

# IMPLEMENTATION PLAN

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## *Addressing Community Health Needs*

***Northern Rockies Medical Center ~ Cut Bank, Montana***

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*Disclaimer: The National Rural Health Resource Center and the Montana Office of Rural Health strongly encourage 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

Members of the hospital executive team and board took part in an implementation planning process for the Northern Rockies Medical Center (NRMC) to systematically and thoughtfully respond to all issues and opportunities brought up by their community during the Community Health Services Development (CHSD) Process, a community health needs assessment. The Northern Rockies Medical Center conducted the CHSD in conjunction with the Montana Office of Rural Health (MORH).

Through CHSD, the facility conducted a random sample community health survey and a series of focus groups. CHSD also utilized secondary data from the Montana Department of Health and Human Services and MORH. Northern Rockies Medical Center and MORH staff determined the community served through a market share analysis that highlighted the zip codes from which a majority of community members came to receive care from the facility, as well as internal discussions to determine specific populations which needed to be included in focus groups (i.e. low-income, minority, etc.). MORH staff also provided an intensive review of secondary health data from the Montana Department of Health and Human Services and other reported health data sets. Due to the large geographic size and low population density, obtaining reliable and localized health status indicators for rural communities continues to be a challenge in Montana. As a result, many standard health indices (i.e. chronic disease burden and behavioral health indices) require regional reporting, which may not necessarily reflect the most accurate data for Glacier County.

The implementation planning process started with identifying needs and opportunities to be addressed. The needs and opportunities identified in this report are taken from Northern Rockies Medical Center's CHSD Report. CHSD brought forth issues and opportunities utilizing a survey, focus groups, secondary data, demographics, and input from public and "special populations" representatives (please refer to the CHSD report for more information on consultations). "Need" was identified as the top three issues or opportunities rated by respondents for each question on the survey or in the focus groups (see page 12 for a list of "Needs Identified and Prioritized"). The rest of the responses are included in the CHSD report, which is available by request from Northern Rockies Medical Center. Some questions that were asked on the community assessment survey are not shown under "Needs Identified and Prioritized" because they are considered background or behavior-related information such as demographics or service utilization rates.

The implementation planning process began with the NRMC board and members of the hospital's executive team to form the implementation planning committee. The participants reviewed the identified issues and opportunities discovered in the CHSD report and then determined which issues or opportunities could be addressed considering NRMC's parameters of resources and limitations. The implementation planning committee declared five overarching topics that could be addressed through the implementation planning process considering said parameters. Then, the committee worked together to prioritize these topics to address the issues and opportunities using the additional parameters of: organizational vision, mission, values, relevant mandates, and community partners.

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

The prioritized health needs as determined through the assessment process and which Northern Rockies Medical Center will be addressing are as follows: (see page 12 for the full listing of the identified and prioritized needs in the community)

1. Access to Health Care Services
2. Providing Financial Assistance to Improve Access
3. Health and Wellness
4. Mental Health
5. Home Health

**Northern Rockies Medical Center's Mission:**

Northern Rockies Medical Center provides quality healthcare that serves our communities in a private and caring environment.

**Northern Rockies Medical Center's Vision:**

Northern Rockies Medical Center will be the provider of choice, setting the standard for quality healthcare in our region.

**Implementation Planning Session Attendees:**

- Audrey Crawford, RM, IP, RN, Northern Rockies Medical Center
- Bess Hjartarson, Board Member, Northern Rockies Medical Center
- Bill Doneatelli, QHR, Northern Rockies Medical Center
- Cherie Taylor, Chief Executive Officer (CEO), Northern Rockies Medical Center
- Gerald Ebelt, Board Member, Northern Rockies Medical Center
- John Waller, Board Member, Northern Rockies Medical Center
- Kandie Lemieux, Human Resources (HR) Director, Northern Rockies Medical Center
- Lon Peterson, Board Member, Northern Rockies Medical Center
- Niall Atkinson, FNP, Northern Rockies Medical Center
- Rick Billman, Board Member, Northern Rockies Medical Center
- Steve Lowery, DDS, Board Member, Northern Rockies Medical Center
- Treasure Berkram, Chief Financial Officer (CFO), Northern Rockies Medical Center

## Executive Summary

**Goal 1:** Ensure local access to health care by continuing to provide a core group of services, as well as providing new services based on community demand.

**Strategy 1.1:** Maintain a set of core, financially stable health care services.

**Activities:**

- Examine the current utilization of all services to determine demand and possible need for additional providers
- Finalize a schedule for a female provider to be present at the clinic
- Explore expanding utilization of services through telemedicine consultations

**Strategy 1.2:** Provide new services to address and increase local access to health care services for community members.

**Activities:**

- Provide full-time obstetrics (OB) to local community members
- Provide more consistent ultrasound services
- Explore providing full-time pulmonology services to local community members
- Explore providing ear, nose, and throat (ENT) services on a rotating basis
  - ◆ Credential any incoming ENT providers
  - ◆ Finalize an agreement with North Valley Hospital/Kalispell Regional Medical Center (KRMC) for visiting ENT provider
- Explore providing cardiac rehabilitation services
- Determine/explore possible services to provide to the geriatric population

**Strategy 1.3:** Increase awareness of new and existing services through a comprehensive marketing campaign.

**Activities:**

- Continue publishing advertisements in the local paper and on local TV stations
- Continue writing 'Health Points' articles
- Develop a plan for the NRMC website and explore developing a social media strategy

**Goal 2:** Develop a strategy to address the community's need for financial assistance programs and resources to expand access to those who are unable to afford health care.

**Strategy 2.1:** Increase awareness of existing financial assistance programs and resources.

**Activities:**

- Develop a marketing plan to increase awareness of community care services (i.e. charity care)
- Determine potential partners that can provide education to target populations regarding the facility's ability to provide financial assistance
- Explore partnerships with identified partners to assist community members in applying for financial assistance
- Promote financial assistance programs/services through an increased marketing presence

**Strategy 2.2:** Provide training/resources to staff members who can identify and assist those community members who may need financial assistance.

**Activities:**

- Provide staff education and training on eligibility requirements, as well as the process for completing applications for financial assistance programs
- Explore providing education and resources on navigator services to staff
- Investigate services available to assist community members through the application process as part of admission/discharge procedures

**Goal 3:** Improve overall health outcomes in the community by providing health and wellness services through collaboration with other community resources and organizations.

**Strategy 3.1:** Provide health and wellness resources/services to improve the community's health.

**Activities:**

- Continue offering the annual health fair to community members to provide screenings and information related to a variety of health and wellness topics
- Explore the provision of free classes to the community utilizing Adult Education.
- Offer 'Better Health' classes utilizing Adult Education
- Provide programs/classes for specific target populations (i.e. fall safety class at the senior center, helmet safety seminars at the schools)
- Explore the development of a worksite wellness program to eventually apply toward the community at large
- Explore providing staff (i.e. physical therapist, cardiologist, podiatrist) for classes or screenings at the senior center on a monthly basis

**Strategy 3.2:** Collaborate with community organizations to address health and wellness needs in the community.

**Activities:**

- Collaborate with the certified personal trainer (CPT) at the Civic Center to provide fitness classes to community members
  - ◆ Provide space for the CPT at the hospital
  - ◆ Market services to other local businesses
  - ◆ Explore providing funding to the CPT to receive certification for diet/nutrition counseling
- Continue serving as a member of the community Trails Committee
- Explore supporting programs for those affected by chronic conditions
- Partner with the young mothers' group to determine needs for that population
- Explore collaborating with the school system to provide opportunities for adult education
- Explore collaborating with the physical therapist (PT affiliated with Benefis Healthcare in Great Falls, MT) to provide exercise education to school sports teams

**Goal 4:** Address the mental health and behavioral health needs of the community by providing resources and services to the local community.

**Strategy 4.1:** Provide mental and behavioral health services/resources to the community.

**Activities:**

- Offer initial psychiatric consultations and psychotropic medication through the psychiatric nurse practitioner (NP) at the clinic
- Explore collaborating with the counselor at the community health center (CHC)
- Develop a resource guide which lists the behavioral and mental health resources and organizations available in the community

**Goal 5:** Explore providing services and/or resources to those who need home health services in the community.

**Strategy 5.1:** Research programs and potentially collaborate with other organizations to determine the feasibility of home health services.

**Activities:**

- Assess community demand for home health services
- Research programs that train paramedics to provide home health visits as a part of their responsibilities
- Evaluate the financial resources available to fund a potential home health program
- Explore collaborating with regional partners (i.e. Benefis Healthcare, Kalispell Regional Medical Center) to provide home health services and support

**Measure of Success:** Provide resources and services to the local community that will expand access to needed health care services to improve overall health outcomes.

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

- The Cut Bank Chamber of Commerce promotes local businesses and programs to increase the functional and aesthetic values of the community.
- The Cut Bank Workforce Center connects community members with possible employers/jobs within the community and around the State of Montana.
- The Glacier County Health Department provides services and resources to community members specific to public health initiatives.
- The Glacier Care Center provides nursing home care/beds, as well as five beds designated for Alzheimer's patients.
- The Parkview Senior Center provides transportation, classes, and activities for the senior citizens in Cut Bank.
- The Glacier Community Health Center provides medical, dental and behavioral health services to all community members..
- Local schools (H.C. Davis Elementary, Anna Jeffries Elementary, and Cut Bank High and Middle School) provide education on various topics (i.e. drug awareness, nutrition) to youth in the community.
- The Cut Bank Sports Complex and Joe Meagher Memorial Civic Center provide facilities for community members to be physically active (i.e. track, tennis courts, soccer/football fields, weight room, etc.).
- The Center for Mental Health provides case management and outpatient therapy services to community members in need of mental health services.
- The Crystal Creek Lodge Treatment Center in Browning, MT is a drug treatment program that assists community members affected by mental health/substance abuse issues.
- Gateway Community Services in Great Falls, MT is a drug abuse rehabilitation program that assists community members affected by mental health/substance abuse issues.
- Alcoholics Anonymous (AA) provides assistance and support to those affected by alcoholism.
- The Montana Nutrition and Physical Activity program (NAPA) assists with initiatives associated with health and wellness.
- The Agency for Healthcare Research & Quality (AHRQ) provides research to assist providers and patients with making informed health care decisions and improving the quality of health care services.
- Montana Office of Rural Health/Area Health Education Center (MORH/AHEC) provides technical assistance to rural health systems and organizations.
- The Montana Department of Public Health and Human Services (MT DPHHS) works to protect the health of Montanans.
- Cut Bank Head Start and Seville Head Start provide young children with medical screenings and nutritious meals.
- Parkview Senior Center provides senior citizens with nutritious meals, Meals on Wheels and Medical Screenings.
- Bee Hive, assisted living.

### Northern Rockies Medical Center's Presence in the Community:

- NRMC runs a Suboxone clinic to assist community members who are addicted to narcotics.
- The facility hosts and sponsors an annual health fair that provides screenings, educational resources, as well as an opportunity to meet the NRMC providers.
- Toys for Tots

### Glacier County Indicators\*:

#### Low Income Persons

- 27% low income persons (persons below federal poverty level)

#### Uninsured Persons

- Uninsured adults less than age 65 – 16.1%
- Uninsured children less than age 18 – data not available by county (data available for some counties)

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

- Heart Disease
- Cancer
- Unintentional Injuries (*External cause of injury often by, but not limited to, drowning, fall, fire/burn, motor vehicle/traffic-related, other transportation-related, poisoning, and suffocation.*)

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

Percent of Population Age 65 and older – 10%

Size of Town and Remoteness – 13,297 in Glacier County; Population Density: 4.4 people per square mile

Nearest Major Hospital – Benefis Healthcare, Great Falls, MT (110 miles from Northern Rockies Medical Center)

## Public Health and Underserved Populations Consultation Summaries

Public Health Consultation [Carol McDivitt and Jenny Krapf, Glacier County Health Department, February 12, 2013]

- Interested in the health concerns in Glacier County
- Environmental impacts on health (i.e. water quality)
- High rates of tobacco use county-wide
- High rates of childhood immunizations in Glacier County

Underserved Population - Tribal/American Indian Consultation [Ron Rides At the Door, Glacier County Commissioner, February 12, 2013]

- Low education and income levels in the county

Underserved Population – Mental Health Consultation [Sherina Whitford, Center for Mental Health, February 12, 2013]

- Glacier County suicide rate is double the national rate
- Eight (8) hours to receive mental health placement for those who attempt suicide

## Needs Identified and Prioritized

### *Prioritized Needs to Address (Based on CHSD Process)*

1. Two of the most important indicators for a healthy community were: ‘Access to health care and other services’ (58.8%) and ‘Healthy behaviors and lifestyles’ (40.7%). In 2013, significantly more survey respondents (40.7%) declared ‘Healthy behaviors and lifestyles’ to be an important indicator for a healthy community than in 2009 (30.7%).
2. Survey respondents indicated that two ways to improve the community’s access to health care were: ‘Financial assistance/counseling’ (40.1%) and ‘More specialists’ (33.3%).
3. In 2013, significantly fewer respondents (21.0%) believed that the community was ‘Healthy’ than in 2009 (43.6%).
4. In 2013, significantly more respondents (34.5%) indicated that they or a member of their household delayed or did not receive medical services compared to figures from 2009 (23.9%).
  - Of the respondents who delayed/did not receive care, the top two reasons cited were: ‘It costs too much’ (36.8%) and ‘Service not available locally’ (31.6%).
5. 24.7% of respondents and 14.9% of respondents indicated being unaware or unsure of programs that help people pay for health care bills.
6. The top choices for desired local health services were: ‘Nutrition/dietician’ (28.2%) and ‘Home Health assistance’ (15.8%). Focus group participants also indicated a need for home health services in the community.
7. Two of the most serious health concerns were: ‘Alcohol abuse/substance abuse’ (71.8%) and ‘Obesity/overweight’ (34.5%). Significantly more respondents indicated ‘Obesity/overweight’ to be a top health concern compared to results in 2009 (21.1%). Focus group participants indicated serious concern regarding substance abuse in the community.
8. Survey respondents indicated the most interest in the following educational classes/programs: ‘Fitness’ (37.3%), ‘Health and wellness’ (36.2%), ‘Weight loss’ (34.5%), ‘Nutrition’ (31.6%), and ‘Women’s health’ (25.4%). The desire for health and wellness opportunities/activities/classes were mentioned extensively in focus group sessions.
9. 23.2% of respondents indicated there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Focus group participants indicated a need for mental health services in the community.

***Needs Unable to Address***

*(See page 30 for additional information)*

- Another important indicator of a healthy community was ‘Good jobs and a healthy economy’ (39.5%).
- The second most highly rated health concern was ‘Cancer’ (48.0%).

## Implementation Plan Grid

**Goal 1:** Ensure local access to health care by continuing to provide a core group of services, as well as providing new services based on community demand.

**Strategy 1.1:** Maintain a set of core, financially stable health care services.

**Health Issue Addressed:** ‘Access to health care and other services’ was identified as the most important indicator for a healthy community. Rural communities in Montana regularly encounter issues regarding access. By maintaining the current level of services, the facility can ensure access to needed health care services.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
<ul style="list-style-type: none"> <li>Examine the current utilization of all services to determine demand and possible need for additional providers</li> </ul>	QA/Annual Program Review-Clinic Manager	December 2013	CEO		NRMC
<ul style="list-style-type: none"> <li>Finalize a schedule for a female provider to be present at the clinic</li> </ul>	Lori Devries, Patty McDonough	August 2013	CEO	Corneila Simunic, GYN-NP	NRMC
<ul style="list-style-type: none"> <li>Explore expanding utilization of services through telemedicine consultations</li> </ul>	Kandie Lemieux	June 2014	CEO	Kalispell Regional Medical Center (KRMC), Benefits Healthcare, Northern Montana Hospital	NRMC, KRMC, Benefis, NMH

**Needs Being Addressed by this Strategy:**

- #1: Two of the most important indicators for a healthy community were: ‘Access to health care and other services’ (58.8%) and ‘Healthy behaviors and lifestyles’ (40.7%). In 2013, significantly more survey respondents (40.7%) declared ‘Healthy behaviors and lifestyles’ to be an important indicator for a healthy community than in 2009 (30.7%).
- #2: Survey respondents indicated that two ways to improve the community’s access to health care were: ‘Financial assistance/counseling’ (40.1%) and ‘More specialists’ (33.3%).
- #3: In 2013, significantly fewer respondents (21.0%) believed that the community was ‘Healthy’ than in 2009 (43.6%).
- #4: In 2013, significantly more respondents (34.5%) indicated that they or a member of their household delayed or did not receive medical services compared to figures from 2009 (23.9%).

- Of the respondents who delayed/did not receive care, the top two reasons cited were: 'It costs too much' (36.8%) and 'Service not available locally' (31.6%).

**Measure of Success:** Northern Rockies Medical Center evaluates current utilization of services and determines the level of need for additional providers by 12/2013.

**Goal 1:** Ensure local access to health care by continuing to provide a core group of services, as well as providing new services based on community demand.

**Strategy 1.2:** Provide new services to address and increase local access to health care services for community members.

**Health Issue Addressed:** 'Access to health care and other services' was identified as the most important indicator for a healthy community. Rural communities in Montana regularly encounter issues regarding access. By assessing the need for new or providing new services, the facility can ensure access to needed health care services.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
<ul style="list-style-type: none"> <li>• Provide full-time obstetrics (OB) to local community members</li> </ul>	CEO	November 2013	Board	Benefis	NRMC
<ul style="list-style-type: none"> <li>• Provide more consistent ultrasound services</li> </ul>	CEO	December 2013	Board		NRMC
<ul style="list-style-type: none"> <li>• Explore providing part-time pulmonology services to local community members</li> </ul>	CEO	March 2014	Board	KRMC, Benefis	NRMC
<ul style="list-style-type: none"> <li>• Explore providing ear, nose, and throat (ENT) services on a rotating basis               <ul style="list-style-type: none"> <li>◆ Credential any incoming ENT providers</li> <li>◆ Finalize an agreement with North Valley Hospital/Kalispell Regional Medical Center (KRMC) for visiting ENT provider</li> </ul> </li> </ul>	CEO	January 2014	Board	North Valley Hospital, KRMC	NRMC, North Valley Hospital, KRMC
<ul style="list-style-type: none"> <li>• Explore providing cardiac rehabilitation services</li> </ul>	RT & PT	FYI 2015	CEO	PT & RT	NRMC
<ul style="list-style-type: none"> <li>• Determine/explore possible services to provide to the geriatric population</li> </ul>	CEO	FYI 2015	Board	Glacier Care Center, Parkview Senior Center	NRMC

**Needs Being Addressed by this Strategy:**

- #1: Two of the most important indicators for a healthy community were: ‘Access to health care and other services’ (58.8%) and ‘Healthy behaviors and lifestyles’ (40.7%). In 2013, significantly more survey respondents (40.7%) declared ‘Healthy behaviors and lifestyles’ to be an important indicator for a healthy community than in 2009 (30.7%).
- #2: Survey respondents indicated that two ways to improve the community’s access to health care were: ‘Financial assistance/counseling’ (40.1%) and ‘More specialists’ (33.3%).

**Strategy 1.2 continued...**

- #3: In 2013, significantly fewer respondents (21.0%) believed that the community was ‘Healthy’ than in 2009 (43.6%).
- #4: In 2013, significantly more respondents (34.5%) indicated that they or a member of their household delayed or did not receive medical services compared to figures from 2009 (23.9%).
  - Of the respondents who delayed/did not receive care, the top two reasons cited were: ‘It costs too much’ (36.8%) and ‘Service not available locally’ (31.6%).

**Measure of Success:** Northern Rockies Medical Center provides OB and ultrasound services by 12/2013 and makes a determination concerning ENT, cardiac rehabilitation services, and senior services by FY 2016.

**Goal 1:** Ensure local access to health care by continuing to provide a core group of services, as well as providing new services based on community demand.

**Strategy 1.3:** Increase awareness of new and existing services through a comprehensive marketing campaign.

**Health Issue Addressed:** ‘Access to health care and other services’ was identified as the most important indicator for a healthy community. Rural communities in Montana regularly encounter issues regarding access. By focusing efforts on increasing awareness of locally available services, NRMC can ensure that community members are aware of services available to them that will not require driving long distances.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
<ul style="list-style-type: none"> <li>Continue publishing advertisements in the local paper and on local TV stations</li> </ul>	Communications Committee	Ongoing	CEO	Pioneer Press, KRTV	NRMC
<ul style="list-style-type: none"> <li>Continue writing ‘Health Points’ articles</li> </ul>	Joint Executive Committee	Ongoing	CEO	Pioneer Press	NRMC
<ul style="list-style-type: none"> <li>Develop a plan for the NRMC website and explore developing a social media strategy</li> </ul>	Matt Wilson Becky Atkinson	September 2014	CEO	Facebook	NRMC

**Needs Being Addressed by this Strategy:**

- #1: Two of the most important indicators for a healthy community were: ‘Access to health care and other services’ (58.8%) and ‘Healthy behaviors and lifestyles’ (40.7%). In 2013, significantly more survey respondents (40.7%) declared ‘Healthy behaviors and lifestyles’ to be an important indicator for a healthy community than in 2009 (30.7%).
- #2: Survey respondents indicated that two ways to improve the community’s access to health care were: ‘Financial assistance/counseling’ (40.1%) and ‘More specialists’ (33.3%).
- #3: In 2013, significantly fewer respondents (21.0%) believed that the community was ‘Healthy’ than in 2009 (43.6%).
- #4: In 2013, significantly more respondents (34.5%) indicated that they or a member of their household delayed or did not receive medical services compared to figures from 2009 (23.9%).
  - Of the respondents who delayed/did not receive care, the top two reasons cited were: ‘It costs too much’ (36.8%) and ‘Service not available locally’ (31.6%).

**Measure of Success:** NRMC finalizes a comprehensive marketing plan across multiple outlets, including social media, by September 2014.

**Goal 2:** Develop a strategy to address the community's need for financial assistance programs and resources to expand access to those who are unable to afford health care.

**Strategy 2.1:** Increase awareness of existing financial assistance programs and resources.

**Health Issue Addressed:** The community clearly indicated that 'financial assistance/counseling' was necessary to improve access to health care and other services. In rural communities like Cut Bank, many community members face barriers to obtain financial resources required for health insurance or to receive health care when needed.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/facilities used to address needs
<ul style="list-style-type: none"> <li>Develop a marketing plan to increase awareness of community care services (i.e. charity care)</li> </ul>	Private Pay Reps/Kay Grimm	September 2014	CEO	Pioneer Press	NRMC
<ul style="list-style-type: none"> <li>Determine potential partners that can provide education to target populations regarding the facility's ability to provide financial assistance</li> </ul>	Private Pay Reps	June 2014	CFO	Senior Center Welfare Office GCHC	NRMC
<ul style="list-style-type: none"> <li>Explore partnerships with identified partners to assist community members in applying for financial assistance</li> </ul>	Private Pay Reps	September 2014	CFO	Senior Center Welfare Office GCHC	NRMC
<ul style="list-style-type: none"> <li>Promote financial assistance programs/services through an increased marketing presence</li> </ul>	Private Pay Reps/Kay Grimm	June 2015	CFO	Pioneer Press	NRMC

**Needs Being Addressed by this Strategy:**

- #1: Two of the most important indicators for a healthy community were: 'Access to health care and other services' (58.8%) and 'Healthy behaviors and lifestyles' (40.7%). In 2013, significantly more survey respondents (40.7%) declared 'Healthy behaviors and lifestyles' to be an important indicator for a healthy community than in 2009 (30.7%).
- #2: Survey respondents indicated that two ways to improve the community's access to health care were: 'Financial assistance/counseling' (40.1%) and 'More specialists' (33.3%).
- #3: In 2013, significantly fewer respondents (21.0%) believed that the community was 'Healthy' than in 2009 (43.6%).

- #4: In 2013, significantly more respondents (34.5%) indicated that they or a member of their household delayed or did not receive medical services compared to figures from 2009 (23.9%).
  - Of the respondents who delayed/did not receive care, the top two reasons cited were: ‘It costs too much’ (36.8%) and ‘Service not available locally’ (31.6%).

***Strategy 2.1 continued...***

- #5: 24.7% of respondents and 14.9% of respondents indicated being unaware or unsure of programs that help people pay for health care bills.

**Measure of Success:** Northern Rockies Medical Center develops a marketing plan to increase awareness of financial resources/programs available and identifies up to eight (8) potential community partners to assist in promoting financial assistance programs.

**Goal 2:** Develop a strategy to address the community’s need for financial assistance programs and resources to expand access to those who are unable to afford health care.

**Strategy 2.2:** Provide training/resources to staff members who can identify and assist those community members who may need financial assistance.

**Health Issue Addressed:** The community clearly indicated that ‘financial assistance/counseling’ was necessary to improve access to health care and other services. In rural communities like Cut Bank, many community members face barriers to obtain financial resources required for health insurance or to receive health care when needed.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
<ul style="list-style-type: none"> <li>Provide staff education and training on eligibility requirements, as well as the process for completing applications for financial assistance programs</li> </ul>	Private Pay Reps/Clinic Staff	June 2014	CFO		NRMC
<ul style="list-style-type: none"> <li>Assist community members through the application process as part of admission/discharge procedures</li> </ul>	Private Pay Reps/Clinic Staff	December 2013	CFO		NRMC

**Needs Being Addressed by this Strategy:**

- #1: Two of the most important indicators for a healthy community were: ‘Access to health care and other services’ (58.8%) and ‘Healthy behaviors and lifestyles’ (40.7%). In 2013, significantly more survey respondents (40.7%) declared ‘Healthy behaviors and lifestyles’ to be an important indicator for a healthy community than in 2009 (30.7%).
- #2: Survey respondents indicated that two ways to improve the community’s access to health care were: ‘Financial assistance/counseling’ (40.1%) and ‘More specialists’ (33.3%).
- #3: In 2013, significantly fewer respondents (21.0%) believed that the community was ‘Healthy’ than in 2009 (43.6%).
- #4: In 2013, significantly more respondents (34.5%) indicated that they or a member of their household delayed or did not receive medical services compared to figures from 2009 (23.9%).
  - Of the respondents who delayed/did not receive care, the top two reasons cited were: ‘It costs too much’ (36.8%) and ‘Service not available locally’ (31.6%).

*Strategy 2.2 continued...*

- #5: 24.7% of respondents and 14.9% of respondents indicated being unaware or unsure of programs that help people pay for health care bills.

**Measure of Success:** NRMC trains 2 staff members on navigating the state insurance marketplace and Medicaid/Medicare application processes by June 2014.

**Goal 3:** Improve overall health outcomes in the community by providing health and wellness services through collaboration with other community resources and organizations.

**Strategy 3.1:** Provide health and wellness resources/services to improve the community's health.

**Health Issue Addressed:** Significantly more respondents indicated a need for community members to have 'healthy behaviors and lifestyles' in 2013 compared to 2009. There was also repeated interest throughout the survey and focus groups for more health and wellness educational classes and resources.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/facilities used to address needs
<ul style="list-style-type: none"> <li>Continue offering the annual health fair to community members to provide screenings and information related to a variety of health and wellness topics</li> </ul>	Jen Fenger Julie Vanek Health Fair Committee	Ongoing	CEO	Multiple Vendors KRMC Benefis	NRMC
<ul style="list-style-type: none"> <li>Explore the provision of free classes to the community thru Adult Education</li> </ul>	Kay Grimm Ryndee Hamilton Lon Peterson	January 2014	CEO	Physical Therapy	NRMC
<ul style="list-style-type: none"> <li>Offer 'Better Health' classes that focus on Nutrition, Birthing Classes, Physical Fitness</li> </ul>	Kay Grimm Dr. D'Ambrose Dr. Grange	April 2014	CEO	Physical Therapy	NRMC
<ul style="list-style-type: none"> <li>Provide programs/classes for specific target populations (i.e. fall safety class at the senior center, helmet safety seminars at the schools)</li> </ul>	Kay Grimm Kim Barbee Health Fair Committee	December 2014	CEO	Senior Center Red Cross EMS	NRMC
<ul style="list-style-type: none"> <li>Explore the development of a worksite wellness program to eventually apply toward the community at large</li> </ul>	Wellness Committee	June 2014	CEO	MORH, NAPA, CPT	NRMC
<ul style="list-style-type: none"> <li>Explore providing staff (i.e. physical therapist, cardiologist, podiatrist) for classes</li> </ul>	Kay Grimm Kim Barbee	April 2014	CEO	Senior Center	NRMC

or screenings at the senior center on a monthly basis					
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*Strategy 3.1 continued...*

**Needs Being Addressed by this Strategy:**

- #1: Two of the most important indicators for a healthy community were: ‘Access to health care and other services’ (58.8%) and ‘Healthy behaviors and lifestyles’ (40.7%). In 2013, significantly more survey respondents (40.7%) declared ‘Healthy behaviors and lifestyles’ to be an important indicator for a healthy community than in 2009 (30.7%).
- #3: In 2013, significantly fewer respondents (21.0%) believed that the community was ‘Healthy’ than in 2009 (43.6%).
- #6: The top choices for desired local health services were: ‘Nutrition/dietician’ (28.2%) and ‘Home Health assistance’ (15.8%). Focus group participants also indicated a need for home health services in the community.
- #7: Two of the most serious health concerns were: ‘Alcohol abuse/substance abuse’ (71.8%) and ‘Obesity/overweight’ (34.5%). Significantly more respondents indicated ‘Obesity/overweight’ to be a top health concern compared to results in 2009 (21.1%). Focus group participants indicated serious concern regarding substance abuse in the community.
- #8: Survey respondents indicated the most interest in the following educational classes/programs: ‘Fitness’ (37.3%), ‘Health and wellness’ (36.2%), ‘Weight loss’ (34.5%), ‘Nutrition’ (31.6%), and ‘Women’s health’ (25.4%). The desire for health and wellness opportunities/activities/classes were mentioned extensively in focus group sessions.

**Measure of Success:** Northern Rockies Medical Center develops a program of classes to offer to the community and holds 6 classes with 50 participants by December 2014.

**Goal 3:** Improve overall health outcomes in the community by providing health and wellness services through collaboration with other community resources and organizations.

**Strategy 3.2:** Collaborate with community organizations to address health and wellness needs in the community.

**Health Issue Addressed:** Significantly more respondents indicated a need for community members to have ‘healthy behaviors and lifestyles’ in 2013 compared to 2009. There was also repeated interest throughout the survey and focus groups for more health and wellness educational classes and resources.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/facilities used to address needs
<ul style="list-style-type: none"> <li>Collaborate with the certified personal trainer (CPT) at the Civic Center to provide fitness classes to community members               <ul style="list-style-type: none"> <li>Provide space for the CPT at the hospital</li> <li>Market services to other local businesses</li> <li>Explore providing funding to the CPT to receive certification for diet/nutrition counseling</li> </ul> </li> </ul>	Wellness Committee	December 2014	CEO	CPT	NRMC
<ul style="list-style-type: none"> <li>Explore supporting programs for those affected by chronic conditions</li> </ul>	Patty McDough	September 2014	CEO		NRMC
<ul style="list-style-type: none"> <li>Partner with the young mothers’ group to determine needs for that population</li> </ul>	Bess Hjartarson	January 2014	CEO	Young mothers’ group.	NRMC
<ul style="list-style-type: none"> <li>Explore collaborating with the school system to provide opportunities for adult education</li> </ul>	Kay Grimm Ryndee Hamilton Lon Peterson	January 2014	CEO	Cut Bank Public Schools	NRMC
<ul style="list-style-type: none"> <li>Explore collaborating with the physical therapist (PT affiliated with Benefis Healthcare</li> </ul>	Kim Barbee	September 2014	CEO	Benefis Healthcare	NRMC

in Great Falls, MT) to provide exercise education to school sports teams					
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***Strategy 3.2 continued...***

**Needs Being Addressed by this Strategy:**

- #1: Two of the most important indicators for a healthy community were: ‘Access to health care and other services’ (58.8%) and ‘Healthy behaviors and lifestyles’ (40.7%). In 2013, significantly more survey respondents (40.7%) declared ‘Healthy behaviors and lifestyles’ to be an important indicator for a healthy community than in 2009 (30.7%).
- #3: In 2013, significantly fewer respondents (21.0%) believed that the community was ‘Healthy’ than in 2009 (43.6%).
- #6: The top choices for desired local health services were: ‘Nutrition/dietician’ (28.2%) and ‘Home Health assistance’ (15.8%). Focus group participants also indicated a need for home health services in the community.
- #7: Two of the most serious health concerns were: ‘Alcohol abuse/substance abuse’ (71.8%) and ‘Obesity/overweight’ (34.5%). Significantly more respondents indicated ‘Obesity/overweight’ to be a top health concern compared to results in 2009 (21.1%). Focus group participants indicated serious concern regarding substance abuse in the community.
- #8: Survey respondents indicated the most interest in the following educational classes/programs: ‘Fitness’ (37.3%), ‘Health and wellness’ (36.2%), ‘Weight loss’ (34.5%), ‘Nutrition (31.6%), and ‘Women’s health’ (25.4%). The desire for health and wellness opportunities/activities/classes were mentioned extensively in focus group sessions.

**Measure of Success:** NRMC collaborates with the CPT and PT to provide fitness classes, as well as 3 other partners to assist in improving the lives of those affected by chronic health conditions by December 2014.

**Goal 4:** Address the mental health and behavioral health needs of the community by providing resources and services to the local community.

**Strategy 4.1:** Provide mental and behavioral health services/resources to the community.

**Health Issue Addressed:** Rural communities in Montana experience a shortage of the resources and services needed to address mental and behavioral health needs in the community. In Cut Bank, the most serious health concern was ‘alcohol/substance abuse.’ A high percentage of community members also indicated they had been depressed over a period of three consecutive months.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/facilities used to address needs
<ul style="list-style-type: none"> <li>Offer initial psychiatric consultations and psychotropic medication through the psychiatric provider in a clinic</li> </ul>	Patty McDough	January 2014	CEO	NRMC	NRMC
<ul style="list-style-type: none"> <li>Explore collaborating with the counselor at the community health center (CHC)</li> </ul>	Patty McDough	January 2014	CEO	Glacier Community Health Center	NRMC
<ul style="list-style-type: none"> <li>Develop a resource guide which lists the behavioral and mental health resources and organizations available in the community</li> </ul>	Niall Atkinson Audrey Crawford	January 2014	CEO		NRMC

**Needs Being Addressed by this Strategy:**

- #1: Two of the most important indicators for a healthy community were: ‘Access to health care and other services’ (58.8%) and ‘Healthy behaviors and lifestyles’ (40.7%). In 2013, significantly more survey respondents (40.7%) declared ‘Healthy behaviors and lifestyles’ to be an important indicator for a healthy community than in 2009 (30.7%).
- #2: Survey respondents indicated that two ways to improve the community’s access to health care were: ‘Financial assistance/counseling’ (40.1%) and ‘More specialists’ (33.3%).
- #3: In 2013, significantly fewer respondents (21.0%) believed that the community was ‘Healthy’ than in 2009 (43.6%).
- #4: In 2013, significantly more respondents (34.5%) indicated that they or a member of their household delayed or did not receive medical services compared to figures from 2009 (23.9%).

- Of the respondents who delayed/did not receive care, the top two reasons cited were: 'It costs too much' (36.8%) and 'Service not available locally' (31.6%).
- #7: Two of the most serious health concerns were: 'Alcohol abuse/substance abuse' (71.8%) and 'Obesity/overweight' (34.5%). Significantly more respondents indicated 'Obesity/overweight' to be a top health concern compared to results in 2009 (21.1%). Focus group participants indicated serious concern regarding substance abuse in the community.

***Strategy 4.1 continued...***

- #9: 23.2% of respondents indicated there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Focus group participants indicated a need for mental health services in the community.

**Measure of Success:** NRMC provides mental health services through a psychiatric provider and a partnership with the counselor at GCHC by January 2014.

**Goal 5:** Explore providing services and/or resources to those who need home health services in the community.

**Strategy 5.1:** Research programs and potentially collaborate with other organizations to determine the feasibility of home health services.

**Health Issue Addressed:** Rural communities in Montana generally lack the resources and qualified staff that can provide continuity of care services to prevent readmissions. Survey respondents and focus group participants indicated a community need regarding home health services.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/facilities used to address needs
<ul style="list-style-type: none"> <li>Assess community demand for home health services</li> </ul>	Audrey Crawford	September 2014	CEO		NRMC
<ul style="list-style-type: none"> <li>Evaluate the financial resources available to fund a potential home health program</li> </ul>	CFO	September 2015	CEO		NRMC
<ul style="list-style-type: none"> <li>Explore providing RHC Home Health Visits with regional partners to provide home health services and support.</li> </ul>	Patty McDonugh	September 2015	CEO	Benefis Healthcare, Kalispell Regional Medical Center	NRMC

**Needs Being Addressed by this Strategy:**

- #1: Two of the most important indicators for a healthy community were: ‘Access to health care and other services’ (58.8%) and ‘Healthy behaviors and lifestyles’ (40.7%). In 2013, significantly more survey respondents (40.7%) declared ‘Healthy behaviors and lifestyles’ to be an important indicator for a healthy community than in 2009 (30.7%).
- #2: Survey respondents indicated that two ways to improve the community’s access to health care were: ‘Financial assistance/counseling’ (40.1%) and ‘More specialists’ (33.3%).
- #3: In 2013, significantly fewer respondents (21.0%) believed that the community was ‘Healthy’ than in 2009 (43.6%).
- #4: In 2013, significantly more respondents (34.5%) indicated that they or a member of their household delayed or did not receive medical services compared to figures from 2009 (23.9%).

- Of the respondents who delayed/did not receive care, the top two reasons cited were: ‘It costs too much’ (36.8%) and ‘Service not available locally’ (31.6%).

*Strategy 5.1 continued...*

- #6: The top choices for desired local health services were: ‘Nutrition/dietician’ (28.2%) and ‘Home Health assistance’ (15.8%). Focus group participants also indicated a need for home health services in the community.

**Measure of Success:** NRMC completes an evaluation indicating whether providing home health services or partnering with another organization to provide home health services is financially viable by September 2015.

### Needs Not Addressed and Justification

Identified health needs unable to address by Northern Rockies Medical Center	Rationale
Another important indicator of a healthy community was ‘Good jobs and a healthy economy’ (39.5%).	<ul style="list-style-type: none"> <li>The identified need related to the economy and availability of good jobs cannot be addressed by Northern Rockies Medical Center along – this need will need a collaborative effort from a wide variety of organizations in the community. As shown on page 9, organizations already exist whose missions are specifically related to jobs and maintaining/building a healthy economy in the community and may be more appropriate to address this need.</li> </ul>
The second most highly rated health concern was ‘Cancer’ (48.0%).	<ul style="list-style-type: none"> <li>At this time, Northern Rockies Medical Center does not have the financial resources to support the equipment, space, and staff needs to care for cancer patients. NRMC partners with regional facilities (i.e. Kalispell Regional Medical Center, Benefis Healthcare) which can accommodate community members with cancer.</li> </ul>
Survey respondents indicated the top way to improve community’s access to health care is ‘More primary care providers’ (46.9%).	<ul style="list-style-type: none"> <li>Northern Rockies Medical Center already employs several primary care providers who are available at both the facility and at the clinic. At this time, the hospital does not have the financial resources or space necessary to recruit and hire additional primary care providers.</li> </ul>

## Dissemination of Needs Assessment

Northern Rockies Medical Center (NRMC) disseminated the Community Health Services Development (CHSD) community health needs assessment (CHNA) and implementation plan by posting both documents conspicuously on the Northern Rockies Medical Center website ([www.nrmcinc.org](http://www.nrmcinc.org)) as well as having copies available at the facility should community members request to view the community health needs assessment (CHNA) or the implementation planning documents.

The Steering Committee, which was formed specifically as a result of the CHSD process and convened at the beginning of the 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 Northern Rockies Medical Center is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Glacier County as Northern Rockies Medical Center seeks to address the health care needs of their community.

Furthermore, Board members of NRMC will be directed to the hospital's website to view the assessment results. Northern Rockies Medical Center board members approved and adopted the plan on **November 5, 2013**. Board members are encouraged to familiarize themselves with the CHNA report and implementation plan so they can publically promote the facility's plan to influence the community in a beneficial manner.