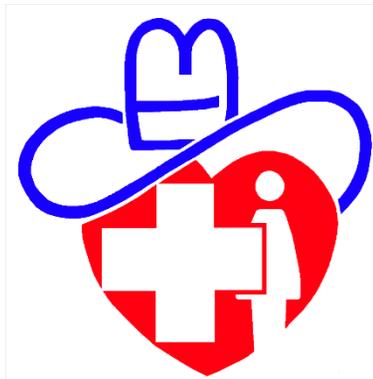


# IMPLEMENTATION PLAN

## *Addressing Community Health Needs*



***Ekalaka, Montana***

***2020-2023***

**1**

*Disclaimer: The Montana Office of Rural Health strongly encourages 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 Dahl Memorial Healthcare Association’s (DMHA) 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 CHSD community health needs assessment was conducted in the Spring of 2020 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 and key informant interviews (see page 11 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 (<https://dahlmemorial.org/montana/uploads/2020/06/Infographic-Ekalaka.pdf>).

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 9 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 DMHA’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:

- Access to healthcare services
- Health wellness and prevention
- Mental and behavioral health

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In addressing the aforementioned issues, DMHA seeks to:

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

**Facility 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:**

- Ryan Tooke, CEO- Dahl Memorial Healthcare (DMHA)
- Kathy Wilcox, - DMHA Quality Director
- Patricia Rogers, - DMHA Director of Nursing
- Raquel Williams, - DMHA RN
- Michelle Mehling, - DMHA Director of Pharmacy

## Prioritizing the Community Health Needs

The steering and implementation planning committees 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

### DMHA'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. **This has been suspended due to the COVID-19 Pandemic.**
- 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. **This has been suspended due to the COVID-19 Pandemic.**
- 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 supports 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, long term care and clinic locations.

### List of Available Community Partnerships and Facility Resources to Address Needs

- Carter County Transportation board and the *Carter Charter* provide low cost transportation for community members throughout the area. The Activities Department at Dahl use these services to transport residents for group outings.
- Powder River Manor provides low income housing for senior citizens in the area.
- Unlicensed Assistance Personnel (UAP) program provides training and student rotations for unlicensed staff.
- 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.
- St Vincent Healthcare in Billings provides e-Emergency services, which links two-way video equipment in rural emergency rooms to emergency-trained physicians and specialists at a central hub. Their Behavioral Health (BH) program also provides access to BH patient care services, professional support and staff education.
- 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. AHEC also provides pipeline programs for high school students to spark interest in pursuing medical careers and staying locally.
- 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 a variety of clinical specialist telehealth services, health education opportunities on healthy lifestyles and diabetes, as well as professional education opportunities via information technology.
- 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.
- Frontier Community Health Integration Program (FCHIP) provides education, problem-solving support, technical and billing expertise and marketing resources for increasing patient access to telehealth services in our frontier geographic location.
- National Rural Accountable Care Consortium (NRACO) provides education and training, problem-solving support, technical and billing expertise, and marketing materials for increasing Carter County Medicare beneficiaries to comprehensive health management service integration and coordination.

## Carter County Indicators

### Population Demographics

- 99.4% of Carter County's population white, and 1.9% is American Indian or Alaska Native, or Other
- 18.1% of Carter County's population has disability status
- 24.4% of Carter County's population is 65 years and older
- 8.9% of Carter County's population has Veteran status

### Size of County and Remoteness

- 1,160 people in Carter County
- 0.3 people per square mile

### Socioeconomic Measures

- \$45,347 is the Median Income in Carter County
- 18.6% of children live in poverty
- 11.8% of persons are below the federal poverty level
- 15% of adults (age<65) are uninsured; 10% of children less than age 18, are uninsured
- 7.1% of the population is enrolled in Medicaid

### Select Health Measures

- 28% of adults are considered obese
- 21% of the adult population report physical inactivity
- Unintentional injury death rate (per 100,000 population) is 65.6 compared to 41.3 for Montana
- 41% of adults living in frontier Montana report two or more chronic conditions
- Montana's suicide rate (per 100,000 population) is 22.5 compared to 13.9 for the U.S.

### Nearest Major Hospital

- Billings Clinic and St. Vincent Healthcare 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

Public Health Nurse- Carter County Public Health Department; Mayor- Town of Ekalaka

02/11/2020

- We have such a small population that 2 or 3 deaths leads to a higher percentage than in other counties. But, ATV accidents, car accidents, farming accidents, are things that I could see playing into the high accidental death rate.
- For the size of our county, 1100 population for 3 providers is not good.
- If someone is critical and we are fogged in so they can't get to Baker in time, that can be fatal. In other places, there are multiple options to get out (ambulance, airplane, etc.), but not here.
- People are under vaccinated in our community, but I don't know if people know that.
- I wonder if the rate for melanoma for our county is less because they don't get it checked.
- There are a lot of people that chew. I know that rate would be higher than the smoking rate.
- It seems like we do have a lot of people that get cancer here.

### Population: Low-Income, Underinsured

Public Health Nurse- Carter County Public Health Department

02/11/2011

- We do not have a WIC office, but people can seek assistance in Baker.
- Even once a month would be great to have an Office of Public Assistance employee come to our community.

### Population: Seniors

CEO- Dahl Memorial Healthcare Association; Senior Citizen Coordinator-Aging Services; Public Health Nurse- Carter County Public Health Department

02/11/2020

- Everyone wants hospice, but we don't have a licensed social worker in order to make that happen.
- We don't have home health in the community.

Population: Youth

Senior Citizen Coordinator-Aging Services; Superintendent- Ekalaka Public Schools; Public Health Nurse- Carter County Public Health Department  
02/11/2020

- The rate of carrying weapons on school properties is high.
- We have a lot of incidents with pocketknives on our community's school property.
- The texting and driving rate among youth scares me.
- I feel that many people don't do well child checks here and I would like to know why.
- Public health does not cover well child checks right now.
- A lot of families from the school go to Spearfish because they feel that the need to see a pediatrician.
- I feel like the childhood vaccinations is lower than the average.
- Teen birth rate is low – less than 5 in the last 10 years. We don't see babies born under 37 weeks.
- We had 19 babies in Carter County last year – we had a lot.

## Needs Identified and Prioritized

### *Prioritized Needs to Address*

1. 66.7% of respondents indicated “Access to healthcare services” was the number one component of a healthy community. “Healthy behaviors and lifestyles” was selected by 32.7% of respondents.
2. 28% of survey respondents rated their knowledge of healthcare services as “Fair” or “Poor”.
3. Top three ways identified to improve the community’s access to healthcare were “More information about available services”, “Telemedicine”, and “More specialists”.
4. Over half (52%) of respondents indicated a desire for “Pharmacy” services to be offered locally.
5. Focus group participants indicated a desire for more telemedicine services such as appointment follow-ups and mental health services.
6. Focus group participants indicated a desire for physical therapy services locally. Other services focus groups mentioned were diagnostics, dental, and cancer treatments.
7. 18% of respondents indicated they delayed or did not get needed healthcare services. Top reasons identified for why the delay were “It cost too much”, “It was too far to go” and “Weather/road conditions”.
8. 37% of survey respondents rated the general health of the community as “Somewhat healthy” or “Unhealthy”.
9. Top health concerns identified were “Cancer”, “Alcohol/ substance abuse”, “Heart disease” and “Overweight/obesity”.
10. Top three classes/programs of interest to the community were “Health and wellness”, “Fitness” and “Weight loss”.
11. 19% of survey respondents indicated they had physical activity of at least 20 minutes 1-2x per month, or not at all.
12. Focus group participants indicated additional community health opportunities would be beneficial, such as better food access, expanded fitness hours and more areas (pool, walking trail) to be active.
13. 57% of survey respondents rated their stress level in the past year as “Moderate” or “High”.
14. Focus group participants indicated a need for increased access to mental health services.

### *Needs Unable to Address*

*(See page 22 for additional information)*

1. Desired local healthcare services “Vision” and “Dental”.
2. 49% of survey respondents feel there is not adequate and affordable housing options available.
3. Focus group participants noted a desire for an assisted living facility.

## 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 11). 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 access to healthcare services in Carter County and the Ekalaka community.

#### Strategy 1.1: Enhance access to health services and resources available through DMHA.

- Hire full-time Physical Therapist to expand PT service availability.
- Enhance DMHA diagnostic services to reduce travel burden (lab, CT scanner, mammography, others). Reach out to area providers to determine feasibility.
- Develop outreach and education materials to assist patients in accessing pharmacy services (mail order).
- Explore feasibility to offer prenatal care at DMHA clinic in partnership with Holy Rosary Healthcare.

#### Strategy 1.2: Explore opportunities to expand community-based services

- Research resources needed to implement a remote patient monitoring program through DMHA(<https://www.ruralhealthinfo.org/toolkits/telehealth/2/care-delivery/nontraditional-settings>)
- Determine feasibility of remote monitoring program.
- Create outreach brochure to educate patients about how to see their specialists via telehealth at DMHA.
- Continue to update list of telehealth specialty providers for DMHA medical staff.
- Research barriers and create protocol for telehealth providers and/or specialty care providers to develop seamless transitions for telehealth appointments and receipt of post-visit notes.

**Goal 2: Promote health, wellness & prevention activities in Carter County.****Strategy 2.1: Enhance community engagement opportunities related to health and wellness available through DMHA.**

- Continue to offer health fair and flu clinics to improve access to services and health education.
- Design and build a walking trail around DMHA campus to increase access to walking/biking/running opportunities.
- Partner with local area health services (seniors, pharmacy, public health) to develop and disseminate health education materials related to flu, COVID-19, vaccinations, and prevention.

**Goal 3: Enhance access to mental & behavioral health services in Carter County.****Strategy 3.1: Expand mental & behavioral health services as DMHA.**

- Continue improving access to mental and behavioral health referral services through project with Dr. Arzubi, utilizing telemedicine psychiatrist and counseling resources.
- Determine feasibility of enhancing mental telehealth services to be available 24-hours a day.
- Continue depression and anxiety screenings in clinic.
- Explore offering a youth school-based behavioral health trainings or other staff development to enhance knowledge of behavioral health needs/tools offered through MT AHEC <http://healthinfo.montana.edu/bhwet/trainings.html> .

**Implementation Plan Grid**

**Goal 1: Improve access to healthcare services in Carter County and the Ekalaka community.**

**Strategy 1.1:** Enhance access to health services and resources available through DMHA.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Hire full-time Physical Therapist to expand PT service availability.	Ryan	Spring/Summer 2021	Ryan		Resource limitations Financial limitations Workforce limitations
Enhance DMHA diagnostic services to reduce travel burden (lab, CT scanner, mammography, others). Reach out to area providers to determine feasibility.	Ryan	When the new building opens, more on-site Lab services and CT will be available	Ryan		Resource limitations Financial limitations Scheduling conflicts
Develop outreach and education materials to assist patients in accessing pharmacy services (mail order).	Michelle	Fall 2021	Ryan		Resource limitations
Explore feasibility to offer prenatal care at DMHA clinic in partnership with Holy Rosary Healthcare.	Clinic	Jan 2021	Ryan	Holy Rosary Healthcare	Resource limitations Financial limitations Scheduling conflicts

**Needs Being Addressed by this Strategy:**

- 66.7% of respondents indicated “Access to healthcare services” was the number one component of a healthy community. “Healthy behaviors and lifestyles” was selected by 32.7% of respondents.
- 28% of survey respondents rated their knowledge of healthcare services as “Fair” or “Poor”.
- Top three ways identified to improve the community’s access to healthcare were “More information about available services”, “Telemedicine”, and “More specialists”.
- Over half (52%) of respondents indicated a desire for “Pharmacy” services to be offered locally.

- Focus group participants indicated a desire for more telemedicine services such as appointment follow-ups and mental health services.
- Focus group participants indicated a desire for physical therapy services locally. Other services focus groups mentioned were diagnostics, dental, and cancer treatments.
- 18% of respondents indicated they delayed or did not get needed healthcare services. Top reasons identified for why the delay were “It cost too much”, “It was too far to go” and “Weather/road conditions”.

**Anticipated Impact(s) of these Activities:**

- Increase access to healthcare services
- Increased community knowledge of services
- Improved health outcomes

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

- The Quality Committee of the MS will track quarterly & document in meeting minutes
- Track development and dissemination of pharmacy outreach materials
- Track diagnostic services utilization post expanded services
- Track PT utilization post expanded services
- Track development of prenatal care services
- Track access measures in subsequent CHNA

**Measure of Success:** DMHA expands access to physical therapy services by 09/21.

**Goal 1: Improve access to healthcare services in Carter County and the Ekalaka community.**

**Strategy 1.2: Explore opportunities to expand community-based services**

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Research resources needed to implement a remote patient monitoring program through DMHA ( <a href="https://www.ruralhealthinfo.org/toolkits/telehealth/2/care-delivery/nontraditional-settings">https://www.ruralhealthinfo.org/toolkits/telehealth/2/care-delivery/nontraditional-settings</a> )	Ryan	Winter 2021	Ryan	Rural Health Information Hub	Resource limitations
Determine feasibility of remote monitoring program.	Ryan	Fall	Ryan		Resource limitations Financial limitations Workforce limitations
Create outreach brochure to educate patients about how to see their specialists via telehealth at DMHA.	Administration	Spring 2022	Ryan		Resource limitations
Continue to update list of telehealth specialty providers for DMHA medical staff.	Kathy	Quarterly	Medical Staff		Resource limitations
Research barriers and create protocol for telehealth providers and/or specialty care providers to develop seamless transitions for telehealth appointments and receipt of post-visit notes.	Telehealth Coord	Winter 2021	Ryan	Specialty partners	Resource limitations

**Needs Being Addressed by this Strategy:**

- 66.7% of respondents indicated “Access to healthcare services” was the number one component of a healthy community. “Healthy behaviors and lifestyles” was selected by 32.7% of respondents.
- 28% of survey respondents rated their knowledge of healthcare services as “Fair” or “Poor”.
- Top three ways identified to improve the community’s access to healthcare were “More information about available services”, “Telemedicine”, and “More specialists”.
- Focus group participants indicated a desire for more telemedicine services such as appointment follow-ups and mental health services.

**Anticipated Impact(s) of these Activities:**

- Increased community knowledge of services
- Improved health outcomes
- Improve access to specialty services
- Increased knowledge of available specialty services
- Reduce barriers to access services
- Reduce transition barriers in health care services

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

- The Quality Committee of the MS will track quarterly & document in meeting minutes
- Determine feasibility to implement remote monitoring program
- Track utilization of telehealth services pre/post outreach
- Track number of “clicks”/site visits related to available telemedicine services and new referrals
- Track follow-up telehealth appointments and post-visit notes for returning patients

**Measure of Success:** *Utilization of Tele-med has increased by 20%*

**Goal 2: Promote health, wellness & prevention activities in Carter County.**

**Strategy 2.1: Enhance community engagement opportunities related to health and wellness available through DMHA.**

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue to offer health fair and flu clinics to improve access to services and health education.	Lab	Annually	Ryan		Resource limitations Scheduling conflicts
Design and build a walking trail around DMHA campus to increase access to walking/biking/running opportunities.	DMHA	Fall 2021	Ryan		Resource limitations Financial limitations
Partner with local area health services (seniors, pharmacy, public health) to develop and disseminate health education materials related to flu, COVID-19, vaccinations, and prevention.	DMHA	Spring 2022	Ryan	Senior Center, Pharmacy, Public Health	Resource limitations

**Needs Being Addressed by this Strategy:**

- 66.7% of respondents indicated “Access to healthcare services” was the number one component of a healthy community. “Healthy behaviors and lifestyles” was selected by 32.7% of respondents.
- 37% of survey respondents rated the general health of the community as “Somewhat healthy” or “Unhealthy”.
- Top health concerns identified were “Cancer”, “Alcohol/ substance abuse”, “Heart disease” and “Overweight/obesity”.
- Top three classes/programs of interest to the community were “Health and wellness”, “Fitness” and “Weight loss”.
- 19% of survey respondents indicated they had physical activity of at least 20 minutes 1-2x per month, or not at all.
- Focus group participants indicated additional community health opportunities would be beneficial, such as better food access, expanded fitness hours and more areas (pool, walking trail) to be active.

**Anticipated Impact(s) of these Activities:**

- Enhance access to preventative education and screenings
- Shift community attitudes and beliefs around healthy behaviors and physical activity
- Reduce disease burden
- Empower community to make healthful lifestyle choices

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

- The Quality Committee of the MS will track quarterly & document in meeting minutes
- Track health fair and flu clinic utilization
- Track walking trail development, utilization
- Track partnership prevention/education opportunities
- Track participants/attendees for educational programs

**Measure of Success:** Health fair services will be utilized 12 months out of the year. Health fair price offered to uninsured.

**Goal 3: Enhance access to mental & behavioral health services in Carter County.**

**Strategy 3.1:** Expand mental & behavioral health services as DMHA.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue improving access to mental and behavioral health referral services through project with Dr. Arzubi, utilizing telemedicine psychiatrist and counseling resources.	Ryan and Clinic	Ongoing	Ryan	Dr Arzubi	Resource limitations
Determine feasibility of enhancing mental telehealth services to be available 24-hours a day.	Ryan/Clinic	Fall 2021	Ryan/Clinic	Dr. Arzubi	Resource limitations Workforce limitations
Continue depression and anxiety screenings in clinic.	Clinic	Ongoing	Clinic		Resource limitations
Explore offering a youth school-based behavioral health trainings or other staff development to enhance knowledge of behavioral health needs/tools offered through MT AHEC <a href="http://healthinfo.montana.edu/bhwet/trainings.html">http://healthinfo.montana.edu/bhwet/trainings.html</a> .	Clinic	Ongoing	Clinic	Local Schools, MT AHEC	Resource limitations Scheduling conflicts

**Needs Being Addressed by this Strategy:**

- 66.7% of respondents indicated “Access to healthcare services” was the number one component of a healthy community. “Healthy behaviors and lifestyles” was selected by 32.7% of respondents.
- 28% of survey respondents rated their knowledge of healthcare services as “Fair” or “Poor”.

- Top three ways identified to improve the community’s access to healthcare were “More information about available services”, “Telemedicine”, and “More specialists”.
- 37% of survey respondents rated the general health of the community as “Somewhat healthy” or “Unhealthy”.
- Top health concerns identified were “Cancer”, “Alcohol/ substance abuse”, “Heart disease” and “Overweight/obesity”.
- Focus group participants indicated additional community health opportunities would be beneficial, such as better food access, expanded fitness hours and more areas (pool, walking trail) to be active.
- 57% of survey respondents rated their stress level in the past year as “Moderate” or “High”.
- Focus group participants indicated a need for increased access to mental health services.

**Anticipated Impact(s) of these Activities:**

- Increase access to mental health services
- Decrease societal stigma associated with mental illness and substance use disorders
- Strengthen community partnerships
- Build community capacity
- Increased community knowledge of resources

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

- The Quality Committee of the MS will track quarterly & document in meeting minutes
- Track telehealth psychiatry and counseling services utilization
- Track determination for 24-hr tele-mental health feasibility
- Track number of depression/anxiety screenings (or number missed) in clinic
- Track number of staff behavioral health trainings and participants

**Measure of Success:** Utilization of mental/behavioral health services increased by 20%

**Needs Not Addressed and Justification**

Identified health needs unable to address by DMHA	Rationale
1. Desired local healthcare services “Vision” and “Dental”.	Vision and dental are not included within the CAH model. This is something the community as a whole would need to support if these services become available through private practice.
2. 49% of survey respondents feel there is not adequate and affordable housing options available.	This is something better suited for the Chamber of Commerce. Affordable housing is not within the CAH model.
3. Focus group participants noted a desire for an assisted living facility.	Assisted living is not within the CAH model. This is something the community as a whole would need to support if these services become available through private practice.

## Dissemination of Needs Assessment

Dahl Memorial Healthcare Association, Inc. “DMHA” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website (<https://dahlmemorial.org/financial-assistance-required-disclosures/>) 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 **January 5, 2021**. 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 2020-2023 Dahl Memorial Healthcare Association, Inc. Community Benefit Strategic Plan can be submitted to:



Dahl Memorial Healthcare Association, Inc.  
215 Sandy Street  
Ekalaka, Montana 59324

Please reach out to Dahl Memorial Healthcare Association, Inc. at 406-775-8730 or [rtooke@dmhainc.com](mailto:rtooke@dmhainc.com) with any questions.