

IMPLEMENTATION PLAN

Addressing Community Health Needs



Exceptional Care for Life

Sidney, Montana

2019-2022

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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 CHSD community health needs assessment was performed in the spring of 2019 to determine the most important health needs and opportunities for Richland County, Montana. “Needs” were identified as the top issues or opportunities rated by respondents during the CHSD survey process or during focus groups (see page 10 for a list of “Needs Identified and Prioritized”). For more information regarding the needs identified, as well as the assessment process/approach/methodology, please refer to the facility’s assessment report, which is posted on the facility’s website (Sidneyhealth.org).

The community steering and implementation planning committees identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing 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:

1. Access to healthcare services
2. Behavioral health
3. Community engagement and collaboration

In addressing the aforementioned issues, SHC seeks to:

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

Sidney Health Center’s Mission: To help you achieve your highest level of health and well-being.

Sidney Health Center’s Vision: To redefine rural healthcare through patient centered innovation and collaboration.

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

- Integrity
- Compassion
- Accountability
- Respect
- Excellence

Implementation Planning Committee Members:

- Jennifer Doty, CEO- Sidney Health Center (SHC)
- Nancy Dynneson, Senior Executive of Hospital Services- SHC
- Becky Cassidy, Senior Executive of Hospital Services- SHC
- Tina Montgomery, Senior Executive of Finance- SHC
- Marlys Anvik, Senior Executive of Extended Care and The Lodge- SHC
- Sean Kavanagh, Senior Executive of Information Services- SHC
- Rita Steinbeisser, Senior Executive of Marketing- SHC

Prioritizing the Community Health Needs

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

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

SHC'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 interactive tours for grade school students to provide education on various health topics (i.e. nutrition, handwashing, emergency care, etc.)
- 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 walk-in 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.

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
- District II Alcohol & Drug Program
- Eastern Montana Mental Health Center
- 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
- 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
- The Montana Department of Public Health and Human Services (MT DPHHS)

Richland County Indicators

Population Demographics

- 14.5% of Richland County's population has disability status
- 13.2% of Richland County's population is 65 years and older
- 8.3% of Richland County's population has Veteran status

Size of County and Remoteness

- 9,746 people in Richland County
- 4.7 people per square mile

Socioeconomic Measures

- 10% of adults (age<65) are uninsured; 6% of children less than age 18, are uninsured
- 5.9% of persons are below the federal poverty level
- 5.4% of the population is enrolled in Medicaid
- 3.7% of children live in poverty; 21.2% receiving WIC benefits

Select Health Measures

- 30% of adults are considered obese
- 27% of the adult population report physical inactivity
- 24% of the adult population report excessive drinking
- 17% of the adult population report smoking
- Unintentional injury death rate (per 100,000 population) is 62.8 compared to 41.3 for Montana
- Suicide rate per 100,000 is 24.7 compared to 22.5 for Montana
- Asthma hospitalization rate per 100,000 is 80.2 compared to 47.5 for Montana
- Diabetes hospitalization rate per 100,000 is 1338.3 compared to 1058.9 for Montana
- COPD emergency department visit rate per 100,000 is 1297.1 compared to 669.9 for Montana
- Chlamydia rate per 100,000 is 453.8 compared to 366.2 for Montana
- Pertussis rate per 100,000 is 46.6 compared to 44.6 for Montana

Nearest Major Hospital

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

Public Health and Underserved Populations Consultation Summaries

Public Health Consultation

Judy LaPan, MS, MBA - Director Richland County Public Health; Angela Zaar - AmeriCorps Volunteer, Richland County; Patti Iversen, APRN FNP-C - Sidney Health Center; Stephanie Ler, Sanitarian- Richland County Public Health 01/29/2019 & 04/17/2019

- I think it would be beneficial to find out what type of tobacco people are using, as we are seeing more vaping. People don't really smoke cigarettes as much anymore.
- Unintentional injury is a huge issue around here. People don't wear their seatbelts.
- There is a large proportion of people with chronic conditions in our area. It's largely due to lifestyle choices.
- Richland County Public Health Department conducted a health assessment and quality of life assessment in July which I think would be helpful information in this process.

Underserved Population – Low-Income, Underinsured

Patti Iversen, APRN FNP-C - Sidney Health Center

01/29/2019

- I think it would be helpful to include information in the cover letter which lets the community know the data goes straight to MSU and not the facility, so they know their information is anonymous.
- I think we should add respiratory disease as a top health concern given its high mortality rates for our County.
- Trauma in general, I think is a concern. Thinking of: Elder abuse, child abuse/neglect, domestic violence, etc.

Underserved Population – Seniors

Marie Logan, LCPC- Eastern Montana Community Mental Health Center

01/29/2019

- Trauma in general, I think is a concern. Thinking of elder abuse, child abuse/neglect, domestic violence, etc.

Underserved Population – Youth and Young Adults

Carl Dynneson, Assistant Principal - Sidney High School; Angie Nelson, Superintendent – Savage Public Schools

01/29/2019 & 04/17/2019

- Vaping is growing in popularity, especially with our youth population.

Needs Identified and Prioritized

Prioritized Needs to Address

1. 54.5% of survey respondents rated the community's health as "Somewhat Healthy".
2. Survey respondents indicated the top component of a healthy community is access to healthcare and other services.
3. Survey respondents indicated the top ways to improve the community's access to healthcare were availability of visiting specialists, more primary care providers, expand walk-in clinic availability, and more information about available services.
4. 38% of survey respondents indicated they delayed or did not get needed medical services in the last three years. Top reasons for delay/not receiving services were too long to wait for an appointment and could not get an appointment.
5. Focus group participants indicated they felt appointment availability and wait times were long for primary care services.
6. Focus group participants noted a desire for additional/expanded specialty services as well as enhanced communication about available specialty services.
7. Survey respondents reported most interest in specialty services such as dermatology, acupuncture and oral surgery if available locally.
8. Top five health concerns identified by survey respondents were cancer, alcohol abuse, suicide, drug abuse and lack of mental health professionals.
9. Survey respondents reported most interest in educational classes or programs related to women's health, weight loss, fitness, health and wellness, and nutrition.
10. Secondary data indicates 30% of Richland Co. adults are considered obese (compared to 25% for Montana).
11. Secondary data indicates 27% of Richland Co. adults report physical inactivity (compared to 21% for Montana).
12. Survey respondents indicated most interest in support groups related to stress management, weight loss, and depression/anxiety.
13. Secondary data indicates the suicide rate for Richland Co. is 24.7 (per 100,000 pop.) compared to 13.9 in the US.
14. Focus group participants expressed desire for additional education and fitness opportunities.
15. Secondary data indicates the diabetes hospitalization rate for Richland Co. is 1338.3 (per 100,000 pop.) compared to 1058.9 for Montana.
16. 15.1% of survey respondents reported they engage in physical activity of at least 20 minutes 1-2 times per month, or no physical activity.
17. Focus group participants indicated a need for services/resources related to depression, suicide, and anxiety.
18. Focus group participants noted the burden many community members faced related to having to travel for mental health services.
19. 37.9% of survey respondents reported they were not aware or unsure of programs that help people pay for healthcare bills.

Needs Unable to Address

(See page 26 for additional information)

1. 9.5% of survey respondents reported that in the last year, cost had prohibited them from getting a prescription or taking their medications regularly.
2. 37.9% of survey respondents reported they were not aware or unsure of programs that help people pay for healthcare bills.
3. Secondary data indicates that asthma hospitalization rate for Richland Co. is 80.2 (per 100,000 pop.) compared to 47.5 for Montana.
4. Secondary data indicates the unintentional death rate for Richland Co. is 62.8 (per 100,000 pop.) compared to 41.3 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 10). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 15.

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

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

Activities:

- Expand access to primary care by recruiting additional medical providers
- Conduct study to determine availability and clinic hours to best meet community appointment needs
- Enhance utilization of technology (MyChart/online scheduling, etc.) to assist patients in making appointments, accessing patient chart information, and additional resources
- Explore feasibility of implementing online appointment scheduling for Walk-in-Clinic appointments
- Develop 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

Activities:

- Explore opportunities to expand/enhance specialty care services onsite and via telemedicine
- Explore alternative ER models to expand access, improve wait times, and enhance patient experience

Strategy 1.3: Improve community access to preventative services

Activities:

- Improve access to screening and preventative services by enhancing coordination between hospital, clinic, and community resources/services (expand cancer screening, men's/women's health, ACO efforts, etc.)
- Continue and explore opportunities to expand SHC preventative outreach/education (birthday labs, educational events with schools, community screening events, certified diabetes education classes, lunch and learns, social media, etc.)
- Continue offering subsidized/lower-cost SHC fitness membership to community to increase access to and encourage physical activity

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:**

- Continue to participate and support Local Mental Health Advisory Committee efforts
- Continue to offer training opportunities for community members at no cost (Mental Health 1st Aid, Critical Incident Stress Management, etc.)
- Continue developing partnerships with local mental health and chemical dependency providers/resources to enhance emergency mental health services
- Explore Behavioral Health Community Health Worker position utilizing Americorp Volunteer to enhance behavioral health care coordination
- Develop and implement mental health screening/assessment and protocols in the clinic setting
- Explore models/best practices for emergency department mental health screenings/assessments
- Explore opportunities to expand behavioral and chemical dependency services via use of technology and telemedicine
- 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**Activities:**

- Continue to participate and foster relationships with community partners and stakeholders that work to influence community health in Sidney and Richland County (Communities in Action, various coalitions and workgroups: mental health, chronic disease, cancer, nutrition, etc.)
- Explore opportunities to enhance information dissemination and health resource knowledge
 - Create educational outreach on use and benefits of “My Chart” (appointments, patient records, information and resources)

- Expand outreach and education efforts to include community presentations and lunch and learns with local community groups (Senior Center, Kiwanis, Lions, Chamber, etc.)
- Create community education related to payor information (Medicare, Medicaid, private insurance, Marketplace), financial resources, medication assistance programs, and other community resources
- Enhance SHC community engagement and responsiveness through the development of a SHC Patient 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
Expand access to primary care by recruiting additional medical providers	Sr. Executive Physician Services	Sidney Physician Development Plan thru 2022	CEO	Fidelis	Resource limitations Workforce limitations
Conduct study to determine availability and clinic hours to best meet community appointment needs	Sr. Executive Physician Services	January 2020 Ongoing - evaluate every 6 mo.	CEO	SHC Clinic Providers; Richland County Health Department	Resource limitations
Enhance utilization of technology (MyChart/online scheduling, etc.) to assist patients in making appointments, accessing patient chart information, and additional resources	Sr. Executive Information Systems	Ongoing	CEO	Sanford Health; EPIC	Resource limitations Financial limitations
Explore feasibility of implementing online appointment scheduling for Walk-in-Clinic appointments	Sr. Executive Information Systems	December 2020	CEO	Sanford Health; EPIC; Technology Vendors	Resource limitations
Develop Outreach Services Plan to enhance care coordination throughout the service area	Sr. Executive Physician Services	December 2020	CEO	Regional Healthcare Facilities	Resource limitations
Needs Being Addressed by this Strategy:					
<ul style="list-style-type: none"> ▪ 1. 54.5% of survey respondents rated the community’s health as “Somewhat Healthy.” ▪ 2. Survey respondents indicated the top component of a healthy community is access to healthcare and other services. ▪ 3. Survey respondents indicated the top ways to improve the community’s access to healthcare were availability of visiting specialists, more primary care providers, expand walk-in clinic availability, and more information about available services. ▪ 4. 38% of survey respondents indicated they delayed or did not get needed medical services in the last three years. Top reasons for delay/not receiving services were too long to wait for an appointment and could not get an appointment. 					

- 5. Focus group participants indicated they felt appointment availability and wait times were long for primary care services.

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; the implementation of an online clinic appointment scheduler by December 2020; and outreach services plan developed by December 2020.

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
Explore opportunities to expand/enhance specialty care services onsite and via telemedicine	Sr. Executive Physician Services	December 2020	CEO	Eastern Montana Telemedicine; Regional Healthcare Facilities	Resource limitations Workforce limitations
Explore alternative ER models to expand access, improve wait times, and enhance patient experience	Sr. Executive Hospital Services	July 2021	CEO		Resource limitations

Needs Being Addressed by this Strategy:

- 1. 54.5% of survey respondents rated the community’s health as “Somewhat Healthy.”
- 2. Survey respondents indicated the top component of a healthy community is access to healthcare and other services.
- 3. Survey respondents indicated the top ways to improve the community’s access to healthcare were availability of visiting specialists, more primary care providers, expand walk-in clinic availability, and more information about available services.
- 4. 38% of survey respondents indicated they delayed or did not get needed medical services in the last three years. Top reasons for delay/not receiving services were too long to wait for an appointment and could not get an appointment
- 6. Focus group participants noted a desire for additional/expanded specialty services as well as enhanced communication about available specialty services.
- 7. Survey respondents reported most interest in specialty services such as dermatology, acupuncture and oral surgery if available locally.

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. Over the next three years, Sidney Health Center will be utilizing LEAN methods to evaluate various areas like the ER to eliminate waste and improve processes.

- Reports of ER wait times can be generated to monitor progress in this area.

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.

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
Improve access to screening and preventative services by enhancing coordination between hospital, clinic, and community resources/services (expand cancer screening, men’s/women’s health, ACO efforts, etc.)	Sr. Executive Marketing	January 2020 Ongoing through 2022	CEO	Richland County Health Dept.	Resource limitations
Continue and explore opportunities to expand SHC preventative outreach/education (birthday labs, educational events with schools, community screening events, certified diabetes education classes, lunch and learns, social media, etc.)	Senior Executive Marketing	October 2019 Ongoing through 2022	CEO	Richland County Health Department	Resource limitations Financial limitations
Continue offering subsidized/lower-cost SHC fitness membership to community to increase access to and encourage physical activity	Senior Executive Finance	October 2019; Evaluate annually	CEO	Healthworks Director; Healthworks Board	Resource limitations Financial limitations

Needs Being Addressed by this Strategy:

- 1. 54.5% of survey respondents rated the community’s health as “Somewhat Healthy.”
- 2. Survey respondents indicated the top component of a healthy community is access to healthcare and other services.
- 9. Survey respondents reported most interest in educational classes or programs related to women’s health, weight loss, fitness, health and wellness, and nutrition.
- 10. Secondary data indicates 30% of Richland Co. adults are considered obese (compared to 25% for Montana).
- 11. Secondary data indicates 27% of Richland Co. adults report physical inactivity (compared to 21% for Montana).
- 12. Survey respondents indicated most interest in support groups related to stress management, weight loss, and depression/anxiety.
- 13. Focus group participants expressed desire for additional education and fitness opportunities.
- 14. Secondary data indicates the diabetes hospitalization rate for Richland Co. is 1338.3 (per 100,000 pop.) compared to 1058.9 for Montana.
- 15. 15.1% of survey respondents reported they engage in physical activity of at least 20 minutes 1-2 times per month, or no physical activity.

Anticipated Impact(s) of these Activities:

- Increase access to preventative 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 2022.

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
Continue to participate and support Local Mental Health Advisory Committee efforts	Sr. Executive Hospital Services	Ongoing through 2022	CEO	Local Mental Health Advisory Committee	Scheduling conflicts
Continue to offer training opportunities for community members at no cost (Mental Health 1 st Aid, Critical Incident Stress Management, etc.)	Sr. Executive Hospital Services	Ongoing as needed	CEO	Montana AHEC, Montana DPHHS, SHC Chaplain; SHC Volunteers	Resource limitations
Continue developing 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
Explore Behavioral Health Community Health Worker position utilizing Americorp Volunteer to enhance behavioral health care coordination	Sr. Executive Hospital Services	July 2020	CEO	Americorp Program; ACO	Resource limitations Workforce limitations
Develop and implement mental health screening/assessment and protocols in the clinic setting	Sr. Executive Hospital Services	July 2020	CEO	Americorp Volunteer	Resource limitations
Explore models/best practices for emergency department mental health screenings/assessments	Sr. Executive Hospital Services	December 2020	CEO	Americorp Volunteer	Resource limitations
Explore opportunities to expand behavioral and chemical dependency services via use of technology and telemedicine	Sr. Executive Hospital Services	December 2020	CEO	Regional Healthcare Facilities and Providers	Resource limitations
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. 54.5% of survey respondents rated the community's health as "Somewhat Healthy."

- 3. Survey respondents indicated the top ways to improve the community’s access to healthcare were availability of visiting specialists, more primary care providers, expand walk-in clinic availability, and more information about available services.
- 8. Top five health concerns identified by survey respondents were cancer, alcohol abuse, suicide, drug abuse and lack of mental health professionals.
- 12. Survey respondents indicated most interest in support groups related to stress management, weight loss, and depression/anxiety.
- 16. Secondary data indicates the suicide rate for Richland Co. is 24.7 (per 100,000 pop.) compared to 13.9 in the US.
- 17. Focus group participants indicated a need for services/resources related to depression, suicide, and anxiety.
- 18. Focus group participants noted the burden many community members faced related to having to travel for mental health services.

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 2022.

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
Continue to participate and foster relationships with community partners and stakeholders that work to influence community health in Sidney and Richland County (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
Explore opportunities to enhance information dissemination and health resource knowledge <ul style="list-style-type: none"> ○ Create educational outreach on use and benefits of “My Chart” (appointments, patient records, information and resources) 	Sr. Executive Marketing	January 2020	CEO	SHC Volunteers	Resource limitations
Expand outreach and education efforts to include community presentations and lunch and learns with local community groups (Senior Center, Kiwanis, Lions, Chamber, etc.)	Sr. Executive Marketing	Quarterly planning	CEO	Senior Center, Kiwanis, Lions, Chamber	Resource limitations Scheduling conflicts
Create community education related to payor information (Medicare, Medicaid, private insurance, Marketplace), financial resources, medication assistance programs, and other community resources	Sr. Executive Hospital Services	July 2020	CEO		Resource limitations
Enhance SHC community engagement and responsiveness through the development of a SHC Patient Advisory Council to increase community knowledge and navigation of local healthcare services	Senior Executive Patient Experience	January 2022	CEO	SHC Patients; Community members	Resource limitations

Needs Being Addressed by this Strategy:

- 1. 54.5% of survey respondents rated the community’s health as “Somewhat Healthy.”
- 2. Survey respondents indicated the top component of a healthy community is access to healthcare and other services.
- 3. Survey respondents indicated the top ways to improve the community’s access to healthcare were availability of visiting specialists, more primary care providers, expand walk-in clinic availability, and more information about available services.
- 8. Top five health concerns identified by survey respondents were cancer, alcohol abuse, suicide, drug abuse and lack of mental health professionals.
- 9. Survey respondents reported most interest in educational classes or programs related to women’s health, weight loss, fitness, health and wellness, and nutrition.
- 19. 37.9% of survey respondents reported they were not aware or unsure of programs that help people pay for healthcare bills.

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 SHC	Rationale
<p>1. 9.5% of survey respondents reported that in the last year, cost had prohibited them from getting a prescription or taking their medications regularly.</p>	<ul style="list-style-type: none"> • Sidney Health Center has several programs in place to assist in addressing this need, but it was not included as a primary focus. Sidney Health Center has a Medication Assistance Program that is administered by a Social Worker. As a participant in the 340B program, a portion of the funds are utilized for this program. A fund is maintained at the Foundation for Community Care, and participants must make application to be eligible for payment for medications, but staff work with participants when services are available from the drug companies. • Our Social Services department also allocates 14 hours each week for community benefit. This is to serve individuals requiring assistance with financial applications to the health center, Medicaid application processes, and long-term disability applications. • Under the Affordable Care Act, Sidney Health Center is a Certified Designated Organization and a Social Worker serves as a Certified Applications Counselor. This is also part of the community benefit hours designated each week.
<p>2. Secondary data indicates that asthma hospitalization rate for Richland Co. is 80.2 (per 100,000 pop.) compared to 47.5 for Montana.</p>	<ul style="list-style-type: none"> • Sidney Health Center participates in a Chronic Disease Management team with the Richland County Health Department. Their focus is support and education for several diagnoses including asthma. • The Medication Assistance Program is often accessed by individuals with asthmas, as some of these medications are cost prohibitive.
<p>3. Secondary data indicates the unintentional death rate for Richland Co. is 62.8 (per 100,000 pop.) compared to 41.3 for Montana.</p>	<ul style="list-style-type: none"> • Sidney Health Center participates in an Injury Prevention team with the Richland County Health Department. • Sidney Health Center in conjunction with the Richland County Ambulance service provides notice and education for several issues relating to unintentional death, providing notification per our Facebook page.

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) 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 28, 2019**. 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 2019-2022 Sidney Health Center Community Benefit Strategic Plan can be submitted to the Administration Department at SHC:

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

Contact Sidney Health Center’s Administration Executive Assistant, Kaila Dally at (406) 488-2364 or kaila.dally@sidneyhealth.org with any questions.