

IMPLEMENTATION PLAN

Addressing Community Health Needs



Roundup, 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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The Implementation Planning Process

The implementation planning committee – comprised of Roundup Memorial Healthcare’s (RMH) 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 2024 to determine the most important health needs and opportunities for Musselshell 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 10 for a list of “Needs Identified and Prioritized”). For more information regarding the needs identified, as well as the assessment process/approach/methodology, please refer to the facility’s assessment report, which is posted on the facility’s website (https://www.rmhmt.org/documents/RMH_2024_CHNAReport_FinalRB-edits.pdf).

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 RMH’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:

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

In addressing the aforementioned issues, Roundup Memorial Healthcare seeks to:

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

Facility Mission: To deliver safe, patient-centered care with the kindness we would want for ourselves and our family.

Facility Vision: To offer quality care and programs that meet community needs, exceed patients' expectations, and are provided in a caring, convenient, cost-effective, and accessible manner.

Implementation Planning Committee Members:

- Terra Kellum – Executive Assistant and HR Generalist, RMH
- Amy Johnson – Practice Administrator, RMH
- Velma Bulcher – Director of Nursing Services, RMH
- Rachel Brewer – HR/Marketing Director, RMH
- Anne Marie Kloppel – Manager Regional Finance, RMH/Billings Clinic
- Valeri Russell – PA-C, Trauma Medical Director, Assistant Medical Director, RMH
- Rick Schroeder – Interim CEO, RMH

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

Roundup Memorial Healthcare's Existing Presence in the Community

- Roundup Rodeo Sponsorship
- 4-H Sponsorship
- Baseball Team Sponsorship
- Flowers on Main Street Sponsorship
- Homes on the Range Health Education Talks
- Stop The Bleed
- Children's helmet giveaways
- Sports physicals
- Local Emergency Preparedness Committee
- Markets on Main
- Backpack Program

List of Available Community Partnerships and Facility Resources to Address Needs

- 3RNet
- Al-Anon
- Alcoholics Anonymous
- Area II Agency on Aging
- Centers for Medicaid and Medicare Services (CMS)
- Chiropractor (Bull Mountain Chiropractic- Dr. Brian Bushman)
- County Extension- Montana State University
- County Public Health
- County Sheriff's Department
- Dentist (Jack Diagrepoint, DDS)
- Fitness Center (A Healthy Life)
- Food bank
- General conditions management
- Golden Thimble (Provides clothing to community members in need)
- HRDC
- Massage Therapy
- Meals on Wheels
- Montana Department of Health and Human Services (MT DPHHS)
- Montana Office of Rural Health and Area Health Education Center
- Mountain-Pacific Quality Health
- Narcotics Anonymous
- Performance Improvement Network (PIN)
- Public Recreation and Parks (Riverwalk)
- Roundup Mental Health Center
- Saves INC. (To help victims of domestic violence and sexual assault)
- Senior Center
- Smoking cessation through CMHD
- St. Vincent's Mobile mammography
- Veteran's Affairs
- WIC
- Youth Cares

Musselshell County Indicators

Population Demographics

- 94.1% of Musselshell County’s population identifies as white.
- 14.1% of Musselshell County’s population has disability status.
- 25.9% of Musselshell County’s population is 65 years and older.
- 13.6% of Musselshell County’s population has Veteran status.
- 8.5% of Musselshell County’s population has “No High School Diploma” as their highest degree attained; 42.8% are a “High school graduate (includes equivalency)”.

Size of County and Remoteness

- 4,766 people in Musselshell County.
- 2.5 people per square mile.

Socioeconomic Measures

- 17.3% of children live in poverty.
- 12.7% of persons are below the federal poverty level.
- 14% of adults (age<65) are uninsured; 8% of children (age<18) are uninsured.
- 10.0% of the population is enrolled in Medicaid.

Select Health Measures

- 28% of adults are considered obese.
- 28% of the adult population report physical inactivity.
- 18% of the adult population report smoking consistently.
- The rate of emergency department visits for intentional self-harm is 305.0 compared to 241.3 for Montana.
- 41.0% of adults living in frontier Montana report two or more chronic conditions.
- Montana’s veteran suicide rate (per 100,000 population) is 65.7 compared to 38.4 for the U.S.

Nearest Major Hospital

- Hospitals in Billings, MT are 50 miles from Roundup Memorial Healthcare.

Public Health and Underserved Populations Consultation Summaries

Name/Organization

March 7, 2024

Paula Snider – Homes on the Range
 Terra Kellum – HR/Executive Assistant, Roundup Memorial Healthcare (RMH)
 Dave Liggett – Community member
 Cindy Moore – Retired Director of Nursing, community member
 Rachel Brewer – HR/Marketing, RMH
 Leann Fisk – CMHD
 Megan Griffith – RN/Clinic lead, RMH
 Kurt Lowartz – MD, RMH
 Marcy Brookie – Area II on Aging
 Natalie Goodwin – Community Health Worker, RMH
 Lucia Martinez – Social Services Point Coordinator, RMH
 Velma Bulcher – Director of Nursing, RMH
 Heather Welch – Business Office Manager, RMH
 Stephanie Graben – Community member, Business owner (“Fat Straw”)
 Amy Johnson – Practice Admin, RMH
 Maria Owen – Acute Care Manager, RMH

Public and Community Health

- High prevalence of smoking during pregnancy
- Internet at home levels are disappointing
- Bad HPV vaccination numbers; not for lack of trying (not getting buy-in from schools, can’t even get foot in the door)
- Could do better in colorectal screening numbers (wouldn’t bank on given number for accuracy—clinic does a lot more cologards than cited; or at least people sign up for them a lot)

Population: Low-Income, Underinsured

- High underinsured children population—reflected in free lunch program
- High Medicaid enrollment

Population: Seniors

- High rates of arthritis—limits physical and thus mental health

Population: Youth

- Youth attempted suicide is very high, alarming
- Can be difficult to do health prevention/education in the schools
- High number of uninsured children

Population: Tribal/American Indian

- Large Veteran population
- Lots of disabled veterans

Needs Identified and Prioritized

Prioritized Needs to Address

1. The majority of respondents (50.8%) rated their community as “Somewhat healthy.”
2. Top health concerns for the community were “Alcohol/substance use” (59.4%), “Mental health issues (depression, anxiety, PTSD, etc.)” (36.7%), and “Overweight/obesity” (25.0%).
3. The second top component of a healthy community was “Access to healthcare services” (34.1%).
4. Most respondents had a “Good” (45.7%) or “Fair” (34.6%) knowledge of RMH services; the top methods of learning about available services were “Word of mouth/reputation” (61.7%), “Friends/family” (50.8%), “Healthcare provider” (32.8%), and “Social media/Facebook” (25.0%).
5. Access to healthcare would be improved with “More primary care providers (MD/DO)” (45.6%), “More information about available services” (36.8%), and “More Nurse Practitioners/Physician Assistants” (28.0%).
6. 50.0% of respondents felt lonely or isolated 1-2 days per month or more.
7. 58.7% of respondents experienced “Moderate” or “High” stress.
8. 19.0% of respondents rated their mental health as “Fair” and 3.2% rated theirs as “Poor.”
9. 46.0% of respondents indicated their lives have been impacted by substance use.
10. Key informants identified mental health and alcohol/drug use as top concerns in the community.
11. Key informants expressed the desire for more support groups in the community.
12. 93.0% of respondents have seen a primary care provider in the last three years, and 26.9% saw that provider at Billings Clinic.
13. Key informants identified the need for more communication about currently offered programs and services.
14. Key informants expressed the desire for more transportation options in Roundup.
15. Respondents expressed the desire for “Dermatology” services (34.3%) and “Orthopedic services” (17.6%).
16. 10.7% of respondents utilized a “Hearing check” as preventative service.
17. 33.3% of respondents said they delayed or deferred receiving care, and the top reasons were “Qualified provider not available” (34.1%) and “Too long to wait for appointment” (26.8%).

Needs Unable to Address

(See page 25 for additional information)

1. A top health concern was “Overweight/obesity” (25.0%), and the top three educational programs respondents expressed interest in were “Fitness” (39.8%), “Weight loss” (31.5%), and “Health and wellness” (30.6%). 31.8% of respondents got physical activity 3-5 times per month or less.
2. The third top component of a healthy community was “Affordable housing” (29.5%), and 54.8% of respondents did not think that there was adequate and affordable housing available in the community.

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 14.

Goal 1: Improve access to mental and behavioral health resources in Musselshell County.

Strategy 1.1: Enhance collaboration with local LCSW to increase awareness of and amount of services provided.

- Support LCSW to visit local meetings (e.g. community center, LEPC) to increase presence and visibility in the community.
- Work to determine LCSW's role in organizing, facilitating, and maintaining local support groups.
- Determine feasibility of starting Grandparents Raising Grandchildren support group.
- Explore feasibility of cooperating with local churches to enable and sustain support groups for the community (e.g. grief support).

Strategy 1.2: Continue to support other mental and behavioral health resources in the community.

- Continue to coordinate with and support local school counselors and LCSWs.
- Continue to explore ways to bolster in-patient mental health resources.

Goal 2: Enhance community awareness of health resources and services offered through RMH.

Strategy 2.1: Enhance marketing and publicity efforts to increase visibility of RMH in the community.

- Inquire about putting hospital advertising materials in new kiosk downtown.

- Explore re-starting RMH presence on local radio station.
- Continue to engage with LEPC meetings and utilize this forum to advertise RMH services and resources.
- Continue to attend community events (e.g. Market on Main, Community Job Fair) to increase hospital presence in the community.

Strategy 2.2: Reinvigorate partnerships and relationships with various community entities.

- Continue community education efforts.
- Define the role of the Hospital Foundation and its relationship with RMH.
- Continue to support and collaborate with the Hospital Foundation.
- Explore methods of increasing awareness of CHW presence and services through the clinic.
- Enhance clinical staff awareness of Patient Assistance program through increased communication.
- Monitor newly-introduced RMH Passenger Van to evaluate successes and room for improvement.

Goal 3: Bolster access to specialty care services available through RMH.

Strategy 3.1: Explore introduction of new specialty services offered through RMH.

- Explore re-introducing audiology and podiatry visiting specialists.
- Explore feasibility of bringing visiting dermatology specialty services to RMH.
- Determine if patient load is sufficient to warrant an ortho PA at RMH.

Implementation Plan Grid

Goal 1: Improve access to mental and behavioral health resources in Musselshell County.

Strategy 1.1: Enhance collaboration with local LCSW to increase awareness of and amount of services provided.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Support LCSW to visit local meetings (e.g. community center, LEPC) to increase presence and visibility in the community.	Practice Administrator	6 months	CEO	LEPC and Community Center	Time
Work to determine LCSW’s role in organizing, facilitating, and maintaining local support groups.	P.A.	1 year	CEO	Providers	Time, volunteers
Determine feasibility of starting Grandparents Raising Grandchildren support group.	LCSW	1 year	CEO	Providers	Time
Explore feasibility of cooperating with local churches to enable and sustain support groups for the community (e.g. grief support).	LCSW/CEO	2 years	CEO	Churches/CEO	Time

Needs Being Addressed by this Strategy:

- 1. The majority of respondents (50.8%) rated their community as “Somewhat healthy.”
- 2. Top health concerns for the community were “Alcohol/substance use” (59.4%), “Mental health issues (depression, anxiety, PTSD, etc.)” (36.7%), and “Overweight/obesity” (25.0%).
- 3. The second top component of a healthy community was “Access to healthcare services” (34.1%).
- 4. Most respondents had a “Good” (45.7%) or “Fair” (34.6%) knowledge of RMH services; the top methods of learning about available services were “Word of mouth/reputation” (61.7%), “Friends/family” (50.8%), “Healthcare provider” (32.8%), and “Social media/Facebook” (25.0%).
- 5. Access to healthcare would be improved with “More primary care providers (MD/DO)” (45.6%), “More information about available services” (36.8%), and “More Nurse Practitioners/Physician Assistants” (28.0%).

- 6. 50.0% of respondents felt lonely or isolated 1-2 days per month or more.
- 7. 58.7% of respondents experienced “Moderate” or “High” stress.
- 8. 19.0% of respondents rated their mental health as “Fair” and 3.2% rated theirs as “Poor.”
- 9. 46.0% of respondents indicated their lives have been impacted by substance use.
- 10. Key informants identified mental health and alcohol/drug use as top concerns in the community.
- 11. Key informants expressed the desire for more support groups in the community.

Anticipated Impact(s) of these Activities:

- Improved awareness and utilization of services and programs
- Strengthened collaboration between RMH and local LCSW
- Build community capacity
- Increase access to healthcare services
- Increased community knowledge of services and resources
- Improved health outcomes

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

- Track RMH support of LCSW
- Track LCSW visits to local meetings and groups
- Track efforts made to create and facilitate support groups
- Track progress made on Grandparents Raising Grandchildren support group
- Track cooperation with local churches

Measure of Success: RMH will have supported the local LCSW to start 2 support groups by the 2027 CHNA.

Goal 1: Improve access to mental and behavioral health resources in Musselshell County.

Strategy 1.2: Continue to support other mental and behavioral health resources in the community.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue to coordinate with and support local school counselors and LCSWs.	Assistant Medical Director/PA	1 year	CEO	Local schools	Access to schools
Continue to explore ways to bolster in-patient mental health resources.	Assistant Medical Director/PA and Director of Nursing	Ongoing	CEO	Outside resources	Lack of mental health providers and resources

Needs Being Addressed by this Strategy:

- 1. The majority of respondents (50.8%) rated their community as “Somewhat healthy.”
- 2. Top health concerns for the community were “Alcohol/substance use” (59.4%), “Mental health issues (depression, anxiety, PTSD, etc.)” (36.7%), and “Overweight/obesity” (25.0%).
- 3. The second top component of a healthy community was “Access to healthcare services” (34.1%).
- 4. Most respondents had a “Good” (45.7%) or “Fair” (34.6%) knowledge of RMH services; the top methods of learning about available services were “Word of mouth/reputation” (61.7%), “Friends/family” (50.8%), “Healthcare provider” (32.8%), and “Social media/Facebook” (25.0%).
- 5. Access to healthcare would be improved with “More primary care providers (MD/DO)” (45.6%), “More information about available services” (36.8%), and “More Nurse Practitioners/Physician Assistants” (28.0%).
- 6. 50.0% of respondents felt lonely or isolated 1-2 days per month or more.
- 7. 58.7% of respondents experienced “Moderate” or “High” stress.
- 8. 19.0% of respondents rated their mental health as “Fair” and 3.2% rated theirs as “Poor.”
- 9. 46.0% of respondents indicated their lives have been impacted by substance use.
- 10. Key informants identified mental health and alcohol/drug use as top concerns in the community.

Anticipated Impact(s) of these Activities:

- Improved awareness and utilization of services and programs
- Strengthened collaboration between community partners
- Build community capacity
- Increase access to healthcare services
- Increased community knowledge of services and resources
- Improved health outcomes
- Service, policy, and resources development
- Improve access to high quality, coordinated care
- Strengthen community partnerships

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

- Track support of LCSW
- Track support of local school counselors
- Evaluate potential new in-patient mental health resources as they are learned of

Measure of Success: Host mental health meeting in collaboration with school leaders to determine feasibility of ongoing partnership.

Goal 2: Enhance community awareness of health resources and services offered through RMH.

Strategy 2.1: Enhance marketing and publicity efforts to increase visibility of RMH in the community.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Inquire about putting hospital advertising materials in new kiosk downtown.	HR/Marketing Director	6 months	CEO/RCP	RCP	Space
Explore re-starting RMH presence on local radio station.	CEO	Ongoing	CEO	Roundup Radio Station	Availability

Continue to engage with LEPC meetings and utilize this forum to advertise RMH services and resources.	Assistant Medical Director/PA	Ongoing	N/A	LECP	Availability
Continue to attend community events (e.g. Market on Main, Community Job Fair) to increase hospital presence in the community.	Assistant Medical Director/PA , HR/Marketing Director, and Trauma Coordinator	Ongoing	CEO	Market on Main and Chamber	Availability and resources

Needs Being Addressed by this Strategy:

- 3. The second top component of a healthy community was “Access to healthcare services” (34.1%).
- 4. Most respondents had a “Good” (45.7%) or “Fair” (34.6%) knowledge of RMH services; the top methods of learning about available services were “Word of mouth/reputation” (61.7%), “Friends/family” (50.8%), “Healthcare provider” (32.8%), and “Social media/Facebook” (25.0%).
- 5. Access to healthcare would be improved with “More primary care providers (MD/DO)” (45.6%), “More information about available services” (36.8%), and “More Nurse Practitioners/Physician Assistants” (28.0%).
- 12. 93.0% of respondents have seen a primary care provider in the last three years, and 26.9% saw that provider at Billings Clinic.
- 13. Key informants identified the need for more communication about currently offered programs and services.

Anticipated Impact(s) of these Activities:

- Improved awareness and utilization of RMH in the community
- Strengthened collaboration between community partners
- Increase access to healthcare services
- Increased community knowledge of services
- Improved health outcomes
- Service, policy, and resources development

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

- Track efforts to put RMH materials in downtown kiosk
- Track communication and coordination with local radio station

- Track RMH use of LEPC meetings to advertise resources and services
- Track community partners reached through LEPC meetings
- Track community events attended
- Track reach from community events

Measure of Success: Overall volume increase in use of outpatient services.

Goal 2: Enhance community awareness of health resources and services offered through RMH.

Strategy 2.2: Reinvigorate partnerships and relationships with various community entities.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue community education efforts.	SLT	Ongoing	SLT	Radio, School System, Chamber, Churches, Senior Center	Time and availability
Define the role of the Hospital Foundation and its relationship with RMH.	CEO	Ongoing	Board	Foundation coordinator and members	Participation
Continue to support and collaborate with the Hospital Foundation.	Foundation Coordinator	Ongoing	CEO	Foundation Board	Infrequency of events
Explore methods of increasing awareness of CHW presence and services through the clinic.	Practice Administrator	Ongoing	Practice Administrator	MHN, CHW, Visiting Nurse Service	Internal referrals awareness, increasing education of services for CHW

Needs Being Addressed by this Strategy:

- 3. The second top component of a healthy community was “Access to healthcare services” (34.1%).
- 4. Most respondents had a “Good” (45.7%) or “Fair” (34.6%) knowledge of RMH services; the top methods of learning about available services were “Word of mouth/reputation” (61.7%), “Friends/family” (50.8%), “Healthcare provider” (32.8%), and “Social media/Facebook” (25.0%).
- 5. Access to healthcare would be improved with “More primary care providers (MD/DO)” (45.6%), “More information about available services” (36.8%), and “More Nurse Practitioners/Physician Assistants” (28.0%).
- 12. 93.0% of respondents have seen a primary care provider in the last three years, and 26.9% saw that provider at Billings Clinic.
- 13. Key informants identified the need for more communication about currently offered programs and services.
- 14. Key informants expressed the desire for more transportation options in Roundup.

Anticipated Impact(s) of these Activities:

- Improved awareness and utilization of services and programs
- Strengthened collaboration between community partners
- Build community capacity
- Increase access to healthcare services
- Increased community knowledge of services
- Improved health outcomes
- Service, policy, and resources development

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

- Track community education events and sponsorships
- Track participation at community education events
- Create document outlining relationship between Hospital Foundation and RMH
- Track support of Hospital Foundation
- Evaluate best methods of increasing awareness of CHW in the clinic

Measure of Success: Foundation dollars raised.

Goal 3: Bolster access to specialty care services available through Roundup Memorial Healthcare.

Strategy 3.1: Explore introduction of new specialty services offered through RMH.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore re-introducing podiatry visiting specialists.	Practice Administrator	1 year	CEO	Podiatry office	Volumes, distance to Billings
Explore feasibility of bringing visiting dermatology specialty services to RMH.	Practice Administrator	1 year	CEO	Dermatology office	Patient volumes, doctor availability
Determine if patient load is sufficient to warrant an ortho PA at RMH.	Practice Administrator	2 years	CEO	Ortho office	Volumes, availability, and distance

Needs Being Addressed by this Strategy:

- 3. The second top component of a healthy community was “Access to healthcare services” (34.1%).
- 5. Access to healthcare would be improved with “More primary care providers (MD/DO)” (45.6%), “More information about available services” (36.8%), and “More Nurse Practitioners/Physician Assistants” (28.0%).
- 15. Respondents expressed the desire for “Dermatology” services (34.3%) and “Orthopedic services” (17.6%).
- 16. 10.7% of respondents utilized a “Hearing check” as preventative service.
- 17. 33.3% of respondents said they delayed or deferred receiving care, and the top reasons were “Qualified provider not available” (34.1%) and “Too long to wait for appointment” (26.8%).

Anticipated Impact(s) of these Activities:

- Increase access to specialty care services
- Increase access to high quality, coordinated healthcare services
- Improved health outcomes
- Service, policy, and resources development
- Enhanced patient care and follow-up capabilities

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

- Track progress concerning podiatry re-introduction
- Evaluate demand for visiting dermatology services
- Evaluate patient load for potential ortho PA

Measure of Success: Bring in at least one additional service line to the clinic.

Needs Not Addressed and Justification

Identified health needs unable to address by Roundup Memorial Healthcare	Rationale
<p>1. A top health concern was “Overweight/obesity” (25.0%), and the top three educational programs respondents expressed interest in were “Fitness” (39.8%), “Weight loss” (31.5%), and “Health and wellness” (30.6%). 31.8% of respondents got physical activity 3-5 times per month or less.</p>	<p>Other goals presented were higher priority for the hospital to address. We are unable to offer services at this time surrounding overweight/obesity. Tried walk with ease historically and only staff attended.</p>
<p>2. The third top component of a healthy community was “Affordable housing” (29.5%), and 54.8% of respondents did not think that there was adequate and affordable housing available in the community.</p>	<p>Housing is outside of the hospital scope of service.</p>

Dissemination of Needs Assessment

Roundup Memorial Healthcare, “RMH,” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website (https://www.rmhmt.org/documents/RMH_2024_CHNARReport_FinalRB-edits.pdf). 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 RMH is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Musselshell County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of RMH will be directed to the hospital’s website to view the complete assessment results and the implementation plan. RMH board members approved and adopted the plan on **September 5, 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 Roundup Memorial Healthcare Community Benefit Strategic Plan can be submitted to:

Attn: Administration
Roundup Memorial Healthcare
1202 3rd St. W
PO Box 40
Roundup, MT 59072

Please reach out to Roundup Memorial Healthcare’s HR & Marketing Director, Rachel Brewer, at 406-323-4938 or Rbrewer2@rmhmt.org with questions.