

IMPLEMENTATION PLAN

Addressing Community Health Needs



Wheatland
Memorial
Healthcare

Quality Healthcare Close to Home

Harlowton, Montana

2023-2026

1

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

Table of Contents

<i>The Implementation Planning Process.....</i>	<i>3</i>
<i>Prioritizing the Community Health Needs.....</i>	<i>5</i>
<i>WMH’s Existing Presence in the Community</i>	<i>5</i>
<i>List of Available Community Partnerships and Facility Resources to Address Needs.....</i>	<i>6</i>
<i>Wheatland County Indicators</i>	<i>7</i>
<i>Public Health and Underserved Populations Consultation Summaries</i>	<i>7</i>
<i>Needs Identified and Prioritized.....</i>	<i>9</i>
<i>Prioritized Needs to Address</i>	<i>9</i>
<i>Needs Unable to Address</i>	<i>9</i>
<i>Executive Summary.....</i>	<i>10</i>
<i>Implementation Plan Grid.....</i>	<i>12</i>
<i>Needs Not Addressed and Justification.....</i>	<i>18</i>
<i>Dissemination of Needs Assessment.....</i>	<i>19</i>

The Implementation Planning Process

The implementation planning committee – comprised of Wheatland Memorial Healthcare’s (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 Community Health Services Development (CHSD), community health needs assessment was performed in the spring of 2023 to determine the most important health needs and opportunities for Wheatland County, Montana. The CHSD project is administrated by the Montana Office of Rural Health (MORH) and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant. “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 (<https://www.wheatlandmemorial.org/resources/community-health-needs-assessment-report-2016/>).

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:

- **Community engagement and partner collaboration**
- **Chronic care management and prevention**
- **Access to mental health services**

In addressing the aforementioned issues, WMH seeks to:

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

Facility 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:

- Kelley Evans, Interim CEO- Wheatland Memorial Healthcare (WMH)
- Jane Moe, Marketing and Community Relations
- Terry Tellock, Facilities Director
- Peggy Hiner, HR Director
- Roxanne Berg, Business Office
- Emily Shoup, Director of Nursing

Prioritizing the Community Health Needs

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

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

1. MCHC's Existing Presence in the Community

- 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 who participate in sports.
- 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.

2. 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)

3. Wheatland County Indicators

Population Demographics

- 96.3% of Wheatland County’s population white, and 3.4% is American Indian or Alaska Native
- 11.5% of Wheatland County’s population has disability status
- 20.2% of Wheatland County’s population is 65 years and older
- 7.2% of Wheatland County’s population has Veteran status
- 18.2% of Wheatland County’s population has No High School as their highest degree attained; 34.2% have High School Degrees.

Size of County and Remoteness

- 2,142 people in Wheatland County
- 1.5 people per square mile

Socioeconomic Measures

- 22.9% of children live in poverty
- 15.3% of persons are below the federal poverty level
- 21.0% of adults (age<65) are uninsured; 12.0% of children less than age 18, are uninsured
- 12.8% of the population is enrolled in Medicaid

Select Health Measures

- 32.0% of adults are considered obese
- 23.0% of the adult population report physical inactivity
- 41% of adults living in frontier Montana report two or more chronic conditions
- Montana’s veteran’s suicide rate (per 100,000 population) is 65.7 compared to 13.9 for the U.S.

Nearest Major Hospital

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

4. Public Health and Underserved Populations Consultation Summaries

Name/Organization

Kelley Evans, CEO - Wheatland Memorial Healthcare (WMH)
 Jane Moe, Marketing and Community Relations - WMH
 Cindy Swan, FNP- WMH
 Mandie Smith, Lab - WMH
 Patty Morris, Radiology - WMH
 Leann Fisk, One Montana Health District
 Susan Woods, One Montana Health District

December 20, 2022

Public and Community Health

- We would like to include Shawmut in the survey distribution as several members were contacted for COVID related symptoms and treatment at WMH.
- I think there's a lot of substance and alcohol use around here, so I suppose we should include alcohol/substance abuse as an option for community concerns.
- Work/economic stress are big issues locally, so we should also include that as an option for top community concerns.
- We have a local gym in Harlowton, so we should include it as an option for community resources since it's a great place to be physically active.
- The public health department over in Lewistown conducted a mobile health fair in Ryegate and it was fairly well received! While there aren't any health fairs in Harlowton, it would be interesting to see what survey respondents thought of the health fair.

Population: Seniors

- A lot of our local seniors get hearing and vision checks annually, so we should include those as preventive services on the survey.

Population: Low income, Underinsured

- One of the churches also runs a food truck type service that provides food to those who need it.

Needs Identified and Prioritized

Prioritized Needs to Address

1. 12.1% of survey respondents rated the community as “unhealthy” or “very unhealthy”.
2. 37.0% rated their knowledge of health services as “fair” or “poor”.
3. 24.0% of survey respondents indicated an interest in learning about First aid/CPR.
4. Key Informant interviewees indicated a need for improved access to healthy and affordable foods.
5. 15.3% of people in Wheatland County are considered below the poverty level. 22.9% of children are considered in poverty.
6. Chronic diseases were high health concerns for the community. (Cancer: 25.0%, overweight/obesity: 21.7%, heart disease: 12.0%, and stroke:10.9%).
7. Access to healthcare and other services was the top component identified for a healthy community (52.1%).
8. Key Informant interviewees indicated a desire for more health education outreach.
9. In frontier communities in Montana, 41% of adults report two or more chronic conditions.
10. Four of the top 6 health concerns for the community relate to substance use disorders or mental and behavioral health.
11. 9.8% of survey respondents reported experiencing periods of depression.
12. 51.7% of survey respondents reporting experiencing “high” or “moderate” stress levels.
13. 42.2% of survey respondents rate availability of mental health services as “fair” or “poor”.
14. Nearly 30% of survey respondents are a “great deal” or “somewhat affected” by their own or someone else’s substance abuse issues.
15. Mental health was a top theme identified among community member’s key informant interviews. Participants noted a lack of mental health services and concern with alcohol and substance abuse.
16. Wheatland County residents reported 4.6 poor mental health days (in the past 30 days) compared to 3.9 in Montana.

Needs Unable to Address

(See page 18 for additional information)

1. “Access to a doctor (MD/DO)” and “more primary care providers” were the top selected response for how to improve the community’s access to healthcare. Both have significantly increased in the last three years.
2. 61.7% of survey respondents feel there are not adequate and affordable housing options available.
3. Focus group participants indicated a need for enhanced senior services such as home health and hospice.

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 12.

Goal 1: Enhance community engagement and collaboration with local partners.

Strategy 1.1: Engage with local partners to enhance outreach and resources in Wheatland County.

- 1.1.1. Enhance community knowledge about health status in Wheatland County and determine opportunities for collaboration.
- 1.1.2. Engage with Public Health to enhance tobacco education and cessation resources in Wheatland County.
- 1.1.3. Partner with local food resources (Food Bank, Food Truck, Holiday meals) to address food insecurity in Wheatland County.
- 1.1.4. Explore opportunities to develop a first aid/CPR course for community in collaboration with local partners.

Goal 2: Improve access to chronic care and prevention services at WMH.

Strategy 2.1: Expand service offerings at WMH to address chronic disease in Wheatland County.

- 2.1.1. Develop and implement a chronic care management program.
- 2.1.2. Create and disseminate information and resources around stroke prevention.

Goal 3: Enhance access to mental health services and resources in Wheatland County.**Strategy 3.1: Improve knowledge and expand services on mental and behavioral health.**

- 3.1.1. Develop and implement an IBH program at WMH.
- 3.1.2. Collaborate with Community Health Workers (CHW) to enhance access to resources and referrals for patients.
 - Coordinate with CHWs to provide education to WMH staff and providers to better refer patients in need.
- 3.1.3. Explore training available through the Montana Office of Rural Health/AHEC to enhance mental/behavioral health skills with WMH staff. ([Behavioral Health Workforce Education & Training - Montana Office of Rural Health and Area Health Education Center | Montana State University](#))
- 3.1.4. Continue to offer E-Aval telehealth resource in Emergency Department to support patients with mental health needs.
- 3.1.5. Determine feasibility of developing a crisis room at WMH to support patients needing psychiatric support.

Implementation Plan Grid

Goal 1: Enhance community engagement and collaboration with local partners.					
Strategy 1.1: Engage with local partners to enhance outreach and resources in Wheatland County.					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
1.1.1. Enhance community knowledge about health status in Wheatland County and determine opportunities for collaboration.	All Leadership	ongoing	CEO	Local Public Health Department, County Commissioners, Others IBG, CHW	Resource limitations and scheduling conflicts
1.1.2. Engage with Public Health to enhance tobacco education and cessation resources in Wheatland County.	Jane	1 Q	CEO	Local Public Health Department	Resource limitations and scheduling conflicts

<p>1.1.3. Partner with local food resources (Food Bank, Food Truck, Holiday meals) to address food insecurity in Wheatland County.</p>	<p>Peggy</p>	<p>1 Q</p>	<p>Leadership</p>	<p>Local Food Bank, Food Truck, Non-profit organizations</p>	<p>Resource and financial limitations</p>
<p>1.1.4. Explore opportunities to develop a first aid/CPR course for community in collaboration with local partners.</p>	<p>Emily-identify</p>	<p>2 Q</p>	<p>DON</p>	<p>Fire Department, EMS, Sheriff's Department, LAPC</p>	<p>Resource and financial limitations</p>

Needs Being Addressed by this Strategy:

1. 12.1% of survey respondents rated the community as “unhealthy” or “very unhealthy”.
2. 37.0% rated their knowledge of health services as “fair” or “poor”.
3. 24.0% of survey respondents indicated an interest in learning about First aid/CPR.
4. Key Informant interviewees indicated a need for improved access to healthy and affordable foods.
5. 15.3% of people in Wheatland County are considered below the poverty level. 22.9% of children are considered in poverty.

Anticipated Impact(s) of these Activities:

- Improved health outcomes
- Enhanced community health knowledge
- Enhanced access to community health resources
- Enhanced community partnerships

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

- Track development of collaboration with community partners
- Track development and dissemination of tobacco cessation materials and resources
- Track coordination with local food resources
- Determine feasibility of first aid/CPR course
- Track number of participants in first aid/CPR course

Measure of Success: Establish at least 3 new partnerships with local community organizations within the next three years.

Goal 2: Improve access to chronic care and prevention services at WMH.

Strategy 2.1: Expand service offerings at WMH to address chronic disease in Wheatland County.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
2.1.1. Develop and implement a chronic care management program.	Jane	4 th Q	COS		Resource, Financial and Workforce limitations
2.1.2. Create and disseminate information and resources around stroke prevention.	Emily	2 Q	CEO		Resource and financial limitations
2.1.3. Enhance pain management services available through Physical Therapy and Clinic services.	Emily/Jane/ Medstaff	3 Q	Medical Staff		Resource, Financial, and Workforce limitations

Needs Being Addressed by this Strategy:

- 12.1% of survey respondents rated the community as “unhealthy” or “very unhealthy”.
- 37.0% rated their knowledge of health services as “fair” or “poor”.
- Chronic diseases were high health concerns for the community. (Cancer: 25.0%, overweight/obesity: 21.7%, heart disease: 12.0%, and stroke:10.9%).
- Access to healthcare and other services was the top component identified for a healthy community (52.1%).
- Key Informant interviewees indicated a desire for more health education outreach.
- In frontier communities in Montana, 41% of adults report two or more chronic conditions

Anticipated Impact(s) of these Activities:

- Improved health outcomes
- Enhanced access to chronic care resources
- Decrease travel burden

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

- Track development of chronic care management program
- Track development and dissemination of stroke prevention information and resources
- Track development of pain management program
- Track utilization of pain management program

Measure of Success: Utilizing Health Registries with the benchmark of 65% monthly for Diabetes and Hypertension <140/90.

Goal 3: Enhance access to mental health services and resources in Wheatland County.

Strategy 3.1: Improve knowledge and expand services on mental and behavioral health.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
3.1.1. Develop and implement an IBH program at WMH.	Jane/Med Staff	ongoing	Med Staff	Billings Clinic, Montana Healthcare Foundation	Resource, Financial and Workforce limitations

<p>3.1.2. Collaborate with Community Health Workers (CHW) to enhance access to resources and referrals for patients.</p> <ul style="list-style-type: none"> Coordinate with CHWs to provide education to WMH staff and providers to better refer patients in need. 	Emily/Jane	12/1/23	CEO	Local CHWs	Scheduling conflicts
<p>3.1.3. Explore training available through the Montana Office of Rural Health/AHEC to enhance mental/behavioral health skills with WMH staff. (Behavioral Health Workforce Education & Training - Montana Office of Rural Health and Area Health Education Center Montana State University)</p>	Peggy	2 Q	Leadership	Montana ORH/AHEC	Resource limitations, Scheduling conflicts
<p>3.1.4. Continue to offer E-Aval telehealth resource in Emergency Department to support patients with mental health needs.</p>	Emily	ongoing	DON	E-Aval	Resource and Financial limitations
<p>3.1.5. Determine feasibility of developing a crisis room at WMH to support patients needing psychiatric support.</p>	Emily	2025	CEO		Resource and Financial limitations

Needs Being Addressed by this Strategy:

7. 12.1% of survey respondents rated the community as “unhealthy” or “very unhealthy”.
8. 37.0% rated their knowledge of health services as “fair” or “poor”.
9. Access to healthcare and other services was the top component identified for a healthy community (52.1%).
10. Four of the top 6 health concerns for the community relate to substance use disorders or mental and behavioral health.
11. 9.8% of survey respondents reported experiencing periods of depression.
12. 51.7% of survey respondents reporting experiencing “high” or “moderate” stress levels.
13. 42.2% of survey respondents rate availability of mental health services as “fair” or “poor”.

14. Nearly 30% of survey respondents are a “great deal” or “somewhat affected” by their own or someone else’s substance abuse issues.
15. Mental health was a top theme identified among community member’s key informant interviews. Participants noted a lack of mental health services and concern with alcohol and substance abuse.
16. Wheatland County residents reported 4.6 poor mental health days (in the past 30 days) compared to 3.9 in Montana.

Anticipated Impact(s) of these Activities:

- Enhanced coordination with community partners
- Enhanced access to behavioral health services
- Improved health outcomes
- Decreased travel burden

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

- Track development of IBH program
- Track outcome of enhanced coordination with CHW
- Track number of staff obtaining training through MORH/AHEC
- Track utilization of E-Aval
- Determine feasibility of crisis room in WMH

Measure of Success: Implementing Integrated Behavioral Health model in the Rural Health Clinic.

Needs Not Addressed and Justification

Identified health needs unable to address by WMH	Rationale
1. “Access to a doctor (MD/DO)” and “more primary care providers” were the top selected response for how to improve the community’s access to healthcare. Both have significantly increased in the last three years.	<ul style="list-style-type: none"> Financial limitations: Expanding healthcare services and hiring more medical professionals can be costly, and the healthcare facility may have limitations in terms of budget allocation to implement these changes effectively.
2. 61.7% of survey respondents feel there are not adequate and affordable housing options available.	<ul style="list-style-type: none"> Wheatland Memorial Healthcare's inability to address the concerns of survey respondents regarding inadequate and affordable housing options may be attributed to its limited scope, lack of authority, resource constraints, and prioritization of healthcare services.
3. Focus group participants indicated a need for enhanced senior services such as home health and hospice	<ul style="list-style-type: none"> Wheatland Memorial Healthcare does not have sufficient resources such as funding, staff, or infrastructure to expand or enhance home health or hospice.

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 (<https://www.wheatlandmemorial.org/resources/community-health-needs-assessment-report-2016/>) 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 MCHC 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. MCHC board members approved and adopted the plan on **November 16, 2023**. 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 2023-2026 Wheatland Memorial Healthcare Community Benefit Strategic Plan can be submitted to:

Marketing & Public Relations Department
Wheatland Memorial Healthcare
PO Box 287
530 3rd Street Northwest
Harlowton, Montana 59036

Please reach out to Wheatland Memorial Healthcare’s Marketing & Public Relations Department at 406-632-3176 or jane.moe@wheatlandmemorial.org with questions.

[Please remove the following statement and the disclaimer in the footer once the planning document is finalized]

****Please note that you will need to include information specific to these requirements:***

- You must post your community health needs assessment (CHNA) and your facility’s implementation plan publicly – both “conspicuously” on your website as well as have a hard copy available at your facility should someone request to view either/both documents.
 - Your documents must remain on the web until two subsequent CHNA reports have been posted
 - An individual must not be required to create an account or provide personally identifiable information to access the report
 - A paper copy must be available for public inspection without charge
- Your facility’s implementation plan must be approved, and the plan must document the date upon which the plan was approved/adopted