The Community Needs Assessment was performed by Healthy Acadia in collaboration with Healthy Acadia.

**Community Needs Assessment Implementation Plan**

Mount Desert Island Hospital (MDIH) has identified several strategic goals and initiatives to improve community health. These initiatives are designed to overcome obstacles, increase awareness, and improve accessibility to affordable, high-quality health care.

**MDIH Strategic Goal**

Overcome obstacles to creating more opportunities for people to get the care they need.

**HA Goal 1 of Strategy**

Overcome obstacles to accessing resources in our region.

**HA Goal 2 of Strategy**

Free themselves from toxins to accessing resources.

**HA Goal 3 of Strategy**

Identify our unique attributes (what is unique to us? Describe from patient perspective).

**Goal 1 of Strategy #6**

Provide training for Board Members, HIV, Care Management and ACO Models.

**Goal 2 of Strategy #6**

Build effective communication plans to expand employer relationships (work businesses and affiliates to learn how to think are our key attributes).

**Goal 8**

Determine the necessity of providers to get the message out more effectively.

**#2**

Utilize MDIH Physical Therapist to help promote healthy activities for prevention.

**#1**

Remove barriers in order to prevent access to appropriate data designed with practitioner.

**#8**

Provide more continuity of inpatient medical home (staff/community) and providers.

**#9**

Support seamless integration of our service area.

**Goal 7**

Explore alternative patient care taskforce.

**Goal 6**

Exercise recognition - with the DHHS to deliver care to the community.

**Goal 3**

Construct New Women's Health Center.

**Goal 2**

Create more self-referral data to identify low reason code methodology for referrals.

**Goal 1**

Identify the key participants.

**Goal 2**

Develop effective communication plans to get our message out more effectively.

**Goal 1**

Further develop Childhood Wellness programs.

**Goal 2**

Identify our unique attributes (what is unique to us? Describe from patient perspective).

**Goal 3**

Define elements/attributes of our service area.

**Goal 4**

Put together focus groups of providers to provide education.

**Goal 5**

Select and feature a "Provider of the Month".

**Goal 6**

Provide training for Board Members, HIV, Care Management and ACO Models.

**Goal 7**

Build effective communication plans to support seamless integration of our service area.

**Goal 8**

Identify the key participants.

**Goal 9**

Determine the necessity of providers to get the message out more effectively.

**Goal 10**

Utilize MDIH Physical Therapist to help promote healthy activities for prevention.

**Goal 11**

Remove barriers in order to prevent access to appropriate data designed with practitioner.

**Goal 12**

Provide more continuity of inpatient medical home (staff/community) and providers.

**Goal 13**

Support seamless integration of our service area.

**Goal 14**

Explore alternative patient care taskforce.

**Goal 15**

Exercise recognition - with the DHHS to deliver care to the community.

**Goal 16**

Construct New Women's Health Center.

**Goal 17**

Create more self-referral data to identify low reason code methodology for referrals.

**Goal 18**

Identify the key participants.

**Goal 19**

Develop effective communication plans to get our message out more effectively.

**Goal 20**

Further develop Childhood Wellness programs.

**Goal 21**

Identify our unique attributes (what is unique to us? Describe from patient perspective).

**Goal 22**

Define elements/attributes of our service area.

**Goal 23**

Put together focus groups of providers to provide education.

**Goal 24**

Select and feature a "Provider of the Month".