IMPLEMENTATION PLAN

Addressing Community Health Needs

**Roosevelt Medical Center ~ Culbertson, Montana**

Table of Contents

[*The Implementation Planning Process 3*](#_Toc390082503)

[*Prioritizing the Community Health Needs 5*](#_Toc390082504)

[*Roosevelt Medical Center’s Existing Presence in the Community 5*](#_Toc390082505)

[*List of Available Community Partnerships and Facility Resources to Address Needs 6*](#_Toc390082506)

[*Roosevelt County Indicators 7*](#_Toc390082507)

[*Public Health and Underserved Populations Consultation Summaries 8*](#_Toc390082508)

[*Needs Identified and Prioritized 9*](#_Toc390082511)

[*Prioritized Needs to Address 9*](#_Toc390082512)

[*Needs Unable to Address 10*](#_Toc390082513)

[*Executive Summary 11*](#_Toc390082514)

[*Implementation Plan Grid 14*](#_Toc390082515)

[*Needs Not Addressed and Justification 23*](#_Toc390082516)

[*Dissemination of Needs Assessment 24*](#_Toc390082517)

# The Implementation Planning Process

The implementation planning committee – comprised of Roosevelt Medical Center’s leadership team and board 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, a part of the Frontier Better Medicine Better Health Partnership (FMBHP) project. The facility conducted the CHSD process in conjunction with the Montana Office of Rural Health (MORH).

The CHSD community health needs assessment was performed in January of 2015 to determine the most important health needs and opportunities for Roosevelt 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 9 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 (http://www.rooseveltmedical.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 8 for additional information regarding input received from community representatives).

The implementation planning committee determined which needs or opportunities could be addressed considering Roosevelt Medical 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. Access to healthcare and other services
2. Health education and outreach activities in the community
3. Physical activity and healthy lifestyles

In addressing the aforementioned issues, Roosevelt Medical Center seeks to:

1. Improve access to healthcare services;
2. Enhance the health of the community;
3. Advance medical or health knowledge;
4. Relieve or reduce the burden of government or other community efforts

**Roosevelt Medical Center’s Mission:**

* At Roosevelt Medical Center we are dedicated to providing our patients with appropriate, personalized, quality health care.

**Roosevelt Medical Center’s Vision:**

* “Roosevelt Medical Center will be recognized as a customer-focused healthcare team committed to the quality of life in our region, through healthy communities, and the healing of the body, mind and spirit. This will be achieved through outstanding service to every patient, and every employee, with each of their experiences in an environment that cultivates learning and active participation, which will assure financial viability for health services in this region for future generations.”

**Implementation Planning Committee Members:**

* Barb Anderson – Director of Radiology/ Roosevelt Medical Center
* Vickie Grimsrud – Activities Director and Telemedicine Coordinator/ Roosevelt Medical Center
* Brenda Harvey – Social Services Director and Quality Assurance Lead/Roosevelt Medical Center
* Jennifer Kessner – Chief Financial Officer/ Roosevelt Medical Center
* Laura Labatte – Physical Therapist/ Roosevelt Medical Center
* Elizabeth Leinen – Business Office Manager/Roosevelt Medical Center
* Sharon Schmitz – Better Health Improvement Specialist/ Roosevelt Medical Center
* Audrey Stromberg – CEO/ Roosevelt Medical Center
* Brian Fordyce – Internet Technology Director/ Roosevelt Medical Center
* JoAnn Smith – Laboratory Manager/Roosevelt Medical Center
* Jaimee Green – Marketing Manager/Roosevelt Medical Center
* Brenda French – Director of Nursing/Roosevelt Medical Center
* Megan Noble – Dietary Manager/Roosevelt Medical Center
* Teresia Moore – EMS Manager/ Roosevelt Medical Center

# Prioritizing the Community Health Needs

The implementation planning committee 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

## Roosevelt Medical Center’s Existing Presence in the Community

* Roosevelt Medical Center provides physicals in the school at a reduced price ($30)
* Facility staff members will offer to provide STD education for students in area schools
* Roosevelt Medical Center hosts annual women’s and family health-focused community education sessions at no cost to community members
* The facility hosts telemedicine sessions on behalf of the community for mental health consults, educational classes, and medical consults with specialists
* Specialists who are not based in the community (i.e. audiologist and chiropractor) are given space to see patients at no charge to them
* The facility sponsors wellness programs for diabetic patients or those patients identified as being at risk for diabetes
* Roosevelt Medical Center provides birthday lab and blood work to community members at a significantly reduced cost
* The facility focuses on breast health during breast cancer awareness month through public educational announcements and notices
* The facility encourages students to pursue health careers by opening the lab for school trips and providing internship and job shadowing opportunities for high school students across various departments
* Roosevelt Medical Center also opens its conference rooms to various community groups for meetings

## 

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

* Culbertson, Froid, and Bainville area schools provide opportunities for students to discover health careers
* Eastern Montana Area Health Education Center (AHEC) organizes and runs Recruitment and Educational Assistance for Careers in Health (REACH) camps on behalf of rural communities interested in fostering local children’s interest in pursuing healthcare careers
* Montana Connections/AHEC Recruitment Program assist in recruiting primary care physicians to rural areas
* Montana Office of Rural Health (MORH) provides technical assistance to rural health systems and organizations
* Great Northern Development serves as an organization which provides assistance with economic development and community improvement.
* Eastern Montana Telemedicine Network (EMTN) provides infrastructure and support for telehealth needs
* Eastern Montana Mental Health Services provides support and services related to mental health
* Montana Health Network is a collaborative effort to provide services to all residents of Montana
* City Council of Culbertson is a partner with the facility and is active in the community
* County Council of Aging is a partner with the facility and serves as a resource for the senior population
* Translational Research Program, associated with Billings clinic, provides resources and support to the facility
* Montana Nutrition and Physical Activity Program (NAPA) will serve as a resource specific to health/wellness
* MSU Extension provides educational support to members of the community
* Montana Department of Public Health and Human Services (DPHHS) provides support to the facility

## 

## Roosevelt County Indicators

Low Income Persons

* 32% of persons are below the federal poverty level

Uninsured Persons

* 17.8% of adults less than age 65 are uninsured
* Data is not available by county (data is available for some counties) 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

* 10% of Roosevelt County’s Population is 65 years and older

Size of County and Remoteness

* 10,089 people in Roosevelt County
* 4.3 people per square mile

Nearest Major Hospital

* Trinity Health in Minot, ND – 166 miles from Roosevelt Medical Center

## 

## Public Health and Underserved Populations Consultation Summaries

Public Health Consultation [Vickie Bell, RN – Director of the Roosevelt County Health Department (RCHD)/ Karla Thompson, RN – Family Planning at RCHD / Michelle Barsness, RN – Emergency Preparedness at RCHD / Patty Presser, RN – RCHD on October 7, 2014]

* We have seen a lot of diabetes
* The poverty rate is high
* Hepatitis C is a major concern
* The closest alcohol/substance abuse treatment centers are in Minot, ND or in Billings and are prohibitively expensive. As people cannot always afford treatment, they either come back home, go to jail, or end up in an accident

Underserved Population – Youth [Karla Thompson, RN – RCHD on October 7, 2014]

* Childhood immunizations are at 94% in the county
* Prenatal care in the first trimester is just over 10% - women do not come in for prenatal care because they may be using meth or other drugs
  + In Wolf Point, a survey found that approximately 40% of women seeking maternal/child healthcare were on drugs
* RCHD is starting a home visiting program for families with children aged 0-3 years – the program is voluntary and families must sign up for it
* We have seen suffocation deaths with infants/mothers in Roosevelt County

Underserved Population – Senior Citizens [Dee Hanson – Counselor at RCHD on October 7, 2014]

* The health department will begin offering “options counseling” for those families in the county who are trying to decide if a parent should go into a home
* Medicare classes are available once a year

Underserved Population – Tribal [Jessica Schmitz, RN – North Eastern Montana Health Services & Fort Peck Tribal Dialysis on October 7, 2014]

* There is a larger population of Native Americans in Roosevelt County, which may explain the higher prevalence of diabetes in this area compared to the rest of the state

# 

# Needs Identified and Prioritized

## *Prioritized Needs to Address*

1. “Access to health care and other services” was identified as the most important component of a healthy community.
2. Slightly over 25% of the survey respondents indicated a poor to fair knowledge of health services at Roosevelt Medical Center
3. Significantly fewer respondents in 2014 learned about health services in the community through mailings or the hospital newsletter and significantly more of the respondents use the hospital’s website and the internet to learn about health services in the community
4. In 2014, there was a statistically significant decrease in the number of respondents who rated the community’s general health as “Very healthy” or “Healthy” and a significant increase in the number of respondents who rated the community as “Somewhat healthy”
5. Respondents in 2014 were significantly more likely to select telemedicine as a service that would improve access to healthcare in the community
6. Respondents in 2014 and 2012 were significantly more likely to select alcohol or substance abuse as a serious health concern compared to respondents in 2008
7. Respondents in 2014 selected “Overweight/obesity” and “Heart disease” as a serious health concern for the community significantly more often than in 2012
8. “Healthy behaviors and lifestyles” was the third most-selected component for a healthy community by survey respondents (29.5%)
9. Respondents indicated the most interest in educational classes/programs relating to: weight loss, women’s health, and fitness
10. Significantly more respondents indicated a need for more primary care providers in 2014 versus past survey years in 2012 and 2008
11. In 2014, significantly more respondents indicated that local healthcare providers are very important to the region

*Needs Unable to Address*

*(See page 23 for additional information)*

1. The number of respondents indicating that “Affordable housing” is an important component for a healthy community has increased significantly over each of the surveys conducted (2008, 2012, and 2014)
2. Significantly more respondents indicated a need for specialists in 2014 versus 2012
3. Respondents in 2014 were significantly more likely to indicate a need for transportation assistance
4. Survey respondents indicated the most interest in having the following services available locally: dental clinic, fitness center, and massage therapy
5. Over 30% of survey respondents indicated being unaware of programs that help people pay for healthcare bills

# 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 9). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 14.

**Goal 1:** Improve access to the healthcare services at RMC through increased awareness of available hospital services.

**Strategy 1.1:** Utilize a variety of communication strategies to better inform the RMC service area of hospital services, as well as increase and diversify outreach efforts regarding services available at RMC.

**Activities:**

* + Publish a quarterly hospital newsletter in an electronic and paper format to be mailed to all P.O. box holders in the RMC service area
  + Develop scripting for E.H.R. release forms to allow use of patients' email address in hospital listserv
  + Send out monthly health update e-mails to the hospital listserv
  + Develop a community resource guide in partnership with the hospital's steering committee

**Goal 2:** Improve community health education and outreach activities in the community.

**Strategy 2.1:** Expand existing community education programs and explore opportunities to start new programs.

**Activities:**

* + Coordinate with hospital personnel to host informational events with community organizations and expand existing programs (i.e. Evening with Elizabeth, etc.)
  + Explore the feasibility of hosting a health fair
  + Promote the existing diabetes education program by:
    1. Develop/send surveys to RMC’s diabetic population in order to gauge effectiveness of the existing program
    2. Provide lab testing services to active participants at reduced rates (20% discount) to correspond with the education modules

***Strategy 2.1 continued…***

* + Partner with the Rural Health Initiative and share their educational webinars and resources with the community
  + Develop an alcohol and substance abuse education program in partnership with the local schools and law enforcement
  + Explore hosting a REACH camp by partnering with the Eastern Montana AHEC office
  + Perform outreach and distribute materials to the community in order to educate the public on services at RMC that are available via telemedicine and provide information on how community members can request services when needed

**Goal 3:** Promote physical activity and healthy living within the community and increase utilization of preventative services.

**Strategy 3.1:** Increase awareness of local opportunities for physical activity.

**Activities:**

* + Publish a schedule of local classes and physical activity events in hospital newsletters and email updates
  + Continue to participate in and promote Shape Up Montana for employees and challenge groups
  + Promote Healthy Lifestyles program at the hospital

**Strategy 3.2:** Determine the feasibility of sponsoring a 5K fun run/walk in the community.

**Activities:**

* + Research other hospital-sponsored fun runs in Montana
  + Determine the cost of sponsoring the event
  + Determine what organizations in the community could be potential partners
  + Reach out to potential partners

**Strategy 3.3**: Promote healthy eating in the community.

**Activities:**

* + Publish a healthy recipe in the quarterly hospital newsletter
  + Investigate general delivery options for quarterly hospital newsletter and utilize best practice
  + Provide healthy recipes to include in hospital-created healthy lifestyle program
  + Sponsor a monthly pot luck that highlights healthy recipes
  + Promote physical activity by sponsoring teams who participate in community Fun Runs and other events

**Goal 4:** Maintain a strong and stable medical center to ensure that citizens in eastern Roosevelt County have continued access to primary healthcare services.

**Strategy 4.1:** Expand current primary care services at RMC and increase primary care and emergency room coverage.

**Activities:**

* + Recruit and hire an additional primary care provider
  + Provide education reimbursement for hospital staff who want to advance in a health-related field
  + Continue working with recruiting agency
  + Collaborate with MT AHEC to identify potential candidates
  + Continue as a National Health Service Corps Certified location
  + Attend the Spring 2015 Recruitment and Retention Roadshow
  + Utilize 3RNet as recruitment tool

**Strategy 4.2:** Promote health careers within the community in order to encourage local youth to provide health services in the Culbertson area.

**Activities:**

* + Perform outreach (i.e. send letters) to guidance counselors in order to advertise opportunities for students
  + Offer job shadowing opportunities to interested high school students
  + Offer twelve (12) week internship opportunities to interested high school students

# Implementation Plan Grid

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Goal 1:** Improve access to the healthcare services at RMC through increased awareness of available hospital services. | | | | | | | | | | |
| **Strategy 1.1:** Utilize a variety of communication strategies to better inform the RMC service area of hospital services, as well as increase and diversify outreach efforts regarding services available at RMC. | | | | | | | | | | |
| **Activities** | **Responsibility** | | **Timeline** | | | **Final Approval** | **Partners** | | **Potential Barriers** | |
| Publish a quarterly hospital newsletter in an electronic and paper format to be mailed to all P.O. box holders in the RMC service area | Marketing | | Publish biannual newsletters in June and November | | | CEO | Department Managers | | Resource limitations | |
| Develop scripting for E.H.R. release forms to allow use of patients' email address in hospital listserv | IT Department | | End of July 2015 | | | CEO | Tech Time | | Resource limitations | |
| Send out monthly health update e-mails to hospital listserv | IT & Marketing Departments | | January 2016 | | | CEO | Schools, churches, Senior Citizen centers, Banks | | Resource limitations | |
| Develop a community resource guide in partnership with the hospital's steering committee | Marketing/  Telemedicine Coordinator & BHIS | | 3rd Quarter 2015 | | | CEO | Schools, churches, Senior Citizen centers, Banks | | Resource limitations | |
| **Needs Being Addressed by this Strategy:**   * #1: “Access to health care and other services” was identified as the most important component of a healthy community. * #2: Slightly over 25% of the survey respondents indicated a poor to fair knowledge of health services at Roosevelt Medical Center. * #3: Significantly fewer respondents in 2014 learned about health services in the community through mailings or the hospital newsletter and significantly more of the respondents use the hospital’s website and the internet to learn about health services in the community. | | | | | | | | | | |
| **Anticipated Impact(s) of these Activities:**   * Increased access to healthcare services for community members. * Improved health of the community. * Increased communication between the hospital and community. | | | | | | | | | | |
| **Plan to Evaluate Anticipated Impact(s) of these Activities:**   * Track patient visits resulting from emails/newsletters sent to patients. | | | | | | | | | | |
| **Measure of Success:** Roosevelt Medical Center will implement monthly health update emails by June, 2015 | | | | | | | | | | |
| **Goal 2:** Improve community health education and outreach activities in the community. | | | | | | | | | | |
| **Strategy 2.1:** Expand existing community education programs and explore opportunities to start new programs. | | | | | | | | | | |
| **Activities** | | **Responsibility** | | **Timeline** | **Final Approval** | | | **Partners** | | **Potential Barriers** |
| Coordinate with hospital personnel to host information events with community organizations and expand existing programs (i.e. Evening with Elizabeth, etc.) | | Medical Providers, Marketing & Telemedicine Coordinator | | Ongoing- Start April 2015 | CEO | | | Lions Club, Legion, K.C.'s, Froid Rod & Gun Club | | Resource limitations |
| Explore the feasibility of hosting a health fair | | Department Managers | | Fair 2016 | CEO | | | Public Health, Schools, Senior Citizen Center | | Resource limitations, Financial limitations |
| Promote existing diabetes education program through the development of a surveys to RMC’s diabetic population in order to gauge effectiveness of the existing program | | Clinic Manager / Business Office Manager | | Spring 2017 | CEO | | | Billings Clinic | | Resource limitations |
| Promote existing diabetes education program by providing lab testing to active participants at reduced rates (20% discount) to correspond with the education modules | | Clinic Manager / CFO / Lab Manager | | Spring 2017 | CEO | | |  | | Resource limitations. Financial limitations |
| Enhance the existing diabetes education program by partnering with the Montana Rural Health Initiative and sharing their educational webinars and resources with the community | | Marketing, Clinic Manager, Business Office | | Fall 2017 | CEO | | |  | |  |
| Develop an alcohol and substance abuse education program in partnership with the local schools and law enforcement | | RN’s/EMS | | 2016-2017 | CEO | | | Sheriff’s Office, Schools | | Resource limitations |
| Explore hosting a REACH camp by partnering with the Eastern Montana AHEC office | | Assign 2016 | | Spring 2017 | CEO | | | AHEC/Schools | |  |

***Strategy 2.1 continued…***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activities** | **Responsibility** | **Timeline** | **Final Approval** | **Partners** | **Potential Barriers** |
| Perform outreach and distribute materials to the community in order to educate the public on services at RMC that are available via telemedicine and provide information on how community members can request services when needed | Telemedicine Coordinator / Marketing | Fall 2017 | CEO |  | Resource limitations, Financial limitations |
| **Needs Being Addressed by this Strategy:**   * #1: “Access to health care and other services” was identified as the most important component of a healthy community. * #2: Slightly over 25% of the survey respondents indicated a poor to fair knowledge of health services at Roosevelt Medical Center. * #4: In 2014, there was a statistically significant decrease in the number of respondents who rated the community’s general health as “Very healthy” or “Healthy” and a significant increase in the number of respondents who rated the community as “Somewhat healthy.” * #5: Respondents in 2014 were significantly more likely to select telemedicine as a service that would improve access to healthcare in the community. * #6: Respondents in 2014 and 2012 were significantly more likely to select alcohol or substance abuse as a serious health concern compared to respondents in 2008. | | | | | |
| **Anticipated Impact(s) of these Activities:**   * Increased access to healthcare services for community members. * Improved health of the community. * Increased communication between the hospital and community. | | | | | |
| **Plan to Evaluate Anticipated Impact(s) of these Activities:**   * Track utilization of telemedicine resulting from informational materials. * Analyze surveys to evaluate effectiveness of existing diabetes program. | | | | | |
| **Measure of Success:** RMC sends surveys to the diabetic population in the community and develops a report on the findings by January 2017. | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal 3:** Promote physical activity and healthy living within the community and increase utilization of preventative services. | | | | | |
| **Strategy 3.1:** Increase awareness of local opportunities for physical activity. | | | | | |
| **Activities** | **Responsibility** | **Timeline** | **Final Approval** | **Partners** | **Potential Barriers** |
| Publish a schedule of local classes and physical activity events in hospital newsletters and email updates | Marketing | Fall 2016 | CEO |  | Resource limitations |
| Continue to participate in and promote Shape Up Montana for employees and challenge groups | Clinic Manager/EMS | February 2016 | CEO |  | Resource limitations |
| Promote Healthy Lifestyles program if Billings Clinic continues the program | Clinic Manager | As offered by Billings Clinic | CEO | Billings Clinic | Resource limitations |
| **Needs Being Addressed by this Strategy:**   * #4: In 2014, there was a statistically significant decrease in the number of respondents who rated the community’s general health as “Very healthy” or “Healthy” and a significant increase in the number of respondents who rated the community as “Somewhat healthy.” * #7: Respondents in 2014 selected “Overweight/obesity” and “Heart disease” as a serious health concern for the community significantly more often than in 2012. * #8: “Healthy behaviors and lifestyles” was the third most-selected component for a healthy community by survey respondents (29.5%). * #9: Respondents indicated the most interest in educational classes/programs relating to: weight loss, women’s health, and fitness. | | | | | |
| **Anticipated Impact(s) of these Activities:**   * More community members engaging in physical activities and healthy living practices. * Healthier community members with fewer chronic health issues. * Increased utilization of preventive services. * Fewer ER admissions for preventable conditions. | | | | | |
| **Plan to Evaluate Anticipated Impact(s) of these Activities:**   * Track participation in Shape Up Montana program. * Track participation in Healthy Lifestyles program. | | | | | |
| **Measure of Success:** Roosevelt Medical Center has 6 participants in the Shape Up Montana program and signs up 4 participants for the Healthy Lifestyles program if offered by Billings Clinic. | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal 3:** Promote physical activity and healthy living within the community and increase utilization of preventative services. | | | | | |
| **Strategy 3.2:** Determine the feasibility of sponsoring a 5K fun run/walk in the community. | | | | | |
| **Activities** | **Responsibility** | **Timeline** | **Final Approval** | **Partners** | **Potential Barriers** |
| Research other hospital-sponsored fun runs in Montana | IT & Department Managers | August 2017 | CEO | Fair Board | Resource limitations |
| Determine the cost of sponsoring the event | CFO | June 2017 | CEO |  | Resource limitations |
| Determine what organizations in the community could be potential partners | CEO / BHIS | Fall 2016 | CEO |  | Resource limitations |
| Reach out to identified potential partners for sponsorship/partnership in community fun run/walk | Department Managers | Winter 2017 | CEO |  | Resource limitations |
| **Needs Being Addressed by this Strategy:**   * #4: In 2014, there was a statistically significant decrease in the number of respondents who rated the community’s general health as “Very healthy” or “Healthy” and a significant increase in the number of respondents who rated the community as “Somewhat healthy.” * #7: Respondents in 2014 selected “Overweight/obesity” and “Heart disease” as a serious health concern for the community significantly more often than in 2012. * #8: “Healthy behaviors and lifestyles” was the third most-selected component for a healthy community by survey respondents (29.5%). * #9: Respondents indicated the most interest in educational classes/programs relating to: weight loss, women’s health, and fitness. | | | | | |
| **Anticipated Impact(s) of these Activities:**   * Increased community-hospital engagement. | | | | | |
| **Plan to Evaluate Anticipated Impact(s) of these Activities:**   * Track number of partners pledged for event. | | | | | |
| **Measure of Success:** RMC partners with 2 community organizations to organize a fun run in the community. | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal 3:** Promote physical activity and healthy living within the community and increase utilization of preventative services. | | | | | |
| **Strategy 3.3:** Promote healthy eating in the community. | | | | | |
| **Activities** | **Responsibility** | **Timeline** | **Final Approval** | **Partners** | **Potential Barriers** |
| Publish a healthy recipe in the quarterly hospital newsletter | Marketing | Winter 2016 | CEO |  | Resource limitations |
| Investigate general delivery options for newsletters- determine best practice for dissemination. Send out newsletters by best determined method. | Marketing | 3rd Quarter 2016 | CEO |  | Resource limitations |
| Provide healthy recipes to be include in hospital employee newsletter | Roosevelt Medical Center – Rotate departments or groups of departments | 2nd Quarter 2016 | CEO |  | Resource limitations |
| Sponsor a pot luck annually that highlights healthy recipes | Roosevelt Medical Center – Hospital Week planning committee | Spring 2016 | CEO |  | Resource limitations |
| Promote physical activity by sponsoring teams who participate in community Fun Runs and other events | Marketing/EMS | Spring 2015 | CEO | NAPA | Resource limitations |
| **Needs Being Addressed by this Strategy:**   * #4: In 2014, there was a statistically significant decrease in the number of respondents who rated the community’s general health as “Very healthy” or “Healthy” and a significant increase in the number of respondents who rated the community as “Somewhat healthy.” * #7: Respondents in 2014 selected “Overweight/obesity” and “Heart disease” as a serious health concern for the community significantly more often than in 2012. * #8: “Healthy behaviors and lifestyles” was the third most-selected component for a healthy community by survey respondents (29.5%). * #9: Respondents indicated the most interest in educational classes/programs relating to: weight loss, women’s health, and fitness. | | | | | |
| **Plan to Evaluate Anticipated Impact(s) of these Activities:**   * Track participation in hospital-created healthy lifestyle program. | | | | | |
| **Measure of Success:** Roosevelt Medical Center increases awareness of healthy eating through its quarterly newsletter, which will be delivered to 250 community members. | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal 4:** Maintain a strong and stable medical center to ensure that citizens in eastern Roosevelt County have continued access to primary healthcare services. | | | | | |
| **Strategy 4.1:** Expand current primary care services at RMC and increase primary care and emergency room coverage. | | | | | |
| **Activities** | **Responsibility** | **Timeline** | **Final Approval** | **Partners** | **Potential Barriers** |
| Recruit and hire an additional primary care provider | CEO | Ongoing | CEO |  | Resource limitations |
| Provide education reimbursement for hospital staff who want to advance in a health-related field | Board of Directors | January 2017 | CEO |  | Resource limitations, Financial limitations |
| Continue working with recruiting agency | CEO | Ongoing | CEO | Board of Directors | Resource limitations |
| Collaborate with MT AHEC to identify potential candidates | CEO | Fall 2017 | CEO | MT AHEC | Resource limitations |
| Continue as a National Health Service Corps Certified location | CEO | 1st Quarter 2016 | CEO | NHSC | Resource limitations |
| Attend the Spring 2015 Recruitment and Retention Roadshow | CEO | April 9, 2015 in Glendive, MT | CEO |  | Resource limitations |
| Utilize 3RNet as recruitment tool | CEO | Ongoing | CEO | 3RNet | Resource limitations |
| **Needs Being Addressed by this Strategy:**   * #4: In 2014, there was a statistically significant decrease in the number of respondents who rated the community’s general health as “Very healthy” or “Healthy” and a significant increase in the number of respondents who rated the community as “Somewhat healthy.” * #10: Significantly more respondents indicated a need for more primary care providers in 2014 versus past survey years in 2012 and 2008. * #11: In 2014, significantly more respondents indicated that local healthcare providers are very important to the region. | | | | | |
| **Anticipated Impact(s) of these Activities:**   * Increased access to healthcare services for community members. * Improved health of the community. * Increased communication between the hospital and community. | | | | | |
| **Plan to Evaluate Anticipated Impact(s) of these Activities:**   * Track usage of education reimbursement program * Track students utilizing opportunities at the hospital. | | | | | |
| **Measure of Success:** 2 employees at RMC will be taking advantage of the education reimbursement program by December 2016. | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal 4:** Maintain a strong and stable medical center to ensure that citizens in eastern Roosevelt County have continued access to primary healthcare services. | | | | | |
| **Strategy 4.2:** Promote health careers within the community in order to encourage local youth to provide health services in the Culbertson area. | | | | | |
| **Activities** | **Responsibility** | **Timeline** | **Final Approval** | **Partners** | **Potential Barriers** |
| Perform outreach (i.e. send letters) to guidance counselors in order to advertise opportunities for students | Marketing | Fall 2016 | CEO | MT AHEC | Resource limitations |
| Offer job shadowing opportunities to interested high school students | Department Managers | Fall 2017 | CEO | MT AHEC | Resource limitations |
| Offer twelve (12) week internship opportunities to interested high school students | Department Managers | Fall 2017 | CEO | MT AHEC | Resource limitations |
| **Needs Being Addressed by this Strategy:**   * #4: In 2014, there was a statistically significant decrease in the number of respondents who rated the community’s general health as “Very healthy” or “Healthy” and a significant increase in the number of respondents who rated the community as “Somewhat healthy.” * #10: Significantly more respondents indicated a need for more primary care providers in 2014 versus past survey years in 2012 and 2008. * #11: In 2014, significantly more respondents indicated that local healthcare providers are very important to the region. | | | | | |
| **Anticipated Impact(s) of these Activities:**   * Increased access to healthcare services for community members. * Improved health of the community. * Increased communication between the hospital and community. | | | | | |
| **Plan to Evaluate Anticipated Impact(s) of these Activities:**   * Track students utilizing opportunities at the hospital. * Track candidates identified in conjunction with MT AHEC. | | | | | |
| **Measure of Success:** RMC will have 2 students participating in job shadowing or internship opportunities by May 2016. | | | | | |

# Needs Not Addressed and Justification

|  |  |
| --- | --- |
| **Identified health needs unable to address**  **by Roosevelt Medical Center** | **Rationale** |
| 1. The number of respondents indicating that “Affordable housing” is an important component for a healthy community has increased significantly over each of the surveys conducted (2008, 2012, and 2014). | * This is a broad issue that cannot be addressed through the hospital alone. The Culbertson community already has the Great Northern Development organization that was created to address this issue. |
| 1. Significantly more respondents indicated a need for specialists in 2014 versus 2012. | * At this time, providing full-time specialists is beyond the resource capacity of Roosevelt Medical Center. RMC offers consults with some specialists via telemedicine and works with Billings Clinic continuously to add more specialties as the specialists are willing to provide telehealth services. RMC does not have enough volume of patients in any one specialty area to get specialists to travel here for onsite consults. RMC will continue to educate patients and the community about available telemedicine services. |
| 1. Respondents in 2014 were significantly more likely to indicate a need for transportation assistance. | * Providing a solution to this widespread problem is beyond the capacity of Roosevelt Medical Center. There are also other organizations whose focus is more aligned with this issue. |
| 1. Survey respondents indicated the most interest in having the following services available locally: dental clinic, fitness center, and massage therapy. | * Providing these services is currently beyond the resource and financial capacity of RMC at this time. |
| 1. Over 30% of survey respondents indicated being unaware of programs that help people pay for healthcare bills. | * Roosevelt Medical Center has pamphlets about financial assistance for medical bills, including our charity care information, available in the clinic and ER and mails them out when final notices are sent from billing. Our charity care application is available on our website. We have had a certified Navigator and held public meetings the past 2 years to educate the public about the state health insurance exchange. We will continue to provide information about financial assistance in newsletters, our website, and our facebook page to increase public awareness of financial assistance options for healthcare bills. |

# Dissemination of Needs Assessment

Roosevelt Medical Center (RMC) disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website, [**www.rooseveltmedical.org**](http://www.rooseveltmedical.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 RMC is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Roosevelt County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of RMC will be directed to the hospital’s website to view the complete assessment results and the implementation plan. RMC board members approved and adopted the plan on **May 26, 2015**. Board members are encouraged to familiarize themselves with the needs assessment report and implementation plan so they can publically promote the facility’s plan to influence the community in a beneficial manner.

RMC will establish an ongoing feedback mechanism to take into account any written comments it may receive on the adopted implementation plan document.