

# **Community Health Needs Assessment** Results of the Implementation Plan 2016\*

As a result of the research and recommendations that appear in the Flathead County Community Health Needs Assessment 2015 – 2016 and further exploration with Kalispell Regional Healthcare (KRH) administrators, medical staff, and Boards of Trustees, the following three prioritized strategies, adopted by the Board of Trustees on March 22, 2016, will guide KRH leadership in addressing the community's identified health needs over the next three years. All initiatives identified by the Community Health Needs Assessment 2015-2016 are addressed in this implementation plan. Results of these efforts were approved by the Kalispell Regional Board of Directors on January 31, 2019.

#### 1. Behavioral Health Education and Services

Kalispell Regional Healthcare is committed to continuing the provision of mental health care through many existing services:

- Pathways Treatment Center for acute mental health and substance abuse patients (adolescents and adults), and outpatient support groups for those discharged from Pathways Treatment Center
- Turtle Bay, a partial hospitalization program for children and adolescents with serious emotional issues, to residents of Flathead and Lake Counties
- Comprehensive school-based treatment and mental health services for Bigfork, Columbia Falls, Kalispell, Somers/Lakeside, and Whitefish school districts
- The Newman Center, an outpatient mental health clinic
- Funding for a mental health specialist to be on call for Emergency Department needs
- Funding for local transportation to/from medical appointments

To augment these services, Kalispell Regional Healthcare will:

<sup>\*</sup>This report is not meant to be an exhaustive report on the many initiatives Kalispell Regional Healthcare is working to improve the health, comfort, and lives of Flathead Valley residents.

## a. Need for increased number of behavioral health providers

| Actions                | Anticipated Impact        | KRH Resources            | Potential      | Results / Impact                        |
|------------------------|---------------------------|--------------------------|----------------|---|
|                        |                           |                          | Collaborations |   |
| 1. Recruit additional  | Increased mental health   | Costs of recruiting and  |                | Three psychiatrists were added to the   |
| psychiatrists          | services to service area; | compensation for         |                | medical staff.                          |
|                        | increased number of       | psychiatrists and        |                |   |
|                        | patients served           | support staff            |                |   |
| 2. Add additional      | Increased mental health   | Costs of recruiting and  |                | Two pediatric therapists; one           |
| therapist(s) to Newman | services to service area; | compensation for         |                | psychologist and one                    |
| Center staff           | increased number of       | therapist(s) and         |                | Licensed Clinical Social Worker for     |
|                        | patients served           | support staff            |                | adult patients were added.              |
| 3. Expand the Newman   | Increased office space to | Costs of construction of |                | One adult provider, a new office        |
| Center facility with   | accommodate additional    | new space and            |                | location, and one pediatric office were |
| additional offices and | providers and patients    | renovation of existing   |                | added.                                  |
| treatment rooms        |                           | space                    |                |   |
| 4. Expand Pathways     | Increased office space to | Costs of construction of |                | Four beds were added to the             |
| Treatment Center with  | accommodate additional    | new space and            |                | adolescent unit, and 2 beds to adult    |
| additional offices and | providers and patients    | renovation of existing   |                | unit.                                   |
| treatment rooms        |                           | space                    |                |   |
|                        |                           |                          |                |   |

### b. Substance abuse education and services

| Actions                    | Anticipated Impact          | KRH Resources       | Potential           | Results / Impact                       |
|----------------------------|-----------------------------|---------------------|---------------------|--|
|                            |                             |                     | Collaborations      |  |
| 1. Develop multi-          | Identify mothers and        | Costs of staff time | North Valley        | Depression, substance screening        |
| disciplinary committee to  | infants who may be          |                     | Hospital            | and integrated behavioral health in    |
| address access and care of | experiencing the effects of |                     | Obstetric and       | primary care and outpatient OB         |
| addiction related          | substance exposure and      |                     | pediatric providers | were made available in                 |
| conditions for             | expand services/care to     |                     |                     | collaboration with Montana Health      |
| fetal/maternal patients    | affected population         |                     |                     | Care Foundation (MTHCF).               |
|                            |                             |                     |                     | • 5.5 Licensed Clinical Social Workers |
|                            |                             |                     |                     | (LCSW) were added to primary care      |

| 2. Develop a community<br>awareness taskforce to<br>address opiate and<br>narcotic use | Identify and implement opportunities for education and services to population affected by addiction | Costs of staff time; communications | <ul> <li>North Valley     Hospital</li> <li>Flathead City-     County Health     Department</li> <li>Various other local     organizations</li> </ul> | with collaboration and grant funding from MTHC Foundation.  • A new procedure to aid in the birthing process for women who have a chemical dependency was launched.  • Two physicians and staff received training on medication-assisted treatment for opioid-use disorder patients.  A multi-organizational committee was established that developed a comprehensive system-wide opioid policy. The policy addresses prescribing patterns and will provide consistency in patient experience |
|--|---|-------------------------------------|---|---|
|  |   |                                     | organizations   | across clinics and in the hospitals.  |

## c. Suicide and depression education and services

| Actions                   | Anticipated Impact       | KRH Resources         | Potential             | Results / Impact                       |
|---------------------------|--------------------------|-----------------------|-----------------------|--|
|                           |                          |                       | Collaborations        |  |
| 1. Incorporate behavioral | Additional private       | Costs of construction |                       | Psychiatric suite of 6 beds expandable |
| assessment rooms into ER  | assessment rooms for     |                       |                       | to 8 beds was incorporated into the    |
| expansion                 | patients                 |                       |                       | new ER expansion.                      |
|                           |                          |                       |                       |  |
| 2. Provide dementia       | Increased community      | Costs of              | Various local         | Brendan House participated in and      |
| education to the          | awareness of dementia    | communications; staff | organizations,        | sponsored events with the              |
| community                 | programs and services    | time                  | including veteran's   | Alzheimer's Association (A Walk to     |
|                           |                          |                       | groups                | End Alzheimer's)                       |
| Collaborate with mental   | Development of a plan to | Cost of               | North Valley Hospital | Depression, substance screening and    |
| and clinical health       | address the needs of     | Communications; staff | Flathead City-County  | integrated behavioral health in        |
| providers to identify the | mothers experiencing     | time                  | Health Department     | primary care and outpatient OB were    |
| needs surrounding         | depression.              |                       | Area providers of     | made available in collaboration with   |
| postpartum depression     |                          |                       | obstetric services    | Montana Health Care Foundation         |

| and opportunities for   | Various other local | (MTHCF). 5.5 Licensed Clinical Social |
|-------------------------|---------------------|---------------------------------------|
| support through         | organizations       | Workers (LCSW) were added to          |
| education and services. |                     | primary care with collaboration and   |
|                         |                     | grant funding from MTHC               |
|                         |                     | Foundation                            |

## d. Care coordination / advocacy and integration

| Actions  | Anticipated Impact  | KRH Resources       | Potential   | Results / Impact  |
|--|---|---------------------|---|---|
|  |   |                     | Collaborations  |   |
| 1. Collaborate with other area behavioral health organizations and providers; participate in coalitions and committees | Improved communication<br>and awareness of resources<br>for behavioral health care;<br>optimize referral process as<br>needed | Costs of staff time | Various local organizations, including veteran's groups     Geriatric Mental Health Council | <ul> <li>KRH collaborated w/</li> <li>Care Transitions team</li> <li>Community Case Study Team</li> <li>SOARS Grant Leadership Team School District 5</li> <li>Flathead Maternal Mental Health Team</li> <li>Crisis Diversion Team Flathead County</li> <li>Best Beginnings Flathead County</li> <li>Youth Placement Committee</li> </ul> |
|  |   |                     |   | Judicial Branch Flathead County<br>Adult protection team ended 2017.  |

### e. Transportation to access care

| Actions                   | Anticipated Impact          | KRH Resources        | Potential                            | Results / Impact                  |
|---------------------------|-----------------------------|----------------------|--------------------------------------|-----------------------------------|
|                           |                             |                      | Collaborations                       |                                   |
| 1. Expand telehealth      | Increased service area for  | Costs for equipment; | <ul> <li>Various outreach</li> </ul> | Psychiatric Telemedicine was      |
| offerings to include      | behavioral health services, | staff training for   | locations through                    | provided to Glacier County        |
| behavioral health         | home health, and sexual     | equipment use; staff | Northwest Montana                    | patients.                         |
| assessments, home health, | assault assessments         | time                 |                                      | Plans were developed for a Sexual |
| and sexual assault        |                             |                      |                                      | Assault Nurse Exam program to be  |
| assessment and support to |                             |                      |                                      | offered via telehealth to 9 rural |
| outreach locations        |                             |                      |                                      | Critical Access Hospitals.        |

|  |  | Community health workers visited      |
|--|--|---------------------------------------|
|  |  | patients in their homes to connect    |
|  |  | them via telehealth with their        |
|  |  | providers for check-ups.              |
|  |  | A virtual care clinic was made        |
|  |  | available for patients to access care |
|  |  | for low acuity illnesses such as pink |
|  |  | eye, rashes, sinusitis, etc.          |

#### 2. Access to Medical and Dental Health Care

Assisting patients in navigating Kalispell Regional Healthcare is a priority for the organization. In addition, Kalispell Regional Healthcare recognizes that lack of dental health care is a serious concern in our community and is committed to continuing support for access to medical and dental health care through many existing services:

- Commitment to offering primary healthcare to patients covered by Medicare and Medicaid, as well as providing financial assistance to charity patients
- Educate the community on importance of primary care and having a medical home
- Offer a primary care residency program at Kalispell Regional Medical Center to help ensure the availability of future primary care providers
- Offer services of oral surgeons and dentists on the Medical Staff and on-call at the hospital Emergency Room to treat emergent dental needs that present in the ER
- Intervene to provide a dental visit and treatment for patients without insurance who must have a dental examination before certain medical procedures
- Provide the Winkley Coach to outreach locations for community health screenings
- Funding for local transportation to/from medical appointments including that provided through the ASSIST, and \$10K in support for Eagle Transit's Dial A Ride Program.

To augment these services, Kalispell Regional Healthcare:

### a. Affordability

| Actions                   | Anticipated Impact         | KRH Resources       | Potential      | Results / Impact                |
|---------------------------|----------------------------|---------------------|----------------|---------------------------------|
|                           |                            |                     | Collaborations |                                 |
| 1. Purchase equipment for | Increased services for low | Costs of purchasing |                | Equipment was purchased for the |
| use in the ER for         | income and indigent dental | equipment; staff    |                | operating room instead of the   |
| emergency low income      | care patients              | training            |                | emergency room.                 |
| and indigent dental care  |                            |                     |                |                                 |
|                           |                            |                     |                |                                 |

b. Care coordination and advocacy

| Actions   | Anticipated Impact  | KRH Resources   | Potential<br>Collaborations   | Results / Impact   |
|---|---|---|---|--|
| 2. Support efforts led by<br>the local dental<br>community, Shepherd's<br>Hand Free Clinic, and<br>Flathead City-County<br>Health Department to<br>enhance access to dental<br>care | Increased access to dental care for local community   | Costs of financial support; staff time  | Local dental community     Flathead City-County Health Department     Shepherd's Hand Free Clinic | KRH Foundation Community Outreach Committee scheduled dentists in two schools for hygiene education including "Sealants for Smiles".   |
| 3. Initiate common<br>electronic medical records<br>systems between NVH,<br>KRMC, and clinics   | Increased communication<br>between providers,<br>decreased duplication of<br>services; potential of lower<br>costs to patients; increased<br>efficiencies | Costs for hardware<br>upgrades; costs for<br>software; project<br>management;<br>implementation labor | • North Valley<br>Hospital  | Technical issues have delayed the merger of the hospital electronic medical records (EMR) systems between KHR and NVH until 2022.  |
| 4. Support program to provide general medical and chronic physical and mental disease care coordination   | Increased care coordination<br>and positive impact on<br>chronic disease status for<br>patients that enroll   | Costs of care coordinator recruitment; clinic staff time  | <ul> <li>National Rural Accountable Care Consortium</li> <li>North Valley Hospital</li> </ul>     | 1. KRH Joined Comprehensive Primary<br>Care Plus (CPC+) in 2017 in all 9<br>Primary Care clinics and provided<br>27,400 actively empaneled patients<br>with care coordination, integrative |

|  |  | services, diabetes education,           |
|--|--|---|
|  |  | ambulatory pharmacy services and        |
|  |  | behavioral health.                      |
|  |  | 2. Improvements to support              |
|  |  | Population Health and Care              |
|  |  | Coordination included:                  |
|  |  | a) investment in analytic and quality   |
|  |  | improvement software                    |
|  |  | b) creation of disease specific patient |
|  |  | registries                              |
|  |  | c) development of plans for:            |
|  |  | • chronic pain                          |
|  |  | management/opioid                       |
|  |  | management                              |
|  |  | • discharge (ED/inpatient/OBS)          |
|  |  | • adult wellness                        |
|  |  | • congestive heart failure              |
|  |  | • cardiac device                        |
|  |  | • heart attack/stroke prevention        |
|  |  | • behavioral health                     |

## c. Transportation and access to care

| Actions   | Anticipated Impact   | KRH Resources  | Potential                      | Results / Impact   |
|---|--|--|--------------------------------|--|
|   |  |  | Collaborations                 |  |
| 1. Employ an oral surgeon   | Increase oral surgery access to KRMC patients                    | Costs of provider recruitment; office space; support staff |                                | A second oral surgeon was recruited, but left the area and is no longer on staff.  |
| 2. Provide for monthly<br>dental hygienist services<br>at Brendan House | Increase dental care for<br>seniors at Brendan House<br>facility | Costs of dental<br>hygienist time                          | • Local area dental hygienists | Monthly dental hygiene services were launched in August, 2015 allowing for approximately 30% of Brendan House residents to receive services without having to leave the facility. The remaining residents are provided |

|  |  |   |   | transportation to providers in the community.  |
|--|--|---|---|--|
| 3. Relocate Northwest<br>Family Medicine to<br>Whitefish Stage and<br>expand provider staff  | Increased access for patients<br>in Evergreen and East<br>Kalispell service area   | Costs of construction;<br>employment of<br>additional providers;<br>support staff;<br>communication |   | Northwest Family Medicine was relocated and expanded staff to three MDs and a Nurse Practitioner.  |
| 4. Increase specialists in outreach locations, including Polson and Eureka   | Increased patient access to specialty providers  | Costs of travel;<br>provider time;<br>outreach support;<br>communication                            | Outreach locations<br>throughout Northwest<br>Montana | <ul> <li>A psychiatric Nurse Practitioner and Licensed Clinical Professional Counselor were added to Polson Health.</li> <li>Specialists visit Eureka Healthcare Specialty Care: cardiology, endocrinology, general surgery and vascular surgery, neurology, orthopedics, pain management, podiatry. urology, pulmonology, Winkley Women's Center mobile unit for mammograms and DEXA bone density scans</li> </ul>  |
| 5. Provide expanded pediatric specialty services to include surgery, gastroenterology, oncology/hematology, neurology, endocrinology, cardiology, and hospitalist services | Increased patient access to pediatric specialties throughout Montana and surrounding states; increased collaboration between pediatric specialties; increase level of pediatric care | Costs of provider recruitment; office space; support staff; communication                           | Local primary care<br>providers                       | <ul> <li>Comprehensive pediatric services include primary care, child and adolescent psychiatry, neonatology, anesthesiology, cardiology, critical care, dentistry, endocrinology and diabetes, gastroenterology, hospitalists, neurology, neurosurgery, oncology and hematology, ophthalmology, radiology, and surgery.</li> <li>The Montana Children's Medical Center building will house these specialties with the first floor to be completed in 2019.</li> </ul> |
| 6. Expand  | Increased gastrointestinal   | Costs of construction;  |   | New Digestive Health Institute opened  |
| gastrointestinal facility  | services to service area;  | provider recruitment;   |   | in October 2018 to treat a full range of   |

|                            | increased number of patients   | support staff;      |  | simple to complex GI problems for    |
|----------------------------|--------------------------------|---------------------|--|--------------------------------------|
|                            | served                         | communication       |  | children through adults. The 27,000- |
|                            |                                |                     |  | square-foot facility houses an       |
|                            |                                |                     |  | expanded gastroenterology clinic and |
|                            |                                |                     |  | full-service endoscopy center.       |
| 7. Evaluate cost effective | Identified options that can be | Costs of staff time | North Valley                             | Ambulance services to transfer       |
| alternatives to            | put forward for                |                     | Hospital                                 | patients to/from Kalispell Regional  |
| ambulance services for     | implementation                 |                     | <ul> <li>Local transportation</li> </ul> | Medical Center continue to be        |
| medical transport          |                                |                     | organizations                            | provided by the Whitefish EMS;       |
| between medical            |                                |                     |  | Evergreen EMS was added for          |
| providers                  |                                |                     |  | transports.                          |
|                            |                                |                     |  |                                      |

#### 3. Healthy Lifestyles

Kalispell Regional Healthcare has invested and will continue to invest in many programs and services to treat some of the most prevalent causes of death in our county:

- A comprehensive cardiovascular program that includes interventional cardiology, heart surgery, electrophysiology, cardiac rehabilitation, a heart failure clinic and prevention education
- A comprehensive cancer program that includes medical oncology, surgical oncology, radiation oncology, supportive care and preventive screenings
- A Neuroscience & Spine Institute that includes neurosurgery, neurology, and a stroke program
- A trauma prevention program that includes school presentations and a helmet safety program through the Save the Brain initiative and the ER
- A Diabetes Care and Prevention Center that provides group education, one-on-one counseling and chronic disease management education
- Financial scholarships through the Kalispell Regional Healthcare Foundation to patients for fitness center memberships, weight loss programs, wellness programs, and other prevention activities
- The Journey to Wellness program to assist patients with gestational diabetes care and individuals with chronic health conditions/challenges
- The Healthy Measures program to facilitate corporate wellness, both at Kalispell Regional Healthcare and other employers throughout the region
- Mammograms to women in financial need through the Save a Sister initiative
- Funding for local transportation to/from medical appointments

To augment these services, Kalispell Regional Healthcare will:

### a. Prevention and wellness education and advocacy

| Actions  | Anticipated Impact  | KRH Resources  | Potential<br>Collaborations   | Results / Impact  |
|--|---|--|---|---|
| 1. Develop new web page<br>with expanded<br>information on wellness<br>screenings and programs   | Increased patient access to communication regarding wellness and prevention | Costs of web page<br>development; staff<br>time; communication     |   | The Calendar and Events page on<br>the website provides details on<br>classes and events focusing on<br>exercise, health education,<br>pregnancy, infant care, health<br>screenings, support groups and<br>more.  |
| 2. Provide health<br>screenings for<br>preventable diseases such<br>as heart disease, Type 2<br>diabetes, obesity, lung<br>cancer, breast cancer, and<br>colorectal cancer | Increased level of health screenings for service area                       | Costs of screening materials; equipment; staff time; communication |   | <ul> <li>Save a Sister High Risk Breast         Cancer Screening program was         provided using the Winkley         Coach.</li> <li>Diabetes Educators participated         in multiple health fairs in         Kalispell and surrounding         communities providing free         blood glucose testing/screenings.</li> </ul> |
| 3. Collaborate with<br>national organizations on<br>prevention awareness<br>messages and annual<br>health observances<br>activities  | Increased patient awareness of health screening availability and benefits   | Costs of staff time; communication                                 | <ul> <li>American Heart Association</li> <li>American Cancer Society</li> <li>American Stroke Association</li> <li>American Diabetes Association</li> </ul> | KRH regularly promotes prevention awareness and annual health observances through a variety of communications channels, including the KRH online Newsroom and social media. Examples include American Heart Month promotion, American Stroke Month, Breast Cancer Awareness Month, Colon Cancer Awareness                             |

|                        |                               |                        | Month and American Diabetes      |
|------------------------|-------------------------------|------------------------|----------------------------------|
|                        |                               |                        | Month, among others.             |
| 4. Expand occupational | Increased level of            | Costs of construction/ | Occupational Health Services     |
| health services and    | occupational health services; | renovation; additional | (OHS) relocated from the         |
| facility               | increased office space        | providers; additional  | Summit to a larger facility in   |
|                        |                               | support staff          | 2016 and added a board           |
|                        |                               |                        | certified occupational medicine  |
|                        |                               |                        | physician in the spring of 2016. |
|                        |                               |                        | OHS provides a full              |
|                        |                               |                        | complement of occupational       |
|                        |                               |                        | health services and has          |
|                        |                               |                        | experienced growth in patient    |
|                        |                               |                        | volumes over the period.         |

## b. Care coordination/advocacy

| Actions                   | Anticipated Impact             | KRH Resources          | Potential                              | Results / Impact                   |
|---------------------------|--------------------------------|------------------------|--|------------------------------------|
|                           | -                              |                        | Collaborations                         | ·                                  |
| 1. Provide classes and    | Increased advocacy for         | Costs of staff time;   | Cancer Support                         | KRH Cancer Support &               |
| activities that promote   | healthy lifestyles for post    | programming; facility; | Community Montana                      | Survivorship provides a full       |
| nutrition and healthy     | cancer care patients and their | communication          | Cancer Support                         | range of support services for      |
| lifestyles through Cancer | families                       |                        | Community                              | youth and adults affected by       |
| Support and               |                                |                        | Summit Nutritionist                    | cancer. Classes include: Cooking   |
| Survivorship Kalispell    |                                |                        |  | for Wellness, Advance Care         |
|                           |                                |                        |  | Planning, Living with Cancer,      |
|                           |                                |                        |  | Exercise and active outings.       |
|                           |                                |                        |  | Healthy cooking, activities were   |
|                           |                                |                        |  | supported by KRH Foundation        |
|                           |                                |                        |  | donors.                            |
| 2. Host community         | Increased awareness of         | Costs of staff time;   | Various local                          | KRH Foundation Community           |
| education programs and    | available prevention and       | programming; facility; | community                              | Outreach Committee worked          |
| lectures on prevention    | wellness programs available    | communication          | organizations                          | with 9 schools on healthy          |
| and wellness              | at Kalispell Regional          |                        | including:                             | lifestyles, nutrition, body image, |
|                           | Healthcare                     |                        | <ul> <li>Flathead Agency on</li> </ul> | tobacco awareness, Competitive     |
|                           |                                |                        | Aging                                  | Edge fitness, hygiene, dental      |
|                           |                                |                        | <ul> <li>Flathead Food Bank</li> </ul> | hygiene.                           |

|                       |                              |                      | School District 5    | Healthy Crock Pot cooking            |
|-----------------------|------------------------------|----------------------|----------------------|--------------------------------------|
|                       |                              |                      | elementary schools   | program was presented at             |
|                       |                              |                      | Evergreen Schools    | Evergreen School, Kalispell          |
|                       |                              |                      | Summit Medical       | Senior Center, and Flathead          |
|                       |                              |                      | Fitness Center       | Food Bank.                           |
|                       |                              |                      | Local dentists       | Year Long Diabetes Prevention        |
|                       |                              |                      | 20 car diornists     | Program (DPP) for five different     |
|                       |                              |                      |                      | Kalispell and two Eureka groups      |
|                       |                              |                      |                      | were held between 2016-2018.         |
|                       |                              |                      |                      | Thirteen to eighteen participants    |
|                       |                              |                      |                      | per group had an avg. weight         |
|                       |                              |                      |                      | loss of 9-19 lbs. per group. DPP     |
|                       |                              |                      |                      | was funded by grant from MT          |
|                       |                              |                      |                      | Department of Health & Human         |
|                       |                              |                      |                      | Services. Sixteen different health   |
|                       |                              |                      |                      | cooking classes were offered in      |
|                       |                              |                      |                      | 2016-2017 with attendance from       |
|                       |                              |                      |                      | 11-16 participants in each class.    |
|                       |                              |                      |                      | A radio talk program on              |
|                       |                              |                      |                      | Diabetes and Risk Factors was        |
|                       |                              |                      |                      | held.                                |
| 3. Participate in the | Identify opportunities and   | Costs of staff time; | Flathead City-County | Leadership from both hospitals       |
| development of a      | develop a plan for           | implementation of    | Health Department    | and the Health Department met        |
| Flathead Valley       | collaborative efforts to     | plan                 | North Valley         | quarterly to identify opportunities, |
| healthcare leadership | address population health in | _                    | Hospital             | develop plans and enhance            |
| steering committee to | the community.               |                      |                      | communication between                |
| address population    |                              |                      |                      | themselves and other community       |
| health                |                              |                      |                      | partners to improve the overall      |
|                       |                              |                      |                      | health of the community.             |

## c. Active transportation

| Actions                | Anticipated Impact          | KRH Resources        | Potential                              | Results / Impact                    |
|------------------------|-----------------------------|----------------------|--|-------------------------------------|
|                        |                             |                      | Collaborations                         |                                     |
| 1. Expand community    | Increased service area for  | Costs for equipment; | <ul> <li>Outreach locations</li> </ul> | A Diabetes Prevention Program       |
| reach for the Diabetes | diabetes prevention program | staff training for   | throughout Northwest                   | for Clark Fork Valley Hospital in   |
| Prevention Program     |                             | equipment use; staff | Montana                                | Plains, MT was provided via         |
| through the use of     |                             | time                 |  | telehealth between 2016-2018.       |
| telehealth             |                             |                      |  | Fourteen to nineteen adults         |
|                        |                             |                      |  | participated per group with 14-21   |
|                        |                             |                      |  | lbs. average weight loss per group. |
|                        |                             |                      |  | The program was funded by a         |
|                        |                             |                      |  | grant from MT Department of         |
|                        |                             |                      |  | Public Health & Human Services.     |
|                        |                             |                      |  | (DPHHS) A grant from DPHHS to       |
|                        |                             |                      |  | assist with transportation to the   |
|                        |                             |                      |  | Clark Fork Valley Hospital site     |
|                        |                             |                      |  | received for 2019 participants.     |