



# COMMUNITY HEALTH NEEDS ASSESSMENT 2019

ASSESSMENT CONDUCTED BY  
DEER LODGE MEDICAL CENTER



**MONTANA**  
STATE UNIVERSITY

Office of Rural Health  
Area Health  
Education Center

IN COOPERATION WITH  
THE MONTANA OFFICE OF  
RURAL HEALTH



DEER LODGE, MONTANA

**Deer Lodge Medical Center  
Community Health Needs Assessment  
Table of Contents**

I. Introduction .....	3
II. Health Assessment Process .....	4
III. Survey Methodology.....	4
IV. Survey Respondent Demographics.....	7
V. Survey Findings .....	11
VI. Key Informant Interview Methodology .....	49
VII. Key Informant Interview Themes .....	49
VIII. Executive Summary .....	51
IX. Prioritization of Health Needs, Available Resources, and Implementation Planning Process .....	52
X. Evaluation of Activity Impacts from Previous CHNA .....	54
Appendix A – Steering Committee.....	57
Appendix B – Public Health and Populations Consultation .....	58
Appendix C – Secondary Data .....	60
Appendix D – Survey Cover Letter .....	64
Appendix E – Survey Instrument.....	65
Appendix F – Key Informant Interview Questions.....	70
Appendix G – Key Informant Interview Notes .....	70

**Community Health Services Development  
Summary Report  
May 2019**

**I. Introduction**

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Deer Lodge Medical Center is a non-profit 501c3 Critical Access Hospital (CAH) based in Deer Lodge, Montana. Deer Lodge Medical Center serves Powell County, an area of approximately 2,400 square miles, and provides medical services to a service population of approximately 6,800 people. Deer Lodge Medical Center is the only hospital in Powell County and houses both clinic and hospital services in the same facility. Deer Lodge Medical Center's primary service area includes the communities of Deer Lodge, Garrison, Racetrack, Gold Creek, Avon, Elliston, Helmville and Ovando;



*Deer Lodge Medical Center*

with most of the County's populated communities located along US I-90 or US 12. Powell County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.

In addition to their clinic appointments, Deer Lodge Medical Center offers 24-hour emergency care, physical therapy, general surgery, chiropractic care and a broad array of specialty services.

**Mission:** To provide patient focused healthcare.

**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.

**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 and each other for high standards of care
- Doing the right thing, at the right time, for the right reason

Deer Lodge Medical Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health. Community involvement in steering committee meetings and key informant interviews enhance community engagement in the assessment process.

In the winter of 2019, 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 E). 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. Please note: we are able to compare some of the 2019 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2016. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

## **II. Health Assessment Process**

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A Steering Committee was convened to assist Deer Lodge Medical Center in conducting CHSD. A diverse group of community members representing various organizations and populations within



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the community (ex. public health, elderly, uninsured) came together in December 2018. 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 and to assist in the prioritization of health needs to address.

## **III. Survey Methodology**

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### **Survey Instrument**

In February 2019, surveys were mailed out to the residents in Powell County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University’s HELPS Lab web portal. 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 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 with the assistance of the MSU HELPS lab. 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.)

Seven key informant interviews were conducted to identify important local healthcare issues, how to improve the health of the community, and gaps in health services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

## 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.



*Mount Powell – powellcountymontana.com*

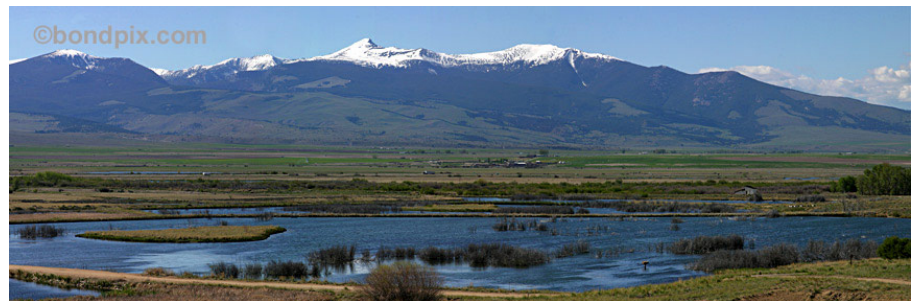
The low population density of rural and frontier communities often requires regional reporting of many major health indices including chronic disease burden and behavior health indices. The Montana BRFSS [Behavioral Risk Factor Surveillance System], through a cooperative agreement with the Center for 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 & Key Informant Interview 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 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.

While key informant interview data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, interview data are grouped into common



*Little Blackfoot River – powellcountymontana.com*

themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix C. MORH staff conducted the interviews for DLMC to ensure impartiality. Personal identifiers are not included in the interview transcripts.

## Survey Implementation

In February 2019, a survey, cover letter on Deer Lodge Medical Center letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed out to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspaper, as well as social media postings 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 fifty surveys were returned out of 800. Of those 800 surveys, 88 surveys were returned undeliverable for a 21.0% response rate. From this point on, the total number of surveys will be out of 712. 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 7.99%.

#### IV. Survey Respondent Demographics

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A total of 712 surveys were distributed amongst Deer Lodge Medical Center's service area. One-hundred fifty were completed for a 21.0% 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 33)

2019 N= 148

2016 N= 190

The returned surveys are skewed toward the Deer Lodge population, which is reasonable given that this is where most of the services are located.

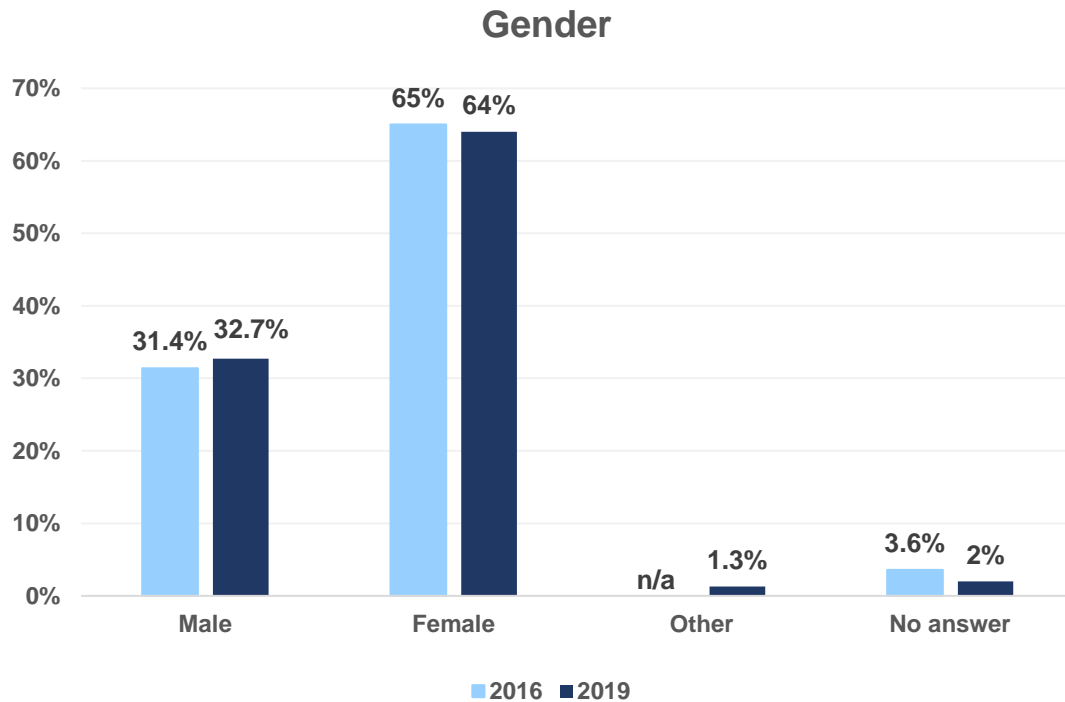
		2016		2019	
Area	Zip code	Count	Percent	Count	Percent
Deer Lodge	59722	181	95.3%	141	95.2%
Dillon	59725	Not asked in 2016		3	2.0%
Anaconda	59711	2	1.1%	2	1.4%
Butte	59701	Not asked in 2016		2	1.4%
Garrison	59731	0	0.0%	0	0.0%
Drummond	59832	1	0.5%	0	0.0%
Gold Creek	59733	1	0.5%	0	0.0%
Avon	59713	2	1.1%	0	0.0%
Elliston	59728	3	1.5%	0	0.0%
<b>TOTAL</b>		<b>190</b>	<b>100.0%</b>	<b>148</b>	<b>100.0%</b>

### Gender (Question 34)

2019 N= 150

2016 N= 194

Of the 150 surveys returned, 64% (n=96) of survey respondents were female, 32.7% (n=49) were male, and 2% (n=3) chose not to answer this question. 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.



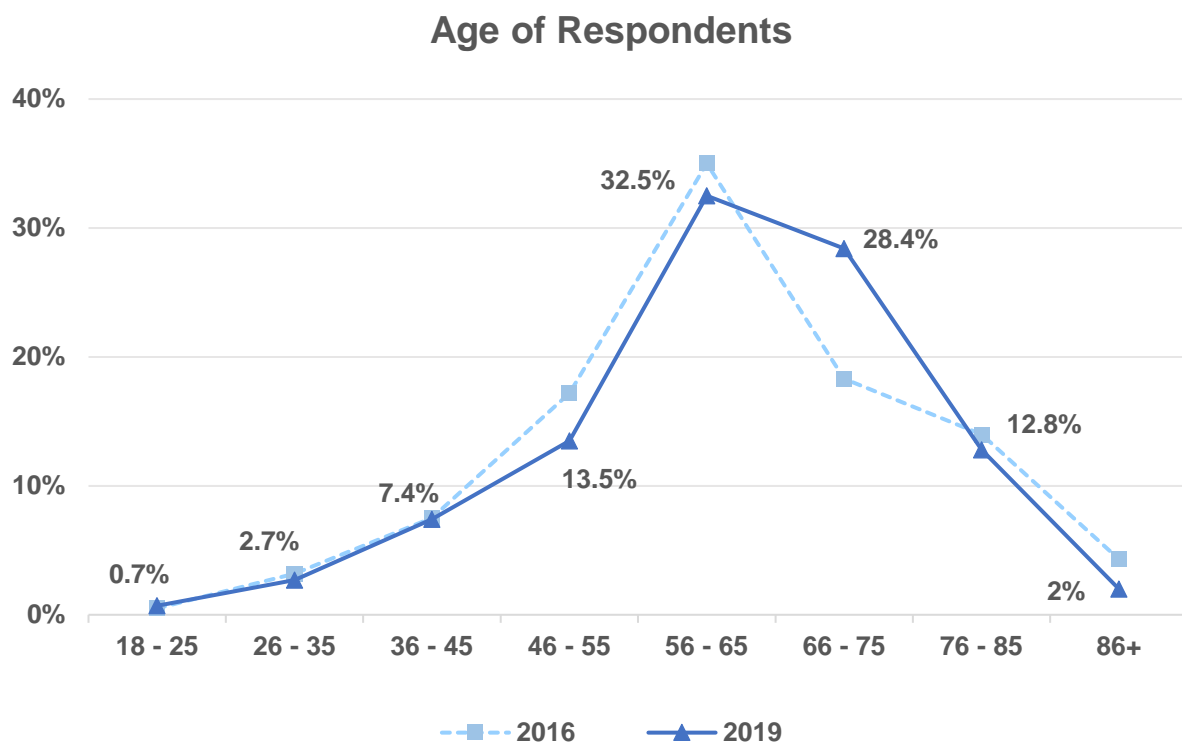


## Age of Respondents (Question 35)

2019 N= 148

2016 N= 186

Thirty-three percent of respondents (n=48) were between the ages of 56-65. Twenty-eight percent of respondents (n=42) were between the ages of 66-75 and 13.5% of respondents (n=20) were between the ages of 46-55. 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 also tend to be more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.

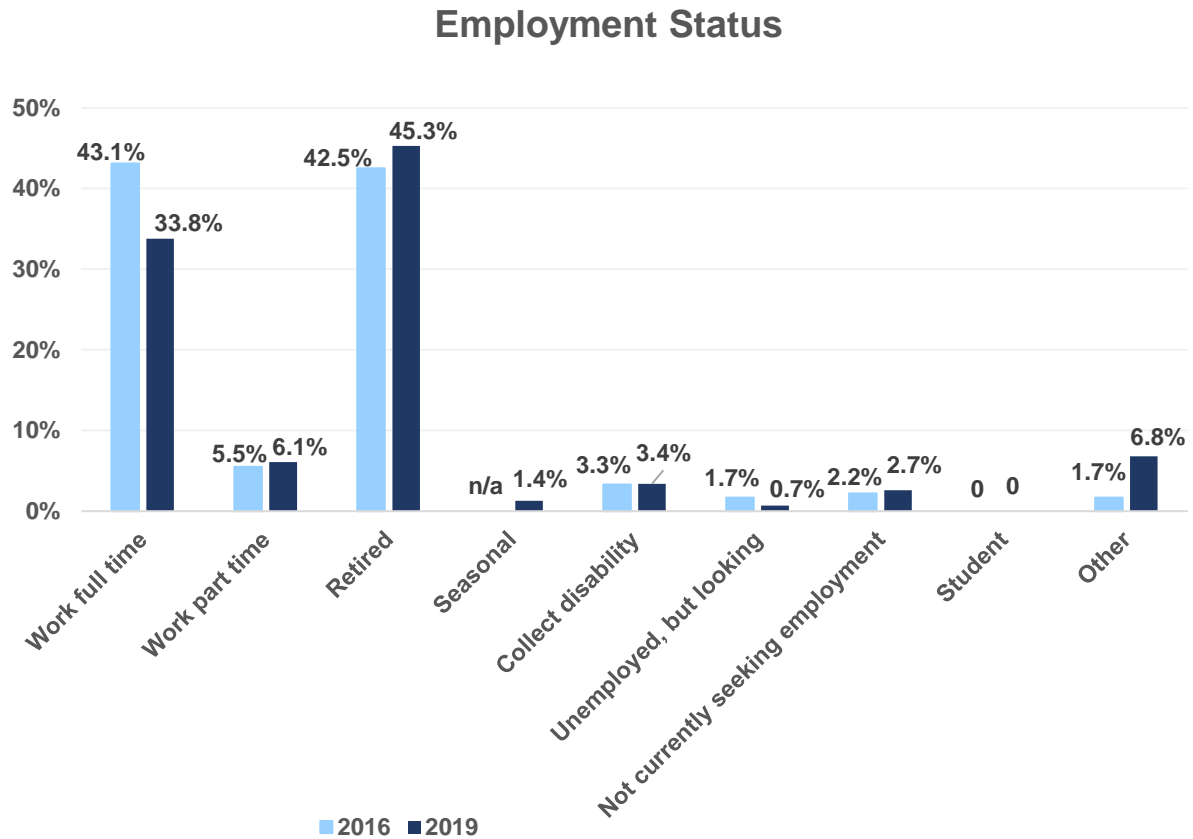


## Employment status (Question 36)

2019 N= 148

2016 N= 181

Respondents were asked to indicate their employment status. Forty-five percent (n=67) reported they are retired, while 33.8% (n=50) work full time. Respondents could check all that apply, so the percentages do not equal 100%.



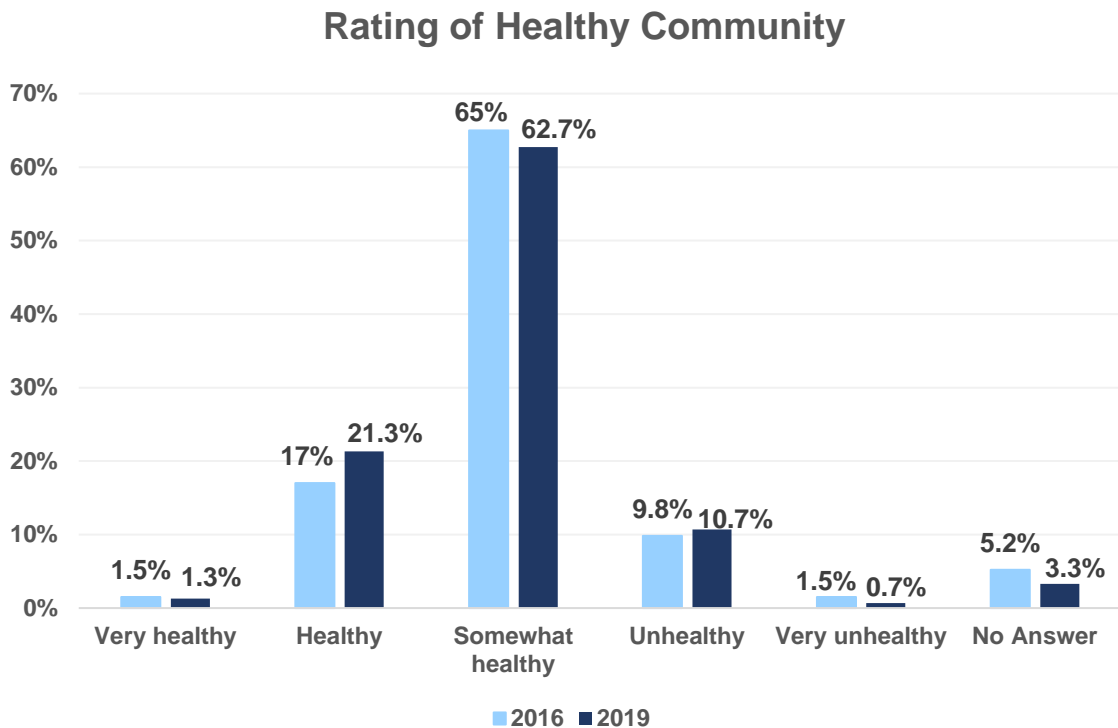
## V. Survey Findings – Community Health

### Impression of Community (Question 1)

2019 N= 150

2016 N= 194

Respondents were asked to indicate how they would rate the general health of their community. Sixty-three percent of respondents (n=94) rated their community as “Somewhat healthy” and 21.3% of respondents (n=32) felt their community was “Healthy.”



## Health Concerns for Community (Question 2)

2019 N= 150

2016 N= 194

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol abuse/substance abuse” at 62% (n=93). “Overweight/obesity” was also a high priority at 33.3% (n=50), followed by “Cancer” at 29.3% (n=44). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

Health Concern	2016		2019	
	Count	Percent	Count	Percent
<b>Alcohol abuse/substance abuse</b>	<b>139</b>	<b>71.6%</b>	<b>93</b>	<b>62.0%</b>
<b>Overweight/obesity</b>	<b>84</b>	<b>43.3%</b>	<b>50</b>	<b>33.3%</b>
<b>Cancer</b>	<b>65</b>	<b>33.5%</b>	<b>44</b>	<b>29.3%</b>
Tobacco use (cigarettes, vaping, smokeless) *	35	18.0%	42	28.0%
Mental health issues	34	17.5%	25	16.7%
Poverty	Not asked in 2016		23	15.3%
Heart disease	37	19.1%	21	14.0%
Child abuse/neglect	22	11.3%	19	12.7%
Depression/anxiety	25	12.9%	16	10.7%
Diabetes	27	13.9%	16	10.7%
Lack of exercise	28	14.4%	16	10.7%
Lack of access to healthcare	19	9.8%	10	6.7%
Alzheimer’s/dementia	Not asked in 2016		10	6.7%
Suicide	Not asked in 2016		8	5.3%
Social isolation/loneliness	Not asked in 2016		6	4.0%
Domestic violence	17	8.8%	6	4.0%
Hunger	Not asked in 2016		4	2.7%
Lack of dental care	7	3.6%	2	1.3%
Stroke	4	2.1%	2	1.3%
Work related accidents/injuries	0	0	2	1.3%
Motor vehicle accidents	6	3.1%	1	0.7%
Recreation related accidents/injuries	5	2.6%	1	0.7%
Other	9	4.6%	10	6.7%

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

### Components of a Healthy Community (Question 3)

2019 N= 150

2016 N= 194

Respondents were asked to identify the three most important things for a healthy community. Fifty-five percent of respondents (n=82) indicated that “Good jobs and a healthy economy” is important for a healthy community. “Access to healthcare services” was the second most indicated component at 40.7% (n=61) and third was “Healthy behaviors and lifestyles” at 38% (n=56). Respondents were asked to identify their top three choices, so percentages do not equal 100%.

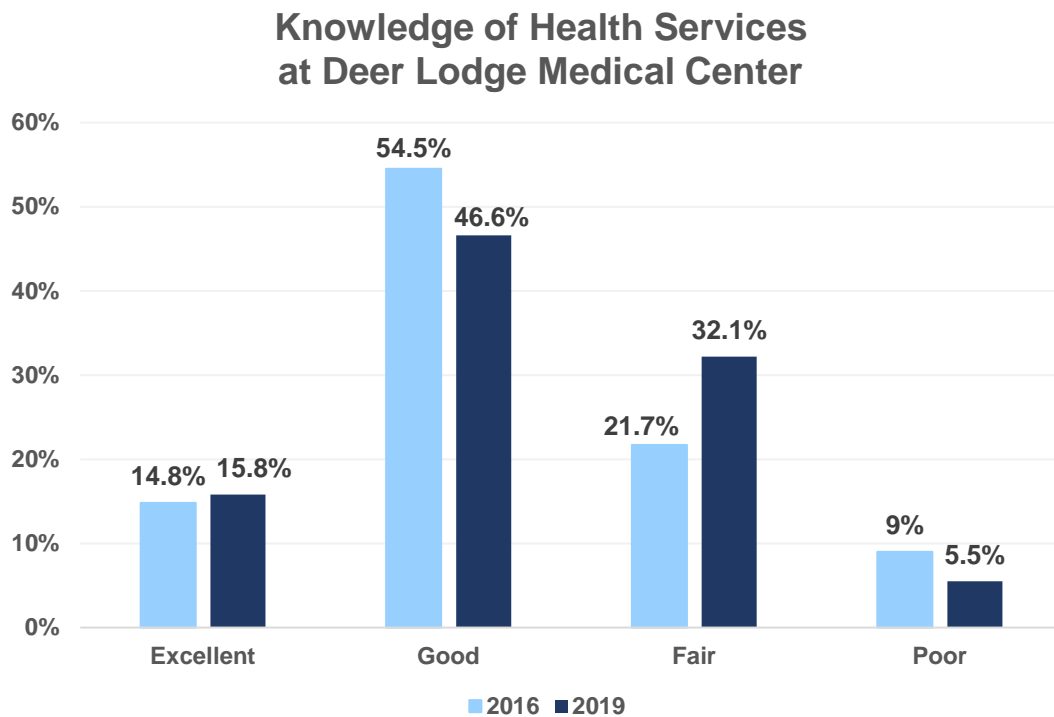
Important Component	2016		2019	
	Count	Percent	Count	Percent
<b>Good jobs and healthy economy</b>	<b>115</b>	<b>59.3%</b>	<b>82</b>	<b>54.7%</b>
<b>Access to healthcare services*</b>	<b>119</b>	<b>61.3%</b>	<b>61</b>	<b>40.7%</b>
<b>Healthy behaviors and lifestyles</b>	<b>72</b>	<b>37.1%</b>	<b>57</b>	<b>38.0%</b>
Strong family life	59	30.4%	44	29.3%
Good schools	33	17.0%	37	24.7%
Affordable housing	45	23.2%	34	22.7%
Religious or spiritual values	29	14.9%	26	17.3%
Low crime/safe neighborhoods	31	16.0%	25	16.7%
Clean environment	18	9.3%	15	10.0%
Access to childcare/after school programs	Not asked in 2016		15	10.0%
Community involvement	11	5.7%	11	7.3%
Low level of domestic violence	7	3.6%	7	4.7%
Parks and recreation	14	7.2%	6	4.0%
Transportation services	Not asked in 2016		5	3.3%
Low death and disease rates	7	3.6%	4	2.7%
Tolerance for diversity	9	4.6%	3	2.0%
Arts and cultural events	1	0.5%	1	0.7%
Other	2	1.0%	3	2.0%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

#### Awareness of Health Services (Question 4)

2019 N= 146

2016 N= 189

Respondents were asked to rate their knowledge of the health services available at Deer Lodge Medical Center. Forty-seven percent (n=68) of respondents rated their knowledge of health services as “Good”, “Fair” was selected by 32.1% percent (n=47), and “Excellent” was selected by 15.8% (n=23) of respondents.





## How Respondents Learn of Healthcare Services (Question 5)

2019 N= 150

2016 N= 194

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 66% (n=99). “Friends/family” was the second most frequent response at 65.3% (n=98), followed by “Healthcare provider” at 42% (n=63). Respondents could select more than one method, so percentages do not equal 100%.

Method	2016		2019	
	Count	Percent	Count	Percent
<b>Word of mouth/reputation</b>	<b>132</b>	<b>68.0%</b>	<b>99</b>	<b>66.0%</b>
<b>Friends/family</b>	<b>131</b>	<b>67.5%</b>	<b>98</b>	<b>65.3%</b>
<b>Healthcare provider</b>	<b>69</b>	<b>35.6%</b>	<b>63</b>	<b>42.0%</b>
Billboards*	37	19.1%	46	30.7%
Newspaper	56	28.9%	40	26.7%
Social media	Not asked in 2016		23	15.3%
Website/internet	30	15.5%	20	13.3%
Television	21	10.8%	16	10.7%
Mailings/newsletter	18	9.3%	14	9.3%
Radio	17	8.8%	14	9.3%
Public Health	9	4.6%	11	7.3%
Presentations	9	4.6%	9	6.0%
Other	14	7.2%	11	7.3%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

### 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
<b>Friends/family</b>	16 (16.7%)	46 (47.9%)	28 (29.2%)	6 (6.3%)	<b>96</b>
<b>Word of mouth/reputation</b>	14 (16.6%)	44 (45.8%)	31 (32.3%)	7 (7.3%)	<b>96</b>
<b>Healthcare provider</b>	12 (19.4%)	37 (59.7%)	12 (19.4%)	1 (1.6%)	<b>62</b>
<b>Billboards</b>	12 (26.7%)	20 (44.4%)	11 (24.4%)	2 (4.4%)	<b>45</b>
<b>Newspaper</b>	5 (12.8%)	16 (41%)	17 (43.6%)	1 (2.6%)	<b>39</b>
<b>Social media</b>	4 (17.4%)	7 (30.4%)	11 (47.8%)	1 (4.3%)	<b>23</b>
<b>Website/internet</b>	3 (15.8%)	9 (47.4%)	5 (26.3%)	2 (10.5%)	<b>19</b>
<b>Television</b>	2 (13.3%)	7 (46.7%)	6 (40%)		<b>15</b>
<b>Radio</b>	1 (7.1%)	9 (64.3%)	4 (28.6%)		<b>14</b>
<b>Mailings/newsletter</b>	2 (15.4%)	7 (53.8%)	4 (30.8%)		<b>13</b>
<b>Public Health</b>	3 (27.3%)	6 (54.5%)	2 (18.2%)		<b>11</b>
<b>Presentations</b>	5 (55.6%)	2 (22.2%)	2 (22.2%)		<b>9</b>
<b>Other</b>	3 (27.3%)	4 (36.4%)	4 (36.4%)		<b>11</b>

### Utilized Community Health Resources (Question 6)

2019 N= 150

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 74% (n=111). “Dentist” was utilized by 54.7% (n=82), and “Primary care provider (in town)” was utilized by 40% (n=60) of respondents. Respondents could select more than one resource, so percentages do not equal 100%.

Resource	2016		2019	
	Count	Percent	Count	Percent
<b>Pharmacy*</b>	<b>165</b>	<b>85.1%</b>	<b>111</b>	<b>74.0%</b>
<b>Dentist</b>	<b>123</b>	<b>63.4%</b>	<b>82</b>	<b>54.7%</b>
<b>Primary care provider (in town)</b>	<b>89</b>	<b>45.9%</b>	<b>60</b>	<b>40.0%</b>
Eye care	86	44.3%	57	38.0%
Physical therapy	66	34.0%	51	34.0%
Chiropractor	45	23.2%	37	24.7%
Senior Center	42	21.6%	33	22.0%
Council on Aging	Not asked in 2016		28	18.7%
Massage therapy	33	17.0%	24	16.0%
Ambulance services	Not asked in 2016		21	14.0%
Meals on Wheels	9	4.6%	13	8.7%
Mental health	4	2.1%	9	6.0%
Public health*	19	9.8%	2	1.3%
Other*	16	8.2%	3	2.0%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

## Improvement for Community's Access to Healthcare (Question 7)

2019 N= 150

2016 N= 194

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Forty-seven percent of respondents (n=70) reported that "More primary care providers" would make the greatest improvement, and 41.3% of respondents (n=62 each) indicated "More specialists" and "More information about available services" would improve access. Respondents could select more than one method, so percentages do not equal 100%.

Improvement	2016		2019	
	Count	Percent	Count	Percent
<b>More primary care providers*</b>	<b>121</b>	<b>62.4%</b>	<b>70</b>	<b>46.7%</b>
<b>More specialists</b>	<b>66</b>	<b>34.0%</b>	<b>62</b>	<b>41.3%</b>
<b>More information about available services</b>	Not asked in 2016		<b>62</b>	<b>41.3%</b>
Improved quality of care	<b>59</b>	<b>30.4%</b>	44	29.3%
Outpatient services expanded hours	39	20.1%	40	26.7%
Greater health education services	39	20.1%	37	24.7%
More mental health providers	36	18.6%	30	20.0%
Transportation assistance	29	14.9%	21	14.0%
Telemedicine*	6	3.1%	18	12.0%
Cultural sensitivity	4	2.1%	6	4.0%
Interpreter services	1	0.5%	0	0.0%
Other	17	8.8%	20	13.3%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

### Interest in Educational Classes or Programs (Question 8)

2019 N= 150

2016 N= 194

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/program was “Health and wellness” at 40% of respondents (n=60). “Fitness” was selected by 34% of respondents (n=51) and “Women’s health” followed at 32% (n=48). Respondents could select more than one interest, so percentages do not equal 100%.

Educational Class/Program	2016		2019	
	Count	Percent	Count	Percent
<b>Health and wellness</b>	<b>67</b>	<b>34.5%</b>	<b>60</b>	<b>40.0%</b>
<b>Fitness</b>	<b>63</b>	<b>32.5%</b>	<b>51</b>	<b>34.0%</b>
<b>Women’s health</b>	59	30.4%	<b>48</b>	<b>32.0%</b>
Nutrition	59	30.4%	44	29.3%
Weight loss	<b>62</b>	<b>32.0%</b>	44	29.3%
Living will	61	31.4%	42	28.0%
Heart disease*	21	10.8%	33	22.0%
First aid/CPR	45	23.2%	32	21.3%
Diabetes	31	16.0%	31	20.7%
Cancer	17	8.8%	21	14.0%
Men’s health	26	13.4%	21	14.0%
Alzheimer’s	30	15.5%	19	12.7%
Mental health	21	10.8%	13	8.7%
Smoking/tobacco cessation	12	6.2%	11	7.3%
Support groups	10	5.2%	10	6.7%
Grief counseling	13	6.7%	9	6.0%
Alcohol/substance abuse	7	3.6%	8	5.3%
Parenting	7	3.6%	7	4.7%
Prenatal	2	1.0%	3	2.0%
Other	20	10.3%	9	6.0%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

## Utilization of Preventative Services (Question 9)

2019 N= 150

2016 N= 194

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Flu shot/immunizations” was selected by 55.3% of respondents (n=83). Fifty-two percent of respondents (n=78 each) indicated they received a “Routine blood pressure check”, a “Routine health checkup” and/or a “Dental exam.” Respondents could select all that apply, thus the percentages do not equal 100%.

Service	2016		2019	
	Count	Percent	Count	Percent
<b>Flu shot/immunizations</b>	<b>101</b>	<b>52.1%</b>	<b>83</b>	<b>55.3%</b>
<b>Routine blood pressure check</b>	91	46.9%	<b>78</b>	<b>52.0%</b>
<b>Routine health checkup</b>	<b>114</b>	<b>58.8%</b>	<b>78</b>	<b>52.0%</b>
<b>Dental exam</b>	Not asked in 2016		<b>78</b>	<b>52.0%</b>
Vision check	Not asked in 2016		70	46.7%
Cholesterol check	<b>94</b>	<b>48.5%</b>	63	42.0%
Mammography*	51	26.3%	55	36.7%
Colonoscopy	31	16.0%	26	17.3%
Pap smear	35	18.0%	24	16.0%
Prostate (PSA)	23	11.9%	22	14.7%
DEXA scan	19	9.8%	13	8.7%
Hearing check	Not asked in 2016		13	8.7%
Children’s checkup/Well baby	12	6.2%	10	6.7%
None*	23	11.9%	8	5.3%
Mental health counseling	Not asked in 2016		5	3.3%
Other	13	6.7%	7	4.7%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				



### Desired Local Healthcare Services (Question 10)

2019 N= 150

2016 N= 194

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents were most interested in having an “Urgent care” at 36.7% (n=55), followed by “Home health services” at 16% (n=24), and a service “Other” than those listed at 11.3% (n=17). Respondents were asked to select all that apply, so percentages do not equal 100%.

Service	2016		2019	
	Count	Percent	Count	Percent
<b>Urgent care</b>	<b>85</b>	<b>43.8%</b>	<b>55</b>	<b>36.7%</b>
<b>Home health services</b>	<b>26</b>	<b>13.4%</b>	<b>24</b>	<b>16.0%</b>
Cancer care	<b>13</b>	<b>6.7%</b>	15	10.0%
Pediatrics	11	5.7%	14	9.3%
Personal care attendant	Not asked in 2016		6	4.0%
<b>Other*</b>	8	4.1%	<b>17</b>	<b>11.3%</b>
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

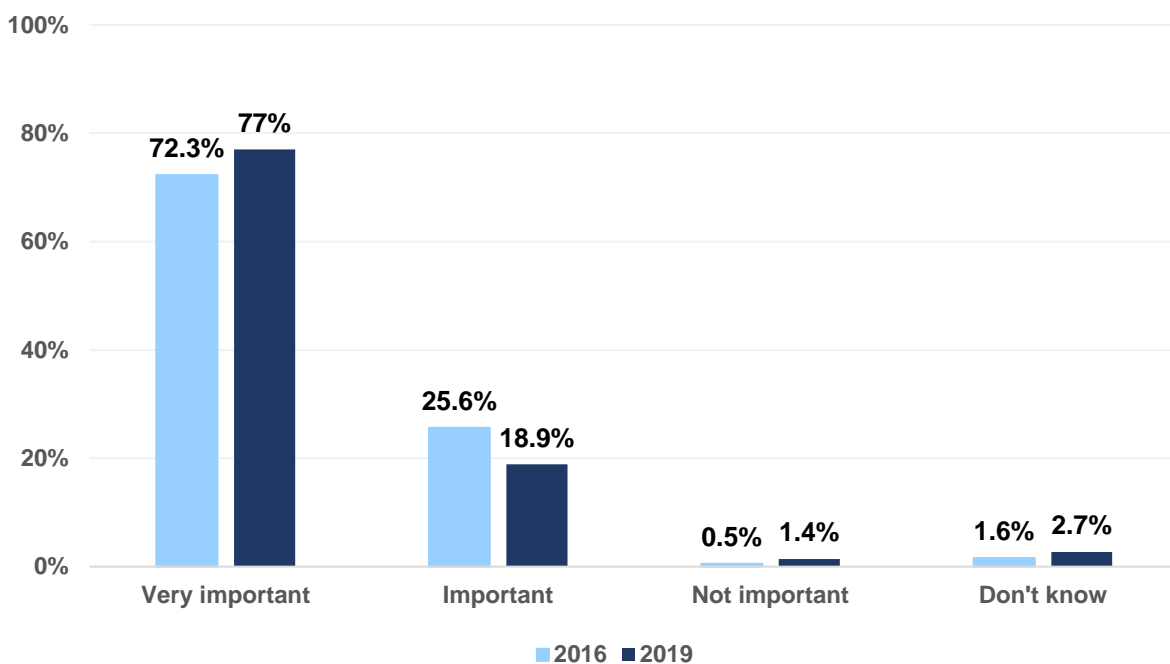
### Economic Importance of Local Healthcare Providers and Services (Question 11)

2019 N= 148

2016 N= 191

The majority of respondents (77%, n= 114), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic wellbeing of the area. Nineteen percent of respondents (n=28) indicated they are “Important”, and four respondents, or 2.7% indicated they “Don’t know.”

### Economic Importance of Healthcare



## Survey Findings – Use of Healthcare Services

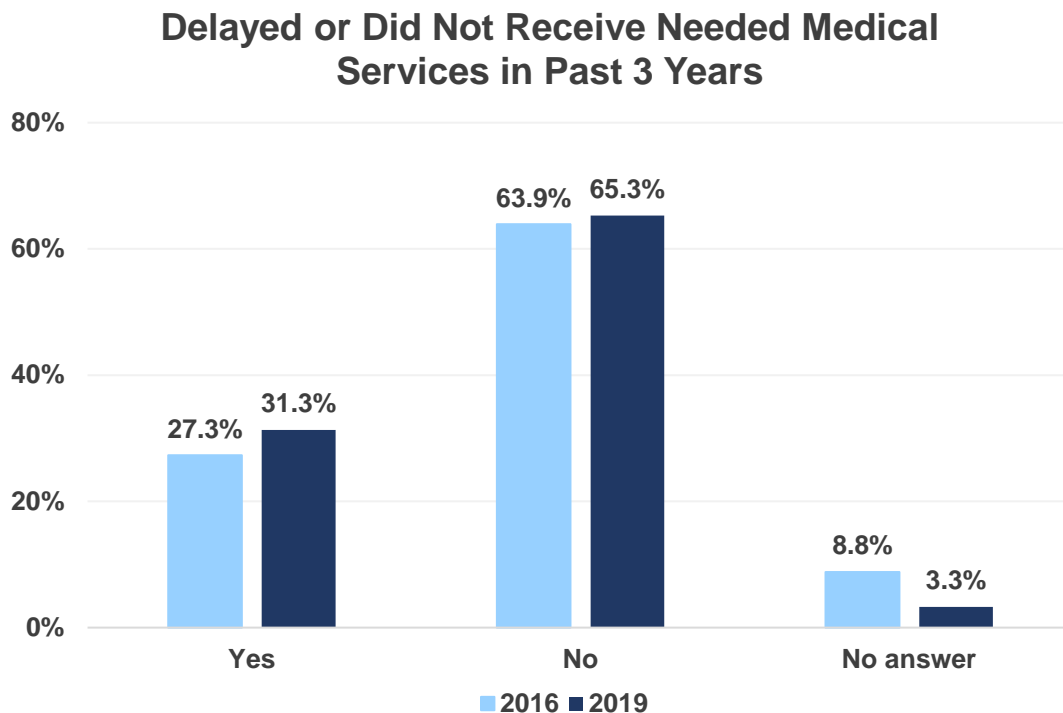
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### Needed/Delayed Hospital Care During the Past Three Years (Question 12)

2019 N= 150

2016 N= 194

Thirty-one percent of respondents (n=47) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Sixty-five percent of respondents (n=98) felt they were able to get the healthcare services they needed without delay. Three percent respondents chose not to answer this question.



### Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 13)

2019 N= 47

2016 N= 53

For those who indicated they were unable to receive or had to delay services (n=47), the reasons most cited were: “It cost too much” (51.1%, n=24), “My insurance didn’t cover it” (29.8%, n=14), and “No insurance” (19.1%, n=9). Respondents were asked to indicate their top three choices, so percentages do not equal 100%.

Reason	2016		2019	
	Count	Percent	Count	Percent
<b>It costs too much</b>	<b>31</b>	<b>58.5%</b>	<b>24</b>	<b>51.1%</b>
<b>My insurance didn’t cover it</b>	<b>14</b>	<b>26.4%</b>	<b>14</b>	<b>29.8%</b>
<b>No insurance</b>	8	15.1%	<b>9</b>	<b>19.1%</b>
Too long to wait for an appointment	<b>13</b>	<b>24.5%</b>	8	17.0%
Could not get an appointment	4	7.5%	6	12.8%
Could not get off work*	1	1.9%	6	12.8%
Too nervous or afraid	6	11.3%	6	12.8%
Didn’t know where to go	5	9.4%	4	8.5%
Don’t like doctors	11	20.8%	4	8.5%
It was too far to go	1	1.9%	4	8.5%
Not treated with respect	8	15.1%	4	8.5%
Office wasn’t open when I could go*	8	15.1%	1	2.1%
Unsure if services were available	5	9.4%	1	2.1%
Had no childcare	1	1.9%	0	0.0%
Language barrier	0	0.0%	0	0.0%
Transportation problems	1	1.9%	0	0.0%
Other	6	11.3%	12	25.5%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

### Cross Tabulation of Delay of Services and Residence

Analysis was done to examine those respondents who delayed or did not get needed services, with where they live by zip code. The chart below shows the results of the cross tabulation. Delay of care (yes, no) is across the top of the table and residents' zip codes are along the side.

#### DELAY OR DID NOT GET NEEDED HEALTHCARE SERVICES BY RESIDENCE

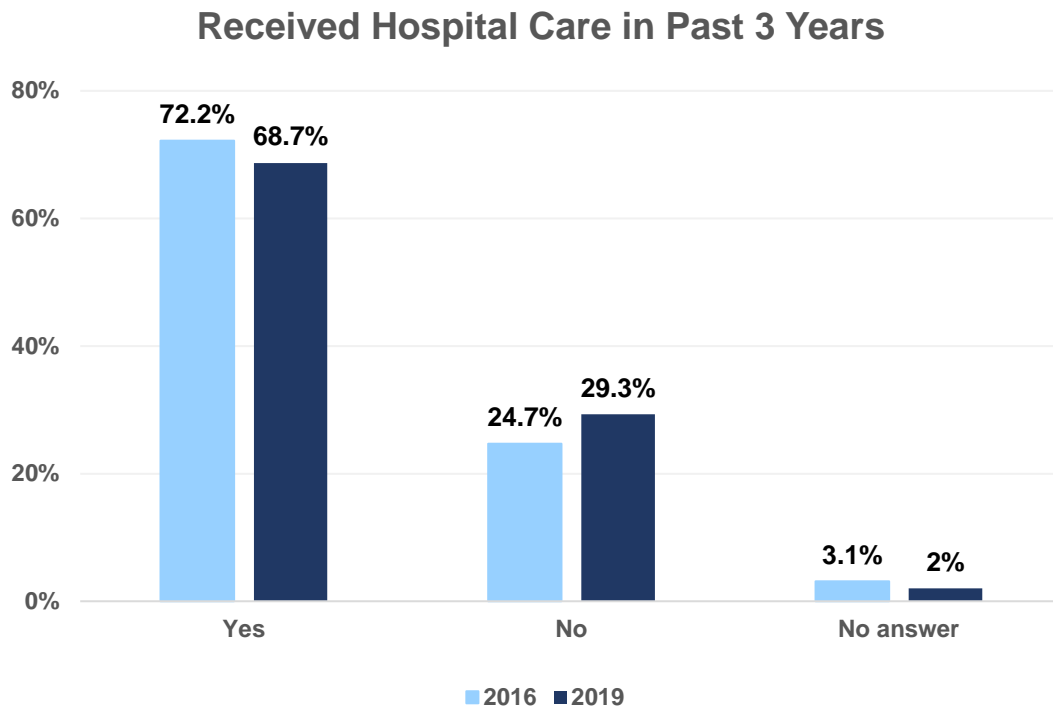
	Delay 'Yes'	Delay 'No'	No Answer	Total
<b>Deer Lodge 59722</b>	43 (30.5%)	93 (66%)	5 (3.5%)	<b>141</b>
<b>Dillon 59725</b>	1 (33.3%)	2 (66.7%)		<b>3</b>
<b>Anaconda 59711</b>	1 (50%)	1 (50%)		<b>2</b>
<b>Butte 59701</b>	1 (50%)	1 (50%)		<b>2</b>
<b>Garrison 59731</b>				<b>0</b>
<b>Drummond 59832</b>				<b>0</b>
<b>Gold Creek 59733</b>				<b>0</b>
<b>Avon 59713</b>				<b>0</b>
<b>Elliston 59728</b>				<b>0</b>
<b>TOTAL</b>	<b>46 (31.1%)</b>	<b>97 (65.5%)</b>	<b>5 (3.4%)</b>	<b>148 (100%)</b>

### Hospital Care Received in the Past Three Years (Question 14)

2019 N= 150

2016 N= 194

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-nine percent of respondents (n=103) reported that they or a member of their family had received hospital care during the previous three years, and 29.3% (n=44) had not received hospital services. Two percent of respondents chose not to answer this question.





### Hospital Used Most in the Past Three Years (Question 15)

2019 N= 103

2016 N= 123

Of the 103 respondents who indicated receiving hospital care in the previous three years, 35% (n=36) reported receiving care at Deer Lodge Medical Center. Twenty-five percent of respondents (n=26) received services at a hospital other than those listed, and 14.6% of respondents (n=15) reported utilizing services from Community Hospital of Anaconda.

Hospital	2016		2019	
	Count	Percent	Count	Percent
<b>Deer Lodge Medical Center*</b>	<b>56</b>	<b>45.5%</b>	<b>36</b>	<b>35.0%</b>
<b>Community Hospital of Anaconda</b>	<b>19</b>	<b>15.4%</b>	<b>15</b>	<b>14.6%</b>
St. Patrick Hospital (Missoula)	<b>13</b>	<b>10.6%</b>	13	12.6%
St. James Healthcare (Butte)	12	9.8%	5	4.9%
Community Medical Center (Missoula)	8	6.5%	4	3.9%
St. Peter's Hospital (Helena)	6	4.9%	1	1.0%
VA	Not asked in 2016		3	2.9%
<b>Other*</b>	9	7.3%	<b>26</b>	<b>25.2%</b>
<b>TOTAL</b>	<b>123</b>	<b>100.0%</b>	<b>103</b>	<b>100.0%</b>
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

### Reasons for Selecting the Hospital Used (Question 16)

2019 N= 103

2016 N= 123

Of the 103 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 “Prior experience with hospital” at 51.5% (n=53). “Closest to home” was selected by 47.6% of the respondents (n=49), and 42.7% (n=44) selected “Hospital’s reputation for quality.” Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

Reason	2016		2019	
	Count	Percent	Count	Percent
<b>Prior experience with hospital</b>	<b>58</b>	<b>41.4%</b>	<b>53</b>	<b>51.5%</b>
<b>Closest to home</b>	<b>61</b>	<b>43.6%</b>	<b>49</b>	<b>47.6%</b>
<b>Hospital’s reputation for quality</b>	<b>53</b>	<b>37.9%</b>	<b>44</b>	<b>42.7%</b>
Emergency, no choice	51	36.4%	27	26.2%
Referred by physician or other provider	44	31.4%	27	26.2%
VA/Military requirement	6	4.3%	10	9.7%
Recommended by family or friends*	24	17.1%	8	7.8%
Closest to work	7	5.0%	7	6.8%
Cost of care*	17	12.1%	5	4.9%
Required by insurance plan	5	3.6%	4	3.9%
Financial assistance programs	Not asked in 2016		4	3.9%
Other	8	5.7%	10	9.7%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

## 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 Medical Center (Missoula)	St. James Healthcare (Butte)	Community Hospital of Anaconda	St. Peter's Hospital (Helena)	VA	Other	Total
<b>Deer Lodge 59722</b>	36 (37.5%)	11 (11.5%)	4 (4.2%)	5 (5.2%)	14 (14.6%)	1 (1%)	3 (3.1%)	22 (22.9%)	<b>96</b>
<b>Dillon 59725</b>								3 (100%)	<b>3</b>
<b>Anaconda 59711</b>		1 (50%)			1 (50%)				<b>2</b>
<b>Butte 59701</b>								1 (100%)	<b>1</b>
<b>Garrison 59731</b>									<b>0</b>
<b>Drummond 59832</b>									<b>0</b>
<b>Gold Creek 59733</b>									<b>0</b>
<b>Avon 59713</b>									<b>0</b>
<b>Elliston 59728</b>									<b>0</b>
<b>TOTAL</b>	<b>36 (35.3%)</b>	<b>12 (11.8%)</b>	<b>4 (3.9%)</b>	<b>5 (4.9%)</b>	<b>15 (14.7%)</b>	<b>1 (1%)</b>	<b>3 (2.9%)</b>	<b>26 (25.5%)</b>	<b>102 (100%)</b>

### 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

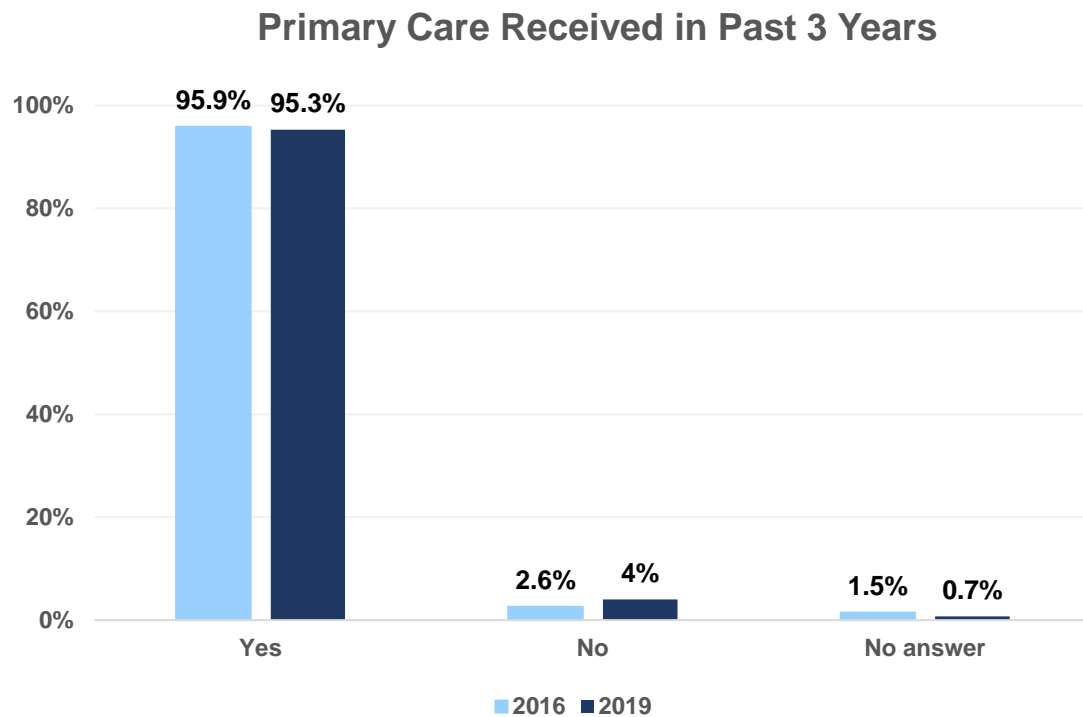
	Deer Lodge Medical Center	St. Patrick Hospital (Missoula)	Community Medical Center (Missoula)	St. James Healthcare (Butte)	Community Hospital of Anaconda	St. Peter's Hospital (Helena)	VA	Other	Total
Prior experience with hospital	19 (35.8%)	9 (17%)	1 (1.9%)	4 (7.5%)	6 (11.3%)	1 (1.9%)	1 (1.9%)	12 (22.6%)	53
Closest to home	31 (63.3%)			3 (6.1%)	6 (12.2%)			9 (18.4%)	49
Hospital's reputation for quality	5 (11.4%)	10 (22.7%)	1 (2.3%)	2 (4.5%)	10 (22.7%)			16 (36.4%)	44
Emergency, no choice	15 (55.6%)	3 (11.1%)	1 (3.7%)	1 (3.7%)	1 (3.7%)			6 (22.2%)	27
Referred by physician or other provider	11 (40.7%)	7 (25.9%)		1 (3.7%)	3 (11.1%)			5 (18.5%)	27
VA/Military requirement	2 (20%)				1 (10%)		2 (20%)	5 (50%)	10
Recommended by family or friends	1 (12.5%)				2 (25%)			5 (62.5%)	8
Closest to work	4 (57.1%)				3 (42.9%)				7
Cost of care				1 (20%)	3 (60%)			1 (20%)	5
Financial assistance programs	2 (50%)		1 (25%)					1 (25%)	4
Required by insurance plan	2 (50%)		1 (25%)		1 (25%)				4
Other	1 (10%)	1 (10%)	2 (20%)	1 (10%)	3 (30%)	1 (10%)		1 (10%)	10

### Primary Care Received in the Past Three Years (Question 17)

2019 N= 150

2016 N= 194

Ninety-five percent of respondents (n=143) indicated 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. Four percent respondents (n=6) indicated they or someone in their household had not. One respondent chose not to answer this question.



### Location of Primary Care Provider (Question 18)

2019 N= 143

2016 N= 169

Of the 143 respondents who indicated receiving primary care services in the previous three years, 50.3% (n=72) reported receiving care in Deer Lodge, 14% percent of respondents (n=20) received care in Anaconda, and 12.6% (n=12) went to a clinic other than those listed.

Clinic	2016		2019	
	Count	Percent	Count	Percent
<b>Deer Lodge*</b>	<b>113</b>	<b>66.9%</b>	<b>72</b>	<b>50.3%</b>
<b>Anaconda</b>	<b>17</b>	<b>10.1%</b>	<b>20</b>	<b>14.0%</b>
Missoula	12	7.1%	10	7.0%
Butte	<b>17</b>	<b>10.1%</b>	9	6.3%
Helena	8	4.7%	7	4.9%
VA	Not asked in 2016		5	3.5%
State Clinics (Butte, Anaconda, Helena)	Not asked in 2016		2	1.4%
<b>Other*</b>	2	1.2%	<b>18</b>	<b>12.6%</b>
<b>TOTAL</b>	<b>169</b>	<b>100.0%</b>	<b>143</b>	<b>100.0%</b>

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses



### Reasons for Selection of Primary Care Provider (Question 19)

2019 N= 143

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. “Closest to home” was the most frequently selected reason at 42.7% (n=61), followed by “Prior experience with clinic” at 38.5% (n=55), and “Clinic/provider’s reputation for quality” at 33.6% (n=48). Respondents were asked to check all that apply, so the percentages do not equal 100%.

Reason	2016		2019	
	Count	Percent	Count	Percent
<b>Closest to home</b>	<b>80</b>	<b>43.0%</b>	<b>61</b>	<b>42.7%</b>
<b>Prior experience with clinic</b>	<b>84</b>	<b>45.2%</b>	<b>55</b>	<b>38.5%</b>
<b>Clinic/provider’s reputation for quality</b>	47	25.3%	<b>48</b>	<b>33.6%</b>
Appointment availability*	<b>63</b>	<b>33.9%</b>	33	23.1%
Recommended by family or friends	46	24.7%	32	22.4%
Referred by physician or other provider	18	9.7%	22	15.4%
VA/Military requirement*	7	3.8%	14	9.8%
Length of waiting room time	21	11.3%	12	8.4%
Cost of care*	21	11.3%	7	4.9%
Required by insurance plan	12	6.5%	5	3.5%
Indian Health Services	1	0.5%	0	0.0%
Other	21	11.3%	15	10.5%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

## 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	State Clinics (Butte, Anaconda, Helena)	VA	Other	Total
<b>Deer Lodge 59722</b>	71 (53%)	8 (6%)	18 (13.4%)	8 (6%)	7 (5.2%)	2 (1.5%)	5 (3.7%)	15 (11.2%)	<b>134</b>
<b>Dillon 59725</b>								3 (100%)	<b>3</b>
<b>Anaconda 59711</b>			1 (50%)	1 (50%)					<b>2</b>
<b>Butte 59701</b>			1 (50%)	1 (50%)					<b>2</b>
<b>Garrison 59731</b>									<b>0</b>
<b>Drummond 59832</b>									<b>0</b>
<b>Gold Creek 59733</b>									<b>0</b>
<b>Avon 59713</b>									<b>0</b>
<b>Elliston 59728</b>									<b>0</b>
<b>TOTAL</b>	<b>71 (50.4%)</b>	<b>8 (5.7%)</b>	<b>20 (14.2%)</b>	<b>10 (7.1%)</b>	<b>7 (5%)</b>	<b>2 (1.4%)</b>	<b>5 (3.5%)</b>	<b>18 (12.8%)</b>	<b>141 (100%)</b>

### 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

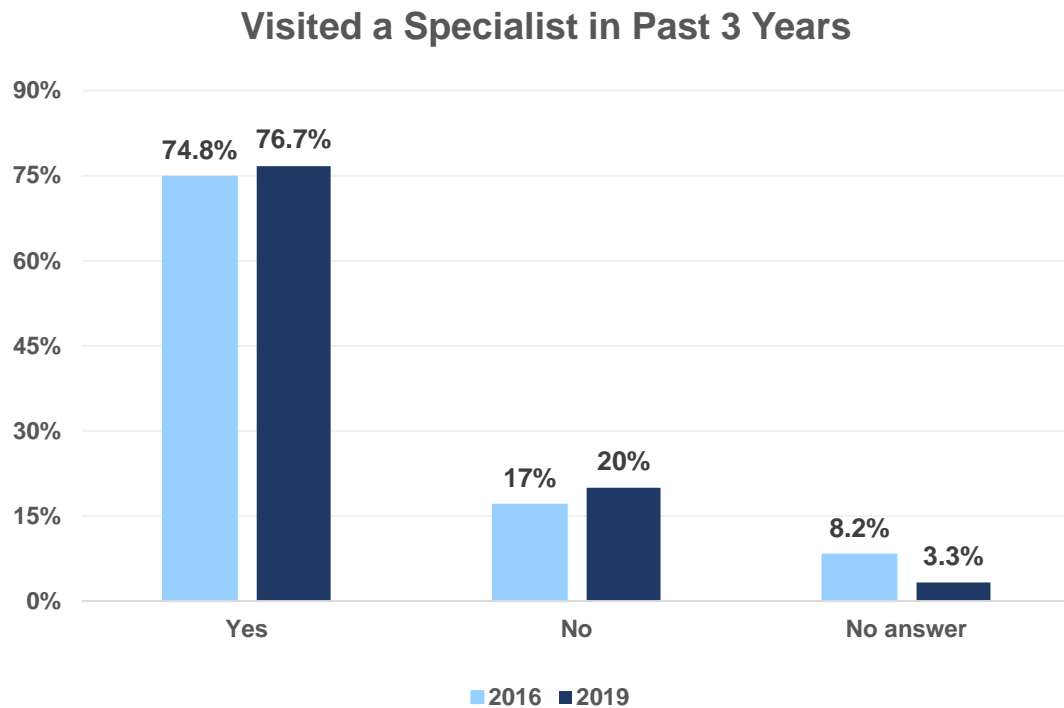
	Deer Lodge	Butte	Anaconda	Missoula	Helena	State Clinics (Butte, Anaconda, Helena)	VA	Other	Total
<b>Closest to home</b>	53 (86.9%)	1 (1.6%)	2 (3.3%)		2 (3.3%)			3 (4.9%)	<b>61</b>
<b>Prior experience with clinic</b>	33 (60%)	2 (3.6%)	5 (9.1%)	6 (10.9%)	1 (1.8%)		1 (1.8%)	7 (12.7%)	<b>55</b>
<b>Clinic/provider's reputation for quality</b>	24 (50%)	2 (4.2%)	10 (20.8%)	4 (8.3%)	2 (4.2%)	1 (2.1%)		5 (10.4%)	<b>48</b>
<b>Appointment availability</b>	22 (66.7%)	2 (6.1%)	3 (9.1%)	2 (6.1%)				4 (12.1%)	<b>33</b>
<b>Recommended by family or friends</b>	18 (56.3%)	1 (3.1%)	2 (6.3%)	1 (3.1%)	3 (9.4%)	1 (3.1%)		6 (18.8%)	<b>32</b>
<b>Referred by physician or other provider</b>	8 (36.4%)		4 (18.2%)	4 (18.2%)	1 (4.5%)		1 (4.5%)	4 (18.2%)	<b>22</b>
<b>VA/Military requirement</b>	3 (21.4%)		2 (14.3%)		1 (7.1%)		5 (35.7%)	3 (21.4%)	<b>14</b>
<b>Length of waiting room time</b>	7 (58.3%)	1 (8.3%)	1 (8.3%)	1 (8.3%)				2 (16.7%)	<b>12</b>
<b>Cost of care</b>	1 (14.3%)	3 (42.9%)	1 (14.3%)			1 (14.3%)	1 (14.3%)		<b>7</b>
<b>Required by insurance plan</b>	2 (40%)		1 (20%)		1 (20%)			1 (20%)	<b>5</b>
<b>Indian Health Services</b>									<b>0</b>
<b>Other</b>	2 (13.3%)	3 (20%)	4 (26.7%)	3 (20%)		1 (6.7%)		2 (13.3%)	<b>15</b>

## Use of Healthcare Specialists during the Past Three Years (Question 20)

2019 N= 150

2016 N= 194

Seventy-seven percent of the respondents (n=115) indicated they or a household member had seen a healthcare specialist during the past three years, 20% (n=30) indicated they had not. Three percent of respondents chose not to answer this question.



### Location of Healthcare Specialist (Question 21)

2019 N= 115

2016 N= 145

Of the 115 respondents who indicated they saw a healthcare specialist in the past three years, 33% (n=38) saw one at a location other than those listed. Community Hospital of Anaconda specialty services were utilized by 32.2% of respondents (n=37), and Deer Lodge Medical Center was reported by 27.8% (n=32). Respondents could select more than one location, so percentages do not equal 100%.

Location	2016		2019	
	Count	Percent	Count	Percent
<b>Community Hospital of Anaconda</b>	<b>35</b>	<b>24.1%</b>	<b>37</b>	<b>32.2%</b>
<b>Deer Lodge Medical Center*</b>	<b>62</b>	<b>42.8%</b>	<b>32</b>	<b>27.8%</b>
St. Patrick Hospital (Missoula)	<b>42</b>	<b>29.0%</b>	27	23.5%
St. James Healthcare (Butte)	23	15.9%	26	22.6%
Community Medical Center (Missoula)	33	22.8%	20	17.4%
VA	Not asked in 2016		11	9.6%
St. Peter's Hospital (Helena)	14	9.7%	8	7.0%
<b>Other*</b>	<b>31</b>	<b>21.4%</b>	<b>38</b>	<b>33.0%</b>
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

## Type of Healthcare Specialist Utilized (Question 22)

2019 N= 115

2016 N= 145

The respondents (n=115) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 30.4% of respondents (n=35) having utilized their services. “Cardiologist” was the second most utilized specialist at 29.6% (n=34), and “Orthopedic surgeon” was third at 27% (n=31). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Health Care Specialist	2016		2019	
	Count	Percent	Count	Percent
<b>Dentist*</b>	<b>92</b>	<b>63.4%</b>	<b>35</b>	<b>30.4%</b>
<b>Cardiologist</b>	40	27.6%	<b>34</b>	<b>29.6%</b>
<b>Orthopedic surgeon</b>	34	23.4%	<b>31</b>	<b>27.0%</b>
Optometrist	Not asked in 2016		28	24.3%
Physical therapist	<b>44</b>	<b>30.3%</b>	25	21.7%
Chiropractor*	<b>42</b>	<b>29.0%</b>	18	15.7%
Dermatologist	30	20.7%	18	15.7%
ENT (ear/nose/throat)	20	13.8%	15	13.0%
Gastroenterologist	14	9.7%	15	13.0%
General surgeon	23	15.9%	15	13.0%
OB/GYN	27	18.6%	15	13.0%
Ophthalmologist*	45	31.0%	13	11.3%
Urologist	17	11.7%	13	11.3%
Radiologist*	44	30.3%	11	9.6%
Audiologist	Not asked in 2016		11	9.6%
Oncologist	8	5.5%	10	8.7%
Podiatrist	15	10.3%	9	7.8%
Neurologist	14	9.7%	8	7.0%
Rheumatologist	8	5.5%	8	7.0%
Endocrinologist	12	8.3%	7	6.1%
Allergist	11	7.6%	6	5.2%
Pediatrician	10	6.9%	6	5.2%
Pulmonologist	13	9.0%	6	5.2%
Mental health counselor	12	8.3%	5	4.3%
Psychiatrist (M.D.)	7	4.8%	4	3.5%
Neurosurgeon	5	3.4%	3	2.6%
Occupational therapist	4	2.8%	1	0.9%
Social worker	2	1.4%	1	0.9%
Speech therapist	2	1.4%	1	0.9%
Geriatrician	1	0.7%	0	0.0%
Psychologist*	5	3.4%	0	0.0%
Substance abuse counselor	0	0.0%	0	0.0%
Other	7	4.8%	11	9.6%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

### Overall Quality of Care at Deer Lodge Medical Center (Question 23)

2019 N= 150

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 "Physical therapy" services receiving the top average score of 3.5 out of 4.0. "Laboratory" received a 3.4 out of 4.0, and "Imaging (X-ray, CT scan, MRI, DEXA scan)" received a score of 3.3 out of 4.0. The total average score 3.2, indicates the overall services of the hospital as "Good."

<b>2019</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know</b>	<b>Haven't used</b>	<b>No Answer</b>	<b>N</b>	<b>Avg</b>
<b>Physical therapy</b>	24	13	2	1	3	96	11	150	<b>3.5</b>
<b>Laboratory</b>	50	38	5	2	4	46	5	150	<b>3.4</b>
<b>Imaging (X-ray, CT scan, MRI, DEXA scan)</b>	48	40	8	3	2	43	6	150	<b>3.3</b>
Inpatient Services	22	26	6	3	8	77	8	150	3.2
Clinical Services	36	47	11	7	4	40	5	150	3.1
Emergency room	37	27	16	9	2	54	5	150	3.0
Rehabilitation services (Cardiac, pulmonary)	5	8	3	1	5	117	11	150	3.0
<b>TOTAL</b>	<b>222</b>	<b>199</b>	<b>51</b>	<b>26</b>					<b>3.2</b>

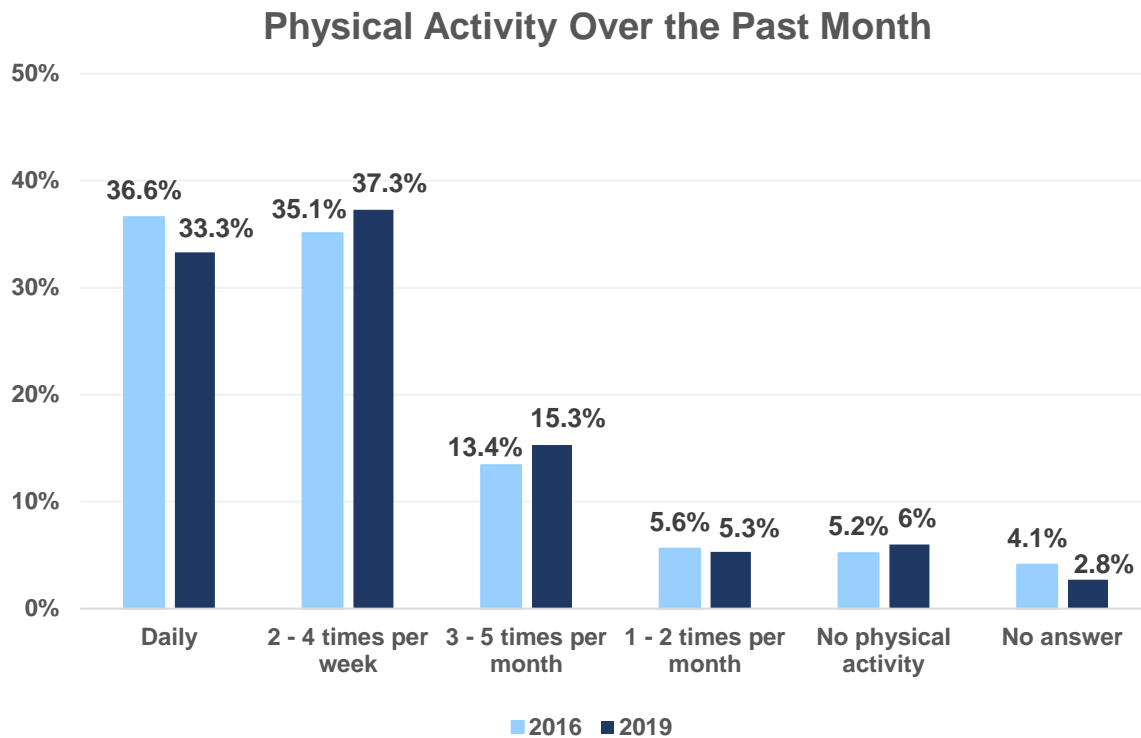
<b>2016</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know</b>	<b>Haven't used</b>	<b>No Answer</b>	<b>N</b>	<b>Avg</b>
<b>Laboratory</b>	66	53	9	8	8	34	16	194	<b>3.3</b>
<b>Emergency room</b>	47	42	14	7	9	58	17	194	<b>3.2</b>
<b>Physical therapy</b>	30	20	3	7	14	96	24	194	<b>3.2</b>
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
<b>TOTAL</b>	<b>237</b>	<b>213</b>	<b>64</b>	<b>43</b>					<b>3.2</b>

## Physical Activity (Question 24)

2019 N= 150

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=56) indicated they had “2-4 times per week” of physical activity. Thirty-three percent (n=50) indicated they had physical activity of at least twenty minutes “Daily”. Six percent of respondents (n=9) indicated they had “No physical activity”.



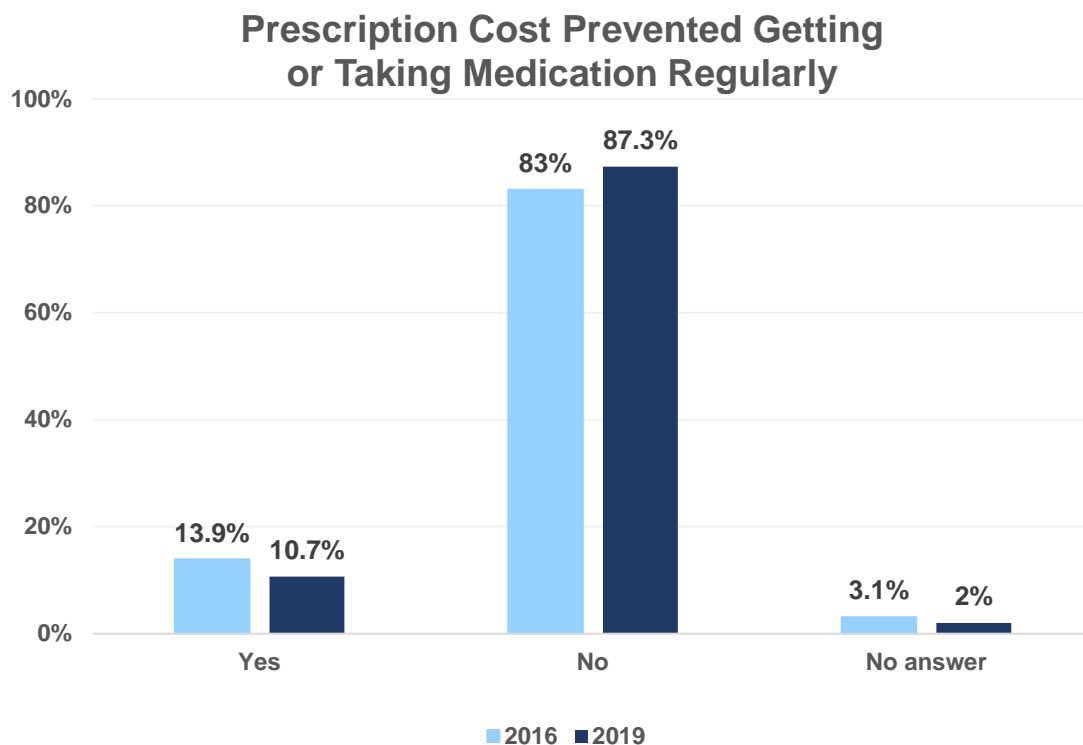


## Cost and Prescription Medications (Question 25)

2019 N= 150

2016 N= 194

Respondents were asked to indicate if during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Eleven percent of respondents (n=16) indicated that in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-seven percent of respondents (n=131) indicated that cost had not been a barrier for them.

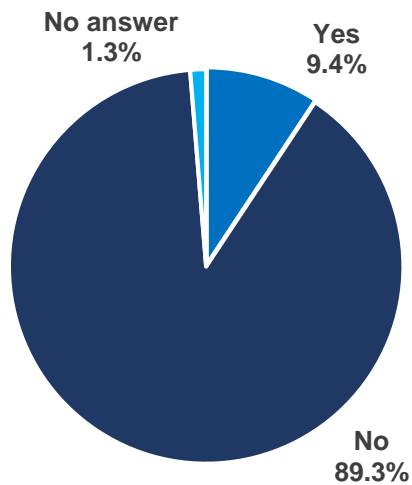


### Food Insecurity (Question 26)

2019 N= 150

Respondents were asked to indicate if during the last year, they had worried that they would not have enough food to eat. Nine percent of respondents (n= 14) indicated that in the last year, they did worry about having enough food.

#### Worried About Food



### Injury Prevention Measures (Question 27)

2019 N= 150

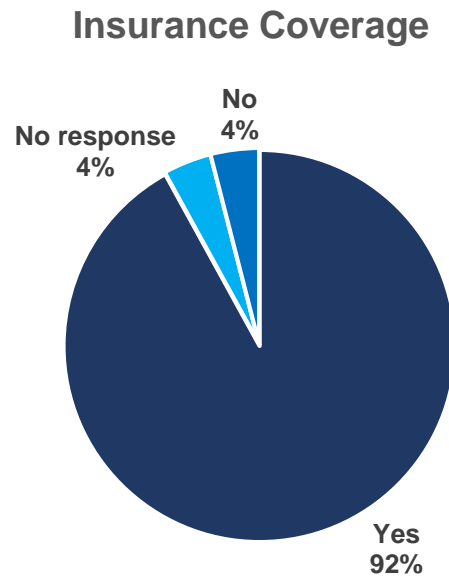
Respondents were asked to indicate which, if any, injury prevention measures they engage in. Eighty-nine percent of respondents (n=134) indicated they use a seat belt. Fifty-two percent (n=52) reported they regularly exercise, and 27.3% (n=41) reported they use eye protection or safety goggles.

Measure	2019	
	Count	Percent
<b>Seat belt</b>	<b>134</b>	<b>89.3%</b>
<b>Regular exercise</b>	<b>78</b>	<b>52.0%</b>
<b>Eye protection/safety goggles</b>	<b>41</b>	<b>27.3%</b>
Hearing/ear protection	32	21.3%
Designated driver	29	19.3%
Helmet	29	19.3%
Child car seat/booster	23	15.3%
None	6	4.0%
<b>Bold: Top 3 responses</b>		

### Insurance Coverage (Question 28)

2019 N= 150

Respondents were asked to indicate they have health insurance. Ninety-two percent (n=138) reported they did have health coverage, 4% (n=6) did not, and an additional 4% (n=6) chose not to answer this question.



### Medical Insurance Type (Question 29)

2019 N= 141

2016 N= 151

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Twenty-eight percent (n=40) indicated they have “Employer sponsored” coverage. Twenty-eight percent (n=39) indicated they have “Medicare”. An insurance “Other” than those listed was selected by 24.8% of respondents (n=35).

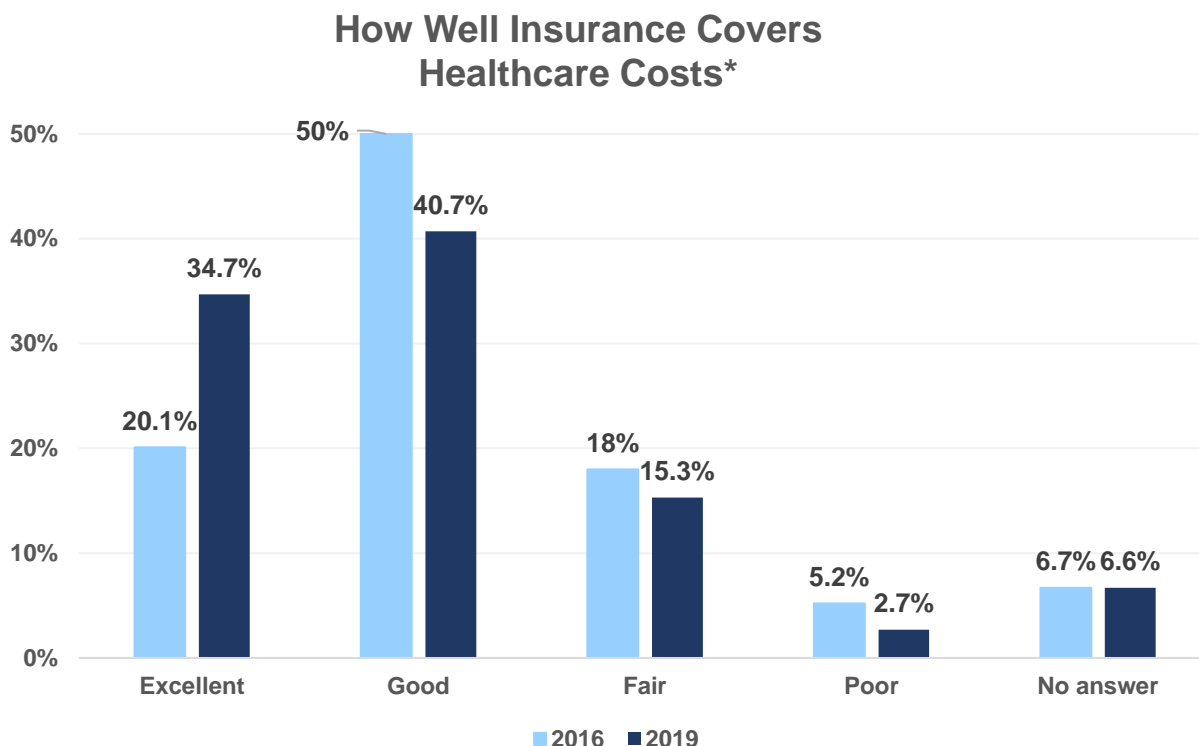
Insurance Type	2016		2019	
	Count	Percent	Count	Percent
<b>Employer sponsored*</b>	<b>59</b>	<b>39.1%</b>	<b>40</b>	<b>28.4%</b>
<b>Medicare</b>	<b>44</b>	<b>29.1%</b>	<b>39</b>	<b>27.7%</b>
Medicaid	4	2.6%	8	5.7%
Health Insurance Marketplace	6	4.0%	6	4.3%
VA/Military	9	6.0%	5	3.5%
State plan	<b>10</b>	<b>6.6%</b>	4	2.8%
Private insurance/private plan	9	6.0%	2	1.4%
Health Savings Account	1	0.7%	1	0.7%
Healthy MT Kids	2	1.2%	1	0.7%
Indian Health	0	0.0%	0	0.0%
None/Pay out of pocket	6	4.0%	0	0.0%
<b>Other*</b>	1	0.7%	<b>35</b>	<b>24.8%</b>
<b>TOTAL</b>	<b>151</b>	<b>100.0%</b>	<b>141</b>	<b>100.0%</b>
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses				

### Insurance and Healthcare Costs (Question 30)

2019 N= 150

2016 N= 194

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-one percent of respondents (n=61) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-five percent of respondents (n=52) indicated they felt their insurance was “Excellent”, and 15.3% of respondents (n=23) indicated they felt their insurance was “Fair.”



\*More 2019 respondents rated their insurance coverage of expenses as “Excellent” than the previous assessment

### Barriers to Having Health Insurance (Question 31)

2019 N= 6

For those respondents who indicated they did not have insurance in question 28, the most common reason selected for not having insurance was “Cannot afford to pay for medical insurance”. Respondents could select all that apply, so percentages do not equal 100%.

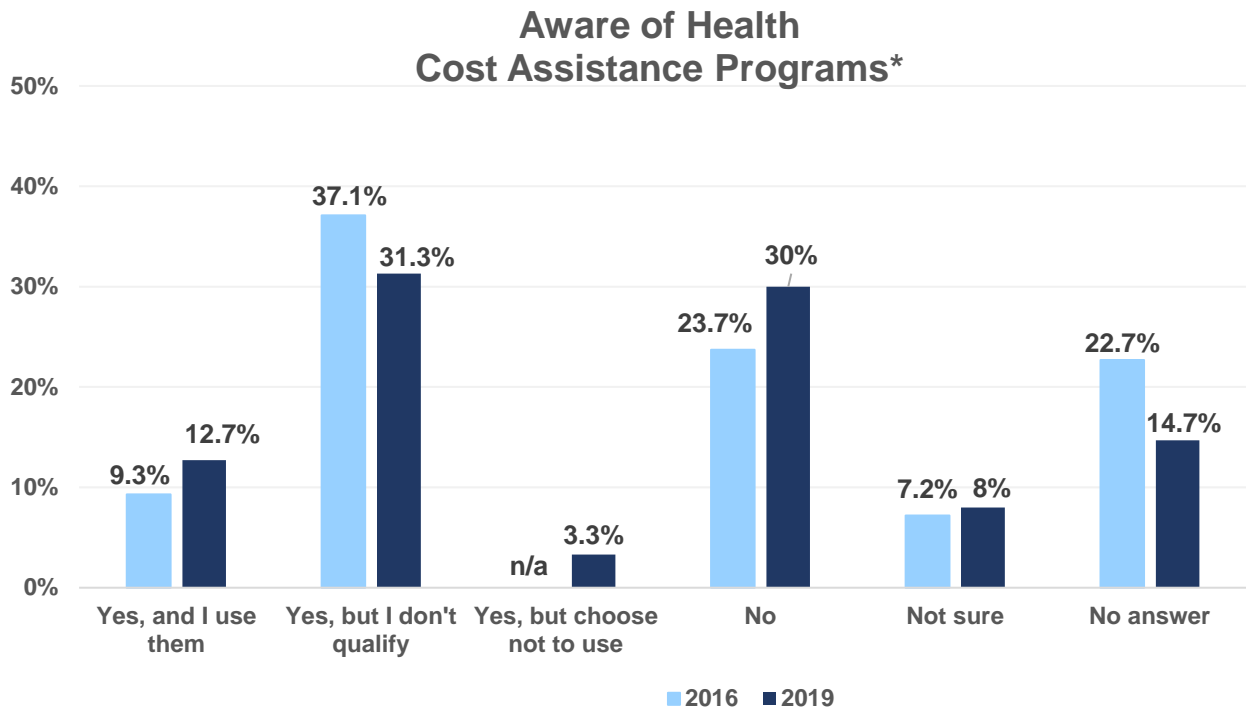
Reason	2019	
	Count	Percent
<b>Cannot afford to pay for medical insurance</b>	<b>6</b>	<b>100%</b>
Employer does not offer insurance	1	16.7%
Choose not to have medical insurance	0	0.0%
Other	0	0.0%

### Awareness of Health Cost Assistance Programs (Question 32)

2019 N= 150

2016 N= 194

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-one percent of respondents (n=47) indicated they were aware of these types of programs but did not qualify to utilize them. Thirty percent (n=45) indicated that they were not aware of these programs, and 14.7% of respondents (n=22) chose not to answer this question.



\*Significantly more 2019 respondents indicated that there are not aware of programs that help people pay for healthcare bills. Additionally, significantly fewer 2019 respondents choose “Yes, but I don’t qualify”.



## VI. Key Informant Interview Methodology





Seven key informant interviews were conducted in February of 2019. Participants were identified as people living in Deer Lodge Medical Center's service area.




The interviews were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The interviews lasted up to 15 minutes in length and followed the same line of questioning. Key informant interview

questions can be found in Appendix G. The interviews were conducted by Amy Royer with the Montana Office of Rural Health.

## VII. Key Informant Interview Themes

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

 <b>Senior Needs</b>	<ul style="list-style-type: none"><li>• Improving senior services and enhancing access was a common theme.</li><li>• "Elderly and aging issues. Our community is aging. Many people have to travel because the services are not always available here."</li><li>• "Shut-ins have a hard time getting to the doctors. I'm not sure if these seniors are being followed up on anymore. There is a lot of isolation and a lot of seniors in Deer Lodge."</li></ul>
 <b>Health and Wellness</b>	<ul style="list-style-type: none"><li>• Interview participants felt a need for more opportunities for physical activity and better nutrition.</li><li>• Respondents also mentioned a need for a dietician - "I don't know if there is a dietician here in town. Maybe that would be helpful, this may exist, but I am not aware of it."</li><li>• One interviewee felt a wellness center for people to get diet education and exercise classes could improve health and enhance prevention of chronic disease.</li><li>• Access to public lands for walking/biking, or other recreation was discussed as a way to enhance physical activity. Additionally, an enhanced park system was mentioned.</li><li>• "We have an incredible cooking facility at the hospital; they could put on a healthy cooking seminar once a month. Teach people how to cook vegetables so they stay away from the potato chips."</li></ul>

 <p>Access to Healthcare</p>	<ul style="list-style-type: none"> <li>• Lack of follow-up and continuity of care was mentioned in several interviews.</li> <li>• A large need for a public assistance-like service was identified as a way to make the community a healthier place to live. Elderly and low-income individuals could use assistance with accessing Medicare/Medicaid or other community resources.</li> <li>• One participant noted, “There is a gal at the hospital who is really good at connecting people to services they need. She helps everyone with their paperwork issues.”</li> <li>• There is a perception that the care, and cost of services are better at other facilities. This was the rationale given as to why so people may choose to get services elsewhere. “There is the mentality that they spent a lot on the big fancy hospital, instead of getting good providers.”</li> <li>• Another theme that emerged was a need for enhanced communication and health education opportunities.</li> <li>• An interviewee noted, “I’ve noticed they [Deer Lodge Medical Center] are doing a women’s health class, which is fabulous; that’s exactly what we need here.”</li> </ul>
 <p>Substance Abuse</p>	<ul style="list-style-type: none"> <li>• Substance abuse, both drugs and alcohol, was commonly discussed.</li> <li>• “We didn’t have a licensed addiction counselor until just recently, so people had to travel to Anaconda or Butte to get licensed counseling.”</li> <li>• Drug use, such as meth was discussed as a concern. “I don’t know what to do about the drug use.”</li> <li>• Mental health services were discussed as a need. “There aren’t any mental health resources for adults. We lost providers over the years.”</li> </ul>
 <p>Services Needed in the Community</p>	<ul style="list-style-type: none"> <li>• Resources and social services to assist the high number of low-income residents in Deer Lodge and Powell County</li> <li>• Enhanced transportation services</li> <li>• Nurse home visits</li> <li>• Mental health counseling services</li> <li>• Enhanced health education and outreach</li> <li>• Hospice services</li> <li>• Larger public health presence</li> <li>• Addiction services</li> </ul>

## VIII. Executive Summary

The table below shows a summary of results from the Community Health Assessment. Areas of opportunity were determined after consideration of various criteria including comparison to data from local, state and federal sources (Secondary data); survey results; those issues of greatest concern identified by the community stakeholders through key informant interviews, and the potential impact of a given issue. Those items in bold were found in multiple data sources.

Areas of Opportunity Identified Through Assessment	Secondary Data	Survey	Key Informant Interviews
<b>Access to Healthcare Services</b> <ul style="list-style-type: none"> <li><b>Socioeconomic barriers</b> <ul style="list-style-type: none"> <li>High rates of uninsured adults (&lt;65 years)</li> </ul> </li> <li>Transportation</li> <li><b>Senior services (high proportion of 65+ in county)</b></li> <li><b>Marketing and outreach</b></li> <li><b>Care coordination/continuity</b></li> </ul>	X X  X	   X X	  X X X X
<b>Demographic and Socioeconomic</b> <ul style="list-style-type: none"> <li><b>High proportion of those who would benefit from public assistance-like services</b> <ul style="list-style-type: none"> <li>Higher percentage of Veterans; Higher percentage of adults with disability; Higher proportion of County population with no high school education compared to state; Lower median income than state and nation; Higher percentage of children in poverty; Higher percentage of children receiving WIC</li> </ul> </li> </ul>	X		X
<b>Wellness and Prevention</b> <ul style="list-style-type: none"> <li><b>Overweight &amp; Obesity</b> <ul style="list-style-type: none"> <li><b>Physical activity</b></li> <li>Diet/nutrition services</li> </ul> </li> <li><b>Opportunities for wellness (both indoor and out)</b></li> <li>Higher percentage of women of smoking during pregnancy</li> </ul>	X X  X	X X X	 X X X
<b>Behavioral Health/Healthy Behaviors</b> <ul style="list-style-type: none"> <li><b>Alcohol abuse/substance abuse</b></li> <li><b>Mental health counseling, addiction services, etc.</b></li> </ul>	X	X X	X X
<b>Chronic Disease</b> <ul style="list-style-type: none"> <li><b>Cancer</b> <ul style="list-style-type: none"> <li>Higher rates of prostate, breast and melanoma</li> </ul> </li> <li>Heart disease</li> <li><b>Rates of 2+ chronic conditions highest in MT frontier communities (41%)</b></li> <li><b>Desire for increased prevention outreach/education</b></li> </ul>	X  X X	X   X	   X X

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

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The community steering committee, comprised of staff leaders from Deer Lodge Medical Center (DLMC) and community members from Powell County, convened 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 community steering 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 over the next three years relates to the following healthcare issues:

- Behavioral Health
- Health and Wellness
- Access to Healthcare Services

Deer Lodge Medical Center will determine which needs or opportunities could be addressed considering DLMC'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 were identified. As the steering committee continues to meet, more resources will continue to be identified, therefore, this list is not exhaustive.

- Powell County Health Department
- Powell County Office of Public Assistance
- Powell County Senior Center
- Montana Hospital Association
- St. Patrick Hospital
- Providence Healthcare
- Community Hospital of Anaconda
- St. James Healthcare
- Kalispell Regional Medical Center
- Montana AHEC
- Western Montana Mental Health
- Community Medical Center
- University of Utah
- Idaho State University
- University of Montana

## **X. Evaluation of Activity Impacts from Previous CHNA**

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Deer Lodge Medical Center provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The DLMC Board of Directors approved its previous implementation plan in October of 2016. The plan prioritized the following health issues:

- Access to healthcare
- Alcohol and substance abuse
- Outreach and education

The following tables include completed activities, accomplishments and impacts/outcomes within the facility's proposed goals. To view DLMC's full Implementation Plan visit:

<https://www.dlmed.org/documents/2016-CHNA-Implementation-Plan.pdf>

### ***Goal 1: Access to healthcare***

	<b>Activities</b>	<b>Accomplishments</b>	<b>Community Impact/Outcomes</b>
<b>1.1</b> Compile listing of all available healthcare services in the community.	Identify resources/programs that are currently available in Powell County	Brochure created listing all services	Easily accessible format to identify the resources in our community
	Develop brochure or other mode of outreach to educate community on available resources/programs.	Brochure created listing all services	
	Convene community partners to discuss feasibility of sharing resources	Sharing resources of home visit nurse, DLMC staff visiting Senior Center	Improved access to care in our community
	Develop advertising plan of available resources	Billboards, commercials, flyers, social Media posts, health fairs, and job fairs were created/offered	Improved Community Awareness

### ***Goal 2: Alcohol and substance abuse***

	<b>Activities</b>	<b>Accomplishments</b>	<b>Community Impact/Outcomes</b>
<b>2.1</b> Education community of available services	Explore additional funding for services	DLMC has a contract for a psychiatrist starting in October 2019. Ongoing meetings are occurring with University of Montana to explore additional funding options	TBD
	Explore Telemedicine Services	DLMC implemented outpatient telepsychiatry in clinic setting	Access to psychiatry via telemedicine

*Continued on next page...*

### Goal 3: Outreach and education

	Activities	Accomplishments	Community Impact/Outcomes
<b>3.1</b> Increase awareness of available healthcare resources	Publicize current resources	DLMC provided information to the community regarding current resources.	Increased community awareness of services offered.
	Implement additional outreach/education services	DLMC offered the following services: Stop the bleed training, commercials, active shooter training, health fair, trauma committee, job fairs, diabetic education, foot clinic, and community events	
<b>3.2</b> Increase access to Behavioral health services	Implement psychiatric telemedicine services	DLMC implemented telepsychiatry	Access to psychiatry via telemedicine
	Discuss partnering options with Western Montana Mental Health	DLMC implemented "telehealth" for CRT services in the ED	Increased accessibility for DLMC and community. Quicker placement of patients.
<b>3.3</b> Explore Pediatric Mental health telemedicine	Research other rural communities that have successfully brought in Telemedicine	DLMC determined that no other rural communities have pediatric telemedicine	
	Explore additional networks for Pediatric Telemedicine	DLMC determined that St. Vincent's is the only network for pediatric services	
<b>3.4</b> Increase access to healthcare services in the community	Explore no-cost blood pressure checks in Senior Citizens Center	Completed blood pressure checks on a weekly basis at the senior center	Increased awareness and addressed potential health problems early on
	Explore opportunities to provide services/information/education to various community events	DLMC continues to partner with community to attend and host events	Increased participation in community events and increase knowledge of resources available.
	Explore services (i.e. visiting nurses) that will provide care/companionship for those who do not want or are unable to leave their homes.	DLMC implemented a home health program to provide services to our community	Access to in-home care to people in need.
	Continue Navigator Services	DLMC staff can utilize navigator services as well as consult with additional resources	Ability to assist community members in gaining coverage for services provided at DLMC
	Partnership and support of local schools to provided required impact testing	DLMC provided impact testing for Powell County High School and Middle School students	Improved community education and knowledge related to concussion testing

	Continue to be present at school athletic events	DLMC provider attendance at PCHS athletic events	Orthopedics in attendance at most PCHS events.
<b>3.5</b> Explore expansion of current services	Continue discussions with potential partners (Missoula, Butte, Helena, University of Utah) to provide specialty services via telemedicine (i.e. oncology, cardiology, orthopedics, burn care, etc.)	Increase in specialty services offered at DLMMC including cardiology, oncology, neurology, orthopedics, podiatry, gastroenterology, pulmonology, tele-burn, tele-psych, tele-stroke, and telemedicine emergency	Increased access to specialty services
	Develop outreach strategies to make community aware of telemedicine offerings.	Billboards, commercials, brochures, website, social media posts were created	Increased awareness of available resources at DLMC



## Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Tony Pfaff, CEO	Deer Lodge Medical Center
Jaena Richards, COO	Deer Lodge Medical Center
Andy Dreesen, CAO	Deer Lodge Medical Center
Kyla Johnson, Foundation Director	Deer Lodge Medical Center
Kerry Glisson, Principal	Powell County High School
Shelly Burton, Principal	E.F. Duvall Jr. High School
Mike Richards, Deer Lodge Office Vice President	Pioneer Federal Savings and Loan
Jacque Lavelle	Grant- Kohrs Ranch, National Historic Site
Marianne Saylor, RN	Powell County Public Health
Lori Drumm, DO- Vice Chair or Medical Staff	Deer Lodge Medical Center
Carlee Hansen, DLMC Board Member	Small Business Owner, Community representative
Dodie Rennfield, Program Coordinator	Powell County Council on Aging
Chris Anderson	Sun Mountain Lumber, Community representative
Gary Swant	Retired, Community representative



**Powell County High School**  
*Home of the Wardens*



## Appendix B – Public Health and Populations Consultation

### Public Health and Populations Consultation Worksheet

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#### 1. Public Health

- a. Name/Organization  
Marianne Saylor, RN – Powell County Public Health
- b. Date of Consultation  
First Steering Committee Meeting: 12/14/2018
- c. Input and Recommendations from Consultation
  - I think the male to female ratio is high in secondary data due to the prison population.
  - I think the prison population skews our county numbers a bit
  - Chlamydia and Hepatitis C is very high- as it incorporates the prison population.
  - Very high suicide rate. We used to be number one- so I guess we are
  - I see a lot of smoking and drinking

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

##### Population: Low-Income, Underinsured

- a. Name/Organization  
Mike Richards, Deer Lodge Office Vice President, Pioneer Federal Savings and Loan  
Mary Pat Brown- Retired Director of Public Health
- b. Date of Consultation  
First Steering Committee Meeting: 12/14/2018  
Key Informant Interview: 2/1/2019
- c. Input and Recommendations from Consultation
  - Low socioeconomic end of the spectrum and there are a lot of issues that come along with that.
  - We need a service that would help low-income individuals access Medicaid.
  - There is a gal at the hospital who is really good at connecting people to services they need; her name is Ida Miller. She helps everyone with their paper work issues.
  - We just got a van that takes people all around. This used to be a problem but now it's better. Our community really does try to tackle any needs we are seeing in the community. It's amazing the generosity of our community. We help anonymously to get kids and families the resources they need.

Population: Seniors

a. Name/Organization

Dodie Rennfield, Program Coordinator – Powell County Council on Aging  
Mary Pat Brown- Retired Director of Public Health

b. Date of Consultation

First Steering Committee Meeting:	12/14/2018
Key Informant Interview:	2/1/2019

c. Input and Recommendations from Consultation

- Heart disease
- There are limited criteria to be eligible for home health.
- Some way to assist seniors in accessing services they need.
- Shut-ins that have a hard time getting to the doctors. I am not sure if these seniors are being followed up on anymore. There is a lot of isolation and a lot of seniors in Deer Lodge.

Population: Youth

a. Name/Organization

Kerry Glisson, Principal – Powell County High School  
Mary Pat Brown- Retired Director of Public Health

b. Date of Consultation

First Steering Committee Meeting:	12/14/2018
Key Informant Interview:	2/1/2019

c. Input and Recommendations from Consultation

- There is a mental health counselor who sees children in town.
- Some kids are neglected, but in the schools, there is a really good network to help them. The teachers are a huge asset and they help to get them the resources they need.

## Appendix C – Secondary Data

### Powell County Secondary Data Analysis



**MONTANA**  
STATE UNIVERSITY

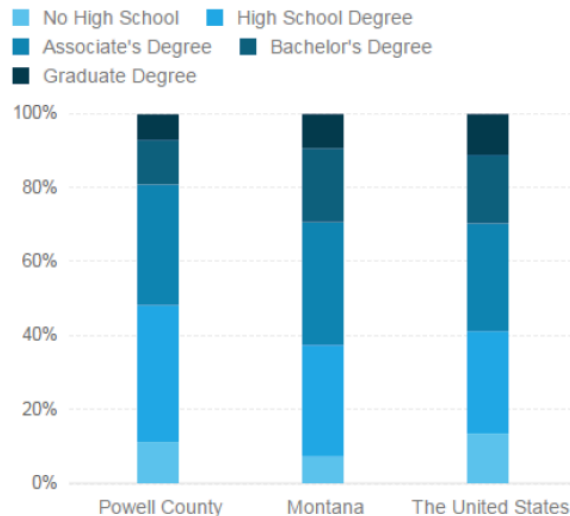
Office of Rural Health  
Area Health  
Education Center

Demographic Measure (%)		County			Montana			Nation		
Population <sup>2</sup>		7027			1,032,949			308,745,538		
Population Density <sup>2</sup>		3.0			6.8			87.4		
Veteran Status <sup>2</sup>		12.8%			10.6%			7.7%		
Disability Status <sup>2</sup>		17.3%			16.6%			15.3%		
Age <sup>2</sup>		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.4%	66.1%	17.9%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender <sup>2</sup>		Male		Female	Male		Female	Male		Female
		61.6%		38.4%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution <sup>2</sup>	White	92.4%			89.2%			77.1%		
	American Indian or Alaska Native	4.6%			6.6%			1.2%		
	Other †	4.0%			5.1%			36.7%		

<sup>2</sup> US Census Bureau Fact Finder (2016)

†Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

### Highest Degree Attained



#### Powell County

No High School	11.10%
High School Degree	37.01%
Associate's Degree	32.61%
Bachelor's Degree	12.11%
Graduate Degree	6.87%

#### Montana

No High School	7.56%
High School Degree	29.80%
Associate's Degree	33.57%
Bachelor's Degree	19.85%
Graduate Degree	9.22%

#### The United States

No High School	13.67%
High School Degree	27.95%
Associate's Degree	29.09%
Bachelor's Degree	18.27%
Graduate Degree	11.01%

<sup>4</sup> National Center for Education Statistics



Socioeconomic Measures (%)	County	Montana	Nation
Median Income <sup>2</sup>	\$44,352	\$50,801	\$57,652
Unemployment Rate <sup>2</sup>	1.5%	4.8%	6.6%
Persons Below Poverty Level <sup>2</sup>	14.6%	14.4%	14.6%
Uninsured Adults (Age <65) <sup>1,6</sup>	12%	12%	10.7%
Uninsured Children (Age <18) <sup>1,6</sup>	6%	5%	5.0%
Children in Poverty <sup>2</sup>	24.7%	17.6%	20.3%
Enrolled in Medicaid <sup>12,13</sup>	9.2%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch <sup>18</sup> <i>Pre-k through 12<sup>th</sup> grade</i>	277	62,951	-
SNAP Participants <sup>18</sup> <i>All ages, FY 2015</i>	702	118,704	-

<sup>1</sup>County Health Ranking, Robert Wood Johnson Foundation (2018), <sup>2</sup> US Census Bureau Fact Finder (2016), <sup>6</sup>Center for Disease Control and Prevention (CDC), Health Insurance (2014), <sup>8</sup> National Center for Children in Poverty, <sup>12</sup> MT-DPHHS Medicaid Expansion Dashboard (2018)  
<sup>13</sup> KFF.org (2018), <sup>18</sup> Montana Kids Count (2016)

Maternal Child Health	County	Montana
<i>Births<sup>3</sup> Between 2011-2013</i>	142	35,881
<i>Born less than 37 weeks<sup>3</sup></i>	N/A	9.1%
<i>Teen Birth Rate (females age 15-19)<sup>3</sup> Per 1,000 years 2009-2013</i>	30.3	32.0
<i>Smoking during pregnancy<sup>3</sup></i>	22.9%	16.3%
<i>Receiving WIC<sup>3</sup></i>	48.7%	34.6%
<i>Children (2-5 years of age) overweight or obese<sup>3</sup></i>	23.7%	27.9%
<i>Childhood Immunization Up-To-Date (UTD*) % Coverage<sup>17</sup></i>	N/A	63.6%

<sup>3</sup> County Health Profiles, DPPHS (2015), <sup>17</sup> MT-DPHHS Clinic Immunization Results (2016-2017)

\* UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 Hib, 3 Hep B, 1 Var, 4 PCV by 24 – 35 month old children.

Behavioral Health	County	Montana	Top U.S. Performers
<i>Adult Smoking<sup>1</sup></i>	18%	19%	14%
<i>Excessive Drinking<sup>1</sup></i>	24%	21%	13%
<i>Adult Obesity<sup>1</sup></i>	28%	25%	26%
<i>Poor Mental Health Days (Past 30 days)<sup>1</sup></i>	3.2	3.5	3.1
<i>Physical Inactivity<sup>1</sup></i>	26%	20%	19%
<i>Drug Use Hospitalization Rate<sup>19</sup> Per 100,000 population</i>	144.2	372.5	-

<sup>1</sup>County Health Ranking, Robert Wood Johnson Foundation (2018), <sup>19</sup>IBIS Community Snapshot, MT- DPPHS



<i>Unsafe Driving</i>	Montana	Nation
<i>Do NOT wear seatbelts – Adults<sup>16</sup></i>	28.8%	11.8%
<i>Do NOT wear seatbelts – Students 9-12<sup>th</sup> grade<sup>16</sup></i>	25.3%	9.5%
<i>Drink and Drive – Adults<sup>16</sup></i>	2.7%	1.9%
<i>Text and Drive – Students 9-12<sup>th</sup> grade<sup>16</sup></i>	54.6%	41.5%

<sup>16</sup> Montana State Health Assessment (2017)

<i>Communicable Diseases (per 100,000 people)</i>	County	Montana
<i>Chlamydia<sup>3</sup></i>	184.40	366.24
<i>Hepatitis C<sup>3</sup></i>	874.70	122.95
<i>Pertussis<sup>3</sup></i>	9.46	44.60

<sup>3</sup> County Health Profiles, DPPHS (2015)

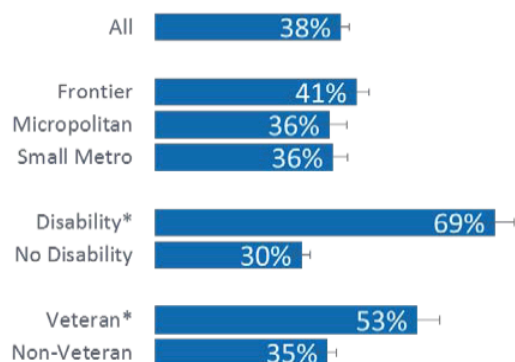
<i>Chronic Conditions</i>	County	Montana
<i>Stroke Hospitalization Rate<sup>19</sup> Per 100,000 population</i>	80.4	152
<i>Diabetes Hospitalization Rate<sup>19</sup> Per 100,000 population</i>	719.4	1058.9
<i>COPD Emergency Department Visit Rate<sup>19</sup> Per 100,000 population</i>	283.5	669.9
<i>Acute Myocardial Infarction Hospitalization<sup>19</sup> Rate Per 100,000 population</i>	151.3	118.1

<sup>19</sup> IBIS Community Snapshot, MT- DPPHS

### Percent of Montana Adults with Two or More Chronic Conditions

Montana Adults with Self-Reported Chronic Condition <sup>16</sup>	
1. Arthritis	26.8%
2. Asthma	8.9%
3. Cancer (includes skin cancer)	7.9%
3. Diabetes	7.9%
4. COPD	5.7%
5. Cardiovascular disease	3.2%
6. Stroke	2.7%
7. Kidney disease	2.5%

<sup>16</sup> Montana State Health Assessment (2017)

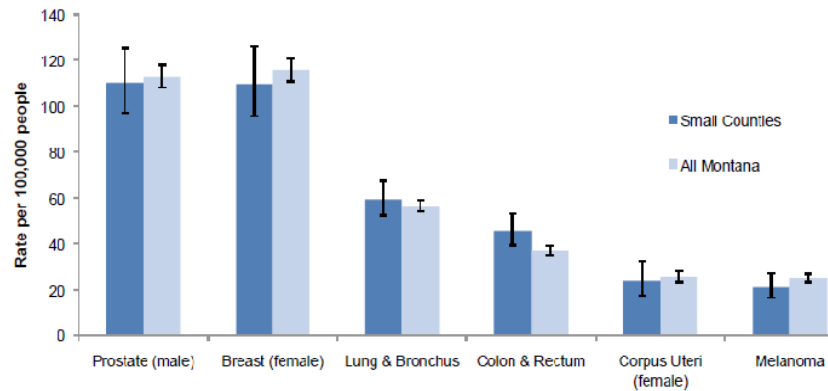




Cancer Prevalence	County	Montana	Nation
All Sites Cancer <sup>19</sup> Per 100,000 population	466.3	441.6	444

<sup>19</sup>IBIS Community Snapshot, MT- DPPHS  
(2014-2016)

Age-Adjusted Cancer Incidence Rate by Cancer Site, Montana,  
2011--2013



<sup>3</sup> County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate per 100,000 population <sup>21</sup>	22.1	22.5	13.9
Unintentional Injury Death Rate per 100,000 population <sup>20</sup>	43	41.3	49.9
Diabetes Mellitus per 100,000 population <sup>11,19</sup>	N/A	23.6	21
Leading Causes of Death <sup>9, 19</sup>	N/A	1. Cancer 2. Heart Disease 3. Unintentional Injuries	1. Heart Disease 2. Cancer 3. CLRD*

<sup>9</sup>Center for Disease Control and Prevention (CDC), National Vital Statistics (2014), <sup>11</sup>Kaiser State Health Facts (2016), <sup>19</sup>IBIS Community Snapshot, MT- DPPHS, <sup>20</sup>Preventable Deaths in Montana (2015), <sup>21</sup>Suicide in Montana, MT-DPPHS (2018)

\*Chronic Lower Respiratory Disease

## Appendix D – Survey Cover Letter



**Hospital: 406-846-2212 • Clinic 406-846-1722**

**1100 Hollenback Lane • Deer Lodge, MT 59722**

February 4, 2019

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to  
**WIN one of two \$25 gift cards!**

Deer Lodge Medical Center (DLMC) is partnering with the Montana Office of Rural Health (MORH) to administer a community health needs assessment survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to best serve our community. Your help is critical in determining health priorities and planning for future needs.

Your name has been randomly selected as a resident who lives in the DLMC service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable, so we have made an effort to keep the survey to about 15 minutes. Participating in this survey is completely voluntary and your identity and answers will remain confidential.

1. Due date to complete survey: March 15, 2019
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Deer Lodge Medical Center Survey." Your access code is [CODED]
4. The winner of the \$25 gift cards will be contacted the week of March 18<sup>th</sup>.

All survey responses will go to the HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call Natalie Claiborne at 406-994-6001. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

Tony Pfaff, CEO



## Appendix E – Survey Instrument

### Community Health Services Development Survey Deer Lodge, Montana

**INSTRUCTIONS:** Please complete this survey by marking the appropriate boxes and then return it in the enclosed postage-paid envelope. If you need assistance, please contact the Montana Office of Rural Health at 406-994-6001. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

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**)

<input type="checkbox"/> Alcohol/substance abuse	<input type="checkbox"/> Hunger	<input type="checkbox"/> Recreation related accidents/injuries
<input type="checkbox"/> Alzheimer's/dementia	<input type="checkbox"/> Lack of access to healthcare	<input type="checkbox"/> Social isolation/loneliness
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lack of dental care	<input type="checkbox"/> Stroke
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Suicide
<input type="checkbox"/> Depression/anxiety	<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Tobacco use (cigarettes, vaping, smokeless)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Motor vehicle accidents	<input type="checkbox"/> Work related accidents/injuries
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Overweight/obesity	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Poverty	
3. Select the **three** items below that you believe are **most important** for a healthy community (**select ONLY 3**):

<input type="checkbox"/> Access to childcare/after school programs	<input type="checkbox"/> Good jobs and a healthy economy	<input type="checkbox"/> Parks and recreation
<input type="checkbox"/> Access to healthcare services	<input type="checkbox"/> Good schools	<input type="checkbox"/> Religious or spiritual values
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Healthy behaviors and lifestyles	<input type="checkbox"/> Strong family life
<input type="checkbox"/> Arts and cultural events	<input type="checkbox"/> Low crime/safe neighborhoods	<input type="checkbox"/> Tolerance for diversity
<input type="checkbox"/> Clean environment	<input type="checkbox"/> Low death and disease rates	<input type="checkbox"/> Transportation services
<input type="checkbox"/> Community involvement	<input type="checkbox"/> Low level of domestic violence	<input type="checkbox"/> Other: _____
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**)

<input type="checkbox"/> Billboards	<input type="checkbox"/> Presentations	<input type="checkbox"/> Website/internet
<input type="checkbox"/> Friends/family	<input type="checkbox"/> Public Health	<input type="checkbox"/> Word of mouth/reputation
<input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Radio	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mailings/newsletter	<input type="checkbox"/> Social media	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Television	
6. Which community health resources, other than the hospital or clinic, have you used in the last three years?  
(**Select ALL that apply**)

<input type="checkbox"/> Ambulance services	<input type="checkbox"/> Eye care	<input type="checkbox"/> Physical therapy
<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Massage therapy	<input type="checkbox"/> Primary care provider (in town)
<input type="checkbox"/> Council on Aging	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Public health
<input type="checkbox"/> Dentist	<input type="checkbox"/> Mental health	<input type="checkbox"/> Senior Center
	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Other: _____

Turn to BACK of page to continue

1

7. In your opinion, what would improve our community's access to healthcare? **(Select ALL that apply)**
- |  |   |
|--|---|
| <input type="checkbox"/> Cultural sensitivity                      | <input type="checkbox"/> More specialists                   |
| <input type="checkbox"/> Greater health education services         | <input type="checkbox"/> More mental health providers       |
| <input type="checkbox"/> Improved quality of care                  | <input type="checkbox"/> Outpatient services expanded hours |
| <input type="checkbox"/> Interpreter services                      | <input type="checkbox"/> Telemedicine                       |
| <input type="checkbox"/> More information about available services | <input type="checkbox"/> Transportation assistance          |
| <input type="checkbox"/> More primary care providers               | <input type="checkbox"/> Other: _____                       |
8. If any of the following classes/programs were made available to the community, which would you be most interested in attending? **(Select ALL that apply)**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Prenatal                  |
| <input type="checkbox"/> Alzheimer's             | <input type="checkbox"/> Heart disease       | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Living will         | <input type="checkbox"/> Support groups            |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Men's health        | <input type="checkbox"/> Weight loss               |
| <input type="checkbox"/> First aid/CPR           | <input type="checkbox"/> Mental health       | <input type="checkbox"/> Women's health            |
| <input type="checkbox"/> Fitness                 | <input type="checkbox"/> Nutrition           | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> Grief counseling        | <input type="checkbox"/> Parenting           |  |
9. Which of the following preventative services have you used in the past year? **(Select ALL that apply)**
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Children's checkup/Well baby | <input type="checkbox"/> Hearing check                | <input type="checkbox"/> Routine health checkup |
| <input type="checkbox"/> Cholesterol check            | <input type="checkbox"/> Mammography                  | <input type="checkbox"/> Vision check           |
| <input type="checkbox"/> Colonoscopy                  | <input type="checkbox"/> Mental health counseling     | <input type="checkbox"/> None                   |
| <input type="checkbox"/> DEXA scan                    | <input type="checkbox"/> Pap smear                    | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Dental exam                  | <input type="checkbox"/> Prostate (PSA)               |   |
| <input type="checkbox"/> Flu shot/immunizations       | <input type="checkbox"/> Routine blood pressure check |   |
10. What additional healthcare services would you use if available locally? **(Select ALL that apply)**
- |   |  |
|---|--|
| <input type="checkbox"/> Cancer care          | <input type="checkbox"/> Personal care attendant |
| <input type="checkbox"/> Home health services | <input type="checkbox"/> Urgent care             |
| <input type="checkbox"/> Pediatrics           | <input type="checkbox"/> Other: _____            |
11. 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
12. 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 14)**
13. If yes, what were the **three** most important reasons why you did not receive healthcare services? **(Select ONLY 3)**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Could not get an appointment | <input type="checkbox"/> It was too far to go               | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> Could not get off work       | <input type="checkbox"/> Language barrier                   | <input type="checkbox"/> Too nervous or afraid               |
| <input type="checkbox"/> Didn't know where to go      | <input type="checkbox"/> My insurance didn't cover it       | <input type="checkbox"/> Transportation problems             |
| <input type="checkbox"/> Don't like doctors           | <input type="checkbox"/> No insurance                       | <input type="checkbox"/> Unsure if services were available   |
| <input type="checkbox"/> Had no child care            | <input type="checkbox"/> Not treated with respect           | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> It cost too much             | <input type="checkbox"/> Office wasn't open when I could go |  |

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 does your household use MOST for hospital care? (Select ONLY 1)

<input type="checkbox"/> Deer Lodge Medical Center	<input type="checkbox"/> Community Hospital of Anaconda
<input type="checkbox"/> St. Patrick Hospital (Missoula)	<input type="checkbox"/> St. Peter's Hospital (Helena)
<input type="checkbox"/> Community Medical Center (Missoula)	<input type="checkbox"/> VA
<input type="checkbox"/> St. James Healthcare (Butte)	<input type="checkbox"/> 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)

<input type="checkbox"/> Closest to home	<input type="checkbox"/> Financial assistance programs	<input type="checkbox"/> Referred by physician or other provider
<input type="checkbox"/> Closest to work	<input type="checkbox"/> Hospital's reputation for quality	<input type="checkbox"/> Required by insurance plan
<input type="checkbox"/> Cost of care	<input type="checkbox"/> Prior experience with hospital	<input type="checkbox"/> VA/Military requirement
<input type="checkbox"/> Emergency, no choice	<input type="checkbox"/> Recommended by family or friends	<input type="checkbox"/> Other: _____

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? (Select ONLY 1)

<input type="checkbox"/> Deer Lodge	<input type="checkbox"/> Helena
<input type="checkbox"/> Butte	<input type="checkbox"/> State Clinics (Butte, Anaconda, Helena)
<input type="checkbox"/> Anaconda	<input type="checkbox"/> VA
<input type="checkbox"/> Missoula	<input type="checkbox"/> Other: _____

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

<input type="checkbox"/> Appointment availability	<input type="checkbox"/> Prior experience with clinic
<input type="checkbox"/> Clinic/provider's reputation for quality	<input type="checkbox"/> Recommended by family or friends
<input type="checkbox"/> Closest to home	<input type="checkbox"/> Referred by physician or other provider
<input type="checkbox"/> Cost of care	<input type="checkbox"/> Required by insurance plan
<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> VA/Military requirement
<input type="checkbox"/> Length of waiting room time	<input type="checkbox"/> Other: _____

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. Where was the healthcare specialist seen? (Select ALL that apply)

<input type="checkbox"/> Deer Lodge Medical Center	<input type="checkbox"/> Community Hospital of Anaconda
<input type="checkbox"/> St. Patrick Hospital (Missoula)	<input type="checkbox"/> St. Peter's Hospital (Helena)
<input type="checkbox"/> Community Medical Center (Missoula)	<input type="checkbox"/> VA
<input type="checkbox"/> St. James Healthcare (Butte)	<input type="checkbox"/> Other: _____

22. What type of healthcare specialist was seen? (Select ALL that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allergist             | <input type="checkbox"/> Mental health counselor | <input type="checkbox"/> Podiatrist                |
| <input type="checkbox"/> Audiologist           | <input type="checkbox"/> Neurologist             | <input type="checkbox"/> Psychiatrist (M.D.)       |
| <input type="checkbox"/> Cardiologist          | <input type="checkbox"/> Neurosurgeon            | <input type="checkbox"/> Psychologist              |
| <input type="checkbox"/> Chiropractor          | <input type="checkbox"/> OB/GYN                  | <input type="checkbox"/> Pulmonologist             |
| <input type="checkbox"/> Dentist               | <input type="checkbox"/> Occupational therapist  | <input type="checkbox"/> Radiologist               |
| <input type="checkbox"/> Dermatologist         | <input type="checkbox"/> Oncologist              | <input type="checkbox"/> Rheumatologist            |
| <input type="checkbox"/> Endocrinologist       | <input type="checkbox"/> Ophthalmologist         | <input type="checkbox"/> Social worker             |
| <input type="checkbox"/> ENT (ear/nose/throat) | <input type="checkbox"/> Optometrist             | <input type="checkbox"/> Speech therapist          |
| <input type="checkbox"/> Gastroenterologist    | <input type="checkbox"/> Orthopedic surgeon      | <input type="checkbox"/> Substance abuse counselor |
| <input type="checkbox"/> General surgeon       | <input type="checkbox"/> Pediatrician            | <input type="checkbox"/> Urologist                 |
| <input type="checkbox"/> Geriatrician          | <input type="checkbox"/> Physical therapist      | <input type="checkbox"/> Other: _____              |

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

	Excellent	Good	Fair	Poor	Haven't used	Don't Know
Emergency Room	4	3	2	1	N/A	DK
Clinical services	4	3	2	1	N/A	DK
Inpatient services	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Physical therapy	4	3	2	1	N/A	DK
Rehabilitation services (Cardiac, pulmonary)	4	3	2	1	N/A	DK
Imaging (X-Ray, CT scan, MRI, DEXA scan)	4	3	2	1	N/A	DK

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Daily              | <input type="checkbox"/> 3-5 times per month | <input type="checkbox"/> No physical activity |
| <input type="checkbox"/> 2-4 times per week | <input type="checkbox"/> 1-2 times per month |   |

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

- ☐ Yes ☐ No

26. In the past year, did you worry that you would not have enough food?

- ☐ Yes ☐ No

27. Which of the following injury prevention measures do you use regularly? (Select ALL that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Child car seat/booster        | <input type="checkbox"/> Helmet           |
| <input type="checkbox"/> Designated driver             | <input type="checkbox"/> Regular exercise |
| <input type="checkbox"/> Eye protection/safety goggles | <input type="checkbox"/> Seat belt        |
| <input type="checkbox"/> Hearing/ear protection        | <input type="checkbox"/> None             |

28. Do you have health insurance?

- ☐ Yes ☐ No (If no, skip to question 31)

29. What type of medical insurance covers the **majority** of your household's medical expenses? (**Select ONLY 1**)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Employer sponsored           | <input type="checkbox"/> Indian Health                  | <input type="checkbox"/> State plan             |
| <input type="checkbox"/> Health Insurance Marketplace | <input type="checkbox"/> Medicaid                       | <input type="checkbox"/> VA/military            |
| <input type="checkbox"/> Health Savings Account       | <input type="checkbox"/> Medicare                       | <input type="checkbox"/> None/pay out of pocket |
| <input type="checkbox"/> Healthy MT Kids              | <input type="checkbox"/> Private insurance/private plan | <input type="checkbox"/> Other: _____           |

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

- ☐ Excellent                      ☐ Good                      ☐ Fair                      ☐ Poor

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

- |  |   |
|--|---|
| <input type="checkbox"/> Can't afford to pay for medical insurance | <input type="checkbox"/> Choose not to have medical insurance |
| <input type="checkbox"/> Employer does not offer insurance         | <input type="checkbox"/> Other: _____                         |

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

- ☐ Yes, and I use them      ☐ Yes, but I do not qualify      ☐ Yes, but choose not to use      ☐ No      ☐ Not sure

#### **Demographics**

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

33. Where do you currently live, by zip code?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 59722 Deer Lodge | <input type="checkbox"/> 59725 Dillon   | <input type="checkbox"/> 59733 Gold Creek |
| <input type="checkbox"/> 59711 Anaconda   | <input type="checkbox"/> 59731 Garrison | <input type="checkbox"/> 59713 Avon       |
| <input type="checkbox"/> 59701 Butte      | <input type="checkbox"/> 59832 Drummond | <input type="checkbox"/> 59728 Elliston   |

34. What is your gender?

- ☐ Male                      ☐ Female                      ☐ Other

35. What age range represents you?

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 76-85 |
| <input type="checkbox"/> 26-35 | <input type="checkbox"/> 56-65 | <input type="checkbox"/> 86+   |
| <input type="checkbox"/> 36-45 | <input type="checkbox"/> 66-75 |                                |

36. What is your employment status?

- |   |   |
|---|---|
| <input type="checkbox"/> Work full time | <input type="checkbox"/> Seasonal                         |
| <input type="checkbox"/> Work part time | <input type="checkbox"/> Collect disability               |
| <input type="checkbox"/> Retired        | <input type="checkbox"/> Unemployed, but looking          |
| <input type="checkbox"/> Student        | <input type="checkbox"/> Not currently seeking employment |
|   | <input type="checkbox"/> Other _____                      |

**[CODED]**

**Please return in the postage-paid envelope enclosed with this survey or mail to:**

HELPS Lab  
Montana State University  
PO Box 172245  
Bozeman, MT 59717

**THANK YOU VERY MUCH FOR YOUR TIME**  
**Please note that all information will remain confidential**

Turn to **BACK** of page to continue

5

## **Appendix F – Key Informant Interview Questions**

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**

### **Key Informant Interview #1**

February 1, 2019 - Mary Pat Brown, Retired Director of Public Health—Via phone interview

1. What would make your community a healthier place to live?
  - It would make the community healthier if there were more volunteers to help seniors access the services they need. Also, to help lower income individuals access Medicaid. But it's mostly the elderly who need assistance.
  - There is a gal at the hospital who is really good at connecting people to services they need; her name is Ida Miller. She helps everyone with their paper work issues.
  - The hospital always has marketing to help get the word out in the community. They are really good about advertising. The hospital advisory committee does a good job.
2. What do you think are the most important local healthcare issues?
  - Working with the elderly. Shut-ins that have a hard time getting to the doctors. I am not sure if these seniors are being followed up on anymore. There is a lot of isolation and a lot of seniors in Deer Lodge. The Senior Companion Program helps a lot. This service is through the Council on Aging. We got a lot of referrals and helped people in the community. However, with the budget cuts they have completely shut the welfare office down. The Medicare and food stamp applications are very long, so I help people when there is a need. They expect someone in their 80s to get online and fill out these applications.
  - Some kids are neglected, but in the schools, there is a really good network to help them. The teachers are a huge asset and they help to get them the resources they need. The school never turns kids away who can't pay for lunch. There is an Ark after school program for kids, and this is a great resource for our kids.

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

- We just got a van that takes people all around. This used to be a problem but now it's better. Our community really does try to tackle any needs we are seeing in the community. It's amazing the generosity of our community. We help anonymously to get kids and families the resources they need.
- The Meals-on-Wheels here also delivers breakfasts. They know what's going on with the seniors and they are a good network to check in on people to make sure they are ok.

**Key Informant Interview #2**

February 4, 2019—Via phone interview

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

- People getting more exercise and eating better. There is one gym here in town and a little health fitness center that is about to open. I don't know if there is a dietician here in town. Maybe that would be helpful, this may exist, but I am not aware of it. The Chamber recently did a Weight loss challenge for January and a lot of people signed up. More events like this would help.
- More continuity of healthcare professionals. It seems like they had a revolving door there for a while. Many people travel for services because of this. Also, the cost of services seems much higher at Deer Lodge Medical.

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

- I would say substance abuse issues. Both drug and alcohol. The community didn't have a licensed addiction counselor until just recently, so people had to travel to Anaconda or Butte to get licensed counseling. It's great that we have this now.
- Problems with elderly and aging issues. Our community is aging, so health problems that have to do with aging. They are many health issues, and many travel to Missoula because the services are not always available here. The physical therapy at the hospital has been very appreciated and used. It's understandable that people travel for surgery with it being a small town and hospital.

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

- I travel for healthcare services to Anaconda because the care and cost of services are better. Many in the community feel this way. There is the mentality that they spent a lot on the big fancy hospital instead of getting good providers.
- Competent providers that are trusted in the community. People will travel when they are in pain to avoid going to the emergency room there.



### **Key Informant Interview #3**

February 5, 2019–Via phone interview

1. What would make your community a healthier place to live?
  - The first thing that comes to mind is better communication. In Deer Lodge we have a serious lack of communication, getting the information out to the public and getting people to buy in. I've seen that the hospital is trying to do more education which is so necessary. They do a women's health class, which is fabulous.
  - It's getting the word out there and getting people to support each other, that's the problem.
  - And more education about health. I've noticed they are doing these classes, which is fabulous; that's exactly what we need here.
2. What do you think are the most important local healthcare issues?
  - Obesity. This isn't just local but nationwide, which leads to so many other health issues. It used to be a small percentage of the population and now it's around 40%. This leads to heart disease and diabetes. This could be helped by education as well.
  - Drugs. There is a huge drug problem here in Deer Lodge with drugs. Illegal uses and over use of prescription drugs. Young people here are using drugs. Part of the problem is that there isn't a lot for young kids to do here.
3. What other healthcare services are needed in the community?
  - Trim the Town is a new weight loss program in the community, and it has been well received. So maybe some kind of facility or place for people to get diet education and exercise classes and such – like a wellness center. A place to be proactive and prevent health issues before they begin.
  - The only other thing would be some sort of mental health facility with counseling. There is really nothing here. People used to go to Anaconda for drug and mental health counselling, but I don't even know if that's available anymore.

### **Key Informant Interview #4**

February 5, 2019–Via phone interview

1. What would make your community a healthier place to live?
  - Well, more elder care and more vaccinations. In-house visits by nurses. In Butte they go out once a month and can check on the seniors. It would be nice to have someone who does outreach even in the assisted living and nursing homes.



- People take their kids to day care or school sick. If the schools would send them home and the parents wouldn't take them in it would help. They are desperate because they need someone to watch their kids while they are sick so they take them in when they shouldn't. Perhaps some education on why this isn't a good idea.
  - If the stores had sanitizing wipes for the carts.
2. What do you think are the most important local healthcare issues?
- Vaccinations for children. I've heard that a lot of people are not vaccinating their children - also for adults, flus shots and such.
  - Elder care. More follow up with these citizens. Those in nursing homes and assisted living centers. I don't think there is a resource in the community to check in on seniors.
3. What other healthcare services are needed in the community?
- I can't think of any. As far as our medical center goes, they have a lot of services, more than other small towns around us and they are just great.

### **Key Informant Interview #5**

February 6, 2019—Via phone interview

1. What would make your community a healthier place to live?
- The hospital does a good job, but I think there could be more adult education with regards to healthy living. They do a lot and even have a health fair here, but I don't know how to go about getting the people who smoke and such to those type of things.
  - We have restricted access to a lot of the land here because of the ranches. They won't let you drive through to access the public land, so it is difficult to access the outdoors for recreation use. I really wish there was more access to public land. They will let you walk on their land to get to the public land, but when it takes an extra two miles of walking it really restricts your access.
  - There needs to be more communication on what is available in the community. I just found out that you can access a bus for \$5 to go to Butte and Missoula. I've lived here most of my life and I didn't even know this. The city, county, and facility should work together on better communion to educate the community on what is available.

2. What do you think are the most important local healthcare issues?
  - One of the big ones is trying to keep doctors here. I realize it's hard to get doctors in rural areas. You build a relationship with them and then they are gone before you know it. In a small community you really build relationships with them. We have had a number of doctors who come from big cities, and their wives aren't happy here so then they moved on quickly. The doctors that stay need to be into a rural atmosphere.
  - Doctors and nurses need to follow up on patients. I realized they are tied up, but some people really need a follow up after their visit. It serves two purposes: it improves health, and then it also improves doctor and patient relationships. It really makes people feel that they care. This would keep people in the community instead of going to Anaconda.
  - I think a lot of people go to Anaconda because the doctors stay there, and they've built relationships.
3. What other healthcare services are needed in the community?
  - A naturopathic doctor.
  - We have an incredible cooking facility at the hospital, and they could put on a healthy cooking seminar once a month. Teach people how to cook vegetables so they stay away from the potato chips.
  - A public health nurse. I don't think we have had one for some time now.
  - We need hospice. It was originally community based, but it hasn't been around for a couple of years now.

#### **Key Informant Interview #6**

February 8, 2019—Via phone interview

1. What would make your community a healthier place to live?
  - Education is a big thing – about how to live a healthy life. They should start with the elementary school before it becomes a continuous cycle.
  - I don't know what to do about the drug use.
  - Food access is an issue – this is combined with lack of education, and the poverty level. It is often cheaper to buy junk instead of the healthy stuff.

2. What do you think are the most important local healthcare issues?
  - Probably access to decent patient care. I know in Deer Lodge they seem to have an issue with a rotating door of physicians.
  - Drug use around here is rampant. Meth is huge around southwest Montana. Also, prescription drug abuse is rampant as well.
  - This is a poverty area, so there is not always access to the best diet.
3. What other healthcare services are needed in the community?
  - I feel that they touch on stuff pretty well out here (at the facility). They are trying to expand their services quite a bit.
  - More consistent providers. I know people in the community will start to really like and trust a provider and then they are gone. The days of having a town doctor that stays for 50 years are over. The retention is an issue. It seems like there is quite a bit of turn over here. People will go where the providers stick around because if they keep getting switched, then they will stop going. Or they will follow the provider if they stay close.
  - They get a bad rap for some things; but during a difficult time for our family, our experience at Deer Lodge, was very much high quality. The providers, nurses and nurse assistants were all great.
  - It is difficult to keep providers in rural Montana – weather they don't get along with administration, or their spouse isn't happy here.

### **Key Informant Interview #7**

February 12, 2019 –Via phone interview

1. What would make your community a healthier place to live?
  - I think we need a better park system. We have a nice place to walk, but it is limited space with all the dogs, and they are not well maintained. Winters are pretty hard. I wish we had more sunlight.
  - In terms of health, we need a better gym or recreation center for our kids. So, they have better access to playing basketball. Spaces for them to be active outside that are well maintained.

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

- A lot of individuals feel everything is too expensive. I know the hospital really works hard to help low income individuals out.
- Public health used to be in a building downtown, so it was easily accessible. But it wasn't well run or very clean. Now with everything linked to the hospital it is much better. I wonder if there is a way to make this more open to the public though. When it is in the hospital, people associate it too much with the clinic and may not access it because they don't know what services are available to them. I don't know if people understand that it is public health.
- I feel like we are having a lot more problems with additions - kids and adults – alcohol abuse and drug abuse.
- There seems to be a problem with safe sex as well. It has been incorporated more into the health classes, but it seems as if kids are ignoring it.
- Mental health seems to be a problem. The high school just got Alta Care – they work with students on mental health and I really think this is going to help. It is an outpatient service at the high school. There aren't mental health resources for adults. We lost some providers over the years.

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

- They (the Hospital) are working on improving things and getting services.
- Mental health and addiction services.
- More funding and resources for public health. When I was younger, public health was well advertised at the school, but they don't have this presence anymore.
- Better outreach on what services are available to the community.