

IMPLEMENTATION PLAN

Addressing Community Health Needs



Sidney, Montana

2022-2025

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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 Sidney Health Center (SHC) 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 the spring of 2022 to determine the most important health needs and opportunities for Richland County, Montana. The CHSD project is administrated by the Montana Office of Rural Health (MORH) and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant. “Needs” were identified as the top issues or opportunities rated by respondents during the CHSD survey process or during focus groups (see page 11 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 (sidneyhealth.org/About/Community-Health-Assessment-Implementation-Plan).

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 page 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 SHC’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:

- Access to healthcare services
- Behavioral health
- Community engagement and collaboration

In addressing the aforementioned issues, Sidney Health Center seeks to:

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

Mission: To help you achieve your highest level of health and well-being.

Vision: To redefine rural healthcare through patient centered innovation and collaboration.

Core Values: Sidney Health Center will be guided by the following principles:

- Integrity
- Compassion
- Accountability
- Respect
- Excellence

Implementation Planning Committee Members:

- Jennifer Doty, Sidney Health Center (SHC) – CEO
- Rita Steinbeisser, SHC – Senior Executive, Marketing
- Jennifer Mercer, SHC – Senior Executive, Patient Experience
- Pam McGlothlin, SHC – Senior Executive, Nursing Services
- Tina Montgomery, SHC – Senior Executive, Finance
- Becky Cassidy, SHC – Senior Executive, Clinical Services
- Sean Kavanaugh, SHC – Senior Executive, Information Systems
- Nancy Dynneson, SHC – Senior Executive, Hospital Services
- Ashley Tanner, SHC – Senior Executive, Long-Term Care Services

Prioritizing the Community Health Needs

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

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

1. Sidney Health Center's Existing Presence in the Community

- Sidney Health Center manages a membership-based fitness center (HealthWorks) that is heavily used by community members.
- Sidney Health Center is a member of the Richland County Cancer Coalition, a group comprised of representation from Sidney Health Center, Foundation for Community Care, Richland County Health Department, and community members. This coalition works to bring awareness about cancer prevention, screening opportunities, and support for those affected by cancer.
- Sidney Health Center partners with various organizations in the community through active participation in coalitions and action groups that work to improve/increase healthy lifestyles in the community. Examples include the Richland County Nutrition Coalition, Communities in Action Steering Committee, Injury Prevention, Chronic Disease, Mental Health Local Advisory Council, etc.
- HealthWorks offers various fitness classes for all ages to encourage physical activity.
- Sidney Health Center offers birthday lab draws/screenings at a reduced rate to community members.
- Sidney Health Center 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.

- Sidney Health Center offers sports physicals, sport injury assessments and free evaluations to youth in the community.
- Sidney Health Center offers reduced pricing for cardiac-pulmonary rehabilitation services to community members.
- Sidney Health Center operates a same-day clinic that is open Monday through Friday with extended hours; and Saturday mornings.
- Sidney Health Center sponsors various community events and provides educational materials/resources through several venues including: Boys and Girls Club Color Run, Out of the Darkness Walk, Tough Enough to Wear Pink Rodeo, Richland County Fair Day Sponsor, Foundation for Community Care Golf Tournament, Cattleman’s Ball, etc.
- Under the Affordable Care Act, Sidney Health Center is a Certified Designated Organization, and a social worker serves as a Certified Applications Counselor.
- Sidney Health Center is actively involved with the Richland County Transportation System providing support as needed.

2. List of Available Community Partnerships 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 of Richland County
- Civic Organizations – Sidney Lions Club and Kiwanis
- Communities in Action
- Eastern Montana Mental Health Center
- Eastern Montana Telemedicine Network (EMTN).
- HealthWorks
- Local Law Enforcement - Richland County Sheriff's Office, 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
- Prairie Hills Recovery
- 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
- St. John's United
- The Montana Department of Public Health and Human Services (MT DPHHS)
- Montana Hospital Association (MHA), Flex Program

3. Richland County Indicators

Population Demographics

- 96.9% of Richland County’s population is white, and 3.1% identifies as American Indian or Alaska Native.
- 12.3% of Richland County’s population has disability status.
- 14.7% of Richland County’s population is 65 years and older.
- 7.5% of Richland County’s population has Veteran status.
- 7.7% of Richland County’s population has “No High School Diploma” as their highest degree attained; 35.2% are a “High school graduate (includes equivalency)”.

Size of County and Remoteness

- 11,199 people in Richland County.
- 5.3 people per square mile.

Socioeconomic Measures

- 1.8% of children live in poverty.
- 5.8% of persons are below the federal poverty level.
- 11.0% of adults (age<65) are uninsured; 8.0% of children less than age 18, are uninsured.
- 5.9% of the population is enrolled in Medicaid.

Select Health Measures

- 35.0% of adults are considered obese.
- 29.0% of the adult population report physical inactivity.
- Breast cancer age-adjusted incidence rate in Richland County is 167.3 compared to 125.0 for Montana.
- 41.0% of adults living in frontier Montana report two or more chronic conditions.
- Montana’s veteran suicide rate (per 100,000 population) is 65.7 compared to 38.4 for the U.S.

Nearest Major Hospital

- Billings Clinic and St. Vincent Hospital both located in Billings, MT- 271 miles from Sidney Health Center

4. Public Health and Underserved Populations Consultation Summaries

Name/Organization

Jennifer Doty, CEO – Sidney Health Center (SHC)
 Rita Steinbeisser, Senior Executive, Marketing – SHC
 Marie Logan, Eastern Montana Community Mental Health Center
 Brittney Peterson, Public Health Administrator – Richland County Health Department
 Josh Deschaine, Physicians Assistant (PA) – Same Day Clinic
 Elaine Stedman, Administrator/Teacher – Boys & Girls Club
 Lance Averett, SHC Board Member
 Katie Dasinger, Director of Programs – Sidney Area Chamber
 Loren Young, Richland County Commissioner
 Ashley Tanner, Senior Executive, Long-Term Care Services – SHC Extended Care
 Janelle Stoner, Director – Richland Opportunities, Inc.
 Jon Skinner, Principal – Fairview School District

2/8/2022

Public and Community Health

- Trauma and ACES should be separated so that individuals who experience trauma in adulthood do not feel that the response only pertains to childhood experiences.
- Need to add COVID-19 to list of most serious health concerns as a response option.
- People may interpret the hospital as complacent/unaware if we do not have COVID-19 as an option.
- Grocery stores have a large plethora of healthy food options but the restaurants and fast food places in town do not.
- We have a pregnancy center in town, also adding private clinics as an option.
- Occupational health services are also offered in town (drug testing).
- Cardiology, Occupational health, and Dermatology are all available in the area so we can remove from the survey.
- Add psychiatrist and fertility clinic as possible services to add locally.
- We have other mental health services but we do not have a psychiatrist.
- Add men's health screening to list of preventive services in past year.

- Covid-19 barriers and concerns should be added to reasons for delayed care, as we often do not have beds available for some of the surgeries people request.

Population: Low-Income, Underinsured

- Many patients need help filling out healthcare forms and finding policies, adding some sort of healthcare navigator/educator option would be beneficial.

Needs Identified and Prioritized

Prioritized Needs to Address

1. Top health concerns among survey respondents included “Cancer” (36.2%), “Drug abuse” (34.6%), “Alcohol abuse/substance abuse” (33.9%), and “Overweight/obesity” (26.8%).
2. Survey respondents indicated that “Access to healthcare” (48.0%) is the top component for a health community.
3. 28.6% of respondents rated their knowledge of health services available through Sidney Health Center as fair or poor.
4. Survey respondents indicated they learn about available health services through “Friends/family” (68.0%), “Healthcare provider” (60.8%), and “Word of mouth/reputation” (56.8%).
5. Key informant interview participants were interested in developing a relationship with a consistent primary care provider.
6. Top suggestions to improve the community’s access to healthcare among survey respondents included “Expanded same-day clinic availability” (51.6%), “More primary care providers” (50.0%), and “More specialists” (45.2%).
7. Survey respondents indicated an interest in the following classes or programs: “Weight loss” (41.8%), “Health and wellness” (35.5%), “Women’s health” (31.8%), “Fitness” (30.9%), and “Health insurance education (Medicare/Medicaid/Private)” (30.0%).
8. 16.7% of survey respondents indicated that they had difficulty getting a prescription or taking their medication regularly in the last year.
9. 47.1% of survey respondents indicated they delayed or did not receive needed healthcare services; reasons for delay included “Cold not get an appointment” (48.2%), “Too long to wait for an appointment” (39.3%), and “It cost too much” (30.4%).
10. 20.6% of respondents indicated they had experienced periods of at least three consecutive months in the past three years where they felt depressed on most days.
11. 39.8% of survey respondents stated that they are not aware of programs that help people pay for healthcare expenses.
12. Key informant interview participants were interested in more mental and behavioral health resources locally.
13. Survey respondents indicated to what degree their life has been negatively affected a little by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs: “A little” (15.3%), “Somewhat” (13.7%), and “A great deal” (8.9%).

14. Key informant interview participants shared a desire to enhance services for the area’s aging population.

Needs Unable to Address

(See page 28 for additional information)

1. 48.5% of survey respondents expressed interest in a stress management support group if it were made available to the community.
2. 37.8% of survey respondents shared that they would utilize a Chronic pain management service if made available locally.
3. Secondary data scan revealed that 23.1% of adolescents 13-17 years of age in Richland County were up-to-date with the Human Papillomavirus (HPV) vaccination compared to 54.4% for Montana.

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 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 16.

Goal 1: Enhance access to healthcare services in Richland County.

Strategy 1.1: Improve community access to clinic-based services at Sidney Health Center.

- 1.1.1. Continue to expand access to primary care by recruiting additional medical providers (i.e., family practice, etc.).
- 1.1.2. Continue to monitor the availability of providers and clinic hours to best meet community appointment needs (i.e., added third provider and expanded same day clinic, etc.).
- 1.1.3. Continue to enhance the utilization of technology (i.e., communication between patients/providers, online scheduling, etc.) to assist patients in making appointments, accessing patient chart information, and additional resources, including telehealth (Primary and specialty care). Continue to explore the feasibility of implementing online appointment scheduling for the walk-in clinic.
- 1.1.4. Continue developing Outreach Services Plan to enhance care coordination throughout the service area.

Strategy 1.2: Improve community access to hospital-based services at Sidney Health Center.

- 1.2.1. Explore opportunities to expand/enhance specialty care services onsite and via telemedicine.
- 1.2.2. Remodel the emergency room to expand access, improve wait times, and enhance patient experience (i.e., triage times, patient privacy).
- 1.2.3. Support continuous quality improvement efforts for patient visit efficiency and experience (i.e., lab/radiology results, wait times, length of visits, etc.).
- 1.2.4. Foster and sustain a relationship with St. Johns United to provide at home services to seniors throughout the service area.

Strategy 1.3: Improve community access to preventive services.

- 1.3.1. Continue to improve access to screening and preventive services by enhancing coordination between hospital, clinic, and community resources/services (i.e., expand cancer screening, men's/women's health, ACO efforts, free COVID-19 testing, etc.).
- 1.3.2. Support opportunities to expand and enhance SHC preventive outreach/education (i.e., birthday labs, educational events with schools, community screening events, social media, employee wellness screenings, event sponsorships, fair day sponsor, etc.).
- 1.3.3. Offer subsidized/lower-cost SHC fitness membership to community to increase access to and encourage physical activity. Regularly re-educate SHC providers on this opportunity for patient referrals.

Goal 2: Strengthen behavioral health services in Richland County.**Strategy 2.1:** Enhance access to and knowledge of behavioral health services in Richland County.

- 2.1.1. Continue to participate and support Local Mental Health Advisory Committee efforts.
- 2.1.2. Continue to offer training opportunities for community members at no cost (i.e., Mental Health First Aid, Critical Incident Stress Management, etc.).
- 2.1.3. Continue to support partnerships with local mental health and chemical dependency providers/resources to enhance emergency mental health services.
- 2.1.4. Continue supporting the integrated behavioral health services in the primary care setting.
- 2.1.5. Sustain mental health screening/assessment and protocols in the clinic setting (i.e., Safe Side prevention, etc.).
- 2.1.6. Continue to explore models/best practices for emergency department mental health screenings/assessments.
- 2.1.7. Continue to provide telehealth psychiatry services throughout the continuum of care.
- 2.1.8. Continue to partner with and promote local medication disposal program.

Goal 3: Enhance SHC community engagement and collaboration efforts in Richland County.

Strategy 3.1: Strengthen engagement and relationships with community partners and stakeholders.

- 3.1.1.** Continue to participate and foster relationships with community partners and champions that work to improve community health in Sidney and Richland County (i.e., Communities in Action, various coalitions, and workgroups: mental health, chronic disease, cancer, nutrition, etc.).
- 3.1.2.** Continue to explore opportunities to enhance information dissemination and health resource knowledge. Create educational outreach on use and benefits of “My Chart” (i.e., appointments, patient records, information, and resources, etc.).
- 3.1.3.** Continue outreach and education efforts to include community presentations and lunch and learns with local community groups (i.e., Senior Center, Kiwanis, Lions, Chamber, etc.).
- 3.1.4.** Continue providing community education related to payor information (Medicare, Medicaid, private insurance, Marketplace), financial resources, medication assistance programs, and other community resources.
- 3.1.5.** Continue to enhance SHC community engagement and responsiveness through the development of a SHC Patient and Family Advisory Council to increase community knowledge and navigation of local healthcare services.

Implementation Plan Grid

Goal 1: Enhance access to healthcare services in Richland County.

Strategy 1.1: Improve community access to clinic-based services at Sidney Health Center.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
1.1.1. Continue to expand access to primary care by recruiting additional medical providers (i.e., family practice, etc.).	Medical Staff Director	Sidney Physician Development Plan through 2025	CEO	Fidelis Sr. Executive Clinic Services	Resource limitations Workforce limitations
1.1.2. Continue to monitor the availability of providers and clinic hours to best meet community appointment needs (i.e., added third provider and expanded same day clinic, etc.).	Sr. Executive Clinic Services	Ongoing – evaluate every 6 mo.	CEO	SHC Clinic Providers; Richland County Health Department	Resource limitations
1.1.3. Continue to enhance the utilization of technology (i.e., communication between patients/providers, online scheduling, etc.) to assist patients in making appointments, accessing patient chart information, and additional resources, including telehealth (Primary and specialty care). Continue to explore the feasibility of implementing online appointment scheduling for the walk-in clinic.	Sr. Executive Information Systems	Ongoing	CEO	Montana Office of Rural Health and Area Health Education Center (MORH/AHEC); Sanford MyChart	Resource limitations
1.1.4. Continue developing Outreach Services Plan to enhance care coordination throughout the service area.	Medical Staff Director	Ongoing	CEO	Regional Healthcare Facilities	Resource limitations

Needs Being Addressed by this Strategy:

- 2. Survey respondents indicated that “Access to healthcare” (48.0%) is the top component for a health community.
- 3. 28.6% of respondents rated their knowledge of health services available through Sidney Health Center as fair or poor.
- 4. Survey respondents indicated they learn about available health services through “Friends/family” (68.0%), “Healthcare provider” (60.8%), and “Word of mouth/reputation” (56.8%).
- 5. Key informant interview participants were interested in developing a relationship with a consistent primary care provider.
- 6. Top suggestions to improve the community’s access to healthcare among survey respondents included “Expanded same-day clinic availability” (51.6%), “More primary care providers” (50.0%), and “More specialists” (45.2%).
- 9. 47.1% of survey respondents indicated they delayed or did not receive needed healthcare services; reasons for delay included “Cold not get an appointment” (48.2%), “Too long to wait for an appointment” (39.3%), and “It cost too much” (30.4%).

Anticipated Impact(s) of these Activities:

- Increase access to primary care services
- Increased community knowledge of services
- Improved health outcomes
- Service, policy, and resources development
- Improve access to high quality, coordinated care

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

- Physician recruitment
- Appointment availability
- Outreach services are key initiatives. Status of these initiatives are reported to the Board of Directors on a quarterly basis featuring a Summary of the Action and Risk Response Plans.
- Utilization of MyChart is monitored and reported on a monthly basis and shared with managers who have the goal of improving activation/participation

Measure of Success: SHC successfully recruits physicians and medical providers to meet the needs of the community over the next three years; increased utilization of MyChart by goals set on an annual basis and recorded on a monthly basis; and the implementation of an interactive electronic scheduling feature by December 2024.

Goal 1: Enhance access to healthcare services in Richland County.

Strategy 1.2: Improve community access to hospital-based services at Sidney Health Center.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
1.2.1. Explore opportunities to expand/enhance specialty care services onsite and via telemedicine.	Sr. Executive Clinic Services	Ongoing	CEO	Eastern Montana Telemedicine; Regional Healthcare Facilities; Medical Staff Director	Resource limitations Workforce limitations
1.2.2. Remodel the emergency room to expand access, improve wait times, and enhance patient experience (i.e., triage times, patient privacy).	Sr. Executive Nursing Services	Fall 2023	CEO	Corland Construction; ER Physicians; Sr. Executive Patient Experience	Resource limitations Workforce limitations
1.2.3. Support continuous quality improvement efforts for patient visit efficiency and experience (i.e., lab/radiology results, wait times, length of visits, etc.).	Sr. Executive Patient Experience	Ongoing	CEO	Patient Family Advisory Committee (PFAC)	Workforce limitations
1.2.4. Foster and sustain a relationship with St. Johns United to provide at home services to seniors throughout the service area.	Sr. Executive Nursing Services	Grant through 2025	CEO	St. Johns United; SHC Continuum of Care Services (VNS, Personal Assistance, The Lodge, and ECF)	Workforce limitations

Needs Being Addressed by this Strategy:

- 1. Top health concerns among survey respondents included “Cancer” (36.2%), “Drug abuse” (34.6%), “Alcohol abuse/substance abuse” (33.9%), and “Overweight/obesity” (26.8%).
- 2. Survey respondents indicated that “Access to healthcare” (48.0%) is the top component for a health community.
- 6. Top suggestions to improve the community’s access to healthcare among survey respondents included “Expanded same-day clinic availability” (51.6%), “More primary care providers” (50.0%), and “More specialists” (45.2%).
- 14. Key informant interview participants shared a desire to enhance services for the area’s aging population.

Anticipated Impact(s) of these Activities:

- Increase access to hospital-based services
- Increased community knowledge of services
- Improved health outcomes
- Service, policy, and resources development

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

- Measure the utilization of specialty services available through telemedicine as SHC partners with regional facilities.
- Sidney Health Center will be utilizing LEAN methods to evaluate various areas like the ER to eliminate waste and improve processes.

Measure of Success:

- Utilization of telemedicine services is 100% or more of the budgeted amount on an annual basis.
- With improved processes and standards of care, Sidney Health Center will reduce ER wait times to industry standards. Reports of ER wait times can be generated to monitor progress in this area.
- Through grant funds, Sidney Health Center will partner with St. Johns United to help seniors live in their homes with assistance from home care services and identify ways to sustain the program following the grant timeframe.

Goal 1: Enhance access to healthcare services in Richland County.

Strategy 1.3: Improve community access to preventive services.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
1.3.1. Continue to improve access to screening and preventive services by enhancing coordination between hospital, clinic, and community resources/services (i.e., expand cancer screening, men’s/women’s health, ACO efforts, free COVID-19 testing, etc.).	Sr. Executive Marketing	Ongoing	CEO	Richland County Health Dept.	Resource limitations
1.3.2. Support opportunities to expand and enhance SHC preventive outreach/education (i.e., birthday labs, educational events with schools, community screening events, social media, employee wellness screenings, event sponsorships, fair day sponsor, etc.).	Sr. Executive Marketing	Ongoing	CEO	Local Businesses	Resource limitations Financial limitations
1.3.3. Offer subsidized/lower-cost SHC fitness membership to community to increase access to and encourage physical activity. Regularly re-educate SHC providers on this opportunity for patient referrals.	Sr. Executive Finance	Evaluate Annually	CEO	HealthWorks Director; HealthWorks Board	Resource limitations Financial limitations

Needs Being Addressed by this Strategy:

- 1. Top health concerns among survey respondents included “Cancer” (36.2%), “Drug abuse” (34.6%), “Alcohol abuse/substance abuse” (33.9%), and “Overweight/obesity” (26.8%).
- 2. Survey respondents indicated that “Access to healthcare” (48.0%) is the top component for a health community.
- 3. 28.6% of respondents rated their knowledge of health services available through Sidney Health Center as fair or poor.
- 4. Survey respondents indicated they learn about available health services through “Friends/family” (68.0%), “Healthcare provider” (60.8%), and “Word of mouth/reputation” (56.8%).
- 7. Survey respondents indicated an interest in the following classes or programs: “Weight loss” (41.8%), “Health and wellness” (35.5%), “Women’s health” (31.8%), “Fitness” (30.9%), and “Health insurance education (Medicare/Medicaid/Private) (30.0%).

Anticipated Impact(s) of these Activities:

- Increase access to preventive services
- Increased community knowledge of services
- Improved health outcomes
- Service, policy, and resources development
- Reduce disease burden
- Empower community to make healthful lifestyle choices

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

- Measure the amount of people who take advantage of the screenings, educational opportunities, and lower cost fitness memberships as events occur over the next three years.

Measure of Success: Reduced rates of obesity and physical inactivity are reported in the secondary data by 2025.

Goal 2: Strengthen behavioral health services in Richland County.

Strategy 2.1: Enhance access to and knowledge of behavioral health services in Richland County.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
2.1.1. Continue to participate and support Local Mental Health Advisory Committee efforts.	Sr. Executive Hospital Services	Ongoing	CEO	Local Mental Health Advisory Committee	Scheduling conflicts
2.1.2. Continue to offer training opportunities for community members at no cost (i.e., Mental Health First Aid, Critical Incident Stress Management, etc.).	Sr. Executive Hospital Services	Ongoing as needed	CEO	MORH/AHEC, Montana DPHHS, SHC Chaplain; SHC Volunteers	Resource limitations
2.1.3. Continue to support partnerships with local mental health and chemical dependency providers/resources to enhance emergency mental health services.	Sr. Executive Hospital Services	Evaluate annually	CEO	Local mental health and chemical dependency providers	Resource limitations Scheduling conflicts
2.1.4. Continue supporting the integrated behavioral health services in the primary care setting.	Sr. Executive Clinic Services	Ongoing	CEO	ACO	Resource limitations Workforce limitations
2.1.5. Sustain mental health screening/assessment and protocols in the clinic setting (i.e., Safe Side prevention, etc.).	Sr. Executive Clinic Services	Ongoing	CEO	Clinic providers and clinical staff	Resource limitations
2.1.6. Continue to explore models/best practices for emergency department mental health screenings/assessments.	Sr. Executive Hospital Services	Ongoing	CEO	Array; Sr. Executive Nursing Services	Resource limitations

2.1.7. Continue to provide telehealth psychiatry services throughout the continuum of care.	Sr. Executive Clinic Services	Ongoing	CEO	Array; Regional Partners; Sr. Executive Hospital Services	Resource limitations
2.1.8. Continue to partner with and promote local medication disposal program.	Sr. Executive Hospital Services	Ongoing	CEO	Local pharmacies, Law Enforcement	Resource limitations

Needs Being Addressed by this Strategy:

- 1. Top health concerns among survey respondents included “Cancer” (36.2%), “Drug abuse” (34.6%), “Alcohol abuse/substance abuse” (33.9%), and “Overweight/obesity” (26.8%).
- 10. 20.6% of respondents indicated they had experienced periods of at least three consecutive months in the past three years where they felt depressed on most days.
- 12. Key informant interview participants were interested in more mental and behavioral health resources locally.
- 13. Survey respondents indicated to what degree their life has been negatively affected a little by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs: “A little” (15.3%), “Somewhat” (13.7%), and “A great deal” (8.9%).

Anticipated Impact(s) of these Activities:

- Increase access to behavioral health services
- Decrease societal stigma associated with mental illness and substance use disorders
- Strengthen community partnerships
- Build community capacity
- Service, policy, and resources development
- Increased community knowledge of resources

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

- As we do baseline measurement in primary care, statistics will be shared with the Montana State Grant program to advance efforts. This will include numbers, sex, ages, etc. These reports also include scores of assessments, number of people utilizing the Community Health Worker services, number of people utilizing referred services of Eastern Montana Health and Licensed Addiction Counselors which are supported with Community Benefit funding from Sidney Health Center.

Measure of Success: Increased number of individuals are screened and/or referred to behavioral and chemical dependency programs by 2025.

Goal 3: Enhance SHC community engagement and collaboration efforts in Richland County.

Strategy 3.1: Strengthen engagement and relationships with community partners and stakeholders.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
3.1.1. Continue to participate and foster relationships with community partners and champions that work to improve community health in Sidney and Richland County (i.e., Communities in Action, various coalitions, and workgroups: mental health, chronic disease, cancer, nutrition, etc.).	CEO	Ongoing participation; evaluate opportunities annually	CEO	Communities in Action, various coalitions and workgroups: mental health, chronic disease, cancer, nutrition	Resource limitations Scheduling conflicts
3.1.2. Continue to explore opportunities to enhance information dissemination and health resource knowledge. Create educational outreach on use and benefits of “My Chart” (i.e., appointments, patient records, information and resources, etc.).	Sr. Executive Marketing	Ongoing	CEO	SHC Volunteers; PFAC	Resource limitations
3.1.3. Continue outreach and education efforts to include community presentations and lunch and learns with local community groups (i.e., Senior Center, Kiwanis, Lions, Chamber, etc.).	Sr. Executive Marketing	Quarterly planning	CEO	Senior Center, Kiwanis, Lions, Chamber	Resource limitations Scheduling conflicts

<p>3.1.4. Continue providing community education related to payor information (Medicare, Medicaid, private insurance, Marketplace), financial resources, medication assistance programs, and other community resources.</p>	<p>Sr. Executive Hospital Services</p>	<p>Ongoing</p>	<p>CEO</p>	<p>Social Services; Sr. Executive Long-Term Care; Patient Financial Services</p>	<p>Resource limitations</p>
<p>3.1.5. Continue to enhance SHC community engagement and responsiveness through the development of a SHC Patient and Family Advisory Council to increase community knowledge and navigation of local healthcare services.</p>	<p>Senior Executive Patient Experience</p>	<p>Ongoing</p>	<p>CEO</p>	<p>SHC Patients; Community members</p>	<p>Resource limitations</p>

Needs Being Addressed by this Strategy:

- 2. Survey respondents indicated that “Access to healthcare” (48.0%) is the top component for a health community.
- 3. 28.6% of respondents rated their knowledge of health services available through Sidney Health Center as fair or poor.
- 4. Survey respondents indicated they learn about available health services through “Friends/family” (68.0%), “Healthcare provider” (60.8%), and “Word of mouth/reputation” (56.8%).
- 7. Survey respondents indicated an interest in the following classes or programs: “Weight loss” (41.8%), “Health and wellness” (35.5%), “Women’s health” (31.8%), “Fitness” (30.9%), and “Health insurance education (Medicare/Medicaid/Private) (30.0%).
- 8. 16.7% of survey respondents indicated that they had difficulty getting a prescription or taking their medication regularly in the last year.
- 9. 47.1% of survey respondents indicated they delayed or did not receive needed healthcare services; reasons for delay included “Cold not get an appointment” (48.2%), “Too long to wait for an appointment” (39.3%), and “It cost too much” (30.4%).
- 11. 39.8% of survey respondents stated that they are not aware of programs that help people pay for healthcare expenses.

Anticipated Impact(s) of these Activities:

- Increase access to health care services
- Build community capacity
- Increased community knowledge of services
- Service, policy, and resources development
- Community/patient engagement

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

- Track the number of educational opportunities provided to the general public
- Track the number of area residents who take advantage of the medication assistance programs and financial assistance.
- Over the next three years, Sidney Health Center will continue to work on its care transitions/discharge planning processes in the hospital setting to improve communication/education with its patients.

Measure of Success: SHC will see improved participation and attendance in educational presentations offered to the community through various venues. Sidney Health Center will track its success through various survey results including HCAHPS, CGCAHPS, OAS CAHPS, and ER.

Needs Not Addressed and Justification

Identified health needs unable to address by Sidney Health Center	Rationale
1. 48.5% of survey respondents expressed interest in a stress management support group if it were made available to the community.	Sidney Health Center (SHC) has limited staff and resources available for stress management. Individuals are screened in the clinic setting during appointments and referred to the Integrated Behavioral Health Program to address immediate issues.
2. 37.8% of survey respondents shared that they would utilize a Chronic pain management service if made available locally.	Sidney Health Center (SHC) does offer Interventional Pain Management through the onsite radiologist. At this time, the hospital does not have the staff or resources to devote to a chronic pain management service. The organization is exploring options to assist patients with chronic pain.
3. Secondary data scan revealed that 23.1% of adolescents 13-17 years of age in Richland County were up-to-date with the Human Papillomavirus (HPV) vaccination compared to 54.4% for Montana.	Sidney Health Center (SHC) cannot address the need alone and there are other organizations in the county that can make an impact on the vaccination rate.

Dissemination of Needs Assessment

Sidney Health Center “SHC” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website (sidneyhealth.org/About/Community-Health-Assessment-Implementation-Plan) 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 SHC is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Richland County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of SHC will be directed to the hospital’s website to view the complete assessment results and the implementation plan. SHC board members approved and adopted the plan on **August 24, 2022**. 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 2022-2025 Sidney Health Center Community Benefit Strategic Plan can be submitted to the Administrative Department at SHC:

Administration
Sidney Health Center
216 14th Ave SW.
Sidney, MT 59270

Contact Sidney Health Center’s Administrative Executive Assistant, Melissa Papka, at 406-488-2027 or melissa.papka@sidneyhealth.org with any questions.