

IMPLEMENTATION PLAN

Addressing Community Health Needs



Big Timber, Montana

2024-2027

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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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Implementation Planning Process

The implementation planning committee – comprised of Pioneer Medical Center’s (PMC) 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 early 2024 to determine the most important health needs and opportunities for Sweet Grass 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 as rated by survey respondents during the CHSD survey process or during key informant interviews (see page 10 for a list of “Needs Identified and Prioritized”). For more information regarding the needs identified, and the assessment process/approach/methodology, please refer to the facility’s assessment report, which is posted on the facility’s website (<https://pmcmt.org/about/overview>).

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 prioritized recommendations provided by the community steering committee and determined which needs or opportunities could be addressed considering PMC’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 goals 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, relate to the following healthcare issues:

- **Awareness of health resources and services**
- **Access to specialty services**
- **Mental and behavioral health**

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In addressing the aforementioned issues, PMC seeks to:

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

Mission: Sustainable excellence in patient and resident focused care.

Vision: Grow to become the trusted healthcare provider and employer of choice in Sweet Grass County.

Implementation Planning Committee Members:

- Ian Peterson – PMC, Chief Executive Officer
- Brendan Burns – PMC, Director of Ancillary Services
- Mary Parker – PMC, Finance Director
- Heidi Baker – PMC, Director of Nursing
- Megan Arnold – PMC, Director of Human Resources

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

PMC’s Existing Presence in the Community

- Primary Care
- Emergency Care
- Inpatient Hospital Services
- Long Term Care via Swing Bed Program
- Outpatient services
- Ambulance Services
- Imaging Services
- Lab Services
- ALS/BLS Trainings
- Community Health
- Public Health - Vaccination Clinics
- Diabetes Prevention Program
- High School Sports - Athletic Trainer
 - Sports Physical Clinics
 - Impact Testing
 - Athletic Trainer
- Senior Center Education
- SGCHS Sponsorships
- PIL- Partners in Learning (Student Job Shadowing)
- Sweet Grass Fest
- Sweet Grass Solutions
- Civic engagement through involvement with community organizations/boards
- Visiting Specialists

List of Available Community Partnerships and Facility Resources to Address Need

- Lion's Club
- Men's and Women's Clubs
- Montana State University County Extension Services
- Hospitality House
- Montana Department of Labor
- Montana AHEC
- Sweet Grass County Public Health
- Big Timber Cancer Alliance
- Local schools
- LEPC
- Local Police/Sheriff's office
- Big Timber Food Bank
- Billings Clinic affiliation

Sweet Grass County Indicators

Population Demographics

- 96.3% of Sweet Grass County's population is white, and 3.7% is of American Indian or Alaska Native, Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry.
- 13.7% of Sweet Grass County's population has disability status.
- 30.2% of Sweet Grass County's population is 65 years and older.
- 11.5% of Sweet Grass County's population has Veteran status.
- 36.6% of Sweet Grass County's population is a high school graduate (includes equivalency) as their highest degree attained; 24.1% have some college, no degree.

Size of County and Remoteness

- 3,670 people in Sweet Grass County
- 2.0 people per square mile

Socioeconomic Measures

- 5.4% of children in Sweet Grass County live in poverty.
- 5.7% of persons in Sweet Grass County are below the federal poverty level.
- 11.0% of adults (age <65) in Sweet Grass County are uninsured; 8.0% of children (age <18) are uninsured.
- 5.1% of the population is enrolled in Medicaid.

Select Health Measures

- 28% of adults in Sweet Grass County are considered obese.
- 21% of the adult population in Sweet Grass County report physical inactivity.
- 14% of the adult population in Sweet Grass County report smoking.
- 41% of adults living in frontier Montana report two or more chronic conditions.

Public Health and Underserved Populations Consultation Summaries

Name/Organization

November 10, 2023

Ian Peterson – CEO, Pioneer Medical Center
 Brendan Burns – Director of Ancillary Services, Pioneer Medical Center
 Perry Anderson – Board Member, Sweet Grass County Healthcare Foundation
 Dan Tronrud – Community Health Worker
 Jenn Chappell – Sweet Grass County Public Health Nurse
 Laurie Niemi – HR, Sibanye – Stillwater
 Corry Seitz – Executive Director, Sweet Grass County Foundation
 Suzie Stosich – Big Timber Grade School Nurse
 Bill Wallace – Commissioner, Sweet Grass County

Input and Recommendations from Consultation

Public and Community Health

- From the secondary data, I feel the percent shown for accessing primary care is higher than reality.
- There is a high suicide rate in Montana, but especially in Sweet Grass County. We have the demographics, age and occupations that are risks for suicide.
- We see a lot of behavioral health needs in the hospital and clinic.
- This survey template seems overwhelming. I think it would be best to pare it down to make it more manageable.
- We do have Community Health Workers available in the community, so I think when asking about behavior/mental health needs we need to be a little more specific about the type.
- To try to boost return rates we should partner with community partners/agencies in the area to have them market as well.
- Would it be possible in this process to call all those who are sent a survey to ask them to fill it out?

Population: Veterans

- We have a high percentage of Veterans, more specifically older veterans in the community.

Population: Youth

- I'm surprised by the youth drinking, texting and driving, and weapons on campus rates.

Needs Identified and Prioritized

Prioritized Needs to Address

1. Top components of a healthy community were “Good jobs and a healthy economy” (44.9%), “Affordable housing” (40.4%), “Access to healthcare services” (39.0%), and “Healthy behaviors and lifestyles” (33.1%).
2. 34.6% of respondents indicated their knowledge of services available at PMC was “Fair” or “Poor.” Respondents said they learned about services through “Friends/family” (58.1%), “Word of mouth/reputation” (49.3%), “Healthcare provider” (44.9%), “Social media/Facebook” (30.9%), and “Newspaper” (27.2%).
3. Top health resources utilized other than PMC included “Dentist” (72.3%), “Other primary care providers” (46.9%), “Chiropractor” (26.9%), and “Physical, occupational, or speech therapy clinics” (24.6%).
4. Respondents indicated that access to healthcare would be improved by “More specialists” (46.9%), “Improved quality of care” (44.5%), “More primary care providers” (40.6%), and “More information about available services” (35.9%).
5. Focus groups indicated the need for increased communication about available resources and hospital presence.
6. Respondent interest in education classes/programs was as follows: Health and wellness (40.9%), Fitness (33.9%), Women’s health (30.4%).
7. Focus group participants voiced the need for more staff for senior services, including home health and respite care.
8. Top health concerns in the community were “Alcohol/substance use” (60.3%), “Chronic diseases” (52.2%), “Mental health” (37.5%), and “Work/economic stress” (17.6%).
9. Top desired local health services were “Visiting specialists” (59.1%), “Dermatology” (56.5%), and “Mental health/Crisis services” (14.8%).
10. 38.8% of respondents indicated that they delayed receiving needed healthcare services; top reasons provided were “Qualified provider not available” (29.4%), and “Could not get an appointment” (21.6%).
11. 79.5% of respondents received specialized care in the last three years; most of the respondents received this care in Billings (62.5%), Bozeman (33.7%), or Livingston (30.8%). The top specialists seen were “Dermatologist” (30.8%), “Orthopedic surgeon” (26.9%), “Dentist” (26.0%), and “Optometrist” (18.3%). 7.7% of respondents saw an “Oncologist.”
12. Focus group participants voiced the need for more specialists to visit PMC and provider services to the community; they also said that the schedule for visiting specialists could be communicated and shared more effectively.

13. 63.7% of respondents indicated they experienced “Moderate” to “High” stress.
14. 22.2% of respondents rated their general mental health as “Fair” or “Poor.”
15. 47.4% of respondents said they felt lonely or isolated 1-2 days per month or more.
16. 48.5% of respondents’ lives have been impacted “A little,” “Somewhat,” or “A great deal” by substance use of their own or someone else.
17. Focus groups highlighted the desire for more mental health services in the community, including in-person and telehealth counseling, a local facility for in-patient mental health care, and collaboration with the schools for youth mental health care.
18. Focus group participants expressed frustration and sadness with the substance use prevalent throughout the community.

Needs Unable to Address

(See page 26 for additional information)

1. The second top component of a health community was “Affordable housing” (40.4%), and the lack of adequate and affordable housing impacted the lives of 22.2% of respondents.
2. Respondents indicated high interest in classes/programs about “Health and wellness” (40.9%), “Fitness” (33.9%), and “Weight loss” (26.1%). 32.1% of respondents get physical activity only 3-5 times per month or less. “Chronic diseases” was the second top health concern in the community at 52.2%, and “Healthy behaviors and lifestyles” was the fourth most important component of a healthy community (33.1%).

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: Increase awareness of outreach and education programming offered both through Pioneer Medical Center and through other community health resources and services.

Strategy 1.1: Enhance coordination and partnerships between PMC and other local health services.

- Continue to support and promote the Sweet Grass Solutions website, which is a web-based resource highlighting various health related services in Sweet Grass County.
- Explore ways to expand advertising and awareness of services and resources available.

Strategy 1.2: Continue to provide and support programming and services currently utilized by the community.

- Explore opportunities to participate in community events to expand outreach. Determine other opportunities as they become available.
- Develop a feedback mechanism from community concerning best methods of promoting programming and services.
- Explore feasibility of bringing speakers to the high school community education program.

Strategy 1.3: Increase services and educational programming for seniors.

- Investigate current utilization of home health services in Sweet Grass County to determine if increase in services is feasible.
- Offer health/wellness education through partnership with the senior center.
- Explore partnering and coordinating with Community Health Workers around senior care.

Goal 2: Continue to maintain and improve access to specialty services offered through Pioneer Medical Center.

Strategy 2.1: Continue to maintain relationships with specialty service providers and institutions to address community needs.

- Continue to coordinate specialty service provider visits to PMC and utilize the calendar campaign already in place to communicate specialty services availability to the community.
- Assess the feasibility and potential benefits of introducing oncology services as a visiting specialist to our rural community through a comprehensive needs assessment and stakeholder engagement study.
- Evaluate the demand and impact of dermatology services to our community.
- Generate a plan to address the healthcare needs of growing populations receiving care at Pioneer Medical Center.

Strategy 2.2: Explore feasibility of incorporating new specialty services to address evolving needs of the community.

- Explore specialty services including athletic training and additional physical/occupational/speech therapy.
- Utilize community feedback about desired specialty services and explore feasibility of expanding or adding service lines.

Goal 3: Increase awareness of and access to mental and behavioral services in Sweet Grass County.

Strategy 3.1: Prioritize relationships between PMC and other local providers and resources for mental and behavioral health.

- Increase integration of local providers into existing collaboratives to support mental and behavioral health.
- Continue participation with local mental and behavioral health boards and committees.
- Strengthen partnerships between PMC and other local mental and behavioral health providers.
- Develop and disseminate staff training and information regarding available community and state resources, enhancing mental and behavioral health skills and knowledge to address the community's mental and behavioral health needs. (ex. healthinfo.montana.edu/bhwet/trainings, MT DPHHS).

Strategy 3.2: Integrate existing behavioral health services with the hospital's IBH program and drug free community grant to create a cohesive awareness strategy for behavioral health, substance use prevention and treatment.

- Strengthen relationships with community partners.
- Develop outreach materials and education for community and community partners to strengthen project impact.

Implementation Plan Grid

Goal 1: Increase awareness of outreach and education programming offered both through Pioneer Medical Center and through other community health resources and services.

Strategy 1.1: Enhance coordination and partnerships between PMC and other local health services.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue to support and promote the Sweet Grass Solutions website, which is a web-based resource highlighting various health related services in Sweet Grass County.	Ancillary Service Director/ Marketing Committee	Ongoing	Director of Ancillary Services	Sweet Grass Solutions/other community organizations	IT Limitations
Explore ways to expand advertising and awareness of services and resources available.	Marketing Committee	Ongoing	Director of Ancillary Services	Sweet Grass County/ Sweet Grass Solutions/Grant partners	Resource Limitations Financial Limitations

Needs Being Addressed by this Strategy:

- 1. Top components of a healthy community were “Good jobs and a healthy economy” (44.9%), “Affordable housing” (40.4%), “Access to healthcare services” (39.0%), and “Healthy behaviors and lifestyles” (33.1%).
- 2. 34.6% of respondents indicated their knowledge of services available at PMC was “Fair” or “Poor.” Respondents said they learned about services through “Friends/family” (58.1%), “Word of mouth/reputation” (49.3%), “Healthcare provider” (44.9%), “Social media/Facebook” (30.9%), and “Newspaper” (27.2%).
- 3. Top health resources utilized other than PMC included “Dentist” (72.3%), “Other primary care providers” (46.9%), “Chiropractor” (26.9%), and “Physical, occupational, or speech therapy clinics” (24.6%).
- 4. Respondents indicated that access to healthcare would be improved by “More specialists” (46.9%), “Improved quality of care” (44.5%), “More primary care providers” (40.6%), and “More information about available services” (35.9%).

- 5. Focus groups indicated the need for increased communication about available resources and hospital presence.

Anticipated Impact(s) of these Activities:

- Increased community awareness of health care services and resources
- Enhanced cooperation and communication with community partners
- Improved health outcomes for the community

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

- Track measures used to support Sweet Grass Solutions website
- Track promotional materials and efforts
- Conduct a survey or scan to explore most effective ways of advertising
- Convene internal group to create plan to expand advertising

Measure of Success: Increased community knowledge of available health services by the 2027 CHNA.

Goal 1: Increase awareness of outreach and education programming offered both through Pioneer Medical Center and through other community health resources and services.

Strategy 1.2: Continue to provide and support programming and services currently utilized by the community.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore opportunities to participate in community events to expand outreach. Determine other opportunities as they become available.	Marketing Committee/ RHC Management and staff	Ongoing	Director of Ancillary Services	Billings Clinic Outreach, Regional healthcare providers	Staffing Limitations Financial Limitations
Develop a feedback mechanism from community concerning best methods of promoting programming and services.	Marketing Committee and Quality RN	2025	Quality Nurse	Internal IT, CAH Peers	Community Participation and Response Rate

Explore feasibility of bringing speakers to the high school community education program.	Senior Leadership	2026	CEO	Highschool Leadership, Community Providers, PMC Staff	Staffing Limitations Time Limitations
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Needs Being Addressed by this Strategy:

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- 4. Respondents indicated that access to healthcare would be improved by “More specialists” (46.9%), “Improved quality of care” (44.5%), “More primary care providers” (40.6%), and “More information about available services” (35.9%).
- 5. Focus groups indicated the need for increased communication about available resources and hospital presence.

Anticipated Impact(s) of these Activities:

- Increased community awareness of health care services and resources
- Enhanced cooperation and communication with community partners
- Improved health outcomes for the community

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

- Track participation in community events
- Track new opportunities to expand outreach, whether capitalized on or not
- Develop feedback mechanism to hear from community
- Track efforts made to support high school community education program
- Track speakers brought into high school community education program

Measure of Success: Implementation of events and feedback mechanism by CHNA 2027.

Goal 1: Increase awareness of outreach and education programming offered both through Pioneer Medical Center and through other community health resources and services.

Strategy 1.3: Increase services and educational programming for seniors.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Investigate current utilization of home health services in Sweet Grass County to determine if increase in services is feasible.	PMC Senior Leadership	Annually until 2027	CEO	Community organizations, LHC	Community Response
Offer health/wellness education through partnership with the senior center.	Director of Ancillary Services	Monthly/Quarterly	CEO	Hospitality House (Senior Center)	Staffing/Scheduling
Explore partnering and coordinating with Community Health Workers around senior care.	CEO, Director of Ancillary Services	Ongoing	CEO	Sweet Grass County Community Health Workers	Staffing Limitations Grant Limitations

Needs Being Addressed by this Strategy:

- 1. Top components of a healthy community were “Good jobs and a healthy economy” (44.9%), “Affordable housing” (40.4%), “Access to healthcare services” (39.0%), and “Healthy behaviors and lifestyles” (33.1%).
- 2. 34.6% of respondents indicated their knowledge of services available at PMC was “Fair” or “Poor.” Respondents said they learned about services through “Friends/family” (58.1%), “Word of mouth/reputation” (49.3%), “Healthcare provider” (44.9%), “Social media/Facebook” (30.9%), and “Newspaper” (27.2%).
- 4. Respondents indicated that access to healthcare would be improved by “More specialists” (46.9%), “Improved quality of care” (44.5%), “More primary care providers” (40.6%), and “More information about available services” (35.9%).
- 5. Focus groups indicated the need for increased communication about available resources and hospital presence.
- 6. Respondent interest in education classes/programs was as follows: Health and wellness (40.9%), Fitness (33.9%), Women’s health (30.4%)

- 7. Focus group participants voiced the need for more staff for senior services, including home health and respite care.

Anticipated Impact(s) of these Activities:

- Increased senior services available in the community
- Enhanced partnerships with community organizations
- Improved health outcomes for seniors
- Enhanced working relationships with local Community Health Workers
- Increased access to care for seniors

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

- Conduct scan to determine current home health utilization
- Track new health/wellness offerings at the senior center
- Coordinate with CHWs
- Evaluate CHW integration into referrals for senior care

Measure of Success: Increase volume and coordination of senior programming by CHNA 2027.

Goal 2: Continue to maintain and improve access to specialty services offered through Pioneer Medical Center.

Strategy 2.1: Continue to maintain relationships with specialty service providers and institutions to address community needs.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue to coordinate specialty service provider visits to PMC and utilize the calendar campaign already in place to communicate specialty services availability to the community.	Director of Ancillary Services	Ongoing	CEO	Specialty Outreach Service Providers	IT Limitations

Assess the feasibility and potential benefits of introducing oncology services as a visiting specialist to our rural community through a comprehensive needs assessment and stakeholder engagement study.	Director of Ancillary Services	2024	CEO	Stakeholders	Community Need - Volumes need to establish service line
Evaluate the demand and impact of dermatology services to our community.	Director of Ancillary Services	2025	CEO	Billings Clinic Dermatology/Regional Healthcare Providers	Staffing Limitations
Generate a plan to address the healthcare needs of growing populations receiving care at Pioneer Medical Center.	PMC Senior Leadership	Ongoing	CEO	Local Community Organizations Serving Seniors	Data Limitations

Needs Being Addressed by this Strategy:

- 1. Top components of a healthy community were “Good jobs and a healthy economy” (44.9%), “Affordable housing” (40.4%), “Access to healthcare services” (39.0%), and “Healthy behaviors and lifestyles” (33.1%).
- 4. Respondents indicated that access to healthcare would be improved by “More specialists” (46.9%), “Improved quality of care” (44.5%), “More primary care providers” (40.6%), and “More information about available services” (35.9%).
- 8. Top health concerns in the community were “Alcohol/substance use” (60.3%), “Chronic diseases” (52.2%), “Mental health” (37.5%), and “Work/economic stress” (17.6%).
- 9. Top desired local health services were “Visiting specialists” (59.1%), “Dermatology” (56.5%), and “Mental health/Crisis services” (14.8%).
- 10. 38.8% of respondents indicated that they delayed receiving needed healthcare services; top reasons provided were “Qualified provider not available” (29.4%), and “Could not get an appointment” (21.6%).
- 11. 79.5% of respondents received specialized care in the last three years; most of the respondents received this care in Billings (62.5%), Bozeman (33.7%), or Livingston (30.8%). The top specialists seen were “Dermatologist” (30.8%), “Orthopedic surgeon” (26.9%), “Dentist” (26.0%), and “Optometrist” (18.3%). 7.7% of respondents saw an “Oncologist.”

- 12. Focus group participants voiced the need for more specialists to visit PMC and provider services to the community; they also said that the schedule for visiting specialists could be communicated and shared more effectively.

Anticipated Impact(s) of these Activities:

- Improved access to specialty services
- Improved health outcomes
- Enhanced community knowledge of specialist visits and schedules
- Increased access to oncology and dermatology care
- Enhanced community participation in voicing care needs

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

- Track specialty service visits and providers
- Track new specialty service visits and providers
- Conduct comprehensive needs assessment concerning oncology specialty care
- Convene internal group to review data collected through comprehensive needs assessment
- Develop and advertise plan to collect public opinion concerning desired specialty services

Measure of Success: Implementation of services lines based on data collection.

Goal 2: Continue to maintain and improve access to specialty services offered through Pioneer Medical Center.

Strategy 2.2: Explore feasibility of incorporating new specialty services to address evolving needs of the community.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore specialty services including athletic training and additional physical/occupational/speech therapy.	Director of Ancillary Services	Ongoing	CEO	Billings Clinic, SGCHS, Local Partners	Staffing Limitations Financial Limitations Scope of Practice

Utilize community feedback about desired specialty services and explore feasibility of expanding or adding service lines.	Director of Ancillary Services	Ongoing	CEO	Stakeholders	Data/Feedback
<p>Needs Being Addressed by this Strategy:</p> <ul style="list-style-type: none"> ▪ 1. Top components of a healthy community were “Good jobs and a healthy economy” (44.9%), “Affordable housing” (40.4%), “Access to healthcare services” (39.0%), and “Healthy behaviors and lifestyles” (33.1%). ▪ 3. Top health resources utilized other than PMC included “Dentist” (72.3%), “Other primary care providers” (46.9%), “Chiropractor” (26.9%), and “Physical, occupational, or speech therapy clinics” (24.6%). ▪ 4. Respondents indicated that access to healthcare would be improved by “More specialists” (46.9%), “Improved quality of care” (44.5%), “More primary care providers” (40.6%), and “More information about available services” (35.9%). ▪ 9. Top desired local health services were “Visiting specialists” (59.1%), “Dermatology” (56.5%), and “Mental health/Crisis services” (14.8%). ▪ 10. 38.8% of respondents indicated that they delayed receiving needed healthcare services; top reasons provided were “Qualified provider not available” (29.4%), and “Could not get an appointment” (21.6%). ▪ 11. 79.5% of respondents received specialized care in the last three years; most of the respondents received this care in Billings (62.5%), Bozeman (33.7%), or Livingston (30.8%). The top specialists seen were “Dermatologist” (30.8%), “Orthopedic surgeon” (26.9%), “Dentist” (26.0%), and “Optometrist” (18.3%). 7.7% of respondents saw an “Oncologist.” ▪ 12. Focus group participants voiced the need for more specialists to visit PMC and provider services to the community; they also said that the schedule for visiting specialists could be communicated and shared more effectively. 					
<p>Anticipated Impact(s) of these Activities:</p> <ul style="list-style-type: none"> ▪ Evaluate access to specialty care ▪ Improved health outcomes ▪ Enhanced community engagement 					
<p>Plan to Evaluate Anticipated Impact(s) of these Activities:</p> <ul style="list-style-type: none"> ▪ Track measures taken to increase specialty service offerings ▪ Develop plan to collect and utilize community feedback 					
<p>Measure of Success: Complete review of specialty services offered by PMC utilizing feasibility studies.</p>					

Goal 3: Increase awareness of and access to mental and behavioral services in Sweet Grass County.

Strategy 3.1: Prioritize relationships between PMC and other local providers and resources for mental and behavioral health.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Increase integration of local providers into existing collaboratives to support mental and behavioral health.	PMC Medstaff	Ongoing	CEO	Local Mental and Behavioral Health Organizations/ IBH	Scheduling Limitations/ Integration limitation and opportunities
Continue participation with local mental and behavioral health boards and committees.	PMC Management	Ongoing	CEO	Local Collaboratives	Integration Opportunities
Strengthen partnerships between PMC and other local mental and behavioral health providers.	PMC Medstaff, PMC leadership	Ongoing	Director of Ancillary Services	Local Mental and Behavioral Health Organizations/ IBH	Local Provider support
Develop and disseminate staff training and information regarding available community and state resources, enhancing mental and behavioral health skills and knowledge to address the community's mental and behavioral health needs. (ex. healthinfo.montana.edu/bhwet/trainings , MT DPHHS).	Public Health	2025	DON	Community Members and Staff	None

Needs Being Addressed by this Strategy:

- 1. Top components of a healthy community were “Good jobs and a healthy economy” (44.9%), “Affordable housing” (40.4%), “Access to healthcare services” (39.0%), and “Healthy behaviors and lifestyles” (33.1%).

- 2. 34.6% of respondents indicated their knowledge of services available at PMC was “Fair” or “Poor.” Respondents said they learned about services through “Friends/family” (58.1%), “Word of mouth/reputation” (49.3%), “Healthcare provider” (44.9%), “Social media/Facebook” (30.9%), and “Newspaper” (27.2%).
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- 9. Top desired local health services were “Visiting specialists” (59.1%), “Dermatology” (56.5%), and “Mental health/Crisis services” (14.8%).
- 13. 63.7% of respondents indicated they experienced “Moderate” to “High” stress.
- 14. 22.2% of respondents rated their general mental health as “Fair” or “Poor.”
- 15. 47.4% of respondents said they felt lonely or isolated 1-2 days per month or more.
- 16. 48.5% of respondents’ lives have been impacted “A little,” “Somewhat,” or “A great deal” by substance use of their own or someone else.
- 17. Focus groups highlighted the desire for more mental health services in the community, including in-person and telehealth counseling, a local facility for in-patient mental health care, and collaboration with the schools for youth mental health care.
- 18. Focus group participants expressed frustration and sadness with the substance use prevalent throughout the community.

Anticipated Impact(s) of these Activities:

- Enhanced collaboration between PMC and local organizations and providers
- Increased awareness of mental and behavioral health care and resources
- Improved health outcomes
- Providers better able to provide needed care

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

- Track number of new providers integrated within local collaboratives
- Participate with local mental health boards and committees
- Strengthen relationships with other providers and organizations
- Participate in educational programming concerning available resources
- Supply training and educational materials to PMC staff

Measure of Success: Secured relationships with local providers through enhanced collaboration between entities by CHNA 2027.

Goal 3: Increase awareness of and access to mental and behavioral services in Sweet Grass County.

Strategy 3.2: Integrate existing behavioral health services with the hospital’s IBH program and drug free community grant to create a cohesive awareness strategy for behavioral health, substance use prevention and treatment.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Strengthen relationships with community partners.	Medstaff	Ongoing	CEO	MedStaff and Community Partners	None
Develop outreach materials and education for community and community partners to strengthen project impact.	Marketing Committee	2025	Director of Ancillary Services	Local Collaboratives	None

Needs Being Addressed by this Strategy:

- 1. Top components of a healthy community were “Good jobs and a healthy economy” (44.9%), “Affordable housing” (40.4%), “Access to healthcare services” (39.0%), and “Healthy behaviors and lifestyles” (33.1%).
- 4. Respondents indicated that access to healthcare would be improved by “More specialists” (46.9%), “Improved quality of care” (44.5%), “More primary care providers” (40.6%), and “More information about available services” (35.9%).
- 8. Top health concerns in the community were “Alcohol/substance use” (60.3%), “Chronic diseases” (52.2%), “Mental health” (37.5%), and “Work/economic stress” (17.6%).
- 9. Top desired local health services were “Visiting specialists” (59.1%), “Dermatology” (56.5%), and “Mental health/Crisis services” (14.8%).
- 13. 63.7% of respondents indicated they experienced “Moderate” to “High” stress.
- 14. 22.2% of respondents rated their general mental health as “Fair” or “Poor.”
- 15. 47.4% of respondents said they felt lonely or isolated 1-2 days per month or more.

- 16. 48.5% of respondents' lives have been impacted "A little," "Somewhat," or "A great deal" by substance use of their own or someone else.
- 17. Focus groups highlighted the desire for more mental health services in the community, including in-person and telehealth counseling, a local facility for in-patient mental health care, and collaboration with the schools for youth mental health care.
- 18. Focus group participants expressed frustration and sadness with the substance use prevalent throughout the community.

Anticipated Impact(s) of these Activities:

- Enhanced communication and collaboration between PMC and community partners
- Improved access and awareness of care for community
- Increased behavioral health resources available in community

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

- Track support of and collaboration with community partners
- Track partnerships with community organizations
- Create outreach and educational materials to community

Measure of Success: Increased awareness through outreach materials and education.

Needs Not Addressed and Justification

Identified health needs unable to address by PMC	Rationale
<p>1. The second top component of a health community was “Affordable housing” (40.4%), and the lack of adequate and affordable housing impacted the lives of 22.2% of respondents.</p>	<ul style="list-style-type: none"> Housing affordability is a challenging issue. As time allows in the future, PMC would be open to engaging with community partners to in discussions related to housing affordability. Furthermore, Pioneer Medical Center provides medical care, Pioneer Medical does not provide housing to community members not in need of medical care.
<p>2. Respondents indicated high interest in classes/programs about “Health and wellness” (40.9%), “Fitness” (33.9%), and “Weight loss” (26.1%). 32.1% of respondents get physical activity only 3-5 times per month or less. “Chronic diseases” was the second top health concern in the community at 52.2%, and “Healthy behaviors and lifestyles” was the fourth most important component of a healthy community (33.1%).</p>	<ul style="list-style-type: none"> Health and fitness classes have been offered in the past and due to low utilization and participation the classes have been shut down. Feasibility and cost effectiveness of classes such as Diabetes Prevention will continue to be evaluated as needs arise.

Dissemination of Needs Assessment

Pioneer Medical Center “PMC” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website (pmcmt.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 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 PMC is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Sweet Grass County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of PMC will be directed to the hospital’s website to view the complete assessment results and the implementation plan. PMC board members approved and adopted the plan on **August 21, 2024**. 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 2024-2027 Pioneer Medical Center Community Benefit Strategic Plan can be submitted to:

By Mail:

Administration
C/O: Alana Goetz, Executive Assistant
PO Box 1228
Big Timber, MT 59011

In Person:

Administration
C/O: Alana Goetz, Executive Assistant 301 West 7th Avenue
Big Timber, MT 59011

Contact the Administration Office at (406)-932-4603 or AGoetz2@pmcmt.org with questions.