Powell County Montana

Community Health Services Development
Community Health Needs Assessment
Report

Assessment conducted by
Deer Lodge Medical Center
Deer Lodge, Montana

In cooperation with
The Montana Office of Rural Health

June 2016

MONTANA STATE UNIVERSITY | Office of Rural Health
Area Health
Education Center

Deer Lodge Medical Center
Community Health Needs Assessment

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I. Introduction

Deer Lodge Medical Center (DLMC) is a 16-bed Critical Access Hospital and rural health clinic based in Deer Lodge, Montana. Deer Lodge Medical Center serves Powell County, which has an area of just under twenty-four hundred square miles and provides medical services to approximately 6,993 residents (2013 US Census). Deer Lodge Medical Center participated in the Community Health Services Development (CHSD) Project, a community health needs assessment, conducted by the Montana Office of Rural Health. Community involvement in steering committee meetings and focus groups enhanced the community's engagement in the assessment process.

In the spring of 2016, Deer Lodge Medical Center's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix D). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked.

II. Health Assessment Process

A Steering Committee was convened to assist Deer Lodge Medical Center in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in March 2016. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups.

III. Survey Methodology

Survey Instrument
In May 2016, surveys were mailed out to the residents in Deer Lodge Medical Center's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:
- Demographics of respondents
- Hospitals, primary care providers, and specialists used plus reasons for selection
- Local healthcare provider usage
- Services preferred locally
- Perception and satisfaction of local healthcare

Sampling
Deer Lodge Medical Center provided the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

Additionally, key informant interviews were conducted to ascertain community health priorities and identify service needs.

Information Gaps

Data
It is a difficult task to define the health of rural and frontier communities in Montana due to the large geographic size, economic and environmental diversity, and low population density. Obtaining reliable, localized health status indicators for rural communities continues to be a challenge in Montana.

There are many standard health indices used to rank and monitor health in an urban setting that do not translate as accurately in rural and frontier areas. In the absence of sufficient health indices for rural and frontier communities in Montana, utilizing what is available is done with an understanding of access to care in rural and frontier Montana communities and barriers of disease surveillance in this setting.

The low population density of rural and frontier communities require regional reporting of many major health indices including chronic disease burden and behavior health indices. The Montana BRFSS [Behavioral Risk Factor Surveillance System], through a cooperative agreement with the Center for Disease Control (CDC), is used to identify regional trends in health-related behaviors. The fact that many health indices for rural and frontier counties are reported regionally makes it impossible to set the target population aside from the five more-developed Montana counties.

Limitations in Survey Methodology
A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample, thus a mixture of different data collection methodologies is recommended. Conducting community focus groups and key informant interviews in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey or attend a focus group.

Survey Implementation

In May 2016, the community health services survey, a cover letter with on Deer Lodge Medical Center's letterhead with the Chief Executive Officer's signature, and a postage paid reply envelope were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Deer Lodge Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred ninety-four surveys were returned out of 800. Of those 800 surveys, 63 were returned undeliverable for a 26% response rate. From this point on, the total number of surveys will be out of 737. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.32%.

IV. Survey Respondent Demographics

A total of 737 surveys were distributed amongst Deer Lodge Medical Center's service area. One hundred ninety-four were completed for a 26% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 31)

While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward the Deer Lodge population which is reasonable given that this is where most of the services are located. Four respondents chose not to answer this question.

| Location	Zip Code	Count	Percent
Deer Lodge	59722	181	**95.3%**
Elliston	59728	3	**1.6%**
Anaconda	59711	2	**1.1%**
Avon	59713	2	1.1%
Drummond	59832	1	0.5%
Gold Creek	59733	1	0.5%
Garrison	59731	0	0
TOTAL		**190**	**100%**

Gender (Question 32)
2016 N= 194

Of the 194 surveys returned, 65% (n=126) of survey respondents were female, 31.4% (n=61) were male, and 3.6% (n=7) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.

Gender

No answer
3.6%

Male
31.4%

Female
65%
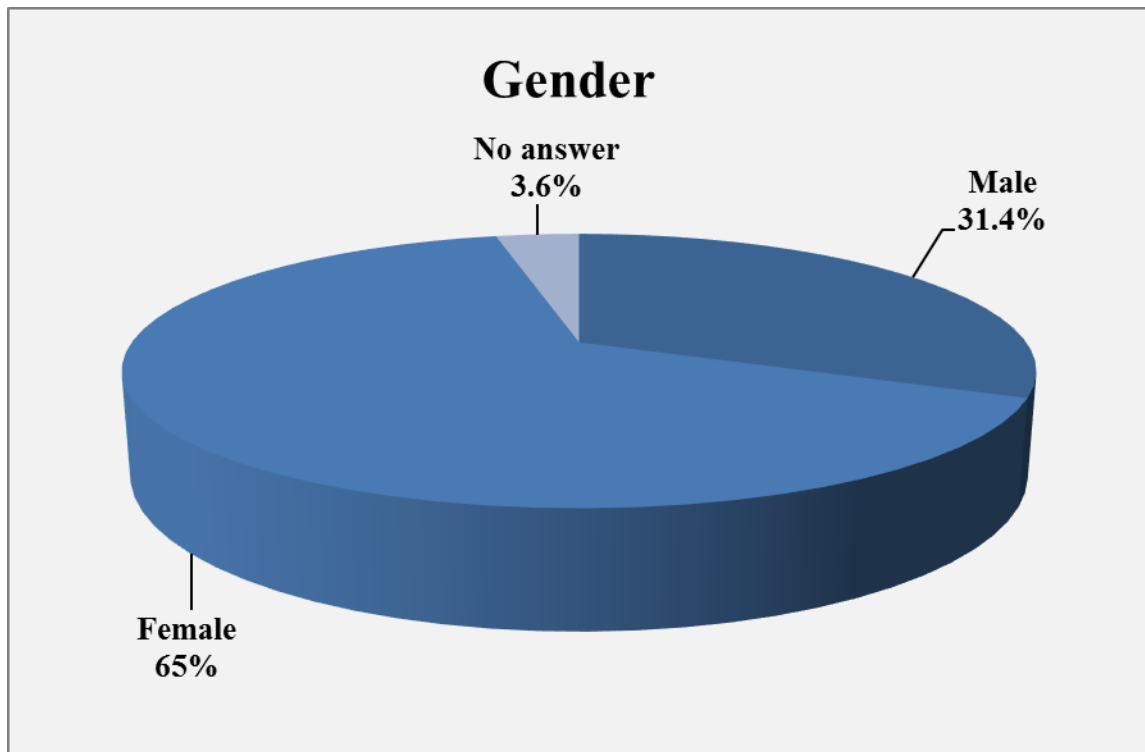
Age of Respondents (Question 33)
2016 N= 186

Thirty-five percent of respondents (n=65) were between the ages of 56-65. Eighteen percent of respondents (n=34) were between the ages of 66-75 and 17.2% of respondents (n=32) were between the ages of 46-55. This statistic is comparable to other Critical Access Hospital (CAH) demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and therefore, are more likely to respond to healthcare surveys, as reflected by this graph. Eight respondents chose not to answer this question.
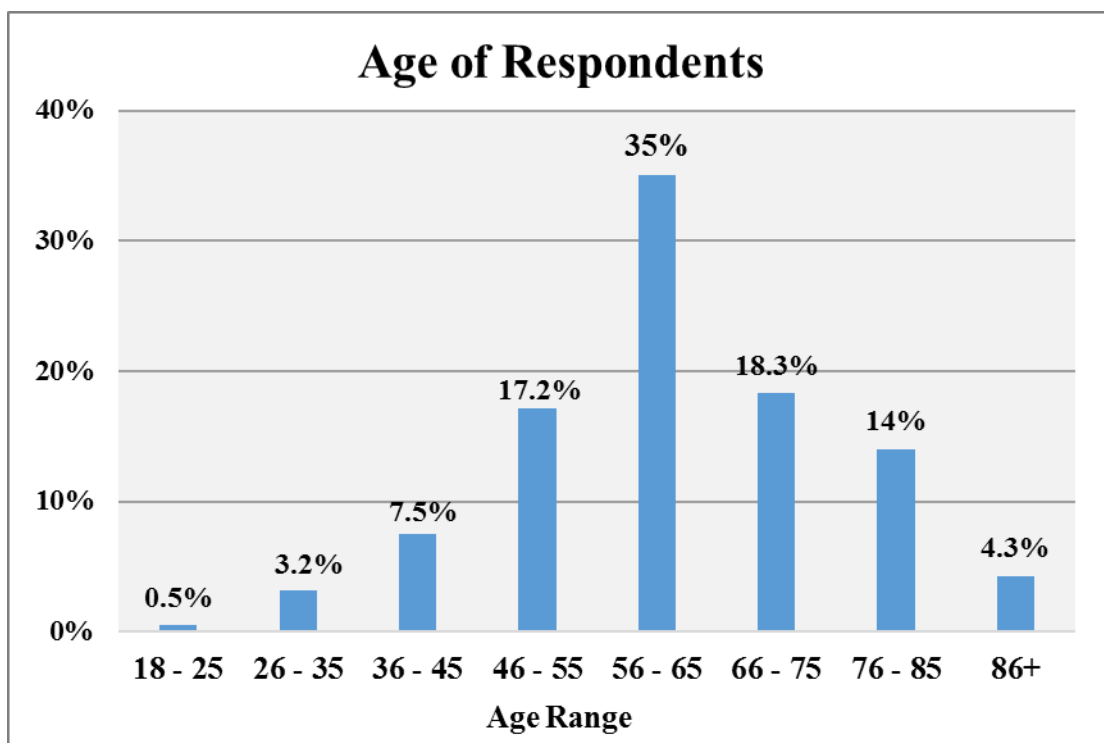
Employment Status (Question 34)
2016 N= 181

Forty-three percent (n=78) of respondents reported they work full time while 42.5% (n=77) are retired. Six percent of respondents (n=10) indicated they work part time and thirteen respondents chose not to answer this question. Respondents could select all that apply so percentages do not equal 100%.
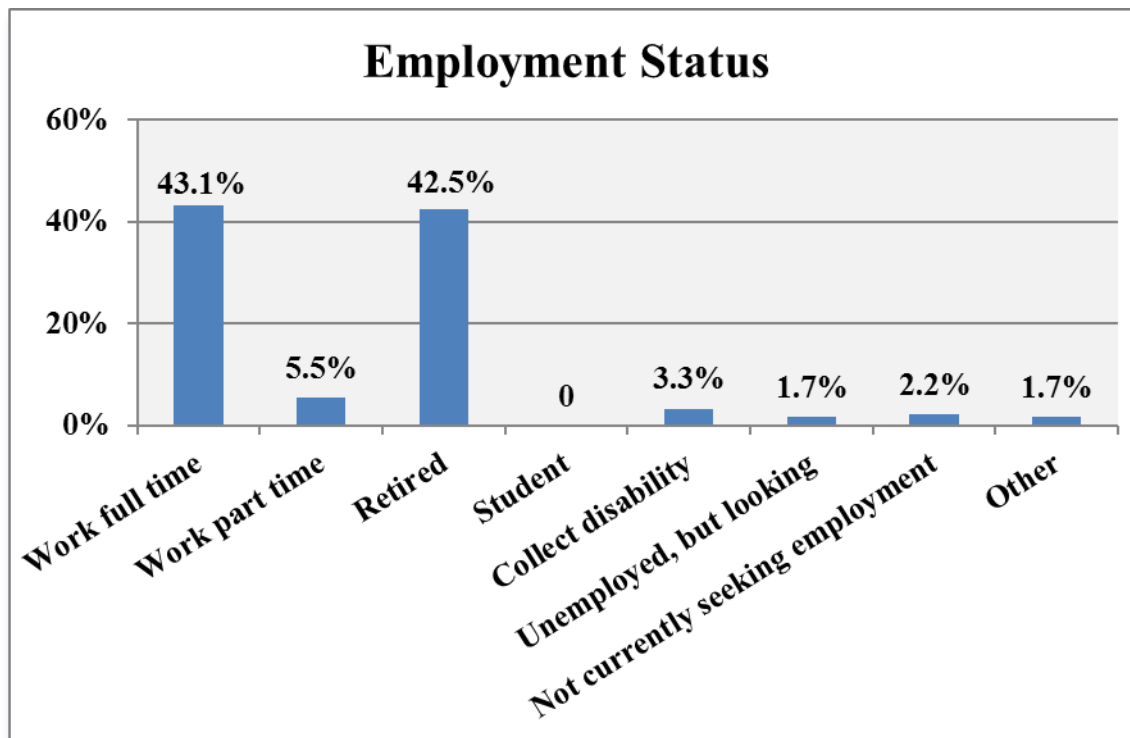
"Other" comments:
- Unpaid ranch hand: room, board, and 1 quart of whisky every other week.
- Volunteer

Impression of Community (Question 1)
2016 N=194

Respondents were asked to indicate how they would rate the general health of their community. Sixty-five percent of respondents (n=126) rated their community as "Somewhat healthy" and 17% of respondents (n=33) felt their community was "Healthy." Ten percent of respondents (n=19) indicated they felt their community was "Unhealthy."

Rating of "Healthy" Community

Very unhealthy 1.5%
No answer 5.2%
Very healthy 1.5%
Unhealthy 9.8%
Healthy 17%
Somewhat healthy 65%
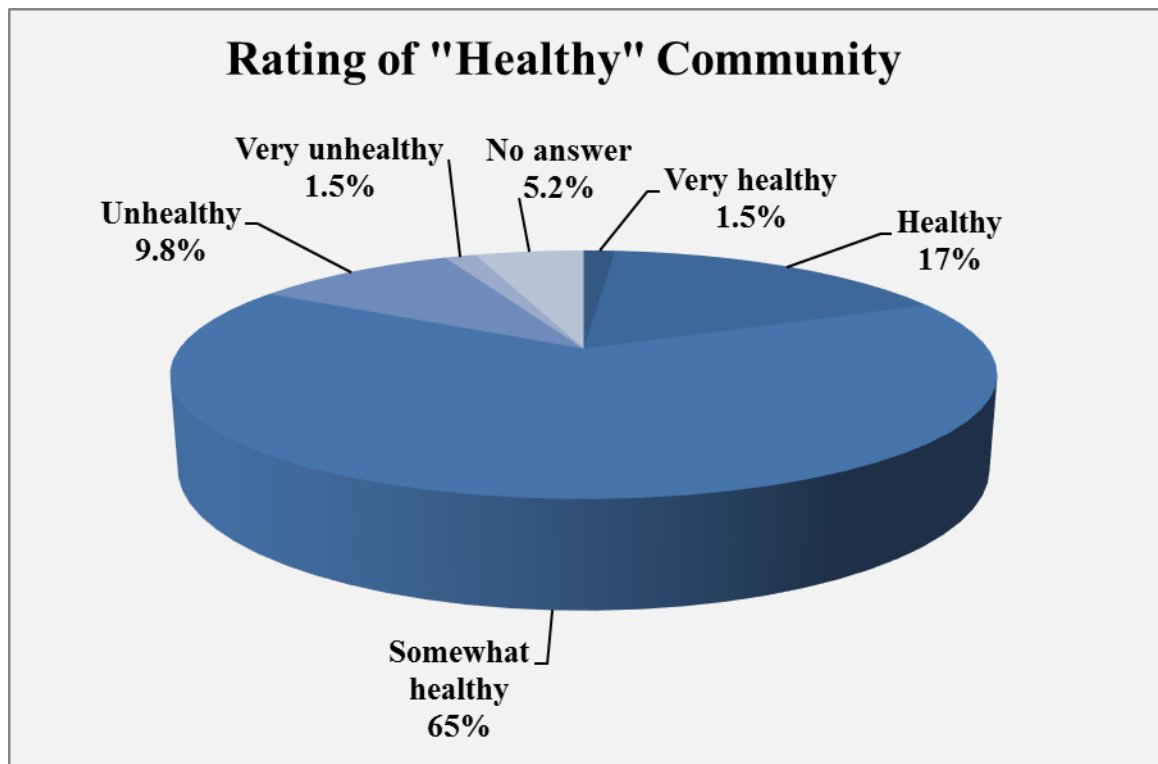
Health Concerns for Community (Question 2)
2016 N= 194

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was "Alcohol abuse/ substance abuse" at 71.6% (n=139). "Overweight/obesity" was also a high priority at 43.3% (n=84) then "Cancer" at 33.5% (n=65). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	Count	Percent
Alcohol abuse/substance abuse	**139**	**71.6%**
Overweight/obesity	**84**	**43.3%**
Cancer	**65**	**33.5%**
Heart disease	37	19.1%
Tobacco use	35	18.0%
Mental health issues	34	17.5%
Lack of exercise	28	14.4%
Diabetes	27	13.9%
Depression/anxiety	25	12.9%
Child abuse/neglect	22	11.3%
Lack of access to health care	19	9.8%
Domestic violence	17	8.8%
Lack of dental care	7	3.6%
Motor vehicle accidents	6	3.1%
Recreation related accidents/injuries	5	2.6%
Stroke	4	2.1%
Work related accidents/injuries	0	0
Other	9	4.6%

"Other" comments:
- Drugs/drug abuse (5)
- Old age (3)
- Lack of self-discipline
- Keeping good doctors
- Gambling
- Pain management
- DLMC
- Not knowledgeable enough to answer

Components of a Healthy Community (Question 3)
2016 N= 194

Respondents were asked to identify the three most important things for a healthy community. Sixty-one percent of respondents (n=119) indicated that "Access to healthcare and other services" is important for a healthy community. "Good jobs and a healthy economy" was the second most indicated component at 59.3% (n=115) and third was "Healthy behaviors and lifestyles" at 37.1% (n=72). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	Count	Percent
Access to healthcare and other services	**119**	**61.3%**
Good jobs and health economy	**115**	**59.3%**
Healthy behaviors and lifestyles	**72**	**37.1%**
Strong family life	59	30.4%
Affordable housing	45	23.2%
Good schools	33	17.0%
Low crime/safe neighborhoods	31	16.0%
Religious or spiritual values	29	14.9%
Clean environment	18	9.3%
Parks and recreation	14	7.2%
Community involvement	11	5.7%
Tolerance for diversity	9	4.6%
Low death and disease rates	7	3.6%
Low level of domestic violence	7	3.6%
Arts and cultural events	1	0.5%
Other	2	1.0%

"Other" comments:
- Jobs
- Less drugs in town
- Access to healthy foods
- All are important

Overall Awareness of Health Services (Question 4)
2016 N= 189

Respondents were asked to rate their knowledge of the health services available at Deer Lodge Medical Center. Fifty-five percent (n=103) of respondents rated their knowledge of health services as "Good." Twenty-two percent (n=41) rated their knowledge as "Fair" and 14.8% of respondents (n=28) rated their knowledge as "Excellent."

Knowledge of Health Services at Deer Lodge Medical Center

Poor 9%
Excellent 14.8%
Fair 21.7%
Good 54.5%
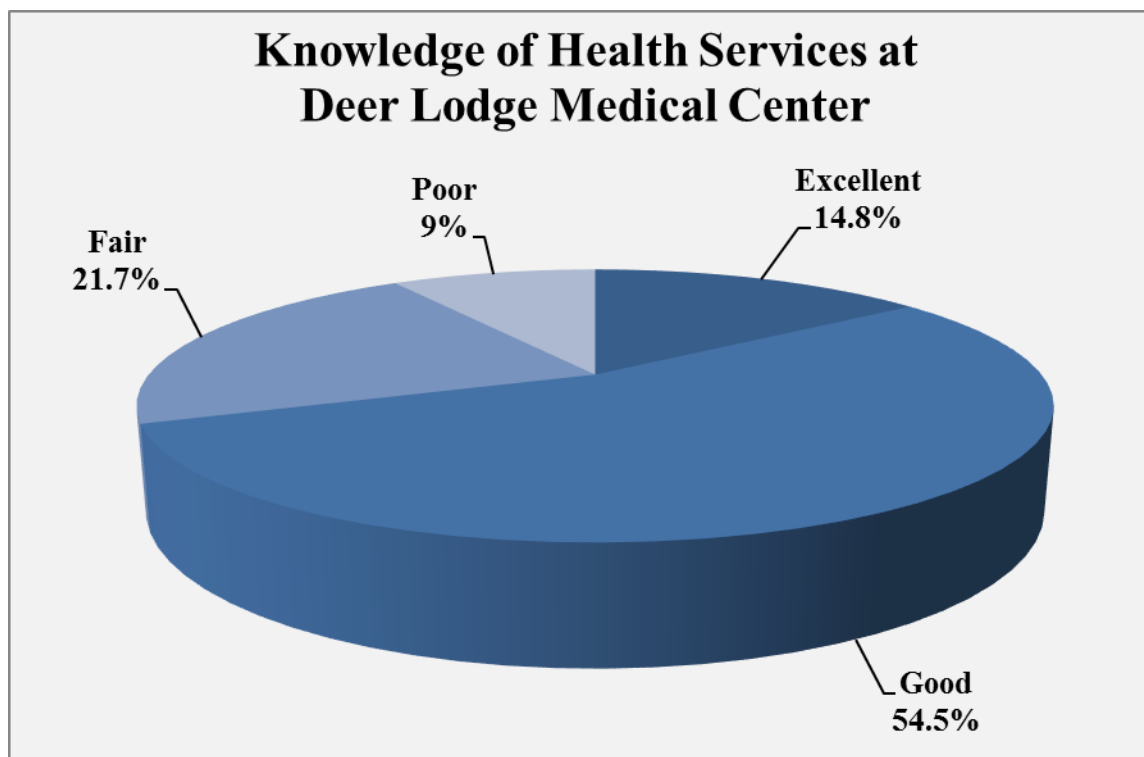
"Other" comments:
-   Care received on my one and only emergency visit was excellent

How Respondents Learn of Healthcare Services (Question 5)
2016 N= 194

The most frequent method of learning about available services was "Word of mouth/ reputation" at 68% (n=132). "Friends/family" was the second most frequent response at 67.5% (n=131) and "Healthcare provider" was reported at 35.6% (n=69). Respondents could select more than one method so percentages do not equal 100%.

Method	Count	Percent
Word of mouth/reputation	**132**	**68.0%**
Friends/family	**131**	**67.5%**
Healthcare provider	**69**	**35.6%**
Newspaper	56	28.9%
Billboards	37	19.1%
Website/internet	30	15.5%
TV	21	10.8%
Mailings/newsletter	18	9.3%
Radio	17	8.8%
Presentations	9	4.6%
Public health	9	4.6%
Other	14	7.2%

"Other" comments:
- Health fair (2)
- Community events/boards (2)
- Always been a patient
- DLMC Board meetings
- Emergency
- Hospital auxiliary

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess respondents' knowledge of services available at Deer Lodge Medical Center with how they learn about services available in their community. The chart below shows the results of the cross tabulation. How respondents learned of healthcare services was a multiple response item, thus totals do not add up to 100%.

KNOWLEDGE RATING OF DEER LODGE MEDICAL CENTER SERVICES
BY
HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Word of mouth/reputation	18 (13.8%)	76 (58.5%)	25 (19.2%)	11 (8.5%)	**130**
Friends/family	20 (15.5%)	72 (55.8%)	28 (21.7%)	9 (7%)	**129**
Healthcare provider	13 (19.1%)	42 (61.8%)	9 (13.2%)	4 (5.9%)	**68**
Newspaper	10 (17.9%)	30 (53.6%)	14 (25%)	2 (3.6%)	**56**
Billboards	8 (21.6%)	23 (62.2%)	5 (13.5%)	1 (2.7%)	**37**
Website/internet	7 (23.3%)	17 (56.7%)	4 (13.3%)	2 (6.7%)	**30**
Television	4 (19%)	13 (61.9%)	4 (19%)		**21**
Radio	3 (17.6%)	11 (64.7%)	3 (17.6%)		**17**
Mailings/newsletter	3 (17.6%)	9 (52.9%)	5 (24.9%)		**17**
Public Health	2 (22.2%)	5 (55.6%)	2 (22.2%)		**9**
Presentations	2 (25%)	5 (62.5%)	1 (12.5%)		**8**
Other	4 (28.6%)	5 (35.7%)	4 (28.6%)	1 (7.1%)	**14**

Other Community Health Resources Utilized (Question 6)
2016 N= 194

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. "Pharmacy" was the most frequently utilized community health resource cited by respondents at 85.1% (n=165). "Dentist" was also a highly utilized resource at 63.4% (n=123) followed by local "Primary care provider" at 45.9% (n=89). Respondents could select more than one resource so percentages do not equal 100%.

Resource	Count	Percent
Pharmacy	**165**	**85.1%**
Dentist	**123**	**63.4%**
Primary care provider (in town)	**89**	**45.9%**
Eye care	86	44.3%
Physical therapy	66	34.0%
Chiropractor	45	23.2%
Senior Center	42	21.6%
Massage therapy	33	17.0%
Public health	19	9.8%
Meals on Wheels	9	4.6%
Mental health	4	2.1%
Other	16	8.2%

"Other" comments:
- VA
- Hearing aid center
- None (2)

Improvement for Community's Access to Healthcare (Question 7)
2016 N= 194

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Sixty-two percent of respondents (n=121) reported that "More primary care providers" would make the greatest improvement. Thirty-four percent of respondents (n=66) indicated they would like "More specialists" and 30.4% (n=59) indicated that "Improved quality of care" would improve the community's access to health care. Respondents could select more than one method so percentages do not equal 100%.

Service	Count	Percent
More primary care providers	**121**	**62.4%**
More specialists	**66**	**34.0%**
Improved quality of care	**59**	**30.4%**
Home health services	44	22.7%
Greater health education services	39	20.1%
Outpatient services expanded hours	39	20.1%
More mental health providers	36	18.6%
Transportation assistance	29	14.9%
Telemedicine	6	3.1%
Cultural sensitivity	4	2.1%
Interpreter services	1	0.5%
Other	17	8.8%

"Other" comments:
- Consistent, quality, long-term providers (10)
- Affordability (5)
- Female provider (3)
    - I have always gone out-of-town so I could go to a woman doctor. Now I am older and can't drive well anymore. I would really like a woman doctor again. Can't the hospital find a woman doctor for a small town like Deer Lodge?
- New/better administration
- Geriatric providers
- A way for young parents to be able to call a nurse for advice
- One size doesn't fit all
- Keep the doctors we have – renew contracts
- 24-hour clinic
- Urgent Care
- Higher incomes
- Social sensitivity
- Pain focus

Interest in Educational Classes/Programs (Question 8)
2016 N= 194

Respondents were asked if they would be interested in any educational classes/programs made available to the Deer Lodge community. The most highly indicated class/program was "Health and wellness" at 34.5% of respondents (n=67). "Fitness" was selected by 32.5% of respondents (n=63) and "Weight loss" followed at 32% (n=62). Respondents could select more than one interest so percentages do not equal 100%.

| Educational Class/Program	Count	Percent
Health and wellness	**67**	**34.5%**
Fitness	**63**	**32.5%**
Weight loss	**62**	**32.0%**
Living will/legal assistance	61	31.4%
Nutrition	59	30.4%
Women's health	59	30.4%
First aid/CPR	45	23.2%
Diabetes	31	16.0%
Alzheimer's	30	15.5%
Men's health	26	13.4%
Heart disease	21	10.8%
Mental health	21	10.8%
Cancer	17	8.8%
Grief counseling	13	6.7%
Smoking cessation	12	6.2%
Support groups	10	5.2%
Alcohol/substance abuse	7	3.6%
Parenting	7	3.6%
Prenatal	2	1.0%
Other	20	10.3%

"Other" comments:
- Senior exercise and activities (2)
- Child activities
- Walking/biking trails
- Pain help
- End of life care
- Medical cannabis education
- Only if they are affordable
- None

Economic Importance of Local Healthcare Providers and Services (Question 9)
2016 N= 191

The majority of respondents (72.3%, n=138) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are "Very important" to the economic well-being of the area. Twenty-six percent of respondents (n=49) indicated they are "Important" and one respondent, or 0.5% indicated that they are "Not important."
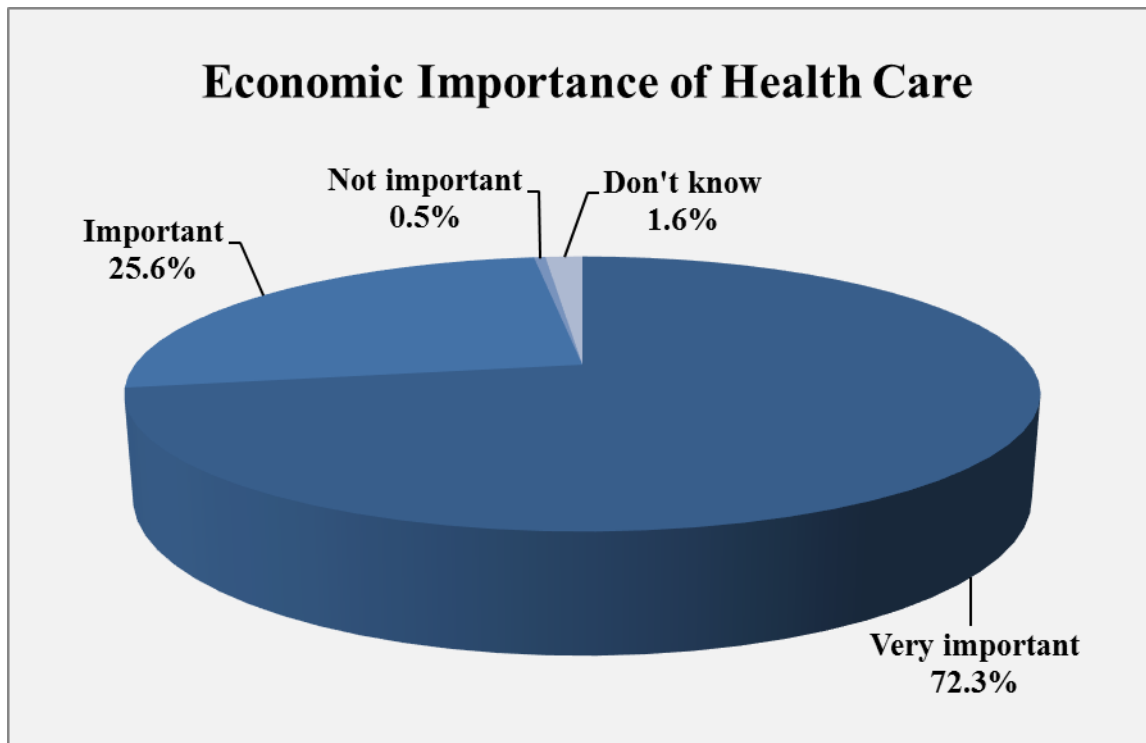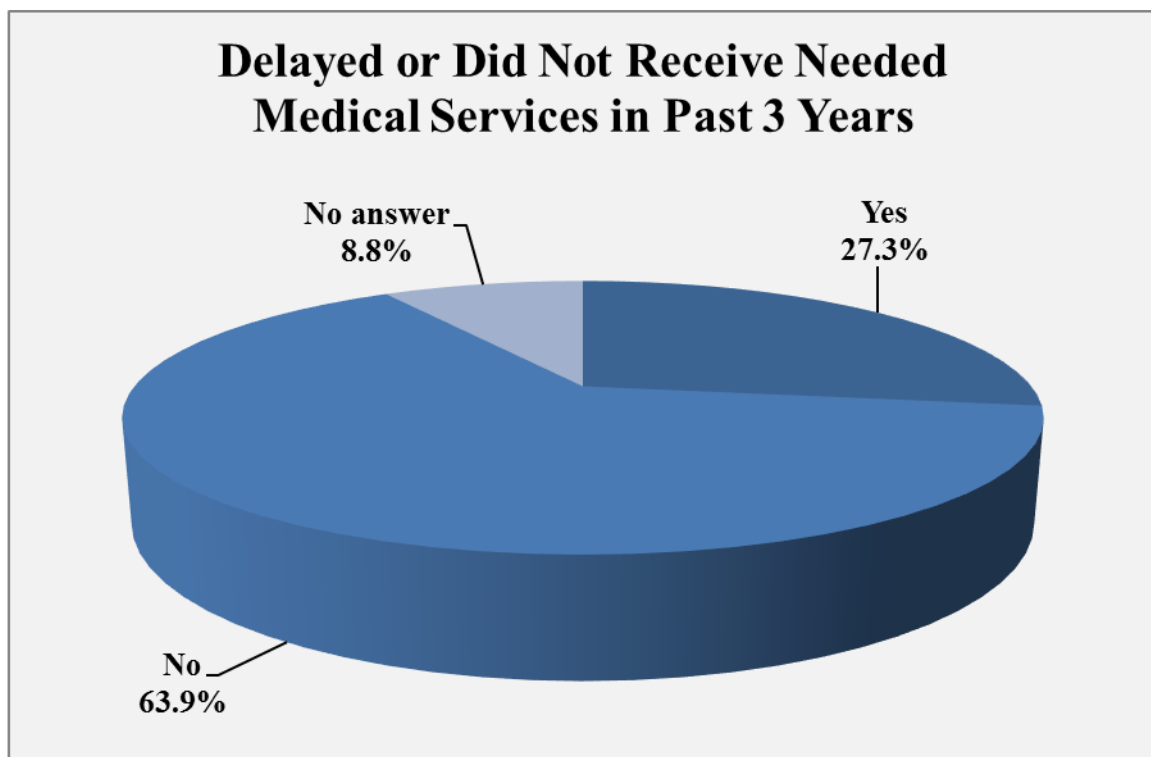
Needed/Delayed Hospital Care During the Past Three Years (Question 10)
2016 N= 194

Twenty-seven percent of respondents (n=53) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Sixty-four percent of respondents (n=124) felt they were able to get the healthcare services they needed without delay and 17 respondents (8.8%) chose not to answer this question.

Delayed or Did Not Receive Needed Medical Services in Past 3 Years

No answer 8.8%

Yes 27.3%

No 63.9%

Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 11)
2016 N= 53

For those who indicated they were unable to receive or had to delay services (n=53), the reasons most cited were: "It costs too much" (58.5%, n=31), "My insurance didn't cover it" (26.4%, n=14), and "Too long to wait for an appointment" (24.5%, n=13). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	Count	Percent
It costs too much	**31**	**58.5%**
My insurance didn't cover it	**14**	**26.4%**
Too long to wait for an appointment	**13**	**24.5%**
Don't like doctors	11	20.8%
Office wasn't open when I could go	8	15.1%
No insurance	8	15.1%
Not treated with respect	8	15.1%
Too nervous or afraid	6	11.3%
Unsure if services were available	5	9.4%
Didn't know where to go	5	9.4%
Could not get an appointment	4	7.5%
Had no one to care for the children	1	1.9%
Could not get off work	1	1.9%
It was too far to go	1	1.9%
Transportation problems	1	1.9%
Language barrier	0	0
Other	6	11.3%

"Other" comments:
- Poor financial practices/high fees (2)
- Financial concerns (2)
- Refusal
- Local knowledge of condition
- Trust issues
- Extensive turnover rate of providers- 14 in 14 years

Utilization of Preventative Services (Question 12)
2016 N= 194

Respondents were asked if they had utilized any of the preventative services listed in the past year. "Routine health checkup" was selected by 58.8% of respondents (n=114). Fifty-two percent of respondents (n=101) indicated they received a "Flu shot" and 48.5% of respondents (n=94) had a "Cholesterol check." Respondents could select all that apply, thus the percentages do not equal 100%.

Preventative Service	Count	Percent
Routine health checkup	**114**	**58.8%**
Flu shot	**101**	**52.1%**
Cholesterol check	**94**	**48.5%**
Routine blood pressure check	91	46.9%
Mammography	51	26.3%
Pap smear	35	18.0%
Colonoscopy	31	16.0%
Prostate (PSA)	23	11.9%
None	23	11.9%
DEXA scan	19	9.8%
Children's checkup/Well baby	12	6.2%
Other	13	6.7%

"Other" comments:
- Blood work (5)
- Labs
- None in Deer Lodge
- MRI
- Pneumonia vaccine
- Dentist
- Skin check
- Cholesterol check
- Mammogram
- Pap smear

Desired Local Healthcare Services (Question 13)
2016 N= 194

Respondents were asked to indicate which healthcare professionals or services presently not available they would use if available locally. Respondents indicated the most interest in having an "Urgent care" available at 43.8% (n=85) followed by "Home health services" at 13.4% (n=26) and "Mental health" services at 12.4% (n=24). Respondents were asked to select all that apply so percentages do not equal 100%.

Desired Service	Count	Percent
Urgent care	**85**	**43.8%**
Home health services	**26**	**13.4%**
Mental health	**24**	**12.4%**
Cancer care	13	6.7%
Pediatrics	11	5.7%
Hospice	11	5.7%
Other	8	4.1%

"Other" comments:
- All are needed (2)
- Psychiatrist
- Pulmonary rehab
- Depends on their cost
- Pain help
- Women's health
- Stroke care
- Clinic with fees based on sliding scale fees
- Mostly out of town now because I need specialized services
- None

Hospital Care Received in the Past Three Years (Question 14)
2016 N= 194

Seventy-two percent of respondents (n=140) reported that they or a member of their family had received hospital care (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) during the previous three years. Twenty-five percent (n=48) had not received hospital services and six respondents (3.1%) chose not to answer this question.

Received Hospital Care in Past 3 Years

No answer 3.1%
No 24.7%
Yes 72.2%
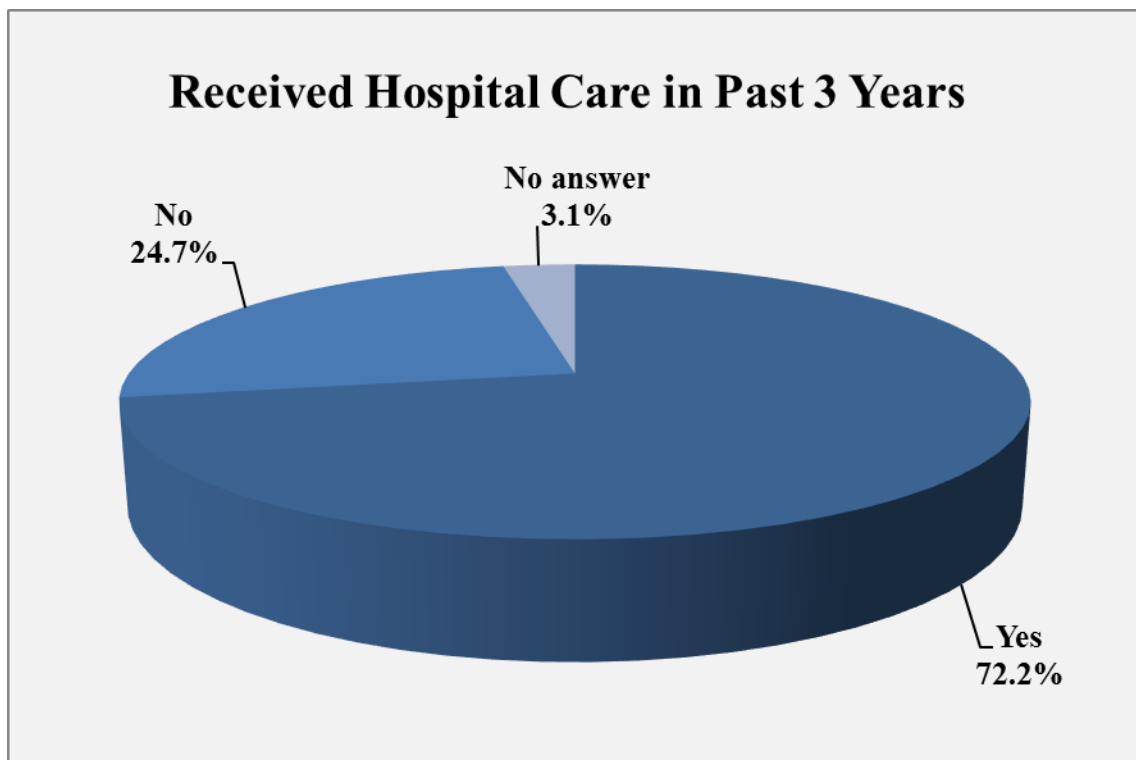
"Other" comments:
- Will not take my family to DLMC

Hospital Used Most in the Past Three Years (Question 15)
2016 N= 123

Of the 140 respondents who indicated receiving hospital care in the previous three years, 45.5% (n=56) reported receiving care at Deer Lodge Medical Center. Fifteen percent of respondents (n=19) went Community Hospital of Anaconda and 10.6% of respondents (n=13) utilized services from St. Patrick Hospital in Missoula. Seventeen of the 140 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Location	Count	Percent
Deer Lodge Medical Center	**56**	**45.5%**
Community Hospital of Anaconda	**19**	**15.4%**
St. Patrick Hospital (Missoula)	**13**	**10.6%**
St. James Healthcare (Butte)	12	9.8%
Community Medical Center (Missoula)	8	6.5%
St. Peter's Hospital (Helena)	6	4.9%
Other	9	7.3%
TOTAL	**123**	**100%**

"Other" comments:
- VA (4)
- Big Sky Surgery Center- Missoula (2)
- Bozeman
- Missoula Bone and Joint
- Virginia Mason Hospital –Seattle
- University of Utah Hospital – Salk Lake City
- Summit Surgery Center
- Fort Harrison
- Ennis

Reasons for Selecting the Hospital Used (Question 16)
2016 N= 140

Of the 140 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was "Closest to home" at 43.6% (n=61). "Prior experience with hospital" was selected by 41.4% of the respondents (n=58) and 37.9% (n=53) selected "Hospital's reputation for quality." Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	**61**	**43.6%**
Prior experience with hospital	**58**	**41.4%**
Hospital's reputation for quality	**53**	**37.9%**
Emergency, no choice	51	36.4%
Referred by physician	44	31.4%
Recommended by family or friends	24	17.1%
Cost of care	17	12.1%
Closest to work	7	5.0%
VA/Military requirement	6	4.3%
Required by insurance plan	5	3.6%
Other	8	5.7%

"Other" comments:
- The doctor
- They work together with St. Patrick's
- Treatment availability (2)
- Participating provider of insurance plan
- In Butte at time of needing a hospital
- Abilities of medical staff

Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years with where they live by zip code. The chart below shows the results of the cross tabulation. Hospital location is across the top of the table and residents' zip codes are along the side.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Deer Lodge Medical Center	St Patrick Hospital (Missoula)	Community Health Center (Missoula)	St James Healthcare (Butte)	Community Hospital of Anaconda	St. Peters Hospital (Helena)	Other	Total
Deer Lodge 59722	55 (47.8%)	12 (10.4%)	7 (6.1%)	12 (10.4%)	18 (15.7%)	3 (2.6%)	8 (7%)	**115**
Anaconda 59711					1 (100%)			**1**
Drummond 59832		1 (100%)						**1**
Avon 59713						2 (100%)		**2**
Elliston 597728						1 (50%)	1 (50%)	**2**
Garrison 59731								**0**
Goldcreek 59733								**0**
TOTAL	55 (45.5%)	13 (10.7%)	7 (5.8%)	12 (9.9%)	19 (15.7%)	6 (5%)	9 (7.4%)	121 (100%)

Cross Tabulation of Hospital and Reason Selected

Analysis was done to assess respondents' most utilized hospital with why they selected that hospital. The chart below shows the results of the cross tabulation. Reason hospital was selected was a multiple response item, thus totals do not add up to 100%. Hospital location is across the top of the table and reason for selection is along the side.

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	Deer Lodge Medical Center	St Patrick Hospital (Missoula)	Community Medical Center (Missoula)	St James Healthcare (Butte)	Community Hospital of Anaconda	St Peter's Hospital (Helena)	Other	Total
Closest to home	44 (80%)	1 (1.8%)	1 (1.8%)	3 (5.5%)	2 (3.6%)	3 (5.5%)	1 (1.8%)	**55**
Prior experience with hospital	28 (56%)	5 (10%)	2 (4%)	4 (8%)	7 (14%)	3 (6%)	1 (2%)	**50**
Hospital's reputation for quality	15 (32.6%)	5 (10.9%)	5 (10.9%)	3 (6.5%)	12 (26.1%)	2 (4.3%)	4 (8.7%)	**46**
Emergency, no choice	28 (63.6%)	5 (11.4%)	3 (6.8%)	3 (6.8%)	2 (4.5%)	2 (4.5%)	1 (2.3%)	**44**
Referred by physician	10 (27.8%)	6 (16.7%)	4 (11.1%)	4 (11.1%)	9 (25%)	1 (2.8%)	2 (5.6%)	**36**
Recommended by family or friends	4 (19%)	1 (4.8%)	3 (14.3%)	1 (4.8%)	9 (42.9%)	2 (9.5%)	1 (4.8%)	**21**
Cost of care	1 (7.1%)	1 (7.1%)		1 (7.1%)	6 (42.9%)		5 (35.7%)	**14**
Closest to work	6 (85.7%)			1 (14.3%)				**7**
VA/Military requirement	1 (16.7%)	1 (16.7%)					4 (66.7%)	**6**
Required by insurance plan	3 (60%)			1 (20%)			1 (20%)	**5**
Other	2 (25%)	4 (50%)		1 (12.5%)	1 (12.5%)			**8**

Primary Care Received in the Past Three Years (Question 17)
2016 N= 194

Ninety-six percent of respondents (n=186) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Three percent of respondents (n=5) had not seen a primary care provider and three respondents (1.5%) chose not to answer this question.

Primary Care Received in Past 3 Years

No
2.6%

No answer
1.5%

Yes
95.9%
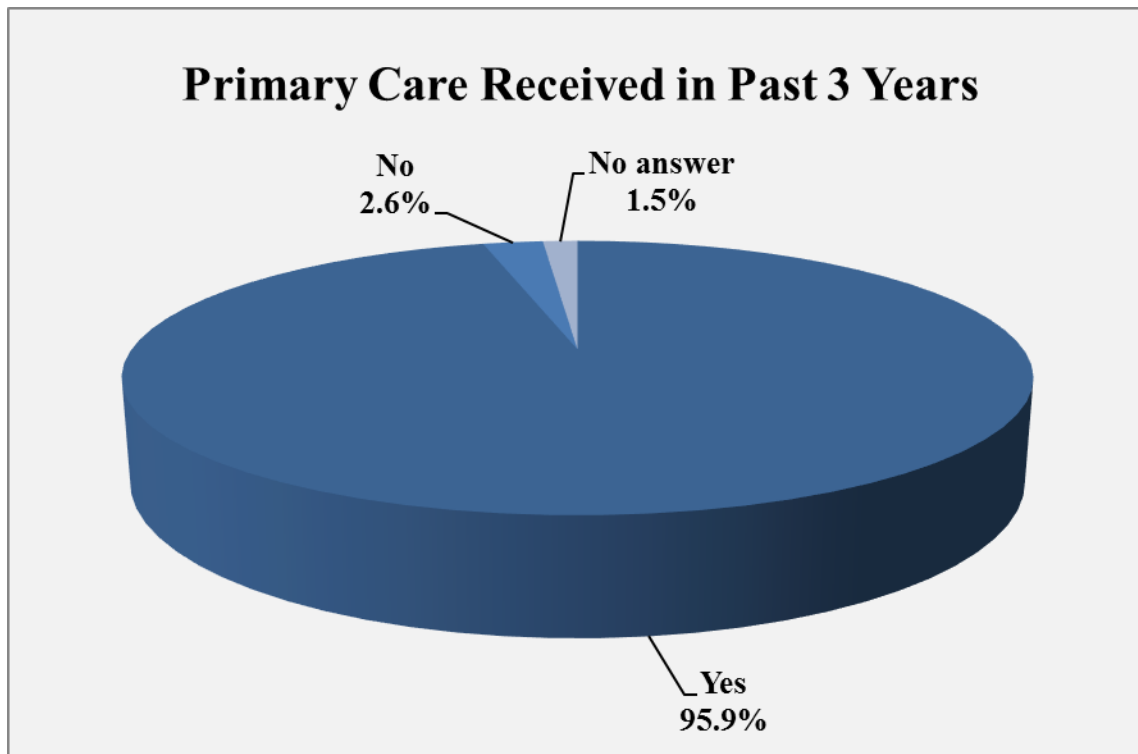
Location of Primary Care Provider (Question 18)
2016 N= 169

Of the 186 respondents who indicated receiving primary care services in the previous three years, 66.9% (n=113) reported receiving care in Deer Lodge. Primary care services from Butte and Anaconda were each selected by 10.1% of respondents (n=17). Seventeen of the 186 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	Count	Percent
Deer Lodge	**113**	**66.9%**
Butte	**17**	**10.1%**
Anaconda	**17**	**10.1%**
Missoula	12	7.1%
Helena	8	4.7%
Other	2	1.2%
TOTAL	**169**	**100%**

"Other" comments:
- Clark Fork, Idaho
- I go to Deer Lodge, grandkids go to Anaconda
- Ennis
- Bozeman

Reasons for Selection of Primary Care Provider (Question 19)
2016 N= 186

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. "Prior experience with clinic" (45.2%, n=84) was the most frequently cited factor in primary care provider selection followed closely by "Closest to home" (43%, n=80). "Appointment availability" was selected by 33.9% (n=63) of participants. Respondents were asked to select all that apply so the percentages do not equal 100%.

Reason	Count	Percent
Prior experience with clinic	**84**	**45.2%**
Closest to home	**80**	**43.0%**
Appointment availability	**63**	**33.9%**
Clinic's reputation for quality	47	25.3%
Recommended by family or friends	46	24.7%
Cost of care	21	11.3%
Length of waiting room time	21	11.3%
Referred by physician or other provider	18	9.7%
Required by insurance plan	12	6.5%
VA/Military requirement	7	3.8%
Indian Health Services	1	0.5%
Other	21	11.3%

"Other" comments:
- Long history with provider (5)
- Trust (3)
- Continuity of care following ovarian cancer. No doctors in Deer Lodge have this specialty
- Having a doctor that stays in Deer Lodge for an extended amount of years
- No OB in Deer Lodge
- Only pediatrician in town
- Primary left, no doctor anymore
- Only doctor available
- Employed part-time by clinic
- State employee
- State clinic
- Naturopath
- Family doctor
- Emergency services
- Planned Parenthood location
- To not be at DLMC

Cross Tabulation of Primary Care and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code. The chart below shows the results of the cross tabulation. Clinic location is across the top of the table and residents' zip codes are along the side.

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Deer Lodge	Butte	Anaconda	Missoula	Helena	Other	Total
Deer Lodge 59722	109 (69.4%)	16 (10.2%)	15 (9.6%)	11 (7%)	5 (3.2%)	1 (0.6%)	**157**
Anaconda 59711			2 (100%)				**2**
Garrison 59731							**0**
Drummond 59832		1 (100%)					**1**
Goldcreek 59733				1 (100%)			**1**
Avon 59713					2 (100%)		**2**
Elliston 59728					1 (50%)	1 (50%)	**2**
TOTAL	**109 (66.1%)**	**17 (10.3%)**	**9 (5.4%)**	**12 (7.3%)**	**8 (4.8%)**	**2 (1.2%)**	**165**

Cross Tabulation of Clinic and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider. The chart below shows the results of the cross tabulation. Reason clinic/provider was selected was a multiple response item, thus totals do not add up to 100%.

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Deer Lodge	Butte	Anaconda	Missoula	Helena	Other	Total
Closest to home	73 (94.8%)	1 (1.3%)	1 (1.3%)		2 (2.6%)		**77**
Prior experience with clinic	57 (74%)	6 (7.8%)	7 (9.1%)	4 (5.2%)	2 (2.6%)	1 (1.3%)	**77**
Appointment availability	54 (90%)	3 (5%)	2 (3.3%)		1 (1.7%)		**60**
Clinic's reputation for quality	28 (63.6%)	3 (6.8%)	7 (15.9%)	4 (9.1%)	2 (4.5%)		**44**
Recommended by family or friends	27 (62.8%)	2 (4.7%)	7 (16.3%)	5 (11.6%)	2 (4.7%)		**43**
Cost of care	6 (30%)	6 (30%)	5 (25%)		2 (10%)	1 (5%)	**20**
Length of waiting room time	15 (75%)	3 (15%)		1 (5%)	1 (5%)		**20**
Referred by physician or other provider	7 (50%)		2 (14.3%)	4 (28.6%)	1 (7.1%)		**14**
Required by insurance plan	7 (70%)	2 (20%)			1 (10%)		**10**
VA/Military requirement	2 (40%)		2 (40%)			1 (20%)	**5**
Indian Health Services			1 (100%)				**1**
Other	7 (35%)	4 (20%)	3 (15%)	3 (15%)	2 (10%)	1 (5%)	**20**

Use of Healthcare Specialists during the Past Three Years (Question 20)
2016 N= 194

Seventy-five percent of respondents (n=145) indicated they or a household member had seen a healthcare specialist in the past three years. Seventeen percent (n=33) indicated they had not seen a specialist and sixteen respondents (8.2%) chose not to answer this question.

Visited a Specialist in Past 3 Years

No answer
8.2%

No
17%

Yes
74.8%
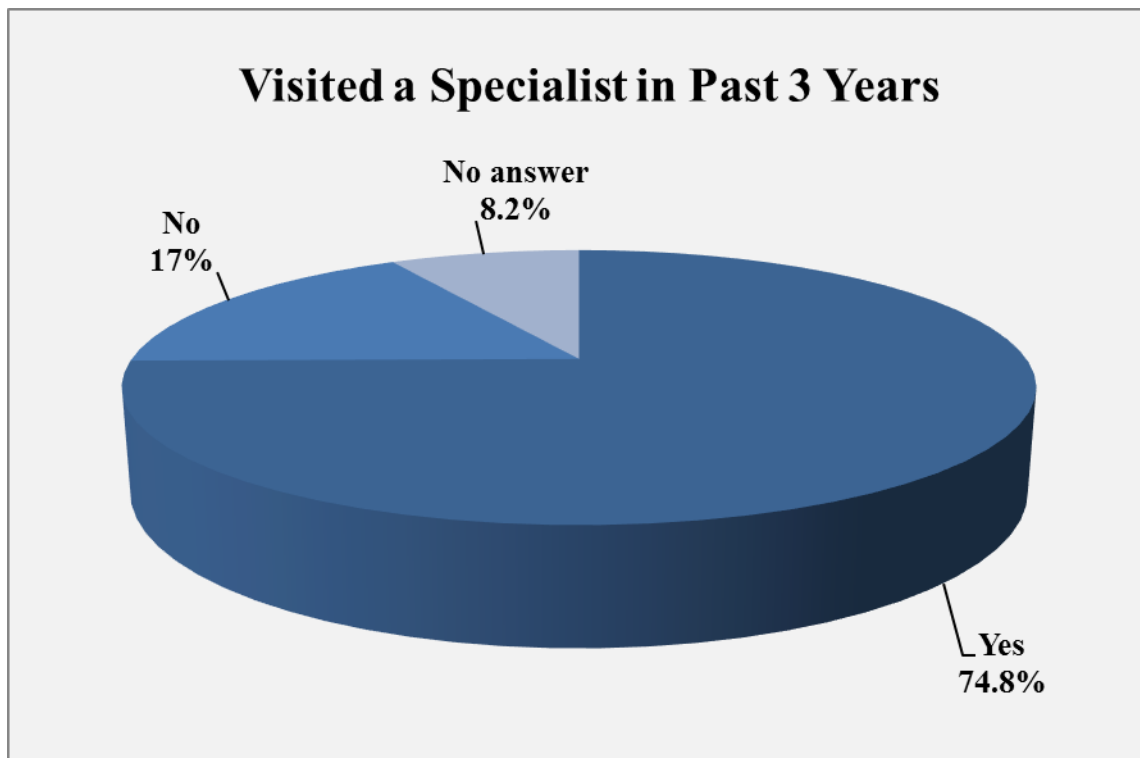
Type of Healthcare Specialist Seen (Question 21)
2016 N= 145

The respondents saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a "Dentist" at 63.4% of respondents (n=92) having utilized their services. "Ophthalmologist" was the second most utilized specialist at 31% (n=45) and "Physical therapist" was third at 30.3% (n=44). Respondents were asked to choose all that apply so percentages do not equal 100%.

Health Care Specialist	Count	Percent
Dentist	**92**	**63.4%**
Ophthalmologist	**45**	**31.0%**
Physical therapist	**44**	**30.3%**
Radiologist	**44**	**30.3%**
Chiropractor	42	29.0%
Cardiologist	40	27.6%
Orthopedic surgeon	34	23.4%
Dermatologist	30	20.7%
OB/GYN	27	18.6%
General surgeon	23	15.9%
ENT (ear/nose/throat)	20	13.8%
Urologist	17	11.7%
Podiatrist	15	10.3%
Gastroenterologist	14	9.7%
Neurologist	14	9.7%
Pulmonologist	13	9.0%
Endocrinologist	12	8.3%
Mental health counselor	12	8.3%
Allergist	11	7.6%
Pediatrician	10	6.9%
Dietician	8	5.5%
Oncologist	8	5.5%
Rheumatologist	8	5.5%
Psychiatrist (M.D.)	7	4.8%
Neurosurgeon	5	3.4%
Psychologist	5	3.4%
Occupational therapist	4	2.8%
Social worker	2	1.4%
Speech therapist	2	1.4%
Geriatrician	1	0.7%
Substance abuse counselor	0	0
Other	7	4.8%

Question 21 continued…

"Other" comments:
- Infectious disease
- Hearing aid specialist
- Eye care
- Spine doctor
- Gallbladder issue
- Veins
- Cardiac therapy
- Cardiothoracic surgeon
- Lung
- Plastic surgeon

Location of Healthcare Specialist (Question 22)
2016 N= 145

Of the 145 respondents who indicated they saw a healthcare specialist in the past three years, 42.8% (n=62) saw one at Deer Lodge Medical Center. St. Patrick Hospital was utilized by 29% (n=42) of respondents for specialty care and Community Hospital of Anaconda was reported by 24.1% (n=35). Respondents could select more than one location therefore percentages do not equal 100%.

Location	Count	Percent
Deer Lodge Medical Center	**62**	**42.8%**
St. Patrick Hospital (Missoula)	**42**	**29.0%**
Community Hospital of Anaconda	**35**	**24.1%**
Community Medical Center (Missoula)	33	22.8%
St. James Healthcare (Butte)	23	15.9%
St. Peter's Hospital (Helena)	14	9.7%
Other	31	21.4%

 "Other" comments:
- Butte (13)
- Missoula (9)
- Helena (6)
- VA-Helena (5)
- Anaconda (4)
- Billings (4)
- Rocky Mountain Eye Care (2)
- Bozeman (2)
- Private practice office
- Spokane
- Seattle
- Salt Lake City
- International Heart Institute
- Bozeman Deaconess
- Great Falls
- Family Dental
- AWARE
- Fort Harrison

Overall Quality of Care at Deer Lodge Medical Center (Question 23)
2016 N= 194

Respondents were asked to rate a variety of aspects of the overall care provided at Deer Lodge Medical Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and "Don't know." The sums of the average scores were then calculated with "Laboratory" receiving the top average score of 3.3 out of 4.0. "Emergency room" and "Physical therapy" both received a score of 3.2 out of 4.0. The total average score was 3.2, indicating the overall services of the hospital to be "Excellent" to "Good."

	Excellent (4)	**Good (3)**	**Fair (2)**	**Poor (1)**	**Don't Know**	**Haven't Used**	**No Answer**	**N**	**Avg.**
Laboratory	66	53	9	8	8	34	16	194	**3.3**
Emergency room	47	42	14	7	9	58	17	194	**3.2**
Physical therapy	30	20	3	7	14	96	24	194	**3.2**
Clinical Services	42	58	20	7	8	44	15	194	3.1
Inpatient Services	33	26	13	6	12	82	22	194	3.1
Ambulance Services	19	14	5	8	16	105	27	194	3.0
TOTAL	**237**	**213**	**64**	**43**					**3.2**

Prevalence of Depression (Question 24)
2016 N= 194

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Twenty-one percent of respondents (n=41) indicated they had experienced periods of feeling depressed and 73.7% of respondents (n=143) indicated they had not. Five percent of respondents (n=10) chose not to answer this question.
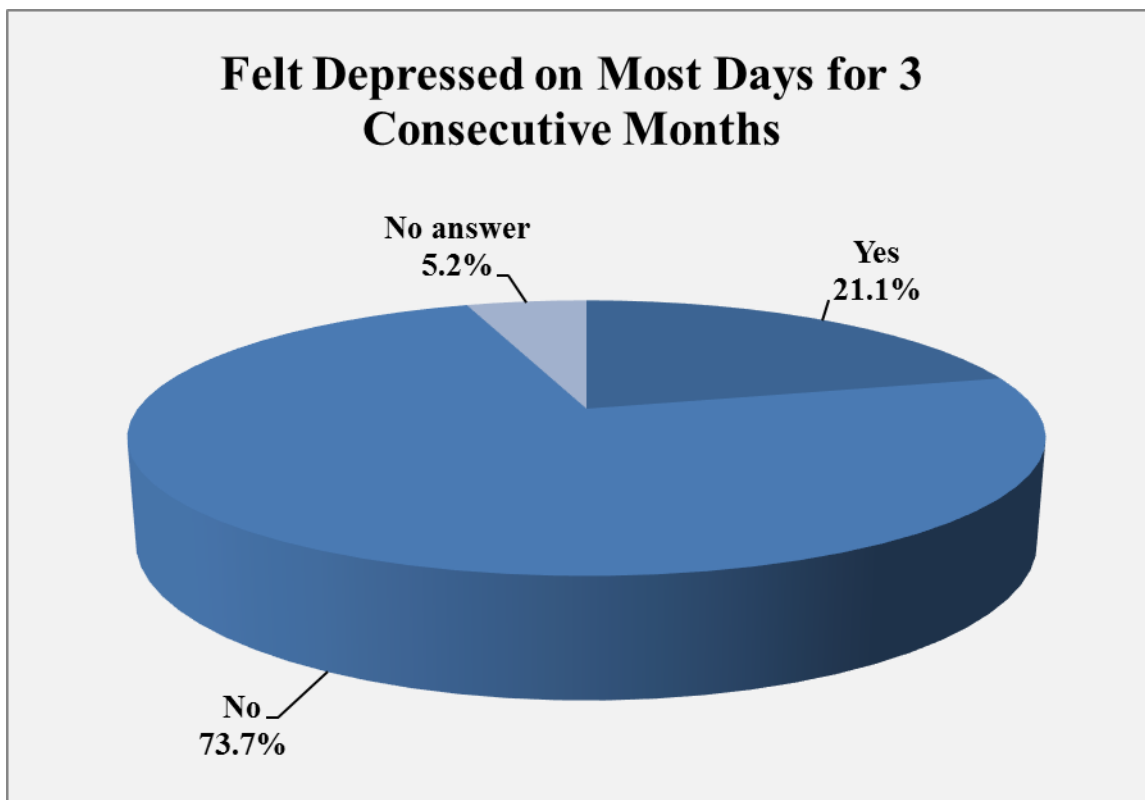
"Other" comments:
- Because of no natural light at food factory

Physical Activity (Question 25)
2016 N=194

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-seven percent of respondents (n=71) reported they had physical activity of at least twenty minutes "Daily" and 35.1% of respondents (n=68) indicated they had physical activity "2-4 times per week" over the past month. Five percent of respondents (n=10) indicated they had "No physical activity" and eight respondents (4.1%) chose not to answer this question.

Frequency of Physical Activity in Past Month
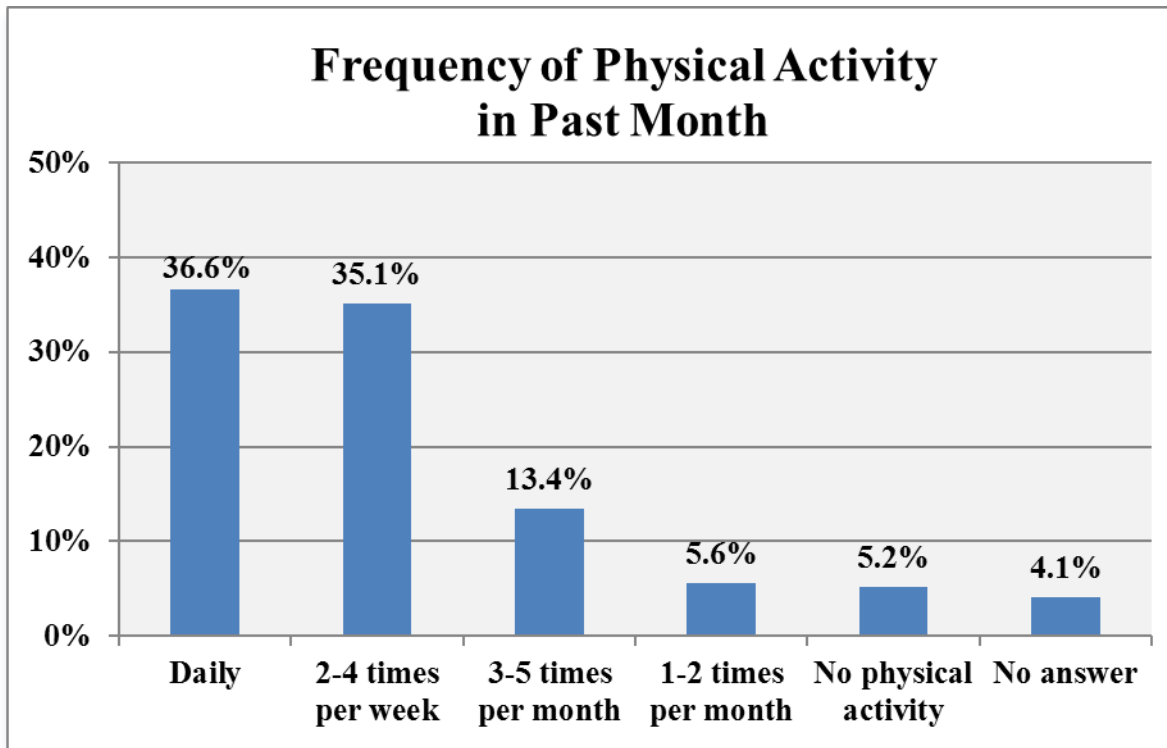
Cost and Prescription Medications (Question 26)
2016 N= 194

Respondents were asked to report if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Fourteen percent of respondents (n=27) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-three percent of respondents (n=161) indicated that cost had not prohibited them, and 3.1% of respondents (n=6) chose not to answer this question.

Prescription Cost Prevented Getting or Taking Medications Regularily

No answer 3.1%

Yes 13.9%

No 83%
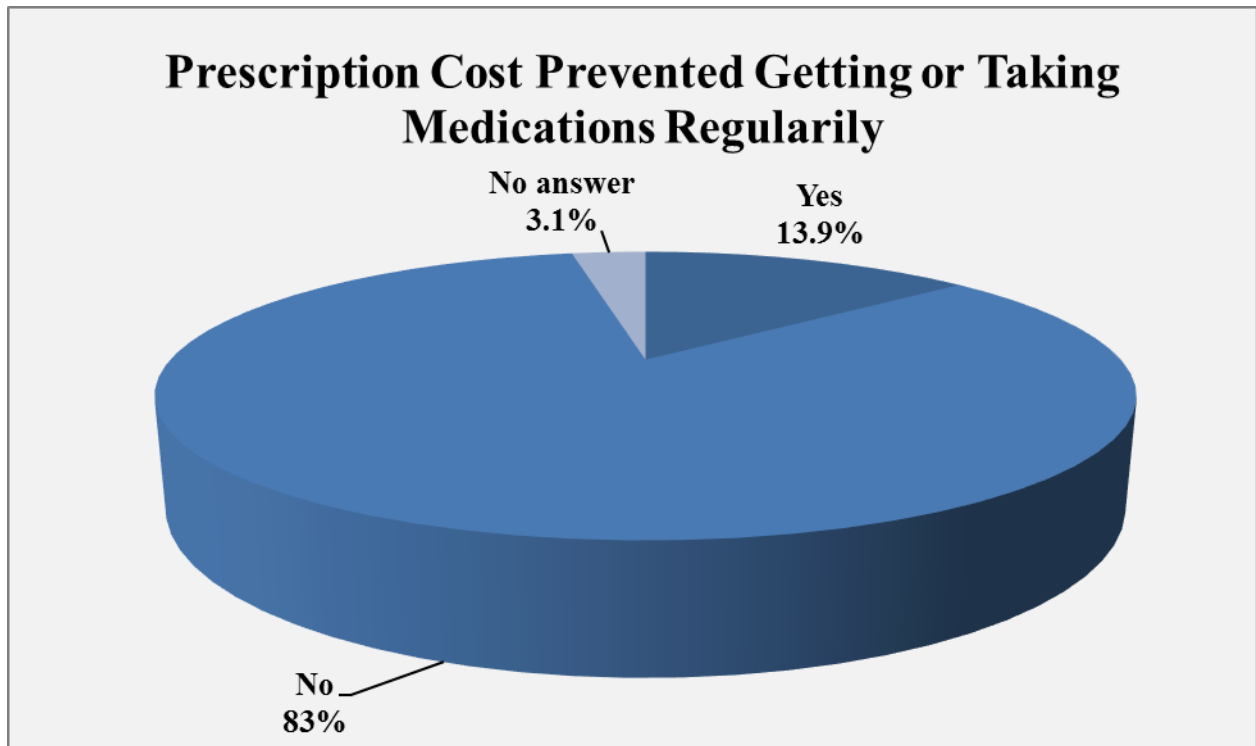
Medical Insurance (Question 27)
2016 N= 151

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-nine percent (n=59) indicated they have "Employer sponsored" coverage. Twenty-nine percent (n=44) indicated they have "Medicare" and "State/other" was indicated by 6.6% of respondents (n=10). Forty-three respondents chose not to answer this question.

Insurance Type	Count	Percent
Employer sponsored	**59**	**39.1%**
Medicare	**44**	**29.1%**
State/Other	**10**	**6.6%**
Private insurance/private plan	9	6.0%
VA/Military	9	6.0%
Health Insurance Marketplace	6	4.0%
None/Pay out of pocket	6	4.0%
Medicaid	4	2.6%
Healthy MT Kids	2	1.3%
Health Savings Account	1	0.7%
Agricultural Corp. Paid	0	0
Indian Health	0	0
Other	1	0.7%
TOTAL	**151**	**100%**

"Other" comments:
- VA (2)
- Supplement
- AARP
- Blue Cross/Blue Shield
- Impossible to be completely covered by one type of medical insurance under ACA structure

Insurance and Healthcare Costs (Question 28)
2016 N= 194

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Fifty percent of respondents (n=97) indicated they felt their insurance covers a "Good" amount of their healthcare costs. Twenty percent of respondents (n=39) indicated they felt their insurance is "Excellent" and 18% of respondents (n=35) indicated they felt their insurance coverage was "Fair."

How Well Insurance Covers Health Costs

- Fair 18%
- Poor 5.2%
- No answer 6.7%
- Excellent 20.1%
- Good 50%
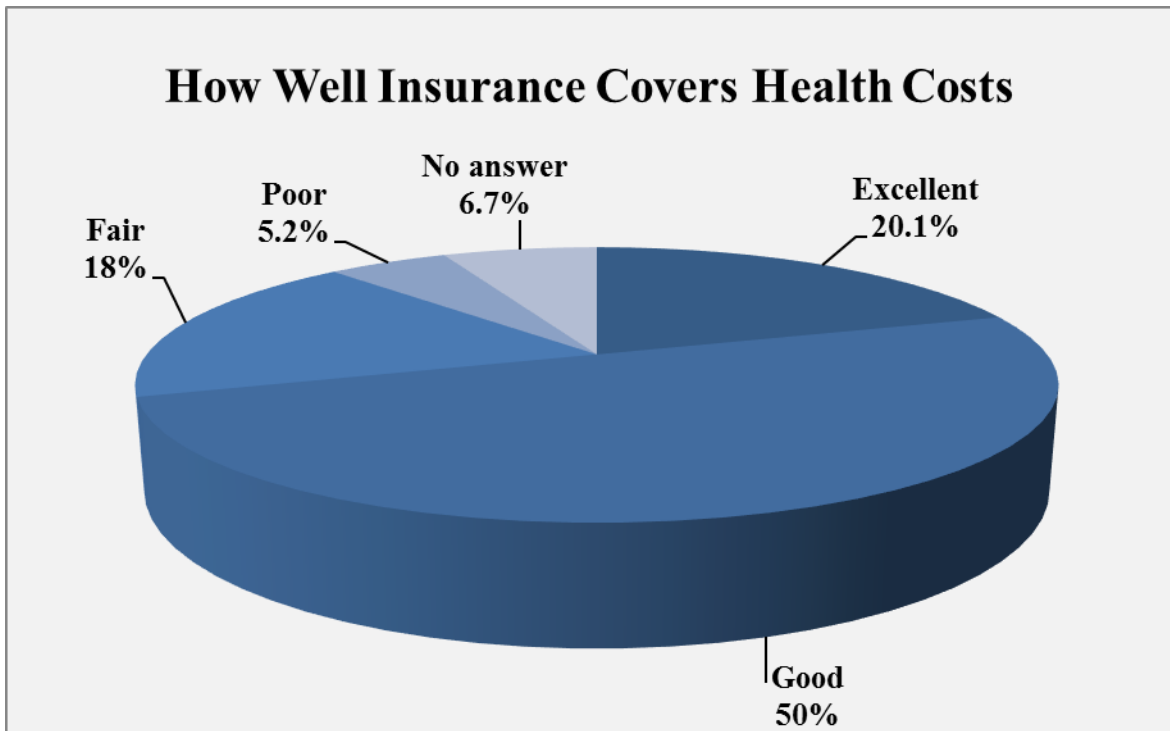
Barriers to Having Health Insurance (Question 29)
2016 N= 6

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. The top responses reported were "Cannot afford to pay for insurance" and "Employer does not offer insurance" by 66.7% (n=4 each). Respondents could select more than one location therefore percentages do not equal 100%.

Reason	Count	Percent
Cannot afford to pay for insurance	**4**	**66.7%**
Employer does not offer insurance	**4**	**66.7%**
Choose not to have medical insurance	1	16.7%
Other	0	0

"Other" comments:
- VA
- Insurance does not cover medical cannabis
- Being continually downgraded in what is covered in order to cover higher policy costs

Awareness of Health Payment Programs (Question 30)
2016 N= 194

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-seven percent of respondents (n=72) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-four percent (n=46) indicated that they were not aware or did not know of these programs and 9.3% of respondents (n=18) indicated they were aware of and utilized health payment assistance programs. Twenty-two percent of respondents (n=44) chose not to answer this question.

Awareness of Health Cost Assistance Programs

No answer
22.7%

Not sure
7.2%

Yes, and I use them
9.3%

Yes, but I do not qualify
37.1%

No
23.7%
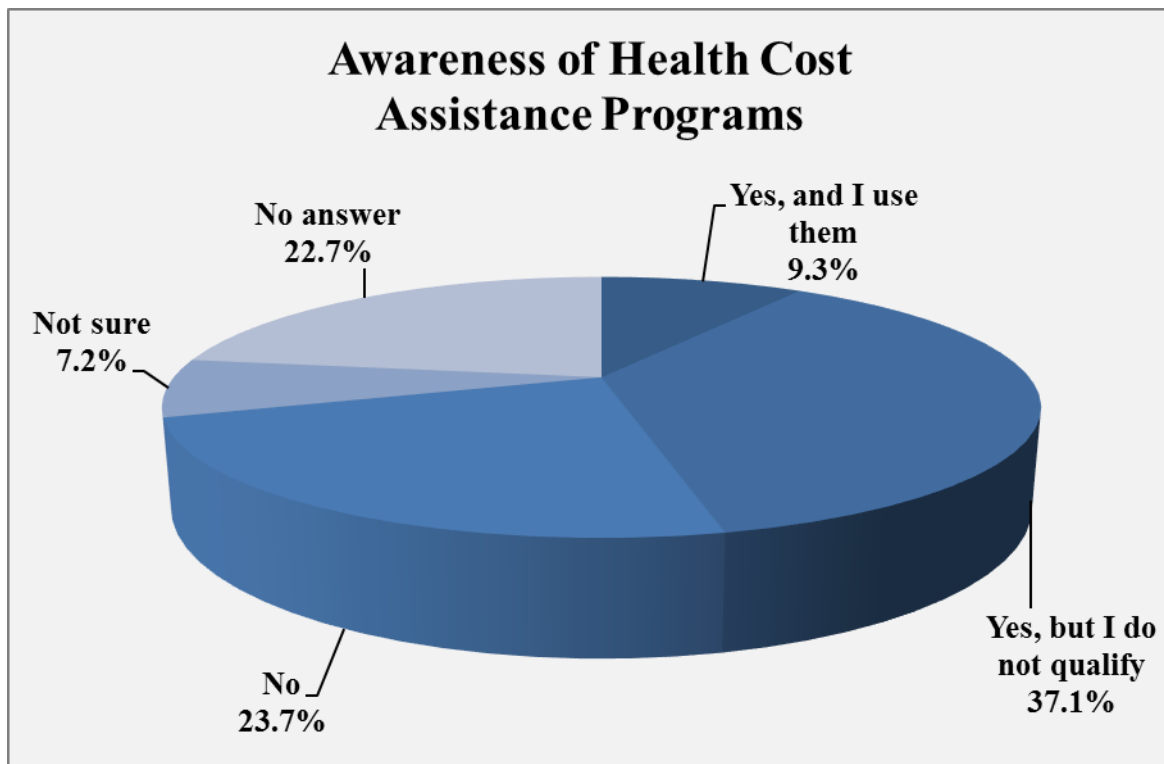
VI. Key Informant Interview Methodology

Key informant interviews were conducted in April, 2016. Key informant participants were identified as people living in Deer Lodge Medical Center's service area.

Five key informant interviews were held. The interviews lasted up to 30 minutes in length and followed the same line of questioning in each interview (Appendix F). The interviews were conducted by Amy Royer with the Montana Office of Rural Health.

Key informant interview notes can be found in Appendix G of this report.

VII. Key Informant Interview Findings

The following key findings, themes, and health needs emerged from the responses which participants gave to the line of questioning found in Appendix F.

What would make the community a healthier place to live:
- Opportunities to be active for youth and adults.
- More health education.
- Increased access to mental health services.

What are the most important local healthcare issues:
- Mental health. Access to behavioral health services for all ages.
- Access to healthcare services- cost can be a large barrier for some community members.

What other healthcare services are needed in the community:
- Fitness opportunities- specifically for youth and families.
- Pain clinic/pain management.
- Expanded clinic hours so people don't have to use ER for non-emergent issues.
- Expanded surgical services (orthopedic).
- Aging community- making sure to meet senior needs.
- Mental health providers and continuity of care.

VIII. Summary

One hundred ninety-four surveys were completed in Deer Lodge Medical Center's service area for a 26% response rate. Of the 194 returned, 65% of the respondents were females, 35% were between the ages of 56 and 65 years old, and 43.1% work full time.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.2 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

The majority of respondents (65%) feel the Deer Lodge area is a "somewhat healthy" place to live. Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (71.6%), overweight/obesity (43.3%) and cancer (33.5%),

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: health and wellness (34.5%), fitness (32.5%), and weight loss (32%).

Overall, the respondents within Deer Lodge Medical Center's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 72.3% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

In summary, respondents report support for local healthcare while also identifying needs or services that could improve the health of the community.

IX. Prioritization of Health Needs, Available Resources, and Implementation Planning Process

An implementation planning committee comprised of staff leaders from Deer Lodge Medical Center and community members from Powell County, will convene to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) Process.

The implementation planning committee determined the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise (see Appendix B for additional information regarding input received from community representatives). The prioritized health needs as determined through the assessment process and which the collaborators will be addressing relates to the following healthcare issues:
- Access to healthcare services
- Alcohol and substance abuse
- Outreach and education

The implementation planning committee will determine which needs or opportunities could be addressed considering Deer Lodge Medical Center's parameters of resources and limitations. The committee will prioritize the needs/opportunities using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

The participants will create goals to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e. staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures). This plan will be documented and posted along with the CHSD assessment report.

Resources

In prioritizing the health needs of the community, the following list of potential community partners and resources in which to assist in addressing the needs identified in this report was identified.
- University of Montana
- Montana Hospital Association
- St. Patrick Hospital
- Providence Healthcare
- Community Hospital of Anaconda
- St. James Healthcare
- Powell County
- Western Montana Mental Health
- Community Medical Center
- University of Utah
- Kalispell Regional Medical Center
- University of Utah
- Idaho State University
- Montana AHEC

X. Evaluation of Activity Impacts from Previous CHNA

Deer Lodge Medical Center (DLMC) approved its previous implementation plan in May 28, 2013. The plan prioritized the following health issues:
- Suicide and Mental Health Services
- Women's Health Services and Female Medical Providers
- Access to Specialty Care Services
- Substance Abuse
- Public Health Services Partnership

Suicide and Mental Health Services
- DLMC initiated a partnership with the University of Montana and AHEC to place a MSW student within the Deer Lodge Medical Center clinic. The program ended in August 2015. Due to the lack of utilization, the program was discontinued once the grant cycle ended

Women's Health Services and Female Medical Providers
- A female FNP was hired in April 2015
- A female internist that specializes in women's health was hired in August 2015

Access to Specialty Care Services
- Urology services were established with Dr. Matt Munding
- Through a partnership with Kalispell Regional Medical Center, cardiology services were continued and expanded with Dr. Goulah
- Orthopedic services were started in May 2016
- Other services offered at DLMC include Podiatry and General Surgery

Substance Abuse
- DLMC initiated a partnership with the University of Montana and AHEC to place a MSW student within the Deer Lodge Medical Center clinic. The student also had certification in substance abuse. The grant ended in August 2015. Due to the lack of utilization, the program was discontinued once the grant cycle ended.

Public Health Services Partnership
- DLMC, working with Powell County, hired an RN that is employed by DLMC, but is the Powell County Public Health Nurse. Several programs have been continued or brought back to Powell County as a result. The programs include WIC, Hepatitis testing and STD testing and counseling.
- Through a contract with the Area on Aging Council, DLMC establish a visiting home care program for community senior citizens. The program is funding by the Area on Aging. Operational control is through Deer Lodge Medical Center. The program is free of charge to local senior citizens.

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Tony Pfaff, CEO – Deer Lodge Medical Center
2. Don Cappa, Community Member
3. Eleanor Price, Community Member
4. Howard Neckels, Pastor – First Baptist Church
5. April Kersch, Safety & Environmental Manager – Sun Mountain Lumber
6. Carol Mjelde, Owner – R&C Home Improvement
7. Rick Duncan, Superintendent - Powell County High School District
8. Mike Richards, Vice President – Pioneer Federal Bank
9. Dodie Rennfield, Program Coordinator - Powell County Council on Aging

Appendix B – Public Health and Populations Consultation

1. Public Health

   a. Name/Organization

       Marianne Saylor, RN – Powell County Public Health

   b. Date of Consultation

       Key Informant Interview: 6/27/2016

   c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)

       Key Informant Interview

   d. Input and Recommendations from Consultation
- Mental health is a huge concern in the community. We need more mental health providers- counselors. The school has counselors available but they are gone during the summer. There is a lack of continuity of care.

- Pediatrics. Many people are leaving town for pediatric care.

2. Populations Consultation (a leader or representative of populations such as medically underserved, low-income, minority and/or populations with chronic disease)

Population: Seniors

   a. Name/Organization

       Dodie Rennfield – Program Coordinator, Powell County Council on Aging

   b. Date of Consultation

       First Steering Committee Meeting: 3/28/2016

   c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)

       Steering Committee

   d. Input and Recommendations from Consultation
- The AWARE program has a traveling nurse who performs some public health functions.
- There is a home health program in Deer Lodge that does really well and is used; however, there needs to be more services in the county and not just in Deer Lodge.
- Seniors here need legal help for end of life issues such as advance directives and living wills. There are no local resources for those documents.
- Hospice has been very good for people in the area.

Population: Youth
a. Name/Organization
   Rick Duncan – Superintendent, Powell County High School District

b. Date of Consultation
   First Steering Committee Meeting: 03/28/2016

c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
   Steering Committee

d. Input and Recommendations from Consultation
   -   We are seeing a huge increase of kindergartners in this community. After the recession, there has been an increase in the number of babies here.
   -   The prison population tends to skew our community's demographics – makes Deer Lodge seem more diverse and quite a bit larger than it really is.

Appendix C – Survey Cover Letter

Deer Lodge
MEDICAL CENTER

Hospital: 406-846-2212 · Clinic 406-846-1722

1100 Hollenback Lane · Deer Lodge, MT 59722

May 12, 2016

Dear Resident:

Please participate in our Community Health Needs Assessment survey and have a chance to WIN one of three (3) $100 gift certificates!

This letter and survey concern the future of health care in our community. We are participating in the Community Health Services Development (CHSD) process with assistance from the Montana Office of Rural Health. By completing the enclosed survey, you will help guide Deer Lodge Medical Center in developing comprehensive and affordable health care services to our area residents. Your help will be critical in determining the community's perception of local health care services and identifying important issues.

Your name was selected at random and your identity and answers will remain anonymous.

Please note that we cannot guarantee confidentiality for any information that you choose to share with others in your community. Participating in this survey is completely voluntary. Even if you decide to complete the enclosed survey, you may change your mind and stop at any time or choose to not answer any given question.

Your response is very important to Deer Lodge Medical Center because your comments will represent others in the area and will help guide us in health improvement initiatives for the future. Even if you do not use health care services at Deer Lodge Medical Center, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. As a thank you for your time, we are offering you a chance to win **one of three $100 gift certificates** for completing the enclosed survey.

Once you complete your survey, simply **return it and *one* of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by June 28, 2016**. Keep the other raffle ticket in a safe place for a chance to win one of three $100 gift certificates. The winning raffle ticket number will be announced on the Deer Lodge Medical Center website and on the Deer Lodge Medical Center's Facebook page on **July 6, 2016**.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, who is also assisting with this project. If you have any questions, please call the Montana Office of Rural Health at 406-994-6001.

Thank you for your assistance. We truly appreciate your effort.

Sincerely,

Tony Pfaff, CEO

Appendix D – Survey Instrument

■   ◨

Community Health Services Development Survey
Deer Lodge, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. *If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6001.* **Participation is voluntary. You can choose not to answer any question that you do not want to answer and can stop at any time**.

<u>**Community Health**</u>
1. How would you rate the general health of our community?

○ Very healthy   ○ Healthy   ○ Somewhat healthy   ○ Unhealthy   ○ Very unhealthy

2. In the following list, what do you think are the **three most serious** health concerns in our community? **(Select ONLY 3 that apply)**

○ Alcohol abuse/substance abuse   ○ Heart disease   ○ Overweight/obesity
○ Cancer   ○ Lack of access to health care   ○ Recreation related accidents/injuries
○ Child abuse/neglect   ○ Lack of dental care   ○ Stroke
○ Depression/anxiety   ○ Lack of exercise   ○ Tobacco use
○ Diabetes   ○ Mental health issues   ○ Work related accidents/injuries
○ Domestic violence   ○ Motor vehicle accidents   ○ Other _____

3. Select the **three** items below that you believe are **most important** for a healthy community: **(Select ONLY 3 that apply)**

○ Access to healthcare and other services   ○ Low crime/safe neighborhoods
○ Affordable housing   ○ Low death and disease rates
○ Arts and cultural events   ○ Low level of domestic violence
○ Clean environment   ○ Parks and recreation
○ Community involvement   ○ Religious or spiritual values
○ Good jobs and a healthy economy   ○ Strong family life
○ Good schools   ○ Tolerance for diversity
○ Healthy behaviors and lifestyles   ○ Other _____

<u>**Awareness of Services**</u>
4. How do you rate your knowledge of the health services that are available at Deer Lodge Medical Center?

○ Excellent   ○ Good   ○ Fair   ○ Poor

5. How do you learn about the health services available in our community? **(Select all that apply)**

○ Friends/family
○ TV
○ Word of mouth/reputation

○ Healthcare provider
○ Presentations
○ Website/internet

○ Mailings/newsletter
○ Public health
○ Billboards

○ Newspaper
○ Radio
○ Other_____

6. Which community health resources, other than the hospital or clinics, have you used in the last three years? **(Select all that apply)**

○ Dentist
○ Primary care provider (in town)
○ Pharmacy

○ Chiropractor
○ Eye care
○ Public health

○ Physical therapy
○ Meals on Wheels
○ Senior Center

○ Massage therapy
○ Mental health
○ Other_____

7. In your opinion, what would improve our community's access to health care? **(Select all that apply)**

○ Cultural sensitivity
○ More primary care providers
○ Telemedicine

○ Greater health education services
○ More specialists
○ Transportation assistance

○ Improved quality of care
○ More mental health providers
○ Home health services

○ Interpreter services
○ Outpatient services expanded hours
○ Other_____

8. If any of the following classes/programs were made available to the Deer Lodge community, which would you be most interested in attending? **(Select all that apply)**

○ Alcohol/substance abuse
○ Health and wellness
○ Prenatal

○ Alzheimer's
○ Heart disease
○ Smoking cessation

○ Cancer
○ Living will/legal assistance
○ Support groups

○ Diabetes
○ Men's health
○ Weight loss

○ First aid/CPR
○ Mental health
○ Women's health

○ Fitness
○ Nutrition
○ Other_____

○ Grief counseling
○ Parenting

9. How important are local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) to the economic well-being of the area?

○ Very important
○ Important
○ Not important
○ Don't know

General Use of Healthcare Services

10. In the past three years, was there a time when you or a member of your household thought you needed healthcare services but did NOT get or delayed getting medical services?

○ Yes   ○ No   **(If no, skip to question #12)**

11. If yes, what were the **three** most important reasons why you did not receive healthcare services?
(**Select ONLY 3 that apply**)

- ○ Could not get an appointment
- ○ Don't like doctors
- ○ Too long to wait for an appointment
- ○ Office wasn't open when I could go
- ○ Unsure if services were available
- ○ Had no one to care for the children

- ○ It costs too much
- ○ Could not get off work
- ○ Didn't know where to go
- ○ It was too far to go
- ○ My insurance didn't cover it
- ○ No insurance

- ○ Not treated with respect
- ○ Too nervous or afraid
- ○ Transportation problems
- ○ Language barrier
- ○ Other _____

12. Which of the following preventative services have you used in the past year? (**Select all that apply**)

- ○ Children's checkup/Well baby
- ○ Cholesterol check
- ○ Colonoscopy
- ○ DEXA scan

- ○ Flu shot
- ○ Mammography
- ○ Pap smear
- ○ Prostate (PSA)

- ○ Routine blood pressure check
- ○ Routine health checkup
- ○ None
- ○ Other _____

13. What additional healthcare services would you use if available locally? (**Select all that apply**)

- ○ Home health services
- ○ Pediatrics
- ○ Mental health

- ○ Hospice
- ○ Cancer care
- ○ Urgent care

- ○ Other _____

Hospital Care

14. In the past three years, has anyone in your household received care in a hospital? (i.e.: hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care)

○ Yes   ○ No   (**If no, skip to question #17**)

15. If yes, which hospital did your household use the MOST for hospital care? (**Please select only ONE**)

- ○ Deer Lodge Medical Center
- ○ St. Patrick Hospital (Missoula)
- ○ Community Medical Center (Missoula)
- ○ St. James Healthcare (Butte)

- ○ Community Hospital of Anaconda
- ○ St. Peter's Hospital (Helena)
- ○ Other_____

16. Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital? (**Select ONLY 3 that apply**)

- ○ Closest to home
- ○ Closest to work
- ○ Cost of care
- ○ Emergency, no choice

- ○ Hospital's reputation for quality
- ○ Prior experience with hospital
- ○ Recommended by family or friends

- ○ Referred by physician
- ○ Required by insurance plan
- ○ VA/Military requirement
- ○ Other _____

Primary Care

17. In the past three years, have you or a household member seen a primary healthcare provider, such as a family physician, physician assistant, or nurse practitioner for healthcare services?

○ Yes   ○ No   **(If no, skip to question #20)**

18. Where was that primary healthcare provider located? **(Please select only ONE)**

○ Deer Lodge   ○ Anaconda   ○ Helena

○ Butte   ○ Missoula   ○ Other _____

19. Why did you select the primary care provider you are currently seeing? **(Select all that apply)**

○ Appointment availability   ○ Prior experience with clinic

○ Clinic's reputation for quality   ○ Recommended by family or friends

○ Closest to home   ○ Referred by physician or other provider

○ Cost of care   ○ Required by insurance plan

○ Indian Health Services   ○ VA/Military requirement

○ Length of waiting room time   ○ Other _____

Specialty Care

20. In the past three years, have you or a household member seen a healthcare specialist (other than your primary care provider/family doctor) for healthcare services?

○ Yes   ○ No   **(If no, skip to question #23)**

21. What type of healthcare specialist was seen? **(Select all that apply)**

○ Allergist   ○ Mental health counselor   ○ Psychiatrist (M.D.)

○ Cardiologist   ○ Neurologist   ○ Psychologist

○ Chiropractor   ○ Neurosurgeon   ○ Pulmonologist

○ Dentist   ○ OB/GYN   ○ Radiologist

○ Dermatologist   ○ Occupational therapist   ○ Rheumatologist

○ Dietician   ○ Oncologist   ○ Social worker

○ Endocrinologist   ○ Ophthalmologist   ○ Speech therapist

○ ENT (ear/nose/throat) ○ Orthopedic surgeon   ○ Substance abuse counselor

○ Gastroenterologist   ○ Pediatrician   ○ Urologist

○ General surgeon   ○ Physical therapist   ○ Other _____

○ Geriatrician   ○ Podiatrist

22. Where was the healthcare specialist seen? (**Select all that apply**)

- ○ Deer Lodge Medical Center
- ○ St. Patrick Hospital (Missoula)
- ○ Community Medical Center (Missoula)
- ○ St. James Healthcare (Butte)
- ○ Community Hospital of Anaconda
- ○ St. Peter's Hospital (Helena)
- ○ Other _____

23. The following services are available at Deer Lodge Medical Center. Please rate the overall quality for each service. (Please mark N/A if you have **not** used the service)

Excellent = 4   Good = 3   Fair = 2   Poor = 1   Haven't Used = N/A   Don't Know = DK

	4	3	2	1	N/A	DK
Emergency room	○	○	○	○	○	○
Clinical Services	○	○	○	○	○	○
Inpatient Services	○	○	○	○	○	○
Laboratory	○	○	○	○	○	○
Physical therapy	○	○	○	○	○	○
Ambulance Services	○	○	○	○	○	○

Personal Health & Health Insurance

24. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days, although you may have felt okay sometimes?

○ Yes   ○ No

25. Over the past month, how often have you had physical activity for at least 20 minutes?

- ○ Daily
- ○ 2-4 times per week
- ○ 3-5 times per month
- ○ 1-2 times per month
- ○ No physical activity

26. Has cost prohibited you from getting a prescription or taking your medication regularly?

○ Yes   ○ No

27. What type of medical insurance covers the **majority** of your household's medical expenses?
(**Please select only ONE**)

- ○ Agricultural Corp. Paid
- ○ Employer sponsored
- ○ Health Insurance Marketplace
- ○ Health Savings Account
- ○ Healthy MT Kids
- ○ Indian Health
- ○ Medicaid
- ○ Medicare
- ○ Private insurance/private plan
- ○ State/Other
- ○ VA/Military
- ○ None/Pay out of pocket
- ○ Other _____

28. How well do you feel your health insurance covers your healthcare costs?

○ Excellent ○ Good ○ Fair ○ Poor

29. If you **do NOT** have medical insurance, why? (**Select all that apply**)

○ Cannot afford to pay for medical insurance ○ Choose not to have medical insurance
○ Employer does not offer insurance ○ Other_____

30. Are you aware of programs that help people pay for healthcare expenses?

○ Yes, and I use them ○ Yes, but I do not qualify ○ No ○ Not sure

Demographics
All information is kept confidential and your identity is not associated with any answers.

31. Where do you currently live by zip code?

○ 59722 Deer Lodge ○ 59832 Drummond ○ 59728 Elliston
○ 59711 Anaconda ○ 59733 Goldcreek
○ 59731 Garrison ○ 59713 Avon

32. What is your gender? ○ Male ○ Female

33. What age range represents you?

○ 18-25 ○ 26-35 ○ 36-45 ○ 46-55 ○ 56-65 ○ 66-75 ○ 76-85 ○ 86+

34. What is your employment status?

○ Work full time ○ Student ○ Not currently seeking employment
○ Work part time ○ Collect disability ○ Other _____
○ Retired ○ Unemployed, but looking

Please return in the postage paid envelope enclosed with this survey or mail to:
The National Rural Health Resource Center, 525 S. Lake Avenue, Suite 320 Duluth MN 55802
THANK YOU VERY MUCH FOR YOUR TIME
Please note that all information will remain confidential

Appendix E – Responses to Other and Comments

2. In the following list, what do you think are the **three most serious** health concerns in our community? (**Select ONLY 3 that apply**)
   -Drugs/drug abuse (5)
   -Old age (3)
   -Lack of self-discipline
   -Keeping good doctors
   -Gambling
   -Pain management
   -DLMC
   -Not knowledgeable enough to answer

3. Select the **three** items below that you believe are the **most important** for a health community: (**Select ONLY 3 that apply**)
   -Jobs
   -Less drugs in town
   -Access to healthy foods
   -All are important

4. How do you rate your knowledge of health services that are available at Deer Lodge Medical Center?
   -Care received on my one and only emergency visit was excellent

5. How to you learn about the health services available in our community? (**Select all that apply**)
   -Health fair (2)
   -Community events/boards (2)
   -Always been a patient
   -DLMC Board meetings
   -Emergency
   -Hospital auxiliary

6. Which community health resources, other than the hospital or clinics, have you used in the last three years? (**Select all that apply**)
   -VA
   -Hearing aid center
   -None (2)

7. In your opinion, what would improve our community's access to health care? (**Select all that apply**)
-Consistent, quality, long-term providers (10)
-Affordability (5)
-Female provider (3)
   - I have always gone out-of-town so I could go to a woman doctor. Now I am older and can't drive well anymore. I would really like a woman doctor again. Can't the hospital find a woman doctor for a small town like Deer Lodge?
-New/better administration
-Geriatric providers
-A way for young parents to be able to call a nurse for advice
-One size doesn't fit all
-Keep the doctors we have – renew contracts
-24-hour clinic
-Urgent Care
-Higher incomes
-Social sensitivity
-Pain focus

8. If any of the following classes/programs were made available to the Deer Lodge community, which would you be most interested in attending? (**Select all that apply**)
-Senior exercise and activities (2)
-Child activities
-Walking/biking trails
-Pain help
-End of life care
-Medical cannabis education
-Only if they are affordable
-None

11. If yes, what were the **three** most important reasons why you did not receive healthcare services? (**Select ONLY 3 that apply**)
-Poor financial practices/high fees (2)
-Financial concerns (2)
-Refusal
-Local knowledge of condition
-Trust issues
-Extensive turnover rate of providers- 14 in 14 years

12. Which of the following preventative services have you used in the past year? (**Select all that apply**)
    - Blood work (5)
    - Labs
    - None in Deer Lodge
    - MRI
    - Pneumonia vaccine
    - Dentist
    - Skin check
    - Cholesterol check
    - Mammogram
    - Pap smear

13. Which additional healthcare services would you use if available locally? (**Select all that apply**)
    - All are needed (2)
    - Psychiatrist
    - Pulmonary rehab
    - Depends on their cost
    - Pain help
    - Women's health
    - Stroke care
    - Clinic with fees based on sliding scale fees
    - Mostly out of town now because I need specialized services
    - None

14. In the past three years, has anyone in your household received care in a hospital? (i.e.: hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care)
    - Will not take my family to DLMC

15. If yes, which hospital did your household use the MOST for hospital care? (**Please select only ONE**)
    - VA (4)
    - Big Sky Surgery Center- Missoula (2)
    - Bozeman
    - Missoula Bone and Joint
    - Virginia Mason Hospital –Seattle
    - University of Utah Hospital – Salk Lake City
    - Summit Surgery Center
    - Fort Harrison
    - Ennis

16. Thinking about the hospital you were at most frequently, what were the three most important reasons for selecting that hospital? (**Select ONLY 3 that apply**)
    - The doctor
    - They work together with St. Patrick's
    - Treatment availability (2)
    - Participating provider of insurance plan
    - In Butte at time of needing a hospital
    - Abilities of medical staff

18. Where was that primary care provider located? (**Please select only ONE**)
    - Clark Fork, Idaho
    - I go to Deer Lodge, grandkids go to Anaconda
    - Ennis
    - Bozeman

19. Why did you select the primary care provider you are currently seeing? (**Please select only ONE**)
    - Long history with provider (5)
    - Trust (3)
    - Continuity of care following ovarian cancer. No doctors in Deer Lodge have this specialty
    - Having a doctor that stays in Deer Lodge for an extended amount of years
    - No OB in Deer Lodge
    - Only pediatrician in town
    - Primary left, no doctor anymore
    - Only doctor available
    - Employed part-time by clinic
    - State employee
    - State clinic
    - Naturopath
    - Family doctor
    - Emergency services
    - Planned Parenthood location
    - To not be at DLMC

21. What type of healthcare specialist was seen? (**Select all that apply**)
    - Infectious disease
    - Hearing aid specialist
    - Eye care
    - Spine doctor
    - Gallbladder issue
    - Veins
    - Cardiac therapy
    - Cardiothoracic surgeon
    - Lung
    - Plastic surgeon

22. Where was the healthcare specialist seen? (**Select all that apply**)
  - Butte (13)
  - Missoula (9)
  - Helena (6)
  - VA-Helena (5)
  - Anaconda (4)
  - Billings (4)
  - Rocky Mountain Eye Care (2)
  - Bozeman (2)
  - Private practice office
  - Spokane
  - Seattle
  - Salt Lake City
  - International Heart Institute
  - Bozeman Deaconess
  - Great Falls
  - Family Dental
  - AWARE
  - Fort Harrison

24. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days, although you may have felt okay sometimes?
  - Because of no natural light at food factory

27. What type of medical insurance covers the **majority** of your household's medical expenses? (**Please select only ONE**)
  - VA (2)
  - Supplement
  - AARP
  - Blue Cross/Blue Shield
  - Impossible to be completely covered by one type of medical insurance under ACA structure

29. If you **do NOT** have medical insurance, why? (**Select all that apply**)
  - VA
  - Insurance does not cover medical cannabis
  - Being continually downgraded in what is covered in order to cover higher policy costs

34. What is your employment status?
  - Unpaid ranch hand: room, board, and 1 quart of whisky every other week.
  - Volunteer

Appendix F – Key Informant Interview Questions

Purpose: The purpose of the focus of the key informant interviews was to identify top health concerns and needed health services.

1. What would make your community a healthier place to live?

2. What do you think are the most important local healthcare issues?

3. What other healthcare services are needed in the community?

Appendix G – Key Informant Interview Notes

<u>**Key Informant Interview #1**</u>
Tuesday, April 26, 2016– Anonymous- Via phone interview

1. What would make your community a healthier place to live?
    - I think if they had more activities for children, like a skating rink. Something where the parents can be involved and they can do activities together.
    - I saw something on the internet about grandparent's parks. They have parks that senior citizens can use and a children's park. Parks that are for a focused populations.

2. What do you think are the most important local healthcare issues?
    - Germs. I have young children and they are constantly having respiratory issues. Its poor hygiene in the schools. We need more health fairs or if they had a doctor or nurse come to the school to teach and remind the kids how to keep their hands clean. Even as adults it's good to keep learning about these things and it's just a good reminder. Keeping yourself clean is part of being healthy and when you have a ton of little kids together who are just learning how to go to the bathroom they really need to learn how to keep their hands clean so they don't get everyone sick. In the school system they need an assembly and a public health fair that is fun so that the kids want to be involved. More education towards cleanliness.

3. What other healthcare services are needed in the community?
    - Fitness. In Butte they have a program where they go to different clinics and they offer family fitness classes. We have the pool and it's free but it has bad hours and when the kids are out of school it is closed.
    - We need a fitness class for younger kids. If the kids are more active, adults will start to get involved too. It helps to teach our kids the importance of nutrition and staying active. When you are active you are less likely to get sick.

Thursday, April 28, 2016– Anonymous- Via phone interview

1. What would make your community a healthier place to live?
   - One of the things that I think our community needs help in, is there are a lot of people who have disease here. We don't know if its form the river going by and we are really close to Anaconda. There are a lot of cases of cancer and arthritis. We need more compassion towards these people and more outreach for these people. I believe that there is a lot of environmental impact here. Years ago we had a doctor who thought this may be a problem but people told her to stop looking into it. We need someone to look into this here. We were all effected by the superfund site. The government gave millions of dollars for people to clean up this problem. If there are spending that amount of money on soil clean up you know it has to be effecting us in some way.
   - Our community doesn't have anything to help those who are on drugs. A lot of people here are on drugs and alcohol. We are a depressed community and every year kids and adults get more involved in drugs and alcohol. I wish we had something to address this.
   - We also need a pain clinic. We have nothing for pain management locally. When you have chronic pain and you go to a doctor here they treat you like a drug addict. They just treat you differently.
   - Doctors here are fearful about prescribing (pain meds) even though some people really need the medicine. I understand though because on the other hand there are people who abuse it. We need a doctor who specializes in addiction and pain management. Someone who really understands pain, and pain control

2. What do you think are the most important local healthcare issues?
   - There are a lot of people who have a lot of illness here.

3. What other healthcare services are needed in the community?
   - Again, we need a pain clinic, a drug outreach program. I also believe that we should gather people together that are having chronic pain and have a once a month gathering and have a nurse come and talk about these illnesses. We could have a dinner and talk about how to manage the pain.
   - Price/cost of care is another huge issue. Samples (pharmaceutical) could be put out to help some of the people. I know people around the community who go without food just so they can have their medication.
   - We have a great facility here but they are sometimes in a hurry. Communication could be better from front desk to doctors and nurses. I love the facility and I wish they would keep doctors. They have to work harder at keeping doctors here.

Key Informant interview #3
Thursday, April 28, 2016– Anonymous- Via phone interview

1. What would make your community a healthier place to live?
   - More education on health. We do have a health fair coming up, but maybe make it where people can learn how to stay healthy and be healthy.
   - A women's health fair would be nice. I know men like to lose weight too but something that goes into weight loss, cervical cancer mammograms and such.
   - We do have pool in town but it's just open at night so it would be nice if they had better hours.

2. What do you think are the most important local healthcare issues?
   - More training for doctors about how to communicate on everyone's level.
   - I would like to see that the doctors we have here now get to stay. We have a good group of them and I want them to stay for longer.
   - It's very important that we have the hospital and emergency room here. Having that place to go to when you need it is important.

3. What other healthcare services are needed in the community?
   - I'm not a big fan of Now Care or Urgent Care, but it would be nice especially at night or on weekends to not have to go to the ER. Especially if it's a small thing like an ear infection. I don't mind going to the ER if it's an ER thing, but we do need a resource for the smaller issues like a sore throat.
   - It would be nice for the doctors if they didn't have to cover the clinic and the ER. Like having a separate ER doctor.

Key Informant Interview #4
Friday, April 29, 2016– Anonymous- Via phone interview

1. What would make your community a healthier place to live?
   - I have no idea.

2. What do you think are the most important local healthcare issues?
   - Heart attacks, strokes, diabetes. My mother had all three of these. Granted you can go out to the medical center but they can only help you so much before they ship you somewhere else. We have a heart doctor that doesn't come that often. There was a surgeon here but a lot of these people are leaving. We don't know why the doctors are leaving but they are.

3. What other healthcare services are needed in the community?
   - More doctors. Somebody that can handle breaks (foot or ankle)/surgery so we don't have to go somewhere. That would be nice because your family is here. We're getting more senior oriented in Deer Lodge. We need a heart doctor and maybe one or two more doctors.

Key Informant Interview #5

Monday, June 27, 2016- Marianne Saylor, RN- Powell County Public Health – Via phone interview

1. What would make your community a healthier place to live?
   - More mental health providers. In all the assessments we've done in the community, mental health is always the top concern.
   - Education. There are various health related topics offered but we do not get a lot of community interest or response.

2. What do you think are the most important local healthcare issues?
   - Again, I would have to say mental health. We need a provider weekly or even monthly to provide counseling. We did have someone who provided counseling weekly but that is not available any longer. A lot of people were upset to see that go.
   - Affordable medical care. We do provide a lot in our community for things like WIC and free immunizations. But for people to access primary care. It can be expensive.

3. What other healthcare services are needed in the community?
   - Children's counseling. There is no continuity as the school has counselors but they are not available over the summer.
   - We have quite a few specialists that provide services in our community. The only one I think we are really lacking would be pediatrics. Many people leave town for pediatric services.

Powell County
Secondary Data Analysis
July 23, 2012

Office of Rural Health
Area Health
Education Center

MONTANA
STATE UNIVERSITY

Leading Causes of Death	County[1]	Montana[1,2]	Nation[2]
	1. Heart Disease 2. Cancer 3. CLRD*	1. Cancer 2. Heart Disease 3.CLRD*	1. Heart Disease 2. Cancer 3. CLRD*

[1]Community Health Data, MT Dept of Health and Human Services (2010)

[2]Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)
*Chronic Lower Respiratory Disease

Chronic Disease Burden[1]	Region 4	Montana	Nation[3,4]
Stroke prevalence	1.9%	2.5%	2.6%
Diabetes prevalence	5.1%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	3.4%	4.1%	6.0%
All Sites Cancer	416.6	455.5	543.2

[1]Community Health Data, MT Dept of Health and Human Services (2010)
[3]Center for Disease Control and Prevention (CDC) (2012)
[4]American Diabetes Association (2012)

Region 4 (Southwest): Lewis and Clark, Granite, Powell, Deer Lodge, Jefferson, Broadwater, Meagher, Silver Bow, Gallatin, Park, Madison, and Beaverhead

Chronic Disease Hospitalization Rates	County	Montana
Stroke[1] *Per 100,000 population*	190.2	182.2
Diabetes[1] *Per 100,000 population*	95.3	115.4
Myocardial Infarction[1] *Per 100,000 population*	243.6	147.3

[1]Community Health Data, MT Dept of Health and Human Services (2010)

Demographic Measure (%)		County			Montana			Nation[5,6]		
Population[1]		7,041			989,415			308,745,538		
Population Density[1]		3.0			6.7			*Not relevant*		
Age[1]		<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
		4%	68%	16%	6%	63%	14%	7%	62%	13%
Gender[1]		Male	Female		Male	Female		Male	Female	
		61.2%	38.8%		50.1%	49.9%		49.2%	50.8%	
Race/Ethnic Distribution	White[1]	93.6%			91.5%			72.4%		
	American Indian or Alaska Native[1]	5.3%			6.8%			0.9%		
	Other †[1]	1.1%			1.7%			26.7%		

[1]Community Health Data, MT Dept of Health and Human Services (2010)
[5]County Health Ranking, Robert Wood Johnson Foundation (2012)

†*Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry*
[6]US Census Bureau (2010)

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Powell County
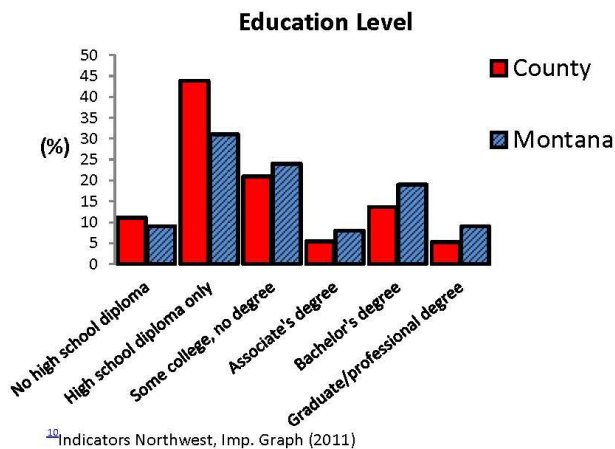Secondary Data Analysis
July 23, 2012

Socioeconomic Measures[1] (%)	County	Montana	Nation[7,8]
Median Income[1]	$37,027	$43,000	$51,914
Unemployment Rate[7]	8.4%	6.3%	7.7%
Persons Below Poverty Level[1]	10.0%	14.0%	13.8%
Uninsured Adults (Age <65)[1]	16.2%	19.0%	18.2%
Uninsured Children (Age <18)[9]	N/A	11.0%	10.0%

[1]Community Health Data, MT Dept of Health and Human Services (2010)
[7]Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

[8]Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)
[9]Montana KIDS COUNT (2009)

Education Level

[10]Indicators Northwest, Imp. Graph (2011)

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Behavioral Health[1,2]	Region 4	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage[11,††] *Age 24-35 months, population size: 12,075 (% sampled: 35.9%)*	19.2% (County)	64.3%
Tobacco Use[1]	17.3%	19.3%
Alcohol Use (binge + heavy drinking)[1]	24.0%	22.8%
Obesity[1]	18.8%	21.6%
Overweight[1]	36.4%	37.8%
No Leisure time for physical activity[1]	18.8%	20.7%

[1]Community Health Data, MT Dept of Health and Human Services (2010)
[2]Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)
[11]County Childhood Immunization Coverage, MT Dept of Health and Human Services (2010-2011).

††Childhood immunization percent coverage was determined following the CDC developed and validated AFIX [Assessment, Feedback, Incentives, & eXchange] strategy designed to raise immunization levels. The Montana Immunization Program is required to participate in this process. Fifty percent of immunization providers are assessed each year. All children's records per provider assessed are reviewed to determine if the child is up-to-date with recommendations of the Advisory Council on Immunization Practices (ACIP).

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Screening[1]	Region 4	Montana
Cervical Cancer (Pap Test in past 3 yrs)[1]	84.1%	83.0%
Breast Cancer (Mammogram in past 2 yrs)[1]	72.1%	71.9%
Blood Stool[1]	31.5%	25.3%
Sigmoidoscopy or Colonoscopy[1]	54.9%	54.3%
Diabetic Screening[5] *Percent of Medicare enrollees who received HbA1c screening*	79.0% (County)	79.0%

[1]Community Health Data, MT Dept of Health and Human Services (2010)   [5]County Health Ranking, Robert Wood Johnson Foundation (2012)

Mortality[1,2,12]	County	Montana	Nation[2,13]
Suicide Rate per 100,000 population[1]	22.8	20.3	12.0
Unintentional Injury Death Rate per 100,000 population[1]	54.2	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol[1]	6.7%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population[1]	22.8	19.0	17.5
Diabetes Mellitus[2]	37.1	27.1	21.8

[1]Community Health Data, MT Dept of Health and Human Services (2010)
[2]Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

[12]Center for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS) (2011)
[13]Kaiser State Health Facts, National Diabetes Death Rate (2008)

Maternal Child Health[1]	County	Montana	Nation[14,15]
Infant Mortality (death within 1st year) *Rate per 1,000 live births[1]*	6.5 (Region 4)	6.1	6.7
Entrance into Prenatal care in 1st Trimester *Percent of Live Births[1]*	80.1%	83.9%	69.0%
Birth Rate[9] *Babies born per 1,000 people*	7.8	12.8	13.5
Low Birth Weight (<2500 grams) *Percent of live births[1]*	9.3%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) *Rate per 1,000 live births[1]*	3.3 (Region 4)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) *Rate per 1,000 live births[1]*	3.2 (Region 4)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) *Percent of Live Births[1]*	8.6%	10.1%	12.5%

[1]Community Health Data, MT Dept of Health and Human Services (2010)
[9]Montana KIDS COUNT (2009)

[14]Child Health USA, U.S. Dept of Health and Human Services – Human Resources & Services Administration (HRSA) (2008-2009)
[15]Center for Disease Control and Prevention (CDC), Preterm Birth (2012)

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Economic Impact Assessment

Demographic Trends and Economic Impacts:
A Report for Deer Lodge Medical Center

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Economist Research and Analysis Bureau
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Introduction

This report responds to requests by MHA for the location quotient of the hospital sector in Powell County and for information on the county's demographics. In addition, the report includes analysis of the economic impact of Deer Lodge Medical Center on Powell County's economy. Section I gives location quotients for Deer Lodge Medical Center using both state and national employment as the basis of comparison. Section II looks at the demographic profile of Powell County. Section III presents the results of an input-output analysis of the impact of the Deer Lodge Medical Center on the economy of Powell County.

Section I Location Quotients

A location quotient measures how the level of employment concentration in a geographic area compares with that of another geographic area. For example, if 20 percent of workers in county A worked in manufacturing and 10 percent of the workers in that county's state worked in manufacturing, then the location quotient for county A would be:

$$\frac{\text{County A Percent employed in manufacturing}}{\text{State Percent employed in manufacturing}} = \frac{20\%}{10\%} = 2.$$

Intuitively, county A's location quotient of 2 indicates that its employment in manufacturing is about double what one would expect given the size of manufacturing employment in the state.

Two location quotients for hospital employment in Powell County were calculated. The first compares Powell County's hospital employment concentration to that of the State of Montana, and the second compares it to hospital employment in the United States. The calculations use 2010 annual averages.

Hospitals Location Quotient (compared to State of MT) = .63
Hospitals Location Quotient (compared to U.S.) = .73

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Powell County, the location quotient of 0.63 indicates that employment in the county is about 37 percent less concentrated in hospitals than it is in Montana as a whole. When compared to the nation, the location quotient of 0.73 indicates that hospital employment makes up about 27 percent less of the workforce in Powell County than it does in the United States as a whole.

Another way to look at the location quotient is to ask how many more employees would be employed in the hospital sector if Powell County's employment patterns mirrored the state or the nation. Deer Lodge Medical Center averaged 77 employees in 2010. This is 45 less than expected given the state's employment pattern and 29 less than expected given the national employment pattern. In 2010, Deer Lodge Medical Center accounted for 3.4% of county nonfarm employment and 3.6% of the county's total wages.

(Source of Employment Data: Quarterly Census of Employment and Wages, Research and Analysis Bureau, Montana Department of Labor and Industry)

Section II Age Demographics

The 2010 Census reported that there were 7,027 residents of Powell County. The breakdown of these residents by age is presented in Figure 1. Powell County's age profile is similar to that of many rural counties in Montana. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the baby bust, a period of lower birth rates. The baby bust in many rural Montana counties, including Powell County, is exacerbated by the tendency for young people to leave these counties for more populated areas. Note the scarcity of 15 to 34 year olds in Powell County.

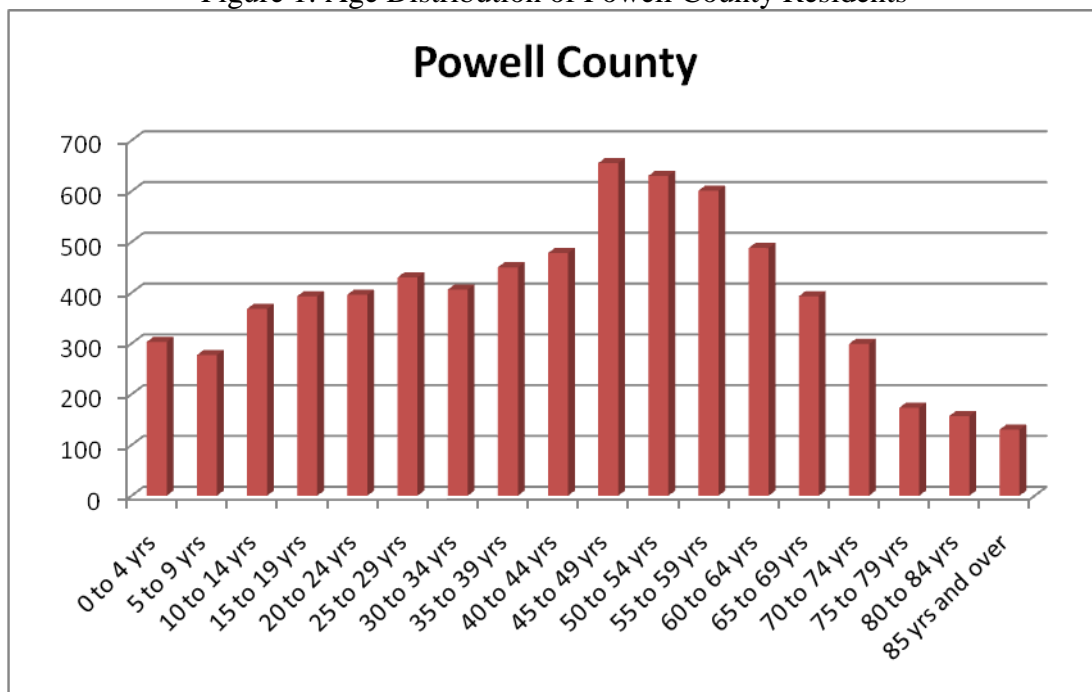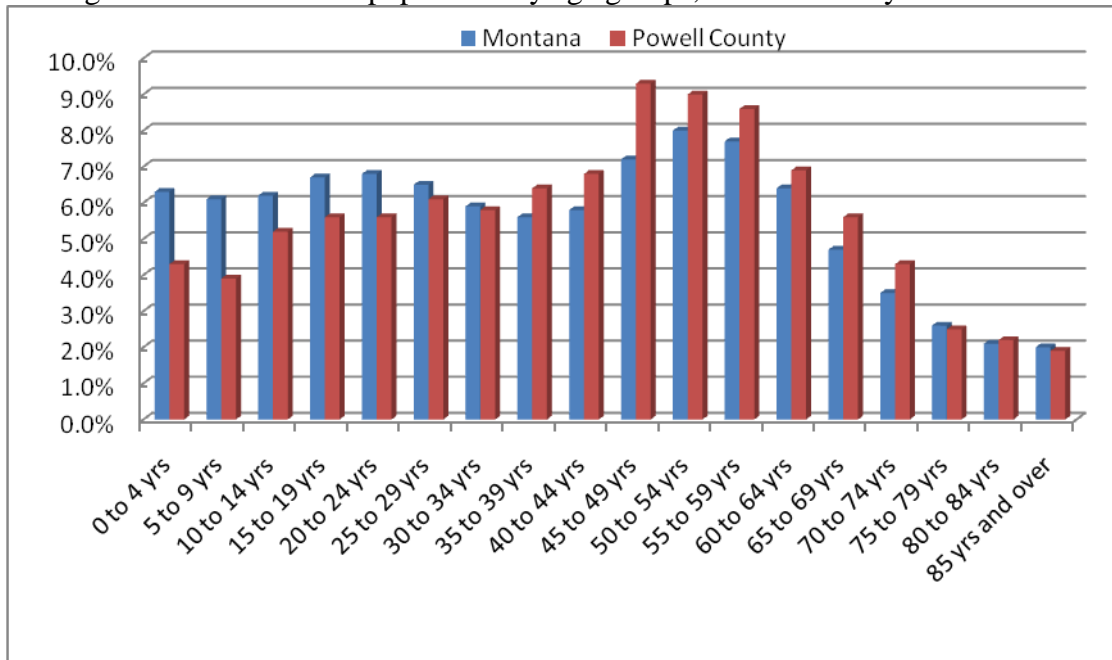Figure 1: Age Distribution of Powell County Residents

Figure 2: Percent of the population by age groups, Powell County vs. Montana

A careful examination of the graph and the underlying data reveals that, compared with the State as a whole, Powell County has a much higher proportion of 35 to 74 year olds (56.9 percent vs. 48.9 percent) and a much lower proportion under 35 years old (36.5 percent vs. 44.5 percent). Given the concentration of baby boomers in Powell County, it is likely that healthcare utilization will increase in the future as these baby boomers reach senior citizen status. These demographic statistics are important when planning for healthcare provisions both now, and in the future in Powell County.

Section III Economic Impacts

Businesses have an economic impact on their local communities that exceeds the direct amount of people they employ or wages they pay. For example, individuals employed at Deer Lodge Medical Center spend a portion of their salary on goods and services produced in Powell County, thus supporting jobs and income in those local businesses. Likewise, the hospital itself may purchase goods and services from local suppliers. These businesses and employees then spend a portion of their income on local goods and services which, in turn, supports other local jobs and companies. Thus, the effect of one dollar of wages is multiplied as it circulates through the community.

The amount of jobs and income in a local community attributable to a particular industry sector can be determined by calculating its employment and income multipliers. Industries with the highest multipliers generally are those who buy supplies, services, and labor from the local community, sell products and services outside the local community, and pay a high income to their employees. Although hospitals in rural areas do not usually sell their services to non-residents, they can still generate significant multiplier effects for their communities given that much of their funding comes from outside the region in the form of public and private insurance reimbursements. The relatively high wages earned by hospital employees also tend to boost hospital's multipliers.

Multipliers are calculated using a methodology called input-output modeling. The Research and Analysis Bureau (R&A) uses IMPLAN software to do regional input-output modeling. The R&A staff is able to correct the underlying IMPLAN data with confidential employment and earnings data from the unemployment insurance system, which allows us to produce more accurate multipliers than would otherwise be possible.

According to the input-output analysis, the hospital industry sector in Powell County has the following multipliers:

Hospital Employment Multiplier = 1.13
Hospital Employee Compensation Multiplier = 1.08
Hospital Output Multiplier = 1.10

What do these numbers mean? The employment multiplier of 1.13 can be interpreted to mean that for every job at Deer Lodge Medical Center, another .13 jobs are supported in Powell County. Another way to look at this is that if Deer Lodge Medical Center suddenly went away, about 10 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 77). The employee compensation multiplier of 1.08 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 8 cents of wages and benefits are created in other local jobs in Powell County. Put another way, if Deer Lodge Medical Center suddenly went away, about $214,358 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by Deer Lodge Medical Center, output in the county increases by another 10 cents.

There are other potential economic impacts of hospitals beyond those identified by the input-output analysis. Novak (2003)[1] observes that "…a good healthcare system is an important indication of an area's quality of life. Healthcare, like education, is important to people and businesses when deciding where to locate" (pg. 1). Thus, all other things being equal, the presence of a quality healthcare system gives communities an advantage when competing for new businesses. An effective healthcare system can also attract retirees to the community. Finally, healthcare may provide an opportunity for young people to stay in the communities where they were raised and still earn a high wage. In areas of the state where economic opportunities are scarce, many hospitals are experiencing shortages of qualified workers. In this situation, "growing your own" workforce may be a viable option.

This study has sought to outline the economic importance of Deer Lodge Medical Center to the county's economy. Tangible economic impacts have been presented, and intangible economic development impacts have also been discussed. Any questions regarding the data or methodology can be addressed to the author.

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[1] Novak, Nancy L. (2003) "Bridging the Gap in Rural Healthcare" *The Main Street Economist: Commentary on the Rural Economy,* Center for the Study of Rural America: Federal Reserve Bank of Kansas City. September 2003