

# 2015–2017 COMMUNITY BENEFIT PLAN

*Including: 2014 Community Health Needs Assessment Summaries & 2015-2017 Implementation Strategy*



BOZEMAN HEALTH

# 2014 Bozeman Health Community Health Needs Assessment Summaries and 2015 – 2017 Implementation Strategy

This document contains the summary of Bozeman Health’s 2014 Community Health Needs Assessment and the subsequent updates to the Implementation Strategy initially developed in 2012.

## Table of Contents

- I. Service Area Community Overview**
  - Introduction
  - Geographic Area Served
- II. 2014 Bozeman Health Community Health Needs Assessment Summary & Healthy Gallatin Community Health Improvement Plan**
  - Introduction
  - Processes and Methods: How the Assessment was Conducted
  - Strategic Issues: Priority Health Needs Identified and Prioritized
  - Healthy Gallatin Community Health Improvement Plan
  - Resources Potentially Available to Address Priority Needs
- III. 2015 Bozeman Health Online Key Informant Survey Summary**
  - Introduction
  - About the Key Findings
  - Key Findings on Strategic Issue #1: Improving Access to Healthcare Services
  - Key Findings on Strategic Issue #2: Increasing Collaboration & Strategic Partnerships
  - Key Findings on Strategic Issue #3 & #4: Encouraging Healthy Behaviors Across Life Span & Helping Address Social & Economic Disparities
- IV. 2015-2017 Bozeman Health Implementation Strategy and Community Benefit Plan Summary**
  - Introduction
  - How the Implementation Strategy was Developed
  - Description of What Bozeman Health Will Do to Address Community Needs
  - Implementation Objectives and Action Plans
  - Next Steps for Priorities
  - Priority Needs Not Being Addressed and the Reasons
  - Approval

## I. Service Area Community Overview

### Introduction

Bozeman Health (previously Bozeman Deaconess Health Services) has grown to become southwest Montana's largest healthcare institution, offering comprehensive and award winning services to meet the diverse healthcare needs of communities in the region.

Bozeman Health Deaconess Hospital (BHDH), the flagship hospital of BH, is an 86 bed hospital located in the heart of Bozeman. It is an independently owned community hospital governed by a Board of Directors. It is Joint Commission-accredited, licensed Level III trauma center and is served by over 180 physicians and 50 health professionals medical staff representing more than 40 specialties.

Our integrated health system is comprised of several specialty treatment centers, a network of physician and urgent care clinics, outpatient treatment facilities, retirement and assisted living facilities, as well as a newly opened hospital<sup>1</sup> in Big Sky, Montana, all staffed by hundreds of doctors, nurses, medical assistants, technologists, specialists, experts of many varieties and dedicated professionals.

### Geographic Area Served

BH primarily serves Gallatin, Park, and Madison Counties with residents accounting for 87% of total inpatient admissions at BHDH in 2014 (Gallatin = 78%, Park=6%, Madison=4%). Population for the 3-County area for 2014 was estimated at 121,000, an increase of about 8,100 residents (7%) compared to 2010, with 95% of growth coming from Gallatin County (7,700 residents).

### *Population Growth*

Gallatin County's population is showing rapid signs of growth, increasing to 97,308 in 2014 (Figure 1), reflecting an increase of nearly 3% from prior year (Figure 2), the highest it's been since 2011. In fact, the 4-year growth from 2010, estimated at about 9%, is nearly twice the growth seen in Yellowstone, and about 3x that of Missoula (Figure 3). In addition, between 2013 and 2014, the Bozeman Micropolitan Area is the 6th<sup>th</sup> fastest growing Micropolitan area in the country<sup>2</sup>.

For both Park and Madison Counties, growth over the last 4 years has remained relatively flat, posting a mere estimated growth of 1.8% between 2010 and 2014 (Figure 2).

---

<sup>1</sup> Bozeman Health Big Sky Medical Center opened in early December 2015.

<sup>2</sup> The Census bureau defines "micropolitan" statistical areas as containing urban centers with a population between 10,000 and 50,000. While the population counts used to calculate the growth of the Bozeman micropolitan area include the entire population of Gallatin County, the city's micropolitan designation is based on the size of Bozeman's urban core. As of July 1, 2013, the city's population was estimated at 39,860. [http://www.bozemandailychronicle.com/news/city/gallatin-county-among-fastest-growing-in-nation/article\\_63b13f02-c08b-53eb-932d-98de3bda2e6c.html](http://www.bozemandailychronicle.com/news/city/gallatin-county-among-fastest-growing-in-nation/article_63b13f02-c08b-53eb-932d-98de3bda2e6c.html)

### Age Distribution

The largest component of the 3-County population is the 25-44 year old age group at nearly 28% followed closely by those individuals age 45-64 (Figure 4). In terms of relative percentage distribution, Gallatin County has a much younger population compared to Park, Madison and even the state and the nation. On the other hand, both Park and Madison have a much older population (Figure 5), particularly in Madison County where the proportion of senior population is 1.8 times greater than that of the nation.

Figure 1. Annual Estimates of the 3-County Population, 2010-2014

Geography	Census 2010	Population Estimates As of July 1				
		2010	2011	2012	2013	2014
3-County Total	112,840	112,868	114,530	115,909	118,048	121,008
Gallatin	89,513	89,599	91,333	92,604	94,694	97,308
Park	15,636	15,586	15,502	15,580	15,660	15,880
Madison	7,691	7,683	7,695	7,725	7,694	7,820

Source: US Census Bureau, PEPPANNRES: Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014

Figure 2. Annual and 4-Year Growth of the 3-County Population, 2010-2014

Geography	Population Growth (Actual)					Percent Growth (%)				
	Annual				4-Yr	Annual				4-Yr
	2011	2012	2013	2014	2014 vs 2010	2011	2012	2013	2014	2014 vs 2010
3-County Total	1,662	1,379	2,139	2,960	8,140	1.47%	1.20%	1.85%	2.51%	7.21%
Gallatin	1,734	1,271	2,090	2,614	7,709	1.94%	1.39%	2.26%	2.76%	8.60%
Park	-84	78	80	220	294	-0.54%	0.50%	0.51%	1.40%	1.89%
Madison	12	30	-31	126	137	0.16%	0.39%	-0.40%	1.64%	1.78%

Source: US Census Bureau, PEPPANNRES: Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014

Figure 3. Top 5 Montana Counties Ranked by 2014 Population Estimates

Rank	Geography	Census 2010	Population Estimates					Growth (actual)					Growth (%)				
								Annual				4-Yr	Annual				4-Yr
			2010	2011	2012	2013	2014	2011	2012	2013	2014	2014 vs 2010	2011	2012	2013	2014	2014 vs 2010
1	Yellowstone	147,972	148,398	149,845	151,888	154,060	155,634	1,447	2,043	2,172	1,574	7,236	0.98%	1.36%	1.43%	1.02%	4.88%
2	Missoula	109,299	109,425	110,121	111,054	111,769	112,684	696	933	715	915	3,259	0.64%	0.85%	0.64%	0.82%	2.98%
3	Gallatin	89,513	89,599	91,333	92,604	94,694	97,308	1,734	1,271	2,090	2,614	7,709	1.94%	1.39%	2.26%	2.76%	8.60%
4	Flathead	90,928	90,902	91,222	91,692	93,125	94,924	320	470	1,433	1,799	4,022	0.35%	0.52%	1.56%	1.93%	4.42%
5	Cascade	81,327	81,506	81,747	81,765	82,404	82,344	241	18	639	-60	838	0.30%	0.02%	0.78%	-0.07%	1.03%

Source: U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014

Figure 4. 2014  
Population Estimates Age  
Distribution (Bar Graph)

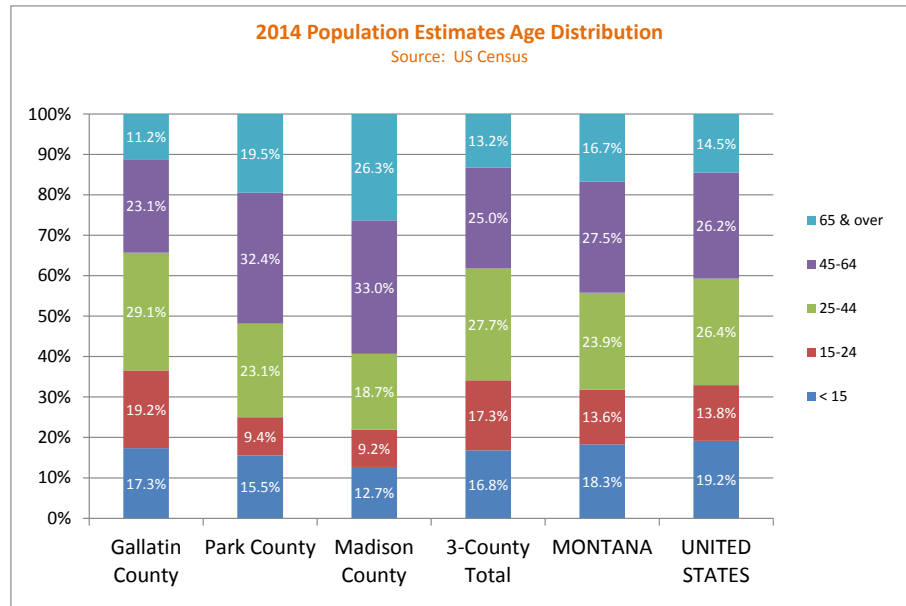
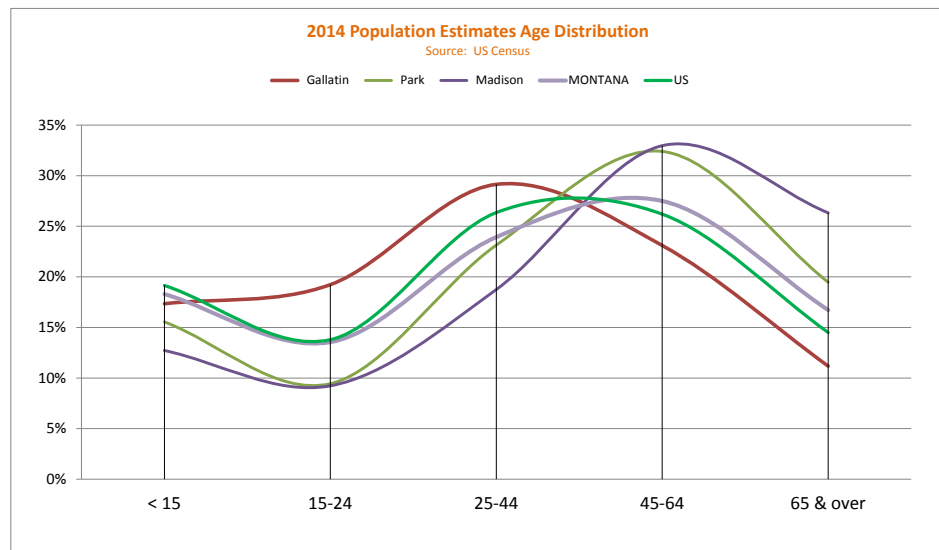


Figure 5. 2014  
Population Estimates  
Age Distribution  
Comparison (Line  
Graph)



### *Health Insurance Coverage & Socioeconomic Profile*

The most striking but welcome difference in socioeconomic profile of the 3-County area between the Community Benefit Plan in 2012 and today is the level of health insurance coverage. Back in 2012, the percent of the population with no insurance coverage topped at a little more than 22%. Most recent data from the US Census Bureau indicates that level is now down to around 14%. Please refer to Figure 6 for further data on selected demographic, social and economic characteristics of the 3-County area.



Figure 6. Selected Demographic, Social & Economic Characteristics: Gallatin, Park, Madison, Montana & United States

Population & Select Demographic Characteristics*	Gallatin		Park		Madison		3-County Total		Montana		United States	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Population, 2014 Estimate	97,308	100%	15,880	100%	7,820	100%	121,008	100%	#####	100%	318,857,056	100%
Age												
< 15 yo	16,878	17.3%	2,469	15.5%	995	12.7%	20,342	16.8%	187,279	18.3%	61,067,955	19.2%
15-24	18,714	19.2%	1,500	9.4%	722	9.2%	20,936	17.3%	138,730	13.6%	43,979,821	13.8%
25-44	28,358	29.1%	3,674	23.1%	1,466	18.7%	33,498	27.7%	244,942	23.9%	84,029,637	26.4%
45-64	22,480	23.1%	5,145	32.4%	2,578	33.0%	30,203	25.0%	281,473	27.5%	83,536,432	26.2%
65 and over	10,878	11.2%	3,092	19.5%	2,059	26.3%	16,029	13.2%	171,155	16.7%	46,243,211	14.5%
Median Age	33.3		46.4		52.9		NA		39.8		37.7	
Sex												
Male	49,996	51%	7,972	50%	4,102	52%	62,070	51%	514,123	50%	156,936,487	49%
Female	47,312	49%	7,908	50%	3,718	48%	58,938	49%	509,456	50%	161,920,569	51%
Hispanic Or Latino**												
Hispanic or Latino (of any race)	3,034	3.1%	365	2.3%	211	2.7%	3,610	3.0%	34,802	3.4%	55,162,271	17.3%
Not Hispanic or Latino	94,274	96.9%	15,515	97.7%	7,609	97.3%	117,398	97.0%	988,777	96.6%	263,694,785	82.7%
Selected Social & Economic Characteristics***	Gallatin		Park		Madison		3-County Total		Montana		United States	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
HOUSEHOLDS BY TYPE												
Total households	39,067	(X)	6,445	(X)	3,542	(X)	49,054	(X)	410,962	(X)	117,259,427	(X)
Average household size	2.39	(X)	2.39	(X)	2.1	(X)	7	(X)	2.42	(X)	2.65	(X)
Average family size	2.95	(X)	3.09	(X)	2.67	(X)	9	(X)	3.04	(X)	3.26	(X)
EDUCATIONAL ATTAINMENT												
Population 25 years and over	61,458	100.0%	11,670	100.0%	5,908	100.0%	79,036	100.0%	695,850	100.0%	213,725,624	100.0%
Percent high school graduate or higher	59,711	97.2%	10,871	93.2%	5,603	94.8%	76,185	96.4%	644,448	92.6%	185,733,590	86.9%
Percent bachelor's degree or higher	28,845	46.9%	3,920	33.6%	1,930	32.7%	34,695	43.9%	203,839	29.3%	64,255,026	30.1%
SCHOOL ENROLLMENT												
Population 3 years and over enrolled in	61,458	100.0%	3,130	100.0%	1,414	100.0%	66,002	100.0%	695,850	100.0%	213,725,624	100.0%
Nursery school, preschool	1,602	5.3%	248	7.9%	76	5.4%	1,926	2.9%	13,931	5.9%	4,884,849	6.0%
Kindergarten	1,120	3.7%	185	5.9%	64	4.5%	1,369	2.1%	13,411	5.7%	4,201,566	5.1%
Elementary school (grades 1-8)	9,116	30.4%	1,352	43.2%	617	43.6%	11,085	16.8%	100,539	42.5%	32,974,291	40.2%
High school (grades 9-12)	3,168	10.6%	722	23.1%	310	21.9%	4,200	6.4%	48,539	20.5%	17,008,157	20.7%
College or graduate school	14,987	50.0%	623	19.9%	347	24.5%	15,957	24.2%	60,346	25.5%	22,994,851	28.0%
EMPLOYMENT STATUS												
Of civilian labor force population 16 years	55,501	100.0%	7,945	100.0%	4,171	100.0%	67,617	100.0%	520,318	100.0%	159,550,452	100.0%
Percent Unemployed	(X)	5.20%	(X)	7.00%	(X)	7.00%	(X)	5.5%	(X)	4.90%	(X)	7.20%
INCOME AND BENEFITS (IN 2013 INFLATION-ADJUSTED DOLLARS)****												
Median household income (dollars)	52,833	(X)	42,426	(X)	47,762	(X)	NA	NA	46,230	(X)	53,046	(X)
Median family income (dollars)	69,556	(X)	56,960	(X)	61,672	(X)	NA	NA	59,743	(X)	64,719	(X)
Per capita income (dollars)	28,939	(X)	24,611	(X)	33,062	(X)	NA	NA	25,373	(X)	28,155	(X)
Median nonfamily income (dollars)	31,518	(X)	26,335	(X)	25,787	(X)	NA	NA	27,088	(X)	31,864	(X)
POVERTY LEVEL (% of population below FPL)*****												
Under 18 years	(X)	11.9%	(X)		(X)		(X)		(X)	18.5%	(X)	21.7%
18-64 years	(X)	18.3%	(X)		(X)		(X)		(X)	16.2%	(X)	14.6%
65 years & over	(X)	6.2%	(X)		(X)		(X)		(X)	8.3%	(X)	9.5%
Hispanic or Latino origin (of any race)		NA		36.4%		10.2%		NA	(X)	29.2%	(X)	24.1%
White alone, not Hispanic or Latino		14.6%		11.0%		8.4%		NA	(X)	13.1%	(X)	10.8%

Population & Select Demographic Characteristics*	Gallatin		Park		Madison		3-County Total		Montana		United States	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
<b>HEALTH INSURANCE COVERAGE</b>												
Civilian noninstitutionalized population	96,945	100.0%	15,532	100.0%	7,625	100.0%	120,102	100.0%	1,008,116	100.0%	313,890,422	100.0%
With health insurance coverage	86,229	88.90%	13,032	83.90%	6,351	83.30%	105,612	87.9%	864,795	85.80%	277,220,199	88.30%
With private health insurance	74,399	76.70%	10,546	67.90%	5,374	70.50%	90,319	75.2%	674,382	66.90%	208,332,791	66.40%
With public coverage	20,183	20.80%	4,460	28.70%	2,327	30.50%	26,970	22.5%	323,451	32.10%	104,228,376	33.20%
No health insurance coverage	10,716	11.10%	2,500	16.10%	1,274	16.70%	14,490	12.1%	143,321	14.20%	36,670,223	11.70%
Civilian noninstitutionalized population	19,904	100.0%	3,084	100.0%	1,350	100.0%	24,338	100.0%	224,051	100.0%	73,440,273	100.0%
No health insurance coverage	704	3.50%	192	6.20%	166	12.30%	(X)	4.3%	18,421	8.20%	4,396,536	6.00%
Civilian noninstitutionalized population	66,524	66,524	9,759	9,759	4,629	4,629	80,912	80,912	618,551	618,551	195,537,213	195,537,213
In labor force:	52,965	52,965	7,344	7,344	3,692	3,692	64,001	64,001	479,307	479,307	149,681,745	149,681,745
Employed:	50,263	50,263	6,803	6,803	3,422	3,422	60,488	60,488	455,111	455,111	138,970,640	138,970,640
With health insurance coverage	42,941	85.40%	5,580	82.00%	2,643	77.20%	51,164	84.59%	373,262	82.00%	119,044,570	85.70%
With private health insurance	42,459	84.50%	5,329	78.30%	2,540	74.20%	50,328	83.20%	356,254	78.30%	110,167,527	79.30%
With public coverage	1,436	2.90%	309	4.50%	182	5.30%	1,927	3.19%	28,701	6.30%	11,893,690	8.60%
No health insurance coverage	7,322	14.60%	1,223	18.00%	779	22.80%	9,324	15.41%	81,849	18.00%	19,926,070	14.30%
Unemployed:	2,702	2,702	541	541	270	270	3,513	3,513	24,196	24,196	10,711,105	10,711,105
With health insurance coverage	2,169	80.30%	283	52.30%	127	47.00%	2,579	73.41%	13,545	56.00%	6,927,763	64.70%
With private health insurance	1,975	73.10%	241	44.50%	115	42.60%	2,331	66.35%	9,250	38.20%	4,081,365	38.10%
With public coverage	194	7.20%	64	11.80%	12	4.40%	270	7.69%	5,060	20.90%	3,134,814	29.30%
No health insurance coverage	533	19.70%	258	47.70%	143	53.00%	934	26.59%	10,651	44.00%	3,783,342	35.30%
Not in labor force:	13,559	13,559	2,415	2,415	937	937	16,911	16,911	139,244	139,244	45,855,468	45,855,468
With health insurance coverage	11,434	84.30%	1,588	65.80%	768	82.00%	13,790	81.54%	107,576	77.30%	37,714,794	82.20%
With private health insurance	9,912	73.10%	1,061	43.90%	574	61.30%	11,547	68.28%	74,525	53.50%	23,536,416	51.30%
With public coverage	1,833	13.50%	575	23.80%	236	25.20%	2,644	15.63%	43,649	31.30%	17,226,909	37.60%
No health insurance coverage	2,125	15.70%	827	34.20%	169	18.00%	3,121	18.46%	31,668	22.70%	8,140,674	17.80%

<b>Notes:</b>
<i>Gray</i> = Data not directly taken from US Census Bureau but instead was calculated based on actual/available US Census Bureau data
*Source: Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2014 (PEPAGESEX). Release Date: June 2015
**Sources:
Gallatin, MT, US - 2014 ACS 1-Yr Estimates (DP05 - Demographic & Housing Estimates);
Park & Madison - U.S. Census Bureau, 2009-2013 5-Year American Community Survey (DP05: ACS DEMOGRAPHIC AND HOUSING ESTIMATES)
***Sources are the following, unless specified otherwise:
Selected Social Characteristics
Gallatin, MT, US - U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates (DP02: SELECTED SOCIAL CHARACTERISTICS)
Park/Madison - U.S. Census Bureau, 2009-2013 5-Year American Community Survey (DP02: SELECTED SOCIAL CHARACTERISTICS)
Selected Economic Characteristics
Gallatin, MT, US - U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates (DP03: SELECTED ECONOMIC CHARACTERISTICS)
Park/Madison - US Census Bureau, 2009-2013 American Community Survey 5-Year Estimates (S2701-Health Insurance, S1501-Educational Attainment, S1101-Households & Families, S1701-Poverty Status Past 12 months, S1903-Median Income Past 12 months, S2301-Employment Status, B19301-Per Capita Income)
****Source for All Areas: U.S. Census Bureau, 2009-2013 5-Year American Community Survey (DP02: SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES,)
*****Sources:
Gal/MT/US - U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates (S1701: POVERTY STATUS IN THE PAST 12 MONTHS )
Park/Madison - U.S. Census Bureau, 2009-2013 5-Year American Community Survey (S1701: POVERTY STATUS IN THE PAST 12 MONTHS )
A. Excludes population 16 years and over in the Armed Forces and those Not in Labor Force

## II. 2014 Bozeman Health Community Health Needs Assessment Summary & Healthy Gallatin Community Health Improvement Plan

### **Introduction**

Bozeman Health (BH), together with Gallatin City-County Health Department (GCCHD) and Community Health Partners (CHP), jointly conducted a Community Health Needs Assessment (CHNA) in the fall of 2014, to follow up the same assessment the three organizations jointly conducted back in 2011. The collaboration with GCCHD and CHP in developing the CHNA enabled BH 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). All three organizations provided the financial and in-kind support for the assessment process.

### **Processes and Methods: How the Assessment was Conducted**

#### *Planning*

Planning started in the summer of 2014, with the group discussing each organization's current requirements/timelines related to CHNA, budget, and scope. 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 was again selected to conduct the survey.

#### *Survey Instrument*

In order to determine the final survey instrument to use for this year's CHNA, the group, with PRC's guidance, jointly reviewed the survey instrument used in 2011 CHNA and discussed what questions to keep, add, delete and/or modify.

The final survey instrument was very similar to the 2011 CHNA. New questions such as those that gauge communities' understanding of Health Insurance Exchanges and e-Cigarette use were also included. The survey, a stratified 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. There were about 150 questions with interviews lasting about 25-30 minutes. Both landlines and cellphones were employed.

#### *Communities Surveyed*

The survey was administered to the same communities in 2011 and is made up of Gallatin, Park and Madison Counties (3-County area). CHP serves Park & Madison Counties; GCCHD serves Gallatin, while BH primarily serves all 3 counties.



### *Sample Approach & Design*

The sample design consisted of a stratified random sample of 700 individuals age 18 and older in the 3-County area, which included 400 interviews in Gallatin, and 150 each in Park and Madison counties.

To appropriately represent the 3-County as a whole, the completed interviews were weighted in proportion to the actual population distribution to match the geographic distribution and demographic characteristics of the 3-County population. All administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum error rate for a sample size of 700 respondents is +/-3.7% at the 95% level of confidence.

### *Analysis & Trending*

The analysis from this assessment incorporates data from both the primary telephone survey and from a variety of existing (secondary) data sources provided by GCCHD and PRC to complement the research quality of this CHNA (*See Appendix A for list of secondary data sources*).

Since a similar survey was administered in the same communities in 2011, the ability to compare to prior survey results allowed for trending. Historical data for secondary data indicators were also included for the purposes of trending.

### *Benchmark Data*

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 2013 PRC National Health Survey and the Healthy People 2020<sup>3</sup>.

### *Report Availability*

The complete report can be accessed here

<http://www.bozemandeaconess.org/For-Community/Community-Benefit.aspx> or here

[http://healthygallatin.org/wp-content/uploads/2013/04/2014\\_PRC\\_CHNAREport.pdf](http://healthygallatin.org/wp-content/uploads/2013/04/2014_PRC_CHNAREport.pdf)

## **Strategic Issues: Priority Health Needs Identified and Prioritized**

### *Presentation of Results*

On May 20, 2015, key leadership from the three organizations gathered to hear the summary of results from the 2014 CHNA with primary focus on areas of need/opportunity. The presentation, conducted entirely by PRC through webinar, was held at BHDH.

---

<sup>3</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.

BH, GCCHD, and CHP then worked together to develop a presentation to the community at large about key results of the 2014 CHNA and to start re-engaging the community in a discussion about the health of Gallatin County. The objective of this community-wide meeting, held on June 10, 2015, was to present the latest PRC data and get commitment from current and new stakeholders to participate in revising and refocusing the Healthy Gallatin Community Health Improvement Plan (CHIP).

### The Healthy Gallatin Community Health Improvement Plan (CHIP)

The initial CHIP was adopted in 2012, and great progress has been made to address access to health care, collaboration between human services organizations, and behavioral health focused on decreasing substance use and abuse in Gallatin County. The work plans for these priority areas will be updated/revised based on current progress and on strategic issues identified for the next three years.

Invitation to this meeting was sent to current CHIP members (*See Appendix B for list of members*) and to the general public via facebook, blogs, and various advertising channels the three entities utilize (*See Appendix C for a sample community promotion*).

### *Areas of Need/Opportunity*

In order to determine areas of need/opportunity, key considerations were given to 1) variance from benchmark data, 2) trending, and 3) impacted population size. Thirteen areas of opportunity were identified through this CHNA (Figure 7).

### *Prioritization of Needs*

The CHIP steering committee was convened on August 6, 2015 to identify the most compelling strategic issues/needs to be prioritized for the next three years of the CHIP (*See Appendix D for list participants*).

As with the previous CHIP's prioritization of needs, the group considered the burden in the community, the size of the affected population, ability to make an impact, the ability and willingness to do what it takes to make an impact, and whether results can be measurable.

Figure 7. 2014 CHNA Prioritized Needs

- Access to Healthcare Services
- Cancer
- Diabetes
- Heart Disease & Stroke
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Oral Health
- Potentially Disabling Conditions
- Respiratory Diseases
- Substance Abuse
- Tobacco Use
- Vision

The group identified the following three equally important priority areas----1) Access to healthcare services, 2) Behavioral Health, and 3) Nutrition & Physical Activity/Obesity.

Access and Behavioral Health are the same strategic areas that were prioritized in the last CHIP, and the group strongly believes it remains to be significant issues in the community that still needs to be addressed. Nutrition & Physical Activity/Obesity is new for 2014 and replaced "Collaboration between Human Service Providers" not because it

ceased to be important or relevant; but merely to focus resources and efforts on the emerging and alarming obesity issue. The group continues to recognize its importance, but also acknowledges that great work had been made towards facilitating increased collaboration and coordination among human service providers in the last CHIP, and thus views this success and continued collaboration as essential in helping elevate efforts to effectively tackle the challenges in the selected priority areas.

For each strategic priority, the group further identified areas with potential for action:

1. Improving Access to Healthcare Services
  - Transportation and mobility
  - Mental health access
  - Insurance access (Medicaid)
  - For seniors
2. Behavioral Health
  - Mental Health
  - Substance use/abuse (currently Healthy Behaviors group)
  - Smoking in women of childbearing age
3. Nutrition and Physical Activity/Obesity
  - Fruit and vegetable access
  - Youth engagement
  - Built environment

#### *Priority Area: ACCESS*

Transportation, mobility and mental access are items that were already included in the last CHIP. The last two items----insurance access (Medicaid) and access for seniors were identified as new potential action areas the group will explore.

1. Insurance access (Medicaid) – this relates to the passing of the Medicaid expansion bill in April this year (i.e. the Montana HELP Act). The bill not only extends health coverage to people who previously didn't qualify but also offers new Medicaid recipients help finding work and help getting new job skills or education.
2. Access for Seniors – During the community presentation of results, several representatives from the senior health services sector advocated for looking into the needs of the growing senior population. Particular items of need include activity limitations due to physical, emotional, and mental/behavioral needs and the impact to health access, quality of care, and outcomes.

#### *Priority Area: BEHAVIORAL HEALTH*

The group continues to recognize that healthy behavior patterns represent the single key influencer to healthier outcomes, and thus continue to figure prominently as a strategic priority. The committee tasked on behavioral health not only will build upon previous CHIP addressing behavioral health but also look into the emerging issue related to smoking in women in childbearing age.

### *Priority Area: OBESITY/NUTRITION & PHYSICAL ACTIVITY*

The issue of obesity together with poor nutrition and lack of physical activity was strongly supported as a new strategic priority area based on the significantly worsening trend in the community and the health, economic, and societal impact closely linked to the consequences of obesity.

## **Healthy Gallatin Community Health Improvement Plan (CHIP) <sup>4</sup>**

### *Work Groups/Committees*

To develop specific strategies and action plans in the three strategic areas identified, the three organizations (BH, GCCHD, & CHP) will lead separate workgroups or committees, in which the designated entity will provide leadership and facilitation.

- Access Workgroup – CHP will facilitate this workgroup and will also continue the ongoing work started from the last CHIP.
- Behavioral Health – GCCHD staff will facilitate this workgroup to ensure that the ongoing work on substance abuse maintains its momentum, while pulling in others to determine if there is energy/interest in expanding this work into other areas dealing with behavioral health.
- Obesity/Nutrition and Physical Activity – BH will facilitate this new workgroup, with GCCHD working to identify other community members who are or may be interested in working in this realm.

### *Formulate Goals and Strategies*

The overarching goal of each of these committees is to build on ongoing work and invite other partners to join the effort, collaborate, discover synergies, and together develop specific, time-bound strategies to pursue jointly over the coming years.

This method does not exclude the other organizations on being involved with the work of all three strategic areas. BH has been active in the Access and Behavioral Health Committee in the last CHIP and will continue to be an engaged participant in all three strategic areas.

Planning for convening the Workgroups have already started and kick-off meetings have been conducted in mid and late October with a few more planned by end of this year. The goal of each workgroup is to produce objectives and strategy level plan by end of year, and continue the process in Q1 2016 to further identify concrete action items and appropriate performance indicators.

## **Resources Potentially Available to Address Priority Needs**

For identification of resources potentially available to address above priority needs, please see next section: 2015 Bozeman Health Online Key Informant Survey Summary.

---

<sup>4</sup> Please visit Healthy Gallatin at <http://healthygallatin.org/healthy-people-families/how-healthy-is-your-community/> for more information on the last CHIP.

### III. 2015 Bozeman Health Online Key Informant Survey Summary

#### Introduction

In addition to conducting a CHNA and developing an implementation strategy every three years, the final rule released by the Internal Revenue Service (IRS) and published on December 31, 2014 included a requirement related to inputs received regarding a charitable hospital's most recently conducted CHNA and most recently adopted implementation strategy. These community input are intended to inform and influence future CHNAs and implementation strategies.

As such, Bozeman Health (BH) commissioned Professional Research Consultants, Inc (PRC), the same firm that had assisted BH in conducting its 2011 and 2014 CHNAs, to help develop a survey to solicit input from key stakeholders throughout the community to evaluate the recent work of BH around specific issues important to improving the health of the community, as outlined in its 2012-2014 Community Benefit Implementation Plan.

The list of key informants surveyed represented a variety of healthcare providers, public health representatives, as well as community, business and government leaders. Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.





BH reached out and sent the Online Key Informant Survey (OKIS) on April 20, 2015 to 235 individuals representing more than 50 community organizations (*See Appendix E for list of organizations*). In all, 84 community stakeholders took part in the three week survey, an impressive response rate (36%) according to PRC, given their experience in other communities.

#### About the Key Findings

It is important to note that findings from this study represent qualitative rather than quantitative data. The OKIS was designed to gather input from participants regarding their opinions and perceptions.

### *Guideposts*

Throughout this section are icons that are guideposts on activity ratings and suggested actions. Each of the Guideposts is shown below:

	Lists activities for which BH received encouraging evaluations
	Lists activities showing room for improvement
	Lists most common suggestion(s)
	Lists suggested community resources BH should seek to partner with to help meet this need. They are referenced in an appendix located at the end of the document

## **Key Findings on Strategic Issue #1: Improving access to healthcare services**

### *On Financial Assistance Activities*



Providing financial assistance to patients.



Offering support in finding insurance coverage for eligible patients.



More support in terms of availability of additional patient advocates such as navigators or social workers to assist patients in navigating the process of finding coverage and finding/accessing resources as patients go through a medical situation.



Please see Appendix F.

### *On Improving Access to Preventive Healthcare Services Activities*



Increasing awareness of the importance of immunizations and flu vaccinations, improving children's access to low-cost immunizations and flu vaccinations, and improving access to low-cost adult screenings.



Providing low-cost prevention resources/education and promoting mental and emotional health and wellness in school age children suggested room for improvement.



Holding/offering educational programs out in the community (not just in the hospital), continuing existing partnership and community collaborations, strengthening provider awareness of and use of community resources, and conducting comprehensive school campaigns.





Please see Appendix G.

*On General Health and Healthcare Access Activities*



Improving services through support of Patient Centered Medical Home and Electronic Health Records.



Communication/Integration/Networking with providers, supporting organizations that help under/uninsured and organizations that help address mental health.



Foster and continue to build community/provider relationships and partnerships, more BH representation/involvement in various community boards/projects, and including community organizations and agencies on BH committees that address this need (e.g. Transition of Care Committee, Including CHP providers).



Please see Appendix H.

**Key Findings on Strategic Issue #2: Increasing collaboration and strategic partnerships.**



Collaborating with community to address prioritized needs, and supporting a community-wide initiative for electronic health record collaboration.



Increasing knowledge/coordination of health events and services.



Having more presence outside of BH events and programs, more involvement with community on promoting events and services better, and including seniors as target population, creating a central source/hub of information for community to access.



Please see Appendix I.

**Key Findings on Strategic Issue #3 & #4: Encouraging healthy behaviors across life span, and helping address social and economic disparities.**



Addressing obesity in children through the “Eat Live Play!” program.



Supporting key organizations that help address behavioral, social and economic disparities in the community.



While addressing obesity in children through the “Eat Live Play!” program had encouraging ratings, many are not familiar and suggested to advertise/expand the program and work in partnerships with schools/afterschool programs.

On supporting organizations to help address behavior/social/economic issues—provide more human resources, education and partnerships.



Please see Appendix J.

## IV. 2015-2017 Bozeman Health's Implementation Strategy and Community Benefit Plan Summary

### Introduction

Bozeman Health (BH), which has grown to become southwest Montana's largest healthcare institution, is committed to meeting the health needs of the region. Throughout its 100+ years of service, BH has demonstrated unwavering commitment to quality and community benefit. 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. We continue to provide medically necessary healthcare services for all patients, regardless of their ability to pay.

In spite of the changes as the organization evolves to keep pace with the rapid growth in the region, community benefit and collaboration will continue to be an integral part of BH's overall strategic direction. In fact, the annual benefits provided to the community in 2014 alone totaled nearly \$18.0 million, an increase of more than 12% compared to what BH provided in 2011. And as of July 31, 2015, BH has already provided nearly \$9.0 million in total community benefit.

This section summarizes BH's plan for addressing prioritized needs identified through the Healthy Gallatin CHIP process and to respond to other identified community health needs.

### How the Implementation Strategy was Developed

The BH Implementation Strategy was developed based on the following:

- Prioritized needs as determined by the Healthy Gallatin CHIP process. The final county-wide improvement plan that will be established through the CHIP process will be incorporated as appropriate/needed when they become available by Q1 2016<sup>5</sup>
- Review of BH Online Key Informant Survey (OKIS) results
- Review of BH existing community benefit activities and contribution
- Review of current BH in-house and sponsored programs that address the prioritized issues, and interviews with key internal staff and providers that manage these programs
- Availability of resources and funding

---

<sup>5</sup> Healthy Gallatin CHIP 2015 will not be completed and finalized by the time required to get through the process of BH plan development, board review and approval to meet required deadline.

### **Description of What Bozeman Health Will Do to Address Community Needs**

In collaboration with community partners, Bozeman Health (BH) will meet community health needs by continuing to provide health care needs in a financially responsible manner and maintaining current community outreach activities.

As with the previous Implementation Plan developed in 2012, BH will adopt the same priority issues recently identified in the community-driven Health Gallatin CHIP process to use as the strategic framework in developing BH's own Implementation Plan for years 2015-2017.

BH will continue to be an active participant, providing leadership and support, in all three workgroups (i.e. Access, Behavioral Health, Obesity/Nutrition & Physical Activity) in building a community-wide improvement plan and will use that process to further inform its own Implementation Planning.

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

### **Implementation Objectives and Action Plans**

*(See pages 19-21)*

#### **Next Steps**

1. For each of the strategic issues identified through the CHIP process, BH will continue to work with CHIP workgroups to build a community-wide improvement plan and will use that process to further inform its own Implementation Planning.
2. Identify any related activities being conducted by others in the community that could be built upon.
3. BH to develop detailed work plans, including performance indicators so that the effectiveness of efforts can be measured.

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

All identified strategic issues are being addressed by Bozeman Health, and will continue to evaluate ability to address specific priorities that will be established through the Healthy Gallatin CHIP process.

#### **Approval**

The 2015-2017 Community Benefit Plan & Implementation Strategy was reviewed by BH Senior Leadership Team, and subsequently submitted to the Board of Directors for final approval on December 1, 2015.

## Implementation Objectives and Action Plans

### *Strategic Issue #1: Improving access to healthcare services*

#### *Objective 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 Bozeman Health
  - a. Explore ways to improve/streamline the billing process
  - b. Expand communication initiatives regarding billing and financial responsibility
  - c. Explore options for navigator resource support
- 1.1.2 Medical Advocacy Services for Healthcare offering support in finding insurance coverage for eligible patients
  - a. Improve patient/provider awareness
  - b. Identify knowledge gaps and address as needed
  - c. Provide facilitation for Medicaid expansion enrollment through collaboration with participating program entities

#### *Objective 1.2*

Improve access to preventive healthcare opportunities for CHILDREN

- 1.2.1 Continue BH clinics' work on improving access to immunizations for their patient population (Internal) to improve pediatric population health
  - a. Improve patient/provider awareness of immunization programs through health education initiatives
  - b. Identify barriers or efficiency gaps in clinics and address as needed
- 1.2.2 Continue tracking flu vaccination rates for BH clinic pediatric patients and develop strategies for improvement as needed (Internal)
- 1.2.3 Provide low and no-cost children's immunizations
  - a. Explore feasibility of offering flu clinics in more targeted locations ----schools, churches, day cares, museums (i.e. where children gather)
  - b. Continue existing partnership and community collaborations
  - c. Expand provider awareness of availability and use of community resources
- 1.2.4 Continue Immunization and Flu Awareness Campaign
  - a. Broaden communication/educational outreach platforms
- 1.2.5 Provide linkages with and connect parents/guardians to low cost community resources and educational programs targeted for children
  - a. Explore new/effective communication/educational outreach platforms
  - b. Identify barriers or gaps in clinic information dissemination and address as needed
  - c. Expand education initiatives for current BH clinic social workers/patient advocates

#### *Objective 1.3*

Improve access to preventive healthcare opportunities for ADULTS

- 1.3.1 Continue tracking screening mammography rates and blood glucose rates for BH clinic patients and develop strategies for improvement as needed (Internal)

- 1.3.2 Continue operations of the HCC mobile outreach in offering no-cost cardiovascular disease and cancer screening and preventive healthcare opportunities to the community
  - a. Explore feasibility of providing additional cancer screening opportunities for new recommendations as they come out
  - b. Annually explore feasibility of expanding HCC mobile outreach to other/new underserved target areas as identified
- 1.3.3 Continue focus of BH-sponsored annual health screenings on evidence-based cardiovascular and cancer preventive care, education and counseling
- 1.3.4 Provide linkages with and connect BH community and clinic advocates (staff) to low cost community resources and preventive educational programs geared for adults
- 1.3.5 Provide employee and patient educational programs emphasizing the importance of preventive care screenings and regular physician checkups focused on preventing cardiovascular disease and cancer (Internal)
- 1.3.6 Continue investing in and promoting BH employee health and fitness programs to set community example of importance of healthcare prevention programs and overall population health

*Strategic Issue #2: Increase collective impact through strategic partnerships with community*

*Objective 2.1*

Improve communication, integration, & networking with community health providers

- 2.1.1 Foster and continue to build community/provider relationships and partnerships
  - a. Community Health Partners
  - b. Gallatin City County Health Department – Healthy Gallatin
  - c. MSU
  - d. Community health focused groups in our primary service area [HRDC/Food Bank, Greater Gallatin United Way, Cancer Support Community]
- 2.1.2 Continue BH senior staff representation/involvement in various community boards and projects
- 2.1.3 Explore using telehealth as tool

*Objective 2.2*

Continue to expand utility of BH Information Center to increase community's knowledge of and coordination/communication of events and services

- 2.2.1 Health Information Center to coordinate information from community organizations & agencies to support Bozeman Health clinics and other navigators
- 2.2.2 Expand and leverage use of social media for outreach education to increase community engagement (e.g. live streaming, on demand videos/presentations)

*Strategic Issue #3: Addressing obesity, poor nutrition and lack of physical activity*

*Objective 3.1*

Increase accessibility and availability of "Active Afterschool" (formerly "Eat Live Play!") program to school kids and their parents/families



- 3.1.1 Work on exploring/developing ways to expand Active Afterschool program in school locations and throughout the community
- 3.1.2 Develop & execute marketing communication plan for promoting Active After School program (both to raise awareness and encourage participation)
- 3.1.3 Explore future phase options to encourage continuation/follow up after Active After School program ends

*Objective 3.2*

Working with school districts, increase physical activity minutes through Go Noodle

- 3.2.1 Provide recognition program to individual teachers and schools that achieve identified Go Noodle benchmark goals
- 3.2.2 Explore more ways to promote the Go Noodle program in the schools and community

*Strategic Issue #4: Support community in addressing behavioral and mental health issues*

*Objective 4.1*

Working with Western Montana Mental Health & Gallatin Mental Health Center, provide Crisis Response Team access

- 4.1.1 Continue to fund the Crisis Response Team
- 4.1.2 Continue development of collaboration with WMMHS and Bozeman Health clinics to provide advanced psychiatric nurse practitioner to serve clinic patients
- 4.1.3 Continue support of on call RN staff at Hope House for crisis stabilization
- 4.1.4 Further support of Community Health Partners for behavioral health services

*Objective 4.2*

Working with local and regional advisory groups, advance education and promotion of behavioral health programs and mental health services

- 4.2.1 Continue indirect support to community groups: Cancer Support Community, Grief Support Group, Infant Loss Support Group
- 4.2.2 Continue senior leadership team awareness and support of community groups and programs and explore partnership on child/adolescent services in collaboration with WMMHS

## List of Appendices

- A. 2014 CHNA Secondary Data Sources
- B. Healthy Gallatin CHIP Members
- C. Sample Promotion Material for the 2014 CHNA Community Presentation
- D. Healthy Gallatin CHIP Strategic Priority Identification Meeting Attendees
- E. 2015 BH Online Key Informant Survey Organization List
- F: Community Resources for Strategic Issue #1: Access - *On Financial Assistance Activities*
- G: Community Resources for Strategic Issue #1: Access - *On Improving Access to Preventive Healthcare Activities*
- H: Community Resources for Strategic Issue #1: Access - *On Improving General Health & Healthcare Access Activities*
- I: Community Resources for Strategic Issue #2: Increasing Collaborations & Strategic Partnerships
- J: Community Resources for Strategic Issue #3 & #4: Encouraging Healthy Behaviors and Helping Address Social/Economic Disparities

## Appendix A. 2014 CHNA Secondary Data Sources

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Gallatin City-County Health Department
- Montana Board of Crime Control
- Montana Department of Public Health & Human Services
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

## Appendix B. Healthy Gallatin CHIP Members

### 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  
Chief Strategy and Business Development Officer  
Bozeman Deaconess Health Services

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

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

Pierre Martineau  
Town Councilman  
West Yellowstone

Craig Bergstedt  
Town Council- Manhattan

Scott Malloy  
Director  
Gallatin Mental Health Center

Patti Steinmuller  
Willing Workers Ladies Aid, Inc  
Gallatin Gateway

Bethany Letiecq  
Associate Professor  
Dept. of Health and Human Development

Cathy Costakis  
Montana Nutrition and Physical Activity  
Program

Debe Youngberg  
Belgrade Chamber of Commerce

Connie Campbell  
Community Mediation Center/Belgrade City  
Council

Kristin Johnson  
Three Rivers Clinic  
Three Forks

Deborah Neuman  
Director  
Thrive

Amy Cory  
Early Childhood Community Council  
Greater Gallatin United Way

Carol Townsend  
Greater Gallatin United Way


Giara Wolfe  
Gallatin Valley YMCA

**MSU Local Government Center**  
Dan Clark  
Director

Betsy Webb  
Associate Director

## Appendix C. Sample Promotion Material for the 2014 CHNA Community Presentation

**Be a part of creating a HEALTHIER Gallatin.**






**How Healthy is Gallatin County?**  
*Four hundred Gallatin County residents were asked about their health. Come hear about the results of the latest community health data and engage in a discussion about the health of Gallatin County.*

**WHEN:** Wednesday, June 10th from 2:30-5:00pm  
**WHERE:** Bozeman Deaconess Meadowlark Room

**Questions?**  
Contact:  
Donna Cruz-Huffmaster at Bozeman Deaconess Health Services 414-5195  
Sarah Acker at Gallatin City-County Health Department/Healthy Gallatin 582-3119

**A Partnership:**



## Appendix D. Healthy Gallatin CHIP Strategic Priority Identification Meeting Attendees

CHIP Steering Committee- Identifying Strategic Issues Meeting	
Gallatin City-County Health Department August 6 <sup>th</sup> , 2015 from 2-4pm	
<b>Attendees:</b>	
Sarah Acker	Gallatin City-County Health Department
Tracy Knoedler	Gallatin City-County Health Department
Matt Kelley	Gallatin City-County Health Department
Marilyn King	Bozeman School District
Jamie Grudner	Gallatin Mental Health Center
Rick Gale	Alcohol and Drug Services of Gallatin County
Lori Christenson	Gallatin City-County Health Department
Tim Roark	Gallatin City-County Health Department
Danica Jamison	Greater Gallatin United Way
David Kack	HRDC
Donna Cruz-Huffmaster	Bozeman Deaconess Health Services
Dr. Bruce Robertson	Bozeman Deaconess Health Services

## Appendix E. 2015 BH Online Key Informant Survey Organization List

BDHS Online Key Informant Survey: ORG LIST									
Key informant category					Color Code Legend				
1 - healthcare provider (md, do, midlevel, physician assistant, nurse practioner, nurse, naturopath, midwives)					Organizations w/ 1 contact name				
2 - other health professional (social work, mental health, behavioral health)					Organizations w/ 2 contact name				
3 - public health/community health leader/representative					Organizations w/ 3 or more contact name				
4 - community or local govt leader/representative									
5 - business leader/representative									
Key Informant Category									
Community Served		1 - Health care providers	2 - Other health professionals	3 - public health/community health	4 - Community or local govt				5 - Business
County	City/Place				4a - local govt	4b - School	4c - Other community based/non-profit org	4d - Others	
Gallatin		BDHG/BDH employed  MSU Student Health Service  Nursing Homes  Assisted Living	Bridgercare  Gallatin Mental Health Center  Haven  GCCHD-WIC	Gallatin City-County Health Dept  CHP admin	Bozeman Job Services  Gallatin County Planning & Community Devt	Gallatin County School Districts  Child Care Connections  HRDC Headstart  MSU Nursing  MSU Nutrition & Physical Act  MSU College of Education, Health & Human Dev  MSU Local Govt  MSU - Western Transportation Institute	HRDC  HRDC GVFB  Thrive  Cancer Support Community  Family Promise/Faith community  Gallatin Valley YMCA  Greater Gallatin United Way  Gallatin Valley Farm to School  Alcohol and Drug Services of Gallatin County	YPR Health Matters	
	Bozeman	CHP clinic  Bozeman School District Nurse	CHP clinic		Bozeman local govt	Bozeman School District  Boz. Home School Network	Eagle Mount	Bozeman Senior Center	Bozeman Area Chamber of Commerce
	Belgrade	CHP Belgrade  Belgrade School District Nurse	CHP Belgrade		Belgrade local govt  Belgrade City Court	Belgrade School District			Belgrade Chamber of Commerce
	Three Forks	Three Rivers Medical Clinic			Three Forks Local Govt	Three Forks School District			Three Forks Chamber of Commerce
	West Yellowstone	CHP clinic	CHP clinic		West Y. Local Govt	W Yellowstone School District	West Yellowstone Foundation		
	Gallatin Gateway					Gallatin Gateway School District	Willing Worker's Ladies Aid, Inc		
	Big Sky	Gallatin Family Medicine  Medical Clinic of Big Sky				Big Sky School District	Big Sky Women in Action		Big Sky Chamber of Commerce
Park		CHP clinic	CHP clinic	Park County Public Health Dept	Livingston Local Govt/City Commission	Park County School District		Park County Senior Center	Livingston Chamber of Commerce
Madison			Soul Journey LLC  Rocky Mountain Family Therapy	Madison County Public Health Dept	Ennis City Govt	Madison County School District	Madison Farm to Fork		



Appendix F: Community Resources for Strategic Issue #1: Access - *On Financial Assistance Activities*

<ul style="list-style-type: none"> <li>• Alcohol and Drug Services of Gallatin County</li> <li>• Area IV Agency on Aging</li> <li>• BDHS</li> <li>• Black Bull</li> <li>• Bozeman Community Foundation</li> <li>• Bozeman Public Library</li> <li>• Bozeman School District</li> <li>• Bozeman Senior Center</li> <li>• Bridgercare</li> <li>• Churches</li> <li>• Community Health Partners</li> <li>• Community Mental Health Center</li> <li>• Dental Resources</li> <li>• Detox Services</li> <li>• Food Bank</li> <li>• Free Screenings for Adults</li> <li>• Gallatin City-County Health Department</li> <li>• Gallatin Mental Health Center</li> <li>• Gallatin Valley YMCA</li> <li>• Gilhausen Foundation</li> <li>• Haven</li> <li>• Head Start</li> <li>• Help Center</li> <li>• Hope House</li> <li>• Human Resource Development Council</li> <li>• Integrative Nutritionist</li> <li>• Local Clinics</li> <li>• Love Inc.</li> <li>• Medicaid</li> <li>• Montana Health Foundation</li> <li>• Montana Independent Living Project</li> </ul>	<ul style="list-style-type: none"> <li>• Montana State University Student Health Service</li> <li>• MSW Support</li> <li>• Occupational Health Department</li> <li>• Office of Public Assistance</li> <li>• Oracle</li> <li>• Pediatric Obesity Program</li> <li>• Permanent Bridge Between Medical Providers and Human Services</li> <li>• Philanthropic Entities</li> <li>• Physician Support</li> <li>• Richard Pew Charitable Trust</li> <li>• Salvation Army</li> <li>• School District</li> <li>• Senior Center</li> <li>• Social Security Office</li> <li>• Thrive</li> <li>• VA Clinic</li> <li>• Yellowstone Club</li> </ul>
--	---

Appendix G: Community Resources for Strategic Issue #1: Access - *On Improving Access to Preventive Healthcare Activities*

- Eagle Mount
- Elks Drug Awareness Program
- Farm to School Program
- Food Banks
- Free On-Site Exercise and Preventative Classes
- Gallatin City-County Health Department
- Gallatin County Council on Aging
- Gallatin County DUI Task Force
- Gallatin Mental Health Center
- Gallatin Valley YMCA
- GGUW
- Greater Gallatin United Way
- GVLTA and Bike Walk Montana
- Head Start
- Health Department
- Human Resource Development Council
- Integrative Nutritionist
- Libraries
- Local Clinics
- Local TV/Newspaper Media
- Low-Income Housing Sites
- MSU
- MSW
- Promote Quality of Life
- Reach out to the Working Poor
- School District
- Senior Centers
- The Ridge
- Thrive
- Urgent Care Centers
- YMCA
- Zoe
- Alcohol and Drug Services of Gallatin County
- BDH
- Blue Cross/Blue Shield of Montana
- Bozeman Daily Chronicle
- Bozeman Public Library
- Bozeman School District
- Bozeman Senior Center
- Bridgework
- BSD Liaison, Family Promise
- Cancer Support Community
- Child Care Connections
- City of Bozeman
- City of Bozeman Recreation Department
- Community Centers
- Community Coalition on Drug Awareness
- Community Health Partners
- County Mental Health

Appendix H: Community Resources for Strategic Issue #1: Access - *On Improving General Health & Healthcare Access Activities*

- Any Organization That Promotes Health and Wellness
- BDH
- Bridgcare
- Chamber of Commerce
- Churches
- Community Cafe
- Community Care Bus
- Community Health Partners
- Eagle Mount
- Family Outreach
- Free Yoga/Tai Chi Classes
- Gallatin City-County Health Department
- Gallatin Valley Food Bank
- Gallatin Valley Mental Health Center
- GGUW
- Haven
- Homeless Shelter
- Hope House
- Hospice of Bozeman Deaconess
- HRDC
- Integrative Nutrition Support
- Mental Health Facility
- MSU & MSU Human Development Clinic
- MSW
- Non-Health Group Specialties in the Area
- Project LAUNCH Initiative
- Reach
- School District
- Senior Centers
- Streamline/Galavan Transportation
- Three Rivers Clinic
- Thrive
- Transportation Authorities
- Tri-County Cancer Collaborative Coalition
- ZoeCare

## Appendix I: Community Resources for Strategic Issue #2: Increasing Collaborations & Strategic Partnerships

- Alcohol and Drug Services
- Area 4 on Aging
- Bozeman City Council
- Bridgercare
- Cancer Support Community
- Chamber of Commerce
- City Commission
- City Parks and Recreation Active Aging Program
- City/County
- Community Educators
- Community Health Partners
- Eagle Mount
- Early Childhood Coordinating Council
- Family Promise
- Gallatin County
- Gallatin County Council on Aging
- Gallatin City-County Health Department
- Gallatin Mental Health Center
- Gallatin Rest Home
- Gallatin Valley Land Trust
- Gallatin Valley YMCA
- Greater Gallatin United Way
- Haven
- Healthcare Facilities in Other Communities
- Help Center
- HRDC
- Independent Medical Offices
- Independent Physical Therapy Organizations
- Local Clinics and Providers
- Local Emergency Preparedness Council
- Mental Health Center
- Mental Health Community
- MSU
- Northern Rocky Mountain Economic Development District
- Parents as Partners
- Project LAUNCH Initiative
- School District
- Senior Centers
- Streamline Transportation
- The Ridge
- Thrive
- YMCA

Appendix I: Community Resources for Strategic Issue #3 & #4: Encouraging Healthy Behaviors and Helping Address Social/Economic Disparities

- Affordable Housing
- Any Organization that Promotes Health and Wellness
- Big Sky Youth Empowerment
- Bozeman School District
- Bridger Ski Foundation
- Bridgercare
- CDC
- City of Bozeman
- Community Health Partners
- County Health
- Eagle Mount
- Early Childhood Coordinating Council
- Family Promise
- Farmer's Market
- Food Coop
- Gallatin City-County Health Department
- Gallatin Mental Health Center
- Gallatin Valley YMCA
- Greater Gallatin United Way
- Haven
- Help Center
- Housing for Out of Town People
- HRDC
- Integrative Nutritionist
- Local Clinics and Providers
- Medicaid
- Montana and Gallatin County DPHHS
- Montana Building Active Communities Initiative
- MSU
- MSW Support
- NAPA
- NRMEDD
- Outlying Communities
- Schools
- Thrive
- U of M
- WIC
- YMCA

**FINAL**  
**Approved by Bozeman Health Board of Directors**  
**December 1, 2015**