

IMPLEMENTATION PLAN

Addressing Community Health Needs

Roundup Memorial Healthcare ~ Roundup, Montana

July 2018

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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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The Implementation Planning Process

The implementation planning committee – comprised of Roundup Memorial Healthcare’s leadership team participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) needs assessment process. The facility conducted the CHSD process in conjunction with the Montana Office of Rural Health (MORH).

The CHSD community health needs assessment was performed in the Spring of 2018 to determine the most important health needs and opportunities for Musselshell County, Montana. “Needs” were identified as the top issues or opportunities rated by respondents during the CHSD survey process or during focus groups (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 (www.rmhmt.org).

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

The implementation planning committee determined which needs or opportunities could be addressed considering Roundup Memorial Healthcare’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 relates to the following healthcare issues:

1. Access to healthcare services
2. Increased awareness of services
3. Health and wellness

In addressing the aforementioned issues, Roundup Memorial Healthcare seeks to:

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

Roundup Memorial Healthcare’s Mission:

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

Roundup Memorial Healthcare’s 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.

Roundup Memorial Healthcare’s Values:

Courage to be open and transparent

Desire to be the best

Love of service

Loyalty to the hospital and one another

Humility to listen, learn, and change

Implementation Planning Committee Members:

- Anne M. Kloppel- Manager, Regional Financial Services, Billings Clinic
- Brad Howell- CEO, Roundup Memorial Healthcare (RMH)
- Rachel Sisco- Executive Assistant and Public Relations/ Marketing Lead, RMH
- Darian Sutton- Ancillary Services Director, RMH
- Diane Newman- Medical Records Manager, RMH
- Michelle Clement- Human Resources Manager, RMH
- Emily Shoup- Director of Nursing Services, RMH
- Dr. Jeri Lynn Casagrande DO- Chief of Staff, RMH
- Laurie Shanks- Clinic Manager, RMH

Prioritizing the Community Health Needs

The implementation planning committee 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

Roundup Memorial Healthcare'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 Needs

- 3RNet
- Al-Anon
- Alcoholics Anonymous
- Bountiful Baskets
- 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
- St. Vincent's Mobile mammography
- Visiting specialists
- General conditions management
- Diabetes support group
- Lifestyle balance group
- 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
- Local schools
- Local police
- Roundup Mental Health Center
- Studer Group
- Roundup City Council
- Local Newspapers
- Roundup Chamber of Commerce
- Local fitness center
- Roundup EMS

Musselshell County Indicators

Low Income Persons

- 17.7% of persons are below the federal poverty level

Uninsured Persons

- 20% of adults less than age 65 are uninsured
- Data is not available by county for uninsured children less than age 18

Leading Causes of Death: Primary and Chronic Diseases

- Heart Disease
- Cancer
- Chronic Lower Respiratory Disease

Elderly Populations

- 22.5% of Musselshell County's Population is 65 years and older

Size of County and Remoteness

- 4,582 people in Musselshell County
- 1.8 people per square mile

Nearest Major Hospitals

- Billings Clinic in Billings, MT- 50 miles from Roundup Memorial Healthcare
- St. Vincent Healthcare in Billings, MT- 50 miles from Roundup Memorial Healthcare

Public Health and Underserved Populations Consultation Summaries

Public Health Consultation [Sue Woods, Director- Central Montana Public Health District; Brad Howell, CEO – Roundup Memorial Healthcare; Valeri Russell, PA- Roundup Memorial Healthcare; Cindy McCaffree- Roundup Mental Health Center – February 20, 2018 and April 4, 2018]

- Immunization rates for the county are lower than the state average.
- The county has higher reported rates of no leisure time for physical activity.
- It seems like we see a lot of auto immune disease in this area.
- Respiratory illnesses and high blood pressure are really common as well.
- Mental health and chemical dependency. It's still such a stigma and it is still such a big issue.

Underserved Population – Low Income, Underinsured [Sue Woods, Director- Central Montana Public Health District; Brad Howell, CEO – Roundup Memorial Healthcare; Todd Wood, Director- Area II Agency on Aging; Faith Horpstead, Diabetes Self-Management Education and Support Quality Care Coordinator- Roundup Memorial Healthcare– February 20, 2018 and April 4, 2018]

- The lower socio-economic status of our county really effects the ability to access healthcare services.
- Yes, I expect that a lot of people may select financial assistance (on the survey) as a way to improve access to healthcare.
- Poverty, health literacy and transportation are all issues.
- If they are on the ACA/state health plan they don't qualify for any of the medical or pharmaceutical coupons. A large portion of our population is under insured, so we offer a lot of financial assistance at the hospital. For rural facilities it is really difficult to offer these services.

Underserved Population – Senior Citizens [Todd Wood, Director- Area II Agency on Aging – February 20, 2018]

- Transportation is an issue for seniors.
- There are several in home personal assistance programs.

Underserved Population – Youth [Chad Sealey, Superintendent – Roundup Public Schools– April 4, 2018]

- Continued outreach from not only the school but also the hospital, foundation, and the Central Montana Health District is needed to promote healthy lifestyles. Anything we can do to educate families on healthy behaviors, foods and lifestyles.
- We certainly see more students with higher needs in the past few years based on drug and alcohol use by their parents. Many times, they move back into the community from somewhere else.

Needs Identified and Prioritized

Prioritized Needs to Address

- 63.5% of respondents felt the community was “Somewhat healthy.”
- Top three identified health concerns in the community were: Alcohol abuse/substance abuse (71%), overweight/obesity (34.9%) and cancer (24.9%).
- Top component to a healthy community was “Access to healthcare and other services” (65.7%).
- 16.6% of survey respondents reported periods of depression.
- Secondary data scan found the death by suicide rate (per 100,000) in Montana was 23.8 as compared to 12.9 nationally.
- Focus group participants noted that mental health was an important local healthcare issue.
- Focus group participants noted a need for more mental health programs and improved access was a need service locally.
- Top three ways to improve access to healthcare were: more primary care providers (MD/DO) (56.2%), health costs financial assistance (37.9%), and improved quality of care (31.4%).
- 30.8% of survey respondents reported not receiving or delaying needed healthcare services. Top reason for delay, “it costs too much” (34.6%).
- 39.4% of survey respondents indicated they were unaware or unsure of programs that help people pay for healthcare bills.
- High poverty rates and transient populations were identified as a local health care issue by focus group participants.
- Secondary data scan found 17.7% of people in Musselshell County lived below the poverty level, 28% of children lived in poverty and 20% of adults (under age 65 years) were uninsured.
- Focus group participants identified a need for programs that help people pay for medical and dental services.
- Focus group participants indicated a need for more visiting specialty services.
- Top desired local healthcare services (not currently available) were: massage therapy, alternative medicine, and dermatology.
- 35.7% of survey respondents rated their knowledge of RMH services as “fair” or “poor.”
- Survey respondents indicated an interest in “Fitness” (38.5%), “Weight loss” (33.1%), and “Health and wellness” classes/programs if available locally.
- 26.8% of respondents indicated they had exercised 3-5 times/month or less for at least 20 minutes over the last month.
- Secondary data scan found 29% of adults reported no leisure time for physical activity.
- Focus group participants felt having more access to preventative health services would improve the health of the community.
- Focus group participants felt the community would benefit from more outreach about wellness and living a healthy lifestyle.
- Focus group participants felt illnesses related to unhealthy lifestyles (obesity, diabetes, heart disease and stroke) were an important local healthcare issue.
- Secondary data scan found unintentional injury death rate (per 100,000) in Montana was 56.8 as compared to 41.3 nationally.

Needs Unable to Address

(See page 27 for additional information)

1. The community identified a need for better drinking water and flood control to improve the health of the community.
2. Top desired local healthcare services identified were: alternative medicine and dermatology.

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 page 10). 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 healthcare services in Musselshell County.

Strategy 1.1: Increase access to mental health services.

Activities:

- Identify and catalogue available mental health resources in the RMH service area.
- Create a resource to educate providers and community on available mental health services.
- Explore alternative methods to offer/provide mental health services (i.e. telehealth).

Strategy 1.2: Increase awareness of available financial assistance options at RMH.

Activities:

- Explore new media outreach opportunities to inform RMH service area of available financial assistance programs.
- Continue educating RMH patients about financial assistance program at intake and discharge.

Strategy 1.3: Continue recruitment and retention efforts to ensure access to healthcare services.

Activities:

- Work with Studer group to enhance employee retention at RMH.
- Explore opportunities to expand available specialty services (on-site or via telehealth) at RMH.

Goal 2: Increase awareness of services available at RMH.

Strategy 2.1: Improve and expand marketing and advertising efforts.

Activities:

- Explore development of monthly newsletter (including monthly topics, visiting specialists, health topics).
- Develop method for community members to sign up for electronic newsletter and create marketing campaign.
- Develop a mechanism to capture patient testimonials to share with community.
- Continue weekly CEO community radio show/chat.

Strategy 2.2: Improve community coordination of services to enhance awareness of local resources.

Activities:

- Determine feasibility of forming a community health coalition to share and coordinate local resources.
- Determine potential partners and stakeholders who would participate in community health coalition (public health, senior center, police, EMS, schools, etc.).

Goal 3: Enhance community knowledge of available health and wellness programs/efforts in Musselshell County.

Strategy 3.1: Continue promoting health and wellness services available locally.

Activities:

- Host and promote RMH Annual Health Fair.
- Explore additional community sponsors, booths, etc. to expand educational and service offerings.
- Sponsor a 5k community fun run.
- Continue offering preventative screenings, blood draws and other resources at health fair.

Strategy 3.2: Continue to provide chronic disease and diabetic management program at RMH.

Activities:

- Continue to educate and promote program to potential participants and community.
- Obtain Diabetic Management accreditation.

Strategy 3.3: Continue to provide RMH support and leadership in local health and wellness efforts in Musselshell County.

Activities:

- Explore opportunities to enhance community engagement in community coalitions, work groups, etc. (ex. Chamber).
- Continue RMH staff participation in LAC, Mental Health Council, and Local Emergency Preparedness Council.

Strategy 3.4: Promote health and wellness in partnership with local schools.

Activities:

- Provide RMH staff at local schools to offer sports physicals 1x/year.
- Support health and safety programs for local youth (ex. Texting and driving, drinking and driving, seatbelt use).

Implementation Plan Grid

Goal 1: Improve access to healthcare services in Musselshell County.

Strategy 1.1: Increase access to mental health services.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Identify and catalogue available mental health resources in the RMH service area.	CEO Chief of Staff	4 th quarter 2018	CEO Chief of staff	Billings Clinic Integrated behavioral health program	Resource limitations
Create a resource to educate providers and community on available mental health services.	CEO Chief of Staff	2 nd quarter 2019	CEO Chief of Staff	Billings Clinic Integrated behavioral health program	Resource limitations
Explore alternative methods to offer/provide mental health services (i.e. telehealth).	CEO Chief of Staff	4 th quarter 2018	CEO Chief of Staff	Billings Clinic Integrated behavioral health program	Resource limitations, Financial limitations

Needs Being Addressed by this Strategy:

- #1: 63.5% of respondents felt they community was “Somewhat healthy.”
- #2. Top three identified health concerns in the community were: Alcohol abuse/substance abuse (71%), overweight/obesity (34.9%) and cancer (24.9%).
- #3. Top component to a healthy community was “Access to healthcare and other services” (65.7%).
- #4. 16.6% of survey respondents reported periods of depression.
- #5. Secondary data scan found the death by suicide rate (per 100,000) in Montana was 23.8 as compared to 12.9 nationally.
- #6. Focus group participants noted that mental health was an important local healthcare issue.
- #7. Focus group participants noted a need for more mental health programs and improved access was a need service locally.

Anticipated Impact(s) of these Activities:

- Increased access to mental health services
- Increased knowledge of available mental health services
- Improved health outcomes

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

- Track development of resource directories
- Track website traffic/hits on new resource
- Track expansion of mental health services

Measure of Success: RMH will publish a community and provider mental health resource directory by July 1st 2019.

Goal 1: Improve access to healthcare services in Musselshell County.

Strategy 1.2: Increase awareness of available financial assistance options at RMH.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore new media outreach opportunities to inform RMH service area of available financial assistance programs.	Marketing Lead Business Office Manger	January 1 st 2019	CEO Regional Financial Services manager	National Health Service Corps	Resource limitations
Continue educating RMH patients about financial assistance program at intake and discharge.	Director of Nursing Services Clinic Manager	Jan 1 2019	CEO Regional Financial Services manager	National Health Service Corps	Resource limitations

Needs Being Addressed by this Strategy:

- #8. Top three ways to improve access to healthcare were: more primary care providers (MD/DO) (56.2%), health costs financial assistance (37.9%), and improved quality of care (31.4%).
- #9. 30.8% of survey respondents reported not receiving or delaying needed healthcare services. Top reason for delay, “it costs too much” (34.6%).
- #10. 39.4% of survey respondents indicated they were unaware or unsure of programs that help people pay for healthcare bills.
- #11. High poverty rates and transient populations were identified as a local health care issue by focus group participants.
- #12. Secondary data scan found 17.7% of people in Musselshell County lived below the poverty level, 28% of children lived in poverty and 20% of adults (under age 65 years) were uninsured.
- #13. Focus group participants identified a need for programs that help people pay for medical and dental services.

Anticipated Impact(s) of these Activities:

- Improve community knowledge of financial assistance programs and resources
- Improved access to healthcare services
- Improved health outcomes

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

- Track new outreach efforts (ex. handouts, social media, mailers, etc.)
- Track utilization of financial assistance programs pre/post outreach efforts
- Track protocol development for patient education/outreach at intake and discharge

Measure of Success: RMH informs all patients of financial assistance programs available at intake and discharge.

Goal 1: Improve access to healthcare services in Musselshell County.					
Strategy 1.3: Continue recruitment and retention efforts to ensure access to healthcare services.					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Work with Studer group to enhance employee retention at RMH.	SLT	July 1 2019	SLT	Studer Group	Resource limitations, Financial limitations
Explore opportunities to expand available specialty services (on-site or via telehealth) at RMH.	SLT Medical Staff	July 1 2019	Association Board SLT		Resource limitations, Financial limitations, Workforce limitations
Needs Being Addressed by this Strategy:					
<ul style="list-style-type: none"> ▪ #3. Top component to a healthy community was “Access to healthcare and other services” (65.7%). ▪ #8. Top three ways to improve access to healthcare were: more primary care providers (MD/DO) (56.2%), health costs financial assistance (37.9%), and improved quality of care (31.4%). ▪ #14. Focus group participants indicated a need for more visiting specialty services. ▪ #15. Top desired local healthcare services (not currently available) were: massage therapy, alternative medicine, and dermatology. 					
Anticipated Impact(s) of these Activities:					
<ul style="list-style-type: none"> ▪ Improved/stable access to healthcare services ▪ Improved access to specialty services ▪ Reduce staff turnover 					
Plan to Evaluate Anticipated Impact(s) of these Activities:					
<ul style="list-style-type: none"> ▪ Track employee engagement and retention rates pre/post Studer efforts ▪ Track new specialty services available 					
Measure of Success: RMH employee engagement and retention rates improve, increasing access to specialty healthcare services to the RMH service area.					

Goal 2: Increase awareness of services available at RMH.					
Strategy 2.1: Improve and expand marketing and advertising efforts.					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore development of monthly newsletter (including monthly topics, visiting specialists, health topics).	Marketing	July 1 2019	CEO		Resource limitations
Develop method for community members to sign up for electronic newsletter and create marketing campaign.	Marketing	July 1 2019	CEO		Resource limitations
Continue Monthly CEO community radio show/chat.	CEO	Ongoing	CEO	Community Radio	Resource limitations, Scheduling conflicts
Needs Being Addressed by this Strategy:					
<ul style="list-style-type: none"> ▪ #1: 63.5% of respondents felt they community was “Somewhat healthy.” ▪ #3. Top component to a healthy community was “Access to healthcare and other services” (65.7%). ▪ #16. 35.7% of survey respondents rated their knowledge of RMH services as “fair” or “poor.” 					
Anticipated Impact(s) of these Activities:					
<ul style="list-style-type: none"> ▪ Improved knowledge of available services ▪ Increased community engagement and healthcare education ▪ Improved access to health services 					
Plan to Evaluate Anticipated Impact(s) of these Activities:					
<ul style="list-style-type: none"> ▪ Track development of monthly newsletters ▪ Track website hits/email readership of distributed newsletter ▪ Track number of community members signing up for distribution list ▪ Track number of patient testimonials received/recorded/published ▪ Track number of radio chat shows broadcast 					
Measure of Success: RMH improves community engagement through the creation and distribution of a monthly newsletter by July 1 2019.					

Goal 2: Increase awareness of services available at RMH.

Strategy 2.2: Improve community coordination of services to enhance awareness of local resources.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Determine feasibility of forming a community health coalition to share and coordinate local resources.	CEO	Jan 1, 2020	CEO	Agency on Aging CMHD EMS Mental Health Center Law enforcement Pharmacy School District Senior center RSVP	Resource limitations, Scheduling conflicts
Determine potential partners and stakeholders who would participate in community health coalition (public health, senior center, police, EMS, schools, etc.).	SLT	July 2018	SLT	Local public health, Senior Center, Police, EMS, Schools, etc.	Resource limitations, Scheduling conflicts

Needs Being Addressed by this Strategy:

- #1: 63.5% of respondents felt they community was “Somewhat healthy.”
- #3. Top component to a healthy community was “Access to healthcare and other services” (65.7%).
- #16. 35.7% of survey respondents rated their knowledge of RMH services as “fair” or “poor.”

Anticipated Impact(s) of these Activities:

- Increased community engagement
- Increased community collaboration
- Improved knowledge of available services
- Increased safety in the community

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

- Track number of community partners interested in participating in a community health coalition
- Determine possibility of community coalition

Measure of Success: Community partners are identified and feasibility is determined.

Goal 3: Enhance community knowledge of available health and wellness programs/efforts in Musselshell County.

Strategy 3.1: Continue promoting health and wellness services available locally.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Host and promote RMH Annual Health Fair.	Project manager	August 2018	SLT	Vendors/ sponsors	Resource limitations, Financial limitations
Explore additional community sponsors, booths, etc. to expand educational and service offerings.	Project manager	July 1,2019	SLT	Vendors/ sponsors	Resource limitations, Scheduling conflicts
Sponsor a 5k community fun run.	Director of Nursing Services	August 2018	Director of Nursing Services	www.imathlete.com	Resource limitations, Financial limitations, Scheduling conflicts
Continue offering preventative screenings, blood draws and other resources at health fair.	Laboratory Project manager	August 2018	CEO	Billings Clinic St. Vincent's	Resource limitations

Needs Being Addressed by this Strategy:

- #1: 63.5% of respondents felt they community was “Somewhat healthy.”
- #3. Top component to a healthy community was “Access to healthcare and other services” (65.7%).
- #16. 35.7% of survey respondents rated their knowledge of RMH services as “fair” or “poor.”
- #17. Survey respondents indicated an interest in “Fitness” (38.5%), “Weight loss” (33.1%), and “Health and wellness” classes/programs if available locally.
- #18. 26.8% of respondents indicated they had exercised 3-5 times/month or less for at least 20 minutes over the last month.
- #19. Secondary data scan found 29% of adults reported no leisure time for physical activity.
- #20. Focus group participants felt having more access to preventative health services would improve the health of the community.
- #21. Focus group participants felt the community would benefit from more outreach about wellness and living a healthy lifestyle.
- #22. Focus group participants felt illnesses related to unhealthy lifestyles (obesity, diabetes, heart disease and stroke) were an important local healthcare issue.

Anticipated Impact(s) of these Activities:

- Improved access to healthcare services
- Improved knowledge of available health and wellness services/resources
- Increased access to health and wellness opportunities

- Improved access to prevention services

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

- Track number of community members attending RMH health fair
- Track number of sponsors and booths at RMH health fair
- Track number of participants in community 5K
- Track number of community members utilizing preventative screenings offered at RMH health fair

Measure of Success: RMH sees an increase in community participation in the RMH health fair.

Goal 3: Enhance community knowledge of available health and wellness programs/efforts in Musselshell County.

Strategy 3.2: Continue to provide education programs regarding chronic disease and diabetic management at RMH.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue to educate and promote program to potential participants and community.	General Care Management	Ongoing	Clinic Manager Director of Nursing Services	Billings Clinic	Resource limitations, Financial limitations
Obtain Diabetic Management accreditation.	General Care Management	August 2018	Director of Nursing Services	Billings Clinic	Resource limitations, Financial limitations

Needs Being Addressed by this Strategy:

- #1: 63.5% of respondents felt they community was “Somewhat healthy.”
- #3. Top component to a healthy community was “Access to healthcare and other services” (65.7%).
- #16. 35.7% of survey respondents rated their knowledge of RMH services as “fair” or “poor.”
- #20. Focus group participants felt having more access to preventative health services would improve the health of the community.
- #21. Focus group participants felt the community would benefit from more outreach about wellness and living a healthy lifestyle.
- #22. Focus group participants felt illnesses related to unhealthy lifestyles (obesity, diabetes, heart disease and stroke) were an important local healthcare issue.

Anticipated Impact(s) of these Activities:

- Improved health outcomes
- Increase in community education of available chronic disease and diabetes management program offerings
- Increase patient participation in prevention/management programs
- Improved patient compliance with chronic diseases and diabetes management

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

- Track number of participants in chronic disease and diabetes programs pre/post outreach/education efforts
- Complete diabetes management program accreditation process

Measure of Success: RMH obtains its Diabetic Management program accreditation by 2019.

Goal 3: Enhance community knowledge of available health and wellness programs/efforts in Musselshell County.					
Strategy 3.3: Continue to provide RMH support and leadership in local health and wellness efforts in Musselshell County.					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore opportunities to enhance community engagement in community coalitions, work groups, etc. (ex. Chamber).	CEO	Jan 1, 2020	CEO	Agency on Aging CMHD EMS Mental Health Center Law enforcement Pharmacy School District Senior center RSVP	Resource limitations, Scheduling conflicts
Continue RMH staff participation in LAC, Adult Protective Services, and Local Emergency Planning Committee.	Marketing CEO/Building Services DNS	Ongoing	SLT	LAC, Adult Protective Services, LEPC	Resource limitations, Scheduling conflicts
Needs Being Addressed by this Strategy:					
<ul style="list-style-type: none"> ▪ #1: 63.5% of respondents felt they community was “Somewhat healthy.” ▪ #3. Top component to a healthy community was “Access to healthcare and other services” (65.7%). ▪ #16. 35.7% of survey respondents rated their knowledge of RMH services as “fair” or “poor.” ▪ #21. Focus group participants felt the community would benefit from more outreach about wellness and living a healthy lifestyle. 					
Anticipated Impact(s) of these Activities:					
<ul style="list-style-type: none"> ▪ Increased community engagement ▪ Improved knowledge of available services ▪ Improved community coordination and collaboration 					
Plan to Evaluate Anticipated Impact(s) of these Activities:					
<ul style="list-style-type: none"> ▪ Track number of committees and coalitions in which RMH provides staff participation ▪ Track number of new committees or community engagement meetings in which RMH participates 					
Measure of Success: RMH continues to engage with and participate in various committees and community groups.					

Goal 3: Enhance community knowledge of available health and wellness programs/efforts in Musselshell County.

Strategy 3.4: Promote health and wellness in partnership with local schools.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Provide RMH staff at local schools to offer sports physicals 1x/year.	Clinic Manager Reception	Ongoing	Chief of Staff	Local schools	Resource limitations, Scheduling conflicts
Support health and safety programs for local youth (ex. Texting and driving, drinking and driving, seatbelt use).	Director of Nursing Services Clinic Manager	Ongoing	Chief of Staff	Local schools EMS Law enforcement	Resource limitations, Scheduling conflicts

Needs Being Addressed by this Strategy:

- #1: 63.5% of respondents felt they community was “Somewhat healthy.”
- #3. Top component to a healthy community was “Access to healthcare and other services” (65.7%).
- #20. Focus group participants felt having more access to preventative health services would improve the health of the community.
- #21. Focus group participants felt the community would benefit from more outreach about wellness and living a healthy lifestyle.
- #22. Secondary data scan found unintentional injury death rate (per 100,000) in Montana was 56.8 as compared to 41.3 nationally.

Anticipated Impact(s) of these Activities:

- Improved access to healthcare services
- Improved knowledge of available services
- Improved community knowledge of health and safety best practices
- Improved health outcomes
- Increased community engagement

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

- Track number of school physicals provided
- Track number of health and safety programs offered

Measure of Success: RMH supports at least one health and safety program at local schools per year.

Needs Not Addressed and Justification

Identified health needs unable to address by Roundup Memorial Healthcare	Rationale
1. The community identified a need for better drinking water and flood control to improve the health of the community.	<ul style="list-style-type: none"> • Not within our mission or abilities
2. Top desired local healthcare services identified were: alternative medicine and dermatology.	<ul style="list-style-type: none"> • Not within our mission or scope for alternative medicine. • Dermatology insufficient demand to support specialty clinic. Limited dermatology provided through the RMH clinic

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 (<https://rmhmt.org/community-health-needs-assessment/>) 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 [Community Health Services Development] 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 **July 26, 2018**. 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.

RMH will establish an ongoing feedback mechanism to take into account any written comments it may receive on the adopted implementation plan document.