

2015 – 2017 DMHA Community Health Needs Assessment

Addressing Community Health Needs

Dahl Memorial Healthcare Assoc.; Inc ~ Ekalaka, Montana 59324

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The Implementation Planning Process

The implementation planning committee – comprised of Dahl Memorial Healthcare’s (DMHA) leadership team – participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) needs assessment process. The facility conducted the CHSD process in conjunction with the Montana Office of Rural Health (MORH).

The CHSD community health needs assessment was performed in the spring of 2014 to determine the most important health needs and opportunities for Carter County, Montana. “Needs” were identified as the top issues or opportunities rated by respondents during the CHSD survey process or during focus groups (see pages 9-10 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.dahlmemorial.com).

The implementation planning committee identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing 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 determined which needs or opportunities could be addressed considering Dahl Memorial Healthcare’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:

1. Access to healthcare services
2. Access to pharmacy services
3. Access to mental health services
4. Improved health and wellness

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

- a) Improve access to healthcare services;
- b) Enhance the health of the community;
- c) Advance medical or health knowledge;
- d) Relieve or reduce the burden of government or other community efforts

Dahl Memorial Healthcare’s Mission:

- To improve the lives and health of our community through comprehensive services provided in a professional and dedicated atmosphere of compassion.

Implementation Planning Committee Members:

- Nadine Elmore – CEO, Dahl Memorial Healthcare
- Patricia Rogers – DON, Dahl Memorial Healthcare
- Linda Cuomo – Lab/X-ray, Medical Records and Quality Improvement, Dahl Memorial Healthcare
- Davie Ann Barrere – IT and Business Office, Dahl Memorial Healthcare
- Cindy Enos – Social Services, Dahl Memorial Healthcare
- Toni Hughes – Dietary Supervisor, Dahl Memorial Healthcare
- Roberta Huether – Business Office Manager, Dahl Memorial Healthcare
- Phil Cook – Maintenance Supervisor, Dahl Memorial Healthcare
- Vicki Fix – HR and Fiscal Management, Dahl Memorial Healthcare

Prioritizing the Community Health Needs

The implementation planning committee completed the following to prioritize the community health needs:

- Reviewed the facility's presence in the community (i.e. activities already being done to address community need)
- Considered organizations outside of the facility which may serve as collaborators in executing the facility's implementation plan
- Assessed the health indicators of the community through available secondary data
- Evaluated the feedback received from consultations with those representing the community's interests, including public health

Dahl Memorial Healthcare's Existing Presence in the Community

- DMHA organizes an annual Health Fair in April. The number of booths has grown from two (2) to eight (8) in the past year. A record number of blood draws (324) were provided in 2014.
- An educational speaker on a healthcare topic is provided at an annual event in early May after the Health Fair. The primary care provider also provides follow-up information concerning lab results for anyone interested.
- The facility provides discounted school physicals annually (in July), as well as year-round Department of Transportation physicals.
- DMHA's provider is trained to conduct impact assessments and training concerning head injuries. The provider also works with local coaches and responders to increase awareness of impact assessments.
- The facility is the Meal on Wheels contractor through the County Council on Aging.
- DMHA is a respite care provider on contract with the County Council on Aging.
- DMHA staff members conduct heart health awareness activities during heart health month each February.
- DMHA assists in coordinating transportation for patient visits outside of the service area through Carter Charter and community volunteers.
- DMHA organizes the annual 'Walk for A Cure' and other breast cancer awareness activities each October.
- The facility participates in the local annual parade each August. Health prevention items like lip balm, sunscreen, and water bottles with health messages are distributed.
- DMHA supports the annual 'drug free' week at the school at the same time it encourages reading by purchasing and awarding personal tablets to students to demonstrate a commitment to promoting being drug free throughout the week.
- DMHA participates in an annual Holiday Bazaar and offers free blood draws and flu shots, as well as health planning tools and information.
- At its annual meeting in September, DMHA includes presentations from the departments purposed to update the community on what is happening at the hospital, clinic, and nursing home.

List of Available Community Partnerships and Facility Resources to Address Needs

- Glendive Medical Center (GMC) and Fallon Medical Complex (FMC) provide discounted blood draws, support, and free or discounted mammograms at the annual health fair.
- Montana State University Extension provides unbiased research-based education and information that integrates learning, discovery and engagement to strengthen the social, economic and environmental well-being of individuals, families, and communities.
- The American Cancer Society (ACS) is a nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem.
- The Carter County Public Health Department, housed in DMHA, offers a variety of services (i.e. immunizations, referrals to family planning, walk-in blood pressure checks, and adult day care) to community members, regardless of age or income.
- Life Link, County Cow Belles, and Oxygen suppliers have informational booths at the annual Health Fair Review.
- Avera Health provides e-Emergency services, which links two-way video equipment in rural emergency rooms to emergency-trained physicians and specialists at a central hub. Avera Health also provides professional support and education to the providers at DMHA.
- The Eastern Montana Telemedicine Network (EMTN) is a consortium of not-for-profit medical and mental health facilities linking health care providers and their patients throughout Montana and Wyoming.
- The Montana Health Network (MHN) is a consortium of healthcare organizations collaborating to develop products and services needed to make healthcare more stable, efficient and cost effective.
- The Eastern Montana Area Health Education Center (AHEC) is a part of a statewide network of Area Health Education Centers created to train, recruit and retain healthcare professionals in rural/frontier Montana.
- The Frontier Medicine Better Health Partnership (FMBHP) was formed to address the unique healthcare challenges in rural and frontier communities.
- Montana Geriatric Education Center (MTGEC) is an interdisciplinary center which provides geriatric education and training for Montana health professionals, higher education faculty, and health professions students so that they might better meet the health needs of the older residents of the state.
- St. Vincent Healthcare, Holy Rosary Healthcare, and Billings Clinic provide health education opportunities on healthy lifestyles and diabetes, as well as professional education opportunities via information technology.
- Health Link Now (HLN) provides access to a network of psychiatric and counseling specialists via telemedicine.
- University of Utah Burn Center has a specialist with privileges at DMHA to provide burn care follow-up via tele-medicine.
- Action for Eastern Montana, Area I Agency on Aging, and the County Council on Aging sponsor the local Senior Citizens programs and provide a venue for information dissemination as well as informational resources.

Carter County Indicators

Low Income Persons

- 18.0% of persons are below the federal poverty level

Uninsured Persons

- 32.0% of adults less than age 65 are uninsured
- Data is not available by county (data is available for some counties) for uninsured children less than age 18

Leading Causes of Death: Primary and Chronic Diseases

- Heart Disease
- Cancer
- Chronic Lower Respiratory Disease

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

Elderly Populations

- 23.0% of Carter County's Population is 65 years and older

Size of County and Remoteness

- 1,234 people in Carter County
- 0.4 people per square mile

Nearest Major Hospital

- Billings Clinic and St. Vincent's in Billings, MT are 260 miles from DMHA. Medical centers in Bismarck, ND and Rapid City, SD are slightly closer to DMHA but these facilities prove more difficult to refer to due to crossing state lines.

Public Health and Underserved Populations Consultation Summaries

Public Health Consultation

[Marion Kerr – LPN, Public Health Nurse – February 18, 2014]

- The secondary data analysis was utilized in the previous assessment (from 2011). How can the healthcare system measure its progress and demonstrate the effectiveness of its efforts?
- Carter County has a very small Native American population, but the population present in this region may skew the impacts of certain behavioral health risk factors.
- The leading cause of death in Carter County is heart disease. It is important to note that behavioral health has a significant impact on heart disease. It seems as though Carter County would have performed better on the behavioral health risk factors as it is an agricultural community.

Underserved Population – Low-Income, Underinsured

[Karen Carroll – Food Bank Coordinator & Senior Citizen Coordinator – February 18, 2014]

- The Carter County Food Bank is available and provides commodity boxes to community members needing meals.

Underserved Population – Senior Citizens

[Karen Carroll – Food Bank Coordinator & Senior Citizen Coordinator – Feb. 18, 2014]

- The County Council on Aging is involved with the senior center, senior meals, and the Carter Charter.

Needs Identified and Prioritized

Prioritized Needs to Address

1. Survey respondents identified two of the most important components of a healthy community as: ‘Access to healthcare and other services’ (65.9%) and ‘Healthy behaviors and lifestyles’ (39.8%).
2. Survey respondents’ top three suggestions to improve the community’s access to health care: ‘More primary care providers’ (36.4%), ‘Outpatient services expanded hours’ (19.9%), and ‘More specialists’ (19.3%). Focus group participants also identified access to healthcare as a major concern.
3. Over twenty-six percent (26.5%) of survey respondents indicated that they or a member of their household delayed getting healthcare services when they needed it. Two of the top three reasons cited: ‘It costs too much’ (36.6%) and ‘Office wasn’t open when I could go’ (24.4%).
4. Approximately a third of the survey respondents (34.2%) indicated they were not aware or were unsure of programs available to help people pay for healthcare bills.
5. Survey respondents identified the top three health concerns as ‘Cancer’ (46.6%), ‘Heart disease’ (33.5%), and ‘Alcohol abuse/substance abuse’ (27.8%).
6. Significantly more respondents rated their community’s health as worse in 2014 versus 2011.
7. Eighty-three percent (82.7%) of survey respondents indicated that they or a household member had seen a specialist during the past three years.
8. The two most desired local healthcare services indicated by survey respondents were: ‘Pharmacy’ (56.8%) and ‘Vision Services’ (48.9%). Focus group participants also indicated a need for these services in the community.
9. Significantly more survey respondents indicated usage of services available for senior citizens in the community: the ‘Senior Center’ (19.9%) and the ‘Carter Charter’ (17.0%). Focus group participants also indicated a need for assisted living services.
10. Thirteen percent (13.1%) of survey respondents reported they experienced periods of feeling depressed on most days for at least three consecutive months. Depression and mental health were also indicated as major issues in the community by focus group participants.

Prioritized Needs to Address continued...

11. Survey respondents indicated the most interest in the following educational programs/classes: ‘Fitness’ (29.5%), ‘Health and Wellness’ (29%), and ‘Women’s Health’ (27.3%). Focus groups also indicated concern regarding a lack of preventive services and educational outreach available in the community, as well as a need for women’s health services.
12. Based on the secondary data analysis, the hospitalization rates for ‘Diabetes’ is higher in the region (156.4 per 100,000) versus the state of Montana (115.4 per 100,000).
13. Most respondents (46.2%) reported having at least 20 minutes of exercise ‘Daily’, but 8.3% of respondents reported ‘No physical activity.’
14. Approximately a quarter of survey respondents rated their knowledge of health services available at DMHA as either ‘Fair’ (16.2%) or ‘Poor’ (9.2%).

Needs Unable to Address

(See page 33 for additional information)

1. Based on the secondary data analysis, the unintentional injury death rate in Carter County is higher (78.9 per 100,000) compared to the state of Montana (58.8 per 100,000) and the nation (38.4 per 100,000).
2. Respondents indicated a need for Dental Services (47.7%) Focus groups identified services needed as dental and the most utilized specialist by community members was a ‘Dentist’ (28.8%).
3. One of the top three reasons cited by respondents who reported that they or a member of their household delayed getting healthcare services when they needed it was ‘It was too far to go’ (29.3%).
4. Two of the top three specialists utilized were ‘Orthopedic surgeon’ (24.5%), and ‘Cardiologist’ (23.7%).
5. Focus groups conducted identified limited walking paths, sidewalks, and paved roads as a major issue / concern.

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 pages 9-10). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 15.

Goal 1: Increase access to healthcare services in Dahl Memorial Healthcare’s service area.

Strategy 1.1: Assess the feasibility of hiring an additional primary healthcare provider.

Activities:

- Review complete financial feasibility model.
- Determine demand for an additional provider by developing a plan for service expansion.
- Obtain feedback from the community and DMHA staff concerning services to be included in the service expansion plan.
- Develop a plan for service expansion and determine the feasibility of offering services such as urgent care, women’s health services, expanded clinic hours, etc.
- Identify resources and/or funding required to hire an additional primary healthcare provider.
- Identify potential recruiting activities and partnerships.

Strategy 1.2: Address concerns regarding cost of care at Dahl Memorial Healthcare.

Activities:

- Inform patients of various financial assistance programs available at DMHA, including Medicare, Medicaid, and Charity Care programs.
 - Provide financial information at discharge.
 - Develop an informational brochure or create a packet from existing materials.
- Build awareness of financial assistance options among employees and encourage them to provide education to patients regarding financial assistance programs and payment plans available.
- Assess charity care policy and options.

Strategy 1.3: Explore potential of providing pharmacy services to the community.

Activities:

- Research current rural pharmacy models (i.e. local store model, telemedicine model, etc.).
- Review the Montana Health Network rural pharmacy project and set up discussion with contacts.
- Assess feasibility of DMHA implementing a sustainable rural pharmacy model.
- Identify potential community/statewide partners and initiate discussions with contacts.
- Develop a plan to implement providing local pharmacy services.

Strategy 1.4: Create a plan for needed services for the aging population.

Activities:

- Explore models for rural home health services or visiting nurse services (VNS) through the RHC.
- Assess feasibility for adding home health services/VNS.
- Obtain feedback from the community on home health services that are needed.
- Explore options and assess feasibility for assisted living services.
- Obtain feedback from the community on assisted living services needed.

Strategy 1.5: Develop a strategy to increase the utilization of existing telemedicine services.

Activities:

- Develop a marketing campaign to advertise telemedicine services that are currently available.
 - Develop an email campaign for community leaders.
 - Post flyers at local establishments.
 - Create articles and advertisements to publish in the weekly newspaper.
- Conduct staff outreach trainings to promote existing telemedicine services, as well as continuing education and professional development opportunities.
- Create informational materials to distribute to inform patients about existing telemedicine services (i.e. cardiology, nephrology, neurology, burn care).
- Organize a telemedicine ‘open house’ and provide demonstrations of current and future telemedicine services.
- Give presentations about the capacity of telemedicine at community events.

Strategy 1.6: Assess the feasibility of providing additional telemedicine services.

Activities:

- Obtain feedback from the DMHA staff and community members about needed specialty services.
- Explore additional partnership options for specialty services (i.e. primary care, dermatology, vision services, diabetic counseling, cardio rehab, physiology, oncology, pulmonology, endocrinology, rheumatology, lab consultations, etc.).
- Complete sustainability plan for e-Emergency services.
- Determine the needs to provide additional specialty services via telemedicine (i.e. financial, space, staffing needs).
- Identify additional telemedicine services to be offered.
- Integrate information concerning newly offered specialty services into the new marketing campaign/strategy.
- Create informational materials to inform patients about the newly available telemedicine services.

Strategy 1.7: Provide substance abuse and mental health counseling services via telemedicine.

Activities:

- Explore options for providing mental health/substance abuse counseling services via telemedicine.
- Assess which resources are required to provide mental health/substance abuse counseling services via telemedicine.
- Begin providing mental health/substance abuse counseling services via telemedicine.
- Integrate information concerning new services into the new marketing campaign/strategy.
- Create informational materials to inform patients about the newly available telemedicine services.

Goal 2: Continue collaborating with the community to improve health and increase awareness of DMHA services.

Strategy 2.1: Promote health and wellness services and activities in the community.

Activities:

- Create an outreach program to educate DMHA staff about the local health and wellness services and activities available (i.e. healthy lifestyle education/services, diabetes education, women’s health/support, etc.) via telemedicine technology.
- Develop a marketing campaign to advertise available opportunities through the use of telemedicine technology.
 - Develop an email campaign for community leaders.
 - Post flyers at local establishments.
 - Create articles and advertisements to publish in several weekly newspapers throughout the area.
- Create informational materials to inform patients about health and wellness services and activities that are available via telemedicine.

Strategy 2.2: Build a collaborative relationship between DMHA and the community through a new liaison position.

Activities:

- Hire a Better Health Improvement Specialist (BHIS).
- Integrate information regarding the BHIS job responsibilities into the new marketing campaign/strategy.
- Identify events for the new BHIS to provide his/her services and promote awareness of partnership opportunities with DMHA.

Implementation Plan Grid

Goal 1: Increase access to healthcare services in Dahl Memorial Healthcare’s service area.

Strategy 1.1: Assess the feasibility of hiring an additional primary healthcare provider.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Review complete financial feasibility model.	CEO, Board	September 2014	Board		
Determine demand for an additional provider by developing a plan for service expansion.	CEO, Leadership Team	January 2015	Board		
Obtain feedback from the community and DMHA staff concerning services to be included in the service expansion plan.	CEO, Leadership Team	January 2015	Board		
Develop a plan for service expansion and determine the feasibility of offering services such as urgent care, women’s health services, expanded clinic hours, etc.	CEO, Leadership Team	March 2015	CEO, Board	FMBHP	Financial limitations; Resource limitations
Identify resources and/or funding required to hire an additional primary healthcare provider.	CEO, Leadership Team	March 2016	CEO		Financial limitations
Identify potential recruiting activities and partnerships.	CEO, Leadership Team, Board	June 2015	Board		Financial limitations

Needs Being Addressed by this Strategy:

- #1: Survey respondents identified two of the most important components of a healthy community as: ‘Access to healthcare and other services’ (65.9%) and ‘Healthy behaviors and lifestyles’ (39.8%).
- #2: Survey respondents top three suggestions to improve the community’s access to health care: ‘More primary care providers’ (36.4%), ‘Outpatient services expanded hours’ (19.9%), and ‘More specialists’ (19.3%). Focus group participants also identified access to healthcare as being a major concern.

Strategy 1.1 continued on following page...

Strategy 1.1 continued...

- #3: Over twenty-six percent (26.5%) of survey respondents indicated that they or a member of their household delayed getting healthcare services when they needed it. Two of the top three reasons cited: ‘It costs too much’ (36.6%) and ‘Office wasn’t open when I could go’ (24.4%).
- #6: Significantly more respondents rated their community’s health as worse in 2014 versus 2011.

Anticipated Impact(s) of these Activities:

- Increased access to primary care and other healthcare services
- Improved health outcomes
- Decreased ER admissions

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

- Track ER admissions to determine whether the addition of another primary care provider has decreased utilization of ER for non-emergencies
- Track appointment volume for the new provider to measure community’s awareness of additional care capacity

Measure of Success: Dahl Memorial Healthcare develops a strategic/financial plan to hire an additional primary care provider by June 2015.

Goal 1: Increase access to healthcare services in Dahl Memorial Healthcare’s service area.

Strategy 1.2: Address concerns regarding cost of care at Dahl Memorial Healthcare.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Inform patients of various financial assistance programs available at DMHA, including Medicare, Medicaid, and Charity Care programs. <ul style="list-style-type: none"> - Provide financial information at discharge. - Develop an informational brochure or create a packet from existing materials. 	Business Office, Navigator, Social Services, BHIS	December 2014	CEO	Action for Eastern Montana, FMBHP	Financial limitations
Build awareness of financial assistance options among employees and encourage them to provide education to patients regarding financial assistance programs and payment plans available.	Business Office, Navigator, Social Services	Ongoing	CEO		
Assess charity care policy and options.	Business Office	June 2015	CEO, Board		Financial limitations; Regulatory obstacles

Needs Being Addressed by this Strategy:

- #1: Survey respondents identified two of the most important components of a healthy community as: ‘Access to healthcare and other services’ (65.9%) and ‘Healthy behaviors and lifestyles’ (39.8%).
- #2: Survey respondents top three suggestions to improve the community’s access to health care: ‘More primary care providers’ (36.4%), ‘Outpatient services expanded hours’ (19.9%), and ‘More specialists’ (19.3%). Focus group participants also identified access to healthcare as being a major concern.
- #3: Over twenty-six percent (26.5%) of survey respondents indicated that they or a member of their household delayed getting healthcare services when they needed it. Two of the top three reasons cited: ‘It costs too much’ (36.6%) and ‘Office wasn’t open when I could go’ (24.4%).
- #4: Approximately a third of the survey respondents (34.2%) indicated they were not aware or were unsure of programs available to help people pay for healthcare bills.

Strategy 1.2 continued on following page...

Strategy 1.2 continued...

- #6: Significantly more respondents rated their community's health as worse in 2014 versus 2011.
- #14: Approximately a quarter of survey respondents rated their knowledge of health services available at DMHA as either 'Fair' (16.2%) or 'Poor' (9.2%).

Anticipated Impact(s) of these Activities:

- Increased access to care
- Increased awareness of financial assistance programs/payment plans
- Improved health outcomes
- Increased revenue for the facility/increased number of services and programs available to the community

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

- Track number of patients utilizing financial assistance programs/payment plans
- Track number of services/programs created as a result of increased revenue

Measure of Success: Dahl Memorial Healthcare staff members increase outreach efforts and distributes informational packets to 25% of patients by September 2015.

Goal 1: Increase access to healthcare services in Dahl Memorial Healthcare’s service area.

Strategy 1.3: Explore potential of providing pharmacy services to the community.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Research current rural pharmacy models (i.e. local store model, telemedicine model, etc.).	CEO, Leadership Team, BHIS	March 2015	CEO, Board	FMBHP	
Review the Montana Health Network rural pharmacy project and set up discussion with contacts.	CEO	April 2015	CEO	MHN	Resource limitations
Assess feasibility of DMHA implementing a sustainable rural pharmacy model.	CEO, Leadership Team	December 2015	CEO, Board	FMBHP	
Identify potential community/statewide partners and initiate discussions with contacts.	BHIS, CEO	April 2016	CEO	FMBHP	Resource limitations
Develop a plan to implement providing local pharmacy services.	CEO, Leadership Team	March 2017	CEO, Board		Financial limitations; Resource limitations

Needs Being Addressed by this Strategy:

- #1: Survey respondents identified two of the most important components of a healthy community as: ‘Access to healthcare and other services’ (65.9%) and ‘Healthy behaviors and lifestyles’ (39.8%).
- #5: Survey respondents identified the top three health concerns as ‘Cancer’ (46.6%), ‘Heart disease’ (33.5%), and ‘Alcohol abuse/substance abuse’ (27.8%).
- #6: Significantly more respondents rated their community’s health as worse in 2014 versus 2011.
- #8: The two most desired local healthcare services indicated by survey respondents were: ‘Pharmacy’ (56.8%) and ‘Vision Services’ (48.9%). Focus group participants also indicated a need for these services in the community.
- #9: Significantly more survey respondents indicated usage of services available for senior citizens in the community: the ‘Senior Center’ (19.9%) and the ‘Carter Charter’ (17.0%). Focus group participants also indicated a need for assisted living services.
- #12: Based on the secondary data analysis, hospitalization rates for ‘Diabetes’ is higher in the region (156.4 per 100,000) versus the state of Montana (115.4 per 100,000).

Strategy 1.3 continued on following page...

Strategy 1.3 continued...

Anticipated Impact(s) of these Activities:

- Patients and community members are able to fill basic medications without having to travel
- Increased rates of medication compliance
- Improved health outcomes as a result of higher medication compliance

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

- Survey primary care provider on medication compliance
- Track ER admission data to determine whether increased access to a pharmacy has resulted in improved health outcomes

Measure of Success: DMHA presents a plan to add pharmacy services to the Board of Directors at the January 2017 board meeting.

Goal 1: Increase access to healthcare services in Dahl Memorial Healthcare’s service area.

Strategy 1.4: Create a plan for needed services for the aging population.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore models for rural home health services or Visiting Nurse Services thru the RHC.	BHIS	May 2015	CEO	FMBHP	
Assess feasibility for adding home health services/VNS.	BHIS, CEO, Leadership Team	January 2016	CEO, Board	MTGEC	Financial limitations; resource limitations
Obtain feedback from the community on home health services that are needed.	BHIS	March 2016	CEO		
Explore options and assess feasibility for assisted living services.	CEO, Leadership Team	June 2016	CEO, Board	MTGEC	Financial limitations; resource limitations
Obtain feedback from the community on assisted living services needed.	CEO, Leadership Team	August 2016	CEO		

Needs Being Addressed by this Strategy:

- #1: Survey respondents identified two of the most important components of a healthy community as: ‘Access to healthcare and other services’ (65.9%) and ‘Healthy behaviors and lifestyles’ (39.8%).
- #5: Survey respondents identified the top three health concerns as ‘Cancer’ (46.6%), ‘Heart disease’ (33.5%), and ‘Alcohol abuse/substance abuse’ (27.8%).
- #6: Significantly more respondents rated their community’s health as worse in 2014 versus 2011.
- #9: Significantly more survey respondents indicated usage of services available for senior citizens in the community: the ‘Senior Center’ (19.9%) and the ‘Carter Charter’ (17.0%). Focus group participants also indicated a need for assisted living services.
- #10: Thirteen percent (13.1%) of survey respondents reported they experienced periods of feeling depressed on most days for at least three consecutive months. Depression and mental health were also indicated as major issues in the community by focus group participants.
- #12: Based on the secondary data analysis, hospitalization rates for ‘Diabetes’ is higher in the region (156.4 per 100,000) versus the state of Montana (115.4 per 100,000).
- #14: Approximately a quarter of survey respondents rated their knowledge of health services available at DMHA as either ‘Fair’ (16.2%) or ‘Poor’ (9.2%).

Strategy 1.4 continued on following page...

Strategy 1.4 continued...

Anticipated Impact(s) of these Activities:

- Improved health outcomes
- Improved quality of life for seniors in the community
- Decreased ER admissions for non-emergencies
- Increased awareness of services offered through DMHA

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

- Track ER admission data to determine whether home health/assisted living services has resulted in improved health outcomes
- Survey senior citizens regarding their experiences with home health/assisted living services

Measure of Success: Dahl Memorial Healthcare presents a plan to the Board of Directors regarding offering home health/assisted living/VNS services in the community at the March 2017 board meeting.

Goal 1: Increase access to healthcare services in Dahl Memorial Healthcare’s service area.					
Strategy 1.5: Develop a strategy to increase the utilization of existing telemedicine services.					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Develop a marketing campaign to advertise telemedicine services that are currently available. <ul style="list-style-type: none"> - Develop an email campaign for community leaders. - Post flyers at local establishments. - Create articles and advertisements to publish in the weekly newspaper. 	CEO, DON, Leadership Team	February 2015 and ongoing	CEO	Billings Clinic, Holy Rosary Healthcare, Avera	Financial limitations; Resource limitations
Conduct staff outreach trainings to promote existing telemedicine services, as well as continuing education and professional development opportunities.	HR, DON	February 2015 and ongoing	CEO	Billings Clinic, Holy Rosary Healthcare, Avera	
Create informational materials to distribute to inform patients about existing telemedicine services (i.e. cardiology, nephrology, neurology, burn care).	Nursing Staff, Patient Intake/ Discharge	April 2015 and ongoing	CEO	Billings Clinic, Burn Center,	Financial limitations; Resource limitations
Organize a telemedicine ‘open house’ and provide demonstrations of current and future telemedicine services.	Leadership Team	April 2015	CEO, Board	Billings Clinic, Holy Rosary Healthcare, Avera, HLN (Health Link Now)	Financial limitations; Resource limitations
Give presentations about the capacity of telemedicine at community events	Leadership Team	Ongoing	CEO, Board	County Council on Aging, MSU Extension Service	Financial limitations; Resource limitations
<i>Strategy 1.5 continued on following page...</i>					

Strategy 1.5 continued...**Needs Being Addressed by this Strategy:**

- #1: Survey respondents identified two of the most important components of a healthy community as: ‘Access to healthcare and other services’ (65.9%) and ‘Healthy behaviors and lifestyles’ (39.8%).
- #2: Survey respondents top three suggestions to improve the community’s access to health care: ‘More primary care providers’ (36.4%), ‘Outpatient services expanded hours’ (19.9%), and ‘More specialists’ (19.3%). Focus group participants also identified access to healthcare as being a major concern.
- #5: Survey respondents identified the top three health concerns as ‘Cancer’ (46.6%), ‘Heart disease’ (33.5%), and ‘Alcohol abuse/substance abuse’ (27.8%).
- #6: Significantly more respondents rated their community’s health as worse in 2014 versus 2011.
- #7: Eighty-three percent (82.7%) of survey respondents indicated that they or a household member had seen a specialist during the past three years.
- #12: Based on the secondary data analysis, hospitalization rates for ‘Diabetes’ is higher in the region (156.4 per 100,000) versus the state of Montana (115.4 per 100,000).
- #14: Approximately a quarter of survey respondents rated their knowledge of health services available at DMHA as either ‘Fair’ (16.2%) or ‘Poor’ (9.2%).

Anticipated Impact(s) of these Activities:

- Increased access to healthcare services
- Improved health outcomes
- Decreased travel time for patients
- Less staff turnover as a result of employees utilizing telemedicine capabilities for continuing education and maintaining licensure requirements
- Increased awareness of telemedicine specialty services offered at DMHA

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

- Track utilization of existing telemedicine services
- Track staff utilization of education/professional development opportunities

Measure of Success: DMHA experiences a 20% increase in community members/staff members utilizing telemedicine services by September 2015.

Goal 1: Increase access to healthcare services in Dahl Memorial Healthcare’s service area.					
Strategy 1.6: Assess the feasibility of providing additional telemedicine services.					
Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Obtain feedback from the DMHA staff and community members about needed specialty services.	BHIS, Leadership Team	April 2015	CEO	FMBHP	
Explore additional partnership options for specialty services (i.e. primary care, dermatology, vision services, diabetic counseling, cardio rehab, physiology, oncology, pulmonology, endocrinology, rheumatology, lab consultations, etc.).	BHIS, CEO	March 2015	CEO	FMBHP	Financial limitations; Resource limitations
Complete sustainability plan for e-Emergency services.	BHIS, CEO, Leadership Team	August 2017	CEO, Board	Avera	Financial limitations; Resource limitations
Determine the needs to provide additional specialty services via telemedicine (i.e. financial, space, staffing needs).	CEO, Leadership Team	May 2015	CEO		Financial limitations; Resource limitations
Identify additional telemedicine services to be offered.	CEO	January 2016	Board		Financial limitations; Resource limitations
Integrate information concerning newly offered specialty services into the new marketing campaign/strategy.	BHIS, Leadership Team, CEO, DON, Social Services	January 2016 and ongoing	CEO	FMBHP	
Create informational materials to inform patients about the newly available telemedicine services.	BHIS, Nursing Staff, Patient Intake/ Discharge	January 2016 and ongoing	CEO	FMBHP, Billings Clinic, Avera	
Needs Being Addressed by this Strategy:					
<ul style="list-style-type: none"> ▪ #1: Survey respondents identified two of the most important components of a healthy community as: ‘Access to healthcare and other services’ (65.9%) and ‘Healthy behaviors and lifestyles’ (39.8%). 					
Strategy 1.6 continued on following page...					

Strategy 1.6 continued...

- #2: Survey respondents top three suggestions to improve the community’s access to health care: ‘More primary care providers’ (36.4%), ‘Outpatient services expanded hours’ (19.9%), and ‘More specialists’ (19.3%). Focus group participants also identified access to healthcare as being a major concern.
- #5: Survey respondents identified the top three health concerns as ‘Cancer’ (46.6%), ‘Heart disease’ (33.5%), and ‘Alcohol abuse/substance abuse’ (27.8%).
- #6: Significantly more respondents rated their community’s health as worse in 2014 versus 2011.
- #7: Eighty-three percent (82.7%) of survey respondents indicated that they or a household member had seen a specialist during the past three years.
- #8: The two most desired local healthcare services indicated by survey respondents were: ‘Pharmacy’ (56.8%) and ‘Vision Services’ (48.9%). Focus group participants also indicated a need for these services in the community.
- #9: Significantly more survey respondents indicated usage of services available for senior citizens in the community: the ‘Senior Center’ (19.9%) and the ‘Carter Charter’ (17.0%). Focus group participants also indicated a need for assisted living services.
- #12: Based on the secondary data analysis, hospitalization rates for ‘Diabetes’ is higher in the region (156.4 per 100,000) versus the state of Montana (115.4 per 100,000).
- #14: Approximately a quarter of survey respondents rated their knowledge of health services available at DMHA as either ‘Fair’ (16.2%) or ‘Poor’ (9.2%).

Anticipated Impact(s) of these Activities:

- Increased access to healthcare services
- Improved health outcomes
- Decreased travel time for patients
- Increased awareness of telemedicine specialty services offered at DMHA

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

- Track utilization of telemedicine services

Measure of Success: DMHA, in conjunction with Billings Clinic, gives privileges to 20% more specialty providers by March 2017.

Goal 1: Increase access to healthcare services in Dahl Memorial Healthcare’s service area.

Strategy 1.7: Provide substance abuse and mental health counseling services via telemedicine.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore options for providing mental health/substance abuse counseling services via telemedicine.	CEO	February 2015	CEO	HLN (Health Link Now)	Financial limitations; Resource limitations
Assess which resources are required to provide mental health/substance abuse counseling services via telemedicine.	CEO	April 2015	CEO	HLN	Financial limitations; Resource limitations
Begin providing mental health/substance abuse counseling services via telemedicine.	Provider, CEO, Nursing Staff	August 2015	CEO	HLN	Financial limitations; Resource limitations
Integrate information concerning new services into the new marketing campaign/strategy.	CEO, DON, Social Services	August 2015 and ongoing	CEO	HLN	
Create informational materials to inform patients about the newly available telemedicine services.	Nursing Staff, Patient Intake/ Discharge	August 2015 and ongoing	CEO	HLN	

Needs Being Addressed by this Strategy:

- #1: Survey respondents identified two of the most important components of a healthy community as: ‘Access to healthcare and other services’ (65.9%) and ‘Healthy behaviors and lifestyles’ (39.8%).
- #2: Survey respondents top three suggestions to improve the community’s access to health care: ‘More primary care providers’ (36.4%), ‘Outpatient services expanded hours’ (19.9%), and ‘More specialists’ (19.3%). Focus group participants also identified access to healthcare as being a major concern.
- #5: Survey respondents identified the top three health concerns as ‘Cancer’ (46.6%), ‘Heart disease’ (33.5%), and ‘Alcohol abuse/substance abuse’ (27.8%).
- #6: Significantly more respondents rated their community’s health as worse in 2014 versus 2011.
- #10: Thirteen percent (13.1%) of survey respondents reported they experienced periods of feeling depressed on most days for at least three consecutive months. Depression and mental health were also indicated as major issues in the community by focus group participants.

Strategy 1.7 continued on following page...

Strategy 1.7 continued...

- #11: Survey respondents indicated the most interest in the following educational programs/classes: ‘Fitness’ (29.5%), ‘Health and Wellness’ (29%), and ‘Women’s Health’ (27.3%). Focus groups also indicated concern regarding a lack of preventive services and educational outreach available in the community, as well as a need for women’s health services.
- #14: Approximately a quarter of survey respondents rated their knowledge of health services available at DMHA as either ‘Fair’ (16.2%) or ‘Poor’ (9.2%).

Anticipated Impact(s) of these Activities:

- Increased access to healthcare services
- Improved health outcomes
- Decreased ER admissions caused by a behavioral health/substance abuse issue

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

- Track utilization of mental health/substance abuse counseling services
- Track ER admissions due to a behavioral health/substance abuse issue

Measure of Success: DMHA averages five (5) appointments on a monthly basis by March 2017.

Goal 2: Continue collaborating with the community to improve health and increase awareness of DMHA services.

Strategy 2.1: Promote health and wellness services and activities in the community.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Create an outreach program to educate DMHA staff about the local health and wellness services and activities available (i.e. healthy lifestyle education/services, diabetes education, women’s health /support, etc.) via telemedicine technology.	BHIS, CEO, HR, DON	February 2015 and ongoing	CEO	Avera, EMTN, MTGEC, Billings Clinic, MHN, Northeastern MT AHEC	Financial limitations; Resource limitations
Develop a marketing campaign to advertise available opportunities through the use of telemedicine technology. <ul style="list-style-type: none"> - Develop an email campaign for community leaders. - Post flyers at local establishments. - Create articles and advertisements to publish in several weekly newspapers throughout the area. 	BHIS, CEO, DON, Social Services	February 2015 and ongoing	CEO	Avera, EMTN, MTGEC, Billings Clinic, MHN, Northeastern MT AHEC	
Create informational materials to inform patients about health and wellness services and activities that are available via telemedicine.	BHIS, Nursing Staff, Patient Intake/ Discharge	April 2015 and ongoing	CEO	Avera, EMTN, MTGEC, Billings Clinic, MHN, Northeastern MT AHEC	

Needs Being Addressed by this Strategy:

- #1: Survey respondents identified two of the most important components of a healthy community as: ‘Access to healthcare and other services’ (65.9%) and ‘Healthy behaviors and lifestyles’ (39.8%).
- #6: Significantly more respondents rated their community’s health as worse in 2014 versus 2011.
- #7: Eighty-three percent (82.7%) of survey respondents indicated that they or a household member had seen a specialist during the past three years.

Strategy 2.1 continued on following page...

Strategy 2.1 continued...

- #10: Thirteen percent (13.1%) of survey respondents reported they experienced periods of feeling depressed on most days for at least three consecutive months. Depression and mental health were also indicated as major issues in the community by focus group participants.
- #11: Survey respondents indicated the most interest in the following educational programs/classes: ‘Fitness’ (29.5%), ‘Health and Wellness’ (29%), and ‘Women’s Health’ (27.3%). Focus groups also indicated concern regarding a lack of preventive services and educational outreach available in the community, as well as a need for women’s health services.
- #12: Based on the secondary data analysis, hospitalization rates for ‘Diabetes’ is higher in the region (156.4 per 100,000) versus the state of Montana (115.4 per 100,000).
- #13: Most respondents (46.2%) reported having at least 20 minutes of exercise ‘Daily’, but 8.3% of respondents reported ‘No physical activity.’
- #14: Approximately a quarter of survey respondents rated their knowledge of health services available at DMHA as either ‘Fair’ (16.2%) or ‘Poor’ (9.2%).

Anticipated Impact(s) of these Activities:

- Increased access to healthcare services
- Improved health outcomes
- Improved quality of life for community members

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

- Track utilization of health and wellness services offered via telemedicine

Measure of Success: Dahl Memorial Healthcare offers two (2) health and wellness classes/services annually by March 2017.

Goal 2: Continue collaborating with the community to improve health and increase awareness of DMHA services.

Strategy 2.2: Build a collaborative relationship between DMHA and the community through a new liaison position.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Hire a Better Health Improvement Specialist (BHIS).	HR	October 2014	CEO	FMBHP	Difficulty identifying qualified candidate from the area
Integrate information regarding the BHIS job responsibilities into the new marketing campaign/strategy.	CEO, DON, Leadership Team	October 2014	CEO	FMBHP	
Identify events for the new BHIS to provide his/her services and promote awareness of partnership opportunities with DMHA.	Leadership Team	December 2014	CEO	FMBHP	

Needs Being Addressed by this Strategy:

- #1: Survey respondents identified two of the most important components of a healthy community as: ‘Access to healthcare and other services’ (65.9%) and ‘Healthy behaviors and lifestyles’ (39.8%).
- #6: Significantly more respondents rated their community’s health as worse in 2014 versus 2011.
- #11: Survey respondents indicated the most interest in the following educational programs/classes: ‘Fitness’ (29.5%), ‘Health and Wellness’ (29%), and ‘Women’s Health’ (27.3%). Focus groups also indicated concern regarding a lack of preventive services and educational outreach available in the community, as well as a need for women’s health services.
- #13: Most respondents (46.2%) reported having at least 20 minutes of exercise ‘Daily’, but 8.3% of respondents reported ‘No physical activity.’
- #14: Approximately a quarter of survey respondents rated their knowledge of health services available at DMHA as either ‘Fair’ (16.2%) or ‘Poor’ (9.2%).

Anticipated Impact(s) of these Activities:

- Increased access to healthcare services
- Improved health outcomes
- Improved quality of life for community members
- Increased collaboration/partnerships between community and the facility

Strategy 2.2 continued on following page...

Strategy 2.2 continued...

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

- Track Better Health Improvement Plan (BHIP) outcomes (BHIS is responsible for completing a BHIP as a part of the Frontier Medicine Better Health Partnership (FMBHP) grant).
- Track collaborations/partnerships developed

Measure of Success: Dahl Memorial Healthcare's BHIS develops at least two (2) community partnerships by June 2015.

Needs Not Addressed and Justification

Identified health needs unable to address by Dahl Memorial Healthcare	Rationale
Based on the secondary data analysis, the unintentional injury death rate in Carter County is higher (78.9 per 100,000) compared to the state of Montana (58.8 per 100,000) and the nation (38.4 per 100,000).	Providing safety training is currently beyond the financial and resource capacity of Dahl Memorial Healthcare. Addressing the unintentional injury death rate in the county will require a multi-sector/agency collaboration and approach.
Respondents indicated a need for Dental Services (47.7%) Focus groups identified services needed as dental and the most utilized specialist by community members was a ‘Dentist’ (28.8%).	Dahl Memorial Healthcare does not have the space, resources, or funding available to provide dental services at this time. As Dahl Memorial Healthcare is located in a frontier community, recruiting and housing a full-time dentist is beyond DMHA’s capacity at this time.
One of the top three reasons cited by respondents who reported that they or a member of their household delayed getting healthcare services when they needed it was ‘It was too far to go’ (29.3%).	As Dahl Memorial Healthcare is located in a frontier community that is fairly isolated from neighboring communities/healthcare facilities, this concern is a longstanding one. As evidenced by Strategies 1.5 - 1.7, DMHA does offer some specialty services via telemedicine, which will reduce the travel time required for some community members.
Two of the top three specialists utilized were ‘Orthopedic surgeon’ (24.5%), and ‘Cardiologist’ (23.7%).	At this time, DMHA is exploring additional specialty services to be offered via telemedicine (see Strategy 1.6); however, it is beyond the facility’s capacity to offer these services at this time.
Focus groups conducted identified limited walking paths, sidewalks, and paved roads as a major issue / concern.	While Dahl Memorial Healthcare is focusing some of its efforts on improving health and wellness in the community, the need for improved community infrastructure is beyond DMHA’s scope at this time. The facility cannot dedicate the resources or funding required to plan a project on this scale.

Dissemination of Needs Assessment

Dahl Memorial Healthcare (DMHA) disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website (www.dahlmemorial.com) 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 DMHA is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Carter County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of DMHA will be directed to the hospital's website to view the complete assessment results and the implementation plan. DMHA board members approved and adopted the plan on **November 19, 2014**. Board members are encouraged to familiarize themselves with the needs assessment report and implementation plan so they can publically promote the facility's plan to influence the community in a beneficial manner.

DMHA will establish an ongoing feedback mechanism to take into account any written comments it may receive on the adopted implementation plan document.