; Holy Rosary Healthcare continues to identify and meet the needs of the community. We are working to improve access to healthcare services, increase behavioral and mental health resources, and increase the use of preventive cancer screening and continue to provide care for the poor and vulnerable of our community.

As a care site of SCL Health, Holy Rosary has direct access to best practices in healthcare delivery, resources, technology, talent and strategic capital. Together, the physicians, providers, associates and volunteers of Holy Rosary Healthcare extend God's healing love in the tradition of the Presentation Sisters and the Sisters of Charity and our own rich history of providing care in eastern Montana.

With gratitude and blessings,



Paul Lewis  
President, Holy Rosary Healthcare



## About Us

Founded in 1910, Holy Rosary Healthcare is eastern Montana's healthcare destination. Holy Rosary operates a 25-bed comprehensive acute-care critical access hospital, physician-based clinic, residential living/skilled nursing facility, and outpatient palliative and hospice care services – providing a complete continuum of care to a 10-county region of eastern Montana.



As part of SCL Health, Holy Rosary has direct access to best practices, resources, technology, talent and strategic capital. Service expertise includes Family Health and Wellness, Women's Health, Imaging, Cancer Care and Rehab services. Holy Rosary is the region's largest private employer. Holy Rosary Healthcare extends God's healing love in the tradition of the Presentation Sisters and the Sisters of Charity, and our own rich history of providing care in eastern Montana.

### 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

Holy Rosary Healthcare conducted the 2018 CHNA in partnership with the Community Health Alliance including partners from Billings Clinic Miles City, Montana Health Network, oneHealth-Custer County Public Health, Miles Community College, and Montana State University Extension.

The CHNA study area encompasses Custer County which is a common patient base among the collaborating entities sponsoring the CHNA.

The 2018 CHNA incorporated: 1) primary qualitative and quantitative data (50 question local health survey) and 2) secondary quantitative data (existing public health data).



**1) Primary Quantitative Data:** the 54 question online and paper survey was completed by 211 adults in Custer County. Data was collected through an online survey collection tool called Survey Monkey. A web link to the survey was shared throughout the community using social media, newspaper, websites, and radio. There were also survey collection boxes and hardcopy's of the survey placed around the community at eight different sites for individuals who chose not to fill out the survey online. The survey consisted of questions that assessed factors for a healthy community, individual health and barriers to health, emergency preparedness and demographics.



**2) Secondary Quantitative Data:** a variety of existing (secondary) data sources were consulted to complement the research quality of the community health needs assessment. Secondary data for Custer County was obtained from the following sources: Montana Behavioral Risk Factor Surveillance System (BRFSS), County Health Ranking and Roadmaps, the Institute for Health Metrics and Evaluation, Centers for Disease Control & Prevention Community Health Status Indicators, Montana Department of Health and Human Services County Health Profiles, and the US Census.

### Key Survey Results

Areas of Opportunity were identified based on the compiled data including results of the survey and the secondary data. The areas of opportunity were determined after consideration of various criteria including standing in comparison with benchmark data (particularly state or 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.

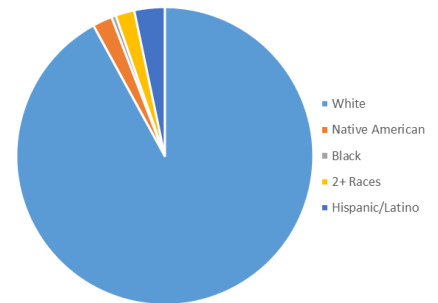
Eight areas of opportunity were identified in the 2018 CHNA:

- *Access to Healthcare Services*
- *Alcohol and Substance Abuse*
- *Alzheimer's Disease*
- *Cancer and Cancer Screening*
- *Chronic Lower Respiratory Disease*
- *Injury Prevention*
- *Nutrition, Physical Activity and Obesity*
- *Mental Health and Suicide*

## Demographics

Custer County is Frontier with an estimated 11,721 residents. 94.5% of Custer County residents are White, 2.2% are Native American, 2.1% report two or more races, and 0.5% are Black. 3.4% of Custer County residents are Hispanic or Latino.

Poverty levels show 11.4% of Custer County residents living in poverty. Approximately 8.4% of adults under 65 years of age have a disability. 8.79% of Custer County residents are veterans.



## Community Stakeholder Involvement

Community Stakeholders were involved throughout the CHNA process. The Community Health Alliance consisted of community partners and stakeholders from 7 organizations across the community. Prior to the public release of the CHNA results, a forum was convened on May 2, 2018, to garner input from the community on health improvement priorities. Fourteen community stakeholders representing a cross-section of community-based agencies and organizations including public health, healthcare, social services, government and faith community evaluated, discussed, and prioritized health issues for the community.

## Prioritization

Participants were asked to rank each of the identified eight areas of opportunity based on two criteria: scope and severity, and ability to impact. The community prioritized the five areas of opportunity in the top quadrant (high severity and high ability to impact):

- Cancer and Cancer Screening (14)
- Mental Health and Suicide (11)
- Nutrition, Physical Activity, and Obesity (11)
- Access to Healthcare (8)
- Alcohol and Substance Abuse (7)



## Publication and Adoption of the CHNA

The CHNA was published on June 11, 2018. In the full report of the CHNA the entire process and methodology is outlined, as well as the results including the prioritized list of health needs: <https://www.sclhealth.org/locations/holy-rosary-healthcare/about/community-benefit/>

**The Community Benefit Committee of Holy Rosary Healthcare’s Board of Directors formally adopted the 2018 CHNA on June 28, 2018.**

## Community Health Improvement Plan Priorities

Holy Rosary Healthcare’s senior leadership team reviewed the results of the CHNA and through a facilitated consensus building process selected two priority areas based on criteria including community priority ranking, organizational capacity and strategic alignment, and community resources and capacity. From this process, two priorities were selected: Cancer and Cancer Screenings and Behavioral Health. Draft actions and tactics and potential partners were identified and refined in conjunction with the Community Benefit Committee of the Board and senior leadership.

**Holy Rosary Healthcare’s Community Health Improvement Plan was formally adopted by the Community Benefit Committee of Holy Rosary Healthcare’s Board of Directors on December 13, 2018.**

## Community Health Improvement Plan

There are 5 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.





## Priority: Improved Cancer Screenings

**Vision:** To increase percentage of residents who receive preventive colorectal, cervical, and breast cancer screenings.

**Goal 1:** Increase access to cancer screenings

**Goal 2:** Encourage and educate residents to receive recommended preventive cancer screenings

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>Key measures of success and milestones</i>
<p>52.3% of Custer County residents (ages 50-75) report no colonoscopy in the past 10 years versus 41.2% across Montana (2018 CHNA)</p> <p>46.9% report no up-to-date colorectal screening compared to 37.6% in Montana (2018 CHNA)</p> <p>7.6% of Custer County women (ages 50+) report no mammogram ever, compared to 4.8% across Montana (2018 CHNA)</p> <p>30.2% report no mammogram in the past 2 years versus 28% statewide (2018 CHNA)</p> <p>29.1% of Custer County women (ages 18+) report no pap test in the past 3 years compared to 25.4% across Montana (2018 CHNA)</p> <p>Cancer death rate is higher than peer counties in the United States at 200.7 per 100,000 (2018 CHNA)</p> <p>Cancer incidence rate is higher than peer counties in the United States at 489.4 per 100,000 (2018 CHNA)</p>	<p><b>Goal 1:</b> Increase access to cancer screenings</p> <ol style="list-style-type: none"> <li>1. Hardwire clinical practices for assuring provider compliance with screening recommendations for patients in primary care and walk-in clinics</li> <li>2. Provide support for transportation assistance to decrease access barriers</li> <li>3. Increase use of online scheduling by patients for mammography</li> </ol> <p><b>Goal 2:</b> Encourage and educate residents to receive recommended preventive cancer screenings</p> <ol style="list-style-type: none"> <li>1. Outreach at community events</li> <li>2. Develop local stories and educational materials, including social media messaging, to illustrate the importance of screenings for early detection</li> <li>3. Collaborate with insurance companies and employers to provide education on insurance coverage for screenings</li> </ol>	<p>Allegiance</p> <p>American Cancer Society</p> <p>Blue Cross/Blue Shield</p> <p>Community Health Alliance</p> <p>Custer County Transit</p> <p>Montana Breast/Cervical Health Program</p>	<p>Increase number of primary care patients receiving colorectal cancer screenings from 37% to 50%.</p> <p>Increase number of primary care patients receiving cervical cancer screenings from 45% to 50%.</p> <p>Increase number of primary care patients receiving breast cancer screening from 58% to 65%.</p>



**Priority: Improve Behavioral Health in the Community**

**Vision:** Increase the number of residents rating their overall mental health as good, very good, or excellent

**Goal 1:** Increase knowledge of available resources for behavioral health

**Goal 2:** Explore partnership opportunities to address behavioral health needs

**Goal 3:** Hardwire processes for behavioral health screenings in primary care

Current State	Action / 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>Key measures of success and milestones</i></p>
<p>20% of survey respondents classified their mental health as fair or poor (2018 CHNA)</p> <p>18% of survey respondents didn't know where someone could go to receive mental health services (2018 CHNA)</p> <p>Compared to Montana, the rates of suicide in Eastern Montana for men and American Indians are elevated; 42.9 per 100,000 for men and 59.3 per 100,000 for American Indians compared to 21.8 for whites (2018 CHNA)</p> <p>All 17 counties in Eastern Montana are designated as Mental Health Professional Shortage Areas (HRSA)</p> <p>17% of survey respondents didn't know where to refer someone for substance use services (2018 CHNA)</p> <p>68.5% of residents considered illegal drug use to be a big problem (2018 CHNA)</p>	<p><b>Goal 1:</b> Increase knowledge of available resources for behavioral health</p> <ol style="list-style-type: none"> <li>Promote comprehensive referral resource list with the Montana 211 Directory</li> <li>Work with partners to provide mental health trainings including trauma informed care, Mental Health First Aid, and QPR</li> </ol> <p><b>Goal 2:</b> Explore partnership opportunities to address behavioral health needs</p> <ol style="list-style-type: none"> <li>Develop integrated behavioral health in primary care clinics</li> <li>Identify and partner with community groups to address behavioral health needs</li> </ol> <p><b>Goal 3:</b> Hardwire processes for behavioral health screenings in primary care clinics</p>	<p>Behavioral Health Local Advisory Committee</p> <p>Eastern Montana Community Mental Health Center</p> <p>Miles Community College</p> <p>Miles City Public Schools</p> <p>Mount Saint Vincent Home, Colorado</p>	<p>Increase the number of Miles City residents utilizing Montana 211 website annually by 25% from 26 to 33.</p> <p>Conduct one trauma informed care training with educational partners in the community.</p>

## Other Significant Needs Not Prioritized

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

Areas of Opportunity	
<b>Access to Healthcare Services</b>	Recruit and retain medical providers to serve in the identified Health Professional Shortage area. Provide clinical training site for health professional education. Partner to provide specialist outreach. Utilize telehealth for cancer care. Support transportation assistance.
<b>Alzheimer’s Disease</b>	Assist and promote educational opportunities provided by community programs.
<b>Chronic Lower Respiratory Disease (CLRD)</b>	Promote tobacco cessation through educational materials and continue routine tobacco screenings in clinic and hospital. Provide tobacco education with low-dose CT lung cancer screenings.
<b>Injury Prevention</b>	Provide injury prevention education including distracted driving courses. Continue partnership with MCC and CCDHS to provide athletic trainers for their sports programs. Continue partnership with local first responders to offer Safety day to community.
<b>Nutrition, Physical Activity and Obesity</b>	Work with the Community Health Alliance to promote healthy living options including providing support for Dieticians Corner at Reynold’s Market. Provide athletic trainers for schools. Provide Healthy Lifestyles/Diabetes and Heart Disease Prevention Program. Promote local walking routes. Continue to partner with Extension Office to provide Community Garden space and maintain the Holy Rosary Wellness Walk. Promote workplace wellness activities.

## Continuing the Work

The Community Health Improvement Plan (CHIP) is a living document that provides community health improvement direction for Holy Rosary Healthcare (HRH), its partners, community organizations and residents of Custer County, MT. As such, the HRH 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.

**Contact:**

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Sincere thanks and appreciation for our community partners:

Community Health Alliance Custer County

Billings Clinic Miles City

Miles Community College

Montana Health Network

Montana State University Extension

OneHealth-Custer County Public Health

Reynold's Market

