IMPLEMENTATION PLAN

Addressing Community Health Needs

****

**Anaconda, Montana**

**2023-2026**

Table of Contents

[*The Implementation Planning Process 3*](#_Toc126575985)

[*Prioritizing the Community Health Needs 5*](#_Toc126575986)

[*CHA’s Existing Presence in the Community 5*](#_Toc126575987)

[*List of Available Community Partnerships and Facility Resources to Address Needs 7*](#_Toc126575988)

[*Anaconda-Deer Lodge County Indicators 9*](#_Toc126575989)

[*Public Health and Underserved Populations Consultation Summaries 10*](#_Toc126575990)

[*Needs Identified and Prioritized 12*](#_Toc126575991)

[*Prioritized Needs to Address 12*](#_Toc126575992)

[*Needs Unable to Address 13*](#_Toc126575993)

[*Executive Summary 14*](#_Toc126575994)

[*Implementation Plan Grid 17*](#_Toc126575995)

[*Needs Not Addressed and Justification 29*](#_Toc126575996)

[*Dissemination of Needs Assessment 30*](#_Toc126575997)

# The Implementation Planning Process

The implementation planning committee – comprised of Community Hospital of Anaconda’s (CHA) 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 summer of 2022 to determine the most important health needs and opportunities for Anaconda-Deer Lodge County, Montana. The CHSD project is administrated by the Montana Office of Rural Health (MORH). “Needs” were identified as the top issues or opportunities rated by respondents during the CHSD survey process or during focus groups (see page 12 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 ([communityhospitalofanaconda.org](https://www.communityhospitalofanaconda.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 10 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 CHA’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:

* **Awareness and access to healthcare services/resources**
* **Health education and healthy lifestyles**
* **Partnerships and collaboration**

In addressing the aforementioned issues, CHA seeks to:

1. Improve access to healthcare services
2. Enhance the health of the community
3. Advance medical or health knowledge

**Facility Mission**: In the spirit of our rich heritage, we provide a caring environment responding with excellence to the health care needs of those we serve. Respecting the dignity and recognizing the worth of each person is the foundation of our commitment to care.

**Core Values:**

**C**-Compassion: We strive to be compassionate toward every person we encounter. We treat the whole person, acknowledging all aspects of healing and well-being.

**H**-Hospitality: By establishing a friendly and positive environment, we provide care for a lifetime, for families, neighbors and friends.

**A**-Acknowledgement of a job well done: As a team of care givers, we provide quality health care with a commitment to excellence in all that we do.

*Community Hospital of Anaconda: Care for a Lifetime!*

**Implementation Planning Committee Members:**

* JoEllen Villa – CEO, Community Hospital of Anaconda
* Meg Hickey-Boynton – CFO, Community Hospital of Anaconda
* Amber Benes – Director of Marketing, Community Hospital of Anaconda
* Steph Denham – CHRO, Community Hospital of Anaconda
* Mary Pat Ford – COO, Community Hospital of Anaconda
* Halli Perala – Chief Clinical Officer, Community Hospital of Anaconda
* Jamie Johnson – Chief Nursing Officer, Community Hospital of Anaconda

# 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

## CHA’s Existing Presence in the Community

* Each spring, Community Hospital of Anaconda (CHA) provides free and reduced sports physicals including a physical assessment and an EKG for 6th-12th graders so they can participate in school athletics.
* CHA was the first hospital in Montana to receive designation as a “Baby-Friendly Hospital” which indicates they offer an optimal level of care for infants, mothers, and families.
* Pintler Home Health through CHA makes it possible for patients to recover and/or manage a health problem in the comfort and familiarity of their home.
* Anaconda Pintler Hospice serves people of all ages who are experiencing a serious illness. In July of 2018, CHA opened Lynnore’s Place Hospice House.
* Annually, CHA offers a health fair with a full spectrum of lab work at reduced cost. Participants receive information on how to interpret their lab results as well as free blood pressure screenings, free blood glucose testing, oxygen saturation screenings and complimentary health promotion items. Community services are invited to participate to provide information regarding their service offerings.
* The CHA Rehab Therapy program offers a fall prevention program.
* The Certified Diabetes Educators and registered dietitians offer the Diabetes Prevention Program two times per year.
* CHA offers virtual pre-natal classes through Birthly which covers a variety of topics including the importance of pre-natal care and fetal development, preparing for delivery, postpartum adjustments, and newborn care.
* Annually, CHA provides scholarships to two Anaconda High School students pursuing higher education in the healthcare arena.
* CHA hosts students for career shadowing programs as part of the High School curriculum.
* CHA sponsors various local arts and entertainment events including Shakespeare in the Park, Alive after Five and Art in the Park.
* CHA is also committed to sponsoring local fun runs and wellness events such as the annual St. Patrick Day Race and bicycle fest.
* In October 2016, CHA hosted the state’s pilot Behavioral Health Camp for area high school students. The camp allowed students to explore a variety of behavioral health careers and received training in youth mental health first aid, suicide prevention, anti-bullying and other topics that they could use immediately to become advocates in their communities. CHA offered camps in 2017 and 2019.
* Staff at CHA provide free Basic Life Support training to local employers and high school students.

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

* Anaconda Adult Learning Center prepares people to reach their career goals through academics, career counseling, soft skills and digital literacy.
* Adult Protective Services (APS) investigates reports of abuse, neglect, and exploitation of individuals over 60 years of age or developmentally disabled adults over 18 years of age.
* Anaconda Community Foundation is a local philanthropic organization whose mission is to enhance the quality of life in the local area.
* Anaconda Community Intervention (ACI) develops an ongoing effort within the community to recognize and constructively address the community’s needs regarding drug & alcohol abuse.
* Anaconda Family Resource Center assures all families receive the basic skills, education, support, and encouragement necessary for the development of healthy families.
* Anaconda School District is available to provide learning opportunities to students regarding healthy living.
* Anaconda-Deer Lodge County (ADLC) provides county government and county services.
* Anaconda-Deer Lodge County Department of Law Enforcement protects and serves the City-County of Anaconda-Deer Lodge.
* Anaconda-Deer Lodge County DUI Taskforce and MIP Taskforce work to stop drunken drivers and increase awareness of the effects of underage drinking.
* Anaconda-Deer Lodge County Head Start Program - Anaconda-Deer Lodge County Head Start is a comprehensive early childhood development program that provides parent involvement, health, nutrition, dental health and mental health services to sixty-six (66) 3-5 year old’s and their families.
* Anaconda-Deer Lodge County Public Health Department assures conditions in which people can be healthy and to provide leadership in the prevention of disease and injury.
* Anaconda-Deer Lodge County Victim-Witness Program provides assistance to people with petitioning the courts for orders of protection.
* A.W.A.R.E., Inc. provides youth case management, family therapeutic care, and community based psychiatric rehabilitative support for youth and their families.
* Best Beginnings Coalition facilitates coordination and support for all agencies who provide services to families and young children.
* The Boys & Girls Club promotes positive youth development in students by providing a safe place with caring adults and fun activities where youth can spend their free time.
* Copperhead Club is a monthly after school program from grades 3-6, offering homework help, robotics, SMART moves, or participate in activities in the gym and outside.
* Community, Counseling, and Correctional Services is a team of dedicated individuals working to meet the service needs of youths and adults to promote healthy living through treatment, training, and supervision.
* Youth Empowerment Services (YES) provides mentoring programs and activities for at risk youth.
* The Office of Public Assistance – Deer Lodge County provides temporary financial assistance.
* Metcalf Memorial Senior Citizen Center strives to meet the nutritional needs to Anaconda’s senior citizens while also providing activities that facilitate healthy and active lifestyles.
* Montana State Hospital located in Warm Springs provides inpatient psychiatric treatment for adults with serious mental illness and is the only mental health hospital in the state of Montana. It is located less than ten miles from Anaconda.
* Montana State University Deer Lodge County Extension’s mission is to improve the lives of Montana citizens by providing unbiased, research-based education and information that integrates learning, discovery and engagement to strengthen the social, economic and environmental well-being of individuals, families and communities.
* Pintler Suicide Awareness & Prevention (PSAP) is dedicated to educating and supporting people impacted by suicide with the goal of preventing suicide in the community.
* Project Care Food Bank – This resource provides food for people in need and help with financial emergencies.
* Southwest Montana Prevention is an affiliate of Butte Cares and provides underage drinking and drug use prevention.
* Tri-Country Environmental Health - Assists residents with food programs, public accommodations, air quality, subdivision of land, well water sampling, well drilling permits, junk vehicle programs, and other public health inspection programs.
* Western Montana Mental Health Center (WMMHC) provides mental health services including adult outpatient therapy, psychiatric/medication management, and prevention services.

## Anaconda-Deer Lodge County Indicators

Population Demographics

* 96.1% of Anaconda-Deer Lodge County’s population is white, and 3.7% identifies as American Indian or Alaska Native
* 22.8% of Anaconda-Deer Lodge County’s population has disability status
* 22.8% of Anaconda-Deer Lodge County’s population is 65 years and older
* 10.2% of Anaconda-Deer Lodge County’s population has Veteran status
* 38.1% of Anaconda-Deer Lodge County’s population has a High School diploma (includes equivalency) as their highest degree obtained; 24.0% have some college, but no degree.

Size of County and Remoteness

* 9,106 people in Anaconda-Deer Lodge County
* 12.3 people per square mile

Socioeconomic Measures

* 27.5% of children live in poverty
* 20.2% of persons are below the federal poverty level
* 11.0% of adults (age<65) are uninsured; 6.0% of children less than age 18, are uninsured
* 10.3% of the population is enrolled in Medicaid

Select Health Measures

* 26.0% of adults are considered obese
* 31.0% 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. James Hospital in Butte, Montana is 26 miles from Community Hospital of Anaconda

## Public Health and Underserved Populations Consultation Summaries

Name/Organization

JoEllen Villa – CEO, Community Hospital of Anaconda May 18, 2022

Meg Hickey-Boynton – CFO, Community Hospital of Anaconda

Amber Benes – Director of Marketing, Community Hospital of Anaconda

Steph Denham – CHRO, Community Hospital of Anaconda

Mary Pat Ford – COO, Community Hospital of Anaconda

Jake Kelly – Principal, Anaconda School District

Paula Arneson – MSU Extension/Tri-County Environmental Health, Anaconda Deer Lodge County

Lauren Bolton–Epidemiologist/Disease Intervention Specialist, Anaconda Deer Lodge County Public Health

Lee Ann Bartoletti – Community Member/CHA Board of Trustees

Audrey Aspholm – Community Member/CHA Board of Trustees

Gloria O’Rourke – Anaconda Community Foundation

Philip Masters – Pastor, Gateway Christian Fellowship

Public and Community Health

* Looking at secondary data for our rural area can be a challenge when they use a population scale of 100,000 persons. The data size looks much larger than it really is. Example: 402.6 equals 40.26.
* Montana Mental Health Hospital resides in our area so I’m not sure if that impacts some of our mental and behavioral health metrics.
* I was told by a health provider that arsenic and lead in bloodwork is normal for this region and also higher than normal cancer rates.
* I think we should consider additional incentives for the survey, so people feel like there’s more chances to win rather than just one.
* We also need to make sure people complete and return the survey. Reminder postcards would be a great nudge for our community!
* It might be helpful to present the findings of this assessment and the implementation plan to the County Commissioners and local schools.
* What is being done to contribute to COVID responses in the survey? Also, how does the data represent that or make up for that impact? Perhaps we could include it as an option in the survey.
* Many people stay home instead of seeking medical help around here, it was especially the case during the height of COVID-19.
* COVID-19 negatively impacted a walking course that was provided to the community at the high school gym.

Population: Low income, underinsured

* Our local community market accepts Supplemental Nutrition Assistance Program (SNAP) benefits and only a handful of people use it. There’s a lot of effort goes into planning so I wish more utilized it!
* It’s interesting that we have such a low unemployment rate, yet the poverty rate is so high.

Population: Youth

* We have about eight AWARE Group Homes locally. That may impact some of our secondary data around things like the children’s poverty, etc.
* ACES, or Adverse Childhood Experiences is a term that the general public might not necessarily understand, but we do have a lot of local professionals and teachers use it.
* I’ve heard such a need for youth programming such as childcare and after school programs, so it might be good to include that as an option when we ask about desired local services.

# Needs Identified and Prioritized

## *Prioritized Needs to Address*

1. 58.1% of survey respondents rate the general health of the community as “Somewhat healthy.”
2. The top health concern among survey respondents was “Alcohol abuse/substance abuse” (68.4%, n=80).
3. Respondents identified the top components of a healthy community: “Access to healthcare services” (51.7%), “Good jobs and a healthy economy” (47.5%), “Healthy behaviors and lifestyles” (35.0%), and “Affordable housing” (29.2%).
4. 27.7% of respondents rated their knowledge of health services available through Community Hospital of Anaconda as fair or poor.
5. 16.2% of survey respondents felt that the “Lack of adequate/affordable housing” is a health concern for the community, which was a significant change since the 2019 assessment.
6. Survey respondents shared what they felt would improve the community’s access to healthcare: “More information about available services” (51.8%), “Payment assistance programs (healthcare expenses)” (40.4%), “More primary care providers” (36.0%), “Outpatient services expanded hours” (34.2%), “More specialists” (28.9%), “Transportation assistance” (23.7%), “Greater health education services” and “Improved quality of care” (16.7%, each), and “Telemedicine” (13.2%).
7. 31.6% of survey respondents reported that in the past three years, they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Top reasons cited for delaying care included: “Pandemic/COVID-19” (36.1%), “Too long to wait for an appointment” (33.3%), and “Could not get an appointment” and “Qualified provider not available” (25.0%, each).
8. Survey respondents indicated an interest in the following classes or programs: “Health and wellness” (42.6%), “Fitness” (40.7%), “Weight loss” (36.1%), and “Nutrition” (31.5%).
9. 43.6% of survey respondents desire “Dermatology” locally.
10. 8.0% of survey respondents shared that during the last year, they had worried that they would not have enough food to eat.
11. Substance use was a key theme discussed among key informant interview participants.
12. Survey respondents indicated to what degree their life has been negatively affected a little by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs: “A great deal” (9.4%), “Somewhat” (15.1%), and “A little” (19.8%).
13. Key informant interview participants shared a desire for more opportunities that promote healthy lifestyles, including free or low-cost wellness opportunities and health education outreach.

*Needs Unable to Address*

*(See page 29 for additional information)*

1. 10.6% of survey respondents indicated that they had difficulty getting a prescription or taking their medication regularly in the last year.
2. 54.8% of survey respondents rated their stress level over the past year as “High” or “Moderate.”

# 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 12). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 17.

**Goal 1: Improve the awareness and access to healthcare services/resources throughout the service area.**

|  |
| --- |
| **Strategy 1.1:** Enhance access to local healthcare services and resources. |
| **1.1.1.** | Create and disseminate a community outreach and education campaign, including navigation assistance, for appointment scheduling via the MyChart app. |
| **1.1.2.** | Update CHA phone system to improve timely follow up for appointment scheduling and patient support. Furthermore, champion improvements and coordination among registration staff that may not be physically located in the same building. |
| **1.1.3.** | Determine best practices for patient care follow-up and coordination and implement new follow-up protocols for clinic and outpatient services (i.e., explore interventions such as scheduling follow up appointments before patient leaves the exam room, etc.). |
| **1.1.4.** | Explore opportunities for expanded dermatology services with local provider. |
| **1.1.5.** | Remain apprised of emerging models aimed to improve patient experience (i.e., scheduling, follow ups, telemedicine, etc.). As deemed feasible, scale to meet the service area needs. |
| **1.1.6.** | Explore the feasibility of implementing periodic expanded hours for targeted groups that may not otherwise be able to make an appointment during typical clinic/hospital hours (i.e., women’s health and specialty groups, etc.). |
| **1.1.7.** | Recruit a LCSW with a focus on alcohol and substance abuse support. |
|  |
| **Strategy 1.2:** Enhance awareness of local healthcare services and resources. |
| **1.2.1.** | Develop a hospital and community resources page that highlights services, providers, recommended preventive screenings, outdoor trail system, and community events, etc. |
| **1.2.2.** | Develop and disseminate an outreach and health education plan to raise awareness of available services and resources to target demographics who may not access social media or website. Consider modes of communication such as targeted mailings, flyers, etc. |
| **1.2.3.** | Partner with community health champions to provide outreach to local schools and other community organizations about available assistance programs and resources (i.e., WIC, SNAP, etc.). Provide regular education to CHA staff and providers about available assistance programs. |
| **1.2.4.** | Explore opportunities to develop a clinic outreach program to promote the importance and engagement of community members in routine preventive health services and screenings (i.e., women’s health, teen health, men’s health groups). |

**Goal 2: Enhance access to health education and healthy lifestyle opportunities throughout the service area.**

|  |
| --- |
| **Strategy 2.1:** Champion local health education and healthy lifestyle opportunities. |
| **2.1.1.** | Continuously explore opportunities to expand health and wellness education throughout the service area (i.e., nutrition, fall assessment, diabetes prevention programming, parenting, prenatal, etc.). Consider opportunities to improve awareness and utilization of resources such as Birthly. (Birthly provides prenatal and postnatal resources via live, interactive online childbirth classes. Classes are not limited to prenatal education but also include support resources for breastfeeding and newborn care.) |
| **2.1.2.** | Continue to offer the CHA annual health fair which promotes health prevention, wellness, provides education and offers free/reduced screenings. Consider opportunities to expand the breadth by including other local health partners and resources. |
| **2.1.3.** | Continue to promote and sponsor community recreational activities (i.e., family swim night, community fun run, Art in the Park, sunscreen and hydration education, etc.). |
| **2.1.4.** | Continue to disseminate outreach for sports physicals among local athletes. |
| **2.1.5.** | Sustain CHA’s presence in community as a trusted partner in providing reliable health education and lifestyle outreach opportunities for local community partners (i.e., Metcalf Senior Center, local churches, etc.). |

**Goal 3: Strengthen local partnerships and collaborations throughout the service area to enhance the community’s access to services and resources.**

|  |
| --- |
| **Strategy 3.1:** Champion local initiatives that assess gaps and align resources. |
| **3.1.1.** | Convene community transportation partners to explore the feasibility of aligning efforts with the overall intent of addressing the area’s transportation needs. |
| **3.1.2.** | Explore opportunities to engage with the affordability and accessibility housing conversations and efforts taking place locally. |
| **3.1.3.** | Nurture partnerships with regional community organizations in order to strengthen the local network of resources and address social determinants of health (SDOH) present in the community. |

# Implementation Plan Grid

|  |
| --- |
| **Goal 1:** Improve the awareness and access to healthcare services/resources throughout the service area. |
| **Strategy 1.1:** Enhance access to local healthcare services and resources. |
| **Activities** | **Responsibility** | **Timeline** | **Final Approval** | **Partners** | **Potential Barriers**  |
| 1.1.1. Create and disseminate a community outreach and education campaign, including navigation assistance, for appointment scheduling via the MyChart app. | CHA Marketing/Clinic Management | Winter 2024 | CEO |  | Resource limitationsTechnical/application limitations |
| 1.1.2. Update CHA phone system to improve timely follow up for appointment scheduling and patient support. Furthermore, champion improvements and coordination among registration staff that may not be physically located in the same building. | CHA IT/Clinic Management | Summer 2023 | CCO/CEO |  | Resource limitationsWorkforce limitationsTechnical/application limitations |
| 1.1.3. Determine best practices for patient care follow-up and coordination and implement new follow-up protocols for clinic and outpatient services (i.e., explore interventions such as scheduling follow up appointments before patient leaves the exam room, etc.). | Clinic Management/Admin. Team | Summer 2023 | CCO/CEO |  | Resource limitationsScope of practice limitations |
| 1.1.4. Explore opportunities for expanded dermatology services with local provider. | Admin. Team | Summer 2023 | CEO |  | Resource limitationsScheduling conflicts |
| 1.1.5. Remain apprised of emerging models aimed to improve patient experience (i.e., scheduling, follow ups, telemedicine, etc.). As deemed feasible, scale to meet the service area needs. | Clinic Management/Admin. Team | Spring 2023/Ongoing | CCO/CEO |  | Financial limitations (loss of pandemic waivers, etc.)Resource limitations |
| 1.1.6. Explore the feasibility of implementing periodic expanded hours for targeted groups that may not otherwise be able to make an appointment during typical clinic/hospital hours (i.e., women’s health and specialty groups, etc.). | Admin. Team/CHA Marketing | Winter 2024 | CCO/CEO |  | Financial limitationsResource limitationsScheduling conflictsWorkforce limitations |
| 1.1.7. Recruit a LCSW with a focus on alcohol and substance abuse support. | CHA HR/Admin. Team | Winter 2024/Ongoing | CCO/CEO |  | Resource limitationsWorkforce limitations |
| **Needs Being Addressed by this Strategy:*** 1. 58.1% of survey respondents rate the general health of the community as “Somewhat healthy.”
* 2. The top health concern among survey respondents was “Alcohol abuse/substance abuse” (68.4%, n=80).
* 3. Respondents identified the top components of a healthy community: “Access to healthcare services” (51.7%), “Good jobs and a healthy economy” (47.5%), “Healthy behaviors and lifestyles” (35.0%), and “Affordable housing” (29.2%).
* 4. 27.7% of respondents rated their knowledge of health services available through Community Hospital of Anaconda as fair or poor.
* 6. Survey respondents shared what they felt would improve the community’s access to healthcare: “More information about available services” (51.8%), “Payment assistance programs (healthcare expenses)” (40.4%), “More primary care providers” (36.0%), “Outpatient services expanded hours” (34.2%), “More specialists” (28.9%), “Transportation assistance” (23.7%), “Greater health education services” and “Improved quality of care” (16.7%, each), and “Telemedicine” (13.2%).
* 7. 31.6% of survey respondents reported that in the past three years, they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Top reasons cited for delaying care included: “Pandemic/COVID-19” (36.1%), “Too long to wait for an appointment” (33.3%), and “Could not get an appointment” and “Qualified provider not available” (25.0%, each).
* 9. 43.6% of survey respondents desire “Dermatology” locally.
* 11. Substance use was a key theme discussed among key informant interview participants.
* 12. Survey respondents indicated to what degree their life has been negatively affected a little by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs: “A great deal” (9.4%), “Somewhat” (15.1%), and “A little” (19.8%).
 |
| **Anticipated Impact(s) of these Activities:*** Increase awareness of self-service options
* Increase access to CHA clinic services
* Strengthen community reputation/partnership
* Increased community knowledge of resources
 |
| **Plan to Evaluate Anticipated Impact(s) of these Activities:*** Track distribution of expanded hour marketing materials.
* Track progress towards updating phone system.
* Track utilization of clinic services compared Year-Over-Year (YoY).
* Reduction of patients unable to schedule appointments due to access issues.
* Monitor progress towards hiring an LCSW.
 |
| **Measure of Success:** CHA assesses the success of these activities through patient satisfaction and clinic visit data YoY.  |

|  |
| --- |
| **Goal 1:** Improve the awareness and access to healthcare services/resources throughout the service area. |
| **Strategy 1.2:** Enhance awareness of local healthcare services and resources. |
| **Activities** | **Responsibility** | **Timeline** | **Final Approval** | **Partners** | **Potential Barriers**  |
| 1.2.1. Develop a hospital and community resources page that highlights services, providers, recommended preventive screenings, outdoor trail system, and community events, etc.  | CHA Marketing | Spring 2023 | CEO | Anaconda-Deer Lodge Public Health Dept. andDiscover Anaconda | Lack of coordinationLack of collaboration |
| 1.2.2. Develop and disseminate an outreach and health education plan to raise awareness of available services and resources to target demographics who may not access social media or website. Consider modes of communication such as targeted mailings, flyers, etc. | CHA Marketing/Admin. Team | Winter 2024 | CEO | Anaconda-Deer Lodge Public Health Dept. | Financial limitationsResource limitations |
| 1.2.3. Partner with community health champions to provide outreach to local schools and other community organizations about available assistance programs and resources (i.e., WIC, SNAP, etc.). Provide regular education to CHA staff and providers about available assistance programs. | CHA Marketing/Admin. Team | Fall 2023 | CEO | Anaconda-Deer Lodge Public Health Dept. andAnaconda School District | Resource limitations |
| 1.2.4. Explore opportunities to develop a clinic outreach program to promote the importance and engagement of community members in routine preventive health services and screenings (i.e., women’s health, teen health, men’s health groups). | CHA Marketing/Clinic Management | Winter 2024 | CCO/CEO | Anaconda-Deer Lodge Public Health Dept. and Anaconda School District | Resource limitations |
| **Needs Being Addressed by this Strategy:*** 1. 58.1% of survey respondents rate the general health of the community as “Somewhat healthy.”
* 3. Respondents identified the top components of a healthy community: “Access to healthcare services” (51.7%), “Good jobs and a healthy economy” (47.5%), “Healthy behaviors and lifestyles” (35.0%), and “Affordable housing” (29.2%).
* 4. 27.7% of respondents rated their knowledge of health services available through Community Hospital of Anaconda as fair or poor.
* 6. Survey respondents shared what they felt would improve the community’s access to healthcare: “More information about available services” (51.8%), “Payment assistance programs (healthcare expenses)” (40.4%), “More primary care providers” (36.0%), “Outpatient services expanded hours” (34.2%), “More specialists” (28.9%), “Transportation assistance” (23.7%), “Greater health education services” and “Improved quality of care” (16.7%, each), and “Telemedicine” (13.2%).
* 8. Survey respondents indicated an interest in the following classes or programs: “Health and wellness” (42.6%), “Fitness” (40.7%), “Weight loss” (36.1%), and “Nutrition” (31.5%).
* 10. 8.0% of survey respondents shared that during the last year, they had worried that they would not have enough food to eat.
* 13. Key informant interview participants shared a desire for more opportunities that promote healthy lifestyles, including free or low-cost wellness opportunities and health education outreach.
 |
| **Anticipated Impact(s) of these Activities:*** Strengthen community reputation/partnerships
* Increased community knowledge of resources
* Build community capacity
* Increased awareness/call to action among community members (i.e., preventive screenings, etc.)
* Improved health outcomes.
 |
| **Plan to Evaluate Anticipated Impact(s) of these Activities:*** Track CHAs utilization of expanded outreach efforts.
* Monitor traffic and utilization of the hospital and community resources page.
* Track participation in programs and events.
 |
| **Measure of Success:** CHA sees an increase in quality metrics and YoY clinic data (i.e., % of patients who did screenings, etc.). |

|  |
| --- |
| **Goal 2:** Enhance access to health education and healthy lifestyle opportunities throughout the service area. |
| **Strategy 2.1:** Champion local health education and healthy lifestyle opportunities. |
| **Activities** | **Responsibility** | **Timeline** | **Final Approval** | **Partners** | **Potential Barriers**  |
| 2.1.1. Continuously explore opportunities to expand health and wellness education throughout the service area (i.e., nutrition, fall assessment, diabetes prevention programming, parenting, prenatal, etc.). Consider opportunities to improve awareness and utilization of resources such as Birthly. (Birthly provides prenatal and postnatal resources via live, interactive online childbirth classes. Classes are not limited to prenatal education but also include support resources for breastfeeding and newborn care.) | CHA Marketing/Admin. Team | Winter 2024/Ongoing | CEO | Anaconda-Deer Lodge Public Health Dept. | Resource limitationsWorkforce limitations |
| 2.1.2. Continue to offer the CHA annual health fair which promotes health prevention, wellness, provides education and offers free/reduced screenings. Consider opportunities to expand the breadth by including other local health partners and resources. | CHA Marketing/Admin. Team | Fall 2023/Ongoing | CEO | Anaconda-Deer Lodge Public Health Dept., Discover Anaconda, andMetcalf Center | Resource limitationsScheduling conflicts |
| 2.1.3. Continue to promote and sponsor community recreational activities (i.e., family swim night, community fun run, Art in the Park, sunscreen and hydration education, etc.). | CHA Marketing/Admin. Team | Spring 2023/Ongoing | CEO | Anaconda-Deer Lodge Public Health Dept., Discover Anaconda, Anaconda School District, and Metcalf Center | Resource limitationsScheduling conflicts |
| 2.1.4. Continue to disseminate outreach for sports physicals among local athletes. | CHA Marketing/Clinic Management | Ongoing; annually in the spring | CEO/CCO | Anaconda-Deer Lodge Public Health Dept. and Anaconda School District | Resource limitationsScheduling conflicts |
| 2.1.5. Sustain CHA’s presence in community as a trusted partner in providing reliable health education and lifestyle outreach opportunities for local community partners (i.e., Metcalf Senior Center, local churches, etc.). | CHA Marketing/Admin. Team | Ongoing | CEO | Numerous | Resource limitations |
| **Needs Being Addressed by this Strategy:*** 1. 58.1% of survey respondents rate the general health of the community as “Somewhat healthy.”
* 3. Respondents identified the top components of a healthy community: “Access to healthcare services” (51.7%), “Good jobs and a healthy economy” (47.5%), “Healthy behaviors and lifestyles” (35.0%), and “Affordable housing” (29.2%).
* 4. 27.7% of respondents rated their knowledge of health services available through Community Hospital of Anaconda as fair or poor.
* 6. Survey respondents shared what they felt would improve the community’s access to healthcare: “More information about available services” (51.8%), “Payment assistance programs (healthcare expenses)” (40.4%), “More primary care providers” (36.0%), “Outpatient services expanded hours” (34.2%), “More specialists” (28.9%), “Transportation assistance” (23.7%), “Greater health education services” and “Improved quality of care” (16.7%, each), and “Telemedicine” (13.2%).
* 8. Survey respondents indicated an interest in the following classes or programs: “Health and wellness” (42.6%), “Fitness” (40.7%), “Weight loss” (36.1%), and “Nutrition” (31.5%).
* 13. Key informant interview participants shared a desire for more opportunities that promote healthy lifestyles, including free or low-cost wellness opportunities and health education outreach.
 |
| **Anticipated Impact(s) of these Activities:*** Strengthen community reputation/partnerships
* Strengthen community empowerment to choose and maintain healthy lifestyle choices
* Increased community knowledge of resources
* Build community capacity
* Increased access to preventative education and access to screening services
* Increased awareness/call to action among community members (i.e., preventive screenings, etc.)
* Improved health outcomes (i.e., health fair); assure appropriate follow-up/referrals for care with health screenings
 |
| **Plan to Evaluate Anticipated Impact(s) of these Activities:*** Track the utilization and engagement with health education opportunities.
* Track dissemination of sports physicals outreach.
* Track the promotion and sponsorships of community recreational activities.
* Track participation at health fair.
* Track partners engaging in health fair.
 |
| **Measure of Success:** CHA sees an Increase in participation in events YoY. |

|  |
| --- |
| **Goal 3:** Strengthen local partnerships and collaborations throughout the service area to enhance the community’s access to services and resources. |
| **Strategy 3.1:** Champion local initiatives that assess gaps and align resources. |
| **Activities** | **Responsibility** | **Timeline** | **Final Approval** | **Partners** | **Potential Barriers**  |
| 3.1.1. Convene community transportation partners to explore the feasibility of aligning efforts with the overall intent of addressing the area’s transportation needs. | CHA Marketing/Admin. Team | Winter 2024 | CEO | Anaconda-Deer Lodge Public Health Dept.,Anaconda-Deer Lodge County, andWestern Transportation Institute (WTI) | Financial limitationsResource limitationsWorkforce limitations |
| 3.1.2. Explore opportunities to engage with the affordability and accessibility housing conversations and efforts taking place locally. | CHA Marketing/Admin. Team | Winter 2024 | CEO | Discover Anaconda andAnaconda-Deer Lodge County | Financial limitationsResource limitations |
| 3.1.3. Nurture partnerships with regional community organizations in order to strengthen the local network of resources and address social determinants of health (SDOH) present in the community. | CHA Marketing/Admin. Team | Ongoing | CEO | Anaconda-Deer Lodge Public Health Dept.,CHA Behavioral Health Team,Discover Anaconda, andMSU Extension | Resource limitationsScheduling Conflicts |
| **Needs Being Addressed by this Strategy:*** 1. 58.1% of survey respondents rate the general health of the community as “Somewhat healthy.”
* 3. Respondents identified the top components of a healthy community: “Access to healthcare services” (51.7%), “Good jobs and a healthy economy” (47.5%), “Healthy behaviors and lifestyles” (35.0%), and “Affordable housing” (29.2%).
* 4. 27.7% of respondents rated their knowledge of health services available through Community Hospital of Anaconda as fair or poor.
* 5. 16.2% of survey respondents felt that the “Lack of adequate/affordable housing” is a health concern for the community, which was a significant change since the 2019 assessment.
* 6. Survey respondents shared what they felt would improve the community’s access to healthcare: “More information about available services” (51.8%), “Payment assistance programs (healthcare expenses)” (40.4%), “More primary care providers” (36.0%), “Outpatient services expanded hours” (34.2%), “More specialists” (28.9%), “Transportation assistance” (23.7%), “Greater health education services” and “Improved quality of care” (16.7%, each), and “Telemedicine” (13.2%).
* 10. 8.0% of survey respondents shared that during the last year, they had worried that they would not have enough food to eat.
* 13. Key informant interview participants shared a desire for more opportunities that promote healthy lifestyles, including free or low-cost wellness opportunities and health education outreach.
 |
| **Anticipated Impact(s) of these Activities:*** Strengthen community partnerships and capacity.
* Strengthen community resources and infrastructure.
* Strengthen workforce availability.
 |
| **Plan to Evaluate Anticipated Impact(s) of these Activities:*** Track participation and progress of local transportation partners.
* Monitor partnerships with regional community organizations.
* Track CHA’s participation in conversations relating to housing affordability and accessibility.
 |
| **Measure of Success:** CHA convenes community stakeholder group and identifies transportation and housing gaps by Winter 2024. |

# Needs Not Addressed and Justification

|  |  |
| --- | --- |
| **Identified health needs unable to address****by CHA** | **Rationale** |
| 1. 10.6% of survey respondents indicated that they had difficulty getting a prescription or taking their medication regularly in the last year.
 | * By partnering with other local services, CHA is able to assist patient populations with determining additional community resources to assist with prescription needs. Because CHA is not a retail pharmacy, we are unable to implement additional services on-site. CHA assists patients with patient assistance programs through manufacturers and offers a care coordinator to assist with directing patients to resources such as drug assistance programs.
 |
| 1. 54.8% of survey respondents rated their stress level over the past year as “High” or “Moderate.”
 | * CHA is committed to providing exemplary behavioral health services to our community. Because we now offer such services locally, patients no longer need to travel long distances in order to receive care. CHA also offers additional community resources, such as healthy lifestyles program, to assist with positively impacting our patient population.
 |

# Dissemination of Needs Assessment

Community Hospital of Anaconda “CHA” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website ([communityhospitalofanaconda.org](https://www.communityhospitalofanaconda.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 CHA is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Deer Lodge County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of CHA will be directed to the hospital’s website to view the complete assessment results and the implementation plan. CHA board members approved and adopted the plan on **DATE XX, 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 Community Hospital of Anaconda Community Benefit Strategic Plan can be submitted to:

Community Hospital of Anaconda

C/O Human Resources

401 W. Pennsylvania St.

Anaconda, Montana 59711

Please reach out to Community Hospital of Anaconda’s Human Resources at 406-563-8540 or abenes@chofa.net 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*