2022 Cultural, Diversity, and Inclusion Plan



Resources: 2021 Community Health Needs Assessment Flathead County

Uniform Data System

Logan Health Medical Center Website: <u>www.logan.org</u>

Updated and Revised: March 2022

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Our Culture

Logan Health Inpatient Rehabilitation strives to meet the needs and expectations of our population. Cultural competence enables our Inpatient Rehabilitation Program to provide equitable, excellent, and individually focused services.

Mission

Improve health, comfort, and life.

Vision

To be a fully integrated and aligned health care system that provides high quality and low cost primary, specialty, and tertiary medical care for the people we serve.

Values

Uphold *INTERGRITY* in my words and actions.

Show *COMPASSION* to every person, every time.

Provide *SERVICE* to my patients, my co-workers, and my community.

Demonstrate *EXCELLENCE* every day, in every way.

Take **OWNERSHIP** for all I do. ABOVE ALL...

Do the right thing!

Culture

A Cultural Competency, Diversity, and Inclusion Plan have been developed for Inpatient Rehabilitation to demonstrate how Logan Health Inpatient Rehabilitation will respond to the diversity of our patients, employees, and other stakeholders. Our goal is to enable staff to work culturally with each other as well as the patients and families served by showing understanding, respect, and appreciating similarities and differences in beliefs, values, and practices within and between cultures.

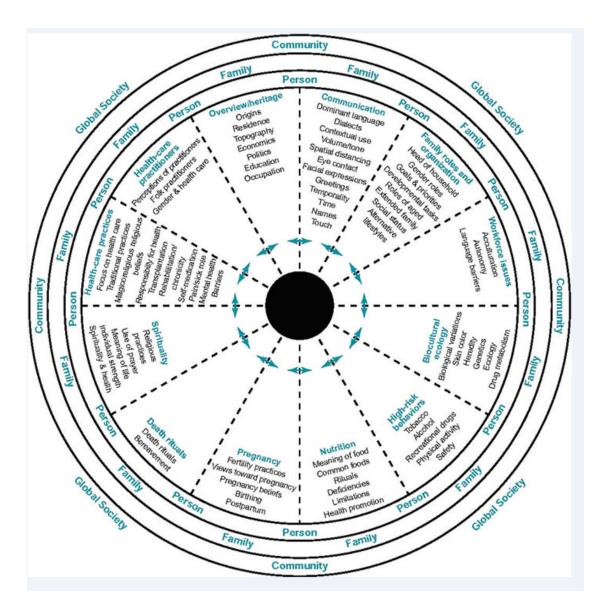
The Cultural Competency and Diversity Plan addresses the following areas: culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, and language such as use of an interpreter. It is reviewed and updated annually or as needed by the Leadership Team. Staff is oriented to the Cultural competency and diversity plan as part of orientation and as needed and utilize "Just in Time" training as needed. We developed a binder with cultural and religious information for reference.

Logan Health Inpatient Rehabilitation maintains a policy of nondiscrimination with all employees and applicants for employment along with advancements for qualified individuals with qualifications and without regard to race, religion, origin, age, sexual orientation, spiritual beliefs, marital status, or disability.

- We are an Equal Opportunity Employer.
- We strive to be sensitive to cultural differences among our patients, employees, visitors, and all stakeholders.
- We are aware of the need to be culturally sensitive in dealing with our patients who admit to Inpatient Rehabilitation.
- We utilize the Purnell Cultural competence as a guide.
- We utilize the 2021 Community Health Needs Assessment.2021-PRC-CHNA-Report-Flathead-County-MT.pdf

We chose the Purnell Cultural Competence for our Rehab unit as it defines all 12 cultural domains within Persons Served, the Family Unit, the Community Served, and our Global Society. It also encompasses the Community Needs Assessment.

The Purnell Model for Cultural Competence



Reference

Purnell, L. (2002). The Purnell model for cultural competence. *Journal of Transcultural Nursing*, *13*(3) 193-197.

*Updated figure provided and permission to post theory by Dr. Purnell (personal email communication, May 2013).

Purnell Model for Cultural Competence by Larry Purnell

12 Cultural Domains

It is not intended for domains to stand alone, rather, they affect one another.

Overview/heritage

Concepts related to country of origin, current residence, the effects of the topography of the country of origin and current residence, economics, politics, reasons for emigration, educational status, and occupations.

Communication

Concepts related to the dominant language and dialects; contextual use of the language; paralanguage variations such as voice volume, tone, and intonations; and the willingness to share thoughts and feelings. Nonverbal communications such as the use of eye contact, facial expressions, touch, body language, spatial distancing practices, and acceptable greetings; temporality in terms of past, present, or future worldview orientation; clock versus social time; and the use of names are important concepts.

Family roles and organization

Concepts related to the head of the household and gender roles; family roles, priorities, and developmental tasks of children and adolescents; child-rearing practices; and roles of the ages and extended family members. Social status and views toward alternative lifestyles such as single parenting, sexual orientation, child-less marriages, and divorce are also included in the domain.

Workforce issues

Concepts related to autonomy, acculturation, assimilation, gender roles, ethnic communication styles, individualism, and health care practices from the country of origin.

Bicultural ecology

Includes variations in ethnic and racial origins such as skin coloration and physical differences in body stature; genetic, heredity, endemic, and topographical diseases; and differences in how the body metabolizes drugs.

High-risk behaviors

Includes the use of tobacco, alcohol and recreational drugs; lack of physical activity, nonuse of safety measures such as seatbelts and helmets; and high-risk sexual practices.

Nutrition

Includes having adequate food; the meaning of food; food choices, rituals, and taboos; and how food and food substances are used during illness and for health promotion and wellness.

Pregnancy and childbearing

Includes fertility practices; methods for birth control; views towards pregnancy; and prescriptive, restrictive, and taboo practices related to pregnancy, birthing, and postpartum treatment.

Death rituals

Includes how the individual and the culture view death, rituals and behaviors to prepare for death, and burial practices. Bereavement behaviors are also included in this domain.

Spirituality

Includes religious practices and the use of prayer, behaviors that give meaning to life, and individual sources of strength.

Health care practices

Includes the focus of health care such as acute or preventive; traditional, magicoreligious, and biomedical beliefs; individual responsibility for health; self-medication practices; and views towards mental illness, chronicity, and organ donation and transplantation. Barriers to health care and one's response to pain and the sick role are included in this domain.

Health care practitioner

Concepts include the status, use, and perceptions of traditional, magicoreligious, and allopathic biomedical health care providers. In addition, the gender of the health care provider may have significance.

Concepts of Cultural Consciousness

Variant cultural characteristics: age, generation, nationality, race, color, gender, religion, educational status, socioeconomic status, occupation, military status, political beliefs, urban versus rural residence, enclave identity, marital status, parental status, physical characteristics, sexual orientation, gender issues, and reason for migration (sojourner, immigrant, undocumented status)

Unconsciously incompetent

Not being aware that one is lacking knowledge about another culture

Consciously incompetent

Being aware that one is lacking knowledge about another culture

Consciously competent

Learning about the client's culture, verifying generalizations about the client's culture, and providing culturally specific interventions

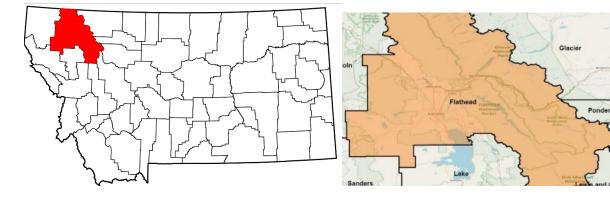
Unconsciously competent

Automatically providing culturally congruent care to clients of diverse cultures

Page published September 2013.

Flathead County, Montana Population 2022

Flathead County, Montana's estimated population is 109,173 with a growth rate of 1.67% in the past year according to the most recent United States census data. Flathead County, Montana is the 5th largest county in Montana. In 2010 the population was 90,864. Since that time the Flathead Valley has seen growth of 20.1%.



Year 👻	Population	Growth	Annual Growth Rate
2022	109,173	1,789	1.67%
2021	107,384	1,789	1.69%
2020	105,595	1,789	1.72%
2019	103,806	1,789	1.75%
2018	102,017	1,926	1.92%
2017	100,091	2,349	2.40%
2016	97,742	1,903	1.99%
2015	95,839	1,272	1.35%
2014	94,567	1,632	1.76%
2013	92,935	1,338	1.46%
2012	91,597	327	0.36%
2011	91,270	406	0.45%
2010	90,864	31,646	53.44%
1990	59,218	7,252	13.96%
1980	51,966	12,506	31.69%

Population Change 2000-2010

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

Between the 2000 and 2010 US Censuses, the population of Flathead County increased by 16,457 persons, or 22.1%.

BENCHMARK > This is greater than state and national increases.

Age

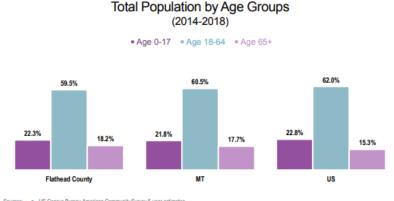
Based on the 2021 Community Health Needs Assessment Report Flathead County

Age

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

In Flathead County, 22.3% of the population are children age 0-17; another 59.5% are age 18 to 64, while 18.2% are age 65 and older.

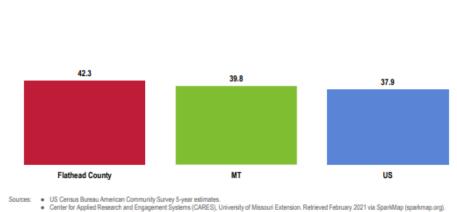
BENCHMARK The prevalence of older adults is higher in Flathead County than found nationally.



Sources: US Census Bureau American Community Survey 5-year estimates. Center for Applied Research and Engagement Systems (CARES). University of Missouri Extension. Retrieved February 2021 via SparkMap (sparkmap.org).

Median Age

Flathead County is "older" than the state and the nation in that the median age is higher.

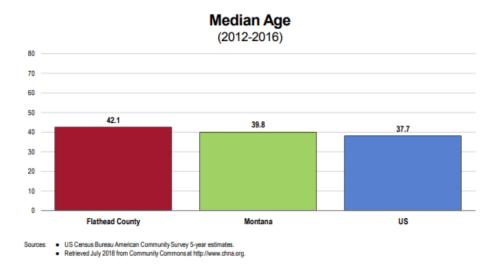




Based on the 2018 Community Health Needs Assessment Report Flathead County

Median Age

Flathead County is "older" than the state and the nation in that the median age is slightly higher.



Inpatient Rehabilitation:

In 2021 the average age admitted to our unit was 64.8 years of age. The average region age was 64.2 and national average age was 65.9. Patients who were 75 years and older made up 35.9% of our patient population. Patients who were between the ages 65-74 made up 25.9%. Patients who were between ages 45-64 made up 21.8% and ages below 44 made up 16.5% of our population. Patients are typically ages 14 and above, age 13 and younger will be considered on a case by case basis by the Rehabilitation Physician in coordination with a Pediatrician.

The average age of Logan Health employees is 46.

Since our overall population served is older than 65 years old, our goal is to return patients back to the community setting of their choice and often with support of families or caregivers. The goal of rehabilitation is to focus on self-care, mobility, swallow ability and cognition/communication tasks. Our Social Worker is the "Point Person" who works with external stakeholders such as home health agencies, nurse navigators, outpatient therapies, durable medical equipment vendors, and skilled nursing facilities to ensure a seamless transition to home or to the next level of care.

Gender

Kalispell S	Sex Ratio	D	Flathe	ead County,	Montana Sex Rat	io
Female	11,602	49.92%	Fema	le 50,001	50.05%	
Male	11,639	50.08%	Male	49,898	49.95%	

Inpatient Rehabilitation:

In 2021 the patient we served was 61.8% males and 38.2% females. In Flathead County the population of males to females is about half. Staff demographics demonstrate 14 males and 61 females including the inpatient acute care rehabilitation services.

Logan Health Inpatient Rehabilitation accommodates requests if a female or a male patient prefers a staff member of the same gender to assist with hygiene, toileting, and showering. Occasionally we may have sexually inappropriate patients due to brain injury which is addressed during staff training. If a staff member feels uncomfortable assignments can be altered.

Sexual Orientation

Based on 2022 Kalispell Residents Community Poll

of people say LGBT residents are somewhat accepted. 12 responses

Logan Health Inpatient Rehabilitation respects patients of all sexual orientation. If patients need additional support or have concerns, our Social Worker can provide assistance with community resources. There is a Lesbian, Gay, Bisexual, and Transgender Alliance in Flathead County and throughout the state of Montana that can assist with advisory services.

Statement of Non-Discrimination

Logan Health complies with applicable state and federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other category protected by law.

To ensure patient and employee privacy, we have not tracked sexual orientation data.

Christian	65%	No
Evangelical Protestant	<mark>28</mark> %	
Mainline Protestant	14%	
Historically Black Protestant	< 1%	
Catholic	<mark>1</mark> 7%	
► Mormon	4%	
Orthodox Christian	1%	•
Jehovah's Witness	1%	Un
Other Christian	< 1%	

Sp	iritı	lal	Bel	iefs
P			~~~	

Non-Christian Faiths	5%
Jewish	< 1%
Muslim	< 1%
Buddhist	1%
Hindu	< 1%
Other World Religions	< 1%
Other Faiths	4%
Unaffiliated (religious "nones")	30 <mark>%</mark>
Atheist	4%
Agnostic	5%
Nothing in particular	21%
Don't know	< 1%

***** Pew Research Center

Inpatient Rehabilitation:

Logan Health Inpatient Rehabilitation respects patients' of all spiritual beliefs. During the preadmission assessment patients are asked about any spiritual, religious, cultural, or other accommodations. This allows the rehabilitation team to reschedule therapy times to accommodate requests.

We have access to a chaplain who can provide emotional and spiritual support. The chapel is located in the main hospital and is available for a quiet place for worship or meditation to our patients, families, and employees. During Christian holidays services are conducted in the chapel.

Our dietician will meet with patients to identify any special foods related to their individual beliefs to ensure accommodations are met as much as possible. Families are allowed to bring in foods if cleared by the Rehabilitation Physician and Speech Therapy if a patient requires a modified diet for safety.

In 2021 we admitted 11 Native American patients. We offer them use of the Smudging Kit with the assistance of the Chaplain. Patients who would like to use the Smudging Kit are often identified prior to admitting to the rehabilitation unit. This ensures it will be fully supplied and available when the patient arrives. Logan Health employees follow the Smudging, A735 Policy.

Rehabilitation staff members may have special requests to not work certain holidays or days of the week based on their spiritual beliefs. Management makes every effort to accommodate these requests. If a staff member requests accommodation related to attire, safety issues will be evaluated and management would work on accommodating this request. Due to privacy, spiritual beliefs of patients and employees have not been tracked.

Socioeconomic Status

SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
 Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (https://health.gov/healthypeople)

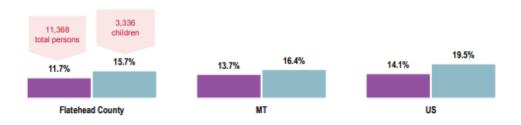
Poverty

The latest census estimate shows 11.7% of Flathead County total population living below the federal poverty level.

BENCHMARK > More favorable than state and national percentages but fails to satisfy the HP2030 target of 8.0% or lower.

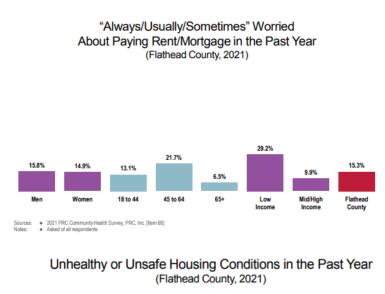
Among just children (age 0 to 17), this percentage in Flathead County is 15.7% (representing an estimated 3,336 children).

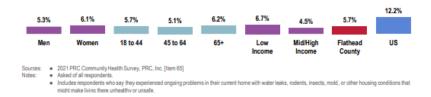
BENCHMARK
More favorable than the national percentage but fails to satisfy the HP2030 target of 8.0% or lower.



Socioeconomic Status

Housing





Housing

Failure to thrive due to lack of stable housing. - Social Services Provider

Housing as healthcare. There is a lack of affordable housing in the Flathead Valley. This leads to unfavorable health outcomes. – Other Health Provider

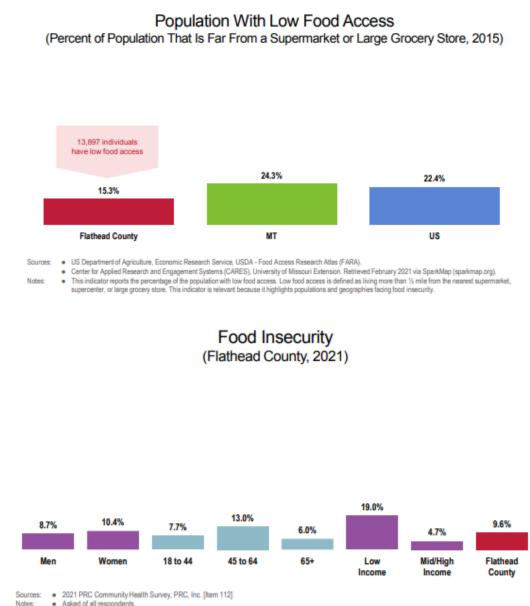
Socioeconomic Status

Food Access

Low Food Access

US Department of Agriculture data show that 15.3% of Flathead County population (representing nearly 14,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK Lower than the state and national prevalence.

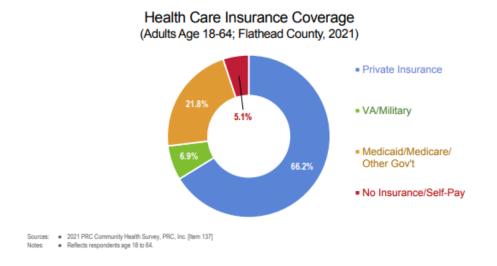


Asked of all respondents

. Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Type of Health Care Coverage

A total of 66.2% of Flathead County adults age 18 to 64 report having health care coverage through private insurance. Another 28.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Lack of Health Insurance Coverage

Among adults age 18 to 64, 5.1% report having no insurance coverage for health care expenses.

BENCHMARK More favorable than state and national findings.

TREND ► A significant decrease from 2018.

DISPARITY > Higher among male respondents.

Lack of Health Care Insurance Coverage (Adults Age 18-64; Flathead County, 2021)

Healthy People 2030 = 7.9% or Lower



rres: • 2021 PRC Community Health Survey, PRC, Inc. [liem 137] • US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov es: • Asked of all respondents under the age of 65. Notes:

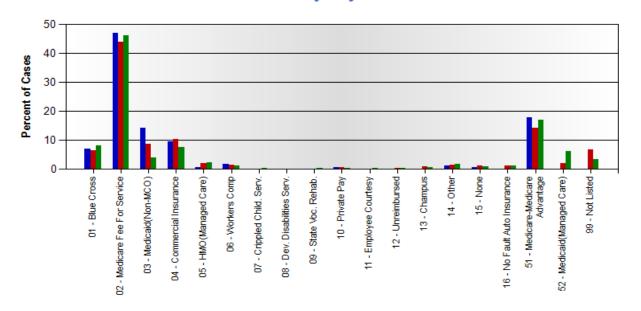
The sources and surveys used for this study mirror what was used by the Office of the Commissioner of Securities and Insurance in 2014, 2015, and 2016, and for the studies commissioned by MHCF for 2017, 2018, and 2019.

Summary of Health Coverage in Montana

Health Insurance Coverage					
	2016	2018	2019	2020	
Uninsured	76,000	83,073	92,179	101,678 to 119,544	
Medicare	201,000	217,983	226,228	236,473	
Medicaid	193,231	246,039	257,142	239,198	
Individual Market (Inside Exchange)	52,358	49,080	41,954	40,277	
Individual Market (Outside Exchange)	28,261	13,372	10,074	9,634	
Prison Population (Estimated)*	3,642	4,083	4,000	4,500	
Employer Group (Estimated)	446,200 (est. in 2015)	440,500 (est. in 2016)	445,800 (est. in 2017)	435,000 to 455,000 (est. in 2018 for 2020)	

*The prison population, once convicted and sentenced, is not eligible for private or public health coverage. It only has access to the health services that are provided and paid for by the prison. Individuals who are hospitalized for longer than 24 hours may be eligible for Medicaid. These numbers are estimates based on the prison population and do not include individuals who are being held in local jails pending trial or another type of resolution of their case.

Inpatient Rehabilitation payer Statistics 2021via UDS Data



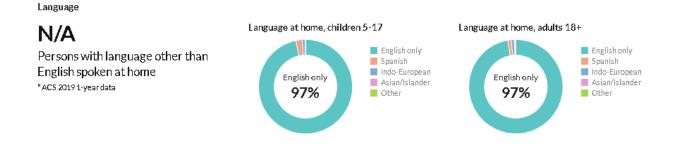
Primary Payer

Inpatient Rehabilitation:

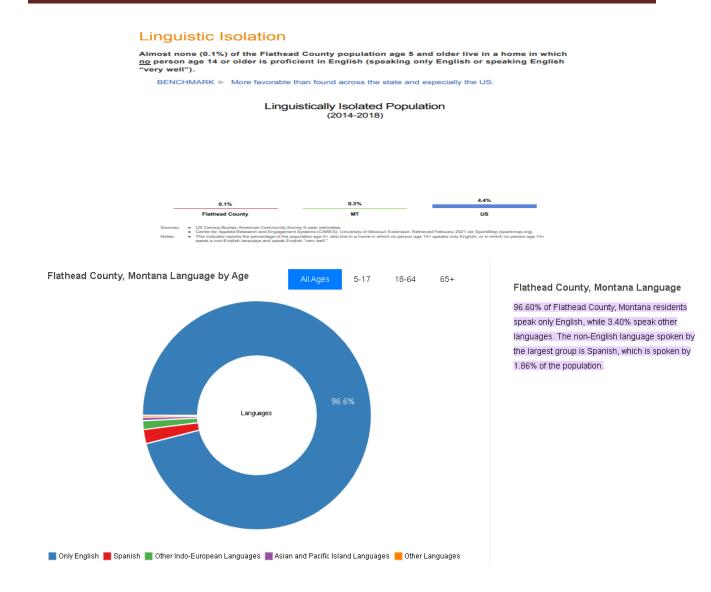
Patients are admitted to the Inpatient Rehabilitation unit regardless of their ability to pay. Our Social Worker and Financial Advisors work diligently to ensure those patients who are uninsured or underinsured have access to rehabilitation and resources to include applying for Social Security, Disability, or Medicaid. In March 2022 the Inpatient Rehabilitation Unit converted an office to a resource center. The Social Worker, Therapists, and Nursing staff can work with patients on navigating the internet, access community resources, and research educational resources to facilitate and empower independence upon discharge.

In 2021 47.1% of our patients were Medicare Beneficiaries. 17.6% had a Medicare Advantage Plan, 14.1% had Medicaid, 9.4% had Commercial Insurance, and 7.1% had a Blue Cross Plan. 0.6% of our patients did not have any insurance coverage but had applied for Medicaid. We are working with Administration on a VA contact. This will allow Veterans to use VA services and benefits as we do not currently have a contract.

In 2020-2022 due to increase in population, affordable housing has been difficult for many staff members. Human Resources have found creative housing during the onboarding process. The Flathead Valley itself recognizes the need for affordable housing and has put plans in place for housing projects. Affordable housing may assist with labor shortages throughout the Flathead Valley and within the Logan Health Organization.



Language



Inpatient Rehabilitation:

Logan Health Inpatient Rehabilitation have admitted patients whose primary language is Non-English. Barriers in language are identified during the preadmission process. The rehabilitation unit has access to the Status Video Interpreter System which can translate any language. Discharge instructions can be translated into Spanish if needed. During the past 2 years we have utilized the Status System twice to translate language into Spanish and Russian.

Patients who are hard of hearing can utilize Pocket Talkers available from the Speech Therapy Department. We have a list of sign language interpreters available by calling the Communication Center. We also have access to TTY (Teletypewriter) analog telephone.

All staff members must be able to speak, read, and write in English. English does not have to be their native language. Logan Health does employ bilingual staff.

Race

How are race and ethnicity categories defined?

Race and ethnicity are different forms of identity but are sometimes categorized in non-exclusive ways. Race is a form of identity constructed by our society to give meaning to different groupings of observable physical traits. An individual may identify with more than one race group. Ethnicity is used to group individuals according to shared cultural elements. Racial and ethnic categorizations relate to health because our society sorts groups of individuals based on perceived identities. These categorizations have meaning because of social and political factors, including systems of power such as racism. Examining the variation among racial and ethnic groupings in health factors and outcomes is key to understanding and addressing historical and current context that underlie these differences.

Data sources differ in methods for defining and grouping race and ethnicity categories. To incorporate as much information as possible in our summaries, County Health Rankings & Roadmaps (CHR&R) race/ethnicity categories vary by data source. With a few exceptions, CHR&R adheres to the following nomenclature originally defined by <u>The Office of Management and Budget (OMB)</u>:

- American Indian & Alaska Native (AIAN): includes people who identify as American Indian or Alaska Native and do not identify as Hispanic.
- Asian: includes people who identify as Asian or Pacific Islander and do not identify as Hispanic.
- Black: includes people who identify as Black or African American and do not identify as Hispanic.
- Hispanic: includes people who identify as Mexican, Puerto Rican, Cuban, Central or South American, other Hispanic, or Hispanic of unknown origin.
- White: includes people who identify as White and do not identify as Hispanic.

Note:

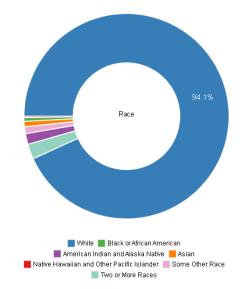
- Racial and ethnic categorization masks variation within groups.
- Individuals may identify with multiple races, indicating that none of the offered categories reflect their identity; these individuals are not included in our summaries.
- OMB categories have limitations and have changed over time, reflecting the importance of attending to contemporary racialization as a principle for examining approaches to measurement.
- For some data sources, race categories other than White also include people who identify as Hispanic.

Learn More:

The above definitions apply to all measures using data from the <u>National Center for Health Statistics</u> (see Ranked & Additional Measure Sources and Years of Data tables on pages 4 & 5). For this data source, all race/ethnicity categories are exclusive so that each individual fits into only one category.

Flathead County, Montana Population by Race 2022

Population by Race 🕜	Total	Hispanic	Non-Hispanic	
				¥ CS¥ ¥ JSON
Race			Population 👻	Percentage
White			93,989	94.08%
Two or More Races			2,250	2.25%
American Indian and Alaska I	Native		1,528	1.53%
Some Other Race			947	0.95%
Asian			698	0.70%
Black or African American			440	0.44%
Native Hawaiian and Other P	acific Island	ler	47	0.05%



Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 94.5% of residents of Flathead County are White and 0.4% are Black.

BENCHMARK > Similar to the state race distribution but less diverse than the national proportion.

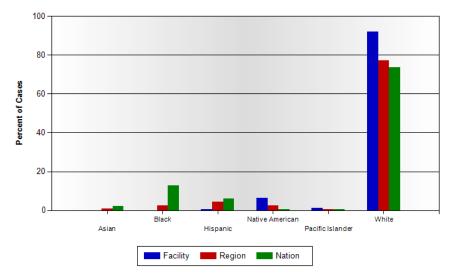


Total Population by Race Alone (2014-2018)

Ethnicity

A total of 2.7% of Flathead County residents are Hispanic or Latino.

BENCHMARK > Reflects the statewide proportion but lower than found nationally.



Race Inpatient Rehabilitation 2021 via UDS Data

	Facility Region Adjusted		Nation Adjusted			
Ethnicity**	N	%	N	%	N	%
Asian	0	0.0%		1.0%		2.1%
Black	0	0.0%		2.4%		12.9%
Hispanic	1	0.6%		4.5%		6.0%
Native American	11	6.5%		2.4%		0.7%
Pacific Islander	2	1.2%		0.7%		0.6%
White	156	91.8%		77.2%		73.7%

** Because more than one category may be selected for this variable for each patient, the sum of the categories may exceed 100 percent.

Inpatient Rehabilitation:

Logan Health Inpatient Rehabilitation's population was 91.8% Caucasian, 6.5% Native American, 1.2% Pacific Islander, and 0.6% Hispanic.

In order to demonstrate cultural sensitivity to our Native Americans, we implemented a Smudging Policy due to cultural request. We have access to Stratus the Video Interpreter System to translate languages.

Logan Health Employees 2022 Statistics via Human Resources Manager

Label	Percent
American Indian or Alaska Native (United States of America)	0.93%
Asian (United States of America)	1.08%
Black or African American (United States of America)	0.25%
I do not wish to answer. (United States of America)	0.95%
Native Hawaiian or Other Pacific Islander (United States of	0.09%
America)	
Two or More Races (United States of America)	1.90%
White (United States of America)	90.10%
(blank)	4.70%
Grand Total	100.00%

Performance Improvement

Inpatient Rehabilitation:

Our Cultural Competency Plan will continue to be reviewed and updated at least annually.

We will share our Cultural Competency Plan with our Patients, Personnel, and other Stakeholders via printed reports, our Website, emailed to stakeholders and personnel.

As the population in Montana and the Flathead Valley continues to grow, we will continue to be culturally sensitive to minority groups.

Goals and Strategies:

- In 2022 Dr. Weber and Mary will continue to work with Mission Life Line and American Heart Association to identify gaps in care within our community, the Flathead Valley, and the State of Montana for stroke patients. Action plans can be then developed based on the data gathered.
- By December 2022 The Flathead Valley Needs Assessment will be completed. It is done every 3 years. That data will show trends on the effects of the COVID-19 pandemic to our Flathead Valley. That data will allow us to update the Cultural, Diversity, and Inclusion Plan in 2023.
- 3. Logan Health Inpatient Rehabilitation will continue to provide education to all persons served, personnel, and stakeholders to ensure quality services.
- 4. Logan Health Inpatient Rehabilitation will continue to foster a continuous learning environment for all employees to be culturally competent as the Flathead Valley's growth continues.
- 5. The Rehabilitation Unit will work with Dr. Annie Robbins in Revenue Cycle for a VA contract.



Mary Opalka, CRRN, PPS Admission Coordinator <u>mopalka@logan.org</u>

320 Sunnyview Lane Kalispell, MT 59901 Office: (406) 751-7665 Fax: (406) 751-5430

