

IMPLEMENTATION PLAN

Addressing Community Health Needs



Big Horn Hospital Association
Big Horn Hospital • Big Horn Senior Living

Hardin, Montana

2022-2025

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The Implementation Planning Process

The implementation planning committee – comprised of Big Horn Hospital Association’s (BHHA) 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 2022 to determine the most important health needs and opportunities for Big Horn County, Montana. “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 (bighornhospital.org).

The community steering and implementation planning committees identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives of the broad interest of the community, including those with public health expertise (see page 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 BHHA’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:

- **Chronic disease prevention and management**
- **Transportation**
- **Mental and behavioral health**

In addressing the aforementioned issues, BHHA seeks to:

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

Mission: Big Horn Hospital Association provides quality services and promotes responsible choices to enhance the health of our communities.

Vision: Big Horn Hospital Association will individualize the healthcare experience, embodying an organization of people working together, promoting a culture of personal accountability to improve the health and well-being of those we serve.

Values:

Compassion: We treat our patients, communities, and colleagues with sensitivity and empathy.

Accountability: We promote individual and organizational responsibility.

Respect: We honor the dignity of patients, communities and colleagues.

Empowering: We create an environment for individuals to make confident decisions and health choices.

Implementation Planning Committee Members:

- Kristi Gatrell, CEO- Big Horn Hospital Association (BHHA)
- Bill Hodges, Foundation/Outreach Director- BHHA
- Paula Small Plenty, LTC Administrator- BHHA
- Joe Purcell, Director of Nursing/LTC- BHHA
- Shannon Wagenman, BHHA

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

1. BHHA's Existing Presence in the Community

- Big Horn Hospital Association has swing beds available for rehabilitation and supports transportation to and from medical appointments within city limits.
- The facility hosts a 'High School Job Shadow Day' in order to promote health careers to youth in the community along with Area Health Education Activities.
- BHHA sponsors and organizes an annual Alzheimer's Walk in order to provide raise awareness for Alzheimer's care and support.
- BHHA is a community stakeholder in a county "Cardiac Readiness" initiative with funding from DPHHS.
- Certified Nurse Assistant classes for interested members of the public.

2. List of Available Community Partnerships and Facility Resources to Address Need

- Alcoholics Anonymous
- Big Horn Council on Aging & Big Horn Senior Center
- Hardin Food Access Task Force/Healthy Hardin
- Big Horn County
- PRO TECT Coalition
- Big Horn County Extension Office
- One Health/Big Horn Valley
- Indian Health Service (IHS)
- Kiwanis
- Hardin Public Schools
- Hope Center
- Hardin City Police Department
- Hardin Community Center
- Shape Up Montana
- Montana Nutrition and Physical Activity program
- Agency for Healthcare Research and Quality (AHRQ)
- Montana Office of Rural Health and Area Health Education Center (MORH/AHEC)
- Montana Hospital Association
- Montana Department of Health and Human Services (MT DPHHS)

3. Big Horn County Indicators

Population Demographics

- 67.1% of Big Horn County's population identifies as American Indian or Alaska Native, and 33.9% is white.
- 9.0% of Big Horn County's population has disability status.
- 12.1% of Big Horn County's population is 65 years and older.
- 8.1% of Big Horn County's population has Veteran status.
- 35.2% of Big Horn County's population are a "high school graduate (includes equivalency)" as their highest degree attained; 25.7% have "some college, no degree."

Size of County and Remoteness

- 13,387 people in Big Horn County
- 2.7 people per square mile

Socioeconomic Measures

- 30.2% of children live in poverty
- 25.5% of persons are below the federal poverty level
- 21.0% of adults (age<65) are uninsured; 8.0% of children less than age 18, are uninsured
- 16.6% of the population is enrolled in Medicaid

Select Health Measures

- 39.0% of adults are considered obese
- 25.0% of the adult population report physical inactivity
- 41% of adults living in frontier Montana report two or more chronic conditions
- Montana's veteran's suicide rate (per 100,000 population) is 65.7 compared to 13.9 for the U.S.

Nearest Major Hospital

- Billings Clinic- Billings, MT- 44 miles from Big Horn Hospital Association

4. Public Health and Underserved Populations Consultation Summaries

Name/Organization

Kristi Gatrell, CEO Big Horn Hospital

March 17, 2022

Bill Hodges, Big Horn Hospital and Big Horn County Public Health

Judy Nelson, Long-Term Care (LTC) Auxiliary Member

Vera Ostahowski, Hospital Auxiliary Member

Laurel Slattery, Hospital Auxiliary Member

Ariel Hawthorne, Pharmacist

Rock Massine, City Council Member

Anna Hein, Nurse Practitioner, Clinic Provider

Raichell Dorland-Roan, Registered Dietician-Indian Health Services

Public and Community Health

- It's really important that a potential survey respondent has an online option to complete it; last time completing it online wasn't an option and I think it will make a big difference.
- We should have a full time nurse doing contact tracing for STI cases. It's been running rampant in the last 60 days.
- COVID has been a challenge for our area. January alone had 1240 COVID-19 cases.
- I think it's important to see if there would be interest in lactation and breastfeeding classes.
- We have a lot of people that don't take a lot of the preventive measures – its more survival out here.

Population: Seniors

- We should add an option for living will under the interest in classes and programs question on the survey.
- I think it would be good to continue asking about what senior services are needed or could be enhanced. There are a lot of elderly that move to Billings as they age. It would be nice to keep them here.

- The Crow Nation has a local nursing home. The residents are even able to speak Crow and people will understand them!

Population: Youth

- In Big Horn County we've had several teen suicides. Adolescent suicides seem to be increasing so I think it is very important to keep the options for ACES, trauma, and stress variables on the survey.
- Internet can be a challenge here. The library has about five computers and some staff that can support navigating computers. Once out of Hardin though, Wi-Fi is horrific. When schools closed during COVID and children transitioned to distance learning, empty school buses would bring Wi-Fi hot spots to neighborhoods at scheduled times and kids could bring out their school issued laptops to access what they needed.

Population: Tribal/American Indian

- Diabetes among the native population is really challenging here.
- Indian Health Services (IHS) is also a local healthcare option for tribal members. It's over on the Northern Cheyenne Reservation.

Needs Identified and Prioritized

Prioritized Needs to Address

1. 57.8% of survey respondents rated their community's health as "Somewhat healthy," 20.0% rated the community's health as "Unhealthy," and 6.7% rated it as "Very unhealthy."
2. The top health concerns among survey respondents included: "Alcohol abuse/substance abuse" (91.4%), "Diabetes" (44.1%), and "Overweight/obesity" (24.7%)
3. The top components of a healthy community among survey respondents included: "Access to healthcare and other services" (37.0%), "Good jobs and a healthy economy" and "Healthy behaviors and lifestyles" (33.7%, each).
4. 35.5% of respondents rated their knowledge of health services available through Big Horn Hospital Association as fair or poor.
5. 40.7% of survey respondents thought that "More information about available services" would improve the community's access to healthcare.
6. 31.9% of survey respondents felt that "Transportation assistance" would improve the community's access to healthcare.
7. The top classes and programs among survey respondents included: "Fitness" (50.0%), "Weight loss" (46.5%), and "Health and wellness" (39.5%).
8. 26.7% of survey respondents shared that they would be interested in "Diabetes" classes or programs.
9. Key informant interview participants discussed a concern for mental and behavioral health, including poor mental health and substance abuse.
10. 15.7% of survey respondents indicated that they had experienced periods of at least three consecutive months in the past three years where they felt depressed on most days.
11. 49.5% of survey respondents felt lonely or isolated to some degree in the last year.
12. 58.9% of survey respondents described their stress level in the past year as moderate or high.
13. When asked to rate how they would describe their mental health in general considering stress, anxiety, depression, and emotional problems, 17.8% rated it as "Fair" and 4.4% rated their mental health as "Poor."
14. 45.1% of respondents shared that they are negatively impacted to some degree by their own or someone else's substance use.
15. Survey respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. 10.2% reported no physical activity, 12.5% shared that they had physical activity "1-2 times per month," and 14.8% share that they had physical activity "3-5 times per month."

16. Key informant interview participants shared a that transportation can be a barrier for community members in accessing medical appointments.
17. 35.6% of survey respondents delayed healthcare in the last three years. 10.0% of respondents delayed care due to “Transportation problems.”
18. 12.1% of survey respondents were worried that they would not have enough food to eat in the last year.
19. Key informant interview participants expressed a desire for additional healthy lifestyle opportunities such as access to affordable produce and more active, outdoor opportunities.

Needs Unable to Address

(See page 22 for additional information)

1. 7.7% of survey respondents indicated they had difficulty getting a prescription or taking their medication regularly due to cost in the last year.
2. 63.7% of survey respondents feel that they community does not have adequate and affordable housing options available.

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 chronic disease prevention and management throughout Big Horn County.

Strategy 1.1: Enhance Big Horn Hospital Association's (BHHA) programming and visibility as a champion for chronic disease prevention and management.

- 1.1.1.** Continue to determine the feasibility of expanding dietary and nutrition outreach/education (i.e., delivering nutrition education at the local farmers markets, etc.).
- 1.1.2.** Nurture local partnerships to ensure access to and awareness of diabetes education and programming (i.e., Chamber of Commerce's Double SNAP dollars, community gardens, etc.). Continue to align partners in the development of a diabetes education program.
- 1.1.3.** Host and/or sponsor local community events that promote health, wellness, and chronic disease prevention (i.e., breast cancer, diabetes, and Alzheimer's walk/5k run, etc.).

Goal 2: Improve access to healthcare services by reducing the transportation burdens faced by Big Horn County residents.

Strategy 2.1: Support local transportation initiatives that assist County residents in accessing healthcare services locally and throughout the region.

- 2.1.1.** Continue to sustain transportation services for senior residents within Hardin city limits.
- 2.1.2.** Explore potential funding opportunities to expand and enhance the existing local transportation infrastructure/programs.

Goal 3: Enhance access to and knowledge of mental and behavioral health services and resources in Big Horn County.

Strategy 3.1: Expand awareness and availability of mental and behavioral health resources in Big Horn County.

- 3.1.1.** Sustain BHHA participation on the local behavioral health coalition, championed by community mental/behavioral health and substance use partners to assess current community services and raise awareness of local resources.
- 3.1.2.** Continue to implement psychiatric evaluation protocol in the Emergency Department with patients presenting in crisis.
- 3.1.3.** Explore and engage in opportunities to improve access to local substance use prevention resources (i.e., promoting the Narcan classes available sponsored by OneHealth; medication delivered to safe spaces such as the local police department; promoting non-narcotic interventions for pain management; disseminating Narcotics and Alcoholics Anonymous brochures; partnering with local pharmacy/police department for safe needle and medication disposals, etc.).

Implementation Plan Grid

Goal 1: Improve chronic disease prevention and management throughout Big Horn County.

Strategy 1.1: Enhance Big Horn Hospital Association's (BHHA) programming and visibility as a champion for chronic disease prevention and management.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
1.1.1. Continue to determine the feasibility of expanding dietary and nutrition outreach/education (i.e., delivering nutrition education at the local farmers markets, etc.).	Dietary Manager, Registered Dietician (RD)	Annually; August through September	CEO	Big Horn County Public Health's Women, Infant, Children (WIC) clinic	Financial, workforce, and resource limitations Scheduling conflicts
1.1.2. Nurture local partnerships to ensure access to and awareness of diabetes education and programming (i.e., Chamber of Commerce's Double SNAP dollars, community gardens, etc.). Continue to align partners in the development of a diabetes education program.	Dietary Manager, Registered Dietician (RD)	Ongoing	CEO	Hope Center; Local Chamber of Commerce; Big Horn County Public Health; Helping Hands Food Bank; Big Horn County Extension	Workforce and resource limitations Scheduling conflicts
1.1.3. Host and/or sponsor local community events that promote health, wellness, and chronic disease prevention (i.e., breast cancer, diabetes, and Alzheimer's walk/5k run, etc.).	Radiology Manager, Marketing Committee	Ongoing	CEO	Alzheimer's Association; Billings Clinic; One Health; Big Horn County Public Health	Financial, workforce, and resource limitations Scheduling conflicts

Needs Being Addressed by this Strategy:

- 1. 57.8% of survey respondents rated their community's health as "Somewhat healthy," 20.0% rated the community's health as "Unhealthy," and 6.7% rated it as "Very unhealthy."
- 2. The top health concerns among survey respondents included: "Alcohol abuse/substance abuse" (91.4%), "Diabetes" (44.1%), and "Overweight/obesity" (24.7%)
- 3. The top components of a healthy community among survey respondents included: "Access to healthcare and other services" (37.0%), "Good jobs and a healthy economy" and "Healthy behaviors and lifestyles" (33.7%, each).
- 4. 35.5% of respondents rated their knowledge of health services available through Big Horn Hospital Association as fair or poor.
- 5. 40.7% of survey respondents thought that "More information about available services" would improve the community's access to healthcare.
- 7. The top classes and programs among survey respondents included: "Fitness" (50.0%), "Weight loss" (46.5%), and "Health and wellness" (39.5%).
- 8. 26.7% of survey respondents shared that they would be interested in "Diabetes" classes or programs.
- 15. Survey respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. 10.2% reported no physical activity, 12.5% shared that they had physical activity "1-2 times per month," and 14.8% share that they had physical activity "3-5 times per month."
- 18. 12.1% of survey respondents were worried that they would not have enough food to eat in the last year.
- 19. Key informant interview participants expressed a desire for additional healthy lifestyle opportunities such as access to affordable produce and more active, outdoor opportunities.

Anticipated Impact(s) of these Activities:

- Increased community knowledge of services and resources.
- Increase access to preventive services/resources.
- Build community capacity.
- Strengthen community partnerships.
- Service, policy, and resources development.
- Improved health outcomes.

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

- Track the feasibility of expanding dietary and nutrition outreach and education.
- Track chronic disease metrics on subsequent CHNA.
- Number of community events hosted.
- Participation at community events.
- Catalog partnerships associated with diabetes education.
- Track the alignment and development of a diabetes education program.

Measure of Success: There will be improved chronic disease prevention and management programming throughout Big Horn County.

Goal 2: Improve access to healthcare services by reducing the transportation burdens faced by Big Horn County residents.

Strategy 2.1: Support local transportation initiatives that assist County residents in accessing healthcare services locally and throughout the region.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
2.1.1. Continue to sustain transportation services for senior residents within Hardin city limits.	Maintenance Department	Ongoing	CEO	Senior Citizen's Center, Big Horn Hospital Auxiliary	Financial, workforce, and resource limitations
2.1.2. Explore potential funding opportunities to expand and enhance the existing local transportation infrastructure/programs.	CEO	Ongoing	CEO	Montana Office of Rural Health and Area Health Education Center (MORH/AHEC)	Resource limitations

Needs Being Addressed by this Strategy:

- 1. 57.8% of survey respondents rated their community's health as "Somewhat healthy," 20.0% rated the community's health as "Unhealthy," and 6.7% rated it as "Very unhealthy."
- 3. The top components of a healthy community among survey respondents included: "Access to healthcare and other services" (37.0%), "Good jobs and a healthy economy" and "Healthy behaviors and lifestyles" (33.7%, each).
- 4. 35.5% of respondents rated their knowledge of health services available through Big Horn Hospital Association as fair or poor.
- 5. 40.7% of survey respondents thought that "More information about available services" would improve the community's access to healthcare.
- 6. 31.9% of survey respondents felt that "Transportation assistance" would improve the community's access to healthcare.
- 16. Key informant interview participants shared a that transportation can be a barrier for community members in accessing medical appointments.

- 17. 35.6% of survey respondents delayed healthcare in the last three years. 10.0% of respondents delayed care due to “Transportation problems.”

Anticipated Impact(s) of these Activities:

- Improved transportation options.
- Enhanced community engagement.
- Build community capacity for transportation options.
- Increase access to health care services.
- Service, policy, and resource development.

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

- Track utilization of current transportation service.
- Track progress towards expanding transportation infrastructure/programs.
- Transportation access measures on subsequent CHNA.

Measure of Success: Big Horn County will have improved access to healthcare services through the reduction of transportation burden.

Goal 3: Enhance access to and knowledge of mental and behavioral health services and resources in Big Horn County.

Strategy 3.1: Expand awareness and availability of mental and behavioral health resources in Big Horn County.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
3.1.1. Sustain BHHA participation on the local behavioral health coalition, championed by community mental/behavioral health and substance use partners to assess current community services and raise awareness of local resources.	BHHA Executive Management	Ongoing	CEO	HOPE Center	Resource and workforce limitations Scheduling conflicts
3.1.2. Continue to implement psychiatric evaluation protocol in the Emergency Department with patients presenting in crisis.	Emergency Department	Ongoing	CEO	Avel	Resource and workforce limitations
3.1.3. Explore and engage in opportunities to improve access to local substance use prevention resources (i.e., promoting the Narcan classes available sponsored by OneHealth; medication delivered to safe spaces such as the local police department; promoting non-narcotic interventions for pain management; disseminating Narcotics and Alcoholics Anonymous brochures; partnering with local pharmacy/police department for safe needle and medication disposals, etc.).	Director of Provider Services	Ongoing	CEO	OneHealth Hope Center Local pharmacies Local Police Dept.	Resource and workforce limitations Scheduling conflicts

Needs Being Addressed by this Strategy:

- 1. 57.8% of survey respondents rated their community's health as "Somewhat healthy," 20.0% rated the community's health as "Unhealthy," and 6.7% rated it as "Very unhealthy."
- 2. The top health concerns among survey respondents included: "Alcohol abuse/substance abuse" (91.4%), "Diabetes" (44.1%), and "Overweight/obesity" (24.7%)
- 3. The top components of a healthy community among survey respondents included: "Access to healthcare and other services" (37.0%), "Good jobs and a healthy economy" and "Healthy behaviors and lifestyles" (33.7%, each).
- 4. 35.5% of respondents rated their knowledge of health services available through Big Horn Hospital Association as fair or poor.
- 5. 40.7% of survey respondents thought that "More information about available services" would improve the community's access to healthcare.
- 9. Key informant interview participants discussed a concern for mental and behavioral health, including poor mental health and substance abuse.
- 10. 15.7% of survey respondents indicated that they had experienced periods of at least three consecutive months in the past three years where they felt depressed on most days.
- 11. 49.5% of survey respondents felt lonely or isolated to some degree in the last year.
- 12. 58.9% of survey respondents described their stress level in the past year as moderate or high.
- 13. When asked to rate how they would describe their mental health in general considering stress, anxiety, depression, and emotional problems, 17.8% rated it as "Fair" and 4.4% rated their mental health as "Poor."
- 14. 45.1% of respondents shared that they are negatively impacted to some degree by their own or someone else's substance use.

Anticipated Impact(s) of these Activities:

- Increase access to mental and behavioral health services.
- Decrease societal stigma associated with mental illness and substance use disorders.
- Strengthen community partnerships.
- Build community capacity.
- Service, policy, and resources development.
- Increased community knowledge of resources.
- Improved mental and behavioral health outcomes.

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

- Mental and behavioral health metrics on subsequent CHNA.
- Track dissemination of local substance use prevention resources.
- Track engagement with local substance use prevention resources.
- Number and breadth of local behavioral health meetings attended.
- Track progress towards implementing psychiatric evaluation protocol in ED.

Measure of Success: Big Horn County will experience enhanced access to and knowledge of mental and behavioral health services and resources.

Needs Not Addressed and Justification

Identified health needs unable to address by BHHA	Rationale
1. 7.7% of survey respondents indicated they had difficulty getting a prescription or taking their medication regularly due to cost in the last year.	While BHHA recently discontinued participation in the 340b program, we continue to connect community members in need to the Big Horn Valley Pharmacy, who participates in the 340b program locally.
2. 63.7% of survey respondents feel that they community does not have adequate and affordable housing options available.	Housing affordability is a challenging issue across the state of Montana. BHHA continues to participate in meetings with local policymakers to raise awareness of the local housing adequacy and affordability challenges.

Dissemination of Needs Assessment

Big Horn Hospital Association “BHHA” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website (bighornhospital.org) as well as having copies available at the facility should community members request to view the community health needs assessment or the implementation planning documents.

The Steering Committee, which was formed specifically as a result of the CHSD [Community Health Services Development] process to introduce the community to the assessment process, will be informed of the implementation plan to see the value of their input and time in the CHSD process as well as how BHHA is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Big Horn County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of BHHA will be directed to the hospital’s website to view the complete assessment results and the implementation plan. BHHA board members approved and adopted the plan on **DATE XX, 2022**. 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 2022-2025 Big Horn Hospital Association Community Benefit Strategic Plan can be submitted to:

Big Horn Hospital Association
17 N. Miles Ave.
Hardin, MT 59034

Please reach out to Big Horn Hospital Association’s Administration at 406-665-2301 with questions.

[Please remove the following statement and the disclaimer in the footer once the planning document is finalized]

**Please note that you will need to include information specific to these requirements:*

- *You must post your community health needs assessment (CHNA) and your facility’s implementation plan publicly – both “conspicuously” on your website as well as have a hard copy available at your facility should someone request to view either/both documents.*
 - *Your documents must remain on the web until two subsequent CHNA reports have been posted*

- *An individual must not be required to create an account or provide personally identifiable information to access the report*
- *A paper copy must be available for public inspection without charge*
- *Your facility's implementation plan must be approved, and the plan must document the date upon which the plan was approved/adopted*