2016-19 Community Health Needs Assessment

Implementation Strategy

Frances Mahon Deaconess Hospital

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Community Health Needs Assessment

About Frances Mahon Deaconess Hospital

In the spring of 2016, Frances Mahon Deaconess Hospital (FMDH) embarked on a complete Community Health Needs Assessment (CHNA) process to identify and address the key health issues for our community.

Frances Mahon Deaconess Hospital is a not-for-profit, 25-bed critical access hospital based in Glasgow, Montana serving the Valley County Region. With 250 employees, FMDH provides services primarily to residents of Valley County, but also serves those in neighboring cities and towns. FMDH is accredited by The Joint Commission.

It is FMDH's mission to advance the coordinated delivery of health services guided with respect for the individual needs of our patient thereby improving the health of our regional community. Frances Mahon Deaconess Hospital provides the following services:

- Anesthesia/Pain Management Services
- Audiology & Hearing Aid Services
- Dietary
- DLC Diabetes Loving Care
- EMS Services
- Glasgow Clinic
- General Surgery
- Hi-Line Med Spa
- Home Oxygen and Durable Medical Equipment
- Labor, Delivery and Recovery
- Laboratory Services
- Nutrition Services
- Orthopedics and Sports Medicine
- Out Patient Infusion Therapy
- Pastoral Care
- Privacy Officer
- Radiology Services
- Rehab Services
- STAT Air
- Surgical Services
- WIC Program

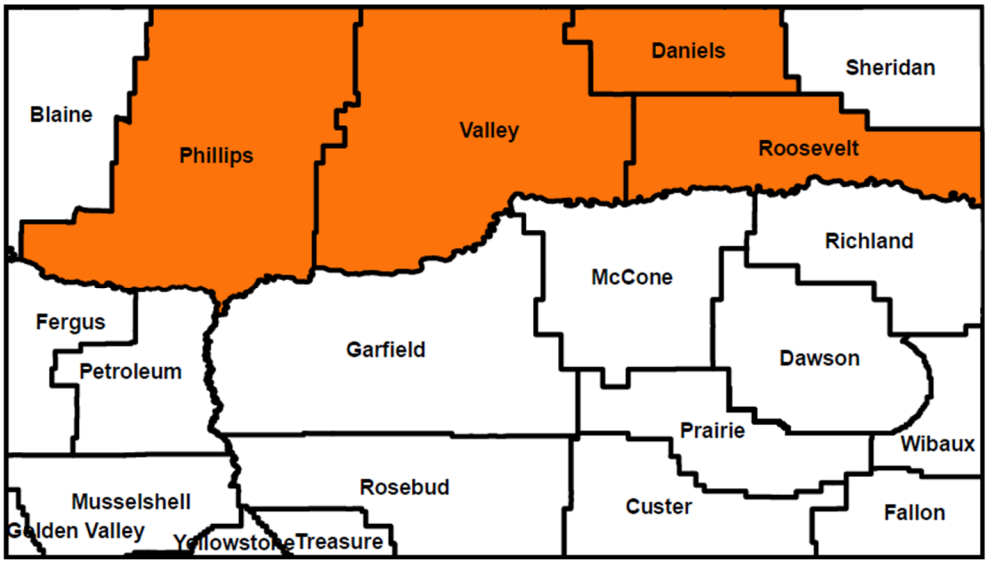
FMDH completed its latest Community Health Needs Assessment in 2016 and also completed one in 2013. ***[IRS Form 990, Schedule H, Part V, Section B, 3, 2015]***

Community Served

Community Defined for This Assessment

[IRS Form 990, Schedule H, Part V, Section B, 3a, 2015]

The study area for this effort (referred to as the "Total Service Area" in this report) includes four Montana counties: Daniels, Phillips, Roosevelt, and Valley. This community definition, determined based on the areas of residence of most recent patients of Frances Mahon Deaconess Hospital, is illustrated in the following map.



Demographics of the Community

[IRS Form 990, Schedule H, Part V, Section B, 3b 2015]

Total Population

The Frances Mahon Deaconess Hospital Service Area, the focus of this Community Health Needs Assessment, encompasses 13,843.20 square miles and houses a total population of 24,113 residents, according to latest census estimates.

Total Population

(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Total Service Area	**24,113**	**13,843.20**	**1.74**
Montana	**998,554**	**145,507.56**	**6.86**
United States	**311,536,591**	**3,530,997.6**	**88.23**

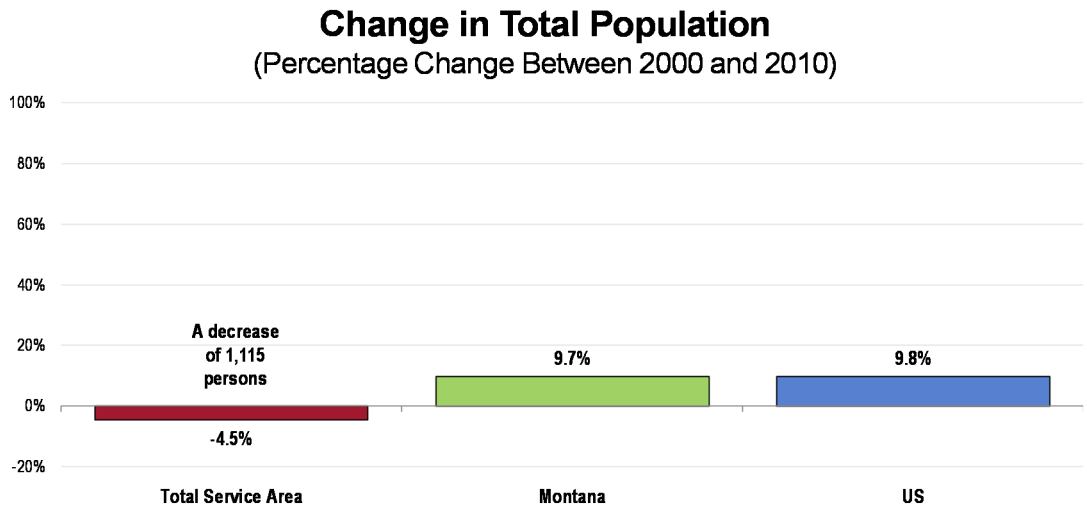
Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of the Total Service Area decreased by 1,115 persons, or 4.5%.

- Both the Montana and U.S. populations increased during this time.



Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

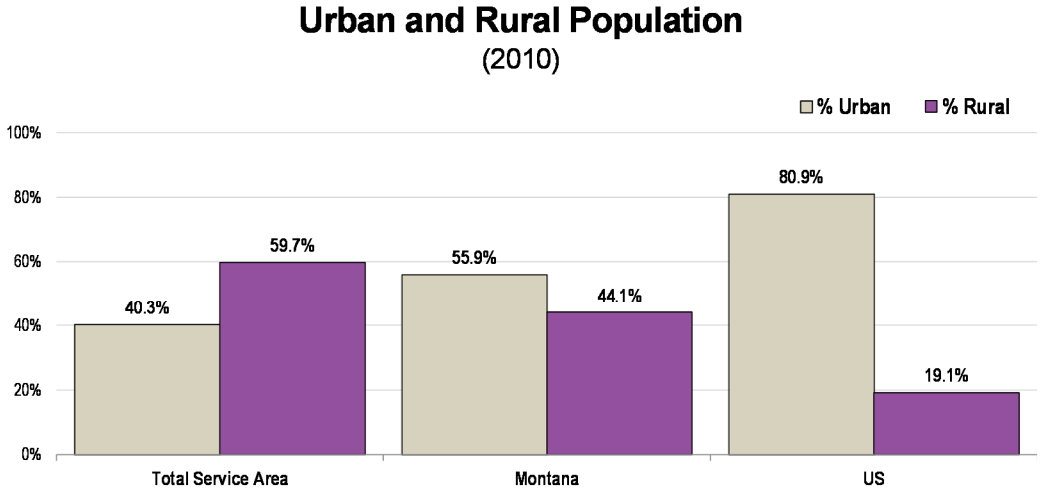
Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Total Service Area is predominantly rural, with 59.7% of the population living in communities designated as rural.

- In contrast, over 50% of the state population and over 80% of the national population lives in urban areas.



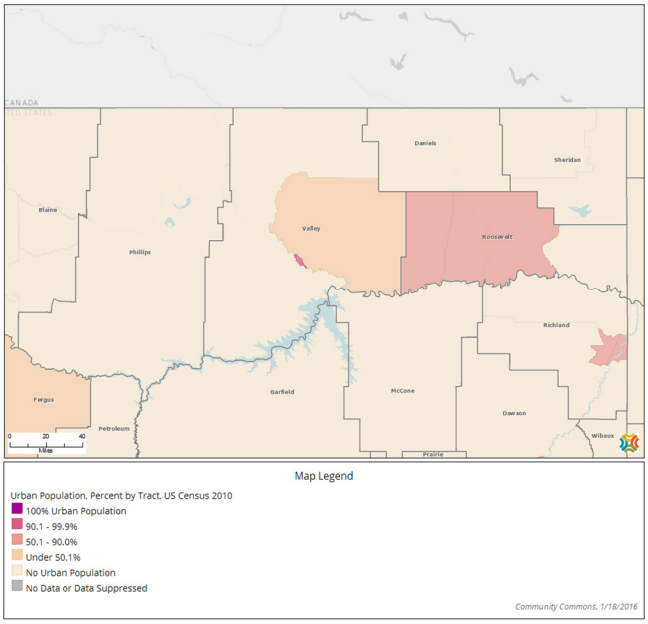
Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in the service area census tracts

as of 2010.

Urban Population, Percent by Tract, US Census 2010

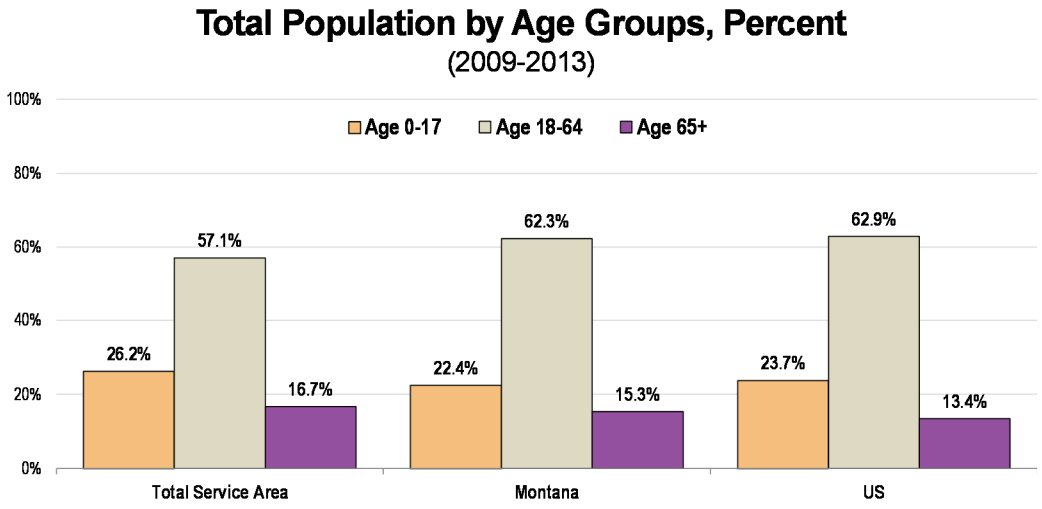


Age

It is important to understand the age distribution of the population, as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In the Total Service Area, 26.2% of the population are infants, children or adolescents (age 0-17); another 57.1% are age 18 to 64, while 16.7% are ages 65 and older.

- The percentage of older adults (65+) is slightly higher than found statewide or nationally.



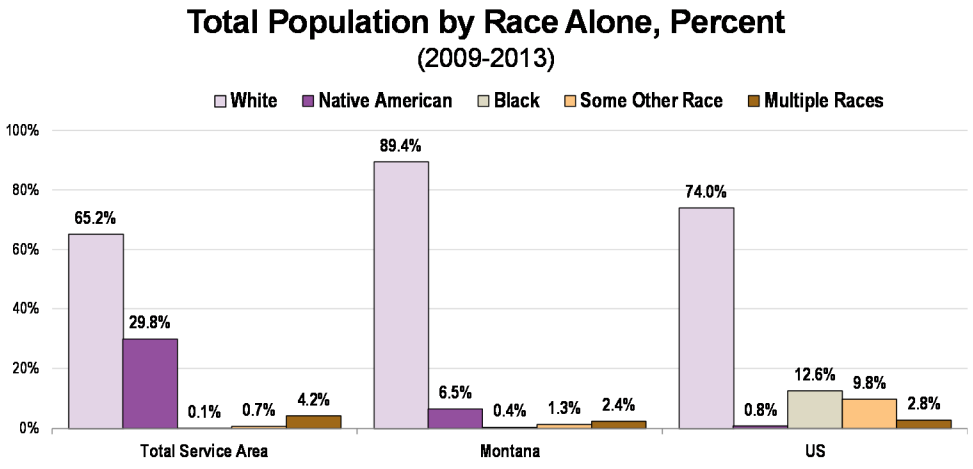
Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 65.2% of residents of the Total Service Area are White and 29.8% are Native American.

- Population across the state is much more White and much less Native American.
- Nationally, the U.S. population is more White, Black, and "other" race but much less Native American.



Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved January 2016 from Community Commons at http://www.chna.org.

Ethnicity

A total of 1.5% of service area residents are Hispanic or Latino.

- Lower than found statewide.
- Much lower than found nationally.

Resources Available to Address the Significant Health Needs

[IRS Form 990, Schedule H, Part V, Section B, 3c 2015]

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

- *Community Health Representatives for Native Americans*
- *Daniels Memorial Healthcare*
- *Eastern Montana Community Mental Health Center*
- *FMDH Visiting Specialists*
- *Fort Peck Transit*
- *Frances Mahon Deaconess Hospital*
- *Glasgow Clinic*
- *Local Advisory Council*
- *Medicaid/Medicare*
- *Phillips County Family Health Clinic*
- *Phillips County Health Nurse*
- *Phillips County Hospital*

Arthritis, Osteoporosis & Chronic Back Conditions

- *Chiropractors*
- *Daniels Memorial Healthcare*
- *Doctor's Office*
- *FMDH Occupational Therapy*
- *FMDH Physical Therapy*
- *FMDH Visiting Specialists*
- *Fort Peck Wellness Center*
- *Frances Mahon Deaconess Hospital*
- *Glasgow Clinic*

Cancer

- *Cancer Treatment Center*
- *Community Support*
- *Daniels County Health Department*
- *Daniels Memorial Healthcare*
- *FMDH Visiting Specialists*
- *Frances Mahon Deaconess Hospital*
- *Glasgow Clinic*
- *Montana Tobacco Quit Line, 1-800-QUIT-NOW*
- *Sletten Cancer Center*
- *Support Groups*
- *Trinity Hospital*
- *Valley County Health Department*

Chronic Kidney Disease

- *FMDH Visiting Specialists*
- *Frances Mahon Deaconess Hospital*
- *Ft Peck Tribal Dialysis Unit*

Dementias, Including Alzheimer's disease

- *Daniels Memorial Healthcare*
- *Eastern Montana Community Mental Health Center*
- *FMDH Visiting Specialists*
- *Glasgow Clinic*
- *Prairie Ridge Assisted Living*

Roosevelt Medical Center Nursing Home

Valley County Mental Health

Valley View Home

Diabetes

Civic Center

Daniels Memorial Healthcare

Fort Peck Wellness Center

Frances Mahon Deaconess Hospital

Glasgow Clinic/Hospital

IHS Diabetes Education

Kraze Fitness Center

Nutrition Services

Visiting Specialists

Family Planning

Frances Mahon Deaconess Hospital

Glasgow Clinic

IHS Clinics

Listerud Rural Health Clinic

Roosevelt County Health Department

Valley County Health Department

Hearing & Vision

Frances Mahon Deaconess Hospital Audiology

Glasgow Eye Care

Hi-Line Eye Care

Office of Public Instructions

VA Services

Heart Disease & Stroke

Civic Center

Daniels Memorial Healthcare

FMDH Cardiac Rehab

FMDH Occupational Therapy

FMDH Physical Therapy

Frances Mahon Deaconess Hospital

Glasgow Clinic

Recreational Activities

STAT Air Transport

HIV/AIDS

Valley County Health Department

Infant & Child Health

DPHHS

Head Start

Hi-Line Home Programs

IHS

FMDH OB Nurses

FMDH Lactation Counselors

Phillips County Family Health Clinic

Phillips County Hospital

Roosevelt County Health Department

Valley County Health Department

Youth Dynamics Inc.

Injury & Violence

Area Schools

Child/Adult Protective Services

Eastern Montana Community Mental Health Center

Glasgow Police Department

Law Enforcement

Mental Health Providers

Women's Resource Center

Mental Health

Area Schools

AWARE

- *Daniels Memorial Healthcare*
- *DEAP*
- *Drug Court*
- *Eastern Montana Community Mental Health Center*
- *Frances Mahon Deaconess Hospital*
- *Glasgow Clinic*
- *Head Start*
- *Hi-Line Home Programs*
- *LAC*
- *Medicaid/Medicare*
- *Mental Health Providers*
- *Northeast Montana Mental Health*
- *Office of Public Assistance*
- *School System*
- *Telemedicine*
- *University of Montana Grant for Suicide Prevention*
- *Women's Resource Center*
- *Youth Dynamic Inc.*

Nutrition, Physical Activity & Weight

- *AAU Programs*
- *City/County Cooperation*
- *Civic Center*
- *Events Center*
- *Farmer's Market*
- *Food Bank*
- *Frances Mahon Deaconess Hospital*
- *Glasgow Recreation Department*
- *Just For Kicks*
- *Kraze Fitness*
- *Meals on Wheels*
- *MSU Extension Programs*
- *Nutrition Services*
- *Public Health*
- *Recreational Activities*
- *School System*
- *Swimming Pool*
- *Valley County Health Department*
- *WIC*

Oral Health

- *Budde Dentistry*
- *Charles Wilson, DDS*
- *Joseph Reyling, DDS*

Respiratory Diseases

- *FMDH Home Oxygen Supply*
- *FMDH Pulmonary Rehab*
- *FMDH Respiratory Therapy*
- *Frances Mahon Deaconess Hospital*
- *Glasgow Clinic*
- *Valley County Health Department*

Sexually Transmitted Diseases

- *Glasgow Clinic/Hospital*
- *IHS*
- *Valley County Health Department*

Substance Abuse

- *AA/NA*
- *Churches*
- *Daniels Memorial Healthcare*
- *Eastern Montana Community Mental Health Center*
- *Glasgow Clinic/Hospital*
- *Glasgow Job Service*
- *IHS*
- *Law Enforcement*
- *Ministerial Association*
- *Northeast Montana Mental*

Health

Spotted Bull

Substance Abuse Counselor

Valley County Health Department

Valley County Mental Health

Tobacco Use

Area Schools

Eastern Montana Community Mental Health Center

Frances Mahon Deaconess Hospital

Glasgow Clinic

IHS

Local Health Care

Mental Health Providers

Montana Tobacco Quit Line, 1-800-QUIT-NOW

National Hotline

Quit Line

Roosevelt County Health Department

Spotted Bull

Valley County Health Department

How CHNA Data Were Obtained

[IRS Form 990, Schedule H, Part V, Section B, 3d, 2015]

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Frances Mahon Deaconess Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 63 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Key Informant Type	Number Invited	Number Participating
Community/Business Leader	37	22
Other Health Provider	28	16
Physician	11	4
Public Health Representative	12	11
Social Services Provider	16	10

Final participation included representatives of the organizations outlined below.

- Action for Eastern Montana (AEMT) Head Start
- City of Glasgow
- Daniels County Health Department
- Daniels Memorial Healthcare Center
- Eastern Montana Community Mental Health Center
- Frances Mahon Deaconess Hospital
- Frazer Public Schools
- Glasgow Police Department
- Glasgow Public Schools
- Glendive Medical Center
- Hi Line Home Programs, Inc.
- Integrity Health Solutions
- Malta Public Schools
- Northeast Montana STAT Air Ambulance Cooperative
- Prairie Ridge Village
- Roosevelt County Health Department
- Saco School District
- Eastside School
- Valley County Health Department
- Valley County Public Education Facility

- Valley View Home
- Wilderness Medical Staffing
- Wolf Point School District
- Youth Dynamic

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Minority populations represented:

African-Americans, Asians, children with disabilities, the disabled, the elderly, Filipinos, Hispanics, the homeless, immigrants, low income residents, Medicaid/Medicare recipients, the mentally ill, minorities, multi-racial persons, Native Americans, people in the legal system, people involved with Child & Family Services, residents who are new to the community, single parents, substance abusers, the uninsured/underinsured

Medically underserved populations represented:

children, the disabled, the elderly, emancipated minors, foster children, the homeless, Hospice patients, LGBT residents, low functioning individuals, low income residents, Medicaid/Medicare recipients, the mentally ill, Native Americans, rural residents, single parents, substance abusers, teenagers, undocumented residents, the uninsured/underinsured, veterans, young adults

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the service area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)

- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Montana KIDS COUNT
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- U.S. Census Bureau, American Community Survey
- U.S. Census Bureau, Decennial Census
- U.S. Department of Agriculture, Economic Research Service
- U.S. Department of Health & Human Services
- U.S. Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- U.S. Department of Justice, Federal Bureau of Investigation
- U.S. Department of Labor, Bureau of Labor Statistics

Note that data are not available for all counties for all measures (see footnotes for charts throughout this report).

Community Stakeholder Input

[IRS Form 990, Schedule H, Part V, Section B, 3h, 2015]
[IRS Form 990, Schedule H, Part V, Section B, 5, 2015]

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by FMDH; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

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Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Community/Business Leader	37	22
Other Health (Non-Physician)	28	16
Physician	11	4
Public Health Expert	12	11
Social Services Representative	16	10

Project Assistance

This assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Vulnerable Populations

[IRS Form 990, Schedule H, Part V, Section B, 3f, 2015]

The CHNA analysis and report yielded a wealth of information about the health status, behaviors and needs for our population.

Information Gaps

[IRS Form 990, Schedule H, Part V, Section B, 3i, 2015]

While this Community Health Needs Assessment is quite comprehensive, FMDH and PRC

recognize that it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Public Dissemination

[IRS Form 990, Schedule H, Part V, Section B, 7a-7c, 2014]

This Community Health Needs Assessment is available to the public using the following URL: http://www.fmdh.org/menus/community-benefit-information.html

FMDH will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document can be accessed. FMDH will also maintain at its facilities a hardcopy of the CHNA report that may be viewed by any who request it.

Health Needs of the Community

Prioritization of Health Needs

On Wednesday, May 25, 2016, internal and external stakeholders of Frances Mahon Deaconess Hospital met to evaluate, discuss and prioritize health issues for the community, based on findings of the 2016 PRC Community Health Needs Assessment (CHNA). The meeting began with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above) and input from community stakeholders (key informants).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
  - How many people are affected?
  - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
  - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

  Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. **Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).**

This exercise informed the dialogue that followed. Through discussion, a consensus was reached to establish the following as priorities for Frances Mahon Deaconess Hospital to include in its Implementation Strategy to address the top health needs of the community in the coming years:

1. **Heart Disease & Stroke**

2. **Nutrition, Physical Activity & Weight**

3. **Mental Health**

Additional significant health needs that emerged from this Community Health Needs Assessment are outlined below. These will not be specifically addressed in the Implementation Strategy, although some may be addressed in some way through programs targeting the above listed needs.

- Tobacco Use
- Infant Health & Family Planning
- Diabetes
- Substance Abuse
- Cancer
- Respiratory Diseases
- Access to Healthcare Services
- Sexually Transmitted Diseases
- Injury & Violence

Summary of Findings

Identified Health Needs of the Community

The following "areas of opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Lack of Health Insurance • Primary Care Physician Ratio • Health Professional Shortage Area Designation
Cancer	• Colorectal Cancer Incidence • Female Breast Cancer Screening • Cervical Cancer Screening • Colorectal Cancer Screening • *Cancer ranked as a top concern in the Online Key Informant Survey.*
Diabetes	• Diabetes Prevalence
Heart Disease & Stroke	• Heart Disease Deaths • Stroke Deaths
Infant Health & Family Planning	• Infant Mortality • Teen Births
Injury & Violence	• Unintentional Injury Deaths
Mental Health	• Suicide Deaths • *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Nutrition, Physical Activity & Weight	• Low Food Access • Obesity [Adults] • Leisure-Time Physical Activity • Access to Recreation/Fitness Facilities
Respiratory Diseases	• Lung Disease Deaths • Pneumonia Vaccination [65+]
Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence
Substance Abuse	• Excessive Drinking • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*
Tobacco Use	• Cigarette Smoking Prevalence • *Tobacco Use ranked as a top concern in the Online Key Informant Survey.*

Identifying & Prioritizing Health Needs

[IRS Form 990, Schedule H, Part V, Section B, 3g, 2015]

Identification of Health Needs

Top Concerns

Among those rating the issue in the heading listed below as a "major problem," reasons frequently related to the following:

Nutrition/Physical Activity

> *Bad eating habits, lack of exercise. - Community/Business Leader (Valley County)*
>
> *Large number of patients, but limited resources such as access to affordable fresh foods, cultural eating traditions which do not follow recommended diabetic eating, obesity is very common. - Other Health Provider (Valley County)*

Lack of Education

> *Providers and nurses only have so much time in an office visit. I see lack of dedicated education and support as the biggest challenge. - Other Health Provider (Daniels County)*
>
> *Lack of knowledge about the disease prior to being diagnosed. Child obesity leading to diabetes. - Community/Business Leader (Phillips County)*

Distance to Treatment

> *State of the art treatment. We need to travel about 300 miles to get more than run of the mill treatment options. Also, I think that healthy eating habits are difficult here, primarily because good food is expensive. - Social Services Provider (Valley County)*
>
> *People have to go to Poplar for dialysis. - Physician (Valley County)*

Environment

> *Poor quality grocery store, especially produce. No diabetes education program for non-natives. Unsafe to walk inside city limits of Poplar and Wolf Point due to all the loose dogs that bite. Few opportunities for exercise other than walking. - Community/Business Leader (Roosevelt County)*

Lack of Resources

> *No dialysis unit in this part of the state. - Community/Business Leader (Valley County)*

The significant health needs ("Areas of Opportunity" outlined above) were determined after consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue.

Implementation Strategy

Implementation Strategy Adoption

[IRS Form 990, Schedule H, Part V, Section B, 8-10, 2015]

This summary outlines Frances Mahon Deaconess Hospital's plan (Implementation Strategy) to address our community's health needs by 1) sustaining efforts operating within a targeted health priority area; 2) developing new programs and initiatives to address identified health needs; and 3) promoting an understanding of these health needs among other community organizations and within the public itself.

On October 26, 2016, the Board of FMDH approved this Implementation Strategy to undertake the outlined measures to meet the health needs of the community.

This Implementation Strategy document is posted on the hospital's website at: **http://www.fmdh.org**.

Hospital-Level Community Benefit Planning

[IRS Form 990, Schedule H, Part V, Section B, 11, 2015]

Priority Health Issues To Be Addressed

In consideration of the top health priorities identified through the CHNA process — and taking into account hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined that FMDH would focus on developing and/or supporting strategies and initiatives to improve:

- **Heart Disease & Stroke**
- **Nutrition, Physical Activity & Weight**
- **Mental Health**

Priority Health Issues That Will Not Be Addressed & Why

In acknowledging the wide range of priority health issues that emerged from the CHNA process, FMDH determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence.

Health Priorities Not Chosen for Action	*Reason*
Substance Abuse	***FMDH** has limited resources, services and expertise available to address alcohol, tobacco and other drug issues. Other community organizations have infrastructure and programs in place to better meet this need. FMDH feels that efforts outlined herein to improve mental health will have a positive impact on the community's substance abuse, and that a separate set of substance abuse initiatives was not necessary given limited resources.*
Tobacco Use	***FMDH** has limited resources, services and expertise available to address alcohol, tobacco and other drug issues. Other community organizations have infrastructure and programs in place to better meet this need. FMDH feels that efforts outlined herein to improve Cardiovascular health will have a positive impact on the community's Tobacco Use, and that a separate set of Tobacco initiatives was not necessary given limited resources.*
Cancer	*Advisory committee members felt that more pressing health needs existed. Limited resources and lower priority excluded this as an area chosen for action.*
Immunization & Infectious Diseases	*Advisory committee members felt that more pressing health needs existed. Limited resources and lower priority excluded this as an area chosen for action.*
Injury & Violence Prevention	***FMDH** believes that this priority area falls more within the purview of the county health department and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.*
Infant Health & Family Planning	***FMDH** believes that this priority area falls more within the purview of the county health department and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.*
STD HIV/Aids	***FMDH** believes that this priority area falls more within the purview of the county health department and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.*
Diabetes	***FMDH** feels that efforts outlined herein to improve nutrition, weight and physical activity will have a positive impact on the community's diabetic population, and that a separate set of diabetic-specific initiatives was not necessary given limited resources.*
Access to Health Care Services	*Advisory committee members felt that more pressing health needs existed. Limited resources and lower priority excluded this as an area chosen for action.*

Implementation Strategies & Action Plans

The following displays outline Frances Mahon Deaconess Hospital's plans to address those priority health issues chosen for action in the FY2016-FY2018 period.

Heart Disease & Stroke	
Community Partners/ Planned Collaboration	• Valley C.A.R.E. Coalition • Valley County Health Department
Goal	**To improve cardiovascular health by implementing and supporting evidence based approaches to impact behaviors affecting cardiovascular health.**
Timeframe	FY2016-FY2018
Scope	This strategy will focus on residents in Glasgow and other communities in Valley County as often as possible.
Strategies & Objectives	**Strategy #1: Build awareness of opportunities in the county to participate in community fitness programs.** • Develop and promote a community fitness resources list. • Provide opportunities to feature and promote local providers of fitness services through FMDH Communications and events such as the Health Fair. **Strategy #2: Prescriptions for Physical Activity** • Adopt a formalized protocol for providing written prescriptions for physical activity for patients seen in associated medical practices. **Strategy #3: Mass Media Campaigns against Tobacco** • Support and participate with the Valley County Health Department's initiative to curb the use of cigarettes and e-cigarettes. • Devote 75% of wellness at least one quarter per plan year to anti-tobacco programming. • Develop messaging to be included in weekly social media posts around anti-tobacco programming on a rotational basis with other topics to be included 1:6 times for the duration of the plan. • Develop a radio-based PSA series with KLTZ to be run in rotation with standard FMDH Advertising on an ongoing basis and then increase the presence of these radio ads during November for the Great American Smoke Out. • Organize a community event in participation (if possible) with the Valley Care Coalition for the American Cancer Society's Great American Smoke Out.
Financial Commitment	$5,000 (not to exceed)
Anticipated Impact	• Increased patient/community compliance with physical activity recommendations. • Decreased use of tobacco products particularly cigarettes
Plan to Evaluate Impact	• Continue to monitor and compare smoking rates and patient reported compliance with physical activities through Valley Care Coalition Community Surveys. (Triannual CASPER SURVEY) • Monitor Heart Disease and Stroke rankings in the County Health Rankings Report issued by the Robert Woods Johnson Foundation.
Results	*Pending*

Nutrition, Weight, and Physical Activity	
Community Partners/ Planned Collaboration	• Valley C.A.R.E. Coalition • Kiwanis • Soroptimist Society • City of Glasgow, Glasgow, Ft Peck, Nashua, Hinsdale, Opheim • Valley County • Glasgow School District • Little Scholars • First Lutheran Pre-School
Goal	**To improve the health of our community by implementing and supporting evidence based approaches to impact behaviors related to nutrition, weight and physical activity thereby having a positive impact on a multitude of health conditions.**
Timeframe	FY2016-FY2018
Scope	This strategy will focus on residents in Glasgow and other communities in Valley County as often as possible.
Strategies & Objectives	**Strategy #1: Focused public awareness campaign on fitness and exercise** • For 12 months communicate exclusively about exercise and fitness in at least 75% of all communication. **Strategy #2: Nutrition and Physical Activity Interventions in Preschool and Childcare** • Provide Preschools and organized daycare centers with active sport toys and equipment with education on the benefits of using that sort of equipment to promote activity in children. • Work with community group to create an incentive program for area students K-5 to promote nutrition/physical activity. **Strategy #3: Worksite Obesity Prevention Interventions** • Continue FMDH Employee Wellness program • Begin to explore ways the program can be deployed to other area employers.
Financial Commitment	$
Anticipated Impact	• Increased patient/community compliance with physical activity recommendations. • Improved patient/community health status
Plan to Evaluate Impact	• Continue to monitor and compare patient reported compliance with physical activities and nutritional behaviors through Valley Care Coalition Community Surveys. (Triannual CASPER SURVEY) • Monitor Health Behavior rankings pertinent to this category in the County Health Rankings Report issued by the Robert Woods Johnson Foundation
Results	*Pending*

Mental Health	
Community Partners/ Planned Collaboration	• Valley C.A.R.E. Coalition • Eastern Montana Community Mental Health Center
Goal	**To utilize evidence based tactics to address barriers to accessing mental health services by augmenting the range and accessibility of mental/behavioral health services.**
Timeframe	FY2016-FY2018
Scope	This strategy will focus on residents in Glasgow and other communities in Valley County as often as possible.
Strategies & Objectives	**Strategy #1: Advocate for Mental Health Legislation** • Focus advocacy efforts on legislation that increases funding for and availability of Mental/Behavioral Health Services. **Strategy #2: Group Based Parenting Programs** • Engage appropriate community partners to develop and/or expand a parenting program that uses evidence based curriculums such as those promoted by Substance Abuse and Mental Health Services Administration. **Strategy #3: Suicide Prevention Training** • Engage appropriate community partners to develop and/or support suicide prevention efforts. • Support/promote teen mental health first aid training for area youth
Financial Commitment	$
Anticipated Impact	• Increased availability of Mental Health Services in Valley County • Improved patient/community health status

Plan to Evaluate Impact	• Continue to monitor patient reported perception of health status through Valley C.A.R.E. Coalition Community Surveys. (Triannual CASPER SURVEY)
	• Monitor Quality of Life and Clinical rankings in the County Health Rankings Report issued by the Robert Woods Johnson Foundation
	  ○ Poor Mental Health Days
	  ○ Excessive Drinking
	  ○ Premature Death
	  ○ Ratio of Population to Mental Health Providers

Results	*Pending*

MHA Montana Health Improvement Initiatives	

Increase Immunizations	• Valley County currently has a 82% overall immunization rate due to its well established immunization program. Diphtheria and Pertussis, Polio, Measles Mumps Rubella, Hepatitis B, Meningitis, and Pneumonia vaccination rates are all over 90%. These rates exceed the targets set by MHA of 75% for under 3 years of age and 70% for adolescents. Due to our success in immunization and our prioritization process FMDH has chosen to not invest significant resources in this initiative.
	• FMDH will join MHA in advocacy for:
	  ○ A default opt-in for parents regarding use of their child's data for imMTrax (state immunization registry)
	  ○ Requiring a signature from clergy for a religious exemption to immunization for public school enrollment.
	• FMDH will continue to employ evidence-based best practices regarding immunizations.

Decrease Prevalence of Obesity	FMDH has identified this as a shared goal and will address issues related to obesity in addressing needs related to nutrition, weight and physical activity as well as cardiovascular disease.
Decrease Premature Death	FMDH has identified this as a shared goal and will address issues related to premature death in addressing needs related to mental health, nutrition, weight and physical activity, and cardiovascular disease.
Improve Access to Healthcare	Advisory committee members felt that more pressing health needs existed. Limited resources and lower priority excluded this as an area chosen for action. FMDH will however support MHA's legislative advocacy initiatives regarding this issue.