2016

Community Health Needs Implementation Plan

SIDNEY
HEALTH
CENTER

Exceptional Care for Life

Sidney, Montana

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The Implementation Planning Process

Sidney Health Center's 2013 Community Benefit Plan highlighted areas to be focused upon, which were also in alignment with the organizations strategic goals. These goals included a commitment of Sidney Health Center partnering with a collaborative group of community agencies identified as Richland Health Network, The Richland County Health Department and a broader affiliation called Communities in Action. This partnership was maintained throughout the 2013 plan and continued through the implementation of the current community needs assessment for 2016. The Public Health and Safety Division was invited to join our forces for this assessment resulting in the Richland County Health Department (RCHD), Sidney Health Center, and the Public Health and Safety Division (PHSD) all collaborating to complete a Community Assessment using a Public Health Emergency Response (CASPER) process to gather primary data to improve the understanding of the health status of Richland County for a community health assessment.

The needs and opportunities found in this report were identified using information obtained through the CASPER survey process, community town hall discussions, secondary data, demographics, and input from public and "special populations" representatives. With regards to the CASPER survey, "Need" was identified on the survey on a four level response to a health issue whether it was considered a big problem, a problem, not a problem or the responder did not know or have an opinion.(an outline of the CASPER survey process, its development and validity, and the community needs assessment and focus group are found in the document ***Sidney Health Center Community Needs Assessment and Focus Groups*** found on the organization's website at www.sidneyhealth.org) The results can be found in the document ***Assessment 2016-2019*** also found on the organization's website at www.sidneyhealth.org)

The implementation planning process started with identifying needs and opportunities to be addressed. The needs and opportunities identified in this report are taken from Sidney Health Center's Needs Assessment Report and compared to the outcomes from the 2013 Implementation Plan. That report brought forth issues and opportunities utilizing a survey, focus groups, secondary data, demographics, and input from public and "special populations" representatives (please refer to the CASPER report for more information on consultations).   "Need" was identified by reviewing the Top 15 "Issues" noted as "A big problem" on the survey results. These were then categorized into "Needs" that Sidney Health Center can address, and also grouped under general headings to aid in goal development. Admission data was also reviewed for the Top 50 Diagnosis to confirm that perception was supported by the actual patients served by Sidney Health Center.

The implementation planning process began with the appointment of an implementation planning committee by Sidney Health Center. The selected participants then reviewed the identified issues and opportunities discovered in the CASPER report and determined which issues or opportunities could be addressed considering Sidney Health Center's parameters of resources and limitations. The implementation planning committee declared four overarching topics that could be addressed through the implementation planning process considering said parameters. The committee worked together to prioritize these five topics to address the issues and opportunities using the additional parameters of: organizational vision, mission, values, relevant mandates, and community partners.

Participants then worked together to develop goal statements to address the prioritized needs. For these goals, the group developed multiple strategies to work towards meeting their goals. The group's top chosen issues were turned into goals with strategies and activities, responsibilities, timelines, and who the responsible party would report to when the strategy was met.

Sidney Health Center's Mission:
Sidney Health Center's mission is to help those we serve achieve their highest level of health and well-being.

Sidney Health Center's Core Values:
Sidney Health Center will be guided by the following principles:
- Integrity
- Compassion
- Accountability
- Respect
- Excellence

Implementation Planning Session Attendees:
- Marsha Kittleson, Finance Project Analyst
- Jennifer Doty, Clinic Director
- Nancy Dynneson, Clinical Services Administrator
- Peggy Kopp, RN - Performance Improvement Coordinator
- Rick Haraldson, Chief Executive Officer (CEO)
- Rita Steinbeisser, Marketing & Communications Director
- Gina Heckey, Foundation Executive Director
- Theresa Livers, Continuum of Care Administrator
- Tina Montgomery, Chief Financial Officer (CFO)

Executive Summary

Goal 1: Be a community leader in reducing chronic illness (including stroke, obesity, heart disease, diabetes and respiratory related illnesses)

Strategy 1.1: Promote healthy lifestyles through community engagement activities.

Activities:
- Continue to have SHC staff participate in healthy lifestyle-focused county action groups which were created in response to the county health assessment
- Continue sponsoring wellness events in the community, such as the Fun Run and Walk to Wellness
- Offer additional ways to engage a younger demographic in healthy choices, organizing activities specific to that are group (i.e. Poke walk, Kids Marathon, Boys and Girls Club Kids Carnival)
- Continue providing public access to HealthWorks (fitness center)

Strategy 1.2: Provide educational resources and services to the community in order to promote overall wellness.

Activities:
- Continue offering and promoting birthday lab draws
- Continue providing blood pressure screenings at community events (i.e. Ag days, Richland County Fair)
- Continue offering tours to elementary school students that provide education on health and wellness topics
- Continue sponsoring/organizing events to increase awareness like Live It Up (a women's health event)
- Continue offering sports physicals, sport injury assessments, and free injury evaluations

Strategy 1.3: Provide educational support to the community in order to improve disease management.

Activities:
- Continue offering reduced pricing for those who need stage 3 cardiac/pulmonary rehabilitation
- Continue providing screenings, blood pressure checks, and lab draws in various community events
- Continue outreach efforts concerning clinic availability, visiting specialists, and care provided through telemedicine

- Continue participation in the Nutrition Coalition program in conjunction with community groups
- Continue providing community education through community events, such as the Cattleman's Ball and Live It Up
- Continue providing Certified Diabetes Education
- Continue to employ an RN Patient Care Coordinator to aid community members in managing their chronic illnesses
- Continue work with the Communities in Action Steering Committee to assess area needs and implement county wide healthcare strategies

Strategy 1.4: Provide support to the community for educating residents on fall/accident prevention.

- Participate with community groups in implementing a 'Stepping On' program for elderly fall prevention in the community.

Goal 2: Continue to improve overall awareness of cancer services and outcomes for patients.

Strategy 2.1: Continue to improve access to cancer care services for community members who have cancer.

Activities:
- Maintain weekly availability of a visiting oncologist and work to increase the number of days that the oncologist is available
- Continue a marketing strategy in order to increase awareness of cancer care services provided by SHC
- Continue contact with referring providers and regional facilities as identified in the marketing strategy
- Continue exploring the purchase of more advanced cancer care technology through the Foundation for Community Care
- Offer additional Cancer Care Services as those services become available, i.e. onsite physicist and stereotactic services

Strategy 2.2: Improve quality of care for community members who have cancer.

Activities:
- Maintain care coordinator services to cancer patients
- Promote the 'Colonoscopy Buddies' program to the community
- Fund/create a resource library for cancer patients and their families through Foundation for Community Care fundraising

- Continue to support current housing options improving housing options if needed for patients and their families to eliminate the need to travel long distances for care
- Conduct focus groups to identify priorities of current and former cancer patients.
- Promote Cancer Coalition fund to aid cancer patients.

Strategy 2.3: Participate in community events and be engaged in community groups specific to cancer.

Activities:
- Continue promoting cancer awareness activities in the community, such as Breast Cancer Awareness Month and Relay for Life, Light the Park events.
- Evaluate and implement Support Groups as needed and as requested, utilizing care coordinator services
- Continue serving as a member of the Cancer Coalition in order to keep the facility involved in the community's cancer initiatives
- Continue to offer retreats and a children's camp for those affected by grief due to such things as cancer
- Continue promoting cancer awareness activities in the community, such as Breast Cancer Awareness Month and Relay for Life, Light the Park events.

Goal 3: Better serve the mental health and behavioral health (i.e. alcohol abuse, illegal drug use, prescription drug abuse) needs of the community by connecting community members to available resources and services in the area.

Strategy 3.1: Participate in community groups/initiatives concerning mental health and/or behavioral health issues.

Activities:
- Continue providing a SHC staff members as a representatives to community programs targeting drug education and use prevention i.e. task forces and Red Ribbon activities
- Continue having a SHC staff member represent the facility on the Mental Health Center's local advisory council
- Continue to work with the Richland County Coalition Against Domestic Violence

Strategy 3.2: Provide resources and support to the community to address mental health and/or behavioral health issues.

Activities:

- Continue to offer bereavement programs and hospice support groups
- Continue to offer Chaplain services,
- Continue to sponsor or support various community events related to mental/behavioral health, such as After Prom/Graduation parties, Mental Health First Aide classes, etc.
- Continue to provide meeting room space for organizations such as Alcoholics Anonymous (AA) groups and the National Alliance for the Mentally Ill

Strategy 3.3: Increase access to mental/behavioral health services and resources.

Activities:

- Continue to work with the county to provide free transportation to mental health facilities through a partnership with the county commissioners
- Continue covering all costs (including providing the mental health professional) related to emergent mental health visits
- Continue providing space, technology, and staff for community members to receive mental health services via telemedicine
- Continue to offer provider training related to treating mental/behavioral health issues through regional mental health programs
- Continue to provide clinical behavioral health visits to VNS patients with in-house qualified staff.

Goal 4: Ensure access to services and resources so that community members can receive needed health care.

Strategy 4.1: Provide access to needed health care services.

Activities:

- Continue operating the walk-in clinic
- Continue marketing/outreach strategy to increase community awareness to establish care with a Primary Care Providers
- Continue providing medication assistance services to community members who are unable to afford them
- Continue offering Patient Care Coordination, which provides support and counseling to those who may need additional discharge services

- Continue offering interpreter services
- Continue as a member of the Richland County Transportation Advisory Council
- Continue recruitment activities to retain Primary Care Providers to meet the community needs

Measure of Success: Provide resources, support, and services to the Sidney community that will increase access to needed health care services to improve overall health outcomes.

List of Available Community and Facility Resources to Address Needs

- Agency for Healthcare Research & Quality (AHRQ)
- Alanon, Alcoholics Anonymous [AA]
- Area Medical Providers – Sidney Health Center medical providers and visiting specialists (complete current listing located on SHC's Website)
- Boys and Girls Club
- Civic Organizations – Sidney Lions Club and Kiwanis
- District II Alcohol & Drug Program
- Eastern Montana Community Mental Health Center (EMCMHC)
- Eastern Montana Telemedicine Network (EMTN)
- Local Law Enforcement - Richland County Sheriff's Department, Sidney and Fairview Police Departments
- Ministerial Association
- MonDak Stock Growers Association
- Montana Nutrition and Physical Activity program (NAPA)
- Montana Office of Rural Health/Area Health Education Center (MORH/AHEC)
- MSU Extension Service
- National Alliance for the Mentally Ill
- Regional Healthcare Facilities
- Richland County Cancer Coalition
- Richland County Coalition Against Domestic Violence
- Richland County Commissioners
- Richland County Health Department
- Richland County Nutrition Coalition
- Richland County Public Schools (Sidney, Fairview, Savage, Lambert, Rau and Brorson)
- Richland County Transportation Advisory Council
- Sidney Area Chamber of Commerce and Agriculture
- Sidney Parks and Recreation Board
- The Montana Department of Public Health and Human Services (MT DPHHS)

Needs Identified and Prioritized

Prioritized Needs to Address (Based on CASPER Assessment, Interviews, Measurable County Data)

1. The top two causes of death in the county are cancer and heart disease.
2. Incidence of all Cancers in Richland County is 454.2 compared to the State rate of 434.8. (per 100,000)
3. The most frequently reported admission diagnosis for in-patient hospitalizations according to DPHHS data available are Stroke 207, Diabetes 166, Myocardial Infarction 207, and Asthma 153, , all four exceeding Montana state comparative rates accordingly.
4. The leading cause of death in the Richland County, according to DPHHS data available is Cancer, followed by Accidental Causes of death.
5. Issues perceived as big problems in Richland County included availability of affordable housing (58%), illegal drug use (43%), alcohol abuse (38%), obesity (30%), cancer (29%), and tobacco use (28%).
6. According to the survey respondents, over 80% agreed or strongly agreed that health care was a positive aspect of Richland County. This item ranked number one over safety of the community, a place to raise children, etc.
7. Survey respondents indicated the most interest in the following three educational classes/programs: First Aid/CPR-63.9%, Fitness 25.5%, Health and Wellnes-25%
8. Focus group participants indicated concerns of stability of presence of medical providers for our communities and noted strengths of local EMS services in their respective communities.
9. 70.6% strongly agree or agree they can get the health care they need near their home.
10. Respondents identified access to health care and other services (60.8%), affordable housing (39.7%), good schools (33.3%), and good jobs and a healthy economy (32.4%) as most important aspects to a health community.
11. Of the interviewed households, 82.7% rated their physical health as excellent, very good, or good; 63.5% rated their day-to-day stress level as moderate or high; 19.3% currently smoke.
12. Thirty-three percent (33%) of interviewed persons stated the biggest barrier to being more physically active is they are too busy or don't have time.
13. (23.8%) of surveyed respondents did not get or were delayed in health care services in the past 12 months. Reasons health care services were delayed or not received included couldn't get an appointment (39.6%), costs too much (29.2%), availability of services (27.1%), and too long to wait for an appointment (20.8%). Items identified that would improve access to health

care included more primary care providers (49.5%), availability of visiting specialists (42.2%), and availability of walk-in clinics (34.8%).

14. The most common preventive services used in the past year were routine health check-up with family physician (58.3%), birthday lab work (51%), and routine blood pressure check (44.6%).
15. (43%) of persons interviewed received an influenza immunization within the last year.
16. Educational classes of interest included first aid/CPR (32%), fitness (26%), health and wellness (25%), nutrition (24%), and weight loss (22%).
17. Responses from the Fairview town hall meeting identified a perceived need for more Mental Health and Aging Services.
18. The community of Savage also stated a need for increasing services to Sr. Citizens. For needs they expressed Mental Health services, and a concern for the possibility of losing physicians at Sidney Health Center.
19. The Elmdale communities expressed a need for more mental health services, more telehealth and a concern for physician recruitment/retention for the future.
20. Leading cause of ER visits per DPHHS is falls. Rate 3,174 (adjusted).

*Please Note: For a complete listing of needs identified in the assessment process see the documents **Sidney Health Center Community Needs Assessment and Focus Groups** and **Assessment 2015-2018** found on the organization's website at www.sidneyhealth.org).*

Goal Setting Decision Chart   (Based on CASPER Assessment, Interviews, Measurable County Data)

Identified Issue	Top 5 Ranking	Data Supported Rate		Emergency Room Visits		2016 Goals
	2016 Perceived Problem	Richland County	Montana	Richland County	Montana	
COPD	Rated 24th	865.7	716.8	1871	804.9	New Priority-Goal 1 Chronic Disease
Heart Disease*	Rated 18th	859	746	596.5	372	Remain a Priority-Goal 1 adapted from 2013 Goals 2, 3
Diabetes*	Rated 11th	1115.2	822.5	1695	1235.6	Remain a Priority-Goal 1 adapted from 2013 Goal 2
Cancer* (Lung/Breast)	Rated 5th	226.7	171.4			Remain a Priority-Goal 2 adapted from 2013 Goal 1
Illegal Drug Use	Rated 2nd					New Priority-Goal 3 Mental Health-Substance Abuse
Alcohol Abuse*	Rated 3rd					Remain a Priority-Goal 3 adapted from 2013 Goal 4
Obesity*	Rated 4th					Remain a Priority-Goal 1 adapted from 2013 Goal 2
Asthma	Rated 12th			357	260	New Priority-Goal 1 Chronic Disease
Mental Health*	Rated 13th					Remain a Priority-Goal 3 adapted from 2013 Goal 4
Access*						Remain a Priority-Goal 4 adapted from 2013 Goal 5
Falls	Rated 26th	338.5	268.7	3174.4	2020	New Priority-Goal 1 Chronic Disease

*Identified issues in 2013 that were among the top five goals in the implementation plan.

Sidney Health Center's Presence in the Community:

- Sidney Health Center manages a membership-based fitness center (HealthWorks) that is heavily utilized by community members.
- The facility is a member of the Cancer Coalition, a group that combines Sidney Health Center, the Foundation, the community, and the health department, which works to raise funds for cancer screening in the community.
- As a result of the Richland County public health assessment, staff members from Sidney Health Center are involved on various action groups that work to improve/increase healthy lifestyles in the community.
- HealthWorks sponsors and organizes an annual Fun Run for the community in order to encourage community members to be physically active.
- The facility offers reduced birthday lab draws to community members.
- Sidney Health Center offers interactive tours for grade school students to provide education on certain health topics (i.e. nutrition, hand-washing, emergency care, etc.).
- The facility supports a women's health event (Live It Up) to promote awareness and education of women's health issues.
- SHC provides counseling and educational services to community members in need of medication management, as well as those who may need visiting nurse services, but do not have a referral for it.
- The facility offers sports physicals, sport injury assessments, and free evaluations to the youth in the community.
- Sidney Health Center offers reduced pricing for cardiac-pulmonary rehabilitation services to community members.
- SHC is a partner in the Nutrition Coalition, which provides nutrition education to the community.
- Sidney Health Center operates a walk-in clinic that is open five days a week with weekend hours.
- The facility sponsors various community events and provides educational materials/resources through these venues (i.e. Cattleman's Ball, Live It Up, etc.)
- SHC supports the Richland County Transportation system by providing the driver, bus, and monetary support.

Richland County Indicators:

<u>Low Income Persons</u>
- 7.7% low income persons (persons below federal poverty level)   MT is 16.5%

<u>Uninsured Persons</u>
- Uninsured adults less than age 65 – 16.8%
- Uninsured children less than age 18 – data not available by county (data available for some counties)

<u>Primary and Chronic Diseases: Leading Causes of Death</u>
- Cancer
- Heart Disease

<u>Public Health Consultation</u> [Judy LaPan, Administrator – Richland County Health Department – 7/2016]
- Health insurance education would be helpful for community members
- Collaboration with county and city planning board, county departments, other community service groups, businesses, industry, and other community members
- Drug/alcohol abuse are a concern

<u>Special Populations Consultations</u>
- Lack of mental health professionals in the region [Jim Novelli, Eastern MT Community Mental Health Center 2016]
- Finding Guardians/POA for some seniors, finding laborers to install home modifications, addressing the issue of senior physical wellness and preventing avoidable falls through program as "Step On" trainings (need instructors). [Kelly Wilkinson, Crestwood Inn Retirement Community – September 15, 2016]
- Increase opportunities for people with developmental disabilities within the community

<u>Percent of Population Age 65 and older</u> – 13.2%

<u>Size of Town and Remoteness</u> – 9,270 in Richland County; Population Density: 4.4 people per square mile

<u>Nearest Major Hospital</u> – Trinity Health in Minot, ND (170 miles from Sidney Health Center)

Needs Unable to Address
(See page 33 for additional information)

1. Issues perceived as big problems in Richland County included availability of affordable housing (58%) and poor housing conditions were noted at a level of 15.3%.
2. 24.7% of respondents perceived the lack of availability of affordable childcare as a big problem.
3. 33% of interviewed persons stated the biggest barrier to being more physically active is they are too busy or don't have time.
4. 30.2% were unaware of programs to help pay for health care expenses.
5. 23.8% did not get or were delayed in health care services in the past 12 months. The top reason noted that health care services were delayed or not received was because it costs too much (29.2%).

Implementation Plan Grid

Goal 1: Be a community leader in reducing chronic illness (including stroke, obesity, heart disease, diabetes and respiratory related illnesses)

Strategy 1.1: Promote healthy lifestyles through community engagement activities.

Health Issue Addressed: The CASPER assessment survey indicated a high interest among survey respondents for opportunities to engage in healthy behaviors and lifestyles and prevent chronic illness, such as stroke, obesity, heart disease, diabetes and respiratory related illnesses.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
• Continue to have SHC staff participate in healthy lifestyle-focused county action groups which may be created in response to county health needs i.e. Communities in Action	Clinical Services Administrator Foundation Executive Director Clinic Director Continuum of Care Administrator	Ongoing	CEO	Richland County Health Department	SHC
• Continue sponsoring wellness events in the community, such as the Fun Run and Walk to Wellness.	HealthWorks Director, Foundation Executive Director	Ongoing	CEO	Community Volunteers, Board, NAPA	SHC, HealthWorks, Foundation
• Offer additional ways to engage a younger demographic in healthy choices, organizing activities specific to that are group (i.e. Poke walk, Kids Marathon, Boys and Girls Club Kids Carnival)	HealthWorks Director, Foundation Executive Director	Ongoing	CEO	Richland County Library Richland County Boys and Girls Club	SHC, HealthWorks, Foundation
• Continue providing public access to HealthWorks (fitness center)	HealthWorks Director	Ongoing	CEO	HealthWorks	SHC, HealthWorks

Needs Being Addressed by this Strategy:
- The top two causes of death in the county are cancer and heart disease.
- Incidence of all Cancers in Richland County is 454.2 compared to the State rate of 434.8. (per 100,000)
- The most frequently reported admission diagnosis for in-patient hospitalizations Diabetes, 396, COPD, 316 and Cardiovascular Disease at 304, all three exceeding Montana state comparative rates accordingly.
- The most frequent ER visits reported by DPHHS: COPD at 1871, Diabetes-1695, Cardiovascular Disease-304, all three exceed comparative state data.
- The top five perceived health concerns for the community are: "Affordable Housing, 58.3%, Illegal drug use, 43.3%, Obesity 37.5%, Cancer 29.1%.
- Educational classes of interest included first aid/CPR (32%), fitness (26%), health and wellness (25%), nutrition (24%), and weight loss (22%).

Measure of Success: Sidney Health Center (SHC) staff assists in developing a formalized community plan specific to healthy lifestyles and the facility continues to sponsor resources and events related to health and wellness.

Goal 1: Be a community leader in reducing chronic illness (including stroke, obesity, heart disease, diabetes and respiratory related illnesses)

Strategy 1.2: Provide educational resources and services to the community in order to prevent chronic illness.

Health Issue Addressed: The CASPER assessment survey indicated a high interest among survey respondents for opportunities to engage in healthy behaviors and lifestyles and prevent chronic illness, such as stroke, obesity, heart disease, diabetes and respiratory related illnesses.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
• Continue offering and promoting birthday lab draws and employee health fairs	Marketing & Communications Director, Laboratory Manager, Admissions Supervisor	Ongoing	CEO	Chamber of Commerce Richland County Employers	SHC

• Continue sponsoring/organizing the Community Health Fair and provide blood/glucose screening, as well as blood pressure screening	Marketing & Communications Director, Performance Improvement Coordinator	Ongoing	CEO	Richland County Health Dept.	SHC
• Continue providing blood pressure screenings at community events (i.e. Ag days, Richland County Fair)	Marketing & Communications Director	Ongoing	CEO	Richland County Fair Board	SHC
• Continue offering tours to elementary school students that provide education on health and wellness topics	Marketing & Communications Director	Ongoing	CEO	Richland County Schools	SHC
• Continue sponsoring/organizing Live It Up (a women's health event)	Marketing & Communications Director, Performance Improvement Coordinator	Ongoing	CEO	Home Business Vendors	SHC
• Continue offering sports physicals, sport injury assessments, and free injury evaluations	Clinic Director, Rehab Services	Ongoing	CEO	Richland County Schools,	SHC, Medical Providers

Needs Being Addressed by this Strategy:
- The top two causes of death in the county are cancer and heart disease.
- The most frequently reported admission diagnosis for in-patient hospitalizations Diabetes, 396, COPD, 316 and Cardiovascular Disease at 304, all three exceeding Montana state comparative rates accordingly.
- The most frequent ER visits reported by DPHHS: COPD at 1871, Diabetes-1695, Cardiovascular Disease-304, all three exceed comparative state data.
- The top five perceived health concerns for the community are: "Affordable Housing, 58.3%, Illegal drug use, 43.3%, Obesity 37.5%, Cancer 29.1%.

Measure of Success: Sidney Health Center (SHC) continues to sponsor resources and events related to health and wellness.

Goal 1: Be a community leader in reducing chronic illness (including stroke, obesity, heart disease, diabetes and respiratory related illnesses)

Strategy 1.3: Provide educational support to the community in order to improve disease management. Health Issue Addressed: Stroke, obesity, heart disease, diabetes and respiratory related illnesses are an increased risk in our community.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
• Continue offering reduced pricing for those who need stage 3 cardiac/pulmonary rehabilitation	Cardiac Rehabilitation	Ongoing	CEO	Area Medical Providers	SHC
• Continue providing screenings, blood pressure checks, and lab draws in various community events	Marketing & Communications Director	Ongoing	CEO	Richland County Health Dept.	SHC
• Continue outreach efforts concerning clinic availability, visiting specialists, and care provided through telemedicine	Clinic Director, Marketing & Communications Director	Ongoing	CEO	Regional Medical Providers, EMTN	SHC
• Continue participation in the Nutrition Coalition program in conjunction with community groups	Foundation Executive Director	Ongoing	CEO	MonDak Stockgrowers Association	SHC, MonDak Stockgrowers Association
• Continue providing community education through community events, such as the Cattleman's Ball and Live It Up	Foundation Executive Director	Ongoing	CEO	MonDak Stockgrowers Association	SHC, MonDak Stockgrowers Association
• Continue providing Certified Diabetes Education	ECF Administrator	Ongoing	CEO	Richland County Health Dept.	SHC, Richland County Health Dept.

▪ Continue to employ an RN Patient Care Coordinator to aid community members in managing their chronic illnesses	Clinical Services Administrator	Ongoing	CEO	Richland County Health Dept	SHC, Other community resources i.e. Transportation, Medication Assistance
▪ Continue work with the Communities in Action Steering Committee to assess area needs and implement county wide healthcare strategies	Foundation Executive Director Continuum of Care Administrator	Ongoing	CEO	Richland County Health Dept	SHC, Other Community resources/partners

Needs Being Addressed by this Strategy:

- ▪ The top two causes of death in the county are cancer and heart disease.
- ▪ The most frequently reported admission diagnosis for in-patient hospitalizations Diabetes, 396, COPD, 316 and Cardiovascular Disease at 304, all three exceeding Montana state comparative rates accordingly.
- ▪ The most frequent ER visits reported by DPHHS: COPD at 1871, Diabetes-1695, Cardiovascular Disease-304, all three exceed comparative state data.
- ▪ The top five perceived health concerns for the community are: "Affordable Housing, 58.3%, Illegal drug use, 43.3%, Obesity 37.5%, Cancer 29.1%.

Measure of Success: Sidney Health Center (SHC) participates in services that assist area residents in managing their disease processes.

Goal 1: Be a community leader in reducing chronic illness (including stroke, obesity, heart disease, diabetes and respiratory related illnesses)

Strategy 1.4: Provide support to the community for educating residents on fall/accident prevention.   **Health Issue Addressed:** Chronic diseases can be exacerbated by falls or other traumatic events.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
• Participate with community groups in implementing a 'Stepping On' program for elderly fall prevention in the community	Clinical Services Administrator	July 2016	CEO	Richland County Resources participating with the Aging	SHC, Other community participants

Needs Being Addressed by this Strategy:

- The top two causes of death in the county are cancer and heart disease.
- The most frequently reported admission diagnosis for in-patient hospitalizations Diabetes, 396, COPD, 316 and Cardiovascular Disease at 304, all three exceeding Montana state comparative rates accordingly.
- The most frequent ER visits reported by DPHHS: COPD at 1871, Diabetes-1695, Cardiovascular Disease-304, all three exceed comparative state data.
- The top five perceived health concerns for the community are: "Affordable Housing, 58.3%, Illegal drug use, 43.3%, Obesity 37.5%, Cancer 29.1%.

Measure of Success: Sidney Health Center (SHC) participates in services that assist area residents with a program to prevent falls.

Goal 2: Improve overall awareness of cancer services and outcomes for patients.					
Strategy 2.1: Improve access to cancer care services for community members who have cancer. **Health Issue Addressed:** Survey respondents indicated cancer as being one of the top health concerns in the community. Cancer is the second leading cause of death in Richland County and there is a higher prevalence of cancer in the county versus the State of Montana.					
Activities	**Responsibility**	**Timeline**	**When complete report to:**	**Partners**	**Resources/ facilities used to address needs**
• Maintain weekly availability of a visiting oncologist and work to increase the number of days that the oncologist is available	Clinic Director	Ongoing	CEO	Regional Healthcare Facilities	Sidney Health Center (SHC), Regional Healthcare Facilities
• Continue a marketing strategy in order to increase awareness of cancer care services provided by SHC	Marketing & Communications Director, Clinic Director	Ongoing	CEO	Media Outlets	SHC
• Continue contact with referring providers and regional facilities as identified in the marketing strategy	Marketing & Communications Director, Clinic Director	Ongoing	CEO	Regional Healthcare Facilities	SHC, Regional Healthcare Facilities
• Continue exploring the purchase of more advanced cancer care technology through the Foundation for Community Care	Clinic Director	Ongoing	CEO	Foundation Executive Director, Cancer Center Manager	SHC, Foundation
• Offer additional Cancer Care Services as those services become available, i.e. onsite physicist and stereotactic services	Clinic Director	Jan 2017	CEO	Foundation Executive Director, Cancer Center Manager	SHC,Foundation

Needs Being Addressed by this Strategy:

- The top two causes of death in the county are cancer and heart disease.
- Incidence of all Cancers in Richland County is 454.2 compared to the State rate of 434.8. (per 100,000)
- The most frequently reported admission diagnosis for in-patient hospitalizations Diabetes, 396, COPD, 316 and Cardiovascular Disease at 304, all three exceeding Montana state comparative rates accordingly.
- The most frequent ER visits reported by DPHHS: COPD at 1871, Diabetes-1695, Cardiovascular Disease-304, all three exceed comparative state data.
- The top five perceived health concerns for the community are: "Affordable Housing, 58.3%, Illegal drug use, 43.3%, Obesity 37.5%, Cancer 29.1%.
- Educational classes of interest included first aid/CPR (32%), fitness (26%), health and wellness (25%), nutrition (24%), and weight loss (22%).

Measure of Success: Sidney Health Center maintains current Cancer Services and expands them as possible.

Goal 2: Improve overall awareness of cancer services and outcomes for patients.

Strategy 2.2: Improve quality of care for community members who have cancer.
Health Issue Addressed: Survey respondents indicated cancer as being one of the top health concerns in the community. Cancer is the second leading cause of death in Richland County and there is a higher prevalence of cancer in the county versus the State of Montana.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
• Assign care coordinators to cancer patients	Clinic Director	Ongoing	CEO	Regional Healthcare Facilities	SHC, Regional Healthcare Facilities
• Promote the 'Colonoscopy Buddies' program to the community	Marketing & Communications Director	Ongoing	CEO	Cancer Coalition	SHC
• Fund/create a resource library for cancer patients and their families through Foundation for Community Care fundraising	Clinic Director	Ongoing	CEO	AHRQ, Local American Cancer Society, Foundation	SHC, American Cancer Society Foundation

• Explore improving housing options for patients and their families to eliminate the need to travel long distances for care	Foundation Executive Director	Ongoing	CEO	Community Resources	SHC
• Conduct focus groups to identify priorities of current and former cancer patients	Clinic Director	Jan 2017	CEO	Cancer Clinic Manager	Cancer Coalition, Billings Clinic, Medical Oncology Partner
• Promote Cancer Coalition funds to aid cancer patients	Cancer Center Manager	Ongoing	Clinic Director	Cancer Coalition, Foundation	SHC, Cancer Coalition, Foundation

Needs Being Addressed by this Strategy:

- The top two causes of death in the county are cancer and heart disease.
- Incidence of all Cancers in Richland County is 454.2 compared to the State rate of 434.8. (per 100,000)
- The most frequently reported admission diagnosis for in-patient hospitalizations Diabetes, 396, COPD, 316 and Cardiovascular Disease at 304, all three exceeding Montana state comparative rates accordingly.
- The most frequent ER visits reported by DPHHS: COPD at 1871, Diabetes-1695, Cardiovascular Disease-304, all three exceed comparative state data.
- The top five perceived health concerns for the community are: "Affordable Housing, 58.3%, Illegal drug use, 43.3%, Obesity 37.5%, Cancer 29.1%.

Measure of Success: Sidney Health Center develops programs and education that increases the awareness and availability of Cancer Services.

Goal 2: Improve overall awareness of cancer services and outcomes for patients.					
Strategy 2.3: Participate in community events and be engaged in community groups specific to cancer. **Health Issue Addressed:** Survey respondents indicated cancer as being one of the top health concerns in the community. Cancer is the second leading cause of death in Richland County and there is a higher prevalence of cancer in the county versus the State of Montana.					
Activities	**Responsibility**	**Timeline**	**When complete report to:**	**Partners**	**Resources/ facilities used to address needs**
• Continue promoting cancer awareness activities in the community, such as Breast Cancer Awareness Month, Bra Auction, Pack it in Pink, Shut out Cancer and other events.	Marketing & Communications Director, Foundation ED	Ongoing	CEO	Cancer Coalition and Community Volunteers	SHC
• Evaluate and implement Support Groups as needed and as requested, utilizing care coordinator services	Cancer Center Manager	July 2017	Clinic Director	Patients and Families	SHC, Community Resources as needed
• Continue serving as a member of the Cancer Coalition in order to keep the facility involved in the community's cancer initiatives	Foundation Executive Director	Ongoing	CEO	Richland County Health Department	RCHD, Clinic Director, Cancer Center Manager
• Continue to offer retreats and a children's camp for those affected by grief due to such things as cancer	Hospice Director	Ongoing	Continuum of Care Administrator	Hospice, Community Volunteers	SHC, Community Resources, EMBC
• Continue promoting cancer awareness activities in the community, such as Breast Cancer Awareness Month, Relay for Life, and Light the Park events	Cancer Center Manager	Ongoing	Clinic Director	Community Volunteers, Foundation ED and Event Coordinator, Marketing Dir.	SHC, Community Partners

Needs Being Addressed by this Strategy:

- The top two causes of death in the county are cancer and heart disease.
- Incidence of all Cancers in Richland County is 454.2 compared to the State rate of 434.8. (per 100,000)
- The most frequently reported admission diagnosis for in-patient hospitalizations Diabetes, 396, COPD, 316 and Cardiovascular Disease at 304, all three exceeding Montana state comparative rates accordingly.
- The most frequent ER visits reported by DPHHS: COPD at 1871, Diabetes-1695, Cardiovascular Disease-304, all three exceed comparative state data.
- The top five perceived health concerns for the community are: "Affordable Housing, 58.3%, Illegal drug use, 43.3%, Obesity 37.5%, Cancer 29.1%.

Measure of Success: With Sidney Health Center's participation, Cancer Awareness Events and Education occur in the community

Goal 3: Better serve the mental health and behavioral health (i.e. alcohol abuse, illegal drug use, prescription drug abuse) needs of the community by connecting community members to available resources and services in the area.

Strategy 3.1: Participate in community groups/initiatives concerning mental health and/or behavioral health issues.

Health Issue Addressed: Concerns regarding alcohol and substance abuse are significant among community members and the social and economic costs of this issue continues to be a major concern on a state and national level. Studies have shown a strong link between serious alcohol/drug use and depression. Sexual Violence was also a noted concern.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
• Continue providing a SHC staff members as a representatives to community programs targeting drug education and use prevention i.e. task forces and Red Ribbon activities	Foundation ED	Ongoing	CEO	Richland County Health Dept.	SHC, Richland County Health Department
• Continue having a SHC staff member represent the facility on the Mental Health Center's local advisory council	Clinical Services Administrator	Ongoing	CEO	Eastern Montana Community Mental Health Center (EMCMHC)	SHC, EMCMHC
• Continue to work with the Richland County Coalition Against Domestic Violence	Clinical Services Administrator, SANE certified staff	Ongoing	CEO	Richland County Coalition Against Domestic Violence (RCCADV)	SHC, RCCADV

Needs Being Addressed by this Strategy:

- Survey respondents indicated the most interest in the following three educational classes/programs: First Aid/CPR-631.9%, Fitness 25.5%, Health and Wellnes-25%.
- Of the interviewed households, 63.5% rated their day-to-day stress level as moderate or high;
- According to the survey respondents, two of the top three most important things for a healthy community are: 'Access to health care and other services' (57.6%) and 'Healthy behaviors and lifestyles' (31.8%).
- The top five perceived health concerns for the community are: "Affordable Housing, 58.3%, Illegal drug use, 43.3%, Obesity 37.5%, Cancer 29.1%.
- Responses from the Fairview town hall meeting identified a perceived need for more Mental Health and Aging Services.

- The community of Savage also expressed Mental Health services availability as a need.
- The Elmdale communities expressed a need for more mental health services, more telehealth.

Measure of Success: Sidney Health Center (SHC) continues to provide resources and support to the community to address mental/behavioral health issues and is seen as a major partner in the community regarding mental/behavioral health issues.

Goal 3: Better serve the mental health and behavioral health needs of the community by connecting community members to available resources and services in the area.

Strategy 3.2: Provide resources and support to the community to address mental health and/or behavioral health issues.

Health Issue Addressed: Concerns regarding alcohol and substance abuse are significant among community members and the social and economic costs of this issue continues to be a major concern on a state and national level. Studies have shown a strong link between serious alcohol/drug use and depression. Self-reported rates of depression in the community are high.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
• Continue to offer bereavement programs and hospice support groups	Hospice Director	Ongoing	CEO	Community Volunteers	SHC
• Continue to offer Chaplain services • Participate in providing MHFA and YMHFA Training in the community	SHC Chaplain	Ongoing	CEO	Ministerial Association	SHC
• Continue to sponsor or support various community events related to mental/behavioral health, such as After Prom/Graduation parties	Marketing & Communications Director	Ongoing	CEO	Richland County Schools	SHC
• Continue to provide meeting room space for organizations such as Alcoholics Anonymous (AA) and the National Alliance for the Mentally Ill	Administrative Assistant	Ongoing	CEO	AA, National Alliance for the Mentally Ill	SHC, AA, National Alliance for the Mentally Ill

Needs Being Addressed by this Strategy:

- Survey respondents indicated the most interest in the following three educational classes/programs: First Aid/CPR-631.9%, Fitness 25.5%, Health and Wellnes-25%.
- Of the interviewed households, 63.5% rated their day-to-day stress level as moderate or high;

- According to the survey respondents, two of the top three most important things for a healthy community are: 'Access to health care and other services' (57.6%) and 'Healthy behaviors and lifestyles' (31.8%).
- The top five perceived health concerns for the community are: "Affordable Housing, 58.3%, Illegal drug use, 43.3%, Obesity 37.5%, Cancer 29.1%.
- Responses from the Fairview town hall meeting identified a perceived need for more Mental Health and Aging Services.
- The community of Savage also expressed Mental Health services availability as a need.
- The Elmdale communities expressed a need for more mental health services, more telehealth.

Measure of Success: Sidney Health Center (SHC) continues to provide resources and support to the community to address mental/behavioral health issues and is seen as a major partner in the community regarding mental/behavioral health issues.

Goal 3: Better serve the mental health and behavioral health (i.e. alcohol abuse, illegal drug use, prescription drug abuse) needs of the community by connecting community members to available resources and services in the area.

Strategy 3.3: Increase access to mental/behavioral health services and resources.

Health Issue Addressed: Concerns regarding alcohol and substance abuse are significant among community members and the social and economic costs of this issue continues to be a major concern on a state and national level. Studies have shown a strong link between serious alcohol/drug use and depression. Self-reported rates of depression in the community are high.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
• Continue to work with the county to provide free transportation to mental health facilities through a partnership with the county commissioners	Clinical Services Administrator	Ongoing	CEO	County Commissioners	SHC
• Continue covering all costs (including providing the mental health professional) related to emergent mental health visits	CFO	Ongoing	CEO	Eastern Montana Community Mental Health Center (EMCMHC)	SHC, EMCMHC

• Continue providing space, technology, and staff for community members to receive mental health services via telemedicine	Clinic Director	Ongoing	CEO	EMTN, Telemed Grant Program, Regional Providers	SHC, EMTN
• Continue to offer provider training related to treating mental/behavioral health issues through regional mental health programs	Clinical Services Administrator	Ongoing	CEO	Eastern Montana Community Mental Health Center (EMCMHC)	SHC, EMCMHC

Needs Being Addressed by this Strategy:

- Survey respondents indicated the most interest in the following three educational classes/programs: First Aid/CPR-631.9%, Fitness 25.5%, Health and Wellnes-25%.
- Of the interviewed households, 63.5% rated their day-to-day stress level as moderate or high;
- According to the survey respondents, two of the top three most important things for a healthy community are: 'Access to health care and other services' (57.6%) and 'Healthy behaviors and lifestyles' (31.8%).
- The top five perceived health concerns for the community are: "Affordable Housing, 58.3%, Illegal drug use, 43.3%, Obesity 37.5%, Cancer 29.1%.
- Responses from the Fairview town hall meeting identified a perceived need for more Mental Health and Aging Services.
- The community of Savage also expressed Mental Health services availability as a need.
- Participants from the Elmdale town-hall meetings expressed a need for more mental health services, more telehealth.

Measure of Success: Sidney Health Center (SHC) continues to ensure access to mental/behavioral health providers and resources to the community.

Goal 4: Provide access to services and resources so that community members can receive needed health care.					
Strategy 4.1: Provide access to needed health care services. **Health Issue Addressed:** Sidney is located in a remote/frontier area of Montana so there is a consistent need/concern that community members do not have timely access to primary care services appropriate to their health care needs.					
Activities	**Responsibility**	**Timeline**	**When complete report to:**	**Partners**	**Resources/ facilities used to address needs**
• Continue operating the walk-in clinic	Clinic Director	Ongoing	CEO	Medical Providers	SHC
• Develop a marketing/outreach strategy to increase community awareness to establish care with a Primary Care Provider	Marketing & Communications Director	Ongoing	CEO	Media Outlets	SHC
• Continue providing medication assistance services to community members who are unable to afford them	Medication Assistance Program Nurse	Ongoing	CEO	County Commissioners, Foundation and Pharmaceutical Companies	SHC, Foundation, Pharmaceutical Companies
• Continue offering Patient Care Coordination, which provides support and counseling to those who may need home health services	Patient Care Coordinator, Social Services	Ongoing	Clinical Services Administrator	RCHD, Clinic Offices, Visiting Nurse Service	SHC
• Continue offering interpreter services	Clinical Services Administrator	Ongoing	CEO	Cyracom	SHC
• Continue as a member of the Richland County Transportation Advisory Council	Extended Care Administrator	Ongoing	CEO	Richland County Transportation Advisory Council (RCTAC)	SHC, RCTAC
• Continue recruitment activities to retain Primary Care Providers to meet the community needs	Clinic Director, HR Director, M&C Director	Ongoing	CEO	Clinic Providers	SHC

Needs Being Addressed by this Strategy:

- Respondents indicated that two of the top three choices to improve the community's access to health care are: More primary care providers-(49.5%), 'Availability of visiting specialists' (42.2%), and 'Availability of walk-in clinic' (34.4%).
- Respondents identified access to health care and other services (60.8%), affordable housing (39.7%), good schools (33.3%), and good jobs and a healthy economy (32.4%) as most important aspects to a health community.
- Expressed concerns from town hall respondents regarding retained or recruited to the area.

Measure of Success: Sidney Health Center (SHC) promotes and continues to offer adequate primary care hours to the community and services which will increase access to needed healthcare services.

Needs Not Addressed and Justification

Identified health needs unable to address by Sidney Health Center	Rationale
Issues perceived as big problems in Richland County included the availability of affordable housing (58%) and poor housing conditions were noted at a level of 15.3%	• Sidney Health Center (SHC) cannot address this need alone and there are other organizations and agencies in the community which would be better suited to meet this need
24.7% of respondents perceived the lack of availability of affordable childcare as a big problem.	• Sidney Health Center (SHC) cannot address this need alone and there are other organizations and agencies in the community which would be better suited to meet this need.
33% of interviewed persons stated the biggest barrier to being more physically active is they are too busy or don't have time.	• At this time, the hospital does not have the staff or resources to devote to this issue. There are community resources (i.e. Health Works) that can assist persons in being more physically active, but personal schedules must be controlled by the individuals.
30.2% were unaware of programs to help pay for health care expenses.	• The hospital does provide free/discounted services; information about those services are shared in many venues, but that may for overcome this problem.
23.8% did not get or were delayed in health care services in the past 12 months. The top reason noted that health care services were delayed or not received was because it costs too much (29.2%).	• The hospital does provide free/discounted services; however, it also must ensure that it remains financially viable in order to continue providing healthcare services to the community.

Please Note: Sidney Health Center is not responding to the other health needs that were identified during our community health needs assessment, as identified in Appendix A, because the hospital has limited hospital staff and financial resources, other community resources are already available, and Sidney Health Center wants to focus on higher priorities that we believe can have a greater impact on the lives of our community members.