IMPLEMENTATION PLAN

Addressing Community Health Needs

Deer Lodge, Montana

2025-2028

Disclaimer: The Montana Office of Rural Health and the National Rural Health Resource Center strongly encourage an accounting professional's review of this document before submission to the IRS. As of this publishing, this document should be reviewed by a qualified tax professional. Recommendations on its adequacy in fulfillment of IRS reporting requirements are forthcoming.

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The Implementation Planning Process

The implementation planning committee – comprised of Deer Lodge Medical Center (DLMC) leadership team– participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through their community health needs assessment (CHNA) process.

The Community Health Services Development (CHSD), community health needs assessment was performed in the summer of 2025 to determine the most important health needs and opportunities for Powell County, Montana. The CHSD project is administrated by the Montana Office of Rural Health (MORH) and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant. "Needs" were identified as the top issues or opportunities rated by respondents during the CHSD survey process or during focus groups (see page 11 for a list of "Needs Identified and Prioritized"). For more information regarding the needs identified, as well as the assessment process/approach/methodology, please refer to the facility's assessment report, which is posted on the facility's website (https://www.dlmed.org/documents/DLMC_2025_CHNA_Final.pdf).

The community steering and implementation planning committees identified the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives of the broad interest of the community, including those with public health expertise (see page 9 for additional information regarding input received from community representatives).

The implementation planning committee reviewed the priority recommendations provided by the community steering committee and determined which needs or opportunities could be addressed considering DLMC's parameters of resources and limitations. The committee then prioritized the needs/opportunities using the additional parameters of the organizational vision, mission, and values, as well as existing and potential community partners. Participants then created a goal 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).

The prioritized health needs as determined through the assessment process and which the facility will be addressing relates to the following healthcare issues:

- **Awareness of services**
- **Community engagement and outreach**
- **Access to healthcare services**

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In addressing the aforementioned issues, Deer Lodge Medical Center seeks to:

a) Improve access to healthcare services
b) Enhance the health of the community
c) Advance medical or health knowledge

Mission: To provide patient focused healthcare.

Values: Our Values are our core principals and are fundamental to our purpose. Our values affirm the beliefs of our employees and reflect how we commit to treat our patients, our colleagues, and our community. We commit to:

- Treat each other and those we serve with compassion, respect and dignity
- Customize care according to patients' personal choices through informed, engaged interviews
- Act with integrity and adhere to the highest ethical standards, valuing honesty, trust and professionalism
- Attract and retain high quality professionals
- Value teamwork, collaboration and cooperation
- Demonstrate accountability to our patients an each other for high standards of care
- Doing the right thing, at the right time, for the right reason

Vision: To partner with our community to be the first-choice healthcare provider, creating a healing environment by personalizing, demystifying, and humanizing the healthcare experience for patients and their caregivers.

Implementation Planning Committee Members:

- Kyle Kohn – CAO, DLMC
- Andy Beck – CCO, DLMC
- Jen Spring – CFO, DLMC
- Laura Simpson – Planetree, DLMC
- Jaena Richards – CEO, DLMC
- Kyla Johnson – Foundation Director, DLMC

Prioritizing the Community Health Needs

The steering and implementation planning committees completed the following to prioritize the community health needs:

1. Reviewed the facility's presence in the community (i.e., activities already being done to address community need)
2. Considered organizations outside of the facility which may serve as collaborators in executing the facility's implementation plan
3. Assessed the health indicators of the community through available secondary data
4. Evaluated the feedback received from consultations with those representing the community's interests, including public health

1. Deer Lodge Medical Center's Existing Presence in the Community

- Reduced-cost lab days
- High school concussion testing program
- DLMC Health Walk
- Medical support at sporting events
- City recreation sponsorships
- Public access to meeting rooms and facility
- Health awareness events and classes
- Community event participation

2. List of Available Community Partnerships and Facility Resources to Address Needs

- Adult Independent Living Services
- Assisted Living Homes
- Memory Care
- Hospice Agencies
- Home Health Services
- Nursing Homes
- Personal Care/Aide Agencies
- Medical Equipment and Supplies
- Disability Services
- Veteran Services
- Physical Therapy Services
- Pharmacy
- Mental Health Services
- Crisis Resources
- LGBTQ+ Resources
- Funeral Homes
- Housing Assistance
- Food Assistance
- Thrift Stores
- Pet Services
- Childcare Services
- Gyms
- Legal Services
- Information Assistance
- Quick Call Resources
- Council on Aging
- Deer Lodge Medical Center

3. Powell County Indicators

Population Demographics

- 90.1% of Powell County's population is white, and 5.8% identifies as American Indian or Alaska Native
- 22.6% of Powell County's population has disability status
- 21.6% of Powell County's population is 65 years and older
- 13.2% of Powell County's population has Veteran status
- 4.9% of Powell County's population has "No High School Diploma" as their highest degree attained; 45.9% are a "High school graduate (includes equivalency)"

Size of County and Remoteness

- 7,133 people in Powell County
- 3.0 people per square mile

Socioeconomic Measures

- 6.3% of children live in poverty
- 16.8% of persons are below the federal poverty level
- 12.9% of adults (age<65) are uninsured; 12.6% of children (age<18) are uninsured
- 22.3% of the population is enrolled in Medicaid

Select Health Measures

- 36% of adults are considered obese
- 25% of the adult population report physical inactivity
- 41% of adults living in frontier Montana report two or more chronic conditions
- Montana's veteran suicide rate (per 100,000 population) is 65.7 compared to 38.4 for the U.S.

Nearest Major Hospitals

- St. James/Intermountain Healthcare, Butte, MT – 39.5 miles from Deer Lodge Medical Center
- St. Peter's Health, Helena, MT – 56.2 miles from Deer Lodge Medical Center

4. Public Health and Underserved Populations Consultation Summaries

Name/Organization

Andy Beck – CNO, Deer Lodge Medical Center (DLMC) 1/28/2025
Beverly Beck – Retired / Community member
Jami Eads – Deer Lodge Schools / Parent / Patient
Kyle Kohn – CAO, DLMC
Ida Miller – Public Health / Council on Aging
Samantha Ray – Powell County Public Health Nurse
Paul Rees – Montana State Prison
Gavin Roselles – Powell County Sheriff's Office
Dan Sager – Powell County Commissioner
Laura Simpson – DLMC

Public and Community Health

- Prison population is big here
- Inmates come to community health resources
- Prison hospital infirmary takes care of a lot
- Only things that go out of prison are things they can't handle: imaging, scans
- Decreased send outs from prison since dec 2016
- Somewhat transient community – people move around a lot
- Not a ton of prison families here
    - Video visits
    - People moving with prisoners has decreased but not sure why
    - Back in the day inmate families couldn't live here
- Low inventory of affordable housing, not a lot of good rentals
- For middle class folks there's not much
- Housing affects school, prison – people can't afford to live here; hard to start a career here because of housing costs
- Hard to recruit doctors bc of housing
- Nee facility approved for 300 homes, but timeline is ambiguous (they have hooked water and sewer up); multiple types of housing (single, multiplexes, rentals)

- Even 300k-400k homes are unaffordable for lots of folks
- Covid affected housing prices
- Nearest dialysis center is in Butte
- Limited opportunities for recreation, especially walking
- There are resources and things available that folks don't really know about, like shower chair, etc. – things that people can get with their current service but don't know about
- Prison is way out on screening colonoscopies
- Substance use here is high; probably not higher than the rest of MT but still high; but not a ton of facilities/resources for it
- Substance abuse is a big issue

Population: Youth

- Not a ton of children here
- Still lots of child poverty
- In Anaconda kids get free lunches, but here child poverty rates aren't high enough to do this anymore
- Low fertility rates
- Not a lot of big families
- Approx. 1/3 kids eligible for free/reduced lunches in DL itself
- Filling out paperwork is a hurdle; trying to be more with it with this
- Mental health is issue here
- People go to Butte for mental health resources
- Not much kids mental health resources
- Anaconda is closest psychiatric MDs; NPs in Butte
- Telehealth sometimes with kids but depends on the kids
- Registered play therapist is more useful but wait is long

Population: Seniors

- Lots of retirees here, fixed-income seniors
- Lots of grandparents taking care of kids
- Senior center here, LT care, Council on Aging
- Steady stream of people

- Lots of informal care going on here – families taking care of kids; puts financial burden on people, also caring for kids (navigating school system, etc)
- Lots of things are done online now and that is hard for some folks
- Older folks go to anaconda or butte for urgent care

Population: Low Income, Underinsured

- Meals on wheels is an issue, getting food to seniors especially
- Struggling financially – meals on wheels; it could stop
- A lot of people are getting that service and need it
- Food bank is serving up to 90 families a month around Christmas
- Food insecurity is a big issue here
- Org started to send home backpack snacks, one that continues school meals in the summer
- Food insecurity with elderly and kids; kids get more funding and are more accessible
- Lack of cars affects transport to medical, but council on again has rides to places for $1 (hospital, grocery); vouchers are given out
- This is a lifeline for folks here
- 700 rides in November
- Available county-wide; they'll take you anywhere; set times though but flexible; handicap-accessible; four vehicles
- Available to anybody, not just seniors
- Sidewalks and street lights are needed

Needs Identified and Prioritized

Prioritized Needs to Address

1. Top health concerns among survey respondents were “Alcohol/substance use” (55.3%), “Mental health issues (depression, anxiety, PTSD, etc.)” (35.9%), “Overweight/obesity” (35.0%), “Cancer” (23.3%), and “Heart disease” (17.5%). “Lack of exercise” was a concern for 14.6% of respondents, and “Diabetes” for 13.6%.
2. Top components of a healthy community included “Affordable housing” (42.4%), “Access to healthcare services” (39.4%), and “Good jobs and a healthy economy” (37.4%).
3. 45.6% of respondents rated their knowledge of health services at DLMC as “Good,” 25.2% as “Excellent,” and 23.3% as “Fair.” Respondents learned of services through “Friends/family” (75.7%), “Word of mouth/reputation” (64.1%), and “Healthcare provider” (56.3%). Other important methods included “Social media” (24.3%), “Facebook” (20.4%), and “Website/internet” (16.5%).
4. Top ways to improve access to healthcare: “More information about available services” (50.5%), “More specialists” (38.4%), “Payment assistance programs” (38.4%), “Health navigator” (35.4%).
5. The most interest was expressed for classes/programs about “Health and wellness” (48.4%), “Weight loss” (43.0%), and “Fitness” (40.9%). 24.7% expressed interest in “Diabetes/diabetes prevention” education, 23.7% in “Mental health,” and 15.1% in both “Grief counseling” and “Support groups.”
6. The top desired local health services were “Dermatology” (48.0%), “Urgent care” (41.3%), “Home health service” (29.3%), and “Mental health services” (26.7%).
7. Respondents were utilizing the following preventive services: “Health checkup” (69.2%), “Blood pressure check” (64.4%), “Dental check” (60.6%), “Flu shot/immunizations” (55.8%).
8. 28.7% of respondents indicated that they delayed needed healthcare services. The top reasons cited were “It cost too much” (59.3%), “Qualified provider not available” (25.9%), and “Too nervous or afraid” (25.9%).
9. Primary care was seen by 98.0% of respondents, mostly in Deer Lodge (55.6%). Top reasons for provider choice included “Clinic/provider’s reputation for quality” (47.5%), “Closest to home” (41.4%), and “Prior experience with clinic” (41.4%).
10. 71.0% of respondents had received hospital care, mostly in Deer Lodge (47.1%). Top reasons for choosing a hospital were “Closest to home” (53.5%), “Prior experience with hospital” (52.1%), and “Hospital’s reputation for quality” 942.3%).

11. Specialists were seen by 90.3% of respondents. Most specialists were seen at DLMC (41.3%) or Community Hospital of Anaconda (26.1%). Top specialists seen were "Cardiologist" (30.4%), "Orthopedic surgeon" (23.9%), and "Physical therapist" (23.9%).
12. 19.2% of respondents said they had experienced periods of depression. 21.6% felt lonely or isolated 3-5 times per month or more. 56.3% experienced "High" or "Moderate" stress levels, and 21.4% rated their mental health as "Fair" or "Poor."
13. 58.3% of respondents said their lives were negatively impacted by substance use to some extent.
14. 32.7% of respondents reported getting daily exercise 3-5 times per month of less. 18.6% said they did not have or did not know if they had access to adequate space and facilities to exercise.
15. 9.9% of respondents reported cost as a barrier to getting prescriptions or medications.
16. 9.8% of respondents said they were worried about food security.
17. 12.7% of respondents regularly use a "Child car seat/booster."
18. Medical insurance coverage was "Good" for 39.4% of respondents, but reports of "Poor" coverage jumped to 8.1%. "Can't afford to pay for medical insurance" was a reason cited by all respondents who lacked medical insurance.
19. 38.9% of respondents didn't know or weren't sure if they knew about health cost assistance programs.
20. The need for additional and improved senior services was brought up in interviews, including more housing/care options.
21. Interviewees voiced the need for more mental and behavioral health services and identified stigma as a barrier to accessing that care.
22. Interviewees expressed concern over substance use in the community, including alcohol, tobacco, and other drugs.
23. Interviewees brought up the need for most cost assistance programs, sustained provider retention, exercise programs/classes, and more community initiatives.

Needs Unable to Address

(See page 28 for additional information)

1. Affordable housing: it was the top component of a healthy community at 42.4%. 69.6% of respondents said there was not adequate and affordable housing in the community.
2. Dermatology: the top desired local health service was "Dermatology" (48.0%). 16.3% of respondents had seen a dermatologist in the last three years.

Executive Summary

The following summary briefly represents the goals and corresponding strategies and activities which the facility will execute to address the prioritized health needs (from page 11). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 16.

Goal 1: Increase community awareness of services offered at Deer Lodge Medical Center.

Strategy 1.1: Continue to develop and sustain DLMC's use of online tools and technology to promote awareness of DLMC services.

- **1.1.1.** Sustain social media strategy and presence that includes posting provider and community highlights.
- **1.1.2.** Improve DLMC website to ease user interface, making it easier for the community to see what services are offered, how to access those services, which services they might need to utilize, and access to presentation archives, among additional offerings.
- **1.1.3.** Conduct marketing campaign to promote new website and its capabilities.
- **1.1.4.** Increase education about low appointment wait time to address community desire for urgent care.
- **1.1.5.** Continue to share outreach flyers, handouts, and messages on screen in DLMC lobby detailing local resources, such as senior services, mental health resources, new services, financial assistance, etc.

Strategy 1.2: Continue to provide mental health care for Powell County.

- **1.2.1.** Explore how best to advertise available tele-mental health services (e.g., telepsychiatry and medication assistance) available through DLMC.
- **1.2.2.** Explore opportunities to expand and share Planetree mindfulness and wellness programs with the community.
- **1.2.3.** Continue to implement telehealth crisis protocols when patients in crisis present in the emergency department.

Goal 2: Enhance community engagement and outreach within Deer Lodge Medical Center's service area.

Strategy 2.1: Continue and support and provide community programming for health and health-related needs .

- **2.1.1.** Reach out to those who put on the grief support group and determine how DLMC can best support the group.
- **2.1.2.** Continue to distribute community resource list and update as needed
- **2.1.3.** Continue to facilitate caregiver support group and advertise as needed.
- **2.1.4.** Continue diabetes education and services, including monitoring and prevention.
- **2.1.5.** Continue to convene a DLMC workgroup/administrative team to discuss current outreach efforts, gaps, and new opportunities

Strategy 2.2: Bolster the already-popular Hippocrates Café to provide more education to the community and enhance community engagement with DLMC and their own health.

- **2.2.2.** Continue to bring speakers in for HC according to community wants and needs.
- **2.2.3.** Explore increasing the frequency of Hippocrates Cafés to every other month to expand topics discussed with the community.
- **2.2.4.** Consider further topics of conversation, such as insurance, health education, hospice, open enrollment, pain management, PT/OT, cardio rehab.
- **2.2.5.** Explore conducting HC sessions with new DLMC providers.
- **2.2.6.** Explore how to best promote and share DLMC's services through HC.

Strategy 2.3: Enhance reach and awareness of DLMC's health and wellness programs.

- **2.3.1.** Sustain nutritional outreach campaign to promote disease prevention and healthy diets.
- **2.3.2.** Sustain program that fits child car seats for local families.
- **2.3.3.** Continue to provide and advertise health education opportunities that promote health and wellness, such as pre-diabetes support group, Trim the Town, Women's Night Out, Stop the Blood, Annual Health Fair, etc.
- **2.3.4.** Continue to host community events that promote physical activity, such as golf tournament, annual health walk, etc.
- **2.3.5.** Sponsor local adult and youth recreational sports leagues.
- **2.3.6.** Continue to provide youth sports physicals, concussion screenings, and helmet protection program.

Goal 3: Improve access to healthcare services in Powell County.

Strategy 3.1: Sustain and improve access to healthcare services available through DLMC.

- **3.1.1.** Continue to implement Cardiac Pulmonary Rehabilitation phase two (i.e., monitor/track physical activity and nutrition among identified eligible patients through qualifying events). Continue to refer program "graduates" to phase three (i.e., complimentary passes to fitness center to reduce barriers to continuing physical activity).
- **3.1.2.** Partner with entities in the area to sustain ambulance services in Powell County. Continue to sustain the Pediatric Preparedness Gold Standard and continue providing regular training and supplies to the local quick response units.
- **3.1.3.** Continue to offer annual low-cost labs and monthly foot care clinics.
- **3.1.4.** Continue sponsoring monthly health outreach opportunities through the local senior center (e.g. blood pressure checks, medication management, etc.).
- **3.1.5.** Maintain primary care providers and explore further recruitment if necessary.
- **3.1.6.** Sustain patient navigator services linking patients to community resources. Facilitate presumptive eligibility status for programs like Medicaid, Medicare, 340B program, etc. Implement methodology and protocols to share financial assistance resources with the community (e.g., clinic, emergency room, DLMC website, etc.)
- **3.1.7.** Continue to offer tele-oncology services.

Implementation Plan Grid

Goal 1: Increase community awareness of services offered at Deer Lodge Medical Center.					
Strategy 1.1: Continue to develop and sustain DLMC's use of online tools and technology to promote awareness of DLMC services.					
Activities	**Responsibility**	**Timeline**	**Final Approval**	**Partners**	**Potential Barriers**
Sustain social media strategy and presence that includes posting provider and community highlights.	Administrative team	Ongoing	Administrative team	Social media platforms, community organizations DLMC medical Staff	Workforce limitations
Improve DLMC website to ease user interface, making it easier for the community to see what services are offered, how to access those services, which services they might need to utilize, and access to presentation archives, among additional offerings.	Administrative team and 3rd Party marketing company	2026	Administrative team	3rd party marketing company	High cost for quality website design
Conduct marketing campaign to promote new website and its capabilities.	Administrative team and 3rd party marketing company	Ongoing	Administrative team	3rd party marketing company	Budgetary constraints, numerous platforms required to effectively reach consumers

Increase education about low appointment wait time to address community desire for urgent care.	Administrative team Clinic Director	Ongoing	Administrative team	Social media platforms, community organizations	Resource Constraints
Continue to share outreach flyers, handouts, and messages on screen in DLMC lobby detailing local resources, such as senior services, mental health resources, new services, financial assistance, etc.	Administrative team	Ongoing	Administrative team	Local community	Workforce limitations

Needs Being Addressed by this Strategy:

- 3. 45.6% of respondents rated their knowledge of health services at DLMC as "Good," 25.2% as "Excellent," and 23.3% as "Fair." Respondents learned of services through "Friends/family" (75.7%), "Word of mouth/reputation" (64.1%), and "Healthcare provider" (56.3%). Other important methods included "Social media" (24.3%), "Facebook" (20.4%), and "Website/internet" (16.5%).
- 4. Top ways to improve access to healthcare: "More information about available services" (50.5%), "More specialists" (38.4%), "Payment assistance programs" (38.4%), "Health navigator" (35.4%).
- 5. The most interest was expressed for classes/programs about "Health and wellness" (48.4%), "Weight loss" (43.0%), and "Fitness" (40.9%). 24.7% expressed interest in "Diabetes/diabetes prevention" education, 23.7% in "Mental health," and 15.1% in both "Grief counseling" and "Support groups."
- 6. The top desired local health services were "Dermatology" (48.0%), "Urgent care" (41.3%), "Home health service" (29.3%), and "Mental health services" (26.7%).
- 7. Respondents were utilizing the following preventive services: "Health checkup" (69.2%), "Blood pressure check" (64.4%), "Dental check" (60.6%), "Flu shot/immunizations" (55.8%).
- 18. Medical insurance coverage was "Good" for 39.4% of respondents, but reports of "Poor" coverage jumped to 8.1%. "Can't afford to pay for medical insurance" was a reason cited by all respondents who lacked medical insurance.
- 19. 38.9% of respondents didn't know or weren't sure if they knew about health cost assistance programs.
- 20. The need for additional and improved senior services was brought up in interviews, including more housing/care options.

- 21. Interviewees voiced the need for more mental and behavioral health services and identified stigma as a barrier to accessing that care.
- 23. Interviewees brought up the need for most cost assistance programs, sustained provider retention, exercise programs/classes, and more community initiatives.

Anticipated Impact(s) of these Activities:

- Increase awareness of DLMC services
- Increased community engagement with DLMC
- More navigable user interface on website, enabling more information access
- Increased education about current alternatives to urgent care
- Increased awareness of community resources

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track social media engagement
- Solicit feedback concerning ease of new website interface
- Record marketing campaign efforts
- Track efforts and successes regarding same-day appointment advertising

Measure of Success:

- By 2028, DLMC's website and social media will have more online visits.
- Increased number of engagements with social media posts

Goal 1: Increase community awareness of services offered at Deer Lodge Medical Center.					
Strategy 1.2: Continue to provide mental health care for Powell County.					
Activities	**Responsibility**	**Timeline**	**Final Approval**	**Partners**	**Potential Barriers**
Explore how best to advertise available tele-mental health services (e.g., telepsychiatry and medication assistance) available through DLMC.	Administrative team	Ongoing	Administrative team	Social media platforms, community organizations	Patient resistance to telehealth
Explore opportunities to expand and share Planetree mindfulness and wellness programs with the community.	Planetree Coordinator	Ongoing	Administrative team	Community organizations (Ex, school, council on aging, women's club)	Workforce limitations Resource Limitations
Continue to implement telehealth crisis protocols when patients in crisis present in the emergency department.	CNO	Ongoing	CNO	3rd party telehealth partners	Resource Limitations

Needs Being Addressed by this Strategy:

- 1. Top health concerns among survey respondents were “Alcohol/substance use” (55.3%), “Mental health issues (depression, anxiety, PTSD, etc.)” (35.9%), “Overweight/obesity” (35.0%), “Cancer” (23.3%), and “Heart disease” (17.5%). “Lack of exercise” was a concern for 14.6% of respondents, and “Diabetes” for 13.6%.
- 2. Top components of a healthy community included “Affordable housing” (42.4%), “Access to healthcare services” (39.4%), and “Good jobs and a healthy economy” (37.4%).
- 3. 45.6% of respondents rated their knowledge of health services at DLMC as “Good,” 25.2% as “Excellent,” and 23.3% as “Fair.” Respondents learned of services through “Friends/family” (75.7%), “Word of mouth/reputation” (64.1%), and “Healthcare provider” (56.3%). Other important methods included “Social media” (24.3%), “Facebook” (20.4%), and “Website/internet” (16.5%).

- 4. Top ways to improve access to healthcare: “More information about available services” (50.5%), “More specialists” (38.4%), “Payment assistance programs” (38.4%), “Health navigator” (35.4%).
- 5. The most interest was expressed for classes/programs about “Health and wellness” (48.4%), “Weight loss” (43.0%), and “Fitness” (40.9%). 24.7% expressed interest in “Diabetes/diabetes prevention” education, 23.7% in “Mental health,” and 15.1% in both “Grief counseling” and “Support groups.”
- 6. The top desired local health services were “Dermatology” (48.0%), “Urgent care” (41.3%), “Home health service” (29.3%), and “Mental health services” (26.7%).
- 12. 19.2% of respondents said they had experienced periods of depression. 21.6% felt lonely or isolated 3-5 times per month or more. 56.3% experienced “High” or “Moderate” stress levels, and 21.4% rated their mental health as “Fair” or “Poor.”
- 13. 58.3% of respondents said their lives were negatively impacted by substance use to some extent.
- 14. 32.7% of respondents reported getting daily exercise 3-5 times per month of less. 18.6% said they did not have or did not know if they had access to adequate space and facilities to exercise.
- 21. Interviewees voiced the need for more mental and behavioral health services and identified stigma as a barrier to accessing that care.
- 22. Interviewees expressed concern over substance use in the community, including alcohol, tobacco, and other drugs.

Anticipated Impact(s) of these Activities:

- Increased awareness of current mental health services
- Increased access to mental health services
- Service, policy, and resource development
- Decrease societal stigma associated with mental illness and substance use disorders
- Increased access to health and wellness resources
- Continued progress on ED response to mental/behavioral crises

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track efforts to learn of best advertising methods
- Track advertising efforts
- Track community participation with Planetree programs
- Note potential improvements to emergency department crisis management

Measure of Success:

- Continued growth in patient volumes throughout DLMC's services
- Increased awareness of DLMC's services as measured by 2028 CHNA

Goal 2: Enhance community engagement and outreach within Deer Lodge Medical Center's service area.

Strategy 2.1: Continue and support and provide community programming for health and health-related needs.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Reach out to those who put on the grief support group and determine how DLMC can best support the group.	Planetree Coordinator	Ongoing	Planetree Coordinator	Grief Support Group	Workforce limitations Resource limitations
Continue to distribute community resource list and update as needed.	Planetree Coordinator	Ongoing	Administrative Team	Regional healthcare resources/ providers	Resources Closing/changing ownership
Continue to facilitate caregiver support group and advertise as needed.	Planetree Coordinator	Ongoing	Planetree Coordinator	Local community	Workforce limitations Resource availability
Continue diabetes education and services, including monitoring and prevention.	Clinic Director, Medical Staff	Ongoing	Clinic Director	Local community	Patient compliance with medical recommendations
Continue to convene a DLMC workgroup/administrative team to discuss current outreach efforts, gaps, and new opportunities.	Administrative team	Weekly	Administrative team	Local community	Workforce limitations Resource limitations

					Scheduling conflicts

Needs Being Addressed by this Strategy:

- 2. Top components of a healthy community included "Affordable housing" (42.4%), "Access to healthcare services" (39.4%), and "Good jobs and a healthy economy" (37.4%).
- 3. 45.6% of respondents rated their knowledge of health services at DLMC as "Good," 25.2% as "Excellent," and 23.3% as "Fair." Respondents learned of services through "Friends/family" (75.7%), "Word of mouth/reputation" (64.1%), and "Healthcare provider" (56.3%). Other important methods included "Social media" (24.3%), "Facebook" (20.4%), and "Website/internet" (16.5%).
- 4. Top ways to improve access to healthcare: "More information about available services" (50.5%), "More specialists" (38.4%), "Payment assistance programs" (38.4%), "Health navigator" (35.4%).
- 5. The most interest was expressed for classes/programs about "Health and wellness" (48.4%), "Weight loss" (43.0%), and "Fitness" (40.9%). 24.7% expressed interest in "Diabetes/diabetes prevention" education, 23.7% in "Mental health," and 15.1% in both "Grief counseling" and "Support groups."
- 20. The need for additional and improved senior services was brought up in interviews, including more housing/care options.
- 23. Interviewees brought up the need for most cost assistance programs, sustained provider retention, exercise programs/classes, and more community initiatives.

Anticipated Impact(s) of these Activities:

- Increased access to support groups
- Increased knowledge of community resources
- Increased diabetic education services
- Sustained monitoring of community needs

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Record communications with grief support group
- Track distribution of community resource list
- Track participation in caregiver support group
- Track participation in diabetes services
- Record efforts made to continue addressing community needs

Measure of Success:

- Ongoing participation with DLMC's community engagement activities. Participation is measured by attendance numbers as well as the overall number of engagement opportunities available to community members.

Goal 2: Enhance community engagement and outreach within Deer Lodge Medical Center's service area.

Strategy 2.2: Bolster the already-popular Hippocrates Café to provide more education to the community and enhance community engagement with DLMC and their own health.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Continue to bring speakers in for HC according to community's wants and needs.	Planetree Coordinator	Ongoing	Administrative Team	Local Community	Locally available speakers aligning with community interest
Explore increasing the frequency of Hippocrates Cafés to every other month to expand topics discussed with the community.	Planetree Coordinator Administrative Team	2026	Administrative Team	Local Community	Staff availability Locally available speakers aligning with community interest

Consider further topics of conversation, such as insurance, health education, hospice, open enrollment, pain management, PT/OT, cardio rehab.	Planetree Coordinator Administrative Team	2026	Administrative Team	Regional healthcare service partners	Staff availability Locally available speakers aligning with community interest
Explore conducting HC sessions with new DLMC providers.	Planetree Coordinator Administrative Team	2026	Administrative Team	DLMC Medical Staff	Staff availability
Explore how to best promote and share DLMC's services through HC.	Planetree Coordinator	Ongoing	Administrative Team	Local Community	Staff availability Resource Availability

Needs Being Addressed by this Strategy:

- 1. Top health concerns among survey respondents were "Alcohol/substance use" (55.3%), "Mental health issues (depression, anxiety, PTSD, etc.)" (35.9%), "Overweight/obesity" (35.0%), "Cancer" (23.3%), and "Heart disease" (17.5%). "Lack of exercise" was a concern for 14.6% of respondents, and "Diabetes" for 13.6%.
- 3. 45.6% of respondents rated their knowledge of health services at DLMC as "Good," 25.2% as "Excellent," and 23.3% as "Fair." Respondents learned of services through "Friends/family" (75.7%), "Word of mouth/reputation" (64.1%), and "Healthcare provider" (56.3%). Other important methods included "Social media" (24.3%), "Facebook" (20.4%), and "Website/internet" (16.5%).
- 4. Top ways to improve access to healthcare: "More information about available services" (50.5%), "More specialists" (38.4%), "Payment assistance programs" (38.4%), "Health navigator" (35.4%).
- 5. The most interest was expressed for classes/programs about "Health and wellness" (48.4%), "Weight loss" (43.0%), and "Fitness" (40.9%). 24.7% expressed interest in "Diabetes/diabetes prevention" education, 23.7% in "Mental health," and 15.1% in both "Grief counseling" and "Support groups."
- 15. 9.9% of respondents reported cost as a barrier to getting prescriptions or medications.
- 18. Medical insurance coverage was "Good" for 39.4% of respondents, but reports of "Poor" coverage jumped to 8.1%. "Can't afford to pay for medical insurance" was a reason cited by all respondents who lacked medical insurance.
- 19. 38.9% of respondents didn't know or weren't sure if they knew about health cost assistance programs.

- 20. The need for additional and improved senior services was brought up in interviews, including more housing/care options.
- 23. Interviewees brought up the need for most cost assistance programs, sustained provider retention, exercise programs/classes, and more community initiatives.

Anticipated Impact(s) of these Activities:

- Increased health education in the community
- Increased community engagement with DLMC
- Increased provider presence in community

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track participation in Hippocrates Café
- Record community ideas for desired education topics

Measure of Success:

- Increased attendance of HC sessions
- Greater variety of HC topics
- Increased frequency of HC sessions

Goal 2: Enhance community engagement and outreach within Deer Lodge Medical Center's service area.

Strategy 2.3: Enhance reach and awareness of DLMC's health and wellness programs.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Sustain nutritional outreach campaign to promote disease prevention and healthy diets.	CAO Dietary Manager	Ongoing	Administrative Team	Thomas Cuisine	Workforce limitations

Sustain program that fits child car seats for local families.	Public Health	Ongoing	Public Health	Public health State of MT	Sustained funding Workforce limitations
Continue to provide and advertise health education opportunities that promote health and wellness, such as pre-diabetes support group, Trim the Town, Women's Night Out, Stop the Blood, Annual Health Fair, etc.	Foundation Director	Ongoing	Foundation Director	Local community	Workforce limitations Financial limitations Resource Limitations
Continue to host community events that promote physical activity, such as golf tournament, annual health walk, etc.	Foundation Director	Ongoing	Foundation Director	Local community	Workforce limitations Financial limitations Resource Limitations
Sponsor local adult and youth recreational sports leagues.	Administrative Team	Ongoing	Administrative Team	Local sports leagues	Resource limitations
Continue to provide youth sports physicals, concussion screenings, and helmet protection program.	Rehab Department Clinic	Ongoing	Rehab Department Clinic	Local School District	Workforce limitations Resource limitations

Needs Being Addressed by this Strategy:

- 1. Top health concerns among survey respondents were "Alcohol/substance use" (55.3%), "Mental health issues (depression, anxiety, PTSD, etc.)" (35.9%), "Overweight/obesity" (35.0%), "Cancer" (23.3%), and "Heart disease" (17.5%). "Lack of exercise" was a concern for 14.6% of respondents, and "Diabetes" for 13.6%.
- 2. Top components of a healthy community included "Affordable housing" (42.4%), "Access to healthcare services" (39.4%), and "Good jobs and a healthy economy" (37.4%).
- 3. 45.6% of respondents rated their knowledge of health services at DLMC as "Good," 25.2% as "Excellent," and 23.3% as "Fair." Respondents learned of services through "Friends/family" (75.7%), "Word of mouth/reputation" (64.1%), and "Healthcare

provider" (56.3%). Other important methods included "Social media" (24.3%), "Facebook" (20.4%), and "Website/internet" (16.5%).

- 4. Top ways to improve access to healthcare: "More information about available services" (50.5%), "More specialists" (38.4%), "Payment assistance programs" (38.4%), "Health navigator" (35.4%).
- 5. The most interest was expressed for classes/programs about "Health and wellness" (48.4%), "Weight loss" (43.0%), and "Fitness" (40.9%). 24.7% expressed interest in "Diabetes/diabetes prevention" education, 23.7% in "Mental health," and 15.1% in both "Grief counseling" and "Support groups."
- 14. 32.7% of respondents reported getting daily exercise 3-5 times per month of less. 18.6% said they did not have or did not know if they had access to adequate space and facilities to exercise.
- 17. 12.7% of respondents regularly use a "Child car seat/booster."
- 23. Interviewees brought up the need for most cost assistance programs, sustained provider retention, exercise programs/classes, and more community initiatives.

Anticipated Impact(s) of these Activities:

- Increased outreach and education about nutrition
- Sustained car seat use
- Sustained community involvement and events

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track nutrition outreach efforts
- Track car seat program utilization
- Track attendance at health education opportunities and community events
- Track utilization of sports-related services

Measure of Success:

- Ongoing availability of youth sports physicals, concussion screenings, and helmet protection programs
- Increased engagement with nutritional education and outreach programs
- Sustained local car seat program

Goal 3: Improve access to healthcare services in Powell County.					
Strategy 3.1: Sustain and improve access to healthcare services available through DLMC.					
Activities	**Responsibility**	**Timeline**	**Final Approval**	**Partners**	**Potential Barriers**
Continue to implement Cardiac Pulmonary Rehabilitation phase two (i.e., monitor/track physical activity and nutrition among identified eligible patients through qualifying events). Continue to refer program "graduates" to phase three (i.e., complimentary passes to fitness center to reduce barriers to continuing physical activity).	Outpatient services department	Ongoing	Outpatient Services department	Dietician	Workforce limitations Financial limitations Resource limitations
Partner with entities in the area to sustain ambulance services in Powell County. Continue to sustain the Pediatric Preparedness Gold Standard and continue providing regular training and supplies to the local quick response units.	EMS Director	Ongoing	EMS Director	Local Quick Response Units	Workforce limitations Financial limitations Resource limitations
Continue to offer annual low-cost labs and monthly foot care clinics.	Lab Director Planetree Coordinator	Ongoing	Administrative Team	Local community	Workforce limitations Resource limitations
Continue sponsoring monthly health outreach opportunities through the local senior center (e.g. blood pressure checks, medication management, etc.).	TCU Coordinator	Ongoing	CNO	Local Senior Center	Workforce limitations Resource limitations

					Scheduling conflicts
Maintain primary care providers and explore further recruitment if necessary.	Administrative Team	Ongoing	Administrative Team	Recruitment agencies	Resource limitations Financial limitations
Sustain patient navigator services linking patients to community resources. Facilitate presumptive eligibility status for programs like Medicaid, Medicare, 340B program, etc. Implement methodology and protocols to share financial assistance resources with the community (e.g., clinic, emergency room, DLMC website, etc.).	CFO	Ongoing	CFO	Local community	Workforce limitations Resource limitations
Continue to offer tele-oncology services.	Administrative Team	Ongoing	Administrative Team	Intermountain Health	Resource limitations Financial limitations

Needs Being Addressed by this Strategy:

- 1. Top health concerns among survey respondents were “Alcohol/substance use” (55.3%), “Mental health issues (depression, anxiety, PTSD, etc.)” (35.9%), “Overweight/obesity” (35.0%), “Cancer” (23.3%), and “Heart disease” (17.5%). “Lack of exercise” was a concern for 14.6% of respondents, and “Diabetes” for 13.6%.
- 2. Top components of a healthy community included “Affordable housing” (42.4%), “Access to healthcare services” (39.4%), and “Good jobs and a healthy economy” (37.4%).
- 3. 45.6% of respondents rated their knowledge of health services at DLMC as “Good,” 25.2% as “Excellent,” and 23.3% as “Fair.” Respondents learned of services through “Friends/family” (75.7%), “Word of mouth/reputation” (64.1%), and “Healthcare

provider" (56.3%). Other important methods included "Social media" (24.3%), "Facebook" (20.4%), and "Website/internet" (16.5%).

- 4. Top ways to improve access to healthcare: "More information about available services" (50.5%), "More specialists" (38.4%), "Payment assistance programs" (38.4%), "Health navigator" (35.4%).
- 6. The top desired local health services were "Dermatology" (48.0%), "Urgent care" (41.3%), "Home health service" (29.3%), and "Mental health services" (26.7%).
- 7. Respondents were utilizing the following preventive services: "Health checkup" (69.2%), "Blood pressure check" (64.4%), "Dental check" (60.6%), "Flu shot/immunizations" (55.8%).
- 8. 28.7% of respondents indicated that they delayed needed healthcare services. The top reasons cited were "It cost too much" (59.3%), "Qualified provider not available" (25.9%), and "Too nervous or afraid" (25.9%).
- 9. Primary care was seen by 98.0% of respondents, mostly in Deer Lodge (55.6%). Top reasons for provider choice included "Clinic/provider's reputation for quality" (47.5%), "Closest to home" (41.4%), and "Prior experience with clinic" (41.4%).
- 10. 71.0% of respondents had received hospital care, mostly in Deer Lodge (47.1%). Top reasons for choosing a hospital were "Closest to home" (53.5%), "Prior experience with hospital" (52.1%), and "Hospital's reputation for quality" 942.3%).
- 11. Specialists were seen by 90.3% of respondents. Most specialists were seen at DLMC (41.3%) or Community Hospital of Anaconda (26.1%). Top specialists seen were "Cardiologist" (30.4%), "Orthopedic surgeon" (23.9%), and "Physical therapist" (23.9%).
- 20. The need for additional and improved senior services was brought up in interviews, including more housing/care options.
- 23. Interviewees brought up the need for most cost assistance programs, sustained provider retention, exercise programs/classes, and more community initiatives.

Anticipated Impact(s) of these Activities:

- Sustained cardiac pulmonary rehab services
- Sustained ambulance services in Powell County
- Sustained labs and foot clinics
- Sustained engagement with senior center
- Continued primary care provider availability
- Increased financial assistance knowledge

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track cardiac pulmonary rehabilitation participation
- Track efforts to sustain ambulance services
- Track utilization of foot clinics and annual labs
- Track efforts, if needed, to recruit primary care providers
- Track engagement with financial assistance resources
- Track utilization of tele-oncology services

Measure of Success:

- DLMC will increase the percentage of area residents engaging in healthcare services

Needs Not Addressed and Justification

Identified health needs unable to address by Deer Lodge Medical Center	Rationale
1. Affordable housing: it was the top component of a healthy community at 42.4%. 69.6% of respondents said there was not adequate and affordable housing in the community.	As a medical facility, DLMC is best positioned to focus effort and resources on healthcare-specific priorities in the community
2. Dermatology: the top desired local health service was "Dermatology" (48.0%). 16.3% of respondents had seen a dermatologist in the last three years.	Current physical space constraints and a challenging recruitment process are the primary barriers. As DLMC continues to expand, dermatology will continue to a service that is evaluated for feasibility.

Dissemination of Needs Assessment

Deer Lodge Medical Center "DLMC" disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website (www.dlmed.org) as well as having copies available at the facility should community members request to view the community health needs assessment or the implementation planning documents.

The Steering Committee, which was formed specifically as a result of the CHSD (Community Health Services Development) process to introduce the community to the assessment process, will be informed of the implementation plan to see the value of their input and time in the CHSD process as well as how DLMC is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Fergus County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of DLMC will be directed to the hospital's website to view the complete assessment results and the implementation plan. DLMC board members approved and adopted the plan on **October 28, 2025**. Board members are encouraged to familiarize themselves with the needs assessment report and implementation plan, so they can publicly promote the facility's plan to influence the community in a beneficial manner.

Written comments on this 2025-2028 Deer Lodge Medical Center Community Benefit Strategic Plan can be submitted to the Quality Assurance Coordinator at DLMC:

Quality Assurance at Deer Lodge Medical Center
1100 Hollenback Lane
Deer Lodge, Montana 59722

Contact Deer Lodge Medical Center's Quality Assurance at 406-415-1035 or kkohn@dlmed.org with questions.

[Please remove the following statement and the disclaimer in the footer once the planning document is finalized]

**Please note that you will need to include information specific to these requirements:*

- *You must post your community health needs assessment (CHNA) and your facility's implementation plan publicly – both "conspicuously" on your website as well as have a hard copy available at your facility should someone request to view either/both documents.*

- *Your documents must remain on the web until two subsequent CHNA reports have been posted*
- *An individual must not be required to create an account or provide personally identifiable information to access the report*
- *A paper copy must be available for public inspection without charge*

- *Your facility's implementation plan must be approved, and the plan must document the date upon which the plan was approved/adopted*