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Introduction

About Bozeman Health

Mission
To improve community health and quality of life

Vision
To be your partner in health and wellness, compassionately delivering the best care for each person, every time

From its beginnings as a single hospital, Bozeman Health now covers a service area that extends throughout southwestern Montana. Our health system is comprised of two hospitals, several specialty treatment centers, a network of physician and urgent care clinics, outpatient treatment facilities and retirement and assisted living facilities, all staffed by hundreds of doctors, nurses, medical assistants, technologists, specialists, experts of many varieties and dedicated professionals.

Bozeman Health Deaconess Hospital is an 86-bed facility, DNV GL-accredited, licensed Level III trauma center serving southwest Montana. With more than 200 physicians and health professionals on medical staff representing over 50 specialties, these providers offer some of the highest credentials, training, and expertise in their fields of practice.

Bozeman Health Deaconess Hospital’s Community

The primary service area of Bozeman Health Deaconess Hospital (BHDH) consists of three Montana counties — Gallatin, Madison, and Park. The breakdown of zip codes used to identify our community for the sake of the Community Health Needs Assessment (CHNA) can be seen in Figure 1.

Residents from Gallatin, Madison, and Park counties accounted for roughly 86% of total inpatient admissions at BHDH in 2016 (including 77% from Gallatin County, 4% from Madison County, and 5% from Park County).
Community Health Needs

BHDH, in partnership with Gallatin City-County Health Department (GCCHD) and Community Health Partners (CHP) contracted with Professional Research Consultants (PRC) to conduct the 2017 Community Health Needs Assessment (CHNA).

The CHNA incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered from physicians and advanced practice clinicians, public health representatives, social service providers, and community leaders through an Online Key Informant Survey (OKIS).

Findings from the CHNA were presented to community members, leaders, and stakeholders during community meetings in Belgrade, Three Forks, and Bozeman. During the meetings, participants were given an overview of the areas of opportunity that emerged during the data-gathering phase of the CHNA. After the presentation, participants were asked to prioritize the identified health needs based on two criteria:

- **Scope & Severity**: magnitude, how many people affected, etc.
- **Ability to Impact**: likelihood of having a positive impact

Community-Prioritized Needs

The process described above yielded the following prioritized list of community health needs for the tri-county region:

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

All of the findings from the CHNA, including key informant input, are documented in the 2017 Community Health Needs Assessment Report available on Bozeman Health’s website: [www.bozemanhealth.org/CHNA](http://www.bozemanhealth.org/CHNA)
Bozeman Health Deaconess Hospital Priority Areas

Taking into consideration the community prioritization results, key informant feedback, BHDH resources, and ability to optimize and leverage, BHDH selected six priority areas to guide our community benefit work over the next three years:

<table>
<thead>
<tr>
<th>1. Mental Health</th>
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<tbody>
<tr>
<td>2. Access to Health Services</td>
</tr>
<tr>
<td>3. Nutrition, Physical Activity &amp; Weight</td>
</tr>
<tr>
<td>4. Substance Abuse</td>
</tr>
<tr>
<td>5. Heart Disease &amp; Stroke</td>
</tr>
<tr>
<td>6. Injury &amp; Violence</td>
</tr>
</tbody>
</table>

In acknowledgement of an emerging national narrative, BHDH consolidated the areas of Mental Health and Substance abuse into the broad, inclusive area of Behavioral Health. Additionally, BHDH consolidated the areas of Nutrition, Physical Activity & Weight and Heart Disease & Stroke into the area of Healthy Lifestyles. The resulting priority areas are as follows:

<table>
<thead>
<tr>
<th>Behavioral Health</th>
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<tbody>
<tr>
<td>Mental Health + Substance Abuse</td>
</tr>
<tr>
<td>Access to Health Services</td>
</tr>
<tr>
<td>Healthy Lifestyles</td>
</tr>
<tr>
<td>Nutrition, Physical Activity &amp; Weight + Heart Disease &amp; Stroke</td>
</tr>
<tr>
<td>Injury &amp; Violence</td>
</tr>
</tbody>
</table>

Rationale for Unaddressed Needs

Several of the community-prioritized needs were not selected as BHDH priority areas. In order to best impact health outcomes, BHDH focused on prioritizing health issues for which there are existing internal and/or external resources and feasibility to affect change. Additionally, in recognition of comorbidities, and in a strategic effort to consolidate, many of the community-prioritized needs will be addressed thorough BHDH priority area strategies, programs, and efforts:

- Diabetes: decreasing both incidence and prevalence will be addressed under the area of Healthy Lifestyles
- Cancer: screenings for certain cancers will remain a key strategy under the area of Access to Health Services
- Tobacco Use: decreasing tobacco use will be a focus under the area of Behavioral Health
• Potentially Disabling Conditions: many disabling conditions occur with other chronic conditions such as diabetes, heart disease, and obesity. As such, strategies addressing these conditions will appear under the area of Healthy Lifestyles.

• Respiratory Disease: BHDH providers are currently engaged in providing care in this area. We will continually assess and be responsive to opportunities to expand programming and/or outreach

**Community Benefit**

**Bozeman Health Deaconess Hospital Approach to Community Benefit**

All BHDH community benefit investments, programming, and efforts contribute to the overall mission of Bozeman Health: to improve community health and quality of life. Figure 2 depicts BHDH’s approach to community benefit.

_Figure 2. BH Community Benefit Approach_

**Bozeman Health Mission**

**Community Benefit**

**Assessment:**
- CHNA

**Planning:**
- Community Benefit Strategic Plan
- Annual Implementation Plans

**Reporting & Evaluation:**
- Organization
- Community

**Focus on Health Equity**

Bozeman Heath Deaconess Hospital recognizes that nearly all of the community health needs identified through the CHNA and outlined in this strategic plan disproportionately affect certain portions of the population. We acknowledge that some members of our community experience substantial barriers to achieving optimal health due to historical and contemporary discrimination and systematic oppression, and seek to understand the causes of health inequities and health disparities. As we work to address the health needs of our community by implementing the following plan, it is our overarching priority to promote health equity and ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.
The following pages outline a defined, high-level strategy for BHDH to guide programming, partnerships, activities and efforts around addressing priority health issues. Each priority issue is described in the following way:

- **Summary of the Issue:** A brief outline of the rationale for addressing the issue informed by and adapted from Healthy People 2020.

- **Impact on our Communities:** A brief overview of how the issue affects members of our community.

- **Goal:** What we expect will happen, long-term, because of our efforts. Informed by and closely related to the goals identified in Healthy People 2020.

- **Focus:** A high-level outline of how we intend to achieve the goal.

- **Anticipated Impact:** The intended and anticipated effect of our efforts.
Priority Area: Behavioral Health

Behavioral health includes mental health and substance use. It encompasses a continuum of prevention, intervention, treatment and recovery support services. Behavioral health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

Impact on Our Communities

Throughout the BHDH primary service area, experiences of “Fair” or “Poor” mental health are increasing. More people reported symptoms of chronic depression in 2017 than did in 2014 and 2011. Additionally, nearly 50% of residents indicate that their lives have been negatively affected by substance abuse. The following highlights key findings from the 2017 BHDH CHNA:

- Suicide rates in the area are higher than the national rate
- LGBTQ identified residents are disproportionately impacted
- One in four adults is an excessive drinker (heavy and/or binge drinker)
- A total of 2.5% of adults acknowledge using an illicit drug in the past month
- Less people are attempting to quit smoking cigarettes than did in 2014 or 2011

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Improve mental health and wellness through education, prevention, and by ensuring access to appropriate, quality mental health services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 2</td>
<td>Reduce substance abuse to protect the health, safety, and quality of life for children, adults, and families.</td>
</tr>
</tbody>
</table>

Focus

BHDH will actively work to achieve the following:

1.1 Develop, refine and implement a system-wide Bozeman Health Behavioral Health Strategic Plan
1.2 Increase community education initiatives
1.3 Strengthen community capacity and collaboration
1.4 Implement evidence-based suicide prevention strategies targeting youth
1.5 Reduce use and exposure of tobacco among youth and adults

Anticipated Impact

Our efforts will increase access to mental health services. Additionally, they will decrease the societal stigma associated with mental illness and substance use disorders, strengthen community partnerships, build capacity to respond to historic and emerging substance use crises, and facilitate sustainable program, service, policy and resource development.
Priority Area: Access to Health Services

Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all. Access is influenced by several factors, including health insurance coverage, service availability (geographic location, appointment availability, provider numbers, etc.), service cost, prescription drug cost / coverage, health literacy, and transportation.

Impact on Our Communities

Although the adult uninsured rate is down (12.7% in 2017 vs 22.0% in 2011) and adult primary care utilization is up (63.6% in 2017 vs 58.6% in 2011) in BHDH’s service area, access to health services remains a challenge for many residents. The following highlights key findings from the 2017 BHDH CHNA:

- 10.1 % of adults find it “somewhat” or “very” difficult to understand information stated by health professionals
- Getting a primary care provider (PCP) appointment, inconvenient office hours, finding a PCP, the cost of a PCP visit, and lack of transportation are all barriers
- 81 % of CHNA Key Informants rated access to healthcare services either a major or moderate problem throughout the region
  - 23 % cited lacking services for seniors as a major problem
  - 24.5 % cited lacking services for LGBTQ residents as a major problem

**GOAL**

Improve access to comprehensive, quality health care services for children, adults and families.

**Focus**

BHDH will actively work to achieve the following:

2.1 Grow the HealthCare Connections mobile outreach program
2.2 Increase the number of people reached through community health events
2.3 Collaborate with community to provide access to health related resources, expand health literacy efforts, and increase health education opportunities
2.4 Explore and address barriers faced by minority and medically underserved populations
2.5 Grow the Telehealth program

**Anticipated Impact**

Our efforts will facilitate health improvement by increasing opportunities for folks to receive quality health care services. Additionally, our efforts will elevate individual health knowledge and strengthen community capacity.
Priority Area: Healthy Lifestyles

Eating a healthful diet and participating in regular physical activity can improve the health and quality of life for people of all ages. Good nutrition and physical activity reduce the risk for many health conditions, including overweight and obesity, malnutrition, high blood pressure, type 2 diabetes, some cancers, depression, and diseases of the heart.

Impact on Our Communities

Compared to 2011 survey findings, the prevalence of obesity and overweight status among children and adults has significantly increased throughout BHDH’s service area. Overweight and obesity, in large part, can be attributed to diet and physical activity. Throughout the service area: less people are consuming fruits and vegetables on a daily basis and more people are inactive in their free time. The following highlights key findings from the 2017 BHDH CHNA:

- The prevalence of diabetes and pre-diabetes is growing.
- The prevalence of cancer has significantly increased over time.
- 80.2% of adults report having one or more cardiovascular risk factors.

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Improve health, wellness, and quality of life by promoting daily physical activity and the consumption of healthful diets.</th>
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</thead>
<tbody>
<tr>
<td>Goal 2</td>
<td>Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart disease and stroke.</td>
</tr>
</tbody>
</table>

Focus

BHDH will actively work to achieve the following:

3.1 Expand nutrition and physical activity opportunities and access to educational programs for children, youth, and families
3.2 Continue to foster, promote and support community and workplace initiatives
3.3 Increase stroke education initiatives targeting adults, youth, and community

Anticipated Impact

Our efforts will positively shift attitudes and beliefs around healthy eating and physical activity in a variety of settings. Taken together with our efforts in other priority areas, we will decrease the burden of heart disease, stroke, and chronic disease in our communities and empower more people to make healthful lifestyle choices.
Priority Area: Injury and Violence

Injuries and violence are a leading cause of disability for Americans, regardless of age, sex, race/ethnicity, or socioeconomic status. The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Impact on Our Communities

Between the years 2013-2015, 3 in 4 accidental deaths were attributed to motor vehicle accidents, falls, and poisonings (including accidental drug overdose). In addition to being less likely to wear seatbelts while riding in a vehicle than other adults are across the Nation, adults in our region increasingly report being distracted while driving. The following highlights key findings from the 2017 BHDH CHNA:

- 14.7% of adults report being hurt by an intimate partner
- Only about half of children wear a helmet while riding a bicycle
- Of the 62.8% of households that keep a firearm in or around the home, 21.0% have a firearm that is kept unlocked and loaded

Focus

BHDH will actively work to achieve the following:

- 4.1 Promote personal – protective behaviors, including safe motor vehicle practices
- 4.2 Explore and implement evidence-based fall prevention programs
- 4.3 Work with community organizations and coalitions to shift social norms about the acceptability and experience of violence, including domestic and sexual violence

Anticipated Impact

Our efforts will decrease unintentional injuries, help to prevent violence, and create safer communities for everyone.
Contact

Approval

The 2018-2020 BHDH Community Benefit Strategic Plan was approved by the Bozeman Health System Board of Directors on March 28, 2018.

Availability

The 2018-2020 BHDH Community Benefit Strategic Plan is widely available to the public and interested parties can view and download it on the Bozeman Health website. Paper copies are available upon request at the Community Health Resource Center at BHDH.

Comments

Written comments on this 2018-2020 BHDH Community Benefit Strategic Plan can be submitted to the Community Health Resource Center at BHDH:

Community Health Resource Center
Bozeman Health Deaconess Hospital
915 Highland Boulevard
Bozeman, MT 59715

Contact Bozeman Health’s Program Manager for Community Health Improvement and Partnerships at 406-414-5548 or ccoburn@bozemanhealth.org with any questions.