



**Bozeman Deaconess**  
**HEALTH SERVICES**

**2012 – 2014**  
**Community Benefit Plan**

**Including:**  
**2011 Community Health Needs Assessment**  
**Summaries**  
**&**  
**2012 – 2014 Implementation Strategy**

# **2011 Bozeman Deaconess Health Services Community Health Needs Assessment Summaries and 2012 – 2014 Implementation Strategy**

This document contains the summaries of Bozeman Deaconess Health Services' Community Health Needs Assessments (CHNA) and the Implementation Strategy that was developed based on the findings from those assessments and subsequent planning initiatives.

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## I. Service Area Community Overview

Bozeman Deaconess Health Services maintains a 3 county service area of Gallatin, Park, and Madison counties. The total service area represents a population of approximately 113,000 as of the most recent 2010 Census. BDHS is the only hospital facility in Gallatin County, its primary service area. There are 89,500 residents of Gallatin County who represent 87% of BDHS' inpatient admissions market share. BDHS considers both Park and Madison Counties, with each having a critical access hospital, as secondary service areas. The outlying communities in these two counties represent 8% of BDHS' inpatient market share population.

### *Gallatin County*

As of 2010 Census, Gallatin County had a population of 89,513, with most residents residing in or near the city of Bozeman, home of Montana State University. The rate of growth in Gallatin County is particularly noteworthy. Gallatin County ranked #1 in terms of growth among the most populous counties in Montana, growing 32% over the past decade; a rate 3 times that of Montana or of the United States, adding about 22,000 residents in the county. Similarly, its two cities, Bozeman and Belgrade, ranked #2 and #3, respectively, in terms of population growth among the most populous incorporated places in Montana.

In addition to population growth, the county's median household income (HHI) has also changed dramatically over the past decade from \$38,000 to \$50,000<sup>1</sup>, an increase of about 32%. However, the proportion of persons living below the Federal Poverty Level (FPL) hasn't changed and remained around 13%. If persons living between 100% to 199% of FPL are included, this rate jumps to 30%. Together, these residents (i.e. living below 200% of FPL) comprise the low-income segment of the population.

### *Park County*

Park County lies on the eastern border of Gallatin County and as of 2010 Census had a population of 15,636, with most residents living in the city of Livingston located about 20 miles east of Bozeman. Unlike Gallatin, Park's overall population remained flat over the past decade: while the age 45 and over population increased by 3%, the younger population (i.e. under 44 years old) decreased by about the same rate.

Gallatin County Census Places	Population Census 2010	% of County Total
Bozeman city	37,280	42%
Belgrade city	7,389	8%
Four Corners CDP	3,146	4%
Big Sky CCD*	2,195	2%
Three Forks city	1,869	2%
Manhattan town	1,520	2%
West Yellowstone town	1,271	1%
Churchill CDP	902	1%
Gallatin Gateway CDP	856	1%
King Arthur Park CDP	738	1%
Ponderosa Pines CDP	336	0%
Willow Creek CDP	210	0%
Amsterdam CDP	180	0%
Springhill CDP	130	0%
Logan CDP	99	0%
Sedan CDP	99	0%
Hebgen Lake Estates CDP	70	0%
Gallatin River Ranch CDP	69	0%
Bridger CDP	30	0%
<b>Balance of Gallatin County</b>	<b>31,124</b>	<b>35%</b>
<b>Gallatin County Total</b>	<b>89,513</b>	<b>100%</b>

\*Big Sky CCD (Census County Division) only includes the portion for Gallatin County. Big Sky CDP (Census Designated Place), which shows 2,308 residents, span both Gallatin and Madison Counties.

<sup>1</sup> Source: 2006-2010 American Community Survey 5-Year Estimates

### *Madison County*

Madison County borders most of the west side of Gallatin County and as of 2010 Census had a population of 7,691, growing a mere 1.16% over the past decade due to the growth in the 45 year and over population. And unlike Gallatin and Park, the majority of Madison County's population resides outside any of its towns or census designated places.

<b>Park County Census Places</b>	<b>Population Census 2010</b>	<b>% of County Total</b>
Livingston city	7,044	45%
Gardiner CDP	875	6%
Emigrant CDP	488	3%
Clyde Park town	288	2%
South Glastonbury CDP	284	2%
Wineglass CDP	256	2%
Corwin Springs CDP	109	1%
Cooke City CDP	75	0%
Jardine CDP	57	0%
Silver Gate CDP	20	0%
<i>Balance of Park County</i>	<i>6,140</i>	<i>39%</i>
Park County Total	<b>15,636</b>	100%
<b>Madison County Census Places</b>	<b>Population Census 2010</b>	<b>% of County Total</b>
Ennis town	838	11%
Sheridan town	642	8%
Twin Bridges town	375	5%
Virginia City town	190	2%
Harrison CDP	137	2%
Pony CDP	118	2%
Alder CDP	103	1%
<i>Balance of Madison County</i>	<i>5,288</i>	<i>69%</i>
Madison County Total	<b>7,691</b>	100%

Maps and data detailing current demographics and socioeconomic profiles for the 3 counties with a comparison to state and national data are included in Appendix A.

## II. 2011 BDHS Community Health Needs Assessment Summaries

### A. 2011 Bozeman Deaconess Health Services' Greater Gallatin Valley Area Community Health Care Needs Assessment Summary

#### *Assessment Methodology*

This assessment identified the health care needs and gaps of residents in Gallatin County, based on a survey questionnaire administered to two populations:

1. A general household mail survey, mailed to a random sample of 2,550 Gallatin County households in July, 2011;
2. A self-selected "convenience" sample, where surveys were left and collected at the Gallatin Valley Food Bank, West Yellowstone Clinic, Community Health Partner clinics, Bozeman Deaconess Hospital-affiliated clinic locations, Gallatin City-County Health Department clinics, etc.

In total 922 of the mailed surveys were returned, resulting in a "margin of error" of approximately  $\pm 3$  percentage points and a response rate of just over 40%. The "convenience" survey yielded an additional 382 surveys and provided additional information for targeting groups in need. The general household mail survey was administered to identify differences in health care service rates (mostly preventive care) and health outcomes between those who are in most need and those not in need. "Need" can be determined in a variety of ways – insurance, income, health status, etc – and results were generally broken out by these alternative criteria. The "convenience" sample survey employed the same questionnaire as the household survey but was distributed in likely places of need... food banks, hospital-affiliated locations, health clinics, etc.

#### *Key Findings & Healthcare Needs Identified*

The survey results were broken out by three groups: **adult households with no residents over 65 years old, households with residents over 65, and households with children.** Key findings from the survey were:

- ✓ Income & insurance coverage were significantly related to rates of most preventive care
- ✓ Concerns over cost are the biggest barrier by far for people receiving care.
- ✓ Gaps in care were generally uncorrelated with geography. Those who filled out the survey at the food bank indeed showed more need than respondents from the mail survey, but the mail survey suggested significant need gaps that were uncorrelated with receiving food assistance.

Healthcare Needs Identified:

- Preventive Care & Health Screenings for Adults
- Screening and Immunizations for Kids

**B. 2011 Joint Entity Community Health Needs Assessment Summary – Conducted by Bozeman Deaconess Health Services, with collaborative partners Gallatin City-County Health Department, and Community Health Partners**

**Introduction**

During summer of 2011, a community health needs assessment (CHNA) was conducted via telephone survey by Bozeman Deaconess Health Services (BDHS), Gallatin City-County Health Department (GCCHD), and Community Health Partners (CHP) for the nearly 113,000 residents of Gallatin, Park and Madison Counties. GCCHD primarily serves Gallatin County; CHP, a federally qualified health center, serves both Gallatin and Park counties; BDHS serves all three counties, with Gallatin being the primary service area. The full report of the assessment and its results was made publicly available on BDHS' website in January 2012.

The joint CHNA eventually became part of a larger and comprehensive grant-funded community health assessment (CHA) and health improvement planning process (CHIP) focusing on Gallatin County called the "Healthy Gallatin" initiative. The Healthy Gallatin initiative is a result of collaboration between BDHS, GCCHD, CHP, Montana State University's Local Government Center, and many other organizations, all of whom share a commitment and have a role in the community's health and overall well-being. This initiative included three (3) other assessments and results in the development of a community-wide strategic plan for community health improvement.

**Assessment Participants: Who was Involved**

*3-County Joint CHNA*

The assessment process for the 3-County Joint CHNA was initiated and co-chaired jointly by BDHS, GCCHD and CHP, and enabled BDHS to utilize input from persons with expertise in public health (GCCHD) and leaders of organizations mainly serving medically underserved, low-income and minority populations (CHP). The three entities provided the financial and in-kind support for the assessment process.

*Healthy Gallatin*

The process for the grant-funded Gallatin County CHA/CHIP was initiated and led by GCCHD. To apply for the grant, GCCHD reached out to BDHS to be its hospital partner. The grant was awarded in July 2011, with Gallatin County being one of only 12 jurisdictions throughout the United States that was selected and received the grant. Through the grant, BDHS and GCCHD are working collaboratively with CHP, MSU Local government and various public and private organizations in Gallatin County. Grant funding to conduct the CHA/CHIP was received from the National Association of County and City Health Officials (NACCHO).

## Processes and Methods: How the Assessment was Conducted

### *3-County Joint CHNA (a.k.a. Healthy Gallatin CHNA)*

The 3-County Joint CHNA began with a review of the 2009 Community Health Needs Assessment conducted independently by BDHS (*a.k.a. BDHS CHNA*) via household mailings throughout Gallatin County (See Appendix D for more details). The assessments helped BDHS identify the top priority health care needs and gaps in Gallatin County in previous years; however, the survey methodology presented challenges in terms of benchmarking with state and national indicator data which was important to GCCHD. In addition, BDHS' survey was very focused on access to care and prevalence of disease; GCCHD needed a broader approach to health needs, particularly those addressing modifiable health risks, which account for 40%-50% of premature deaths in the US.

To address the need to benchmark data and include health behavior indicators, a different survey methodology was explored and three vendors were interviewed, with the project being awarded to Professional Research Consultants, Inc. (PRC), a research and consulting firm specializing in customized research for the healthcare industry and health-related agencies, who has done various national, state, and county-level health surveys.

The final survey instrument used was developed by BDHS, GCCHD, and CHP in conjunction with PRC. The survey—a random-sample telephone survey—is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) survey, as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues (See Attachment C-3 for description of survey).

The analysis from this assessment incorporates data from both the primary research (Healthy Gallatin CHNA) and from a variety of existing (secondary) data sources provided by GCCHD and PRC (See Appendix C-3 for list of data sources).

State benchmark data was provided, where available, through the most recent Montana risk factor survey BRFSS and state-level vital statistics. National benchmark data was provided, where available, through the 2011 PRC National Health Survey and the Healthy People 2020<sup>2</sup>.

### *Healthy Gallatin through MAPP Process*

To initiate the process a small group of stakeholders was convened in October 2011 to discuss and design the planning process and the approach to completing the grant-funded CHA/CHIP. GCCHD's team was led by the Health Officer and included the department's Environmental Service Director, Human Services Director, and Grant Administrator. BDHS'

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<sup>2</sup> Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. Healthy People objectives and benchmarks established integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public.

team included the Chief Strategy and Business Development Officer and the Planning and Business Development Manager. Aside from GCCHD and BDHS, the core team included Montana State University (MSU) Local Government academic experts in designing and facilitating community planning and meetings, leaders from Gallatin County’s federally qualified health centers focusing on medically underserved, low income populations, and representation from the Gallatin County Planning and Community Development Department to lend knowledge and support for county-wide community planning efforts.



The core team selected to use the strategic approach outlined in MAPP---Mobilizing for Action through Planning and Partnership This tool enables the Healthy Gallatin Initiative to proceed with community-wide and community-driven strategic planning, and allows communities to identify and use their resources wisely, taking into account their unique circumstances and needs and forming effective partnerships for strategic action.

The MAPP process involves several phases (shown in the center of the model) and involves four assessments (shown in four outer arrows) which provide the key content areas that drive this whole process.

#### Organize for Success/Partnership Development

To initiate the MAPP process and ensure input from persons with broad knowledge of and broad representation from the Gallatin community is included, the core team, a.k.a. MAPP Core Committee (See Appendix C-1 for member list) worked through the rest of 2011 to personally secure and develop partnership from leaders in both public and private agencies throughout Gallatin County. The invited participants represent a broad range of perspectives, representing a variety of groups, sectors, areas, and activities from all corners of the county. Those invited participants who committed to the assessment and planning process became the members of the 25-person steering committee, a.k.a. MAPP Steering Committee, which included the MAPP Core Committee, various community based organizations, academic experts, health care providers, and business community representatives, (See Appendix C-2 for complete member list)

#### Visioning

To ensure broad participation in developing a shared community vision and common values, each member of the MAPP Steering Committee was asked to make personal invitations and request their invited persons to further extend the invitation to their community and/or contacts and ask their contacts to do the same. In addition, an article about the visioning session ran in the local paper the day prior to the



community-wide visioning session to extend the invitation to all county residents. Over 90 people, representing more than 50 organizations participated in the half-day facilitated visioning session held early this year on January 13, 2012 (See Appendix C-4 for list of participants and organizations represented). Facilitators from the Montana State University Local Government facilitated the successful event.

The vision statement developed by participants at the end of the session was further reviewed by the MAPP Steering Committee. For the final vision and values see Attachment 5.

#### Four MAPP Assessments

At the core of the MAPP process are the four MAPP Assessments. These assessments call for community involvement which helps ensure appropriate community ownership of the Healthy Gallatin initiative.

1. **Community Health Status Assessment (CHSA)** identified priority community health and quality of life issues through the Healthy Gallatin CHNA conducted in the summer of 2011 (see previous section for more details.)
2. **Community Themes and Strengths Assessment (CTSA)** provided a deep understanding of the issues residents feel are important. This was conducted through a series of in-depth community conversations called “study circles” in seven different communities throughout Gallatin County. These facilitated small group, democratic, highly participatory conversations/discussions occur once a week over a period of three weeks. These conversations were meant to empower people not only to figure out the most important health issues, but to also produce ideas and identify solutions that will work best for their individual community, and Gallatin County as a whole.

Study circles, conducted from March through July, have been completed in 7 communities: Bozeman, Belgrade, Three Forks, West Yellowstone, Manhattan/Amsterdam/Churchill, Gallatin Gateway and Big Sky.

The facilitation guide used called “Building a Healthier Community: What can we do to make and keep our community healthy, strong, and vibrant” was developed by the Study Circles Resource Center, a project of the Topsfield Foundation, Inc, a nonprofit, nonpartisan foundation dedicated to advancing deliberative democracy and improving the quality of public life in the United States.

3. **Local Public Health System Assessment (LPHSA)** focused on the local public health system---all of the organizations and entities, whether public, private, or voluntary, that contributes to the delivery of public health services within a community. The purpose of the assessment was to evaluate the activities, components and capacities of our local public health system in providing the essential public health services in Gallatin County. The dialogue that occurred in answering these questions helped identify areas of strength and weakness and determine opportunities for improvement. The assessment instrument used was developed by the National Public Health Performance Standards Program which is a collaborative effort of seven national partners, which includes CDC and the American Public Health Association.

The Gallatin County LPHSA was conducted over 2 days in April. Thirty-eight organizations and sixty-five individuals participated, including representation from the local health department, healthcare providers, human service organizations, schools and universities, elected officials and governmental organizations, faith institutions, youth development organizations, economic and philanthropic organizations, and environmental agencies (See Attachment C-6 for list of participants and organizations represented).

4. **Forces of Change Assessment (FOCA)** was aimed at identifying forces---such as trends, factors, or events----that are or will be influencing the health and quality of life of the community and the work of the local public health system. The assessment was conducted during one, three-hour brainstorming session with representation from different organizations from across the county including academia, community health, rural health, and environmental health organizations. Participants identified factors, trends and events affecting the health of Gallatin County, ranging from economic forces to social, political, and environmental forces. Participants also identified both threats and opportunities for many of the forces identified (See Attachment C-7 for list of participants and organizations represented).

#### **Identified Health Needs: Summaries of MAPP Assessments**

For three years in a row now, Gallatin County has been ranked the healthiest county in Montana by the University of Wisconsin Population Health Institute. And residents feel that way too. Based on the Healthy Gallatin CHNA, a majority of adults in the 3-County area have rated themselves as having “good” (20%), “very good” (38%), and “excellent” (29%) health status. But while Gallatin is deemed Montana’s most robust state in terms of health, still a significant portion (14%) of Gallatin’s adult population experience “fair” or “poor” health, with residents living at lower incomes (<200% FPL) more likely to report experiencing fair or poor overall health. Park and Madison Counties were ranked 12<sup>th</sup> and

3<sup>rd</sup> in the state, with 16% of Park County adults and 8% of Madison County adults rating their overall health status as “fair” or “poor.”

Moreover, the Healthy Gallatin MAPP assessments identified several challenges and opportunities for community health improvement. The matrix below shows the results collected from the four MAPP assessments and are a mix of qualitative and quantitative data. It provides a high-level view of overlapping challenges that were observed throughout the assessment process.

Challenge Areas	Community Themes & Strengths Assessment (CTASA)	Local Public Health System Assessment (LPHSA)	Forces of Change Assessment (FOCA)	Community Health Status Assessment (CHSA)
Access to health services	X	X	X	X
Affordable housing	X		X	
Bilingual services	X	X	X	
Communication between organizations	X	X	X	
Communication, integration and networking	X	X	X	X
Economic development/seasonal economy	X		X	
Healthcare infrastructure sustainability	X	X	X	
Local food	X		X	
Monitoring health statuses		X		
Substance abuse	X		X	X
Tobacco usage			X	X
Transportation	X		X	X
Unemployment	X		X	
Wealth disparity	X		X	
Youth	X	X	X	X

Appendix C-8 lists all the specific issues related to each of the challenge areas above.

### **Recognized Community Assets**

There are a number of strong community assets (See Attachment C-8), including three hospitals and their community benefit programs, a local health department, a federally qualified health center, an adequate supply of primary care physicians and dentists, a public school system with active parent and school associations, and numerous religious congregations and non-profit organizations that address not only health but also social and economic challenges facing community residents.

### **Strategic Issues: Identified and Prioritized**

Identifying which issues are critical to the success of the Healthy Gallatin Initiative vision of improved community health was conducted over a 3-hour facilitated session on September 25, with nearly 40 individuals participating representing over 20 organizations (See Appendix C-9 for participant list). Participants considered and discussed the summary

findings from all of the MAPP assessments and determined which issues were related or overlapping and identified 4 main compelling themes or strategic issues:

1. Improving access to healthcare services
2. Increasing collaboration and strategic partnerships
3. Encouraging healthy behaviors across the life span
4. Social and economic disparity

To identify priorities within each strategic issue, participants were then asked to vote on four priority issues from across all themes based on whether the collective group can make an impact, whether they are willing/able to do what it takes to make an impact, and whether results can be measurable.

### **Healthy Gallatin Final Steps**

#### *Formulate Goals and Strategies*

The priority issues identified in the previous phase were further discussed and finalized to allow participants to formulate goals and strategies for addressing each priority issue.

#### *Action Cycle*

During this phase, participants plan for action, implementation, and evaluation. The strategies identified in the previous phase form the foundation for the Action Cycle. This is planned for late fall 2012.

#### *MAPP Timeline (see Appendix C-11)*

### **Healthy Gallatin Website**

To facilitate communication of participants, a website had been created. Please visit [www.healthygallatin.org](http://www.healthygallatin.org) for more information.

### **III. 2012-2014 Bozeman Deaconess Health Services' Implementation Strategy and Community Benefit Plan Summary**

#### **Introduction**

For over 100 years, Bozeman Deaconess has been deeply committed in meeting the health needs of Gallatin County and surrounding area residents. As a non-profit hospital, any net income is reinvested into facilities, technology, and healthcare services, ensuring our facilities are up-to-date and our equipment and treatment options are state-of-the-art, which, too, is an investment in the health of our community. Most importantly, community benefit and collaboration has been and will continue to be an integral part of BDHS' overall strategic direction. In collaboration with community partners, BDHS will meet community health needs by continuing to provide health care needs in a financially responsible manner and maintaining current community outreach activities. We will continue to provide medically necessary healthcare services for all patients, regardless of their financial ability to pay. In fact, the amount of financial assistance (or charity care) provided in 2011 was more than \$8 million. In total, the annual benefits provided to our community totals more than \$16 million.

Bozeman Deaconess is an 86 bed hospital located in the heart of Bozeman. It is an independently owned community hospital governed by a board of trustees. It is served by over 150 physicians on its medical staff representing more than 40 specialties. Today BDHS is the largest private employer in the Gallatin Valley with more than 1,400 employees. About 76% of BDHS' inpatients are residents of Gallatin County; 5.3% and 2.6% come from Park and Madison Counties, respectively; the rest are from outlying Montana counties and out of state visitors.

This report summarizes the plans for BDHS to sustain and develop new community benefit programs that 1) address prioritized needs identified through the Healthy Gallatin MAPP Assessments, including the 2011 Community Health Needs Assessment and the previous BDHS CHNAs in 2009 and 2011, and 2) respond to other identified community health needs.

#### **Target Areas and Population**

Key findings from the BDHS CHNA in 2009 and again in 2011 showed that in both years, income and insurance coverage are significantly related to rates of most preventive care, and that concerns over cost are the biggest barrier by far for people receiving prompt care, with perceived cost being the main reason why people report delaying care.

The Healthy Gallatin CHNA further identified that 22% of the non-elderly adults in the 3-County area had no healthcare insurance coverage, significantly higher than the United States average at 14.9%. Although there is no significant statistical difference among the 3 counties, Gallatin has the highest proportion (9%) of those insured who experienced

insurance instability (i.e. were without coverage at some point in the past year) compared to Park (5.8%) and Madison (4.7%) counties. In fact, Gallatin's insurance instability rate is nearly twice as much as the US (4.8%).

Given the population size and growth of Gallatin County in the past decade and being its primary service area, the majority of BDHS' Implementation Strategy will focus on populations residing in Gallatin communities while still continuing to serve outlying communities in service area counties with our current outreach programs.

### **How the Implementation Strategy was Developed**

BDHS' Implementation Strategy was developed based on the following:

- Findings and priorities established by BDHS Board of Trustees from results of the 2009 and 2011 BDHS CHNA
- Initial findings from the Healthy Gallatin initiative. The county-wide strategic priorities and implementation plan that will be established through the Healthy Gallatin initiative will be incorporated when they become available by early 2013<sup>3</sup>
- A review of the BDHS' existing community benefit activities and contribution

### **Major Needs and How Priorities were Established**

Through the Healthy Gallatin Initiative, 4 major needs or strategic issues were identified:

1. Improving access to healthcare services
2. Increasing collaboration and strategic partnerships
3. Encouraging healthy behaviors across the life span
4. Social and economic disparity

Prioritization of specific issues within each strategic issue were based on the following reasons/criteria: a) ability to make an impact, b) capacity/ability to do what it takes to make an impact, and c) ability to measure results. The priority issues that will emerge through participant voting will be discussed and finalized in mid-October.

Findings from both the BDHS CHNA and Healthy Gallatin CHNA were reviewed as well and needs prioritized based on criteria that included number of people affected, seriousness of the issue, whether the health need particularly affected persons living in poverty or reflected health disparities, and availability of community resources to address the need. The process identified two key opportunity areas for improving healthcare access: preventive health care screenings for children and adults and access to healthcare for low income, uninsured and under-insured.

#### *Preventive care screenings for children and adults<sup>4</sup>*

##### **A. Childhood immunization**

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<sup>3</sup> Healthy Gallatin will not be completed by the time required to get through the process of BDHS plan development, board review and approval to meet IRS deadline.

<sup>4</sup> Data source is Healthy Gallatin CHNA, unless otherwise stated.

If there is only one thing that a community can do to help improve the health of its residents, it would be children's immunization. Montana ranked last in the 2008 National Immunization Survey (NIS), with a complete childhood immunization level of 59%, lower than any other state. BDHS, GCCHD and CHP have been collaborating on improving childhood immunization rates in the county since. Recent NIS indicates that Montana has emerged from being last; however, is still among the lowest in the nation. More alarmingly, the Healthy Gallatin CHNA found that nearly 1 in 5 parents with children under the age of 7 in the 3-county area have ever refused or decided not to get recommended vaccines for their child, mainly due to questions about effectiveness of vaccines and concerns about safety/potential side effects.

**B. Cardiovascular disease**

Cardiovascular disease (including stroke) and cancer are responsible for nearly 50% of deaths in the 3-County area in 2009. Contributing largely to this national epidemic of cardiovascular disease continues to be high blood pressure and cholesterol<sup>5</sup>. In Gallatin, screening rates for high blood pressure and cholesterol fall short of the minimum HP2020 targets. Furthermore, disparity is evident along poverty lines (for high blood pressure) and age groups (for cholesterol).

**C. Cancer**

Lung cancer is by far the leading cause of cancer deaths in the 3-County area, followed by female breast cancer, prostate and colorectal cancer (both genders)<sup>6</sup>. Unfortunately, there is lack of sufficient evidence on the effectiveness of currently available screening tools for lung and prostate cancers, according to the US Preventive Services Task Force (USPSTF). Analysis of BDH 2009 tumor registry data indicate that majority of new prostate and cancer patients are diagnosed with advanced stages (i.e. Stage II and above) which might suggest the importance of regular visits to a doctor to monitor one's health.

On the other hand, screening is effective in identifying breast cancer (using mammography), cervical cancer (using Pap tests) and colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy). Screening rates for breast, cervical and colorectal cancers in Gallatin all fail to satisfy the minimum HP2020 targets.

*Access to healthcare for low-income, uninsured and under-insured*

Lack of healthcare insurance coverage is proportionally much more a burden in Gallatin than in the rest of United States. Twenty two percent of the non-elderly adults in Gallatin had no healthcare insurance coverage, significantly higher than the United

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<sup>5</sup> Healthy People 2020

<sup>6</sup> Source: CDC (based on 2005-2007 age adjusted cancer death rates by site)

States average (15%). And of those insured, 9% experienced insurance instability, 2x as much as US (4.8%).

On top of the health coverage issue, more than one-third (38%) of Gallatin County adults had difficulties or delay accessing healthcare services. Demographic groups particularly affected are those low-income adults and the younger adults 18-39 years old. The Healthy Gallatin CHNA also confirmed that the uninsured adults are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare. Further, those without healthcare coverage are 4x more likely than the insured population to have used the ER for medical care more than once in the past year.

A review of 2011 community benefit activities and contributions found that BDHS is meeting existing community needs through the provision of financial assistance (charity care), Medicaid, and subsidized health services, and various services to community. In addition, BDHS is the only provider other than CHP accepting Medicaid for pediatric patients. More recent data indicate, for the first seven months of 2012, BDHS has already provided financial assistance of more than \$6.5 million, a 13% increase from same period in 2011. The total community benefit contribution for the second quarter of 2012 was \$4.2 million, representing 10.4% of operating expenses which is well above the BDHS' Board of Trustees goal of 5%. These activities were determined to be additional priorities for BDHS' Implementation Strategy.

#### **Description of What BDHS Will Do to Address Community Needs**

Community benefit and collaboration has been and will continue to be an integral part of BDHS' overall strategic direction. Our overarching goal is, through collaboration with community partners, BDHS will meet community health needs by continuing to provide health care needs in a financially responsible manner and maintaining current community outreach activities.

To address healthcare access needs, BDHS will focus the majority of its strategies in increasing access to preventive health care screenings for children and adults and access to healthcare services for low income, uninsured and under-insured.

To address collaboration and strategic partnerships, encouraging healthy behaviors, and social and economic disparities, BDHS will continue to provide leadership, support and work with the Healthy Gallatin initiative and continue to collaborate with community partners in addressing additional priority community health needs as identified through the MAPP process.

In addition, BDHS will also continue to review its community benefit programs and ensure the activities align with priorities established by BDHS as well as by the Healthy Gallatin initiative.



## Implementation Objectives and Action Plans

Healthy Gallatin Strategic Issues	
BDHS Implementation Objectives and Action Plans	
<b>Strategic Issue #1: Improving access to healthcare services</b>	
1.1.	Continue providing financial assistance and community benefit contributions at least to the levels required of non-profit hospitals
	1.1.1 Financial Assistance & Charity Care for patients treated at BDHS - hospital & clinics
	1.1.2 MASH Program - offering support in finding insurance coverage for eligible patients
1.2.	Improve access to preventive care screening opportunities for children
	<u>Internally</u>
	1.2.1. Continue Bozeman Deaconess Family Medicine and Pediatric clinic's work on removing barriers of access to immunization to their patient population
	1.2.2. Continue tracking flu rates for Bozeman Deaconess Health Group (BDHG) pediatric patients and develop strategies for improvement as needed
	1.2.3. Provide linkages with and connect parents/guardians to low cost community resources and educational programs
	<u>Externally</u>
	1.2.4. Continue collaborations with GCCHD in providing low and no-cost children's immunization through the Community Care Connect (CCC) mobile outreach
	1.2.5. Continue Immunization and flu Campaign
1.3.	Improve access to preventive care screening opportunities for adults
	<u>Internally</u>
	1.3.1. Establish/Expand patient (e.g. mailing cards, sending e-mails) and clinical reminder systems for preventive services
	1.3.2. Continue investing in and promoting employee health and fitness programs (e.g. BDHS campus flu clinics, employee birthday lab screenings, reduced fitness club enrollment)
	1.3.3. Provide employee and patient educational opportunities emphasizing the importance of preventive care screenings and regular physician checkups focused on preventing cardiovascular disease and cancer
	1.3.4. Provide linkages with and connect patients to low cost community resources and educational programs
	1.3.5. Continue tracking screening mammography rates and blood glucose rates for Bozeman Deaconess Health Group (BDHG) patients and develop strategies for improvement as needed
	<u>Externally</u>
	1.3.5. Continue operations of the CCC mobile outreach in offering no-cost cardiovascular disease, breast cancer and colon cancer screening opportunities to the community
	1.3.5.a Explore feasibility of providing addtl cancer screening opportunities through the CCC mobile outreach
	1.3.5.b Explore feasibility of expanding CCC mobile outreach to other underserved target areas as identified
	1.3.6. Renew emphasis of BDHS sponsored annual health screenings to focus on evidence-based cardiovascular and cancer preventive care, education and counseling
	1.3.7. Create, promote, and take preventive educational programs out to local community sites/groups, with an emphasis on addressing heart disease, stroke and cancer
1.4.	Continue to support/invest in patient-centered medical home accreditation and electronic medical health records to influence accessibility and quality of health services; improve communication, integration, & networking with community health providers
1.5.	Continue contributions, whether financial or in kind (e.g. board service) to key organizations that help address specific priorities identified (e.g. CHP, Western Montana Mental Health Services); financial contribution to WMMHS for Crisis Response Team, and Detox
<b>Strategic Issue #2: Increasing collaboration and strategic partnerships</b>	
2.1.	With Healthy Gallatin, expand utility of BDHS Health Information Center to increase community's knowledge of and coordination/communication of events and services
2.2.	Continue leadership, support and work in Healthy Gallatin in forging effective partnerships in addressing prioritized issues identified
2.3.	Community wide initiative for electronic health record collaboration
<b>Strategic Issue #3: Encouraging healthy behaviors across life span</b>	
3.1.	Continue contributions, whether financial or in kind (e.g. board service) to key organizations that help address specific priorities identified (e.g. Greater Gallatin United Way, HRDC, Food Bank, Bozeman School District); provide Health Teacher to area school districts - healthy curriculum materials for classrooms
3.1	Funding of Eat/Live/Play behavioral program for children that are obese in our community
<b>Strategic Issue #4: Social and economic disparities</b>	
4.1.	Continue contributions, whether financial or in kind (e.g. board service) to key organizations that help address specific priorities
	4.1.1 Lend BDHS executives to Board service for HRDC (parent company for Gallatin Valley Food Bank, Community Cafe, Galavan transportation, Ho
	4.1.2 Provide cash and food donations to Gallatin Valley Food Bank

### **Next Steps for Priorities**

For each of the priority areas listed above, BDHS will work with the Healthy Gallatin Initiative and its community partners to:

- Identify any related activities being conducted by others in the community that could be built upon
- Develop measurable goals and objectives so that the effectiveness of efforts can be measured.
- Build support for the initiatives within the community and among other health care providers.
- Develop detailed work plans

### **Priority Needs Not Being Addressed and the Reasons**

All strategic issues are being addressed by BDHS. BDHS will continue to evaluate ability to address specific priorities that will be established through the Healthy Gallatin in October.

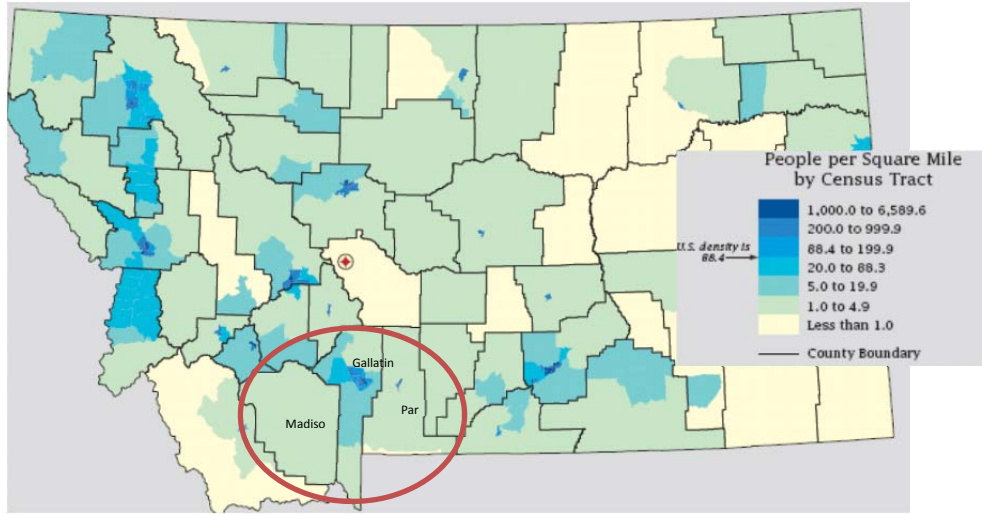
### **Approval**

The 2012-2014 Community Benefit Plan & Implementation Strategy is reviewed by the senior leadership of BDHS, and subsequently submitted to the Planning or Finance Committee

## List of Appendices

- A. 2010 Montana Population Density Map by Census Tracts
- B. Population, Demographic and Socioeconomic Profile
- C. Healthy Gallatin Initiative
  - 1. Core Committee
  - 2. Steering Committee
  - 3. Healthy Gallatin Community Health Needs Assessment (CHNA) and Secondary Data Sources
  - 4. Visioning Session Representation
  - 5. Healthy Gallatin Vision and Values
  - 6. Local Public Health System Assessment (LPHSA) Representation
  - 7. Forces of Change (FOCA) Representation
  - 8. MAPP Assessment Findings
  - 9. Strategic Issues Participants
  - 10. Community Assets
  - 11. MAPP Timeline
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**A. 2010 Montana Population Density Map by Census Tracts**



**B. Population, Demographic and Socioeconomic Profile of Gallatin, Park and Madison Counties Compared with Montana and United States**

Geographic Area	2000	2010	2010 as % of total	% change	10-year CAGR*
3- County	90,382	112,840	100%	25%	2.24%
Gallatin	67,831	89,513	79%	32%	2.81%
Park	15,694	15,636	14%	0%	-0.04%
Madison	6,857	7,691	7%	12%	1.15%
Bozeman	27,509	37,280	42%	36%	3.09%
Belgrade	5,728	7,389	8%	29%	2.58%
US	281,421,906	308,745,538		10%	
Montana	902,195	989,415		10%	

\*Compound annual growth rate

Demographic Profile*	Gallatin	Park	Madison	Montana	United States
2010 Population	89,513	15,636	7,691	989,415	308,745,538
Age	100%	100%	100%	100%	100%
< 15 yo	18%	16%	14%	19%	19.8%
15-44	48%	33%	29%	29%	40.7%
45-64	24%	34%	36%	37%	26.4%
65 and over	9%	17%	21%	15%	13%
Median age	32.5	45.4	49.8	41	37.2
Sex					
Male	51.9%	49.8%	52.0%	50.2%	49.2%
Female	48.1%	50.2%	48.0%	49.8%	50.8%
Race (alone or in combination with one or more other races)					
White	96.80%	98%	98.10%	91.80%	74.80%
Black or African American	0.60%	0.40%	0.40%	0.80%	13.60%
American Indian and Alaska Native	1.70%	1.80%	1.40%	7.90%	1.70%
Asian	1.70%	0.70%	0.50%	1.10%	5.60%
Native Hawaiian and other Pacific Islander	0.20%	0.10%	0.00%	0.20%	0.40%
Some other race	0.9%	0.70%	0.90%	0.90%	7%
Hispanic or Latino (of any race)	2.80%	2.10%	2.40%	2.90%	16.30%
Not Hispanic or Latino	97.20%	97.90%	97.60%	97.10%	83.70%
Households	36,550	7,310	3,560	409,607	116,716,292
Family households	58.2%	57.1%	61.6%	62.8%	66.4%
Non-family households	41.8%	42.9%	38.4%	37.2%	33.6%
Households with individuals < 18 yo	27.8%	23.5%	21.1%	28.4%	33.4%
Households with individuals 65 and over	16.5%	26.3%	32.2%	25.6%	24.9%
Housing Units	42,289	9,375	6,940	482,825	131,704,730
Occupied	86.4%	78.0%	51.3%	84.8%	88.6%
Vacant	13.6%	22.0%	48.7%	15.2%	11.4%
Occupied housing units	36,550	7,310	3,560	409,607	116,716,292
Owner-occupied	61.0%	67.6%	74.1%	68.0%	65.1%
Renter-occupied	39.0%	32.4%	25.9%	32.0%	34.9%

<b>Socioeconomic Profile**</b>	<b>Gallatin</b>	<b>Park</b>	<b>Madison</b>	<b>Montana</b>	<b>United States</b>
<b>Employment</b>					
% unemployed	4.70%	6.10%	5%	5.70%	7.90%
<b>Income</b>					
Per capita income	\$ 27,423	\$ 24,717	\$ 32,205	\$ 23,836	\$ 27,334
Median household income	\$ 50,136	\$ 38,830	\$ 42,998	\$ 43,872	\$ 51,914
Median family household income	\$ 65,029	\$ 50,252	\$ 52,636	\$ 55,725	\$ 62,982
Median non-family household income	\$ 32,586	\$ 26,615	\$ 26,770	\$ 25,972	\$ 31,305
<b>Poverty Level</b>					
% of families below FPL	7.40%	7.70%	8.50%	9.70%	10.10%
% of population below FPL					
all ages	13.50%	13.60%	11.60%	14.50%	13.80%
<18	12.50%	19.30%	16.70%	19.20%	19.20%
18-64	14.50%	12.60%	10.70%	14.10%	12.60%
65+	8.20%	10.70%	9.80%	8.90%	9.50%
<b>Educational Attainment (population 25 years and older)***</b>					
% HS graduate or higher	96%	89.40%	94.60%	91%	85%
% bachelor's degree or higher	45%	31.40%	33.80%	28%	28%
<b>Insurance coverage</b>					
% of population <65 yo without health insurance coverage	22.10%	20.80%	22.00%	22.60%	14.90%
*Source: American Fact Finder, DP1-2010 Demographic Profile					
**Source: American Fact Finder, DP03 - Selected Economic Characteristics, 2006-2010 ACS 5-yr estimates					
***Source: American Fact Finder, S1501 - Selected Economic Characteristics, 2006-2010 ACS 5-yr estimates					

## C. Healthy Gallatin Initiative

### 1. Core Committee

Donna Cruz-Huffmaster  
 Planning and Business Development Manager  
 Bozeman Deaconess Hospital

Sarah Compton  
 Grant and Program Assistant  
 Gallatin City-County Health Department

Jill Steeley  
 Human Service Director  
 Gallatin City-County Health Department

Matt Kelley  
 Health Officer  
 Gallatin City-County Health Department

Tim Roark  
 Environmental Service Director  
 Gallatin City-County Health Department

Buck Taylor  
 Chief Operating Officer

Community Health Partners  
 Cheryl Ridgely  
 VP Business Development  
 Bozeman Deaconess Hospital

Katherine Crevi  
 AmeriCorps VISTA  
 Gallatin City-County Health Department

Warren Vaughn  
 Gallatin County Planning and Community Development Dept.

Toni Lucker  
 Executive Assistant  
 Gallatin City-County Health Department

**MSU Local Government Center**  
 Dan Clark  
 Director

Betsy Webb  
 Associate Director

## 2. MAPP Steering Committee

Donna Cruz-Huffmaster  
Planning and Business Development Manager  
Bozeman Deaconess Hospital

Scott Malloy  
Director  
Gallatin Mental Health Center

Sarah Compton  
Grant and Program Assistant  
Gallatin City-County Health Department

Patti Steinmuller  
Willing Workers Ladies Aid, Inc  
Gallatin Gateway

Jill Steeley  
Human Service Director  
Gallatin City-County Health Department

Bethany Letiecq  
Associate Professor  
Dept. of Health and Human Development

Matt Kelley  
Health Officer  
Gallatin City-County Health Department

Cathy Costakis  
Montana Nutrition and Physical Activity  
Program

Tim Roark  
Environmental Service Director  
Gallatin City-County Health Department

Debe Youngberg  
Belgrade Chamber of Commerce

Buck Taylor  
Chief Operating Officer  
Community Health Partners

Connie Campbell  
Community Mediation Center/Belgrade City  
Council

Cheryl Ridgely  
VP Business Development  
Bozeman Deaconess Hospital

Kristin Johnson  
Three Rivers Clinic  
Three Forks

Katherine Crevi  
AmeriCorps VISTA  
Gallatin City-County Health Department

Deborah Neuman  
Director  
Thrive

Warren Vaughn  
Gallatin County Planning and Community  
Development Dept.

Amy Cory  
Early Childhood Community Council  
Greater Gallatin United Way

Toni Lucker  
Executive Assistant  
Gallatin City-County Health Department

Carol Townsend  
Greater Gallatin United Way

Pierre Martineau  
Town Councilman  
West Yellowstone

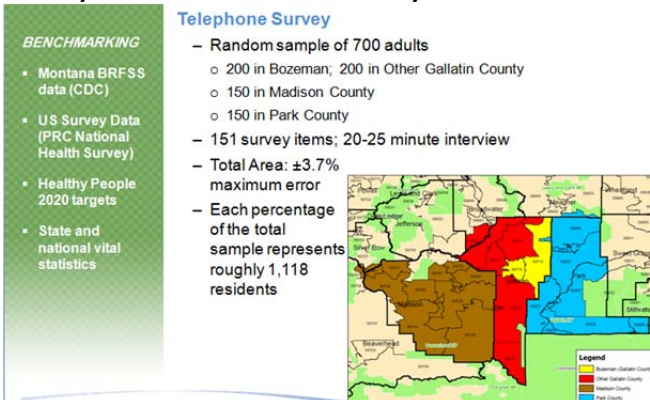
Ciara Wolfe  
Gallatin Valley YMCA

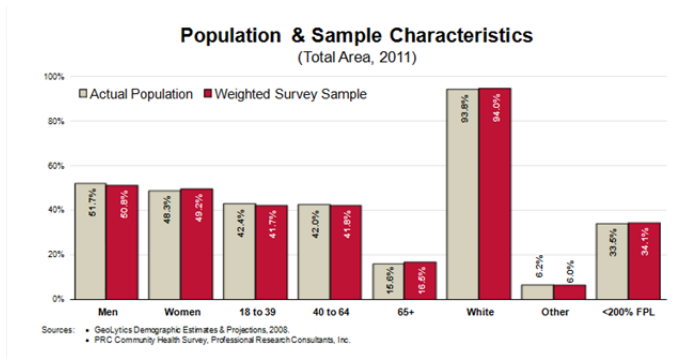
**MSU Local Government Center**  
Dan Clark  
Director

Craig Bergstedt  
Town Council- Manhattan

Betsy Webb  
Associate Director

## 3. Healthy Gallatin CHNA and Secondary Data Sources





Below lists the various secondary data sources consulted by PRC to complement the research quality of the 3-County Joint CHNA.

- Centers for Disease Control & Prevention
- County Health Rankings, University of Wisconsin Population Health Institute
- GeoLytics Demographic Estimates & Projections
- Montana Board of Crime Control
- Montana Department of Public Health and Human Services
- US Census Bureau
- US Department of Health and Human Services, National Center for Health Statistics
- US Department of Justice, Federal Bureau of Investigation
- US National Immunization Survey

#### 4. Visioning Session Representation

Acorn Pediatrics  
 Alcohol and Drug Services of Gallatin County  
 American Academy of Pediatrics- MT Chapter  
 Belgrade City Council  
 Bozeman Deaconess Hospital  
 Bozeman GLBT Resource Center  
 Bozeman School District  
 Bridgercare  
 Cancer Support Community  
 Career Transitions  
 Child Nutrition  
 City of Belgrade  
 City of Three Forks  
 Community Health Partners  
 Connections  
 County Planning and Community Development  
 Early Childhood Coalition  
 Family Outreach  
 Gallatin City-County Health Department  
 Gallatin County Tobacco Use Prevention Program  
 Gallatin Mental Health Center  
 Gallatin Valley Farm to School  
 Gallatin Valley Food Bank  
 Gallatin Valley Land Trust  
 Gallatin Valley YMCA

Greater Gallatin United Way  
 HealthWorks  
 Highgate Senior Living  
 HRDC- Head Start  
 Love, INC  
 Manhattan City Council  
 Mental Health America of Montana  
 Mint Dental Studio  
 Montana Nutrition and Physical Activity  
 Montana Peer Network  
 MSU- Food Services/ Towne's Harvest  
 MSU- Health and Human Development  
 MSU- Nursing  
 MSU- Student Health Services  
 National Alliance of Mental Illness (NAMI) - Local Advisory Council  
 Public Schools  
 Rocky Mountain Development Council  
 St. James Episcopal  
 Three Rivers Clinic  
 We Care Chiropractic  
 West Yellowstone News  
 West Yellowstone Social Services  
 Western Transportation Institute  
 Willing Workers Ladies Aid, Inc (Gateway)

## 5. Healthy Gallatin Vision and Values



### Our Vision / Mission

We are committed to making Gallatin County an active, thriving community that values the health of its people. We seek to promote healthy choices for all residents through open communication, collaborative relationships and affordable health resources.

We are dedicated to building partnerships and coalitions to improve the overall community health without stigma or judgment. We support and connect all groups, organizations and individuals that are committed to making Gallatin County a healthy place to live, work, play and grow old.

Pursuing this vision requires the following principles:

- Health resources are accessible and inclusive to everyone
- People are informed, connected and empowered:
  - To improve their own health and that of their families
  - To engage in larger conversations about health and health disparities
- Organizations and practitioners connect and collaborate across our communities
- Healthy communities include infrastructure that encourages healthy lifestyles

## 6. Local Public Health System Assessment (LPHSA) Representation

BDH
BDH Cancer Center
BDHS
Belgrade Public Schools
Blue Cross Blue Shield
Board of Health
Bozeman Deaconess Cancer Center
Bozeman Deaconess Health Group
Bozeman Deaconess Health Services
Bozeman Deaconess Hospital - Highland Park Pharmacy
Bozeman School District
Bozeman Senior Center
Bridgercare
Community Health Partners
County Planning/Community Development
CSAA, NAMI MT
DPHHS
Gallatin City-County Health Department
Gallatin County Attorney's Office
Gallatin County Emergency Management
Gallatin County Sherriff
Greater Gallatin United Way
HAVEN
Haven/Help Center
HRDC
HRDC Head Start
Montana State Legislature
Montana State University
Montana Tobacco Prevention Advisory Board
MSU College of Nursing
MSU Health and Human Dev
MSU Student Health Service
Nutrition and Physical Activity Program, MSU Dept. of Health and Human Development
The Montana Dental Association
Thrive
WIC
Willing Workers Ladies Aid
YMCA



## 7. Forces of Change Assessment (FOCA) Representation

Sarah Compton  
Grant and Program Assistant  
Gallatin City-County Health Department

Matt Kelley  
Health Officer  
Gallatin City-County Health Department

Tim Roark  
Environmental Service Director  
Gallatin City-County Health Department

Cheryl Ridgely  
VP Business Development  
Bozeman Deaconess Hospital

Katherine Crevi  
AmeriCorps VISTA  
Gallatin City-County Health Department

Warren Vaughn  
Gallatin County Planning and Community Development  
Dept.

Patti Steinmuller  
Willing Workers Ladies Aid, Inc  
Gallatin Gateway

Bethany Letiecq  
Associate Professor  
Dept. of Health and Human Development

Erin Bills  
Montana Office of Rural Health/Area Health Education  
Center MSU

Betsy Webb  
MSU Local Government Center  
Associate Director

Becky Franks  
Executive Director  
Cancer Support Community

Lander Cooney  
CEO  
Community Health Partners

## 8. MAPP Assessment Findings: Specific Issues

### Community Health Status Assessment

#### Injury and Violence Prevention

- 79.8% of Gallatin County Residents report Always wearing a seatbelt
- 15.1% of Gallatin County residents report having a firearm unlocked a loaded in their home
- The age-adjusted mortality for firearm-related deaths is 13.4 per 100,000 population in Gallatin County, compared to 10.3 in the United States.
- The age-adjusted mortality for suicide is 17.3 per 100,000 population in Gallatin County, compared to 10.8 per 100,000 in the United States.

#### Substance Abuse

- 20.7% of Gallatin County residents report binge drinking (single occasions- 5+drinks in one sitting for men 4+ for women).
- 9.5% of Gallatin County residents report using smokeless tobacco.

#### Clinical Care and Access

- 30% of children in Gallatin County are under immunized (24-35 months).
- 22.1% of Gallatin County Residents, ages 18-64, are uninsured.
- 37.6% of Gallatin County Residents report difficulty accessing health services in the past year.
- 54.5% of Gallatin County Residents lack dental insurance that covers all or part of dental care costs.

### Local Public Health System

#### Essential Service 4- Mobilize community partnerships to identify and solve health problems

- The number of partnerships and strategic alliances between organizations could be increased to help maximize impact on the populations they serve.

#### Essential Service 1- Monitor Health Status to Identify Community Health Problems

- There is limited sharing and access to assessments that are conducted by organizations that would contribute to the understanding of health statuses within the county.

- There is limited knowledge and access of population health registries.

**Essential Service 7- Link people to needed personal health services and assure the provision of health**

- There is a lack of coordination between organizations that provide personal health and social services.
- There is a lack of Spanish-speaking services- especially for mental health counseling.

**Forces of Change**

**Economic Climate**

- The downturn of the economy makes accessing dental care, medical and mental health services difficult.
- Struggling families are looking to the local public health system for support.

**Youth Empowerment**

- With changing family dynamics, limited youth activities and employment opportunities, Gallatin County is experiencing heavy youth substance abuse and teen pregnancy.

**Changing Demographics**

- An increasing migrant population and veterans returning with PTSD require adaptation of outreach services and strategies.

**Access and Quality**

- Uninsured and underinsured people are less likely to seek preventive health, forcing funding to go towards treatment, which is more expensive than prevention and creates disparities in health access and quality of care.
- Shift towards a patient-centered medical home and electronic medical health records will influence accessibility and quality of health services.

**Changing Political Landscape**

- Shift towards non-profit service providers instead of government.

**Community Themes and Strengths**

**Youth**

- Children and adolescents don't have many options for afterschool, summer or extracurricular activities in rural areas.
- Children are lacking strong family units and role models which leads to poor decisions and boredom (alcohol, drugs and sex).

**Communication, Integration and Networking**

- A lack of knowledge about community events and services prevents many community members from utilizing available services.
- Communication and integration between community members (rideshare, community celebrations).

**Linking People to Services/Access**

- Gallatin County residents have difficulty accessing services due to transportation or social stigma against certain services (mental health, social services).
- Although Gallatin County has many services, people are not walking through the door.

**Substance Abuse**

- Residents self-medicate with drugs and alcohol (esp. mental health)
- Adolescents are accessing alcohol.

**Mental Health**

- There are no bi-lingual mental health counselors
- There is a stigma around seeking help for mental health issues

- It is difficult to access mental health resources in rural areas

**Transportation**

- Gas is expensive and the county is large
- Certain populations, including low income, youth and the elderly, have a more difficult time accessing activities and services.

**Health Care Infrastructure**

- Sustaining existing health care services in small communities
- Ability to access health care services

**Economic Development**

- Small communities will only continue to thrive if people invest locally.
- Large community employers aren't viewed as community partners.

**Seasonal Economy**

- Some communities rely on tourism 9 months out of the year which causes stress during the busy season, and lean times during the off-season
- Seasonal employment is not a career (no insurance, poor living condition, etc)

**Local Food/Food Locally**

- There is a lot of energy and momentum behind growing and accessing local food
- Staple foods are expensive and difficult to access in rural areas

**Affordable Housing**

- Housing is expensive and in high demand.
- Many rentals are reportedly of poor quality and potentially hazardous to health

**Environmental Preservation**

- Gallatin County is a beautiful place and residents want to keep it that way- pristine air, clean water, and the ability to see the night sky and changing weather patterns.

**Growing Latino Population**

- Spanish-speaking residents have difficulty accessing services due to language barriers.
- Latino residents are isolated from the larger community due to trust issues and also because of language barriers.

**9. Strategic Issues Participants**

	<b>Name</b>	<b>Organization</b>	<b>Name</b>	<b>Organization</b>
1	Connie Bengtson	Belgrade School Nurse	20 Lindsey Hayes	Health Department
2	Candy Lubansky	Belgrade Schools	21 Alexis Knapek	Health Department
3	Michele Snowberg	Belgrade Schools	22 Jill-Marie Steeley	Health Department
4	Robin Cory	Board of Health	23 Tim Roark	Health Department
5	Gretchen Rupp	Board of Health	24 Katherine Crevi	Health Department
6	Donna-Cruz Huffmaster	Bozeman Deaconess	25 Sarah Acker	Health Department
7	Cheryl Ridgely	Bozeman Deaconess	26 Matt Kelley	Health Department
8	Debbie Berg	Bozeman Job Service	27 Rachel Rockafellow, RN	Health Matters
9	Michele Letendre	Bozeman Job Service	28 Allison Barlow	KidsLINK- GGUW
10	Laura St. John	Bozeman Schools	29 Laura Larsson	MSU Nursing
11	Laura Mentch	Bridgercare	30 Bethany Letique	MSU Nursing
12	Tracie Weiss	Bridgercare	31 Emilie Kuster	MSU Nursing
13	Becky Franks	Cancer Support Community	32 Alicia Smith	NAMI
14	Buck Taylor	Community Health Partners	33 Kristin Johnson	Three Rivers Clinic
15	Lander Cooney	Community Health Partners	34 Deborah Neuman	Thrive
16	Warren Vaughan	County Planning	35 Pierre Martineau	West Yellowstone
17	Lori Christenson	Gallatin Valley Food Bank	36 Tom Cherhoniak	West Yellowstone
18	Ciara Wolfe	Gallatin Valley YMCA	37 Shaun Becker	Bozeman Mayor
19	Amy Cory	Greater Gallatin United Way		

## 10. Community Assets

Community Assets	Gallatin	Park	Madison
<b>Health care facilities</b>			
Local hospital	1	0	0
CAH (Critical Access Hospital)	0	1	1
Total # of beds	86	25	20
Rural Health Clinics	2	1	4
Community Health Centers	2	1	1
<b>Primary care provider</b>			
Doctors (MDs and DOs)	116	19	6
Nurse Midwives (NMW)	1	2	0
Nurse Practitioners (NP)	52	4	3
Physician Assistants (PA-C)	39	4	5
<b>Dental providers</b>			
Dentists	64	8	1
Dental Hygienists	60	8	9
<b>Aging services</b>			
Nursing homes	3 (283 beds)	1 (115 beds)	2 (79 beds)
Assisted Living Facilities	13 (367 beds)	3 (81 beds)	1 (8 beds)
Adult Foster Care	3	1	0
Adult Day Care Licenses	2	2	2

Source: 2009 Montana County Health Profiles, Montana DPHHS

### Summary of answers to community-asset questions asked during CTASA

#1: Who gets the work done in our community?

#2: What are our community's greatest assets

Bozeman		Belgrade	
Bozeman Deaconess Hospital	Gallatin Valley land Trust	Belgrade 4-H	Gallatin Valley Food Bank
Bozeman Fire Department	Greater Gallatin County Homeless Action Council	Belgrade Chamber of Commerce	HRDC
Bozeman Police	HRDC	Belgrade Kiwanis & Key Club	Lee & Dad's
Bozeman School System	KUSM/YPR/KGLT	Belgrade Library	Lions Club & Leo Club
Bridger Ski Foundation	Montana State University	Belgrade Police Department	Rotary Club
Bridgercare	MSU Extension	Belgrade School System	Thrive
Cancer Support Community	Museum of the Rockies	Belgrade Senior Center	Town Council
Community Health Partners Clinic	Retired and Senior Volunteer Program (RSVP)	Belgrade Urgent Care	
Downtown Bozeman Association	Faith Community in Bozeman	Belgrade Youth Forum	
Eagle Mount	Rotary Club	Bozeman Deaconess Belgrade Clinic	
EMT	Sacks Thrift Store	Bridgercare	
Family Promise	Senior Center	Career Transitions	
Gallatin Mental Health Center	Thrive	Community Health Partners	
Gallatin Valley Bike Club and the Bike Kitchen	Town Council	Faith Institutions in Belgrade	
Gallatin Valley Food Bank		Fire Department	
Big Sky	Gallatin Gateway	Manhattan, Churchill, & Amsterdam	Three Forks
Big Sky Chamber of Commerce	4-H Club	EMT	Chiropractic Clinic of Three Forks
Big Sky Chapel	Faith Institutions	Faith Institutions in Manhattan	EMT
Big Sky Community Corporation	Gallatin Gateway Police	Manhattan Chamber of Commerce	Faith Institutions in Three Forks
Big Sky Fire Department	Gallatin Gateway School	Manhattan Christian School	Headwaters Rehabilitation
Big Sky Owners Association	Gateway Fire Department	Manhattan Family Dental & Dr. Blanchet	Library
Big Sky Poilce	Gateway Youth Group (GYG)	Manhattan Police	Ministerial Association
Big Sky Search and Rescue	Parents in Education	Manhattan School System	Pathways Assisted Living, Inc.
Bozeman Deaconess Pharmacy	The Foundation	Park Haven Retirement Home	Sacajawea Hotel
Christine Adams, LCSW	Willing Workers Ladies Aid	Rotary Club	Senior Center
Gallatin Family Medicine		Senior Center	Three Forks Chamber fo Commerce
Lone Peak High		Town Council	Three Forks Police
Lone Peak Physical Therapy		Volunteer Firefighters	Three Forks School System
Medical Clinic of Big Sky			Three Rivers Clinic
Morningstar Learning Center			Town Council
Ophir School District			Volutneer Firefighters
Soldiers Chapel			Youth Rec Center
Women in Action			
West Yellowstone			
City Council	West Yellowstone Back & Neck		
Community Health Partners	West Yellowstone Chamber of Commerce		
Community West Outreach	West Yellowstone Dental		
EMT	West Yellowstone News		
Fire Department	West Yellowstone Police		
Local Employers	West Yellowstone School System		
Povah Community Center	West Yellowstone Social Services		
Senior Center			



#### **D. BDHS Community Health Needs Assessment**

The first Community Health Needs Assessment conducted independently by BDHS in July 2009 was administered to identify differences in health care service rates (mostly preventive care) and health outcomes between those who are in most need and those not in need. "Need" in this survey was determined in a variety of ways – insurance, income, health status etc – and results are generally broken out by these alternative criteria.

The assessment was based on a survey questionnaire administered to two populations:

- 1) a general household mail survey (mailed to a random sample of 2,550 Gallatin County households); and
- 2) a self-selected "convenience" sample, where surveys (employing the same questionnaire as the household survey above) were distributed and collected in likely places of need – food banks, hospital-affiliated locations, community health clinics, local health department clinics etc.

The mail survey response rate was just over 40% (922 of the mailed surveys were returned). The convenience survey yielded an additional 382 surveys and provided additional information for targeting groups in need.