



Community Health Improvement Plan

St. Vincent Healthcare

2018





Table of Contents

Introduction

Executive Summary and Letter from the CEO	3
About Us	5

Community Health Needs Assessment

Process	6
Highlighted Statistics	7
Prioritization	7

Community Health Implementation Plan

Selection of Priorities	9
Goals & Actions	10
Needs Not Prioritized	16
Continuing the Work	17

Executive Summary and Letter to the Community from the CEO

Community Health Needs Assessment (CHNA) is a systematic approach to determining the health status, behaviors and needs of people living in our area. . *Full report is available on our website SCL Health.org/locations/St. Vincent Healthcare Community*

Following the needs assessment, we select health priorities to impact community health either through direct and/or collaborative efforts. The Community Health Improvement Plan (CHIP) is the strategic document that outlines the hospitals' plans, actions and anticipated impact on the identified health needs.

Summary:

- The CHNA was conducted by Professional Research Consultants, Inc. from June to August 2016.
- The geographic focus area for the CHNA was Yellowstone County, MT.
- The CHNA was published on February 6, 2017.
- The Community Benefit Committee of St. Vincent Healthcare's Board of Directors formally adopted the 2017 CHNA on May 24, 2017.
- Thirteen areas of opportunity were identified in the 2017 CHNA.
- Community members ranked three priorities at the top: Nutrition, Physical Activity, & Weight; Mental Health; Substance Abuse.
- SVH Community Benefit Circle and Senior Leadership Team selected the top three health priorities based on three factors: Community Priorities, Strategic Direction/Assets, and Current Efforts.
- St. Vincent Healthcare's Community Health Improvement Plan was formally adopted by the Community Benefit Committee of St. Vincent Healthcare's Board of Directors on December 6, 2017.

Letter from our CEO

It was because of a call to respond to critical health needs that a small group of courageous young women traveled to the Montana territory to open a Sisters of Charity of Leavenworth hospital in 1870. The pioneering spirit they brought lives on in the extraordinary people who continue to serve at St. Vincent Healthcare in Billings. While the details of the challenges we face today are different, the mission of responding to identified community health needs has remained the same.



We are working to address a growing obesity rate, increase access to mental health resources and ensure all residents have access to comprehensive and quality health services. Our community health improvement plan prioritizes these identified needs and provides actionable steps to address them.

As healthcare delivery continues to transform, we remain guided by our Mission to “reveal and foster God’s healing love by improving the health of the people and communities we serve, especially those that are poor or vulnerable.” As we carry on the tradition of the Sisters who came to Montana nearly 150 years ago, we continue to look forward to the good that is yet to be.

With gratitude and blessings,

A handwritten signature in black ink, appearing to read 'SLoveless', written in a cursive style.

Steve Loveless
President and Chief Executive Officer

About Us

Founded in 1898, St. Vincent Healthcare is a 286 licensed bed not-for-profit, faith-based, mission-driven hospital with 36 clinics, based in Billings, Montana. St. Vincent is the state's second largest tertiary care hospital and serves as a regional destination hospital with a comprehensive range of services including: a Level II Trauma Center, Heart and Vascular Center of Excellence; world-renown Neurosurgery; Orthopedic and Spine Center of Excellence; General Surgery with Robotics; Designated "Breast Center of Excellence"; Billings only medical helicopter; one of the region's only multidisciplinary pediatric specialty clinics; a Level III Neonatal Intensive Care Unit; and Montana and Wyoming's only 24/7 staffed Pediatric Intensive Care Unit. One of Montana's leading comprehensive hospitals, St. Vincent Healthcare and its 431 medical staff, is a technological leader that serves a rural, sparsely-populated four-state area with just over 1,748 employees caring for people during 400,000 plus hospital and clinic visits annually.



Our Mission

We reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

Our Values

Caring Spirit – We honor the sacred dignity of each person.

Excellence – We set and surpass high standards.

Good Humor – We create joyful and welcoming environments.

Integrity – We do the right thing with openness and pride.

Safety – We deliver care that seeks to eliminate all harm for patients and associates.

Stewardship – We are accountable for the resources entrusted to us.

Community Health Needs Assessment

Community Health Needs Assessment (CHNA) Methodology and Process

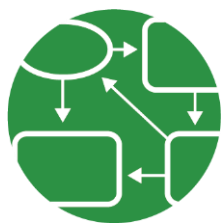
St. Vincent Healthcare conducted the 2017 CHNA in partnership with Billings Clinic, a hospital located in Billings, MT, and the city-county health department, RiverStone Health. The 2017 community health needs assessment (CHNA) was a follow-up to similar studies conducted in 2014, 2011, and 2006. The 2017 CHNA was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting community health needs assessments (CHNA) in hundreds of communities.

The CHNA study area encompasses Yellowstone County and includes each of the residential ZIP Codes significantly represented in the county. Yellowstone County is a common patient base among the three collaborating entities sponsoring this study—RiverStone Health’s jurisdictional authority is only within the county, which is a shared primary service area with both Billings Clinic and St. Vincent Healthcare.

The 2017 CHNA incorporated: 1) primary quantitative data (a 404 household telephone community health survey), 2) secondary quantitative data (existing public health data) and 3) primary qualitative data (194 online key informant surveys).



1) **Primary Quantitative Data:** the sample drawn for this survey is representative of the adult Yellowstone County population in terms of demographic and socioeconomic characteristics, as well as geographical location. The maximum error rate associated with the total sample of 400 residents is $\pm 4.9\%$ at the 95 percent level of confidence. Existing vital statistics and other data are incorporated into this assessment for Yellowstone County. Comparisons are also made, where available, to state and national benchmarks. Furthermore, wherever possible, health promotion goals outlined in Healthy People 2020 are included.



2) **Secondary Quantitative Data:** a variety of existing (secondary) data sources was consulted to complement the research quality of the community health needs assessment. Secondary data for Yellowstone County was obtained from the following sources: Center for Applied Research and Environmental Systems (CARES) Centers for Disease Control & Prevention, Community Commons, ESRI ArcGIS Map Gallery, National Cancer Institute State Profiles, Open Street Map, National Center for Health Statistics, Montana Department of Public Health & Human Services, Montana Board of Crime Control, US Census Bureau, US Department of Health and Human Services and the US Department of Justice, Federal Bureau of Investigation.



3) **Primary Qualitative Data:** an online key informant survey was implemented to further gain perspective from community members and local organizations as part of the CHNA process. Participants included representatives from healthcare, public health, government, business, and community leaders, including faith community. 194 community stakeholders took part in the key informant survey (64.7% response rate).

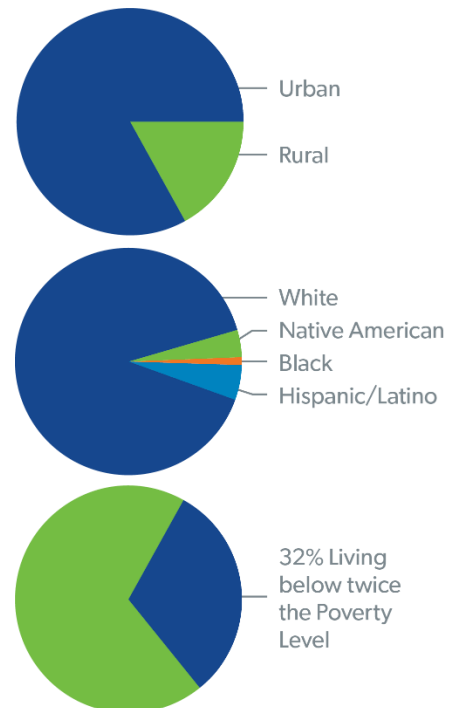
Key Survey Results

Areas of Opportunity were identified based on the compiled data including input from the key informants, results of the phone survey and the secondary data. The areas of opportunity were determined after consideration of various criteria including standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic area; the magnitude of the issue in terms of number of persons affected; and the potential health impact of a given issue. Thirteen areas of opportunity were identified in the 2017 CHNA:

- Access to Healthcare Services
- Cancer
- Dementias, Including Alzheimer’s disease
- Diabetes
- Heart Disease & Stroke
- Injury & Violence
- Mental Health
- Nutrition, Physical Activity & Weight
- Potential Disabling Conditions
- Respiratory Diseases
- Substance Abuse
- Tobacco Use

Yellowstone County has been growing in population with a 14.4% increase in population between the 2000 and 2010 US Censuses; this was a greater proportional increase than seen across both the state of Montana and the United States overall. Yellowstone County is predominately urban with 83.3% of the total population of 151,965 residents residing in urban areas. 90.6% of Yellowstone County residents are White, 4.3% are Native American, and 0.7% are Black; a total of 5% of Yellowstone County residents are Hispanic or Latino and 0.8% are considered to be linguistically isolated.

Poverty levels show 31.2% of Yellowstone County residents living at below 200% of the Federal Poverty Level. Individuals living in lower socioeconomic status reported more health problems and lower health status throughout the 2017 CHNA.



Community Stakeholder Involvement

Community Stakeholders were involved throughout the CHNA process. A CHNA Advisory Group was established in January 2016, consisting of 71 individuals representing 58 organizations across the community. The Advisory Group provided input throughout the CHNA/CHIP process and approved major activities such as the questionnaire, stakeholders involved in the key informant survey and agenda items and invitees for the prioritization process. Prior to the public release of the CHNA results, a community-wide forum was convened (11-10-16) to garner input from the community on health improvement priorities and interventions. At the community meeting, with 112 people in attendance, the CHNA results were shared and community members provided their feedback via a formalized individual electronic voting exercise.



Prioritization

Participants were asked to rank each item from 1 – 10, with 1 being a low score and 10 being the highest score. Each of the 13 areas of opportunity were scored based on two criteria: scope and severity, and ability to impact. A statistical mean was calculated and then plotted on a grid. The community prioritized the 13 areas as follows:

- Nutrition, Physical Activity, & Weight
- Mental Health
- Substance Abuse
- Tobacco Use
- Diabetes
- Heart Disease & Stroke
- Access to Healthcare Services
- Injury & Violence
- Infant Health & Family Planning
- Cancer
- Respiratory Diseases
- Dementias, Including Alzheimer's Disease
- Potentially Disabling Conditions

Publication and Adoption of the CHNA

The CHNA was published on February 6, 2017. In the full report of the CHNA the entire process and methodology is outlined, as well as the results including the prioritized list of health needs: <http://www.healthybydesignyellowstone.org/wp-content/uploads/2016-17-PRC-CHNA-Report-Final-Yellowstone-County-MT.pdf>. Along with the publication of the report, an executive summary and infographic were also released to present material in an accessible way. The CHNA was publicized through a variety of channels, most notably through a press release and press conference hosted by the Alliance partners (St. Vincent Healthcare, Billings Clinic, and RiverStone Health).

The Community Benefit Committee of St. Vincent Healthcare's Board of Directors formally adopted the 2017 CHNA on May 24, 2017.

Community Health Improvement Plan Priorities

A community process was undertaken to create an improvement plan for the Healthy By Design Coalition - available on the Healthy By Design website [Healthy by Design Yellowstone](#)

St. Vincent Healthcare's internal community benefit steering committee reviewed the results of the CHNA and recommended three priority focus areas: Healthy Weight Status, Improved Behavioral Health Status, and Access to Care. The recommendations were provided to Senior Leadership for review and input. Following vetting from St. Vincent Healthcare's Senior Leadership team, the draft priorities and community health improvement plan were presented to the Community Benefit Committee of St. Vincent Healthcare's Board of Directors for review and input on September 27, 2017. Feedback from the board was incorporated into the final Community Health Improvement Plan.

St. Vincent Healthcare's Community Health Improvement Plan was formally adopted by the Community Benefit Committee of St. Vincent Healthcare's Board of Directors on December 6, 2017.

Community Health Improvement Plan

There are 5 Community health improvement core strategies that support program development. We want to:

- Leverage community benefit investments toward the greatest area of impact to achieve our mission (*alignment with CHNA and vulnerable populations*)
- Utilize intervention strategies that are evidence-based and work to answer the sustainability question during program build
- Encourage innovation pilots that can address "dual" or disparate health needs
- Expand collective impact opportunities by engaging multi-sector partnerships
- Improve community engagement by highlighting community impact stories, increasing digital-based communication and attention to diversity and inclusion initiatives

In addition, whenever possible we want to align measurement objectives with other community improvement efforts locally, regionally, and nationally.



Priority: Improved Weight Status


Vision: To increase proportion of residents who are at a healthy weight in Yellowstone County by 10%; from 32.1% to 35.3% by 2030.

Goal 1: Increase access to weight management resources and obesity treatments

Goal 2: Improve access to physical activity opportunities and healthier food choices

Current State	Action / Tactics	Partners	Progress Update
<p><i>Demonstrate the prevalence and/or significance of this need</i></p>	<p><i>What steps will we take to impact this need</i></p>	<p><i>Community stakeholders who are essential to improvement efforts</i></p>	<p><i>Key measures of success and milestones</i></p>
<p>65.6% of Yellowstone County adults are overweight; comparable to the Montana and U.S. prevalence (CHNA, 2017)</p> <p>34.4% of Yellowstone County adults are obese, higher than Montana findings and similar to rates in the U.S. (CHNA, 2017)</p> <p>Obesity rates have increased significantly since 2005 (CHNA, 2017)</p> <p>28.8% of children ages 5-17 are overweight or obese; comparable to U.S. rates (CHNA, 2017)</p> <p>30.8% of adults report eating 5 or more servings of fruit and/or vegetables per day; comparable to national findings (CHNA, 2017)</p> <p>18% of adults reported no leisure-time physical activity in the past month; similar to MT findings and more favorable than U.S.; physical activity rates have significantly improved since 2014 (CHNA, 2017)</p> <p>62.5% of adults do not participate in strengthening activities (CHNA, 2017)</p>	<p>Goal 1: Increase access to weight management resources and obesity treatments</p> <ol style="list-style-type: none"> 1. Work with Montana Hospital Association (MHA) to identify payer coverage gaps related to obesity treatments 2. Increase referrals to Diabetes Prevention Program, cardiac and pulmonary rehab and other chronic disease self-management programs. 3. Explore the use of virtual health nutrition and physical activity education opportunities and pediatric healthy lifestyle programming. <p>Goal 2: Improve access to physical activity opportunities and healthier food choices</p> <ol style="list-style-type: none"> 1. Continue outreach with partners to improve physical activity and nutrition education opportunities for low-income students 2. Collaborate with Healthy By Design Coalition to improve access to healthy food retail and healthy food procurement; create and 	<p>Montana Hospital Association</p> <p>YMCA</p> <p>Virtual Health/Outreach</p> <p>Healthy By Design Coalition</p> <p>Billings Action for Healthy Kids</p> <p>Kohl's Care for Kids Program</p> <p>Kids in Motion Program School District 2</p>	<p>Increase number of participants enrolled in Diabetes Prevention Program from by 10% from 112 to 123</p> <p>2018 results: 56 in first session, 63 om second session: 119 total</p> <p>Grow financial investment in healthy weight strategies by 15% from \$31,725.00 to \$36,483.75</p> <p>2018 results: \$50,576</p>

Priority: Improved Weight Status (cont.)

Current State	Action / Tactics	Partners	Progress Update
<p><i>Demonstrate the prevalence and/or significance of this need</i></p>	<p><i>What steps will we take to impact this need</i></p>	<p><i>Community stakeholders who are essential to improvement efforts</i></p>	<p><i>Key measures of success and milestones</i></p>
<p>24.3% of adults met both aerobic and strengthening activity guidelines; similar to MT and U.S. findings; similar to Healthy People 2020 targets</p> <p>39.9% of key informants ranked nutrition, physical activity and weight as a major problem. Nutrition, Physical Activity, and Weight were ranked by the community as the top priority for community health needs (CHNA, 2017)</p> <p>An article in the JAMA finds diet and inactivity contribute to approximately 17% of premature deaths in the United States.</p>	<p>improve access to places for physical activity; create and maintain safe neighborhoods for physical activity and improve access to parks and playgrounds; provide Space for organized activities that encourage social participation and inclusion; and improve community-scale urban design and land use policies</p> <p>3. Provide in-kind and/or financial supports to community partners focusing on physical activity and nutrition (YMCA, Billings Action for Healthy Kids, School Health Advisory Council). Explore ways to enhance handoff process from clinical programs to community programs.</p>		
<p>Priority aligns with Healthy People 2020 – improvement guidelines </p> <p>Priority aligns with Social Determinants of Health (Health and Health Care) – <i>Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality of life outcomes and risks. ~CDC</i></p>			



Priority: Improve Behavioral Health in the Community

Vision: Increase the number of residents rating their overall mental health as good, very good, or excellent by 4.4%; from 86.2% to 90% by 2030.

Goal 1: Improve access to mental health resources

Goal 2: Decrease stigma related to mental health and substance use

Current State	Action / Tactics	Partners	Progress Update
<p><i>Demonstrate the prevalence and/or significance of this need</i></p>	<p><i>What steps will we take to impact this need</i></p>	<p><i>Community stakeholders who are essential to improvement efforts</i></p>	<p><i>Key measures of success and milestones</i></p>
<p>13.4% of adults in Yellowstone County report their overall mental health is “fair” or “poor”; this response has increased significantly since 2005 (CHNA</p>	<p>Goal 1: Improve access to mental health resources</p> <p>1. Continue collaborations with tribes for prenatal substance use programming</p>	<p>Northern Cheyenne Tribe</p> <p>Rocky Mountain Tribal Leaders Council</p>	<p>Increase the number of prenatal women with substance use disorders enrolled in Northern Cheyenne</p>

Priority: Improve Behavioral Health in the Community (cont.)

Current State	Action / Tactics	Partners	Progress Update
<p><i>Demonstrate the prevalence and/or significance of this need</i></p>	<p><i>What steps will we take to impact this need</i></p>	<p><i>Community stakeholders who are essential to improvement efforts</i></p>	<p><i>Key measures of success and milestones</i></p>
<p>2017)</p> <p>25.3% of adults in Yellowstone County have been diagnosed with a depressive disorder; higher than MT and U.S. rates (CHNA, 2017)</p> <p>Average age-adjusted suicide rate deaths per 100,000 population was</p> <p>22.8 between 2012 and 2014; similar to MT rates and higher than the national rate; higher than Healthy People 2020 target of 10.2 or lower. (CHNA, 2017)</p> <p>Suicide rates have climbed sharply over the past decade (CHNA, 2017)</p> <p>45.5% of adults in Yellowstone County report their lives have been negatively affected by substance use; higher than the U.S. average (CHNA, 2017)</p> <p>Age-adjusted drug-induced deaths in Yellowstone County were 16.4 per 100,000 population; higher than MT and U.S. rates (CHNA, 2017)</p> <p>73.4% of key informants ranked mental health as a major problem. 68.8% of key informants ranked substance use as a major problem. The community prioritized mental health as the second highest priority and substance use as the third highest priority. (CHNA, 2017)</p>	<ol style="list-style-type: none"> 2. Partner with Walla Walla University for student mental health clinic providing access to mental health services and clinical supervision hours 3. Provide financial support of Community Crisis Center and counselor at Friendship House 4. Integrate behavioral health services into Primary Care Clinics into 6 clinics in Billings and Hardin 5. Virtual mental health services and psychiatry for outpatient services at primary care clinics and on 	<p>Walla Walla University Billings</p> <p>Community Crisis Center Friendship House</p> <p>Suicide Prevention Coalition of Yellowstone County</p> <p>Facing Addictions Montana Healthcare Foundation</p> <p>Rimrock</p> <p>American Lung Association Billings Clinic and RiverStone Health</p>	<p>tribe into Reducing Substance Abuse during Pregnancy Program by 25%, from 6 women to 8 women.</p> <p>2018 results: 34 mothers referred to the program (including medical high risk and using); 3 mothers in long term treatment.</p> <p>Increase number of individuals receiving gatekeeper training, including QPR and Trauma Informed Care, by 10% from 244 to 268</p> <p>2018 results: 174 QPR and 13 TIC = 187</p>
<p>Priority aligns with Healthy People 2020 – improvement guidelines</p> <p>Priority aligns with Social Determinants of Health (Health and Health Care) – <i>Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality of life outcomes and risks. ~CDC</i></p>			



Priority: Access to Healthcare Services

Vision: All residents will have access to comprehensive, quality health services. The percentage of Yellowstone County adults reporting difficulty or delay in obtaining healthcare services will decrease by 10%; from 42.0% to 37.8% in 2030.

Goal 1: Increase opportunities to access health services, both in person and virtually

Goal 2: Increase workforce capacity to provide healthcare services

Current State	Action / Tactics	Partners	Progress Update
<p><i>Demonstrate the prevalence and/or significance of this need</i></p>	<p><i>What steps will we take to impact this need</i></p>	<p><i>Community stakeholders who are essential to improvement efforts</i></p>	<p><i>Key measures of success and milestones</i></p>
<p>42% of Yellowstone County adults report some type of difficulty or delay in obtaining healthcare services in the past year (CHNA, 2017)</p> <p>25.4% of Yellowstone County adults report getting a doctor’s appointment was a barrier to medical care in the past year compared to 15.4% of US adults (CHNA, 2017)</p> <p>23.3% of low income adults skipped or reduced prescription doses in order to stretch prescriptions and save money (CHNA, 2017)</p> <p>Yellowstone County is surrounded by Healthcare Provider Shortage areas based on geographies and low- income (Montana Primary Care Needs Assessment, 2016)</p> <p>70% of family medicine residents continue to practice in Montana (Montana Primary Care Needs Assessment, 2016)</p>	<p>Goal 1: Increase opportunities to access health services, both in person and virtually</p> <ol style="list-style-type: none"> 1. Implement school- based clinic at Lockwood school 2. Provide financial support for the FQHC clinic expansion at RiverStone Health 3. Provide support for the Medication Assistance Program (MAP) 4. Provide outreach services such as mobile mammography, visiting clinics, and virtual health services to increase access points; especially for residents in rural communities 5. Provide Pediatric Intensivist services, pediatric specialty, and pediatric outreach and virtual health services in conjunction with Primary Children’s to serve children in the region closer to home 6. Provide midwifery services to tribal communities <p>Goal 2: Increase workforce capacity to provide healthcare services</p> <ol style="list-style-type: none"> 1. Provide financial and in- kind support to the Montana Family Practice Residency Program 2. Provide clinical rotations for Nursing and Pharmacy students; explore support for high school medical training programs 3. Provide training for Clinical Pastoral Education students and faith community volunteers (Befriender Program) 	<p>RiverStone Health</p> <p>Montana University System – Montana State University, City College, University of Montana</p> <p>Indian Health Service Doctor on Demand Faith community</p> <p>Primary Children’s Hospital</p> <p>Montana Healthcare Foundation</p>	<p>Increase school based clinics from 0 to 1</p> <p>2018 results: Mobile clinic active September 2018</p> <p>Increase accredited CPE programs in Montana from 0 to 1</p> <p>2018 results: CPE Program accredited June 2018</p>

Other Significant Needs Not Prioritized

Each of the health needs identified in the CHNA are important and St. Vincent Healthcare along with numerous partners throughout the community are addressing these needs through various innovative programs and initiatives. Some examples of these are provided below. The St. Vincent Healthcare CHIP will only address the priority areas listed above in order to maximize resources, expertise and time to achieve successful impact.

Areas of Opportunity	
Cancer	Mobile Mammography Unit; Financial and in-kind support of American Cancer Society; support of LiveStrong Program at YMCA; Lung cancer screenings; Head and neck cancer screenings; Eva Project support for mammogram funding; Genetics counseling via virtual health
Dementias, Including Alzheimer’s disease	Financial and in-kind support of Alzheimer's Society
Diabetes	Diabetes Prevention Program at YMCA; Diabetes screenings at MATE and Powwows; Virtual diabetes consults; Financial and in-kind support of American Diabetes Association
Heart Disease & Stroke	Stroke camp and stroke support groups; Financial and in-kind support of American Heart Association; CPR Saturday; Cardiac rehabilitation programs
Injury & Violence	Financial support for the YWCA's Reaching Every Woman campaign in Yellowstone and Big Horn Counties; pediatric safety events and concussion management and trainers for rural schools; Tele- emergency support for 13 hospitals in eastern Montana
Potential Disabling Conditions	Walk with Ease Arthritis Program instructor; Support of the LiveStrong Program at the YMCA
Respiratory Diseases	Evidence-based American Lung Association Freedom from Smoking classes offered to the community; Promotion of the QuitLine; Pulmonary rehabilitation
Tobacco Use	Evidence-based American Lung Association Freedom from Smoking classes offered to the community; Promotion of the QuitLine

Continuing the Work

The Community Health Improvement Plan (CHIP) is a living document that provides community health improvement direction for St. Vincent Healthcare (SVH), its partners, community organizations and residents of Yellowstone County, MT. As such, the SVH CHIP is a work in progress and will be updated and amended on an annual basis as new programs, partnerships, and collaborations develop. The progress of our work will be evaluated on an on-going basis, not simply at the three-year mark. Strategies and actions that do not yield the intended outcomes will be revised and re-implemented.

Contact:

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Sincere thanks and appreciation for our community partners:

Billings Clinic

RiverStone Health

Healthy By Design Coalition

Billings Family YMCA

Billings Action for Healthy Kids

Billings School District 2

Kohl's Care for Kids Program

Lockwood Schools

Northern Cheyenne Tribe

Community Crisis Center

Suicide Prevention Coalition of Yellowstone Valley

Montana State University Billings

City College Billings

Primary Children's Hospital

