

NORTHERN MONTANA HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT & COMMUNITY HEALTH IMPROVEMENT PLAN



STRATEGIC DIRECTION 2020-2023

A description of the efforts of Northern Montana Hospital to identify the community health needs of Hill County, Montana, including our implementation plan.

Executive Summary

The Community Health Needs Assessment (CHNA) is a requirement of the IRS for hospitals to maintain their non-profit status. It is also a requirement that hospitals implement a plan to address the health needs identified. This CHNA is for the period of July 1, 2020, through June 30, 2023. Due to the COVID-19 Pandemic the Board did not meet in December; therefore, it was presented to the NMH Board of Trustees at their January meeting, for official approval.

Through the Hill County Health Consortium, Northern Montana Hospital partnered with the Hill County Health Department, Bullhook Community Health Center, Montana State University – Northern, District 4 Human Resources Development Council, and the Boys & Girls Club of the Hi-Line. These partnerships brought multiple sections of the community together for a collaborative assessment of Hill County's health needs. To further grasp the health status of our community and to facilitate good prioritization, multiple assessments were utilized to create the survey tool. The survey tool along with county and facility statistical data directed the selection of the health priorities.

The Community Assessment for Public Health Emergency Response (CASPER) is an epidemiologic technique designed to provide quickly and at a low-cost household-based information about a community. The CASPER toolkit was used to collect primary data as part of a collaborative Community Health Needs Assessment. CASPER involves conducting door-to-door surveys using a random sample of households. Community partners recruited 37 volunteers from seven different agencies. Volunteers had just-in-time training led by the State of Montana one week prior to the data collection. This training covered an overview of the CASPER method, the survey tool, safety guidelines and volunteer roles and responsibilities. Volunteers were deployed to 18 different clusters located throughout Hill County to conduct surveys. A return rate of 80% was needed for the sample to be valid, and a return rate of 86% (121 surveys out of 140) was achieved.

In the current planning cycle, a group of Northern Montana Hospital health leaders chose new focus areas after a review of the primary data from the Hill County Health Consortium's Community Health Needs Assessment (CHNA), community wide surveys, hospital specific data, secondary statistical data/information and an assessment of the Hospital's ability to make improvements in those areas.

For the period of 2020 through 2023 the Northern Montana Hospital health leaders have identified the following priorities:

- Facility and Community Safety
- Employee Retention and Recruitment
- Behavioral Health

This report does not include all the indicators analyzed in the CHNA; rather, it offers a condensed and consolidated picture of the areas of greatest concern. This data was used by a group of the hospital health leaders to determine feasible and impactful priorities for the community that Northern Montana Hospital serves.

ABOUT NORTHERN MONTANA HOSPITAL

Northern Montana Hospital (NMH) is the center of a comprehensive system of medical and healthcare services, staffed with a team of caring professionals who are dedicated to meeting the growing needs of our Hi-Line communities. The not-for-profit, 49-bed community hospital and acute care facility features a 24-hour physician-staffed emergency department, with state-of-the-art diagnostic imaging and electronic medical record services. Our large, quiet labor/birthing rooms are private and located away from other patient care areas. The private patient rooms on the 5th floor Medical/Surgical Department boast views from every window.

The hospital campus includes a six chair Dialysis Unit; Northern Montana Care Center, a 136-bed Skilled and Intermediate Care facility; Northern Montana Assisted Living, a 10-bed facility; Northern Montana Family Medical Center, a Rural Health Clinic; Northern Montana Specialty Medical Center, a Rural Health Clinic; Northern Montana Vision Center; Northern Montana Sletten Cancer Center; Bear Paw Hospice; and the Hi-Line Sleep Center.

Specialties of our active staff of doctors include Anesthesiology, Emergency Medicine, Family Medicine, General Surgery, Hematology, Internal Medicine, OB/GYN, Oncology, Ophthalmology, Optometry, Orthopedic Surgery and Sports Medicine, Pain Management, Pathology, Podiatry, Psychiatry, Psychology, Radiology, Urogynecology and Women's Health.

For the convenience of our patients, we also host visiting physicians at our clinics in the areas of Cardiology, Neurology, Pediatric Pulmonology, Urology, Radiation Oncology, Nephrology and Endocrinology.

Mission: *to deliver high-quality, comprehensive healthcare services to the Hi-Line communities.*

Vision: *to be the healthcare provider and employer of choice for our Hi-Line communities.*

Core Values: *Quality, Caring, Service*

THE COMMUNITY SERVED

The community served is defined by highway infrastructure, geographical boundaries, and other healthcare providers. While our service area includes Hill, Blaine, Liberty, Phillips and Choteau counties, our largest patient population and hence our “community” centers around Hill County. The demographic profile of Hill County is quite consistent with the service area population.

Hill County is located in North Central Montana, USA, closely bordering Canada. It is composed of 10 unique population centers: Havre, Gilford, Hingham, Kremlin, Rudyard, Inverness, Rocky Boy’s Reservation, East End Hutterite Colony, Hilldale Hutterite Colony, Gilford Hutterite Colony; and a multitude of farms and ranches. Hill County encompasses an area of 2,897 square miles, measuring 62 miles by 60 miles at its farthest points. Considered a “frontier” county by the Public Health Service, Hill County boasts 5.6 residents per square mile with a total population of 16,484 people. Native Americans represent 24.3% of this population, and the majority live on the Rocky Boy’s Reservation. Havre (population 9,791), the county seat, is located in the eastern part of the county. Approximately 59% of Hill County residents live in Havre.

Blaine County is also located in North Central Montana, USA, and bordering Canada. It borders Hill County on the East. It is composed of eight discernible population centers: Chinook, Harlem, Hogeland, Turner, Fort Belknap Reservation, Turner Hutterite Colony, North Harlem Hutterite Colony, and Heartland Hutterite Colony. Blaine County encompasses an area of 4,226 square miles. There are 1.5 residents per square mile and a total population of 6,681. The Public Health Service also considers Blaine County “frontier”. Native Americans represent 50.1% of the total population, with the biggest concentration on the Fort Belknap Reservation. Chinook (pop. 1,273), the county seat, is located in the western part of Blaine County and contains 19% of the population.

Portions of Liberty and Phillips Counties, as well as the Big Sandy Census District of Chouteau County, are also included in the catchment service area of Northern Montana Hospital. This total area encompasses 11,400 square miles, an area about the size of the states of Maryland and Delaware combined. All of the above data on estimated populations was retrieved from the United States Census Bureau: Quick Facts website.

Socioeconomic status and social determinants of health characteristics have repeatedly and ever increasingly been shown to have a significant impact on health. Those with lower socioeconomic status with more social determinants of health factors are more likely to engage in high-risk behaviors, such as opioid, illegal drug, alcohol, and tobacco use. These individuals are less likely to have adequate healthcare coverage and less likely to get preventative healthcare. Lower socioeconomic status groups are often targeted for public health interventions to investigate health inequities. Socioeconomic characteristics for Hill County as compared to Montana overall are noted below.

Table 1. Data was collected from the U.S. Census Bureau: Quick Facts

<i>Socioeconomic Measures</i>	<i>Hill County</i>	<i>Montana</i>
Unemployment Rate	4.9%	4.3%
Median Household Income	\$49,321	\$54,970
Percent High School Graduates or GED attainment of the population 25 years or older	90.7%	93.6%
Percent of population below Federal Poverty Level	15.7%	12.6%
Food Stamp Recipients	15.9%	10.6%
Households with broadband	78.6%	80.7%
<i>Never Married</i>	30.1%	24%
<i>Married</i>	52.3%	54.7%
<i>Widowed</i>	6.58%	8.5%
<i>Divorced</i>	10.95%	10.9%
<i>With disability, under 65</i>	10.6%	9.2%
<i>Persons w/o health insurance under age 65</i>	12.1%	10.2%

THE PROCESS

The 2020-2023 Community Health Needs Assessment, which is being conducted during the time of the COVID-19 PHE, this year includes a more focused collaborative effort between the hospital and the Hill County Health Consortium. Northern Montana Hospital partnered with the Hill County Health Consortium to engage the community in a community wide health needs assessment survey tool, process and results. A FaceBook survey monkey tool was the technique used to quickly, accurately and reliably provide household-based information about our community's needs. Members of the Hill County Health Consortium, Northern Montana Hospital and other community agencies hit the ground running, sending the survey monkey tool out to the community to help the Northern Montana Hospital collect the primary data. To further gain insight on the health status of our community and surrounding areas that the hospital serves, the following secondary information/data was also reviewed and considered: National statistics, State of Montana statistics, MT DPHHS county/community specific snapshots and facility statistical data and patient care information were utilized in identifying the priority issues for Northern Montana Hospital during this CHNA cycle.

THE PARTNERS

The Hill County Health Consortium consists of many important stakeholders in our community who put in a great deal of time, effort, and resources. Those who participated included the following:

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| 1. Boys and Girls club of the Hi-Line | 11. Montana State University - Northern |
| 2. Bullhook Community Health Center | 12. New Media Broadcasters, Inc. |
| 3. Havre Daily News | 13. Northern Montana Hospital |
| 4. Havre Public Schools | 14. Office of Public Assistance |
| 5. Hill County Board of Health | 15. Opportunity Link |
| 6. Hill County Commissioner | 16. Rocky Boy Health Department |
| 7. Hill County Extension Office | 17. Salvation Army |
| 8. Hill County Health Department | 18. Sanitarian/Planner |
| 9. Human Resource Development Council (HRDC) | 19. United Way |
| 10. Local Emergency Preparedness Committee | 20. Youth Dynamics |

LEADERSHIP

Hill County Health Consortium: The Hill County Health Consortium effort is spearheaded by Krista Solomon, Executive Director, Boys & Girls Club of the Hi-Line; Christen Obresley, VP, Regulatory & Community Services, Northern Montana Health Care; Kim Larson RN, Director, Hill County Health Department; and Kyndra Moore, CEO, Bull Hook Community Health Center. This coalition includes more than 40 community partners who have banded together in a cooperative effort to address the health needs of the community. The overall goal of the consortium is to promote a healthy community where people live, work and play.

Senior Leadership and Medical Staff Engagement: Senior leadership received updates regarding the CHNA through regularly scheduled meetings. Medical Staff was engaged and updated through the Provider Office Practice Team and Operations Committee. Members from these groups of health leaders reviewed data, evaluated resources and identified priority initiatives for health improvement.

Approval of the Board of Trustees: The Northern Montana Hospital Board of Trustees was apprised of the results of the survey and of the priority areas chosen by group leaders. The Board endorsed participation with the process and implementation of the strategies selected by the health leaders in addressing the identified needs.

DATA: Primary

Employees of the Montana Department of Public Health and Human Services analyzed the data collected from Hill County residents during the survey process that occurred in 2020. A total of 183 surveys were completed, and six were excluded from analysis as they were not Hill County residents. A total of 177 surveys, all completed by Hill County residents, were analyzed, and key findings from these results are presented elsewhere in this document.

The following top ten health issues were drawn from the survey, asking the community, "Using the following list, for each potential problem, please tell us if this is not a problem, a problem, a big problem, or don't know." Weighting these responses, "a big problem" carried a weight of 2, "a problem" carried a weight of 1, and "not a problem" and "don't know" carried a weight of 0. The community sees the following as the top ten health concerns in Hill County based on the perception of "a problem" and "a big problem":

1. Illegal Drug Use
2. Alcohol Abuse
3. Depression and anxiety
4. Tobacco Use
5. Obesity
6. Prescription Drug Abuse
7. Diabetes
8. Cancer
9. Availability of Affordable Housing
10. Suicide

Illegal Drug Use (meth, heroin, marijuana, etc.)

- 88.75% of survey respondents identified illegal drug use as "a problem" or "a big problem"
 - 18.34% identified illegal drug use as "a problem."
 - 70.41% identified illegal drug use as "a big problem."
- In 2019, drug abuse violations comprised 11% of all adult arrests. 63% of these arrests were male and 37% were female (Hill County Sheriff's Office NIBRS).
- In 2019, the crude rate for emergency department encounters in Hill County for drug overdoses (defined as ICD-10 codes T36-T50 "Poisoning by drugs, medicaments and biological substances" and F10-F19 "Mental and behavioral disorders due to psychoactive substance use") was 3,882.55 per 100,000 (MT IBIS).

Alcohol Abuse

- 88.1% of survey respondents identified alcohol abuse as "a problem" or "a big problem"
 - 19.05% identified alcohol abuse as "a problem."
 - 69.06% identified alcohol abuse as "a big problem."

- Excessive drinking rate is 23% (percentage of adults reporting binge or heaving drinking) (County Health Rankings 2020); Montana's excessive drinking rate is 21%.
- Alcohol-impaired driving death rate is 43% (percent of driving deaths with alcohol involvement) (County Health Rankings 2020).

Depression and Anxiety

- 88.76% of survey respondents identified Depression and Anxiety as "a problem" or "a big problem."
 - 23.08 % identified depression and anxiety as "a problem."
 - 65.68 % identified depression and anxiety as "a big problem."
- 25.98% of those surveyed reported a "fair" or "poor" overall mental health.
- Residents reported an age-adjusted average of 4.1 poor mental health days (mentally unhealthy days) in the past 30 days (County Health Rankings 2020).

Tobacco Use

- 85.29% of survey respondents identified tobacco use as "a problem" or "a big problem."
 - 33.53% identified tobacco use as "a problem."
 - 51.67% identified alcohol abuse as "a big problem."
- 14.7% of survey respondents reported smoking "some days" or "every day."
- 23% of Hill County residents report smoking (County Health Rankings 2020).

Obesity

- 88.75% of survey respondents identified obesity as "a problem" or "a big problem."
 - 39.05% identified obesity as "a problem."
 - 49.70% identified obesity as "a big problem."
- Adult obesity (percentage of the adult population age 20 and older that reports a body mass index (BMI) greater than or equal to 30kg/m²) is 38% (County Health Rankings 2020).

Prescription Drug Use

- 77.98 % of survey respondents identified prescription drug use as "a problem" or "a big problem."
 - 25.60% identified prescription drug use as "a problem."
 - 52.38% identified prescription drug use as "a big problem."
- In 2018, the opioid dispensing rate in Hill County was 42 per 100 people (CDC 2018).

Diabetes

- 81.66% of survey respondents identified diabetes as "a problem" or "a big problem."
 - 36.69% identified diabetes as "a problem."
 - 44.97% identified diabetes as "a big problem."
- Diabetes prevalence among adults was 10.1% in 2017 (Interactive U.S. Diabetes Surveillance System).

Cancer

- 81.17 % of survey respondents identified cancer as “a problem” or “a big problem.”
 - 39.41 % identified cancer as “a problem.”
 - 41.76% identified cancer as “a big problem.”
- Cancer incidence rate for all cancers from 2013-2017 was 415.2 (annual average, age-adjusted rate of cases per 100,000 people) (U.S. Cancer Statistics Working Group).
- Cancer mortality rates for all cancers from 2013-2017 was 172.4 (annual average, age-adjusted rate of cases per 100,000 people) (U.S. Cancer Statistics Working Group).

Availability of Affordable Housing

- 81.93% of survey respondents identified availability of affordable housing as “a problem” or “a big problem.”
 - 39.16% identified availability of affordable housing as “a problem.”
 - 42.77% identified availability of affordable housing as “a big problem.”
- 13% of homes reported severe housing problems (households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) (County Health Rankings 2020).

Suicide

- 78.58% of survey respondents identified suicide as “a problem” or “a big problem.”
 - 38.10 % identified suicide as “a problem.”
 - 40.48 % identified suicide as “a big problem.”
- Suicide rate from 1999-2018 per 100,000 people: 17.5 for Hill County and 22.3 for MT (CDC Wonder).
- Intentional self-harm injury emergency department visit rate from 2016-2017 was 298.9 per 100,000 population (age-adjusted rate) (MT IBIS).

DATA: Secondary

Table 2. *Data was collected from MT Public Health Information System – MT Public Health Data Resource*

<i>Community Health Profile</i>	
<i>Indicators of note</i>	
Behavioral Health	Drug Use Hospitalizations
	Intentional Self-harm
	Mental Disorder Hospitalization
Chronic Conditions	Overweight/Obesity
	Asthma, heart failure, COPD, Diabetes
	Cigarette smoking, Physical activity
Injury	All injury – hosp and ER visits
	Intent/Unintentional- hosp & ER visits
	Assault – ER visits
	MVA – ER visits
	Unintentional Fall – ER visits
	Unintentional Drug Poisoning – ER visit
	Intentional Drug Poisoning – hosp/ER
Seat Belt use	

COMMON THEMES ACROSS ALL SECONDARY DATA SOURCES:

- Chronic Disease management, Access, Behavioral health, physical activity, obesity, injury prevention, substance abuse/misuse, health/wellness/prevention.

GLOBAL/NATIONAL THEMES AFFECTING HEALTHCARE CURRENTLY:

- Recovery from COVID-19 Pandemic, Consumerism and patient centered care, progression of innovation/technology.

THE PRIORITIES

An initial review of the key findings from primary and secondary data by community stakeholders, health professionals, and human service organizations led to the prioritization of the following areas to be addressed in a subsequent Community Health Improvement Plan (CHIP): behavioral health, access to dental care, and obesity. Both this CHNA and the forthcoming CHIP continue the ongoing, collaborative work in Hill County of ensuring healthy people in healthy communities.

Northern Montana Hospital acknowledges the wide range of significant health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which it deemed to be most urgent and essential to the community as well as within its ability to influence. Those issues are as follows:

Priority Issue 1: Facility and Community Safety

NMH health leaders identified Facility and Community Safety as their top priority. First and foremost, Northern Montana Hospital will provide a safe and considerate work environment for all employees. NMH will have adequate Personal Protective Equipment (PPE) on-site and comprehensive policies on its use and disposal. NMH will guarantee that all employees are educated on Pandemic protocols including disaster protocols and included in each employee annual review. NMH will build a structure to increase our adaptability to quickly bring clarity to situations and be able to change priorities as rapidly as necessary.

Priority Issue 2: Employee Retention and Recruitment

NMH health leaders identified Employee Retention and Recruitment as their second priority. Maintaining an adequate local workforce ensures safe operations of the hospital while providing high-quality healthcare to the community. Successful recruitment and retention practices will minimize the number and duration of vacancies, which in turn can improve quality of care and ensure that services are provided locally to the community.

Priority Issue 3: Behavioral Health

NMH health leaders identified Behavioral Health as their third priority. Mental health is important at every stage of life and affects how people think, feel and act. NMH has made Behavioral Health a significant priority and is committed to reducing the number of individuals whose overall well-being is negatively impacted by addiction and mental illness. NMH has a variety of services available that can positively influence the community's mental health needs and continues to strategize about services that will influence community members mental wellbeing.

While the areas below were identified, these health priorities are being addressed within the organization through other methods and programs throughout the community. Northern Montana Hospital will not take new or specific, additional actions on the following health needs:

Access to Dental Care: The Bullhook Community Health Center and local community dentist continue to address the gaps in dental care within the community. Regular preventive care of teeth and gums is important in maintaining quality of life and overall health. Both cigarette smoking and smokeless tobacco use can cause oral health problems. NMH screen patients age 16 and over for tobacco use.

Obesity: Obesity continues to be addressed indirectly through assessment, education and awareness. BMI is evaluated during the patients' visits to their primary care providers. Additionally, focusing on

health indicators such as blood pressure, glucose and cholesterol levels gives primary care providers another avenue to discuss and motivate their patients to lose weight.

Northern Montana Hospital built and maintains the Community Fitness Park. Area residents enjoy the outdoor destination for walking, soccer, softball/baseball, kite flying, pet walking and family picnics. The Community Fitness Park is featured on the community walking map. Three laps equal one mile.

THE IMPLEMENTATION STRATEGY/PLAN

Northern Montana Hospital Board of Trustees, Physicians and Administrative Team support that these initiatives and actions can be achieved through existing programs and providers. NMH is confident that current programs and providers can be used to create specialty education to target patients that are specifically affected by any of the priority issues: opioid abuse, illegal drug and alcohol abuse, and tobacco abuse. The guiding principle behind the Implementation Strategy is the Northern Montana Hospital's mission, vision and values.

Priority Issue 1: Facility and Community Safety

Initiative – Provide a safe and considerate work environment for all employees.

Actions:

1. *Have adequate Personal Protective Equipment (PPE) on-site and develop comprehensive policies on its use and disposal.*
2. *Collaborate with other Community healthcare services providers to ensure the health safety of community members through mask-wearing awareness, social distancing, testing, and vaccine administration.*
3. *Build a structure that is able to adapt quickly to bring clarity to situations and be able to change priorities as rapidly as necessary.*

Northern Montana Hospital does have the organizational competencies and established emergency operations plans to deal with implementing most of the actions identified in Initiative 1.

Priority Issue 2: Employee Retention and Recruitment

Initiative – Develop and maintain an adequate local workforce to ensure the safe operations of the hospital.

Actions:

1. *Focus on attracting current health professional and students to open positions or to future positions.*

- 2. Focus on keeping healthcare professionals employed in the local community.*
- 3. Explore option for recruiting international healthcare workers to the community.*

Northern Montana Hospital is the largest employer in Hill County; the benefits, incentives and award programs maintained by the organization aid with retention. These retention efforts combined with recruitment incentives including scholarships, internships and loan repayment for rural health professions will provide a solid foundation for this initiative.

Priority Issue 3: Behavioral Health

Initiative – Identify and implement strategies to reduce the number of individuals whose overall well-being is negatively impacted by addiction and mental illness.

Actions:

- 1. Conduct screening assessments at annual wellness exams.*
- 2. Develop a public outreach campaign to promote resilience and well-being.*
- 3. Treat mental health and substance abuse use disorders and support those who are in recovery.*

Northern Montana Hospital is dedicated to keeping the population healthy through chronic disease management and health promotion and the availability of mental health and substance abuse providers.

CONCLUSION

Over the long run, these efforts are expected to positively impact the overall health status, lifestyle, risk behavior and mental health of the residents of the catchment area. Northern Montana Hospital will address the unmet needs within the context of our overall approach as those needs align with our Mission, Vision and Core Values. This is a living document, which will be modified and changed according to the needs of the population and the strategic direction of Northern Montana Hospital.

RESOURCES (Secondary Data)

CDC Healthy People 2020: <https://www.healthypeople.gov/2020/topics-objectives>

AHA: https://www.aha.org/system/files/media/file/2019/11/2020-Environmental-Scan-Final_0.pdf

State of MT SHIP: <https://dphhs.mt.gov/Portals/85/ahealthiermontana/2019SHIPFinal.pdf>

Hill County CHNA: <https://hillcountyhealth.com/wp-content/uploads/2019/07/CHIP.pdf>

NMHC CHNA and Implementation Strategy 2018 - 2020

MT DPHHS Hill County Snapshot:

<http://ibis.mt.gov/community/snapshot/report/Demographics/GeoCnty/41.html?PageName=>

MT DPHHS Chouteau County Snapshot:

<http://ibis.mt.gov/community/snapshot/report/Demographics/GeoCnty/15.html?PageName=>

MT DPHHS Blaine County Snapshot:

<http://ibis.mt.gov/community/snapshot/report/Demographics/GeoCnty/5.html?PageName=>

MT DPHHS Liberty County Snapshot:

<http://ibis.mt.gov/community/snapshot/report/Demographics/GeoCnty/51.html?PageName=>

MT DPHHS Phillips County Snapshot:

<http://ibis.mt.gov/community/snapshot/report/Demographics/GeoCnty/71.html?PageName=>

United States Census Bureau – Quick Facts

<https://www.census.gov/quickfacts/fact/table/havrecitymontana,hillcountymontana,blainecountymontana,MT/PST045219>