

IMPLEMENTATION PLAN

Addressing Community Health Needs



"Friends Healing Friends"

FALLON
MEDICAL
COMPLEX

Baker, Montana

2025-2028

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Disclaimer: The Montana Office of Rural Health and the National Rural Health Resource Center 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.

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The Implementation Planning Process

The implementation planning committee – comprised of Fallon Medical Complex’s (FMC) 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 summer of 2025 to determine the most important health needs and opportunities for Fallon 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 (www.fallonmedical.org/).

Identification of the most important health needs to be addressed was informed by reviewing Fallon County Public Health’s Community Needs Assessment from 2024 as well as supplementary qualitative information gathered through focus groups.

The implementation planning committee reviewed the priority recommendations provided by the community steering committee and determined which needs or opportunities could be addressed considering FMC’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
- Access to healthcare services
- Community partnerships

In addressing the aforementioned issues, FMC seeks to:

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

Facility Mission: Fallon Medical Complex, in its innovative pursuit of “Friends Healing Friends,” provides comfort, compassion, and excellence in the promotion of quality of life to all individuals.

Implementation Planning Committee Members:

- Judy McWilliams – QAPI, Fallon Medical Complex (FMC)
- David Espeland – CEO, FMC
- Libby Barth – Quality Assurance, FMC
- Johnna Koenig – Diagnostic Imaging, FMC
- Karol Zachmann – Foundation, FMC
- Marjorie Losing – CFO, FMC
- Katie DuCharme – BO/Clinic, FMC
- Michelle Smith – Director of Nursing, FMC
- Eldon King – Assistant Director of Nursing, FMC
- Tammy Reetz – Materials Management, FMC

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. Fallon Medical Complex's Existing Presence in the Community

- Our Foundation Coordinator has been a member of the local housing board, searching for ways to address our community's chronic housing shortage, by facilitating the construction of new housing and the renovation of existing houses. She has also acted as a board member for the local SE Montana Area Revitalization Team (SMART), dedicated to revitalizing the economic climate in our area, as well as being actively involved with the local Chamber of Commerce.
- To further support the community, a number of FMC employees regularly participate in disaster preparedness meetings and events through the Fallon County Local Emergency Preparedness Committee (LEPC). This group meets to discuss disaster preparedness and determine ways of enhancing the effectiveness of disaster response.
- Our telemedicine system is periodically used by participants in an Eastern MT Chemical Dependency (CD) class, allowing them to interact with other participants and counselors in neighboring communities without having to drive out of town (no less than 2 hours round trip).
- In an effort to assist with leadership development, staff members routinely provide assistance with youth leadership programs. For instance, one of our Physical Therapists has acted as a 4H leader for a number of years, participating in youth developmental programs that provide hands-on learning activities for youth. In addition, our CEO provides coaching and judging for our local Business Professionals of America (BPA) chapter, which teaches basic and advanced business skills to high school students. Our CEO also judges Speech and Drama events, which helps high school students gain valuable skills in public speaking and performing.
- During the winter months, we offer Lunch and Learn programs to the community on healthcare related topics. These programs are held both live with guest speakers and via telecast in collaboration with other hospitals.

- One of our larger efforts to assist with community health improvement is to take an active role in offering, serving, and significantly subsidizing noon meals to seniors. FMC collaborates with our local Council on Aging to serve over 4,500 meals each year to seniors in our facility dining room, as well as an additional 1,300 meals through Meals on Wheels. This program promotes the health and well-being of our seniors by providing nutritious meals to those who might otherwise not receive them, especially those who are homebound.
- Although we are not a formal teaching facility, we periodically host college students who are seeking careers in healthcare-related disciplines. We have a number of cooperative agreements with colleges and universities across the nation that allow students a variety of clinical experiences, from observation of care by a trained professional to providing limited patient services under the direct supervision of a licensed physician, mid-level, nurse, therapist, laboratory tech or radiology tech.
- FMC's workforce development support is largely focused on healthcare careers. We work with the local school system to offer "Medical Explorers", which allows students to ask medical professionals questions about their job and learn about the myriad of healthcare careers. Some years we are able to secure a patient simulator to give the students a real-life experience. Additionally, we allow students of all levels to request an opportunity to job shadow a healthcare professional. In the past, students have observed lab techs, radiology techs, physical therapists, nurses, doctors and mid-levels in their daily activities of providing care for patients. Our CEO and Foundation Coordinator serve on two Montana healthcare-related scholarship committees. Their participation on these committees promotes healthcare-related careers by helping to fund college educations.
- Annually, we sponsor and participate in the SE Montana Health Fair that showcases all healthcare services and resources available to the community. During this event, we offer various lab tests at greatly reduced rates to patients so that they can monitor their body and blood chemistry at an affordable price.
- We also offer free sports physical examinations annually to junior high and high school students in preparation for the upcoming school year, which have an estimated value of \$5,000.
- We collaborate with Holy Rosary Healthcare in Miles City, MT to offer an extensive medically guided wellness program called "Health Lifestyles" which focuses on nutrition, exercise, and mental wellbeing. The purpose of the program is to help participants make long-term, sustainable changes to live a more healthful life. Participants receive 1:1 personal coaching as well as regular group education sessions via telemedicine.
- We participate in a federal 340B discount drug program in collaboration with Baker Rexall Drug. This government program requires drug manufacturers to provide outpatient drugs to eligible patients at significantly reduced prices. We act as a

gatekeeper for access to the program which is based on a patient's financial ability to pay for healthcare services. Rexall Drug has the exclusive right to provide the drugs to the patients.

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

- Baker Chamber of Commerce
- Baker Housing Board
- Southeastern Montana Revitalization Team (SMART)
- Fallon Medical Complex Health Fair
- Local Emergency Preparedness Committee (LEPC)
- Montana Health Network
- Eastern Montana Integrated Behavior Health
- Montana Hospital Association
- Eastern Montana Telemedicine Network (EMTN)
- Mountain-Pacific Quality Health Foundation
- Eastern Montana Area Health Education Center (AHEC)
- Montana Office of Rural Health
- Fallon County Public Health
- Fallon County Council on Aging
- Fallon County Health Board
- Rural Psychiatry Associates
- Montana Healthcare Foundation
- MHN Transportation Services
- Fallon County Transit
- Northeast Montana STAT AIR Ambulance Cooperative
- Fallon County Community Health Worker (Temporary position dependent upon continuation of grants)
- Action for Eastern Montana
- Drug & Alcohol Counseling
- Living Independently for Today and Tomorrow (LIFTT)

3. Fallon County Indicators

Population Demographics

- 95.7% of Fallon County's population is white, and 1.4% identifies as American Indian or Alaska Native.
- 11.6% of Fallon County's population has disability status.
- 20.4% of Fallon County's population is 65 years and older.
- 2.1% of Fallon County's population has Veteran status.
- 39.0% of Fallon County's population are a "high school graduate (includes equivalency)" as their highest degree attained.

Size of County and Remoteness

- 2,946 people in Fallon County
- 1.9 people per square mile

Socioeconomic Measures

- 6.3% of children live in poverty
- 9.1% of persons are below the federal poverty level
- 7.3% of adults (age<65) and 16.8% of children (age<18) are uninsured
- 26.8% of the population is enrolled in Medicaid

Select Health Measures

- 34% of adults are considered obese
- 20% of the adult population report physical inactivity
- 41% 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

- Billings Clinic in Billings, MT – 225 miles from Fallon Medical Complex
- CHI St. Alexis Health in Bismarck, ND –215 miles from Fallon Medical Complex
- Rapid City Regional Hospital in Rapid City, SD – 210 miles from Fallon Medical Complex

Needs Identified and Prioritized

Prioritized Needs to Address

1. Mental health was the most needed care in Fallon County at 53%. Childcare and in-home care followed.
2. 75% of respondents were unaware of mental and behavioral services in Fallon County.
3. Most people hear about health services by “Word of mouth;” people would like to learn more about available services through “Social media,” “The paper,” and “Website.”
4. The most serious health conditions for adults were “Alcohol/substance use,” “Chronic health issues,” “Mental/behavioral health,” and “Overweight/obesity.”
5. The most serious health conditions for children were “Bullying,” “Mental/behavioral health,” and “Alcohol/substance use.”
6. 11% of respondents indicated they are not able to eat a balanced diet most of the time.
7. 92% of respondents indicated their child would use a healthy vending machine at school.
8. Respondents receive healthcare in Miles City, Billings, and Baker at approximately equal rates.
9. Most respondents travel away from FMC for specialty care.
10. Most respondents with children visit FMC for their children’s healthcare.
11. 66% of respondents said that they delayed healthcare services; top reasons were “Cost/financial reasons” and “Provider availability.”
12. Focus groups illuminated the need for more information about the services available at FMC and in the community, including accessing mental/behavioral care, telehealth, and local transportation options.
13. Focus group participants identified the need for more senior services in Fallon County to help the aging population.
14. Other needs brought up through the focus groups include expanded clinic hours, increased education about care services, payment/cost assistance programs, assistance navigating healthcare systems, and more telehealth education.

Needs Unable to Address

(See page 24 for additional information)

1. 65% of respondents said they would not know how to contact in Fallon County for a referral to quit tobacco use. People would like to hear about these resources through “Social media,” the “Paper,” and/or the “Website.”
2. 86% of respondents were not able to get the recommended 2.5 hours of physical activity per week; the top reasons were “Lack of time” and “Lack of motivation.” 76% of respondents did not think there were places nearby where they could be physically active.

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 9). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 15.

Goal 1: Improve chronic disease outreach, education, and management efforts and services in Fallon County.

Strategy 1.1: Foster the development and coordination of chronic disease resources.

- 1.1.1. Explore coordination with community partners to enhance healthy offerings in vending machines (Hospital, schools, extension).
- 1.1.2. Explore internal and external data sources to better understand chronic disease in Fallon County.
- 1.1.3. Develop nutrition/physical activity challenges (for adults/youth) around prevalent chronic disease states.
- 1.1.4. Explore feasibility of implementing programs like Chronic Care Management, Remote Patient Monitoring, or home visiting services through clinic.

Goal 2: Continue to ensure access to health care services through Fallon Medical Complex.

Strategy 2.1: Improve awareness of FMC services and resources.

- 2.1.1. Create and implement telehealth/telemedicine education to community to better understand how to access and what services are available locally.
- 2.1.2. Enhance education and outreach to improve knowledge of available services with emphasis on senior populations.

Strategy 2.2: Explore various ways to expand available services to increase access to healthcare.

- 2.2.1. Expand clinical hours to enhance access to primary care services (pre/post hours or lunch hours).
- 2.2.2. Create and implement cost assistance programs (patient financing program).

- 2.2.3. Explore expanding specialty services in partnership with North and South Dakota providers or other area providers (dermatology, cardiology, gastroenterology, urology, others).
- 2.2.4. Explore feasibility of creating Nurse Navigator program at FMC to enhance care coordination for FMC community.

Goal 3: Enhance community partnerships in Fallon County to bolster available resources.

Strategy 3.1: Explore partnerships with local community service providers.

- 3.1.1. Partner with local public health department CHW to enhance collaboration for improving access and follow up with BH services.
- 3.1.2. Support local Mental Health Council to better coordinate mental health services in Fallon County.
- 3.1.3. Connect with Extension to explore health related resources Extension program can offer in partnership with FMC.
- 3.1.4. Create YouTube channel to host recorded educational offerings from FMC and partners.
- 3.1.5. Continue partnership with Sheriff's department, local pharmacist and public health for Medication disposal/sharps disposal program. Create outreach materials to educate community of resources.

Implementation Plan Grid

Goal 1: Improve chronic disease outreach, education, and management efforts and services in Fallon County.

Strategy 1.1: Foster the development and coordination of chronic disease resources.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore coordination with community partners to enhance healthy offerings in vending machines (hospital, schools, extension).	Outreach Coordinator	Q3 2026	Outreach Coordinator	Baker Public Schools, Extension Service, Public Health	Partner Engagement, Consumer Rejection, Snack Spoilage, Financial Limitations
Explore internal and external data sources to better understand chronic disease in Fallon County.	IT Specialist, QAPI Coordinator	Q2 2026	CEO	TruBridge (EMR Vendor), MT Hospital Association, Public Health, MT ORH, MT Mountain-Pacific Health Foundation	Resource Limitations (Staff Time)
Develop nutrition/physical activity challenges (for adults/youth) around prevalent chronic disease states.	Outreach Coordinator, PR Committee	Q3 2026	Outreach Coordinator	Council on Aging, Public Health, AHEC	Partner Engagement, Public Engagement, Community Acceptance, Resource Limitations, Financial Limitations
Explore feasibility of implementing programs like Chronic Care Management, Remote Patient Monitoring, or home visiting services through clinic.	QAPI, Clinic Manager	Ongoing	CEO	Montana Health Network, MT Hospital Assoc., MT Healthcare Foundation	Partner Engagement, Provider Engagement, Resource Limitations, Financial Limitations, Patient Engagement

Needs Being Addressed by this Strategy:

- 1. Mental health was the most needed care in Fallon County at 53%. Childcare and in-home care followed.
- 3. Most people hear about health services by “Word of mouth;” people would like to learn more about available services through “Social media,” “The paper,” and “Website.”
- 4. The most serious health conditions for adults were “Alcohol/substance use,” “Chronic health issues,” “Mental/behavioral health,” and “Overweight/obesity.”
- 5. The most serious health conditions for children were “Bullying,” “Mental/behavioral health,” and “Alcohol/substance use.”
- 6. 11% of respondents indicated they are not able to eat a balanced diet most of the time.
- 7. 92% of respondents indicated their child would use a healthy vending machine at school.

Anticipated Impact(s) of these Activities:

- Increased collaboration in Fallon County
- Improved healthy offerings in the community
- Better understanding of chronic disease
- Increased resources for nutrition and physical activity
- Increased access to healthcare
- Improved health outcomes
- Improved community capacity

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

- Track progress on healthy vending machines
- Document chronic disease data collection
- Track development of chronic disease programming
- Track participation in chronic disease programming
- Document exploration of implementing new programs

Measure of Success: Fallon Medical Complex will have attempted to influence wellness in the community and make determinations about programs that are more targeted toward addressing chronic diseases prevalent in our service area, rather than statewide.

Goal 2: to ensure access to health care services through Fallon Medical Complex.

Strategy 2.1: Improve awareness of FMC services and resources.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Create and implement telehealth/telemedicine education to community to better understand how to access and what services are available locally.	Clinic Manager, IT Specialist, Outreach Coordinator	Q4 2025	Outreach Coordinator	EMTN, Rural Psychiatry Associates, AHEC	Partner Engagement, Resource Limitations, Financial Limitations, Community Interest, Workforce Limitations
Enhance education and outreach to improve knowledge of available services with emphasis on senior populations.	Outreach Coordinator	Q4 2025	Outreach Coordinator	Council on Aging, Public Health, AHEC	Partner Engagement, Resource Limitations, Financial Limitations, Community Interest, Workforce Limitations

Needs Being Addressed by this Strategy:

- 2. 75% of respondents were unaware of mental and behavioral services in Fallon County.
- 3. Most people hear about health services by “Word of mouth;” people would like to learn more about available services through “Social media,” “The paper,” and “Website.”
- 8. Respondents receive healthcare in Miles City, Billings, and Baker at approximately equal rates.
- 9. Most respondents travel away from FMC for specialty care.
- 10. Most respondents with children visit FMC for their children’s healthcare.
- 12. Focus groups illuminated the need for more information about the services available at FMC and in the community, including accessing mental/behavioral care, telehealth, and local transportation options.
- 13. Focus group participants identified the need for more senior services in Fallon County to help the aging population.
- 14. Other needs brought up through the focus groups include expanded clinic hours, increased education about care services, payment/cost assistance programs, assistance navigating healthcare systems, and more telehealth education.

Anticipated Impact(s) of these Activities:

- Increased utilization of telehealth resources
- Increased access to healthcare
- Improved health outcomes
- Expanded knowledge of senior care services
- Increased knowledge of FMC services

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

- Document telehealth/telemedicine education development
- Track utilization of telehealth/telemedicine educational tool
- Track development of outreach materials

Measure of Success: Fallon Medical Complex will see renewed interest in community education participation and telemedicine use, especially for our senior population.

Goal 2: Continue to ensure access to health care services through Fallon Medical Complex.

Strategy 2.2: Explore various ways to expand available services to increase access to healthcare.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Expand clinical hours to enhance access to primary care services (pre/post hours or lunch hours).	Clinic Manager	Q3 2026	CEO	Regional Clinics	Staff Engagement, Provider Engagement, Resource Limitations, Financial Limitations, Operational Limitations
Create and implement cost assistance programs (patient financing program).	CFO, BO Manager	Q4 2025	CEO	TruBridge (EMR Vendor)	Partner Engagement, Resource Limitations, Financial Limitations

Explore expanding specialty services in partnership with North and South Dakota providers or other area providers (dermatology, cardiology, gastroenterology, urology, others).	CEO, Clinic Manager, DON	Ongoing	CEO	Regional Secondary & Tertiary Hospitals, EMTN	Partner Engagement, Provider Reluctance, Distance to Baker, Space Limitations, Community Acceptance, Frequency of Visits
Explore feasibility of creating Nurse Navigator program at FMC to enhance care coordination for FMC community.	DON, ADON	Q3 2027	CEO	AHEC, MT Health Network, MT Healthcare Foundation	Partner Engagement, Available Staffing, Payor Limitations, Financial Limitations

Needs Being Addressed by this Strategy:

- 8. Respondents receive healthcare in Miles City, Billings, and Baker at approximately equal rates.
- 9. Most respondents travel away from FMC for specialty care.
- 10. Most respondents with children visit FMC for their children's healthcare.
- 11. 66% of respondents said that they delayed healthcare services; top reasons were "Cost/financial reasons" and "Provider availability."
- 12. Focus groups illuminated the need for more information about the services available at FMC and in the community, including accessing mental/behavioral care, telehealth, and local transportation options.
- 13. Focus group participants identified the need for more senior services in Fallon County to help the aging population.
- 14. Other needs brought up through the focus groups include expanded clinic hours, increased education about care services, payment/cost assistance programs, assistance navigating healthcare systems, and more telehealth education.

Anticipated Impact(s) of these Activities:

- Expanded access to primary care services
- Improved affordability of healthcare expenses
- Expanded specialty offerings at/through FMC
- Improved health outcomes
- Improved care coordination
- Expanded access to healthcare services

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

- Track lunchtime/other expanded time primary care appointments
- Develop cost assistance programs
- Track utilization of cost assistance programs
- Track efforts to expand specialty services
- Track efforts to enhance care coordination

Measure of Success: We will see increased clinic patient volume by expanding hours, increased patient satisfaction by offering financial relief, greater choice in using specialty services locally, and an opportunity to use a knowledgeable, informed nurse to help navigate a confusing healthcare system.

Goal 3: Enhance community partnerships in Fallon County to bolster available resources.

Strategy 3.1: Explore partnerships with local community service providers.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Partner with local public health department CHW to enhance collaboration for improving access and follow up with BH services.	Clinic Manager, DON, Social Services Director	Q3 2026	DON, Clinic Manager	Public Health	Partner Engagement, Resource Limitations, Financial Limitations
Support local Mental Health Council to better coordinate mental health services in Fallon County.	Clinic Manager, DON, Social Services Director	Ongoing	Clinic Manager, DON	Public Health, Eastern Montana Integrated Behavior Health, MT Healthcare Foundation	Partner Engagement, Provider Engagement, Resource Limitations, Financial Limitations

Connect with Extension to explore health related resources Extension program can offer in partnership with FMC.	Outreach Coordinator	Ongoing	Outreach Coordinator	MSU Extension Service	Partner Engagement
Create YouTube channel to host recorded educational offerings from FMC and partners.	Outreach Coordinator, PR Committee	Q3 2026	Outreach Coordinator	PR Company, Website Company	Partner Engagement, Technology Limitations, Resource Limitations, Financial Limitations
Continue partnership with Sheriff's department, local pharmacist and public health for Medication disposal/sharps disposal program. Create outreach materials to educate community of resources.	ADON, Outreach Coordinator	Q1 2026	ADON	Local Police, Pharmacy, Public Health	Partner Engagement

Needs Being Addressed by this Strategy:

- 1. Mental health was the most needed care in Fallon County at 53%. Childcare and in-home care followed.
- 2. 75% of respondents were unaware of mental and behavioral services in Fallon County.
- 3. Most people hear about health services by "Word of mouth;" people would like to learn more about available services through "Social media," "The paper," and "Website."
- 4. The most serious health conditions for adults were "Alcohol/substance use," "Chronic health issues," "Mental/behavioral health," and "Overweight/obesity."
- 5. The most serious health conditions for children were "Bullying," "Mental/behavioral health," and "Alcohol/substance use."
- 12. Focus groups illuminated the need for more information about the services available at FMC and in the community, including accessing mental/behavioral care, telehealth, and local transportation options.
- 14. Other needs brought up through the focus groups include expanded clinic hours, increased education about care services, payment/cost assistance programs, assistance navigating healthcare systems, and more telehealth education.

Anticipated Impact(s) of these Activities:

- Increased community capacity
- Expanded community collaboration
- Increased access to mental and behavioral health services

- Improved care coordination
- Expanded health education

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

- Track efforts to collaborate with local CHW
- Document support of local Mental Health Council
- Track efforts to connect with Extension
- Develop YouTube channel
- Track other external partnership development
- Track utilization of medication/sharps disposals

Measure of Success: The successful delivery of behavior health services in rural communities requires the successful collaboration of all partners, given that no single entity can do it all. Beyond that, we will continue to explore other collaborative efforts to enhance the wellbeing of our population, and communicate our knowledge through the best possible mode, which currently seems to be the Internet.

Needs Not Addressed and Justification

Identified health needs unable to address by FMC	Rationale
<p>1. 65% of respondents said they would not know how to contact in Fallon County for a referral to quit tobacco use. People would like to hear about these resources through “Social media,” the “Paper,” and/or the “Website.”</p>	<ul style="list-style-type: none"> This topic is largely under the perusal of Public Health and the Department of Public Health and Human Services. The State of Montana has a dedicated long-standing website (https://quitnowmontana.com) as well as a dedicated phone line (1-800-QUIT-NOW), in an attempt to make a concentrated effort to address this concern. In addition, all patients who use tobacco who are seen in our clinic are counseled on cessation and are given brochures of where to go for assistance. If they desire medication or patches, our medical staff can provide them. Most healthcare plans are willing to provide funding for tobacco cessation.
<p>2. 86% of respondents were not able to get the recommended 2.5 hours of physical activity per week; the top reasons were “Lack of time” and “Lack of motivation.” 76% of respondents did not think there were places nearby where they could be physically active.</p>	<ul style="list-style-type: none"> We feel that we can present opportunities for physical activity (such as presented in Goal 1) but we cannot create the desire for people to participate. That must be intrinsic within each individual, who has varying reasons for motivation, or lack thereof. Certainly, we could consider providing education under Goal 2, or people could consider talking to a counselor, as presented under Goal 3. The other concern about “places” would need to be explored further. Our community offers a covered public pool, weight room, exercise facilities, running track, tennis courts, public lake with a concrete walkway surrounding it, splash park, pump bike course, skateboard park, etc. But even with all of these offerings within the city limits, it’s hard to say what sort of “places” people desire to be physically active. They will be hard-pressed to find mountains for hiking or skiing. It’s all a matter of personal preference.

Dissemination of Needs Assessment

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

Furthermore, the board members of FMC will be directed to the hospital’s website to view the complete assessment results and the implementation plan. FMC board members approved and adopted the plan on **September 30, 2025**. 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 2028-2028 Fallon Medical Complex Community Benefit Strategic Plan can be submitted to:

Fallon Medical Complex, Inc.
Quality Assurance Department
PO Box 820
Baker, MT 59313

Please contact Judy McWilliams, CPHQ /Quality Assurance Department at 406-778-5447 or jkmckill@fallonmedical.org with questions.