

IMPLEMENTATION PLAN

Addressing Community Health Needs



Wheatland
Memorial
Healthcare

Quality Healthcare Close to Home

Harlowton, Montana

2020-2022

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Disclaimer: The Montana Office of Rural Health strongly encourages an accounting professional's review of this document before submission to the IRS. As of this publishing, this document should be reviewed by a qualified tax professional. Recommendations on its adequacy in fulfillment of IRS reporting requirements are forthcoming.

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The Implementation Planning Process

The implementation planning committee – comprised of Wheatland Memorial Healthcare (WMH) leadership team– participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through their community health needs assessment (CHNA) process.

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

The community steering and implementation planning committees identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives of 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 reviewed the priority recommendations provided by the community steering committee and determined which needs or opportunities could be addressed considering WMH’s parameters of resources and limitations. The committee then prioritized the needs/opportunities using the additional parameters of the organizational vision, mission, and values, as well as existing and potential community partners. Participants then created a goal to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e. staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures).

The prioritized health needs as determined through the assessment process and which the facility will be addressing relates to the following healthcare issues:

- Access to healthcare services
- Disease prevention and care coordination
- Social determinants of health

In addressing the aforementioned issues, WHM seeks to:

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



Wheatland Memorial Healthcare Mission: Responsive to the healthcare needs of the communities we serve, Wheatland Memorial Healthcare is dedicated to providing sustainable quality care with respect, compassion and teamwork.

Implementation Planning Committee Members:

- Rick Poss, Interim CEO- Wheatland Memorial Healthcare (WMH)
- Jane Moe, Marketing and Public Relations- WMH
- Allison Fenley, RN- Director of Nursing- WMH
- Peggy Hiner, Human Resources Director- WMH

Prioritizing the Community Health Needs

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

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

WMH's Existing Presence in the Community

- Wheatland Memorial employs a Montana Health Insurance Navigator, a public advisor who helps individuals and small employers compare the health insurance options in the Marketplace website.
- Wheatland Memorial Healthcare providers speak at schools annual sports meeting to discuss and educate students, parents, and coaches about concussions. Wheatland also provides baseline testing free of charge for all students that participate in sports.
- Monthly articles on wellness submitted to local paper and social media.
- Employee Scholarships available to students interested in pursuing healthcare careers.
- Human Resource Director working with high school students with interview skills.
- Wheatland Memorial Healthcare sponsors community events such as Chamber of Commerce, 4th of July Rodeo, Kiwanis and School Sporting Events.

List of Available Community Partnerships and Facility Resources to Address Needs

- Al-Anon
- Alcoholics Anonymous
- Central Montana Health District (Public Health)
- Billings Clinic
- Harlowton Chamber of Commerce
- Harlowton Public Schools
- Wheatland County Extension (MSU)
- Montana Nutrition and Physical Activity (NAPA)
- NAMI
- Public Assistance & Child and Family Services
- The Mental Health Center of Central MT
- Wheatland County Senior Center
- WIC (Women, Infant and Children)
- Montana Office of Rural Health and Area Health Education Center (MORH/AHEC)
- Wheatland County Commissioners
- City of Harlowton
- 3RNet (Rural Recruitment and Retention Network)

Wheatland County Indicators

Population Demographics

- 96.2% of Wheatland County's population white, and 1.3% is American Indian or Alaska Native
- 16.2% of Wheatland County's population has disability status
- 24.4% of Wheatland County's population is 65 years and older
- 9.4% of Wheatland County's population has Veteran status
- 22.79% of Wheatland County's population has No High School as their highest degree attained; 36.36% have High School Degrees.

Size of County and Remoteness

- 2,168 people in Wheatland County
- 1.8 people per square mile

Socioeconomic Measures

- 30.4% of children live in poverty
- 19.8% of persons are below the federal poverty level
- 18% of adults (age<65) are uninsured; 7% of children less than age 18, are uninsured
- 12.8% of the population is enrolled in Medicaid

Select Health Measures

- 27% of adults are considered obese
- 23% of the adult population report physical inactivity
- Unintentional injury death rate (per 100,000 population) is 50.5 compared to 41.3 for Montana
- 41% of adults living in frontier Montana report two or more chronic conditions
- Montana's suicide rate (per 100,000 population) is 22.5 compared to 13.9 for the U.S.

Nearest Major Hospital

- St. Vincent Healthcare in Billings, MT – 91.2 miles from Wheatland Memorial Healthcare

Public Health and Underserved Populations Consultation Summaries

Public Health Consultation

Sue Woods RN Director- Central Montana Health Director; Allison Fenley, RN DON- Wheatland Memorial Healthcare; Rick Poss, Administrator- Wheatland Memorial Healthcare 07/23/2019

- We have a lack of mental health services in our region.
- High unintentional injury rate- has to do some with farming/ranching, but mostly motor vehicle accidents.
- Would be interesting to look into information from Golden Valley. We share that area with Musselshell County- but they are somewhat overlooked. We could explore secondary data as well as maybe doing focus groups or key informant interviews in that area.
- I think we could simplify the language of the cover letter to make it easier for people to understand.
- It might be beneficial on the survey to separate out “drugs” from prescription abuse. People think of abusing pills, or something more like meth.
- We’ve had issues with trying to connect our community with chronic pain management services.

Population: Low-Income, Underinsured

Katie Rein, DVM- Crazy Mountain Veterinary; Rachel Moore; Sue Woods RN, Director- Central Montana Health District 07/23/2019

- We have much higher rates of no high school degree. We have a large discrepancy of middle class. Lots of low income and higher, but not the middle group.
- We have employees we are trying to advance professionally and realized the base educational need was lacking so we’ve had to re-think how we approach our workforce need.
- We have a higher Hutterite population which influences educational attainment.
- There are usually 10-12 families on WIC for Wheatland County- but this number is probably low. Some choose to visit the WIC office in Lewistown.

Population: Seniors

Bobbie Hansen, Informatics/QI- Wheatland Memorial Healthcare; Audrey Min, PT- Wheatland Memorial Healthcare 07/23/2019

- We have a very high proportion of seniors in our county.
- Home Health and Hospice are a big need in our community, with the number of seniors we have in our area.
- I think there's an opportunity to explore opportunities for Adult Daycare.
- We should consider including naturopathic services as an option on the survey (ex. Chiropractor, acupuncture, naturopath) as many people may be leaving the community to obtain these services that are not available here.
- We should add in a question on the survey specific to senior services not available that people would like (ex. Senior housing, assisted living, hospice, home health, etc.).

Population: Youth

Allison Fenley RN, DON- Wheatland Memorial Healthcare; Rachel Moore, Chamber member, local schools, community representative; Aubrey Miller, Principal- Harlowton Public Schools 07/23/2019

- Because we have little mental health services here, when kids have issues they drop out and never go back.
- We hear that this is a good place to live if on welfare. The feds are trying to stimulate the economy here and in Meagher County. We are considered an "opportunity zone."
- We are seeing more self-harm related issues presenting in the ER.

Needs Identified and Prioritized

Prioritized Needs to Address

1. Top identified component of a healthy community by survey respondents was “Access to healthcare services.”
2. Survey respondents indicated the top three ways to improve the community’s access to healthcare were: "Access to a doctor (MD/DO)", "More access to primary care providers", and "Improved quality of care".
3. 28.9% of survey respondents indicated they or someone in their household delayed or did not received needed services. Top reasons for delay were “It cost too much” and “Service not available locally.”
4. Key informant interview participants noted a need for a permanent physician.
5. Secondary data indicates that Wheatland County is a designated Health Professions Shortage Area (HPSA).
6. Survey respondents indicated a desire for “Alternative medicine” (34.5%), “Women’s health/screenings” (23%) and “Colonoscopy” (20.3%).
7. Key informant interview participants noted an opportunity to utilize more telehealth services.
8. Top identified health concerns were “Alcohol abuse”, “Drug abuse” and “Cancer”.
9. 9.6% of survey respondents indicated they had experienced periods of depression for at least 3 consecutive months in the past three years.
10. 16.8% of survey respondents indicated they have felt lonely or isolated “Most days (2-4 times/week)” or “Sometimes (3-5 times/month)” in the past year.
11. 14% of survey respondents reported they experienced high levels of stress over the past year. 44.1% indicated a moderate level of stress.
12. 30.5% of survey respondents rated the availability of mental health services as “Poor”.
13. Key informant interviewees indicated they felt mental health, suicide, and lack of access to services was a large concern in the community.
14. 62.9% of survey respondents rated the general health of the community as “Somewhat healthy”.
15. 29% of survey respondents indicated their knowledge of health services at WMH was “Fair” or “Poor”.
16. Respondents indicated most interest in classes or programs related to “Health and wellness”, “Group fitness classes” and “Weight loss”.
17. Secondary data scan shows that 27% of Wheatland Co. adults are considered obese and 23% report physical inactivity.
18. 41% of Montana adults living in Frontier areas live with two or more chronic conditions.
19. 22.79% of Wheatland Co. adults have no high school degree. 36.36% of Wheatland Co. adults report obtaining a high school degree.

20. 19.8% of Wheatland Co. adults are below the poverty level. 30.4% of children are considered to be living in poverty.
21. 49.3% of survey respondents indicated there is not adequate or affordable housing options available.
22. 22.1% of survey respondents felt their health insurance covers a “Fair” or “Poor” amount of their healthcare costs.
23. 29.2% of survey respondents indicated they were not aware of programs that help people pay for healthcare bills - 17.7% indicated they were not sure.

Needs Unable to Address

(See page 26 for additional information)

1. 13% of survey respondents indicated cost had prevented them from getting or taking their medications regularly.
2. Wheatland County’s Unintentional Injury Death Rate is 50.5 per 100,000 people compared to 41.3 for the US and Montana.

Executive Summary

The following summary briefly represents the goals and corresponding strategies and activities which the facility will execute to address the prioritized health needs (from page 10). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 15.

Goal 1: Enhance access to healthcare services in the Wheatland Memorial Healthcare service area

Strategy 1.1: Increase access to primary care and emergency services

- Continue to actively recruit for a stable, community-based provider
- Create a community education campaign to engage community in recruitment efforts, barriers, and to educate about provider scope of work
- Collaborate with regional partners to reduce transport expenses, enhance and stabilize EMS workforce, and improve access to care
- Continue efforts to promote healthcare careers and explore opportunities enhance pipeline efforts (Reach Camp, CNA, and EMS courses) and shadowing experiences

Strategy 1.2: Explore opportunities to expand access to specialty care services at WMH

- Explore feasibility of expanding telehealth offerings with regional or state partners
- Explore feasibility of expanding on-site specialty services (sleep studies, colonoscopy, other)

Strategy 1.3: Enhance access and knowledge of mental and behavioral health services

- Conduct environmental scan of available local mental and behavioral health providers and services
- Reach out to local partners (public health, M/BH providers, EMS, police, schools, Extension, etc.) and gauge interest in development of a local mental health advisory committee
- Develop standardized screening protocols for behavioral risk assessment and implement facility wide

Goal 2: Enhance chronic disease prevention and care coordination at WMH**Strategy 2.1: Enhance preventative programs and resources available through WMH**

- Develop a community health fair to enhance access to preventative screenings and education
- Reach out to community and regional partners to support and enhance the health fair's reach and sustainability
- Conduct environmental scan to assess local programs and resources available that enhance and promote healthy lifestyles (Fitness Center, Head Start, Extension, schools, etc.)
- Explore opportunities to support and promote healthy behaviors and activities locally (fun runs, health challenges)
- Explore developing nutritional cooking and dietary education through WMH and in collaboration with regional partners

Strategy 2.2: Enhance care coordination programs and resources at WMH

- Research and determine feasibility of implementing a care coordination program at WMH or in partnership with regional partners
 - If found to be feasible: Determine staffing needs (FTE)
- Explore opportunities to expand community care coordination staff (Community Care Coordinator; Community Health Worker)
- Determine WHM provider and clinical services champion for program implementation
- Educate staff and providers on new Community Care Coordination program
- Create education and outreach materials to educate community on new program

Goal 3: Engage in efforts to address the social determinants of health in Wheatland County**Strategy 3.1: Enhance WMH efforts in influencing social determinants of health**

- Explore opportunities to partner with schools on adult education and skills training to promote literacy and G.E.D attainment
- Continue to offer CNA other health skills trainings. Explore opportunities to support and incentivize local learners

- Meet with County Commissioners to discuss housing needs and opportunities. Explore state and federal resources, funding, and relevant data.
- Explore review of electronic medical record patient discharge information to assess literacy level and update as appropriate to enhance patient understanding
- Create and market an “Insurance Payor 101” resource(s) to assist community in accessing and understanding benefits
- Establish a patient assistance representative at WMH to support navigation of healthcare system and learn of available local, state and federal cost assistance resources

Implementation Plan Grid

Goal 1: Enhance access to healthcare services in the Wheatland Memorial Healthcare service area					
Strategy 1.1: Increase access to primary care and emergency services					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue to actively recruit for a stable, community-based provider	CEO & HR	Ongoing	CEO & Trustees	3RNet HRSA	Resource limitations Workforce limitations Housing shortage
Create a community education campaign to engage community in recruitment efforts, barriers, and to educate about provider scope of work	Admin & Medical Staff	Year 1	CEO, Providers & Leadership	3RNet, Galley's Senior Center, VFW, Kiwanis	Resource limitations
Collaborate with regional partners to reduce transport expenses, enhance and stabilize EMS workforce, and improve access to care	CEO	Year 3	CEO	Regional CAHs CMMC	Resource limitations Financial limitations Workforce limitations
Continue efforts to promote healthcare careers and explore opportunities enhance pipeline efforts (Reach Camp, CNA, and EMS courses) and shadowing experiences	HR & DON	Ongoing	CEO	MT AHEC Area schools	Resource limitations Scheduling conflicts
Needs Being Addressed by this Strategy: <ul style="list-style-type: none"> ▪ 1. Top identified component of A healthy community by survey respondents was "Access to healthcare services." ▪ 2. Survey respondents indicated the top three ways to improve the community's access to healthcare were: "Access to a doctor (MD/DO)", "More access to primary care providers", and "Improved quality of care". ▪ 3. 28.9% of survey respondents indicated they or someone in their household delayed or did not received needed services. Top reasons for delay were "It cost too much" and "Service not available locally." ▪ 4. Key informant interview participants noted a need for a permanent physician. ▪ 5. Secondary data indicates that Wheatland County is a designated Health Professions Shortage Area (HPSA). 					
Anticipated Impact(s) of these Activities: <ul style="list-style-type: none"> ▪ Increase access to healthcare services ▪ Increased community knowledge of services 					

- Enhanced community engagement
- Improved health outcomes
- Service, policy, and resources development

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

- Next iteration of CHNA & IP
- New stable, community-based provider hired
- Track outcomes for regional EMS grant, increasing stability and access to EMS services
- Host health career pipeline program
- Track number of student participants in pipeline program

Measure of Success: *A full-time clinic provider or MD is hired. WMH hosts area students in a health career pipeline program by 12/2022.*

Goal 1: Enhance access to healthcare services in the Wheatland Memorial Healthcare service area					
Strategy 1.2: Explore opportunities to expand access to specialty care services at WMH					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore feasibility of expanding telehealth offerings with regional or state partners	CEO, Marketing, Population Health Coordinator	Year 3	CEO	Billings Clinic CMMC	Resource limitations Workforce limitations
Explore feasibility of expanding on-site specialty services (sleep studies, colonoscopy, other)	Leadership	Year 3	CEO	Billings Clinic CMMC	Resource limitations Workforce limitations
Needs Being Addressed by this Strategy:					
<ul style="list-style-type: none"> ▪ 1. Top identified component of A healthy community by survey respondents was “Access to healthcare services.” ▪ 3. 28.9% of survey respondents indicated they or someone in their household delayed or did not received needed services. Top reasons for delay were “It cost too much” and “Service not available locally.” ▪ 6. Survey respondents indicated a desire for “Alternative medicine” (34.5%), “Women’s health/screenings” (23%) and “Colonoscopy” (20.3%). ▪ 7. Key informant interview participants noted an opportunity to utilize more telehealth services. 					
Anticipated Impact(s) of these Activities:					
<ul style="list-style-type: none"> ▪ Improved health outcomes ▪ Improve access to specialty services ▪ Reduced burden of travel for specialty services 					
Plan to Evaluate Anticipated Impact(s) of these Activities:					
<ul style="list-style-type: none"> ▪ Next iteration of CHNA & IP ▪ Track number and types of referrals made ▪ Reporting and evaluation of outpatient service numbers to determine growth by specialty care utilization 					
Measure of Success: <i>WMH expands accesses to specialty care services.</i>					

Goal 1: Enhance access to healthcare services in the Wheatland Memorial Healthcare service area

Strategy 1.3: Enhance access and knowledge of mental and behavioral health services

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Conduct environmental scan of available local mental and behavioral health providers and services	Leadership	Summer Year 1	CEO	Local Mental Health Providers	Resource limitations
Reach out to local partners (public health, M/BH providers, EMS, police, schools, Extension, etc.) and gauge interest in development of a local mental health advisory committee	DON	Year 1	Leadership	Public Health, M/BH providers, EMS, Police, Area schools	Resource limitations Scheduling conflicts
Develop standardized screening protocols for behavioral risk assessment and implement facility wide	CMO	Year 1	Medical Staff	Regional CAH Partners	Resource limitations

Needs Being Addressed by this Strategy:

- 1. Top identified component of A healthy community by survey respondents was “Access to healthcare services.”
- 3. 28.9% of survey respondents indicated they or someone in their household delayed or did not received needed services. Top reasons for delay were “It cost too much” and “Service not available locally.”
- 8. Top identified health concerns were “Alcohol abuse”, “Drug abuse” and “Cancer”.
- 9. 9.6% of survey respondents indicated they had experienced periods of depression for at least 3 consecutive months in the past three years.
- 10. 16.8% of survey respondents indicated they have felt lonely or isolated “Most days (2-4 times/week)” or “Sometimes (3-5 times/month)” in the past year.
- 11. 14% of survey respondents reported they experienced high levels of stress over the past year. 44.1% indicated a moderate level of stress.
- 12. 30.5% of survey respondents rated the availability of mental health services as “Poor”.
- 13. Key informant interviewees indicated they felt mental health, suicide, and lack of access to services was a large concern in the community.

Anticipated Impact(s) of these Activities:

- Increase access to healthcare services

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

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

- Patient survey
- Review referral numbers

Measure of Success: *WMH distributes local mental health provider list; Development of a functional mental health community coalition.*

Goal 2: Enhance chronic disease prevention and care coordination at WMH

Strategy 2.1: Enhance preventative programs and resources available through WMH

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Develop a community health fair to enhance access to preventative screenings and education	Education Nurse	Year 2	Leadership	School New Gym	Resource limitations Financial limitations Scheduling conflicts
Reach out to community and regional partners to support and enhance the health fair’s reach and sustainability	Education Nurse	Year 2	Leadership	Public Health	Resource limitations Financial limitations Scheduling conflicts
Conduct environmental scan to assess local programs and resources available that enhance and promote healthy lifestyles (Fitness Center, Head Start, Extension, schools, etc.)	DON & Marketing	Year 1	Leadership	Fitness Center, Health Start, Extension, Area schools	Resource limitations
Explore opportunities to support and promote healthy behaviors and activities locally (fun runs, health challenges)	Population Health Coordinator	Year 2	Leadership	Extension Local Gym	Financial limitations Scheduling conflicts
Explore developing nutritional cooking and dietary education through WMH and in collaboration with regional partners	Population Health Coordinator/ Dietician	Year 3	Leadership	Regional CAHs CMMC Grant	Resource limitations

Needs Being Addressed by this Strategy:

- 1. Top identified component of a healthy community by survey respondents was “Access to healthcare services.”
- 14. 62.9% of survey respondents rated the general health of the community as “Somewhat healthy”.
- 15. 29% of survey respondents indicated their knowledge of health services at WMH was “Fair” or “Poor”.
- 16. Respondents indicated most interest in classes or programs related to “Health and wellness”, “Group fitness classes” and “Weight loss”.
- 17. Secondary data scan shows that 27% of Wheatland Co. adults are considered obese and 23% report physical inactivity.
- 18. 41% of Montana adults living in Frontier areas live with two or more chronic conditions.

Anticipated Impact(s) of these Activities:

- Enhance access to preventative education and screenings
- Shift community attitudes and beliefs around healthy eating and physical activity
- Reduce disease burden
- Empower community to make healthful lifestyle choices

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

- Survey patients
- Review referral numbers

Measure of Success: *WMH distributes local services list; Functional care coordination program; and 75% of patients screened for behavior risk assessment.*

Goal 2: Enhance chronic disease prevention and care coordination at WMH

Strategy 2.2: Enhance care coordination programs and resources at WMH

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Research and determine feasibility of implementing a care coordination program at WMH or in partnership with regional partners <ul style="list-style-type: none"> ○ If found to be feasible: Determine staffing needs (FTE) 	CEO & Leadership	Summer Year 1	Leadership	Population Health Coordinator, BC, Leadership	Resource limitations Financial limitations Workforce limitations
Explore opportunities to expand community care coordination staff (Community Care Coordinator; Community Health Worker)	CEO & Leadership	Year 1	Leadership	Population Health Coordinator, BC, Leadership	Resource limitations Financial limitations Workforce limitations
Determine WHM provider and clinical services champion for program implementation	CMO	Year 1	CMMC	Population Health Coordinator, BC, Leadership	Resource limitations
Educate staff and providers on new Community Care Coordination program	Program Champion	Summer Year 2	CEO & Trustees		Resource limitations
Create education and outreach materials to educate community on new program	Program Champion & Marketing	Summer Year 2	CEO		Resource limitations

Needs Being Addressed by this Strategy:

- 1. Top identified component of A healthy community by survey respondents was “Access to healthcare services.”
- 14. 62.9% of survey respondents rated the general health of the community as “Somewhat healthy”.
- 15. 29% of survey respondents indicated their knowledge of health services at WMH was “Fair” or “Poor”.
- 18. 41% of Montana adults living in Frontier areas live with two or more chronic conditions.

Anticipated Impact(s) of these Activities:

- Reduce disease burden
- Improved health outcomes
- Service, policy, and resources development
- Improve access to high quality, coordinated care

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

- Survey patients
- Evaluate care coordination program by WMH Leadership team

Measure of Success: *WMH hosts a community health fair; A Functional Care Coordination Program and one community wellness event hosted.*

Goal 3: Engage in efforts to address the social determinants of health in Wheatland County

Strategy 3.1: Enhance WMH efforts in influencing social determinants of health

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore opportunities to partner with schools on adult education and skills training to promote literacy and G.E.D attainment	CEO	Year 1	CEO	Area schools	Resource limitations Financial limitations
Continue to offer CNA other health skills trainings. Explore opportunities to support and incentivize local learners	DON & HR	Ongoing	CEO	Grants Extension Office	Resource limitations Financial limitations
Meet with County Commissioners to discuss housing needs and opportunities. Explore state and federal resources, funding, and relevant data.	CEO	Summer Year 1	CEO	County Commissioners	Resource limitations Financial limitations
Explore review of electronic medical record patient discharge information to assess literacy level and update as appropriate to enhance patient understanding	Leadership	Spring Year 1	CEO	BC Cerner	Resource limitations
Create and market an “Insurance Payor 101” resource(s) to assist community in accessing and understanding benefits	Business Office	Year 1	CEO	Regional CAH’s	Resource limitations
Establish a patient assistance representative at WMH to support navigation of healthcare system and learn of available local, state and federal cost assistance resources	HR	Summer Year 1	CEO		Resource limitations Financial limitations Workforce limitations

Needs Being Addressed by this Strategy:

- 19. 22.79% of Wheatland Co. adults have no high school degree. 36.36% of Wheatland Co. adults report obtaining a high school degree.
- 20. 19.8% of Wheatland Co. adults are below the poverty level. 30.4% of children are considered to be living in poverty.
- 21. 49.3% of survey respondents indicated there is not adequate or affordable housing options available.
- 22. 22.1% of survey respondents felt their health insurance covers a “Fair” or “Poor” amount of their healthcare costs.

- 23. 29.2% of survey respondents indicated they were not aware of programs that help people pay for healthcare bills - 17.7% indicated they were not sure.

Anticipated Impact(s) of these Activities:

- Strengthen community partnerships
- Service, policy, and resources development
- Increase access to adult education
- Improve access to healthcare services

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

- Evaluate current training programs offered by WMH
- Plan Insurance payor 101 resource guide

Measure of Success: *Increase in student learning opportunities at WMH; Implementation of literacy appropriate discharge teaching; Reestablish patient assistance representative for Health Insurance education.*

Needs Not Addressed and Justification

Identified health needs unable to address by WMH	Rationale
1. 13% of survey respondents indicated cost had prevented them from getting of taking their medications regularly.	<ul style="list-style-type: none"> • WMH explored potential 340B Plan to lower cost of Medications. Local Pharmacy not interested at this time. Will continue to explore and discuss with local partners.
2. Wheatland County’s Unintentional Injury Death Rate is 50.5 per 100,000 people compared to 41.3 for the US and Montana.	<ul style="list-style-type: none"> • WMH does not want to duplicate Trauma Education in Community. Supporting efforts of Trauma Coordination in Community.

Dissemination of Needs Assessment

Wheatland Memorial Healthcare “WMH” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website (<http://www.wheatlandmemorial.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 WMH is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Wheatland County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of WMH will be directed to the hospital’s website to view the complete assessment results and the implementation plan. WMH board members approved and adopted the plan on **December 19, 2019**. Board members are encouraged to familiarize themselves with the needs assessment report and implementation plan, so they can publicly promote the facility’s plan to influence the community in a beneficial manner.

Written comments on this 2020-2022 Wheatland Memorial Healthcare Community Benefit Strategic Plan can be submitted to:

Marketing/Public Relations
Wheatland Memorial Healthcare
P.O. Box 287
530 3rd Street NW
Harlowton, Montana 59036

Please contact Wheatland Memorial Healthcare’s Marketing and Public Relations at 406-632-3176 or jane.moe@wheatlandmemorial.org with and questions.