

IMPLEMENTATION PLAN

Addressing Community Health Needs



Roundup, Montana

2021-2024

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Disclaimer: The Montana Office of Rural Health strongly encourages an accounting professional's review of this document before submission to the IRS. As of this publishing, this document should be reviewed by a qualified tax professional. Recommendations on its adequacy in fulfillment of IRS reporting requirements are forthcoming.

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Implementation Planning Process

The implementation planning committee – comprised of Roundup Memorial Healthcare’s (RMH) leadership team– participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through their community health needs assessment (CHNA) process.

The Community Health Services Development (CHSD) community health needs assessment was performed in March-April 2021 to determine the most important health needs and opportunities for Musselshell County, Montana. “Needs” were identified as the top issues or opportunities as rated by respondents during the CHSD survey process or during key informant interviews (see page 10 for a list of “Needs Identified and Prioritized”). For more information regarding the needs identified, as well as the assessment process/approach/methodology, please refer to the facility’s assessment report, which is posted on the facility’s website (rmhmt.org).

The community steering and implementation planning committees identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives of the broad interest of the community, including those with public health expertise (see pages 8 and 9 for additional information regarding input received from community representatives).

The implementation planning committee reviewed the priority recommendations provided by the community steering committee and determined which needs or opportunities could be addressed considering RMH’s parameters of resources and limitations. The committee then prioritized the needs/opportunities using the additional parameters of the organizational vision, mission, and values, as well as existing and potential community partners. Participants then created a goal to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e., staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures).

The prioritized health needs, as determined through the assessment process and which the facility will be addressing, relate to the following healthcare issues:

- **Mental and behavioral health**
- **Outreach and education**
- **Chronic disease management and prevention**

In addressing the aforementioned issues, RMH seeks to:

- a) Improve access to healthcare services
- b) Enhance the health of the community
- c) Advance medical or health knowledge

Mission: To deliver safe, patient-centered care with the kindness we would want for ourselves and our family.

Vision: To offer quality care and programs that meet community needs, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner.

Implementation Planning Committee Members:

- Holly Wolff- RMH, Chief Executive Officer
- Terra Kellum- RMH, HR/Executive Assistant
- Anne Marie Kloppel- Billings Clinic, Regional Controller
- Valeri Russell- RMH, Physicians Assistant (PA) & Vice Chief of Staff
- Alexandria Goffena- RMH, Assistant DNS/Trauma Coordinator
- Cynthia Moore- RMH, Chief Nursing Officer
- Amanda Hannah- Billings Clinic, Regional Director of Operations
- Rachel Brewer- RMH, HR/Marketing
- Heather Welch- RMH, Business Office

Prioritizing the Community Health Needs

The steering and implementation planning committees completed the following to prioritize the community health needs:

- Reviewed the facility's presence in the community (i.e., activities already being done to address community need)
- Considered organizations outside of the facility which may serve as collaborators in executing the facility's implementation plan
- Assessed the health indicators of the community through available secondary data
- Evaluated the feedback received from consultations with those representing the community's interests, including public health

RMH's Existing Presence in the Community

- RMH Health Fair
- Lifestyle Balance Class
- Diabetes Support Group
- Roundup Rodeo Sponsorship
- Shakespeare in the Parks Sponsorship
- AYSO Soccer Sponsorship
- Swim Team Sponsorship
- Cheerleading Team Sponsorship
- Panther Paw Sponsorship
- Flowers on Main Street Sponsorship
- Homes on the Range Health Education Talks
- Stop The Bleed
- Radio Health Education Talks

List of Available Community Partnerships and Facility Resources to Address Need

- 3RNet
- Al-Anon
- Alcoholics Anonymous
- Centers for Medicaid and Medicare Services (CMS)
- Montana Department of Health and Human Services (MT DPHHS)
- Area II Agency on Aging
- Senior Center
- County Public Health
- County Sheriff's Department
- Montana Office of Rural Health and Area Health Education Center
- County Extension- Montana State University
- Performance Improvement Network (PIN)
- Mountain-Pacific Quality Health
- Veteran's Affairs
- HRDC
- Food bank
- WIC
- Roundup Mental Health Center
- St. Vincent's Mobile mammography
- Visiting specialists
- General conditions management
- Chiropractor (Bull Mountain Chiropractic- Dr. Brian Bushman)
- Dentist (Elite Dental Center- Mark Rosebush, DDS)
- Optometrist (Roundup Vision Clinic- Kevin Biegel, OD)
- Fitness Center (A Healthy Life)
- Saves INC. (To help victims of domestic violence and sexual assault)
- Golden Thimble (Provides clothing to community members in need)
- Narcotics Anonymous
- Smoking cessation through CMHD
- Massage Therapy
- Public Recreation and Parks (Riverwalk)

Musselshell County Indicators

Population Demographics

- 94.1% of Musselshell County's population white, and 2.6% is of American Indian or Alaska Native Ancestry.
- 14.1% of Musselshell County's population has disability status.
- 25.9% of Musselshell County's population is 65 years and older.
- 13.6% of Musselshell County's population has Veteran status.
- 42.8% of Musselshell County's population is a high school graduate (includes equivalency) as their highest degree attained; 24.7% have some college, no degree.

Size of County and Remoteness

- 4,766 people in Musselshell County
- 2.5 people per square mile

Socioeconomic Measures

- 17.3% of children in Musselshell County live in poverty.
- 12.7% of persons in Musselshell County are below the federal poverty level.
- 14.0% of adults (age<65) in Musselshell County are uninsured; 8.0% of children less than age 18, are uninsured.
- 10.0% of the population is enrolled in Medicaid.

Select Health Measures

- 28% of adults in Musselshell County are considered obese.
- 28% of the adult population in Musselshell County report physical inactivity.
- 18% of the adult population in Musselshell County report smoking.
- 41% of adults living in frontier Montana report two or more chronic conditions.

Public Health and Underserved Populations Consultation Summaries

Name/Organization

Holly Wolff – CEO, Roundup Memorial Healthcare

Feb. 22, 2021

Terra Kellum – HR/Executive Assistant, Roundup Memorial Healthcare

Sue Woods – Public Health Director, Central Montana Health District – Musselshell County

Val Russell – Physicians Assistant (PA) & Vice Chief of Staff, Roundup Memorial Healthcare

Dave Ponte – Owner, Roundup Record Tribune and Winnett Times

Cindi Goffena – Counselor, Roundup High School

Scott Christie – Owner, Autumn’s Inn and Pizza

Public and Community Health

- We have a lot of women who smoke while pregnant.
- Mental health issues are big in the county. We send a lot of people out for mental health issues.
- Most of our car accidents involve people not wearing seatbelts.
- We had a pertussis outbreak (perhaps around 2015), so I’m wondering if that is skewing our rate of vaccine preventable diseases.
- We treat a lot of people for Stroke and COPD, so I’m surprised that the stroke rate isn’t significantly higher.
- Our mental health HPSA score seems way too low. I know that since we are close to Billings Heights, we score lower, particularly for primary care, even though we have a pretty high need.
- Due to COVID-19, we had to stop all of our visiting doctors appointments for at least 6 months.

Population: Low-Income, Underinsured

- Unfortunately, we don’t have an Office of Public Assistance in Musselshell County anymore. But I think we have an issue in the county with accessing things like health care and services.
- I know a lot of people aren’t sure where to turn for questions about things like health insurance enrollment.

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Population: Seniors

- We have a lot of patients and community members needing orthopedic care. It would be nice to gauge in the survey if this is truly a need locally and then try and bring in the specialty.

Population: Youth

- The free and reduced lunch count feels really low compared to what is actually happening. I think we have a waiver now so virtually all kids should be on the free and reduced lunch (~85% of kids in the county).
- We do a lot of weight checks for children. It is a requirement for WIC participation.

Population: Tribal/American Indian

- We have some residents that have to travel for care at IHS.

Needs Identified and Prioritized

Prioritized Needs to Address

1. Top health concerns of survey respondents included “Alcohol/substance abuse” (63.6%), “Mental health (depression, anxiety, PTSD, etc.)” (27.1%), “Overweight/obesity” (25.0%), and “Cancer” (23.6%).
2. Survey respondents indicated that “Good jobs and a healthy economy” (42.9%), “Access to healthcare services” (42.1%), “Water quality” (33.6%), “Strong family life” (27.9%), and “Healthy behaviors and lifestyles” (26.4%) are components of a health community.
3. 46.0% of respondents rated their knowledge of health services available at Roundup Memorial Healthcare as good and 33.6% rated as fair.
4. Top methods of learning about available health services included “Friends/family” (63.6%), “Word of mouth/reputation” (62.1%), “Healthcare provider” (35.7%), “Social media/Facebook” (27.9%), “Newspaper” (22.9%), and “Website/internet” (11.4%).
5. Top suggestions to improve the community's access to health care included “More primary care providers (DO/MD)” (48.6%), “More information about available services” (34.3%), and “Health costs financial assistance” (30.0%).
6. Key informant interview participants expressed concern for the affordability of produce and lack of nutrition education and resources.
7. Survey respondents indicated an interest in the following classes or programs: “Fitness” (40.0%), “Health and wellness” (29.3%), and “Weight loss” (28.6%).
8. 6.6% of survey respondents indicated they had “no physical activity” in the past month.
9. Key informant interview participants desire more advertising and awareness of local resources and services.
10. 17.9% of survey respondents desire “mental & behavioral health services/counseling” locally.
11. The top preventive services utilized in the last year included: “Blood pressure check” (56.4%), “Dental check” (55.7%), “Flu shot” (49.3%), and “Health checkup” (47.9%).
12. 35.8% of survey respondents indicated they delayed or did not receive needed healthcare services; reasons for delay included “It cost too much” (39.6%), “COVID-19 concerns/barriers” (35.4%), and “My insurance didn’t cover it” (18.8%).

13. 20.3% of respondents indicated their life has been negatively affected “a little” by their own or someone else’s substance abuse issues. Furthermore, 15.2% said they were “somewhat” and 12.3% said they were negatively affected “a great deal.”
14. 18.2% of respondents indicated there were periods of at least three consecutive months in the past three years where they felt depressed on most days.
15. Due to the COVID-19 pandemic, 23.4% of respondents indicated their household had more difficulty than usual getting needed items, food, or services.

Needs Unable to Address

(See page 30 for additional information)

1. 8.0% of children (age <18) in Musselshell County are uninsured compared to 6.0% for Montana.
2. 17.3% of children (age <18) in Musselshell County are in poverty compared to 15.8% for Montana.
3. 33.6% of survey respondents stated identified “Water quality” as an important component of a healthy community. Moreover, key informant interview participants also raised concerns about the local water quality.
4. 17.1% of respondents desire “mammography” and 11.4% desire “OB/GYN” services locally. Key informant interviews corroborated these desires, particularly around childbirth and preventive care.

Executive Summary

The following summary briefly represents the goals and corresponding strategies and activities which the facility will execute to address the prioritized health needs (from pages 10 and 11). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 15.

Goal 1: Improve access to mental and behavioral health resources in Musselshell County.

Strategy 1.1: Enhance the capacity of the mental and behavioral health workforce at RMH.

- Recruit a chronic conditions manager that will inherently also champion mental and behavioral health initiatives at RMH.
- Explore MORH/AHEC's Behavioral health training pertinence to RMH staff and area providers in enhancing mental and behavioral health skills, knowledge, and training (healthinfo.montana.edu/bhwet/trainings).
- Examine the various mental health models that have been implemented regionally. Assess the feasibility for integrating a complementary model into RMH practice.
- Develop protocol and best practices for both the RMH clinic and hospital settings regarding screening and referrals for a mental health crisis.

Strategy 1.2: Leverage regional partnerships to align mental and behavioral health resources and initiatives locally.

- Foster relationships with commissioners participating in Billings Mental Health Board and other regional mental health coalitions. Support RMH participation on these boards and coalitions.
- Partner with the local schools to explore opportunities that improve mental and behavioral health outcomes for area youth. Nurture a resilient relationship with the new guidance counselor at Roundup High School.

Strategy 1.3: Improve awareness of available mental and behavioral health resources through enhanced outreach and education initiatives.

- Explore evidence-based strategies that the community could adopt for reducing the stigma associated with accessing mental and behavioral health resources.
- Create and document a strategy to educate RMH staff on the mental health referrals, protocol, and available resources developed in activity 1.1.4.
- Develop a community outreach and education campaign for mental health resources that are available locally.

Goal 2: Enhance awareness of health resources in Musselshell County through the improvement of outreach and education efforts.

Strategy 2.1: Enhance RMH outreach efforts of available health services and resources.

- Develop a comprehensive health communication plan for RMH that prioritizes avenues such as web presence and social media.
- Explore opportunities to enhance the RMH website's operability and patient/user-friendliness, streamlining access to local health information and resources.

Strategy 2.2: Reinvigorate RMH's presence in the community as a source for health education and resources, particularly related to preventive services and chronic disease management.

- Design educational campaigns tailored to the community and RMH providers that describe RMH's partnership with the Eastern Montana Telemedicine Network, enhancing access, reducing healthcare travel burden and costs for the community.
- Host and promote an annual health fair. If the need is determined among community members, RMH will consider sponsoring targeted health fairs in the spring and fall. In addition, continue collaborating with local partners to highlight community-based resources at the health fair(s).
- Explore and implement preventive health programming including, but not limited to, Walk with Ease, elderly fall prevention, Stop the Bleed, and an Arthritis Foundation program.
- Preserve RMH's presence in the community as a trusted partner in addressing emergent health issues, such as COVID-19. Continue sponsoring timely efforts such as providing hand sanitizer, handwashing education, vaccination confidence, etc., to the community.

Goal 3: Revive chronic disease management and prevention efforts in Musselshell County.

Strategy 3.1: Leverage partnership with Billings Clinic to enhance chronic disease management and prevention.

- Develop a protocol to identify and refer to the chronic disease management program. Begin by including heart failure prevention, community health worker, care coordination, medication adherence, and education components in the RMH clinic. Then, as deemed feasible, RMH will explore expanding the program into the hospital.
- Utilize evidence-based resources to develop outreach materials that educate and refer eligible patients to the chronic disease management program.

Strategy 3.2: Collaborate with community partners to alleviate barriers to healthy eating.

- Explore how best to partner with community organizations in offering healthier food options as well as within the hospital [RHI toolkits, conversations with community partners (new community market, food bank, etc.)].
- Explore opportunities for disseminating healthy eating and nutrition education at local events such as the community market.

Implementation Plan Grid

Goal 1: Improve access to mental and behavioral health resources in Musselshell County.

Strategy 1.1: Enhance the capacity of the mental and behavioral health workforce at RMH.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Recruit a chronic conditions manager that will inherently also champion mental and behavioral health initiatives at RMH.	Practice Admin/HR	Q3/Q4 FY 22	CEO	Billings Clinic	Resource limitations Workforce limitations
Explore MORH/AHEC's Behavioral health training pertinence to RMH staff and area providers in enhancing mental and behavioral health skills, knowledge, and training (healthinfo.montana.edu/bhwet/trainings).	Practice Admin/Chronic Cond. Coord.	Q1/Q2 FY 23	CEO	MORH/AHEC program office Eastern Montana AHEC	Resource limitations Scheduling conflicts Workforce limitations Financial limitations
Examine the various mental health models that have been implemented regionally. Assess the feasibility for integrating a complementary model into RMH practice.	Practice/ Admin/ Chronic Conditions Coord.	FY 22-FY 23	Med Staff	Regional Affiliates/ Billings Clinic/ SAMHSA	Resource limitations Financial limitations Workforce limitations
Develop protocol and best practices for both the RMH clinic and hospital settings regarding screening and referrals for a mental health crisis.	Practice Admin/Clinic nurses/ CC Coord./ Providers/ Hosp Mgr/ADON	FY 22- FY 23	Med Staff	Billings Clinic/ Unknown	Resource limitations Financial limitations Workforce limitations

Needs Being Addressed by this Strategy:

- 1. Top health concerns of survey respondents included “Alcohol/substance abuse” (63.6%), “Mental health (depression, anxiety, PTSD, etc.)” (27.1%), “Overweight/obesity” (25.0%), and “Cancer” (23.6%).
- 2. Survey respondents indicated that “Good jobs and a healthy economy” (42.9%), “Access to healthcare services” (42.1%), “Water quality” (33.6%), “Strong family life” (27.9%), and “Healthy behaviors and lifestyles” (26.4%) are components of a health community.
- 10. 17.9% of survey respondents desire “mental & behavioral health services/counseling” locally.
- 13. 20.3% of respondents indicated their life has been negatively affected “a little” by their own or someone else’s substance abuse issues. Furthermore, 15.2% said they were “somewhat” and 12.3% said they were negatively affected “a great deal.”
- 14. 18.2% of respondents indicated there were periods of at least three consecutive months in the past three years where they felt depressed on most days.

Anticipated Impact(s) of these Activities:

- Increase access to mental and behavioral health services.
- Improve RMH staff understanding and involvement with mental and behavioral health skills, knowledge, and training.
- Useful and used protocol for mental and behavioral health services at RMH.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Successful hire and retention of a chronic conditions coordinator.
- Track mental and behavioral health access and utilization measures in subsequent CHNA.
- Track the pertinence of MORH/AHEC behavioral health training to RMH staff.
- Catalog the completion of MORH/AHEC behavioral health training by RMH staff.
- RMH Clinic screening and referrals will be tracked via EHR.

Measure of Success: RMH will observe an increased capacity of their mental and behavioral health workforce.

Goal 1: Improve access to mental and behavioral health resources in Musselshell County.

Strategy 1.2: Leverage regional partnerships to align mental and behavioral health resources and initiatives locally.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Foster relationships with commissioners participating in Billings Mental Health Board and other regional mental health coalitions. Support RMH participation on these boards and coalitions.	CEO/DON/ Practice Admin.	Ongoing	CEO	Musselshell County Commissioners Billings Mental Health Board (Yellowstone)	Workforce limitations Scheduling conflicts
Partner with the local schools to explore opportunities that improve mental and behavioral health outcomes for area youth. Nurture a resilient relationship with the new guidance counselor at Roundup High School.	Chronic Conditions Coord./ Practice Admin	Ongoing	Practice Administrator	Roundup School District/Counselor	Resource limitations Financial limitations Workforce limitations Scheduling conflicts

Needs Being Addressed by this Strategy:

- 1. Top health concerns of survey respondents included “Alcohol/substance abuse” (63.6%), “Mental health (depression, anxiety, PTSD, etc.)” (27.1%), “Overweight/obesity” (25.0%), and “Cancer” (23.6%).
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- 13. 20.3% of respondents indicated their life has been negatively affected “a little” by their own or someone else’s substance abuse issues. Furthermore, 15.2% said they were “somewhat” and 12.3% said they were negatively affected “a great deal.”
- 14. 18.2% of respondents indicated there were periods of at least three consecutive months in the past three years where they felt depressed on most days.

Anticipated Impact(s) of these Activities:

- Sustained relationship with local commissioners and school guidance counselor.
- Strengthen community partnerships.
- Policy and resources development.
- Build community capacity.

- Improved alignment of local mental and behavioral health resources and initiatives.
- Decreased stigma associated with accessing mental and behavioral health resources.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track access to mental and behavioral health resource measures in subsequent CHNA.
- Track progress of developing relationships with the local commissioners and school guidance counselor.

Measure of Success: RMH will observe an improvement in the alignment of mental and behavioral health resources and initiatives locally.

Goal 1: Improve access to mental and behavioral health resources in Musselshell County.

Strategy 1.3: Improve awareness of available mental and behavioral health resources through enhanced outreach and education initiatives.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore evidence-based strategies that the community could adopt for reducing the stigma associated with accessing mental and behavioral health resources.	Chronic Conditions Coord.	Ongoing	Practice Administrator	SAMHSA/ MORH/ AHEC Program Office	Resource limitations Workforce limitations
Create and document a strategy to educate RMH staff on the mental health referrals, protocol, and available resources developed in activity 1.1.4.	Chronic Conditions Coord.	Ongoing	Practice Administrator	N/A	Resource limitations Workforce limitations Scheduling conflicts
Develop a community outreach and education campaign for mental health resources that are available locally.	Chronic Conditions Coord./ Marketing	Ongoing	CEO	Community Committees	Resource limitations Financial limitations Workforce limitations Scheduling conflicts

Needs Being Addressed by this Strategy:

- 1. Top health concerns of survey respondents included “Alcohol/substance abuse” (63.6%), “Mental health (depression, anxiety, PTSD, etc.)” (27.1%), “Overweight/obesity” (25.0%), and “Cancer” (23.6%).
- 2. Survey respondents indicated that “Good jobs and a healthy economy” (42.9%), “Access to healthcare services” (42.1%), “Water quality” (33.6%), “Strong family life” (27.9%), and “Healthy behaviors and lifestyles” (26.4%) are components of a health community.
- 3. 46.0% of respondents rated their knowledge of health services available at Roundup Memorial Healthcare as good and 33.6% rated as fair.
- 4. Top methods of learning about available health services included “Friends/family” (63.6%), “Word of mouth/reputation” (62.1%), “Healthcare provider” (35.7%), “Social media/Facebook” (27.9%), “Newspaper” (22.9%), and “Website/internet” (11.4%).
- 5. Top suggestions to improve the community's access to health care included “More primary care providers (DO/MD)” (48.6%), “More information about available services” (34.3%), and “Health costs financial assistance” (30.0%).

- 9. Key informant interview participants desire more advertising and awareness of local resources and services.
- 10. 17.9% of survey respondents desire “mental & behavioral health services/counseling” locally.
- 13. 20.3% of respondents indicated their life has been negatively affected “a little” by their own or someone else’s substance abuse issues. Furthermore, 15.2% said they were “somewhat” and 12.3% said they were negatively affected “a great deal.”
- 14. 18.2% of respondents indicated there were periods of at least three consecutive months in the past three years where they felt depressed on most days.

Anticipated Impact(s) of these Activities:

- Resources development.
- Decreased stigma associated with accessing mental and behavioral health resources.
- Improved awareness of local mental health resources.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track the development of a strategy to educate RMH staff on mental health referrals, protocol, and available resources.
- Track modes and participation in staff education opportunities related to mental health referrals, protocol, and available resources.
- Track awareness of mental health resources in subsequent CHNA.

Measure of Success: RMH will observe and increase in utilization of the mental and behavioral health resources.

Goal 2: Enhance awareness of health resources in Musselshell County through the improvement of outreach and education efforts.

Strategy 2.1: Enhance RMH outreach efforts of available health services and resources.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Develop a comprehensive health communication plan for RMH that prioritizes avenues such as web presence and social media.	Marketing/ SLT/CEO	Q1/Q2 FY 22	CEO	Billings Clinic IT	Resource limitations Financial limitations
Explore opportunities to enhance the RMH website's operability and patient/user-friendliness, streamlining access to local health information and resources.	Marketing/BC IT & Regional team	Q1/Q2 FY 22	CEO	Billings Clinic Communications/IT regional support	Resource limitations Financial limitations Scheduling conflicts Workforce limitations

Needs Being Addressed by this Strategy:

- 2. Survey respondents indicated that “Good jobs and a healthy economy” (42.9%), “Access to healthcare services” (42.1%), “Water quality” (33.6%), “Strong family life” (27.9%), and “Healthy behaviors and lifestyles” (26.4%) are components of a health community.
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- 5. Top suggestions to improve the community's access to health care included “More primary care providers (DO/MD)” (48.6%), “More information about available services” (34.3%), and “Health costs financial assistance” (30.0%).
- 9. Key informant interview participants desire more advertising and awareness of local resources and services.

Anticipated Impact(s) of these Activities:

- Increase awareness of health resources in Musselshell County.
- Service and resources development

- Increased utilization of RMH website and social media as a trusted source of health information.
- Increased knowledge of services at RMH on subsequent CHNA.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track number of social media posts focused on outreach and education.
- Track engagement as a result of the enhancements to the website and social media pages.
- Track knowledge of services at RMH on subsequent CHNA.

Measure of Success: Musselshell County will be aware of services available at RMH due to the enhanced outreach efforts.

Goal 2: Enhance awareness of health resources in Musselshell County through the improvement of outreach and education efforts.

Strategy 2.2: Reinvigorate RMH's presence in the community as a source for health education and resources, particularly related to preventive services and chronic disease management.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Design educational campaigns tailored to the community and RMH providers that describe RMH's partnership with the Eastern Montana Telemedicine Network, enhancing access, reducing healthcare travel burden and costs for the community.	Marketing	Q1/Q2 FY 22 and Ongoing	CEO	Eastern Montana Telemedicine Network/Jody Haines	Resource limitations Financial limitations Workforce limitations
Host and promote an annual health fair. If the need is determined among community members, RMH will consider sponsoring targeted health fairs in the spring and fall. In addition, continue collaborating with local partners to highlight community-based resources at the health fair(s).	Marketing/ Projects Coord./ CCC	Ongoing/ Annual	CEO/Facilities Director	Vendors/Grantors	Resource limitations Financial limitations Workforce limitations Scheduling conflicts
Explore and implement preventive health programming including, but not limited to, Walk with Ease, elderly fall prevention, Stop the Bleed, and an Arthritis Foundation program.	Chronic Conditions Coord./ SLT	Ongoing	CEO	Associations/COA	Resource limitations Financial limitations

<p>Preserve RMH's presence in the community as a trusted partner in addressing emergent health issues, such as COVID-19. Continue sponsoring timely efforts such as providing hand sanitizer, handwashing education, vaccination confidence, etc., to the community.</p>	<p>Senior Leadership Team</p>	<p>Ongoing</p>	<p>CEO</p>	<p>Central Montana Health District/ Billings Clinic</p>	<p>Resource limitations Financial limitations Workforce limitations Scheduling conflicts</p>
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Needs Being Addressed by this Strategy:

- 1. Top health concerns of survey respondents included “Alcohol/substance abuse” (63.6%), “Mental health (depression, anxiety, PTSD, etc.)” (27.1%), “Overweight/obesity” (25.0%), and “Cancer” (23.6%).
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- 6. Key informant interview participants expressed concern for the affordability of produce and lack of nutrition education and resources.
- 7. Survey respondents indicated an interest in the following classes or programs: “Fitness” (40.0%), “Health and wellness” (29.3%), and “Weight loss” (28.6%).
- 9. Key informant interview participants desire more advertising and awareness of local resources and services.
- 11. The top preventive services utilized in the last year included: “Blood pressure check” (56.4%), “Dental check” (55.7%), “Flu shot” (49.3%), and “Health checkup” (47.9%).
- 12. 35.8% of survey respondents indicated they delayed or did not receive needed healthcare services; reasons for delay included “It cost too much” (39.6%), “COVID-19 concerns/barriers” (35.4%), and “My insurance didn’t cover it” (18.8%).
- 15. Due to the COVID-19 pandemic, 23.4% of respondents indicated their household had more difficulty than usual getting needed items, food, or services.

Anticipated Impact(s) of these Activities:

- Enhanced awareness and utilization of partnership between RMH and Eastern Montana Telemedicine Network.
- Reduce disease burden and improved health outcomes.
- Empower community to make healthful lifestyle choices.
- Service and resources development.
- Improve access to high quality, coordinated care.
- Improved health outcomes on subsequent CHNA.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track utilization of preventive services resulting from outreach efforts.
- Track progress of developing an outreach plan promoting preventive services and chronic care management.
- Track engagement with preventive service and chronic care management outreach efforts.
- Track modes and attendance at efforts aimed at addressing emergent health issues.

Measure of Success: RMH will observe an increase in engagement and empowerment among community members regarding their health.

Goal 3: Revive chronic disease management and prevention efforts in Musselshell County.

Strategy 3.1: Leverage partnership with Billings Clinic to enhance chronic disease management and prevention.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Develop a protocol to identify and refer to the chronic disease management program. Begin by including community health worker, care coordination, medication adherence, and education components in the RMH clinic. Then, as deemed feasible, RMH will explore expanding the program into the hospital.	Chronic Conditions Coordinator	Ongoing	Med Staff/Practice Admin.	Billings Clinic	Resource limitations Financial limitations Workforce limitations Scheduling conflicts
Utilize evidence-based resources to develop outreach materials that educate and refer eligible patients to the chronic disease management program.	Chronic Conditions Coord./ Practice Admin/ Marketing	Ongoing	Med Staff	Billings Clinic	Resource limitations Workforce limitations Financial limitations

Needs Being Addressed by this Strategy:

- 1. Top health concerns of survey respondents included “Alcohol/substance abuse” (63.6%), “Mental health (depression, anxiety, PTSD, etc.)” (27.1%), “Overweight/obesity” (25.0%), and “Cancer” (23.6%).
- 2. Survey respondents indicated that “Good jobs and a healthy economy” (42.9%), “Access to healthcare services” (42.1%), “Water quality” (33.6%), “Strong family life” (27.9%), and “Healthy behaviors and lifestyles” (26.4%) are components of a health community.
- 8. 6.6% of survey respondents indicated they had “no physical activity” in the past month.
- 11. The top preventive services utilized in the last year included: “Blood pressure check” (56.4%), “Dental check” (55.7%), “Flu shot” (49.3%), and “Health checkup” (47.9%).
- 12. 35.8% of survey respondents indicated they delayed or did not receive needed healthcare services; reasons for delay included “It cost too much” (39.6%), “COVID-19 concerns/barriers” (35.4%), and “My insurance didn’t cover it” (18.8%).

- 15. Due to the COVID-19 pandemic, 23.4% of respondents indicated their household had more difficulty than usual getting needed items, food, or services.

Anticipated Impact(s) of these Activities:

- Enhanced awareness and utilization of RMH chronic disease management and prevention program.
- Reduce disease burden and improved health outcomes.
- Empower community to make healthful lifestyle choices.
- Service and resources development.
- Improve access to high quality, coordinated care.
- Improved health outcomes on subsequent CHNA.
- Increase access to chronic disease management and prevention resources.
- Enhance access to preventive education and screening.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track the development of referral protocol.
- Track the feasibility of expanding screening and referral protocol in hospital.
- Track exploration of evidence-based resources to guide the development of outreach materials.
- Track the development and dissemination of chronic disease management and prevention outreach materials
- Track chronic disease management and prevention access outcomes on subsequent CHNA.

Measure of Success: RMH will observe a revitalized utilization of the chronic disease management and prevention efforts in Musselshell County.

Goal 3: Revive chronic disease management and prevention efforts in Musselshell County.

Strategy 3.2: Collaborate with community partners to alleviate barriers to healthy eating.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore how best to partner with community organizations in offering healthier food options as well as within the hospital [RHI toolkits, conversations with community partners (new community market, food bank, etc.)].	Chronic Conditions Coord./ Dietician/ Dietary Mgr	Ongoing	CEO	Community Market/ Food Bank/ Senior Center	Resource limitations Financial limitations Workforce limitations Scheduling conflicts
Explore opportunities for disseminating healthy eating and nutrition education at local events such as the community market.	Chronic Conditions Coord./ Dietician/ Marketing	Ongoing	CEO	Local events/ Planning committees	Resource limitations Financial limitations Workforce limitations Scheduling conflicts

Needs Being Addressed by this Strategy:

- 1. Top health concerns of survey respondents included “Alcohol/substance abuse” (63.6%), “Mental health (depression, anxiety, PTSD, etc.)” (27.1%), “Overweight/obesity” (25.0%), and “Cancer” (23.6%).
- 2. Survey respondents indicated that “Good jobs and a healthy economy” (42.9%), “Access to healthcare services” (42.1%), “Water quality” (33.6%), “Strong family life” (27.9%), and “Healthy behaviors and lifestyles” (26.4%) are components of a health community.
- 5. Top suggestions to improve the community's access to health care included “More primary care providers (DO/MD)” (48.6%), “More information about available services” (34.3%), and “Health costs financial assistance” (30.0%).
- 6. Key informant interview participants expressed concern for the affordability of produce and lack of nutrition education and resources.
- 7. Survey respondents indicated an interest in the following classes or programs: “Fitness” (40.0%), “Health and wellness” (29.3%), and “Weight loss” (28.6%).
- 9. Key informant interview participants desire more advertising and awareness of local resources and services.

- 15. Due to the COVID-19 pandemic, 23.4% of respondents indicated their household had more difficulty than usual getting needed items, food, or services.

Anticipated Impact(s) of these Activities:

- Increase access to healthier food options in Musselshell County.
- Strengthen community partnerships.
- Build community capacity.
- Service and resources development
- Increased adoption of healthful behaviors among community members.

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track development of partnerships with community organizations to improve access to healthier food options.
- Track dissemination of healthy eating and nutrition education opportunities.
- Track engagement with healthy eating and nutrition education.

Measure of Success: RMH will support opportunities that alleviate barriers to healthy eating in Musselshell County.

Needs Not Addressed and Justification

Identified health needs unable to address by RMH	Rationale
<p>1. 8.0% of children (age <18) in Musselshell County are uninsured compared to 6.0% for Montana.</p>	<ul style="list-style-type: none"> Roundup Memorial Healthcare provides financial assistance and a sliding scale fee in the clinic as ways to assist in offsetting the cost of healthcare. We try to provide information as often as possible, via brochures, visible signage in our waiting rooms, and in our business office, with information on mechanisms to access health insurance coverage. Partner with WIC and Well Child to offer more services.
<p>2. 17.3% of children (age <18) in Musselshell County are in poverty compared to 15.8% for Montana.</p>	<ul style="list-style-type: none"> Poverty is outside of the scope for Roundup Memorial Health and the ability of our facility to address. We make every attempt to assist our community and service area through financial assistance and a sliding fee scale, as well as carefully considering our costs of services in relation to ability to pay.
<p>3. 33.6% of survey respondents stated identified “Water quality” as an important component of a healthy community. Moreover, key informant interview participants also raised concerns about the local water quality.</p>	<ul style="list-style-type: none"> RMH supports the efforts of the Central Montana Regional Water Association Project. The hospital has provided a letter of support in the Association’s efforts to gain more funding for the project.
<p>4. 17.1% of respondents desire “mammography” and 11.4% desire “OB/GYN” services locally. Key informant interviews corroborated these desires, particularly around childbirth and preventive care.</p>	<ul style="list-style-type: none"> Mammography is offered via a mobile service through SLC Health, but due to the high cost of equipment, RMH cannot currently provide this as a service internally. For continuity of care, obstetrics is best practice to maintain care through to childbirth at the tertiary hospitals. RMH does offer preventative care for gynecology.

Dissemination of Needs Assessment

Roundup Memorial Healthcare “RMH” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website (rmhmt.org) as well as having copies available at the facility should community members request to view the community health needs assessment or the implementation planning documents.

The Steering Committee, which was formed specifically as a result of the CHSD process to introduce the community to the assessment process, will be informed of the implementation plan to see the value of their input and time in the CHSD process as well as how RMH is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Musselshell County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of RMH will be directed to the hospital’s website to view the complete assessment results and the implementation plan. RMH board members approved and adopted the plan on **August 5, 2021**. Board members are encouraged to familiarize themselves with the needs assessment report and implementation plan, so they can publicly promote the facility’s plan to influence the community in a beneficial manner.

Written comments on this 2021-2024 Roundup Memorial Healthcare Community Benefit Strategic Plan can be submitted to:

Attn: Administration
Roundup Memorial Healthcare
1202 3rd St. W
PO Box 40
Roundup, MT 59072

Contact Terra Kellum, Executive Assistant/HR at 406-323-4913 or tkellum@rmhmt.org with questions.