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Community Health Improvement Plan

St. James Healthcare

2021





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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/holy-rosary/about/community-benefit/hrh-2020-final-chna-report.pdf?la=en>

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 Professional Research Consultants, Inc. from February to March 2020.
- The geographic focus area for the CHNA was Silver Bow County, MT.
- The Board of Directors formally adopted the 2020 CHNA on August 20, 2020.
- The CHNA was published on August 25, 2020.
- Twelve areas of opportunity were identified in the 2020 CHNA.
- Community members ranked four priorities at the top: Mental Health, Nutrition/Physical Activity/Weight, Heart Disease & Stroke, and Substance Use/Abuse
- St. James Healthcare Leadership Teams selected the top three health priorities based on three factors: Community Priorities, Strategic Direction/Assets, and Current Efforts:
 - Access to Healthcare
 - Mental Health
 - Social Determinants of Health
- St. James Healthcare's Community Health Improvement Plan was formally adopted by the Board of Directors on November 19, 2020.

Letter from our President

In 1870, a call to respond to critical health needs led a small group of courageous young women to travel 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,

A handwritten signature in black ink, appearing to read "Jay Doyle". The signature is fluid and cursive.

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 five clinics, based in Butte, Montana.

St. James is the only acute care hospital in the seven-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

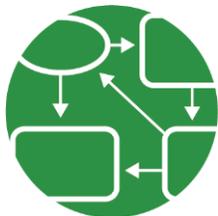
St. James Healthcare conducted the 2020 CHNA in conjunction with the City-County of Butte-Silver Bow Health Department. The CHNA was conducted by PRC, a nationally recognized healthcare consulting firm with extensive experience conducting CHNAs since 1994. A Steering Committee consisting of representatives from public health, government, education, healthcare and business provided guidance for the entire CHNA process. The 2020 CHNA was a follow-up to similar studies conducted in 2017, 2014, and 2011. The 2020 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 and includes each of the residential ZIP Codes significantly represented in the county. Butte-Silver Bow is a common patient base among the collaborating entities sponsoring this study.

The 2020 CHNA incorporated: 1) primary quantitative data (a 400 household telephone community health survey), 2) secondary quantitative data (existing public health data) and 3) primary qualitative data (167 online key informant surveys).



- 1) **Primary Quantitative Data:** the sample drawn for this survey is representative of the adult 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 Butte-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) **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 Butte-Silver Bow 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 community. 167 community stakeholders took part in the key informant survey (a 55.6% response rate).

Key Survey Results

Twelve areas of opportunity were identified in the CHNA based on comparisons to State and National benchmarks, negative trends, and magnitude of persons impacted.

These areas included:

- Access to Healthcare Services
 - Routine checkups (adults)
 - Emergency room utilization
 - Ratings of local healthcare
- Cancer
 - Leading cause of death
 - Lung cancer deaths
 - Female breast cancer deaths
- Environmental Health
 - Soil quality
 - Community concern
- Heart Disease & Stroke
 - Leading cause of death
 - Heart disease deaths
 - High blood pressure prevalence
 - Overall cardiovascular risk
- Infant Health and Family Planning
 - Low-weight births
 - Teen births
- Injury & Violence
 - Motor vehicle crash deaths
 - Firearm-related deaths
 - Firearm storage
- Mental Health (*Key informant top concern*)
 - Diagnosed depression
 - Suicide deaths
 - Receiving treatment for mental health

- Nutrition, Physical Activity & Weight (*Key informant top concern*)
 - Fruit/vegetable consumption
 - Overweight & obesity (adults and children)
 - Weight loss attempts
- Potentially Disabling Conditions
 - Multiple chronic conditions
 - Sciatica/chronic back pain
 - Alzheimer's disease deaths
 - Caregiving
- Respiratory Disease
 - Lung disease deaths
 - COPD prevalence
 - Flu vaccination (Age 65+)
- Substance Use/Abuse (*Key informant top concern*)
 - Cirrhosis/liver disease deaths
 - Unintentional drug-related deaths
 - Personally impacted by substance use/abuse (self or other)
- Tobacco Use (*Key informant top concern*)
 - Use of smokeless tobacco
 - Use of vaping products

Disparities noted in the Community Health Needs Assessment:

Throughout many of the health indicators, disparities were noted related to income with lower income residents living at 200% or less than the Federal Poverty Level experiencing worse outcomes. Indicators such as food insecurity, experiencing symptoms of chronic depression, housing insecurity, ability to afford fresh produce, and experiencing negative impacts from substance use were all noted at higher rates for residents with lower incomes. Therefore, social determinants of health which address these disparities are also an important community health need.



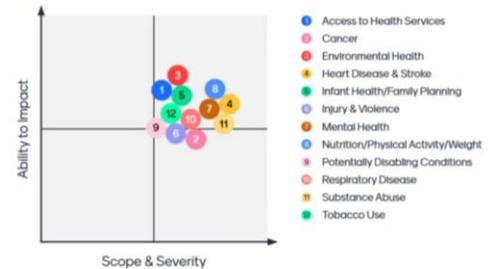
Photo Credit: Butte Elevated

Community Stakeholder Prioritization:

A virtual community forum was held on June 26, 2020, where community members were presented with an overview of the data and asked to prioritize based on the severity of the issue and ability to impact. From that process, the following needs were prioritized:

1. Mental Health
2. Nutrition/Physical Activity/Weight
3. Heart Disease & Stroke
4. Substance Use/Abuse
5. Environmental Health
6. Infant Health/Family Planning
7. Access to Health Services
8. Cancer
9. Tobacco Use
10. Respiratory Disease
11. Injury & Violence
12. Potentially Disabling Conditions

Areas of Opportunity



Following the prioritization by the community and input from the Community Benefit Committee of the Board, St. James Healthcare leaders prioritized needs for the hospital to focus on based on the following criteria:

- Ability to impact (internal and community resources)
- Scope and severity of issue (prevalence and impacts)
- Community prioritization of issues
- Potential community partners
- Alignment with current efforts and strategies

Prioritization

From this process, the following priorities were selected:

- Access to Healthcare
- Mental Health
- Social Determinants of Health

Publication and Adoption of the CHNA

The full CHNA report, including the executive summary and CHNA process, methodology and prioritized list of health needs can be found on our website, <https://www.sclhealth.org/-/media/files/care-sites/st-james/about-community-benefit-reports/2020-prc-chna-report--buttesilver-bow.pdf?la=en>

The Montana Region Board of Directors formally adopted the 2020 CHNA on August 18, 2020.

Community Health Improvement Plan Priorities

St. James Healthcare's Community Benefit Committee of the Board reviewed the results of the CHNA and recommended three priority focus areas: Access to Healthcare, Improved Behavioral Health Status and Social Determinants of Health. Those recommendations were provided to Senior Leadership and three priority areas were adopted.

Following vetting from St. James Healthcare's Senior Leadership team, the draft Community Health Improvement Plan was presented to the St. James Healthcare Community Benefit Committee of the Regional Board of Directors for review and input on October 12, 2020. Feedback from this committee was incorporated into the final Community Health Improvement Plan.

St. James Healthcare's Community Health Improvement Plan was formally adopted by the Montana Regional 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

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: Social Determinants of Health

Strategies:

1. Support housing collaboration and development
2. Support community economic development



Photo Credit: Butte Elevated

<p>Priority:</p> <p>Access to Healthcare Services</p>	<p>Vision: All residents will have access to comprehensive health services.</p> <p>Outcome Goal(s):</p> <ul style="list-style-type: none"> • The percentage of Silver Bow County adults reporting having a routine checkup in the past year will increase by 5%; from 66.5% to 69.8% in 2023. (CHNA) • The percentage of Silver Bow County adults reporting two or more ER visits in past year will decrease by 5%; from 9.3% to 8.8% in 2023 (CHNA) 		
<p>Access to Healthcare Services Strategy: Increase opportunities to access health services, both in person and virtually</p>			
<p>Objective:</p> <p>Reduce barriers to accessing healthcare services, such as transportation or living in a Healthcare Provider Shortage Area</p>	<p>Partners:</p> <ul style="list-style-type: none"> • SCL Health Medical Group • Barrett Hospital and Healthcare • Deer Lodge Medical Center • St. Vincent Healthcare 		
	<p>Need Indicator(s):</p> <ul style="list-style-type: none"> • 30% of Silver Bow County adults report some type of difficulty or delay in obtaining healthcare services in the past year (CHNA, 2020) • 66.5% of adults report a routine check-up in the past year compared to 73% in Montana overall (CHNA, 2020) • 9.5% low Birth weight births compared to 7.3% in Montana and 8.2% in the U.S. (CHNA, 2020) 		
<p><i>Tactic(s)</i></p>	<p><i>Community Partner(s)</i></p>	<p><i>Metric</i></p>	<p><i>Status</i></p>

Establish a primary care clinic with walk-in care in the Butte Flats area	SCL Health Medical Group		Target: Increase from zero to one primary care/walk-in in the Butte Flats
			Progress:
Specialty care outreach to rural communities	Barrett Hospital and Healthcare Deer Lodge Medical Center	Number of communities served by outreach clinics; Number of specialties providing outreach	Target: Provide specialty outreach to two communities annually Outreach by two specialties
			Progress:
Virtual health visits to decrease barriers to access	SCL Health Medical Provider Group	Number of virtual health visits conducted	Target: Provide an average of 250 virtual health visits annually
			Progress:
Development of Mobile Mammography Coach program to travel to rural communities to provide increased access to mammography screening	St. James Healthcare Foundation	Program developed	Target: Program will be operational with equipment secured by December 31, 2022

			Progress:
Recruitment of primary and specialty care providers to healthcare professional shortage area		Number of providers recruited	Target: Four providers recruited annually
			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: <ul style="list-style-type: none"> • Montana Tech • Highlands College • University of Montana 		
	Need Indicator(s): <ul style="list-style-type: none"> • Silver Bow County is a Healthcare Provider Shortage area (HRSA, 2020) 		
<i>Tactic(s)</i>	<i>Community Partner(s)</i>	<i>Metric</i>	<i>Status</i>
Nursing students complete clinical rotations at St. James Healthcare	Montana Tech	Number of students	Target: 104 nursing students at various levels in their training annually
			Progress:

Pharmacy students complete training at St. James Healthcare	University of Montana	Number of students	Target: Four students annually
			Progress:
Radiology students complete training at St. James Healthcare	Montana Tech	Number of students	Target: Five students annually
			Progress:
Physical Therapy students training at St. James Healthcare.	University of Montana	Number of students	Target: Two students annually
			Progress:
Dietary students complete training at St. James Healthcare.	Montana Tech	Number of students	Target: Two dietary interns annually
			Progress:
Respiratory therapy students complete training at St. James Healthcare	Montana Tech	Number of students	Target: Six respiratory therapy students annually
			Progress:

Surgical Tech Students complete training at St. James Healthcare	Montana Tech	Number of students	Target: Five students annually
			Progress:
Explore Certified Nursing Assistant training at St. James Healthcare	Montana Tech	Development of program	Target: CNA program plan developed

<p>Priority:</p> <p>Behavioral Health (Mental Health and Substance Use)</p>	<p>Vision: All residents will have improved mental health and less reported substance use.</p> <p>Outcome Goal(s):</p> <p>The percentage of Silver Bow County adults rating their overall mental health as good, very good, or excellent will increase 5%; from 88.6% to 93.03% in 2023 (CHNA)</p> <p>The percentage of Silver Bow County adults reporting a negative impact on their lives by substance use will decrease 5%; from 43% to 41% in 2023 (CHNA)</p>
<p>Behavioral Health Strategy: Improve access to mental health services and resources</p>	
<p>Objective: Increase access to mental health resources to improve mental health status</p>	<p>Partners:</p> <ul style="list-style-type: none"> • SCL Health Medical Group • Community Action Team • Montana Chemical Dependency Center • Montana 211 • Community, Counseling and Correctional Services (CCCS) <p>Need Indicator(s):</p> <ul style="list-style-type: none"> • Average age-adjusted suicide rate deaths per 100,000 population was 38 between 2015 and 2017; higher than the state and national rates; higher than Healthy People 2020 target of 10.2 or lower and trending upwards since the previous CHNA (CHNA, 2020) • 11.4% of adults in Silver Bow County report their overall mental health is “fair” or “poor” (CHNA, 2020) • 26.3% of adults in Silver Bow County have been diagnosed with a depressive disorder; higher than MT and U.S. rates (CHNA, 2020) • 17.6% of adults reported considering suicide (CHNA, 2020)

<i>Tactic(s)</i>	<i>Community Partner(s)</i>	<i>Metric</i>	<i>Status</i>
Integrate behavioral health services into primary care clinics to increase access and decrease stigma.	SCL Health Medical Group	Number of clinics with integrated behavioral health services.	Target: Two clinics with integrated behavioral health
			Progress:
Community gatekeeper training for suicide prevention (QPR)	Montana Chemical Dependency Center	Number of trainings conducted	Target: Six QPR classes annually
			Progress:
Promotion of Montana 211 Directory to connect individuals with community resources	MT 211	Number of individuals in the Butte community utilizing MT211	Target: Increase from 290 to 319 number of community members using MT211 by December 31, 2021.
			Progress:
Develop crisis diversion work plan	Montana Healthcare Foundation Butte-Silver Bow Health	Completion of plan including sequential intercept mapping	Target: Plan will be completed by First Quarter 2021

	Department and Sherriff Community, Counseling & Correctional Services (CCCS)		
			Progress:
Provide support for organizations and coalition addressing mental health	Community Action Team	Number of St. James Healthcare staff serving on Coalition	Target: At least one St. James Healthcare representative will serve on the Community Action Team
			Progress:

Behavioral Health Goal: Improve supports for substance use treatment and prevention	
<p>Objective: Collaborate with community partners to address substance use through prevention and treatment</p>	<p>Partners:</p> <ul style="list-style-type: none"> • SCL Health Medical Group • Montana Healthcare Foundation • Montana Chemical Dependency Center • Southwest Montana Community Health Center • Butte-Silver Bow Health Department • Southwest Region Child & Family Services • Butte Community Action Team
	<p>Need Indicator(s):</p> <ul style="list-style-type: none"> • 43% of adults in Silver Bow County report their lives have been negatively affected by substance use; higher than the U.S. average of 37.3% (CHNA, 2020)

<i>Tactic(s)</i>	<i>Community Partner(s)</i>	<i>Metric</i>	<i>Status</i>
Prenatal substance use screening	SCL Health Medical Group Montana Healthcare Foundation Montana Chemical Dependency Center	Number of women screened prenatally for substance use	Target: 90% of women will be screened for substance use prenatally each year.
			Progress:
Integrate behavioral health services into primary care clinic locations to increase access and decrease stigma	SCL Health Medical Group	Number of clinics with integrated behavioral health services	Target: Two clinics with integrated behavioral health
			Progress:
Provide support for community organizations and coalitions addressing substance abuse	Montana Chemical Dependency Center	Number of organizations addressing substance abuse supported by St. James Healthcare	Target: A minimum of two organizations and/or coalitions addressing substance use will be supported in-kind and/or financially each year
			Progress:

<p>Priority:</p> <p>Social Determinants of Health</p>	<p>Vision: All residents will live in conditions that support health.</p> <p>Outcome Indicator(s):</p> <ul style="list-style-type: none"> ● Disparities related to income will decrease by 5% (CHNA, 2023): <ul style="list-style-type: none"> ○ Food insecurity for low-income residents will decrease from 41.2% to 39.1% ○ Housing insecurity for low-income residents will decrease from 36.3% to 34.5% ○ Fair/poor overall health for low-income residents will decrease from 23.7% to 22.5%
<p>Social Determinants of Health Goal: Support housing collaboration and development</p>	
<p>Objective: Collaborate for supportive housing for vulnerable residents</p>	<p>Partners:</p> <ul style="list-style-type: none"> ● Action Inc. ● Butte Housing Authority ● Butte-Silver Bow Government ● Southwest Montana Community Health Center ● Montana Healthcare Foundation ● Corporation for Supportive Housing <hr/> <p>Need Indicator(s):</p> <ul style="list-style-type: none"> ● 36.3% of low-income residents in Silver Bow County report housing insecurity compared to 11.9% of MT residents overall (CHNA, 2020) ● 17.3% of low-income residents in Silver Bow County used the emergency room more than once in the last year compared to 3.3% of residents overall (CHNA, 2020) ● 19 individuals were identified as super utilizers, spending 45 nights per year in jail and 25 nights per year in the emergency department (FUSE Grant Project, 2018)

Tactic(s)	Community Partner(s)	Metric	Status
Supportive housing for high need residents	Action Inc. Butte Housing Authority Butte Silver-Bow Government Community Health Center Montana Healthcare Foundation Corporation for Supportive Housing	Number of high need residents successfully housed	Target: Five residents will be successfully housed annually
			Progress:
Support work of the local Continuum of Care Coalition	Continuum of Care	Number of St. James Healthcare staff engaged with the Continuum of Care Coalition	Target: A minimum of one St. James Healthcare associate will participate with the Continuum of Care Coalition annually
			Progress:

Social Determinants of Health

Goal: Support community economic development

Objective: Explore opportunities for economic growth in the community

Partners:

- Butte Local Development Corporation
- Butte Chamber of Commerce
- Highlands College
- Healthcare Montana

Need Indicator(s):

- 19.1% of the Butte-Silver Bow total population living below the federal poverty level, higher than the Montana and US percentages. (CHNA, 2020)
- 22.8% of children in Butte-Silver Bow are living below the federal poverty level, higher than the Montana and US percentages (CHNA, 2020)

<i>Tactic(s)</i>	<i>Community Partner(s)</i>	<i>Metric</i>	<i>Status</i>
Healthcare Montana, a partnership between the Montana Department of Labor and Industry and Highlands College, to provide access to training programs	Highlands College Healthcare Montana	Number of training programs explored	Target: Explore training programs for Certified Nursing Assistants (CNA)
			Progress:
Support STEM and career exploration opportunities at local high schools including REACH camps	AHEC Butte Public Schools	Number of education opportunities supported	Target: At least one educational opportunity annually

	Butte Central Catholic School	by St. James Healthcare	
			Progress:
Support recruitment efforts for business to locate to Butte-Silver Bow	Butte Local Development Corporation Butte Chamber of Commerce	Number of St. James staff engaged in community efforts	Target: At least one associate annually will provide in-kind support
			Progress:

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 in order to maximize resources, expertise and time to achieve successful impact.

Areas of Opportunity	
Cancer	Cancer screenings, mobile mammography, low-dose CT lung scan
Environmental Health	Led by Butte-Silver Bow Public Health
Heart Disease & Stroke	Heart and vascular team, blood pressure screenings, cardiac rehabilitation, Diabetes and Heart Disease Prevention Program
Infant Health	OB/GYN care including routine prenatal care for high-risk pregnancies, low-birth weight project (statewide), First 1,000 Days project

Injury & Violence	Distracted driving courses
Nutrition, Physical Activity & Weight	Diabetes and Heart Disease Prevention Program
Potentially Disabling Conditions	Stepping On, physical therapy
Respiratory Disease	Pulmonary rehabilitation
Tobacco Use	Promotion of MT Quit Line, Freedom from Tobacco classes

Continuing the Work

The Community Health Improvement Plan (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. 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.

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