

# IMPLEMENTATION PLAN

---

## *Addressing Community Health Needs*

### *McCone County Health Center ~ Circle, Montana*

---

1

*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.*

**Table of Contents**

*The Implementation Planning Process* ..... 3

*Prioritizing the Community Health Needs*..... 5

*McCone County Health Center’s Existing Presence in the Community*..... 5

*List of Available Community Partnerships and Facility Resources to Address Needs* ..... 6

*McCone County Indicators*..... 8

*Public Health and Underserved Populations Consultation Summaries*..... 9

*Needs Identified and Prioritized* ..... 11

*Prioritized Needs to Address* ..... 11

*Needs Unable to Address*..... 12

*Executive Summary*..... 13

*Implementation Plan Grid* ..... 16

*Needs Not Addressed and Justification*..... 18

*Dissemination of Needs Assessment* ..... 27

## The Implementation Planning Process

The Implementation Planning Committee – comprised of McCone County Health Center’s (MCHC) leadership team and community members – participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) needs assessment process. MCHC conducted the CHSD process in conjunction with the Montana Office of Rural Health (MORH).

The CHSD Community Health Needs Assessment was performed in the Spring of 2017 to determine the most important health needs and opportunities for McCone 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 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 MCHC’s Community Health Needs Assessment (CHNA) Report, which is posted on the facility’s website ([www.mcconehealth.org](http://www.mcconehealth.org)).

The Implementation Planning Committee identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise (see page 9 for additional information regarding input received from community representatives).

The Implementation Planning Committee determined which needs or opportunities could be addressed considering McCone County Health Center’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. Workforce development
2. Health and wellness
3. Access to healthcare services

In addressing the aforementioned issues, McCone County Health Center seeks to:

- a) Improve access to healthcare services;
- b) Enhance the health of the community;
- c) Advance medical or health knowledge;
- d) Relieve or reduce the burden of government or other community efforts

**McCone County Health Center's Mission:**

McCone County Health Center is dedicated to providing our residents and patients with optimal and achievable health care services, implementing programs and services that will provide for the overall health and well-being of its service area, and centralize health care services.

**Implementation Planning Committee Members:**

- Nancy Rosaaen – CEO, McCone County Health Center
- LaToya Gardner- Director of Nursing/RN, McCone County Health Center
- Sue Good- RN, McCone County Public Health
- Anita Heide- Dietary Manager, McCone County Health Center & McCone County Council on Aging member
- Bridget Schmidt – Activities Coordinator, McCone County Health Center
- Lee Jensen- EMT/President, Redwater Valley Ambulance Service

## Prioritizing the Community Health Needs

The Implementation Planning Committee completed the following to prioritize the community health needs:

- Reviewed MCHC's presence in the community (i.e. activities already being done to address community need)
- Considered organizations outside of MCHC which may serve as collaborators in executing MCHC'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

### McCone County Health Center's Existing Presence in the Community

- MCHC provides lab services for the annual health fair which is hosted by McCone County Public Health Department.
- MCHC offers school physicals at a reduced cost each August in Circle and Richey.
- MCHC organizes and sponsors several community events, including a Fun Run associated with community celebration at the annual Town & Country Day. MCHC, McCone County Volunteer Fire Department and Redwater Valley Ambulance Service also host a free community breakfast on T&C Day.
- MCHC staff members conduct presentations on healthcare topics at the Senior Center.
- MCHC provides opportunities for continuing community and profession education via the telemedicine network.
- MCHC loans out medical equipment at no cost to community members.
- MCHC may sponsor high school students for certain Area Health Education Center (AHEC) activities to build interest in healthcare professions.
- MCHC has developed programs that bring students into the facility: special needs students are able to volunteer at the facility and local students spend time with the nursing home residents during the school year.
- MCHC may provide an annual scholarship to any high school graduate that has worked at MCHC and additional scholarship opportunities are available for community members interested in pursuing healthcare careers.
- MCHC is contracted through McCone County to provide meals through the Meals on Wheels program.

### List of Available Community Partnerships and Facility Resources to Address Needs

- The Montana Hospital Association (MHA) is a nonprofit organization whose members provide the full spectrum of healthcare services, including hospital inpatient and outpatient, skilled nursing facility, home health, hospice, physician, assisted living, senior housing and insurance services. Members range from the smallest critical access hospitals providing primary care services in Montana's rural communities to the largest tertiary care hospitals in the state. MCHC is a MHA member.
- Building Active Communities Initiative (BACI) is a project of the Montana Department of Public Health and Human Services in cooperation with Montana State University's Office of Rural Health. With in-depth, interactive training, mentoring and ongoing technical assistance, NAPA's Building Active Communities Initiative supports community-led approaches to develop active and healthy communities.
- WELCOA (The Wellness Council of America) is one of the nation's most-respected resources for building high-performing, healthy workplaces.
- Billings Clinic and St. Vincent Healthcare deliver compassionate, quality care to the people of Montana and Northern Wyoming and Dakotas. In addition to primary care clinics in and around the Billings area, they offer a number of progressive specialty services.
- The Frontier Community Health Integration Project (FCHIP) 3-year demonstration, effective August 1, 2016, aims to develop and test new models of integrated, coordinated health care in the most sparsely-populated rural counties with the goal of improving health outcomes and reducing Medicare expenditures. MCHC, as well as, 9 other facilities in Montana, North Dakota and Nevada, is participating in the FCHIP demonstration.
- The Montana Rural Health Initiative (RHI) is managed through the Montana Office of Rural Health and Area Health Education Center (AHEC). RHI provides health wellness resources to rural and frontier communities through tool kits, program profiles and webinars.
- Healthy Lifestyles is a program available at Holy Rosary Healthcare in Miles City that utilizes a registered dietician and a certified athletic trainer to offer coaching support for individuals interested in losing weight, increasing physical activity, and decreasing risk factors for diabetes and cardiovascular disease
- The McCone County Public Health Department provides health and prevention services to the area.
- Billings Clinic provides educational resources and support services to MCHC.
- Holy Rosary Healthcare provides educational resources and support services to MCHC.
- Glendive Medical Center provides support services to MCHC.

- Montana State University Extension provides unbiased research-based education and information that integrates learning, discovery, and engagement to strengthen the social, economic, and environmental well-being of individuals, families, and communities.
- The Montana Office of Rural Health is dedicated to improving access to quality health care for rural Montana by providing collaborative leadership and resources to healthcare and community organizations.
- The McCone County Senior Center wishes to enhance the lives of senior citizens living in the community and also serves as a gathering place for community members of all ages.
- The Circle Senior Housing Committee discusses and addresses senior housing needs in the community.
- The Circle Chamber of Commerce & Agriculture organizes the annual Town and Country Day event in the community, as well as other events throughout the year such as Christmas in July, Garage Sale Day in June and July 4th fireworks. MCHC is a member.
- The Circle Chamber of Commerce & Agriculture and Economic Development Authority is a voluntary organization created to meet and advance the civic needs of the community.
- The Montana Health Network (MHN) is a consortium of healthcare organizations collaborating to develop products and services needed to make healthcare more stable, efficient and cost effective. MCHC is a MHN shareholder.
- The Eastern Montana Telemedicine Network (EMTN) is a consortium of not-for-profit medical and mental health facilities linking health care providers and their patients throughout Montana and Wyoming.
- The Great Northern Development Corporation (GNDC) provides grant and business development support and services to empower the Northeast Montana region to reach their economic goals.
- The Economic Development Administration (EDA) provides funding for local economic development planning, infrastructure for economic development projects, and capitalization of local and regional revolving loan funds for businesses.
- The Centers for Medicare and Medicaid Services (CMS) administers the Medicare, Medicaid and CHIP programs and is committed to strengthening and modernizing the nation's health care system to provide access to high quality care and improved health at lower cost.
- The Eastern Montana Area Health Education Center (AHEC) is a part of a statewide network of Area Health Education Centers created to train, recruit and retain healthcare professionals in rural/frontier Montana. AHEC also provides pipeline programs for high school students to spark interest in pursuing medical careers and staying locally.

## McCone County Indicators

### Low Income Persons

- 13.9% of persons are below the federal poverty level

### Uninsured Persons

- 24% of adults less than age 65 are uninsured
- Data is not available by county for uninsured children less than age 18

### Leading Causes of Death: Primary and Chronic Diseases

- Heart Disease
- Cancer
- Unintentional Injuries

Note: Other primary and chronic disease data is by region and thus difficult to decipher community need.

### Elderly Populations

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

### Size of County and Remoteness

- 1,694 people in McCone County
- 0.7 people per square mile

### Nearest Major Hospital

- Billings Clinic and St. Vincent Healthcare in Billings, MT are 250 miles from McCone County Health Center



## Public Health and Underserved Populations Consultation Summaries

### Public Health Consultation [Sue Ann Good, RN – McCone County Public Health Department

Terry Quick, Administrative Assistant – McCone County Public Health Department – 03/27/2017]

- Obesity rates are high.
- Lack of resources in the community.
- Mental health is a problem.
- Cancer seems to be an issue. There has been a cluster of cases lately.
- McCone County Public Health is the only VFC provider in the jurisdiction. They provide vaccinations at the schools.
- McCone County Public Health puts on a Health Fair annually that is well attended.

### Underserved Population – Youth [LaToya Gardner, RN, Director of Nursing – McCone County Health Center

Sue Ann Good, RN – McCone County Public Health Department

Terry Quick, Administrative Assistant – McCone County Public Health Department – 03/27/17]

- There has been an increased percentage of non-vaccinators. They used to see 0-1 students in a class that were not vaccinated, but now there are about 1-2 students in each class that are not vaccinated.
- There were 6 cases of mumps related to foreign travel last year.

### Underserved Population: Low-Income [Underinsured Nancy Rosaaen, CEO – McCone County Health Center

LaToya Gardner, RN, Director of Nursing – McCone County Health Center

Sue Ann Good, RN – McCone County Public Health Department – 03/11/2016]

- Cost of healthcare/health insurance and the stress of healthcare costs is a concern.
- Uninsured adults (31%) seems high; We feel that most people have insurance in this area.

### Underserved Population: Seniors [Sue Ann Good, RN – McCone County Public Health Department

Bridget Schmidt, Activity Coordinator – McCone County Health Center

Anita Heide, Dietary Manager – McCone County Health Center & McCone County Council on Aging-- 03/27/2017]

- The elderly have walked in the health center and have walked at the school gym. School is open to using the gym from 11:30-1:15 pm for walking, but many are unaware of this. We could get this message out to the community.
- There is concern about hearing loss; mostly from the farming equipment used. Miracle Ear comes to the senior center.
- There could be more education about hearing loss earlier on; potential screenings.

- Patty (at the senior center) has done an awesome job! They have wellness checks. If someone misses a meal, they will follow up.
- Would like to see meals at the senior center 5 days a week.
- More patients could benefit from use of telehealth. The elderly are going to Billings for a 15-minute follow-up. Then they are faced with the challenges of winter and driving.

## Needs Identified and Prioritized

### *Prioritized Needs to Address*

1. Top components of a healthy community: Access to healthcare and other services (73.1%); healthy behaviors and lifestyles (38.7%); good jobs and a healthy economy (36.%).
2. Top ways to improve the community's access to healthcare: More primary care providers (43.5%) cost of services (24.2%), more specialists (23.1%) and trust in local facilities (23.1%)
3. 29.3% of respondents indicated they did not get or had to delay getting needed healthcare services. Top reasons for delaying or not receiving needed healthcare services were: Could not get an appointment (58.8%), too long to wait for an appointment (52.9%), it costs too much (19.6%), and office wasn't open when I could go (19.6%).
4. Focus group participants indicated that more full-time nurses would improve access to care.
5. Respondents indicated they were most interested in the following classes/programs if made available locally: Health and wellness (37.1%), weight loss (35.5%) and fitness (33.9%).
6. Preventative services utilized by respondents were: Routine health checkup (56.5%), flu shot (53.8%) and cholesterol check (43%).
7. Only 21.3% of respondents rated their knowledge about services available at MCHC as 'Excellent'.
8. 63.7% of respondents rated the general health of the community as "Somewhat healthy".
9. In focus groups, community members indicated a need for more opportunities to exercise and be physically active.
10. 24.1% of respondents indicated they have only had physical activity of at least 20 minutes between 0 and 5 times over the past month.
11. 12.6% of respondents indicated they experienced periods of depression.
12. Focus group participants indicated mental health was an important local healthcare issue.
13. Survey respondents indicated that they would use the following services is available locally: pharmacy (65.6%), dental services, (54.8%), vision services (49.5%).

### *Needs Unable to Address*

*(See page 26 for additional information)*

1. 46.3% of respondents indicated that they unaware (selected 'no' or 'not sure') of programs that help people pay for healthcare bills.
2. Top health concerns for the community: Cancer (78.0%) and alcohol abuse and substance abuse (37.6%)
3. Respondents were asked what senior housing services presently not available would they use if available locally. Respondents indicated the most interest in having an "Assisted living facility" (51.1%); "Senior retirement housing" (44.6%). In addition, focus group attendees indicated a need for an assisted living facility.

## Executive Summary

The following summary briefly represents the goals and corresponding strategies and activities which MCHC 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:** Continue to develop McCone County Health Center's workforce pipeline programs to improve access to healthcare services.

**Strategy 1.1:** Engage in pipeline efforts to support local workforce development.

**Activities:**

- Continue offering pipeline programs for local high school students (AHEC Reach Camps).
- Continue offering nursing clinical rotations for students.
- Continue offering students stipends and continuing education (CE) opportunities for employees.
- Continue to provide resources to providers for training and continuing education opportunities.
- Determine feasibility of attending 'Meet the Residents' event (offered annually).

**Strategy 1.2:** Explore methods to encourage local healthcare workforce to stay and practice in McCone County.

**Activities:**

- Convene with other frontier/rural CAHs to discuss workforce needs and retention of regional healthcare workforce.
- Convene staff provider/nurse workgroup to develop survey to determine why workforce practices locally (benefits/barriers).
- Designate staff person to analyze and report findings.
- Convene workforce group to share survey findings.
- Determine next steps with provider/nurse workgroup.

**Goal 2:** Enhance health and wellness efforts to improve health in McCone County.

**Strategy 2.1:** Expand worksite wellness efforts at McCone County Health Center.

**Activities:**

- Explore worksite wellness programs at other CAHs of similar size.
- Explore worksite wellness resources through DPHHS.
- Organize quarterly health and wellness challenges for employees.
- Explore offering wellness challenge incentives to enhance employee participation and retention.

**Strategy 2.2:** Improve outreach and education of health and wellness programs in McCone County.

**Activities:**

- Partner with Public Health Department to convene community focus groups to further determine community health and wellness needs/desires.
- Analyze results and determine facility based and community based needs/desires and opportunities for collaboration.
- Explore creating a health and wellness resource tab on MCHC website.
- Explore adding current events and announcement slider/ticker to MCHC home page of website to share wellness programs and current health and wellness events in community.
- Enhance social media marketing and education on health and wellness offerings (i.e. Facebook).

**Goal 3:** Improve access to healthcare through expansion of telehealth services.

**Strategy 3.1:** Improve utilization of existing telehealth services

**Activities:**

- Continue participation in 3-year FCHIP/CMS demonstration project to enhance telehealth services.
- Develop community education regarding use and benefits of telehealth.
- Develop marketing plan to advertise telehealth services available at MCHC.
- Develop referral protocol for staff to determine if telehealth specialty services are appropriate/convenient for patient.
- Develop social media campaign to educate community on telehealth options.
- Hold telehealth open house for community members to demonstrate service.

**Strategy 3.2:** Explore expansion of available telehealth services.

**Activities:**

- Explore opportunities to expand specialty services via telehealth (i.e. pharmacy, mental health, follow-up consultants)
- Continue providing telehealth/Avera eEmergency continuing education for staff and EMTs.
- Continue to provide resources for provider training for telehealth utilization.

**Implementation Plan Grid**

**Goal 1:** Continue to develop McCone County Health Center’s (MCHC) workforce pipeline programs to improve access to healthcare services.

**Strategy 1.1:** Engage in pipeline efforts to support local workforce development.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue offering pipeline programs for local high school students (AHEC Reach Camps)	Director of Nursing (DON)	Annually	DON & CEO	Circle High School, AHEC, MHN	Resource limitations Scheduling conflicts
Continue offering nursing clinical rotations for students.	DON	As Needed	DON & CEO	Montana Health Network	Resource limitations Scheduling conflicts
Continue offering students stipends and continuing education (CE) opportunities for employees.	CEO, Managers & Relias on-line education	Annually	CEO		Financial limitations
Continue to provide resources to providers for training and continuing education opportunities.	Providers, Avera, MHN, Holy Rosary & Billings Clinic	Annually	CEO	MHN, MHA, Billings Clinic, on-line education	Resource limitations Financial limitations Scheduling conflicts
Determine feasibility of attending ‘Meet Up’ Residents’ event (offered annually)	CEO & Managers	September Annually	CEO	MHA, MORH, AHEC, Residency Programs (Primary Care and Internal Medicine)	Financial limitations Scheduling conflicts

**Needs Being Addressed by this Strategy:**

- #1. Top components of a healthy community: Access to healthcare and other services (73.1%); healthy behaviors and lifestyles (38.7%); good jobs and a healthy economy (36.%).
- #2. Top ways to improve the community’s access to healthcare: More primary care providers (43.5%) cost of services (24.2%), more specialists (23.1%) and trust in local facilities (23.1%)

*Continued on next page...*



- #3. 29.3% of respondents indicated they did not get or had to delay getting needed healthcare services. Top reasons for delaying or not receiving needed healthcare services were: Could not get an appointment (58.8%), too long to wait for an appointment (52.9%), it costs too much (19.6%), and office wasn't open when I could go (19.6%).
- #4. Focus group participants indicated that more full-time nurses would improve access to care.

**Anticipated Impact(s) of these Activities:**

- Increased knowledge of local health service
- Increased knowledge of healthcare and healthcare delivery
- Improved community involvement with MCHC

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

- Track number of nursing student rotations
- Track number of local student attendees at AHEC Reach Camps
- Track attendance at Meet the Resident meetings

**Measure of Success:** MCHC creates a pipeline program which encourages youth to matriculate into a health science field and work in rural Montana in a healthcare setting.

**Goal 1:** Continue to develop McCone County Health Center’s (MCHC) workforce pipeline programs to improve access to healthcare services.

**Strategy 1.2:** Explore methods to encourage local healthcare workforce to stay and practice in McCone County.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Convene with other frontier/rural CAHs to discuss workforce needs and retention of regional healthcare workforce.	Managers, CEO	Annually	CEO	CAHs, MHN & MHA	Resource limitations Scheduling conflicts
Convene staff provider/nurse workgroup to develop survey to determine why workforce practices locally (benefits/barriers).	DON	Annually	CEO	CAHs, MHN & MHA	Resource limitations
Designate staff person to analyze and report findings.	DON	Annually	CEO	CAHs, MHN & MHA	Resource limitations
Convene workforce group to share survey findings.	DON	Annually	CEO	CAHs, MHN & MHA	Resource limitations Scheduling conflicts
Determine next steps with provider/nurse workgroup.	DON	Annually	CEO	CAHs, MHN & MHA	Resource limitations

**Needs Being Addressed by this Strategy:**

- #1. Top components of a healthy community: Access to healthcare and other services (73.1%); healthy behaviors and lifestyles (38.7%); good jobs and a healthy economy (36%)
- #2. Top ways to improve the community’s access to healthcare: More primary care providers (43.5%) cost of services (24.2%), more specialists (23.1%) and trust in local facilities (23.1%)
- #3. 29.3% of respondents indicated they did not get or had to delay getting needed healthcare services. Top reasons for delaying or not receiving needed healthcare services were: Could not get an appointment (58.8%), too long to wait for an appointment (52.9%), it costs too much (19.6%), and office wasn’t open when I could go (19.6%).
- #4. Focus group participants indicated that more full-time nurses would improve access to care.

**Anticipated Impact(s) of these Activities:**

- Improved collaboration between local and regional health resources
- Improved workforce retention
- Improved access to healthcare
- Improved health outcomes

*Continued on next page...*

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

- Track number of meetings with like CAHs
- Track number of surveys completed
- Track outcomes of provider/staff workforce group

**Measure of Success:** MCHC will conduct nurse/provider survey by June 2020.

**Goal 2:** Enhance health and wellness efforts to improve health in McCone County.

**Strategy 2.1:** Expand worksite wellness efforts at McCone County Health Center.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore worksite wellness programs at other CAHs of similar size.	Providers, DON, Clinic Staff	Annually	CEO	Other CAHs	Resource limitations
Explore worksite wellness resources through DPHHS.	DON	Annually	CEO	DPHHS	Resource limitations
Organize quarterly health and wellness challenges for employees.	Providers, managers & clinic staff	Annually	CEO	Other CAHs	Resource limitations Financial limitations
Explore offering wellness challenge incentives to enhance employee participation and retention.	CEO, Providers & managers	Annually	CEO	Other CAHs	Resource limitations Financial limitations

**Needs Being Addressed by this Strategy:**

- #5. Respondents indicated they were most interested in the following classes/programs if made available locally: Health and wellness (37.1%), weight loss (35.5%) and fitness (33.9%).
- #6. Preventative services utilized by respondents were: Routine health checkup (56.5%), flu shot (53.8%) and cholesterol check (43%).
- #8. 63.7% of respondents rated the general health of the community as “Somewhat healthy”.
- #9. In focus groups, community members indicated a need for more opportunities to exercise and be physically active.
- #10. 24.1% of respondents indicated they have only had physical activity of at least 20 minutes between 0 and 5 times over the past month.

**Anticipated Impact(s) of these Activities:**

- Improved knowledge of healthy behaviors
- Improved access to activities that promote health and wellness
- Improved health outcomes

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

- Track outcomes of conversations with like CAHs and DPHHS
- Track employee participants in wellness challenges
- Track implementation of incentive program

**Measure of Success:** MCHC holds 4 employee health and wellness challenges annually.

**Goal 2:** Enhance health and wellness efforts to improve health in McCone County.

**Strategy 2.2:** Improve outreach and education of health and wellness programs in McCone County.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Partner with Public Health Department to convene community focus groups to further determine community health and wellness needs/desires.	DON, Dietary Manager	Annually	CEO	McCone County Public Health	Resource limitations Scheduling conflicts
Analyze results and determine facility based and community based needs/desires and opportunities for collaboration.	DON, Office Manager & CEO	2020	CEO	McCone County Public Health	Resource limitations
Explore creating a health and wellness resource tab on MCHC website.	DON, Office Manager & CEO	2020	CEO	MT Grafix	Resource limitations Financial limitations
Explore adding current events and announcement slider/ticker to MCHC home page of website to share wellness programs and current health and wellness events in community.	DON, Office Manager & CEO	2020	CEO	MT Grafix	Resource limitations Financial limitations
Enhance social media marketing and education on health and wellness offerings (i.e. Facebook).	DON, Office Manager & CEO	2020	CEO	McCone County Public Health, MHN, MHA &/or other CAHs	Resource limitations

**Needs Being Addressed by this Strategy:**

- #5. Respondents indicated they were most interested in the following classes/programs if made available locally: Health and wellness (37.1%), weight loss (35.5%) and fitness (33.9%).
- #6. Preventative services utilized by respondents were: Routine health checkup (56.5%), flu shot (53.8%) and cholesterol check (43%).
- #7. Only 21.3% of respondents rated their knowledge about services available at MCHC as ‘Excellent’.
- #8. 63.7% of respondents rated the general health of the community as “Somewhat healthy”.
- #9. In focus groups, community members indicated a need for more opportunities to exercise and be physically active.
- #10. 24.1% of respondents indicated they have only had physical activity of at least 20 minutes between 0 and 5 times over the past month.

**Anticipated Impact(s) of these Activities:**

- Increased knowledge of local healthcare needs and desires for health and wellness

***Continued from previous page...***

- Enhanced knowledge of health and wellness programs and services
- Improved access to health and wellness programs and services
- Improved health outcomes

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

- Track number of focus groups held to discuss community health and wellness needs
- Track number of community members who participate in focus groups
- Track development of new health and wellness program/events tab on website
- Determine feasibility of “ticker or scrolling banner” on website
- Track social media traffic pre/post updated marketing strategy

**Measure of Success:** MCHC updates its website to include a tab to highlight health and wellness programs and events.

**Goal 3:** Improve access to healthcare through expansion of telehealth services.

**Strategy 3.1:** Improve utilization of existing telehealth services.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue participation in 3-year FCHIP/CMS demonstration project to enhance telehealth services.	DON, Office Manager & CEO	4 <sup>th</sup> Quarter 2019	CEO	CMS, HRSA, MHA, RTI International	Resource limitations Financial limitations
Develop community education regarding use and benefits of telehealth.	DON, Office Manager & CEO	4 <sup>th</sup> Quarter 2019	CEO	CMS, HRSA, MHA, RTI International & EMNT (Billings Clinic)	Resource limitations
Develop marketing plan to advertise telehealth services available at MCHC.	Office Manager & CEO	9/2017 & Ongoing	CEO	MHA	Resource limitations
Develop referral protocol for staff to determine if telehealth specialty services are appropriate/convenient for patient.	Office Manager, Clinic staff & CEO	6/2017 & Ongoing	CEO	MHA, EMTN	Resource limitations
Develop social media campaign to educate community on telehealth options.	Providers, Office Manager & CEO	2019	CEO	MHA	Resource limitations
Hold telehealth open house for community members to demonstrate service.	Office Manager, Clinic Staff & CEO	2019	CEO	MHA, EMTN	Resource limitations Financial limitations

**Needs Being Addressed by this Strategy:**

- #7. Only 21.3% of respondents rated their knowledge about services available at MCHC as ‘Excellent.’
- #11. 12.6% of respondents indicated they experienced periods of depression.

*Continued on next page...*

- #12. Focus group participants indicated mental health was an important local healthcare issue.
- #13. Survey respondents indicated that they would use the following services is available locally: pharmacy (65.6%), dental services, (54.8%), vision services (49.5%).

**Anticipated Impact(s) of these Activities:**

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

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

- Track development of community educational materials
- Track social media educational marketing enhancements
- Track social media traffic pre/post updated marketing strategy

**Measure of Success:** MCHC will hold a community telehealth open house by July 2019.



**Goal 3:** Improve access to healthcare through expansion of telehealth services.

**Strategy 3.2:** Explore expansion of available telehealth services.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore opportunities to expand specialty services via telehealth (i.e. pharmacy, mental health, follow-up consultants)	MCHC Managers & CEO	Ongoing	MCCHC Board of Directors	MHN, Pharmacists, Providers	Resource limitations Financial limitations
Continue providing telehealth/Avera eEmergency continuing education for staff and EMTs.	Avera Providers	Ongoing	MCCHC Board of Directors	MHA, Avera, EMTN (Billings Clinic)	Resource limitations Financial limitations
Continue to provide resources for provider training for telehealth utilization.	CEO, MHA, MHN, Avera, Billings Clinic & Holy Rosary Healthcare	Ongoing	CEO	MHA, MHN, Avera, Billings Clinic	Resource limitations Financial limitations

**Needs Being Addressed by this Strategy:**

- #7. Only 21.3% of respondents rated their knowledge about services available at MCHC as ‘Excellent’.
- #11. 12.6% of respondents indicated they experienced periods of depression.
- #12. Focus group participants indicated mental health was an important local healthcare issue.
- #13. Survey respondents indicated that they would use the following services is available locally: pharmacy (65.6%), dental services, (54.8%), vision services (49.5%).

**Anticipated Impact(s) of these Activities:**

- Improved access to healthcare services
- Improved health outcomes

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

- Track feasibility of expansion of telehealth services
- Track utilization of E-emergency
- Track number of trainings attended

**Measure of Success:** MCHC expands specialty services available through telehealth.

**Needs Not Addressed and Justification**

Identified health needs unable to address by McCone County Health Center	Rationale
<p>1. 46.3% of respondents indicated that they unaware (selected ‘no’ or ‘not sure’) of programs that help people pay for healthcare bills.</p>	<ul style="list-style-type: none"> <li>Charity Care via Hill-Burton is provided to eligible Critical Access Hospital In-Patients &amp; Out-Patients. A Hill-Burton poster is displayed in the Emergency Room. In August 2017, a red sign was posted where a patient on the gurney could see the Hill-Burton poster. Hill-Burton info is provided with monthly statements and pamphlets are located in clinic check-in window. Also posted in local newspaper annually.</li> </ul>
<p>2. Top health concerns for the community: Cancer (78.0%) and alcohol abuse and substance abuse (37.6%)</p>	<ul style="list-style-type: none"> <li>Cancer services would not be feasible due to limited workforce, population size served and cost of equipment at this time. Additionally, MCHC partners with community organizations to address alcohol and substance abuse concerns in McCone County.</li> </ul>
<p>3. Respondents were asked what senior housing services presently not available would they use if available locally. Respondents indicated the most interest in having an “Assisted living facility” (51.1%); “Senior retirement housing” (44.6%). In addition, focus group attendees indicated a need for an assisted living facility.</p>	<ul style="list-style-type: none"> <li>A group of McCone County residents conducted a survey &amp; are looking into providing Assisted Living &amp; Senior Retirement Housing.</li> </ul>

## Dissemination of Needs Assessment

McCone County Health Center (MCHC) disseminated the Community Health Needs Assessment Report and Implementation Plan by posting both documents conspicuously on their website (<https://www.mcconehealth.org/>), as well as, having copies available at MCHC and the McCone County Senior Center should community members request to view the documents.

The Steering Committee, which was formed specifically as a result of the Community Health Services Development (CHSD) process to introduce the community to the assessment process, will be informed of the Implementation Plan to see the value of their input and time in the CHSD process, as well as, how MCHC is utilizing their input. The Steering Committee, as well as MCHC Board of Directors, will be encouraged to act as advocates in McCone County as MCHC seeks to address the healthcare needs of their community.

Furthermore, MCHC Board Members received a copy of the Community Health Needs Assessment Report and the Implementation Plan (or can access the electronic version on MCHC's website). **MCHC Board of Directors approved and adopted the Implementation Plan on September 28, 2017.** Board members are encouraged to familiarize themselves with the CHNA Report and Implementation Plan so they can publicly promote MCHC's plan to influence the community in a beneficial manner.

MCHC will establish an ongoing feedback mechanism to take into account any written comments it may receive on the adopted Implementation Plan.