

2022

COMMUNITY HEALTH NEEDS ASSESSMENT

Deer Lodge, Montana

*Assessment conducted by **Deer Lodge Medical Center** in
cooperation with the Montana Office of Rural Health*



Office of Rural Health
Area Health
Education Center

Table of Contents

| | |
|--|-----|
| Introduction | 4 |
| Health Assessment Process..... | 5 |
| Survey Methodology | 6 |
| Survey Respondent Demographics | 9 |
| Survey Results | 14 |
| Focus Group Methodology | 48 |
| Executive Summary..... | 52 |
| Prioritization of Health Needs..... | 54 |
| Available Community Resources | 55 |
| Evaluation of Previous CHNA & Implementation Plan | 56 |
| Appendix A- Steering Committee..... | 64 |
| Appendix B- Public Health & Populations Consultation | 65 |
| Appendix C- Powell Co. Secondary Data | 67 |
| Appendix D- Survey Cover Letter | 76 |
| Appendix E- Survey Instrument..... | 77 |
| Appendix F- Cross Tabulation Analysis..... | 83 |
| Appendix G- Responses to Other & Comments | 88 |
| Appendix H- Focus Group - Questions | 99 |
| Appendix I- Focus Groups - Transcripts..... | 100 |
| Appendix J- Request for Comments | 105 |



INTRODUCTION

Introduction

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; with most of the County's populated communities located along US I-90 or US 12.



Powell County is designated by the US Department of Health and Human Services (HHS) as a health professional shortage area due to its geographic population and is considered a frontier county. 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
- 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 (MORH) and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant. Community involvement in steering committee meetings and focus groups enhance community engagement in the assessment process.

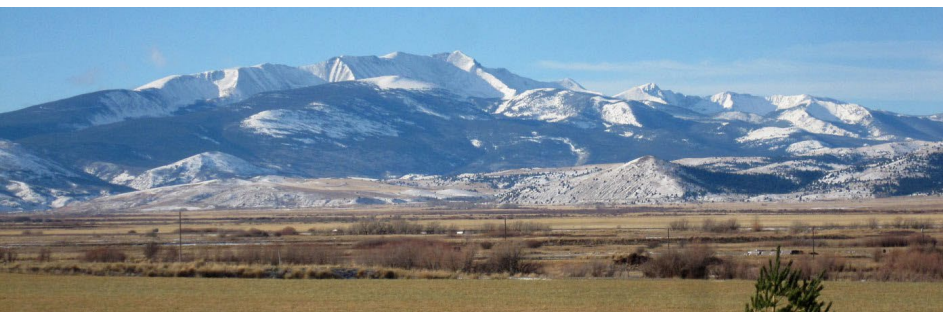
In November 2021, DLMC's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey 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 2021 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2016 and 2019. If any statistical significance exists, it will be reported. The significance level was set at 0.05.



Health Assessment Process

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 the community (ex. public health, elderly, uninsured) came together in October 2021. 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 CHNA and to assist in the prioritization of health needs.

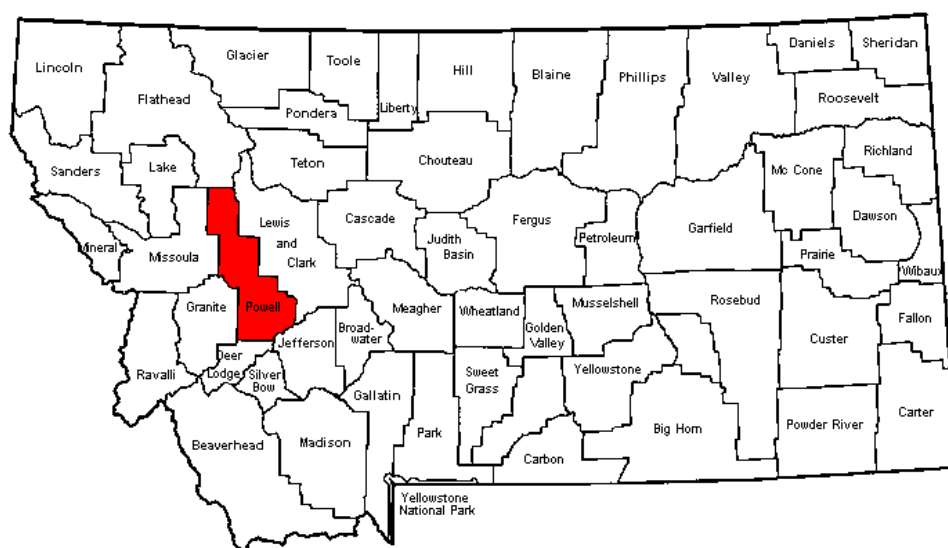


Survey Methodology

Survey Instrument

In November 2021, 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 aggregated 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. Although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results. See survey distribution table on the next page.



| Zip Code | Population ¹ | Community Name | Total Distribution | # Male | # Female |
|--------------|-------------------------|----------------|--------------------|--------|----------|
| 59722 | 2934 | Deer Lodge | 734 | 367 | 367 |
| 59701 | 33964 | Butte | 4 | 2 | 2 |
| 59711 | 9106 | Anaconda | 16 | 8 | 8 |
| 59731 | 80 | Garrison | 6 | 3 | 3 |
| 59732 | 271 | Drummond | 10 | 5 | 5 |
| 59733 | 276 | Gold Creek | 10 | 5 | 5 |
| 59713 | 156 | Avon | 10 | 5 | 5 |
| 59728 | 207 | Elliston | 10 | 5 | 5 |
| Total | 51255 | | 800 | 400 | 400 |

¹ US Census Bureau - American Community Survey (2019)

Focus groups 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.

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 BRFS

(Behavioral Risk Factor Surveillance System), through a cooperative agreement with the Center for Disease Control and Prevention (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 & Focus Group 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 focus groups 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, assists in reaching segments of the population that might not otherwise respond to a survey.

While focus group 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, focus group data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix I. MORH staff facilitated focus groups for DLMC to ensure impartiality. However, given the small size of the community, focus group participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the transcripts.



Survey Implementation

In November 2021, a survey, cover letter on Deer Lodge Medical Center's letterhead with the Chief Executive Officer's signature, and a postage paid envelope were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to the 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.

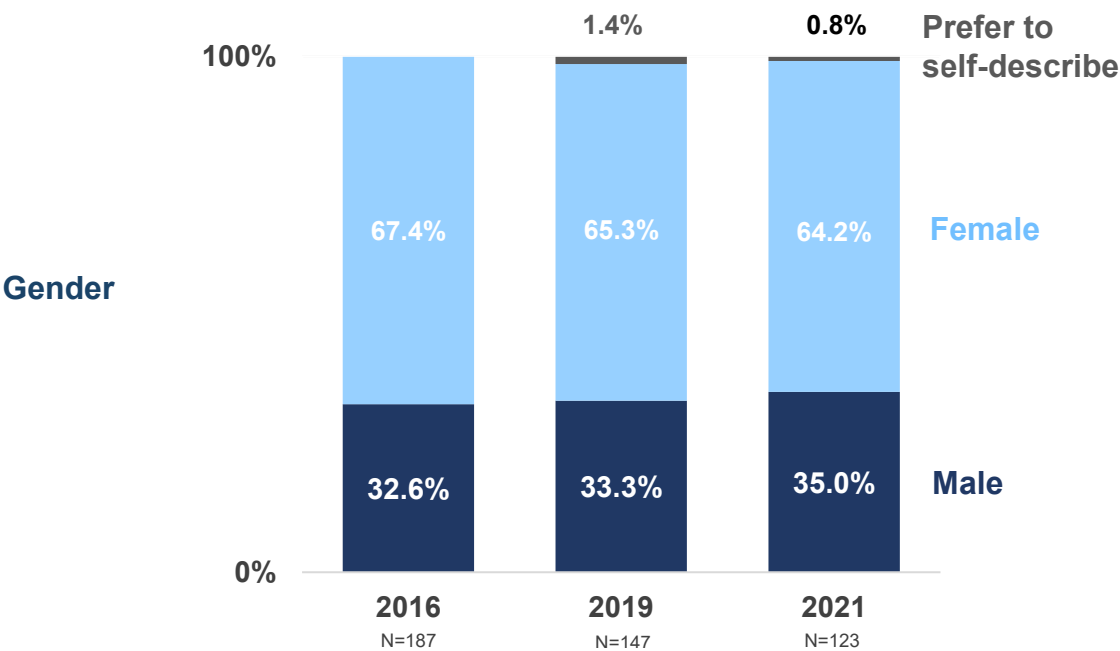
One hundred twenty-five surveys were returned out of 800. Of those 800 surveys, 70 surveys were returned undeliverable for a 17.1% response rate. From this point on, the total number of surveys will be out of 730. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 8.8%.

Survey Respondent Demographics

A total of 730 surveys were distributed amongst Deer Lodge Medical Center's service area. One-hundred twenty-five were completed for a 17.1% 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.

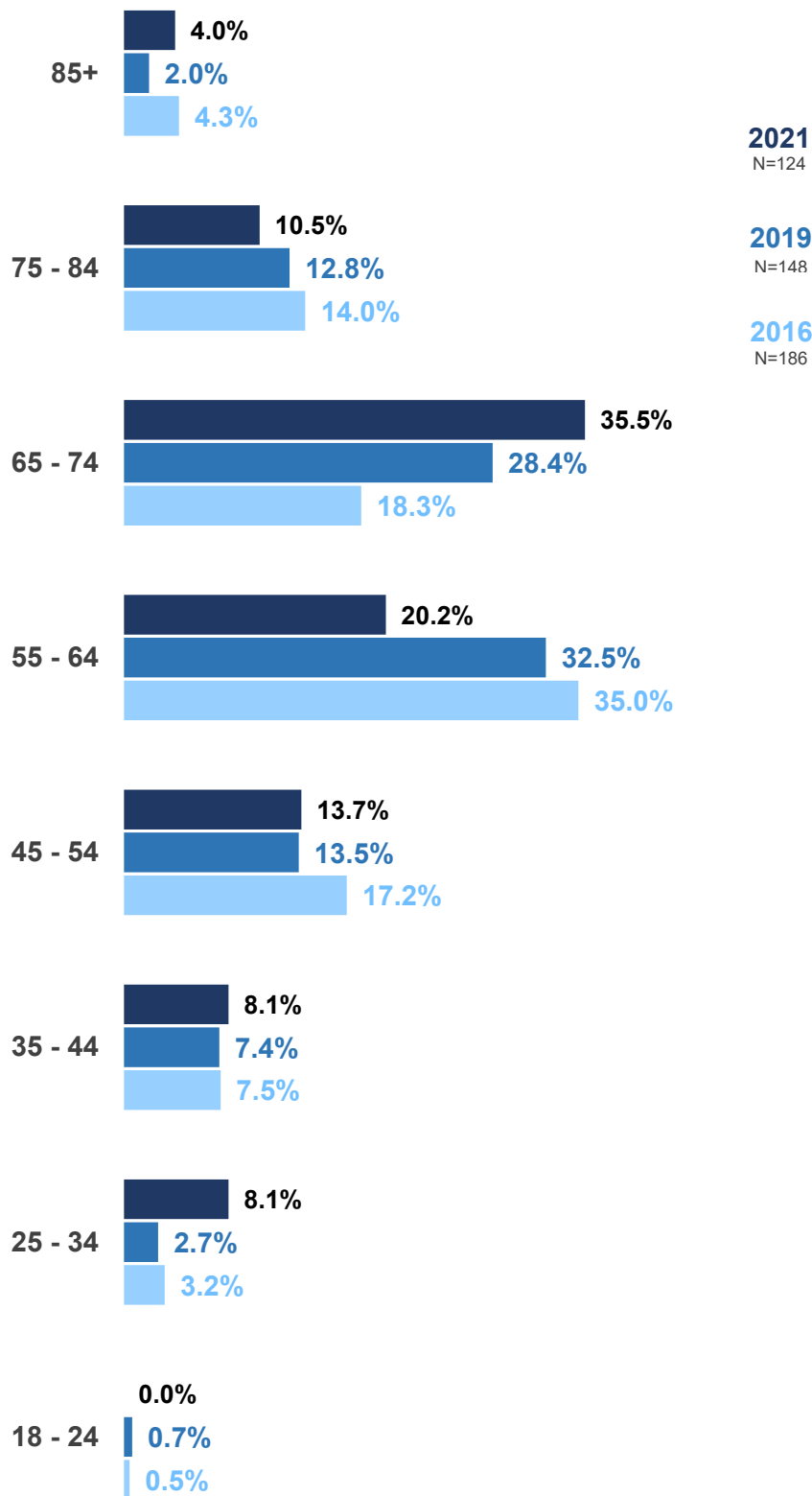
| Place of Residence | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|-----------------------|---------------------|---------------------|---------------------|--------------------------|
| Number of respondents | 190 | 148 | 123 | |
| 59722 Deer Lodge | 95.3% (181) | 95.3% (141) | 91.1% (112) | <input type="checkbox"/> |
| 59711 Anaconda | 1.1% (2) | 1.4% (2) | 2.4% (3) | <input type="checkbox"/> |
| 59733 Gold Creek | 0.5% (1) | 0.0% (0) | 1.6% (2) | <input type="checkbox"/> |
| 59728 Elliston | 1.5% (3) | 0.0% (0) | 0.8% (1) | <input type="checkbox"/> |
| 59713 Avon | 1.1% (2) | 0.0% (0) | 0.8% (1) | <input type="checkbox"/> |
| 59832 Drummond | 0.5% (1) | 0.0% (0) | 0.8% (1) | <input type="checkbox"/> |
| 59731 Garrison | 0.0% (0) | 0.0% (0) | 0.8% (1) | <input type="checkbox"/> |
| 59701 Butte | | 1.4% (2) | 0.0% (0) | <input type="checkbox"/> |
| 59725 Dillon | | 2.0% (3) | | <input type="checkbox"/> |
| Other | | | 1.6% (2) | <input type="checkbox"/> |
| TOTAL | 100.0% (190) | 100.0% (148) | 100.0% (123) | |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.



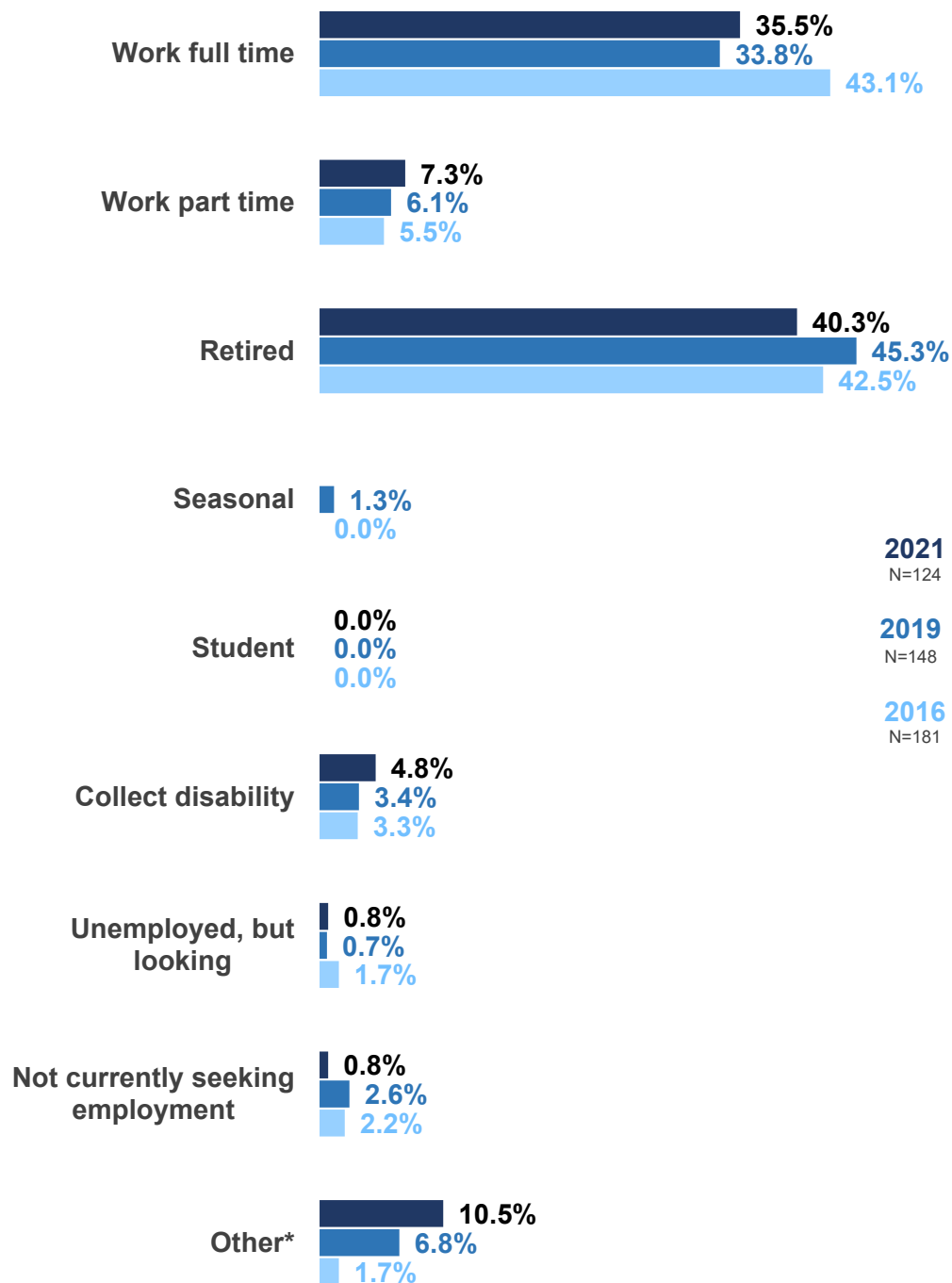
Women are frequently the healthcare decision makers for their families and more likely to respond to a health-related survey.

Age of respondents for all years of the survey



The increasing percentage of aging rural residents is a statewide trend and will likely have a significant impact on demand for future healthcare services.

The majority of 2021 respondents are retired or work full time.



Respondents (N=9) who selected over the allotted amount were moved to "Other."

"Other" comments included: Self-employed (2) and "Retired and disabled"



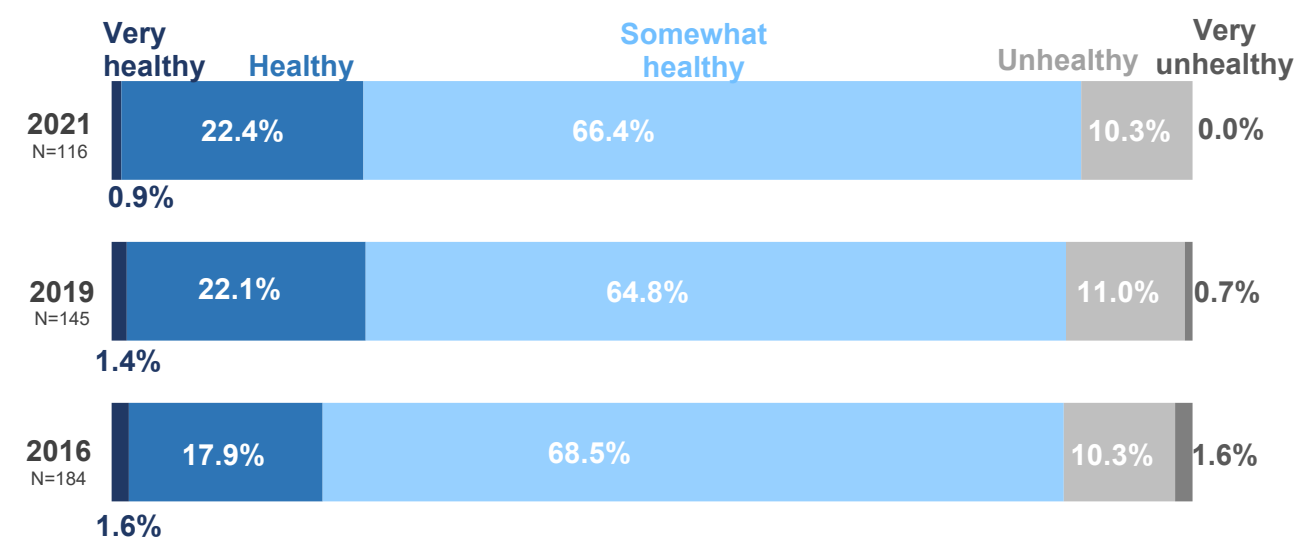
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Sixty-six point four percent of respondents (n=77) rated their community as “Somewhat healthy,” and 22.4% of respondents (n=26) felt their community was “Healthy.” No respondents indicated they felt their community was “Very Unhealthy.”

Over half of 2021 respondents rate their community as **somewhat healthy**



Over half of survey respondents feel their community is **somewhat healthy**.

Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol/substance abuse” at 59.2% (n=74), which experienced a significant change since the last assessment. “Overweight/obesity” was also a high priority at 26.4% (n=33), followed closely by “Mental health issues” at 23.2% (n=29).

| Health Concern | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-----------------------|
| Number of respondents | 194 | 150 | 125 | |
| Alcohol/substance abuse | 71.6% (139) | 62.0% (93) | 59.2% (74) | ■ |
| Overweight/obesity | 43.3% (84) | 33.3% (50) | 26.4% (33) | ■ |
| Mental health issues | 17.5% (34) | 16.7% (25) | 23.2% (29) | □ |
| Depression/anxiety | 12.9% (25) | 10.7% (16) | 17.6% (22) | □ |
| Poverty | | 15.3% (23) | 17.6% (22) | □ |
| Cancer | 33.5% (65) | 29.3% (44) | 16.0% (20) | ■ |
| Tobacco use (cigarettes, vaping, smokeless) | 18.0% (35) | 28.0% (42) | 13.6% (17) | ■ |
| Suicide | | 5.3% (8) | 12.0% (15) | ■ |
| Work/economic stress | | | 12.0% (15) | □ |
| Diabetes | 13.9% (27) | 10.7% (16) | 11.2% (14) | □ |
| Child abuse/neglect | 11.3% (22) | 12.7% (19) | 9.6% (12) | □ |
| Heart disease | 19.1% (37) | 14.0% (21) | 8.8% (11) | ■ |
| Respiratory issues/illness | | | 6.4% (8) | □ |
| Domestic violence | 8.8% (17) | 4.0% (6) | 5.6% (7) | □ |
| Lack of exercise | 14.4% (28) | 10.7% (16) | 5.6% (7) | ■ |
| Lack of access to healthcare | 9.8% (19) | 6.7% (10) | 4.0% (5) | □ |
| Social isolation/loneliness | | 4.0% (6) | 4.0% (5) | □ |
| Motor vehicle accidents | 3.1% (6) | 0.7% (1) | 3.2% (4) | □ |
| Trauma/Adverse Childhood Experiences (ACES) | | | 3.2% (4) | □ |
| Hunger | | 2.7% (4) | 2.4% (3) | □ |
| Lack of dental care | 3.6% (7) | 1.3% (2) | 2.4% (3) | □ |
| Alzheimer's/dementia | | 6.7% (10) | 1.6% (2) | ■ |
| Recreation related accidents/injuries | 2.6% (5) | 0.7% (1) | 0.0% (0) | □ |
| Stroke | 2.1% (4) | 1.3% (2) | 0.0% (0) | □ |
| Work related accidents/injuries | 0.0% (0) | 1.3% (2) | 0.0% (0) | □ |
| Other* | 4.6% (9) | 6.7% (10) | 8.8% (11) | □ |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=4) who selected over the allotted amount were moved to "Other."

"Other" comments included: COVID-19 (2) and "Lack of adequate and affordable health insurance"
(View all comments in Appendix G)

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Forty-eight point eight percent of respondents (n=61) indicated that “Good jobs and a healthy economy” are important for a healthy community, followed closely by “Healthy behaviors and lifestyles” at 37.6% (n=47), and “Access to healthcare services” at 33.6% (n=42).

| Components of a Healthy Community | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 194 | 150 | 125 | |
| Good jobs and a healthy economy | 59.3% (115) | 54.7% (82) | 48.8% (61) | <input type="checkbox"/> |
| Healthy behaviors and lifestyles | 37.1% (72) | 38.0% (57) | 37.6% (47) | <input type="checkbox"/> |
| Access to healthcare services | 61.3% (119) | 40.7% (61) | 33.6% (42) | <input checked="" type="checkbox"/> |
| Affordable housing | 23.2% (45) | 22.7% (34) | 33.6% (42) | <input type="checkbox"/> |
| Strong family life | 30.4% (59) | 29.3% (44) | 28.0% (35) | <input type="checkbox"/> |
| Religious or spiritual values | 14.9% (29) | 17.3% (26) | 16.0% (20) | <input type="checkbox"/> |
| Low crime/safe neighborhoods | 16.0% (31) | 16.7% (25) | 14.4% (18) | <input type="checkbox"/> |
| Access to childcare/after school programs | | 10.0% (15) | 12.8% (16) | <input type="checkbox"/> |
| Good schools | 17.0% (33) | 24.7% (37) | 12.8% (16) | <input checked="" type="checkbox"/> |
| Access to healthy foods | | | 10.4% (13) | <input type="checkbox"/> |
| Clean environment | 9.3% (18) | 10.0% (15) | 10.4% (13) | <input type="checkbox"/> |
| Community involvement | 5.7% (11) | 7.3% (11) | 7.2% (9) | <input type="checkbox"/> |
| Parks and recreation | 7.2% (14) | 4.0% (6) | 4.8% (6) | <input type="checkbox"/> |
| Low level of domestic violence | 3.6% (7) | 4.7% (7) | 4.0% (5) | <input type="checkbox"/> |
| Transportation services | | 3.3% (5) | 2.4% (3) | <input type="checkbox"/> |
| Arts and cultural events | 0.5% (1) | 0.7% (1) | 1.6% (2) | <input type="checkbox"/> |
| Low death and disease rates | 3.6% (7) | 2.7% (4) | 1.6% (2) | <input type="checkbox"/> |
| Tolerance for diversity | 4.6% (9) | 2.0% (3) | 1.6% (2) | <input type="checkbox"/> |
| Other* | 1.0% (2) | 2.0% (3) | 4.8% (6) | <input type="checkbox"/> |

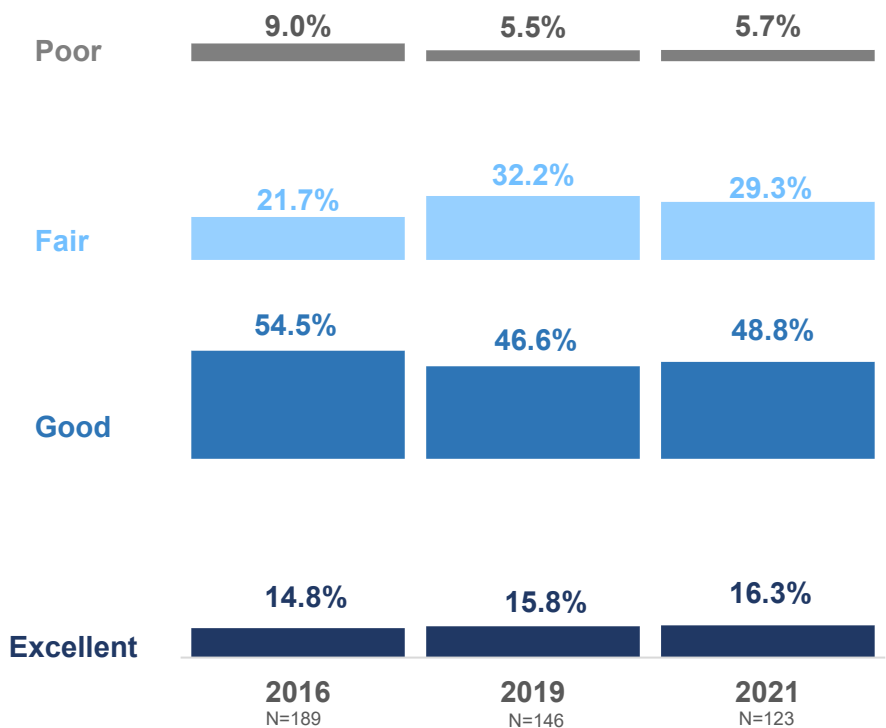
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=4) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Access to mental health” and “Availability to get counseling”

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available through Deer Lodge Medical Center. Forty-eight point eight percent (n=60) of respondents rated their knowledge of health services as “Good.” “Fair” was selected by 29.3% percent (n=36), and “Excellent” was chosen by 16.3% of respondents (n=20).

Nearly half of 2021 responents rated their knowledge of services as **good**



How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services were “Friends/family” and “Word of mouth/reputation” at 57.6% (n=72) each, followed by “Clinic/hospital staff” at 44.0% (n=55).

| How Respondents Learn about Community Health Services | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 194 | 150 | 125 | |
| Friends/family | 67.5% (131) | 65.3% (98) | 57.6% (72) | <input type="checkbox"/> |
| Word of mouth/reputation | 68.0% (132) | 66.0% (99) | 57.6% (72) | <input type="checkbox"/> |
| Clinic/hospital staff | 35.6% (69) | 42.0% (63) | 44.0% (55) | <input type="checkbox"/> |
| Billboards | 19.1% (37) | 30.7% (46) | 38.4% (48) | <input checked="" type="checkbox"/> |
| Newspaper | 28.9% (56) | 26.7% (40) | 20.8% (26) | <input type="checkbox"/> |
| Facebook | | | 19.2% (24) | <input type="checkbox"/> |
| Website/internet | 15.5% (30) | 13.3% (20) | 14.4% (18) | <input type="checkbox"/> |
| Mailings/newsletter | 9.3% (18) | 9.3% (14) | 8.0% (10) | <input type="checkbox"/> |
| Public Health nurse | 4.6% (9) | 7.3% (11) | 5.6% (7) | <input type="checkbox"/> |
| Radio | 8.8% (17) | 9.3% (14) | 3.2% (4) | <input type="checkbox"/> |
| Instagram | | | 0.8% (1) | <input type="checkbox"/> |
| Presentations | 4.6% (9) | 6.0% (9) | 0.8% (1) | <input type="checkbox"/> |
| Other | 7.2% (14) | 7.3% (11) | 8.8% (11) | <input type="checkbox"/> |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate all methods of receiving information, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Emergency Care and Silver State post.

View a cross tabulation of how respondents learn with how they rate their knowledge on p. 83

Utilized Community Health Resources (Question 6)

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 76.8% (n=96). The “Dentist” was utilized by 53.6% (n=67) of respondents, followed by “Eye care” at 51.2% (n=64).

| Use of Community Health Resources | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|-----------------------------------|---------------|---------------|---------------|-----------------------|
| Number of respondents | 194 | 150 | 125 | |
| Pharmacy | 85.1% (165) | 74.0% (111) | 76.8% (96) | ■ |
| Dentist | 63.4% (123) | 54.7% (82) | 53.6% (67) | □ |
| Eye care | 44.3% (86) | 38.0% (57) | 51.2% (64) | □ |
| Primary care provider (in town) | 45.9% (89) | 40.0% (60) | 40.8% (51) | □ |
| Physical Therapy | 34.0% (66) | 34.0% (51) | 30.4% (38) | □ |
| Chiropractor | 23.2% (45) | 24.7% (37) | 27.2% (34) | □ |
| Massage therapy | 17.0% (33) | 16.0% (24) | 20.0% (25) | □ |
| Ambulance services | | 14.0% (21) | 13.6% (17) | □ |
| Council on Aging | | 18.7% (28) | 11.2% (14) | □ |
| Senior center | 21.6% (42) | 22.0% (33) | 10.4% (13) | ■ |
| Meals on Wheels | 4.6% (9) | 8.7% (13) | 5.6% (7) | □ |
| Mental health | 2.1% (4) | 6.0% (9) | 5.6% (7) | □ |
| Public health | 9.8% (19) | 1.3% (2) | 5.6% (7) | ■ |
| Long term care | | | 0.0% (0) | □ |
| Other | 8.2% (16) | 2.0% (3) | 8.8% (11) | ■ |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select all other community health resources used, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: VA and cardiac rehab

Improve Community's Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community's access to healthcare. The majority of respondents (43.2%, n=54) reported that "More primary care providers" would make the greatest improvement. Thirty-six point eight percent of respondents (n=46) indicated "More mental health providers" would improve access which was a significant increase compared to previous years, followed closely by "More information about available services" and "Payment assistance programs (healthcare expenses)" both at 32.8% (n=41).

More primary care providers would make the greatest improvement

| What Would Improve Community Access to Healthcare | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-----------------------|
| Number of respondents | 194 | 150 | 125 | |
| More primary care providers | 62.4% (121) | 46.7% (70) | 43.2% (54) | ■ |
| More mental health providers | 18.6% (36) | 20.0% (30) | 36.8% (46) | ■ |
| More information about available services | | 42.3% (62) | 32.8% (41) | □ |
| Payment assistance programs (healthcare expenses) | | | 32.8% (41) | □ |
| Improved access to health & human services programs/resources | | | 29.6% (37) | □ |
| Improved quality of care | | 30.4% (59) | 29.3% (44) | □ |
| More specialists | 34.0% (66) | 41.3% (62) | 28.8% (36) | □ |
| Greater health education services | 20.1% (39) | 24.7% (37) | 21.6% (27) | □ |
| Outpatient services expanded hours | 20.1% (39) | 26.7% (40) | 20.0% (25) | □ |
| Telemedicine | 3.1% (6) | 12.0% (18) | 14.4% (18) | ■ |
| Transportation assistance | 14.9% (29) | 14.0% (21) | 12.0% (15) | □ |
| Cultural sensitivity | 2.1% (4) | 4.0% (6) | 4.0% (5) | □ |
| Interpretive services | 0.5% (1) | 0.0% (0) | 1.6% (2) | □ |
| Other | 8.8% (17) | 13.3% (20) | 7.2% (9) | □ |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select any items that would improve community access to healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

"Other" comments included: urgent care in community and affordable assisted living

Interest in Educational Classes/Programs (Question 8)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/program was “Women’s health” at 35.2% (n=44). Interest in “Fitness” followed with 34.4% (n=43), while 33.6% of respondents (n=42) were interested in “Health and wellness.”

| Interest in Classes or Programs | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|---------------------------------|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 194 | 150 | 125 | |
| Women's health | 30.4% (59) | 32.0% (48) | 35.2% (44) | <input type="checkbox"/> |
| Fitness | 32.5% (63) | 34.0% (51) | 34.4% (43) | <input type="checkbox"/> |
| Health and wellness | 34.5% (67) | 40.0% (60) | 33.6% (42) | <input type="checkbox"/> |
| First aid/CPR | 23.2% (45) | 21.3% (32) | 26.4% (33) | <input type="checkbox"/> |
| Weight loss | 32.0% (62) | 29.3% (44) | 24.0% (30) | <input type="checkbox"/> |
| Living will | 31.4% (61) | 28.0% (42) | 20.8% (26) | <input type="checkbox"/> |
| Mental health | 10.8% (21) | 8.7% (13) | 20.8% (26) | <input checked="" type="checkbox"/> |
| Nutrition | 30.4% (59) | 29.3% (44) | 20.8% (26) | <input type="checkbox"/> |
| Diabetes | 16.0% (31) | 20.7% (31) | 18.4% (23) | <input type="checkbox"/> |
| Men's health | 13.4% (26) | 14.0% (21) | 18.4% (23) | <input type="checkbox"/> |
| Grief counseling | 6.7% (13) | 6.0% (9) | 16.8% (21) | <input checked="" type="checkbox"/> |
| Alzheimer's | 15.5% (30) | 12.7% (19) | 12.8% (16) | <input type="checkbox"/> |
| Heart disease | 10.8% (21) | 22.0% (33) | 12.8% (16) | <input checked="" type="checkbox"/> |
| Support groups | 5.2% (10) | 6.7% (10) | 12.0% (15) | <input type="checkbox"/> |
| Alcohol/substance abuse | 3.6% (7) | 5.3% (8) | 8.8% (11) | <input type="checkbox"/> |
| Cancer | 8.8% (17) | 14.0% (21) | 7.2% (9) | <input type="checkbox"/> |
| Parenting | 3.6% (7) | 4.7% (7) | 5.6% (7) | <input type="checkbox"/> |
| Smoking/tobacco cessation | 6.2% (12) | 7.3% (11) | 4.8% (6) | <input type="checkbox"/> |
| Lactation/breastfeeding support | | | 0.8% (1) | <input type="checkbox"/> |
| Prenatal | 1.0% (2) | 2.0% (3) | 0.8% (1) | <input type="checkbox"/> |
| Other | 10.3% (20) | 6.0% (9) | 2.4% (3) | <input checked="" type="checkbox"/> |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick all classes or programs that are of interest, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. “Other” comments included: Home health

Utilization of Preventive Services (Question 9)

Respondents were asked if they had utilized any of the preventive services listed in the past year. “Dental Exam” was selected by 59.2% of respondents (n=74), followed closely by “Flu shot/immunizations” at 58.4% (n=73). Fifty-six percent of respondents (n=70) indicated they had a “Health checkup” and 55.2% of respondents (n=69) had a “Blood pressure check.” Survey respondents could select all services that applied.

| Use of Preventive Services | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|------------------------------|---------------|---------------|---------------|--------------------------|
| Number of respondents | 194 | 150 | 125 | |
| Dental exam | | 52.0% (78) | 59.2% (74) | <input type="checkbox"/> |
| Flu shot/immunizations | 52.1% (101) | 55.3% (83) | 58.4% (73) | <input type="checkbox"/> |
| Health checkup | 58.8% (114) | 52.0% (78) | 56.0% (70) | <input type="checkbox"/> |
| Blood pressure check | 46.9% (91) | 52.0% (78) | 55.2% (69) | <input type="checkbox"/> |
| Vision check | | 46.7% (70) | 53.6% (67) | <input type="checkbox"/> |
| Cholesterol check | 48.5% (94) | 42.0% (63) | 47.2% (59) | <input type="checkbox"/> |
| Mammography | 26.3% (51) | 36.7% (55) | 32.8% (41) | <input type="checkbox"/> |
| Colonoscopy | 16.0% (31) | 17.3% (26) | 19.2% (24) | <input type="checkbox"/> |
| Pap test | 18.0% (35) | 16.0% (24) | 16.0% (20) | <input type="checkbox"/> |
| Prostate (PSA) | 11.9% (23) | 14.7% (22) | 15.2% (19) | <input type="checkbox"/> |
| Children's checkup/Well baby | 6.2% (12) | 6.7% (10) | 12.8% (16) | <input type="checkbox"/> |
| Health/Low-cost lab fair | | | 11.2% (14) | <input type="checkbox"/> |
| DEXA Scan | 9.8% (19) | 8.7% (13) | 9.6% (12) | <input type="checkbox"/> |
| None | 11.9% (23) | 5.3% (8) | 9.6% (12) | <input type="checkbox"/> |
| Hearing check | | 8.7% (13) | 8.8% (11) | <input type="checkbox"/> |
| Mental health counseling | | 3.3% (5) | 8.0% (10) | <input type="checkbox"/> |
| Other | 6.7% (13) | 4.7% (7) | 3.2% (4) | <input type="checkbox"/> |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventive services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

Desired Local Health Services (Question 10)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents expressed the most interest in “Urgent care” at 44.8% (n=56), which is a significant increase since the 2019 assessment. Twenty point eight percent (n=26) respondents were interested in “Mental health services,” while 12.8% (n=16) desire “Home health service” locally.

| Desired Local Healthcare Services | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|-----------------------------------|---------------|---------------|---------------|-----------------------|
| Number of respondents | 194 | 150 | 125 | |
| Urgent care | 43.8% (85) | 36.7% (55) | 44.8% (56) | ■ |
| Mental health services | | | 20.8% (26) | □ |
| Home health service | 13.4% (26) | 16.0% (24) | 12.8% (16) | □ |
| Cancer care | 6.7% (13) | 10.0% (15) | 11.2% (14) | □ |
| Personal care attendant | | 4.0% (6) | 5.6% (7) | □ |
| Pediatrics | 5.7% (11) | 9.3% (14) | 4.8% (6) | □ |
| Other | 4.1% (8) | 11.3% (17) | 5.6% (7) | ■ |

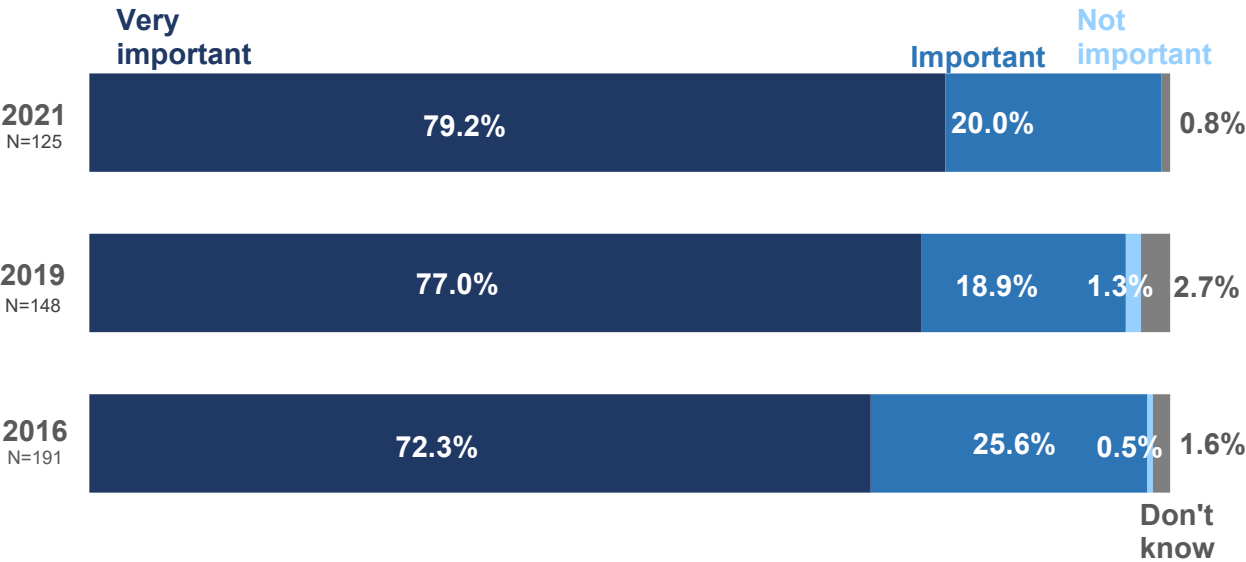
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick all desired local healthcare services that are of interest, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Support group for weight loss and nutrition.”

Economic Importance of Healthcare (Question 11)

The majority of respondents (79.2%, n=99) indicated that local healthcare providers and services (i.e., hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty percent of respondents (n=25) indicated they are “Important,” and no respondents felt they are not important.

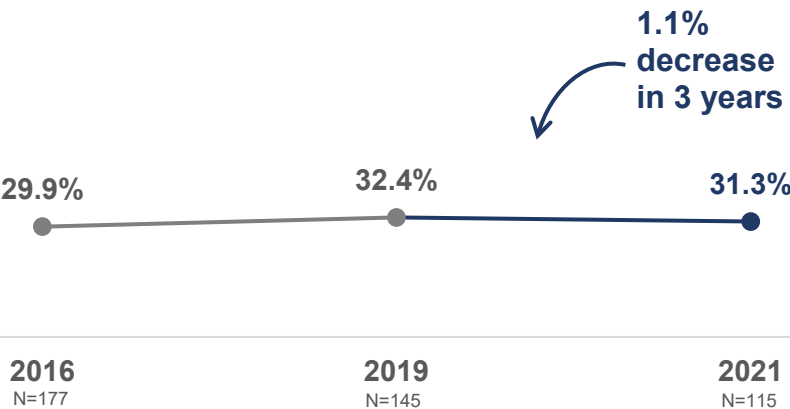
The majority of respondents say that local healthcare providers are **very important** or **important** to the community's economic well-being.



Delay of Services (Question 12)

Thirty-one point three percent of respondents (n=36) 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-eight point seven percent of respondents (n=79) felt they were able to get the healthcare services they needed without delay.

Less than a third of respondents delayed or did not receive needed services



View a cross tabulation of where respondents live and ‘delay of healthcare services’ on p. 84

Reason for Not Receiving/Delaying Needed Services (Question 13)

For those who indicated they were unable to receive or had to delay services (n=36), the reason most cited was that “It cost too much” (33.3%, n=12). “My insurance didn't cover it” was selected by 30.6% (n=11), while 19.4% of respondents (n=7) indicated it was “Too long to wait for an appointment.”

| Reasons for Delay in Receiving Needed Healthcare | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|--|---------------|---------------|---------------|--------------------------|
| Number of respondents | 53 | 47 | 36 | |
| It cost too much | 58.5% (31) | 51.1% (24) | 33.3% (12) | <input type="checkbox"/> |
| My insurance didn't cover it | 26.4% (14) | 29.8% (14) | 30.6% (11) | <input type="checkbox"/> |
| Too long to wait for an appointment | 24.5% (13) | 17.0% (8) | 19.4% (7) | <input type="checkbox"/> |
| Could not get an appointment | 7.5% (4) | 12.8% (6) | 13.9% (5) | <input type="checkbox"/> |
| Not treated with respect | 15.1% (8) | 8.5% (4) | 13.9% (5) | <input type="checkbox"/> |
| Office wasn't open when I could go | 15.1% (8) | 2.1% (1) | 13.9% (5) | <input type="checkbox"/> |
| No insurance | 15.1% (8) | 19.1% (9) | 11.1% (4) | <input type="checkbox"/> |
| Qualified provider not available | | | 11.1% (4) | <input type="checkbox"/> |
| Could not get off work | 1.9% (1) | 12.8% (6) | 8.3% (3) | <input type="checkbox"/> |
| Don't like doctors | 20.8% (11) | 8.5% (4) | 8.3% (3) | <input type="checkbox"/> |
| It was too far to go | 1.9% (1) | 8.5% (4) | 8.3% (3) | <input type="checkbox"/> |
| Too nervous or afraid | 11.3% (6) | 12.8% (6) | 8.3% (3) | <input type="checkbox"/> |
| Had no childcare | 1.9% (1) | 0.0% (0) | 2.8% (1) | <input type="checkbox"/> |
| Transportation problems | 1.9% (1) | 0.0% (0) | 2.8% (1) | <input type="checkbox"/> |
| Didn't know where to go | 9.4% (5) | 8.5% (4) | 0.0% (0) | <input type="checkbox"/> |
| Don't understand healthcare system | | | 0.0% (0) | <input type="checkbox"/> |
| Language barrier | 0.0% (0) | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Unsure if services were available | 9.4% (5) | 2.1% (1) | 0.0% (0) | <input type="checkbox"/> |
| Other* | 11.3% (6) | 25.5% (12) | 27.8% (10) | <input type="checkbox"/> |

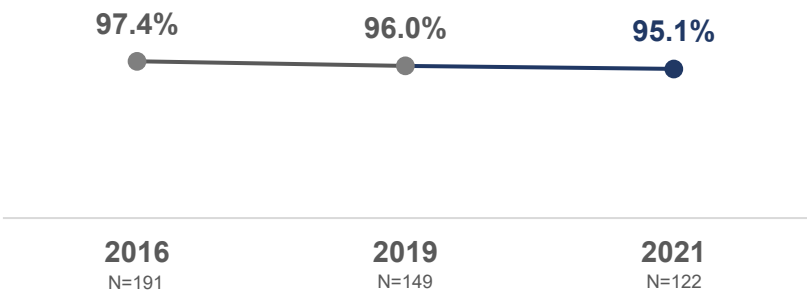
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the top three reasons for a delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=4) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “COVID delayed services” and “judgmental hospital staff.”

Primary Care Services (Question 14)

Ninety-five point one percent of respondents (n=116) 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 point nine percent of respondents (n=6) indicated they had not received primary care.

Primary care utilization has remained consistent since the 2016 assessment



Location of Primary Care Services (Question 15)

Of the 116 respondents who indicated receiving primary care services in the previous three years, 52.2% (n=60) reported receiving care in Deer Lodge, and 18.3% of respondents (n=21) went to Anaconda. Twelve respondents were moved to “other” due to selecting more than one primary care provider location.

| Location of Primary Care Provider | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|---|----------------------|---------------------|---------------------|-----------------------|
| Number of respondents | 169 | 143 | 116 | |
| Deer Lodge | 66.9% (113) | 50.3% (72) | 52.2% (60) | ■ |
| Anaconda | 10.1% (17) | 14.0% (20) | 18.3% (21) | □ |
| Missoula | 7.1% (12) | 7.0% (10) | 8.7% (10) | □ |
| Butte | 10.1% (17) | 6.3% (9) | 5.2% (6) | □ |
| State Clinics (Butte, Anaconda, Helena) | | 1.4% (2) | 3.5% (4) | □ |
| VA | | 3.5% (5) | 1.7% (2) | □ |
| Helena | 4.7% (8) | 4.9% (7) | 0.9% (1) | □ |
| Granite County | | | 0.0% (0) | □ |
| Out of state | | | 0.0% (0) | □ |
| Other* | 1.2% (2) | 12.6% (18) | 9.6% (12) | □ |
| TOTAL | 100.0 % (169) | 100.0% (143) | 100.0% (116) | |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=12) who selected over the allotted amount were moved to “Other.”

View a cross tabulation of where respondents live with where they utilize primary care services on p. 85

Reasons for Primary Care Provider Selection (Question 16)

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 47.4% (n=55) followed by “Prior experience with clinic” at 37.1% (n=43), and “Appointment availability” at 36.2% (n=42). The latter reason experienced a significant increase since the last assessment.

| Reasons for Selecting Primary Care Provider | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 186 | 143 | 116 | |
| Closest to home | 43.0% (80) | 42.7% (61) | 47.4% (55) | <input type="checkbox"/> |
| Prior experience with clinic | 45.2% (84) | 38.5% (55) | 37.1% (43) | <input type="checkbox"/> |
| Appointment availability | 33.9% (63) | 23.1% (33) | 36.2% (42) | <input checked="" type="checkbox"/> |
| Clinic/provider's reputation for quality | 25.3% (47) | 33.6% (48) | 35.3% (41) | <input type="checkbox"/> |
| Recommended by family or friends | 24.7% (46) | 22.4% (32) | 21.6% (25) | <input type="checkbox"/> |
| Referred by physician or other provider | 9.7% (18) | 15.4% (22) | 12.9% (15) | <input type="checkbox"/> |
| Cost of care | 11.3% (21) | 4.9% (7) | 12.1% (14) | <input type="checkbox"/> |
| Privacy/confidentiality | | | 12.2% (9) | <input type="checkbox"/> |
| Length of waiting room time | 11.3% (21) | 8.4% (12) | 6.0% (7) | <input type="checkbox"/> |
| VA/Military requirement | 3.8% (7) | 9.8% (14) | 5.2% (6) | <input type="checkbox"/> |
| Required by insurance plan | 6.5% (12) | 3.5% (5) | 3.4% (4) | <input type="checkbox"/> |
| Indian Health Services | 0.5% (1) | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Other | 11.3% (21) | 10.5% (15) | 13.8% (16) | <input type="checkbox"/> |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick the reasons for selection of their primary care provider, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

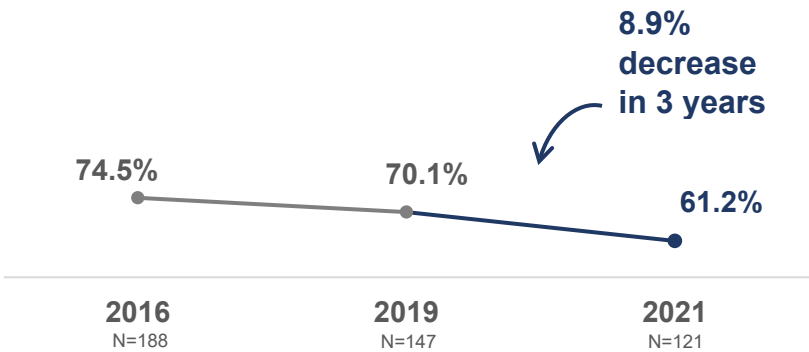
“Other” comments included: “Services not available in Deer Lodge” and “Confidence in hospital staff.”

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 86

Hospital Care Services (Question 17)

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-one point two percent of respondents (n=74) reported that they or a member of their family had received hospital care during the previous three years, and 38.8% (n=47) had not received hospital services.

The majority of respondents report utilization of hospital services



Location of Hospital Services (Question 18)

Of the 74 respondents who indicated receiving hospital care in the last three years, 73 shared which hospital they use most often. Thirty-five point two percent (n=26) reported receiving care at Deer Lodge Medical Center while 24.7% (n=18) received services at “Community Hospital of Anaconda.” Twelve respondents were moved to “Other” for selecting more than one hospital location.

| Hospital Used Most Often | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|-------------------------------------|---------------------|---------------------|--------------------|-------------------------------------|
| Number of respondents | 123 | 103 | 73 | |
| Deer Lodge Medical Center | 45.5% (56) | 35.0% (36) | 35.2% (26) | <input type="checkbox"/> |
| Community Hospital of Anaconda | 15.4% (19) | 14.6% (15) | 24.7% (18) | <input type="checkbox"/> |
| St. James Healthcare (Butte) | 9.8% (12) | 4.9% (5) | 6.8% (5) | <input type="checkbox"/> |
| St. Patrick Hospital (Missoula) | 10.6% (13) | 12.6% (13) | 6.8% (5) | <input checked="" type="checkbox"/> |
| St. Peter’s Hospital (Helena) | 4.9% (6) | 1.0% (1) | 4.1% (3) | <input type="checkbox"/> |
| Community Medical Center (Missoula) | 6.5% (8) | 3.9% (4) | 1.4% (1) | <input type="checkbox"/> |
| VA | | 2.9% (3) | 0.0% (0) | <input type="checkbox"/> |
| Other* | 7.3% (9) | 25.2% (26) | 20.5% (15) | <input type="checkbox"/> |
| TOTAL | 100.0% (123) | 100.0% (103) | 100.0% (73) | |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=12) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Big Sky Surgery Center

View a cross tabulation of where respondents live with where they utilize hospital services on p. 87

Reasons for Hospital Selection (Question 19)

Of the 116 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 40.5% (n=30). “Closest to home” was selected by 37.8% of the respondents (n=28), and 29.7% (n=22, each) chose “Emergency, no choice” and “Referred by physician or other provider.”

| Reasons for Selecting Hospital | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-----------------------|
| Number of respondents | 140 | 103 | 116 | |
| Prior experience with hospital | 41.4% (58) | 51.5% (53) | 40.5% (30) | ■ |
| Closest to home | 43.6% (61) | 47.6% (49) | 37.8% (28) | □ |
| Emergency, no choice | 36.4% (51) | 26.2% (27) | 29.7% (22) | □ |
| Referred by physician or other provider | 31.4% (44) | 26.2% (27) | 29.7% (22) | □ |
| Hospital's reputation for quality | 37.9% (53) | 42.7% (44) | 27.0% (20) | ■ |
| Privacy/confidentiality | | | 8.1% (6) | □ |
| Recommended by family or friends | 17.1% (24) | 7.8% (8) | 8.1% (6) | ■ |
| Cost of care | 12.1% (17) | 4.9% (5) | 6.8% (5) | □ |
| Closest to work | 5.0% (7) | 6.8% (7) | 5.4% (4) | □ |
| Financial assistance programs | | 3.9% (4) | 4.1% (3) | □ |
| Required by insurance plan | 3.6% (5) | 3.9% (4) | 4.1% (3) | □ |
| VA/Military requirement | 4.3% (6) | 9.7% (10) | 1.4% (1) | ■ |
| Other* | 5.7% (8) | 9.7% (10) | 10.8% (8) | □ |

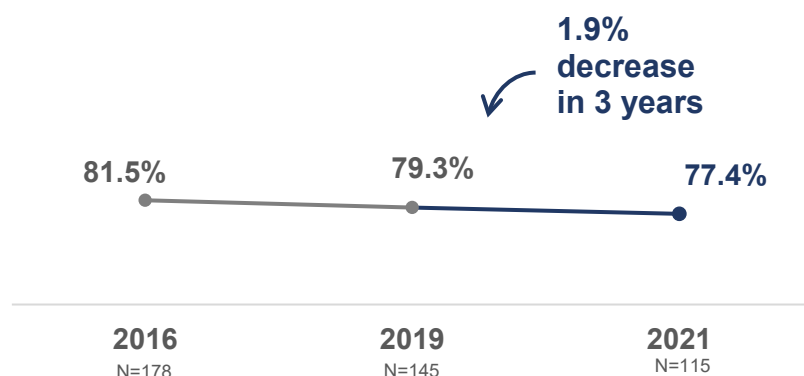
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=4) who selected over the allotted amount were moved to “Other.”

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 88

Specialty Care Services (Question 20)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. Seventy-seven point four percent of the respondents (n=89) indicated they or a household member had seen a healthcare specialist during the past three years, while 22.6% (n=26) indicated they had not.

Specialty care utilization slightly decreased since the last assessment



Location of Healthcare Specialist(s) (Question 21)

Of the 89 respondents who indicated they saw a healthcare specialist in the past three years, 29.2% (n=26) sought care at Deer Lodge Medical Center. Twenty-four point seven percent of respondents (n=22) utilized specialty services at “St. James Healthcare (Butte),” while 21.3% of respondents (n=19) received specialty care at “St. Patrick Hospital (Missoula).”

| Location of Specialist | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|-------------------------------------|---------------|---------------|---------------|-----------------------|
| Number of respondents | 145 | 115 | 89 | |
| Deer Lodge Medical Center | 42.8% (62) | 27.8% (32) | 29.2% (26) | ■ |
| St. James Healthcare (Butte) | 15.9% (23) | 22.6% (26) | 24.7% (22) | □ |
| St. Patrick Hospital (Missoula) | 29.0% (42) | 23.5% (27) | 21.3% (19) | □ |
| Community Hospital of Anaconda | 24.1% (35) | 32.2% (37) | 20.2% (18) | □ |
| Community Medical Center (Missoula) | 22.8% (33) | 17.4% (20) | 20.2% (18) | □ |
| St. Peter’s Hospital (Helena) | 9.7% (14) | 7.0% (8) | 4.5% (4) | □ |
| VA | | 9.6% (11) | 4.5% (4) | □ |
| Other | 21.4% (31) | 33.0% (38) | 32.6% (29) | □ |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the location of any specialist seen in the past three years, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: MS Center Billings, Missoula Bone and Joint, and Five Valley Urology.

Type of Healthcare Specialist Seen (Question 22)

The survey respondents (n=89) saw a wide array of healthcare specialists in the past three years. The most frequently utilized specialist was the “Orthopedic Surgeon” at 29.2% (n=26). A “Cardiologist” was seen by 28.1% of respondents (n=25) followed by the “Dentist” at 21.3% (n=19). Respondents were asked to choose all that apply, so the percentages do not equal 100%.

| Type of Specialists Seen | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|--------------------------|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 145 | 115 | 89 | |
| Orthopedic surgeon | 23.4% (34) | 27.0% (31) | 29.2% (26) | <input type="checkbox"/> |
| Cardiologist | 27.6% (40) | 29.6% (34) | 28.1% (25) | <input type="checkbox"/> |
| Dentist | 63.4% (92) | 30.4% (35) | 21.3% (19) | <input checked="" type="checkbox"/> |
| Dermatologist | 20.7% (30) | 15.7% (18) | 20.2% (18) | <input type="checkbox"/> |
| Chiropractor | 29.0% (42) | 15.7% (18) | 19.1% (17) | <input checked="" type="checkbox"/> |
| Optometrist | | 24.3% (28) | 19.1% (17) | <input type="checkbox"/> |
| Physical therapist | 30.3% (44) | 21.7% (25) | 19.1% (17) | <input type="checkbox"/> |
| Urologist | 11.7% (17) | 11.3% (13) | 14.6% (13) | <input type="checkbox"/> |
| Ophthalmologist | 31.0% (45) | 11.3% (13) | 13.5% (12) | <input checked="" type="checkbox"/> |
| Gastroenterologist | 9.7% (14) | 13.0% (15) | 12.4% (11) | <input type="checkbox"/> |
| Oncologist | 5.5% (8) | 8.7% (10) | 11.2% (10) | <input type="checkbox"/> |
| Neurologist | 9.7% (14) | 7.0% (8) | 10.1% (9) | <input type="checkbox"/> |
| Radiologist | 30.3% (44) | 9.6% (11) | 10.1% (9) | <input checked="" type="checkbox"/> |
| Podiatrist | 10.3% (15) | 7.8% (9) | 9.0% (8) | <input type="checkbox"/> |
| General surgeon | 15.9% (23) | 13.0% (15) | 7.9% (7) | <input type="checkbox"/> |
| OB/GYN | 18.6% (27) | 13.0% (15) | 6.7% (6) | <input checked="" type="checkbox"/> |
| ENT (ear/nose/throat) | 13.8% (20) | 13.0% (15) | 5.6% (5) | <input type="checkbox"/> |
| Mental health counselor | 8.3% (12) | 4.3% (5) | 5.6% (5) | <input type="checkbox"/> |
| Rheumatologist | 5.5% (8) | 7.0% (8) | 5.6% (5) | <input type="checkbox"/> |
| Audiologist | | 9.6% (11) | 4.5% (4) | <input type="checkbox"/> |
| Endocrinologist | 8.3% (12) | 6.1% (7) | 4.5% (4) | <input type="checkbox"/> |
| Allergist | 7.6% (11) | 5.2% (6) | 3.4% (3) | <input type="checkbox"/> |

Table continued on the next page.

| | | | | |
|---------------------------|-----------|-----------|----------|-------------------------------------|
| Occupational therapist | 2.8% (4) | 0.9% (1) | 3.4% (3) | <input type="checkbox"/> |
| Pulmonologist | 9.0% (13) | 5.2% (6) | 3.4% (3) | <input type="checkbox"/> |
| Pediatrician | 6.9% (10) | 5.2% (6) | 2.2% (2) | <input type="checkbox"/> |
| Social worker | 1.4% (2) | 0.9% (1) | 2.2% (2) | <input type="checkbox"/> |
| Geriatrician | 0.7% (1) | 0.0% (0) | 1.1% (1) | <input type="checkbox"/> |
| Neurosurgeon | 3.4% (5) | 2.6% (3) | 1.1% (1) | <input type="checkbox"/> |
| Psychiatrist (M.D.) | 4.8% (7) | 3.5% (4) | 1.1% (1) | <input type="checkbox"/> |
| Psychologist | 3.4% (5) | 0.0% (0) | 1.1% (1) | <input type="checkbox"/> |
| Dietician | 5.5% (8) | | 0.0% (0) | <input checked="" type="checkbox"/> |
| Speech therapist | 1.4% (2) | 0.9% (1) | 0.0% (0) | <input type="checkbox"/> |
| Substance abuse counselor | 0.0% (0) | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Other | 4.8% (7) | 9.6% (11) | 7.9% (7) | <input type="checkbox"/> |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate each type of specialist seen, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

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

Respondents were asked to rate various services available through Deer Lodge Medical Center using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The services that received the highest score were "Physical therapy and occupational therapy" with a rating of 3.5 out of 4.0 (n=41), "Laboratory" at 3.4 (n=92), and "Imaging (X-Ray, CT scan, MRI, DEXA scan)" at 3.4 (n=80). Overall, the average rating of quality for the health services listed through DLMC was 3.3 out of 4.0.

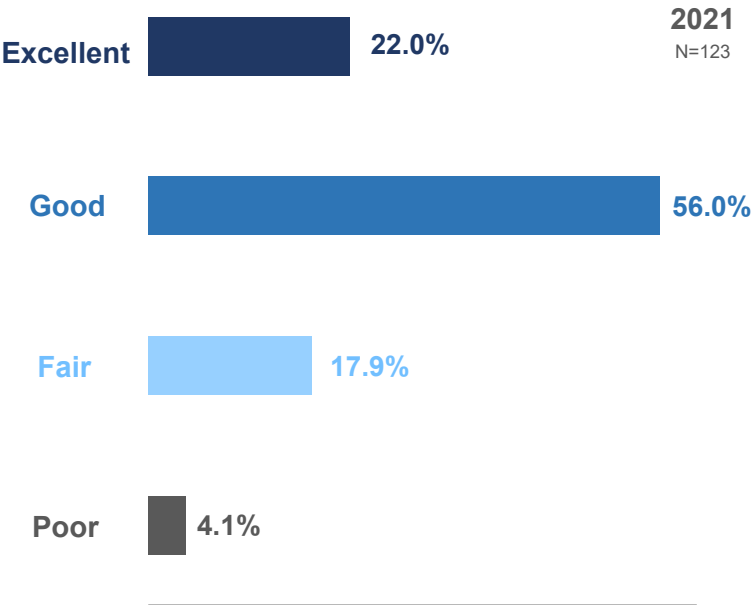
| Quality of Care Rating at DLMC | 2016 Average (n) | 2019 Average (n) | 2021 Average (n) | SIGNIFICANT CHANGE |
|--|---------------------|---------------------|---------------------|--------------------------|
| 4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4 | | | | |
| Total number of respondents | 158 | 119 | 111 | |
| Physical therapy and occupational therapy | 3.2 (60) | 3.5 (40) | 3.5 (41) | <input type="checkbox"/> |
| Laboratory | 3.3 (136) | 3.4 (95) | 3.4 (92) | <input type="checkbox"/> |
| Imaging (X-Ray, CT scan, MRI, DEXA scan) | | 3.3 (99) | 3.4 (80) | <input type="checkbox"/> |
| Clinical services | 3.1 (127) | 3.1 (101) | 3.2 (91) | <input type="checkbox"/> |
| Outpatient surgical services | | | 3.2 (34) | <input type="checkbox"/> |
| Rehabilitation services (Cardiac, pulmonary) | | 3.0 (17) | 3.2 (15) | <input type="checkbox"/> |
| Emergency Room | 3.2 (110) | 3.0 (89) | 3.0 (79) | <input type="checkbox"/> |
| Inpatient services/transitional care | 3.1 (78) | 3.2 (57) | 3.0 (39) | <input type="checkbox"/> |
| Overall average | 3.2 (158) | 3.2 (119) | 3.3 (111) | <input type="checkbox"/> |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

Rating of Mental Health (Question 24)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Fifty-six percent of respondents (n=69) felt their mental health was “Good,” 22.0% (n=27) rated their mental health as “Excellent,” and 17.9% of respondents (n=22) felt their mental health was “Fair.”

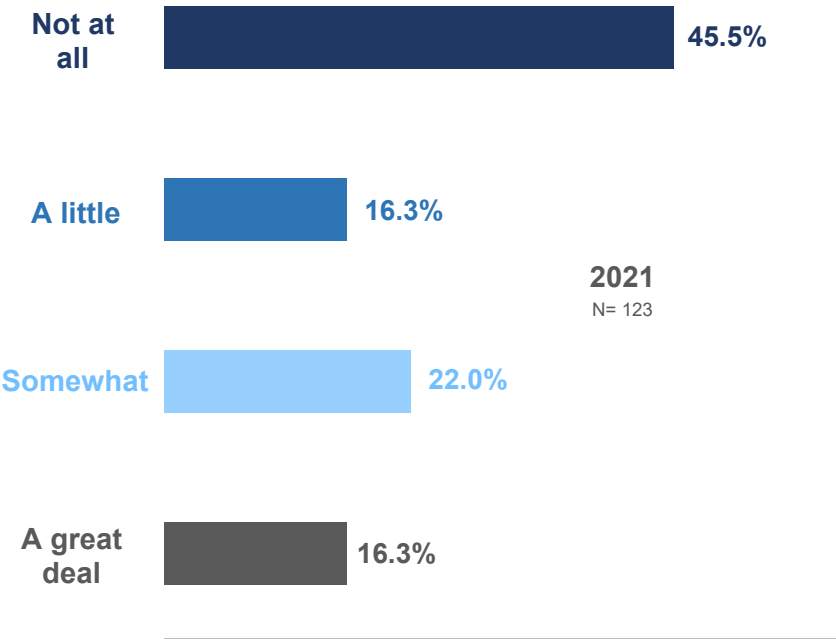
Over half of respondents rated their mental health as **good**



Impact of Substance Abuse (Question 25)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs. Forty-five point five percent of respondents (n=56) indicated their life was “Not at all” affected. Twenty-two percent of respondents (n=27) indicated they were “Somewhat” negatively affected, while 16.3% of respondents (n=20) indicated their life was affected “a great deal” by their own or someone else’s substance abuse issues.

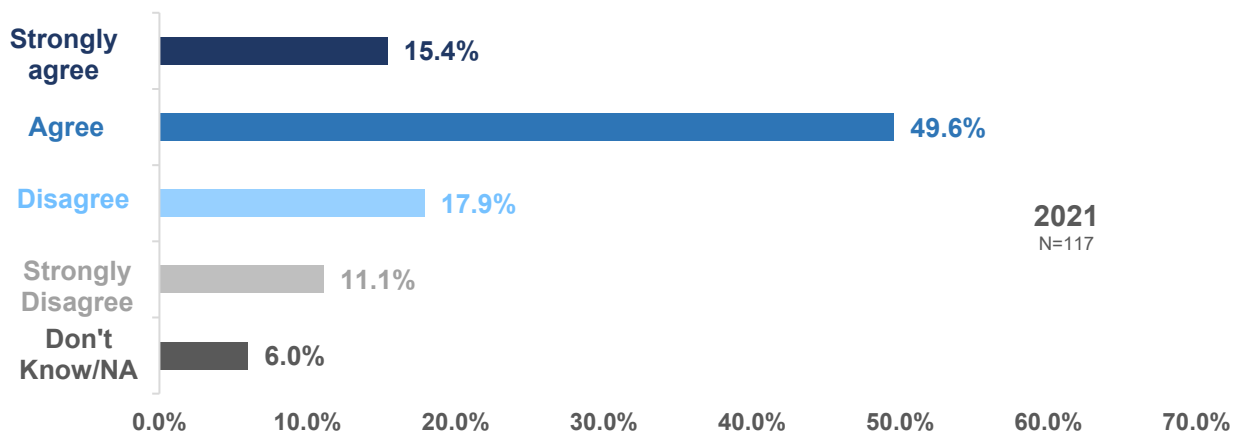
Nearly a quarter of respondents were **somewhat affected** by their own or someone else's substance use issues



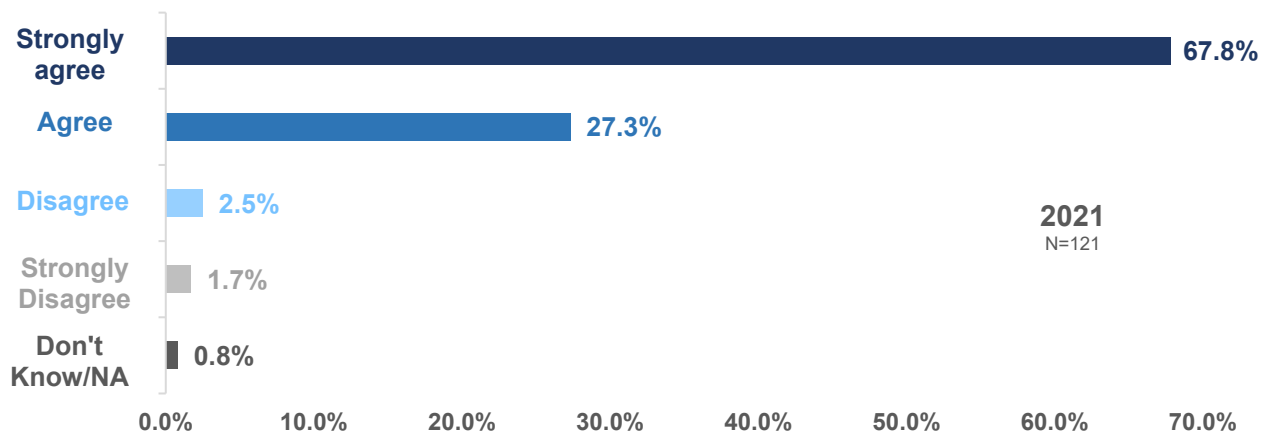
Aspects of Community (Question 26)

Respondents were asked to indicate their level of agreement with statements about various aspects of their community. See the subsequent graphs for more detail.

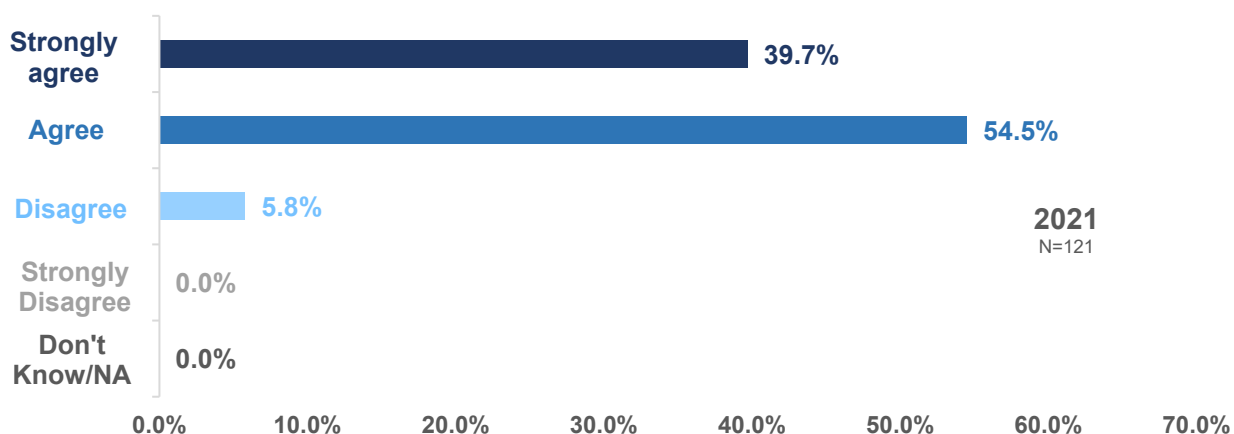
1. I can get the health care I need in Powell County.



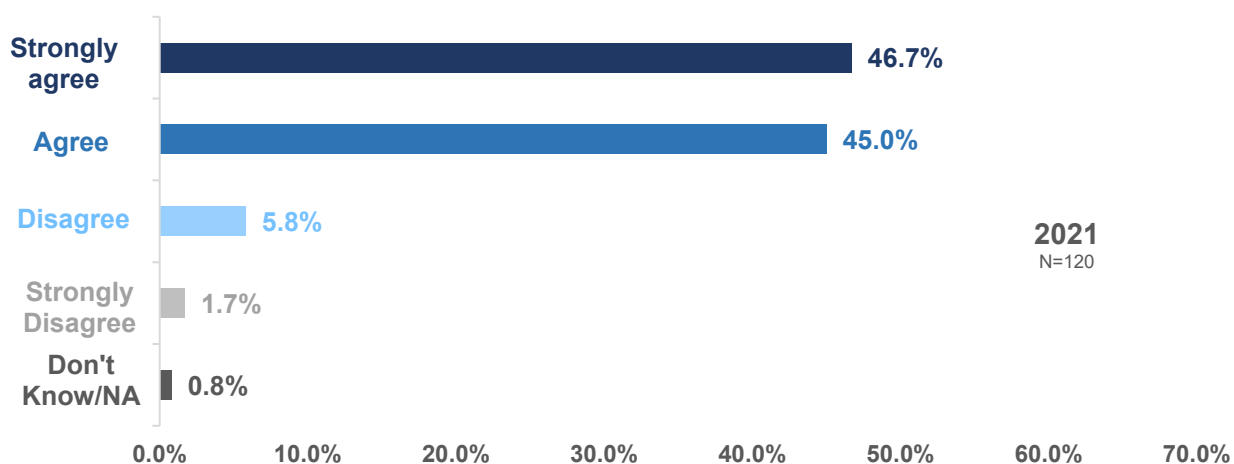
2. I feel safe in my home.



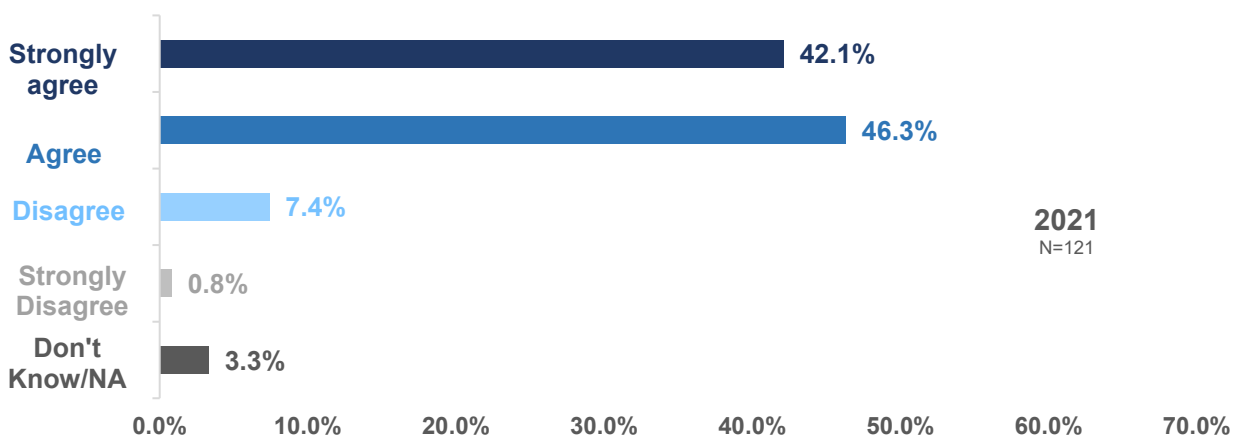
3. I feel safe in my community.



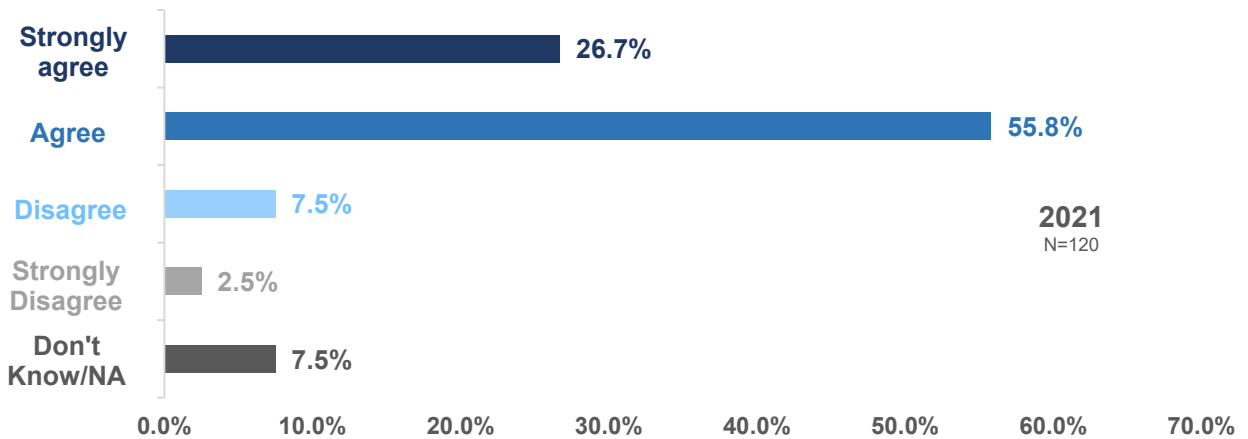
4. There are places to be physically active near my home.



5. I have enough financial resources to meet my basic needs.

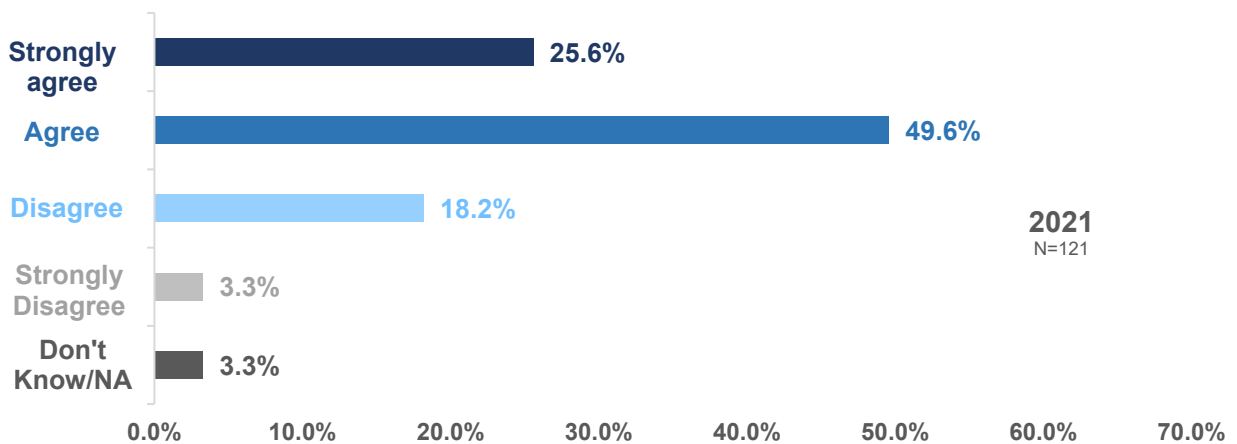


6. My community is a good place to raise children



“Other” comments included: “Yes but nothing much for kids to do.”

7. My community is a good place to grow old.

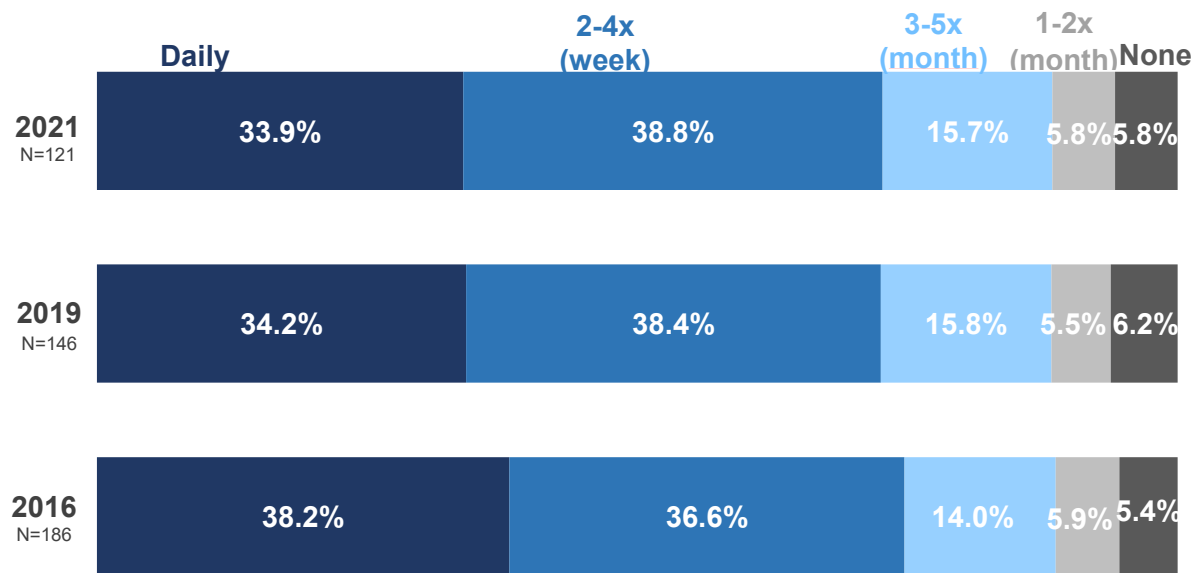


“Other” comments included: “Transportation for seniors is good. There isn’t much for seniors to do. Need some more activities.”

Physical Activity (Question 27)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-three point nine percent of respondents (n=41) indicated they had physical activity “Daily,” and 38.8% (n=47) indicated they had physical activity of at least twenty minutes “2-4 times per week.” Five point eight percent of respondents (n=7) indicated they had “No physical activity.”

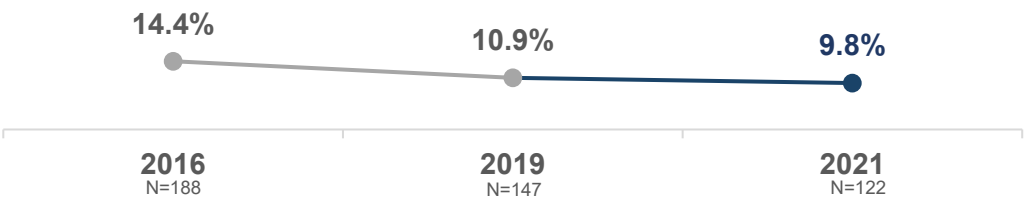
Physical activity has remained consistent since the 2016 assessment



Difficulty Getting Prescriptions (Question 28)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Nine point eight percent of respondents (n=12) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Eighty point three percent of respondents (n=98) indicated that they did not have trouble getting or taking prescriptions, while 9.8% of respondents (n=12) stated it was not a pertinent question for them.

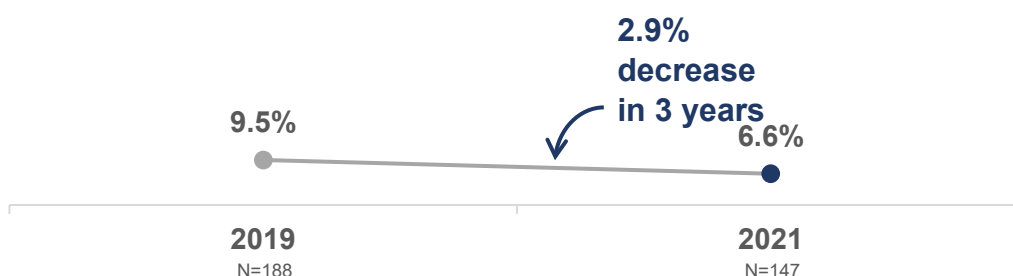
Cost as a barrier to taking medications slightly decreased since the last assessment



Food Insecurity (Question 29)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority (93.4%, n=114) were not worried, but 6.6% (n=8) were concerned about not having enough to eat.

The majority of respondents did not worry about having enough food



Injury Prevention Measures (Question 30)

Respondents were asked to indicate which injury prevention measures they use regularly. The majority, 85.6% (n=107) indicated that they use "Seat belt," but 4.8% (n=6) indicate they use none of the listed injury prevention measures regularly.

| Injury Prevention Measures | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|-------------------------------|---------------|---------------|---------------|--------------------------|
| Number of respondents | 0 | 150 | 125 | |
| Seat belt | | 89.3% (134) | 85.6% (107) | <input type="checkbox"/> |
| Regular exercise | | 52.0% (78) | 48.0% (60) | <input type="checkbox"/> |
| Eye protection/safety goggles | | 27.3% (41) | 28.0% (35) | <input type="checkbox"/> |
| Hearing/ear protection | | 21.3% (32) | 22.4% (28) | <input type="checkbox"/> |
| Helmet | | 19.3% (29) | 17.6% (22) | <input type="checkbox"/> |
| Designated driver | | 19.3% (29) | 13.6% (17) | <input type="checkbox"/> |
| Child car seat/booster | | 15.3% (23) | 12.0% (15) | <input type="checkbox"/> |
| None | | 4.0% (6) | 4.8% (6) | <input type="checkbox"/> |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate each type of injury prevention measures they use regularly, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

Medical Insurance Type (Question 31)

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-one point five percent (n=39) indicated they have “Employer sponsored” coverage. Twenty-five percent (n=31) indicated they have “Medicare” coverage, and 19.4% (n=24) selected “Other.” Employer sponsored insurance coverage experienced a significant fluctuation over the last six years of assessments.

| Type of Health Insurance | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|--------------------------------|---------------|---------------|---------------|-----------------------|
| Number of respondents | 151 | 147 | 124 | |
| Employer sponsored | 39.1% (59) | 27.2% (40) | 31.5% (39) | ■ |
| Medicare | 29.1% (44) | 26.5% (39) | 25.0% (31) | □ |
| VA/Military | 6.0% (9) | 3.4% (5) | 7.3% (9) | □ |
| Medicaid | 2.6% (4) | 5.4% (8) | 4.8% (6) | □ |
| Private insurance/private plan | 6.0% (9) | 1.4% (2) | 4.8% (6) | □ |
| Health Insurance Marketplace | 4.0% (6) | 4.1% (6) | 4.0% (5) | □ |
| None/pay out of pocket | 4.0% (6) | 0.0% (0) | 2.4% (3) | □ |
| Healthy MT Kids | 1.3% (2) | 0.7% (1) | 0.8% (1) | □ |
| Health Savings Account | 0.7% (1) | 0.7% (1) | 0.0% (0) | □ |
| Indian Health | 0.0% (0) | 0.0% (0) | 0.0% (0) | □ |
| State plan | 6.6% (10) | 2.7% (4) | | □ |
| Other* | 0.7% (1) | 23.8% (35) | 19.4% (24) | ■ |

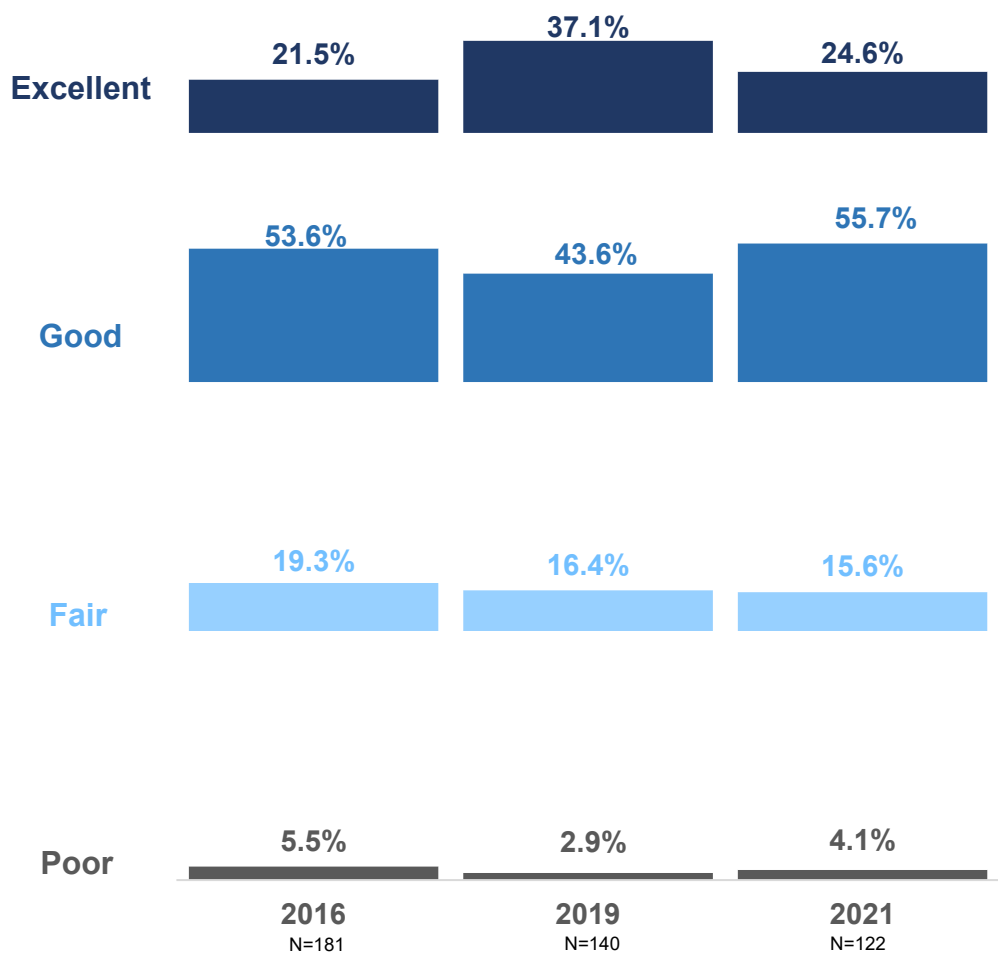
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=22) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Medicare plus supplemental” and “Federal MHBP-Aetna.”

Insurance and Healthcare Costs (Question 32)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Fifty-five point seven percent of respondents (n=68) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-four point six percent of respondents (n=30) indicated they felt their insurance covered an “Excellent” amount, and 15.6% of respondents (n=19) indicated they felt their insurance covered a “Fair” amount of their health costs.

Most people feel that their health insurance offers **excellent** or **good** coverage



Barriers to Having Insurance (Question 33)

For those who indicated they did not have insurance (n=3), the top reason selected for not having insurance was “Can’t afford to pay for medical insurance.” Respondents could select all that apply.

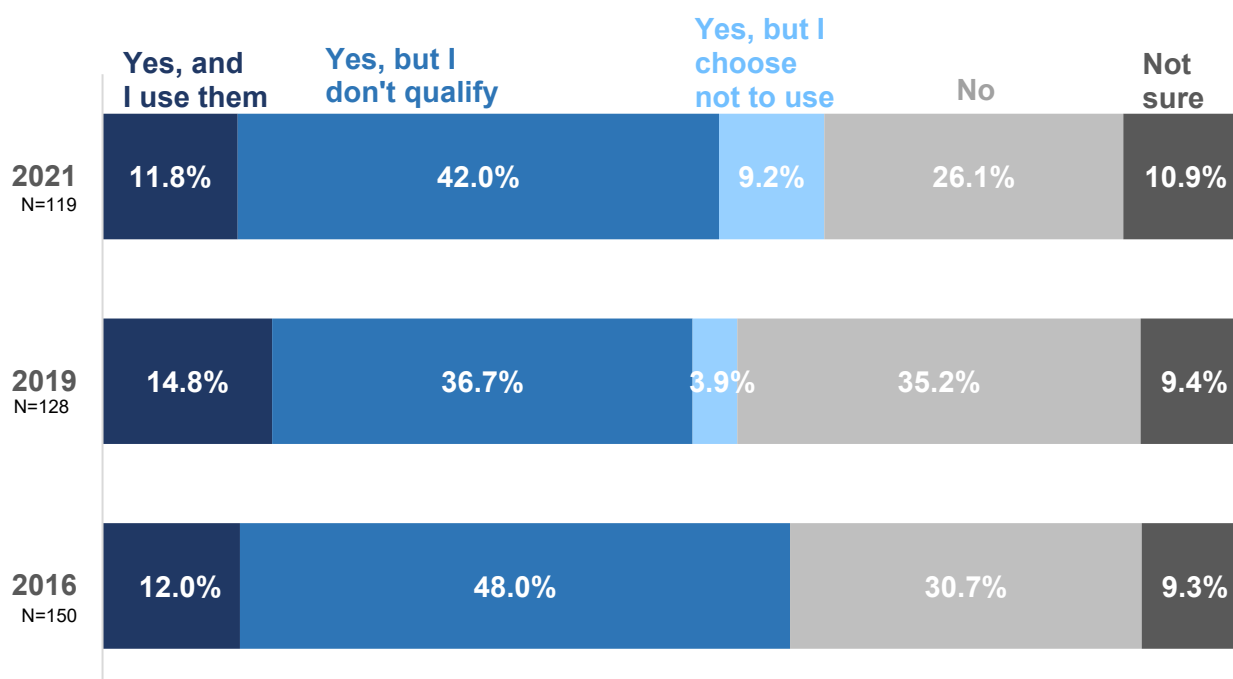
| Reasons for No Health Insurance | 2016 % (n) | 2019 % (n) | 2021 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|--------------------------|
| Number of respondents | 6 | 7 | 3 | |
| Can’t afford to pay for medical insurance | 66.7% (4) | 100.0% (6) | 100.0% (3) | <input type="checkbox"/> |
| Employer does not offer insurance | 66.7% (4) | 16.7% (1) | 33.3% (1) | <input type="checkbox"/> |
| Choose not to have medical insurance | 16.7% (1) | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Too confusing/don’t know how to apply | | | 0.0% (0) | <input type="checkbox"/> |
| Other | 0.0% (0) | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

Awareness of Health Cost Assistance Programs (Question 34)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-two percent of respondents (n=50) indicated they were aware of these programs but did not qualify to utilize them, and 26.1% (n=31) indicated that they were not aware of health cost assistance programs.

Over a quarter of 2021 respondents are not aware of programs that help people pay for healthcare expenses





FOCUS GROUP RESULTS

Focus Group Methodology

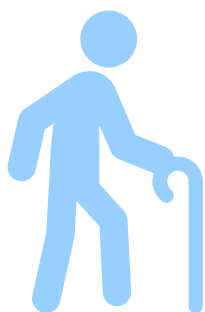
Two focus groups were conducted in December of 2021. Participants were identified as people living in Deer Lodge Medical Center's (DLMC) service area.

Fifteen people participated in the focus groups. The focus groups were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The focus groups were held at the Rotary Club and DLMC. The meetings lasted from 20 to 60 minutes in length and followed the same line of questioning, although some questions were omitted due to time constraints. Focus group transcripts can be found in Appendix G. Focus groups were facilitated by Sara Jestrab and Josh Hunsaker with the Montana Office of Rural Health.



Focus Group 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.



Senior Services

Additional and improved senior services were discussed as a need in the community. Specifically, a lack of senior centers and nursing homes, workforce shortages within current senior service facilities, and a lack of home health services were stated as areas of improvement. Community members expressed appreciation for the great bus service that is supported by the local Council on Aging.

Focus group participants stated that community members often have to travel long distances for many of their chronic illnesses. An attempt to improve or expand telehealth services for more minor visits was highly encouraged by community members. It was stated that “any additional ways that we can

implement telehealth and Zoom to allow people to stay home and prevent long-distance travel, will be beneficial to the community's health."

MENTAL & BEHAVIORAL HEALTH



Community members highlighted concerns with substance abuse in each of the two focus groups. Most were quick to include that substance abuse has been a continuing issue, particularly among the young adult demographic. One participant mentioned, "drinking and driving prevention is an area that we as a community could work on, especially among our kids." Although, access to mental and behavioral health services was noted as a need for all ages in the community.

Individuals often have to travel out of town to seek access to mental health providers; in part due to stigma associated with seeking help among peers in the community and a lack of mental health providers locally. It was noted that improved mental health education and awareness would be beneficial to the community as a whole.

Several community members also expressed a concern that child abuse and neglect still persists within the community. Similarly, participants were unsure of what resources (hospital or otherwise) existed within their community to address this concern.

HEALTH EDUCATION, FITNESS, AND NUTRITION



The focus group participants identified several chronic diseases and unhealthy habits as it relates to physical activity and nutrition. Childhood obesity, diabetes, access to green spaces, and lack of healthy food options were all recognized as challenges within the community. Several community members noted that there were opportunities to improve and reinforce healthy behaviors within the community. These included "building up the local trail system and sustaining community sports leagues to create outlets for people to stay active while also generating camaraderie in the community."

There was an expressed need to educate and create more awareness about healthy lifestyle choices, especially within schools. Individuals mentioned that they were unaware of any programs within schools that aided children in identifying and engaging in healthy lifestyle choices, outside of physical education.

SERVICES NEEDED IN THE COMMUNITY



- More mental health resources
- Home health services
- Substance abuse counseling and resources
- More telehealth opportunities
- Increased health outreach and fitness opportunities
- Access to healthy foods
- Improved senior housing options
- Prevention programs among youth



EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from the Deer Lodge Medical Center Community Health Assessment. Areas of opportunity were determined after consideration of various criteria, including a comparison to data from local, state, and federal sources (Secondary data); survey results; those issues of greatest concern identified by the community stakeholders through focus groups; and the potential impact of a given issue.

| Areas of Opportunity | Secondary Data | Survey | Focus Groups |
|--|----------------|--------|--------------|
| Access to Healthcare Services | | | |
| Barriers to access | | | |
| <i>More primary care providers</i> | ⊗ | ✓ | ☑ |
| <i>Specialty services (i.e., urgent care, mental health)</i> | ⊗ | ✓ | ☑ |
| <i>Awareness of available services</i> | | ✓ | ☑ |
| Cost of services | | | |
| <i>Affordability and insurance</i> | ⊗ | ✓ | ☑ |
| <i>Healthcare navigator (i.e., Assistance signing up for insurance, Medicare, or Medicaid)</i> | | ✓ | ☑ |
| Senior Services | | | |
| <i>Home health</i> | | ✓ | ☑ |
| Chronic Disease Prevention | | | |
| <i>Nutrition: Access to affordable produce and education</i> | | ✓ | ☑ |
| <i>Overweight/obesity/physical inactivity</i> | ⊗ | ✓ | ☑ |
| <i>Health education for fitness and nutrition</i> | | ✓ | ☑ |
| Mental and Behavioral Health | | | |
| <i>More mental health services/resources</i> | ⊗ | ✓ | ☑ |
| <i>Alcohol/substance abuse</i> | ⊗ | ✓ | ☑ |
| Health Measures | | | |
| <i>Rates of 2+ chronic conditions highest in MT frontier</i> | ⊗ | ✓ | ☑ |
| <i>Cancer</i> | ⊗ | ✓ | |
| <i>Vaccination [i.e., children up-to-date (UTD), HPV UTD, vaccine preventable diseases]</i> | ⊗ | | |



NEXT STEPS & RESOURCES

Prioritization of Health Needs

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:

- 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.

Available Community 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
- Montana State Prison
- Intermountain Healthcare
- Powell County Council on Aging
- Gonzaga University
- Highlands College
- Helena College
- Rocky Mountain College
- Riverstone Health
- University of North Dakota
- Powell County High School

Evaluation of Previous CHNA & Implementation Plan

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 August 2019. The plan prioritized the following health issues:

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

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

Goal 1: Improve access to behavioral health services in Powell County.

| | Activities | Accomplishments | Community Impact/Outcomes |
|---|--|--|--|
| Strategy 1.1: Expand behavioral health services offered at Deer Lodge Medical Center | Hire full-time psychiatrist at DLMC | Hired a full-time psychiatrist who was employed by DLMC starting October 2019 however that provider moved out of state July 2020 | The addition allowed for an in-person option for patients seeking psychiatry services within Deer Lodge. |
| | Continue to offer tele-psych consults in clinic and emergency room | DLMC continues to offer tele-psych visits. As of January 2022, DLMC entered into a partnership with Healthy Southwest Montana and Intermountain Healthcare to provide tele-crisis services with 24/7 service for all ages providing evaluations and assistance with placement as needed. | Services continue to be available to individuals needing proactive psych services as well as individuals whom are experiencing a crisis. |
| | | | |

| | | | |
|--|---|---|---|
| Strategy 1.2: Enhance community outreach and education related to behavioral health in Powell County | Develop a mental/behavioral health community resource page hosted on DLMC's website | A Community Resource Directory inclusive of behavioral health was developed. It was reviewed for the website uploaded in winter 2022. | This resource will improve the knowledge of services available locally and in surrounding area. |
| | Create marketing and educational outreach promoting new MH/BH resource list for DLMC staff, community partners, and Powell County community | Distribution of free COVID-19 supports to staff and community via virtual options including DLMC paying access to phone applications, and regular distribution of access to free webinars/virtual conferences options due to limited availability directly in the community was well as concerns with in-person meetings due to pandemic DLMC also shared the montanacrisisrecovery.com resource, a free COVID-19 support. | Multiple avenues of access available to staff and community members for mental health resources while avoiding in-person contact and travel. |
| | Continue to participate in community groups/coalitions that address behavioral health needs in Powell County | DLMC continues participation in the Southwest Montana Opioid and Substance Use Disorder (SUD) Community Coalition (Fall 2021 -2024). DLMC also had staff attend the Montana Healthcare Foundation's Integrated Behavioral Health Summit hosted in 2021. | Through the participation in these opportunities, DLMC is an active participant in improving the impact of opioid and substance use disorders on the community. |
| | Continue to support community programs and events that promote healthy behaviors and substance abuse prevention (ex. After Prom Party) | DLMC donates to the "chemical free grad night" which is an after-graduation party put on by the Deer Lodge Youth board. | Help provide a safe, healthy option for graduating high school students to reduce high risk behaviors following graduation. |

Goal 2: Enhance Deer Lodge Medical Center's health and wellness outreach in Powell County.

| | Activities | Accomplishments | Community Impact/Outcomes |
|---|--|---|--|
| Strategy 2.1: Expand and enhance health and wellness programs and resources at Deer Lodge Medical Center | Explore opportunities to expand Planetree mindfulness and wellness programs at DLMC to community members | <p>Community members regularly participated in Planetree activities until start of COVID-19 pandemic when visitation to the facility was restricted. Staff and community monthly offerings of Reiki and chair massages remain on hold to date. Focus has shifted to workforce supports during pandemic challenges.</p> <p>In January 2020, DLMC hosted the first Planetree Hippocrates Café Community Wellness Lecture Series. But has since been placed on hold because of COVID-19.</p> <p>Workforce supports in mindfulness practices are ongoing. Annual Wise@Work membership for all DLMC staff Fall 2021. Trauma support online program supported by the Sounds True Foundation was made available for all staff in the winter of 2021.</p> | <p>Support of healthcare workforce provided the greatest point of direct impact during the COVID-19 pandemic and its continued challenges. DLMC is looking forward to exploring the feasibility of expanding these efforts.</p> |
| | Explore development and funding sources for a community park/playground on DLMC campus in partnership with local community businesses and the City of Deer Lodge | <p>A community playground was built on land donated by DLMC. Over \$500k was fundraised for the project and the entire structure was built using volunteer labor over the course of an intensive 1-week build.</p> | <p>The initial build promoted community engagement and collaboration. The park is heavily utilized by community members as well as travelers through the area. It provides a fun, safe and healthy environment for children and families to be active. The playground also houses a Little Free Library on site to promote open access to reading for the community.</p> |

| | | | |
|--|---|---|---|
| | Develop nutritional outreach (such as monthly healthy recipes to be featured in café and on DLMC Facebook page) that promote prevention and healthy diets | <p>DLMC worked with the Café to update the menu to include more healthy and whole food options.</p> <p>DLMC started a hydroponic garden in the café common area to grow items that are harvested and used in café meals.</p> <p>TCuisine is quarterly printed education provided at Café detailing different types of foods and information on how healthy eating can positively impact your life</p> | Developing awareness of food as medicine or a wellness practice continues to create a wellness-focused culture. |
| | Continue to provide health education opportunities that promote health and wellness (Pre -diabetes support group, Women's Night Out, Stop the Bleed, Health Fair) | <p>DLMC continues to offer a monthly foot clinic to community members who are unable to properly care for themselves. Participants receive free foot care and exam.</p> <p>DLMC continues to organize the Trim the Town campaign which is a structured community weight loss program.</p> | Educate the community on sustainable ways to live a healthy lifestyle and make educated daily choices. |
| | | | |

| | | | |
|---|---|--|--|
| <p>Strategy 2.2: Continue to support and sponsor activities and programs that promote physical activity in Powell County</p> | <p>DLMC will provide staff to participate on local trail committee and explore opportunities to promote trail utilization (Bike Walk Montana)</p> | <p>DLMC have maintained participation on the local trail committee. The Old Yellowstone Trail, an 11- mile rails-to-trails County project, was completed and opened to public May 2020 and Phase 2 began.</p> <p>The DLMC Planetree Coordinator and PA, Michele Christnacht is an active participant on County and City Trails development committees.</p> <p>There are Bike Walk Montana Walking Trails Prescriptions (RX) developments at DLMC in process (Med Staff visit, etc). Walking RXs are being written as of Fall 2021 by two clinic providers.</p> | <p>Creating cultural shifts and healthy alternatives to support healthy lifestyles among the population DLMC serves.</p> |
| | <p>Sponsor local adult and youth recreational leagues</p> | <p>DLMC sponsors local intermural softball as well as Volleyball teams.</p> | <p>These sponsorships foster community involvement by building relationships between community members through physical activity and friendly competition.</p> |
| | <p>Continue to host community events that promote physical activity (golf tournament, annual health walk)</p> | <p>DLMC continues to host an Annual Golf tournament and annual health walk promoting physical activity.</p> | <p>Creating cultural shifts and healthy alternatives to support healthy lifestyles among the population we serve.</p> |
| | <p>Continue to provide youth sports physicals, concussion screening and helmet promotion program</p> | <p>DLMC continues to provide youth sports physicals, concussion screening, and a helmet promotion program. DLMC provides helmets to community members at no cost, organize and conduct baseline concussion testing free of charge, organize and conduct sports physical campaign in which local youth can receive a sports physical at DLMC for the reduced fee of \$10.</p> | <p>Provide services to our community to promote safe participation in sports programs as well as allow families no matter economic status to provide proactive safety measures for their children.</p> |

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

| | Activities | Accomplishments | Community Impact/Outcomes |
|---|--|--|--|
| Strategy 3.1: Improve and sustain access to healthcare service in Powell County | DLMC will work with area partners sustain ambulance services in Powell County | DLMC took over the ambulance service in 2020. With the acquisition, DLMC staffs the ambulance for 24/7 coverage. By taking the ambulance service over, staffing has become much more consistent as well as the ability to attract EMS staff with high skillsets (ex. Paramedics) has dramatically improved. The ambulance service call volume has drastically increased with additional capabilities to transfer patients as well as provide advanced life support (ALS) capabilities. | ALS capabilities with multiple paramedics on staff. This transition has greatly reduced call times for ambulance runs and increased ability to transfer patients needing higher level of care. |
| | Develop and implement a facility retention plan to improve continuity of providers and improve access to healthcare services | DLMC achieved consistent hospital and emergency department (ED) staffing with full time DLMC providers, greatly reducing frequency of locum staff especially on the hospital/ED side of facility. | Increased continuity of care and trust among community members regularly utilizing DLMC medical services. |
| | Continue to provide and promote patient navigator services linking patients to community resources | DLMC providers are regularly updated and aware of community resources to refer patient as needed. | Improved knowledge of available community resources. |
| | Develop financial resources and programs education for patients (i.e. Medicaid, Medicare, 340B program, etc.) | DLMC is a 340b program provider and as of 2021 is in the process of expanding this service. DLMC assesses patient accounts for Medicaid presumptive eligibility and assist patients with Medicaid enrollment. | Assist community members, no matter their economic status, to receive the medical care and medications needed to maintain a healthy livelihood. |
| | Develop methodology and protocols to share financial assistance resources (clinic, ED, website, etc.) | DLMC check patient accounts for presumptive Medicaid eligibility prior to sending to bad debt. Any patients who qualify are assisted with enrollment. | Assist community members, no matter their economic status, to receive the medical care and medications needed to maintain a healthy livelihood. |

| | | | |
|---|--|--|--|
| | | DLMC consistently provides and tracks charity care write offs based on patient financial situation. | |
| | | | |
| Strategy 3.2: Improve knowledge of services available at Deer Lodge Medical Center and in community | Convene a DLMC workgroup to discuss current marketing efforts, gaps and new opportunities | Through a partnership with Intermountain Healthcare, DLMC has been developing and running outreach campaigns to promote DLMC services. The DLMC administrative team actively participates in developing outreach strategies. | Increase awareness within community of services available at DLMC |
| | Create a community resources page on DLMC website | The community resources page on the website was reviewed for updates and updated in January 2022. | Community members can use dlmed.org to access comprehensive list of community resources on demand. |
| | Create marketing flyers/handouts for DLMC staff/providers and partners, detailing local resources (senior services, mental health resources, etc.) | A Community Resource Directory in a printed format was created, however the pulling of printed materials to prevent contamination during the COVID-19 pandemic negated using this resource thus far. | DLMC looks forward to revisiting and building on this activity in the future. |
| | Create outreach/information about DLMC providers and services | Local billboards shared information about DLMC providers and services and TV commercials focused on services available at DLMC. | Increased community awareness of services available through DLMC. |
| | Continue to provide education/presentations to local organizations | DLMC provided a presentation to the local Rotary Club about local activities and resources. DLMC regularly partners with the local schools to provide education and services to students. DLMC continues to actively participate in local emergency preparedness committee that includes monthly meetings and community exercises. | DLMC continues to stay actively involved in the community's health education. |



APPENDICES

Appendix A- Steering Committee

| Steering Committee Member | Organization Affiliation |
|---------------------------|--|
| Tony Pfaff | CEO - Deer Lodge Medical Center |
| Jaena Richards | COO - DLMC |
| Andy Dreesen | CAO - DLMC |
| Kyle Kohn | QAPI Manager - DLMC |
| Andy Beck | CNO - DLMC |
| Rick Christman | Elementary Principal |
| Samantha Ray | Powell County Public Health Nurse |
| Michael Blakely | Chamber of Commerce/Local Business Owner |
| Donna McCarthy | Local Business Owner/Physical Therapist |
| Jesse Mullen | Silver State Post |
| Amanda Bohrer | Powell County Tobacco Prevention |
| Britni Evans | Powell County Emergency Planner |
| Melissa Scharf | DON - Montana State Prison |
| Jeff Pinkard | Local Volunteer |
| Brant Pierson | BNSF and DL Fire Chief |
| Clay Moose | PCHS Counselor |
| Laura Simpson | Renaissance Director |
| Sean Herrick | Deer Lodge City Recreation |
| Kathryn Mcenery | Powell County Attorney |



Appendix B- Public Health & Populations Consultation

Public Health & Populations Consultation - a leader or representative of populations such as medically underserved, low-income, minority and/or populations with chronic disease.

Name/Organization

Tony Pfaff – CEO, Deer Lodge Medical Center (DLMC)
Jaena Richards – COO DLMC
Andy Dreesen – CAO DLMC
Kyle Kohn – QAPI Manager, DLMC
Andy Beck – CNO, DLMC
Jesse Mullen – Silver State Post
Laura Simpson – Director, Renaissance Senior Care
Sean Herrick – Deer Lodge City Recreation
Melissa Scharf – DON, Montana State Prison
Rick Christman – Elementary Principal
Samantha Ray – Powell County Public Health Nurse
Michael Blakely – Chamber of Commerce/Local Business Owner
Donna McCarthy – Local Business Owner/Physical Therapist
Amanda Bohrer – Powell County Tobacco Prevention
Britni Evans – Powell County Emergency Planner
Jeff Pinkard – Local Volunteer
Brant Pierson – BNSF and DL Fire Chief
Clay Moose – PCHS Counselor
Kathryn Mcenery – Powell County Attorney

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

| | |
|---------------------------|---------------|
| First Steering Committee | Oct. 5, 2021 |
| Focus Groups | Dec. 29, 2021 |
| Second Steering Committee | Feb. 9, 2022 |

Public and Community Health

- Is sampling 10% of the population sufficient for this project? I just want to make sure we're getting enough feedback to make an informed decision.
- Our service area has a lot of cross over with Anaconda.
- Our high incidence of Hepatitis C virus must be because of the inclusion of the prison population in our county data.

- On the question about how they learn about services, I think we should break out social media into Facebook and Instagram. This could help us plan for future content.
- We have a lot of part time residents in our service area, so it would be nice to add an out of state option to where is your primary care located.
- Access to affordable housing is an issue here, like everywhere else, so I don't think we'd gain much new information by including that question in the survey. We're already engaged in the community discussions as they happen.
- Being a Planetree facility has been an asset for DLMC. It's a person-centered care model, which is important due to limited access to the DLMC building last year.

Population: Low-Income, Underinsured

- With the Medicaid and Welfare office moved to Anaconda and Butte, it's created a real obstacle for our communities.
- Along those lines, it would be nice to add an option for improving access to health and human services programs/resources to the question about what would improve our community's access to healthcare.
- Due to COVID, in addition to the typical health fairs, DLMC offered some low-cost lab fairs. It would be great to gauge how many of the respondents utilized these opportunities.

Population: Seniors

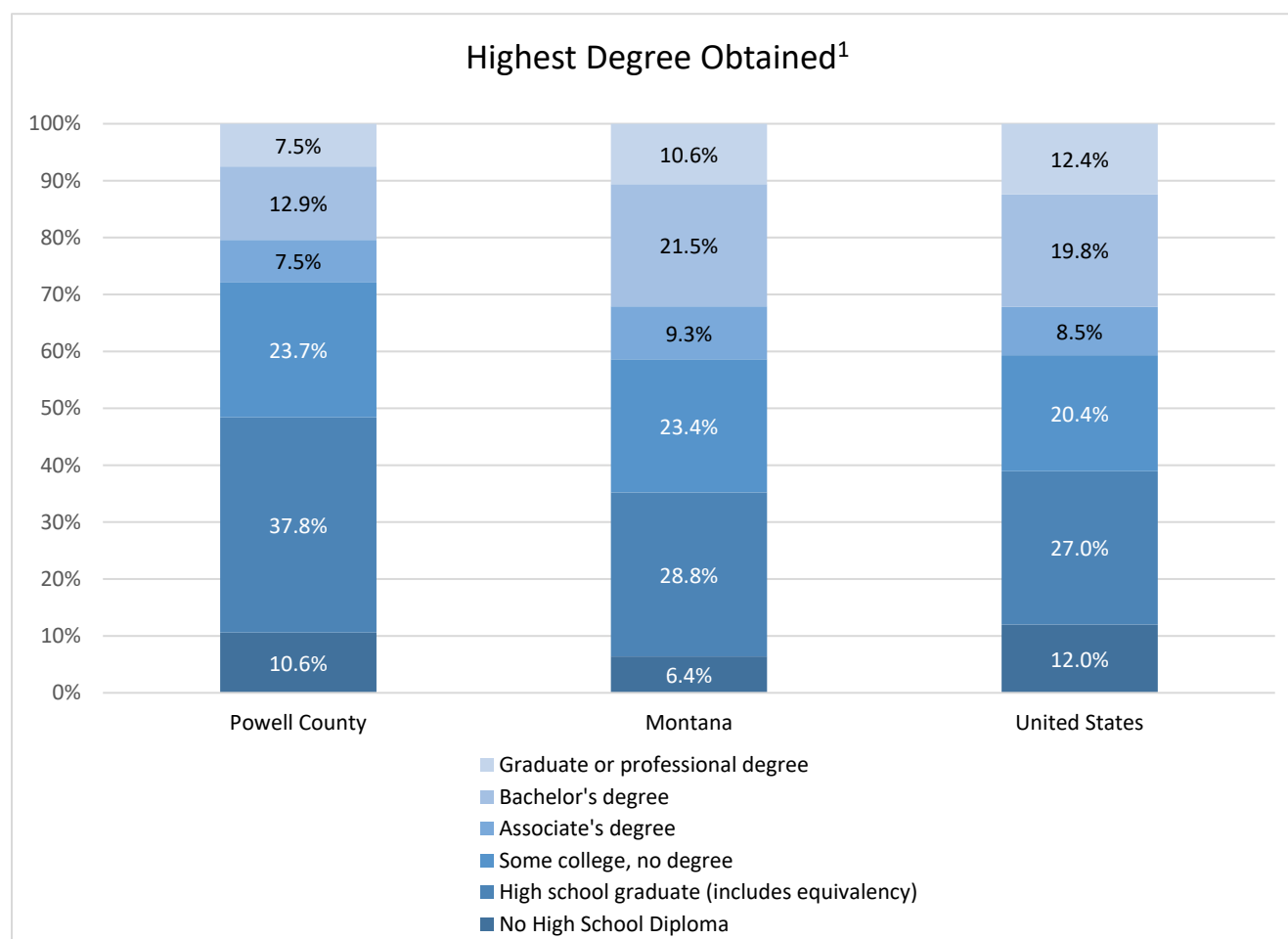
- There is a need for long term care for our community members. Assisted living access is limited.

Appendix C- Powell Co. Secondary Data

| Demographic Measure (%) | | County | | | Montana | | | Nation | | |
|---------------------------------------|----------------------------------|--------|-------|--------|-----------|-------|--------|-------------|-------|--------|
| Population ¹ | | 6,854 | | | 1,050,649 | | | 324,697,795 | | |
| Population Density ¹ | | 2.9 | | | 7.1 | | | 85.5 | | |
| Veteran Status ¹ | | 13.6% | | | 10.4% | | | 7.3% | | |
| Disability Status ¹ | | 15.0% | | | 13.6% | | | 12.6% | | |
| Age ¹ | | <5 | 18-64 | 65+ | <5 | 18-64 | 65+ | <5 | 18-64 | 65+ |
| | | 3.7% | 65.0% | 20.0% | 5.8% | 60.1% | 18.2% | 6.1% | 61.7% | 15.6% |
| Gender ¹ | | Male | | Female | Male | | Female | Male | | Female |
| | | 62.6% | | 37.4% | 50.3% | | 49.7% | 49.2% | | 50.8% |
| Race/Ethnic Distribution ¹ | White | 93.0% | | | 91.4% | | | 75.3% | | |
| | American Indian or Alaska Native | 7.2% | | | 8.3% | | | 1.7% | | |
| | Other [†] | 3.1% | | | 3.7% | | | 26.5% | | |

¹ US Census Bureau - American Community Survey (2019)

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



¹ US Census Bureau - American Community Survey (2019)

| Socioeconomic Measures (%) | County | Montana | Nation |
|--|----------|----------|----------|
| Median Income ¹ | \$54,667 | \$54,970 | \$62,843 |
| Unemployment Rate ¹ | 0.7% | 4.0% | 5.3% |
| Persons Below Poverty Level ¹ | 11.7% | 13.1% | 13.4% |
| Children in Poverty ¹ | 14.5% | 15.8% | 18.5% |
| Internet at Home ² | 75.2% | 81.5% | - |
| Households with Population Age 65+ Living Alone ² | 316 | 52,166 | - |
| Households Without a Vehicle ² | 143 | 21,284 | - |
| Households Receiving SNAP ² | 373 | 56,724 | - |
| Eligible Recipients of Free or Reduced Price Lunch ³ 2019/2020 school year | 46.3% | 42.9% | - |
| Enrolled in Medicaid ^{4, 1} | 9.8% | 9.7% | 19.8% |
| Uninsured Adults ^{5, 6} Age <65 | 12.0% | 12.0% | 12.1% |
| Uninsured Children ^{5, 6} Age <18 | 7.0% | 6.0% | 5.1% |

¹ US Census Bureau - American Community Survey (2019), ² US Census Bureau - COVID-19 Impact Planning Report (2021), ³ Kids Count Data Center, Annie E. Casey Foundation (2020), ⁴ Medicaid Expansion Dashboard, MT-DPHHS (2020), ⁵ County Health Ranking, Robert Wood Johnson Foundation (2020), ⁶ Health Insurance Coverage, Centers for Disease Control and Prevention (CDC) (2019)

| Maternal Child Health | County | Montana | Nation |
|--|--------|---------|--------|
| General Fertility Rate* ⁷ Per 1,000 Women 15-44 years of age (2017-2019) | 76.2 | 59.3 | - |
| Preterm Births ⁷ Born less than 37 weeks (2017-2019) | NA | 9.4% | - |
| Adolescent Birth Rate ⁷ Per 1,000 years females 15-19 years of age (2017-2019) | NA | 18.3 | - |
| Smoking during pregnancy ^{3, 8} | 21.8% | 16.5% | 7.2% |
| Kotelchuck Prenatal Care** ⁷ Adequate or Adequate-Plus (2017-2019) | 80.8% | 75.7% | - |
| Low and very low birth weight infants ⁷ Less than 2500 grams (2017-2019) | NA | 7.6% | - |
| Childhood Immunization Up-To-Date (UTD) ^{§ 9} | 55.6% | 64.8% | - |

⁷ IBIS Birth Data Query, MT-DPPHS (2020), ³ Kids Count Data Center, Annie E. Casey Foundation (2020), ⁸ National Center for Health Statistics (NCHS), CDC (2016), ⁹ Clinic Immunization Results, MT-DPHHS (2020)

* General fertility rate is the number of live births per 1,000 females of childbearing age between the ages of 15-44 years.

**The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services). The Kotelchuck index classifies the adequacy of initiation as follows: pregnancy months 1 and 2; months 3 and 4; months 5 and 6; and months 7 to 9. A ratio of observed to expected visits is calculated and grouped into four categories: Inadequate (received less than 50% of expected visits); Intermediate (50%-79%); Adequate (80%-109%); Adequate Plus (110% or more).

§ 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 | Nation |
|---|--------|---------|--------|
| Adult Smoking ⁵ | 23.0% | 19.0% | 16.0% |
| Excessive Drinking ⁵ | 25.0% | 22.0% | 15.0% |
| Adult Obesity ⁵ | 27.0% | 27.0% | 26.0% |
| Poor Mental Health Days ⁵ (Past 30 days) | 4.1 | 3.9 | 3.8 |
| Physical Inactivity ⁵ | 29.0% | 22.0% | 19.0% |
| Do NOT wear seatbelts ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018) | - | 10.3% | 6.3% |
| Drink and Drive ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018) | - | 3.7% | 3.1% |

⁵ County Health Ranking, Robert Wood Johnson Foundation (2020), ¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

| Cancer prevention & screening | County | Montana | Nation |
|--|--------|---------|--------|
| Human Papillomavirus (HPV) vaccination UTD ^{†† 11, 12} Adolescents 13-17 years of age (2020) | 10.3% | 54.4% | 58.6% |
| Cervical cancer screening in past 3 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2018) | 83.3% | 76.8% | 80.1% |
| Mammography in past 2 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018) | 66.6% | 73.4% | 78.3% |
| Colorectal Cancer Screening ^{13, 10} Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018) | 56.2% | 64.5% | 69.7% |

¹¹ Adolescent Immunization Coverage by County, MT-DPHHS (2020), ¹² National Center for Immunization and Respiratory Diseases, CDC (2021), ¹³ PLACES Project, CDC (2020), ¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

^{††} An up-to-date HPV vaccination measure assesses the completion of the HPV vaccine series (2 doses separated by 5 months [minus 4 days] for immunocompetent adolescents initiating the HPV vaccine series before their 15th birthday, and 3 doses for all others).

| Infectious Disease Incidence Rates ¹⁴ Per 100,000 people (2015-2017) | County | Montana |
|--|--------|---------|
| Enteric Diseases * | 141.1 | 80.1 |
| Hepatitis C virus | 979.1 | 93.4 |
| Sexually Transmitted Diseases (STD) † | 218.9 | 551.6 |
| Vaccine Preventable Diseases (VPD) § | 82.7 | 91.5 |

¹⁴ IBIS Community Snapshot, MT-DPPHS

* Foodborne illness † STD analyses include chlamydia, gonorrhea, and primary/secondary syphilis

§ VPD analyses include: Chickenpox, *Haemophilus influenzae*, Meningococcal disease, Mumps, Pertussis, *Streptococcus pneumoniae*, Tetanus

| Chronic Conditions ¹⁰ | County | Montana | Nation |
|---|--------|---------|--------|
| Cardiovascular Disease (CVD) prevalence <i>Adults aged 18 years and older (2014-2016)</i> | ** | 7.9 | 8.6 |
| Chronic Obstructive Pulmonary Disease (COPD) prevalence <i>Adults aged 18 years and older (2014-2016)</i> | ** | 6.6 | 6.4 |
| Diabetes Prevalence <i>Adults aged 18 years and older (2014-2016)</i> | ** | 8.3 | 10.6 |
| Breast Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i> | ** | 125.0 | 124.1 |
| Cervical Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i> | ** | 7.9 | 7.4 |
| Colon and Rectum Cancer (CRC) Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i> | ** | 37.1 | 38.9 |
| Lung Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i> | 78.5 | 52.2 | 60.0 |
| Melanoma Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i> | ** | 26.3 | 21.0 |
| Prostate Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i> | ** | 109.6 | 103.0 |

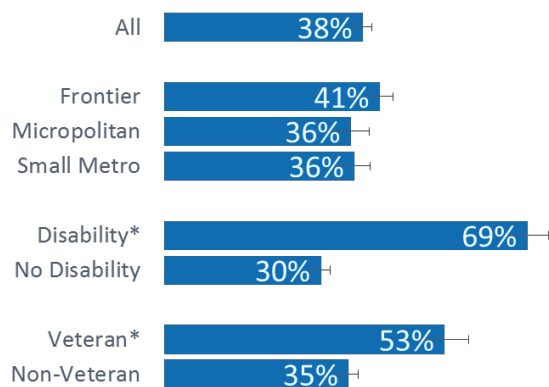
¹⁴ IBIS Community Snapshot, MT-DPPHS

** Data were suppressed to protect privacy.

| Montana Adults with Self-Reported Chronic Condition ¹⁰ | |
|---|-------|
| 1. Arthritis | 29.0% |
| 2. Depression | 24.1% |
| 3. Asthma | 10.0% |
| 4. Diabetes | 7.6% |
| 5. COPD | 6.8% |
| 6. Cardiovascular disease | 3.9% |
| 7. Kidney disease | 2.4% |

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

Percent of Montana Adults with Two or More Chronic Conditions



| Mortality | County | Montana | Nation |
|---|--------|--|--|
| Suicide Rate¹⁵ <i>Per 100,000 population (2009-2018)</i> | 22.8 | 23.9 | - |
| Veteran Suicide Rate¹⁵ <i>Per 100,000 population (2009-2018)</i> | - | 65.7 | 38.4 |
| Alzheimer's Disease Mortality Rate¹⁶ <i>Age-Adjusted per 100,000 population (2017- 2019)</i> | - | 21.7 | - |
| Pneumonia/Influenza Mortality Rate¹⁷ <i>Age-Adjusted per 100,000</i> | - | 10.5 | 12.3 |
| Leading Causes of Death^{16, 18} | - | 1. Heart Disease 2. Cancer 3. Chronic Lower Respiratory Disease (CLRD) | 1. Heart Disease 2. Cancer 3. Unintentional injuries |

¹⁵ Suicide in Montana, MT-DPHHS (2021), ¹⁶ IBIS Mortality Query, MT- DPPHS (2019), ¹⁷ Kaiser State Health Facts, National Pneumonia Death Rate (2019), ¹⁸ National Vital Statistics, CDC (2019)

** Data were suppressed to protect privacy.

| Montana Health Disparities ¹⁰ | White, non-Hispanic | American Indian/Alaska Native | Low Income* |
|--|---------------------|-------------------------------|-------------|
| 14+ Days when physical health status was NOT good <i>Crude prevalence (2019)</i> | 13.0% | 17.9% | 28.9% |
| 14+ Days when mental health status was NOT good <i>Crude prevalence (2019)</i> | 13.2% | 19.2% | 30.0% |
| Current smoker <i>Crude prevalence (2019)</i> | 14.5% | 41.5% | 32.9% |
| Routine checkup in the past year <i>Crude prevalence (2019)</i> | 72.8% | 74.1% | 81.1% |
| No personal doctor or health care provider <i>Crude prevalence (2019)</i> | 26.5% | 28.8% | 23.8% |
| No dental visit in the last year for any reason <i>Crude prevalence (2020)</i> | 34.9% | 41.6% | 48.1% |
| Consumed fruit less than one time per day <i>Crude prevalence (2019)</i> | 40.5% | 46.8% | 49.5% |
| Consumed vegetables less than one time per day <i>Crude prevalence (2019)</i> | 16.7% | 18.0% | 22.0% |
| Does not always wear a seat belt <i>Crude prevalence (2020)</i> | 10.8% | 15.9% | 16.0% |

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

*Annual household income < \$15,000

| Youth Risk Behavior ¹⁹ | Montana | | Nation |
|---|---------------------|-------------------------------|--------|
| | White, non-Hispanic | American Indian/Alaska Native | |
| Felt Sad or Hopeless <i>Almost every day for two weeks or more in a row, during the past 12 months</i> | 35.3% | 39.6% | 36.7% |
| Attempted Suicide <i>During the past 12 months</i> | 8.7% | 15.4% | 8.9% |
| Lifetime Cigarette Use <i>Students that have ever tried smoking</i> | 28.3% | 48.9% | 24.1% |
| Currently Drink Alcohol <i>Students that have had at least one drink of alcohol on at least one day during the past 30 days</i> | 34.3% | 25.3% | 29.2% |
| Lifetime Marijuana Use <i>Students that have used marijuana one or more times during their life</i> | 36.9% | 58.9% | 36.8% |
| Texting and Driving <i>Among students who drove a car in the past 30 days</i> | 55.2% | 39.6% | 39.0% |
| Carried a Weapon on School Property <i>In the last 30 days</i> | 7.2% | 3.2% | 2.8% |

¹⁹ Montana Youth Risk Behavior Survey (2019)

Secondary Data – Healthcare Workforce Data 2021

Health Professional Shortage Area & Medically Underserved Areas/Populations

The uneven geographic distribution of health system resources has long been a problem in the United States. As a result, many individuals do not have adequate access to health services in their community. State and Federal programs have been put in place to attempt to ameliorate this problem and reduce the barriers to access healthcare. The Health Professional Shortage Area (HPSA) program and the Medically Underserved Areas/Populations (MUA/P) are among the tools used to increase the supply, capacity, and distribution of health professionals to areas of greatest need. HPSA designations indicate shortages of healthcare professionals who provide primary care, dental, and mental health services. Designation may help communities attract new healthcare workforce and it may increase Medicare and Medicaid reimbursement to already existing healthcare providers.

| Health Professional Shortage Area Designation ¹ - Powell County, Montana | | |
|--|------------|--------------------------|
| Discipline | HPSA Score | HPSA |
| Primary Care | 10 | ✓ Rural Health Clinic |
| Dental Health | 11 | ✓ Rural Health Clinic |
| Mental Health | 16 | ✓ Rural Health Clinic |
| HPSA Scores range from 0 to 25 (primary care and mental health) and 0 to 26 (dental health) where the higher the score, the greater the priority | | |

¹ Health Resources and Services Administration (2021)

| Provider Supply and Access to Care ² | | | | |
|---|---|--------------------------|------------------------|---------------------------|
| Measure | Description | Powell Co. (N = 1) ** | Montana (N = 49) ** | National (N = 1347) ** |
| Primary care physicians | Ratio of population to primary care physicians | 2286:1 | 1349:1 | 1050:1 |
| Other primary care providers | Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists | 1359:1 | 878:1 | 726:1 |
| Dentists | Ratio of population to dentists | 2265:1 | 1388:1 | 1260:1 |
| Mental health providers | Ratio of population to mental health providers | 849:1 | 356:1 | 310:1 |

² Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) - FLEX Monitoring (2019)

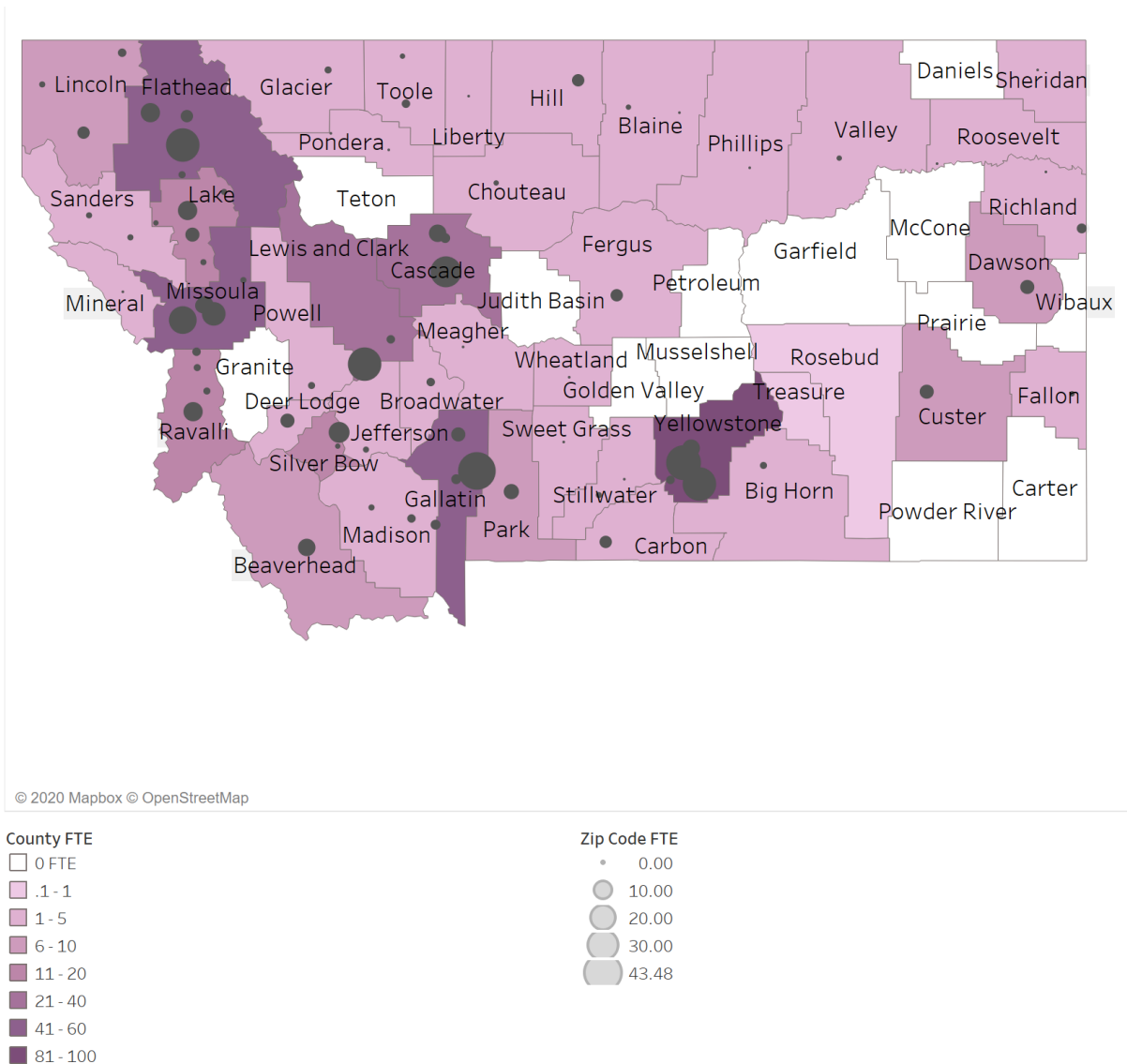
** Total number of CAHs in region

Healthcare workforce Distribution Maps

WIM Tracking is a Montana-based health workforce research company. WIM Tracking proactively monitors the movement of healthcare professionals in Wyoming, Idaho and Montana and maintains the data within a relational database.

- Counts only include actively practicing providers.
- Counts do not include providers at limited access facilities (VA, Malmstrom AFB, Indian Health Services, Montana State Prison, Montana State Hospital, therapeutic boarding schools)
- Counts only include primary practice locations. Locum Tenens providers are not included.
- Primary Care specialties include Family Medicine, Internal Medicine and Pediatrics.

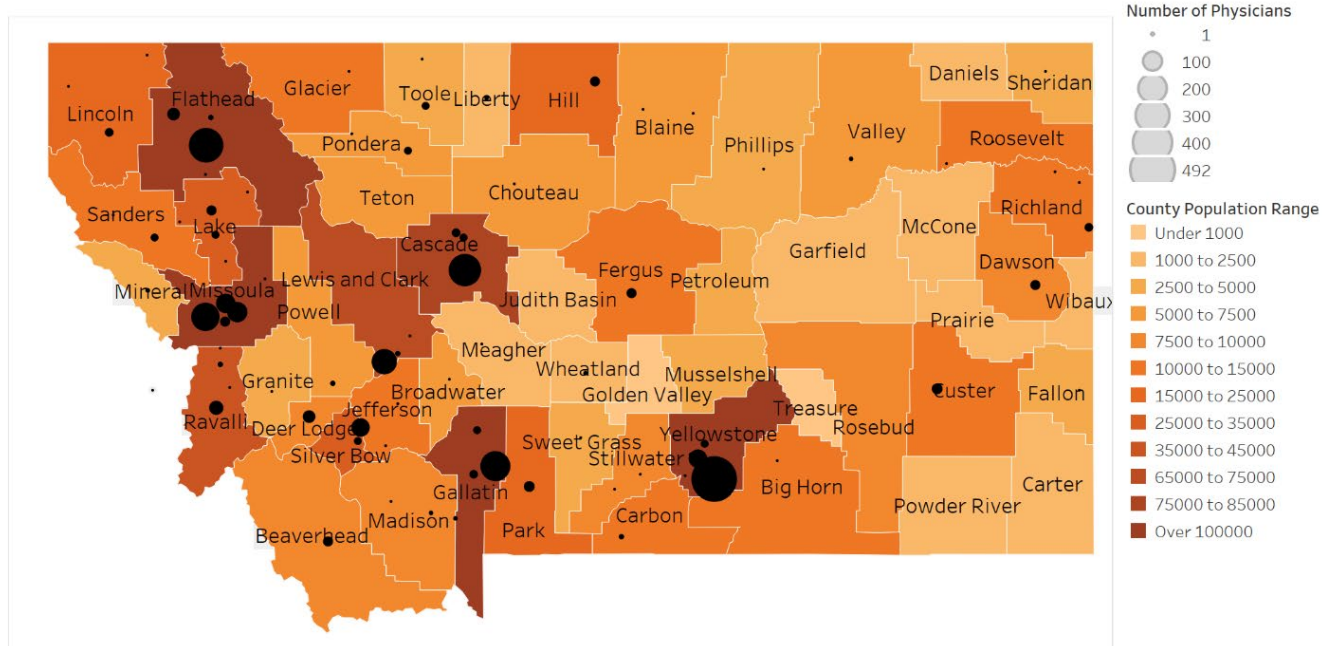
Primary Care Physician FTE: Practice Locations Plotted by Zip Code



Data Source: Montana Primary Care Office data (2020) compiled and analyzed by WIM Tracking (Sept. 2020)

*Note: Does not include IHS or Tribal Health physicians.

Physicians (All Specialties) by County Population Range



Data Source: Montana Primary Care Office data (2020) and WIM Tracking (Sept. 2020)

**Note: Does not include IHS or Tribal Health physicians.*

Appendix D- Survey Cover Letter

October 29, 2021

Dear [LASTNAME] household:



Participate in our Community Health Needs Assessment survey for a chance to **WIN one of two \$50 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: December 3, 2021.
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 winners of the gift cards will be contacted the week of December 13th.

All survey responses will go to 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 or need assistance, please call MORH at 406-994-6986. 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



Access the survey on your smart phone: Use your camera to scan the QR code

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 406-994-6986. 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"/> Lack of dental care | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Motor vehicle accidents | <input type="checkbox"/> (cigarettes, vaping, smokeless) |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Trauma/Adverse Childhood Experiences (ACES) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Poverty | <input type="checkbox"/> Work/economic stress |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Recreation related accidents/injuries | <input type="checkbox"/> Work related accidents/injuries |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Respiratory issues/illness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Social isolation/loneliness | |
| <input type="checkbox"/> Lack of access to healthcare | | |

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"/> Community involvement | <input type="checkbox"/> Low level of domestic violence |
| <input type="checkbox"/> Access to healthcare services | <input type="checkbox"/> Good jobs and a healthy economy | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Access to healthy foods | <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"/> Other: _____ |

4. How do you rate your knowledge of the health services that are available through 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"/> Instagram | <input type="checkbox"/> Public health nurse | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Radio | |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website/internet | |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Presentations | <input type="checkbox"/> Word of mouth/reputation | |

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

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"/> Improved access to health & human services programs/resources | <input type="checkbox"/> Payment assistance programs (healthcare expenses) |
| <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"/> Parenting |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lactation/breastfeeding support | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Living will | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Men's health | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Mental health | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Grief counseling | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other: _____ |

9. Which of the following preventive services have you or someone in your household used in the past year? **(Select all that apply)**

- | | | |
|--|---|---|
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Dental exam | <input type="checkbox"/> Mental health counseling |
| <input type="checkbox"/> Children's checkup/ Well baby | <input type="checkbox"/> Flu shot/immunizations | <input type="checkbox"/> Pap test |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Health checkup | <input type="checkbox"/> Prostate (PSA) |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Health/Low-cost lab fair | <input type="checkbox"/> Vision check |
| <input type="checkbox"/> DEXA scan | <input type="checkbox"/> Hearing check | <input type="checkbox"/> None |
| | <input type="checkbox"/> Mammography | <input type="checkbox"/> Other: _____ |

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

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Cancer care | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Home health service | <input type="checkbox"/> Personal care attendant | |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Urgent care | |

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 cost too much | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> Could not get off work | <input type="checkbox"/> It was too far to go | <input type="checkbox"/> Too nervous or afraid |
| <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> Don't like doctors | <input type="checkbox"/> My insurance didn't cover it | <input type="checkbox"/> Unsure if services were available |
| <input type="checkbox"/> Don't understand healthcare system | <input type="checkbox"/> No insurance | <input type="checkbox"/> Qualified provider not available |
| <input type="checkbox"/> Had no childcare | <input type="checkbox"/> Not treated with respect | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Office wasn't open when I could go | |

14. 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 17**)

15. Where was that primary healthcare provider located? (**Select ONLY 1**)

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Anaconda | <input type="checkbox"/> Helena | <input type="checkbox"/> State Clinics (Butte, Anaconda, Helena) |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Missoula | <input type="checkbox"/> VA |
| <input type="checkbox"/> Deer Lodge | <input type="checkbox"/> Out of state | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Granite County | | |

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

- | | |
|---|--|
| <input type="checkbox"/> Appointment availability | <input type="checkbox"/> Privacy/confidentiality |
| <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: _____ |
| <input type="checkbox"/> Prior experience with clinic | |

17. 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 20**)

18. If yes, which hospital does your household use MOST for hospital care? (**Select ONLY 1**)

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

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

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)

- ☐ Community Hospital of Anaconda ☐ St. Patrick Hospital (Missoula)
☐ Community Medical Center (Missoula) ☐ St. Peter's Hospital (Helena)
☐ Deer Lodge Medical Center ☐ VA
☐ St. James Healthcare (Butte) ☐ 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"/> Psychiatrist (M.D.) |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Neurologist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Neurosurgeon | <input type="checkbox"/> Pulmonologist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Radiologist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Rheumatologist |
| <input type="checkbox"/> Dermatologist | <input type="checkbox"/> Oncologist | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Ophthalmologist | <input type="checkbox"/> Speech therapist |
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Substance abuse counselor |
| <input type="checkbox"/> ENT (ear/nose/throat) | <input type="checkbox"/> Orthopedic surgeon | <input type="checkbox"/> Urologist |
| <input type="checkbox"/> Gastroenterologist | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> General surgeon | <input type="checkbox"/> Physical therapist | |
| <input type="checkbox"/> Geriatrician | <input type="checkbox"/> Podiatrist | |

23. The following services are available through 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 |
| Clinic services | 4 | 3 | 2 | 1 | N/A | DK |
| Inpatient services/transitional care | 4 | 3 | 2 | 1 | N/A | DK |
| Outpatient surgical services | 4 | 3 | 2 | 1 | N/A | DK |
| Laboratory | 4 | 3 | 2 | 1 | N/A | DK |
| Physical and occupational 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. Thinking about your mental health (which includes stress, anxiety, depression and problems with emotions), how would you rate your mental health in general?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

25. To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription or other drugs?

- ☐ A great deal ☐ Somewhat ☐ A little ☐ Not at all

26. The following questions focus on aspects of your community. Please rate your level of agreement with each of these statements thinking specifically about your community as you see it. Please circle the number that best represents your opinion of each statement below.

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't Know |
|--|----------------|-------|----------|-------------------|------------|
| 26.1) I can get the health care I need in Powell County. Consider the cost and quality, number of options, and availability of healthcare within a reasonable distance to your home. | 4 | 3 | 2 | 1 | DK |
| 26.2) I feel safe in my home. Consider everything that makes you feel safe, such as neighbors, presence of law enforcement, etc. and everything that could make you feel unsafe at home, including family violence, robbery, housing conditions, etc. | 4 | 3 | 2 | 1 | DK |
| 26.3) I feel safe in my community. Consider how safe you feel in and around your neighborhood, schools, playgrounds, parks, businesses, and shopping centers. | 4 | 3 | 2 | 1 | DK |
| 26.4) There are places to be physically active near my home. Consider parks, trails, places to walk, and playgrounds. | 4 | 3 | 2 | 1 | DK |
| 26.5) I have enough financial resources to meet my basic needs. Consider income for purchasing food, clothing, shelter, and utilities. | 4 | 3 | 2 | 1 | DK |
| 26.6) My community is a good place to raise children. Consider the quality and safety of schools and childcare, after school care, and places to play in your neighborhood. | 4 | 3 | 2 | 1 | DK |
| 26.7) My community is a good place to grow old. Consider elder-friendly housing, transportation to medical services, access to shopping centers and businesses, recreation, and services for the elderly. | 4 | 3 | 2 | 1 | DK |

- 27.** Over the past month, how often have you had physical activity for at least 20 minutes?
- ☐ Daily
 ☐ 3-5 times per month
 ☐ No physical activity
- ☐ 2-4 times per week
 ☐ 1-2 times per month

- 28.** Has cost prohibited you from getting a prescription or taking your medication regularly?
- ☐ Yes
 ☐ No
 ☐ Not applicable

- 29.** In the past year, did you worry that you would not have enough food?
- ☐ Yes
 ☐ No

- 30.** Which of the following injury prevention measures do you use regularly? **(Select ALL that apply)**
- ☐ Child car seat/booster
 ☐ Hearing/ear protection
 ☐ Seat belt
- ☐ Designated driver
 ☐ Helmet
 ☐ None
- ☐ Eye protection/safety goggles
 ☐ Regular exercise

31. What type of health 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"/> VA/military |
| <input type="checkbox"/> Health Insurance Marketplace | <input type="checkbox"/> Medicaid | <input type="checkbox"/> None/pay out of pocket |
| <input type="checkbox"/> Health Savings Account | <input type="checkbox"/> Medicare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Healthy MT Kids | <input type="checkbox"/> Private insurance/private plan | |

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

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

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

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

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

- | | | | | |
|--|--|---|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Yes, and I use them | <input type="checkbox"/> Yes, but I do not qualify | <input type="checkbox"/> Yes, but choose not to use | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
|--|--|---|-----------------------------|-----------------------------------|

Demographics

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

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

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

36. What is your gender?

- | | | | |
|-------------------------------|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer to self-describe _____ |
|-------------------------------|---------------------------------|-------------------------------------|--|

37. What age range represents you?

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 65-74 | <input type="checkbox"/> 85+ |

38. What is your employment status?

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

[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

Appendix F- Cross Tabulation Analysis

Knowledge Rating of Deer Lodge Medical Center Services by How Respondents Learn About Healthcare Services

| | Excellent | Good | Fair | Poor | Total |
|---------------------------------|------------------|---------------|---------------|-------------|--------------|
| Friends/family | 16.7% (12) | 56.9% (41) | 25.0% (18) | 1.4% (1) | 72 |
| Word of mouth/reputation | 16.9% (12) | 50.7% (37) | 26.8% (19) | 5.6% (4) | 72 |
| Healthcare provider | 27.8% (15) | 57.4% (31) | 14.8% (8) | - | 54 |
| Billboards | 19.1% (9) | 48.9% (23) | 31.9% (15) | - | 47 |
| Newspaper | 16.0% (4) | 48.0% (12) | 32.0% (8) | 4.0% (1) | 25 |
| Facebook | 20.8% (5) | 45.8% (11) | 29.2% (7) | 4.2% (1) | 24 |
| Website/internet | 22.2% (4) | 61.1% (11) | 16.7% (3) | - | 18 |
| Mailings/newsletter | 10.0% (1) | 30.0% (3) | 60.0% (6) | - | 10 |
| Public health nurse | 28.6% (2) | 57.1% (4) | 14.3% (1) | - | 7 |
| Radio | - | 66.7% (2) | 33.3% (1) | - | 3 |
| Instagram | - | - | 100.0% (1) | - | 1 |
| Presentations | - | - | 100.0% (1) | - | 1 |
| Other | 18.2% (2) | 45.5% (5) | 27.3% (3) | 9.1% (1) | 11 |

Delay or Did Not Get Needed Healthcare Services by Residence

| | Yes | No | Total |
|-------------------------|-----------------------|-----------------------|-------------------------|
| 59722 Deer Lodge | 29.8% (31) | 70.2% (73) | 104 |
| 59711 Anaconda | 33.3% (1) | 66.7% (2) | 3 |
| 59733 Gold Creek | - | 100.0% (2) | 2 |
| 59713 Avon | - | 100.0% (1) | 1 |
| 59832 Drummond | 100.0% (1) | - | 1 |
| 59728 Elliston | - | 100.0% (1) | 1 |
| 59731 Garrison | 100.0% (1) | - | 1 |
| Other | 100.0% (2) | - | 2 |
| TOTAL | 31.3% (36) | 68.7% (79) | 100.0% (115) |

* 59701 Butte removed from residence (first column) due to non-response.

Location of Primary Care Clinic Most Utilized by Residence

| | Anaconda | Butte | Deer Lodge | Helena | Missoula | State Clinics | VA | Other | TOTAL |
|-------------------------|-----------------------|---------------------|-----------------------|---------------------|----------------------|---------------------|---------------------|----------------------|-------------------------|
| 59722 Deer Lodge | 16.2% (17) | 4.8% (5) | 55.2% (58) | 1.0% (1) | 7.6% (8) | 3.8% (4) | 1.0% (1) | 10.5% (11) | 105 |
| 59711 Anaconda | 100.0% (3) | - | - | - | - | - | - | - | 3 |
| 59713 Avon | - | - | 100.0% (1) | - | - | - | - | - | 1 |
| 59832 Drummond | - | - | - | - | 100.0% (1) | - | - | - | 1 |
| 59728 Elliston | - | - | - | - | - | - | 100.0% (1) | - | 1 |
| 59731 Garrison | - | - | - | - | 100.0% (1) | - | - | - | 1 |
| 59733 Gold Creek | - | - | 100.0% (1) | - | - | - | - | - | 1 |
| Other | 100.0% (1) | - | - | - | - | - | - | - | 1 |
| TOTAL | 18.4% (21) | 4.4% (5) | 52.6% (60) | 0.9% (1) | 8.8% (10) | 3.5% (4) | 1.8% (2) | 9.6% (11) | 100.0% (114) |

*** Granite County and Out of State removed from primary care clinic location (top row) due to non-response.**

**** 59701 Butte removed from residence (first column) due to non-response.**

Location of Primary Care Provider Most Utilized by Reasons for Clinic/Provider Selection

| | Anaconda | Butte | Deer Lodge | Helena | Missoula | State Clinics | VA | Other | TOTAL |
|---|--------------|--------------|---------------|-------------|--------------|---------------|--------------|--------------|-----------|
| Closest to home | 7.4% (4) | 1.9% (1) | 79.6% (43) | - | - | 3.7% (2) | 1.9% (1) | 5.6% (3) | 54 |
| Prior experience with clinic | 11.9% (5) | 9.5% (4) | 52.4% (22) | - | 11.9% (5) | 2.4% (1) | 2.4% (1) | 9.5% (4) | 42 |
| Appointment availability | 19.5% (8) | - | 61.0% (25) | 2.4% (1) | 4.9% (2) | 4.9% (2) | - | 7.3% (3) | 41 |
| Clinic/provider's reputation for quality | 14.6% (6) | 2.4% (1) | 63.4% (26) | - | 4.9% (2) | 4.9% (2) | - | 9.8% (4) | 41 |
| Recommended by family or friends | 29.2% (7) | 4.2% (1) | 58.3% (14) | - | 4.2% (1) | - | - | 4.2% (1) | 24 |
| Referred by physician or other provider | 26.7% (4) | 6.7% (1) | 26.7% (4) | - | 20.0% (3) | 6.7% (1) | 6.7% (1) | 6.7% (1) | 15 |
| Cost of care | 28.6% (4) | 7.1% (1) | 28.6% (4) | 7.1% (1) | - | 14.3% (2) | - | 14.3% (2) | 14 |
| Privacy/confidentiality | 41.7% (5) | 8.3% (1) | 8.3% (1) | - | 16.7% (2) | 8.3% (1) | - | 16.7% (2) | 12 |
| Length of waiting room time | 28.6% (2) | - | 57.1% (4) | - | 14.3% (1) | - | - | - | 7 |
| VA/Military requirement | 16.7% (1) | - | - | - | - | - | 33.3% (2) | 50.0% (3) | 6 |
| Required by insurance plan | - | - | 50.0% (2) | - | - | 50.0% (2) | - | - | 4 |
| Other | 25.0% (4) | 12.5% (2) | 12.5% (2) | 6.3% (1) | 18.8% (3) | 6.3% (1) | 6.3% (1) | 12.5% (2) | 16 |

* Granite County and Out of State removed from primary care clinic location (top row) due to non-response.

** Indian Health Services removed from reason selected (first column) due to non-response.

Location of Most Utilized Hospital by Residence

| | Community Hospital of Anaconda | Community Medical Center (Missoula) | Deer Lodge Medical Center | St. James Healthcare (Butte) | St. Patrick Hospital (Missoula) | St. Peters Hospital (Helena) | Other | Total |
|-----------------------------|-----------------------------------|--|------------------------------|---------------------------------|------------------------------------|---------------------------------|-----------------------|------------------------|
| 59722 Deer Lodge | 22.7% (15) | 1.5% (1) | 37.9% (25) | 4.5% (3) | 7.6% (5) | 3.0% (2) | 22.7% (15) | 66 |
| 59711 Anaconda | 100.0% (1) | - | - | - | - | - | - | 1 |
| 59713 Avon | - | - | - | - | - | 100.0% (1) | - | 1 |
| 59728 Elliston | - | - | 100.0% (1) | - | - | - | - | 1 |
| 59731 Garrison | - | - | - | 100.0% (1) | - | - | - | 1 |
| 59733 Gold Creek | 100.0% (1) | - | - | - | - | - | - | 1 |
| Other | 100.0% (1) | - | - | - | - | - | - | 1 |
| TOTAL | 25.0% (18) | 1.4% (1) | 36.1% (26) | 5.6% (4) | 6.9% (5) | 4.2% (3) | 20.8% (15) | 100.0% (72) |

* VA removed from hospital location (top row) due to non-response.

** 59701 Butte and 59832 Drummond removed from residence (first column) due to non-response.

Location of Most Recent Hospitalization by Reasons for Hospital Selection

| | Community Hospital of Anaconda | Community Medical Center (Missoula) | Deer Lodge Medical Center | St. James Healthcare (Butte) | St. Patrick Hospital (Missoula) | St. Peters Hospital (Helena) | Other | Total |
|--|-----------------------------------|--|------------------------------|---------------------------------|------------------------------------|---------------------------------|--------------|-----------|
| Prior experience with hospital | 30.0% (9) | - | 36.7% (11) | 6.7% (2) | 13.3% (4) | 3.3% (1) | 10.0% (3) | 30 |
| Closest to home | 7.4% (2) | - | 70.4% (19) | - | - | 3.7% (1) | 18.5% (5) | 27 |
| Emergency, no choice | 18.2% (4) | 4.5% (1) | 50.0% (11) | 9.1% (2) | 4.5% (1) | - | 13.6% (3) | 22 |
| Referred by physician or other provider | 14.3% (3) | 4.8% (1) | 33.3% (7) | 9.5% (2) | 14.3% (3) | 4.8% (1) | 19.0% (4) | 21 |
| Hospital's reputation for quality | 40.0% (8) | - | 30.0% (6) | 5.0% (1) | 25.0% (5) | - | - | 20 |
| Privacy/ confidentiality | 16.7% (1) | - | 16.7% (1) | 16.7% (1) | 16.7% (1) | 16.7% (1) | 16.7% (1) | 6 |
| Recommended by family or friends | 50.0% (3) | - | 33.3% (2) | - | 16.7% (1) | - | - | 6 |
| Cost of care | 40.0% (2) | - | - | - | - | 20.0% (1) | 40.0% (2) | 5 |
| Closest to work | 50.0% (2) | - | 50.0% (2) | - | - | - | - | 4 |
| Financial assistance programs | - | - | 33.3% (1) | 33.3% (1) | - | - | 33.3% (1) | 3 |
| Required by insurance plan | - | - | 100.0% (3) | - | - | - | - | 3 |
| VA/Military requirement | - | - | 100.0% (1) | - | - | - | - | 1 |
| Other | 25.0% (2) | - | 25.0% (2) | 25.0% (2) | - | - | 25.0% (2) | 8 |

* VA removed from hospital location (top row) due to non-response.

Appendix G- Responses to Other & Comments

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

- COVID-19 (2)
- Cost of healthcare
- Meth
- Lack of adequate and affordable health insurance
- Old age.
- Lack of jobs
- Unwillingness to get COVID 19 vaccine

*Responses when more than 3 were selected (4 participants):

- Alcohol/substance abuse (3)
- Alzheimer's/dementia (2)
- Cancer (1)
- Child abuse/neglect (1)
- Depression/anxiety (2)
- Diabetes (1)
- Domestic violence (1)
- Lack of access to healthcare (1)
- Mental health issues (3)
- Overweight/obesity (1)
- Poverty (2)
- Respiratory issues/illness (2)
- Social isolation/loneliness (1)
- Stroke (1)
- Suicide (1)
- Work/economic stress (2)

3. Select 3 items that you believe are *most important* for a healthy community (select ONLY 3):

- Access to mental health.
- Availability to get counseling

*Responses when more than 3 were selected (4 participants):

- Access to healthcare services (1)
- Access to healthy foods (2)
- Affordable housing (3)

- Clean environment (1)
- Good jobs and a healthy economy (3)
- Healthy behaviors and lifestyles (4)
- Low crime/safe neighborhoods (1)
- Low death and disease rates (1)
- Low level of domestic violence (1)
- Parks and recreation (1)
- Religious or spiritual values (1)
- Strong family life (1)
- Transportation services (3)

5. How do you learn about the health services available in our community?

- Family who work in the field
- Have not
- Emergency care
- Experience
- I am retired and this may influence my opinions
- I live here
- If I need them I look them up
- Silver State Post
- Not available for us
- I have lived here my whole life.
- Personal experience

6. Which community health resources, other than the hospital or clinic, have you used in the last three years?

- Cardiac Rehab
- VA (2)
- X-Ray
- None (3)
- I stay by myself
- Butte Oncologist
- The Council on Aging, Meals on Wheels, and Senior Center contacts have been on behalf of my parents (91 & 92)

7. In your opinion, what would improve our community's access to healthcare?

- We need an urgent care like Anaconda. It's ridiculous to pay for emergency visit on the weekend or after hours for a strep test. DLMC charged us double what urgent care did.
- Male doctor for men, it's important to men. Deer Lodge only has women doctors.
- Improved quality of care
- Since I moved here in 1983 everyone over the years started going out of town. Nobody is happy sooner or later.

- Reasonable charges
- None
- Need adult daycare. Need affordable assisted living. Need some male providers. My Dad does much better dealing with a male doctor. He liked Dr. Johnson who now only covers the emergency room.
- Cost

8. If any of the following classes/programs were made available to the community, which would you be most interested in attending?

- None (2)
- Home healthcare, personal care
- That's the problem! Most people go some other town or just don't even mow the yard.

9. Which of the following preventative services have you used in the past year?

- COVID vaccination
- Blood for diabetes
- Cardiac rehab
- I do dental and eye care appointments out of town as well as health care check ups.

10. What additional healthcare services would you use if available locally?

- If insurance covered it
- Nutrition
- Clean my house junk for free
- Support group for weight loss and nutrition
- I would like to see stability in Drs. Same doctor for more than a few years.
- Ortho
- N/A

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

- Judgmental Personnel
- [illegible response]
- Incompetence
- COVID delayed services availability
- Too lazy
- Health providers too fixated on COVID to provide routine/Daily norm. All health providers diagnosing COVID rather than running tests for ACTUAL ailments.
- Just lazy, some people love to go to doctor out of town.
- I wish the M.D. would have kept my Dad at the hospital after seeing his swollen ankles and legs. He's now on kidney dialysis.

*Responses when more than 3 were selected (4 participants):

- Could not get off work (1)
- Didn't know where to go (3)
- Don't like doctors (1)
- It cost too much (2)
- It was too far to go (1)
- My insurance didn't cover it (1)
- No insurance (1)
- Not treated with respect (2)
- Office wasn't open when I could go (1)
- Too long to wait for an appointment (1)
- Too nervous or afraid (2)
- Unsure if services were available (1)

15. Where was that primary healthcare provider located? (Select ONLY 1)

*Responses when more than 1 was selected (12 participants):

- Anaconda (5)
- Butte (6)
- Deer Lodge (9)
- Helena (4)
- Missoula (4)
- VA (2)

16. Why did you select the primary care provider you are currently seeing?

- 25 years ago only new doctor taking patients-wife still going to him. I stopped. 3 big incorrect diagnosis. I have had no primary care provider for past 7 years.
- Lives here
- Insurance
- Deer Lodge also
- Accepts my insurance
- Most doctors at hospital and clinic move on to other places- high turnover. My provider is a local person who is here to stay.
- Had no other choice
- Local incompetence
- D.L. Hospital lives on gossip
- OBGYN; Pediatrician (male doctor for husband and boys)
- Also oncologist
- Oncologist
- Services not available in Deer Lodge
- They treat their patients with dignity and respect.
- I have confidence in Dr. Cornell, and he's an M.D.

18. If yes, which hospital does your household use MOST for hospital care? (Select ONLY 1)

- Big Sky Surgery Center
- Jaw surgery in Bozeman
- St. Patrick's, Cataract surgery
- St. James only used once when hospitalized

*Responses when more than 1 option was selected (12 participants):

- Community Hospital of Anaconda (5)
- Community Medical Center (Missoula) (6)
- Deer Lodge Medical Center (8)
- St. James Healthcare (Butte) (3)
- St. Patrick Hospital (Missoula) (4)
- St. Peter's Hospital (Helena) (1)

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

- Insurance
- Best around
- Privacy
- Convenience

*Responses when more than 3 were selected (4 participants):

- Closest to home (1)
- Cost of care (1)
- Emergency, no choice (1)
- Hospital's reputation for quality (3)
- Prior experience with hospital (4)
- Privacy/confidentiality (1)
- Recommended by family or friends (2)
- Referred by physician or other provider (3)
- Required by insurance plan (1)
- VA/Military requirement (1)

21. Where was the healthcare specialist seen?

- Life Management Associates
- Hometown Eye Care
- Deer Lodge Medical Center, St. Peter's Hospital (Helena)
- Providence Medical Services, also independent offices
- Butte Dr. Judd
- Missoula Bone and Joint
- Northern Rockies
- Missoula
- MS Center Billings

- Utah hospital
- Dr. office Anaconda
- Western MT Clinic Missoula, Associated Dermatology Helena
- Eye Doctor Missoula
- RMENT, Missoula
- At home office in Missoula
- Bozeman
- Five Valley Urology
- Montana Valley Eye Clinic
- Private practice
- Huntsman Cancer Clinic SLC
- Private social worker in Butte
- Missoula bone and joint
- Private practice in Deer Lodge, Orthopedic in Missoula, Eye doctor in Helena
- ENT Specialist in Missoula
- Helena Dermatologist
- Private offices
- Dentist

22. What type of healthcare specialist was seen?

- Pain (2)
- Physical therapist Shane Spears: Deer Lodge-Premier Physical Therapy
- Anesthesiologist
- Nephrologist/Nephrology (2)
- Emergency Room
- Naturopath was effective for bowel issue-resolved it.

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

- Medicare plus supplemental
- Federal MHBP-Aetna
- Blue Cross

***Responses when more than 1 was selected (22 participants):**

- Employer sponsored (2)
- Health Insurance Marketplace (3)
- Health Savings Account (1)
- Medicaid (7)
- Medicare (20)
- Private insurance/private plan (9)
- VA/Military (1)
- None/Pay out of pocket (1)

33. If you do NOT have medical insurance, why?

- N/A (2)
- Can't afford Medicaid Premium (it's not free)
- It's all a Shell-Game & "Fuzzy Math"
- Can't afford to pay for medical insurance and can't afford medigap insurance; can't afford insurance for dental, vision, hearing

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

- Deer Lodge Valley Area

*Responses when more than 1 was selected (1 participant):

- 59711 Anaconda (1)
- 59701 Butte (1)

36. What is your gender?

- Male and Female

38. What is your employment status?

- Self-employed (2)
- Manage ranch plus 635 acre tree farm
- SSI and tiny jobs here and there, greenhouse work
- Retired and disabled

*Responses when more than 1 was selected (9 participants):

- Work full time (1)
- Work part time (6)
- Retired (6)
- Student (2)
- Collect disability (1)
- Unemployed, but looking (1)

General comments

- (Q1)
 - Selected "Somewhat healthy" and "Unhealthy" and wrote "and" between the two.
 - Wrote a question mark (?) on the word "community" in the question text.
- (Q2)
 - Wrote in the margins "there's more than 3 at least"
 - Wrote a question mark (?) on the word "community" in the question text.
- (Q3)

- Selected “Transportation services” and wrote “regarding weekend services to Butte Walmart”
 - In the margins wrote “Thank you for caring.”
- (Q5)
 - Selected “Newspaper” and wrote “Pburg Mail”
- (Q6)
 - Selected “Chiropractor” and then crossed it off and wrote “Not in Deer Lodge”
 - Selected “Primary care provider (in town)” and wrote “in Deer Lodge?”
 - Selected “Senior Center” and wrote “meals” next to it.
- (Q7)
 - Selected “More information about available services” and wrote “newspaper”
 - Selected “Improved quality of care” and wrote “from Deer Lodge”
- (Q8)
 - Wrote “free?” and “Maybe if its on TV or radio”
 - Selected “Nutrition” and wrote “Gardening skills”
- (Q9)
 - Selected “Vision check” and wrote “for skin cancer follow-up”
- (Q10)
 - In question text, crossed out the word “use” and wrote “have used” then selected “Cancer care”
- (Q12)
 - Selected “Yes” and wrote: “I brought my parent in to Deer Lodge Medical Center to get their blood sample taken for their upcoming kidney doctor appointment in Missoula and their ankles were very swollen. I asked for an M.D. to take a look at them. The M.D. did and said they would talk to their kidney doctor. The M.D. made an appointment. However, the next day my parent was taken by ambulance, after they called 911, to the emergency room, and I heard from a family member that we almost lost them. Our parent was transferred to Missoula hospital.”
 - Selected both “Yes” and “No” and wrote “I just don’t want to go all the time but I have had a hard time going any where. Cause I’m a lazy butthead I guess. No that’s not it. I’d have to talk a lot to! Why! Do I not go a lot like I used to 20 30 years ago. My brain is kind of of I don’t know the word”
- (Q13)
 - Selected “My insurance didn’t cover it” and wrote “or some of it”
 - Selected “Don’t like doctors” and changed the choice to “Don’t like some doctors”
- (Q20)
 - Made own option “Maybe” and wrote “Can’t remember”
- (Q22)

- Selected “Radiologist” and wrote “maybe”
- (Q23)
 - “Clinic Services” selected 2 and wrote “1st aid on finger wasn’t good. (Later became infected.)”
 - “Imaging” selected 3 and wrote “breast”
 - “Rehabilitation services” selected 4 and wrote “PT”
- (Q25)
 - Selected “A great deal” and wrote “Dad is alcoholic, but I don’t live in his household. I attend Al-Anon.”
 - Selected “Not at all” and wrote “Gave up smoking, drink and drugs 38 years ago to be a nanny.”
 - Selected “A great deal” and wrote “as a child” and also selected “Not at all” and wrote “as an adult”
- (Q26.1)
 - Selected 2 and wrote “P.T. is good”
 - Added the word “generalized” before “healthcare” in the question text and selected 3.
 - Did not make a selection and wrote “same distance as to Missoula” after the question text.
- (Q26.5)
 - Selected both 2 and 3
- (Q26.6)
 - Selected 3 and wrote “Yes but nothing much for kids to do.”
- (Q26.7)
 - Selected 2 and wrote “Yes and no regarding transportation and Deer Lodge doesn’t have too many places to shop regarding [? Word illegible]”
 - Selected 2 and wrote “Transportation for seniors is good. There isn’t much for seniors to do. Need some more activities.”
 - Selected 1 and wrote “I’m only 80”
 - Marked between 2 and 3 and wrote “Neutral – Neither agree or disagree”
- (Q27)
 - Selected “Daily” and wrote “Almost”
 - Selected “Daily” and wrote “walk a lot”
- (Q28)
 - Selected “No” and wrote “have QMB”
 - Selected “Not applicable” and wrote “Don’t take any prescriptions or medicines 84 years old”
- (Q29)
 - Selected both “Yes” and “No” and wrote “Depends”
- (Q30)

- Wrote “I walk in my yard a lot feeding wild cats and look for the cats”
 - Selected “Seat belt” and wrote “But no vehicle”
- (Q31)
 - Selected “Medicare” and wrote “QMB” next to it.
- (Q32)
 - Selected “Good” and wrote “No eye, dental”
- (Q34)
 - Selected “Not sure” and wrote “Due to car accident, lost my employment having trouble paying for ambulance medical expenses that comes from using [?] the on in Butte after [?] just got employment few months ago”
 - Selected “No” and wrote “but I know they’re out there”
- General comments
 - Remember in little town people hear something about a death or bad service they rumor it all (– tell stories) over and there is something better over all the hills you come to. Small town life.
 - I am so new to Deer Lodge I cannot honestly answer your questionnaire with any validity. I’m sorry. [Respondent returned the survey blank with the attached note on the cover letter.]

Appendix H- Focus Group - Questions

Focus Group Questions

Purpose: The purpose of focus groups is to identify motives of local residents when selecting healthcare providers and why people may leave the community to seek health services. This market research will help determine the awareness of local programs and services, as well as satisfaction or dissatisfaction with local services, providers, and facilities.

1. What do you think are the most serious health issues or concerns in your community?
2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:
 - Availability
 - Quality of Care
 - Number of Services
 - EMS Services (ER/Ambulance)
 - Financial Health of the Hospital
3. What do you think about these local services:
 - Public/County Health Department
 - Healthcare Services for Low-Income Individuals/Families
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Pharmacy
 - EMS Services (ER/Ambulance)
4. Why might people leave the community for healthcare?
5. What would make this community a healthier place to live? (What additional services would you like to see in the community?)
6. Any additional comments you'd like to provide, or things you would like to praise/see continued?

Appendix I- Focus Groups - Transcripts

Focus Group #1

Wednesday, Dec. 29, 2021 – Deer Lodge Medical Center (Rotary Club)– Deer Lodge, MT
12 participants (8 males, 4 females)

1. What do you think are the most serious health issues or concerns in your community?

- I think one serious issue that the hospital is trying to solve is that people have to travel long distances for chronic illnesses.
- Drug addiction and alcoholism
- Child abuse and neglect
- Senior services

2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of: Availability, Quality of Care, Number of Services, and Financial Health of the Hospital.

- *Not asked*

3. What are your views/opinions about these local services:

- Public/County Health Department
 - I think that they do a good job.
 - With COVID and all of the changing rules, County Health Department has helped with local guidance and they were very responsive. It felt like there was always someone available if you needed information.
- Healthcare Services for Low-Income Individuals/Families
 - The Hospital does a really good job with payment forgiveness and billing adjustments.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - There is a lack of nursing homes and senior centers in deer lodge, especially as this population ages.
 - I had family members who were in the current nursing facility and if we had multiple facilities, I think it would help raise the standard of care.
 - I think the current nursing facility does a good job, it is quite old but the staff are very helpful and caring.
 - There is a need for additional and improved home health services, although the hospital does offer some services currently.
 - Transportation services are great locally, the bus services will take people all the way to Missoula if necessary for appointments. Bus drivers are paid through the Counsel on Aging.

- Pharmacy
 - We have two pharmacies in Deer Lodge and they are fine, competition makes for better business and they are easily accessible.
 - The pharmacy will actually give additional prescriptions for people who are traveling or will be out of town for multiple weeks. The call-in system works really well but they could be clearer about which services are covered under certain carriers.
- EMS Services (ER/Ambulance)
 - Any employees or family members I've known that have had to use EMS services have received high quality care. The workers compensation papers are a bit daunting but EMS services have been very helpful in aiding in filing that paperwork.

4. Why might people leave the community for healthcare?

- *Not asked*

5. What would make this community a healthier place to live? (What additional services would you like to see in the community?)

- More bike trails would be nice for additional physical activity options.
- It would be great if we could get more doctors who stayed longer in Deer Lodge. It helps develop rapport with patients, although it is much better now than 10 years ago so we do see it improving.
- It is tough to get quality doctors who want to live and stay here.
- Continued growth of the current medical facility is needed to improve the health of the entire community.
- Preventive care and education would be very helpful, marketing and more public outreach could be very beneficial for this community.
- Any ways that we can implement telehealth and Zoom to allow people to stay home and prevent longer distance travel, will improve community health.

6. Any additional comments you'd like to provide, or things you would like to praise/see continued?

- *Not asked*

Focus Group #2

Wednesday, Dec. 29, 2021 –2-3 p.m.– Deer Lodge Medical Center (DLMC)– Deer Lodge, MT
3 participants (1 male, 2 female)

1. What do you think are the most serious health issues or concerns in your community?

- There are just so many unhealthy habits around here. Things like diabetes is probably not addressed as well as it could be.
- A lot of people have health issues as they age, but may not reach out for help accessing or affording needed care. I'm not sure how much the hospital does to connect folks to available resources.
- Within the kids, I see that preventing drinking and driving could be an area to work on.
- Whether it's through affordability of healthy food or small daily habits, I think childhood obesity is another area that could use work for this community.
- Suicide among ranchers in the wintertime is a concern for this area.
- I feel out of touch on substance abuse, but I'm learning a lot through another group that I'm involved with that is opening my eyes.

2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:

- Availability:
 - I think the availability is fantastic.
 - Anytime I feel there's a need for help or care, I call and they get me in right away. Whatever service I need, they are always there.
- Quality of Care
 - I think the quality of care is good!
- Number of Services
 - The number of services is good and comparable to other towns of Deer Lodge's size.
 - Services like neurology would be helpful though. Oftentimes you have to drive all the way to Billings or Missoula for these services and that takes a lot of coordination to ensure you have transportation and a place to stay.
 - Transportation to and from health services is sometimes challenging being that we are in a rural Montana. Even getting to Butte can be a strain on a family in this area.
- Financial Health of the Hospital
 - I don't know much in this area, so I would assume it's great!
 - The addition of the services has really just helped. Deer Lodge Medical Center has really reinvested back in the community!

3. What are your views/opinions about these local services:

- Public/County Health Department
 - I know it's there, but to access it, I don't even know where to go and what even they offer.
 - I will say that even getting to the WIC program over in Anaconda is a challenge for already strained families.
 - I think the average person may not even know what public health can offer here.
- Healthcare Services for Low-Income Individuals/Families
 - Because of my lack of knowledge, I can't even begin to describe what the need is, but I know it's out there.
 - Knowledge of what resources are out there is a big issue in this area. A lot of people don't know what they might qualify for or even what services are available.
 - I would imagine that a lot of the issues with accessing available resources comes down to the self-pride and stigma associated. There are so many resources in this community and I just want to have healthy kids and want them to grow into healthy adults.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We have a couple of really good, assisted living facilities. Renaissance is incredible!
 - The Council on Aging has a long standing CEO that has really helped grow and sustain these resources for our area.
 - I don't know if Meals on Wheels is affiliated with the Council on Aging, but they are just impressive.
 - The local nursing home has some serious workforce issues. They are understaffed and underpaid. There's also high turnover in the Director's position.
 - I will say that home health nurses are hard to find around here. There's a women in town that helps organize others around helping others. I just love that old west mentality of taking care of your neighbors!
- Pharmacy
 - I don't have much experience so I can't really have an opinion about these services.
 - Well, I have some experience – the local Safeway has been great with accessibility and timely reminders to pick up prescriptions!
- EMS Services (ER/Ambulance)
 - DLMC has recently taken over the EMS service. This transition has really helped to recruit paramedics and EMT's so they can transport patients around the state.
 - I'm really happy with where DLMC is at on this service for the community.

- It's nice to have the support from DLMC to sustain this critical service.

4. Why might people leave the community for healthcare?

- A lot of times it's the type of specialty care needed that's causing community members to seek care elsewhere. I know it takes a lot of resources to maintain the specialty equipment and providers, so much of this has to be accessed through larger facilities.
- Another instance might be that you get comfortable with a doctor, and they move away. Some people follow the provider to their next practice or location.
- I will say that weather and logistics are a lot to take into consideration when leaving Deer Lodge for care though.

5. What would make this community a healthier place to live? (What additional services would you like to see in the community?)

- I know DLMC is getting an infusion center. So the more they can let people know that this is coming online, the better!
- More mental health providers would be nice so we don't have to travel to a more populated place like Missoula, Billings, or Butte. Many people still don't know who or where to reach out to for these services around here. And a lot of people don't associate things like winter and dark weather with why they are feeling the way they are feeling.
- I think there are opportunities to improve and reinforce healthy behaviors in this area such as building up the local trail systems and sustaining community sports leagues to get people off their couch. A lot of people aren't just going to go climb a mountain, but having outlets for activities to create camaraderie in the community are important.
- It's important to raise awareness that even the little modifications you make in your lifestyle impact your overall health outcomes.
- There aren't many programs in schools to prevent obesity in schools or even how to make healthy food choices.
- If you go down to the grocery store, it's hard to make those good choices even as an adult. And even if folks are on the WIC program, some of the healthy foods they need aren't allowable under the program.
- A few years ago, I know there was a push for providers to "prescribe" more outdoor time, but it didn't take off. Recently however I think there is interest in reinvigorating this initiative.

6. Any additional comments you'd like to provide, or things you would like to praise/see continued?

- I don't have anything more to add that hasn't been mentioned elsewhere.

Appendix J- Request for Comments

Written comments on this 2022 Community Health Needs Assessment Report can be submitted to Quality Assurance at Deer Lodge Medical Center:

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

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

