

# IMPLEMENTATION PLAN

---

## *Addressing Community Health Needs*

### *Livingston HealthCare ~ Livingston, Montana*

---

1

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

**Table of Contents**

*The Implementation Planning Process* ..... 3

*Executive Summary*..... 5

*List of Available Community and Facility Resources to Address Needs* ..... 10

*Needs Identified and Prioritized*..... 11

*Prioritized Needs to Address (Based on CHSD Process)*..... 11

*Needs Unable to Address*..... 13

*Implementation Plan Grid* ..... 14

*Needs Not Addressed and Justification*..... 23

*Dissemination of Needs Assessment* ..... 24

## The Implementation Planning Process

The leadership team for Livingston HealthCare took part in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities brought up by their community during the Community Health Services Development (CHSD) Process, a community health assessment. Livingston HealthCare conducted the community health needs assessment in 2012. The facility conducted the CHSD in conjunction with the Montana Office of Rural Health (MORH). Through CHSD, the facility conducted a random sample community health survey, and a series of focus groups. CHSD also utilized secondary data from the Montana Department of Health and Human Services, and MORH. Livingston HealthCare and MORH staff determined the community served through a market share analysis that highlighted the zip codes from which a majority of community members came to receive care from the facility, as well as internal discussions to determine specific populations which needed to be included in focus groups (i.e. low-income, minority, etc.). MORH staff also provided an intensive review of secondary health data from the Montana Department of Health and Human Services and other reported health data sets. Due to the large geographic size and low population density, obtaining reliable and localized health status indicators for rural communities continues to be a challenge in Montana. As a result, many standard health indices (i.e. chronic disease burden and behavioral health indices) require regional reporting, which may not necessarily reflect the most accurate data for Park County.

The implementation planning process began with identifying needs and opportunities to be addressed. The needs and opportunities identified in this report are taken from Livingston HealthCare's CHSD Report. CHSD brought forth issues and opportunities utilizing a survey, focus groups, secondary data, demographics, and input from public and "special populations" representatives (please refer to CHSD report for more information on consultations). "Need" was identified as the top three issues or opportunities rated by respondents for each question on the survey or in the focus groups (see page 11 for a list of "Needs Identified and Prioritized"). The rest of the responses are included in the CHSD report which is available by request from Livingston HealthCare. Some questions that were asked on the community assessment survey are not shown under "Needs Identified and Prioritized" because they are considered background or behavior-related information such as demographics or service utilization rates.

The implementation planning process began with Livingston HealthCare's Chief Executive Officer, Bren Lowe. Mr. Lowe first reviewed identified issues and opportunities discovered in the CHSD report. The CEO then determined which issues or opportunities could be addressed considering Livingston HealthCare's parameters of resources and limitations. The administrator declared four issues or opportunities could be addressed through the implementation planning process considering said parameters. Then, the hospital's leadership team worked together to prioritize these four issues and opportunities using the additional parameters of: organizational vision, mission, values, relevant mandates and community partners.

Participants then worked together to develop several objectives for the top priority which addressed two issues. For these objectives, they then developed multiple indicators and strategies for each indicator. Participants developed timelines, determined responsible party and

reporting for each strategy. Due to staffing considerations and the immense amount of work determined to make the first priority successful, it was decided the other two prioritized needs would be revisited during future planning meetings.

The group's top chosen issues were turned into five objectives with strategies and activities, responsibilities, timelines, and who the responsible party would report to when the strategy was met.

**Livingston HealthCare's Mission:**

"Serving through quality healthcare."

**Livingston HealthCare's Vision:**

Our overall vision for the organization, and its role within our community, is to be:

- a preferred healthcare organization
- a caring, respected team
- an employer of choice
- and, a financially secure organization

**Implementation Planning Session Attendees:**

- Bren Lowe – Chief Executive Officer, Livingston HealthCare
- Ryan Speas – Finance Director, Livingston HealthCare
- Nancy Massman – Clinic Services and Practice Management Director, Livingston HealthCare
- Connie Dunn – Human Resources Director, Livingston HealthCare
- Kathy Blair – Ancillary Services Director, Livingston HealthCare
- Marsha Vanderhoff – Director of Nursing, Livingston HealthCare

## Executive Summary

**GOAL: Improve community members' access to healthcare by addressing community need for urgent care, improved quality of care, and desire for additional specialized services.**

**Objective 1:** Increase the number of slots available in the clinic for same-day appointments.

**Strategy 1:** Develop a standardized scheduling template

**Activities:**

- Establish staff buy-in using the LEAN process
- Resolve issues at point-of-contact through education
- Re-evaluate to measure effectiveness of templates

**Objective 2:** Investigate urgent care in the new facility.

**Strategy 1:** Internal Market Analysis

**Strategy 2:** External Market Analysis

**Strategy 3:** Examine facility plan

**Strategy 4:** Investigate staffing model

**Strategy 5:** Proforma – financial feasibility study

**Objective 3:** Livingston HealthCare will consistently be in the top 10% in publicly reported indicators (i.e. CMS core measures) by January 1, 2016.

**Strategy 1:** Incorporate a Performance Improvement Director (PID)

**Activities:**

- Hire a Performance Improvement Director (PID)

**Strategy 2:** Physician buy-in and education

**Activities:**

- Establish goal at Quality Review Board Committee

**Strategy 3:** Reporting Matrix

**Activities:**

- Physician develops a reporting matrix

**Strategy 4:** Establish a standardized process for the metrics

**Activities:**

- Develop a process for each measure
- Secure physician buy-in for each standardized process on each measure

**Strategy 5:** Align incentives for physician and leadership

**Activities:**

- Change evaluation process from subjective to objective with defined goals
- Change compensation model for physicians

**Strategy 6:** Transparency in reporting results

**Activities:**

- Share results with staff and the public

**Strategy 7:** Monitor process

**Activities:**

- Track improvements

**Objective 4:** Livingston HealthCare will be in the top 10% in HCAHPS (inpatient satisfaction) scores by January 1, 2016.

**Strategy 1:** Provide education and training for nurses, physicians, and ancillary staff on patient perception of care

**Activities:**

- Develop a plan for a training/education series

**Strategy 2:** Transparency of reporting HCAHPS score

**Activities:**

- Develop a message
- Marketing: Delivery of report

**Strategy 3:** Staff Accountability

**Activities:**

- Change evaluation tool to include accountability down to the staff level

**Strategy 4:** Nurse rounding

**Activities:**

- Develop nursing hourly patient rounds
- Training and scripting for nursing hourly patient rounds
- Develop a rounding log
- Develop nurse leadership rounding

**Strategy 5:** Patient follow-up calls after discharge**Activities:**

- Develop a template to gather information
- Assign responsibility to someone to make calls
- Scripting
- Reporting Log
- Identify trends, report to physician leadership, follow-up

**Objective 5:** Increase the local availability of specialists.

**Strategy 1:** Evaluate demand within specialties**Activities:**

- Consider specialties that have been offered in the past using historical data or experiences
- Gather Market Data
- Conduct a Needs Assessment

**Strategy 2:** Identify groups to partner with by determining availability of specialists for the local area**Activities:**

- Check existing relationships/partners
- Check surrounding hospitals
- Staffing Model

**Strategy 3:** Identify capital needs

**Activities:**

- Conduct a financial feasibility study

**Strategy 4:** Space allocation

**Activities:**

- Determine space availability

**Strategy 5:** Marketing

**Activities:**

- Market the new services

**Strategy 6:** Expand Telemedicine

**Activities:**

- Determine which specialties can utilize Telemedicine
- Assess viability of Telemedicine versus in-person follow-up

**List of Available Community and Facility Resources to Address Needs**

- Livingston HealthCare
- Community Health Partners
- Mental Health Center
- Park County Community Foundation
- Billings Clinic
- Bozeman Deaconess
- St. Vincent Healthcare

## Needs Identified and Prioritized

### *Prioritized Needs to Address (Based on CHSD Process)*

1. Improve community access to care: More specialists (35.6%), Urgent Care (33.2%), Improved Quality of Care (31.3%)
2. Desired specialty services: Dermatology (41.8%), ENT (28.8%), Gastroenterology (14.9%)

### *Livingston HealthCare's Presence in the Community:*

- *Healthcare Provider Education* – Livingston HealthCare coordinates healthcare provider education that is free to Livingston HealthCare staff. In FY 2012 nearly 120 healthcare providers and first responders attended the 12 classes offered. Classes range from continuing nurse education to Basic Life Support and Advanced Cardiac Life Support education. Last year, Livingston HealthCare also began offering continuing medical education for nurses via telemedicine. In the first full year of offering this service, over 150 nurses attended these courses from 10 facilities in Montana.
- *Fall Health Festival* - The annual Livingston HealthCare Fall Health Festival provides community members with a wide array of services and entertainment. From our free and low cost health screens to a healthy breakfast, family entertainment and fun giveaways. 100 of Livingston HealthCare's employees (over one quarter) gave 571 hours of their time to set up, cook, serve food, and provide screenings such as bone density, blood pressure, body fat, balance, grip strength, and blood sugars for the over 700 attendees this year. In November 2011, the Fall Health Festival provided: 180 health screens, 118 flu vaccines, screenings and information to 700 community members and education to more than 365 Park County students.
- *Spring Health Screens* - Each year, Livingston HealthCare offers low-cost health screens to Park County residents in Livingston, Gardiner, and Shields Valley. These annual screenings include a blood profile test that checks for diabetes and measures patients' thyroid function, kidneys, liver, cholesterol, and more to ensure health.
- *Ready, Set, Grow!* - Ready, Set, Grow! helps parents prepare their children for life and learning by identifying strengths and areas that may need support. This free check-up for children birth to 5 years old is performed by pediatric specialists and includes a mini-physical along with screenings of physical skills, speech and language, learning readiness, vision, and hearing. In FY 2012, Livingston HealthCare provided nearly 100 children with these screenings.

- *Athlete Wellness* - The Athlete Wellness Program is Livingston HealthCare's commitment to Park County school sports. Designed to improve each athlete's ability to train and compete, the program provides free visits to a physical therapist and a member of the orthopedic team to take action on injuries received during a school sports practice or game. Eighty-seven athletes took part in the program in FY 2012.
- *Good 2 Go* - Livingston HealthCare provided close to 244 Good to Go! annual checkups in FY 2012. These checkups include a thorough physical evaluation, vision exam, growth check, and education with a health provider to prepare teens 12 – 17 years old for summer activities, school sports, and life.
- *Head Injury Prevention Program* - Every year kids arrive at the Livingston HealthCare Emergency Department with injuries resulting from bike accidents. So, in order to help prevent head injuries and save lives this past summer, LHC handed out 177 children's bike helmets to kids ages 3 – 11 who needed them. This program was supported by donations made by parents, as well as other local funding.

#### ***Indicators in Park County:***

##### Low Income Persons

- 11% low income persons (persons below federal poverty level)

##### Uninsured Persons

- Uninsured adults less than age 65 – 21.4%
- Uninsured children less than age 18 – data not available by county (data available for some counties)

##### Primary and Chronic Diseases: Leading Causes of Death

- Cancer
- Heart Disease
- Unintentional Injuries

\* Other primary and chronic disease data is by region and thus difficult to decipher community need.

##### Public Health Consultation

- County health data, survey instrument and focus group ideas

Percent of Population Age 65 and older – 15%

Size of Town and Remoteness – 16,189 in Park County; Population Density: 5.8 people per square mile

Nearest Major Hospital – Bozeman Deaconess Hospital, Bozeman, MT

***Needs Unable to Address***

*(See page 22 for additional information)*

1. Top three community health concerns: Alcohol/substance abuse (66.3%), Overweight/obesity (44.7%), Cancer (37%)... Mental Health (8.7%)
2. 35.6% of people delay medical services because: It costs too much (60.8%), Too long to wait for an appointment (31.1%), No Insurance (25.7%)... 45% of survey respondents were not aware of cost assistance programs.

## Implementation Plan Grid

**Goal:** Improve community members' access to healthcare by addressing community need for urgent care, improved quality of care, and desire for additional specialized services.

**Objective 1:** Increase the number of slots available in the clinic for same-day appointments.

**Health Issue Addressed:** The Community Health Needs Assessment identified several opportunities for Livingston HealthCare to improve the community's access to care, including urgent care.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
<b>Strategy:</b>					
1. Develop a standardized scheduling template					
<ul style="list-style-type: none"> <li>• Establish staff buy-in using the LEAN process</li> </ul>					
– Develop standardized scheduling templates	Nancy Massman	April 1, 2014	Bren Lowe	Livingston HealthCare Staff/Physicians	Livingston HealthCare
– Train staff how to consistently use templates	Nancy Massman	April 1, 2014	Bren Lowe	Livingston HealthCare Staff/Physicians	Livingston HealthCare
– Expand clinic hours	Nancy Massman	April 1, 2014	Bren Lowe	Livingston HealthCare Staff/Physicians	Livingston HealthCare
– Educate the public through the marketing department	Nancy Massman	April 1, 2014	Bren Lowe	Livingston HealthCare Staff/Physicians	Livingston HealthCare
– Incorporate scripted visits by staff to educate public of changes	Nancy Massman	April 1, 2014	Bren Lowe	Livingston HealthCare Staff/Physicians	Livingston HealthCare

<ul style="list-style-type: none"> <li>Resolve issues at point-of-contact through education</li> </ul>	Nancy Massman	April 1, to July 1, 2014	Bren Lowe	Livingston HealthCare Staff/Physicians	Livingston HealthCare
<ul style="list-style-type: none"> <li>Re-evaluate to measure effectiveness of templates</li> </ul>	Nancy Massman	July 1, 2014	Bren Lowe	Livingston HealthCare Staff/Physicians	Livingston HealthCare

**Needs Being Addressed by this Strategy:**

- #1: Improve community access to care: More specialists (35.6%), Urgent Care (33.2%), Improved Quality of Care (31.3%)

**Measure of Success:** Provide 4 same-day appointment slots per primary care provider to be available to community members.

**Objective 2:** Investigate urgent care in the new facility.

**Health Issue Addressed:** The Community Health Needs Assessment identified several opportunities for Livingston HealthCare to improve the community's access to care, including urgent care.

Strategies/Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
<b>Strategy:</b> 1. Internal Market Analysis	Management Team (Ryan Speas, Bren Lowe, Marsha Vanderhoff)	June 31, 2013	Leadership Team	Billings Clinic	Livingston HealthCare
<b>Strategy:</b> 2. External Market Analysis	Management Team	June 31, 2013	Leadership Team	Billings Clinic	Livingston HealthCare
<b>Strategy:</b> 3. Examine facility plan	Management Team	June 31, 2013	Leadership Team	Billings Clinic	Livingston HealthCare
<b>Strategy:</b> 4. Investigate staffing model	Management Team	June 31, 2013	Leadership Team	LHC Physicians	Livingston HealthCare
<b>Strategy:</b> 5. Proforma – financial feasibility study	Management Team	June 31, 2013	Leadership Team	Billings Clinic	Livingston HealthCare

**Needs Being Addressed by this Strategy:**

- #1: Improve community access to care: More specialists (35.6%), Urgent Care (33.2%), Improved Quality of Care (31.3%)

**Measure of Success:** A decision is reached to provide urgent care within the new facility or not by June 31, 2013. Urgent care model would not be implemented until completion of the new facility, which has an estimated completion date of Spring of 2015.

**Objective 3:** Livingston HealthCare will consistently be in the top 10% in publicly reported indicators (i.e. CMS core measures) by January 1, 2016.

**Health Issue Addressed:** The Community Health Needs Assessment identified several opportunities for Livingston HealthCare to improve the community's access to care, including urgent care.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
<b>Strategy:</b>					
1. Incorporate a Performance Improvement Director (PID).					
• Hire a Performance Improvement Director (PID)	Bren Lowe	May 30, 2013	Leadership Team	None	Livingston HealthCare
<b>Strategy:</b>					
2. Physician buy-in and education.					
• Establish goal at Quality Review Board Committee	Denis Prager	July 1, 2013	Board	Billings Clinic/LHC Physicians	Livingston HealthCare
<b>Strategy:</b>					
3. Reporting Matrix					
• Physician develops a reporting matrix	PID	September 1, 2013	Bren Lowe	Physicians of Livingston HealthCare	Livingston HealthCare
<b>Strategy:</b>					
4. Establish a standardized process for the metrics.					
• Develop process for each measure (CMS core measures)	PID	January 1, 2014	Bren Lowe	Physicians/Staff	Livingston HealthCare
• Secure physician buy-in for each standardized process on each measure	PID	January 1, 2014	Bren Lowe	Physicians/Staff	Livingston HealthCare
<b>Strategy:</b>					
5. Align incentives for physician and leadership					
• Change evaluation process from subjective to objective with defined goals	Connie Dunn & Bren Lowe	July 1, 2013	Leadership Team	Studer Group	Livingston HealthCare
• Change compensation model for physicians	Nancy	January 1,	Bren Lowe	Billings Clinic	Livingston

	Massman	2014			HealthCare
<b>Strategy:</b>					
6. Transparency in reporting results					
<ul style="list-style-type: none"> <li>Share results with staff and the public</li> </ul>	PID	January 1, 2014	Bren Lowe	Community/Staff	Livingston HealthCare
<b>Strategy:</b>					
7. Monitor process					
<ul style="list-style-type: none"> <li>Track improvements</li> </ul>	PID	Ongoing	Bren Lowe	Staff	Livingston HealthCare
<b>Needs Being Addressed by this Strategy:</b>					
<ul style="list-style-type: none"> <li>#1: Improve community access to care: More specialists (35.6%), Urgent Care (33.2%), Improved Quality of Care (31.3%)</li> </ul>					
<b>Measure of Success:</b> Livingston HealthCare ranks in the top 10% in publicly reported indicators by January 1, 2016.					

**Objective 4:** Livingston HealthCare will be in the top 10% in HCAHPS scores by January 1, 2016.

**Health Issue Addressed:** The Community Health Needs Assessment identified several opportunities for Livingston HealthCare to improve the community's access to care, including improving the quality of care provided.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
<b>Strategy:</b>					
1. Provide education and training for nurses, physicians, and ancillary staff on patient perception of care.					
<ul style="list-style-type: none"> <li>Develop a plan for a training/education series</li> </ul>	PID & Marsha Vanderhoff	Sept 1, 2013	Bren Lowe	Studer Group	Livingston HealthCare
<b>Strategy:</b>					
2. Transparency of reporting HCAHPS score.					
<ul style="list-style-type: none"> <li>Develop a message</li> </ul>	Marsha Vanderhoff or Bren Lowe	June 31, 2013	Board	Studer Group	Livingston HealthCare
<ul style="list-style-type: none"> <li>Marketing; Delivery of report</li> </ul>	Marsha Vanderhoff or Bren Lowe	June 31, 2013	Board	Livingston HealthCare Marketing Dept.	Livingston HealthCare
<b>Strategy:</b>					
3. Staff Accountability					
<ul style="list-style-type: none"> <li>Change evaluation tool to include accountability down to the staff level</li> </ul>	Bren Lowe & Connie Dunn	Sept 1, 2013	Leadership Team	Studer Group	Livingston HealthCare
<b>Strategy:</b>					
4. Nurse Rounding					
<ul style="list-style-type: none"> <li>Develop nursing hourly patient rounds</li> </ul>	Marsha Vanderhoff	January 1, 2014	Bren Lowe	Studer Group	Livingston HealthCare
<ul style="list-style-type: none"> <li>Training and scripting for nursing hourly patient rounds</li> </ul>	Marsha Vanderhoff	January 1, 2014	Bren Lowe	Studer Group	Livingston HealthCare
<ul style="list-style-type: none"> <li>Develop a rounding log</li> </ul>	Marsha Vanderhoff	January 1, 2014	Bren Lowe	Studer Group	Livingston HealthCare

• Develop nurse leadership rounding	Marsha Vanderhoff	January 1, 2014	Bren Lowe	Studer Group	Livingston HealthCare
<b>Strategy:</b>					
5. Patient follow-up calls after discharge					
• Develop a template to gather information	Marsha Vanderhoff	January 1, 2014	Bren Lowe	Studer Group	Livingston HealthCare
• Assign responsibility to someone to make calls	Marsha Vanderhoff	January 1, 2014	Bren Lowe	Studer Group	Livingston HealthCare
• Scripting	Marsha Vanderhoff	January 1, 2014	Bren Lowe	Studer Group	Livingston HealthCare
• Reporting Log	Marsha Vanderhoff	January 1, 2014	Bren Lowe	Studer Group	Livingston HealthCare
• Identify trends, report to physician leadership, follow-up	Marsha Vanderhoff	March 1, 2014	Physician Leadership	Livingston HealthCare Physicians	Livingston HealthCare
<b>Needs Being Addressed by this Strategy:</b>					
▪ #1: Improve community access to care: More specialists (35.6%), Urgent Care (33.2%), Improved Quality of Care (31.3%)					
<b>Measure of Success:</b> Livingston HealthCare ranks in the top 10% in HCAHPS scores, sees decreased numbers of patient calls after they are discharged as well as reduced readmission rates.					

**Objective 5:** Increase the local availability of specialists.

**Health Issue Addressed:** The Community Health Needs Assessment identified several opportunities for Livingston HealthCare to improve the community's access to care, including providing additional specialized services.

Activities	Responsibility	Timeline	When complete report to:	Partners	Resources/ facilities used to address needs
<b>Strategy:</b>					
1. Evaluate demand within specialties (consider clinic versus surgical specialties)					
<ul style="list-style-type: none"> <li>Consider specialties that have been offered in the past using historical data or experiences</li> </ul>	Nancy Massman & Marsha Vanderhoff	August 1, 2013	Leadership Team	None	Livingston HealthCare
<ul style="list-style-type: none"> <li>Gather Market Data</li> </ul>	Bren Lowe	August 1, 2013	Leadership Team	Billings Clinic	Livingston HealthCare
<ul style="list-style-type: none"> <li>Conduct a Needs Assessment</li> </ul>	3 <sup>rd</sup> Party Consultant	August 1, 2013	Bren Lowe	Stroudwater Associates	Livingston HealthCare
<b>Strategy:</b>					
2. Identify groups to partner with by determining availability of talent to get specialists to the local area					
<ul style="list-style-type: none"> <li>Check existing relationships/partners</li> </ul>	Nancy Massman & Bren Lowe	Ongoing	Bren Lowe	Tertiary Care Facilities	Livingston HealthCare
<ul style="list-style-type: none"> <li>Check surrounding hospitals</li> </ul>	Nancy Massman & Bren Lowe	October 1, 2013(if necessary)	Bren Lowe	Tertiary Care Facilities	Livingston HealthCare
<ul style="list-style-type: none"> <li>Staffing Model</li> </ul>	Nancy Massman	January 1, 2014	Bren Lowe	Livingston HealthCare Staff	Livingston HealthCare

<b>Strategy:</b> 3. Identify capital needs					
• Conduct a financial feasibility study	Ryan Speas	2 months after each need is identified	Bren Lowe	Billings Clinic	Livingston HealthCare
<b>Strategy:</b> 4. Space Allocation					
• Determine space availability	Marsha Vanderhoff & Nancy Massman	Ongoing	Bren Lowe	Billings Clinic/Erdman	Livingston HealthCare
<b>Strategy:</b> 5. Marketing					
• Market the new services	Marketing Department	As needed after service is added	Leadership Team	Livingston HealthCare Marketing Department	Livingston HealthCare
<b>Strategy:</b> 6. Expand Telemedicine					
• Determine which specialties can utilize Telemedicine	Nancy Massman	Ongoing	Bren Lowe	Billings Clinic	Livingston HealthCare
• Assess viability of Telemedicine versus in-person follow-up	Nancy Massman	Ongoing	Bren Lowe	Billings Clinic	Livingston HealthCare
<b>Needs Being Addressed by this Strategy:</b>					
<ul style="list-style-type: none"> <li>▪ #1: Improve community access to care: More specialists (35.6%), Urgent Care (33.2%), Improved Quality of Care (31.3%)</li> <li>▪ #2: Desired specialty services: Dermatology (41.8%), ENT (28.8%), Gastroenterology (14.9%)</li> </ul>					
<b>Measure of Success:</b> At least 3 more specialists are available within the local area.					

### Needs Not Addressed and Justification

Identified health needs unable to address by Livingston HealthCare	Rationale
Top three community health concerns: Alcohol/substance abuse (66.3%), Overweight/obesity (44.7%), Cancer (37%)... Mental Health (8.7%)	<ul style="list-style-type: none"> <li>• Due to limited staff time and resources, Livingston HealthCare will address this opportunity at a future date.</li> </ul>
35.6% of people delay medical services because: It costs too much (60.8%), Too long to wait for an appointment (31.1%), No Insurance (25.7%)... 45% of survey respondents were not aware of cost assistance programs.	<ul style="list-style-type: none"> <li>• Due to limited staff time and resources, Livingston HealthCare will address this opportunity at a future date.</li> </ul>

### **Dissemination of Needs Assessment**

Livingston HealthCare will disseminate the CHSD Report and implementation plan using their website [www.livingstonhealthcare.org](http://www.livingstonhealthcare.org). The Steering Committee, which was convened at the beginning of the CHSD process and again when results from the report were first presented, will also be informed of the implementation plan to see the value of their input and time in the CHSD process as well as how Livingston HealthCare is utilizing their input. Furthermore, Board members reviewed the CHSD report and implementation plan on May 8, 2013 so they can act as advocates in Park County as Livingston HealthCare seeks to address the healthcare needs of their community.